Discourses of Teenage Sexuality

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Except where otherwise indicated, the work in this thesis is my own,
and is based on original research conducted at
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ABSTRACT

This research investigates the conditions that prevent safe sex amongst teenage women and men. It integrates survey techniques and statistical methods with focus group discussions and discourse analysis as the methods of inquiry. Initially, I proposed that a discourse of 'romantic love' could explain the dissonance between teenagers' knowledge about sexually transmissible diseases and their infrequent use of condoms. However, when teenagers told their own stories about sexual encounters, the influence of a 'romantic' script was not supported. Instead, they spoke with enthusiasm about the intimacy and pleasure which shaped their experience of sexual encounters and sexual relationships. In contrast, teachers and parents spoke in ways that often endorsed the imperative for disease prevention, but that did not allow discussion of teenagers' sexual pleasure nor of their desire for sexual intimacy in relationships.

During 1992, I conducted a survey of 794 students (aged between 16 and 20 years) at senior secondary colleges in Canberra. The central findings were derived from questions that asked the teenage respondents about their most recent sexual encounter. I constructed a quantitative model in which respondents' reports of intercourse without a condom were regressed on (1) using oral contraception, (2) relationship status—being with regular *versus* casual partners, (3) drinking alcohol at the time of the encounter, and (4) including sex games or water play in the encounter. Oral contraception showed a very strong association with unsafe sex, and was heavily confounded with being in a regular sexual relationship. There was no association between drinking alcohol and using (or not using) condoms. Playing sex games was associated with unsafe sex, and this effect was independent of the other variables.

The practices depicted in the survey results are consistent with the discourse of intimacy and pleasure that emerged from analysis of the focus group discussions. Teenagers are more worried about unwanted pregnancy than about sexually transmissible disease. In many instances they know that the risk of infection is slight, and if they are using oral contraception with a partner who has had little or no previous sexual experience it 'makes sense' to them not to use a condom. Teenagers often find it difficult to talk about condoms in sexual encounters, although they can speak freely about them elsewhere. The focus group findings emphasised the difficulties in intimate communication—feeling

apprehensive about a partner's expectations and fearing rejection. A reference to condoms is also a reference to intercourse and this correspondence inhibits talking about condoms until partners are clear about each others' intentions. If teenagers have a ready repertoire for talking about condoms in ways that are playful and light-hearted, then they may use condoms more often. The results of this research emphasise the value of producing knowledge that reflects teenagers' subjective experience and is thus relevant to the conduct of their sexual relationships.

In concluding, I propose that the different ways of speaking about sex highlight barriers to the use of condoms and to the promotion of safe sex in school settings. Sex education could be directed more deliberately toward the 'window of opportunity' that exists early in teenagers' sexual experience, when they may exchange the use of condoms for oral contraception. At this time, teenage women and men could be assisted to adopt lively and competent ways in which to talk about and handle condoms, located in their expectations of encountering intimacy and pleasure with sexual partners.

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PREFACE

In approaching this investigation I searched the available literature for studies that would provide some insight about possible social influences on the sexual practices of individual teenagers. However, there were no contemporary models of research that illuminated associations between 'social' contexts and 'individual' actions, and there were no empiric studies that located teenagers within their own social worlds. On the other hand, there was an increasing amount of informal, often anecdotal, discussion among HIV social researchers, AIDS educators and youth workers regarding the tension between sexual love and disease protection. It was suggested that in instances where a choice had to be made between satisfying the claims of love and affection in sexual encounters and avoiding infection with sexually transmissible diseases, the former would prevail.

Initially, I took up the suggestion that 'romantic love' was a problem for teenagers in the prevention of sexually transmissible diseases, specifically HIV, and I approached the work according to principles of research that were conventional in social and developmental psychology. My intention was to use a researcher-driven strategy in order to demonstrate a link (or describe a gap) between the hegemony of monogamous 'romantic' love and individual teenagers' sexual practices. Since there was little to go by from previous research, I developed a set of psychometric measures to test hypothetical constructions of the desire for romantic love and the social scripts that arrange sexual conduct. I used the concept of sexual 'scripting' (Simon and Gagnon 1970) as an organising framework that might provide a way for the investigation to address the links (and the gaps) between social influence and individual actions. The concept of scripting was also practical in producing some of the items for the survey questionnaire.

The overall design of the project included some focus group work which was originally intended to provide feedback to survey participants as well as getting advice from teenagers about aspects of the questionnaire schedule such as the wording, layout and acceptability of the more personal items. However, during this closer contact with the teenage women and men participating in the group work, I came to recognise the significance of their own lived experiences, personal meanings, and their sense of agency in sexual relationships and sexual encounters. This was knowledge constituted in the voice of the teenagers and it provided new

direction for the research, particularly in terms of the questions that could to be asked.

I had been presented with a fresh source of reasoning through which the progress of the research was altered. This was not a consequence of unreliable measures or non-significant results in the pilot phase (indeed the findings from the pilot survey were both reliable and significant), but in response to the alternate knowledge base accessed through the discussion work. The work then required a new frame of reference that would allow a number of different positions to be drawn on. Discourse theory provided the ground not only for accommodating the empiric findings taken from the teenage research participants and survey respondents, but also for locating knowledge about teenage sexuality in wider spheres of social action, including academic research and sex education practice.

In writing the thesis, and revisiting the trail of data collection and analysis, the most coherent way in which to reconstruct the research for the reader was to describe the process, and progress, of the work. I did this in preference to following a writing formula in which the delivery of the argument would have suggested that the work had been conducted as a certain and an uninterrupted line of inquiry. On this account, I have referred only to literature that informed and assisted the work, citing relevant studies through each stage of the project rather than beginning with a unified review. An overview of the research process is presented in Chapter 1, as an introduction to the thesis.

Chapters 1 to 6

CHAPTER 1

THE PROBLEM OF TEENAGE SEXUALITY IN THE 1990s

This research examines the conditions in which teenage women and men in Canberra negotiate their sexuality, with reference to the private realm of teenagers' sexual encounters and to the public domain in which safe sex messages can be offered to them. It was based in the first instance on research questions which emerged from previous international and Australian research on teenagers' risk of sexually transmissible diseases, focussed particularly on the spread of human immunodeficiency virus (HIV) infection. The study evolved through several stages of data collection and analysis and, in particular, through the feedback from the teenage research participants.

TEENAGERS' RISK OF SEXUALLY TRANSMISSIBLE DISEASE

During the 1980s, the acquired immunodeficiency syndrome (AIDS) epidemic led to an unprecedented effort to understand more about human sexuality in personal, social and political terms (Gagnon 1988, Lindenbaum 1991, Lloyd 1990, Stanton *et al* 1990, Aggleton & Homans 1988). In the latter half of the 1980s public health researchers in developed nations moved their gaze to teenagers, viewing them as mediating the 'third wave' of the epidemic (DiClemente *et al* 1986, Gagnon 1989, Hein 1987, Mann 1987, Shafer *et al* 1985, Strunin & Hingson 1987). It was argued that the rapid spread of HIV infection among gay and bisexual men and intravenous drug users would be reproduced within the teenage population. This fear was supported by the assumption that many young adult AIDS cases had been infected when they were teenagers (Centers for Disease Control 1986) together with evidence that teenage women and men were not protecting themselves from the sexual transmission of disease, and that they did not necessarily intend to do so in the future (Kegeles *et al* 1988, Galt *et al* 1989). It was argued that teenagers who used drugs intravenously would link a

large number of heterosexual teenage women and men to the population groups who were already infected (Brooks-Gunn *et al* 1988, Hingson *et al* 1990a), and thus unsafe sexual practice among teenagers in general could become a major public health issue.

The concern that HIV infection would be transmitted to a critical proportion of teenagers was also based on an assumption that there was considerable sexual networking in this age group. This had not been quantified, but some studies had shown significant numbers of teenagers who had more than one partner over short periods of time, sometimes concurrently but mostly successively (DiClemente 1990, Howard 1991, Matthews *et al* 1990, Turtle *et al* 1989).

The need to promote safer sexual practices among teenagers has been intensified in the 1990s, not only because of the possibilities for HIV infection, but also through an increased awareness about the public health importance of preventing other sexually transmissible diseases. Surveillance studies have alerted health professionals to the prevalence of infections caused by *Chlamydia trachomatis* (Centers for Disease Control 1993, Garland *et al* 1993, Kovacs *et al* 1986a, 1987, Hart 1993a, Shafer *et al* 1987), human papilloma virus (Drake *et al* 1987, Mitchell *et al* 1986) and herpes simplex virus (Bassett *et al* 1994). Chlamydia is particularly insidious since it can be asymptomatic and can result in pelvic inflammatory disease and infertility (Brabin 1992, Grodstein & Rothman 1994, Webb & Holman 1992).

Unwanted teenage pregnancy has a much longer research tradition (Vinovskis 1988, Furstenberg *et al* 1989), although the problem has never generated the sense of urgency presently focussed on prevention of HIV infection. The differences between preventing conception and preventing infection meant that pregnancy and disease have not always been considered as problems in common for research (Traen *et al* 1991, Thin *et al* 1989), even though some clinicians have been reported as recommending condom use to their teenage clients while prescribing oral contraception (Hearst & Hulley 1988, Padian & Francis 1988, Trussell 1988).

RESEARCH FOR INTERVENTION STRATEGIES

By the end of the 1980s there were recommendations for reducing the risk of sexually transmissible disease among teenagers by encouraging their sexual abstinence, or at least the delay of their first intercourse (Davidson 1988, Kirby *et al* 1991, Olsen *et al* 1991). However, there was a growing body of evidence that teenage women and men were not changing their sexual behaviour, which suggested that health promotion strategies that broadcast knowledge about the risk of disease transmission would not necessarily reduce the risk of the spread of HIV, or other infection in this age group (Aggleton 1991, Furstenberg *et al* 1989, Homans & Aggleton 1988, Ross *et al* 1989, Trussell 1988, Warwick *et al* 1988). It emerged that there was a lack of congruence between positive attitudes toward condoms and reported sexual practices (Brooks-Gunn *et al* 1988, DiClemente *et al* 1986, Tolsma 1988). A possible explanation was that HIV/AIDS knowledge was structured around public awareness of the epidemic, and not as information that resonated with personal experience and choice (Goot 1988, Wiesman *et al* 1987).

A number of studies investigated teenagers' beliefs about AIDS and HIV infection, sexual risk of disease and condom use (Abbott 1988, Chapman & Hodgson 1988, Warwick *et al* 1988). Some studies in Britain found that teenagers were confused about the connection between HIV infection and AIDS, and whether 'safe sex' prevented infection or the progression to a syndrome of opportunistic diseases after infection (Galt *et al* 1989, Warwick *et al* 1988). These were useful results which could be contrasted with the perplexing knowledge-practice disparity found in some North American and Australian surveys (Brooks-Gunn *et al* 1988, Chapman *et al* 1990, DiClimente *et al* 1986, Hingson *et al* 1990a, Kann *et al* 1991, Kegeles *et al* 1988, Moore & Rosenthal 1991, Rigby *et al* 1989, Rosenthal *et al* 1990, Rosenthal *et al* 1992, Tolsma 1988, Turtle *et al* 1989).

Some of the particular attitudes and beliefs that might explain why teenagers and young adults refrained from using condoms included the notion that serial monogamy is safe (Abbott 1988, Crawford *et al* 1990, Wyn 1991), that negotiating for safe sex is embarrassing (Abbott 1988, Holland *et al* 1990), that it is not appropriate for young women to carry condoms (Abbott 1988, Chapman & Hodgson 1988, Holland *et al* 1990), or that condoms disrupt sexual enjoyment and are unreliable (Chapman &

Hodgson 1988, Chapman *et al* 1990, Kippax *et al* 1990). Other attitudinal research referred to teenagers' disbelief or unconcern about the possibility of infection (Moore & Rosenthal 1991). Following this was an increasing research focus on attitudes toward condoms that was argued in terms which theorised beliefs and intentions as strong mediators between information and action (Gallois *et al* 1992).

More recently the focus of research has shifted from studies of the influence of knowledge, attitudes and beliefs on sexual practice, to studies focussed on skills and to research which constituted sexuality in terms of relationships and practices (Ross *et al* 1991, Strunin 1991). Skills training for the negotiation of condom use, based on social learning and cognitive theories, was hoped to resolve the disparity between knowledge about sexual disease transmission and sexual practice (Boyer & Kegeles 1991, Brooks-Gunn *et al* 1988, Brooks-Gunn & Furstenberg 1989, Rosenthal *et al* 1992, Greig & Raphael 1989, Cochran & Peplau 1991). This was ambitious in view of the absence of knowledge about the processes and constructions of sexuality as teenagers understood and practised them. It was a view that supposed widespread negotiation for condom use amongst teenagers was possible, but did not take account of problematic factors, for example that people might lie to each other (Cochran & Mays 1990), or that safe sex alternatives to vaginal intercourse may be judged deviant or juvenile (Segal 1987, Ehrenreich & English 1979, Rich 1980) and thus may not be spoken of easily (Hollway 1984, Kippax & Crawford 1988, Waldby *et al* 1990). The proposition that teenagers could be trained to negotiate the use of condoms assumed that talking about condoms was a simple matter, and could be detached from other aspects of sexual encounters and relationships.

The goal of preventing transmission of infection at the points in time when sexual encounters occurred, through promoting more assertive forms of communication, provided a rationale and focus in the present research for inquiring into the processes and dynamics of teenagers' sexual relationships. An inquiry such as this required that the contexts in which relationships are experienced, the personal and social worlds, be broached with methods that would explore the very private processes of teenagers' sexual desires and subjective experiences.

THE CONDITIONS OF TEENAGERS' SEXUAL ENCOUNTERS

There is relatively little previous work dealing with the specific conditions of teenagers' sexual encounters or their sexual relationships, from which to model common experiences. Identifying the commonalities across individuals' sexual experiences could provide a basis from which to encourage safer and protected sexual practice. However, there are limits to any generalisations and the theorising of teenage sexuality needs to recognise also the ways different aspects of encounters and relationships vary for different individuals (Vance 1991). There are material circumstances in which sexual encounters occur and personal choices are made, notwithstanding the influence of broader social pressures.

Candid disclosures of personal sexual practices, and the feelings or emotions that are associated with sexual experiences, have been achieved in some research with adults, for example in personal interviews (Dowsett 1988) and memory-work (Haug 1987, Kippax & Crawford 1988) where considerable rapport and confidence had been established between the researchers and the research participants. There was less information available on the details of practice and specific contexts of encounters and sexual relationships in research with teenagers. Personal interviews with teenage women about puberty (Thompson 1992), pregnancy (Scott 1983), high school romances (Lees 1986) and sex education (Fine 1988) have identified aspects of adventure, love, harassment and exploitation in early sexual experiences. The participants in these studies of teenage sexuality had the opportunity to voice their experience, but not to reflect on or to rework the processes in sexual encounters and relationships. These studies offered details that the researchers could conceptualise in terms of feminist ideologies, for example hegemony of heterosexuality in sex education (Lees 1986, Fine 1988) and possibilities for the retrieval of feminine desire (Fine 1988, Thompson 1992), but not in terms of the discourses in which sexuality is spoken of and experienced by those who are researched nor the specificity of processes in encounters or relationships.

My aim was to survey teenagers' sexual practices in ways that were relevant to their subjective experience, and to document their knowledge about the mechanisms of disease transmission in the context of the social settings and relationships in which lovemaking occurs. Teenagers meet each other at a

variety of events and venues, they might have sex the first time they meet or some time later, they might engage in oral sex, vaginal and/or anal intercourse, with or without condoms, in the context of casual or regular relationships. Teenagers might have encounters with opposite-sex or same-sex partners. All these possibilities would have to be canvassed in order to describe the practices and knowledge relevant to sexually transmissible disease among the teenage respondents.

Romantic love

I approached the problem of theorising desire in relation to the wider social context by drawing on the notion of sexual scripts (Simon & Gagnon 1970) that might be brought to sexual encounters by teenage women and men. I proposed a notion of teenage sexuality that is arranged in terms of a discourse of romantic love. The influence of a discourse of romantic love in sexual encounters for individuals had been recognised in clinical sex therapy (for example, Lentz & Zeiss 1984, Dekker & Everaerd 1989, Talmadge & Talmadge 1990), but had rarely been extended to the sexuality of teenagers (Howard 1991, 1993), nor had the study of risk for sexually transmissible disease been located in relation to ideologies of love and romance.

Some studies have referred to sexual relationships in terms of 'serial monogamy' (Abbott 1988, Crawford *et al* 1990, Rosenthal *et al* 1990), in order to capture the social and emotional meaning in longer term relationships without losing sight of the possible risk for disease transmission through networks of monogamous partners making contact with each other over time. It was argued that teenagers and young adults in regular, monogamous relationships were connected to much larger sexual networks, but that familiarity between partners may have generated a false sense of security about the possibility of disease transmission (Crawford *et al* 1990). Individuals might not believe themselves to be at risk of infection with HIV, or other sexually transmissible diseases, if they are in monogamous relationships (Abbott 1988). The notion of serial monogamy came to depict the risk of disease in a new way. It could be speculated that a sense of familiarity with regular or supposedly 'monogamous' partners mitigates protected or safe sex practice because appraisals of disease transmission are quelled by expectations of interpersonal trust attached to a discourse of romantic love.

I framed the possible influence of scripts of romantic love in terms of discourse in order to conceptualise the ways in which teenage women and men might negotiate their sexual encounters. In discourse theory, commonsense understandings and options for action are shaped by the languages (discourses) which are available and these in turn are shaped by institutional forms of power relations (Fairclough 1989). Discourse theory comes from the discipline of linguistics and critical language studies, but discourse has also come to be used more broadly across a number of disciplines to theorise the meaning of action by individuals in relation to wider social structures (Lupton 1992, van Dijk 1990). The idea of discourse is a useful alternative for conceptualising what is more commonly referred to in psychology in terms of the connections between attitude and social behaviour (Potter & Wetherell 1987).

Romantic love described in terms of discourse encompasses the representations and expectations of sexual relationships that occur in commonsense understanding but also indicates how these are institutionally and socially determined. Yet romantic love does not imply overt power. Discourse produces meaning but also constrains what can be said and done (Fairclough 1989). 'Ordinary' discourse such as romantic love is not perceived as coercive—yet the way that individuals draw on discourse in daily life, automatically and unselfconsciously, is a basic mechanism for sustaining the relations of power which reproduce the dominance of that way of speaking. Naming a discourse brings ideology (and power relations) into consciousness (Foucault 1990), and consciousness is the first step toward making change (Fairclough 1989).

If prevailing discourses of romantic love and coupledom influenced the ways in which teenage women and men communicated and behaved in intimate sexual contexts (Lees 1986, Sarsby 1983, Thompson 1992), then it would be important to examine the dynamics of these ideals. Theorising romantic love suggested ways in which a gender order (Matthews 1984, Connell 1987) could affect the experience of sexual love and influence negotiation for protected or safe sex. The power relations across the axis of gender, structure sexual conduct through a tradition of sexual roles sanctioned and elevated within a regime of reproductive heterosexuality (Hollway 1984, Waldby *et al* 1990, Rich 1980, Matthews 1984, 1992).

A discourse of romantic love blends expectations and norms of behaviour which are the same in some respects for teenage women and teenage men but are asymmetric in other respects. Shared expectations of romantic love include affection, trust and intimacy with a partner of the opposite sex. However, scripts that arrange feminine and masculine sexualities differ (Cochran & Peplau 1991, Hatfield *et al* 1988). For a teenage woman, purity is an essential element of femininity that must be maintained even when she becomes sexually experienced; these contradictory aspects of self, purity and sexuality must somehow be resolved (Kippax & Crawford 1988, Lees 1986, Thompson 1992). Feminine purity implies a resistance to and denial of a teenage woman's own sexual arousal (Brownmiller 1985, Hudson 1984), yet allows that sexual intercourse may occur through having been 'swept away' with feelings of passion, under pressure from her male partner. Purity is sustained by the teenage woman's lack of intention and her passive role in the encounter. The teenage man's masculine script implies that he expects that he should impulsively demand and initiate, albeit without automatically assuming that sex will occur (Lees 1986, Thompson 1992, Simon & Gagnon 1970).

Feminine and masculine roles scripted by a discourse of romantic love are clearly problematic for protection from disease transmission. In the extreme case where sexual practice is determined entirely by these role expectations, deliberate planning for intercourse by either partner cannot take place. The use of an oral contraceptive further reduces the pressure for negotiating barrier protection at the time of intercourse—a pressure which might in other circumstances force a reshaping of the norms of resistance and spontaneity that define 'romantic' sexual conduct. Prevention of unwanted pregnancy is assured by oral contraception, yet the way in which this assurance is attained separates it from the sexual event, from feelings of sexual arousal and from *any deliberate intention* of the teenage woman to have this intercourse.

'Girlfriend' and 'boyfriend' relationships provide available locations for feelings of love, need and emotional nurturance during the adolescent period of development when teenagers are likely to be distancing themselves from parental affection and influence (Collins 1991). Compliance with the rules of romantic love provides teenage women and

men with ready-made roles that can disguise difficult feelings about their own emergent sexuality and their desire for a sexual partner. Since it is the teenage man's role to demand and the teenage woman's to resist, the pain of rejection is cushioned; the woman cannot be rejected if she did not initiate, rejection of the man's demands is mitigated by the woman's role of resistance. Hence, the need to be loved, and the fear of rejection, can be absorbed into the rituals of romance, without need for exposing emotional neediness or developing deeper channels of communication.

Intoxication

Use of alcohol or other drugs has been implicated also as a salve for difficult feelings in approaching sexual relations (Hochhauser 1989). The co-occurrence of intoxication and unprotected sexual behaviour has been described by some studies (Newcomb & Bentler 1989, Flanigan 1990, Hingson *et al* 1990b). Alcohol and drug use has been viewed as part of a 'lifestyle' which included younger and more frequent sexual intercourse (Kraft 1991), but some researchers believe that the use of alcohol *per se* is not a primary link in the causal sequence leading to harm (Moore & Saunders 1991).

Alcohol may also help to enhance teenagers' sense of well-being (Zibert & Howard 1989) and this could be relevant when difficult, conflicting and uncertain feelings about love, sexuality and possible rejection are aroused. Intoxication could disengage the scripts of romantic love through disinhibition and permit action that would otherwise be suppressed. In this case it would be the experience of disinhibition, rather than any physiological or cognitive loss of control, that is influential (Crowe & George 1989, Leigh 1990, Morgan 1983, Room 1980). The role of alcohol and drugs in sexual encounters could have a complex influence linked to the need to feel good, to smooth difficult negotiations, to ameliorate the desire for the romantic other or to disinhibit the constraints deriving from roles of romance.

Scripts of romantic love and norms of alcohol use connect private practice to broader structures of social power. The project of health education towards safer sex may benefit from gaining closer access to the social processes that shape private choices. This could lead to reworking ideas about assertiveness and responsibility in ways that increase the likelihood of

sexual partners talking about and using condoms, and their deliberate preparation for protected sex practice. Such reworkings might undermine discourses of romantic love and the deployment of alcohol for disinhibition in order to provide greater personal agency for individuals in their sexual encounters. However, these strategies would have to find alternative discourses within which to rework such expectations and to provide appropriate skills for negotiating sexual conduct, and in doing so would need to address consciously the constraints and limitations for sexual conduct in these other discourses of sexuality.

THE SCOPE OF THE PRESENT RESEARCH

There are different ways in which qualitative and quantitative data are combined in research designs, and the rationale for doing so differs from study to study (Chapman *et al* 1990, Dowsett 1988, Schaalma *et al* 1993, Steckler *et al* 1992, de Vries *et al* 1992). In the present study, integration of both sorts of data was initially intended as part of the development of the survey schedule, since there had been a recognition in past research that the views of those being researched are instrumental in asking questions that adequately reflect reality (Wellings *et al* 1990, de Vries *et al* 1992). As the work progressed, the uses of qualitative data proved to be more powerful than originally anticipated, reorienting many of the research questions and providing the basis for developing a discourse framework in which to reconsider the problem of teenage sexuality.

Developing a sex survey questionnaire

The early stages of the project, were directed towards the development of the questionnaire schedule. This work consisted of a small pilot survey at several senior secondary colleges (n=113) and six group discussions (n=34) focussed on the schedule and the pilot survey results. Details of the survey and discussion work, including frequency tabulations, reliabilities and interpretive text analyses are presented in Chapter 2.

The aims of the pilot survey were to test the reliability of new scales, to trial the logistics and practicalities of conducting a sex survey in classroom settings, and to establish a sampling frame from which to draw volunteers for the focus group discussions to follow. The research predisposition which I adopted for the pilot survey work was based within the translation

of theoretical constructs into scales of criterion-items for survey work. This research has a long tradition in developmental, personality and social psychologies (Anastasi 1988, DeVellis 1991), and in particular, in the itemising of latent variables into reliable scalar measures (Cronbach 1951). Pilot survey questionnaire items can be seen in Appendix 1.

Appropriate scales that measured personal histories of drug and alcohol use (Winters 1992) and subjective well-being (Goldberg 1972) were available from previous research, but I had to write new items to ask about romantic love in a way that was consistent with the model I had proposed. Previous work on romantic love had been based within a psychology of personality, for example categorising romantic styles (Hatfield *et al* 1988), or on historical and social accounts of it (Sarsby 1983). The new items with which to measure romantic love had to represent this latent variable in personal terms and yet retain a connection with the broader discourse. I used lines from popular songs to draw on teenage culture to provide a context and face validity for articulating the desire for romantic love.

The questions I formed about sexual practices with regular and casual partners, and about knowledge of HIV transmission, were attached to descriptive vignettes, a technique I had used successfully in earlier work (Shaw & Scott 1991). The vignettes were made up of short story lines, creating a 'reality' by giving names to the characters and setting them in plausible potted histories. The sexual activities of the couples were expressly stated and each practice was accompanied by one or two questions asking about the possible risk involved and the respondents' own history of similar practices. The specificity of the practices described in the stories dealt with the methodological problem of assuming that the meaning of terms such as 'sex' or 'intercourse' are shared between the researcher and the respondent (Connell 1990, Goot 1988). I wrote single items to ask directly about condom use, other contraceptive use and intoxication during sexual encounters.

Following the pilot survey data collection and analysis, there were two stages of group discussion work. The first of these was a follow-up study to the pilot survey and consisted of three groups of teenage women and three groups of teenage men. These groups focussed on the pilot work—the method, results and research issues.

At the outset of the group discussion work, I had two immediate aims. First, I planned to use the discussions as a way of providing results from the pilot survey back to the respondents. Accounting to research respondents is becoming a familiar practice and in my study was requested by some of the colleges where I collected survey data. Second, I anticipated the help of the teenage participants in reworking the questionnaire so that the schedule would be more clearly worded and relevant to a wide range of potential main survey respondents. I also recognised that there would be advantages gained from drawing the participants into a position where they could interpret and elaborate the pilot findings from their own experience, although I had no clear formula for extending the work in this way.

There were several issues that emerged from my analysis of the pilot survey and the first round of focus group data. It was clear that teenagers did not perceive their past and present sexual relationships within a discourse of romantic love as it had been portrayed in the pilot survey. There were other possible discourses in which teenage sexual practice may be constituted, but to which there was no access through previous research.

At the end of the first round of focus groups I recognised more clearly the need to situate knowledge about teenagers' sexual practices and relationships in the events and contexts that *they* said they experienced, if I was to identify where autonomy in sexual practice is possible for them, and also where it is not possible. I anticipated that the subsequent discussion group work would assist me to theorise these concepts in greater depth and to recast the questionnaire scales and items for the larger survey.

Designing a method to find out more about sex

In the first round of group work there had been resistance to talking about sex outside the bounds that I had provided in the research situation. As a consequence of identifying these barriers, I designed a new procedure for a second round of a further six groups (n=33), three groups of teenage women and three groups of teenage men. The method and results of this stage are presented in Chapter 3.

Participants in the first round of discussion groups had given details, albeit in passing, of sexual encounters (the relationships and settings and props),

but no specificity about the process that takes place between lovers, either in relationships or in a single sexual encounter. It became apparent that the initial design for the discussions was insufficient for the task of specifying such details and meanings. Discussion in the early stage had been prompted by my initial conceptualisation of teenage sexual relations that associated risk with the desire for romantic love, alcohol and drug use, subjective well-being, and the likely ineffectiveness of knowledge held about HIV. Thus participants' comments tended to be presented as critique or interpretation of those original propositions.

I believed that much of the participants' personal knowledge was withheld from this discussion, although the extent of this was not clear. Perhaps they had not articulated the knowledge for themselves, at least not in the terms that corresponded to the research situation. The tone of the discussions was relatively formal compared with everyday conversations where talk about sex and relationships would usually occur. Participants may have felt daunted in the presence of others, some known from college, some strangers, some vocal, some reserved. While I did not expect them to disclose personal experiences, my sense was that the group work could offer more, but that there were barriers to any greater openness in these discussions.

As I was reviewing the transcripts from the first group discussions, I noted clues scattered through the text which suggested that beliefs offered as generalities were often attached to particular personal histories. In some cases, pronouns changed from third person to first person within an explanation; in other cases, scenarios were described that included details about how thinking might proceed in a sexual encounter. In the context of discussing how I might rework the sexual vignettes in the questionnaire, it became apparent that participants were at times projecting their own world views and meaning systems onto the research results. Odd comments here and there raised the possibility that access to participants' experience could be expanded if the ground beyond the bounds of decorum was made safe. This possibility suggested itself most noticeably during talk about the sexual vignettes and other scenarios which were described by participants.

One possible solution to the constraints of the first round of discussions may have been to shift to personal interview techniques, but I chose to continue

to talk with teenagers in groups. In collective work individuals complement each other in terms of knowledge, choice of available themes and effort (Haug 1987). A useful available model for extending the pilot study group work was that of memory-work (Haug 1987, Kippax & Crawford 1988, Kippax *et al* 1988). In memory-work the collective is also a valuable means of retracing patterns of socialisation but the present study had a different slant, in that I was seeking currently available patterns of sexual practice.

From the first round of group discussions, it seemed likely that people would find it easier to share their expectations in the context of collectively producing a fictional scenario rather than talking explicitly about themselves. Building on this principle, I designed a fictional exercise to assist the teenage research participants to talk about sex more candidly. In developing this exercise for the group work, I drew on the tenets of memory-work (Haug 1987, Kippax & Crawford 1988) and the uses of projective techniques (Anastasi 1988), and I anticipated further discourse analysis (Fairclough 1989, Lupton 1992, Potter & Wetherell 1987). Shifting the procedure from individual to collectively owned knowledge paradoxically allowed for more information on processes that were very private. This was a process, which I facilitated, through which participants in each group collectively wrote a story about the progress of a young heterosexual couple from first meeting to a sexual encounter. There were some general rules, for example the couple was to be heterosexual, actors were given names, intercourse could occur only with a condom.

It was the provision of a relatively unstructured task, a task intended for exploring the construction of sexual selves in a social world and cast in terms of the third person, that tied the memory-work method to the use of a projective technique. In memory-work, the assumption is that conscious memories are reflected on in order to understand the construction of the self. The use of reflection had been useful in the pilot study groups to understand more about the construction of the sexual selves of the participants. However, the collective nature of the memory-work method, and particularly the use of third person narrative, appeared to be a means for attaining group projection of a broad band of possible sexual experiences, *vis à vis* reflection on what had already been said about sex and constructed in the pilot results.

Projective techniques tend to be used as clinical tools that assist in identifying problems and conflicts to be resolved, but these techniques have a lesser history in research (Lubin *et al* 1984). Some of the criticisms levelled at projective techniques have undermined their widespread use as measures of subjectivity. However, projective techniques can generate a breadth of information from the conscious and unconscious experience of the subject, compared with psychometric tests that cluster together a few specific signs of experience which can be assessed for their reliability and validity (Cronbach and Furby 1970).

The use of a projective method in this study, allowed sexual experiences and the ways they are constrained by social conditions to become available for analysis. I anticipated that I could draw on discourse theory to produce a coherent scheme. In this form of analysis the analyser comments on the products of the analysands and must state this in explicit terms (Johnson 1985, Wolcott 1990). The texts produced for the analysis stand as examples of data that have been drawn together to support the 'coherence of a set of analytic claims' (Lupton 1992:148). This is a perspective that accommodates the public commentary of the reporter and the private voice of the 'data' (the textual product of the participants) in the scheme of the analysis (Dimen 1989).

The themes which emerged from the discourse analysis were complementary and contradictory, revealing tensions between the legitimacy of experiencing intimacy and sexual pleasure, and the responsibility of preparing for it. Intimacy and pleasure became familiar themes in the sex fictions, but were not characterised in terms of romantic love as I had coined it for the pilot schedule. The sexual motif was expressed in terms of action, not need. The themes exposed a discourse in which teenagers' sexual agency can be located. The responses of the teenage participants led to an understanding of their sexual practice in terms of the agency of the individual, in accordance with the notion that action is produced in discourse rather than being predetermined by 'attitudes' (Potter & Wetherell 1987).

Analysis of the texts produced in this exercise suggested many useful refinements of the questionnaire schedule, and a critical direction for the subsequent quantitative analysis and interpretation. The theoretical

understandings that resulted from the group narratives gave substance to the issues that had emerged from the pilot study, exposing undeclared discourses that constitute teenagers' sexualities and revealing some gender differences. My challenge then was to locate these impressions in measurable models that would reflect teenagers' existing sexual practices and their experience of 'relationship', 'negotiation' and 'safety', without losing sight of the complex issues involved.

Orchestrating a teenage sex survey

An unexpected set of valuable 'observational' data emerged when I sought permission from college administrators to collect survey data in their high schools and secondary colleges. This was a much larger and more ambitious undertaking than the pilot survey, for which the negotiation procedures with a few principals and teachers had gone smoothly. In order to canvass broadly across the community, I aimed to survey students at all colleges and high schools, both government and non-government controlled, that teach years 11 and 12 (students aged 16 to 18 years) in Canberra. All ten senior secondary government colleges participated, however every one of the non-government high schools that I approached refused me access to their students.

As I went through this process of negotiating access to students, I kept an informal diary record. At the outset, keeping such a record was meant to assist with the complex organisational task of contacting 29 institutions, including schools, colleges and regional offices. By keeping notes about the responses of bureaucrats, teachers and parents, I was able to extend my research practice and supplement the coherence of the analytic scheme developed through the group work.

In Chapter 4, I discuss the way that discourse analysis, applied to the data generated during this negotiation stage, helped to make sense of the teenagers' accounts from the earlier stages. The resistances from some principals, teachers and parents to the research and, in particular, to the questionnaire schedule, highlighted the differences between the ways some teachers and parents understand and speak about teenage sexuality and the understandings of the teenagers themselves.

For the main survey, I administered the new questionnaire to 794 students (432 women and 351 men) at ten government senior secondary colleges. I had reworked and pre-tested the survey schedule based on the findings from the pilot survey and group discussion work. The results of the survey are presented in Chapter 5 and details of questionnaire items can be seen in Appendix 2.

The focus group discussions had led to general and specific changes to the survey schedule. The themes of romantic love, as a framework for understanding the dynamics of teenage sexuality was superseded in the group work by themes related to the active pursuit of intimacy and pleasure. The research was redirected toward questions that represented subjectively lived experience rather than objectively constructed predispositions. The methodological problem here was to bring subjective experience into view in a survey format. It was imperative to acquire the kinds of contextual data offering associations between different behaviours that could occur during intimate encounters. For these reasons, I made some substantial changes to the questionnaire schedule.

I reworked much of the content of the pilot survey schedule on the basis of my analysis of the two rounds of focus group discussions. I changed the order of items, reworded many single items, wrote two new sections, and produced four forms of the final schedule. There was a short new section on homosexual experience. I reworded many of the single items and response categories that I had used in the pilot study to accommodate the feedback of the groups, for example a wider range of response levels for questions about intoxication during sex. I also refined the schedule as a whole: reducing the reading and altering the order of questions. The alcohol and drug use scale (Winters 1992), for example, held less hypothetical appeal following group discussions and I placed it toward the end of the main survey schedule.

The most salient change to the schedule was the introduction of a new section asking about respondents' most recent sexual encounter. I worked from the discourses exposed in the group narratives as guides to the process of teenagers' sexual encounters, and from the details given by participants at both stages of group work. I cast the new questions in terms of respondents' most recent sexual encounter. The strategy also took advantage of recency

and overcame recall biases to some extent. Adding the new section also brought the contribution of group participants into the main survey.

What can be said about teenage sexuality

The aims of this research project changed during its course. The insights that the teenage research participants provided, directed the development of new methods of inquiry. In the chapters that follow, the process of researching teenage sexuality in this project is explained through the description of its methods, findings and interpretations. These include talking to teenage women and men about the intimacy and pleasure in their sexual experience, and then asking teachers and parents for approval to survey such aspects of teenagers' lives. The discourse in which the teenagers in this study have spoken suggests that their sexual experience has not been adequately reflected in research, nor acknowledged by the adults around them. In the final chapter, the analyses of the texts and the statistical results are integrated in order to theorise the possible barriers to safer sex among teenagers in one community.

CHAPTER 2

ASKING TEENAGERS ABOUT THEIR SEXUALITY

In this chapter, I have combined quantitative analyses of the pilot survey results with text analyses from the first round of discussion groups. The purpose of the pilot survey was to establish the feasibility and relevance of a larger survey. Following the administration and analysis of the pilot questionnaire, I organised six same-sex discussion groups with students, to review the questions and the findings.

The pilot survey confirmed that unsafe sexual practice was taking place among teenagers. The questionnaire method had been taken seriously by the respondents, with the results showing broadly distributed responses to very personal questions. The success of the pilot survey showed that it was feasible to administer the schedule in classroom settings, and from there to generate a volunteer sample for the discussion group work. During the discussion stage a subset of volunteer respondents helped to interpret the results and to refine the questionnaire schedule. As well as helping to evaluate the questionnaire and interpret the results of the pilot study, these discussions with teenage women and men provided the direction for finding new ways of talking about sex.

DEVELOPMENTAL WORK: PILOT SURVEY AND FOCUS GROUPS

The theoretical model that was to be tested, first in the pilot survey and then in the main survey, included a new construct concerning the desire for romantic love and the way it correlates with alcohol and other drug use problems and with subjective well-being.

Design of the pilot questionnaire schedule

The pilot questionnaire included items related to gender, age, ethnicity, education and occupation as well as instruments to measure the initial theoretical model. Attributes and sample items of the scales measuring desire for romantic love, drug and alcohol use and subjective well-being appear below. A complete set of items and response categories used in the pilot questionnaire is presented in Appendix 1.

Desire for romantic love

I wrote six new items for the pilot survey to measure teenagers' desire for romantic love, by rephrasing popular song lines in an attempt to base questions about aspects of teenage sexual relationships in conventional language. I rephrased quotes from songs in the 'top 40' at that time to ask about people's wishes and desires. For consistency, I restricted the selection to ballads, sung by equal numbers of women and men. For example, the line sung by Amy Grant

> *Baby, baby, I'm taken with the notion to love you with the sweetest of devotion...*

produced the question

> *Would you like to have a girlfriend/boyfriend whom you could 'love with the sweetest of devotion'?*

and the line sung by Whitney Houston

> *...you build me up, you give me love, more love than I've ever seen...*

became

> *Would you like to have a girlfriend/boyfriend who would 'build you up'?*

The song lines and names of singers were given first and connected to the question with an arrow. Items were presented with response categories 'I would not like it', 'I'd like it a little' and 'I'd like it a lot'. I scored each item as 0, 1 or 2, respectively, thus a maximum score of 12 was possible, indicating a high level of desire for romantic love. The mean scale score from the pilot sample was 7.5 correct items (SD=3.3, n=103). Total scores ranged from 0 to 12, and the distribution of scores showed a slight

bimodality below the mean. Item-total correlations fell between r_{it}=.39 and r_{it}=.65, indicating that the construct consisted of a range of similar attributes. Each item-total correlation coefficient fell short of the coefficient alpha (r_{tt}=.80) so no single item had been overly influential.

Subjective well-being

I used the 12-item short form of the General Health Questionnaire (Goldberg 1972) as a measure of subjective well-being. I selected six items which were stated in the affirmative and six which were reversed. Two examples of items in this scale are:

> *Have you recently been able to enjoy your normal day-to-day activities?*

and

> *Have you recently lost much sleep through worry?*

The items were presented with response categories 'not at all', 'some of the time' and 'most of the time'. A maximum score of 36 was possible, indicating a high level of subjective well-being. The mean scale score from this pilot sample was 27.0 (*SD*=5.1, n=104). Total scores ranged from 13 to 36, and were normally distributed. Item-total correlations fell between r_{it}=.45 and r_{it}=.68, and the item-total correlation coefficients fell short of the coefficient alpha (r_{tt}=.88).

Alcohol and drug use

I measured alcohol and drug use with nine items from the Personal Experience Screening Questionnaire (Winters 1992). The items in this scale referred to behaviours that were relevant to the state and consequences of intoxication, behaviours and consequences which were likely to have been experienced by teenagers when they drank alcohol or used other drugs. These items fitted the approach I had used when writing the new scales and were more useful than inventories that counted frequency of use or quantity of substance. Wording of the items was altered slightly to suit the population that I was surveying. Sample items from the scale ask,

> *How often have you made excuses to your parents about your alcohol or drug use?*

and

When using alcohol or other drugs, how often have you bumped into things?

Response categories were 'never', 'once or twice' and 'often'. I scored each item as 1, 2 or 3, respectively, thus a maximum score of 27 was possible, indicating a high level of problem outcomes arising from alcohol and drug use. The mean scale score from the pilot sample was 14.8 (SD=4.0, n=78). Total scores ranged from 9 to 24, and the distribution of scores showed a positive skew. Item-total correlations fell between r_{it}=.17 and r_{it}=.73, showing variability among the items, but item-total correlation coefficients remained below the coefficient alpha (r_{tt}=.84).

Three new single items asked about alcohol and drug use at the time of sexual encounters. Two of these asked how often respondents were affected by alcohol or drugs, and a third item combined categories about both alcohol and drugs at first intercourse. For example, the item 'How often have you been drunk when you have had sex?' had possible response categories: 'often drunk when having sex'; 'drunk once or twice when having sex'; 'never had sex while drunk'; 'does not apply to me—never been drunk'; and 'does not apply to me—never had sex'.

Knowledge about HIV transmission

Stories about couples engaging in a range of sexual practices relevant to the research were presented with questions that measured knowledge of HIV transmission. I used explicit language to describe the sexual activities occurring in these stories, as well as in the related questions, to ensure that each practice was clearly understood by respondents and that interpretation would not be ambiguous. I used 'AIDS virus', instead of 'HIV infection', in an attempt to obtain an optimum level of comprehension. For example, the following situation was described to obtain responses about vaginal intercourse between casual partners:

> Julia and Bernie met for the first time at a party. While they were dancing they kissed lightly on the lips (dry kissing).
>
> *Could Julia get the AIDS virus?*
>
> They went outside and kissed more deeply (that is, tongue-kissing, sometimes referred to as French kissing).

Could Bernie get the AIDS virus?

Julia put her hand inside Bernie's jeans and fondled his penis.

Could Julia get the AIDS virus?

Bernie put his hand inside Julia's blouse and fondled her breasts.

Could Bernie get the AIDS virus?

Julia drove Bernie home. At his place they kissed and fondled passionately for a while and soon were undressed and in bed together. They wanted to make love but neither of them had a condom. However, Julia was sure she would not get pregnant, so they had vaginal intercourse without a condom. Bernie 'came' (ejaculated, had an orgasm) during intercourse.

Could Julia get the AIDS virus?

Could Bernie get the AIDS virus?

Response categories to these questions about HIV transmission included: 'impossible', 'yes, possible', 'yes, highly possible', 'I don't know', and 'I do not wish to answer'.

Twenty-five items in the scale represented possible modes of sexual transmission of HIV or intimate and social touching where transmission would not be possible. No items related to needle and syringe use. I scored each of the items for correctness based on criteria provided by Gold (1986) in a tabulation of the relative risks for infection with HIV by possible routes of transmission. I rated each item as 1 or 0 for correct or incorrect answers respectively, thus a maximum score of 25 correct answers was possible. The mean scale score from the pilot sample was 18.7 correct items (SD=4.0, n=98). Total scores ranged from 8 to 25. The median score was 19.0, and the distribution of scores showed a negative skew.

Sexual practices

I extended my use of the stories to ask about respondents' own sexual practices. For example,

> Julia and Bernie only ever had this one-night stand, so they were casual sexual partners. Some people are casual partners even though they have sex together on more than one occasion—but not regularly with each other.
>
> *Have you ever been in a situation when you had vaginal intercourse with a casual partner without a condom?*
>
> *Have you ever been in a situation where you had vaginal intercourse with a casual partner but you did use a condom?*

Response categories to these questions about sexual practices included 'never', 'once or twice', 'several times', 'often' and 'I do not wish to answer'.

Methodological implications of using lovemaking stories

I structured the HIV knowledge questions and questions about respondents' sexual practice around these stories in order that they would be relevant to respondents' experiences and expectations, whether or not they had ever had intercourse (although the stories would be unlikely to match their lives individually).

The purpose of this approach was to locate the questions in the context of familiar settings and real relationships rather than in terms of virus transmission. I was also attempting to divest these practices of moral overtones without imposing the clinical distance characteristic of much previous inquiry. Questions such as *Can you get AIDS from semen?* (used, for example, by Hingson *et al* 1990a) distance the knowledge of risk from the actions of lovemaking. The frame of inquiry about sexual practices also needed to be connected to notions of relationship and to contain some of the characteristics of sexual encounters in order to lead to questions about regular and casual relationships with long-term and short-term partners.

Privacy of responses

While developing the pilot schedule I was mindful of the privacy of respondents in the group administration situation. Every respondent had to be able to answer every item. Rather than request that respondents turn to another section if they had 'never had sex', hence exposing their

history to the group, I provided a 'privacy category' with each item that requested information about sexual practices. Respondents could reply 'I don't know', 'I do not wish to answer' or 'does not apply to me'. Ethically, this overcame identifying whether group members had, or had not, experienced the sexual practices in the questions. Methodologically, the privacy provided by this procedure reduced the possibility of disclosure to others in the room, which thus reduced the possibility of embarrassment, and was likely to encourage candid responses. My intention was to develop the schedule on the basis that questions would be relevant to all respondents even though their answers might be consistently 'never' or 'I do not wish to answer'.

Gender-specific forms

Some of the items were gender-specific, so two forms of the schedule were printed: one for women and one for men. For example, references in the romantic love and sexual practices questions referred to a 'boyfriend', a 'girlfriend' or 'another male'. Covers were coloured pink and blue to assist the process of distribution in classes.

Approval to conduct survey

I received approval from the Ethics in Human Experimentation Committee of The Australian National University to conduct both survey and focus group work. The Committee considered the draft schedule for the pilot survey before approving the research. Parental consent was an issue of sensitivity and importance in this research and legal advice was provided by the University solicitors. In order to satisfy conventions of representative sampling in the survey work, it was important to minimise selection bias. Obtaining parent permission for each individual respondent would increase the systematic biases in selection, derived from students' personal organisation (taking forms home, bringing them back to college on time), parental attitudes toward the research and the additional burden placed on teaching staff (sending out and collecting permission slips). Recent surveys in Australian Capital Territory (ACT) high schools and colleges found that return mail designs (ACT Department of Education and Training 1992) or classroom administration requiring parent permission (Dunne *et al* 1993) yielded poor participation rates (60% and 59%, respectively). From an ethical standpoint, it was important that the students, not others, take the final decision on whether

or not they would complete the schedule. For teenagers over the age of 16, legal advice provided from the University solicitors was that if an investigator ensures each research participant has 'sufficient understanding and intelligence' to comprehend the nature of the research, then the investigator need ask only the permission of participants themselves.

The draft schedule was evaluated and approved by the School Performance Review and Development (SPRAD) section of the ACT Department of Education and Training. The Director of SPRAD supported the intention of the research and approved the content of the schedule. However, he applied the condition that before administration in classrooms, approval from parents and teachers at each college had to be established in some way, and that this should be determined by college principals. In the case of the pilot survey, the principals provided permission to continue to classrooms, referring information about the study to the general business of their college board meetings. Neither the content of the questionnaire schedule nor the issue of individual parent permission was raised by these principals as concerns that required any further mediation. As part of the negotiation process at each college, I raised the issue of my own accountability to the participants, that is, my intention to provide participants with access to the results. I provided this access by sending copies of a written research paper (Shaw 1992) to college principals and teachers, by giving seminars at the two college campuses that accepted my offer, and by inviting respondents to take part in the follow-up discussion groups.

Administration of pilot survey questionnaire

The pilot survey was conducted at three senior secondary college campuses within one of the four school regions in Canberra. Access to classes was negotiated with teachers who had assisted me during my earlier study (Shaw & Scott 1991).

As part of the administration of the pilot survey within each classroom, I introduced the research and explained the main aims of the project to respondents before they completed the questionnaire schedule. Respondents were assured that their participation was voluntary, anonymous and that confidentiality would be extended to groups and

colleges. I also drew attention to the option of answering very personal items by marking the 'privacy category'. All respondents initialled a consent form before completing the questionnaire.

A second consent form volunteering interest in the follow-up focus group study was placed inside the back cover of the questionnaire booklet. The consent form asked for first name only with a telephone contact number, and was handed back separately.

Each group was offered the opportunity to discuss the research and ask questions at the end of each session. This allowed wide-ranging comment on the content of the questionnaire, and prompted constructive suggestions about language, layout and length. Discussion was sometimes facilitated by the teacher in attendance and tended to be oriented toward the content of school curriculum topics (for example, techniques in survey methods; theory building in social psychology; biology of HIV transmission). At every debriefing session I raised several specific points to clarify safer sex practices; at the commencement of the project I had attended a training course conducted by the ACT Needle Exchange Program designed for AIDS/HIV health workers. I placed educational pamphlets about AIDS and other sexually transmissible diseases on a table near the door. (The pamphlets were published by the Family Planning Association of Australia 1991; and the Department of Health, Housing and Community Services 1990) In most instances, a few respondents remained afterwards to ask questions of particular interest to themselves. These informal talks were most valuable. They implied that the range of questions in the pilot schedule had missed some aspects of teenagers' sexual experience and that the open-ended data collection process to follow would complement the survey results.

Pilot survey analysis

I used the Statistical Package for the Social Sciences (SPSS Inc 1990) software programs to enter and analyse the pilot survey data. The aim of the analysis was to establish the relevance of the study, which would be indicated by any reports of unsafe sexual practices, and to test the reliability of questionnaire items and scales. Generalisation to populations that may be represented by the respondents was not the aim. The results provided a description of the sample and information about a

wide range of sexual practices. Scale statistics and intercorrelations between variables showed the potential for modelling teenagers' desire for romantic love with their subjective well-being and alcohol and drug use.

The pilot survey respondents

The pilot sample consisted of 113 respondents (72 women and 41 men). Some population statistics for this sample are compared with the main survey sample and ACT Census figures in Appendix 11. The frequencies below show the age of respondents in the pilot sample and provide some information about their socio-economic background. These brief descriptive statistics indicate some characteristics of this small sample, and are not intended to link the respondents with any group.

Age

The mean age of the women was 17.8 years (SD=.9 years) and the mean age of the men was 18.5 years (SD=.9 years). The men were older and this age difference was significant (t=3.76, df=110, p<.001).

Ethnicity

Of the respondents, 73% reported that they were Australian-born, 15% reported New Zealand, Britain, North America or Europe as their birthplace and 9% reported other regions. English was reported as the language most spoken with parents by 91% of the respondents, European languages were reported by 4% of respondents and other languages by 4%.

Parents' occupations

Respondents reported the occupations of both parents. Fifty-five percent of fathers worked in managerial or professional occupations and 22% in trades, services and related occupations. Thirty-three percent of mothers worked in managerial or professional occupations, 25% in trades, services and related occupations and 21% were reported as housewives. These results indicate a larger proportion of managerial and professional parents when compared with the whole of Canberra (Australian Bureau of Statistics 1991).

Scale analyses

I measured the desire for romantic love, subjective well-being, alcohol and drug use, and knowledge about HIV transmission with multiple-item scales described above. Analyses of the scales yielded descriptive statistics, Cronbach's coefficient alpha (Cronbach 1951) and item-total correlations. Reliabilities are presented in Table 1.

Table 1: Scale reliabilities for measures of the desire for romantic love, subjective well-being and alcohol and drug use, from a pilot sample of Canberra teenagers.

Scale	k [(a)]	r_{tt} [(b)]	n [(c)]
Desire for romantic love	6	.80	103
Subjective well-being	12	.88	104
Alcohol and other drug use	9	.84	78

(a) k=number of items in scale. (b) r_{tt}=Cronbach's (1951) coefficient alpha. (c) Number of respondents varies due to non-completion of questionnaire.

The criterion for retaining items within scales was that they attain item-scale correlations of at least .10; the majority of items attained .30 and above. The criterion for accepting scales as discrete measures depended on the *alpha* coefficient (Cronbach 1951) exceeding correlations with other scales by at least .20. Item analyses, including descriptive statistics for each item and item-scale correlations are presented in Appendix 3.

PILOT SURVEY RESULTS

Respondents' sexual histories

The sexual histories of pilot survey respondents show that large percentages of the teenagers in the sample had experienced intercourse at least once and that intercourse without condoms occurred along with a range of other sexual practices. Of the total pilot survey sample (n=113), 67 (59.3%) respondents said that they had had vaginal intercourse at least

once and 15 (13.3%) said that they had had anal intercourse at least once. All the respondents who said that they had had anal intercourse had also had at least one vaginal intercourse.

Sexual histories were analysed for respondents who had ever had intercourse (n=67); items about non-penetrative sexual practices were not included in the pilot questionnaire. Table 2 presents the percentages of respondents of each age who had ever had sexual intercourse at the time of the survey. The frequencies given in Table 2 include reports of intercourse with and without condoms. Only a small number of students were aged 16, 19 or 20 years; their responses were retained in the pilot analysis since the main purpose of the study was to test the new scales and ascertain the feasibility of a larger survey. The irregular pattern of frequencies for intercourse by age is caused by the small numbers of respondents in some age groups.

Four of the women (9% of the 44 who had ever had intercourse) reported that they had been pregnant. Of these, one woman had had a miscarriage and two reported that they had had an abortion. Four of the men (17% of the 23 who had ever had intercourse) reported that they had had a girlfriend who had become pregnant by them.

Table 2: Reports of ever having had sexual intercourse, by gender and age at interview, by teenagers in a Canberra pilot sample.

	Women		Men	
Age in years [a]	percentage [b]	n [c]	percentage [b]	n [c]
	%		%	
16	69.2	13	0.0	3
17	46.7	30	60.0	10
18	63.6	22	57.1	14
19	100.0	4	66.7	12
20	100.0	2	50.0	2
ALL AGES	60.6	71	56.1	41

[a] Age is in years at last birthday. [b] Percentage of all respondents in that age group. [c] Number of respondents in each age group. Total n=71 for women (one report was missing) and total n=41 for men.

Table 3 presents reports (from those teenagers who had ever had sexual intercourse) about condom use for vaginal and anal intercourse during any previous sexual encounters with regular and casual partners. In order to be counted in the frequency of a practice, respondents could have reported 'once or twice', 'several times' or 'often' to that practice. In other words, respondents reported a particular practice occurring at least once for them although it may have occurred more often. There were no reports of male to male anal intercourse. The categories are not exclusive of each other and most respondents reported a range of practices. The frequencies indicate that there is a high percentage of intercourse without condoms occurring in this population and that teenagers are prepared to disclose a great deal about their sexual practices.

Table 3: Reports of condom use with regular or casual partners for vaginal and anal intercourse by teenagers in a Canberra pilot sample who had ever had intercourse.

	With condom	Without condom
	%	%
regular partners, n=61 [(a)]		
vaginal intercourse	90.2	67.3
anal intercourse	9.0	14.5
casual partners, n=48 [(b)]		
vaginal intercourse	83.3	62.5
anal intercourse	6.7	6.7
ever intercourse, n=67 [(c)]		
vaginal intercourse	94.0	68.7
anal intercourse	10.4	16.4

(a) Percentage of respondents who had ever had intercourse with a regular partner.
(b) Percentage of respondents who had ever had intercourse with a casual partner.
(c) Percentage of respondents who had ever had intercourse with either a regular or casual partner.

Table 4 presents frequencies of respondents reporting any contraceptive method used. Some respondents reported more than one method; and there were some missing data for contraceptive use during the 'past three months': 11 of the respondents said they had not had intercourse during that time. While condoms appeared to be widely used by teenagers, there remained a reliance on other contraceptive methods that would not prevent transmission of HIV or other STDs.

A relatively large proportion of teenagers who had had intercourse reported no use of contraception or use of unreliable methods (spermicides alone, rhythm, withdrawal). Condom use appeared to occur most frequently at first intercourse, but there was a move toward oral contraception over time. This suggests that these teenagers were protecting themselves from unwanted pregnancy but not from disease transmission. Use of condoms together with spermicide is the exception rather than the rule. The limitation of this analysis is that reports of recent contraceptive use is not restricted to a single event, whereas the measure of earlier contraceptive use is specific to first intercourse.

Table 4: Reports of contraceptive methods used at first intercourse and during three months prior to survey by teenagers in a Canberra pilot sample.

	First intercourse [a] (n=54)	Past three months [a][b] (n=47)
	%	%
contraceptive pill	16.7	36.2
condom alone	68.5	44.7
condom with foam	5.6	4.3
withdrawal	5.6	6.4
foam alone	0.0	2.1
rhythm method	0.0	2.1
none	16.7	21.3

[a] Percentage of those respondents who had ever had intercourse. [b] More than one method was reported by some respondents during that period.

The distributions of reports of regular and casual partners are presented in Table 5. All the women who had ever had sexual intercourse reported at least one regular partner and they gave fewer reports of casual partners than men. A small number of the men had never had a regular partner (that is, they answered 'none' to ever having had a regular partner). The distributions each had a positive skew, and the median values were relatively low; women reported a median of two regular partners ever and one casual partner in the previous three months, while men reported a median of two partners in each category.

These results are difficult to interpret, since in the section of the pilot questionnaire relating to personal histories the terms 'regular' and 'casual' were open to self-definition by respondents. (Definitions in the earlier section that had described couples in descriptive scenarios had been implicit in the stories rather than expressly defined.) While outliers in the pilot study suggested the possibility of considerable networking with multiple partners for some teenagers, there was no certainty that the respondents were referring to *sexual* partners, since the questions 'about how many *regular* partners have you *ever* had?' and 'about how many *casual* partners have you had in the *past three months*?' may have been ambiguous. I clarified definitions of 'regular' and 'casual' sexual partners in the main survey schedule on the basis of the focus group analysis discussed in the next two chapters.

Table 5: Reports by teenagers in a Canberra pilot sample of the number of regular partners they had ever had and the number of casual partners during the three months prior to the survey.

	Women n=40 [a]	Men n=19 [a]
	%	%
Regular partners ever		
none	0.0	5.3
one	42.1	31.6
two	31.6	21.1
three	10.5	26.3
> three	15.8	15.9
Casual partners in three months		
none	62.5	57.9
one	25.5	15.8
two	5.0	5.3
three	2.5	5.3
> three	5.0	15.9

[a] Respondents who had ever had intercourse, but excludes some missing reports due to non-completion of schedule.

Figure 1 indicates that in the three months prior to the survey, many of the teenagers in the study had not had sex. The median number of times that respondents reported having had sex in the time frame was 2.0, even though the range was very wide. There were some extreme values

reported; one respondent reported 101 sexual encounters in that time. (The validity of this value was discussed later in the focus group work described below.) However, the distribution had a pronounced positive skew, and the median value was low.

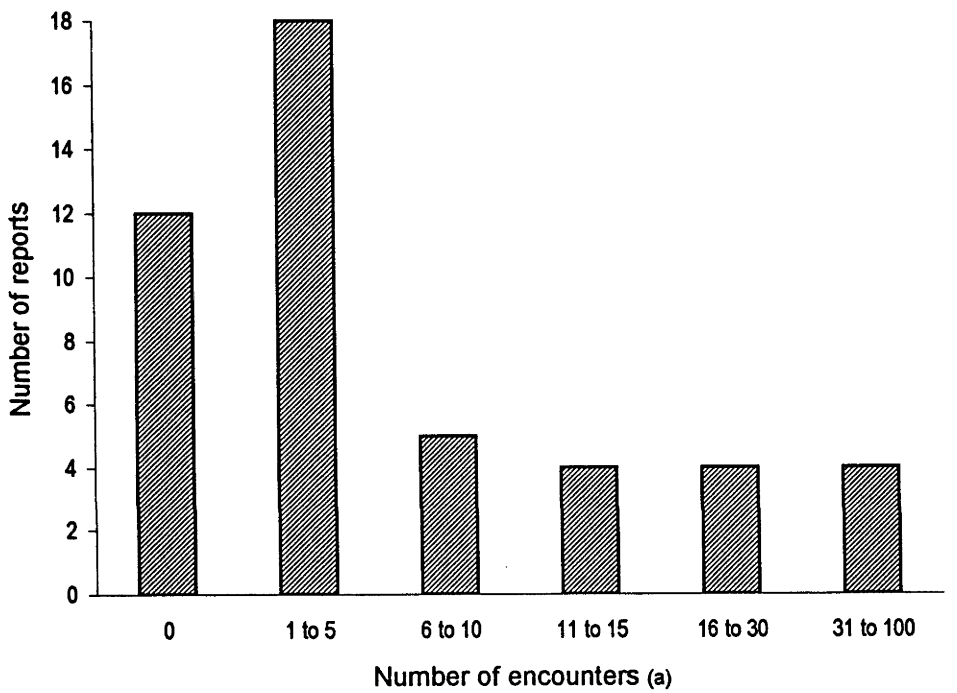

Figure 1: Reports by teenagers in a Canberra pilot sample, who had ever had intercourse, of the number of sexual encounters they had had in the three months prior to the survey.

n=47; missing cases were due to non-completion of schedule or written answers such as 'heaps'.
(a) Note the extreme values at upper end of scale; the scale is represented categorically and several very high values caused a pronounced positive skew.

Table 6 compares the willingness of women and men with regard to their first experience of intercourse. A majority of teenagers were quite willing to participate in their first intercourse, although a much larger percentage of women than men reported feeling unsure about it and 15% of women reported having been forced or talked into their first intercourse, whereas

none of the men reported these experiences. Respondents reporting on 'other experience' were invited to explain briefly. Some of the explanations provided by women referred to rape, which those respondents apparently distinguished from force, whereas written responses from the one man referred to peer pressure.

The majority of both women and men reported that they had been drunk once or twice when they had had sex. Table 7 shows that much smaller percentages of respondents reported often being drunk when having sex, and many reported that they had never been drunk. A majority reported that they had never been 'high' on drugs when having sex, although large percentages (29% of women and 36% of men) reported that this had happened once or twice. Low percentages of respondents reported often being 'high' when having sex.

Table 6: Reports about experience of first sexual intercourse by teenagers in a Canberra pilot sample.

Experience of first intercourse	Women n=44 [a]	Men n=23 [a]
	%	%
quite willing	50.0	85.0
unsure about it	27.5	10.0
talked into it	2.5	0.0
forced into it	12.5	0.0
other experience	7.5	5.0

[a] Respondents who had ever had intercourse, but excludes some missing reports due to non-completion of schedule.

A cross-tabulation showed that for men reports of being 'high' when having sex were made by the same respondents who reported often being drunk when having sex. However, for women the reports of often being drunk and often being high when having sex were made by different respondents. There were no gender differences on either of these intoxication measures. It was not possible to assess from the pilot data whether intoxication had an association with condom use.

Table 7: Reports of intoxication with alcohol or other drugs during sexual encounters by teenagers in a Canberra pilot sample who had ever had intercourse.

	Drunk		'High'	
	Women n=44 [a]	Men n=23 [a]	Women n=44 [a]	Men n=23 [a]
	%	%	%	%
often	5.9	13.3	5.9	14.3
once or twice	67.6	53.3	29.4	35.7
never	26.5	33.3	64.7	50.0

[a] Respondents who had ever had intercourse, but excludes some missing reports due to non-completion of schedule.

Group differences

Inferential tests established differences between groups defined in two ways: by comparing women with men, and by comparing respondents who reported only safe sexual practices with respondents who reported any past unsafe practices. These analyses were conducted for the scales that I had tested for reliability in the pilot study, which were to be modelled on a larger survey sample. The scales measured the desire for romantic love, subjective well-being, and alcohol and drug use. Inferences about group differences were also made from the pilot sample for the test on knowledge about HIV transmission.

Gender

T-tests for independent measures (using separate variances and 2-tailed probabilities) suggested that there were several gender differences, some of which were statistically significant and others that suggested trends. There appeared to be a greater desire for romantic love among teenage women (t=2.04, n=103, p<.05) and a greater sense of subjective well-being among teenage men (t=2.29, n=104, p<.05). There were no differences between women and men in this sample on their alcohol and drug use, but there was a trend suggesting that men held more accurate knowledge about HIV transmission than women (t=1.83, n=98, p=.07).

Sexual practices

The pilot sample was grouped into three categories on the basis of reports of sexual practices. The groups consisted of those who had never had

intercourse (n=46), those who had only ever had intercourse with condoms (n=19), and those who had ever had intercourse without a condom (n=48). A very small number (n=4) reported that they had never used a condom. Newman-Keuls tests showed that there were no differences between these three groups for age, desire for romantic love, subjective well-being, alcohol and drug use nor knowledge about HIV transmission.

Correlation analyses

Correlations presented in Table 8 show a negative association between desire for romantic love and subjective well-being, and suggest a negative association between alcohol and drug use and subjective well-being.

Table 8: Intercorrelations between subjective well-being, romantic love and alcohol and drug use reported by teenagers in a Canberra pilot sample.

	Desire for romantic love	Alcohol and drug use
Subjective well-being	-.28	-.24
	$p<.01$	$p<.06$
	n=95 [a]	n=64 [a]

[a] Number of respondents varies due to non-completion of schedule.

While the latter association was a trend only, the non-significant correlation coefficient given in Table 8 was of sufficient magnitude to suggest that a similar association, resulting from a larger survey sample, would be unlikely to occur by chance as the p-value was only slightly above the .05 level. There was no association between desire for romantic love and alcohol and drug use.

Summary of pilot survey results

The analyses of pilot survey data indicated that there were unsafe sexual practices in this population and that sexual networking extended beyond a single sexual relationship with a regular partner for some teenage women and men. There was a move toward oral contraception and away from condom use as sexual relationships developed.

Knowledge about HIV infection did not show any significant group differences, either between women and men or between groups divided by sexual practice.

Women and men differed in their desire for romantic love, but there was no difference between groups according to whether they had never had intercourse, had always practised intercourse with condoms, or had some history of intercourse without using condoms. Desire for romantic love was negatively associated with subjective well-being—women scored significantly higher on the desire for romantic love and reported significantly lower levels of subjective well-being. Intercorrelations for the desire between romantic love and subjective well-being implied that teenagers' sense of self and their sexual relationships would be important issues to explore in the following discussion group stage of the project.

FOCUS GROUP DISCUSSIONS

The focus groups were intended to provide results of the pilot survey to the teenagers who had responded, and also to interpret the findings through their views. I anticipated that the discussions would direct the refinement of the questionnaire, and I hoped that some new insights would emerge.

I convened the discussion groups during February 1992, three months after I had collected the pilot data. Thirty-four teenagers (18 women and 16 men) took part in the pilot study group discussions, in three groups of women and three of men. The group sizes ranged from four to seven participants. More than one-half of the group members had volunteered to take part in the discussions after completing the pilot survey schedule at their college campuses. I contacted these volunteers by phone and invited them to bring a friend of the same sex and age if they wished; this increased the numbers, broadened the network and appeared to boost participants' confidence in the discussions.

There were some demographic differences between those respondents who volunteered for follow-up and those who did not. There were larger percentage reports by volunteers of parents in professional and

managerial work and more of the volunteers reported Roman Catholicism as their religion. Appendix 4 presents a comparison of population statistics for the pilot survey respondents and the focus group volunteers based on categories used by the Australian Bureau of Statistics (1991). A Chi-square comparing the two groups across three levels of STD risk (never had intercourse, always had intercourse with a condom, and ever had intercourse without a condom) showed that there were no significant differences for sexual practice, coded in this way, between those who volunteered and those who did not; t-tests showed that there was no difference between the groups for age, nor on the measures of romance, alcohol and drug use, subjective well-being or knowledge of HIV transmission.

Sessions were conducted in tutorial rooms at The Australian National University. All participants were given sufficient money to cover the cost of taxi fares (between twenty and forty dollars, depending on suburb of residence hence distance from the University). I handed out the transport payments (assessed at the point of phone contact) in envelopes, and asked for consent forms to be initialled at the commencement of each session.

Each room was arranged with a large square or circular table, upright chairs, an overhead projector and screen. I presented results of the survey in simple tabular form using overhead transparencies of Tables 2 to 8 and Figure 1, and provided blank pilot questionnaire schedules to refresh the memories of pilot respondents and to familiarise their friends with the research. This procedure was designed to set the boundaries of discussion and provide a cohesive framework to compare and contrast details across the groups. Sessions lasted up to two hours.

I taped all the discussions using a small recorder with a microphone placed on the table. Participants agreed to the recording at each session. The tapes were transcribed onto a word processor, providing 43,558 words of text data. The tapes were transcribed by a professional typist and the transcriptions were checked against the recordings by me. The transcripts distinguished between the participants' voices and my voice, but individual participants were not identified. In some places on the tapes there were several minutes where participants were talking over

each other, or were speaking too softly, and a transcription could not be made.

Facilitating groups

One intention of the review of the pilot schedule questions and findings, through the presentation of survey results, was to prompt discussion and to encourage interpretations from group members that reflected their own world view, and not to reproduce my own logic. I explained my aims at the commencement of each group session, after which I allowed discussion to take the direction of the groups' commentary and I attempted to listen as unobtrusively as possible. This meant that I minimised seeking clarification, repeating respondents' comments for confirmation, or reminding them about my aims.

Analysis of text from discussion groups

I used Microsoft Word (Version 5.0, 1989) software to write several small macro programs that copied selected passages from the complete transcription of tape recordings and pasted them into a series of new files. I did this as I read through the main file, and my reading of the text together with the copying and pasting procedure, replaced coding. For example, when I came to text about 'romantic love' I initiated a pre-recorded macro procedure that marked and copied the particular paragraph, opened a second window, loaded the 'romance' file then pasted the copied paragraph into this sub-file. In some instances, the sub-files were further divided according to relevant issues, for example the issue of 'commercially represented romance' was distinct from the issue of 'private feelings', but both issues contributed toward a reappraisal of the desire for romantic love as an explanatory construct. Thus, I created a series of files that I could piece together as new themes that provided a foundation for the redesign of the focus work.

TEXT ANALYSIS

During the group discussion work the notion of romantic love as a useful construct was questioned and the use of lines from popular songs to gauge lived experience was challenged. Through a wide range of individual responses and personal definitions, participants helped to

reframe my understandings about sexual development, meanings of sexual relationships, and complexities of intimate encounters. Central themes from a content analysis of the text were that, for teenagers, sexual encounters do not have to include intercourse, that unwanted pregnancy is more of a worry for them than disease transmission, and that health education messages do not match their experience of sex or relationship.

Intimacy and everyday romance

Discussion about the nature of teenage sexual relationships revealed more about intimacy and personal development than about romantic love. Love relations as experienced by teenage women and men were said to be connected to phases that they go through intermittently, and 'romantic' conduct was more likely to involve daily events such as going to the shops or having medical checkups.

Validity of popular songs reflecting teenage romance

The relevance of using lines from popular songs as a strategy for asking teenage women and men about their relationships was questioned by group participants. Commercialised representations of 'love' were said to be a poor match for intimacy as it is desired and experienced by teenagers, and at best these representations were only marginally related to forming and sustaining relationships. Culturally defined and commercialised notions of love and romance from radio, television and magazines do at times reflect how teenagers feel, but these are often transitory phases in their lives and relationships and are not persistent periods of development. One woman explained how media images of relationship are more meaningful for teenagers who have never had a relationship,

> *People have got a lot of ideological...I mean when you haven't actually had a boyfriend relationship with someone, the representations that you have of relationships and things...like songs and television, that is where you are getting it from and, so until you actually have real relationships, is all you know about.*

and one young man described the media as a guide, especially for younger teenagers.

> *At a certain age, 13, 14, you are kind of unsure how to act. Everyone goes through a stage, so they look to somewhere [like magazines] for guidance.*

Some phases might be characterised by a preoccupation with popular songs, in bursts of intensity that coincide with cycles in relationships or with working out who they are becoming. One man said,

> *If you have got your eye on someone you sit there listening to the radio.*

and a woman made a similar comment.

> *Like if they are going through a situation and the song is mirroring a situation, they just go, 'this is me, this is me', and they love that song and they buy the single and listen to it 50 times a night.*

One woman said that if there is no current partner, romantic portrayals can idealise relationships,

> *When you are not in a relationship you want all those sort of things but you can't always get them and it is sort of more of an ideological sort of...you know what I mean.*

and another woman said such portrayals are irrelevant.

> *I think someone if they hear this song, like 'baby I love you with the sweetest devotion', or whatever, and they haven't got a boyfriend, they just think 'oh, get this crap off the radio'. Who wants to listen to this garbage if you haven't got a boyfriend?*

One of the women said that this was especially so for teenagers who do not want such a relationship at any time.

> *I don't think I want to be in that sort of situation where I love someone with the sweetest of devotion. They are sort of like on a higher plane. You just think of them as soppy romantic songs and I never think that, like I am going to get involved in a relationship like that.*

It was clear from the discussions that using songs to measure relationships conflated cultural, commercialised representations about romantic heterosexual love with personal development and the need to be close to someone in ordinary ways. Commercialised representations about sexual love may appear more interesting to teenagers who have never had such a relationship. Formulations for growing and working

through their own identity need points of reference, but desire for a relationship may have more to do with needing an intimate partner than desiring a commercialised or normative experience. When it comes to asking teenagers about their relationships, one woman offered some useful advice.

> *I reckon you are better off getting straight to the point without going into this metaphorical terminology.*

The nature of intimacy: reframing romance

The notion of romance was not seen as a meaningful motivation for sexual love between teenage partners: use of the notion of romance had diminished the prospect of finding out about intimacy, the complex needs and varied expectations that are brought to sexual relations. Participants referred to the romantic in ways that indicated they were talking about intimacy and feeling that they mattered to someone else. Participants revealed that what is said to be romantic in sexual partnerships is what is important to the partners. This strikes different people in very different ways. One woman said that such feelings are exclusive and very personal.

> *We have been brought up to think 'this is romance' and 'this is not romance' and we kind of keep to ourselves what we think is romantic because we don't want to share it with everyone because it is different for everybody else.*

Intimacy occurs during moments when partners are concentrating on each other, feeling some common purpose, giving respect or simply being together (Dowrick 1991). Moments of intimacy can occur during quite ordinary, daily activities that partners do together. For instance, shopping was described as romantic by one woman.

> *Sometimes it is romantic what people want, like someone is real sweet and it just happens, it is just really different from what people consider to be romantic...things that you think are romantic. I mean, you might prefer walking down the shops holding hands than walking along the beach holding hands in the moonlight sort of thing.*

An expectation that respect between sexual partners is romantic supports reframing romance in terms of the components of intimacy. One woman

gave this example about her preference for an initiation of a sexual encounter.

> *I think somebody would prefer someone to come up to them and say, 'would you make love with me' rather than, 'would you have sex with me'. 'Let's go behind a tree baby and shag', you know. Whereas, 'make love with me' sounds more sort of romantic sort of thing.*

The development of relationships was described by one man as a process within which familiarity can be construed as romantic. He said that getting to know a partner over a period of time and allowing the early experience of sexual activity to develop was 'romantic'.

> *It is possible that...you would want to know the partner for a while first. Like maybe...they have known each other for a year or two...make it more romantic or something...*

Some participants said that sexual intimacy at times involved an intensity of relationship that could override concerns about the consequences of lovemaking. The way that teenagers conduct their sexual encounters requires forward planning for condom use if intimacy is not to be interrupted. One man explained the contradiction between intimacy and precaution.

> *You can't be intimate and then sit down and talk about the consequences, have a cup of coffee or smoko break.*

However, dealing with the realities of disease transmission can also increase the sense of partnership, conveying a different definition of romance. One man said that checking out STD status had romantic appeal.

> *AIDS is a real bummer but everything else is pretty bad as well. Like if you get syphilis, I don't know how common that is now, but gonorrhea or crabs or anything it is really nasty you just want to check it out. I know some people that in the first month of their relationships, like it is a romantic thing to do, like we are together now let's go and check it out. I don't know how many people do but I know a couple and it is a thing they did together.*

Reciprocity plays a role in developing intimacy. Some of the men distinguished between having sex and making love, describing the latter

in terms of wanting to be loved and feeling love for their partner. Yet this distinction is not always dependent on reciprocal feelings of love, but can parallel personal states of being.

> *You make love to someone you love and you have sex with someone you just use or you just have as a sexual partner, that you don't sort of feel much for.*

> *I think it has a lot to do with mood scenes. You go through things where guys will just want sex and then there are other times when you just want to be loved as well.*

The discussions revealed a sensitivity toward relationship that concerned intimacy and being with a partner in ordinary ways, although teenagers do not always want sex in these terms. Intimacy was connected to multiplicity of experience and appeared to be constituted by many aspects of relationship: togetherness, respect, sexual intensity, personal phases, individual senses of romance.

Facilitating intimacy

Use of alcohol and other drugs at the same time as sexual encounters, and finding venues for lovemaking were described by group participants as facilitating their sexual connection with each other. Intimacy is assisted by using alcohol and, while the private conduct of sexual activity is easily arranged by most adults, teenagers find that they have to do some manoeuvring to find a place where partners are on their own.

Drinking alcohol assists sexual intimacy

Neither women nor men described drinking alcohol as an incitement to sexual activity, safe or not. One man said that alcohol use could induce arousal,

> *I reckon drinking makes you horny.*

but that alcohol's usefulness in a sexual encounter could be in facilitating intimacy between partners.

> *Alcohol I think is a big one for releasing tension, releasing any doubt, losing your inhibitions. If two people sort of come together and they are*

thinking yes that is a nice idea, it crosses their mind but they are really hesitant. It sort of breaks all that down and you think enjoy yourselves.

Conversely, lack of intimacy was said by one man to contribute to drinking alcohol and using other drugs. He said that intoxication could be a replacement for unsatisfied physical and emotional needs to be in an intimate relationship.

I think it would be more of a substitute. Like you want someone to love and hold and cherish and you don't have them so you go and smoke a lot of pot or drink some piss [beer] or whatever that you get a feeling from that you are looking for. Rather than if you don't have someone else that you can talk about your problems with, someone to share things with.

One woman said that even when alcohol and unsafe intercourse were part of the same sexual encounter, it did not necessarily follow that the risk taken would have been caused by drinking.

I can see girls in situations where they are not terribly drunk and yet they might have intercourse with someone without any protection and they think it doesn't matter, and afterwards they go, 'oh God! I will think about it tomorrow' or, 'I will take the morning after pill' or something.

There was a range of subjective experiences associated with the effects of alcohol at different levels of intoxication. One woman described it in the following terms.

If people are drunk they are drunk...whereas if they have been drinking they are having fun, they don't think of themselves as sober or drunk.

Furthermore, alcohol and drug use was said to be normal practice by many group participants, and not necessarily a problem. One man referred to the items in the alcohol and drug use scale that had been presented in the pilot questionnaire schedule.

I know I would have scored in a few of these things [items on the alcohol and drug use scale] but I don't consider, because like I drink beer and smoke a bit, but I don't consider that I have a problem.

Most of the men said that high levels of intoxication are unlikely to be associated with sexual activity at all. The following comment illustrates their experience of drunkenness,

> *When you are extremely drunk the last thing on your mind is to have sex anyway because you are too busy throwing up, driving a porcelain bus or just getting the head spins.*

and the subjective effects of drinking alcohol were said to be different from those of drug use.

> *Being drunk, it is more physical than being high because you fall into people more, but when you are high you don't really have much contact with anyone.*

Intoxication in sexual encounters may not have a strong influence on whether intercourse occurs with or without a condom. Using alcohol was more likely to boost feelings of confidence with a sexual partner and using other drugs was not seen to have any particular influence on sexual conduct.

Finding privacy

Alcohol may facilitate intimacy developing between partners, but further requirements for intimate conduct were mobility and private venues. The stories that I had written for the pilot questionnaire schedule to ask about HIV transmission knowledge and histories of sexual practice, lost some relevance on those terms. One woman said that the actors in the stories seemed older than teenagers because they had cars,

> *With this thing here, Julia and Bernie sound like a couple about 20 or something. They don't sound teenager enough because Julia drives Bernie home, and a lot of us don't have our licence, they should catch a bus or taxi.*

and also because they were able to find privacy so easily.

> *Plus, the parents would be at home so...you would have to say something like 'Bernie's parents weren't home' or, 'they went to some place where they wouldn't get sprung'...or, 'they went into a bedroom'.*

Thus, the criticism that participants offered about the stories also raised issues about the requirement for a stratagem for engaging in sexual intimacy. One woman explained it.

> *You can't really relate to [the stories] because teenagers are kind of more sneaky than that. It might not seem like that, but they are. They wouldn't really go...like when it comes to sex teenagers really are sneaky about it, like they don't want their parents to find out if they can help it sort of thing. Like if one day their parents find out, they will discuss it but they are not going to make it obvious to their mum and dad...*

The discussion on sexual privacy suggested that there were norms and expectations among teenagers about the way that their encounters would advance. There was an implication that a certain amount of planning would be taken for granted or that, even when events were not planned, teenagers observed some unstated protocols of behaviour.

Negotiating intimacy—sex and love

The way that teenagers handle their sexual relationships involves uncertainty about partners and sometimes confusion about their own emerging sexual feelings. They are under pressure from peers to develop sexual relationships, and they are expected to be heterosexual. When participants tried to identify the nature of their relationships, their definitions of relationship were as varied as their descriptions about many different kinds of sexual encounter.

Need for sensitive approach to heterosexual relations

The dynamics of feminine–masculine sexual power relations are complex. There is not a clear-cut process that operates in sexual relationships; both women and men said it was difficult to introduce talk about condoms in sexual encounters. Many of the men said that mentioning condoms is at times awkward, and that the meaning of a condom—its direct association with intercourse—is part of the problem. Comments from one group of men expressed their difficulties.

> *At some stage during the process the condom has to be pulled out and usually that is when you are completely naked or... and that makes it difficult because you might not have one handy ...*

And also what they may think. Because they [the woman] may not be intending of having sexual intercourse and when you pull out the condom it is sort of like you are implying this is where we are going...

Yes, and you are still unsure about all that is happening.

The construction of masculinity in sexual relations described above suggests the sensitivity of the men in that group toward the eventuality of intercourse with sexual partners, but their experience contrasts with the following interpretation from a group of women when presented with Table 6 (which referred to willingness to participate in first intercourse). The survey results indicated that 12.5% of the women in the pilot sample had been forced into their first sexual intercourse, whereas none of the men in the sample reported force the first time. Some women described subtle force,

Forced may not mean like...they may feel forced into it because their boyfriend says if you don't have sex with me I will dump you. It might not necessarily mean, it might not be rape...[it might mean] talked into it by the boyfriend.

So, 'yeah, come on, come on, everyone else is doing it,' but it depends. It depends on what you define as to be forced into it.

and other women expressed fear.

It seems pretty realistic. It is so scary, the 12% who were forced into it.

One man was shocked that women felt forced.

Yes, I am just upset about that [the 12% of women who said they were forced]. And also 27% of women being unsure about it. It is like we are all bloody power vendors I suppose. Seriously it is just...men used to be the warriors and they used to be the gatherers, and it is just still here. I mean, 43% [unsure, talked into it, forced] of the females!

The range of interpretations about force in sexual encounters indicates that there is no single way of understanding the power process. Difficulties exist for both women and men in getting sexual contact and satisfaction the way they want it and from whom they want it, and there were no clear understandings about the dynamics of control or submission in sexual encounters from this round of group discussions.

Need for sensitive approach to homosexual identity

The pilot survey results showed no male to male sexual contact reported by respondents in that sample. However, some of the men who participated in the group work said that, even across a larger sample, respondents would be unlikely to openly answer a question as blatant as: *have you ever been in a situation where you had anal intercourse with another male and you used/did not use a condom?* They also spoke about the way that homosexual identity might be constructed for teenagers. For instance, awareness of homosexual identity is likely to develop from early feelings, inklings about it. Some of the men explained the difficulties surrounding questions about homosexuality.

> *Even if there was [lesbianism] you wouldn't know about it because teenagers wouldn't admit it, they are pretty hush-hush about homosexuals.*

> *And a lot of people, I think even if they are lesbians or homosexuals, don't realise it until later. They are still engraved in the boy-girl.*

One woman made the following suggestion about the level at which survey questions might be successful in accessing homosexual experience among teenagers.

> *I really think you should do a section on finding out how many people are tended...[toward homosexuality]. And I am not talking about the more specific questions, but the questions like you have at the front [in the desire for romantic love scale] like, 'do you ever have feelings towards people of your sex?', and stuff like that. Because that would also be sort of very interesting thing to know about teenagers is how...not necessarily whether they have actually done something...but whether they think about it.*

Sex partners and their meanings

Group participants did not accept the distinction between regular and casual partners. For some teenagers a casual partner becomes a regular partner, and a one-night stand can turn into a long-term relationship.

One woman struggled to clarify how she would describe a casual sex partner.

> *I think you have to define, that is sort of a one-night stand really. It could, something bigger could happen out of it, he could go, 'hey baby, let me ring you' and you could lead on but I think what it actually was at the time was a one-night stand so you need that sort of a category as well, because casual could be, 'have you had sex with them once?' or, 'had sex with them three times?' or, 'do you see him once a month?' and, 'if you see him out, will you have sex with him?' and to me that is very casual. Like, if you go out on a weekend and he is there you will go home, that is casual. It is not ringing and you don't ring each other... Maybe you won't see them through the week but if you see them out it is like you will crack onto each other when you are really pissed at three o'clock in the morning and go home and spend the night and then leave, and then never see them. Or not necessarily never see them. Like, you could be really good friends with a person and just have...I suppose it is so difficult to define casual sex.*

One man connected his perception of a regular partner with caring about them, and that caring is constituted by more than sexual activity.

> *A lot of people don't give a damn about it but I do. Some people just want to get into a relationship, have some fun and get out. Others are going for serious love. So you have got a broad spectrum of what is actually going on.*

However, constructions of intimacy and relationship are useful here only so far as they are aspects of the exploration of safe *vis à vis* unsafe sex among teenagers. While there was no prevailing depiction about power dynamics in sexual encounters to be taken from analysis of the group work, it did appear that negotiating sexual practices in a particular encounter was linked to the nature of the particular relationship at the time. This was not just a matter of the confidence of each partner. Some teenagers seemed to experience uncertainty about themselves and their partners and others did not, but levels of confidence could not be linked to the practice of precaution. Asking teenagers about their practices in sexual encounters needed to take account of individual meanings and doubts about sex and love, and to be sensitive toward sexual preferences.

The intimate encounter—sex, love and condoms

Group participants talked about sexual relations and the way that they frame sexual encounters in their own terms. The sexual was given a much wider definition than the occurrence of intercourse, and the feminine–masculine dynamic of heterosexual relations were described in terms that caution against uncritical analyses of power relations between partners.

Sex is not defined by intercourse

Participants described their personal constructions of what is a sexual encounter. They reframed the nature of sexual engagement in an important way. Sexual encounters for teenagers do not necessarily include intercourse; and many teenagers view themselves as sexually experienced whether they have had intercourse or not. Teenagers who have had intercourse described sexual situations when intercourse would not occur. Discussion about the frequency of sexual encounters led to a wide range of personal definitions about the activities that constitute a sexual encounter. In response to the extreme values in Figure 1, women in one group were clear about a definition of sex that encompassed many more activities than intercourse.

> *I would believe it if they were saying, 'this is masturbation'.*

> *Yes 'sexual encounters', it doesn't necessarily mean intercourse.*

One man said that at least for some men sex is neither defined by intercourse, nor is it always expected.

> *Sort of when you get into the situation when you start playing games with a female you don't know whether it is going to lead to sexual intercourse or whether it is just going to be games, and that is that.*

A group of women talked about foreplay in lovemaking. One comment implied that foreplay could replace intercourse for women, but that there was also a likelihood of intercourse without condoms associated with prolonged foreplay.

> *I was talking to my girlfriend, and she said women should have 40 minutes foreplay for them to be able to have an orgasm during intercourse and so if you don't have a condom in the house then you*

would be having foreplay longer and longer, because I would say you get to it more from foreplay than by the intercourse. So you have foreplay for a very long time because you are putting off sex without a condom, and so by that time you are so worked up you say, 'let's just have sex then' because you have had so much foreplay and so you have been turned on. I can imagine that some girls...even in a casual thing, if they are at a party and there weren't condoms there, they would have been having foreplay for a while and they might just say 'let's just have sex'.

One man offered the following suggestion for asking about practices in sexual encounters.

Just make it a bit more specific for the kind of thing you want to find out. What sort of encounters are you talking about? If I was asked how many times I had sex ... it would be a lot higher than how many times have you had sexual intercourse.

Sex the first time

Much research is based on recall of first intercourse as a benchmark about prevalence and age of early sexual activity among teenagers. However, group participants spoke of a diverse range of attitudes toward the importance of first intercourse. The following exchange between several women in one group indicates the differing retrospective views on first intercourse.

I think more so someone who has entered into their first serious relationship or something like that, when they are maybe sixteen, who knows, but I think if their first serious relationship, I think it is more, I think that that is probably the first time that people start thinking that, 'hey, this could happen' or, 'I want this to happen'. After that then it becomes more of...I guess less important to a lot of people, and that is when they will get drunk and have it or whatever.

It also depends for the first time whether it is with a casual relationship or whether it is with a regular relationship but I think more that if it is with a regular, it is planned.

I think you just change the other way. Like the first time it usually just happens, or like you are going out for a little while and you both sort of

decide, it is not planned but then after that it sort of takes on more value, I reckon it is the other way round.

You reckon? But I can see that people would be more blasé about it after the first time.

These comments suggested that patterns of first intercourse did not necessarily correspond with sexual practices in later encounters or relationships.

Immediacy of pregnancy compared to abstraction of disease

Pregnancy is a greater concern than disease transmission among teenagers. Unwanted pregnancy is an outcome that will affect teenagers' lives in the present, and creates crisis. If no contraception is used, there is a high probability that a woman will become pregnant. Not only is pregnancy a crisis to be dealt with in the present, but pregnancy also exposes teenagers' sexuality, a matter that may create ructions with their parents. This links back to the discussion above on the experience of sex as personal and private conduct. In the event of pregnancy, teenagers are 'found out' and their relationships are brought into public scrutiny. Thus, not being 'found out' is part of an overall strategem for keeping intimate relationships private. One explanation by a teenage woman regarding sexual privacy, concluded in the following way:

Like, if one day their parents find out, they will discuss it but they are not going to make it obvious to their mum and dad. And that is also about the pregnancy part, because then they are found out.

On the other hand, disease transmission is an abstraction. HIV infection is a problem for the future and teenagers do not witness the crises of others who have become infected. Both women and men in the groups talked about the ways that teenagers calculate low probabilities of disease transmission. One man described how the calculation would occur with casual partners.

And it also depends on the sort of stages that you think your partner has, like particularly if you know them, casual partners this is. Like if you know them and have some sort of idea of what sort of person they are, or you perceive them to be, then that may influence the decision. Or if you know they are sexually experienced, then you would probably be

more likely to use a condom than if they are not. This is speaking about STDs rather than pregnancy.

The greater the number of sexual partners, the greater the risk of disease transmission, whereas one partner is sufficient for an unwanted pregnancy to occur. One woman compared the number of partners that teenagers were likely to have had at college compared to a projected sexual network at university, in support of her reasoning on being more concerned about unwanted pregnancy.

A lot of people are more worried about pregnancy than AIDS. Especially at this age, you don't kind of think. I guess when you get older, more university, you kind of think you would sleep around more because you know more people. But at college you just think, 'yeah, they have probably only had sex with one or two people'. And it is like people's first encounters anyhow so they presume that the other person is in the same boat, so they are more worried about will they get pregnant.

Some said that disease is not a particular concern at all. For example, one woman said she had few concerns about AIDS.

Speaking from my own point of view, I don't think many say 'OK, you have to think about AIDS these days, let's go and have an AIDS test'. I don't think that happens very often. I think you just decide once you...have made a decision about your sex life, that is it. You just do it. Because personally, I have never sat down and said, 'right, we have to think about AIDS, blah, blah, blah'.

Teenagers participating in the groups referred to HIV as a heterosexual disease, not a 'gay disease'. However, belief in heterosexual transmission of HIV was not necessarily translated into personal risk. There was a much more powerful construction of HIV as a disease risk for others; for teenagers it is a disease risk for people older than themselves, and their sexual partners. The logic was clearly stated by one of the men.

At this age people are thinking, 'OK most people I am going to be sleeping with are around my age, most people that I am sleeping with haven't been in many sexual relationships, their chance is close to zero'. A lot of people think like that, and it has got a logic to it if you think

about it. So they think, 'great while I am young I might as well do it without a condom'.

With regard to disease transmission, this logic is quite sound for two teenagers who are both in their first sexual relationship. Table 5 indicates that there were teenage women and men in the pilot sample who fell into this category, although there was no information about their partners.

Nexus: relationship, sexual practice and choice of contraception

Teenagers' perceptions about the relationship they have with their partners directs decisions about contraceptive methods as well as sexual practices. Condom use for sexual intercourse is more likely to occur as a contraceptive method than as protection from disease, and in relationships between regular partners it will be exchanged over time for the oral contraceptive pill. One woman described the way that the nature of a relationship with someone trusted motivates the switch in contraceptive methods.

I think, like our age and the stage of our relationships, I reckon you get that trust and you go 'OK, I will go on the pill and we will stop using condoms' and that is fine, you can talk about that.

Another woman linked the decision to have a 'one-night stand' with a casual partner with the presumption that a condom would be used, compared with less decisive behaviour between regular partners. It is not clear from the transcript whether this woman referred to STD protection, contraception, or both.

It depends if it was a one night-stand. If we are talking about discussing sex, it would be kind of like, 'do you have a condom?' or whatever. I think if it was a one-night stand it would be kind of like, 'what are you doing, do you want to come back to my house?' or, 'your parents have gone away, can I crash at your house?' That would be that, and it is when you would make a decision, 'am I going to have sex with this person or not?' because you know yourself. But with a regular partner I think these things tend to kind of happen. You could talk about it, but I think it would just happen.

One man said that taking condoms for granted with casual partners was a means of advancing a sexual encounter to intercourse.

> *I think with real casual encounters and that, I think people think it is heaps slower not to use one. I think with casual encounters and that, you are worried at the time that the girl is going to get disinterested all of a sudden and say, 'oh no, I am too drunk, this is stupid, let's forget this and go'. So people want to be fast.*

But another man said that the feeling of awkwardness from the practicalities of using condoms was reduced if a partner was more familiar.

> *There is sort of a bit more trust between someone if you can say 'wait a sec, I am going to use a condom, so you can open this' or, 'I am having a bit of trouble' or, 'damn these things are slippery, damn it has gone down'.*

Referring to oral sex as a method of disease protection, one man said that this was a useful strategy for casual partners who may not know each other's STD status. Here again, disease protection and contraception have been conflated.

> *In a regular it is different because you can be checked up. In a casual they will opt for oral sex or they will use a condom. So another one you might want to stick up there [referring to Table 3] is casual oral I suppose. For the regular one it is not as important but on the casual basis oral sex is much more common because people won't want to have sex [intercourse] on a casual basis. Some do of course, but they will have oral sex instead. It is just that it would vary too much in a regular one because you would have the chance to get contraceptives and you would know about each other's STD status. It is just oral is a bit more of an option in a casual thing than anywhere else.*

There were few comments in the groups on the results about anal sex, but one woman suggested that percentages of anal intercourse reported in Table 3 represented a contraceptive method for teenagers.

> *It is because of pregnancy, it is because people think 'anal sex, I won't get pregnant'.*

These results lay out the links between the purpose of protection, the nature of relationships, the range of sexual practices and the variety of contraception choices. The analysis of the text could not provide evidence about the relative strength of each factor, but could be drawn on

when putting relevant clusters of questions to the later main survey respondents. Given that concerns about unwanted pregnancy were paramount, it is difficult to disentangle condom use as a disease protection from condom use as a contraceptive method. For some partners, their choices are constituted by finding out about each other and making self-conscious decisions on whether to use condoms or not. For some, the decision process was constituted by taking condoms for granted, while others did not consider condoms at all. However, it was apparent from the discussions that condom use is less likely between regular sexual partners than casual sexual partners, and that the development of regular relationships influences oral contraceptive use. Anal intercourse was said to be a contraceptive method, presumably when no condom is used, but there was no evidence to conclude that anal intercourse with condoms served such a purpose. Oral sex was said to serve a protective purpose for casual partners. There was no discussion on whether this was the case for regular partners, or whether oral sex was practised for pleasure as well as protection, albeit for either oral or anal sex some pleasure would have to be assumed.

Public voice of disease control

The analysis of text from group discussions about HIV transmission knowledge held by teenagers revealed a set of statements that contrasted sharply with participants' talk about sexual relationships, encounters and practices described above. When the women and men talked about the stories in the pilot questionnaire in relation to the way I had tried to ask about their knowledge, there was an absence of personal reflection, an absence of the sense that their growing and being in relationships had anything to do with knowing about HIV transmission. Even though HIV knowledge items were set in the context of stories about sexual encounters, group participants' comments on knowledge and its measurement revealed a disjuncture between the intimate and the public. Their private experience and knowledge was not congruent with the messages of AIDS media campaigns.

Detailed knowledge

The median score on knowledge about HIV transmission showed correct judgements for 79% of the items. This indicated that survey respondents understood a substantial amount of information regarding modes of

transmission about HIV infection. Discussion in the groups showed that there was also a high level of detailed knowledge understood by the participants that had not been accessed through the questions attached to the stories about couples in sexual encounters. The detail that they possess can confuse their ability to answer questions with forced choices, so that teenagers with good knowledge about disease transmission may score poorly on the grounds that they are weighing up the complexities of a situation and prevaricating between the choices available. For example, one woman referred to forced choices for knowledge items in the pilot survey questionnaire, and her difficulties in answering them.

> *With the questions, it says 'impossible' to 'I don't know' and then the cop out line. I was confused, because at the start it didn't state whether they had cuts or anything like that...*

Detailed information about small risks, such as exchange of blood and saliva *via* cuts and cold sores, may leave teenagers confused. Two women in one group made the following comments.

> *Even with dry kissing if they both had a cut on their lip, both had cold sores and both open, yes, you could get AIDS.*

> *Another thing, too. If you get really technical when you start looking at condoms, it is possible still even then. So that gets even more complicated then because of if it splits...a condom can break. Perhaps at the beginning I think you would say, 'assuming that the condom will not burst'. I think you would have a column that says 'very slightly possible'.*

Furthermore, the amount that teenagers understand about the complexities of transmission does not determine whether they will act upon such knowledge day to day. One woman distinguished between answers that people might give in a survey and how they might react in real life.

> *If you are asked in a questionnaire 'do you think that or not?', you say 'no', but if something happens, like then I don't think twice.*

Education as tangential to experience

'Health education' messages, delivered in a public voice in public places, are disconnected from teenagers' own experience of sexual relationships.

There has been a flood of information about HIV/AIDS and teenagers may have become indifferent to public health campaigns. One woman explained why new campaigns do not provide new insights for her.

> *I was at Social Security the other day and it had a poster on the wall, and it has got some rat wearing sunglasses and telling how you can and can't get AIDS. And it says you can't get AIDS from spitting, from sharing food and using toilets and that sort of thing. I just sort of read that, like I already knew it all but it is up there and I feel that you are going past it every day and there is posters like that around all the time.*

One man described safe sex campaigns as an information overload which bore little relation to the concerns of real life.

> *Sex has been so publicised in the last five years with the AIDS epidemic, that it is OK to have sex if you are wearing a condom, condom, condom, drumming it into your brain really, that I mean people aren't really worried about it. That is not the major concern.*

The comments from group participants suggested that detailed information about HIV transmission is not necessarily relevant to teenagers' experience nor their needs. Teenage women and men in the pilot study groups knew about sexually transmissible diseases and the outcome of AIDS from infection with HIV. However, public knowledge has not been translated into their private logic, not only because it is dissociated from their experience of sexual fun and affection, but also because, for some teenagers, not using condoms is a reasonable strategy.

CENTRAL ELEMENTS OF THE TEXT ANALYSIS

Three main elements emerged from the analysis of the text generated from these group discussions. First, some sections of the questionnaire needed revision and some were deleted on the basis of the findings. Second, the results included new perspectives on the ways that teenage women and men experience intimate relationships and sexual encounters that needed to be included among the research questions. Third, the need for a new approach when asking about the details of sexual intimacy became evident.

The pilot questionnaire—methodological critique

Several criticisms of the pilot questionnaire could be addressed in later stages of the project to improve and expand results from the main survey. Popular song lines (and my assumptions about the social construction and latent effects of romantic love) did not reflect, in any stable or consistent way, the experience of teenagers in their daily lives and relationships. Stories about sexual encounters were useful for asking about behaviour but the complex issues involved in asking about HIV/AIDS sexual transmission knowledge were beyond the scope of the pilot questionnaire. A broader range of activities should be included in the questionnaire, not restricted to intercourse, and identification of homosexuality needed a more sensitive approach.

Songs

The use of lines from songs was not valid as a means of assessing the nature of teenagers' sexual relationships. Intimacy was referred to in many ways, and lines from 'romantic' pop-songs did not represent broadly the nature of intimacy in relationships. There was a need to find more sensitive ways of asking about gender dynamics in sexual encounters; it was an oversimplification to assume that women are passive or romantic and have no ability or desire to determine processes and activities in sexual encounters.

Stories

When discussion of the stories centred on the descriptions of behaviour and the details of sexual encounters, comments about teenage sexual conduct were facilitated. Using the stories was one way in which sex could be introduced as a topic for open discussion. Even though the stories needed some age and venue related adjustment, they were said to be an open and honest way of approaching teenage respondents in order to ask them about their sexual behaviour.

However, using the stories to ask about HIV/AIDS transmission knowledge was fraught with misinterpretation. Many of the women and men in the discussion groups held a more detailed understanding about sexually transmissible disease than I had anticipated with the pilot survey questions. By using stories the complex issues surrounding

disease transmission were raised, yet were not able to be dealt with in the simple terms that the items and answer choices proposed.

Homosexuality

Asking about homosexual practices and relationships among teenagers would be assisted by a more sensitive approach, and by including questions about lesbian encounters for women. The questions needed to range from early homosexual feelings to practices in homosexual encounters. Questionnaire items about homosexuality are necessarily limited, since teenagers perceive it as a 'taboo' topic, and do not have the opportunity to develop trust or rapport with a survey researcher.

The sexual encounter—new perspectives

Discussion about contraceptive choices, penetrative and non-penetrative practices and intoxication signalled some of the ways in which teenage partners perceive and facilitate intimacy. There was a three-way link between contraceptive methods, styles of relationship and sexual practices. Drinking alcohol was more likely to assist in initiating intimacy than to affect practices during sexual encounters.

Role of contraception

Analysis of the group discussion results indicated that contraception was more important than disease protection for teenagers when they had sexual intercourse, and it was not clear whether condoms were used for the former reason or the latter reason. The results suggested that once use of an oral contraceptive started, condom use was discontinued.

Role of relationship

Results from the group work suggested that the nature of a relationship would influence teenagers to protect against disease or not. Participants cited the opportunity over time to establish STD status and start oral contraception as aspects of a regular relationship not available to more casual partners. Getting medical clearance and using oral contraception were construed by some of the group participants to play a role in developing trust and bonding in the relationship.

Role of non-penetrative sexual practices

Teenagers' definitions of sexual behaviour included practices other than intercourse, and non-penetrative sexual activity appeared to play an important role in teenage lovemaking. Different practices had different meanings; oral sex as an option for casual partners was described as a protective practice and anal intercourse was described as a contraceptive method. In the terms of teenagers talking about their own sexuality, 'sexual experience' can be extended to those who have never had intercourse. The ways in which participants set the experience of first intercourse in a context of continuing sexual relations, reduced its interpretative value as a typical event in teenage lives.

Role of alcohol

Participants' perspectives on the role of alcohol in sexual encounters suggested that, while it was used as part of the process, it might not influence protection from disease either way.

New use of stories—experience expressed as fiction

During the pilot study discussion groups, participants were asked to talk in general terms about the pilot survey results. The conduct of the groups was formalised by the use of the survey results as prompts for discussion and by the rationale that the participants' role was to help with interpretation. I had anticipated that they would speak in general terms about 'other' teenagers. Throughout, the discussions were peppered with personal anecdotes and slips into the first person. These became even more evident from reading the transcribed text. For example, interpretation of results included references to personal preferences,

> *...personally, I have never sat down and said, 'right, we have to think about AIDS, blah, blah, blah'.*

> *I don't think I want to be in that sort of situation where I love someone with the sweetest of devotion.*

what people want,

> *You go through things where guys will just want sex and then there are other times when you just want to be loved as well.*

how they react

...they just go 'this is me, this is me'...

...they go, 'Oh God!, I will think about it tomorrow' ...

and think,

...they just think 'oh, get this crap off the radio'...

...we kind of keep to ourselves what we think is romantic ...

none of which (preferring, wanting, reacting and thinking) can be claimed as a knowledge of others, but more realistically to have emerged from a knowledge of themselves.

CONCLUSIONS

Two key methodological conclusions came from the pilot survey results. First, at a practical level, the questionnaire-based survey methodology was relevant and feasible. The questions had been taken seriously by respondents and administration of the schedule had been accepted in college classroom settings. More than one-third of the participating teenagers had volunteered to take part in the follow-up discussion work. Second, creating stories about couples in naturally occurring situations had provided a technique that I could use to ask questions about sex with precision in order to document teenagers' specific sexual practices and their understandings about disease transmission. Writing clear details into the stories provided assurance that respondents understood exactly what was being asked. The assumption that, for teenage women and men, sex is practised in systems of relationship and personal meaning, was an appropriate and useful foundation from which to proceed.

The results indicated that there was unsafe behaviour occurring among teenagers in Canberra that could be modified. Sexual practices reported by the teenage women and men from this small pilot survey sample included intercourse with and without condoms, with both regular and casual partners. There were more reports of vaginal intercourse than of anal intercourse and there were no reports of male to male anal intercourse. It was also clear that teenagers moved from condoms to oral

contraception between the time of their first intercourse and more recent intercourse. In this sample, neither knowledge about HIV transmission nor attitudes toward condoms were associated with histories of unsafe sexual practices.

Scale analysis of the new items written to measure perceived desire for romantic love supported the use of popular song lines to measure affectional aspects of sexual relationships as a sound strategy in statistical and measurement terms (the reliability coefficient was high and item-total correlations indicated that no one question was overly influential). Correlation analyses showed that a perceived desire for romantic love was positively associated with alcohol and drug use, and negatively associated with subjective well-being. The findings threw some light on the nature of romantic love, but these understandings were limited by the extent to which such latent constructs can be measured within the scope of the questionnaire method.

The focus group participants provided practical advice on the questionnaire schedule and useful interpretations of the pilot results. The key suggestions were:

> rewriting certain questions and response categories, for example levels of intoxication and sense of control in a sexual encounter;
>
> criticism of the 'romantic' song lines as representing anything more than passing moments in most teenagers' lives: the feelings and experiences described by this new scale had targeted stereotypes that few participants said they could relate to in their own relationships;
>
> the association between relationship and contraception was not so much a matter of abstracting the preparations for sex as a result of developing intimacy in sexual relationships and rational concern about unwanted pregnancy;
>
> affirmations and criticisms of the stories used for knowledge and practice questions: the expressly stated sexual activities and associated questions were described by the groups as honest and open, but some of the details did not reflect the experience of the age group in my study;

disparity between the interest with which HIV/AIDS knowledge was held by teenagers and the public discourse that sought to pass this knowledge to them.

In some ways the findings from these group discussions highlighted the different meanings about sexual practice that become available through different research methods. Structuring the sessions around the results from the survey that participants, themselves, had responded to was an extremely useful way to encourage discussion and gain access to reflexive interpretation. However, leading the discussion in this way with tables of percentages and queries about the practicalities of the schedule also restricted what could be said. The information provided by group participants was mostly kept to general beliefs about teenage sexuality.

These limitations were not dissimilar to the constraints for survey techniques: the main problem with schedules is that they cannot hope to access the detailed range of experience, and in itemising practice cannot attain meanings (Goot 1988). In the groups, it was a problem not just about reducing experience to specifics of behaviour by presenting survey results, but also about alienating the participants from the research. The teenagers who attended the group sessions did not seem to be able to trace their own experience within the theoretical model as I had framed it, and some participants expressed specific criticisms of it.

The next challenge was to draw out personal knowledge more concisely, but without risking exposure of individual participants. It appeared that reworking the 'story-telling' strategy to ask about sexual conduct could be very productive, in part because fictional accounts provided a relevant context for questions and answers, and in part because specific details of an encounter could be addressed (for example, contraception, relationship, practices, alcohol and drug use). The strategy could be extended to the conduct of group work, where personal experience could be projected into the story-telling without fear of personal exposure. From these starting points, I designed a procedure for group members to write a single fictional sex encounter that would be informed by their individual knowledge of sexuality but that would be recorded in a collective voice. The procedure is described in the next chapter with new findings generated from six groups who produced stories about teenage sexuality.

CHAPTER 3

TEENAGERS' STORIES OF SEXUALITY

In this chapter I describe a new projective method for asking teenagers to talk about sexual encounters. I designed an exercise where, as a group, participants created their own stories about fictional lovers and their lovemaking. The exercise was intended to reduce the formality of the early group sessions, where there had been an emphasis on talking about 'other' teenagers. Producing their own versions of teenagers' sexuality, projected onto fictional others, was a process within which participants could become personally involved without feeling exposed in the group. I structured the analysis around different themes to develop a discourse framework (Fairclough 1989, Lupton 1992, Potter & Wetherell 1987) in which to interpret the stories produced by the teenage research participants. Working with the participants' stories offered a way in which details of sexual experience that had been provided in the earlier focus group discussions could be located within broader themes of intimacy in sexual relationships and the pleasure experienced by teenagers with their sexual partners.

A PROJECTIVE METHOD FOR TALKING ABOUT SEX

The development of an exercise for groups to produce sexual narratives arose from substantive and methodological findings of the pilot survey and early discussion work. The new exercise was an extension of the earlier use of fictional vignettes as a basis for discussing sexual practices and of using overheads as the focus of the participants' attention in the previous focus groups.

The results of the early group discussions had indicated that there was often uncertainty between partners about each other's intentions, but that sensitivity toward relationship was not inconsistent with having fun in lovemaking. Participants had talked about sexual relations in ways that

were set in the present moment and not in terms of a rehearsal for later relationships (in 'adulthood'). Intercourse was not viewed by teenagers as a necessary culmination of lovemaking, nor was intercourse always included. But the context of those first discussions had facilitated neither a systematic reflection on the unfolding of a sexual encounter as an interactive process between two teenagers, nor a means of examining the role of non-penetrative sexual activities in this interaction.

During the first round of focus group discussion I observed several 'clues' that suggested the possibility of developing a strategy to uncover more of the personal knowledge of participants. First, I noticed that the stories from the survey schedule generally initiated discussion about the process of sexual encounters and engaged the participants in a detailed discussion of the issues relevant to teenagers' sexual practice. But the limitation of those stories was that I had written them, and (notwithstanding their openness) the participants had simply corrected my errors. This did not represent a phenomenology of their experience, but was a hit-and-miss process that dealt only with the issues I had raised in the pilot survey. I needed to design a method that would shift the framework of the discussions from my knowledge as researcher to their knowledge as the research participants.

Given the opportunity to narrate the fictions themselves, it was clear that teenage participants would draw on their own life experiences and personal knowledge in telling such stories. Participants could be asked to collectively 'write' a story in a group context. Such a method would encourage projection of participants' personal knowledge into the story, but individual histories and preferences would not need to be disclosed. Writing a collective story as a group would also provide access to the issues of content described above: the need to work with experience in a 'present moment', to look at reciprocal processes in sexual encounters, and to obtain detailed accounts about non-penetrative sexual activities.

Second, I was struck by the power of the detail in participants' accounts to signal broader issues, and perhaps shared experience, during the discussions and again when I analysed the text transcripts. Many of these details emerged at those times when participants had cast their descriptions in terms of a 'generalised' sexual encounter.

Third, by using overhead transparencies to present the pilot survey results to the first groups, attention was directed at the overhead screen and away from participants even as they spoke. This had created a common space into which the exchange between me and the participants was (literally) projected—we could each look at the results and talk about what was there in ways that linked us to the work yet at the same time separated us from it.

Combining these three main observations (the effectiveness of speaking in the third person *via* stories, the focus provided from concentrating on a single event and the ease created through the use of overhead projection equipment) determined the design of the collective story writing. A group could develop their story collectively while a scribe wrote it onto overhead transparencies. The participants could see the story as outside themselves yet take some personal ownership of it. Sustaining the research direction within this process, and addressing the specific issues raised by the earlier discussion groups, could be achieved by facilitating the stories with explicit prompts. These too could appear on overhead transparencies not only to include them as part of the projected narrative but also to provide comparability between groups. The method of writing collectively stories of particular sexual encounters allowed each participant's voice to enter the story and at the same time build on the issues that had been raised by the earlier groups.

Procedure

I invited a further six groups to participate in the redesigned group discussion work: three groups of women (n=18) and three groups of men (n=15). Group sizes ranged from four to seven participants. I contacted the participants by telephone and I offered them the same conditions of attendance (their costs were covered, and they could bring a peer) as the earlier focus groups. The participants whom I contacted for this second round of discussions were volunteers from the pilot survey sample also, but none of them had taken part in the first round of discussion groups.

The venue for these discussions was, again, a tutorial room at the university, which was set up in a similar fashion as for the earlier groups with a central table, overhead projector and screen. I provided an outline

of the research at the start of each session and asked permission to record the discussion on a cassette tape. Participants initialled consent forms before proceeding further.

There were two steps in the proceedings at each session. First, I provided the pilot results as a reporting procedure for the survey respondents, and not as prompts for interpretation. Discussion of the results was mostly a matter of clarifying participants' queries and was briefer in these groups, taking approximately half an hour to complete. However, including the narrative exercise, the whole discussion in the second round took longer than the first, between one and a half hours to two and a half hours.

The second step in the procedure was the collective story writing. This was a process through which participants in each group collectively wrote a story about the progress of a young heterosexual couple from a first meeting through to a sexual encounter. There were some general rules: the couple was to be heterosexual, actors were given names, intercourse could occur only with a condom. The rule that condoms had to be used for all intercourse in the stories was an integral part of the exercise. This rule was imposed partly as an issue of research ethics, but it also enabled me to find out the ways in which teenagers prescribed safety. Groups were not asked to work towards a sexual encounter that included intercourse, but I did not stop the story process until the couple's activities provided an opportunity to talk with the group about the ways in which condoms are referred to and their use negotiated by teenagers. The eventuality of intercourse was implicit in each story, but never explicitly stated.

The story was written onto overhead projector transparencies in note form. I acted as a scribe for each group and wrote down the story as the group created it. Groups were able to keep track of the couple's progress and sustain a detailed level of work. Each story was guided by a series of prompts that provided comparability across groups. Prompts were used simply to keep the story moving, for example, 'what would he/she say?' 'what would he/she want next?'. (See Appendix 5 for the prompt questions.) Each prompt was printed on the top of a transparency and the story was written down as the participants created it. At several points in the story the task for the group was to brainstorm possible

directions and then to take a group decision about which idea would be followed. For example, at the beginning of the story the group would decide where the couple met; after generating a page of different events and venues a decision was taken to proceed with one of them. This allowed a coherent and collectively owned story to emerge. It also exposed a lot of detail that was not 'included' in the story and which reflected individual experiences and preferences, ideas and notions about how sexuality is practised in their own experience, and among their peers.

Combining 'brainstormed' options with a coherent story line allowed individual detail to emerge through the processes of collective composition. Generating options to follow in the story and the subsequent decision required from the group to continue with one option, encouraged consensus and group ownership of the stories. Seeking options for consensual agreement brought out personally understood detail without breaching privacy or exposing individual experiences in the group setting. I also observed, in the course of facilitating the collective story writing, that the mood of the groups changed perceptibly during the exercises. The reserve that I had noted in the earlier groups was also evident in the later groups when first presented with the pilot results. From the beginning of each narrative exercise, the reserved mood of the group shifted to an expressiveness that stimulated more intense participation from individual members.

Consensus about the direction of the stories had to be achieved and this meant that, as facilitator of the group exercise, I had to take a more directive role than I had with the earlier groups. The stories progressed through an exchange between my prompting, restating and paraphrasing a question several times, and participants' responses. There was more use of colloquial expression in the story writing than in the earlier discussions. While only the expressions were written onto the overheads, I asked for clarification which was recorded on the cassette tape and later transcribed into additional text. Thus, reflecting back participants' responses and asking for clarification were characteristics of working with these groups that had not been part of the earlier group work.

Writing up the exercise as narrative

I wrote up each group's story as a single narrative. I drew directly from the data provided in the discussion sessions; the structure of each story came from the overheads used in the exercise, and additional detail or clarification came from transcripts of the cassette recordings. When the stories were complete, I compared them with the tape transcriptions a second time, to check that no focal part of the 'plot' had been omitted or lost in the process of working with the detail of each stage of the lovers' progress. While writing each story, I observed both the structure and the style of expression provided by group participants. For example, colloquialisms have been retained wherever possible. However, conforming to a range of styles from individual contributors was also balanced with the need to produce a coherent narrative. Some of the options and comments from participants were repeated within each group exercise, albeit given a variety of expressions, and so were told only once. The structure of one story is provided in Appendix 5 to indicate the ways in which I fleshed out the narrative from the original overheads that had been developed by a group.

Each story follows the progress of a relationship between a protagonist and a lover and is reported as the story of the protagonist. Some of the groups described first-nights only and some groups described longer-term relationships. There are three women's stories, those of Kate, Rachel and Sarah, and three men's, those of Brett, James and Michael. These third-person narratives were written in the past tense, but the intention is to represent the current states and world-views of the teenage authors. The process of writing these narratives follows some of the theory and method of memory-work (Haug 1987, Kippax & Crawford 1988, Kippax *et al* 1988), but differs in substantial ways. The stories were written by me based on what the groups had created, but there was no opportunity for the participants to rework the stories, as each group had been conducted in a single interactive session.

ANALYSIS OF THE SEX FICTIONS

My first attempt to structure the analysis of the stories produced in the second round of groups was based on the results of the first round of

discussions. Broad coding categories at this stage were: *relationship*—which was addressed by the groups less in terms of romance and more in terms of the practicalities of contraception and the realities of an unwanted pregnancy; *intoxication*—which was not likely to be associated with sexual encounters; and *privacy*—for teenagers, finding somewhere to have sex is not always easy. As I went through the stories, there were many quotes which complemented the earlier analysis, but also provided alternative explanations: *feelings of apprehension*, which could explain why alcohol would be used but without becoming intoxicated; *desire for intimacy*, through which the definition of relationship (as sexual intimacy) becomes more relevant than the practicalities of contraception and disease protection; and also the experience of *fun and pleasure in sex*, an aspect of sexual encounters which was embraced in the stories, without being constrained through a lack of privacy.

In order to collect together the relevant instances of speech in the text and to form them into manageable document files, I used a conventional 'cut and paste' method—automated through the use of Microsoft Word (Version 5.0, 1989) software and the macro programs which I had created for the earlier work. Following the collation of pertinent quotes, I drew up a matrix on a large piece of paper tabulating coding categories against the six stories. Using a matrix provided a way in which to structure and fit the data into coherent clusters, and was graphic in showing up the places where no data fitted.

In this process there was a good deal of fiddling with quotes, noting where they clustered more or less densely and contemplating the empty spaces in the matrix. When the more fruitful themes began to emerge, I returned to the stories to make sure that all of the relevant issues were accounted for, although inevitably some parts of the text were not used. A hallmark of qualitative analysis is the elimination of data that does not fit the coherence of the analyst's scheme (Johnson 1985, Wolcott 1990). Selection of text is critically related to the questions of interest, and in this study these changed across the period of data collection and analysis. As my analysis became focussed on the different ways of speaking about teenage sexuality, I selected text that showed the process of negotiation in teenagers' sexual encounters. In writing up the analysis there were many

opportunities to add and delete, structure and restructure, as the discourse and its themes became clearer. Text that was not relevant to the new focus of the research has not been presented. This process is pragmatic and more focussed than standard content analysis, in which many dimensions of categories and codes are required and must be accounted for (Potter & Wetherell 1987).

The stories that the groups produced provided a vibrant context for locating the elements of sexual experience. Complex patterns of sexual activities in the stories reflected the understandings of the teenage participants. Views of relationship, intimacy and sexual practice, which had been spoken of in the pilot study, were specified more clearly in the stories. Intimacy and pleasure emerged as salient themes, while other aspects of sexual encounters were not prominent in the text. The significance of condoms, as a reference to the prospect of intercourse, was implicated as a barrier to talking about them, whereas the fear of pregnancy lost emphasis and was not as obvious in the stories as it had been in the pilot study. The stories were characterised by the immediacy of appearing confident or feeling apprehensive, and consequences such as pregnancy or disease lacked attention from the storytellers.

Reporting the analysis

In reporting the analysis of the collective story data, presenting specific issues and proposing broad discourses of teenage sexuality, I have assigned a public research voice to the commentary, interchanging with the private voice of the researched as it is quoted with excerpts from their stories. This approach requires conscious acknowledgement that the fictional actors in the stories have been dealt equivalent status to the participants who created the narratives. This cannot be avoided. Indeed, it is desirable. According subjectivity to the fictional actors recognises that the narratives are constituted from the experience and reflexivity of those being researched, and deserves full attention in the analysis (Dimen 1989, Lather 1987).

Motivation to relationship

A feature shared across the narratives was the motivation demonstrated by the actors to develop relationships. This was a demand placed on the

narrative plots by the requirement of the exercise to discover some of the aspects of process and negotiation between sexual partners. Sexual partners communicate and connect only in relation to one another, so the expectation of developing relationship on some level was obvious. This was not always sexual in nature, but encompassed self disclosure, the doubts involved in it and the development of intimacy both sexual and emotional. These steps were apparent in each story to some degree, whether the story was told about a single encounter or a number of events over time. In the analysis the regular/casual partner distinction is not stressed. First, the couples in the narratives were expected to have met for the first time, therefore when only one event was described by groups it was either a one-night stand or a first night, and this distinction was not made explicit in the stories nor clarified by the method. Second, the process outlined above was apparent whether or not sexual intimacy developed in the first meeting or over a longer period of time. Third, the incentive to develop an intimate sexual relationship was clearly demonstrated by participants and was not an artifact of the exercise, dissociated from their experience.

The stories

The stories of Kate, Rachel and Sarah, written by women's groups, describe relationships developing over a number of events and the progressing sexual and personal intimacy between the actors. The three men's stories, of Brett, James and Michael, describe one night only, albeit covering several stages between meeting and intimacy, yet, as discussed above, not dismissing further development of relationship between the story actors. These fictional accounts denote multiple themes in a broader discourse of sexuality—apprehension, intimacy and enjoyment—although different emphases occurred across the group writings. Signs expected to appear in the discourse as a result of the earlier discussions—intoxication, fear of pregnancy, privacy—are raised in some stories but not others. The style, metaphor and idiosyncratic expression produced by each group set the stories apart. The unifying feature, from the women and from the men, is the personal voice given to the actors and the sense of immediacy of their activities.

The story presented below is not meant to 'represent' the others, but is offered as one collectively produced narrative that has features in

common with the other stories, and some unique characteristics. Quotes from this and the other stories appear as data throughout the analysis in this chapter. The complete text of the other stories is presented in Appendix 6.

The story of Sarah

The story of Sarah, produced by a group of six teenage women, tells about a single evening's events from a meeting in a night-club to a sexual encounter at the protagonist's home. The structure of the story as it appeared on the overhead transparencies, and which the group spoke to, is presented in Appendix 5. The story contains a number of references which, while enriching this particular narrative, also signal broader themes that occur across the stories.

> *Sarah met Tony at a night club. They started talking. Sarah said she thought it was a pretty good band and then she asked him a few questions to work out their 'connections', the things they had in common, for example about mutual friends and the subjects he studied at college. Sarah initiated the conversation and kept the talk flowing by smiling, joking and flirting. She wanted to establish for herself that Tony wasn't just a sleaze. She avoided giggling as she wanted to look intelligent and she did not flirt too much as she did not want to appear too 'femme'.*
>
> *Tony was obviously interested when he bought her a drink. Sarah felt confident enough to ask him to dance with her. She knew that guys usually don't bother to ask for a dance, even if they are attracted, they still wait for the woman to ask. On the dance floor, they held hands, acted happy and Sarah sneaked in a peck when they were laughing. Tony suggested that they go somewhere to sit down and they went out to a nearby park where they found a bench and could be private about kissing. They decided to go to Sarah's place.*
>
> *She wanted to raise the issue of condoms, but she did not know whether to go with the flow or talk it out on the way home. She knew herself well enough to have her own supply of condoms, but she did not want to get the 'tease' label by letting Tony think that she would have sex without condoms. She did not know how Tony would react, or what tactics she should use. A lot of guys carry condoms, although this was on the spur*

of the moment and Tony might not have any with him. Sarah had her own condoms, which she believed was sort of smart, but was unsure about how to bring them into the conversation. She thought she should not mention them before they were in bed, otherwise she would be pre-empting, she would look like a fool if Tony was not even thinking about having sex. She did not know whether it would be better to put on an angry act and say 'I'll have to pay!' or to ask 'Mint or strawberry?' or, 'gold wrapped?'.

Tony took Sarah's hand and led her into the bedroom. Then she thought she would just have to be blunt and say 'you will have to use a condom', after all she did not know him well enough for it to offend him, and once he had made the sexual come on he would probably agree. Tony said 'let's keep going and see what happens' then a little later 'OK, OK, OK' then 'no, let's see what happens' then 'OK, OK' then 'no' then the desire got too great and he said 'OK'.

Themes in the stories

Discourse analysis is a means of developing a theoretical perspective on attitudes and practices from texts that describe aspects of complex social relations (Potter & Wetherell 1987). Analysing a discourse requires sorting through its various themes and sub-themes. A discourse is conveyed through the meanings in written or spoken communications that occur between individuals and institutions (Lupton 1992). In this study, the stories produced by the teenagers convey a discourse of sexual intimacy and pleasure for analysis in a research institution. These stories offered a promising text in which I, as the researcher, could locate the subjective sexual experiences of the researched teenagers. I have described the discourse with particular attention to the themes in the communication between the fictional characters and the motivation accorded to them by their authors in developing sexual relationships.

There was a substantial difference in emphasis given to particular issues through the two different methods. Some of the details in the sex stories reiterated issues that had been raised in the first round of focus groups, but some details that occurred as cursory signs in the stories had been much more prominent in the earlier groups. The themes that emerged so

clearly in the exchanges between story characters had appeared as mere hints about sexual communication in the earlier focus group discussions. Small points, lost in the text that was generated in the earlier focus group method, became key themes in the stories produced through the projective method.

Apprehension, intimacy and pleasure

The three key themes which emerged in the analysis were: the feelings of apprehension in sexual encounters, the development of intimacy with a sexual partner and the experience of pleasure in sex. A feature of these narrative themes is that they have currency in teenagers' subjective sexual experiences. The themes do not represent stages of personal or psychological development nor a rehearsal for later, more 'mature' sexual relationships. The stories produced by group participants showed how particular social settings and local protocols shape communication, intimacy and pleasure and help to illustrate the subjective experience of sexual encounters. The teenage storytellers created narratives in which six different couples make contact, 'connect' and make love. By describing unique events within a context of shared meanings about sexual practices and relationships, the authors have offered an intuitive structuring of teenage sexuality.

There was some evidence for discerning gendered voices in the stories, although many more groups would have to produce stories in order to establish clear patterns of difference. The purpose in comparing the women's stories with men's stories was to reassess the passive/resisting–impulsive/demanding concept of feminine–masculine sexual oppositions which structures the discourse of romantic love. I had based the projective method on the findings from the earlier focus groups in which there were many ways in which the feminine and the masculine were more similar than dissimilar.

Appearance of a feminine libido

The women's groups generated fuller, more obvious, development of relationship than did the men's groups. The women's stories were longer than the men's stories—two of them drew the relationship out over many events before concluding; one of these stories was configured with romantic overtones.

> *Three months later, on Valentine's Day, [Kate and Jason] were in a spa...*

The construction of narratives by the women, however, incorporated elements of pleasure and desire. These teenage women cast their stories in terms of feminine sexual etiquette that generated prescriptions for the actors' behaviour and suggested practised ways of negotiating the tension between decorum and desire.

> *[Kate] showed off her body, for example her boobs, and swung her hips a bit when she walked, although she pretended to be shy as well...[and later] using a lot of body language to give him the message 'yes, if you kiss me I am going to respond'.*

> *[Sarah] avoided giggling as she wanted to look intelligent and she did not flirt too much, she did not want to appear too 'femme'.*

The stories suggested desire and arousal that had to be constrained by unwritten rules of feminine–masculine relationship. Yet there were also self-conscious understandings about feminine sexual experience that were described as distinct from the masculine.

> *There were other times when Kate did not feel in the mood, and that Jason was invading her. She thought sex was more emotional for her than for Jason, and though she did not have orgasms their lovemaking gave her cosy feelings and an escape from the outside world.*

The construction of a feminine sexuality did not prevent preparation for sex being written into the narratives. In the story of Sarah, the character's personal supply of condoms signified that she was in touch with her own sexual needs and was formulated as smart. Yet there was also a dissonance portrayed, her self-assured preparation opposed by her hesitation about communicating this aspect of herself to the man she desired.

> *[Sarah] knew herself well enough to have her own supply of condoms...which she believed was sort of smart, but was unsure about how to bring them into the conversation.*

The sexuality of the women in the stories also showed sexual assertiveness, initiative in the relationship, decision-making about the

desirability of sexual activities and making judgements about the appropriate timing of encounters.

> *[Sarah] knew that guys usually don't bother to ask for a dance, even if they are attracted, they still wait for the woman to ask.*

> *Rachel decided it was getting a bit heavy, they had only seen each other twice, although they had spent the whole day together.*

Taking the initiative in relationships was rarely portrayed as a regulation of masculine sexual urges, but more often in terms of feminine desire: taking pleasure and enjoyment in lovemaking.

> *[Rachel] said to Peter 'I'm having a shower ... join me?'...[then later], 'we need this ...' and put the condom on for him in the middle of a passionate embrace, although she knew this was very forward.*

The gendered voice of femininity in sexual practice that appeared in the women's stories was consistent with the broad themes in a discourse of intimacy and pleasure. There were strong indicators that desire and enjoyment, as well as motivation to connect sexually with a partner, constitute much of teenage feminine sexuality.

Paradox of masculine initiative

The men's stories were shorter than the women's. They reached a conclusion more quickly and each story told about a first- or only-night encounter. However, none of the partners were construed as 'casual' but as new to each of the protagonists, and while the possibility of developing the relationship further was not explored by any of the men's groups, discernible stages of apprehension and intimacy (discussed in detail below) were present albeit in brief forms. The men told stories that appeared to be motivated by masculine scripts of initiating and demanding, and a few cultural icons of male mastery were produced.

> *There were a lot of people in the lounge room and James asked Carly if she would like to see his car.*

It was also evident in the stories that there were pressures for men in sexual relations where social images of masculinity were in conflict with self knowledge.

> *[Brett] looked like he'd done it all, but not too much of it...[and he] lied, exaggerating his past experience, as he was 19 and had only had sex once.*

The socialised masculine image was also illustrated in a light which attributed sensitivity to the attempts at sexual mastery and character to the protagonist.

> *Michael said, 'I love your hair', then thought he should say a few intellectual things as well...*

Despite brevity, the narratives created by the groups of teenage men developed some characterisation for the fictitious protagonist. An imperative to initiate sex was blended with a longing for sexual affection, a sense of vulnerability about whether it would be possible with the new acquaintance, and an attitude to the woman that was not always demanding, nor automatically assuming agreement from her.

> *[Michael] had a condom in his wallet that had been there for ages, but saying that would be a bit pushy, and if he did say anything about the condom it would have to be more of an 'ask' than a 'tell'.*

The men's narratives showed that they had experienced pressure in sexual negotiation to initiate, but that they also needed to present themselves to potential lovers with manners as well as mastery in the encounter. The protagonists were described by the men in ways that suggested conflict, masking their longing for connection, and their vulnerability to rejection, and showed that masculine sexuality constructed through the narratives was consistent with sensitivity to relationship.

Apprehension in sexual relationship

The need for sensitivity in the analysis of gendered power relations became obvious in the pilot discussion work, but there were few guidelines with which to delineate issues of sexual negotiation. In the narratives written by the later groups, patterns of communication were again shown to be complex, at times offering ambiguous patterns of exchange between the fictitious lovers. The interactions between teenage women and men which were portrayed in the stories indicated that there were stages in the process of courting and lovemaking which were

constrained by personal vulnerabilities and uncertainties. Some of these constraints were illustrated early in the story when partners were establishing their interest in each other, but some constraints continued into the intimacies developing between the characters. At first, the motivation to make contact was not as strong as the motivation to protect oneself from feeling foolish. The condom had particular importance in signifying the prospect of penetrative sexual intercourse, and thereby also invoking the possibility of rejection.

Making contact

In the early stage of each story, the interaction concentrates on establishing contact, and gathering information. The way in which the exercise was constructed required that the actors be motivated to initiate a sexual relationship. Even so, the ways in which the groups constructed their stories indicated that being in a sexual relationship was a normal expectation and that there are accepted patterns of conduct to draw on when approaching a possible partner.

In each case the initial contact was made with some apprehension, whether or not the actors proceeded to sex on the same occasion. At the early stages, much of the hesitation was based on uncertainty about how the protagonist was being perceived by the other or about whether the other was desirable. The possible ways to connect with the other also gave rise to apprehension. Groups worked on these uncertainties through dialogue which sorted out the actors' common interests or referred to the immediate environment, in a way that could indicate the protagonist's intentions. None of the protagonists were described as highly sexed, all approached the relationship with doubts about their own desirability, and in some stories there were doubts about the attractiveness of the potential lover. In the story of Sarah, casual comments portray the process of seeking out the other.

> *Sarah said she thought it was a pretty good band and then she asked him a few questions to work out their 'connections', the things they had in common, for example about mutual friends and the subjects he studied at college.*

Body language served a similar purpose in the story of James.

> *They were getting mutual signals from body language and sussing things out.*

In the story of Kate the matter of assessing the desirability of a partnership with the other was clearly stated,

> *Kate wanted to know if Jason actually had a brain, 'is he sexy in his head as well as his body?'*

In the story of Rachel the assessment of her potential lover amplified the sense that her own behaviour was under scrutiny. Apprehension about how one is perceived by another was revealed more clearly in the stories than from the texts of the pilot discussions. Especially at the early stages of encountering the potential lover, self-doubt and wavering expectations of the potential partner were evident.

> *[Rachel] liked this person and thought that he was pretty attractive. But she felt shy and felt self-conscious about acting flirtatious even though she was keeping it casual. She was worried that she would say something dumb, but she was relieved that she had made at least this subtle move.*

and in the story of Kate,

> *although they were over the pussyfooting stage of nice weather,... [Kate had] avoided anything too physical because it would be so embarrassing if he did not feel the same. ... [At the same time, she was] using a lot of body language to give him the message 'yes, if you kiss me I am going to respond'.*

For both these fictional teenage women, sustaining the interest of the potential lover was expressed as a conscious motivation, with conduct consciously intended to achieve an image of feminine decorum while proceeding to more intimate sexual contact.

In the story of James there was deliberate care taken to create a positive image of this protagonist in the eyes of his potential lover. The image created by the group demonstrated a form of masculine flair,

> *He asked Carly lots of questions, 'where do you go to school?', 'that's a nice necklace' or whatever, before talking about himself in case she thought he was a poser.*

and at the same time the group expressed concern about how the image might be received by the character of Carly. James was reassured by the slight shyness of his potential lover.

Uncertainty about partner: reading intentions

The indicators of the actors' sensitivity to relationship and their fear of rejection were expressed more strongly as the stories progressed. As the pressure in the story required sexual activity to develop more intimately, the fear of rejection was expressed in overt terms. The pressure toward sexual activity increased the sense of uncertainty about the partner, expressed as an inability to judge one's own attractiveness in the eyes of the other. For instance in the case of James,

> *[he] thought that it was obvious that he was attracted to Carly, but he couldn't tell if it was mutual.*

The fear of rejection was expressed in both women's and men's stories, and was most evident at the point where the partners were becoming clearly sexually attracted, but had not communicated clear intentions to each other. That sexual intimacy would develop was not immediately assumed by partners. In the case of Kate, for example,

> *she was very cautious, her worst fear was rejection.*

For Michael the fear of rejection obscured discussion about condoms, as

> *it did not seem relevant to ask if [Fiona] minded...[he] was more worried about being rejected.*

Uncertainty about the partner, linked with the pressure to disclose intentions, was represented by the symbolism of the bedroom early in the relationship between Kate and Jason.

> *They avoided going to a bedroom, that would put too much pressure on things.*

Seeking out a partner's intentions in the stories was tied to a protagonist's reluctance to disclose expectations lest they be left rejected and looking foolish. The implications of this communication gap for safe sex became more obvious when condoms were introduced into the scenarios.

Semiotics of the condom

The condom signals the prospect of penetrative sex. This was clearly linked in the stories to the actors' fears about rejection, based on uncertainty about the intentions or expectations of the other. Even though the other may have become sexually oriented in the story, either by descriptions of initial contact suggesting sexual intention (such as Michael's 'physical spin-outs' or Sarah's 'sneaked peck'), if the sexual partners had not specifically decided on intercourse, then the desire for it on the part of either actor became a source of anxiety which prevented talk about condoms: condoms as the representation of that which had become a source of uncertainty and anxiety. In the case of Brett,

> *he did not want to scare Sonja off by talking about condoms, as it might indicate that he was expecting too much.*

In Sarah's story, her uncertainty and fear of rejection were described as a self-conscious thought process that structured her strategy for getting Tony to use condoms.

> *[Sarah] wanted to raise the issue of condoms, but she did not know whether to go with the flow or talk it out on the way home...She did not know how Tony would react, or what tactics she should use...She thought she should not mention [condoms] before they were in bed, otherwise she would be pre-empting, she would look like a fool if Tony was not even thinking about having sex.*

For James, uncertainty took on a guise of decorum, described in terms of sexual manners.

> *They talked about their next move and split into a bedroom, but he thought it would be presumptuous to mention condoms until they were in bed.*

Sexual etiquette for speaking about condoms was touched upon in the story of Kate. The reference to Jason's sensitivity contrasts with constructions of masculine impulsivity and demand, and informs us that this is part of her assessment about his desirability as a potential lover,

> *Kate thought that if anything happened, Jason would have condoms with him, not that he would get them out too soon, like 'look at me, look what I've got!'*

The only evidence for certainty about intercourse and condom use was presented in a complementary form in the story of Kate, where the couple's decision had been taken over some time and much assessment, and occurred in the context of a 'regular' relationship.

> *They had already decided that they would have intercourse that night, to make sex part of their relationship. They had taken all these months to build up to it, as it was the first time for both of them [and...] they had already decided to use condoms...*

hence condom use became a consequence of the understanding about each others' intentions and expectations. The certainty expressed here allowed a wider range of concepts about condoms to emerge, extending to woman-centred beliefs about condom use that were not evident in other stories; that is, the acceptability of condoms related to feminine sexual response,

> *The lubricant [on the condom] helped her so she did not have to attack Jason for hurting her.*

There were other advantages of condom use also.

> *Kate thought that there were benefits to using condoms, since there was less mess and no morning-after dribbles.*

The issue of condoms reducing pleasure was raised in the stories of two of the women, in one case describing the loss in terms of feminine experience,

> *...Kate's friends had told her that sex was not as good with condoms and there was more intimacy without them.*

and in the other case, projecting expectations about masculine experience,

> *...but [Rachel] felt embarrassed about not knowing what Peter wanted, whether he would say 'why should I be restricted when you're not?'*

In the story of Brett, condom use was described in terms of masculine mastery over the uncertainties of the sexual encounter,

> *He thought it would be easiest to mention it just before penetration, subtly, as though it was an afterthought, 'it would be a good idea to use one of these'.*

In the story of Michael, expectation and uncertainty were presented through his thought process about introducing the condom into the sexual exchange. Although he was prepared with a condom in his wallet (that had been there 'for ages') and respected his partner's autonomy (he would 'ask' not 'tell'), there was also a history of experiences and sensitivities that had been brought into this encounter.

> *Mostly, talking about condoms with partners was just a wide range of small affirmative grunts. If Fiona said no to a condom, he would think there was something amiss. It might be her way of saying no to intercourse.*

In the same story, Michael had been described as 'desperate' at the time he met Fiona, and the image of a condom that had been in his wallet 'for ages' inferred his hope for, and motivation toward, a sexual encounter. However, his preparedness for such an eventuality appeared to be based on a desire for sexual intimacy rather than to display masculine prowess.

In the stories, the condom was given more than one meaning, sometimes contradictory. In some ways the condom was quite mundane, given a place in daily activity, in a wallet for ages, perhaps a bit dog-eared around the corners of the packet. On the other hand, the condom had potent meaning, as an indicator of intentions and expectations if it was referred to in the sexual encounter. The difficulties involved in speaking about condoms in the stories were associated with the characters' feelings of apprehension about the successful progress of their relationships, their sense of vulnerability to rejection or ridicule, and of sensitivity to a partner.

Intimacy in sexual relationship

In each story, the development of connection between partners moved along from social familiarity to sexual intimacy. In some stories connection between potential partners progressed to sexual activity without much time or familiarity being written into the relationship; in two stories, both from women's groups, there was a development into longer-term relationship accompanied by increased intimacy in sexual activity. But every story described the shift from a social relationship to a sexual relationship. In the story of Michael, a first meeting and intimate

sexual activity occurred during the same evening, yet the period between making contact and sexual intimacy was an integral link in the plot.

> *There was some quiet music playing and they sat closer, looking at each other and talking.*

This process was not dissimilar to Rachel's story, even though there were several dates between first meeting and close sexual contact.

> *The band at the bar was very noisy, so they went to the same cafe. Their conversation was closer, more intimate, than before.*

Furthering familiarity about each other through talking represented the process of communicating and connecting in the story of Kate also.

> *Sharing stuff about their childhood, parents and old relationships put kind of a bond between them.*

Whereas, in the story of Sarah, which described a single night's events, physical touching stood in for conversation, but similarly served the purpose of communicating and connecting.

> *On the dance floor, they held hands, acted happy and Sarah sneaked in a peck when they were laughing.*

The intensification of each actor's desire for their partner, the heightening of sexual connection, was described in differing degrees across the stories, and was most clearly stated in the case of Rachel.

> *...they went to the movies, but they didn't really see it because they were too interested in each other.*

In other stories, the eventuality of intimacy developing between the characters was taken for granted.

> *When [James and Carly] got outside, they started kissing and feeling each other.*

Intimacy over time, within the same relationship, was described as variable, reflecting changing moods between actors, fun as well as the mundane in the story of Kate.

> *Sometimes their lovemaking was routine, sometimes they laughed about it together.*

These are also acts of familiarity that suggest the development of intimacy and decline in uncertainty between partners. In some cases intimacy was delayed until the doubts were resolved. However, in each of the teenagers' portrayals the processes of lovemaking included a 'liminal' period, a space in the narratives when the actors were anticipating sexual intimacy but were not yet sure of it.

Pleasure in sexual relationship

An expectation in the stories as they were developed by the groups through the narrative exercise was that sexual intercourse would occur. Every story culminated implicitly in intercourse. This was not an expectation in the instructions but was implied by the requirement that condoms had to be used for any intercourse that did occur. Specific reference to intercourse was not made in the participants' narratives, and the requirement regarding safe sex meant that it was represented in terms of the condom. However, the depiction of pleasure and enjoyment within the stories was motivated entirely by the experiences and expectations of the teenage women and men who wrote them. The aspects of sexuality that were portrayed as fun, joy, delight, were not anticipated in the exercise but were generated by participants' own perceptions of sexual relationship.

Encounters not defined by intercourse

Notwithstanding the pressure towards intercourse created by my implication that condoms would be referred to at some stage in the exercise, an important aspect of sexual activity in teenagers' encounters emerged through the stories. Sex for them is not always defined by intercourse, nor does non-penetrative sexual practice constitute a preliminary to intercourse—a sexual encounter can be satisfying without intercourse occurring. This is recognised in the story of Michael, where penetrative sex may not have occurred if it were not for the expectation of the research questions; here also, the description of intercourse when it does happen is implied and not expressly stated.

> *Michael kissed different parts of Fiona's body, going down on her to turn her on more. They touched each other's genitals, exploring and getting closer. It was just the process of going from not screwing to*

screwing, although Michael did not always have intercourse the first night.

So, even though this group of authors had written in the non-penetrative practices as a process preceding intercourse, they had also made reference to the possibility that it would not always be expected in the chain of events.

Petting and playing

In some cases, heavy petting constituted non-penetrative activities, in other cases playful activities were included in the narrative. Petting and playing were invested with different meanings by different groups. For Brett, petting was part of the process of succeeding with Sonja, and his story gives an impression of male conquest. Yet the participants' references to clothing—what it covers signalling what is desired—and to the removal of clothing as part of the objective, also indicated the amusement of the authors.

> *...Sonja was wearing a knee-length skirt and Brett caressed her thigh slowly moving up underneath her dress and asked if she had enjoyed the last time.*

For Brett, the petting stage was also an opportunity to establish consensual understanding on the pleasures of sex—a way to find out if sex for Sonja meant something that matched sex for him, an agreed-upon source of enjoyment.

> *Sonja responded, so they went on to some heavy petting and hand slipping, feeling each other's bodies.*

Heavy petting was also a way of communicating back and forth on whether his intentions were timely.

> *...They made out with heavy petting and Brett tried to get Sonja's top off, but she still said 'no' and looked even more nervous.*

The story of Michael describes how the sensual nature of physical contact is invoked in brief interactions between partners; cursory acts that can constitute lovemaking and the signalling of sexual connection.

> *Michael did a bit of a physical spin out, 'hey, it feels real good if I touch your hand like this ... feel my heartbeat'.*

In the case of Kate, a single kiss was invested with excitement and satisfaction in a range of sexual exchanges over several months before intercourse was included in the relationship, and where sexual pleasure was ascribed to many small gestures.

> *Then they kissed! Jason did it right! It was a nervous moment for Kate. But what an exciting feeling!*

In the story of Rachel the participant authors described her enjoyment of being with a partner with activities that were connected to their sexual expression so that swimming and kissing were interchangeable descriptors of the relationship and their delight in it.

> *[Rachel and Peter] went on a paddle boat ride and had fun chasing each other around, swimming and kissing.*

and on a later occasion,

> *they walked by the lake and went skinny dipping.*

The sense of fun was extended to suggestions written into the stories for ways that condoms can be talked about in terms of sexual enjoyment. Preparation for intercourse with a supply of condoms was described in the story of Kate, where she and Jason were prepared for intercourse with a supply of condoms.

> *It was fun going to the chemist together to buy them, 'you want Rough Rider today, dear?'.*

In the story of Sarah, enjoyment and fun in the production of the narrative was associated with a conscious strategy for talking about condoms, talk referring to intercourse through playful attitudes toward oro-genital sex and acceptably feminine anticipation of the encounter, even though such talk also exposed the possibility of rejection. The alternative to playful references was to talk about undesirable consequences.

> *She did not know whether it would be better to put on an angry act and say 'I'll have to pay!' or to ask 'Mint or strawberry?' or, 'gold wrapped?'.*

The depiction of pleasure and enjoyment in sexual relations provides a useful insight to teenagers' attitudes and practices. Beyond simple fun

taken in sexual activity, sexual *jouissance*—a delight and playfulness in sex that is neither defined nor constrained by the occurrence of intercourse (Cixous 1990, Gallop 1982, Grosz 1990)—also offers ways to conceptualise teenagers' sexuality other than as a rehearsal for later relationships. The aspect of sexual enjoyment, of being connected with and relating to a lover in a variety of ways that produce pleasure, overlaps with the concept of sexual intimacy and the development of trusting communication. The introduction of enjoyment by the teenage storytellers, accelerated communication about the long-term or short-term nature of the relationship.

Signs in discourse

Several issues, which had been raised in the earlier focus groups, were raised only occasionally, as small signs, in the projective exercise. When intoxication and contraception were discussed by the pilot focus groups, these issues introduced aspects of apprehension and intimacy with sexual partners into the discussion. However, in the stories produced by the subsequent sex fiction participants, drinking alcohol and taking the pill were subordinate to feelings of apprehension or desires for intimacy. The difficulties in finding some privacy in which to conduct sexual encounters was raised by the first focus groups but was not referred to as a problem by the storytellers, who could 'create' privacy and hence unencumbered fun for their characters. Thus there are disparities between the findings from the earlier focus group discussions and the production of narratives in the later groups. In the narrative accounts there was a great emphasis placed on communication through themes of apprehension, intimacy and pleasure, whereas the earlier focus groups had addressed more of the practicalities in teenagers' sex lives.

Intoxication

In the earlier round of focus groups, the drinking of alcohol was described as necessary sometimes in negotiating a sexual encounter, to relax and disinhibit albeit not to intoxicate; and the place of alcohol was understood in the context of doubt in communication between lovers. However, the role of intoxication, even in slight measure, was marginal in the collective narratives. One story included marijuana smoking in the plot and this was the only place where any level of intoxication was an instrumental preliminary to sex; three stories included references to

drinking but not its effects. The stories of Kate and James did not refer to drinking at all, although both portrayed social situations where it might be expected. In the story of Rachel, drinking occurred on an occasion that was related to the social development of their relationship and not its sexual aspect.

> *Peter was 19 and lived in a group house, and other guys were there so they ended up just drinking and talking in a group.*

Of the settings where drinking occurred, none specified that alcohol was the beverage. Two narratives suggested an effect of drinking on the mood of the encounter that implied the drink was alcohol and, in one instance, care was being taken not to drink too much. In the story of Brett, the use of alcohol as a social prop was part of the early stage of making connections, but there was deliberate restraint described by the group since development of sexual intimacy was the aim.

> *[Brett] introduced himself to Sonja, but didn't want to pour it all out, so talked about work and school, and got her a drink... [Later he] got them a couple more drinks, but he did not want to drink too much.*

It is tempting also to read the metaphor here, where Brett's offering of a drink was linked to the fear of an untimely out-pouring about himself in this uncertain, and perhaps anxious, stage of early contact.

In the second instance where drinking had a role in an early, apprehensive, stage it is described as a token of interest and not as a way to relax.

> *Tony was obviously interested when he bought [Sarah] a drink.*

The only presentation of intoxication as an excuse for proceeding to more intimate sexual contact was given in the story of Michael when the drug was marijuana not alcohol. In this instance, the use of intoxication refers to a manner in which a signal of desire can be sent without looking foolish, and to a way of seeking out the intentions of the other. The effects of the drug are not described by the authors as provoking uninhibited lust, but as enhancing the advance to greater sexual intimacy.

> *[Michael and Fiona] told each other how stoned they were, as if to give whatever might follow an excuse, and it seemed as though they might*

> *have been looking for one... Michael was getting a bong-mouth [his mouth was getting dry], so they got some lime cordial to drink.*

In this story the drink was soft not alcoholic. The lovers were looking for the wetness of the drink to make kissing more pleasurable, rather than any intoxicating effect.

The place of intoxication in the narratives, and in particular the role of alcohol in the process of a sexual encounter, was less than would have been anticipated from the results of the pilot study. Narrative references to alcohol or other drugs were negligible and had no important impact on the plot nor repercussions for any of the actors in the stories.

Pregnancy and sexually transmissible diseases

During the first round of focus groups, participants had said that the shift from condoms to oral contraception was part of developing intimacy, as an issue for discussion and decision in their early sexual relationships. In those earlier group discussions it was plainly stated that teenagers are more concerned about unwanted pregnancy than disease transmission. However, in the later group narratives, the distinction was not quite so clear, and condoms were referred to as contraception rather than as protection from disease.

In the women's stories, the intention to prevent unwanted pregnancy was not always clear, perhaps because it was taken for granted, although the use of condoms was more likely as a contraceptive than as protection from disease. More stress was placed on the fear of rejection than on the fear of pregnancy in these stories and there were no instances where characters included discussion about contraception as an integral part of developing their relationships. For instance, Rachel had been motivated to ask for condom use to prevent pregnancy and her expectation that Peter would argue about it suggests a belief that there were no negative consequences of unsafe sex for him. In a situation such as this, the imperative to use condoms is reduced for teenage men and so talking about it becomes more difficult for teenage women.

> *She really needed to use a condom as contraception, but she felt embarrassed about not knowing what Peter wanted, whether he would*

say 'why should I be restricted when you're not?' or 'I'll withdraw at the right time'.

The consequence of unsafe sex in the story of Sarah was implicitly stated as unwanted pregnancy, since it would be she who would suffer. In this case, the possibility of pregnancy provided grounds for talking about condoms, and not disease transmission which would have been a shared concern.

She [could]...put on an angry act and say 'I'll have to pay!'

In both these stories, asking for condoms was construed by the authors as an impediment to the progress of a desired sexual encounter. By contrast, in the story of Kate, the use of condoms was described in terms that reflected negotiation and consensus with Jason over the several months of their relationship. However, in parallel with the other women's narratives, the reason for condom use was also described as a contraceptive method in this story.

They had already decided to use condoms at first because Kate was not on the pill. ...Kate would go on the pill later as she did not want to get pregnant and that was more important than worrying about STDs.

None of the men's stories referred to unwanted pregnancy nor to the use of condoms as a contraceptive method. One of the men's stories included reference to disease. There was no suggestion that the women in their stories would have any opposition to the use of condoms. The groups of men who created the stories of Brett and James had taken for granted that condoms would be used and the stories proceeded without any critical consideration about the reasons for doing so. In the story of Michael there was a reference to sexually transmissible disease, but there was a clear statement that HIV/AIDS was not a concern.

[Michael] was not so worried about HIV, but he expected to use a condom because of things like genital warts.

The narratives, from both the women and the men, suggested that the possibility of HIV transmission did not have a strong influence on using condoms. Some caution is necessary, however, in searching out motives for using condoms on the basis of the exercise. Since the instructions required that only safe sex could occur, the exercise lost participants' critical perspective on reasons for using condoms; the stories might not

have included any condom use at all if the instructions had not directed the authors to include them. If pregnancy could have been said to be preventable with other methods, condoms may not have been considered to have any part in the plots.

Venues and privacy

Finding privacy for sexual encounters occurred spontaneously in each of the group narratives, with little requirement for planning or waiting on opportunities. This represents an idealised way in which encounters might occur for teenage women and men, and contrasts to the strategies said to be necessary by the earlier pilot study participants. In the stories of Rachel and Kate, homes were conveniently vacated,

> *...No-one else was home so [Rachel and Peter] started snogging and fondling.*

When Kate and Jason were in a spa on Valentine's Day,

> *[Jason's] parents were away.*

and in the story of Sarah privacy was so taken for granted that no mention was made of others in residence.

There was one group, telling the story of James, who provided their actor with a conscious strategy for facilitating privacy, when James asked Carly outside to see his car. In the other men's group narratives, privacy was mentioned in passing as part of the construction of making out and without any particular effort to contrive an opportunity for lovemaking. In the story of Michael, 'their caressing was private-ish...' even though they were still in the same room with others at the session where they met. In the story of Brett,

> *they went somewhere more comfortable and Brett tried for a kiss again... [then] suggested going somewhere more private, but Sonja was reluctant and said 'no'.*

Here, privacy signifies a more advanced stage in the encounter, the asking for (and the refusing of) more intimate sexual activity rather than as a requirement for it.

Finding a private venue was not stated through the narratives as an important issue nor as a difficulty in the advancing of a sexual encounter; yet the construction of an appropriate milieu was placed ahead of accelerating sexual intimacies of the actors. In all the stories, aspects of enjoyment and spontaneity in the encounter, the lovers carrying on to the next stage of relationship, suggested that where teenage women and men have control over events (as here, in the production of collective narratives), then their world view poses communication, intimacy and fun as the central themes in sexual relations.

CONCLUSIONS

The method of group story writing has strengths and limitations. The method provided an avenue for participants to describe sexuality as they understood it. The stories that were produced by group participants, conflated their previous experiences and their individual desires about sexual relationships with norms that they may have thought were expected of them by the research. Yet, gaining access to teenagers' world views in this way gave expression to a composite form of their sexuality and offered each of the participants an opportunity to identify with the resulting story. The method was not intended to derive specific attitudes and beliefs but to understand the details emerging from the stories as elements of teenage sexual encounters.

Useful ways to talk about sex

The collective story writing provided a new way for teenagers to talk about sex with an older facilitator. The method here can be compared to conventional focus group work, or to the methods that sex educators use to communicate with students in school (or other 'youth work') settings. In the projective story writing method, it is possible for the participants to lead, and for the facilitator to be available to correct errors and to make sure that essential points are covered. The manner of speech and the representations of behaviour are controlled by the participants and are relevant to their particular experience. The outcome of an exercise cannot be hypothesised beforehand, and in educational terms the kind of information needed by teenage women and men would not be determined for them but by them.

Taken further, the collective story method allows the researched teenagers a subject position not otherwise available to them. For teenagers, an active role in generating research questions is well outside their own resources. Women and men in this age group have little or no influence on the ways in which research projects are conceived, and their relationship with institutions of family and education prevents any effective problematisation of their sexuality. One of the difficulties that this poses for the study of sexuality is that findings, when generated from academic research, may not be relevant to those for whom the research has been conducted. While the storywriting exercise was designed from the findings of the pilot survey and earlier group work, the teenage storytellers were offered an opportunity to project their subjective experience into the research.

The sparse reference in the stories to the inconveniences of sexual practice, such as remembering to take the pill or being constrained by lack of privacy, is possibly an artifact of the method. The characters in the stories were unencumbered by practicalities; the stories were fictions but also fantasies. Because of this, however, the protagonists were at greater liberty to concentrate on issues of relationship and communication which were delineated through the method by the prompts that participants had to follow: 'What would she say?' 'How would she act?' 'What would she want next?' 'What would she think he might say?' The method required that participants provide detailed explanation in order for the initial meeting of the fictional couple to progress to an intimate sexual encounter.

The method shares a limitation with all focus group work, that is, a volunteer sample has particular characteristics and results cannot be generalised. Such samples cannot be taken as representative of any particular groups, and the work must be treated as generative. In this case, the participants had volunteered from the pilot survey sample, or had come along as friends. They were all familiar with the nature of the research, they showed confidence in the groups and they articulated clearly their points of view. These teenage women and men were neither representatives nor spokespersons for others, but they did provide information that could be analysed and assessed on its own merits.

A new discourse in teenagers' sexuality

The stories produced by the teenage research participants revealed a discourse of intimacy and pleasure that has provided some new insights into the difficulties for teenagers in negotiating with sexual partners for condoms. This discourse has suggested also some new questions about the role of enjoyment and pleasure that teenagers experience in their sexual encounters. The themes in the discourse showed the apprehensiveness that teenagers experience in approaching potential sexual partners. Their apprehension was linked to their desire to develop sexual intimacy and was perhaps generated through a fear of rejection. The sense of fun that characterised episodes in the different stories suggested possible new forms for negotiating condom use. These themes in fictional encounters—feeling apprehensive, desiring intimacy and experiencing pleasure—also provided a background for some of the specific detail that had emerged in the earlier discussion work. There was a recursive relationship between the two sorts of data, where details signal discourse and the themes in the discourse help to explain the signs. Drinking alcohol can signal apprehensiveness, use of oral contraception can be part of developing intimacy, and being at liberty to enjoy sexual encounters openly may be facilitated when privacy is easy to find.

Participants' stories about the progress of sexual encounters provided the stimulus for new questions in the main survey. As a whole the narratives emphasised reciprocity in their relationships and enjoyment in sexuality. These features, which appeared in all of the narratives, were used to develop the attributes of a single encounter for the main survey schedule. By asking for details about a particular encounter in the second round of group work and in the main survey, it was possible to be specific about practices and contexts. In the groups, it was not necessary to ask for 'objective' assessments about what people might 'usually' do, nor to expect that respondents' personally and subjectively filtered experience would be accessible through the questionnaire method. Subjective experience requires methods other than questionnaires or surveys to be understood in a meaningful way. However, the elements of discourse are signalled by particular forms of speech and practice, some of which constitute public health problems. Asking for specific detail about particular practices in surveys is one way that the signs in discourse (that

may signal elements of subjective experience) can be canvassed. To assess the relative weight of different signs in safe sex practice, and the extent to which they represent a risk or a problem, required survey work on a sample large enough to establish confidence in the findings.

As well as providing a basis for new questions in the main survey, the six stories produced through the projective method, offered reflective material that could be returned to when interpreting the results of the main survey. The narratives showed that there are complex and subtle processes involved in the conduct of sexual encounters and that strategies for developing intimacy and experiencing pleasure are shaped in the context of unique relationships.

CHAPTER 4

SPEAKING ABOUT SEX IN SCHOOLS

My negotiations with principals, teachers and parent representatives provided a valuable, albeit unanticipated, source of data. The data consist of letters and my notes of personal conversations and meetings with groups. These record what people said and how they said it, highlighting both the obstructions and the assistance that I encountered in negotiating access to students at different colleges. Since the data were not anticipated in the original study design, there was no systematic strategy for their collection. However, by drawing on some of the tenets of action research (McTaggart 1991, Wadsworth 1991) and ethnomethodology (Keesing 1981, van Dijk 1990), the process of negotiating the main survey sample can be located within the broader framework of the project. I have used discourse analysis (Fairclough 1989, Lupton 1992, Potter & Wetherell 1987) to interpret the different ways of speaking about teenage sexuality that the data reflected.

Concern about the sexually explicit items in the questionnaire schedule was raised by many of the people I contacted—college board members, teachers nominated to assist me to schedule classes and teachers whose classes I canvassed. The beliefs expressed by these adults about teenagers' sexuality contrasted sharply with the themes of intimacy and pleasure that had emerged in the earlier focus group work. By attending to systems of dialogue, action and inaction, I have developed an interpretive framework that allows for some conclusions regarding the different ways of talking about teenagers' sexuality.

ASKING FOR A SEX SURVEY SAMPLE

For the main survey, my goal was to collect responses to the questionnaire schedule at a large number of sites, and I approached all colleges and secondary schools that teach years 11 and 12 (students aged

16 to 18 years) across the four school regions in the ACT. Data collection for the main survey was a much larger project than for the pilot survey, for which I had contacted only a few government colleges. Ethics approval from the university carried over from the pilot work into the main survey work, as did the conditional approval of the ACT Department of Education and Training. Executive directors in the four school areas each approved and supported the research, although they had no authority over the decisions of principals or college boards. Setting up the main survey fieldwork on a larger scale required six months of negotiation with principals, teachers and parents. I kept a diary of this process, originally to keep track of the many contacts, but which eventually resulted in a record of events that constituted the main source of data analysed here.

The data collection and analysis with respect to this negotiation stage of the research represent an ethnomethodology, in that I considered what was said to be a source of data for understanding broader structures. I have approached these data as signs of different discourses (Potter & Wetherell 1987). These sorts of methods and sources are used in the pragmatics branch of linguistics, for example to analyse everyday conversation (Fairclough 1989), and are often part of a broader assemblage of data obtained in ethnographic fieldwork techniques (Keesing 1981). Diary records of research practice are also an important source of data in the participatory action research paradigm (McTaggart 1991).

Negotiation in two systems

Teenagers studying in years 11 and 12 in the ACT are located in two systems. In the government sector, there are ten senior secondary colleges administered by the ACT Department of Education and Training. In the non-government sector, there are nine secondary schools; of these, six are independent and three are administered by the Catholic Education Office. At the outset of the main survey, I canvassed for participation from the ten government senior secondary colleges as well as the nine non-government secondary schools. First, I wrote to principals of all senior secondary colleges and non-government secondary schools that included years 11 and 12. In the letters, I outlined the research and indicated that I would make a personal approach to

request participation (see Appendix 7). Following this, I telephoned principals to arrange the personal meeting. In some instances, I was referred to deputy principals or other teachers responsible for external research projects conducted at the particular college.

Negotiation with government senior secondary colleges was far more successful than with non-government secondary schools. All but two senior secondary college principals referred my request to their college boards and I attended six board meetings across the ACT where I explained the methodology and the public health importance of the research project (see Appendix 7). I provided copies of the survey schedule for board members to peruse and they questioned me about the research design with unexpected zeal. There were instances of hostility as well as support from student, teacher and parent representatives. At every meeting the issue of parental consent was raised. My arguments for the importance of obtaining a sample unbiased by parents' attitudes or students' efficiency in returning forms to college were accepted by each board. In some cases, the college board gave final approval, in other cases the opportunity to refuse was extended to all parents through newsletters, although no such refusal eventuated. The principal at one college overruled the board's decision, insisting on written permission from individual parents, and this resulted in a very small sample at that site. One board member from this college complained to the ACT Department of Education and Training about the research, referring in particular to the explicit statements of sexual behaviour in the questionnaire.

Several principals, during early phone calls or meetings, said that they were feeling 'over-researched'. Five colleges had been obliged to take part in an intensive review that had been conducted during first semester 1992 by the then School Performance Review and Development (SPRAD) section of the ACT Department of Education and Training. The review had been very intensive and had occupied a great deal of teaching time. Having been 'SPRADed' was a neologism for weariness with survey questionnaires. There were also other sex-related surveys under way at the time. The National Centre for HIV Social Research had sampled several colleges as part of an Australia-wide survey on students' HIV related knowledge, attitudes and sexual practices. The ACT Minister for

Education had also commissioned the Department to canvass opinion on the acceptance of installing condom vending machines at senior secondary colleges in the Territory. For this, all students at colleges and their parents were sent short questionnaires to complete and return: questionnaires were mailed from the Department directly to parents who then responded via reply-paid envelopes; students' responses were collected at their colleges. The issue of time taken up by research in colleges represented a barrier to my progress that could be invoked without further reference to the topic of the research. However, at colleges where there was less apparent resistance to the content of my study, I was able to negotiate ways in which the impact of the survey could be minimised.

After gaining approval from principals and boards, the negotiation process with individual teachers entailed considerable numbers of personal meetings or telephone discussions in order to gain access to a wide range of students. At each college, I engaged with the particular structure and educational culture. In most cases, my contact was with a single teacher who in turn negotiated with other teachers for class time. This was at times a burdensome addition to busy teaching schedules and at some colleges I made arrangements with each teacher independently. Several teachers did not respond to many telephone calls. I had a sense that in some cases there was passive resistance to the survey. In other cases teachers' disapproval of the survey was made quite clear through their comments about the explicit sexual content of the survey questionnaire. This occurred during the negotiation process but was also expressed by a few teachers when I was collecting data in classrooms.

Recording the negotiation process

The findings reported here are based on informal diary records of discussions in meetings and telephone conversations, and some text from letters. I did not record the data as verbatim transcripts, but from the beginning of the negotiations I had kept a ring-binder file with separate sections for each college or agency in order to organise the negotiation process as efficiently as possible. This included keeping sources of information such as—

address lists and telephone numbers of colleges, the names of principals and deputy principals,

correspondence and notes of meetings with officers in the education bureaucracy,

correspondence with college principals, notes on meetings and telephone conversations with them,

notes on meetings with college boards,

names of college support staff and teachers nominated to coordinate classes for administration, dates of telephone contact and notes on times when I could expect return calls,

names of cooperating class teachers, mostly introduced to me at the time of administration in the classrooms,

notes of telephone conversations with college counsellors.

During the negotiation and collection period, I was in contact with many colleges and associated agencies. The file became an informal diary of events that tracked my efforts to reach students in their classrooms. As the process became more protracted, I paid greater attention to recording the comments and the actions of administrators, board members, principals and teachers when negotiating with them for access to students. In reporting my interpretation of these data I have used italics to indicate direct quotes from letters or my notes as recorded.

I encountered antagonism and resistance but also acceptance and support from different people at all institutional levels in the colleges. Individual reactions were not predictable from status (whether administrator, principal, board member, teacher), and there was no consistently similar line of command to follow in all colleges. While I had expected some adverse reaction, I had not foreseen the strength of the confrontation when it occurred nor the passive resistances. My experience has shown that the collection of sensitive data requires considerable persistence.

Access to students

Vocational training sector

Students at institutions other than government senior secondary colleges were not included in the survey sample. Strong support for the project was offered by ACT Technical and Further Education (TAFE), by the Students' Association representatives and by college administrators. However, it was extremely difficult to negotiate times for class administration in courses that are tightly scheduled with extensive, vocationally oriented curricula. Questionnaire schedules were administered several times to small groups, but I decided to exclude the data on the grounds that there was a very small sample taken from the TAFE colleges (n=15), and that these, often older, students may have different histories from secondary students, perhaps having experienced more transitional events to adulthood. While this reasoning is conjectural, and cannot be established from the data obtained for this project, valuable information may be gained from future research specifically designed to make such comparisons.

Non-government high schools

There are two organisational structures for non-government schools in the ACT: systemic Catholic schools administered by the Catholic Education Office (CEO), and a coalition of other schools that cooperate informally through the office of the Association of Independent Schools (AIS). Apart from some liaison with a single officer at the ACT Department of Education and Training, the AIS and CEO are independent of ACT Government.

The Director for Educational Services at the Catholic Education Office provided a letter of support, albeit expressing concern over *particular sensitivities and obligations surrounding the research project* (correspondence to author, July 1992), and sent written approval to several systemic Catholic secondary schools within the CEO structure. However, none of these schools agreed to participate.

The executive officer of the ACT Association of Independent Schools put my request for research participation on the agenda of a meeting of AIS principals and distributed samples of the questionnaire schedules.

However, I was not included in the meeting and therefore could not explain the methodology including the requirement for the explicit references to sexual practices in the questionnaire schedules.

Since one of these systems has only three secondary schools teaching years 11 and 12, each of which could possibly be identified, I have aggregated the two systems for the analysis reported in this chapter. The executive structures of each system approved the research, and provided support in small ways. Further negotiations with administrators and boards of the non-government colleges were severely curbed; some principals refused promptly upon receiving the initial written request, while others did not respond at all, either to letters or to telephone calls.

Principals of all non-government secondary schools had access to copies of the questionnaire schedule, but there is no record of its distribution and I was not invited to be present at any of the meetings between principals and executive officers where my research was discussed. Only three of the principals agreed to speak with me personally. From all the written and oral responses, common reasons offered for refusing to participate were the *offence* to parents (since individual permission was not sought on methodological grounds) and *projected shock to respondents* of the sexually explicit items in the schedules, but also that the schools were too busy to participate in research that was not perceived as fitting curricula. A concern expressed by those principals who did speak with me was the expectation that some parents would complain vociferously about the content of the schedule.

None of the non-government schools participated in the survey. Out of the nine non-government secondary schools that teach years 11 and 12, eight principals took a decision to refuse participation without further reference to the teachers or the parents. One board discussed the research before refusing my request for access to students.

Government senior secondary colleges

In the ACT, there is a two-tiered system of secondary education in the government-administered schools, which separates students in grades seven to ten from older students who attend senior secondary colleges. These colleges were established in the mid-1970s to teach years (or

grades) 11 and 12; an arrangement similar to Sixth Form colleges in Britain and senior high schools in North American education systems, but operating in only two Australian States. Some aspects of secondary college education are administered centrally by the ACT Department of Education and Training. However, each college has a great deal of autonomy and most decisions about internal organisation and daily functioning are made by college boards, college principals and other college-based management staff. An important principle in the establishment of the secondary college system was that students over the age of 16 years should learn to take personal responsibility for their work and conduct. Senior students in the government system are offered a more mature status as members of their colleges than their counterparts in the non-government system, for example having a great deal more freedom (and responsibility) regarding their timetables and attendance.

Gaining approval from the ACT Department of Education and Training administrators and executive directors of each of the school regions was quite straightforward. They expressed interest in receiving the results, while at the same time these administrators took care to emphasise legal and ethical procedures for the research, particularly the need to adequately consult principals and parents.

During my negotiations with the college administrators, and later when I collected data, I found that there was a variety of useful approaches each of which was appropriate to a different degree, according to the particular setting. At each college I tried to identify the style and philosophy of their community, and to engage myself with it.

At five senior secondary colleges there was minimal negotiation at the upper levels of principals and boards; at these colleges I was free to negotiate in person with a range of teachers, and to return several times to the school in order to get a sample with equal numbers of women and men and to access a cross-section of academic abilities. I encountered antagonistic reactions to the questionnaire at lower levels of the college hierarchy from two people at different colleges—but these did not in the end prevent my access to students.

At three colleges where there was more negotiation required at the upper levels of the hierarchy, but little antagonism from principals and boards, individual teachers were nominated to take on most of the arranging of class times—my role then was simply to arrive with the questionnaires. In each of these cases, the coordinating teacher arranged for one day of collection. When I needed a larger sample than was initially offered and I pressed for a second day of collection, the additional classes were arranged also by the coordinating teacher and not by me. At these colleges, I did not have the freedom to come and go, but most of the teachers appeared to be neutral toward the research. In one case the coordinating teacher was particularly supportive in allocating a broad range of students to the survey. Even though these colleges took pains to appraise the research and were careful to ensure that all appropriate protocols were attended to, the formalities did not have a detrimental effect on the size or composition of the sample.

At two colleges where there were negative attitudes toward the research at the upper levels of the hierarchy, there was also antagonism in board meetings and resistance in terms of arranging class times. Several individuals in these colleges were prominent in expressing negative attitudes toward the research. Where the antagonistic individual was in a position of greater authority the sample was considerably reduced. Where antagonism came from people in positions of lesser authority, I was able to bypass them and negotiate informally with more supportive teachers at the particular college to increase the number of classes I could access.

ANALYSIS OF THE NEGOTIATION DATA

The data collected when negotiating with teachers and parents for access to students, in contrast to the data collected from the discussion groups, revealed several different ways of speaking (or not speaking) about teenagers' sexual practices and about research into their sexuality. The different ways of speaking (or not speaking) appeared to cluster into broad discourses, two of which were available in the negotiations with teachers and parents at colleges. I refer to these in terms of

chastity and silence—a discourse that normalises teenage sexual abstinence and that places strict limits on speaking about teenage sexuality; and

disease prevention—a discourse of reproductive hormones and sexual hygiene in which teenage men are impulsive, teenage women are passive, and where speaking about sex is permitted in order to reduce the risks of unwanted pregnancy and sexually transmissible diseases.

These two discourses emerged in contrast to the ways in which the teenage research participants had spoken about their sexuality in the focus group discussions, that is in terms of

intimacy and pleasure—a discourse of sexuality structured around the affection and the apprehension as well as the delight of simply having fun with a sexual partner.

Resistance to sex research—a discourse of chastity and silence

Resistance to the research came in a number of guises, not all immediately obvious, nor did I encounter all the antagonists in person. Several principals said that discussion by the college board was necessary because the issue of not asking for individual parents' permission was particularly sensitive. Two principals told me that they could name the parents who would complain if their children were involved in such research without permission and it was assumed, I felt, that if these parents were to be asked they would refuse. The discourse of chastity and silence is characterised by: moral defence, direct antagonism and passive resistance. The events described below occurred across six different schools, in both government and non-government sectors.

Moral defence

In some instances there was open and clearly stated antagonism toward the descriptions of sexual practices in the schedule. One teacher at a college board meeting said that he thought the cover of the schedule was *a lie*. The title on the questionnaire reads *Teenage Lifestyles and Health Behaviour*. He said that the questionnaire was not about lifestyles and that after seeing the cover he had expected to find questions on sport and so forth. However, he had found that it was *all about genitalia*. He spoke

for several minutes on the sensual nature of sexuality which, in his view, encompassed a range of *higher pursuits*, for example listening to very beautiful music. At the same meeting, another board member displayed her reaction to the questionnaire, by opening it several times during the meeting only to close it abruptly while making a sound of pejorative exclamation.

From one school which continued to ignore my requests, the secretary, referring to the schedule, finally told me that the principal had said

> *we couldn't ask our girls to answer your questions.*

Several principals met or talked over the phone with me; one of them referred my request to the school board. One of the principals I spoke with said that he personally had no problems with the research, but that he

> *could name the parents right now*

who would create problems if their school participated. However, he suggested that if other non-government schools participated, I might contact him again and he would refer the research to the school board. He also wished me good luck.

One principal said that she believed such research was important and that she had

> *an interest in how girls handle their sexuality and the impact of this on how they handle relationship breakups.*

She said that several senior science classes could be available and that one of the teachers would call me to arrange a collection time. However, several days later I received a call from the college secretary who read a prepared statement from this principal saying that she had read the questionnaire more closely and would not approve the research, because

> *the more naive girls might be upset by some of the questions.*

At another board meeting, a parent disputed the orientation of the research as a whole. This particular man said that there was nothing in the questionnaire about people waiting for that *one special relationship*.

A teacher who cooperated by providing class time, but was not familiar with the research topic or methodology, read through the questionnaire schedule while the students were completing it. She left the room and came back toward the end of the period. When she returned she said she had felt quite shocked when she had started to read the section that describes fictional couples in sexual encounters. In reference to the description of breast and penis fondling, she said to me that most people did not do such things, even though she had talked to another teacher in the staff room, and he had said the stories described normal people. I told her that the research had been approved by the Department of Education and by the particular college board. During the debriefing session, she asked the students if any of them needed counselling because of the questionnaire; those who replied said that they did not, but most looked blank. She approached me several times later in the day and disclosed a number of discussions that she had had with other teachers, none of whom had agreed with her. She said that she may perhaps be *too middle class*, but continued to insist that the questionnaire was not describing normal behaviour.

The inference that I took from these particular experiences in the research was that, at least from the standpoint of some teachers and parents, I ought not to be speaking about sex at school, neither to describe it nor to ask about it.

Direct antagonism

I encountered occasional animosity toward the research from teachers during classroom administration. A teacher who had been asked to introduce me to each of the classes at one college began to stutter whenever he came to announce the topic and I had to prompt him with the word *sexuality* in every class. After introducing the research topic, he told the students that they could tear up the questionnaire and throw it in the bin if they wished. In this situation my briefing of the students needed to be varied from other class briefings and, while I emphasised their voluntary participation, I felt pressure to stress my encouragement of them to participate, since the research was to the benefit of teenagers such as themselves in the end. Two students at this college refused to participate; they both said that they were mature-aged students (in their early 20s) and too old for the research. This particular teacher also asked

me for a copy of the schedule to put on file with other social science research questionnaires. He said that he kept them as teaching resources.

One college principal obstructed my efforts many times. During my first telephone conversation with him, he said that the college was overburdened with a Departmental review and that his answer was *no, for the time being*. When I asked if I could collect later in the year, he said that I could try again in August. I called again in August. The principal then said that I would have to take it to the college board which would not meet again until September, and that he doubted that I would get it approved; he said that one of the board members was an important health administrator who knew a great deal about research. When I asked him to clarify what he meant, he replied *just you wait, you'll see.*

I wrote a letter to him confirming that I would attend the board meeting and two days ahead of the meeting I called the school to confirm it. I was then told by the secretary that the principal would not be at the meeting, but that the deputy principal would. Some of the board members at the meeting were particularly argumentative; they reached consensus after an hour's debate but, in the end, agreed to the research proceeding without caveats. However, when I called to start arrangements for data collection, the coordinating teacher told me that the principal had overruled the board's decision to approve the research as I had requested it; he insisted that I could ask students to complete the schedule only if they provided written permission from their parents.

In order to collect data at this college, I had to provide a form for parents to sign and students to return. The exercise was a burden for the coordinating teacher. One hundred forms were sent home to parents and the coordinating teacher said that the classes to which I would have access had an ability spread and an equal gender ratio. On the day of collection, a decision had been taken that I would not collect in the classrooms, but in a lecture theatre to which the parent-approved volunteers would be sent. I collected only 22 responses from this college. While students were completing the schedules, the coordinating teacher told me that she thought my problem was that I had made the questions *too sexy [by] giving them names*. She said that the principal of the school was very religious and that I ought to be a bit more realistic. These

comments, however, were countered by her subsequent expression of belief that such research is important, and she herself had a friend who had died following an AIDS related illness, although she emphasised that her friend had not become infected through sex or drugs.

Some of the opposition was difficult to identify because it was presented in terms that critiqued the research methodology. During a board meeting at another college, a particular teacher raised the question of respondents' literacy many times. He claimed that there were *children* in the college who would not be able to read and comprehend the language in the questionnaire schedule. His references were about the technical literacy of students and not whether they would understand the behaviours described. Indeed, he made no comment at all on the content of the schedule. He interjected throughout the discussion, continually reiterating his point about literacy which he believed impinged on every other issue regarding collection of data.

Arguments intended to undermine the research or to dispute its methodology were not always distinguishable from suggestions intended to improve the project.

Passive resistance

Three principals refused by mail within a week of my first letter, making no reference to the content of the research, nor the questionnaire schedule, but referring to the burdens associated with research participation:

> *We cannot accommodate [requests for surveys] because of the disruption to the essential work of the school (correspondence to author, May 1992).*
>
> *I'm afraid we can't keep disrupting the boys' study ... (correspondence to author, May 1992)*
>
> *In recent months we have received a lot of requests for questionnaire style work and I believe at this stage we need a break from filling them in (correspondence to author, May 1992).*

Some principals ignored my request. I made several follow-up phone calls, screened by their secretaries, but did not succeed in speaking directly with these principals. In one case, none of my attempts to elicit a verbal or written response from the principal were successful. In a second case, a more direct refusal came through a school secretary who referred to response burdens of the school, particularly that

we have already filled out a survey on this [topic], this year.

One principal said he could not make any decision about the research himself. He would not speak to me but said I could talk with the college board. During the meeting, which was particularly contentious, he said very little except to emphasise that it was on account of the *content* of the questionnaire that he had not taken a decision on his own. Even though this principal did not offer any support for the research, he said to me privately in the college car park that he knew some students were *sexually active* because *some of them get pregnant*.

Some coordinating teachers, even though supportive of the work, were unable to persuade other teachers to provide class times. One teacher told me that, while he had been impressed by my methodological rigour, some of the other teachers had said they did not want anything to do with *that sort of thing*. He was apologetic and said that he could not understand the resistance. As a result, students from the classes of the coordinating teacher constituted the bulk of the sample from that college. However, at morning tea on the day of administration I talked with two teachers from a different department who offered me further classes. This raised issues regarding the difficulties encountered by teachers who, as coordinators, would have to speak about sex with their colleagues. It is possible that for some teachers, the anticipation of a dialogue about sex with their colleagues could undermine their willingness to participate in sexuality research.

At another college there was a succession of coordinating teachers, the last of whom arranged for two small science classes to respond in one of the lecture theatres. However, on the day of the data collection, one of the teachers from these classes asked other teachers to assist and I was able to collect from four additional classes on that morning. One of the teachers from the latter classes introduced me to a sports teacher who

arranged for two of his classes to respond later in the week. The assistance of the teachers appointed by the principal to coordinate did not reflect the potential helpfulness of other teachers at the college.

The chairperson of the only non-government college board to consider my research proposal wrote to me (correspondence to author, August 1991) refusing approval on the grounds that board members

> *... were not completely comfortable with aspects of student selection and with debriefing/follow-up for students involved.*

However, the letter concluded that

> *While the Board is not able to assist you with the collection of data, we wish you every success with your research. We are certain the results will provide valuable direction for future community health programs.*

A compelling metaphor that came from the negotiations with the non-government schools is that of a door closed: not merely as a sign of resistance to speaking about sex in the terms of this research, but also as a sign of the extent of control that a private institution has over public health information. The resistances and obstructions to the research are likely to be much more complex than the suggestion that certain parents would complain (although for non-government institutions that depend on fees, there could be losses associated with the possibility of offended parents removing students from the school). Resistance and obstruction are signs that the limits to a discourse of sexuality in these educational settings have been reached. Asking about sex is resisted in a discourse of chastity. In such an environment, it could be assumed that there are similar resistances to the tuition of sexual knowledge (including knowledge of disease transmission) and limits on the ways that sexual practice can be spoken about in these institutions. When speaking about sex in terms of intimacy or pleasure is suppressed in educational settings, then other discourses of viruses, hormones and sexual hygiene become limited and mechanical in their scope.

My experiences with the passive resisters and the methodological critics were difficult to assign in terms of discourse of sexuality simply because they said little or nothing about sex *per se*, and their position was thus unclear. My impression was that these teachers would have been a lot

more comfortable if I had not persisted with the research and they would therefore not have had to speak to me about sex. The implication, as I understood it, was that my research ought to be undermined, albeit without speaking about its content. Silence and omission can be signals in discourse, as much as direct speech (Foucault 1990). The reluctance of some teachers to speak about sex, even in euphemism, perpetuates a discourse of chastity through a silence that alludes to grave disapproval. What is said both creates and constrains the ability to act because the role expectations and the limits of conduct are defined in the speech of a particular discourse (Fairclough 1989). The way that sex is referred to, or kept silent, in schools shapes the speech and the action available to educators and researchers in these settings.

It is not possible to infer from the data in this study whether those who construct teenage sexuality in a discourse of chastity and silence are a minority. Many of the delays and inconveniences in the research are attributable to the hostile or passive resistances emanating from the positions taken in such discourses as these. Whether the individuals who occupy these positions are many or few, awareness of their intimidating influence and the extent to which they differ from others in the community is important.

Support for sex research—a discourse of disease prevention

Although I encountered opposition to the research, there was also support for my survey and the research goals. In government colleges, opposition to the research occurred as delays and obstacles to data collection, but was not widespread. Antagonism and resistance were often balanced by a variety of supportive responses.

Where support was offered it was usually delivered in terms of the need to prevent the spread of viruses and also the need to be realistic about teenagers' sexual activities. Both were expressed as problems, the solutions to which could begin with public health research. In most cases, those teachers and parents who supported my requests cast the work in terms of a discourse of disease prevention. This assumes that sex education can be a socialising agent in health (and hygiene) promotion, and thus intervene in presumed hormonal stages of development during

which men become impulsive and demanding toward their partners, and women passively allow sexual encounters to occur without question.

Support sometimes came in terms that enfranchised the students' role in the college system. For instance, one parent at a board meeting said that, in line with the principles of the senior secondary college system, students had the right to make their own judgements about the research, and to decide whether they wished to participate.

Some of the support increased on account of contending positions taken at the college board meetings. This kind of support usually occurred late in discussions and as a counterpoint to an antagonistic voice, which may have reflected divisions in the group that existed independently of my research proposal. One parent who disputed the validity of the research in general and the schedule in particular said that many students would never have done the acts asked about. He believed that I should ask about relationships that do not include sex. Another parent responded that those students could circle the 'never' category, and that it was an appropriate answer for them. Both his opposition and her response contrasted to comments from the student representative on that board who said that students would be happy to answer the questionnaire regardless of their personal history because the questions were so *honest*. This student representative took the argument even further and proposed a motion that the research not only be approved by the board but also that it be promoted in the college and that students be encouraged to respond.

Toward the end of a board discussion where there had been many confrontational questions about the schedule, one of the members offered a short, simple statement, saying that he believed the research was *important, difficult [to conduct] and deserved support*. At another college board, one member supported my request to collect data saying that he thought it was *sad* that such research was necessary, but that parents had to be realistic. Such comments are difficult to categorise in terms of discourse, as there is little disclosure of the underlying issues for the speaker. What was said does not disclose whether that particular speaker believed there was room for research as a foundation for knowledge about intimacy and pleasure-based sexuality for teenagers, or just that it

was necessary to find out as much as we could to combat the spread of viruses. The absence of references to sexuality suggests that intimacy and pleasure are muted topics in educational discourse, especially where adults view themselves as accountable for the effects that their official actions might have on teenagers' practices.

There was also support and interest from some teachers based on their concern for the students and the effects of their own teaching practice. A group of three social science teachers at one college asked me to talk with them during the lunch period about the way that I had developed the questionnaire, the theories I was working with, the results I anticipated and so forth, in order to extend their working knowledge as teachers of social science. At another college a psychology teacher asked me to help one of his students with a questionnaire that she was developing on HIV/AIDS as an assignment. One of the teachers at a college where I had collected the pilot survey data said that some of the students who had participated in the pilot follow-up discussions had told her that the group work had been great fun. She said that she was surprised because she did not think that those particular students would have been interested in attending the groups since she had believed that they were not sexually *active.*

In a discourse of disease prevention it is assumed that health education and research will prevent the spread of sexually transmissible diseases and unwanted teenage pregnancy, and are therefore acceptable topics to talk about. Such a discourse equates teenage sexuality with the occurrence of sexual intercourse, and does not provide for definitions of pleasure-based sexuality, nor for the emotional importance of developing sexual intimacy for some teenage women and men. In a discourse of disease prevention, attempts to resolve the problem of teenage sexuality would manifest in teaching assertive skills to women so that they will request the use of condoms, and in encouraging men to be socially responsible so that they will accept, and agree to use, condoms.

Enthusiasm for sex research

Contrasting with the opposition within the discourse of chastity and the instrumental approval in the discourse of disease prevention, was the enthusiasm of teenagers whom I encountered throughout the research

process, during questionnaire administration and debriefing discussions at colleges as well as in the group discussion work already described.

This enthusiasm was expressed only weakly at the sites of negotiation for survey data collection. At board meetings the only source of active encouragement or enthusiasm for the research came from several of the student representatives (there are usually two such representatives at each college board). This was not a consistent reaction among all students at all of the meetings; indeed, some were mute throughout discussion, although none opposed the work nor appeared to agree with other board members opposing the work. One teenage woman who had said nothing at a board meeting was later among the students completing the schedule at that particular college. When she handed back the schedule to me in the classroom, she said that she was glad to see that I was collecting data at the college after all, and pleased that she could participate. She said that during the board meeting the schedule looked as though it would be fun to answer.

Many of the teenage women and men who had participated in the discussion group work had said that they were glad someone was doing such research. Some said that it was *really important*, and in particular they endorsed my concentration on aspects of relationship and fun as elements of their sexuality.

The respondents in both the pilot and main surveys had an opportunity to make a comment on the research at the end of the questionnaire schedule. Several lines were allowed for the teenagers to respond to my request 'If you have any comments on this questionnaire, I would be really grateful if you would write them here.' The comments below were taken from the main survey. Some of the comments indicated that the respondents had thought critically about the questionnaire,

> *The AIDS questions did not state whether there were open cuts in or around the hands or not. Make it clearer next time as open cuts greatly increase the chance of catching AIDS.*
>
> *Maybe some more questions on alcohol and drug use while with someone, but not having sex, would be good.*

Pregnancy should be mentioned more.

You could possibly ask questions about how you feel about the other sex, eg in the work force, equal rights, etc.

[You should] ask why you do or don't want to have sex, feelings and thoughts about these issues.

An excellent survey. There should be one section on other sexually transmitted diseases, such as herpes.

although there was criticism,

This is very repetitive at times.

Some pretty dumb questions!

especially regarding the length of the questionnaire.

It's too long—need more time to think.

This is the longest questionnaire I've filled out. It was interesting though.

A few respondents had found the questions to be very personal.

The only real problem I found was that it was a bit personal.

A lot of the questions were very personal and I could understand if this questionnaire made some people feel uncomfortable.

Very interesting but maybe too personal!!

The majority of the comments were positive,

Definitely one of the better questionnaires I've done!

Thanks for caring! I hope it comes in handy! My kind of survey! Good luck with your survey research!

I think it is well thought out (well done) ten points.

Not bad, man, pretty cool actually.

some teenagers noting that the survey had helped them to think about their own sexuality,

> *This is a very good questionnaire—the questions can make you think about your own sexuality.*
>
> *Interesting. It made me realise that I don't know much about AIDS at all or how it is passed on.*
>
> *I think it is a good thing for teenagers to do, because it lets them know how much they really know about sex these days.*
>
> *It was useful for me to think about matters that I never had before.*

and some commenting on the generation gap,

> *I was being totally honest and if my parents read this I would be in a bit (sarcasm) of trouble.*

These comments contrasted with the comments from supportive board members and teachers who said the work was important, but as a matter of public health. Discourses of chastity and of disease prevention powerfully constrain how sex can be spoken about between teenagers and their teachers or parents.

CONCLUSIONS

In this chapter, I have described two further discourses—the resistance to sex research in a discourse of chastity and silence and the support for sex research (in the terms of public health and viral epidemics) in a discourse of disease prevention. These discourses organise my account of the negotiating process with administrators, teachers and parents' representatives and place the events against the atmosphere which characterised the focus group discussions—enthusiasm for a sexuality defined as intimacy and pleasure.

In educational settings in the ACT, these two discourses appear to dominate the available ways of speaking about teenage sexuality. Most

prominent in the non-government sector was a discourse of chastity. The various forms in which this was manifest in the research included moral antagonism, argument in relation to my research methodology (specifically directed towards the questionnaire schedule) and passive resistances that closed the way without speaking about the content of my research at all. In the government college sector this was a minority discourse, yet possessed a strong and intimidating voice. A second pattern of communication can be characterised as a discourse of disease prevention, in which support for my research was cast in terms of reproductive health and sexual hygiene, albeit accompanied by wariness about the questionnaire schedule. The administrators, teachers and parents deploying this discourse were aware that teenagers were sexually experienced and accepted that public health research was needed to help prevent viruses spreading among them. This was the dominant voice in the government college sector.

A third way of speaking, a discourse of sexuality based on pleasure and on encountering the self and other in sexual relationships, was near to absent in my contact with these gatekeepers of research in schools. The exceptions were those school counsellors who spoke about their concern about the emotional distress experienced by some teenagers when their relationships ended. They implied that these crises were a problem in need of attention. However, this discourse had been the main way of speaking among the teenage women and men who had participated in the earlier group discussions and also formed the supportive dialogue among the students who responded to the survey.

Despite my difficulties gaining access to students in classrooms, those who eventually responded were also representative of their peers in terms of the demographic characteristics of the wider Canberra community in which they live. Furthermore, the survey questionnaire schedule appeared to be entirely acceptable to the great majority of students who completed it; there was a very high response rate and very few of them wrote negative or critical comments in the questionnaire booklets. The results of the survey, a description of respondents' sexual histories and modelling of their most recent sexual encounters are presented in the next chapter.

CHAPTER 5

REPORT OF A TEENAGE SEX SURVEY

Based on the results of the pilot survey and the two stages of focus group discussions, substantial changes were made to the research questions and consequently to the survey questionnaire schedule. This chapter begins with a description of the most salient changes to the questionnaire. A description of the collection and processing of the survey data is followed by a statistical description of the survey sample in terms of population statistics and aspects of their sexual histories. Inferential statistics are given in two further sections, including a model that regresses histories of condom use on other aspects of teenagers' desires and experiences, and a model that regresses unsafe sex on other factors reported by the survey respondents about a single sexual encounter.

THE SURVEY QUESTIONNAIRE

Refining the survey questionnaire required writing some new items as well as rewriting many of the items in the pilot schedule. Scale statistics for all items used for the analyses reported in this Chapter appear in Appendix 8 and the questionnaire schedule appears in Appendix 2.

New questions

The main questionnaire schedule differed substantially from the pilot questionnaire schedule. There were a number of detailed changes of expression to items and item categories made on advice from the focus groups, which are indicated in the presentation of survey results below. This section describes the most salient changes to the survey schedule: additions, deletions and alterations that reflected major shifts in the central research questions.

Affection and sex

The scale that had been developed initially to assess the desire for romantic love was altered to reflect two aspects of desire in intimate relationships described by group participants: desires for affection and for sexual arousal with an intimate partner. The alterations followed suggestions given by the focus group participants that the notion of 'romantic love' did not correspond to their understandings about teenagers' sexual relationships. Aspects of sexual desire were not adequately addressed in the pilot survey, nor was the desire for affection. In the main survey questionnaire, a number of new items included asking teenagers what they wanted from a 'boyfriend' or 'girlfriend' in terms of both the need for affection and sexual satisfaction. There had been some criticism by focus group participants regarding use of popular songs to ask about desires for relationship. In the main survey questionnaire schedule, I retained the use of the song lines to lead into items about desire for affection and sex, but posed the questions in a more straightforward manner.

Homosexuality

Teenagers' homosexual relationships were addressed in more detail in the main survey questionnaire schedule. By increasing the detail, the items were more sensitive than the single homosexual question in the pilot survey—an item that took male to male anal intercourse as the only indicator of homosexual practice.

A single sexual encounter

Following the success of the projective focus group exercise in which the teenage participants wrote stories about couples in a single sexual encounter, I developed a new section in the main survey questionnaire which asked about a single sexual encounter. The section included 46 questions about the details of sexual conduct that had been described in the projective exercise.

The new section asked specifically about each respondent's most recent sexual encounter. By specifying the encounter in this way there was reliability regarding recall and less variation across respondents regarding the time that had elapsed since their encounters occurred. A recent encounter was more likely to be typical of an individual's sexual world than their 'first' encounter, and more likely to be relevant to the experience of respondents at the time of completing the survey.

The reported encounter did not necessarily have to include sexual intercourse. In this way, the measurement of sexual conduct could include a wide range of safe practices, and retained those respondents who had never had an intercourse. Sexual experience was not defined specifically in terms of penetrative sex.

The gender of each respondent's partner was established. Although I expected the majority of respondents to be heterosexual, I did not assume it.

Information about the relationship with the partner in the most recent sexual encounter was asked in a simple categorical manner that addressed the difference between casual and regular partners. Results of the early group discussions, and the later narratives, indicated that such definitions were personal and ephemeral (for example, a first encounter might be a one-night stand or the beginning of a long-term affair, depending upon how the partners perceived it). It was nevertheless important to gain some information about the nature of relationships in a way that made sense and could be used in a quantitative model. The limitations of categorisation that were spoken of by the group participants are reflected in the interpretation.

The role of intoxication in sexual encounters was addressed with regard to self assessed (subjective) levels of intoxication that included feeling 'relaxed' and 'tipsy' as well as feeling 'drunk'.

Various forms of sex play were referred to in the stories produced by focus group participants, and had been alluded to in the early discussion work. This indicated that lovemaking for some teenagers included activities such as playing sex games, or sharing spas and showers. However, there was not enough information to provide a list of possible activities that would be identified as relevant by respondents. Clearly, sex play was an important part of lovemaking for some teenagers, although the sense of *jouissance* was present in many other ways. This element of sexual encounters remained exploratory on completion of the group work, and was treated in an open-ended manner in the survey.

Clearly stating sexual practices in the questionnaire was essential in order to construct an 'unsafe sex' dependent variable. Sexual intercourse with condoms

and without condoms, as well as oral and manual stimulation were referred to explicitly. The questions validated the possibility that all or none could occur in a single encounter personally defined by respondents as sexual.

Contraception

Avoiding unwanted pregnancy had been included in some of the narratives as an underlying issue in condom negotiation. Analyses of the pilot study and the narratives suggested that, particularly for longer-term partners, taking the pill replaced condom use. It was important to assess the effects of the contraceptive pill on condom use and the questions about contraception were altered to ask about the last time respondents had had sex. The contraceptive method items appeared at an earlier point in the questionnaire than the section asking about the most recent sexual encounter.

Developing the questionnaire schedule

I produced two forms of the questionnaire, with somewhat different items and between which the order of items differed. One of the forms contained the section on the most recent sexual encounter; the other form contained the section on sex education and was shorter. Using two forms with some different sections, and with parallel items appearing on different pages, augmented privacy of responses and allowed all the research questions to be covered within a single class period. I also retained separate forms for women and men, although there were only a small number of items that differed substantially on the basis of gender.

The general style of the pilot schedule was recreated for the main survey schedule. Response categories were set out in tabular form which reduced the amount of reading required and made the exercise easier for the respondents. For items that requested personal information about sexual behaviour, I offered 'privacy' categories as for the pilot schedule. The booklets were formatted to provide clarity and variety for respondents. The covers were designed by a professional graphic artist: coloured peach and orange (for women) and mauve and purple (for men) to assist the process of distribution in classes.

Pre-test of main survey schedule

The schedules were pre-tested by 32 first-year psychology students (20 women and 12 men, all under 19 years of age) at The Australian National University.

They had volunteered in response to a notice I placed on the Psychology Department noticeboard and to an announcement about the research by the course coordinator. Following convention, the students who volunteered to participate gained one point toward their final grade after participating. The draft schedules were administered in four sessions in a tutorial room at the university. At each session I described the project briefly and outlined ethical concerns related to confidentiality and voluntary participation; I provided an opportunity to discuss the research in greater detail at the end of each session. The pre-test of the main survey schedule was also an informal pilot run of the new items about respondents' most recent sexual encounter. Respondents indicated that the wording was plain enough and that the layout of questions and response categories was clear. The schedules were completed comfortably by most respondents in 30 to 40 minutes.

Data entry, coding and analysis

Two research assistants helped to code open-ended questions and entered the bulk of data onto main-frame and personal computer files. There were several items that required short written answers and these were transcribed into text files; I created response categories from a simple content analysis of the text. In accordance with the categories derived from the text, the responses were coded by one of the two assistants and cross-coded by me.

SPSS Data Entry software was used to enter data from the survey. This required the purchase of an individual licence for the software but had a number of advantages over other methods of data entry. This software provides options for programming the possible range of values for individual items, increasing accuracy on first entry of data. An item-skip function allowed each of the four schedule formats to be entered onto the same template, creating a single data set for analysis. The software also has a verification option and all data were verified.

COLLECTING DATA IN CLASSROOMS

Despite the hurdles in getting into the classrooms, discussed in detail in Chapter 4, the representativeness of the sample was not affected in terms of the population characteristics, described below. I had asked for a mix of classes

that would provide a gender balance and a range of abilities, and I collected data from students taking 36 different kinds of courses listed in Appendix 9.

I administered the main survey questionnaire in the same way as I had the pilot survey. The schedules were self-administered and students completed them in classroom groups during their scheduled course-work periods; the number of respondents present in each classroom ranged between seven and 42. I presented a brief introduction to the research, including guarantees of voluntary participation, confidentiality and anonymity. I also emphasised the provision made for privacy within the structure and layout of the schedules. As the focus group work had been formative in the research design, I briefly outlined the process of developing the schedule in collaboration with other teenagers in the Canberra region (see Appendix 10 for a protocol of the briefing). Following this preamble I collected consent forms which had been initialled by respondents.

Debriefing issues

Debriefing discussions again provided an opportunity for me to clarify safe sexual practices for each group and to address particular concerns of individuals. I was able to handle the debriefing procedure with greater sensitivity during the main survey collection than had been possible in the pilot survey before I had had the benefit of experience from the group work. Much of the class discussion dealt with issues that were easy to talk about in a group, for example the improbability that teenagers engaged in all the practices described in the questionnaire, or the relevance of asking about television programs. Again, specific questions from students who stayed afterwards suggested that there was a range of information needs, enthusiastic responses and anxieties about sex among those canvassed. In the context of the classrooms, students' questions and comments were voiced in a lower tone compared with the comments from the focus group participants, but nothing that the students said was inconsistent with the directions that had emerged from the group work. In addition, a small section at the end of the schedule, eliciting any comments that respondents wished to make, indicated a variety of attitudes toward the research: many students expressed support, some offered thoughtful critique about content and layout, a small number (n=12) wrote their disapproval in this comments section at the end of the questionnaire schedule, albeit having completed it.

I also made an effort to contact a counsellor at each college before and after the time that I was collecting data, although this was not always possible due to absences and staff movements across schools. My purpose was to alert the counsellors to the research since it may have upset some respondents, although there were no reports from the counsellors that this had occurred.

Response rates

The response rate from students in the classes that were allotted for the survey was high (99.5%). A small number (n=4) of men did not wish to participate: they were not asked for their reasons but two said that they were too young, and two said that they were too old. These students chose to leave the room for the remainder of the class period.

A more sensitive calculation regards strings of missing data which I defined as non-response to certain sections of the questionnaire. The section that asked about respondents' most recent sexual encounter was completed by 97% of women and by 93% of men. The criterion for non-response was that students had answered less than six of the key questions in that section but had answered other sections of the questionnaire that were not related to sexual activity.

The response rate for the section about the most recent sexual encounter was much higher than the rate for questions that asked about contraceptives used 'the last time you had sex'. These contraceptive use items were not included in the section on respondents' most recent sexual encounter, but appeared in an earlier section. The questions on contraceptive use implied that my interest was in those respondents who had had at least one sexual intercourse and the response rate to these items was 49%, even though one of the response categories was 'never had sex'.

The large percentages of responses to the section on the most recent sexual encounter indicate that when a wide range of lovemaking activities define sexual behaviour many teenagers identify with and can answer the questions. However, when sexual experience is defined in terms of intercourse then half the sample becomes disengaged from the research, and neither its methods nor its results will be relevant to them.

Descriptive statistics of the main survey sample

I collected 783 responses to the questionnaire schedule. The sample consisted of 432 teenage women and 351 teenage men. Half the sample completed the schedule format that included the section on their most recent sexual encounter (216 women and 176 men). The frequencies below show the age of respondents in the main sample and indicate their socio-economic background. The sample reflected the wider Canberra community with regard to parents' occupations, ethnicity and religion. Appendix 11 compares these descriptors for the main survey sample against the pilot sample and ACT census figures for 1991 (Australian Bureau of Statistics 1991).

Age

The mean age of the women was 17.4 years (*SD*=.8 years) and the mean age of the men was 17.7 years (*SD*=.9 years). The men were older and this age difference was significant (t=5.5, p<.001).

Ethnicity

Of the respondents, 82% reported that they were Australian-born, 7% reported New Zealand, Britain, North America or Europe as their birthplace and 11% reported other regions. English was reported as the language most spoken with parents by 86% of the respondents, European languages were reported by 8% of respondents and other languages by 6%.

Parents' characteristics

Respondents reported the occupations of both parents. Sixty-two percent of fathers worked in managerial, professional or clerical (white-collar) occupations and 25% in trades, services and related (blue-collar) occupations. Sixty percent of mothers worked in managerial, professional or clerical occupations, 16% in trades, services and related occupations and 15% were engaged in home duties. Comparing respondents who reported fathers' occupations as white-collar with those who reported fathers' occupations as blue-collar, there was no gender difference nor any difference regarding respondents ever having had sexual intercourse.

Of 736 respondents who gave information about whether they currently lived with their parents, 67% reported that they lived with both parents, 18%

reported that they lived with their mother only, 5% with their father only, and 9% reported that they lived independently of either parent.

SEXUAL HISTORIES

The description below of respondents' sexual histories gives information on sexual intercourse, contraception, reports of their past sexual experiences and homosexual activities. Some comparisons with the pilot survey results are provided.

Sexual intercourse and condom use

Aspects of respondents' sexual histories are shown here to describe the sample in a broad way and to compare the teenagers who participated in the main survey with those in the pilot survey. The reports of the main survey respondents show that large percentages of them had had an intercourse at the time of the survey, and that for many of them an intercourse without a condom had occurred. There was a move toward oral contraception and away from condoms over time. Most of the description about sexual histories relates to those respondents who had ever had an intercourse (n=400); the analysis is extended to non-penetrative practices in the section below that describes respondents' most recent sexual encounter.

Of the main survey respondents, 400 said that they had had intercourse and of these 54 (13.5%) said that they had had anal intercourse at least once. Only one respondent said that she had had anal intercourse but had never had vaginal intercourse. Table 9 presents the percentages of respondents of each age in years who had ever had sexual intercourse at the time of the survey.

These frequencies include intercourse with and without condoms. There is a linear trend in experience of intercourse for the women by their age (X^2=12.7, p<.01), but this was not evident for the men. Teenage women aged 16–17 years were less likely to report sexual intercourse (55%) than the similarly aged men (69%) (X^2=4.8, p<.05), but percentages did not differ significantly for respondents who were 18 years or older. Nineteen of the women (9.2% of the 206 who had ever had vaginal intercourse) reported that they had been pregnant. Of those who had ever been pregnant, 10 women reported that they had had a miscarriage and five reported that they had had an abortion.

Nineteen of the men (9.8% of the 193 who had ever had vaginal intercourse) reported that they had had a girlfriend who had become pregnant by them.

Table 9: Reports of ever having had sexual intercourse, by gender and age at the survey, from teenagers in a Canberra survey sample.

Age in years [a]	Women percentage [b]	Women n [c]	Men percentage [b]	Men n [c]
	%		%	
16	48.3	118	58.9	56
17	60.0	165	72.9	129
18	69.1	55	64.8	71
19 & over	86.7	15	82.6	23
ALL AGES	58.6	353	68.8	279

[a] Age is in years at last birthday prior to survey.
[b] Percentage of all respondents in that age group.
[c] Number of respondents in each age group; data was missing for 151 respondents (19.3% of the total sample).

Table 10 presents the frequencies of reports from those teenagers who had ever had sexual intercourse about condom use for vaginal and anal intercourse during any previous encounters with regular and casual partners. The practice need only have occurred once to be reported by a particular individual, and thus counted in the frequency tabulation here. The categories are not exclusive of each other and most respondents reported a range of practices. A summary scale that provides more information about levels of frequency for each particular practice (from 'never' to 'often') among individual respondents is given below in the correlation analysis. The frequencies presented in Table 10 suggest that intercourse without a condom has occurred at least once or twice for a large percentage of the teenagers in the survey sample.
Compared with the pilot sample (see Table 3, page 31), respondents to the main survey gave fewer percentage reports overall of having used condoms. There were also fewer percentage reports of anal intercourse made by teenagers participating in the main survey.

Table 10: Reports of condom use with regular or casual partners for vaginal and anal intercourse by teenagers in a Canberra survey sample who had ever had intercourse.

	With condom		Without condom	
	%	n	%	n
regular partners [a]				
vaginal intercourse	94.4	305	68.7	222
anal intercourse	9.3	30	8.7	28
casual partners [b]				
vaginal intercourse	82.6	195	56.5	133
anal intercourse	9.3	22	4.3	10
ever intercourse [c]				
vaginal intercourse	85.0	340	63.2	253
anal intercourse	9.3	37	8.5	34

[a] Percentage of respondents who had ever had intercourse with a regular partner, n=323.
[b] Percentage of respondents who had ever had intercourse with a casual partner, n=236.
[c] Percentage of respondents who had ever had intercourse with either a regular or casual partner, n=400. This represents 51.1% of the full sample, or 63.3% of those who responded to these items. It is possible that many of the 151 respondents who did not answer these items had never had intercourse, but it cannot be assumed.

Sexual partners

In the main survey, 81% of the respondents who had ever had an intercourse said that they had had at least one regular sex partner and 59% said that they had had at least one casual partner.

Regular partners

Counting those who had ever had intercourse, significantly more teenage women (88%) than teenage men (72%) reported that they had ever had a regular sexual partner (X^2=14.5, p<.001). However, women reported having had fewer partners (median=1) than men (median=2). Median length of completed relationships (where respondents had broken up with a partner) was 8 months, in the reports of both women (n=108) and men (n=86). For some of these respondents a second relationship had not yet started.

Casual partners

Of those who had ever had intercourse, significantly fewer teenage women (45%) than teenage men (67%) reported that they had ever had a casual sex partner (X^2=19.3, p<.001). Of those respondents who had ever had a casual partner, the women (n=55) reported fewer partners (median number of

partners=1, maximum=8) than did the men (n=84, median number of partners=2, maximum=25).

Contraceptive methods

Table 11 shows percentage reports for contraception used by survey respondents who had ever had intercourse at their first intercourse and the last intercourse prior to the questionnaire survey. The pattern of use suggested by these frequencies is similar to the pattern of results from the pilot survey. Comparing respondents' first intercourse with their last intercourse prior to interview, use of condoms decreases over time while use of the contraceptive pill increases. A McNemar's test for change in the paired variables (dependent measures), showed that there was significantly greater use of oral contraception at respondents' last intercourse (X^2=57.4, p<.001).

Table 11: Reports of contraceptive methods used at first intercourse and last intercourse prior to survey by teenagers in a Canberra survey sample.

Contraceptive method [a]	First intercourse [b] n=386	Last intercourse [b][c] n=386
	%	%
contraceptive pill	9.3	29.8
condom alone	67.4	56.0
condom with foam	8.0	6.4
withdrawal	9.1	8.6
foam alone	0.3	0.3
rhythm method	1.0	0.3
none	10.4	7.2

[a] Categories are not exclusive.
[b] Percentage of those respondents who had ever had intercourse (n=386); there were some missing data due to incomplete responses.
[c] Where last intercourse was also the first intercourse, respondents were excluded.

There were many more reports of condoms used alone than of condoms used together with spermicide. Even though there were large percentages of the teenagers reporting condom use, there were a substantial number of reports about the use of other contraceptive methods that would not prevent sexual disease transmission. Proportions of up to 10 percent of the teenagers surveyed had not used contraception for their first or their most recent

intercourse, or they had used unreliable methods (such as withdrawal, spermicides only or rhythm method).

The move away from condom use toward oral contraception following first intercourse supports the results of the focus group work with regard to teenagers' greater fears of an unwanted pregnancy over fears of becoming infected with HIV or other STDs.

Experiences of past sexual encounters

Some aspects of previous experiences were reported in terms of willingness at first intercourse, and the pattern of intoxication (through drinking alcohol or taking other drugs) in usual and most recent sexual encounters. Table 12 compares women and men who had ever had intercourse with regard to the experience of their first intercourse. The pattern of these percentage reports in the main survey is similar to that of the pilot survey.

Table 12: Reports about experience of first sexual intercourse by teenagers in a Canberra survey sample.

Experience of first intercourse	Women n=201 [(a)]	Men n=182 [(a)]
	%	%
really pleased	18.4	35.7
very willing	31.4	34.6
unsure about it	25.6	18.7
talked into it	5.8	2.7
forced into it	4.8	2.2
other experience	11.1	6.0

[(a)] Respondents who had ever had intercourse; there were some missing data due to incomplete responses.

The additional category regarding initiation of respondents' first intercourse followed the advice of the focus group participants, and provided additional information about the experience of the teenagers who responded to the main survey questionnaire. A majority of teenagers were either really pleased to have initiated their first intercourse or had very willingly taken part in the event. Even though there were significantly more men than women reporting that they were really pleased to have initiated their first intercourse compared to being very willing to go along with it ($X^2=4.7$, $p<.05$), the new category gave

the teenage women an opportunity to provide the additional information where it applied to them.

For the women in the main survey there was a much lower percentage of reports that they had been forced into their first intercourse than was the case in the pilot survey. There was, however, a relatively large proportion of respondents (11% of the women and 6% of the men) whose reports were not specifically described.

A substantial percentage of teenagers, both the women and the men, reported that they had been drunk once or twice at the time of a sexual encounter. Table 13 compares these reports with a range of usage levels of drinking and intoxication with other drugs. There were, however, very small percentage reports of frequent states of drunkenness or being 'high' during sexual encounters. The majority of respondents reported either moderate or nil associations of drinking or drug taking and sexual activity. Fifty-one percent of the teenage women reported that they drank alcohol only sometimes or never in association with sex, and 13% reported that they never drank alcohol at all. For the men, 41% responded to only sometimes or never drinking on those occasions, and 9% said they never drank at all. With regard to the use of other drugs, 32% of the women never used them at the same time as they had sex and 37% had never used drugs at all. Twenty-seven percent of the men had never combined drug use and sex, and 36% of them reported that they had never used drugs at all.

These patterns of alcohol and other drug use in association with sexual encounters offer more detailed information than the results of the pilot survey. The focus group participants had said that there was a wider range of usage patterns of alcohol and other drugs than could be portrayed simply by asking about drunkenness or getting 'high'. By including categories in the main survey questionnaire that described the use of alcohol and other drugs, without implying states of intoxication, respondents were able to provide more information about the association of these substances with their sexual activities.

Table 13: Reports of intoxication with alcohol or other drugs during sexual encounters by teenagers in a Canberra survey sample who had ever had intercourse.

Frequency of intoxication[a]	Alcohol		Other drugs	
	Women n=199 [b]	Men n=180 [b]	Women n=197 [b]	Men n=177 [b]
	drunk during sex		'high' during sex	
	%	%	%	%
often	4.0	6.7	5.1	7.3
once or twice	29.6	33.9	13.7	18.6
	drinking during sex		using drugs during sex	
	%	%	%	%
often	3.0	9.4	2.0	2.8
sometimes	25.1	20.6	10.7	8.5
never	25.6	20.6	31.5	26.6
	never drank alcohol at all		never used drugs at all	
	%	%	%	%
	12.6	8.9	37.1	36.2

[a] Categories are exclusive.
[b] Respondents who had ever had intercourse, but excludes some missing data due to incomplete responses.

Homosexuality

There were several items included in the survey schedule that asked about homosexual attraction and activities. The only homosexual questions asked of the pilot respondents were whether the men in that survey had ever had anal intercourse with another male with or without condoms. The focus group results showed that this was an insensitive approach and that there would be a range of other sexual activities experienced by teenage homosexual couples.

Of the women who responded to the new items about homosexuality (n=396), 10.1% said that they had been sexually attracted to another woman, and 6.3% of the men who responded (n=284) said that they had been sexually attracted to another man. Table 14 provides percentages for the small number of reports of same-sex activities (see Appendix 2, pages 245-46, for the items).

Table 14: Reports of ever having had sexual activities with same-sex partners, from teenagers in a Canberra survey sample.

Sexual activity [a]	Women n=396 [b]	Men n=284 [b]
	%	%
affectionate touching	8.6	3.9
deep kissing	2.3	1.4
naked fondling	2.3	2.5
playing with genitals	1.8	3.2
manual stimulation to orgasm	0.0	1.8
oral sex to orgasm	0.3	2.1
anal intercourse with a condom	-	1.1
anal intercourse without a condom	-	0.3

[a] Items are not exclusive. [b] Respondents did not have to have reported ever having sexual intercourse to be included in this analysis. The response rate to these items was 92% for the women and 81% for the men.

A substantially larger percentage of the women than men reported affectionate touching, but there were more reports about genital stimulation given by the men.

MODELLING HISTORIES OF CONDOM USE

The respondents whose reports are analysed in this section had said that they had had sexual intercourse at least once, and hence they constitute a sub-sample of the teenagers surveyed. The inferential statistics presented below are based on condom use as the measure of safe *versus* unsafe sex. Alternative safe practices that respondents may have engaged in during encounters prior to their most recent could not be included in the safe/unsafe sex measure.

Practice, knowledge and desires

The variables used for modelling histories of condom use included the desire for an affectionate partner and the desire for a sexual partner. Histories of alcohol and other drug use, subjective well-being and knowledge about HIV transmission were retained in this analysis in order to follow through from the pilot results and to test the measures on a larger sample. Age was included in the analysis as a possible confounder, given the greater number of reports

about ever having sexual intercourse from older respondents. Scatter plots indicated that the scale scores were normally distributed. Detailed scale statistics including item-total correlations and other descriptive information appear in Appendix 8.

Histories of condom use for sexual intercourse

A continuous variable was developed to summarise the information provided by respondents about condom use for sexual intercourse. It was developed to measure unsafe sex, and I refer to it as a 'condom use summary scale'; details of the method for calculating this scale and its internal structure are presented in Appendix 8. Table 10 presents the percentage of respondents who reported each practice at least once. However, more information was included in the calculation of the continuous variable measuring respondents' histories of condom use. Responses of 'several times' or 'often' were given higher relative scores, to approximate occurrences of intercourse without condoms in the past.

Based on the items regarding condom use for either vaginal or anal intercourse with regular or casual partners, the new summary scale represented a range of practices from always using condoms for intercourse to often having intercourse without condoms when with casual partners. Scoring of the items was based on Gold's (1986) tabulation of the relative risks for infection with HIV by possible routes of transmission. Reports of unsafe sex with casual partners were given higher scores than reports of unsafe sex with regular partners. The sub-sample (n=370) of those who gave at least one report of intercourse, with or without a condom, for the summary scale consisted of 194 women and 176 men; as for the full sample, the group of men in this sub-sample were some months older than the women (t=3.2, p<.001). Those repondents (n=413) who answered either 'never' or 'I don't wish to answer' to all the items about ever having intercourse, or who missed all items in this section, were excluded from the analysis in this section. A small group (n=30) of those excluded had indicated in another section of the questionnaire that they had had an intercourse, but there was no information for these respondents regarding the amount of protection they practised.

Total scores for the condom use summary scale, from the sub-sample of respondents who reported that they had ever had intercourse, ranged from one, indicating that respondents had always used condoms, to nine, indicating that respondents often had intercourse with a casual partner without a condom (x=5.0, SD=1.9, n=370). The median score was six, and the distribution of scores showed a slight negative skew.

Knowledge of HIV transmission

I used the vignette method described in Chapter 2 to measure knowledge and the items were similar to those in the pilot questionnaire, although there was some substantial rewriting of the stories. Based on the results of the pilot survey and the focus group work, I retained 21 items from the pilot questionnaire schedule in a scale that represented possible modes of sexual transmission of HIV as well as items describing kissing and intimate touching where transmission would not be possible. There were no items related to needle and syringe use. I scored each of the items for correctness based on criteria for relative risk for HIV transmission by different transmission routes (Gold 1986); I had scored knowledge about HIV in the same way for the pilot survey analysis. (The analysis in this chapter refers to those respondents who had ever had intercourse; statistics for the HIV transmission knowledge scale for the full survey sample are presented in Appendix 8.) I rated each item as 1 or 0 for correct or incorrect answers respectively, thus a maximum score of 21 correct answers was possible. Respondents' total scores ranged from zero to 21. The mean scale score for the respondents included in this analysis was 14.1 correct items (SD=3.5, n=339), the median score was 14.

Desire for an affectionate partner

Asking about and analysing desires for relationship in the main survey departed from the pilot study by reconstructing the measures of desire for intimate relationship to reflect the desire for affectionate partners separately from the desire for sexual partners, rather than conflating these as a construction of romantic love.

A scale of five items asked about respondents' desire for affection with an intimate partner (three new items were written for the main survey questionnaire, in addition to two items from the pilot measure of desire for romantic love). A sample item asked 'would you like a boyfriend/girlfriend who you could show your affection to?' The mean scale score for the

respondents in this analysis was 8.6 (*SD*=1.9, n=356) with total scores ranging from zero to 10. The median score was 10, and the distribution of scores showed a negative skew. Scale analysis yielded Cronbach's coefficient alpha (Cronbach 1951) of .72. (Analysis of the scale for the full survey sample are presented in Appendix 8.)

Desire for a sexual partner

The concomitant aspect of desire in an intimate relationship—the desire for a sexual partner—was measured in the main survey by a scale of four new items. The items referred to uninhibited sexual compatibility and arousal with a partner, for example 'would you like to have a boyfriend/girlfriend who would sexually arouse you?' The mean scale score for the respondents in this analysis was 5.8 (*SD*=1.8, n=348) with total scores ranging from zero to eight, and a median score of six. Scale analysis yielded Cronbach's coefficient alpha of .73. (Analysis of the scale for the full survey sample are presented in Appendix 8.)

Alcohol and drug use history

Nine items from the Personal Experience Questionnaire (Winters 1992) were used as a general measure of respondents' histories of alcohol and drug use. The items were the same as those used in the pilot survey. The mean scale score for the sample of respondents who had ever had intercourse was 14.6 items (*SD*=4.2, n=313). Total scores ranged from nine to 27, with a median score of 14. (Analysis of the scale for the full survey sample are presented in Appendix 8.)

Subjective well-being

Six items from the General Health Questionnaire short form were selected on the basis of the pilot study results as a measure of subjective well-being. The mean scale score for the respondents who had ever had intercourse was 12.1 (*SD*=2.0, n=360). Total scores ranged from seven to 15, and the median score was 12.5. (Analysis of the scale for the full survey sample are presented in Appendix 8.)

Inferential tests for unsafe sex

Inter-correlations of all the variables measured for this analysis are presented below and group differences comparing women and men on each of these variables are specified. In a model based on these results, the dependent

variable (unsafe sex) was regressed on those independent variables that showed significant associations with this outcome at the zero-order level.

Correlation analysis

Table 15 shows the pairwise correlations among the scalar variables reported by the teenagers in the main survey. There were statistically significant inter-correlations between respondents reporting a history of more unsafe sex, their desire for an affectionate partner and their desire for a sexual partner. A greater desire for an affectionate partner was also associated with a greater desire for a sexual partner. Reported histories of more unsafe sex showed a positive association with the desire for a sexual partner, that is a greater desire. However, the desire for an affectionate partner was negatively associated with unsafe sex histories, that is a lesser desire for affection is associated with having had more sex which is unprotected. Histories of greater alcohol and drug use were associated with a greater desire for a sexual partner, but there was no association with a desire for an affectionate partner. Age at time of the survey was associated with both the desire for affection and the amount of unsafe sex reported by the teenagers in the main survey sample who had ever had intercourse. Older respondents reported more unsafe sex and younger repondents reported a greater desire for an affectionate partner.

The measures of subjective well-being and knowledge about HIV infection were replicated in the main survey questionnaire to compare the pilot survey results with a larger sample for which tests of inference with an unsafe sex variable were possible. Both these variables showed significant associations with alcohol and drug use histories and correlated significantly with each other (see Table 15). However, neither respondents' reported subjective well-being nor their knowledge about HIV transmission appeared to be associated with histories of unsafe sex.

Gender differences

There was no statistically significant difference between the mean score for women and the mean score for men on measures of unsafe sex histories, knowledge about HIV transmission or alcohol and drug use histories. Women reported a greater desire for an affectionate partner (t=-3.4, df=354, p<.001) and men reported a greater desire for a sexual partner (t=4.2, df=346, p<.001). Men also reported higher levels of subjective well-being (t=3.8, df=358, p<.001). As for the full sample of the main survey, the men included in this analysis were

significantly older, by a difference of 4.7 months between the means, than the women (t=3.2, df=353, p<.001).

Table 15: Pairwise correlations of reports of sexual desires and practices, histories of alcohol and drug use, subjective well-being and knowledge of HIV transmission, reported by teenagers in a Canberra survey sample.

	Desire for affectionate partner	Desire for a sexual partner	Alcohol & drug use history	Subjective well-being	Knowledge of HIV transmission	Unsafe sex histories
Age[(a)]	-.10*	.07[ns]	-.08[ns]	-.03[ns]	-.10*	.26***
Affection		.11*	.02[ns]	-.04[ns]	.07[ns]	-.11*
Sexual			.15**	.05[ns]	.04[ns]	.13**
Alcohol				-.13**	.10*	.18***
Well-being					.16**	-.06[ns]
Knowledge						.02[ns]

Pearson product-moment correlations. *** p<.001; ** p<.01; * p<.05; [ns] non-significant correlation.
Pairwise n of cases: minimum=234, maximum=368.
[(a)] Calculated in years and months at the time of the survey.

Linear regression of unsafe sex

Older age at the survey, a lesser desire for an affectionate partner, a greater desire for a sexual partner and more alcohol and drug use in the past each showed significant associations with reports of more unsafe sexual intercourse. The regression of unsafe sex histories on the four independent variables accounted for 12% of the variance in the dependent variable (F=9.62, p<.001). A comparison of correlations and beta weights for each independent variable, presented in Table 16, shows that each variable retained its statistically significant association with the dependent variable.

Although there was no association between gender and histories of more or less unsafe sex there was a significant difference between women and men for each of the independent variables (see gender differences discussed above,

page 142). For this reason, interaction terms for gender with each of the four independent variables were entered into the equation, but none satisfied the minimum tolerance criterion for inclusion in the model.

The linear regression model shows that there is more unsafe sex practised by older respondents, but this was not explained by the addition of other independent variables, since all the terms showed significant associations with the unsafe sex dependent variable. Contrary to my initial expectations that the desire to be loved would be linked to alcohol and drug use and show an unsafe sex outcome, the desire for an affectionate partner (as it was measured for this survey in terms of feeling love and affection) was independent of alcohol and drug use histories and was associated with less unsafe sex.

Table 16: Prediction of unsafe sex from desires for a sexual partner, and alcohol and drug use histories, reported by teenagers in a Canberra survey sample.

Independent variables for unsafe sex	*r*	*Beta*
Age[a]	.26***	.26***
Desire for an affectionate partner	-.11*	-.10*
Desire for a sexual partner	.13**	.11*
Alcohol & drug use history	.18***	.17***

Multiple R=.35, Adjusted R^2=.12; *** p<.001; ** p<.01; * p<.05, df=369. [a] Calculated in years and months at the time of the survey.

The desire for a sexual partner (as measured for the survey in terms of sexual arousal and sexual compatibility) was associated with more occurrences of unsafe sex in respondents' pasts. It appears from the results of this regression model that aspects of sexual desire have an independent association with unsafe sex, but that there is still a large amount of variance to be explained.

THE MOST RECENT SEXUAL ENCOUNTER

This section presents the findings related to respondents' most recent sexual encounters. This section of the questionnaire asked about that encounter in considerable detail. The purpose of including this section in the questionnaire was to obtain contextual detail of encounters and to ask about aspects of relationships, pleasure and non-penetrative sexual activity. The introduction to this section of the questionnaire clearly stated that the encounter did not have to include intercourse. Exclusion was based on non-response to the section (3% of women and 7% of men); in some cases there were missing data on single items, particularly where a written answer was called for, and some of the respondents were thus excluded from the multivariate modelling.

Table 17: Reports of non-penetrative sexual practices in most recent sexual encounters of Canberra teenagers.

Sexual practices [a]	Women (n=198)	Men (n=149)
	%	%
No further than kissing	7.8	4.7
Kissing and feeling bodies	62.1	63.1
Manual stimulation of genitals		
receiving	39.4	51.7 *
giving	35.4	53.0 *
Oral stimulation of genitals		
receiving	13.6	30.2 *
giving	14.6	22.1

[a] Categories are not exclusive. * Reports differ significantly between women and men, $p<.05$

Logistic regression models presented at the end of this section allow for the detection of interactions between categorical independent variables. The models add new information to previous research findings, particularly with regard to the link between stability of relationship and use of oral contraception. In each of the models, unsafe sex was regressed on other aspects of the recent encounter including the private sex play between

partners, the nature of relationships with partners, the co-occurrence of drinking alcohol and the use of oral contraception by the woman at the time.

Safe sex

Unsafe sex was deemed to be the outcome of the most recent encounter if there was a report of vaginal or anal intercourse without a condom; the encounter may have also included an intercourse with a condom, but if there was an instance of intercourse without a condom the respondent was allocated to the unsafe category.

The safe sex category included non-penetrative as well as penetrative activities, but all intercourse occurred only with a condom. These definitions correspond to safe sex campaigning and do not necessarily imply that disease transmission cannot occur in ways other than having intercourse without a condom. Table 17 presents the frequency of non-penetrative sexual activities in respondents' most recent sexual encounters. These results indicate that small percentages of respondents went no further than kissing but also that larger percentages of women and men included other activities; these latter categories are not exclusive. Kissing and feeling bodies was reported more frequently than manual stimulation of each other's genitals, while there were still fewer reports of oral stimulation. There is a disjuncture between the women's and men's reports of manual and oral sex; there were many more men reporting these practices.

Table 18 shows percentages of teenage women and men who reported intercourse occurring in their most recent encounter; again the categories are not exclusive. There were more reports of condom use for vaginal intercourse by men in this sub-sample. Gender differences in reports for penetrative and non-penetrative activities could be a function of age difference (men were on average several months older than women in the sample, $p<.001$), or perhaps a reporting bias. Women were more likely to report that they were with a regular partner than men ($X^2=13.0$, $p<.001$).

Table 18: Reports of sexual intercourse in most recent sexual encounters of Canberra teenagers.

Sexual practices [a]	Women (n=198)	Men (n=149)
	%	%
Vaginal intercourse		
with condom	17.7	31.5 *
without a condom	19.7	16.8
Anal intercourse		
with condom	1.0	2.7
without a condom	0.5	2.0

[a] Categories are not exclusive. * Reports differ significantly between women and men, $p<.05$

Reasons for not including intercourse in recent encounter

Where respondents indicated that they did not have intercourse at their most recent encounter (n=90), the most common reason provided was that they did not want to go as far as intercourse on that occasion (78.9%, n=71). In a few cases, it was because they did not have a condom available (10.0%, n=9) or that the woman did not want to, on account of her mood (6.7%, n=6) or pain (4.4%, n=4). Of those who did not include sexual intercourse in their recent encounter, 42.2% (n=38) had ever had intercourse in the past.

Usual condom use

Reports from two items in a preceding section of the questionnaire provided information about respondents' usual condom use. One item asked how often respondents used condoms with regular partners and a second item asked about casual partners. Percentage reports from these items were compared with reports of condom use at the most recent encounter. Respondents who reported that they practised safe sex at their recent encounter also reported more frequent condom use either with regular partners on previous occasions ($X^2=57.5$, $p<.001$) or with casual partners on previous occasions ($X^2=16.9$, $p<.001$). This analysis included only those respondents who reported usual condom use, had ever had an intercourse and also had sexual intercourse at their most recent encounter: 108 of those who were with regular partners at the recent encounter, and 68 who were with casual partners.

Talking about condoms

If partners did use a condom and they were in a regular relationship, they were more likely than casual partners to have talked beforehand about using a condom (X^2=6.1, p<.01), whether that talking took the form of jokes, casual comments or serious conversation about condom use.

Reasons for not using a condom

Table 19 shows some reported reasons for not using a condom at the most recent encounter and compares partner types. Percentages are presented as the best estimate available; numbers in the casual partner group were very small. The analysis encompasses only those respondents who said they had intercourse without a condom on that occasion; the reasons listed were not exclusive.

Table 19: Percentage reports by Canberra teenagers of influences on unsafe sex and relationship type at their most recent sexual encounter.

Influence[a]	Regular partners		Casual partners		Regular or casual partners		
	%	total n	%	total n	%	total n	
Condoms seen as a bother	51.4	35	100.0	7	59.5	42	*
Embarrassed to ask or obtain	11.8	34	42.9	7	17.1	41	*
Partner seen as in the clear	15.6	32	60.0	5	21.6	37	*
Thought partner would supply	73.8	42	75.0	8	74.0	50	
Used other contraception	71.1	45	50.0	6	68.6	51	
Condoms would reduce experience	42.9	42	50.0	8	44.0	50	

[a] Categories are not exclusive. * Percentage reports for regular and casual partners significantly different, p<.05.

Respondents who had been with casual partners were more likely than those with a regular partner to say that condoms were too much bother, that they were too embarrassed to get a condom or ask their partner to use one, or that

they had assessed their partner as free from disease. The belief that using condoms would diminish the experience of pleasure, intimacy or trust in the sexual encounter was no more influential for either partner type.

There was a strong suggestion that most respondents had relied on their partners to provide a condom and this was not differentiated by relationship type. Use of other forms of contraception (pill, time of month) did not have a greater influence on unsafe intercourse for regular partners than for casual partners.

Oral contraception

The analysis of this variable is limited by the way in which reports about contraceptive methods were provided. Items related to contraception were elicited from a preceding section of the questionnaire that asked for 'all the contraceptive methods that you used the last time you had sex'. Respondents may have assumed that 'had sex' referred to vaginal intercourse, since use of contraception would have little purpose otherwise. Thus the questions about contraceptive methods used by teenage women and men excluded a large part of the sample surveyed. Furthermore, 'last intercourse' may not be the same occasion as 'most recent sexual encounter' which did not necessarily include intercourse.

Of the teenagers who reported using the pill as contraception, the majority (75%) reported intercourse without a condom at their most recent encounter. Those teenagers who reported oral contraception also gave more reports that they were with a regular partner at their most recent encounter (X^2=18.8, p<.001). Women's reports did not mention greater use of the pill for contraception the last time they had sex, nor greater percentage of unsafe practices at their most recent sexual encounter than men's reports.

Sex games and water play

The 'safe sex dependent variable' described earlier was defined by reports of activities listed in Table 17 and Table 18. In order to canvass some of the details of non-penetrative sexual interaction between partners, a single open-ended item asked what activities occurred in private during the sexual encounter. The item required a written answer. The brief descriptions provided by respondents were transcribed and the text analysed for groupings

such as light petting, heavy petting, massaging, showering, skinny-dipping and playing sex games. The reports were coded by a research assistant and cross-coded by me. In order to obtain manageable data for the logistic regression models, two categories were created under the rubric 'sex play'. One category included conventional dating behaviours such as light petting and heavy petting. The second category included all reports describing water play (showers, spas, baths, skinny-dips), sex games and tantric activities (for example, massage with scented oils). Ordering the reports in this way created qualities in the variable that could then be modelled; a limitation of the procedure, however, is that some respondents may not have identified heavy petting as a 'private activity' and thus left that item blank. For some of those who had not had intercourse on the particular occasion in question, the 'sex play' was also the 'sex dependent variable', while others defined kissing and heavy petting as 'private activities'. These limitations reflect the complex personal formulations of sexual encounters for individual respondents that are difficult to amalgamate. Nevertheless, modelling the data in this somewhat arbitrary way provides a useful statistical account of some contexts of sexual precaution.

This sub-sample was self-selected to the extent that only 120 out of 391 respondents provided descriptions of private activities, reducing the sample for analysis of this variable. Of the 120 respondents in this analysis, there was a slight majority of those who had included penetrative sexual activity in their recent encounter—56% compared with 44% who reported only non-penetrative sexual activity. Categorised for 'safety' levels, the 56% of respondents who reported penetrative sex divided equally between the safe sex group and the unsafe sex group (half each of this sub-sample). Respondents for whom data were missing on the 'private activities' item were more likely to have reported non-penetrative sexual activity than those respondents who provided an answer (X^2=15.8, p<.001). Responding to the item was not related to age at the time of the survey.

Respondents who reported playing sex or water games were more likely to have had unsafe sex than those who reported conventional petting and dating activities (X^2=22.3, p<.001). In the most recent encounter, playing sex or water games, compared to conventional petting, was strongly related to being with a regular partner rather than with a casual partner (X^2=19.7, p<.001), and those respondents who reported using the pill as contraception at their last encounter

were more likely to have included reports of sex play as private activities at the recent encounter (X^2=15.7, p<.001). However, playing sex or water games was not related to the number of partners with whom respondents had previously been with, nor their own age at the recent encounter.

There was no relationship between ever having watched X-rated movies (35% of the women and 87% of the men had done so) and water or sex play at the recent encounter. No association was found between drinking alcohol at the recent encounter with either sex play or conventional petting.

Those respondents who did use condoms for intercourse in the recent encounter (whether or not intercourse without a condom also occurred) were more likely to have talked to each other about using condoms if they had also played sex or water games than those who used a condom but whose preludes were conventional (X^2=7.9, p<.01).

Most recent sexual partners—the relationship

A small amount of research has been directed to understanding the correlates of sexual practice for regular partners compared with casual partners (Abbott 1988, Crawford et al 1990); definitions of regularity in sexual relations have been influenced by concepts of 'serial monogamy' particularly for teenage couples. However, there is little known about other characteristics of teenagers as sexual partners. Some aspects of sexual relationships are described below, in the context of respondents' most recent sexual encounter. Respondents were asked to nominate whether they deemed their partner at the recent encounter to be regular or casual. Additional categories were offered, some of which generated missing data on this item: 'don't know', 'other' and 'does not apply'. Written responses were provided in some instances and these were coded as regular, casual or allocated to one of the missing categories.

Some partner characteristics

Where possible, the age difference between partners was calculated. Partners' ages were reported in whole years, and compared with respondents' calculated ages at the recent encounter, truncated to years. Difference in age between respondents and their partners could be calculated where the age of partners was reported and an indication given of how long it had been since the recent encounter occurred. Age in years and months at the time of the survey had

been reported by all respondents. Women's reports indicated that they were more likely than men to be with older partners (X^2=30.1, p<.001). Table 20 shows that a majority of those women who could be included in this calculation were with older partners (median age difference of partners=1 year older, ranging from 3 years younger to 10 years older) whereas of those men included there were equivalent numbers reporting that they were with older, same age or younger partners (median age difference of partners=0 years, ranging from 3 years younger to 12 years older). One report, from a man who said that he was with a prostitute at the recent encounter, accounts for the wide age range.

Table 20: Comparison between the ages of respondents and the ages they reported for their partners in their recent encounter.

Age difference between respondents and their partners	Women (n=113)	Men (n=100)
	%	%
partner older	60.9	30.0
partner same age	28.6	33.0
partner younger	10.6	37.0

The trend differs significantly between women and men, p<.05

All respondents were students at senior secondary colleges but in their most recent encounter some were with partners who no longer attended college, although the majority of partners were also students. Of the few reports of other occupational categories, tradespersons were the most highly represented group (5% of all non-student occupations reported). The item asking about partner's occupation was open-ended and, apart from reports of 'student', respondents' answers were coded according to Australian Bureau of Statistics (1991) categories. Details about the partners' occupations appear in Appendix 11.

There were four reports of same-sex partners, two from women and two from men. Reports from these respondents indicated non-penetrative sexual activity only. A description of homosexual orientation and attraction for the whole sample appears above (page 137).

Some situational characteristics

Several situational factors differed between respondents who were in regular relationships from respondents who were with a casual partner. Respondents provided some information about the setting for their most recent sexual encounter: where they met their partners, where they were able to be in private together, and whether there were any other people around at the time. Each item was open-ended and elicited short written responses; there was more missing data on these particular items than on items with multiple choice categories, possibly because of the requirement for a written answer. For this reason, none of these variables was included in statistical modelling of the recent encounter.

The sexual encounters between regular partners were more likely to have taken place at the home of one of the partners than elsewhere. A Pearson Chi-square test showed that respondents who said they were with a regular partner were more likely to have met on that occasion at their home or the home of their partner, whereas those reporting a casual partner were more likely to have met somewhere other than the home of either themselves or their partner (X^2=43.3, p<.001). Meeting places other than homes included party venues, discos, respondents' colleges or street locations. Pearson Chi-square tests also showed that private sexual activities were more likely to have occurred at the home of one partner if those partners were in a regular relationship (X^2=32.4, p<.001); if partners met at home on that occasion, then that was the most likely place for sexual activities to be conducted (X^2=51.4, p<.001). Private places other than homes included friends' homes, party venues, some natural settings and cars. Many reports were short on detail; 'bedroom' did not always indicate whether it was the respondent's own, their partner's or elsewhere. For both regular and casual couples, when private sexual activity took place at the home of one partner, parents were not likely to be around (X^2=11.5, p<.001).

Some characteristics of relating between partners

Reports of feeling personal control in the most recent encounter were elicited in two ways. One item asked whether the encounter 'went too far', 'stopped when the respondent wanted it to', or whether it 'did not go far enough'. A second item asked whether respondents were willing to participate in the encounter. Respondents with regular partners were more likely than respondents with casual partners to report that the encounter stopped when

they wanted it to (X^2=16.5, p<.001); respondents with casual partners were more likely to report that the encounter went too far. Similarly, respondents with regular partners were more likely to have been pleased about the encounter or willing to participate in it than were those with casual partners (X^2=16.3, p<.001).

Women had perceived the same sense of control and willingness about their most recent encounter as men; Chi-square tests that compared women with men on these variables showed no significant gender differences.

Contraception use associated with partner relations

Table 11 showed percentages of different contraceptive methods used by respondents at their first intercourse compared with methods used at their last intercourse. At first intercourse the nature of the relationship between respondents and their partners was not associated with contraceptive method used. In particular, there was no difference between regular and casual partners' use of the oral contraceptive pill nor use of condoms. However, at their last intercourse, respondents who had regular partners were more likely to have used the oral contraceptive pill and less likely to have used condoms than were respondents who had casual partners (X^2=16.1, p<.001). As discussed above, answers related to contraceptive methods were elicited from a section of the questionnaire that preceded items about the most recent sexual encounter and respondents are likely to have assumed that 'sex' referred to vaginal intercourse, since use of contraception would have little purpose otherwise.

Alcohol use at most recent encounter

In the survey questionnaire, respondents were asked whether they had something alcoholic to drink at their most recent sexual encounter. Reports from this item showed no association between drinking alcohol and any particular category of sexual safety. For women and men who drank alcohol at their most recent sexual encounter, drinking may be a co-factor in a variety of social contexts, and occurred in that particular sexual context as part of their overall drinking pattern.

Subjective experience of intoxication

Those respondents who said that they had drunk alcohol at their recent encounter, answered a second item that asked whether their state of

intoxication was 'relaxed from a few drinks', 'somewhat tipsy' or 'drunk'. These three states constituted levels of intoxicated experience that provided some subjectivity and could also be managed within categorical analyses. Of those who said that they had drunk alcohol at their most recent sexual encounter, men reported a greater subjective experience of intoxication than women (t=2.4, df=89, p<.05). However, 'level' of intoxication was not associated with unsafe sex.

Personal histories of alcohol use

Teenage men who drank alcohol during their most recent sexual encounter had significantly higher scores on the Personal Experience Inventory (Winters 1991) measuring their previous alcohol and drug use than those men who did not drink alcohol at their most recent encounter (t=3.2, df=100, p<.01). There was no significant difference in age between men who drank at the recent encounter and those who did not. For women, there was a similar pattern. Men who drank alcohol at their most recent sexual encounter scored higher on usual alcohol and drug use (t=3.7, df=130, p<.001) but were not significantly younger or older than those who did not drink alcohol at the recent encounter. When respondents are grouped to compare those who did drink alcohol at their recent encounter with those who did not drink on that occasion, a Mantel-Haenszel test for trend shows that drinking at the recent encounter is strongly associated with drinking at previous sexual encounters (X^2=26.6, p<.001), and reflects respondents' general patterns of either sometimes or never drinking at the times when they are having sex. The patterns of alcohol consumption during sexual encounters are shown graphically in Figure 2.

History of alcohol use and sexual activity: women

One item in a preceding section asked whether having sex and drinking alcohol usually co-occurred. There were three categories analysed: often drinking alcohol (including often being drunk) when having sex, sometimes drinking alcohol (including sometimes being drunk) when having sex and never having sex after drinking alcohol. Reports on this item were compared between the groups who had drunk alcohol at their most recent encounter and those who had not.

The trends for sexual activity when drinking alcohol suggest interactions that could be qualified further. In particular, the different patterns suggest that the co-occurrence of drinking and sexual activity is less frequent for women than for men. The comparison is shown graphically in Figure 2.

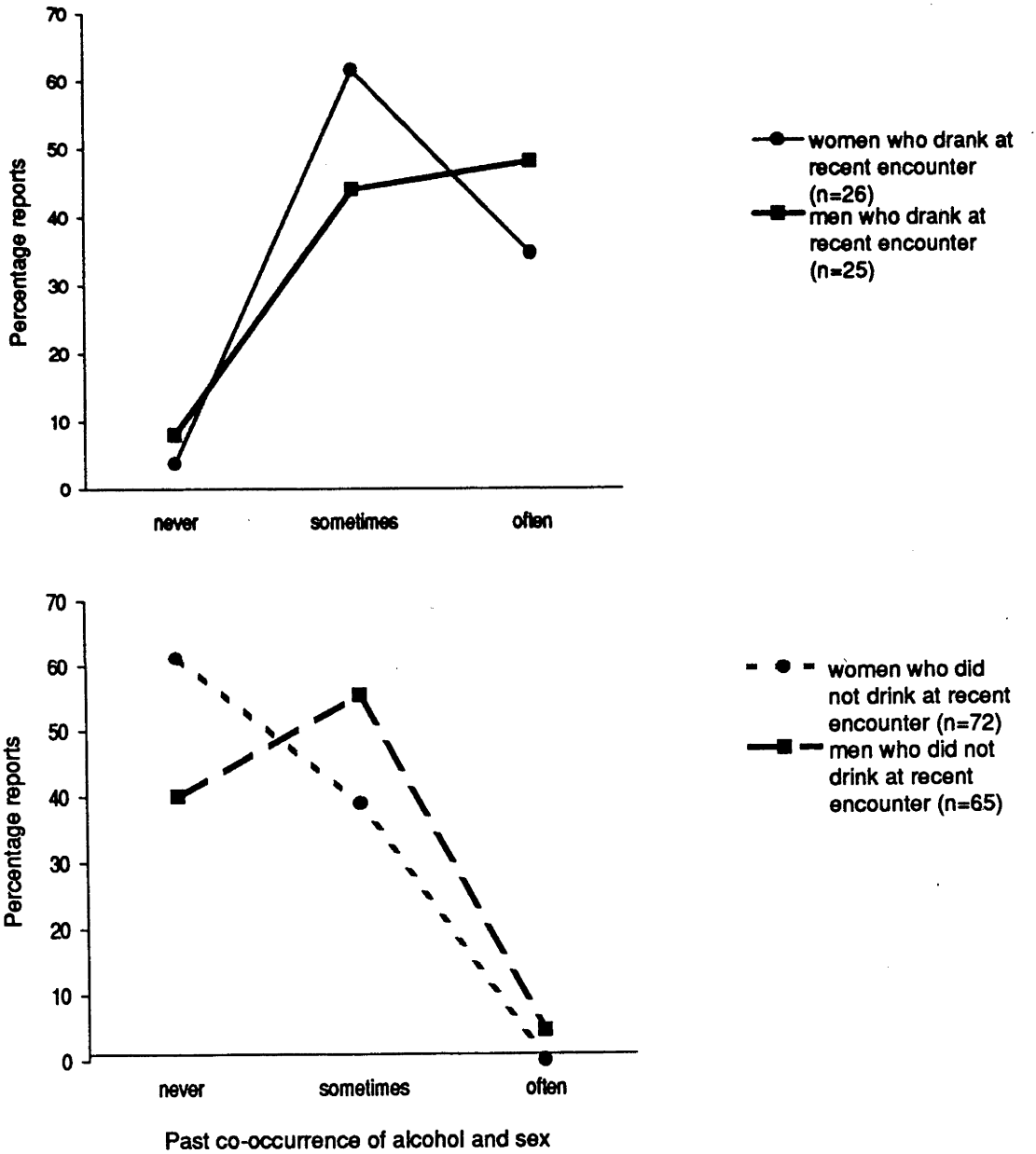

Figure 2: Graphic presentation of past frequency of drinking alcohol at the time of sexual encounters, according to whether respondents drank alcohol at their most recent sexual encounter, reported by teenage women and men in Canberra.

Categories are exclusive for both variables. Tabulation of percentage values are given in Appendix 12.

A Mantel-Haenszel test for trend showed that women who drank alcohol at their most recent encounter reported significantly greater frequency of drinking alcohol in co-occurrence with having sex in their past, when compared with those women who did not drink at their most recent encounter (X^2=29.0, p<.001). However, the trend showed that those women who did drink during their most recent encounter were more likely to have reported that they only sometimes drank (or sometimes were drunk), but few reported that they often drank (or often were drunk). The group who reported that they did not drink alcohol at their most recent encounter had a history of either sometimes drinking or never drinking; there were no reports from this group that they often drank on the occasions when they had sex. A limitation of the analysis is that placement in the schedule of the item asking about usual co-occurrence of drinking alcohol and having sex may have elicited responses only from people who had ever had sexual intercourse.

A Mantel-Haenszel test for trend compared women's alcohol consumption at the recent sexual encounter with their alcohol consumption at first intercourse. Results showed that those who did not drink in the recent encounter were significantly less likely to have been drinking alcohol at their first intercourse (X^2=13.6, p<.001). The same limitations exist as those described above for contraception use: only those respondents who have ever had sexual intercourse are able to answer. Where most recent encounter was calculated to be a first intercourse, respondents were excluded from this part of the analysis.

History of alcohol use and sexual activity: men

The pattern of alcohol use and having sex differed for men. A Mantel-Haenszel test for trend showed that men who drank alcohol at their most recent encounter reported significantly greater frequency of drinking alcohol in co-occurrence with having sex, when compared with those men who did not drink at their most recent encounter (X^2=16.2, p<.001). This is shown graphically in Figure 2. The trend showed that those men who said they did drink during their most recent encounter were evenly divided between reports of often drinking, and reports of sometimes drinking, whereas very few reported never having sex after drinking. In contrast, the group who did not drink alcohol at their most recent encounter reported a greater likelihood of sometimes drinking (or sometimes being drunk) when having sex, or never drinking when having sex, with very few reports of often drinking (or often being drunk) when having sex.

Men in this analysis were those who had ever had sexual intercourse, hence affected by the item limitations noted above for the women. Comparing most recent encounter and first intercourse on drinking alcohol, results of a Mantel-Haenszel test for trend showed that, among men, those who did not drink in the recent encounter were significantly less likely to have been drinking alcohol at their first intercourse (X^2=21.7, p<.001); this was a similar trend to that showed for women.

Alcohol–venue association

The likelihood of drinking alcohol during the most recent sexual encounter was significantly less if that encounter occurred at the home of the respondent or the home of their partner, when compared to other venues including parties and the homes of other friends (X^2=8.0, p<.01).

Alcohol–relationship association

A comparison between respondents who were with regular partners in their most recent sexual encounter and those who were with casual partners, showed that drinking alcohol was significantly more likely to occur in an encounter with a partner who was nominated as casual (X^2=15.0, p<.001).

Alcohol–sex play association

Drinking alcohol at the most recent sexual encounter was not significantly associated with either of the sexual prelude styles: that is, neither sex play nor conventional petting had greater or lesser associations with reports of drinking alcohol.

Summary of alcohol use at the recent encounter

Respondents who said they drank alcohol during their recent sexual encounter were more likely to have been with casual partners, somewhere other than their home (or their partner's home) and to have had a history of alcohol use in other situations.

Modelling teenagers' most recent sexual encounters

Multivariate analysis was used to assess the strength of associations of the variables described above with unsafe sex, to consider the variables together in a single model and to control confounding among them.

The major concern of the analysis was to assess the context of sexual safety among teenage women and men. While the issues involved in this are complex, as discussed above, the analytic process ultimately required that differences between safe sexual practice and unsafe sexual practice were assessed in some form. Thus the unsafe sex variable was dichotomised into two groups: one group who had intercourse without a condom at their most recent encounter and another group who did not (the latter group also included respondents who did not have intercourse at the recent encounter). An explanation for defining the sex dependent variable in this way was given above. The main task of the modelling procedure was to regress the dichotomous safe/unsafe sex variable on the independent variables (Last 1988). However, the analysis also considered the effects of each independent variable entered alone.

Table 21: Crude odds ratios and 95% confidence intervals from univariate logistic regression models for unsafe sex regressed on other variables of most recent sexual encounters of teenage women and men in Canberra.

	Crude Odds Ratio	95% CI	-2 Log Likelihood [a]
Oral contraceptive	19.8 ***	19.1–20.5	232.9 df=299
Played water/sex games	4.7 ***	3.6–5.8	115.8 df=116
Regular partner	5.0 ***	4.3–5.7	272.9 df=259
Drank alcohol	1.5 ns	0.9–2.1	287.2 df=257

[a] shows deviance for each model; *** $p<.001$

Table 21 shows the association between each of the independent variables—using oral contraception, being with a regular partner, playing sex or water games, and drinking alcohol—with unsafe sexual practice when the dependent variable was regressed on each, in univariate logistic regression equations. Crude odds ratios indicate that there are significant associations with unsafe practice when the women were taking oral contraception, when

sexual activities included sex games or playing with water (showers, spas, skinny-dipping) and when a sexual encounter was with a regular partner. The association shown for oral contraceptive use was very strong when entered in a univariate model. Unsafe practice and drinking alcohol were not associated.

Interaction terms combining each variable with each other variable were included in the logistic regression models for each pair. There was no interaction for any combination. Terms were entered also to assess possible interaction of gender with each variable, and none of these terms was significantly associated with the unsafe sex dependent variable.

Table 22 shows the adjusted odds ratio for a multivariate logistic regression model with the preludes, relationship and alcohol variables entered together, but excluding the oral contraceptive variable. When these three independent variables are entered into a multivariate equation, the associations for regular partner and sexual prelude remained large and the association of drinking alcohol remains non-significant. This indicates that being with a regular partner or including water- or sex-play in an encounter have independent associations on the occurrence of unsafe sexual intercourse, and neither is confounded with alcohol use.

Table 22: Adjusted odds ratios and 95% confidence intervals from a logistic regression model for unsafe sex regressed on context variables of most recent sexual encounters of teenage women and men in Canberra.

	Adjusted Odds Ratio	95% Confidence Interval
Water/sex games	6.8 ***	5.7–7.9
Regular partner	3.8 *	2.5–5.3
Drank alcohol	1.8 ns	0.6–3.0

-2 log likelihood=109.42, df=112, *** $p<.001$, * $p<.05$

The number of respondents analysed in this model decreased due to missing data for the sexual preludes variable. Respondents who reported penetrative sex in the recent encounter were no more likely to provide a written report on their sexual preludes (whether conventional or sex/water games) than respondents who reported no penetrative sex. Table 23 shows how the odds

ratios changed from the previous model when a parameter for use of oral contraceptive was included.

Table 23: Adjusted odds ratios and 95% confidence intervals for correlates of unsafe sex from reports of most recent sexual encounters of teenage women and men in Canberra.

	Adjusted Odds Ratio	95% Confidence Interval
Oral contraceptive	8.2 ***	7.1–9.2
Water/sex games	3.3 *	2.2–4.6
Regular partner	2.6 ns	1.1–4.1
Drank alcohol	1.4 ns	0.0–2.8

-2 log likelihood=90.16, df=100, *** $p<.001$, * $p<.05$

The odds ratio showing an association between oral contraception and unsafe sex was reduced but remained highly significant. The association between being with a regular partner and unsafe sex was reduced to non-significance. The change indicated that use of oral contraception and being with a regular partner were heavily confounded. The association between water or sex games and unsafe sex remained significant and hence showed an independent effect.

CONCLUSIONS

Despite the exclusion of non-government schools, the survey sample compared well with the broader Canberra community in general population terms. It is not possible to conclude whether potential respondents in non-government schools would have answered the questionnaire differently from their peers in government colleges. It is possible that parents' occupations in non-government colleges are in fact different from those in government colleges. However, this may not necessarily make a difference to the students' reports about their sexuality. The results of this study showed no difference between groups based on fathers' occupations, regarding respondents ever having had sexual intercourse.

Of those respondents who said that they had had intercourse, a large percentage reported that they had done so without condoms. However, the incidence of unsafe sex with casual partners was lower than with regular partners and the numbers of sexual partners, both regular and casual, reported by the majority of respondents was small.

The questions in the main survey schedule elicited some reports about homosexual activity. The results show percentages which, while small, indicate that teenagers are willing to disclose details of homosexual activity, and that survey research could gain better access to this aspect of their sexuality with a sensitive approach, including the refinement of schedules to adequately reflect their experiences and practices.

There was broad knowledge about the possible ways that HIV infection is transmitted sexually, both the median and the mean approximated 66% correct answers. There was no correlation, however, between respondents' knowledge about HIV and their reports of unsafe sex.

Alcohol and other drug use was measured in two ways. First, a scale of items measured respondents' past experiences related to drinking alcohol and using drugs. Measured this way, respondents who reported more intoxicated behaviour in the past also reported more instances of intercourse without condoms in the past. Second, two single items in separate sections of the questionnaire asked about drinking alcohol in co-occurrence with sexual encounters: one item about respondents' pattern in the past and one item referring to their most recent sexual encounter. When measured this way, there was no association between drinking alcohol and the occurrence of unsafe sex. These results reflect drinking patterns, not effects. The difference between the two sets of results regarding alcohol use is important. The first general scale measure assessed aspects of the person with regard to general alcohol and drug use, whereas the second measure provided better grounds for inference about the effects of alcohol in a specific situation. Aspects of the person regarding histories of intoxication and histories of sexual practice may be associated, but there is no evidence in this study to suggest a causal relationship. The results suggest that there are personal patterns of drinking alcohol when having sex for some teenagers, but these patterns do not necessarily imply risk for disease transmission.

The desire for an affectionate partner was associated with reported histories of safer sex; women reported a greater desire for affection than did the men, and younger respondents also reported a greater desire on this dimension. The desire for a sexual partner was associated with unsafe sex but had no association with the age of respondents. When modelled together, the desire for an affectionate partner, the desire for a sexual partner and age at the time of the survey each had independent associations with respondents' histories of sexual precaution. However, this linear modelling, based on aspects of the person (alcohol and drug use histories, age at the time of the survey, desire for affectionate and sexual partners), accounted for only a small amount of variance in the condom use summary measure. Thus, there is still much to be understood about the occurrence of unsafe sex that could not be explained by concepts of desire for affection and sex, drinking alcohol or using other drugs.

When unsafe sex was modelled in terms of a single sexual encounter, use of oral contraception showed a large association, albeit heavily confounded with the status of relationship (regular *versus* casual), between respondents and their sexual partners. When oral contraception was not entered into the model, being with a regular sex partner had a significant association with the occurrence of unsafe sex. However, the association was reduced to nonsignificance when the use of oral contraception was taken into account.

The notion of desire for a sexual partner had been measured in general terms, and showed an association between such a desire and a history of unsafe sex. In the analysis of respondents' most recent sexual encounter, playing sex games and sharing showers or spas, categorised together, had an independent association with the occurrence of unsafe sex. This latter result offers a new reflection on teenagers' sexual practice, when compared with aspects of their desires in sexual relationship, by highlighting erotic and playful aspects of sexual encounters.

CHAPTER 6

DISCOURSES OF TEENAGE SEXUALITY

Teenagers may need assistance in learning to make appropriate choices about their sexual encounters and their sexual relationships. More teenagers may adopt safe sex practices if they can speak about condom use naturally, and perhaps playfully, in the context of their sexual encounters. Finding effective ways to promote safe sex among teenagers may depend on researchers and educators learning to listen and speak in the terms set by the discourses in which teenagers make sense of their sexual encounters and relationships.

SAFE SEX FOR TEENAGERS

Reports that teenage women and men do not use condoms has set a compelling agenda for sex education (Centers for Disease Control 1993). However, advocating condom use does not need to be based on teenagers' immediate risk of HIV infection, and health promotion messages may be ineffective if their major appeal involves the fear of AIDS. The majority of teenagers in Australia have a very low risk of HIV transmission since only a tiny percentage of their likely partners are infected with this virus (Kaldor *et al* 1991, Flynn 1993), and the epidemic appears to have stabilised (Kaldor *et al* 1993).

There are other good reasons why teenage women and men should use condoms. Condoms can prevent unwanted pregnancy (Cubis *et al* 1985, Weisberg *et al* 1992, Wight 1993) and infection with sexually transmissible diseases which are prevalent among Australian teenagers (Kovacs *et al* 1986b, Weisberg *et al* 1992). Widespread condom use will reduce the prevalence of *Chlamydia trachomatis* (Garland *et al* 1993, Kovacs *et al* 1987, Hart 1993a) and its consequences, including pelvic inflammatory disease and infertility (Brabin 1992, Grodstein & Rothman 1994, Webb & Holman 1992). Condom use can also have an impact in reducing the spread of

herpes simplex virus (Bassett *et al* 1994) and human papilloma virus (Drake *et al* 1987, Mitchell *et al* 1986)—and infection with high risk types of human papilloma virus can be a precursor to cervical cancer (Munoz & Bosch 1992).

The total number of sexual partners that any one person will encounter cumulates with the passage of time, positioning the individual in wider sexual networks. Hence, risk of infection with a sexually transmissible disease increases with age if safe sex is not practised. The risk of becoming infected with hepatitis B, for example, is greater after the age of 24 years for both women and men (Hart 1993b).

Protection against becoming infected with a sexually transmitted disease varies and safety can be negotiated in many circumstances (Kippax *et al* 1993), although it may not be rational for everyone to use condoms in every sexual encounter. However, it may be difficult for teenagers to negotiate safety—that is, to make judgements about their immediate risk of infection with HIV or other sexually transmissible diseases, and to ask for and to use condoms when they need to. It is unrealistic to tell teenagers to use condoms every time they have sexual intercourse. Sexual partners can make judgements about their respective risk from a knowledge of each other, but gaining such knowledge requires self-confidence, trust and cultivated communication skills. Partners may be better able to negotiate safety if they have developed some familiar ways in which to talk about the possibility of infection and to talk about, and use, condoms without diminishing their sense of intimacy and pleasure in an encounter.

THE SEXUALITY OF TEENAGERS IN THIS STUDY

Teenagers in this study reported a wide range of sexual practices. I analysed their reports in terms of the histories of their sexual activity and also in terms of the particular details of their most recent sexual encounter at the time of the survey. In the following discussion I have drawn upon the findings from both the components of the analysis.

Sexual backgrounds

In the main survey of this research project, many teenagers reported unprotected intercourse with regular partners, and for a substantial percentage this had occurred at least once or twice with a casual partner. Survey respondents' reports indicated that first intercourse occurs for a large majority of teenagers by the age of 18 years. The results regarding safe sex practice and age at first intercourse indicate that the respondents in this survey have similar histories to teenagers and young adults in other Australian studies (Crawford *et al* 1990, Dunne *et al* 1993, Goldman & Goldman, 1988, McCabe & Collins, 1990, Rosenthal *et al* 1992, Turtle *et al* 1989).

The results of the main survey in this study showed that, among the teenagers who responded, there was no relationship between knowledge about HIV transmission and precaution against infection in sexual encounters. These results are consistent with other studies in Australia (Chapman *et al* 1990, Moore & Rosenthal 1991, Rigby *et al* 1989, Rosenthal *et al* 1992, Turtle *et al* 1989) and overseas (Boyer & Kegeles 1991, Brooks-Gunn *et al* 1988, DiClimente *et al* 1986, Hingson *et al* 1990a, Kann *et al* 1991, Kegeles *et al* 1988, Kraft 1991, Tolsma 1988) and suggest that knowledge about HIV transmission is not sufficient to establish safe sex practice among teenagers. Furthermore, it is not apparent that HIV knowledge increases teenagers' consciousness of other sexually transmissible diseases (Wright *et al* 1992) even though chlamydia and human papilloma virus, for example, are more prevalent among this age group in Australia (Kovacs *et al* 1987, Hart 1993a, Mitchell *et al* 1986, Drake *et al* 1987). The survey results support comments that teenagers had made during the group discussions. Teenagers are well aware of transmission modes for HIV infection, but the information they have understood in public campaigns and education programs does not have an active presence in their sexual encounters.

A few teenagers provided reports of sexual practices with same-sex partners. Gender differences suggested that there was more genital contact in homosexual activity for teenage men than for teenage women. There was very little unsafe homosexual practice reported. In view of the small numbers these results must be interpreted with caution. Biases in

respondents' interpretation of the meanings of items (for example, affectionate touching) and the administration of the survey questionnaire in classroom settings (perhaps not private enough to instil complete confidence in respondents) may have influenced these results. Reports about homosexual practice are sensitive data to elicit in a survey, and future research into the development of effective ways to ask teenagers about homosexuality is needed.

Reconstructing sexual encounters

Analysis of reports of respondents' most recent sexual encounters indicate a close interrelationship between using oral contraception, being with a regular partner at the time and using a condom. Playing sex games or sharing showers and spas during the sexual encounter were activities that had an independent association with the occurrence of intercourse without a condom. Drinking alcohol at the time was not associated with either safe or unsafe sex.

Defining safe sex

As part of the survey technique for asking about a specific encounter, sexual safety was defined in terms which went beyond protected intercourse and included a number of different practices. In the analysis of respondents' most recent sexual encounter, safe practice was defined by any combination of kissing, fondling, manual stimulation, oral sex or intercourse with a condom. Unsafe sex was defined by any occurrence of intercourse without a condom at the recent encounter, whether or not the unprotected intercourse was accompanied by other activities that were safe. Constructing a safe sex variable from questions about a broad range of sexual activities provides a way in which the sexual experience of a large number of teenagers can be surveyed—teenage sexuality is not framed simply by the occurrence of intercourse. By asking about an encounter which did not have to have included sexual intercourse, the sexual practice of all respondents in the survey was encompassed, including those who had not had intercourse on that occasion, or ever before.

Contraception and the nature of relationship

Previous research has been concerned with the links between the kind of relationship (regular *versus* casual) that teenagers report that they are

having with sexual partners and the occurrence of intercourse without condoms. Some studies have suggested that teenagers and young adults in regular or 'serially monogamous' relationships do not protect themselves from disease transmission (Abbott 1988, Crawford *et al* 1990, Rosenthal *et al* 1990). In this study also, there was a strong indication that when the teenage respondents were with regular sex partners, they were not likely to use condoms. However, there was no association between relationship 'status' and intercourse without condoms when the use of oral contraception was taken into account. These interrelationships complicate causal inference about the significance of either taking the pill or having a regular sex partner in association with teenagers refraining from using condoms. The suggestion that condoms are replaced with the pill as a relationship develops needs greater attention in future research, particularly given the association between preferred use of oral contraception by teenage women and infection with sexually transmissible diseases such as chlamydia, or vaginitis caused by trichomoniasis (Fleisher *et al* 1994, Kim Oh *et al* 1988).

The survey results regarding the nexus between relationship and contraception are consistent with comments made by teenagers in the focus group discussions: first, they were much more concerned about avoiding an unwanted pregnancy than about disease transmission, and second, they may develop greater intimacy in a relationship by moving from condoms to the pill as a preferred contraceptive choice. The tendency to move from using condoms at respondents' first intercourse to oral contraception at their most recent intercourse was indicated in both the pilot survey and the main survey results. Condoms are an obvious choice for younger teenagers who may not be in a position to gain access to oral contraception and for whom the fear of pregnancy is likely to be very strong. It may be that the strength of this fear obviates discussion so that, while they might prepare for first intercourse by having condoms available, teenagers are not necessarily talking about condoms with each other. If aspects of intimacy and developing a sexual relationship involve talking about this contraceptive transition, then it may be useful to understand more about the communication that takes place in early encounters. Future research could address this more specifically.

Sex play and desire

Asking survey respondents to provide information about activities other than intercourse and genital stimulation generated a new understanding about the role of sex play in their encounters. Sex play was defined by respondents' reports of erotic or playful activities during their most recent sexual encounter: activities such as sex games, tantric massage and sharing showers or spa baths. When compared with conventional dating activities, sex play was strongly associated with a greater likelihood of unprotected intercourse.

However, among the teenagers who used condoms for all intercourse during their most recent encounter, those who had engaged in sex play with their partners were more likely to have talked about using condoms than those who did not include sex play in the encounter. Undoubtedly sex games, or the sharing of showers, are meaningful to teenagers as part of their sexual repertoires. Even so, some teenagers may find it difficult to bring these meanings into speech, and for them it could be critical to find discourses in which to speak about sex play and to gain confidence in talking about condoms.

In terms of respondents' sexual histories, reports of the desire for a sexual partner were associated with histories of unsafe sex, but there were no gender differences with respect to such a desire nor to reports of sexual safety. The teenage women in this study were just as likely as the teenage men to report a desire for an erotic sexual partner, and the women reported initiation of, or willingness to engage in, their most recent sexual encounter no less frequently than the men. In the discussion work, and through the stories that the group participants produced, the sexual assertiveness of teenage women was evident as well as the apprehensiveness of teenage men. These results do not support simplistic notions of women as passive and men as demanding, nor do they allow that the negotiation of sexual relations can be reduced to following scripts. A discourse of romantic love provides one location for the power relations in sexual transactions, but there are also more overt elements of power that the teenage research participants spoke about. Several of the women in the discussion groups described the way that emotional blackmail can be used to force a sexual encounter, and some of the men mentioned the pressures on them from their male peers. It is

possible that most teenagers have had both pleasurable and unwelcome sexual experiences.

The associations of sex play and sexual desire with unprotected intercourse could be dealt with more definitively in future research. The finding from the regression model in this study is limited by the form of the question that asked about other sexual activities—an open-ended item for which there were some missing data. Direct questions that offer choices describing a range of playful and sensuous activities could provide more confidence with respect to this association. The findings from the main survey do not indicate the extent, nor the complexities, of enjoyment and pleasure in sexual encounters, and these may be better understood through qualitative methods. It is likely that there are important links between sex play and communication about condom use which deserve further consideration.

Social drinking and intoxication

The reports of alcohol use by teenagers in the main survey suggested two things. In respondents' most recent sexual encounters, where the coincidence of alcohol use and sexual practice was reported, drinking alcohol had no association with the occurrence of unprotected intercourse. However, in the sections inquiring about sexual histories, teenagers who reported more frequent intercourse without condoms also reported a higher rate of problems associated with alcohol and drug use. Some of these problems, as they were surveyed in this study, included physical harm such as falling over or losing consciousness, and personal difficulties such as having to make excuses to parents or becoming the object of rumour. Such problems were reported more often by those respondents who also reported a greater frequency of unsafe sexual practice in the past, but the link may exist in other aspects of personal conduct—for example, a sense of 'invulnerability' (Moore & Rosenthal 1991)—rather than coinciding in time. Asking about practices that occurred in the most recent sexual encounter is more specific than asking about histories of different sexual practices. Drinking alcohol may have a minimal influence on the occurrence of unsafe sex across many encounters. Drawing on the comments of the group participants, it is possible that small amounts of alcohol diminish feelings of apprehension,

or fears of rejection, and increase efficacy for talking about safer sex. The difference needs careful research scrutiny.

The co-occurrence of intoxication and sexual activity for some teenagers has already been established (Newcomb & Bentler 1989, Flanigan 1990, Hingson *et al* 1990b). However, there are differing arguments about the amount of harm that can be attributed to the use of alcohol and other drugs at the time of teenagers' sexual encounters. Some researchers suggest that intoxication is implicated in more frequent sexual activity and reduces the likelihood of safe sex (Kraft 1991, Hingson *et al* 1990). Others argue that in many situations the use of alcohol does not contribute to harmful outcomes, especially where moderate alcohol and drug use could induce teenagers to feel better about themselves and what is happening to them (Moore & Saunders 1991, Zibert & Howard 1989). Findings from the discussion group work in the present study suggest that the use of alcohol may help alleviate individual apprehension and nervousness in teenagers' sexual encounters. Interpretations about the amount of harm caused as a consequence of drinking alcohol during sexual encounters must be based on evidence that these activities occur at the same time. Results of the main survey implied that intoxication with alcohol and unsafe sex do not necessarily coincide.

The interpretive value of teenagers' stories about sex

The new section in the main survey schedule that asked about the specific details of respondents' most recent sexual encounters was based on the findings from the focus groups. The items for this section were suggested by the details in the stories produced by the projective exercise. Developing the questions in this way generated results which were derived from the perspectives of the teenage women and men in the study rather than from representations of their sexuality in previous research literature. The results of the main survey were consistent with the ways in which teenagers had portrayed their sexual encounters in the group work, particularly their perspectives on oral contraception, sex play and alcohol use in sexual encounters. The discourse of intimacy and pleasure within which the teenage group participants had spoken provides a useful framework for interpreting the statistical analysis of the main survey.

WAYS OF SPEAKING ABOUT SEX

There are many ways in which to speak about teenagers' sexuality, many different discourses which shape what can be said and what teenagers are able to do. However, discourse is not fixed. New discourse is generated by virtue of the constraints in prior discourse. Fairclough (1989) describes the shift in the following terms. People can speak or act in ways neither expected nor perhaps permitted within the limits of a discourse. In doing so the speakers and actors are using the constraints of one discourse to create a new discourse in which their speech and action is permitted. When discourse is not consistent with the subjective experience of the people who must act within it, then those people will be motivated to find alternative discourses, or create new ones, in which to structure their speech and action. Thus, new discourse is generated when the constraints of an established discourse are successfully challenged—when the available ways of speaking and acting do not match the experience and subjectivity of the people who are the objects of that discourse.

Comparing discourses is a useful way for researchers and educators to consider the dissonance between teenagers' knowledge about HIV transmission modes and their safe sex practice. It may be that the ways of speaking about safe sex in contemporary discourses of sex education are not consistent with teenagers' subjective experience of their sexuality nor of their sexual relationships.

The conditions for speaking about sex

In response to the AIDS epidemic, some researchers have shown the importance of examining the conditions for speaking about the specific details of many sexual practices in order to understand the negotiation of sexual safety (Bond *et al* 1989, Connell & Kippax 1990, Crawford *et al* 1990, Dowsett 1988, Wyn 1994). If there are problems in speaking about safe sex practices among adults, then teenagers are likely to have similar difficulties talking to each other about condom use or alternatives to sexual intercourse. These difficulties may prevent agreements and negotiation between teenage partners, and if so, need to be recognised in sex education.

In the initial stage of the project, I drew on previous research literature to theorise the process of teenagers' sexual encounters, primarily in terms of the power relations manifest in a discourse of romantic love. I proposed that such a discourse constrains what partners are able to say to each other yet tacitly prescribes certain patterns of conduct. However, the way in which teenagers spoke in the early focus groups pointed clearly to a need to construct the research more explicitly around their subjectivity, that is, the ways they themselves make sense of their relationships. In the later round of focus group discussions with teenage women and men, in which I used the projective method for producing sex fictions, I was alerted to the existence of markedly different discourses within which teenage sexual practice can be discussed. The way teenagers spoke in these discussions was characterised by a discourse of intimacy and pleasure which was different from the ways in which teenage sexuality was commonly referred to in the research literature. The results of the group work emphasised the intricacies of intimate communication and, in particular, the difficulties faced in speaking about condoms. Referring to condoms during sexual encounters is also a reference to intercourse and this correspondence complicates communication. Understanding the dynamics of sexual encounters in terms of a discourse of intimacy and pleasure appeared to be more useful than the hypothesised scripts of romantic love.

Through the later stages of the project, I found that talking about sexuality with teenage focus group participants was very different from talking about the same research with college administrators. I was able to identify two further discourses within which teenage sexuality is constructed. One was a discourse of disease prevention, which accepts that intercourse occurs and provides a way of speaking about teenagers' sexual activities publicly in order to prevent disease and unwanted teenage pregnancy. The other discourse was based on the expectation that teenagers at school should not (and perhaps will not) have sexual relationships, and silences further discussion about their sexuality. This latter discourse of chastity is all the more difficult to explicate because of the silence which is its hallmark. I perceived only one deviation from the censored speech within a discourse of chastity—references to the expected volume of the protest that could result from explicit descriptions of sex in schools. The discourses within which teachers and parents spoke,

whether for the purpose of disease prevention or in the expectation that chastity should be widespread, shared little in common with the ways in which teenagers referred to the experience of their sexuality.

Romantic love as discourse

Notions such as 'falling in love' and 'being swept away' and 'Mr Right' are the substance of a discourse about sex which is deeply embedded in modern Western culture. The scripts for sexual encounters, determined by a discourse of romantic love, provide for a masculine sexuality that is impulsive and initiating in contrast to a feminine sexuality that is passive and resisting. The ubiquity of a romanticised sexuality, reproduced in the media and linked to the hegemony of monogamy (and reproductive heterosexuality), provides coherence for theorising romantic love as a discourse that can direct sexual encounters. Desire and affection are important aspects of sexual relationships, but may be difficult for sexual partners to talk about. A discourse of romantic love can provide scripts which facilitate this talk. However, speaking about disease prevention and hence the possible need to use condoms, implies that there may be, or may have been, other sexual partners. Such talk does not fit comfortably in a discourse of romantic love, nor the concomitant ideal of one intimate partner.

By providing a way in which to conceptualise sexual negotiation, the notion of discourses of romantic love would also have the potential to describe the difficulties in speaking about condoms during sexual encounters. If borne out by research results, the theoretical explanation for the barriers to discussion of condoms within such a discourse could then be addressed through sex education strategies.

When teenage sexual partners drew on a discourse of romantic love, there would be no place for discussion or agreements about using condoms. However, in order to prevent pregnancy, teenage women can take a precaution that is separated in time and place from their love making—they can take the pill. Oral contraception requires little or no reference between partners at the time when they make love, and so provides no imperative for talking about the activities or dynamics occurring in sexual encounters. Talking about precaution is unlikely to occur when the source of greatest concern (unwanted pregnancy) has

already been attended to through oral contraception. With the requirement for speaking about the potential risks in a sexual encounter put aside, a discourse of romantic love can provide other roles and scripts with which to ease the apprehensive process of increasing intimacy.

Intimacy and pleasure as a dominant discourse for teenagers

By attempting to measure the influence of discourses of romantic love in determining teenagers' sexual practices, I faced a methodological problem regarding the nature of the questions to be asked. The items I required for this task had to specify aspects of the latent construction of 'romantic love', but also had to appeal to respondents' commonsense understandings about sexual relationships. In order to ask about this discourse, I had to find a language for 'romantic' sexual love that spoke in teenagers' own idiom and that also placed the questions in a context that linked them to wider cultural forces. For these reasons, I used popular songs as a source of broad cultural scripts for sexual relations and wrote a scale of items to develop a measure of romantic love. I assumed that both idiom and sentiment in the song lines would be shared among teenagers.

However, the teenage research participants did not recognise romantic love in the way that I had proposed it, as part of their relationships. Discussions with the teenagers in this study indicated that they make sense of their activities with each other in terms of the respect that they held for their partners and concern for the development of relationship and intimacy. For instance, decisions about moving to oral contraception or medical checks for sexually transmissible diseases were seen by some participants as 'romantic', or at least as a sort of 'togetherness' which held meaning for teenagers from their own experience.

Teenagers' desire for sex and affection in relationships, linked with protected practice or the lack of it, became a more relevant frame of reference for discussing teenage sexual conduct than the notion that their sexual encounters were determined by wider cultural forces. Furthermore, the nature of gender relations discussed in the groups was very different from the sexual scripts assumed in a discourse of romantic love. The teenage men in this study suggested that, for them, apprehension in satisfying the need for intimacy was more characteristic of their experience than making demands or acting impulsively. Results

in the main survey, as well as from the discussion groups, showed that willingness to participate in sexual encounters and the experience of sexual arousal, was as strong for teenage women as for teenage men.

If knowledge is to be constructed around the discourses within which teenagers experience their sexuality and arrange their own sexual encounters, if knowledge is to be relevant, it must be centred around teenagers' subjective (and subjectively experienced) position (Adelman 1992a). The concept of 'romantic love' was not supported as a useful theoretical framework to study or talk about sex with teenagers, but other possible discourses were suggested by the ways in which the group participants spoke.

However, there are limits to speaking about sex in a research setting, and in the early focus groups there was no procedure for extending discussion to assist participants to talk more frankly. At first, the teenage research participants were reticent about disclosing the strategies of speech and action that they used with sexual partners. The entrenched barriers to speaking about (and practising) safe sex could not be identified until I developed a method that would engage teenage research participants in frank discussion and enable them to reveal deeply personal experiences of sex. I developed the projective story-telling method in order to talk with teenagers in a new way about sex and to offer them a sense that the research project was relevant to their own view of the world, to their personal histories with sexual partners and to their expectations of future encounters and relationships.

The discourse of intimacy and pleasure that was reflected in the stories was shaped by the assigned task and the participating teenagers' personal interest in creating a sexual relationship between the fictional characters. When writing stories about fictional teenage couples in the process of becoming sexually intimate, the research participants revealed their difficulty and apprehension in talking about sex between partners, and especially their fear of rejection. In contrast, they also expressed a sense of play, the fun and pleasure that teenagers experience with each other as part of their sexual relationships. The proposition that sex play could be developed into safe sex communication strategies is new to the research literature (Adelman 1991, 1992a, 1992b), and only a small number of

studies have considered the importance of sexual pleasure in the subjective experience of those who are researched (Connell & Kippax 1990, Fine 1988).

Teenagers often need to plan quite carefully a time and place to conduct their sexual encounters in privacy. However, the kinds of practices that teenagers engage in may be as dependent upon the way in which they are able to relate to their partners as upon finding privacy for their encounters. The preparations that may have been made for the encounter cannot be disengaged from the processes occurring between partners—the decisions and intimations that may be impeded by their sense of apprehension, or assisted through the increased scope for communication in their sex play—as they move to more intimacy in the encounter. The progress of the encounter is developed through small acts of interpersonal communication (verbal and non-verbal) determined by the sexual partners' sensitivities to each other, often characterised by their sense of apprehension, but also by their sense of fun.

Sex in a discourse of disease prevention

Many teachers and parents understood that teenagers have sexual experiences, often referring to them as 'sexually active'. Sex in 'girlfriend-boyfriend' relationships was spoken of as an inevitable aspect of dating behaviour, construed in terms of juvenile curiosity, masculine impulsiveness and feminine passivity. Sexual relationships as an important part of teenagers' emotional and social development was not referred to by any of the teachers or parents with whom I spoke. The place of intimacy and pleasure in teenagers' sexuality was never acknowledged in the school settings.

A discourse of disease prevention contrasts with that of sexual pleasure and intimacy in relationships, but has some characteristics in common with a discourse of romantic love. There is a widely held assumption that sexual activity among teenagers can be accounted for in terms of passive feminine roles and demanding male roles, and that teaching teenage women to become more assertive with their partners (and concomitantly encouraging teenage men to develop a sense of responsibility about their sex drives) will decrease sexual activity among women and men in this age group (Allen 1987, Holly 1989). When sexual

activity does occur, the imperatives to assertiveness and responsibility will ensure that a condom is used as a matter of course. However, while the importance of safe sex is salient in this discourse, the ways in which condoms may be handled or talked about by teenage partners in sexual encounters is never delineated in terms of pleasure or fun.

Sexual practices among teenagers are linked to possible deleterious outcomes and so the practices and the outcomes are spoken of in equal part as the problem of teenage sexuality. When sex is spoken of in terms of public health research and hence offers promises of solutions to the problem of teenagers' sexuality, teachers and parents can locate their own roles in this discourse and speak about sex comfortably. Engaging teachers and parents in discussion about intimacy and pleasure for teenagers would appear to be difficult, at least in a school setting. This may not be because teachers and parents disapprove of teenagers' experiencing intimacy and pleasure with each other, but that they are not able to speak of it. The limitation of working from a discourse of disease prevention in sex education (and in sex research) is that both speech and meaning become detached from the ways in which sex actually takes place for teenagers, and is therefore tangential to their subjective experience.

Silence and a discourse of chastity

The moral defence, direct antagonism and passive resistance that signalled a teacher's or parent's position in a discourse of chastity, exclude any other ways in which sex can be discussed. From those who opposed the research, the terms of the opposition suggested pressure to suppress sex drive and sustain sexual innocence through moral guardianship. It seemed that sexually explicit items in the questionnaire schedule might 'normalise', through speech, practices which these guardians would prefer to prevent by denying their prevalence and condemning them in euphemism.

In a discourse of chastity, sexual practices cannot be specified nor effective safe sex messages conveyed. Teenagers' sexual subjectivity, the ways in which they understand their own experience and their own practice, is disregarded in sex education. In discourses where speaking about sex is repressed, then sexual activity and bodily pleasure must be

practised in secret and possibly in ignorance. When a discourse of chastity with its concomitant silence prevails, the autonomy that teenagers have to negotiate their sexual development and to determine their own practice is constituted in the silence, and by the discursiveness of events as they occur (Coates 1992, Dowsett–forthcoming). Either teenagers will have no language available with which to name their activities and choices, and in which to negotiate safety in sexual encounters, or they will have to create afresh a language in which their experience is engaged.

Identifying discourse in research practice

There is no neutral language available for speaking about sex in research. The ways in which researchers can speak (and write) are shaped by the conventions of academic rigour, the limits of the data they collect but also by the relevance and applicability of their results. The difficulties I encountered in collecting data have been referred to by other researchers and sex educators, but there is no systematic body of literature that deals with the implications of these difficulties for sex research or for sex education.

Broad-based survey work has met with political opposition (Johnson & Wellings 1994, Lindenbaum 1991), and some large scale surveys have had to rely entirely on private funding when public resources were withdrawn (Johnson *et al* 1992). Other researchers have had to be oblique about the nature of the questions they would ask when negotiating access to children (Goldman & Goldman 1982). The difficulties in speaking about sex in educational settings has an impact also on the kinds of data that may be collected. For instance, there is little data available on teenage homosexual experience (Anderson 1990, Remafedi *et al* 1992, Ridge *et al* 1994), perhaps because of the disapproval of questions about same-sex practices in survey questionnaires that are to be administered in school and college settings. Information about anal intercourse, either heterosexual or homosexual, is not available from other studies where survey data was collected in school settings (for example, Brander 1991, Dunne *et al* 1994, McCabe & Collins 1990). Some studies have concluded that the development of new sex education strategies in public health research settings are constrained by the educational settings in which they are to be implemented (Denman *et al* 1994, Fine 1988, Hein 1993,

Holly 1989, Wight 1993). In the conduct of this study, the methods of collecting the data—in the discussion groups and in the school system—produced the tensions which brought to light a phenomenological understanding of discourse.

The projective exercise provided a way in which teenagers could generate possible sexual encounters in which to highlight the difficult and easy talking points between partners and the circumstances that facilitate safe sex. In the narratives, the research participants were not constrained by the barriers that would be encountered in a real event, thus were able to create resolutions for difficult moments in communication. The analysis of the stories about teenagers' sexual encounters exposed a discourse of relationship more coherent than the concept of 'romantic love' and quite promising in terms of understanding the 'gap' between knowledge and action. The teenagers' discourse of intimacy and pleasure provided new insights which challenge common representations of teenage sexuality as impulsive and risky. In this study, it was through the discourse of teenagers' own experience that a reconceptualisation of the theoretical framework in the research and a reorientation of its questions were possible.

In order to obtain empirical data, researchers may have to connect their work to a number of different discourses. In this study, my negotiation with bureaucrats and school administrators was determined in large part by the discourse of disease prevention, and in this my role was that of the public health researcher. When I spoke with teenagers, however, my position in the research was not portrayed so strongly in terms of public health professionalism, but simply that I was 'from the university'. In this I could get closer to the discourse in which the teenage research participants spoke.

If researchers can be conscious of the particular discourse in which questions are generated, then qualitative and quantitative data are complementary and findings will be consistent. Perhaps the most critical research problem in this study was finding a frame of reference in which to form questions that would engage the teenagers' subjectivity, whether the methods at hand were to generate text or statistics.

THE CONSEQUENCES OF SPEAKING ABOUT SEX

Communication about sex involves discourse between teachers and their students, and parents and their children. Discourse theory in sex research provides a language within which public health practitioners can speak about different ways of delivering sex education.

In this study, the different ways of speaking about sex in one community has highlighted the difficulties and also the enjoyment of its teenagers in the experience and conduct of their sexuality. The discourses revealed during this project have provided a theoretical frame of reference for the empirical findings and may have more general application also. The analysis has highlighted the barriers to communication within discourses of sexuality as well as the discord between them. Teenagers are discerning in their communication with sexual partners—they find it difficult to talk about condoms in some situations and irrelevant in others. Furthermore, the ways in which teachers and parents talk about sex do not indicate that school settings offer teenagers a place in which to gain confidence about sexual negotiation or to think about the risk of disease transmission in relation to their personal sexual decision making.

The contrasts between the different discourses of sexuality expressed by teenagers and those expressed by teachers and parents revealed configurations of power prevailing in different institutional sites. The power relations, and customary practices in these settings, define the parameters not only in which researchers can gain access to students, but also within which sex education is delivered and students' knowledge is formed. The culture in which teenagers' sexual agency is developing, the culture to which I temporarily gained access through the teenage discussion groups, constituted a world that resists, but also is shaped by, institutionally declared versions of their sexuality.

Access to teenage sexuality in discourse

Showing explicitly what can be said (and what cannot be said) through discourse analysis reveals the existence of problems, offers solutions and also suggests new problems (Potter & Wetherell 1987). The discourse that I defined from the empirical data provided by teenage research participants and survey respondents offers a number of different

reflections on teenagers' experience as speakers and actors. There is coherence in referring to a discourse of intimacy and pleasure. The analytic scheme in this discourse of teenage sexuality helps to delineate the speech and action available to teenagers as autonomous agents in their sexual encounters. There are signs, some spoken and some acted, that indicate different components of the discourse. The signs, for example using oral contraception (a sign of intimacy) or playing sex games (a sign of pleasure), help to define the meaning of the discourse and to flag the problems to be solved.

Coherence and fruitfulness

A guide to the usefulness of any particular characterisation of a discourse is the coherence that it offers for interpreting a range of findings and the extent to which the component parts fit together (Potter & Wetherell 1987). In this study, defining a discourse of intimacy and pleasure in which teenagers negotiate their sexuality provided a scheme for explaining how the use of oral contraception is linked to the development of intimacy in sexual relationships, drinking alcohol in order to overcome apprehension and fear of rejection in the attempt to attain intimacy, and sex play as an aspect of pleasure in intimate encounters. These findings were evident from results of both the qualitative and the quantitative data analysis.

Taking the pill, drinking alcohol at the time of sexual encounters, playing sex games and sharing showers or spas, can be attributed as signs in a discourse of intimacy and pleasure. These signs are not arbitrary but are derived from a broader pattern of subjective experience. A sign cannot delineate discourse on its own but can take its meaning from, and offer support for, the conceptualisation of the discourse in which it is situated. Thus, particular empirical findings need to be contextualised by locating them in the discourse within which they are signs. Teenagers' move away from condoms to oral contraception, their use of alcohol and their sex play may be understood as signs within a discourse of intimacy and pleasure.

Recognising other discourses provided an analytic scheme that helped to make sense of the various phenomena that emerged in the conduct of the research, especially where data was not solicited but became apparent in

the school and college settings. The discourses that were available in negotiating for the main survey sample alerted me to some of the problems that teenagers are likely to experience in speaking about sex not only with their partners in private sexual encounters, but with other people in other settings. The ways that are available for speaking about sex in the schools in this study are based in the imperatives of disease prevention and the defence of chastity.

By defining the contending discourses, interpretation of the findings has been oriented toward the point of view of the subjects of the research and their subjective experience. The orientation of the researched takes account of the range and diversity of discourses in which teenagers will be expected to speak and will be enabled to act in developing their sexual identities and negotiating their sexual relationships. This must be critical in framing recommendations for relevant sex education and fruitful directions for future research to follow.

'Talk' as a resource

What can be said defines what can be done (Fairclough 1989). Research that applies discourse analysis to the speech and conduct of social actors may have more practical application, and provide more useful resources, than a search for underlying 'attitudes' which might generate their speech and conduct (Potter & Wetherell 1987). Revealing alternative ways in which sexual partners talk about condoms could be more profitable than investigating latent entities (defined as attitudes) that generate their 'talk', or that silence it.

Creating new ways in which to speak about condoms could cultivate safe sex within a discourse of intimacy and pleasure. Knowing when to use condoms, having the confidence to speak about condoms and feeling at ease in handling condoms, are skills that could be sustained through speaking about condoms in ways that acknowledge the desire for intimacy and the experience of pleasure. Teenagers who practise their sexual encounters in a discourse of intimacy and pleasure, could benefit from 'condom talk' that is light-hearted and playful.

Other possible discourses

Discourse is elicited, reproduced, rejected and also generated through speech and there are different discourses in which children, teenagers and adults may speak about sex. For example, talking about the pill could occur in discourses other than teenagers' terms of intimacy and pleasure in sexual encounters. A medical discourse where prescriptions are obtained includes aspects of discussion between teenage women and their doctors that relates to the prevention of unwanted pregnancy as a responsible objective, albeit reference to sexually transmissible disease may not occur. Using oral contraception may also be part of the discourses of growing up—the entrance to womanhood discussed among friends—or more mundanely, as part of a discourse in which to refer to the daily routine of taking each pill. There may be more opportunities for teenage women to talk with other women about oral contraception than with their sex partners. It is likely that there are many discourses of teenage sexuality (obsolete, surviving and in production), which have not been drawn on in this research.

A window of opportunity for health education practice

This research points towards a 'window of opportunity' which exists early in teenagers' sexual experience when they are having their first relationships; a period when the risk of disease transmission is in most cases slight. The results of this study show that it is during this time that teenagers may exchange the use of condoms for oral contraception. However, it is at this time also that teenagers could be learning to use condoms (and practising using them) in ways that are lively and competent, and which engage their understandings of their own sexuality. They could be assisted to develop skills for talking about and handling condoms as a part of their current practice, and as a preparation for their move into wider sexual networks. This window of opportunity presents a challenge for sex educators, teachers, parents, health professionals and researchers.

Sex educators

In order that information provided in the context of sex education is integrated with teenagers' own preoccupations, sex educators could develop means through which teenagers can speak about sex in ways that

acknowledge their personal experience and expectations. The projective exercise developed for this research could be explored in other settings, for example, assisting teenagers to speak more candidly about sexual encounters and relationships. Similar projective exercises could also provide opportunities for sex educators to identify the kinds of knowledge that individual teenagers need.

Parents

Parents were not included in the framework of the present study design. The parents who were accessible in the research, through their membership on college boards, are not a representative group. Future research could investigate more deliberately the ways in which teenagers are able to speak about sex at home.

Health professionals

General practitioners and doctors in family planning and STD clinics may have many opportunities to provide relevant sex education for teenagers. However, health professionals such as these may need to learn new and effective ways for speaking about sex when teenagers seek advice about or treatment for sexually transmissible diseases, or when teenage women request prescriptions for oral contraception. Even though there are a number of useful studies that have been conducted in clinical settings (Chetwynd *et al* 1993, Fleisher *et al* 1994, James *et al* 1991, Kim Oh *et al* 1988), the styles of communication between doctors and their clients are not well understood in the context of sex education delivery. There are opportunities for doctors, nurses and related health professionals to offer teenage women and men relevant information about safe sex. Interpersonal communication strategies in these situations would perhaps benefit if teenagers' sexual intimacy and pleasure could be acknowledged. In Australia, there are several training programs offered to doctors and nurses that are designed to develop awareness about sexuality as it is experienced and practised by a wide range of people (Coates 1992), yet there is little evaluation of the impact that these programs have in clinical settings, nor on the subsequent practices of clients. Future research could assess the efficacy of these professional training programs, especially regarding the usefulness of the training in assisting clinicians to speak with teenagers about sex in ways that are comfortable and intelligible to both the clinician and the client.

Researchers

In research, talking with teenagers needs to be developed in ways that make it easier for both the researcher and the research participant to speak, and that allow the subjective discourses of those who are researched to emerge. If the language of research cannot gain access to the existing discourses of sexuality that delineate teenagers' lived experience and personal world views, then research cannot generate new discourses that would assist their safer practice. The challenge for ongoing research is to situate the promotion of safe sex in teenagers' own discourses of intimacy and pleasure.

If new 'health promoting' discourses are to resonate with the views and experiences of teenagers, those discourses will have to be created from the subjectivity of teenagers in actual or anticipated encounters and relationships. Fruitful lines of inquiry for future research to follow would be the ways in which condom talk and condom play can be developed into safe sex repertoires for teenagers. Further use of the projective technique for asking teenage women and men about sex may help to develop such 'talking resources' which could be drawn on when teenagers are with their sexual partners.

CONTENDING DISCOURSES OF TEENAGE SEXUALITY

The permissible ways of speaking about sex in secondary colleges do not appear to include the possibility of referring to teenagers' intimacy and pleasure in their sexual relationships. Discourse analysis provides a framework for understanding the constraints and resistances to speaking about sex in school settings. The process of negotiation with teachers and parents for a survey sample highlighted some of the obstructions to research and also revealed some of the barriers to effective sex education. In this research, examining what had been said about teenage sexuality in educational settings revealed the ways in which sex research and education diverge from the agency of teenagers in their sexual encounters and relationships. The discourse of disease prevention enables teachers and parents, who so wish, to speak to teenagers about precautions that can be taken against disease transmission and unwanted pregnancy. In this discourse, the available ways of speaking about sex do not draw on

notions of intimacy and pleasure but are cast in terms of health and hygiene—and the limits appear to be set by the moral defence entrenched in a discourse of chastity.

It is possible to speculate upon the divergence of the discourse generated by teenagers in this study from those generated by researchers, teachers and parents. Discourses of romantic love, of disease prevention and of chastity are each predicated to some extent on assumptions of biological determinism. A biological, or essentialist, concept of sexuality is problematic in the way it assumes that sexual choices and sexual conduct are determined by innate drives, controlled and socialised by hegemonic cultural forces, without accounting for local narrative or individual subjectivity (Tuzin 1991, Vance 1991). The construction of teenage sexuality in each of these discourses suggests that hormones must be controlled either through the recognition (and undermining) of heterosexual power relations, through the deployment of sexual hygiene or through the preservation of strict moral conduct. From these institutional and generational discourses of sexuality, teenagers are encouraged to become assertive, to prevent imprudent exchange of body fluids or to abstain from sexual practices altogether. Contending these positions is a discourse of sexuality constructed through teenagers' own culture and practice. Teenagers do not refer to their sexuality in terms that suggest pubescent and hormonal drives, but rather they speak in terms of the expectations and apprehensions intrinsic in their desire for intimacy, and their experience of enjoyment and pleasure with sexual partners. Teenagers' own discourses provide scope for their subjectivity as autonomous agents in their sexual encounters and relationships.

Discourse may be enabling as well as constraining (Fairclough 1989). Teachers and parents who speak of viruses and hormones in colleges (as I did), may speak about teenage sexuality, as well as their own sexuality, in many ways in other settings. There may be ways of speaking within discourses of education that will resolve the discord between teachers' and students' discourses. Teachers and parents may need to find new and liberal ways in which to speak directly to teenagers; ways that sustain how the adults feel personally, and what they think privately, about teenage sexuality.

The results of this research suggest that effective safe sex promotion may be found in sex education which assists teenagers to develop playful and light-hearted ways to talk about, to anticipate and to handle condoms. The *jouissance* in teenagers' sexual practice invites sex research and education to engage with a discourse of intimacy and pleasure, and offers coherence for public health campaigning. A repertoire of playful ways in which to talk about and to handle condoms could be a valuable resource with which to smooth teenagers' fears of rejection in sexual relationships and to appeal to their sense of fun in sexual encounters.

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Appendices & Glossary

APPENDIX 1

Pilot survey questionnaire schedule

The pilot questionnaires were photocopied from laser-printed A4-size pages, folded and stapled at the spine to produce A5-size booklets. The layout of the booklets was prepared in 'landscape' (horizontal) format using Micosoft Word (Version 5.0) to provide clarity and variety. Many of the questions were presented on the left-hand page with the response categories on the right. Where necessary, arrows directed respondents' attention across the central margin to the answer sheet. Response categories were set out in tabular form to reduce the amount of reading required and to simplify answering. For items that requested personal information about sexual practices, I offered 'privacy' categories such as 'don't wish to answer' or 'doesn't apply to me'.

Instructions were printed on the front cover. There was a request on the last page for volunteers to take part in the focus group follow-up study. The A6-sized consent form indicating that respondents were willing to be contacted for the follow-up study was slipped inside the back cover of the booklets. The consent form is reproduced in Appendix 10.

Several questions were posed to women differently from the way they were posed to men. For instance, some items asked about 'boyfriends' and 'girlfriends', respectively. There were two questions about male to male anal intercourse that appeared in the men's form only. Questions about STD symptoms and pregnancy were worded differently for women and men. The covers for the pilot survey schedule were coloured pink (for women) and blue (for men); the purpose of this colour scheme was to assist distribution of the questionnaires in the classroom setting, where booklets had to be handed out as quickly as possible but without making mistakes. The schedule reproduced in this Appendix is the men's version of the questionnaire.

TEENAGE LIFESTYLES AND HEALTH BEHAVIOUR

QUESTIONNAIRE

In this questionnaire I am interested in your attitudes and feelings, your judgements and opinions, what you do in public and in private, and about your close personal relationships.

All your answers will be treated strictly confidentially.

A few of the questions ask you to give a brief written reply. However, most of the questions can be answered simply by circling the number next to your chosen response. For example:

> Of the following ice-cream flavours, which one would you choose on a hot summer's day?
>
> 1 French Vanilla
> 2 Double Chocolate Chip
> (3) Boysenberry Ripple
> 4 Honeycomb & Pecan
> 5 Mint & Marshmallow
> 6 I do not like ice-cream
>
> If you would be most likely to choose Boysenberry Ripple, then circle "3".

Please read each question carefully.

Enjoy the questionnaire -- and thank you for helping!

Are you ..... male, ... female? (tick one)

How old are you? .....years, ...months.

What is your date of birth? ...../...../.....

In what country were you born? .....

In what country was your mother born? .....

In what country was your father born? .....

What language do you speak most with your parents?

.....

What is your highest level of education?

1	some primary school	5	trade certificate
2	some high school	6	diploma course
3	high school to year 10	7	university degree
4	high school to year 12		

What is your mother's highest level of education?

1	some primary school	5	trade certificate
2	some high school	6	diploma course
3	high school to year 10	7	university degree
4	high school to year 12	8	don't know

What is your father's highest level of education?

1	some primary school	5	trade certificate
2	some high school	6	diploma course
3	high school to year 10	7	university degree
4	high school to year 12	8	don't know

What best describes your occupation? (e.g. TAFE student, college student, apprentice chef, clerk)

.....

Have you ever been unemployed? (Not including school breaks.)
1 Yes 2 No

If yes, how long altogether have you been unemployed? .....

What best describes your mother's occupation? (e.g. shop assistant, housewife, clerk, teacher)

.....

Has your mother ever been unemployed? 1 Yes 2 No

If yes, how long altogether has she been unemployed over the past five years? .....

What best describes your father's occupation? (e.g. plumber, clerk, accountant)

.....

Has your father ever been unemployed? 1 Yes 2 No

If yes, how long altogether has he been unemployed over the past five years? .....

What is your mother's religion? .....
Does she practice this religion? 1 Yes 2 No

What is your father's religion? .....
Does he practice this religion? 1 Yes 2 No

What is your religion? .....
Do you practice this religion? 1 Yes 2 No

Who lives at your home at present? (Circle as many as apply.)

1 mother
2 younger sisters
how many?.....
3 older sisters
how many?.....
4 step-mother
5 step-sisters
how many?.....
21 others (e.g. friends, flat-mates, your own children)

.....

.....

.....

11 father
12 younger brothers
how many?.....
13 older brothers
how many?.....
14 step-father
15 step-brothers
how many?.....

16 girlfriend
17 wife

Who lived at your home when you were about 13 years old? (Circle as many as apply.)

1 mother
2 younger sisters
how many?.....
3 older sisters
how many?.....
4 step-mother
5 step-sisters
how many?.....

11 father
12 younger brothers
how many?.....
13 older brothers
how many?.....
14 step-father
15 step-brothers
how many?.....
21 others (e.g. friends, relatives)

.....

.....

.....

The following questions are inspired by songs currently in the top 50. Many of these songs are about relationships. There are no right or wrong answers, I simply want to know how these songs relate to your own life.

Have you heard the following songs?

	Yes	No	
Whitney Huston: *you build me up, you give me love, more love than I've ever seen ...*	1	2	⇒
Madonna: *I believe in the power of love ... I believe that you can rescue me ...*	1	2	⇒
Amy Grant: *Baby, baby, I'm taken with the notion, to love you with the sweetest of devotion ...*	1	2	⇒
Jimmy Barnes: *like a man with no home, I just don't belong, I can't help it when your love is gone ...*	1	2	⇒
Color Me Badd: *girl, I want to sex you up ... feels so right, can't be wrong ...*	1	2	⇒
I like the way ... I like the way ... I like the way you keep me looking forward to another day, baby ...	1	2	⇒
Michael Bolton: *love is a wonderful thing, makes you smile through the pouring rain ...*	1	2	⇒
Sheena Easton: *there's a time to be wild there's a time to be free, let's get together and do what comes naturally ...*	1	2	⇒
Tina Turner & Rod Stewart: *one can have a dream baby, two can make a dream real, ... it takes two baby, just me and you ...*	1	2	⇒

Would you like to have a girlfriend who ...

	I'd like it a lot	I'd like it a little	I would not like it	I don't care
would "build you up"?	1	2	3	4
would "rescue you with the power of love"?	1	2	3	4
you could "love with the sweetest of devotion"?	1	2	3	4
would make you feel you "belonged"?	1	2	3	4
would "sex you up"?	1	2	3	4
would "keep you looking forward to another day"?	1	2	3	4

Do you agree with the following statements?

	agree	somewhat agree	somewhat disagree	disagree
Love is a wonderful thing.	1	2	3	4
Being "wild and free" should come naturally.	1	2	3	4
It takes two lovers to create happiness.	1	2	3	4

The following two questions require a brief written answer. Again, there is no right or wrong answer.

What do you think it means to be "wild and free"?

.....

.....

What do you think it means to "do what comes naturally"?

.....

.....

Have you heard **Natalie Cole** singing *"wild women do and they don't regret it, wild women show what they're going through"*?

1 Yes 2 No

Would you like your girlfriend to be a "wild woman" with you?

1	2	3	4	5
I'd like it a lot	I'd like it a little	I would not like it	I don't care	I don't wish to answer

Think about your favourite song. What kind of music is it?

1 gospel	2 classic hits from the 60s
3 jazz	4 modern love songs
5 rap	6 revivals from the 50s
7 blues	8 heavy metal
9 opera	10 country & western
11 folk	12 no favourite song

The following section asks about your relationship with your current girlfriend. Not everyone has a girlfriend, however, and if this is the case for you, please turn to the questions on the next page.

Do you feel as though your girlfriend ...

	often	some-times	rarely	never	do not wish to answer
"keeps you looking forward to another day"?	1	2	3	4	5
"builds you up"?	1	2	3	4	5
"rescues you with the power of love"?	1	2	3	4	5
shares "wonderful love" with you?	1	2	3	4	5
"sexes you up"?	1	2	3	4	5
makes you "belong"?	1	2	3	4	5

and, do you feel as though ...

you love your girlfriend "with the sweetest of devotion"?	1	2	3	4	5
being "wild and free" with your girlfriend shows how much you love each other?	1	2	3	4	5
you are happier with your girlfriend, than when you are alone?	1	2	3	4	5
your girlfriend can be a "wild woman" with you?	1	2	3	4	5

In this section, I am trying to find out what teenagers think about using condoms. You do not need to have used condoms or to be sexually experienced in order to answer the questions.

		mostly agree		agree a little		disagree a little		mostly disagree		does not apply to me		prefer not to answer
Condoms are part of sex these days.	⇒	1		2		3		4		5		6
Suggesting condoms with new sexual partners might make them think I had AIDS or another sexual disease.	⇒	1		2		3		4		5		6
I would be too embarrassed to suggest to a new sexual partner that I wanted to use condoms.	⇒	1		2		3		4		5		6
If a new sexual partner suggested we should use a condom, I would think she had a sexual disease.	⇒	1		2		3		4		5		6
I just don't like the idea of using condoms.	⇒	1		2		3		4		5		6
Having to stop to put on a condom would take all the romance out of sex.	⇒	1		2		3		4		5		6
A man who uses a condom cares about his partner.	⇒	1		2		3		4		5		6
In a new relationship I would want to use a condom.	⇒	1		2		3		4		5		6
Most women are too embarrassed to insist on using a condom.	⇒	1		2		3		4		5		6
I would feel relieved if my partner suggested we use a condom.	⇒	1		2		3		4		5		6

Name your three favourite <u>movies</u>. ... and three favourite <u>TV shows</u>.

1.	1. .....
2.	2. .....
3.	3. .....

Please fill in the blanks -

Everyone _____ skills. Everything you're good at should ____ considered worthwhile. That includes talking to people, doing crossword _____, reading books or _____ letters. We can all see good in ourselves if ____ try, and feeling good _____ yourself helps you feel confident.

The next questions ask about your general health and well-being. Since this survey is aimed at a wide range of people, some questions may not apply to you -- and there is a special category (for example, "not at all") you can circle to show this.

Have you recently ...

	Not at all	Some of the time	Most of the time
lost much sleep through worry?	1	2	3
been able to concentrate on whatever you are doing?	1	2	3
felt that you are playing a useful part in things?	1	2	3
felt capable of making decisions about things?	1	2	3
felt constantly under strain?	1	2	3
felt that you could not overcome your difficulties?	1	2	3
been able to enjoy your normal day-to-day activities?	1	2	3
been able to face up to your problems?	1	2	3
been feeling unhappy and depressed?	1	2	3
been losing confidence in yourself?	1	2	3
been thinking of yourself as a worthless person?	1	2	3
been feeling reasonably happy all things considered?	1	2	3

How often have you had ...

	never	once or twice	often
a mysterious rash?	1	2	3
a broken arm or leg?	1	2	3
an unusual discharge from your penis?	1	2	3
a burning pain when passing urine?	1	2	3
difficulty breathing?	1	2	3
bad pain in your lungs or chest?	1	2	3
blisters sores or a rash on your genitals?	1	2	3
a migraine headache?	1	2	3
stomach cramps?	1	2	3
lumps or warts around your genitals?	1	2	3

Have you ever had a girlfriend who became pregnant by you?

1	2	3
Yes	No	Don't know

If yes, how many times? .....

The purpose of this section is to find out how teenagers judge the possible risk of getting the AIDS virus in different situations. ***The people described in these situations do <u>not</u> know if their partners have the virus.*** There are also some questions about your own behaviour. Please answer as honestly as you can -- otherwise please circle the "don't wish to answer" category.

		Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
JULIA & BERNIE						
Julia and Bernie met at a party. While they were dancing, they kissed lightly on the lips (dry kissing).						
Could <u>Julia</u> get the AIDS virus?	⇒	1	2	3	4	5
They went outside and kissed more deeply (that is, tongue-kissing, sometimes referred to as French kissing).						
Could <u>Bernie</u> get the AIDS virus?	⇒	1	2	3	4	5
Julia put her hand inside Bernie's jeans and fondled his penis.						
Could <u>Julia</u> get the AIDS virus?	⇒	1	2	3	4	5
Bernie put his hand inside Julia's blouse and fondled her breasts.						
Could <u>Bernie</u> get the AIDS virus?	⇒	1	2	3	4	5
Julia drove Bernie home. At his place they kissed and fondled passionately for a while and soon were in bed together. They wanted to make love but neither of them had a condom. However, Julia was sure she would not get pregnant, so they had vaginal intercourse without a condom. Bernie "came" (ejaculated, had an orgasm) during intercourse.						
Could <u>Julia</u> get the AIDS virus?	⇒	1	2	3	4	5
Could <u>Bernie</u> get the AIDS virus?	⇒	1	2	3	4	5

Julia and Bernie only ever had this one-night stand, so they were **casual** sexual partners. Some people are casual partners even though they have sex together on more than one occasion -- but not regularly with each other.

Have you ever been in a situation when you had vaginal intercourse with a casual partner without a condom?

1	2	3	4	5
Never	Once or twice	Several times	Often	I do not wish to answer

Have you ever been in a situation where you had vaginal intercourse with a casual partner but you did use a condom?

1	2	3	4	5
Never	Once or twice	Several times	Often	I do not wish to answer

ROGER & PENNY

Roger and Penny met at a party. Roger took Penny home. They made coffee and sat on the sofa to talk. They felt very attracted to each other and started kissing. As they kissed, they explored each other's body with their hands.

This situation is commonly called petting (also referred to as "pashing"). Sometimes petting leads to sexual intercourse.

Have you ever been in a situation where you started petting?

1	2	3	4	5
Never	Once or twice	Several times	Often	I do not wish to answer

If you were in a situation where you were petting, would you prefer to (circle as many as apply) -

0 go no further than kissing
1 kiss and feel each other's body with your hands
2 let your partner stimulate your genitals
3 stimulate your partner's genitals with your hand
4 give oral sex to your partner
5 let your partner give you oral sex
6 have sexual intercourse with your partner
7 does not apply to me

Do you feel as though you can stop a sexual encounter exactly when you want it to stop?

1	2	3	4	5	6
Never	Some-times	Always	Don't know	Does not apply to me	I do not wish to answer

GRETA & JASON

	Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Greta had been invited to a dinner party at Jason's place. Jason was her regular boyfriend although they each went out with other partners quite often. Jason introduced Greta to Harry and Sally, who had already arrived. They shook hands.					
Could Greta get the AIDS virus? ⇒	1	2	3	4	5
Harry and Sally left soon after dessert. As Jason was seeing them out, the cool night air made Sally cough and sneeze on Jason.					
Could Jason get the AIDS virus? ⇒	1	2	3	4	5
Since Sally and Harry had left early Jason and Greta had time to be together. They had been having regular sex during the past year. Sometimes they had other sexual partners outside their relationship, but they never talked about this with each other. Greta was on the Pill, so Jason never used a condom. They usually made love by having vaginal intercourse (his penis in her vagina) and Jason would "come" (ejaculate, have an orgasm) during intercourse.					
Could Jason get the AIDS virus? ⇒	1	2	3	4	5
Could Greta get the AIDS virus? ⇒	1	2	3	4	5

	Never	Once or twice	Several times	Often	I do not wish to answer
Greta and Jason were regular partners – that means they had sex with each other regularly, even though they may also have sex with other partners as well.					
Have you ever been in a situation like this - when you had vaginal intercourse with a regular girlfriend without a condom? ⇒	1	2	3	4	5
Have you ever been in a similar situation - when you had vaginal intercourse with a regular girlfriend - but you used a condom? ⇒	1	2	3	4	5

HARRY & SALLY

Harry and Sally had been living together for 12 months and expected to stay together for a long time. Neither of them had had another sexual partner for more than two years. When Sally met Harry they had both had previous sexual relationships - so when they started living together they had been tested for HIV infection and other sexually transmitted diseases. They were both free from infections. Sally was on the Pill because it was the most convenient form of contraception.

When Harry and Sally arrived home after Jason's dinner party they decided to make love before sleeping. They got into bed and had vaginal sex without a condom. Harry ejaculated ("came") during intercourse.

		Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Could Sally get the AIDS virus?	⇒	1	2	3	4	5
Could Harry get the AIDS virus?	⇒	1	2	3	4	5

If Sally forgot to take one of her pills, they still had intercourse (vaginal) but Harry withdrew before "coming" (ejaculating).

Could Sally get the AIDS virus?	⇒	1	2	3	4	5
Could Harry get the AIDS virus?	⇒	1	2	3	4	5

GARY & DON

Gary and Don had been jogging together. No-one was around as they showered in the men's change room. They started to feel sexually excited and decided to have sex together as quickly as possible. Gary gave anal sex to Don without a condom and "came" during intercourse.

Could Don get the AIDS virus?	⇒	1	2	3	4	5
Could Gary get the AIDS virus?	⇒	1	2	3	4	5

MARK & ALAN

Mark and Alan met at college. For some time Mark had felt sexually attracted to other young men, but did not know what to do about it. As a result, he had never had a sexual relationship. Alan was older than Mark and had had several sexual relationships with other men. One evening Mark and Alan were both at a dinner party held by some other students at their college. As the party progressed they felt an attraction developing and Alan invited Mark back to his place afterwards. They held hands as they walked to Alan's car.

		Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Could Mark get the AIDS virus?	⇒	1	2	3	4	5
Could Alan get the AIDS virus?	⇒	1	2	3	4	5

When they arrived, Alan made some coffee. While they were standing in the kitchen together, Alan kissed Mark on the mouth lightly (dry kissing).

Could Mark get the AIDS virus?	⇒	1	2	3	4	5
Could Alan get the AIDS virus?	⇒	1	2	3	4	5

Then they started deep kissing (French kissing, wet kissing).

Could Mark get the AIDS virus?	⇒	1	2	3	4	5
Could Alan get the AIDS virus?	⇒	1	2	3	4	5

Alan put his hand inside Mark's jeans and fondled him.

Could Alan get the AIDS virus?	⇒	1	2	3	4	5

		Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Mark and Alan both got excited and decided to have sex together. Alan asked for his penis to be stimulated by Mark. Mark "wanked" Alan (stimulated his penis by hand) until Alan "came".						
Could <u>Alan</u> get the AIDS virus?	⇒	1	2	3	4	5
Could <u>Mark</u> get the AIDS virus?	⇒	1	2	3	4	5
Alan then stimulated Mark's penis with his mouth (oral sex) until Mark "came".						
Could <u>Mark</u> get the AIDS virus?	⇒	1	2	3	4	5
Could <u>Alan</u> get the AIDS virus?	⇒	1	2	3	4	5
They became regular lovers. They both had other casual sexual encounters on one or two occasions, but remained each other's regular partner. During this time Mark and Alan sometimes had anal sex. When Mark gave anal sex (Mark's penis in Alan's anus) he always used a condom. Alan never gave anal sex to Mark.						
Could <u>Alan</u> get the AIDS virus?	⇒	1	2	3	4	5
Could <u>Mark</u> get the AIDS virus?	⇒	1	2	3	4	5

		Never	Once or twice	Several times	Often	I do not wish to answer
Have <u>you</u> ever been in a situation where you had anal intercourse with another male and you <u>used</u> a condom?	⇒	1	2	3	4	5
Have <u>you</u> ever been in a situation where you had anal intercourse with anther male but you did <u>not</u> use a condom?	⇒	1	2	3	4	5

JANE & TOM

Jane met Tom at a city disco. She liked him. They danced and talked and they went back to his place together. On the way, they decided that they would like to spend the night together. Tom took a detour past the local 24-hour chemist and bought a packet of condoms.

When they got back to Tom's they undressed and got into bed. Tom caressed Jane's body with his hand and stimulated her genitals until she had an orgasm.

		Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Could Jane get the AIDS virus?	⇒	1	2	3	4	5
Could Tom get the AIDS virus?	⇒	1	2	3	4	5

Jane stimulated Tom's penis with her mouth, but stopped while he was still erect (he had not "come")

Could Jane get the AIDS virus?	⇒	1	2	3	4	5

Tom put a condom on his penis and they continued making love with vaginal intercourse (his penis in her vagina) until Tom had an orgasm ("came" or ejaculated).

Could Jane get the AIDS virus?	⇒	1	2	3	4	5
Could Tom get the AIDS virus?	⇒	1	2	3	4	5

MICHAEL & SUSAN

Michael and Susan took the same subjects at university and chatted occasionally after lectures. One day they saw each other at the movies. They were each on their own and agreed it would be nice to have coffee together. The nearest cafe was packed out, so Susan invited Michael back to her place instead. When they arrived, Susan went to the kitchen and made one large mug of Irish coffee for them to share. Drinking from the same mug was a good way of getting closer to each other.

	Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Could Michael get the AIDS virus? ⇒	1	2	3	4	5
Could Susan get the AIDS virus? ⇒	1	2	3	4	5

They talked about the movie which had some explicit sex scenes in it and discovered a mutual desire to experiment with a range of love-making practices.

They went to bed together and Michael gave oral sex to Susan (his mouth on her genitals).

Could Michael get the AIDS virus? ⇒	1	2	3	4	5
Could Susan get the AIDS virus? ⇒	1	2	3	4	5

Susan had experienced anal intercourse with other partners and invited Michael to try it with her (his penis inserted in her anus). Susan had one condom at her place and Michael agreed to use it.

Could Susan get the AIDS virus? ⇒	1	2	3	4	5
Could Michael get the AIDS virus? ⇒	1	2	3	4	5

The following questions ask about condom use and anal sex for **casual** partners. If you do not wish to answer these questions, it would be helpful if you could circle number 5.		Never	Once or twice	Several times	Often	I do not wish to answer
Have you ever been in a situation where you had anal intercourse with a casual female partner and you used a condom?	⇒	1	2	3	4	5
Have you ever been in a situation where you had anal intercourse with a casual female partner but you did not use a condom?	⇒	1	2	3	4	5

Michael slept the night with Susan. In the morning they had breakfast and took a shower together. They both got quite excited and had vaginal-penile intercourse (Michael's penis inserted in Susan's vagina). Since they had no more condoms, Michael withdrew his penis while it was still erect (that is, before "coming"/ejaculating).		Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Could Michael get the AIDS virus?	⇒	1	2	3	4	5
Could Susan get the AIDS virus?	⇒	1	2	3	4	5
Susan then stimulated Michael's penis with her hand until he "came" (ejaculated).						
Could Susan get the AIDS virus?	⇒	1	2	3	4	5
Could Michael get the AIDS virus?	⇒	1	2	3	4	5

MARY & PETER

Mary and Peter had been going out together for six months. They enjoyed each other's company and making love together, but they both went out with other friends as well. On the very first night they had met, they made love together. On that first night Mary had given Peter oral sex (her mouth over his penis) until he "came" (ejaculated).

	Impossible	Yes, possible	Yes, highly possible	I don't know	I don't wish to answer
Could <u>Mary</u> get the AIDS virus? ⇒	1	2	3	4	5
Could <u>Peter</u> get the AIDS virus? ⇒	1	2	3	4	5

During the first few months together, they mostly had vaginal intercourse, without a condom, but Peter would withdraw before "coming" (ejaculating).

Could <u>Peter</u> get the AIDS virus? ⇒	1	2	3	4	5
Could <u>Mary</u> get the AIDS virus? ⇒	1	2	3	4	5

One night they decided to experiment with anal sex (Peter's penis in Mary's anus). They did not use a condom, and Peter "came" (ejaculated) during intercourse.

Could <u>Mary</u> get the AIDS virus? ⇒	1	2	3	4	5
Could <u>Peter</u> get the AIDS virus? ⇒	1	2	3	4	5

The following questions ask about condom use and anal sex for regular partners. If you do not wish to answer these questions, it would be helpful if you could circle number 5.

	Never	Once or twice	Several times	Often	I do not wish to answer
Have you ever been in a situation similar to Peter - where you had anal intercourse with a <u>regular</u> girlfriend with<u>out</u> a condom? ⇒	1	2	3	4	5
Have you ever been in a situation where you had anal intercourse with a <u>regular</u> girlfriend but you <u>used</u> a condom? ⇒	1	2	3	4	5

The following questions ask about <u>your</u> <u>own</u> behaviour.

If you have had sex, how old were you the <u>first</u> time?

years ..... months .....

The first time you had sex, were you

1 quite willing?
2 unsure about doing it?
3 talked into it?
4 forced into it
5 other (please explain) .....

While some people have only one regular sexual partner (that is, a steady girlfriend or boyfriend), others may have a number of regular or casual sexual partners.

How long do you think people should go together before they can say they are regular partners?

days ..... weeks ..... months ..... years .....

About how many <u>regular</u> partners have you <u>ever</u> had?

.....

About how many <u>casual</u> partners have you had in the <u>past three months</u>?

.....

Think about your most recent regular sexual relationship. How long did it last? days ..... weeks ..... months ..... years .....

How old was your partner? .....

What best describes your partner's occupation? (e.g. TAFE student, clerk)

.....

Are you still together?

1 Yes
2 No
3 I do not wish to answer
4 Does not apply to me

Did you have a regular sexual relationship with someone else before that?

1 Yes
2 No
3 I do not wish to answer
4 Does not apply to me

If <u>yes</u>, how long did it last?

days ..... weeks ..... months ..... years .....

People have different patterns of sexual activity -- for most people it varies across time.

About how many times have you had sex in the <u>past three months</u>?

.....

Circle all the contraceptive methods listed below that you used ...

	Pill	IUD	condoms with foam/ spermicides	condoms alone	spermicides or foam alone	withdrawal (being careful)	rhythm or thermometer method	other	none	never had sex
the first time you had sex --	1	2	3	4	5	6	7	8	9	10
over the past three months --	1	2	3	4	5	6	7	8	9	10

Condoms are used at different times by different people. Some people use condoms with all their sexual partners, others use condoms only with casual partners and still others never use condoms. How often have you used condoms ...

with a regular partner?

1	2	3	4	5	6	7
not at all	once	2-3 times	4-5 times	6-11 times	12 times or more	do not wish to answer

with a casual partner?

1	2	3	4	5	6	7
not at all	once	2-3 times	4-5 times	6-11 times	12 times or more	do not wish to answer

If you have ever used condoms where do you get them from?

1 Supermarket
2 Chemist
3 Home
4 AIDS bus
5 Family Planning Centre
6 Vending machine
7 My partner always brings a condom
8 Does not apply to me

Which of the above places would you mostly get condoms from?

1 2 3 4 5 6 7

Have you ever used a condom that burst or broke during sexual intercourse?

1 Yes
2 No
3 Does not apply to me
4 I do not wish to answer

Sometimes people are drunk (from alcohol) when they have sex. How often have you been drunk when you have had sex?

1 often drunk when having sex
2 drunk once or twice when having sex
3 never had sex while drunk
4 does not apply to me -- never been drunk
5 does not apply to me -- never had sex

Sometimes people are affected by other drugs (so that they become "high") when they have sex. How often have you been "high" on drugs when you have had sex?

1 often "high" when having sex
2 "high" once or twice when having sex
3 never had sex while "high"
4 does not apply to me -- never been "high"
5 does not apply to me -- never had sex

Which of the following best describes the first time you had sex?

1 I was drunk (on alcohol)
2 I was high (on drugs)
3 I was affected by alcohol and other drugs
4 None of the above
5 Doesn't apply to me
6 Don't wish to answer

The purpose of this section is to establish patterns of alcohol and drug use amongst teenagers. As in previous sections of this questionnaire, there are no right or wrong answers. Please answer each question as accurately as possible.

How often have you used alcohol or other drugs ...

	never	once or twice	often
at home?	1	2	3
at places on the street where people hang around?	1	2	3
to enjoy music or colours, or feel more creative?	1	2	3
at parties?	1	2	3
at school activities, such as dances or football games?	1	2	3
when wagging school?	1	2	3
at the homes of friends?	1	2	3

... and, how often have you ...

	never	once or twice	often
made excuses to your parents about your alcohol or drug use?	1	2	3
been upset about other people talking about your drinking?	1	2	3

When using alcohol or other drugs, how often have you ...

	never	once or twice	often
found out things you said or did while using or drinking that you did not remember?	1	2	3
spilled things?	1	2	3
bumped into things?	1	2	3
fallen down?	1	2	3
had trouble walking around?	1	2	3
seen, felt or heard things that were not really there?	1	2	3
spent money on things you would not normally buy?	1	2	3

How often do you go to discos, bars or pubs?

1	2	3	4	5	6	7
At least 3 times a week	About twice a week	Once a week	About twice a month	Once a month	Hardly Ever	Never

This section asks about sex education. In order to develop useful health and sex education programs for teenagers, it is necessary for researchers to find out where you get your information from and which information is most valuable to you.

As you were growing up, did you get useful information about sex and sexual relationships from any of the following? (Circle as many as apply.)

1 newspapers
2 books
3 magazines
4 pop songs
5 church
6 sisters
7 brothers
8 mother
9 father
10 television news
11 television soapies
12 television movies
13 sex ed classes
14 health classes
15 friends
16 other (please specify)
.....
.....

What would be the best source at present for you to get information about sex, sexual relationships, contraception and the prevention of sexually transmitted diseases, such as AIDS and chlamydia?

1 newspapers
2 books
3 magazines
4 pop songs
5 church
6 sisters
7 brothers
8 mother
9 father
10 television news
11 television soapies
12 television movies
13 sex ed classes
14 health classes
15 friends
16 other (please specify)
.....
.....

Can you recall any ads about AIDS?

1 yes, on television
2 yes, in a magazine
3 yes, in a newspaper
4 yes, on radio
5 no
6 don't know

Have you ever been shown how to use a condom (for example, in Health or Sex Education Classes at school)?

1	2	3
Yes	No	I do not wish to answer

There are some things to remember when using a condom - please answer the following questions by circling one number for each item to indicate how important it is..

How important is it that ...

	Not Very Important	Somewhat Important	Very Important
lubricant is used with the condom?	1	2	3
lubrication is water based?	1	2	3
the condom is held at the tip (between forefinger and thumb) when it is rolled onto the penis?	1	2	3
the penis is withdrawn while it is still erect?	1	2	3
the condom is held firmly at the base of the penis while the penis is withdrawn?	1	2	3
the condom is rolled on carefully, to avoid making small nicks in the latex?	1	2	3
a light is turned on when you put on a condom?	1	2	3

This section asks questions about the people in your life who are closest to you and most likely to influence your decisions.

Who is most likely to agree with you about ...

	mother	father	sisters	brothers	friends	steady girlfriend	teachers	nobody
what is really important in life?	1	2	3	4	5	6	7	8
the kind of person you should become?	1	2	3	4	5	6	7	8
what you should be getting out of school?	1	2	3	4	5	6	7	8
your outlook on things?	1	2	3	4	5	6	7	8

... and, who is most likely to listen to you about ...

how you take care of your health?	1	2	3	4	5	6	7	8
problems you are having in your life?	1	2	3	4	5	6	7	8
what you think and how you feel?	1	2	3	4	5	6	7	8

If you had to make a serious decision about something or a serious choice in life, whose advice would you listen to most?

1	2	3	4	5	6	7	8
mother	father	friends	steady	sisters	brothers	teachers	nobody

Who is most likely to help you when you have personal problems?

1	2	3	4	5	6	7	8
mother	father	friends	steady	sisters	brothers	teachers	nobody

As you were growing up (about 14 years old) how often did your <u>MOTHER</u> (or the adult woman that you lived with) ...

	never	rarely	some-times	often
act as if she didn't care about you?	1	2	3	4
actually slap you?	1	2	3	4
take away your privileges?	1	2	3	4
blame you or criticise you when you didn't deserve it?	1	2	3	4
threaten to slap you?	1	2	3	4
yell, shout or scream at you?	1	2	3	4
nag at you?	1	2	3	4
listen to your side of the argument?	1	2	3	4
talk over important decisions with you?	1	2	3	4
ask things of you in a fair and reasonable way?	1	2	3	4
allow you to influence family decisions that affected you?	1	2	3	4

As you were growing up (about 14 years old) how often did your <u>FATHER</u> (or the adult man that you lived with) ...

	never	rarely	some-times	often
act as if he didn't care about you?	1	2	3	4
actually slap you?	1	2	3	4
take away your privileges?	1	2	3	4
blame you or criticise you when you didn't deserve it?	1	2	3	4
threaten to slap you?	1	2	3	4
yell, shout or scream at you?	1	2	3	4
nag at you?	1	2	3	4
listen to your side of the argument?	1	2	3	4
talk over important decisions with you?	1	2	3	4
ask things of you in a fair and reasonable way?	1	2	3	4
allow you to influence family decisions that affected you?	1	2	3	4

Do you feel that ...

	never	rarely	some-times	often
you are often blamed for things that are just not your fault?	1	2	3	4
when you get punished, it usually seems for no good reason at all?	1	2	3	4
it is nearly impossible to change your parents' mind about anything?	1	2	3	4

... and do you feel that ...

	never	rarely	some-times	often
most of the time it does not pay to try hard because things never turn out right anyway?	1	2	3	4
when you do something wrong there is very little you can do to make it right?	1	2	3	4
one of the best ways to handle most problems is just not to think about them?	1	2	3	4
you can influence what might happen tomorrow by what you do today?	1	2	3	4
planning ahead makes things turn out better?	1	2	3	4
you have little to say about what your family decides to do?	1	2	3	4

-o0o-

If you have any comments on this questionnaire, I would be really grateful if you would write them here:

.....

.....

.....

.....

Thank you for your participation in this research, your contribution is very valuable to the success of the project....

FOLLOW-UP STUDY - TEENAGE LIFESTYLES AND HEALTH BEHAVIOUR

I would like to invite you to participate in an additional follow-up study which will involve a group discussion or an interview with me at the ANU. If you agree to take part, please complete the enclosed consent form -- it will be collected separately from the booklet.

The same approach will apply as for this questionnaire -- that is, you may withdraw your participation at any time and you only need answer questions you wish to.

I hope you will join the follow-up stage of my research,

Janis Shaw

APPENDIX 2

Main survey questionnaire schedule

There were two forms of the questionnaire, with items ordered differently in each. One of the forms contained a section on the most recent sexual encounter; the other form contained a section on sex education and was shorter. Using two forms, with some different sections and with parallel items appearing on different pages, increased the privacy of responses and allowed all the research questions to be covered within a single class period.

The schedule presented in this appendix is the women's version of the format that asked about respondents' most recent sexual encounters. Where items differed for men the relevant pages are presented immediately following the respective pages of this women's format (see pages 235, 243, 246, 249, 251 and 260 of this appendix). The new items asking about respondents' most recent sexual encounters appear on pages 254-58.

The questionnaire booklets were formatted, using Microsoft Word (Version 5.0), in a similar fashion to the pilot schedules, a layout that provided clarity and variety for respondents. The booklets, as they were presented to respondents, had even page numbers on the left and odd page numbers on the right. Many of the questions were presented on the left-hand page with the response categories on the right. In these cases, arrows directed the respondents' attention across the central margin to the answer sheet. Response categories were set out in tabular form which reduced the amount of reading required and made the exercise easier for the respondents. For items that requested personal information about sexual practices, I offered 'privacy' categories as for the pilot schedule.

The booklets were professionally printed, folded to B5 size with heavy quality glossy covers stapled at the spine. The covers were designed by a professional graphic artist, coloured peach and orange (for women) and mauve and purple (for men).

TEENAGE LIFESTYLES AND HEALTH BEHAVIOUR

QUESTIONNAIRE

In this questionnaire I am interested in your opinions, attitudes and feelings, what you do in public and in private, and about your close personal relationships.

All your answers will be treated in strict confidence.

A few of the questions ask you to give a brief written reply. However, most of the questions can be answered simply by circling the number next to your chosen response. For example:

Of the following ice-cream flavours, which one would you choose on a hot summer's day?

1 French Vanilla
2 Double Chocolate Chip
3 Boysenberry Ripple
4 Honeycomb & Pecan
5 Mint & Marshmallow
6 Doesn't apply to me - don't like ice-cream

If you would be most likely to choose Boysenberry Ripple, then circle "3".

Please read each question carefully.

Enjoy the questionnaire -- and thank you for helping!

(4/...../01)

The first few questions ask about your background and that of your parents.

Are you ..... male, ... female? (tick one) (11)

How old are you? .....years, ...months.

What is your date of birth? ...../...../.....

In what country were you born? .....

In what country was your mother born? .....

In what country was your father born? .....

What language do you speak most with your parent/s? .....

Educational background -

What is **your** *highest* level of completed education?

1	some primary school	5	high school to year 12
2	some high school	6	some TAFE
3	high school to year 10	7	trade certificate or diploma
4	high school to year 11	8	some university

What is your **mother's** *highest* level of education?

1	some primary school	5	trade certificate
2	some high school	6	diploma course
3	high school to year 10	7	university degree
4	high school to year 12	8	don't know

What is your **father's** *highest* level of education?

1	some primary school	5	trade certificate
2	some high school	6	diploma course
3	high school to year 10	7	university degree
4	high school to year 12	8	don't know

(32/01)

Occupational background -

What best describes your mother's work? (e.g. shop assistant, clerk, teacher)

.....

What best describes your father's work?

.....

What best describes your work? (e.g. TAFE student, apprentice chef, clerk)

.....

Have you ever been unemployed? (Not including school breaks.) 1 Yes 2 No

If yes, how long altogether have you been unemployed? .....

About how much money do you get in an average week? $ .....

Religious background -

Do you have a religion? 1 Yes 2 No

If yes, what religion is that? .....

How important is your religion to you?

very important	somewhat important	not very important	doesn't apply to me
1	2	3	4

Does your mother have the same religion as you?

1	2	3	4
yes, same religion	no, different religion	doesn't have a religion	don't know

Does your father have the same religion as you?

1	2	3	4
yes, same religion	no, different religion	doesn't have a religion	don't know

The following lines are from songs that some teenagers say they like. Here, the songs are about love and sexual relationships. There are **no** right or wrong answers, the questions on the page opposite simply ask how these song lines relate to your own experience. Just follow the arrows across to the next page after each song line.

Have you heard these song lines?

	Yes	No	
Whitney Houston: *you build me up, you give me love, more love than I've ever seen ...*	1	2	⇒
Sheena Easton: *there's a time to be wild there's a time to be free, let's get together and do what comes naturally ...*	1	2	⇒
Southern Sons: *hold me in your arms ... safe within this love ...*	1	2	⇒
Color Me Badd: *I want to sex you up ... feels so right, can't be wrong ...*	1	2	⇒
Amy Grant: *Baby, baby, I'm taken with the notion, to love you with the sweetest of devotion ...*	1	2	⇒
Jimmy Barnes: *like a man with no home, I just don't belong, I can't help it when your love is gone ...*	1	2	⇒
Salt & Pepper: *let's talk about you and me ... let's talk about sex ...*	1	2	⇒
Rockmelons: *ain't no sunshine when you're gone ...*	1	2	⇒
Natalie Cole: *wild women do and they don't regret it, wild women show what they're going through?*	1	2	⇒
Extreme: *more than words ... how easy it would be to show you how I feel ...*	1	2	⇒

Would you like to have a boyfriend who ...

	Yes, I'd like it	Maybe I'd like it	No, I would not like it	I don't know	Doesn't apply to me
would "build you up"?	1	2	3	4	5
you could tune into sexually?	1	2	3	4	5
would love you so you felt safe?	1	2	3	4	5
would be sexually aroused by you?	1	2	3	4	5
would love you with the sweetest of devotion?	1	2	3	4	5
would make you feel you "belonged"?	1	2	3	4	5
could be talked into having sex with you?	1	2	3	4	5
would make you feel brighter?	1	2	3	4	5
you could be sexually wild with?	1	2	3	4	5
would show affection for you?	1	2	3	4	5

[MEN'S FORM]

Would you like to have a girlfriend who ...

	Yes, I'd like it	Maybe I'd like it	No, I would not like it	I don't know	Doesn't apply to me
would "build you up"?	1	2	3	4	5
you could tune into sexually?	1	2	3	4	5
would love you so you felt safe?	1	2	3	4	5
would be sexually aroused by you?	1	2	3	4	5
would love you with the sweetest of devotion?	1	2	3	4	5
would make you feel you "belonged"?	1	2	3	4	5
could be talked into having sex with you?	1	2	3	4	5
would make you feel brighter?	1	2	3	4	5
you could be sexually wild with?	1	2	3	4	5
would show affection for you?	1	2	3	4	5

The purpose of this section is to find out what teenagers know about the ways that the AIDS virus is transmitted. ***The people described in these situations did <u>not</u> know whether their partners had the virus.*** Some questions ask about your own behaviour. Please answer as honestly as you can -- there is a "don't wish to answer" category if you prefer.

KATE & JASON

Kate and Jason met for the first time at a party. While they were dancing, they kissed lightly on the lips (dry kissing).

Could <u>Kate</u> get the AIDS virus this way? ⇒

They went outside and kissed more deeply (that is, tongue-kissing, sometimes referred to as French kissing).

Could <u>Jason</u> get the AIDS virus this way? ⇒

Kate put her hand inside Jason's jeans and fondled his penis.

Could <u>Kate</u> get the AIDS virus this way? ⇒

Jason put his hand inside Kate's blouse and fondled her breasts.

Could <u>Jason</u> get the AIDS virus this way? ⇒

Kate and Jason found a bedroom where they could lock the door and be alone together. They soon were undressed and in bed together. Jason caressed Kate's body with his hand and stimulated her genitals until she had an orgasm.

Could <u>Kate</u> get the AIDS virus this way? ⇒
Could <u>Jason</u> get the AIDS virus this way? ⇒

Kate stimulated Jason's penis with her mouth, but stopped while his penis was still erect (he had not "come").

Could <u>Kate</u> get the AIDS virus this way? ⇒

They wanted to have sex but neither of them had a condom. Kate knew she would not get pregnant, so they had vaginal intercourse <u>without</u> a condom. Jason "came" (ejaculated, had an orgasm) during intercourse.

Could <u>Kate</u> get the AIDS virus this way? ⇒
Could <u>Jason</u> get the AIDS virus this way? ⇒

What if Kate and Jason <u>did use</u> a condom during vaginal intercourse -

Could <u>Kate</u> get the AIDS virus this way? ⇒
Could <u>Jason</u> get the AIDS virus this way? ⇒

Virtually impossible	Some possibility	Very high possibility	I don't know	I don't wish to answer	
					(#11-22)
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
					(32/02)

Kate and Jason only ever had this one-night stand, so they were **casual** sexual partners. Some people are casual partners even though they may have sex together more than once -- but they are not in a steady relationship and could be having sex with other partners also.

Have you ever had a casual sex partner?

(33)

1	2	5
Yes	No	I don't wish to answer

If yes, about how many casual sex partners have you had in the past six months? ..... (34-35)

Have you ever been in a situation when you had vaginal intercourse with a casual partner without a condom? ⇒

Have you ever been in a situation where you had vaginal intercourse with a casual partner but you did use a condom? ⇒

What if Kate and Jason had tried anal intercourse (his penis inserted in her anus) on their one-night stand, and did not use a condom?

Could Kate get the AIDS virus this way? ⇒

Could Jason get the AIDS virus this way? ⇒

Have you ever been in a situation when you had anal intercourse with a casual partner without a condom? ⇒

Have you ever been in a situation where you had anal intercourse with a casual partner but you did use a condom? ⇒

What if Kate and Jason had tried anal intercourse, but did use a condom?

Could Kate get the AIDS virus this way? ⇒

Could Jason get the AIDS virus this way? ⇒

Never	Once or twice	Several times	Often		I don't wish to answer
1	2	3	4		5
1	2	3	4		5

(36)

Virtually impossible	Some possibility	Very high possibility	I don't know	I don't wish to answer
1	2	3	4	5
1	2	3	4	5

Never	Once or twice	Several times	Often		I don't wish to answer
1	2	3	4		5
1	2	3	4		5

Virtually impossible	Some possibility	Very high possibility	I don't know	I don't wish to answer
1	2	3	4	5
1	2	3	4	5

(43/02)

JAMES & CARLY

James and Carly met at college. One evening they went to a rock concert together, then went to James's place afterwards. When they arrived, James went to the kitchen and made one large mug of Irish coffee for them to share. Drinking from the same mug was a good way of getting closer to each other.

Could Carly get the AIDS virus this way? ⇒

Could James get the AIDS virus this way? ⇒

They felt very attracted to each other and started kissing. As they kissed, they explored each other's body with their hands.

This situation is commonly called petting (also referred to as "pashing"). Sometimes petting goes no further than kissing, but can also lead to sexual intercourse.

Have you ever been in a situation where you started petting? ⇒

Have you ever been in a situation where petting went further than you wanted it to? ⇒

James and Carly went to bed together and James gave oral sex to Carly (his mouth on her genitals).

Could James get the AIDS virus this way? ⇒

Could Carly get the AIDS virus this way? ⇒

They started having vaginal intercourse, but had no condoms, so James withdrew his penis while it was still erect (that is, before "coming"/ejaculating).

Could James get the AIDS virus this way? ⇒

Could Carly get the AIDS virus this way? ⇒

Carly then stimulated James's penis with her hand until he "came" (ejaculated).

Could Carly get the AIDS virus this way? ⇒

Could James get the AIDS virus this way? ⇒

Virtually impossible	Some possibility	Very high possibility	I don't know	I don't wish to answer
1	2	3	4	5
1	2	3	4	5

Never	Once or twice	Several times	Often	I don't wish to answer
1	2	3	4	5
1	2	3	4	5

Virtually impossible	Some possibility	Very high possibility	I don't know	I don't wish to answer
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

SARAH & TONY

Sarah and Tony were in a relationship for six months. They had been going out together for about one month when they first made love. That first time, Sarah gave Tony oral sex (her mouth over his penis) until he "came" (ejaculated).

Could Sarah get the AIDS virus this way? ⇒

Sarah and Tony became **regular** sexual partners -- that means while they were going out together they did not have other sexual partners.

Have you ever had a regular sexual partner? (54)

1 Yes 2 No 5 Don't wish to answer

If yes, about how many regular sex partners have you had? .....

Have you ever "broken up" with a regular sexual partner?

1 Yes 2 No 5 Don't wish to answer

If yes, about how long had you been together before you broke up? ..... (59)

Sarah started taking the Pill, so Tony never used a condom. They usually made love by having vaginal intercourse and Tony would "come" (ejaculate, have an orgasm) during intercourse.

Could Tony get the AIDS virus this way? ⇒
Could Sarah get the AIDS virus this way? ⇒

Have you ever had vaginal intercourse with a regular boyfriend without a condom? ⇒

Have you ever had vaginal intercourse with a regular boyfriend - but you did use a condom? ⇒

One night they decided to experiment with anal sex (Tony's penis in Sarah's anus). They did not use a condom, and Tony "came" (ejaculated) during intercourse.

Could Sarah get the AIDS virus this way? ⇒
Could Tony get the AIDS virus this way? ⇒

The following questions ask about condom use and anal sex for regular partners. If you do not wish to answer these questions, it would be helpful if you could circle number 5.

Have you ever had anal intercourse with a regular boyfriend without a condom? ⇒

Have you ever had anal intercourse with a regular boyfriend but you did use a condom? ⇒

[MEN'S FORM]

SARAH & TONY

Sarah and Tony were in a relationship for six months. They had been going out together for about one month when they first made love. That first time, Sarah gave Tony oral sex (her mouth over his penis) until he "came" (ejaculated).

Could Sarah get the AIDS virus this way? ⇒

Sarah and Tony became **regular** sexual partners -- that means while they were going out together they did not have other sexual partners.

Have you ever had a regular sexual partner? (54)

1 Yes 2 No 5 Don't wish to answer

If yes, about how many regular sex partners have you had? .....

Have you ever "broken up" with a regular sexual partner?

1 Yes 2 No 5 Don't wish to answer

If yes, about how long had you been together before you broke up? ..... (59)

Sarah started taking the Pill, so Tony never used a condom. They usually made love by having vaginal intercourse and Tony would "come" (ejaculate, have an orgasm) during intercourse.

Could Tony get the AIDS virus this way? ⇒
Could Sarah get the AIDS virus this way? ⇒

Have you ever had vaginal intercourse with a regular girlfriend without a condom? ⇒

Have you ever had vaginal intercourse with a regular girlfriend - but you did use a condom? ⇒

One night they decided to experiment with anal sex (Tony's penis in Sarah's anus). They did not use a condom, and Tony "came" (ejaculated) during intercourse.

Could Sarah get the AIDS virus this way? ⇒
Could Tony get the AIDS virus this way? ⇒

The following questions ask about condom use and anal sex for regular partners. If you do not wish to answer these questions, it would be helpful if you could circle number 5.

Have you ever had anal intercourse with a regular girlfriend without a condom? ⇒

Have you ever had anal intercourse with a regular girlfriend but you did use a condom? ⇒

Virtually impossible	Some possibility	Very high possibility		I don't know	I don't wish to answer	
1	2	3		4	5	(60)

Virtually impossible	Some possibility	Very high possibility		I don't know	I don't wish to answer
1	2	3		4	5
1	2	3		4	5
Never	Once or twice	Several times	Often		
1	2	3	4		5
1	2	3	4		5

Virtually impossible	Some possibility	Very high possibility		I don't know
1	2	3		4	5
1	2	3		4	5

Never	Once or twice	Several times	Often		
1	2	3	4		5
1	2	3	4		5 (68/02)

RACHEL & FIONA

Rachel and Fiona met at a school musical evening. They had similar tastes in music and started going to concerts and jazz nights together. One night after a concert, Fiona stayed over at Rachel's place and they realised that they had become sexually attracted to each other. They started kissing, at first lightly then more deeply, they decided that they would extend the sexual encounter and went to bed together. Rachel stimulated Fiona's genitals with her hand until she "came" (had an orgasm).

Could Fiona get the AIDS virus this way? ⇒

Could Rachel get the AIDS virus this way? ⇒

Fiona then gave Rachel oral sex (Fiona's mouth on Rachel's genitals) until Rachel "came".

Could Rachel get the AIDS virus this way? ⇒

Could Fiona get the AIDS virus this way? ⇒

(11)

Have you ever felt sexually attracted to another female?

1	2	3	4	5
Never	Once or twice	Several times	Often	Don't wish to answer

Have you had any of the following experiences with another female (circle as many as apply) -

1	touching or holding hands affectionately?
2	deep kissing (French kissing, pashing)?
3	undressing and fondling each others' bodies?
4	playing with each other's genitals?
5	giving each other orgasms with your hands ("hand jobs")?
6	giving each other orgasms with your mouths?
9	none of the above - doesn't apply to me.

(0,1:12-18/03)

[MEN'S FORM]

PETER & MICHAEL

Peter and Michael met at college. Michael was older than Peter and had had several sexual relationships with other men. They were both at a dinner party held by some other students at their college. As the party progressed they felt an attraction developing and Michael invited Peter back to his place afterwards. When they arrived, Michael made some coffee. While they were standing in the kitchen together, Michael kissed Peter on the mouth lightly, then more deeply. Peter and Michael both got excited and decided to have sex together. Michael asked for his penis to be stimulated by Peter. Peter "wanked" Michael (stimulated his penis by hand) until Michael "came".

Could Peter get the AIDS virus this way? ⇒

Michael then stimulated Peter's penis with his mouth (oral sex) until Peter "came".

Could Michael get the AIDS virus this way? ⇒

In the months that followed, Peter and Michael sometimes had anal sex and always used a condom.

Could they get the AIDS virus this way? ⇒

What if they sometimes had anal sex and did not use a condom -

Could they get the AIDS virus this way? ⇒

(11)

Have you ever felt sexually attracted to another male?

1	2	3	4	5
Never	Once or twice	Several times	Often	Don't wish to answer

Have you had any of the following experiences with another male (circle as many as apply) -

1 touching or holding hands affectionately?
2 deep kissing (French kissing, pashing)?
3 undressing and fondling each others' bodies?
4 playing with each other's penis?
5 giving each other orgasms with your hands ("hand jobs")?
6 giving each other orgasms with your mouths ("head jobs")?
7 had anal intercourse and you did use a condom?
8 had anal intercourse and you did not use a condom?
9 none of the above - does not apply to me.

(0,1:12-20/03)

Virtually impossible	Some possibility	Very high possibility	I don't know	I don't wish to answer	
					(#19-20)
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
1	2	3	4	5	
					(24)

(#25-28)

Have you ever used a condom that burst or broke during sexual intercourse?

1 Yes
2 No
3 Don't know
4 Doesn't apply to me

Have you ever used a condom but your partner left it on until after he had lost his erection?

1 Yes
2 No
3 Don't know
4 Doesn't apply to me

Have you ever used a condom that got left inside when your partner withdrew his penis?

1 Yes
2 No
3 Don't know
4 Doesn't apply to me

(31/03)

The next questions ask about your general health and well-being, as well as some aspects of your own medical and sexual history. Since this survey is aimed at a wide range of people, some questions may not apply to you -- and there is a special category (for example, "not at all" or "doesn't apply") you can circle to show this.

Have you recently ...

	Not at all	Some of the time	Most of the time
been able to concentrate on whatever you are doing?	1	2	3
been losing confidence in yourself?	1	2	3
felt capable of making decisions about things?	1	2	3
felt that you could not overcome your difficulties?	1	2	3
been able to enjoy your normal day-to-day activities?	1	2	3
been feeling unhappy or depressed?	1	2	3

How often have you had ...

	never	once or twice	often
an unusual discharge from your vagina?	1	2	3
a burning pain when passing urine?	1	2	3
blisters sores or a rash on your genitals?	1	2	3
lumps or warts around your genitals?	1	2	3

Have you started getting periods, yet? 1 Yes 2 No

If yes, how old were you when they started? years ..... months .....

Have you ever been pregnant?

1 Yes 2 No 3 Don't know

If yes, how many times? .....

Have you ever had any miscarriages or stillbirths? 1 Yes 2 No 3 Doesn't apply

If yes, how many? .....

abortions? 1 Yes 2 No 3 Doesn't apply

If yes, how many? .....

[MEN'S FORM]

The next questions ask about your general health and well-being, as well as some aspects of your own medical and sexual history. Since this survey is aimed at a wide range of people, some questions may not apply to you -- and there is a special category (for example, "not at all" or "doesn't apply") you can circle to show this.

Have you recently ...

	Not at all	Some of the time	Most of the time
been able to concentrate on whatever you are doing?	1	2	3
been losing confidence in yourself?	1	2	3
felt capable of making decisions about things?	1	2	3
felt that you could not overcome your difficulties?	1	2	3
been able to enjoy your normal day-to-day activities?	1	2	3
been feeling unhappy or depressed?	1	2	3

How often have you had ...

	never	once or twice	often
an unusual discharge from your penis?	1	2	3
a burning pain when passing urine?	1	2	3
blisters sores or a rash on your genitals?	1	2	3
lumps or warts around your genitals?	1	2	3

(#42-46)

Have you ever been the sexual partner of a girl who you got pregnant?

1 Yes 2 No 3 Don't know

If yes, how many pregnancies? .....

(#50-55/03)

If you have had sexual intercourse, how old were you the first time?

years ..... months .....

The first time you had sexual intercourse, were you

1 really pleased you got it to happen?
2 very willing to go along with it?
3 unsure about doing it?
4 talked into it?
5 forced into it?
6 other (briefly describe) .....

Do you ever experience pain with vaginal intercourse?

1	2	3	4
Yes	No	Don't wish to answer	Doesn't apply to me

Do you feel wet or dry around your vagina and genitals when you have sex?

1 always wet
2 often wet
3 sometimes wet, sometimes dry
4 often dry
5 always dry
6 doesn't apply to me

People have different patterns of sexual activity -- for most people it varies across time.

About how many times have you had sex in the past six months?

(Please estimate the number of times as best you can.) .....

... and during the six months before that? .....

If you were in a situation where you started "pashing", would you prefer to (circle as many as apply) -

0 go no further than kissing
1 kiss and feel each other's body with your hands
2 let your partner stimulate your genitals
3 stimulate your partner's genitals with your hand
4 give oral sex to your partner
5 let your partner give you oral sex
6 have sexual intercourse with your partner
7 doesn't apply to me

[MEN'S FORM]

If you have had sexual intercourse, how old were you the first time?

years ..... months .....

The first time you had sexual intercourse, were you

1 really pleased you got it to happen?
2 very willing to go along with it?
3 unsure about doing it?
4 talked into it?
5 forced into it?
6 other (briefly describe) .....

(#61)

How easy is it for you to have an erection when you have sex?

1 mostly easy
2 sometimes easy, sometimes not
3 never easy
4 does not apply to me

People have different patterns of sexual activity -- for most people it varies across time.

About how many times have you had sex in the past six months?

(Please estimate the number of times as best you can.) .....

... and during the six months before that? .....

If you were in a situation where you started "pashing", would you prefer to (circle as many as apply) -

0 go no further than kissing
1 kiss and feel each other's body with your hands
2 let your partner stimulate your penis
3 stimulate your partner's genitals with your hand
4 give oral sex to your partner
5 let your partner give you oral sex
6 have sexual intercourse with your partner
7 doesn't apply to me

Circle all the contraceptive methods listed below that you used ...

	Pill	condoms with foam/ spermicides	condoms alone	spermicides or foam alone
the <u>first time</u> you had sex --	1	2	3	4
the <u>last time</u> you had sex --	1	2	3	4

(0,1:11-30)

Condoms are used at different times by different people. Some people use condoms with all their sexual partners, others use condoms only with casual partners and still others never use condoms.

How often have you used condoms ... with a <u>regular</u> partner?

1	2	3	4	5
never	a few times	most times	always	doesn't apply to me

and ... with a <u>casual</u> partner?

1	2	3	4	5
never	a few times	most times	always	doesn't apply to me

If you have ever used condoms where do you <u>mostly</u> get them from?

(0,1:33-40)

1 Supermarket
2 Chemist
3 Home
4 AIDS bus
5 Family Planning Centre
6 Vending machine
7 My partner always brings a condom
8 Doesn't apply to me

What would be the best way for teenagers to get condoms?

.....

.....

.....

(42/04)

withdrawal (being careful)	IUD	rhythm or thermometer method	other	none	never had sex
5	6	7	8	9	10
5	6	7	8	9	10

(0,1:43-63)

Sometimes people have been drinking (alcohol) when they have sex. How often have you been drinking when you have had sex? (Circle as many as apply.)

1 often drunk when having sex
2 drunk once or twice when having sex
3 often been drinking when having sex
4 sometimes been drinking when having sex
5 never had sex after drinking
6 doesn't apply to me -- never been drinking
7 doesn't apply to me -- never had sex

Sometimes people get "high" on other drugs before they have sex. How often have you been affected by drugs when you have had sex? (Circle as many as apply.)

1 often "high" on drugs when having sex
2 high once or twice when having sex
3 often been using drugs when having sex
4 sometimes been using drugs when having sex
5 never had sex after using drugs
6 doesn't apply to me -- never used drugs
7 doesn't apply to me -- never had sex

Which of the following best describes the <u>first time</u> you had sex?

1 had been drinking some alcohol
2 had been using some drugs
3 drunk (on alcohol)
4 high (on drugs)
5 affected by alcohol <u>and</u> other drugs
6 <u>not</u> affected by alcohol <u>nor</u> other drugs
7 doesn't apply to me - never had sex

(63/04)

The following questions are about your <u>most recent sexual encounter</u> (even though this may have been some time ago). The encounter did not necessarily have to include sexual intercourse.

(11)

About how long ago was your most recent sexual encounter? .....

How long had you been in the relationship with your partner? .....

Would you call this a casual or regular sexual relationship?

1 Casual partner
2 Regular partner
3 Other - please describe .....
4 Don't know
5 Doesn't apply to me

Was your partner ..... male or ..... female?

How old was your partner? .....

What best describes your partner's occupation? (e.g. TAFE student, clerk)

.....

Are you still together in a sexual relationship?

1 Yes
2 No
3 I don't wish to answer
4 Doesn't apply to me

Where did you meet, or go to, with your partner on that occasion? (e.g. picnic, party, session, bus-stop, stayed home)

.....

Did you have something alcoholic to drink?

1 Yes
2 No
3 I don't wish to answer
4 Doesn't apply to me

<u>If yes</u>, were you -

1 relaxed from a few drinks?
2 somewhat tipsy?
3 drunk?

... and was <u>your partner</u> -

1 sober?
2 relaxed from a few drinks?
3 somewhat tipsy?
4 drunk?

Did you have other drugs (e.g. dope)?

1	2	3	4
yes	no	don't wish to answer	doesn't apply to me

If yes, was that drug -

1 smoked? 3 injected?

2 sniffed? 4 swallowed?

... and did you share that drug with your sex partner?

1	2	3	4
yes	no	don't wish to answer	doesn't apply to me

At the beginning of this sexual encounter did you act toward your partner in any of the following ways (circle as many as apply)

1 flirting
2 pretending to be shy
3 lightly touching
4 dancing
5 acting cool
6 holding hands
7 giving a quick "peck"
8 light smooching
9 going for a walk
10 doesn't apply to me

(0,1:30-39)

Did you talk with your partner about -

1 general topics
2 how nice you thought they were
3 "deep and meaningful" topics
4 something intimate or personal to you
5 did not talk very much at all
6 doesn't apply to me

(0,1:40-45)

In the build up to this sexual encounter did you feel (circle as many as apply) ...

1 cautious	8 nervous	15 excited	22 romantic
2 confident	9 guilty	16 rejected	23 contented
3 swept away	10 ugly	17 used	24 passionate
4 in control	11 randy	18 sleazy	25 desperate
5 relieved	12 calm	19 safe	26 out-of-it
6 flirtatious	13 satisfied	20 shy	27 loved
7 violated	14 humiliated	21 nothingness	28 none of above

(0,1:46-73)

Briefly describe any other feelings you might have had -

.....

.....

.....

.....

(79/05)

Did you find somewhere private to go (e.g. car, home, back room at a party)?

1 Yes 2 No (11)

If so, where was that?

.....

If other people were around, who were they? (e.g. house mates, parents)

.....

Did you talk about where you would go? (circle one)

1 you were already there - so did not need to talk
2 you just ended up there
3 your partner talked you into going there
4 you talked your partner into going there
5 you talked about it, then decided together
6 don't wish to answer
7 doesn't apply to me

Briefly describe any activities you did in private (e.g. skinny dipping, showering together, playing sexual games).

.....

.....

Did the sexual encounter include (circle as many as apply) ...?

(0,1:20-30)

0 no further than kissing
1 kissing and feeling each other's body with your hands
2 letting your partner stimulate your genitals
3 stimulating your partner's genitals with your hand
4 giving oral sex to your partner
5 letting your partner give you oral sex
6 having vaginal intercourse with a condom
7 having vaginal intercourse without a condom
8 having anal intercourse with a condom
9 having anal intercourse without a condom
10 doesn't apply to me

Did you feel as though sexual encounter stopped exactly when you wanted it to?

1	2	3	4	5	6
Yes	No, it went too far	No, it did not go far enough	Don't know	Doesn't apply to me	I don't wish to answer

During this most recent sexual encounter, were you

1 really pleased you got it to happen?
2 very willing to go along with it?
2 unsure about doing it?
3 talked into it?
4 forced into it?
5 other (briefly describe) ..... (32/06)

If you used condoms, who provided them?

1 your partner
2 you
3 got them together
4 doesn't apply - did not use condoms
5 does not apply - never had sex

Where did you or your partner get them? .....

And did you (circle as many as apply) -

(0,1:36-59)

1 make jokes about condoms beforehand?
2 make some casual comments about condoms beforehand?
3 talk seriously about condoms beforehand?
4 not talk at all - one of you just brought the condom out before intercourse
5 doesn't apply - did not use condoms
6 does not apply - never had sex

If you did not talk about condoms, even though a condom was actually used, was that because you ...

1 felt too embarrassed to say anything
2 did not know what words to use
3 had not decided whether you wanted to have intercourse
4 did not know if your partner wanted to have intercourse
5 were worried your partner might reject you
6 condoms so obvious, did not need to talk
7 does not apply - did not use condoms
8 does not apply - never had sex

If you did not have intercourse in the last sexual encounter, was it because ...?

1 you did not want to go that far
2 you did not have a condom
3 you were not in the mood
4 you had too much pain
5 none of the above - does not apply to me

If you had anal intercourse, was that mostly (indicate one only) ...

1 to please your partner?
2 to experiment with new sexual activities?
3 because you enjoy anal intercourse?
4 a method of contraception (that is, so you won't get pregnant)?
5 none of the above - does not apply to me.

(59/06)

If you did <u>not</u> use a condom during this last sexual encounter, how many of the following thoughts or feelings influenced your decision (circle as many as applied to you)

	Yes, an influence	Some influence	No, not an influence	Don't know	Doesn't apply
didn't think of it	1	2	3	4	5
didn't know where to get one	1	2	3	4	5
couldn't be bothered getting one	1	2	3	4	5
felt like being a rebel	1	2	3	4	5
didn't think you could influence your partner	1	2	3	4	5
thought supplying condoms should be done by males	1	2	3	4	5
thought your partner had not slept around	1	2	3	4	5
felt too embarrassed to suggest it	1	2	3	4	5
felt too embarrassed to get one	1	2	3	4	5
thought the Pill was enough protection	1	2	3	4	5
thought you wouldn't get pregnant at that time of month	1	2	3	4	5
thought you would not get AIDS or another STD	1	2	3	4	5
felt that it would reduce pleasure	1	2	3	4	5
felt that it would reduce intimacy	1	2	3	4	5
felt that it would reduce trust	1	2	3	4	5

The following questions ask about family background and parental relationships.

(#11-23)

Who lives at your home <u>at present</u>? (Circle as many as apply.)

1 mother
2 younger sisters
how many?.....
3 older sisters
how many?.....
4 step-mother
5 step-sisters
how many?.....
6 boyfriend
7 husband
11 father
12 younger brothers
how many?.....
13 older brothers
how many?.....
14 step-father
15 step-brothers
how many?.....
21 others (e.g. friends, flat-mates, your own children)

.....

..... (37)

Who lived at your home <u>when you were about 13 years old</u>? (Circle as many as apply.)

1 mother
2 younger sisters
how many?.....
3 older sisters
how many?.....
4 step-mother
5 step-sisters
how many?.....
11 father
12 younger brothers
how many?.....
13 older brothers
how many?.....
14 step-father
15 step-brothers
how many?.....
21 others (e.g. friends, relatives)

.....

..... (49)

As you were growing up, <u>at about 13 years old</u>, how often did your parents (or parent, if you only lived with one) ...

	never	rarely	some-times	often
ask things of you in a fair and reasonable way?	1	2	3	4
act as if they didn't care about you?	1	2	3	4
allow you to influence family decisions that affected you?	1	2	3	4
actually hit you?	1	2	3	4

(53/07)

[MEN'S FORM]

The following questions ask about family background and parental relationships.

(#11-23)

Who lives at your home <u>at present</u>? (Circle as many as apply.)

1 mother
2 younger sisters
how many?.....
3 older sisters
how many?.....
4 step-mother
5 step-sisters
how many?.....
6 girlfriend
7 wife
11 father
12 younger brothers
how many?.....
13 older brothers
how many?.....
14 step-father
15 step-brothers
how many?.....
21 others (e.g. friends, flat-mates, your own children)

.....

..... (37)

Who lived at your home <u>when you were about 13 years old</u>? (Circle as many as apply.)

1 mother
2 younger sisters
how many?.....
3 older sisters
how many?.....
4 step-mother
5 step-sisters
how many?.....
11 father
12 younger brothers
how many?.....
13 older brothers
how many?.....
14 step-father
15 step-brothers
how many?.....
21 others (e.g. friends, relatives)

.....

..... (49)

As you were growing up, <u>at about 13 years old</u>, how often did your parents (or parent, if you only lived with one) ...

	never	rarely	some-times	often
ask things of you in a fair and reasonable way?	1	2	3	4
act as if they didn't care about you?	1	2	3	4
allow you to influence family decisions that affected you?	1	2	3	4
actually hit you?	1	2	3	4

(53/07)

... and how often did your parents (or parent) ...

	never	rarely	some-times	often
take away your privileges?	1	2	3	4
blame you or criticise you when you didn't deserve it?	1	2	3	4
threaten to slap you?	1	2	3	4
talk over important decisions with you?	1	2	3	4
yell, shout or scream at you?	1	2	3	4
listen to your side of the argument?	1	2	3	4
nag at you?	1	2	3	4

The purpose of this section is to establish patterns of alcohol and drug use amongst teenagers. As in previous sections of this questionnaire, there are no right or wrong answers. Please answer each question as accurately as possible.

How often do you go to discos, bars or pubs?

1	2	3	4	5	6	7
At least 3 times a week	About twice a week	Once a week	About twice a month	Once a month	Hardly Ever	Never

When using alcohol or other drugs in the <u>past six months</u>, how often have you ...

	never	once or twice	often
spilled things?	1	2	3
bumped into things?	1	2	3
fallen down?	1	2	3
had trouble walking around?	1	2	3
seen, felt or heard things that were not really there?	1	2	3
spent money on things you would not normally buy?	1	2	3

... and, how often have you ...

	never	once or twice	often
made excuses to your parents about your alcohol or drug use?	1	2	3
found out things you said or did while using or drinking that you did not remember?	1	2	3
been upset about other people talking about your drinking?	1	2	3

How often have you watched <u>X-rated</u> videos or movies?

1	2	3	4	5
Never	Once or twice	Several times	Often	Don't wish to answer

How often have you watched <u>R-rated</u> videos or movies?

1	2	3	4	5
Never	Once or twice	Several times	Often	Don't wish to answer

Name <u>3 movies</u> you recently enjoyed	... and <u>3 TV shows</u> you watch the most
1.	1. .....
2.	2. .....
3.	3. .....

(78/07)

-o0o-

If you have any comments on this questionnaire, I would be really grateful if you would write them here:

.....

.....

.....

Thank you for your participation in this research, your contribution is very valuable to the success of the project.

APPENDIX 3

Scale statistics from the pilot survey results

Scale statistics provided in this appendix include Cronbach's (1951) coefficient alpha an item-total correlations (criterion for retaining items was that they attained and item-total correlation of .10 or greater). For inventories and summary scales, the mean score and standard deviation are given as well as the variance of each item. Scales without source references were created specifically for the current study. There are three scales given below

Alcohol and drug use,
Desire for romantic love,
Subjective well-being,

and one inventory

HIV transmission knowledge.

Alcohol and drug use, (Winters 1992), n=78, k=9, $r_{(tt)}$=.84

Scale item [a]	$r_{(it)}$
How often have you ...	
made excuses to your parents about your alcohol or drug use?	.27
been upset about other people talking about your drinking?	.17
When using alcohol or other drugs, how often have you ...	
found out things you said or did while using or drinking that you did not remember?	.55
spilled things?	.73
bumped into things?	.78
fallen down?	.71
had trouble walking around?	.72
seen, felt or heard things that were not really there?	.61
spent money on things you would not normally buy?	.46

[a] Response categories: never; once or twice; often.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations

Desire for romantic love, n=103, k=6, $r_{(tt)}$=.79

Scale item	$r_{(it)}$
Would you like to have a boyfriend/girlfriend who ... [a]	
would "build you up"?	.40
would "rescue you with the power of love"?	.65
you could "love with the sweetest of devotion"?	.56
would make you feel you "belonged"?	.55
would "keep you looking forward to another day"?	.65
Do you agree with the following statement? [b]	
It takes two lovers to create happiness.	.40

[a] Response categories: I'd like it a lot; I'd like it a little; I would not like it; I don't care.
[b] Response categories: agree; somewhat agree; somewhat disagree; disagree.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations

Subjective well-being, (Goldberg 1972), n=104, k=12, $r_{(tt)}$=.88

Scale item [a]	$r_{(it)}$
Have you recently ...	
lost much sleep through worry? (-*Q*)	.48
been able to concentrate on whatever you are doing?	.45
felt that you are playing a useful part in things?	.55
felt capable of making decisions about things?	.49
felt constantly under strain? (-*Q*)	.54
felt that you could not overcome your difficulties? (re-*Q*)	.61
been able to enjoy your normal day-to-day activities?	.59
been able to face up to your problems?	.57
been feeling unhappy and depressed? (-*Q*)	.60
been losing confidence in yourself? (-*Q*)	.68
been thinking of yourself as a worthless person? (-*Q*)	.57
been feeling reasonably happy all things considered?	.64

[a] Response categories: not at all; some of the time; most of the time.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations
-*Q*, reverse scored items

HIV transmission knowledge, k=25, x=18.7, SD=4.0, n=98.

Scale item [a]	% correct [b]
Social contact	
shaking hands	96.9
cough or sneeze	95.9
sharing mug	92.8
Heterosexual practices	
dry kissing	98.9
deep kissing	78.9
fondle penis	75.5
fondle breasts	97.9
manual stimulation, female risk	86.7
manual stimulation, male risk	79.5
oral stimulation, female (giving to male) risk	60.2
vaginal intercourse	
with condom, female risk	69.3
with condom, male risk	70.4
without condom, female risk	72.4
without condom, male risk	96.9
anal intercourse	
with condom, female risk	67.3
with condom, male risk	69.3
without condom, female risk	47.9
without condom, male risk	41.8
Homosexual practices (male to male)	
holding hands	96.9
dry kissing	97.9
deep kissing	77.5
manual stimulation	70.4
oral stimulation	23.4
anal receptive with condom	48.9
anal receptive without condom	61.2

[a] Response categories to the questions of risk regarding the sexual practices portrayed in the fictional encounters: impossible; yes, possible; yes, highly possible.
[b] Percentage of respondents who gave accurate answers to each item.
k, number of items in the scale

Questions to test respondents' knowledge about transmission of HIV infection were set in fictional stories about characters in sexual encounters (see Appendix 1, pages 211-20). In these vignettes sexual practice was expressly stated. Items asked about the potential risk for HIV transmission in relation to the practices described. The answers were scored according to criteria provided by Gold (1986). Each answer was rated as 1 or 0 for correct or incorrect answers respectively, and a maximum score of 25 correct answers was possible. The scores ranged from 8 to 25, and the median score was 19, indicating a negative skew in the distribution of scores.

APPENDIX 4

Population statistics for focus group volunteers

Students who completed the pilot survey questionnaire at senior secondary colleges, were invited to volunteer to participate in the follow up focus group study. Details of the procedure for requesting participation are given in Chapter 2 (pages 26 & 38) and information about informed consent is given in Appendix 10. Table 24 compares the students who volunteered with those who did not.

Table 24: Comparison of some population statistics between teenagers who volunteered to attend focus group discussions and those who did not volunteer, following a pilot survey on sexuality at senior secondary colleges in Canberra.

	Percent distribution for each group	
	Volunteers [a]	Non-volunteers [b]
	%	%
Fathers' occupations [c]		
White collar	63.2	58.1
Blue collar	23.7	14.9
Unemployed	.0	2.7
Other	13.1	24.3
Country of birth		
Australia	71.1	74.7
Anglo/European [d]	23.6	14.7
Other regions	5.3	10.6
Language spoken at home		
English	92.1	90.7
European	5.2	3.9
Other	2.6	5.4
Religion		
Roman Catholic	29.5	16.1
Church of England	11.8	17.7
Protestant	5.8	11.5
Christian, not specified	2.9	12.9
Non-Christian	5.8	9.6
None, not stated	44.1	32.2

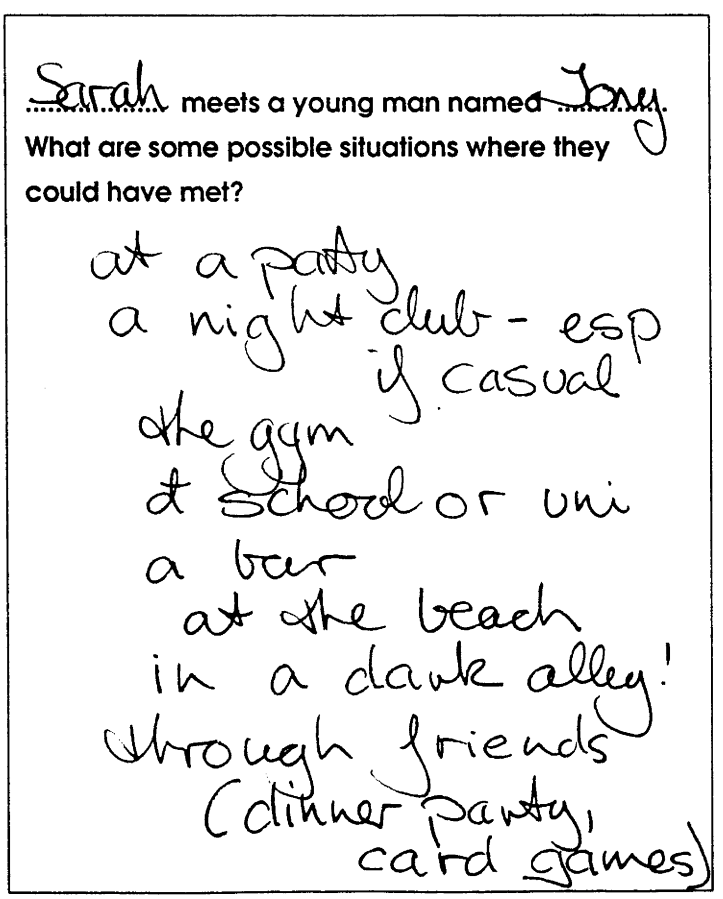
[a] Pilot survey respondents who volunteered to participate in the focus group study, n=38. Some of the participants brought a friend with them to the discussion groups, n=75.
[b] Respondents who did not volunteer.
[c] White collar occupations include managers, administrators, professionals and clerks. Blue collar includes tradespersons, sales and personal service occupations and plant and machinery operators. Other occupations include inadequately described public servants.
[d] Includes Britain, Europe, New Zealand and North America.

APPENDIX 5

Structure of the narrative exercise

In the narrative exercise, teenage research participants produced stories about couples in sexual encounters. The narrative exercises were facilitated by the use of transparencies prepared with prompt questions that were projected onto an overhead screen. The prompt questions structured the direction of the exercise. I wrote brief notes onto the overhead transparencies, to outline the story as the group exercise proceeded. The first overhead transparency for the story of Sarah is reproduced below, with the rest of the prompts and notations for that particular narrative exercise on the following pages in typed text format. The stories were reproduced for analysis by using the structure provided on the overhead transparencies in conjunction with transcripts of the taped record which provided the detail. The story of Sarah appears in Chapter 3 (page 76), and the other five stories appear in Appendix 6.

Sample transparency: the story of Sarah



Text transcribed from transparencies: the story of Sarah

Each of the following prompt questions were printed onto overhead transparencies. The responses to the questions were typed from the overhead transparencies, and in this Appendix the responses are those for the story of Sarah only. The structure of the stories, in terms of the amount of note taking and the numbers of options that were offered by the teenage participants, differed from group to group.

What would she say?

Come here often?
What do you do with your self?
Where do you live?
Subjects at college?
Hi, I'm Sarah
Work out "connections", things in common, mutual friends.
Relating to what's going on.

How would she act?

Flirting (but not too much)
Smile alright!
Look smart
Humour
Not too femme
Confident
Try to initiate/keep talk flowing.

What would she want next?

Tony buys a drink

.... and next?

Would depend on Sarah's confidence in attention she was getting from Tony...
Ask Tony to dance
Hold hands, touching, "happy"

Peck (sneaked in, maybe when laughing)

.... and next?

Go for a walk
Car park/park, somewhere private, kissing
"decide" ... get to house
kissing, fondling
On way home? talk it out, "we" use condom
OR go with flow
OR sit down, talk - mutual happening
What if Sarah wanted Tony to use a condom what would be her most likely strategy?
Awareness
"No thanks"
Sarah might have her own condom.
Spur of the moment - a lot of guys have condoms, although possibly no condom.
Most would be blunt.

If she is likely to feel that she could not ask him to use a condom, why would that be? (some barriers to asking)

Non-barriers - casual partner
Barriers - girls that won't ask because -
hoping that the guy had one
thinking that they should not get the "tease" label
won't know his reaction

If she is likely to feel that she could ask him to use a condom, what words would she use?

Do you have a condom?
if YES, "do you want to do the honours?"
"can I help you with that?"
if NO, put on an "angry act" ... "I'll have to pay!"
"... we have to use a condom."
Say "protection?"
Non-verbal: bring out a condom

Ask "Mint or strawberry?"

What would she think he would say to her about using a condom?

"Scared of disease?"
"I haven't got AIDS"
"Aren't you on the Pill?"
"I'll pull out on time."
suggest she was ...
let's see what happens ... gradual pushing

Do you feel that a boy is in an easier position than a girl to decide whether a condom is used?

No.

Do regular sexual partners, have agreements about using condoms so that they do not have to talk about it every time they have sex?

Girl taking the Pill.
STD checks if long term.

Do both partners benefit? Who most?

Both. Condoms require talk, but easy and ready supply.
What would be the ideal arrangement for regular partners?
Both have condoms.
Later, Pill and STD check.

What would be the ideal arrangement for casual partners or "one-night-stands"?

Have condoms ready.
OK for girls, too ... partly from knowing own self, and previous experience.
How important is having sex in a relationship with a boyfriend?
More important for the guy.
Versus both have a sexual drive.

Emotional aspects when feel love for a boyfriend ... sex expresses the love.

Can you describe what you get from a boyfriend (if this is a sexual relationship) that you do not get from other people, for example, your other friends?

Different kind of trust.
Security
Confidence
Social thing - "want someone to be with".
Companionship with complete comfort.
Associated with self-worth, self-awareness, self-development.

Do young women usually have a good idea whether a sexual encounter will include intercourse as part of the whole experience?

A bit vague, would depend on the attraction.

At what time in the sexual encounter would it be easiest to mention using a condom?

When in bed, otherwise pre-empting.

APPENDIX 6

Stories produced in the narrative exercise

The five stories below were produced by focus groups of teenage women and men in a procedure described in Chapter 3 and reproduced in Appendix 5. Three stories were produced by women (the stories of Sarah, Kate and Rachel) and three by men (of Brett, James and Michael). The story of Sarah is presented in Chapter 3 (page 76). Excerpts and quotes from each of the stories appear in the analysis of the narrative exercise.

The story of Kate, produced by a group of six teenage women:

> *Kate met Jason when she was on a cruise. He was sitting nearby her at the poolside and they had been making a lot of eyes at each other. She didn't want to make a fool out of herself, so she made sure he was interested before she spoke to him. Then she said, 'hello, nice weather' followed by, 'huge boat! Your first time on a boat?' She tried to find out whether he was single, 'I am by myself, to get away. How about you? Do you like travelling alone?' followed by a compliment, 'that's a nice pair of shorts you're wearing'.*
>
> *She had not decided whether she liked him or not, whether it was worth getting to know him better, so she didn't ask his name. That could come a bit later. She flicked her hair and gave him a big smile. Perhaps she showed off her body, for example her boobs, and swung her hips a bit when she walked, although she pretended to be shy as well.*
>
> *Kate suggested that they have a swim, and after some coaxing, Jason suggested that they have dinner together. After dinner they talked for a long time. They had an intimate conversation on the deck where it was nice and quiet. Sharing stuff about their childhood, parents and old relationships put kind of a bond between them. They went to the piano bar to extend the flirtation and get to know each other better over coffee. Kate wanted to know if Jason actually had a brain, 'is he sexy in his head*

as well as his body?' They danced and held hands but the flirting was cautious, although they were over the pussyfooting stage of nice weather. Kate was testing the water and wanted to see whether Jason responded to her flirting. She did not want him to paw her. She liked his compliments and sweet nothings, 'you look really lovely tonight'. She avoided anything too physical because it would be so embarrassing if he did not feel the same. Kate did everything she could to let him know that it was OK for him to kiss her. She kept up the intimate talk, whispering, using a lot of body language to give him the message 'yes, if you kiss me I am going to respond'. But she was very cautious, her worst fear was rejection. It was just a short kiss goodnight.

They bumped into each other the next day and made a date for dinner again. After dinner they slow danced for a long time, both are stalling. Their talk was intimate to establish trust. Kate was asking herself 'where is this heading?' She complimented him, and checked out that it was not just sex between them. Then they kissed! Jason did it right! It was a nervous moment for Kate. But what an exciting feeling! They went onto the deck where it was more private and started some petting, but just the light stuff. They avoided going to a bedroom, that would put too much pressure on things. Kate thought that if anything happened, Jason would have condoms with him, not that he would get them out too soon, like 'look at me, look what I've got!'

Three months later, on Valentine's Day, they were in a spa at Jason's place. His parents were away. They had already decided that they would have intercourse that night, to make sex part of their relationship. They had taken all these months to build up to it, as it was the first time for both of them. That made it very romantic, Kate thought it was nice that she was Jason's first, it made her feel special.

They had already decided to use condoms at first because Kate was not on the pill. Joking made it easier to talk about the condoms and Jason was a sensitive 90s guy, so Kate was sure he would agree to using them. It was fun going to the chemist together to buy them, 'you want Rough Rider today, dear?'. Kate would go on the pill later as she did not want to get pregnant and that was more important than worrying about STDs. Kate thought that there were benefits to using condoms, since

there was less mess and no morning-after dribbles. The lubricant helped her so she did not have to attack Jason for hurting her. But Kate's friends had told her that sex was not as good with condoms and there was more intimacy without them. As there was trust between them she did not expect that she and Jason should get a medical check for STDs when she went onto the pill.

Sometimes their lovemaking was routine, sometimes they laughed about it together. At times they could not make love because of the time, place, situation, and then Kate felt frustrated. There were other times when Kate did not feel in the mood, and that Jason was invading her. She thought sex was more emotional for her than for Jason, and though she did not have orgasms their lovemaking gave her cosy feelings and an escape from the outside world.

The story of Rachel, produced by a group of six teenage women:

Rachel had seen Peter at a city bus-stop a few times and she had never talked to him, so one day she asked him 'what time is the bus coming?'. She kept the talk going by saying she hated the rolling bus strike and asking whether he lived nearby. She liked this person and thought that he was pretty attractive. But she felt shy and felt self-conscious about acting flirtatious even though she was keeping it casual. She was worried that she would say something dumb, but she was relieved that she had made at least this subtle move. The conversation felt more comfortable as it continued and Peter asked Rachel if she would like to go to a cafe for a coffee. He was a nice guy. They asked each other for their phone numbers and they walked back to Rachel's bus-stop.

A couple of days later Peter called Rachel and invited her to see a band at the bar on the university campus. Rachel picked him up since she already had her licence. The band at the bar was very noisy, so they went to the same cafe. Their conversation was closer, more intimate, than before. There was not much happening in the city so they went back to Peter's place to see the late movie on TV. Peter was 19 and lived in a group house, and other guys were there so they ended up just drinking and talking in a group. Rachel had a curfew so left to go home after a while. Peter walked her out to the car and kissed her.

Peter called Rachel the next morning. He was very keen to see her again and they arranged to have a picnic at the lake on the following Sunday. They went on a paddle boat ride and had fun chasing each other around, swimming and kissing. Afterwards they went to Peter's place to watch TV. No-one else was home so they started snogging and fondling. Rachel decided it was getting a bit heavy, they had only seen each other twice, although they had spent the whole day together. She left to go home but they decided on another date soon.

On Tuesday evening they went to the movies, but they didn't really see it because they were too interested in each other. After the movie, they went to the same cafe again. Afterwards they walked by the lake and went skinny dipping. Rachel's parents were away and they went back to her place to warm up and have a night-cap. They soon got into some heavy fondling. She said to Peter 'I'm having a shower ... join me?'.

In the shower it started to get really heavy, then they got out and went towards the bedroom. Rachel got some condoms from her brother's drawer, but she wanted to be sensitive about using them rather than demanding. She really needed to use a condom as contraception, but she felt embarrassed about not knowing what Peter wanted, whether he would say 'why should I be restricted when you're not?' or 'I'll withdraw at the right time'. So she said 'we need this ...' and put the condom on for him in the middle of a passionate embrace, although she knew this was very forward. She asked, 'do you mind?' just to show she was a bit sensitive and was actually thinking about his feelings. Peter said 'fair enough - I don't want to be a father'. Because they were in a relationship, they cared for each other and didn't want to hurt each other by falling pregnant or giving each other diseases.

The story of Brett, produced by a group of seven teenage men:

Brett met Sonja at a party. She was a bit shy as the others at the party were not her usual friends. Brett's dress and manner were nicely conservative. He looked like he'd done it all, but not too much of it. He introduced himself to Sonja, but didn't want to pour it all out, so talked about work and school, and got her a drink. He was very complimentary and made Sonja feel good. He took her for a dance, where he could get

closer, do some casual hand holding and make the next move. Sonja seemed hesitant but interested. When Brett tried to kiss her she said no, so he played it a bit more cool until she was more relaxed. They went somewhere more comfortable and Brett tried for a kiss again. Sonja responded so they went on to some heavy petting and hand slipping, feeling each other's bodies. Brett suggested going somewhere more private, but Sonja was reluctant and said 'no'.

Brett got them a couple more drinks, but he did not want to drink too much. They talked about their previous sexual relationships. Brett lied, exaggerating his past experience, as he was 19 and had only had sex once. Sonja said that she had only had sex once, too. This was actually a lie as she was still a virgin. Sonja was wearing a knee-length skirt and Brett caressed her thigh slowly moving up underneath her dress and asked if she had enjoyed the last time. Sonja said that she had, but looked nervous, and was not really responding. Brett tried to relax her with compliments and led her into a backroom where it was private. They made out with heavy petting and Brett tried to get Sonja's top off, but she still said 'no' and looked even more nervous. She was trying to put it off a bit longer. He backed off and they continued heavy petting. He did not want to scare Sonja off by talking about condoms, as it might indicate that he was expecting too much. He wanted to wait for her to suggest using one. He thought it would be easiest to mention it just before penetration, subtly, as though it was an afterthought, 'it would be a good idea to use one of these'. Or just get one out at the right moment. He decided to ask her what protection she used before, whether she would mind a condom. Then she admitted that she was really a virgin, which made it much more difficult for Brett. But finally he succeeded, and just put the condom on at the right moment. Sonja said that she felt relieved that he used condoms, and that she was really all for it.

The story of James, produced by a group of four teenage men:

James was introduced to Carly at a party. James worked in the public service and Carly worked for a dentist. He tried to be cool and started some small talk at first, finding out the familiar ground on music and videos. Other people were just walking by and saying hello. He made some jokes to break the tension, like, 'um, seen any good teeth lately?'.

He asked Carly lots of questions, 'where do you go to school?', 'that's a nice necklace' or whatever, before talking about himself in case she thought he was a poser. It was nice and friendly and James felt confident because Carly was slightly shy. It was hard for him to approach women if they were beautiful or really snobby or dressed-up, especially if they were Gothic; sometimes he would just start choking up and not know where to start.

They were getting mutual signals from body language and sussing things out. There were a lot of people in the lounge room and James asked Carly if she would like to see his car. When they got outside, they started kissing and feeling each other. James was trying to suss out what was good for her, 'oh well, let's do that ...', and she said, 'just like this, not like that' and it was OK because these days a lot more people think it is fine to say it. They talked about their next move and split into a bedroom, but he thought it would be presumptuous to mention condoms until they were in bed. James thought that it was obvious that he was attracted to Carly, but he couldn't tell if it was mutual. He always had condoms with him, in the wallet or some in the car, so that he wouldn't find himself in a position where his fun would be spoiled, or he would have to run downstairs with his socks on to raid other people's bags and jackets. Finally, Carly came out with it, 'gee, I hope you have got a condom.' He made some subtle moves and said 'hang on ... while I ... do you want to? ... hey, you do it ... hey, I'll do it'.

The story of Michael, produced by a group of four teenage men:

Michael met Fiona at a session [a small party where drugs, usually marijuana, are shared] in a group house where some people from college lived. Everyone was just sitting around and there was a lot of quiet conversation. Michael is a sensitive new age guy and the first thing he said to her was 'hey, man! want a cone?' [share of marijuana]. Fiona thought, 'yeah, cute'. Michael is a smart and perceptive kind of guy, but he was also pretty desperate at the time. He was feeling bent, that is cool and mellow, and he was sort of gazing into space. Fiona was sitting in very close proximity, and he was feeling a bit horny but he still had his hands on the bong [a smoking pot]. There was some quiet music playing and they sat closer, looking at each other and talking. They told

each other how stoned they were, as if to give whatever might follow an excuse, and it seemed as though they might have been looking for one. Michael did a bit of a physical spin out, 'hey, it feels real good if I touch your hand like this ... feel my heartbeat'. Then it sort of accelerated and they started spinning out, kissing heaps, but their caressing was private-ish. They stopped and talked awhile. Michael said, 'I love your hair', then thought he should say a few intellectual things as well. Michael was getting a bong-mouth [his mouth was getting dry], so they got some lime cordial to drink. They moved on to a bedroom to lie down and started to remove some of their clothing slowly. Michael kissed different parts of Fiona's body, going down on her to turn her on more. They touched each other's genitals, exploring and getting closer. It was just the process of going from not screwing to screwing, although Michael did not always have intercourse the first night. But, with Fiona it had been on his mind from the start of making out. He was not so worried about HIV, but he expected to use a condom because of things like genital warts. And he thought Fiona would expect him to use one. So it did not seem relevant to ask if she minded, and Michael was more worried about being rejected. He couldn't just come out and expect satisfaction, that it would be over in 20 minutes. He had a condom in his wallet that had been there for ages, but saying that would be a bit pushy, and if he did say anything about the condom it would have to be more of an 'ask' than a 'tell'. Mostly, talking about condoms with partners was just a wide range of small affirmative grunts. If Fiona said no to a condom, he would think there was something amiss. It might be her way of saying no to intercourse. He thought he should ask her if she was a virgin since it was their first time together, or just say 'let's use a condom'. Fiona said, 'yeah, that's a good idea.'

APPENDIX 7

Request for research participation

As a first approach to schools in the ACT, requesting student participation in the main survey, I mailed a personally addressed letter to principals of all senior secondary colleges and non-government schools that taught Years 11 and 12 students. The names of principals in government colleges had been provided for me by the School Performance Review and Development (SPRAD) section of the ACT Department of Education and Training, and the names of principals in the non-government education sector were provided by the Department's liaison officer for this sector. The text and presentation of the letter appears at the end of this appendix, page 282.

Negotiating with college principals and board members

The following text represents the form of words that I used when seeking permission from principals and college boards to gain access to student respondents for the main survey. When making presentations about the research procedure, I used a small prompt sheet on which I had noted all the issues outlined below.

> *I am conducting research for my PhD thesis on teenagers' risk for HIV infection, but the scope of the study also includes other sexually transmissible diseases and unwanted pregnancy. I am conducting my research at the National Centre for Epidemiology and Population Health at The Australian National University. I have been funded to do the work by the Commonwealth AIDS Research Grants Committee, the National Centre for Research into Drug Abuse and the ACT Health Promotion Fund. The survey work that I propose to conduct in senior secondary colleges has been approved and registered with the Section for Program Research and Development in the Department of Education and Training, and has the support of all Regional Directors of Schools.*
>
> *Teachers and parents have the final imprimatur on the research and I am now asking each of the colleges to allow me access to students during their scheduled class periods, and then to ask the students if they are*

willing to complete a survey questionnaire schedule on teenage sexuality. When I request responses from students, I will emphasise the voluntary nature of their participation.

The questionnaire schedule has been developed through a process in which I have conducted a pilot survey at several senior secondary colleges, focus group discussions with students, and a final pre-test of the schedule with first-year university students.

There are gaps in the research literature regarding the details of teenagers' sexual relationships and the ways in which they experience sexual encounters. The paucity of such information is partly due to methodological issues regarding survey questionnaires that ask questions which are very broad. For example, an answer to the question 'have you ever had sex?' is difficult to interpret because the word 'sex' encompasses a broad range of practices, experiences and world views and conveys different meanings to different people. In order to overcome this problem of sex research methodology, I have written the questions in express terms. For many of the items about disease transmission and sexual practice I have set the questions in the context of relationships that most teenagers will identify. Participants in the focus group discussions offered support for asking teenagers about sex in an explicit manner, and said that the approach was open and honest.

In making my request for your college to participate, I can assure you of the confidentiality of data collection and reporting. The schedules are anonymous and cannot be traced back to individuals. I will be rigorous in administration of the questionnaire so that the privacy of students is protected while they are completing the schedule. My procedure includes seating students apart from each other, and asking them not to talk about the questionnaire during the class period. The schedule is set out with response categories that include 'I don't wish to answer' or 'I don't know'; this was a deliberate strategy for guarding privacy in the classroom, so that respondents can refuse to answer personal items but do not attract the attention of others in the room by so refusing.

A further aspect of confidentiality is that of reporting the results. Analyses of 'groups' will be reported in terms of gender and sexual

practice only and I will not identify a particular college, nor a school region in the results. Reporting demographic characteristics such as ethnicity and religion will be for the purpose of establishing a representative sample and will not be linked to sexual practices or other behaviours.

The research has implications for the Canberra community in developing health promotion strategies for teenagers. In this regard, I will be offering colleges copies of my completed thesis, and I hope to provide the results to students, teachers and parents in seminars and informal class discussions.

THE AUSTRALIAN
NATIONAL UNIVERSITY
ACT 0200 Australia
Telephone 06 249 2378
Facsimile 06 249 0740

Dear Ms/Mr

I am writing to ask for your assistance with data collection for my PhD research. My work is funded by the Commonwealth AIDS Research Grants Committee, Department of Health, Housing and Community Services, and fieldwork components are being supported by grants from the ACT Health Promotion Fund and the National Centre for the Prevention of Drug Abuse.

The project has the support of Executive Directors in all Schools Regions, and has been approved by the School Performance Review and Development (SPRAD) section of the ACT Department of Education and Training. I attach a copy of their appraisal for your information. I wish to get responses to the *Teenage Lifestyles & Health Behaviour Questionnaire* from students in years 11 and 12, amongst other teenagers in the Canberra region. The questionnaire is "self-report" and I would like to administer it during class time at your college. I anticipate that participation will fit a broad range of curricula - for example, psychology, sociology, or health education students may find that the process is a useful adjunct to their course work.

Much of the data I am seeking is sensitive, and in making this request I would like to assure you that the conduct of my project will follow National Health and Medical Research Council ethics procedures. In this regard, it would be useful for me to discuss the following principles with you -

voluntary participation,
informed consent of participants,
support of staff and parent representatives, and
confidentiality of data, covering individuals, groups and schools.

I look forward to discussing my proposal with you.

Yours sincerely.

Janis Shaw

APPENDIX 8

Scale statistics from the main survey results

Scale statistics provided in this appendix include Cronbach's (1951) coefficient alpha and item-total correlations (criterion for retaining items was that they attained and item-total correlation of .10 or greater). For inventories and summary scales, the mean score and standard deviation is given as well as the variance of each item. Scales without source references were created specifically for the current study. The following scales were calculated from the full sample (whether or not respondents had had intercourse)

Desire for an affectionate partner,
Desire for a sexual partner,
Alcohol and drug use,
Subjective well-being,

and one inventory

HIV transmission knowledge.

The condom use summary scale was calculated for respondents who had ever had intercourse.

Desire for an affectionate partner, n=745, k=5, $r_{(tt)}$=.79

Scale item [a]	$r_{(it)}$
Would you like to have a boyfriend/girlfriend who ...	
would love you so you felt safe?	.57
would love you with the sweetest of devotion?	.55
would make you feel you 'belonged'?	.63
would make you feel brighter?	.52
would show affection for you?	.59

[a] Response categories: Yes, I'd like it; Maybe I'd like it; No, I would not like it; I don't know.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations

Desire for a sexual partner, n=706, k=4, $r_{(tt)}$=.80

Scale item [a]	$r_{(it)}$
Would you like to have a boyfriend/girlfriend who ...	
you could tune into sexually?	.46
would be sexually aroused by you?	.52
could be talked into having sex with you?	.23
you could be sexually wild with?	.49

[a] Response categories: Yes, I'd like it; Maybe I'd like it; No, I would not like it; I don't know.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations

Alcohol and drug use, (Winters 1992), n=645, k=9, $r_{(tt)}$=.86

Scale item [a]	$r_{(it)}$
How often have you ...	
made excuses to your parents about your alcohol or drug use?	.43
been upset about other people talking about your drinking?	.40
When using alcohol or other drugs, how often have you ...	
found out things you said or did while using or drinking that you did not remember?	.63
spilled things?	.69
bumped into things?	.74
fallen down?	.71
had trouble walking around?	.68
seen, felt or heard things that were not really there?	.54
spent money on things you would not normally buy?	.46

[a] Response categories: never; once or twice; often.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations

Subjective well-being, (Goldberg 1972), n=754, k=6, $r_{(tt)}$=.69

Scale item [a]	$r_{(it)}$
Have you recently ...	
been able to concentrate on whatever you are doing?	.43
felt capable of making decisions about things?	.48
felt that you could not overcome your difficulties? (-*Q*)	.41
been able to enjoy your normal day-to-day activities?	.48
been feeling unhappy and depressed? (-*Q*)	.45
been losing confidence in yourself? (-*Q*)	.42

[a] Response categories: not at all; some of the time; most of the time.
k, number of items in the scale
$r_{(tt)}$, Cronbach's (1951) coefficient alpha
$r_{(it)}$, item-total correlations
-*Q*, reverse scored items

Condom use summary scale

The protected sex summary scale was calculated in a Guttman-type procedure, assigning an additive score for each respondent based on reports of vaginal intercourse and anal intercourse, practiced with condoms and without condoms, in sexual encounters with regular partners and casual partners. A large number of respondents (n=413) were excluded from the analysis of protected sex histories given in Chapter 5, either because they reported that they had never had intercourse, or because there were missing data for them.

The score for this scale was calculated according to a positive response to the items that asked about each practice, according to ordinal categories of 'never', 'once or twice', 'several times' or 'often'. The behaviours were weighted according the the possiblity of sexual disease transmission based on Gold's (1986) tabulation of the relative risks for infection with HIV by possible routes of transmission. The Guttman-type weighting of practices on the basis of risk for disease transmission (for example, unprotected intercourse with a casual partner), meant that each respondent's score reflected their most risky practice ever—they could have also reported any or all of the practices in categories of lesser risk. Scores ranged from 1 (had intercourse once and it was protected) to 9 (often had unprotected sex with a

casual partner). The mean score was 5, and the median 6. The negative skew is a result of a large number of respondents who reported that they had had unprotected intercourse once with a casual partner. Figure 3 shows the distribution of the scored categories.

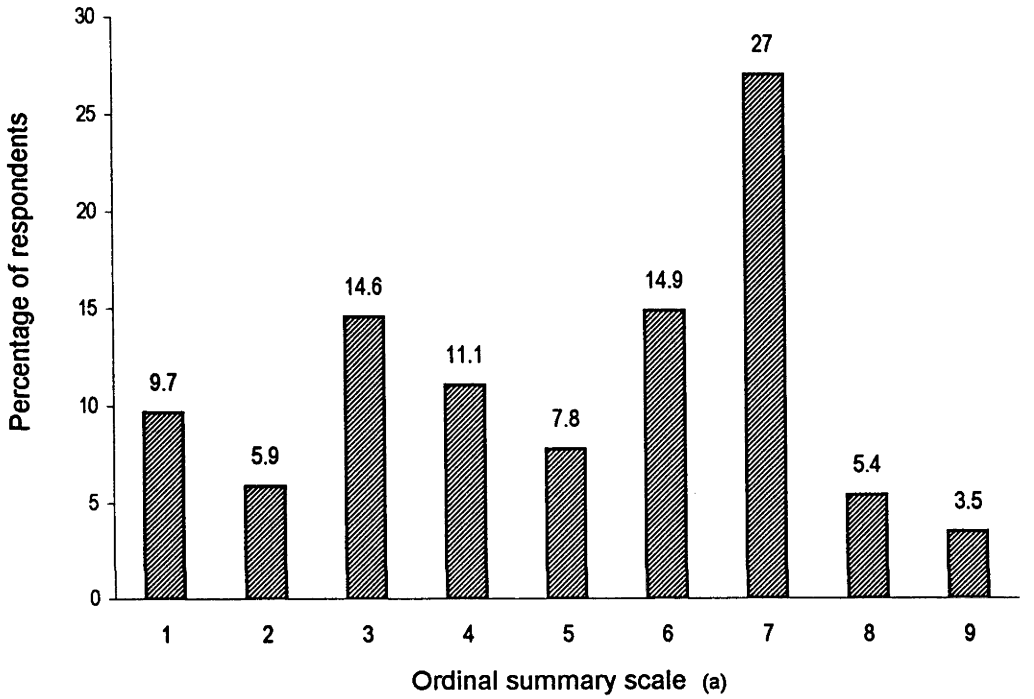


Figure 3: Distribution of scores from a summary scale of histories of condom use reported by teenagers in a Canberra survey sample who had ever had intercourse.

Figures on the bars are percentages of the sample (n=370) who had ever had intercourse and for whom there was no missing data.

(a) Scale scores refer to the category of greatest risk for STD transmission, given below -

1. Had intercourse once and it was with a condom.
2. Had intercourse several times and it was always with a condom.
3. Had intercourse often and it was always with a condom.
4. Had intercourse once without a condom, with a regular partner.
5. Had intercourse several times without a condom, with a regular partner.
6. Had intercourse often without a condom, with a regular partner.
7. Had intercourse once without a condom, with a casual partner.
8. Had intercourse several times without a condom, with a casual partner.
9. Had intercourse often without a condom, with a casual partner.

HIV transmission knowledge, k=21, x=13.8, SD=3.6, n=698

Scale item [a]	% correct [b]
manual stimulation	
female risk when receiving	77.8
female risk when fondling penis (no ejaculation)	79.5
female risk when giving (ejaculation)	67.5
male risk when receiving	78.8
male risk when giving	65.6
oral stimulation	
female risk when receiving	25.6
female risk when giving (no ejaculation)	43.3
female risk when giving (ejaculation)	42.3
male risk when receiving	46.1
vaginal intercourse	
casual partners	
female risk with condom	67.5
male risk with condom	78.8
female risk without condom	91.5
male risk without condom	83.4
regular partners	
female risk without condom	73.9
male risk without condom	80.9
withdrawal before ejaculation	
female risk	45.7
male risk	39.8
anal intercourse	
casual partners	
female risk without condom	65.9
male risk without condom	51.4
regular partners	
female risk without condom	67.5
male risk without condom	49.7

[a] Response categories to the questions of risk regarding the sexual practices portrayed in the fictional encounters: virtually impossible; some possibility; very high possibility; I don't know (coded 0).
[b] Percentage of respondents who gave accurate answers to each item. Respondents who said they did not wish to answer any item were treated as a missing case.
k, number of items in the scale

Knowledge about transmission of HIV infection was asked in the main survey questionnaire in a way similar to the pilot survey, that is, set in fictional stories about characters in sexual encounters (see Appendix 2, pages 236-247). In these vignettes sexual practice was expressly stated. Items asked about the potential risk for HIV transmission in relation to the

practices described. The answers were scored according to criteria provided by Gold (1986). Each answer was rated as 1 or 0 for correct or incorrect answers respectively, and a maximum score of 21 correct answers was possible. The scores ranged from 0 to 21, and the median score was 14, indicating a negative skew in the distribution of scores. The statistics given in this appendix include all respondents, whether or not they had ever had intercourse; in Chapter 5 (see page 140), only those who had ever had intercourse are included in the multiple regression model.

APPENDIX 9

Courses attended by respondents

All respondents volunteered to complete the questionnaire during class time. The scheduled courses that the respondents would have been attending at the time of the survey interview reflected the cooperation of different teachers, and also in part my request for a gender and ability balance. Since one of the possible uses of the survey was to introduce students to social science methods in the context of their course work, a large number of respondents were sociology and psychology students.

Table 25: Courses attended by Canberra teenagers at senior secondary colleges when responding to the main survey questionnaire.

Course attended	Percentage and number of respondents	
	%	n
Accounting	3.2	25
Art	.6	5
Biology	5.5	43
Business studies	.6	5
Chemistry	1.8	14
Economics	3.1	24
English	6.6	52
French	.9	7
Geography	2.2	17
History	3.8	30
Maths	5.5	43
Physics	5.1	40
Physical education	3.8	30
Psychology	28.0	219
Science	4.5	35
Sociology	12.4	97
Statistics	2.0	16
Lifestyles	4.9	38
Woodwork	2.3	18
Other courses	3.1	25
Total	100.00	783

The course category of 'other' is accounted for by some students who congregrated at a lecture theatre and their regular course was unkown.

APPENDIX 10

Briefing, debriefing and informed consent

Briefing for surveys

When I administered the pilot survey and the main survey questionnaires in classrooms, I briefed the students about the research, and their rights in it, before asking them to complete the questionnaire schedule. I had a list of prompts that covered relevant and necessary information about the field of study, ethics in collecting the data, and completion of the schedule. The following text represents an approximate form of words that I used in the briefing procedure for the main survey.

> *My name is Janis Shaw and I am conducting research on teenage sexuality for my PhD at the Australian National University. The work is being funded by the Commonwealth AIDS Research Grants Committee. The purpose of the study is to find accurate information about teenagers' sexual relationships in order to help people who design safe sex campaigns. I expect that all of you have seen television and magazine advertisements about safe sex and clean intravenous drug use. Is there anyone who has not seen such advertisements? [Their responses indicated that all the teenagers I canvassed were familiar with such campaigns]. The people who design these advertisements need up-to-date information about teenagers, so that their campaign strategies will be effective. This kind of information has to come from teenagers such as yourselves.*
>
> *I am conducting the survey at all the government colleges in Canberra, and I am trying to get answers from approximately one hundred students at each college. I hope to get a sample of almost one thousand students by the time I have finished the survey. Your teacher has kindly allowed me to ask this class to be part of the survey. The study has been approved by the ACT Department of Education and Training, and by your pricipal and college board.*

Your participation in this survey is completely voluntary, which means that you should fill in the questionnaire only if you wish to do so. The questionnaires are anonymous and this means that there is no way that anyone can trace your answers back to you. I will take all the booklets back to the university when you have filled them out and keep them in a locked cabinet. No-one at this college will see them. Your answers will be kept strictly confidential. This means that only one or two people, who are working with me on the project, will ever see them. All your answers will be coded as numbers in a computer file, and I will be the only person who has access to the codes. Confidentiality also means that I will not report any information about particular groups - for example, about a particular college, an ethnic group or a religious group.

I would like you to sit well apart from each other so that I can ensure everyone has privacy when they are answering the questions. It is very important that you do not speak to each other or look at the answers of another student. I am obliged to administer these rules very strictly, for ethics purposes, but I would like you to view it as a matter of respecting the privacy of others.

I cannot study sexuality without asking some very personal questions—that is obvious! But I realise that not everyone will want to answer such questions. If you look at page five, you will see that there are answer categories such as 'I don't know' and 'Doesn't apply to me'. Other questions further along also have a category 'I don't wish to answer'. It is very important that you answer honestly, and that you choose the answers that fit you best—for example, when you don't want to answer or you don't know the correct answer—please use the category that says so. Of course, you don't have to answer at all if you don't want to, but I'd like to encourage you to, since I need a very large number of students in order to get information that is reliable.

I hope you find that the questions are clear. I conducted a pilot survey late last year to try them out on a small group of students, first. Some of the teenagers who took part in the pilot survey also came along to discussion groups at the university and they helped me make the questionnaire much more user-friendly. So, in a sense, the questionnaire has been designed partly by students your own age.

Are there any questions you would like to ask before you start? [There were a few students who asked for additional information at this stage of the administration.] Please feel free to ask me any questions you have as you work through the survey booklet. I've handed out some consent forms as well. You must read the form and initial it before you start answering the questions. Please don't write your name—sign your initials only.

The pilot survey briefing was similar, except that I explained that the purpose of the pilot study was to develop better survey questions for a much larger survey to be conducted the following year.

Debriefing for surveys

Debriefing differed from class to class, and depended on the nature of each course that students would normally be attending if I had not asked them to complete the questionnaire. For example, in psychology and sociology classes I was able to answer questions about the theory and development of survey measures in general, as well as the particular way in which I had designed the questions that they had answered. However, such information was neither relevant nor interesting to other classes. In all cases I asked for comments on the content and layout of the questionnaire schedule, and in all cases I explained the difference between safe and unsafe sex, and that sharing needles and syringes was unsafe. I was available at the end of each class to discuss issues that students had not raised during the class debriefing, but wished to ask about more privately.

Briefing for focus groups

When briefing focus group participants, I explained the nature of the research and provided them with blank pilot survey questionnaire schedules. Some of the participants had not seen the questionnaire beforehand as they had not been respondents in the pilot survey, but had come to the focus groups with a friend who had consented to be followed-up at the time of the pilot survey.

At the time of the focus group sessions I provided the participants with new consent forms and a hand-out about the research, which I suggested would be useful information for their parents. The hand-out appears at

the end of this appendix. Before asking participants to initial the consent forms I outlined the procedure for the session—that I would be presenting the results of the pilot survey and would ask for their comments on these results as well as their advice about improving the questionnaire schedule. In the case of the second round of groups, I also outlined the projective exercise procedure. I asked the participants' approval to record the discussion on cassette tape, and conducted a short trial run to test the equipment and the volume at which the participants were speaking.

Consent forms

I used the same content and layout for the consent forms in both surveys. In all cases, surveys and focus group work, I asked the teenagers to use only their initials when signing consent forms. The form is presented below in slightly smaller size than the original, A5-size, forms.

TEENAGE LIFESTYLES & HEALTH BEHAVIOUR PROJECT

CONSENT FORM

I am willing to complete the Teenage Lifestyles & Health Behaviour Questionnaire. I have been informed about the nature of the research, that my participation is voluntary and that I can refuse to answer any question for whatever reason. I understand that my responses will be anonymous and confidential.

....
(Sign initials only) (Date)

In the pilot survey briefing, I drew students' attention to the consent form regarding the follow-up focus group study, but asked them not to fill it out until they had completed the questionnaire. By leaving it until then, the students could make a better appraisal of the likely nature of the

discussions. I explained that the purpose of the focus group study was to discuss the results of the survey and to talk about ways to improve the questionnaire. I also told them that the groups would be convened at the university and that out of pocket expenses, for example the cost of transport, would be covered from the research funds. The A6-sized consent form for follow-up focus group volunteers is reproduced below.

CONSENT TO FOLLOW-UP

I would like to participate in the follow-up study of the Teenage Lifestyles and Health Behaviour Questionnaire....

First name only: .....

Date of birth: .....

Phone contact during the next six months: .....

The consent form for the focus group participants was the same size and layout as that for survey respondents, but referred to the group discussion work and not the survey questionnaire. The focus group hand-out is reproduced on the next page.

FOCUS GROUP STUDY OF ADOLESCENT HEALTH ATTITUDES TO SEXUALITY, ALCOHOL AND DRUG USE

Janis Shaw
National Centre for Epidemiology and Population Health
Australian National University

Information for participants and their parents:

Little is known about the factors related to adolescent behaviours that put teenagers' health at risk. Effective education programs can only be developed if there is a better understanding of adolescent behaviour. Strategies developed for this age group will help to reduce the risk of health and social problems, for example unwanted teenage pregnancy and the way in which juvenile offending relates to drug use. A particular problem facing us today is HIV infection and other sexually transmitted diseases. Research that provides a basis for public health strategies is now urgently needed.

The focus group study is an integral part of a three-year PhD research project in this field of research. This is a method of research where small discussion groups help to uncover attitudes and opinions about teenage experience and the best ways in which questions can be asked of them. Information from the groups is then used toward the design of a survey questionnaire form. There will be approximately ninety teenagers participating in the study, in groups of about six or eight, either all female or all male. These teenagers have volunteered to participate, following a pilot survey in Canberra colleges during 1991. Members of the focus groups will be asked to talk about the attitudes, behaviour and practices of teenagers generally, and no personal information will be sought.

It is anticipated that information gained on the understandings that teenagers have about sexuality and drugs will provide benefits through policy makers, health educators and youth workers. The analyses will also inform education programs and interventions designed to develop safe behaviour in teenagers.

APPENDIX 11

Population statistics for respondents in both surveys

Table 26: Comparison of some population statistics between respondents in two surveys on teenage sexuality at senior secondary colleges in Canberra, and Census data related to their age group.

	Percent distribution for each group		
	pilot survey [a]	main survey [b]	ACT Census [c]
	%	%	%
Fathers' occupations [d]			
White collar	60.3	46.3	57.0
Blue collar	16.3	24.8	41.0
Unemployed	1.8	3.5	–
Other	21.6	25.4	2.0
Country of birth			
Australia	73.5	82.3	76.0
Anglo/European [e]	17.6	6.4	16.0
Other regions	8.9	11.3	8.0
Language spoken at home			
English	91.2	86.1	85.0
European	4.4	7.5	7.0
Other	4.4	6.4	8.0
Religion			
Roman Catholic	20.8	24.2	31.0
Church of England	15.6	12.8	22.0
Protestant	9.3	14.7	16.0
Christian, not specified	9.4	10.9	2.0
Non-Christian	8.3	4.6	3.0
None, not stated	36.6	32.8	26.0

[a] Respondents to the pilot survey, 1991, n=113.
[b] Respondents to the main survey, 1992, n=783.
[c] Population and housing census figures for the Australian Capital Territory (Australian Bureau of Statistics 1991). All figures are rounded to whole percent in the CDATA91 software package. Figures for country of birth, language spoken at home and religion are for ages 15-19 years. Occupations relate to males aged 35-64; no figures for the unemployed category.
[d] White collar occupations include managers, administrators, professionals and clerks. Blue collar includes tradespersons, sales and personal service occupations and plant and machinery operators. Other occupations include inadequately described public servants in survey responses.
[e] Includes Britain, Europe, New Zealand and North America.

Occupations of sexual partners

In the section of the main survey questionnaire that asked respondents about their most recent sexual encounter one item referred to the occupation of their partners on that occasion. The table below shows the percentage reports. Occupational categories were based on those used by the Australian Bureau of Statistics (1991). All respondents were students at senior secondary colleges, but in their most recent encounter some were with partners in other occupational categories. The distribution of reports from women was different from the distribution of reports from men. Tradespersons were the most highly represented group of partners reported by women. There were no para-professionals nor tradespersons reported as partners by men. There were very few reports in other categories. More men than women reported that they were with another student on that occasion. The distribution of occupations and the different pattern for women and men is not surprising given the age of respondents and that women were more likely to be with older partners (see Table 21, page 150), thus those partners would be more likely to have finished their secondary education.

Table 27: Percentage reports from a survey of teenagers in Canberra of the occupations of respondents' most recent sexual partner.

Occupational category[a]	Women's partners		Men's partners	
	%	n	%	n
Professionals	.7	1	.9	1
Para-professionals	1.4	2	.0	0
Tradespersons	9.0	13	.0	0
Clerks	2.1	3	.9	1
Sales and services	3.4	5	1.7	2
Inadequately described	6.1	9	3.4	4
Unemployed	2.1	3	2.6	3
Students	75.2	109	90.5	105
Total N [b]		145		116

(a) Australian Bureau of Statistics occupational categories (1991).
(b) Some missing data due to non-completion of the item regarding partners' occupations.

APPENDIX 12

Drinking alcohol at the most recent sexual encounter

The table below gives percentage values for results presented in Figure 2. Reports of drinking alcohol at respondents' most recent sexual encounter were compared with their co-occurrence of drinking alcohol at past sexual encounters. The reports were analysed by gender, according to whether respondents had drank alcohol at their recent encounter.

Table 28: Reports of alcohol use at recent and past sexual encounters of Canberra teenagers.

Drank alcohol at recent encounter [a]	Past co-occurrence of alcohol and sex often	sometimes	never
	%	%	%
Women			
who did drink (n=26)	34.6	61.5	3.8
who did not drink (n=72)	0.0	39.1	60.9
Men			
who did drink (n=25)	48.0	44.0	8.0
who did not drink (n=65)	5.6	56.7	37.8

[a] includes different levels of intoxication: 'relaxed from a few drinks', 'tipsy' and 'drunk'.

GLOSSARY

Affection: Reference to 'affection' is not used here in the conventional terms of personality theory—as the general term for the feeling (and emotional) aspect of psychological experience. In this thesis the term 'affection' is specifically directed to the action and speech between two people in which the personal communication of care and physical tenderness is expressed.

Intimacy: The use of 'intimacy' in this thesis refers to the quality of closeness in a relationship that includes sexual contact, and thus takes a narrower sense than intimacy through friendship or in platonic relationships.

Romantic love: I drew on the concept of 'romantic love' as a script for sexual conduct directed by the proposition that feminine and masculine roles can be prescribed through cultural norms of resistance and spontaneity that define 'romantic' sexual conduct. In a scripting of romantic love, the feminine is passive and resisting and the masculine is demanding and initiating. Feminine sexual purity is sustained by the teenage woman's lack of intention and by her passive role in the sexual encounter. The teenage man's masculine script implies that he expects that he should impulsively demand and initiate, albeit without automatically assuming that sex will occur.