Gendered communication among young people in Mexico: implications for sexual health interventions

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Abstract

Effective communication between partners is crucial for good sexual health, but is often difficult to achieve. This qualitative study shows how gendered communication can act as an important barrier to successful dialogue between men and women. Both content and manner of speaking are often gendered: not only can topics of conversation be socially defined as more or less appropriate for a speaker according to his or her sex, but men and women can also differ systematically in terms of the phrases and words they use. This may lead to a lack of the common forms of expression that are needed for effective communication. The study examines communication about sexuality among young men and women in low-income areas of Mexico City. The relationship between gender stereotypes of sexual behaviour and the gendered nature of communication strategies is explored. The negative consequences of gendered communication for effective dialogue between men and women are illustrated. Interventions that can enhance communication between men and women would be expected to have a positive impact on sexual health. This paper argues that research and interventions intended to improve sexual health may instead inadvertently reinforce communication barriers not only by failing to address the social pressures that exacerbate gendered communication, but also more insidiously, by using language that actively contributes to these pressures. An example of an intervention that avoids this problem is the Mexican programme “Gente Joven” (“Young People”).

Introduction

The importance of effective communication within sexual dyads (i.e. between partners) is often cited as key to good sexual health (e.g. Drennan, 1998; AIDSCAP, 1996). In practice, such communication is often difficult to achieve. A major potential barrier to dialogue between men and women is that communication is gendered: there are socially determined differences in the ways that men communicate compared with women.

The designers of interventions to improve sexual health need to understand and tackle barriers to communication. The extent to which a programme can encourage mixed-sex communication can be considered to contribute to the “process of laying the foundations for the social skills necessary to ensure safer sex in the future” (Wight & Abraham, 2000, p. 31). An intervention that fosters communication styles that are not specifically “masculine” or “feminine”, but that are more neutral may be able to increase couple communication1. By contrast, research or interventions that reiterate gender stereotypes, deliberately or otherwise, may inadvertently reinforce these barriers.

In this paper, I will first outline the processes through which communication can affect sexual health, and set out the ways in which communication can be considered to be gendered. Using qualitative data, I will then consider the specific example of young people in Mexico City to explore the nature of their communication: the extent to which it is gendered, and the relationship

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1 This study focuses on heterosexual couples.
between communication strategies and gender stereotypes of sexual behaviour. The ways in which gendered communication can impede effective dialogue between the sexes is illustrated. Finally, I will argue that existing communication difficulties could actually be exacerbated by the very interventions that aim to improve sexual health.

**Background**

**Communication and young people’s sexual health**

Evidence for a positive effect of communication on sexual health comes from a range of studies in different countries (e.g. see review in Vanwesenbeeck, Zessen, Ingham, Jaramazovic, & Stevens, 1999). Couple communication is often described as lacking, however, and communication about sexuality is widely reported to be difficult (e.g. Gausset, 2001; Woodsong & Koo, 1999). For unmarried young people, particularly if they are sexually inexperienced, communication may be especially important for sexual health. For instance, if there is doubt about whether or not sexual intercourse will take place at all (Lear, 1995), or if the partner’s views on contraception are unknown (Mitchell & Wellings, 1998). Discussion before intercourse takes place could help to clarify these issues. Without clarification, the individuals may be more concerned with what they think they “should” be doing than with what might be best for them or their partner (e.g. Varga, 1999). Among young people in Britain, explicit discussion of contraception before coitus has been linked to use of contraception, but there is often a reliance on non-verbal communication because verbal communication can be difficult to achieve (Coleman & Ingham, 1999; Mitchell & Wellings, 1998). Ineffective verbal communication may lead to coercion where sexual intentions are unclear. For example, in some cases social pressures can mean that a woman feels she must say “no” to sex even if she means “yes”—a phenomenon termed “scripted refusal” by Muehlenhard and McCoy (1991). If “no” sometimes means “yes”, consent is potentially very difficult to ascertain.

**Gendered conversation content**

The content of what is discussed can be affected by the fact that in many cultures there are different expectations and stereotypes that apply to men compared with those that apply to women. For example, women are often expected to resist sex and in such a climate, a young woman may be unwilling to initiate talk of sexual intercourse (Gupta & Weiss, 1995). She may also be unwilling to mention condoms in case she appears to be too sexually experienced (Rivers et al., 1998). Communication about safer sex by either member of a dyad may create suspicion or violate trust by raising the issue of past sexual experiences outside the current relationship. For example, a woman may wish her partner to remain discreet, and disclosure of past history immediately indicates that her own experiences with him may not be confidential (Gavin, 2000; Ingham, Woodcock, & Stenner, 1991). In South Africa, a woman admitting to having had previous partners is a threat to male identity because, rather than being entirely passive, she may have expectations of her new partner that he may not meet (Shefer & Foster, 2001). She may also no longer be seen as a low-risk partner (Gavin, 2000). A man may be unwilling to broach the subject of sexual intercourse because he assumes his partner will resist, and may prefer to retain ambiguity than be refused outright (Lear, 1995; Wight, 1992). Given the possibility of scripted refusal, a “no” may be very difficult to interpret in any case. Expectations based on gender stereotypes, then, can render open conversation in a dyad much more difficult and indeed may completely silence one or both of the individuals (Rivers, & Aggleton, 1998; Kippax, Crawford, Waldby, & Benton, 1990).

**Gendered communication styles**

Language situates the speaker in relation to distinct social groups: vocabulary, topics of conversation and conversational style can all identify the speaker as belonging or not to a particular group (Eastman, 1985). In addition to other group memberships that might be associated with differential language use, men and women are socialised to communicate in different ways from early childhood (Carli & Bukatko, 2000).

The differences in the ways that men and women speak reflect gender stereotypes prevailing in the culture. For example, men (“aggressive” according to stereotype) may be permitted to use swear words in speech, while this is frowned upon for “passive” women (Lindsey & Zakahi, 1998). A study in Australia found that elements of “traditional masculinity” dominated the ways fathers spoke to their sons about sexuality. The fathers used performance and joking to address sexual topics and characterised themselves as open in their communication. Nevertheless, they simultaneously conveyed traditional gender roles, in part through their
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