ELSEVIER

Social Science & Medicine 59 (2004) 473–487

SOCIAL SCIENCE & MEDICINE

www.elsevier.com/locate/socscimed

Socio-cultural influences on young people's sexual development

Jean A. Shoveller[a,*], Joy L. Johnson[b], Donald B. Langille[c], Terry Mitchell[d]

[a] *Department of Health Care and Epidemiology, University of British Columbia, James Mather Building, 5804 Fairview Avenue, Vancouver, BC, Canada V6 T 1Z3.*

[b] *School of Nursing, University of British Columbia, T201-2211 Wesbrook Mall, Vancouver, BC, Canada V6 T 2B5*

[c] *Department of Community Health & Epidemiology, Dalhousie University, 5849 University Avenue, Halifax, NS, Canada B3 H 4H7*

[d] *Community Research Initiative, Canadian Breast Cancer Foundation, Suite 750 790 Bay Street, Toronto, Ont., Canada M5G 1N8*

Abstract

Emerging evidence indicates that the mechanisms that create health (or ill health) at the population level exist at the intersection between the individual and more "upstream" forces that shape our social contexts. To investigate this proposition, we collected detailed descriptions of youth's perceptions about the socio-cultural and other structural aspects of their contexts that shape their sexual behaviour patterns, and ultimately their health outcomes. In this paper, we examine how social context shaped experiences and perceptions pertaining to sexual behaviour among 18–24 year olds living in two Canadian communities (one rural and one urban).

We investigate explanations for the struggle that youth engage in as they attempt to situate their emergent sexual behaviour patterns within community, family, peer, and broader social contexts. Two central processes appeared to be important to the experiences of youth in the current study and their recollections about their adolescent sexual experiences. These processes are embedded in social norms and structures and are directed at pathologizing sex and silencing meaningful discussion about sex. Together, they interact to create a climate of sex-based shame. The findings of this qualitative study add to previous sociological and feminist research that has also demonstrated how traditional approaches to understanding youth sexual behaviour tend to ignore or discount the "embeddedness" of young people in their social structures and contexts.

Keywords: Adolescence; Sexual health; Canada

Introduction

Despite many adults' discomfort with the idea, the majority of young people are either currently sexually active or have previously had sex by the time they reach early adulthood (Bibby, 2001). Moreover, regardless of their sexual behaviour status, most youth engage in protracted struggles concerning a multiplicity of questions about their development as sexual beings. The most challenging questions for youth extend beyond choosing with whom, where and when to have sex (e.g., "your place or mine?"); rather, they engage in an often arduous process of coming to terms with the meaning of becoming a sexual being. In their attempts to construct such meaning, youth often look to their social contexts for clues about what constitutes acceptable sexual behaviour.

Ironically, most popular representations, as well as much of the "classic" biomedical and epidemiological research, relies on highly de-contextualized explanations of youth sexual behaviour, particularly in relation to teen pregnancy and sexually transmitted infections. The

*Corresponding author. Tel.: +1-604-822-3724; fax: +1-604-822-4994.

E-mail address: jean.shoveller@ubc.ca (J.A. Shoveller).

0277-9536/$ - see front matter © 2003 Elsevier Ltd. All rights reserved.
doi:10.1016/j.socscimed.2003.11.017

emphasis has been on assessing individual level "risk factors" (e.g., ignorance of contraception, promiscuity) and their statistical associations with a series of consequential, negative health and social sequelae, including: pre-mature and low birth weight babies (Fraser, Brockert, & Ward, 1995), decreased educational and employment opportunities for teen mothers (Federal, Provincial, and Territorial Working Group on Adolescent Reproductive Health in Canada, 1989; Zabin, 1990), as well as pelvic inflammatory disease and its fertility complications (Yarber & Parrillo, 1992; Dryfoos, 1990). Unarguably, unwanted pregnancy and STIs pose serious problems for young people; however, an exclusive reliance on "risk factor" explanations enhances the likelihood that our understanding of these problems is "denuded of social meaning" (Frolich, Corin, & Potvin, 2001, p. 781) and that interventions to address such issues remain focused exclusively on reducing risky adolescent behaviour.

In fact, most previous sexual health interventions have emphasized the importance of changing teens' risk profiles (especially their knowledge levels and attitudes), but have consistently failed to produce long-term behaviour change or improved sexual health outcomes at the population level (Wasserheit & Aral, 1996; Gunatilake, 1998). Moreover, emerging evidence indicates that most population level health outcomes are unlikely to be explained adequately as an aggregate of individual level risk factors (Ketting & Visser, 1994; Macintyre & Ellaway, 2000).

Williams (2003, p. 147) has argued that "risk factor epidemiology tends to assume a freedom to make healthy choices that is out of line with what many lay people experience as real possibilities in their everyday lives". While the need for new sexual health promotion intervention approaches has been discussed (Corcoran, 1999, 2000; Hardwick & Patychuk, 1999; Campbell, 1999; Rhodes, Stimson, & Quirk, 1996), a serious gap remains in terms of accounting for the inter-relationships of social structure, context and agency. The intent of the current study was to begin to move away from an individualized risk factor analysis and towards a more "ecological" approach that favours investigating the interaction between social context and youth sexual behaviour (Bronfenbrenner, 1979, 1992, 1995). In this qualitative study, we present youth's descriptions of the ways in which context affects their development as sexual beings. We use youth's accounts of their everyday experiences while growing up in two Canadian communities (one rural and one urban) to show how youth sexual behaviour is inextricably linked with social context and structure. In doing so, we describe how some features of the current context put young people at increased risk of experiencing serious sexual health and social problems.

Study setting

It may be useful to highlight a few characteristics of the Canadian context, especially for those readers that might assume that the context of youth sexual behaviour in Canadian society is equivalent to that in the United States (US). While there are similarities, Canadian and American societies tend to reflect different overall social, cultural, as well as political contexts and values. Not unlike the US, Canada has a diverse and varied multi-ethnic and multi-cultural population. According to the most recent Canadian Census (Statistics Canada, 2003), the proportion of Canada's population who was born outside the country (18.4%) has reached its highest level in 70 years (only Australia has a higher proportion of population born outside the country). Visible minorities in Canada have experienced a three-fold increase since 1981, with over one million Canadians identifying as Chinese (accounting for Canada's largest visible minority). In comparison, 10.4% of the US population was foreign-born (US Census, 2001), with the majority (51%) having immigrated from Latin or Central America, the Caribbean, or South America. With regards to religiosity, a growing number of Canadians report they have no religious affiliation—accounting for 16% of the Canadian population in 2001 (Statistics Canada, 2003). Less than one-quarter (22%) of Canadian teens report attending religious services on a weekly basis or more often (Bibby, 2001). In 1999, 8% of people in the US indicated they had no religious preference, membership or attendance, while 70% of Americans belonged to either a church or synagogue (US Census, 2001). Canada's publicly funded health care system symbolizes a key political and social value, while health care in the US is organized under private insurers—in 2000, 14.1% of citizens in the US did not have health insurance (US Census, 2001).

There also are important differences between Canada and the US in relation to young people's sexual health outcomes. According to UNICEF's 1998 Progress of Nations Report (UNICEF, 1998), Canada had an adolescent birth rate in 1995 (24/1000 female teens) less than half that in the US (60/1000 female teens). Panchaud, Singh, Feivelson, and Darroch's (2000) analysis of STI incidence rates (per 100,000) among 15–19 year olds demonstrates that infection rates for many STIs are much lower in Canada (0.6 for syphilis, 59.4 for gonorrhea, and 563.3 for chlamydia) than those reported for the US (6.4 for syphilis, 571.8 for gonorrhea, and 1,131.6 for chlamydia). According to the US Youth Risk Behaviour Surveillance System (2001), 42.1% of sexually active American students had not used a condom at last sexual intercourse. In addition, the School Health Education Profile, which monitors characteristics of health education in schools in the US, found that 72% of schools taught abstinence