

## Towards a psycho-social theoretical framework for sexual health promotion

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### Abstract

Numerous interventions have been designed to promote safer sexual behaviour amongst young people. However, relatively few have proved effective, which is, at least partially, due to the lack of development of theoretically based programmes. An understanding of the origins and control of sexual behaviour can be derived from basic social science research. Unless this is applied to the design of behaviour-change programmes they are unlikely to target the most important determinants of young people's sexual behaviour and are, therefore, unlikely to be effective. This paper outlines some of the key theoretical insights which have been drawn upon in the development of a new sex education programme currently being tested in Scottish schools. The theoretical basis is intentionally eclectic, combining social psychological cognitive models with sociological interpretations, since we are not concerned to advance any particular theory but to find which are most useful in promoting sexual health. First, the social influences on sexual behaviour are considered, and then the way in which these translate into individual perceptions and beliefs. Finally, the paper attempts to develop a theoretical understanding of sexual interaction and the social contexts of sexual behaviour.

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### Introduction

The threat of HIV highlighted the need to prepare young people to manage competently the emotional and biological challenges inherent in forming romantic relationships, and living safe and satisfying sexual lives. These challenges are especially acute for young people living in a media-permeated society in which the commercialization of sexual semiotics is commonplace. Sexual desire and sexual relations are focal topics in the most popular and accessible newspapers, and in magazines and other media designed for young people (McRobbie, 1996; Wellings, 1996).

The reported median age at first intercourse is falling in the UK, and currently 19% of 16- to 19-year-old women and 28% of 16- to 19-year-old men report intercourse before 16 (Johnson *et al.*, 1994). Early sexual experiences are often unprotected and lead to unwanted pregnancies (Bury, 1984). These, in turn, may result in terminations and more than 40 000 are performed on teenagers each year in the UK. Low rates of teenage condom use (Hingson *et al.*, 1990; West *et al.*, 1993) and increasing rates of sexually transmitted diseases (STDs) amongst teenagers (Boyer and Kegeles, 1991), including the slower decline in gonorrhoea amongst young people, and an increase in chlamydia and associated pelvic inflammatory disease amongst young women in the UK (RCOG, 1991; HEA, 1994; SNAP, 1994), all underline the need for enhanced education to promote safer sex.

Numerous interventions have been designed to promote safer sexual behaviour amongst young people but relatively few have proved effective (Fisher and Fisher, 1992). Oakley *et al.* (1995)

judged 12 of 65 outcome evaluation studies to be methodologically sound and found only two which showed clear evidence of a subsequent change in young people's sexual behaviour. One of these, a safer sex intervention for teenage runaways, found an increase in reported condom use and decreased risk behaviour (Rotheram-Borus *et al.*, 1991), while the other reported that a programme designed to promote sexual abstinence increased sexual initiation amongst young men (Christopher and Roosa, 1991). It should be noted, however, that some programmes demonstrated to be effective were excluded from Oakley *et al.*'s review because their evaluation reports did not meet the exacting methodological criteria or because results had not yet been published (e.g. Jemmott *et al.*, 1992; Walter and Vaughan, 1993; Schaalma *et al.*, 1996).

This failure to develop effective interventions is, at least partially, due to the lack of theoretically based programme development. Fisher and Fisher (1992), for example, noted that interventions based on formal conceptualizations of any kind were 'exceedingly rare' (p. 463). Unless an understanding of the origins and control of sexual behaviour, which can be derived from basic social science research, is applied to the design of behaviour-change programmes, these programmes are unlikely to target the most important determinants of young people's sexual behaviour and are, therefore, unlikely to be effective.

Kok and Green (1990) have called for greater co-operation between social scientists and health promotion practitioners, but also noted how the different priorities of practitioners and researchers lead to a conflict of interests. Practitioners want to make an immediate response to health education needs and tend to rely on adaptations of current practice, while researchers are keen to test carefully the validity and generalizability of their theories before recommending applications. Furthermore, health promoters sometimes think, understandably, that they know what effective practice is and do not see the benefit in further evaluative studies when they have access to personal observations and feedback during the course of their own practice. Co-operation should be possible where

theory-based interventions are being tested against best current practice (e.g. Schaalma *et al.*, 1996), but even in such cases researchers can face pressure to make new materials immediately available to all. Research-based health promotion depends upon resisting such pressures and gathering evidence which, in the case of effective interventions, will provide a strong argument for future investment.

Co-operation between social scientists and health promotion practitioners may be particularly productive in the development of school-based sex education programmes where a growing body of evidence suggests that theory-based programmes are more effective than routine practice. Schaalma *et al.* (1996) report greater belief changes and differential behaviour change amongst those most at risk, as a result of participating in a theory-based programme compared to routine sex education in schools in The Netherlands. Mellanby *et al.* (1995) report on the success of a similar programme in the UK and, in a review of school-based programmes, Kirby *et al.* (1994) note that a basis in social-cognitive theory is one of nine features which distinguish effective programmes from ineffective ones.

The aim of this paper is to outline some of the key theoretical insights which have been drawn upon in the development of a new sex education programme (Dixon *et al.*, 1996) currently being tested in Scottish schools (Wight, 1997). The broad aims of the programme are:

- (1) To improve the quality of young people's sexual relationships, particularly in terms of reducing anxiety and regretted sexual behaviours.
- (2) To reduce the incidence of unsafe sex.
- (3) To reduce the rate of unwanted pregnancies.

The theoretical basis is intentionally eclectic, since we are not concerned to advance any particular theory but to find which of the many available are most useful in addressing the unwanted outcomes of sexual behaviour (see Kok, 1993). We have highlighted gender and power issues relevant to young heterosexuals but, in general, the ideas discussed below are not specific to any particular

sexual orientation. They are also applicable to a fairly wide age range, from 14 to at least 25 years old, but we are paying particular attention to the mid teens since this is the age group targeted in our intervention. We will consider first the social influences on sexual behaviour, then the translation of these into individual perceptions and beliefs, and finally the importance of understanding sexual interaction and the social contexts of sexual behaviour.

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### Social level influences

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Three main themes can be drawn from sociological research on young people's sexuality. First, to a great extent sexuality is learnt and learnt differently according to one's gender. Second, the management of heterosexual relations depends upon culturally maintained and individually learnt gendered power relations. Finally, the perception of health risk is itself culturally defined.

#### Gender

A fundamental understanding of sociology and social psychology is that sexuality is largely learnt, rather than something purely innate of which we become aware. Furthermore, for both biological and social reasons sexuality is learnt very differently according to one's sex and gender (Jackson, 1982; Hawkes, 1996).

Young men's first sexual experiences are usually solitary, involving masturbation, while young women's are with a partner (Gagnon and Simon, 1974). In part this is probably due to boys' discussion of masturbation, but it is also probably connected with boys' much greater familiarity with their genitals than girls, both because they are physically more obvious and because boys regularly handle their penises to urinate. The radically different initial sexual experiences of young men and women is probably one important reason why young men tend to focus on genital pleasure and orgasm in sex, while for young women the meaning of sex tends to be bound up with relationships.

These early experiences also relate to different cultural assumptions which surround gender/body

experiences. For many young women their introduction to the world of sex is via reproduction and specifically menstruation, an experience which is commonly problematic, stigmatizing and sometimes painful (Prendergast, 1987; Laws, 1990). For young men, no matter how problematic their entry into 'manhood', there is the powerful social understanding that men are sexual creatures and that an interest in sex is understandable, even expected. For young women, on the other hand, sex is seen as potentially risky and overt interest in sex continues to be seen in some sections of society as disrupting 'proper' feminine behaviour (Cowie and Lees, 1987), although certain features of popular culture, such as advertising which presents men as sex objects for women or the role models of sexually assertive women provided by the Spice Girls, suggest that such values might be on the wane.

This gulf between the way feminine and masculine sexualities develop is largely played out, and given meaning and individual specificity, in the context of the separate social worlds which boys and girls inhabit outside of their families. This is especially so during the years immediately prior to early sexual relationships, in their early teens. Broadly speaking there is a clear class pattern in this gender segregation, with it being more pronounced in working class culture (Martin, 1981). Since sexual risk taking amongst the young is concentrated in the working class [or more precisely, those with low levels of educational attainment (West *et al.*, 1993)] it is appropriate to focus on the implications of gender segregation even whilst acknowledging that these implications are not equally important across all social milieus.

Boys' and girls' valuation of themselves is shaped much more by the opinions of their own sex than by those of the opposite sex (Gagnon and Simon, 1974). In this social world of same-sex friendship groups contact with the opposite sex is perhaps most valued as a key way of developing one's own gender identity (Wight, 1994). Furthermore, the development of sexual identity is based on considerable prior identity formation so that we experience our bodies through meanings already

established in non-sexual areas of our lives, particularly gender roles (see Jackson, 1982). To put it simply, where conventional gender roles are the norm, young women experience sexual activity as a form of social service, while young men experience it as a form of achievement (Gagnon and Simon, 1974). This is borne out in the way young women describe their concerns that sex should be satisfying for their partner, but show little understanding of their own potential for sexual pleasure (Holland *et al.*, 1992).

Symbolic interactionism has shown how one's identity emerges from an ongoing dialectic between one's own presentation of oneself ('subjectively appropriated identity') and one's audience's views of oneself ('objectively assigned identity') (Berger and Luckmann, 1966). For most young people their sexual identities are primarily shaped by interaction with same-sex peers, which makes their identities vulnerable to contact with the opposite sex (Wight, 1994). This is particularly the case with young men, for whom sexual performance is of great importance, since in the dialectic between an individual's asserted identity and the identity his male peers assign to him there is little place for observed reality. It is not surprising, therefore, that young people should feel very anxious when their sexual identities are to be challenged or confirmed for the first time by someone of the opposite sex (Wight, 1994).

A central theme of sex education programmes might be to explore and question the ways in which young people's understanding of sexuality and their sexual identities are formed predominantly through interaction with members of their own sex. The broad aim of such a programme would be to move young people on from their homosocial (same-sex) perspective to a more heterosocial perspective, a development that, for most, would take place anyway at some point in the next 5–10 years.

There are various ways in which such a shift in perceptions might be facilitated. A programme that enhanced young people's awareness of the homosocial concerns that shaped their own sexual identities would help them get beyond such con-

cerns. Discussing sexual issues with the opposite sex should develop a greater understanding of gendered perspectives and, hopefully, greater respect for the ways in which the opposite gender views sexual relationships. Exercises involving the development of scripts to express emotional concern could facilitate heterosocial commitments, whatever the participants' initial motivation (Gagnon and Simon, 1974, p. 69):

Even when the young male's protestations of affection are cynical affectations to achieve greater sexual access, what must be kept in mind is that we often become what we thought we were only pretending to be.

Probably the most important contribution a sex education programme can make in promoting heterosociality is to go some way to de-sensitize the discussion of sexual topics and develop explicit verbal scripts for such conversations. Extending the world of speech into sexual encounters makes communication on such practical issues as contraception and sexual pleasure more likely and more effective. This is especially important because available evidence suggests that those who discuss protection with their partners are more likely to use condoms (Boldero *et al.*, 1992; Kashima *et al.*, 1993) and contraception more generally (Gold and Berger, 1983; Polit-O'Hara and Kahn, 1985). Such discussion can disrupt those existing scripts which discourage explicit consideration of sexual options (Miller *et al.*, 1993) or at best do little more than ensure that men and women communicate past each other (Gagnon and Simon, 1974; Jackson, 1996). It would also encourage young men to focus on their partner rather than their social status amongst male peers, and encourage young women to reflect on their relative desire for sex and for romantic relationships. In short it should help to integrate feminine and masculine perspectives of sexual relationships.

In terms of young people's fragile sexual identities, a sex education programme that involves the sensible discussion of sex between young women and men will introduce opposite gender opinions into the identity assigned by others. When particip-

ants then enter heterosexual relationships they should be rather more secure in their own identities since these have already been modified and confirmed, to some extent, by the opposite sex.

### Power

Power can exist in sexual encounters in many ways. With respect to violence or its threat, there is a need to understand the ways in which pressure can build along a continuum. Kelly (1988) developed the notion of a continuum in relation to sexual violence in order to explicate both the common features which emerge in situations in which men exploit women and also the range of more or less violent behaviour which may be entailed.

Power, however, is not simply a zero sum game. It is not simply about dominance and does not only operate at the individual level. Following Foucault (1979) it can be argued that the nexus of power/knowledge operates at the level of discourse, i.e. what is validated and what is reviled socially. Power, in the context of sexuality, is neither simply about strength nor is it explicable through examination of the personal characteristics of individual men, but is rooted in cultural positions which validate men's desire and right to have sex, and to understand their sexual urges as uncontrollable. The result of such biological readings of bodily experiences and sexual practices at a social level is that individuals come to understand their sexuality through a biological lens which is difficult to occlude (Morgan and Scott, 1993). Thus if we are to enable young people to develop a sense of agency in relation to their sexuality we need to encourage them to be reflexive about how this biological perspective affects what is done in sexual contexts.

Crucially, power, in heterosexual sexual encounters, operates within the tensions produced by contradictory but co-existing discourses, i.e. the 'moral' and the 'liberatory'. Men have power because they have, or are seen to have, knowledge about sexuality and to hold such knowledge legitimately by virtue of their masculinity. An admission of ignorance can become a failure of masculinity.

Young women, on the other hand, may think that they have a right to be sexual and sexually active, and even to have good sex, that is to be 'liberated', but they also know the risks to their reputation of being seen as a 'slag' if they act on this knowledge (Lees, 1993; Kitzinger, 1995). Young women, then, find themselves in a situation in which to be knowledgeable about sexual matters is to risk being seen as sexually knowing (i.e. experienced) in the context of a moral discourse which continues to shape cultural understandings of appropriate femininity.

This is further complicated by critiques of both 'traditional' constructions of female sexuality as passive and reproductive, and a 'liberatory' discourse which renders women available for male sexual pleasure (Hollway, 1984). While these critiques point to important aspects of gender and power, in turn they produce what has been termed a 'protective' discourse which locates young women as victims of predatory male sexuality (Thomson and Scott, 1991). This allows them little space within which to define their own sexuality.

We would wish to argue, however, that power also engenders resistance (Foucault, 1981). Women are not simply passive victims of male power, as the women's movement and the development of self help around violence against women illustrate. At the individual level women develop strategies to deal with pressure and force, including leaving the relationship. However, if young women are to be 'empowered' to negotiate in relation to sex *within* relationships they need to be enabled to develop a sense of themselves as autonomous sexual actors. Knowledge is not sufficient and nor is the desire to negotiate sexual safety without the experiential basis to put this into practice. If young women, in particular, are to be able to carry a sense of themselves across relationships then they require the possibility of empowerment at both these levels: the intellectual and the experiential. They need both knowledge *and* skills (Holland *et al.*, 1991, 1992). It seems likely that managing safer sex in practice will depend upon sophisticated social negotiation involving personal goal setting, and the interactional micro-skills necessary to

intervene successfully in and direct social sexual encounters.

For both young men and young women then, continuing to locate themselves within the dominant discourses of femininity and masculinity is likely to prove an unsafe strategy in relation to pregnancy, STDs and HIV. However, in so far as power operates more through the norms of feminine and masculine behaviour, rather than through imbalances in physical strength or actual knowledge, interventions can begin to address this by attempting to modify those norms through encouraging reflection on both cultural and personal assumptions, and facilitating the development of alternative skills, strategies and understandings. In short, by offering positive ways for young people to move beyond gender stereotypes in sexual interaction. Without this disruption of dominant discourses and practice safer sex promotion is unlikely to succeed.

### **Risk**

Risk is a relatively modern concept, to a large extent replacing older understandings of fate, which can be understood as a means of managing hazards and insecurities which are seen by some to be particular to modernity (Giddens, 1990; Beck, 1992). Whereas life in the late 20th century would seem to be less hazardous for most people, this is more real than apparent as we inhabit a culture which is increasingly sensitive to risk (Scott and Williams, 1992; Scott and Freeman, 1995). Indeed, our society has been said to be characterized by 'Risk Anxiety' (Beck, 1992). Understandings of risk are, however, often culturally specific, varying with social context, age, gender, class, etc. Anxieties accrete around particular groups and/or sets of activities out of proportion to the material dangers involved.

Current sensitivities with regard to both young people and sexual activity are such examples. When these foci of anxiety converge feelings tend to run high as can be seen in the recurring debates about teenage pregnancy and sex education in schools, and in recent discussion about the explicit content of some 'teenage' magazines. There is a

clear tension between a view of young people as being in need of knowledge in order to make informed, mature, decisions and one which sees them as in need of protection from the adult world for as long as possible. Anxieties about 'children' and sexuality are not new, but the 19th century view was more likely to be of children as sinful, provocative and in need of governance, in contrast to the late 20th century conception of them as innocent and in need of protection (Jackson, 1982). However, both of these discourses of childhood continue to co-exist in tension (Scott *et al.*, 1997), which produces contradictory views about sex education.

We also live in an age which is characterized by a focus on individual identity and individual responsibility, and our understandings of risk are closely related to identity (Bellaby, 1990; Giddens, 1991; Adams, 1995). For instance, some people identify as risk takers, which is often a particular expression of masculine identity, while others highlight particular risks to avoid as a means of establishing their social position (e.g. not having sex with 'slags'). The extent to which we concern ourselves with risk is also related to how much of our experience we attribute to fate or forces beyond our control.

There are two common and competing discourses around sexuality. On the one hand, sex is construed as a secret and potentially dangerous activity, as itself fateful, in part as a result of being sequestered from other aspects of everyday life. On the other hand, we are increasingly presented with sex as a healthy leisure activity (Jackson and Scott, 1996). The secret aspect of sexuality might possibly be part of its attraction, evidenced by high levels of adultery (Lawson, 1988) and hidden commercial sexual activity. Young people grow up receiving mixed messages: sex is everywhere, and yet open and relaxed discussion of it is in most contexts highly problematic.

For young women sex is associated with risks to reputation and risk of pregnancy, and this, in addition to the view that an overt interest in sex is unfeminine, locks young women into a romantic discourse in which trust and love are mobilized

prophylactically in relation to sex (Scott and Freeman, 1995). If young women have to deal with situations in which sex is only deemed acceptable in the context of 'being in love', or at least in a 'steady' relationship, then these understandings of the situation are more likely to be adopted. In turn, this tends to entail defining the relationship as being based on trust, which makes condom use less likely since it suggests risk (Holland *et al.*, 1990). Young women may not see themselves as actively taking risks, but as being caught up in a situation where there are expectations which they do not have the means to resist. On the other hand, they may well acknowledge the risks entailed but be prepared to take them for the sake of love.

One key health promotion strategy in relation to unsafe sex has been to encourage talk between partners about their sexual histories. Whereas for most young people this degree of openness is extremely hard to achieve (Ingham *et al.*, 1991), for those who are able to enter into such discussions it may prove counter-productive. Talk about intimate matters is likely to produce intimacy which in turn engenders trust which may increase risk taking (Scott and Freeman, 1995). Thus it is crucially important that young people are not simply encouraged to talk to their partners about their sexual histories, but are enabled to develop the skills to engage in communication that will result in reduced risk taking. Without such skills and the ability to reflect on the ways in which sexual interactions are shaped, in the wider context of gendered power relations, young people are ill equipped to enter into sexual negotiations.

Ideally sexual health promotion should prompt participants to reflect on why some risks are acceptable and not others, and (to return to the previous theme) why risk taking is often context specific. For instance, the presence of others from whom one seeks social approval can make all the difference between risk taking and avoidance: greater awareness of this could lead people to predict, manage and/or avoid such situations (see below).

Encouraging reflexivity in relation to sexual negotiation and decision making may seem at

first very ambitious for sexual health promotion. However, encouraging young people to see decision making about sex as a non-linear and, ideally, a negotiated process would disrupt the tendency to categorize oneself and others as risk takers or non-risk takers according to rigid rules. A parallel example is in relation to diet, where the tendency is to see a single chocolate as the end of the diet and failure as license to eat. Thus not using a condom in one situation should not be read as an inability to use condoms, but a specific failure in planning or negotiation which can prepare the individual for more successful safer sexual encounters in the future. Raising young people's awareness of the likelihood of lapses and why they may occur will not necessarily ensure 100% condom use, but is likely to result in greater condom use than would be the case if individuals simply defined themselves as failed condom users. If the harm reduction model is applied then any safer sex is better than none.

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### Individual cognitions

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At an individual level social and health psychologists have sought to map out how cultural influences are translated into sets of socially shared understandings, or cognitions, which vary between culture members and so account for different perceptions and actions. For example, by characterizing how susceptible individuals feel to a specified health threat, psychologists can begin to categorize individuals in terms of their propensity to take preventive action.

Subcultural differences may, of course, determine the salience of particular beliefs and the implications they have for action. For example, van der Velde and van der Pligt (1991) report that higher perceived susceptibility to HIV was positively related to intentions to use condoms amongst their sample of heterosexuals with multiple partners but negatively related to intentions amongst their sample of gay men, suggesting that further emphasis on personal susceptibility could be counter-productive for the latter group. Similarly, Abraham *et al.* (1996) found that, although

young men's intentions to use condoms were positively related to subsequent reports of condom use, young women's intentions were not, suggesting a gender difference in the ability to translate condom-use intentions into action.

These examples underline the need to determine empirically the generalizability of relationships specified by cognitive models. However, this does not detract from the observation that such self-report measures of individual cognitions can be used to characterize individuals, within specified cultural contexts, as being more or less likely to engage in particular health-related behaviours. This, in turn, provides a basis for interventions which aim to alter cognitions which have been shown to be positively associated with preventive action amongst a particular target group (e.g. Schaalma *et al.*, 1996). If beliefs can be changed in a predictable manner and a corresponding shift in subsequent health behaviour is observed then there is good reason to assume that effective health promotion has been achieved by targeting theory-based cognitions.

A series of 'social cognition' models or theories has been developed and tested (Conner and Norman, 1996). Each model specifies a set of individual cognitions which have been shown to motivate and regulate health behaviour, and we shall highlight a series of these which need to be considered in the design of safer sex programmes (Catania *et al.*, 1990; Abraham and Sheeran, 1994).

### **Personal susceptibility to risk**

Anticipated severe consequences of an event only threaten individuals who accept that they are personally at risk (Weinstein, 1988; Sheeran and Abraham, 1996). Fear-inducing programmes are, therefore, only likely to be effective if the audience has already accepted that they are at risk. Personal susceptibility can be promoted by identifying and undermining stereotypes by which individuals disassociate themselves from those they recognize to be at risk. For example, the belief that those infected with STDs have exceptionally high partner turnovers or engage in distinctive sexual practices undermines personal susceptibility. Acknow-

ledging that those who are at risk are very like oneself is the first step in accepting personal susceptibility (Weinstein, 1988). Attempts to distance HIV infection from gay men's sexuality were intended to highlight personal susceptibility amongst heterosexuals, but in this case prior cultural categories were so established there has been limited success (Wight, 1993a).

### **Perceived benefits and barriers**

Actions which are thought to be effective, rewarding and having few costs are more likely to be initiated. The perceived effectiveness of condom use in relation to STD prevention has been largely accepted (Abraham *et al.*, 1992), but the high priority of contraception for many young people and the perceived relative ineffectiveness of condoms as contraceptives may undermine condom use motivation. This recommends a message for combined contraceptive and condom use for the prevention of STDs/HIV, such as that used in The Netherlands. Barriers to condom use include anticipated difficulties in relation to acquisition and concealment while carrying, loss of intimacy during use, awkwardness of use, anticipated loss of pleasure during use and potential loss of social approval (Sherr, 1987; Abraham *et al.*, 1992). Some of these may be overcome by persuasive communication or individual skills training, but others require societal level interventions. For example, the cultural availability and acceptability of condoms will affect how likely young people are to have a condom available when a sexual liaison occurs unexpectedly.

### **Social approval**

Sexual interaction is inherently social, and often involves mutual expression of affection, approval and intimacy. It is, therefore, especially likely to be affected by anticipated social approval and disapproval (Boyd and Wandersman, 1991; Jemmott and Jemmott, 1991), and particularly that of actual and potential sexual partners (Weisman *et al.*, 1991). Cognitions about social approval are both individual beliefs that a person brings to a sexual encounter (e.g. that my partner will be

impressed if I produce a condom) and understandings that result from the immediate social interaction (e.g. that my partner is offended because I have produced a condom, judging by his/her face). Ensuring that young people are aware of their peers' approval of safer sex, and of young people's effective practice in protecting themselves, is likely to reduce concerns about potential disapproval.

### **Perceived self-efficacy**

Those who believe they have the ability successfully to undertake an action are more likely to intend to take that action and more likely actually to succeed, because they set themselves higher standards, exert more consistent effort and suffer less from stress-related disruptions during action (Bandura, 1992a,b). Perceived self-efficacy can be enhanced by careful explanation, by encouragement, by modelling actions, and by rehearsal and practice. It is relatively easy to design self-efficacy enhancing exercises concerning the correct use of condoms. However, it is more challenging to design self-efficacy enhancing exercises promoting discussion of sexual desires and consequent behaviours with potential partners, friends and health professionals (who may be important sources of advice and resources). Yet, as we have noted above, it is precisely these interaction management skills which may be most important when preparing individuals successfully to manage their sexual encounters. Analysis of dialogue from sexual encounters, role play and visual modelling can all be used to promote self-efficacy in relation to sexual discussion and negotiation.

### **Intentions and plans and scripts**

The translation of intentions into action has been shown to depend upon the development of detailed and realistic plans which allow the individual to specify how, where and when an action is to be carried out (Bagozzi, 1992; Gollwitzer, 1993). Consequently, an important aspect of self-efficacy enhancement will be a realistic appraisal of how the relevant social situations unfold (e.g. who is likely to say what) and what opportunities exist for taking and losing control, insisting on what

you want and listening to others. By rehearsing and planning young people can be better prepared to deal with challenging social situations in which they are likely to have little time for contemplation. In particular they can be better prepared to interrupt non-verbal scripts through sensitization to relevant situational and social cues.

The development of intentions can also be influenced by how individuals feel about an action. For example, if a person anticipates the regret s/he would subsequently feel if s/he did not take an action (such as using a condom during sexual intercourse), s/he may be more likely to engage in that behaviour (Richard *et al.*, 1995). Alternatively, an erotophobic individual is likely to avoid thinking about sex and therefore less likely to formulate intentions to use condoms. This may also make her/him feel uncertain and stressed in sexual situations. Rehearsal of the likely affective consequences of action and inaction may, therefore, influence intentions and feelings during and prior to action.

Script analysis, video modelling and role play are likely to be important to this kind of education. For example, Schinke and Gordon (1992) describe a self-completion book using comic strip characters and rap music verse to encourage effective action regulation amongst young black people. This is a culturally-specific intervention using a game format to facilitate the development of self-monitoring cognitive skills and verbal resources which can later be deployed to disrupt scripted sequences. A staged approach to negotiation is presented using the acronym SODAS; stop, options, decide, act and self-praise. The first step, 'stop', explicitly elicits anticipated regret ('stop and think what these choices could really mean for you today, tomorrow...and for years to follow').

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### **Focusing on the interaction**

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An individual's understanding of the issues and her/his social skills are the bases of skilled social interaction; by developing relevant individual cognitions young people can be empowered to manage sexual negotiation more competently. However, knowing which cognitions should be the targets

of sex education programmes and what type of rehearsal and social skills training will be most effective depends upon social psychological and sociological analyses of the types of interaction which lead to safe and risky sexual encounters.

### **Perceived benefits and social approval**

When an individual assesses the benefits of an action prior to engaging in it, as discussed above, social rewards and social costs are often especially important. Beliefs about what others think and do can have an important impact on behaviour. While everyone brings such beliefs with them to a sexual encounter, the interaction that then occurs is likely to confirm or challenge such beliefs or introduce entirely new ones. For instance, at the start of an encounter each partner is likely to have ideas about which sexual behaviours are acceptable to the other, but their actions are likely to be rapidly modified if their partner's body or verbal language indicated something else. Cognitions modified by such interaction will then be part of the beliefs each individual brings with them to their next sexual encounter, particularly if it is with the same person.

### **Social support and joint planning**

In addition to an individual's beliefs about what others do and want, her or his actions are directly affected by other people through social support and joint planning or, alternatively, the absence of these. This is especially important in the case of co-operative behaviours such as condom use. While perceived self-efficacy is likely to play an important part in how well individuals manage such negotiation, whatever the particular attributes of the individuals involved the outcome of sexual encounters is largely the result of the interaction that occurs at the time and the context within which the encounter takes place. Thus individuals' scripts may be easily disrupted by partners introducing new factors into the situation (see Schutz, 1970, for a theoretical analysis of such micro-interaction).

In Britain less than a quarter of young people planned their first sexual intercourse (Johnson *et al.*, 1994) and contraception is often not discus-

sed in advance of first sexual intercourse within a relationship (Wight, 1993b). The recurrent phrase reported in qualitative research is that it 'just happened'. The value of planning and rehearsing has been discussed above. This will enable people to recognize social cues and allow them to fall back on previously considered positions in rapidly changing dialogue. While rehearsal of particular lines and approaches can be empowering, young people also need 'stop and think' strategies which enable them to reconsider changing situations.

A clear illustration of how particular scripts can empower participants in sexual negotiations is provided by research on prostitution. Bloor *et al.* (1993) explain why female prostitutes take far fewer HIV risks than male prostitutes in their work as a result of the negotiation around the encounter. While female prostitutes usually negotiate the cost of sexual acts explicitly prior to engaging in them, male prostitutes tend to talk about payment after the event. This means that for the male prostitutes there is rarely the opportunity to negotiate whether anal sex will be protected or unprotected before engaging in it. Awareness of the constraining effects of social scripts and of the extent to which they can be altered is likely to be a prerequisite to enacting consistently prior plans and intentions in sexual negotiation.

### **Context of the encounter**

The nature of sexual negotiation is, at least partially, determined by the context in which the encounter takes place. Behaviour can be shaped as much by constraints of time or place (e.g. the return of parents or being seen in the park) as by the prior intentions or attitudes of the individuals involved. This makes it valuable to learn to predict risky situations in order to prepare one's response, and again underlines the importance of a comprehensive consideration of a variety of scripts and strategies perhaps to delay decision making and certainly to maintain joint involvement in decision-making processes.

### **Maintaining ambiguity**

An important aspect of sexual negotiation which needs to be highlighted in work seeking to empower

young people in sexual negotiation is the way both partners often strive to maintain ambiguity about their intentions at the start of a relationship (Kent *et al.*, 1990). This does not apply with explicitly predatory males, but with others their wish to have a relationship involving sexual intercourse is often concealed in order to maintain their dignity should the wish not be mutual. For young women, not declaring intent may be crucial to maintaining both reputation and the discourse of romance in which being 'swept away' can be seen as a justification for sex. Consequently the issue of condoms cannot be raised until it is almost inevitable that sexual intercourse will occur—usually at too late a stage to go and get one. Conversely, if one partner is explicit about his/her wish to have sex, it transforms the interaction and allows for discussion of precautions. This not only allows for verbal control which disrupts the non-verbal scripts, but also allows for social support in taking precautions.

### **Subcultural norms**

We have noted how others' approval is crucial. The identification of what is and is not approved of within particular youth subcultures, and combining safer sex messages within normative social interaction, is critical to the acceptability of safer sex messages. Whether STD prevention, prolonging the act of sexual intercourse or ensuring that one's partner is not anxious about pregnancy is the most persuasive reason for using a condom may depend upon gender and specific subcultural norms. This underlines how important it is to draw on young people's own awareness of what is acceptable and powerful for them within their own social reality.

Interventions might aim to make people more aware of the kind of interaction that occurs in sexual encounters and so enable them to predict and recognize situations in which they would be more likely to take sexual risks. The aim of such education should be to enhance the cognitive and social skills required to remain autonomous and actively involved in decision making. Rehearsal, role play, script analysis and the participative development of culturally appropriate positions and procrastination strategies will all be necessary to achieve this aim.

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### **Conclusion**

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Until recently few sexual health programmes were theoretically based and those that were relied almost exclusively on social cognitive theory. This paper is intended to summarize the main findings on the origins and control of sexual behaviour derived from basic social science research, in order to target the most important determinants of sexual behaviour. We hope the paper will contribute to the long process of translating theoretical insights from the social sciences into practical interventions. An eclectic range of theoretical insights has been considered in order to find which of the many available are most useful in addressing the unwanted outcomes of sexual behaviour.

Drawing on symbolic interactionism, phenomenology and feminist analyses, recent sociological research on young people's sexuality highlights three key issues. First, our understanding of sexuality is largely learnt and learnt differently according to one's gender. Being socially constructed it is, therefore, theoretically open to change. Second, the outcome of heterosexual sexual encounters is shaped by gendered power relationships. Third, the recognition and interpretation of health risks is culturally specific, varying with age, gender, social class, etc.

Gender relations, power and risk are key aspects of our sexual worlds, but none is immutable. Young people are capable of reflecting on their social and sexual practice, and need to be given the opportunity to do so in a context where they are under no immediate pressure but where they can come to understand and deal with different points of view, especially with regard to gender.

At an individual level social cognition models have sought to identify those cognitions which motivate and regulate health-related behaviours. The most important cognitions appear to be personal susceptibility to risk, perceived benefits of and barriers against an action, social approval, perceived self-efficacy, and intention formation and context-specific planning. However, whatever the attributes of the individuals involved, what happens in sexual encounters is largely the result

of the interaction that takes place and the context within which the encounter occurs. Sex education programmes must take this into account in improving understanding, targeting cognitions and developing social skills.

This overview is intended to provide a psychosocial theoretical framework for initial thinking about interventions; we have not attempted here to address the many subsequent steps that have to be taken to apply these insights in practice. These include, amongst other things: identifying the most appropriate intervention and setting for one's target group; clarifying the constraints imposed by this particular intervention and those who are to deliver it; formulating realistic learning outcomes; structuring these in a framework; and then engaging in the cycle of writing, piloting, modifying and re-piloting the programme.

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