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Risk, power and the possibility of pleasure: young women and safer sex

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Abstract *This paper draws on the work of the Women Risk and AIDS Project (WRAP) which was undertaken by the authors working collectively. It reports on data from a sociological study of the sexual beliefs and practices of two samples each of 75 young women between 16 and 21 in the cities of London and Manchester in the UK. The period of data collection was 1988–1990. The paper sets out the methods used by the WRAP team and locates this research process within wider debates about feminist theory and methodology. There then follows a discussion of the main research findings—relating to the respondents sexual practice—which are then illustrated in some detail in relation to the themes of 'risk and trust' and 'power and empowerment'. Based on these findings conclusions are drawn about the need for a gendered dimension in the development of policy and practice for HIV and AIDS prevention.*

Introduction

This paper will explore some of the issues relating to young heterosexual women and HIV prevention in the light of research carried out by the Women Risk and AIDS Project (WRAP)*. Despite arguments from medical and social research sources that it is not membership of 'risk groups' but risky sexual behaviour which brings the danger of HIV infection, in popular discourse such infection seems still to be seen as largely irrelevant to all but gay and bisexual men, intravenous drug injectors and prostitutes. A number of public education programmes have been aimed specifically at young heterosexuals† but this area of prevention continues to be a contested terrain. It has been argued that there is no real risk to heterosexuals and that the AIDS crisis is being used to reinforce monogamy and 'family values' (Myers, 1991), sustained by moral re-armers and a burgeoning AIDS service

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†For example, the Health Education Authority programme in April 1990.

industry (Gupta, 1991/92), or exaggerated as a result of partisan politics (Fumento, 1990). But Department of Health figures (January 1992) tell us that cases of AIDS acquired through heterosexual contact increased by almost 50% between 1990 and 1991, and that while reported cases of HIV infection stand at 16,828, this is certainly an underestimate and as many as 50,000 people may be infected with HIV in the UK.

As we have argued elsewhere (Holland *et al.*, 1990) knowledge is urgently required about the risks to young women and the part which they are playing in the spread and/or containment of AIDS in the UK. Attempts to educate young people about HIV and AIDS prevention may be ineffective and even irrelevant to their practice unless they take account of the gender dimensions which are embedded in sexual relations and which affect both beliefs and practices and indeed the production of sexual identities (Thomson & Scott, 1990). HIV and AIDS discourse and education tend to draw on ideas about the self and identity without acknowledging the existence of power inequalities related to gender, class and ethnicity.

In the following sections we discuss the general characteristics of the sample and outline the methods used in the WRAP study, followed by a discussion of the major themes emerging from the data. The conclusion will focus on the implications of our data for HIV/AIDS prevention.

The Women Risk and AIDS Project

The main aim of the project was the systematic investigation of the sexual beliefs, practices and understandings of the young women in the study, in order to identify the processes and mechanisms whereby they construct, experience and define their sexuality and sexual practice, and a consideration of the practical and policy implications of these processes. We intended to provide policy oriented information which would contribute to the development of more appropriate information and education for young people in relation to HIV/AIDS and sexuality in general. In order to do this we set out to consider the extent to which existing AIDS education programmes seem to have influenced the behaviour of the young women in our sample, and to identify the factors which are likely to constrain or encourage the use of safer sexual practices.

The team have carried out 150 in-depth interviews with young women aged between 16 and 21, half the sample in London and half in Manchester. These interviews were tape recorded, transcribed, and are being analysed with the aid of the 'Ethnograph' package for qualitative data analysis. A 20% sub-sample was drawn from the original sample and followed up with a second interview approximately 1 year later. This introduced a longitudinal element into the design.

We gained access to young women in a wide range of settings: schools, colleges, youth clubs, young mothers groups, a range of workplaces, and through magazines aimed at the relevant age group. To facilitate the construction of the sample we decided on a two stage strategy which enabled both the team and the young women to pre-select for the in-depth interview. We used a pre-selection questionnaire covering a range of demographic variables, and basic information on sexual knowledge, sex education, and numbers and types of sexual relationships. These questionnaires could be completed anonymously or the young woman could provide a contact address if she was willing to be interviewed. This process resulted in the collection of questionnaire data from 500 young women including those who were interviewed. This paper will discuss findings based on the qualitative data.

The sensitivity of this topic and the method of data collection rendered a random sample problematic, and the young people were volunteers. The type of qualitative sample we were generating aims not to be random, nor strictly representative, but to select

categories of subject considered to be of theoretical or empirical relevance to the investigation. From the pre-selection process, then, we constructed two purposive samples stratified by *age* into three age groups (16–17, 18–19, 20–21), *social class* (based on parents or guardians occupation where appropriate), *power* (based on educational and/or labour market attainment or aspirations), *ethnic origin*, and *degree of sexual experience*. Eighty-two per cent of the young women interviewed had some sexual experience, and 16% are from Asian, Afro-Caribbean or African ethnic groups. The characteristics of the sample generated in this way can then be compared with the characteristics of other similar samples, and related studies (Bowie & Ford, 1989; Ford & Morgan, 1989; Ingham *et al.*, 1990; Johnson *et al.*, 1989; Kent *et al.*, 1990; Memon, 1990; Wight, 1990). They are comparable in terms of sexual experience and age of first sex to random samples of young people gathered by Ford & Morgan and Bowie & Ford.

The interview transcripts together with the interviewers' observations and field notes are the source of our qualitative data. These data constitute accounts of the social processes in which young women's sexual beliefs and practices are embedded. The interviews were informal and intensive, covering sensitive areas and exploring what the young women knew about sexuality, contraception and safer sex, about STDs and HIV/AIDS; how and what they learned about sex and sexuality; their ideas about risk, danger and control in sexual encounters; their conceptions of trust and of a 'double standard'; their ideas of sexual pleasure, and the ways in which they negotiate their social and sexual relationships. General topics were included, such as their household situation, relationships, friendships, lifestyle, education, employment, religion, their image of themselves and their hopes and plans for the future.

Feminist theory and methodology

The Women Risk and AIDS Project was established, in large part, out of a desire to work collectively towards the production of feminist knowledge. As feminist sociologists we took as our starting point that sexuality is socially constructed, intending to explore the part that gendered power relations play in both the construction and the practice of heterosexual sex. We were concerned that women were being positioned within AIDS discourse in such a way as to reinforce existing patriarchal ideologies through the lack of understanding of the ways in which gendered power relations are played out in the sexual arena. We thought that the growing body of feminist knowledge of women's sexuality had had a limited effect in practice on either the medical establishment or on health education policy and intended by working within HIV/AIDS research to both add to this body of knowledge, and encourage others to take such work more seriously.

It is possible to ask young people detailed and sensitive questions about sex using a questionnaire format (Abrams *et al.*, 1990; Kelly *et al.*, 1991) but we wanted accounts in which young women talk about their sexuality and sexual practice, rather than a survey of their reported behaviour. The format of the informal interview allowed young women to use their own definitions of sex and of risk and pleasure, and we did not set out to define sexual activity as heterosexual vaginal intercourse, but to accept and explore each young woman's own definition of what it mean to be sexually active. It has also been necessary to interpret contradiction and confusion in the young women's accounts, rather than letting them simply speak for themselves. Wherever possible we have used the young women's own words to indicate what it is that we are interpreting, that is we have tried to make the process of interpretation explicit.

As feminist researchers we were aware of the potential for the exploitation and objectification of respondents inherent in the research process (Ramazanoglu, 1989). We

acknowledge an imbalance of power between ourselves and the young women we have interviewed (Scott, 1984; Finch, 1984; Graham, 1984). Some feminist researchers have argued for the empowerment of women through the research process (Mies, 1983) suggesting that 'findings' should be fed back to, and negotiated with 'co-researchers' (Acker *et al.*, 1983). This approach is not without its problems and may result in a bland consensus, lacking in sociological insight (Poland, 1985). We could see no realistic way of empowering young women when our contact was a single interview, although some of the women we interviewed a second time did report positive benefits and even behaviour change as a result of the first interview. We envisage long term feedback through policy changes and by feeding into sex and HIV/AIDS education. We were also prepared for our respondents to 'ask questions back' (Oakley, 1981) and did our best to respond to such questions at the end of the interview, by directing the young women to the best available source of information and/or advice rather than setting ourselves up as experts or taking on a counselling role.*

Our basic data are the interview transcripts, detailed field notes of each encounter, and the notes and thoughts generated in our reading of our own and others' transcripts. We started with extensive reading of the data, saturating ourselves in the material. Each of us had undertaken some of the interviews, and we read our own and others' transcripts. We read, reflected, discussed our ideas with the rest of the team, tested out our hypotheses on colleagues and the data. We also looked at (and for) the unexpected, generating hypotheses to explain it. We interrogated the data for support (or the lack of it) for our initial concepts, and for those which were generated in this process. In coding and analysing the transcripts we drew then on three levels of meaning: terms and meanings used by the young women and explicit in the data; interview fieldnotes, which entail some interpretation of meanings in the interview, and team discussion, interpretation, and coding of the data in the light of the initial and ongoing conceptualization. The technique which we have used to help us organise our concepts, coding and data is that systemic networks, an analytic device developed in the field of linguistics. A network is an instrument for enabling theory to be tested, translating the language of the respondent into the language of the theory, and helping with the interpretation of patterns and meanings in the data (see Bliss *et al.*, 1983). The conceptual categories constituting the network can be derived exclusively from theoretical concepts, or some categories can come from the theory and others from the responses of the subjects. In some instances the categories are amenable to statistical manipulation, but our main use has been to create a conceptual map. The technique has proved extremely effective in enabling the team to grasp and compare very complex data (Holland *et al.*, 1992a, 1992b).

Young women's sexual practice

The WRAP study has generated the following broad findings:

1. Overwhelming documentation of
 - (a) inequalities of power in sexual relationships and encounters
 - (b) possibilities of negotiation in sexual relations, but which take place within
 - (c) a framework of social constraints
 - (i) from male pressure to male violence
 - (ii) a passive femininity
 - (iii) women's responsibility for male sexuality
 - (iv) the missing discourse of desire.

*See Kelly *et al.* (1991). For some topics counselling skills may be appropriate.

2. We have identified femininity as an unsafe sexual strategy.
3. We have demonstrated sexual practice as contradictory and unpredictable.
4. Our material on sex education indicates that young women are in general particularly badly served by both official and informal pedagogies, and that the process of learning about sex and sexuality continues to be confusing, contradictory and alienating, rarely offering a positive construction of female sexuality (Thomson & Scott, 1990).
5. There are policy implications from our findings for health, sex and HIV/AIDS education.

We will illustrate these findings in the following discussion.

Risk and trust

We have found in our data somewhat confused understandings of risk and safety in sexual behaviour. Many of the young women's accounts of their sexual relationships indicate social pressures which pull them in different directions and make safer sexual practice relatively unpredictable. Giddens (1991, p. 109) asserts that "To live in the universe of high modernity is to live in an environment of chance and risk". Our data suggests that many of the young women we spoke to mobilise trust, in male partners, as a coping strategy in such a context, as can be clearly illustrated by the following comment:

If you want to have relationships then you've got to trust them. Otherwise it's no good from the start. You have to believe what they tell you. You just hope they tell the truth. You can't know if it's lies or not.

As we have argued elsewhere (Holland *et al.*, 1990) 'If love is assumed to be the greatest prophylactic then trust comes a close second', Giddens (1991) argues that 'basic trust' is crucial to the development of relationships and a necessary element in sustaining a sense of the meaningfulness of personal and social activities: it keeps feelings of dread at bay. If this is the case then it is reasonable to assume that it will not be readily relinquished. As one of our respondents suggests:

You've got to trust somebody at some time, you can't meet somebody and start, first time say, 'I know, let's use condoms I'm not on the pill' (even if you are) and then a week later still be saying 'let's use condoms' and a week after that still be saying 'let's use condoms'...

Many of the young women we spoke to experienced social pressure to define their relationships as steady. The term casual has negative connotations so that very few described themselves as having such relations. Steady relationships were defined as those based on trust and/or love, criteria which had little to do with temporality, and less to do with the practice of safer sex. Anxiety about HIV and AIDS is difficult to bring into the sphere of everyday life precisely because it calls trust and intimacy into question, but because of the focus of public education on individual behaviour this dilemma has had to be acknowledged, albeit obliquely. The 'solution' has been to encourage even more elaborate measures for establishing trust such as talking and exchanging histories before sex. Our data suggest that this approach to promoting safer sex is problematic on two levels. First, for many of the young women we spoke to, talking to men about sex and asserting their needs and demands for safety, is an extremely difficult matter. Many young women lack confidence particularly in relation to sex, and assume that men are more competent actors. They might have a clear

sense of self but this may be based on the achievement of a successful femininity, which entails love and trust, and which therefore puts them at risk from HIV infection. Second, the more personally empowered young women, may be able to engage in a shared development and negotiation of the relationship which itself is likely to increase trust. In this situation the intimacy produced through talk may obscure any real risks which exist, and lead to greater risk taking in sexual relationships. The practice of continued safer sex may be abandoned in favour of a clear statement about the importance of the relationship—'I went on the pill for him'.

The points we are making can be illustrated by analysis of young women's accounts of condom use.* In the official UK health education campaigns, condoms have been represented as a rational means of self help in which the individual takes responsibility for safer sex. Campaign advertisements have represented young women as well as young men as bearing responsibility for choosing sexual safety, though they have recognised some of the problems that young women face in introducing a condom into a sexual encounter. The 'rational' discourse of safer sex promoted as official information can be seen as antithetical to an ideology of femininity which constructs sex as the relinquishment of control in the face of love. We argue that problems in using condoms are not simply products of embarrassment, but indicate that young women have to engage in complex processes of negotiation with their sexual partners.

The interviews point to contradictions around condom use for many of the young women. It seems that this issue cannot be understood without taking account of the gendered power relations which construct and constrain women's sexual choices and decisions. This situates condom use in the context of the particular contradictions and tensions of heterosexual relationships. Our data indicate that negotiations around condoms have to take into account the importance of men's power in sexual encounters and their control of sexual pleasure. Although women can and do make demands for safer sex, asking young men to use condoms is not easy in unequal relationships, and where desire is constructed by eroticising inequality and relationships. Where these relationships are defined in terms of love and trust, sexual safety can become a contradictory practice.

The mixture of positive and negative ways in which the young women we have interviewed react to sexual safety make it clear that young women cannot be treated as a unified category. A number of couples used condoms with few apparent problems in negotiation, particularly where couples were young and inexperienced, where women were assertive, or where men habitually used condoms with new partners for their own protection. Our study indicates not only a range of sexual experiences, but also variations in power and autonomy in the negotiation of these sexual relationships. While most of the young women do not use condoms most of the time, they are coping with considerable and conflicting social pressures in organising their sexual behaviour.

We found 'embarrassment' about every stage of condom use. For young women who put their reputations first, buying condoms, carrying them, and of course asking for their use are all identified as 'embarrassing'. Having a condom on one's person indicates a lack of sexual innocence, and the unfeminine identity of a woman actively seeking sex. But women are not helpless victims of male desire. When the risk of pregnancy or a sexually transmitted disease is a possibility which women feel strongly about, they may be willing to ignore the risk to their reputation or the loss of a boyfriend in order to define their own needs. Young women must constantly work through these contradictions in sexual encounters. It is the

*A more detailed analysis of these data is provided in Holland *et al.* (1990, 1991).

varied patterns of condom use which can alert us to the unpredictable outcomes of situations in which women have to respond to conflicting pressures. When women have self-respecting sexual identities which do not depend primarily on being attached to a man, they will necessarily be in a stronger position to promote sexual safety.

Power and empowerment

Twenty-four per cent of the young women in our sample had had unwanted sexual intercourse in response to pressure from men. The pressures ranged from mild insistence on giving way to intercourse, to threats, physical assault, child abuse and rape. The young women had experienced various forms of violence and had to make sense of the situation in terms of the degree of control which they could exercise over their own sexuality. For all women, the extent to which male pressure is incorporated into the conventions of 'normal' heterosexuality provides the cultural context within which they must negotiate their sexual practice and safety. Envisaging empowerment for young women requires defining the power relations which must be changed and the way in which these relationships can be transformed. In the context of sexual encounters empowering women could mean in practice: not engaging in sexual activity; not engaging in sexual activity without informed consent; getting men to consent to safer practices; negotiating sexual practices which are pleasurable to women as well as to men; exploring sexuality independently; development of an independent sexual ego.

If women are to be able to negotiate the boundaries of sexual encounters so as to ensure both their safety and their satisfaction, the way in which both men and women are constituted as sexual subjects has to change. What Fine (1988) has called the 'missing discourse of desire' allows heterosexual women to be defined in terms of men's sexual needs, rather than as female sexual subjects who can negotiate with men. But we argue that we cannot simply classify women according to men's behaviour towards them, as passive victims of pressured sex.

A positive feminine sexuality would encompass the heterogeneity of female desire and experience and would enable women and men to recognise and express the contradictions of their own experiences and responsibilities. This would provide a much firmer grounding for safer sex than that which is generally available at present.

In the analysis of empowerment in our sample we drew on the accounts of a sub-set of 26 young women whom we identified from their own report as relatively empowered in their capacity to negotiate sexual intercourse and sexual relationships (Holland *et al.*, 1992a). We conceptualized empowerment not as a static category, but as a way of capturing the processes and possibilities of young women's attempts to take control of their own sexuality. We distinguished between two levels of potential empowerment: the intellectual level, which is the knowledge, expectations and intentions which they bring to a sexual encounter. The experiential level is their actual sexual practice. The relationship between intellectual and experiential levels develops and changes over time, as young women try to bring expectations and control of sexual situations more closely together. Empowerment will always depend on gaining men's consent to women's definitions of the term of a sexual encounter, but for effective strategies for safer sex, there must be some congruence between the intellectual and experiential levels of empowerment. A third concept we use to capture the possibilities of empowerment is a transitional level. This indicates that women may be empowered and able to control sexual encounters in some situations, or with some partners, but not in others, or with subsequent partners. This context-specific empowerment, the notion of transition, is an attempt to identify situations in which there is a mismatch between

young women's intellectual empowerment and their capacity to put their intentions into their sexual practice. A brief example must demonstrate the constraints on experiential empowerment.

Sarah is an example of a young woman for whom a history of negative experiences in sexual relationships, where she recognized her lack of power through a process of self reflection, led to a need to take control of her sexuality:

It wasn't that I wanted to take control over the other person, I just wanted to take an active part...I would be constantly doing things I didn't want to, and afterwards I would be chastising myself. It took me a long time to work out these were the situations where I had a lack of power.

She recognized this process of intellectual empowerment, the difficulty of attaining that empowerment, and the limited effect it might have on changing the social world she inhabits:

...we all have these things on paper, all these theories where we say 'yes we do this' but when it comes down to it would we do it? Have we done it? I think it takes quite a long time to develop. You can't just suddenly discover things and say 'yes I will behave like that in future', you can't do that, you have to work towards it.

Although Sarah has managed to order events in such a way that she does feel in control of her present sexual relationship, she also recognizes in her own vulnerability to change in her circumstances, the context-specific nature of her empowerment, its transitional quality.

I was telling myself, if this relationship comes to an end, I'm never falling in the same trap as before, I'll make sure that I won't. I'm more than fifty per cent confident that I won't, but not a full hundred per cent.

Empowerment does not mean achieving safer sex by encouraging more assertive individuals, it must be a collective project which shifts the balance of power between women and men throughout society, and assertive young women who attempt to put their intellectual empowerment into practice face daunting obstacles. These obstacles come not only from men's behaviour and broader social pressures, but are rooted in women's own conceptions of masculinity and femininity. Since the process of empowerment in the lives of young women constitutes a critique of male power, being empowered does not mean that young women can provide themselves with total protection in every risky sexual situation. Safer sex for young women constitutes a challenge to the ideas, identities, expectations and practices of men. It is this challenge which makes safer sexual practices contradictory and unstable. In the long term safe sex has to be as set of strategies which women can carry with them between relationships, independent of the context of sexual encounters. It requires a new model of sexuality which treats female sexual pleasure as a priority, replacing passive, disembodied femininity with a positive female sexual identity.

Conclusions: the gendered dimension in prevention

As a research team we are committed to feeding the implications of our findings back into policy and practice, and the urgency of the AIDS crisis indeed demands this. Frequently, however, the types of finding generated by sociological and feminist research cannot easily find a place within mainstream policy-making, by virtue of the way in which policy questions are currently framed. So in a sense our first policy implication is to beware of policy (Foucault, 1977). Our data demands that in this area policy should be enabling rather

than prescriptive, recognizing both the limitations of the rational choice model (which assumes individual autonomy, and a simple relationship between the acquisition of knowledge and behavioural change), and social and material constraints affecting individual behaviour. HIV/AIDS education can only be built on an acceptance of the complexities of sexuality and sexual practice.

Public education in safer sex for young heterosexuals has focused on abstinence, monogamy or condom use. These messages are compromised and need to be explored further in the light of the actual experience of young people. It is unrealistic to expect that most young people will 'save' themselves for a monogamous marriage. This leaves serial monogamy or the assumption on the part of one partner that the relationship is monogamous when it may not always be the case. Both of these versions rely on 'truth' telling in order to make risk assessment. For young women growing up in a culture which constrains their sexuality in a particular way, talking openly about sex and in particular about previous sexual experiences is likely to be extremely difficult, if not impossible. But even when such talk is possible and information is freely given, problems can still arise. What can happen on these occasions is not an exchange of facts upon which a 'rational' decision can be based, but a presentation of self within the constraints of what an appropriate sexual self is thought to be. This, as has been suggested, may be more likely to produce trust and reassurance than anxiety and risk awareness.

Safer sex education does not and cannot exist in a vacuum but must take on and build on the social pressures through which sexuality is constructed. This implies, for example, radical change in sex education and contraceptive advice giving. Sex education programmes need to alter their approach, so as to pay more attention to the subject of sexuality as it affects young people themselves. This type of sex education is likely to begin at an early age, take the form of small group discussion and provision of information when it is needed, this need being defined by the young people themselves. It should include an awareness of the gender and power relations which structure sexual interaction and relationships.

Such programmes should attempt to nurture and develop in young women a sense of self worth and self esteem and ally this to an awareness of their own changing sexual needs, desires and capacities, including that of experiencing, and requiring, sexual pleasure. In terms of the sources of sex education we identified a potential for greater use of peer education strategies as well as the importance of influencing the messages presented in the media, in particular young women's magazines.

It is vital that more attention is focused on the sex education of young men. Such education should aim to educate them about the construction of masculinity, and attempt to encourage the legitimization of alternatives to stereotypical notions of masculinity and femininity. They need to know too about the sexual and social needs of young women.

Recent research suggests that workers in family planning clinics have difficulty in discussing sex (Hawkes, 1991). If family planning services are successfully to integrate considerations of HIV/AIDS into their work it is important that they incorporate an awareness of the way in which contraceptive choices can influence and structure sexual interaction. This must include an understanding of:

- (a) the ways in which the potentials of the pill can reinforce the centrality of spontaneity and related ideas of loss of control as defining features of sex;
- (b) the difficulties young women may have in defining sexual encounters as other than steady, despite objective circumstances, highlighting a need to be sensitive to the use of language in contraceptive counselling and education;
- (c) the problems of consistent long term condom use within 'steady relationships' and

- the symbolic meanings attributed to condoms. They need to promote a more positive attitude to condom use;
- (d) the limitations of condom use and a willingness to discuss and explain the possibilities of non-penetrative sex to young people in a way which is sensitive to their level of sexual experience and type of relationship.

If policy makers are serious about making it possible for young people to change their sexual practices they must take seriously the contexts and processes which shape these practices.

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