

ORIGINAL ARTICLE

In the heat of the night, it is difficult to get it right—teenagers' attitudes and values towards sexual risk-taking

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Abstract

This study, using a hermeneutic approach, is based on data from four focus group interviews with 25 Swedish teenagers participating, ranging from 18–19 years of age. The aim is to gain a deeper understanding of teenagers' values and attitudes towards sexually transmitted infections (STIs) and sexual risk-taking. The teenagers seem to seek an excuse to fend off responsibility and deny their sexual risk-taking, an excuse provided by drunkenness. Under the influence of alcohol, teenagers are not too shy to have sex but remain embarrassed to talk about condom use. It seems as though the dialogue feels more intimate than the intercourse when it comes to protecting one's sexual health. To be able to act out in this sexual risk-taking the teenager often views the partner in a one-night-stand as an object, as opposed to a love relationship where they view their partner as subject, a person they care for. Engaging in sexual risk-taking often starts at a club where the teenagers go out to socialize and drink alcohol. They then play a game and a part of the game is to pretend that they do not play a game. In this game, certain rules are to be followed and the rules are set up by the girl, mainly to protect the romantic image of being carefully selected and thereby protected from being stigmatized as "sluts" or "whores".

Key words: *Focus groups, adolescent, attitudes, sexually transmitted infections, risk-taking, sexual health*

Introduction

Sexually transmitted infections (STI) are increasing all over the Western world. For the infected person STI is a physical burden associated with emotional distress (Hammarlund & Nyström, 2004; Hammarlund, Lundgren & Nyström, 2007). For society, it is an economic burden due to the costs of treatment, sick leave and in some cases hospital care (Mason, 2005; Phillips, Dudgeon, Becker & Bopp, 2004). In the USA, 50% of all new HIV infections occur among people younger than 25 years (Robin, Dittus, et al., 2004). Every year 3 million teenagers in the USA are infected by an STI, meaning one out of four sexually active teenagers contract an STI every year (Tortolero, et al., 2005). There is a strong correlation between the number of sexual partners and the chance of contracting an STI. Women with five sexual partners or more, have an eight times

higher risk of contracting an STI compared to women who have only one sexual partner (Joffe, et al., 1992). In Sweden, there has been an increase among teenagers having intercourse on their first date. In 2003, 26% of girls and 28% of boys aged 18–19 stated that they have had intercourse on their first date. This represents an increase for the girls since 1989, when only 15% stated that they had intercourse on their first date. The prevalence for boys has remained relatively stable since 1989 when rates were 25% (Herlitz, 2004).

Condom use can prevent most sexually transmitted infections. With STIs being as common as they are today, condom use is not only a question of preventing pregnancies; it is a question of retaining sexual health and protecting future fertility.

Whilst teenagers today usually have the knowledge that using a condom will protect them from

contracting an STI, condom use is decreasing (Wulff & Lalos, 2004) and many teenagers will not use condoms during occasional sexual contacts. Clearly, this will expose them to a risk of contracting STIs (Forsberg, 2005), which raises the question; what is the reason for this risk-taking? Moreover, what are the teenagers' attitudes towards STIs and casual sexual contacts? This knowledge is best accessed via teenagers themselves and a dialogue between teenagers about sexual health may elucidate their attitudes towards sexual risk-taking. Since teenagers mostly socialize in groups, this approach attempts to contribute to the knowledge about teenagers and sexual risk-taking from the group perspective. The knowledge can be of use to health care professionals who usually meet the teenagers on an individual basis when the teenagers are what we can describe as "out of her/his context". To enable a discussion about sexual health with a teenager it is essential to try to see her/his perspective and to meet the teenagers "where they are" trying to understand their thoughts and lived experience (Dahlberg, Segesten, Nyström, Suserud, & Fagerberg, 2003). Sexual health among teenagers has its relevance for caring science, since the teenagers will grow up to be adults. If we cannot reduce STIs among young people today the consequences in the future might be infertility and different health problems involving several different health care professionals. Hence, the purpose of this study is to gain a deeper understanding of teenagers' values and attitudes towards sexually transmitted infections (STI) and sexual risk-taking.

Method

Theoretical basis

This study was based on a hermeneutic approach influenced by Gadamer (1995) and Ricoeur (1976). Interpretation is the key issue for data analysis. It is important in this tradition to be attentive about one's pre-understanding and its influence upon the interpretations (Gadamer, 1995). To do this, the authors reflected upon the possible effects of pre-conceived notions and ideas about the study's subject matter.

Paul Ricoeur (1976) developed an interpretation theory where understanding and explanation overlap and interact with each other. Ricoeur also points out the importance of the open reading being matched by a critical reading with the intention of finding explanations that could further develop the interpretations.

Focus groups interviews

Data was collected using focus group interviews, a method developed by Robert Merton and Paul Lazarsfeld in the 1940s (Hylander, 1998; Wibeck, 2000). From the beginning, it was mostly used in marketing research, but it has its basis in social science. It can be used to investigate values, attitudes and the complex phenomena that originate from social interaction (Hylander, 1998). Every focus group should have an explicit purpose—a focus. No further control should be kept over the group, for example, the moderator should not use prepared questions, and the participants should freely express their thoughts, ideas, and experiences concerning the given subject (Hylander, 1998; Strid & Eriksson, 1999; Wibeck, 2000).

For most people their own sexuality, along with their associated attitudes and values concerning sexuality, is a sensitive matter. Focus groups, however, have a tendency to work out well in situations where the participants' inhibitions could be released in an allowable group climate. When one participant speaks freely, it encourages others to do so as well (Hylander, 1998; Robinson, 1999; Wibeck, 2000). Another rationale for the use of focus groups is that the interaction taking place between the participants makes it possible to elucidate the more complex dimensions concerning different attitudes and group norms. This dynamic is not possible to elicit in, for example, individual interviews. Interaction in the group is an essential part of the method and the participants encourage each other to ask questions, exchange thoughts and comment on each other's experiences/opinions (Robinson, 1999).

To conclude, focus groups can be a useful methodology when peoples' attitudes and motives for their actions are investigated (Wibeck, 2000).

Participants and data collection

The participants were in their last year of high school and 18–19 years of age when this study was carried out. Contacts were made through the headmaster and teachers and they provided the first author (KH) time to visit the class and inform the students of the project. The only inclusion criteria were that the student should voluntarily participate in the focus group. Students were recruited from two different high schools and from both practical and theoretical educational programs.

Four focus groups interviews were carried out by the first author (KH) with assistance of one Ph.D. student from another research project, who observed and took notes. In total, 25 teenagers from four different educational programs participated.

Group one: Eight boys from the Health Care program

Group two: Four girls and four boys from the Social Science program/economics

Group three: Four boys from the Technology program

Group four: Five girls from the Child Recreation program

Every group interview was audio taped and lasted between one and two hours.

The reason for choosing this age group is that the average age of having the first intercourse in Sweden is 16.8 years for girls and 17 years for boys (Forsberg, 2005) and thereby it can be assumed that the interviewees have some experience to contribute to the discussion.

The groups were not mixed across programs or schools (i.e. same classmates in the same focus group), since Wibeck (2000) recommends homogeneous groups when the researcher aims to achieve intimacy in the group to facilitate the discussion. The teenagers had been in their classes together for almost three years.

Data analysis

The analysis began with an open reading of the transcribed interviews. When reading the interviews it is important to be open-minded to the text and for the meanings they convey. The researchers pre-understanding must be set aside in a way not overshadowing the emerging meaning of the text, thus making it possible for the researcher to see the “otherness” in data (Gadamer, 1995). In hermeneutic research, the analytic process consists of a movement between whole- parts- whole. In this study the focus group interviews were the original whole, the analysis the parts and the result forms a new whole (Dahlberg, Dahlberg & Nyström, 2008). After reading the interviews several times, 27 meaning units were formed according to the aim of the study. In the third step, all the meaning units were compared and those related to each other were put together to identify sub-themes. At this stage, the data was shortened while still preserving its core. Patterns and connections were sought after and questions were asked regarding the material. What in this data is interesting? What stands out? How are the different themes related to each other? From this step, nine sub-themes emerged. We referred back to the interview text during the entire process of analysis to make sure the meaning units and the later sub-themes reflected the central meaning in the focus interviews. After this, the nine sub-themes were studied more carefully. We discovered that data

could reach a higher degree of explanation with explicit interpretations and started a process to abstract the text further for interpretation of the meaning. Since the data stayed on a more substantial level, the interpretations came closer to the meaning of the data. At the end of this process, four plausible themes remained (Dahlberg et al., 2008).

The analysis was completed with a concluding interpretation, a suggested meaning to understand teenagers’ attitudes and values towards sexual risk-taking. Finally, we referred back to the data to ensure that there was no contradiction between the concluding interpretation and data.

Ethical considerations

The focus groups were carried out in a small town in southern Sweden. All students in the classes involved were given verbal information about the study from the first author when she visited the class. The teenagers were informed that their participation was voluntary and if they wanted to participate, they were to contact their teacher. Further contact was kept between the teacher and the first author. The first author was never given the names of the participants from the teacher, only the numbers of informants who were going to participate. The time and place of the interviews were chosen by the participants themselves. Before the interviews started, the participants were given additional verbal information and were informed of their right to leave the focus group if they wished to.

Result

Common equals less dangerous and less shameful

The STI most frequently referred to, yet considered the least dangerous by the teenagers, is Chlamydia. The fact that it is common combined with readily available antibiotic treatments makes this infection seem mild. The teenagers never talk about the fact that the infection can be asymptomatic and that the bacteria is often spread by unknowing individuals.

Whilst there is some notion that Chlamydia might lead to problems later on in life these thoughts are very vague.

I don’t think you care all that much about milder STIs like Chlamydia and such. If you happen to get it, it can be cured really quickly. Sure, maybe you could get problems in the future, but I don’t know. It’s not something you think about. ♂

But like Chlamydia, it has become so common, so that is not something you consider dangerous.

Like gonorrhoea and herpes, that I think is worse, you do this kind of ranking. ♀

The dominance of Chlamydia within the teenagers' accounts can be seen as a result of their lack of or minimal knowledge about other STIs, which are generally shrouded in a fog of ignorance. This can be because Chlamydia is the only infection subject for a routine check-up, including almost all teenagers who visit a youth clinic in Sweden.

If you go to the youth clinic to get your pills they almost always test for Chlamydia, but they do not test for anything else as far as I know. ♀

You do not have the same knowledge about other venereal infections on the whole. ♀

The general increase and high prevalence of Chlamydia appears to make the teenagers feel less stigmatized than they might have felt with other less common STIs. There is some sort of security and companionship to be one among many who are diagnosed.

I mean, if more people have it, then it is okay to talk about it in one way. You do not feel so much shame talking about it. ♀

The reaction of the boys to a friend with an STI reinforces that suggestion. This is dependent, however, on the severity of the STI. If the STI is one they consider less dangerous, they joke about it, give the friend a pat on the back and make comments like "Good luck with that!". This strategy could be viewed upon as a positive empathic gesture, a way to defuse the issue.

Why couldn't you make a joke about it? It just gets difficult if you go around thinking about it all the time. Then it's better to try and joke about it. ♂

Alcohol use—fending off responsibility and denying a risk

The teenagers' risk-taking when it comes to STIs seems to be connected to alcohol. The teenagers say they do not reflect upon their own risk of being infected because of their drunkenness. Thus, it appears that drinking alcohol can be used as an excuse not to be responsible. The teenagers mean their responsibility vanishes in the haze of alcohol.

I mean you don't care about condoms if you're drunk. ♂

If you have alcohol in your body you do not consider the risks. ♀

The boys say that a condom would reduce the sexual pleasure. When having a one-night-stand, they seem to think mostly of themselves. There is very little consideration of protection from STIs neither individual nor mutual. Pleasure and lust supersede responsible sexual behavior. One might say that some of the boys are more oriented towards sexual gratification than towards relationships.

If you meet a girl in a club, you want to get as much pleasure as possible. I mean, I don't throw on a condom. You don't think about condoms. I mean sure, it's much safer, but you still don't think about it. It doesn't fall into my head anyway. ♂

Both the boys and the girls do not believe the risk of them catching an STI is very great, even though they put themselves at risk by having transient sexual encounters. Thinking in this way and denying their own risk behavior, diminishes feelings of responsibility.

No, I guess it's like with everything else, like cancer for instance, it doesn't happen to me. I can drive my car really fast, but nothing happens then either. Why should it happen to me? If it's like a million people it happens to, why should it be me? I think there is a greater chance of winning the lottery. ♂

It is something that will not happen to me. ♀

The dialogue feels more intimate than the intercourse

According to the boys, condoms can be difficult to bring with them when they go out at night. Whilst both their hope and intention is to have a sexual encounter, it is not acceptable to reveal that prior to the event, i.e. before they leave home. This is due to the fear of the girl rejecting them if she discovers this. What appears to be important for the teenagers is to maintain the illusion of partners being carefully selected. The illusion is that they did not think about sex before meeting this person and they are overwhelmed by lust in that special moment when they meet this "right" person.

A further explanation is one of uncertainty in the non-planning. Boys do not seem to have enough confidence to believe they will meet a girl and that the encounter will result in a sexual contact. Making preparations such as bringing a condom

tempts fate and so decreases the likelihood of being chosen.

It is a bit unpractical, I guess you could say. There are a lot of people who don't want to bring it. ♂

You don't really dare to believe that you'll find someone and then you don't dare to believe anything is going to happen. ♂

Therefore the boys especially seem on the one hand to be constantly prepared to seize sexual opportunities when they occur, but on the other feel they are unable to actively anticipate such opportunities and feel they should give an image of sexual encounters being unplanned.

However, some of the girls have somewhat ambivalent feelings towards the phenomenon of a one-night-stand, a finding that does not feature in the boys' accounts. At first, the girls say it is okay to have one-night-stands but later on, several of them say that they personally cannot imagine a sexual relationship and not being in love.

But I'm the kind of person who really wants feelings, lots of feelings involved when I have sex. I don't want to go around with a bag over my head. Just meeting someone in a club who does want to go home with me, you know ... I don't want to be like that. I want to be someone who has feelings and is in love. ♀

When the teenagers talk about unprotected sex it is not the possibility of contracting an STI that is the greatest threat, instead it is an unwanted pregnancy.

I think more people think about pregnancy than venereal infections. ♂

Venereal infections are more taboo, oh my God it does not exist, kind of. So you are more afraid of getting pregnant. ♀

It seems more neutral and less emotionally charged to suggest condom use for preventing a pregnancy. To suggest a condom for birth control makes it possible to stay in the illusion of being the one and only for each other in the past, the present and in the future. Condom use for birth control does not involve the person's previous sexual activity as it does if someone suggests it for preventing an STI. When linked to STI prevention, additional people like the former sex partners, impinge on the intimacy of the situation. To protect oneself against a pregnancy has more positive connotations, meaning you

see your partner as fertile and that is important for the self-esteem.

One aspect of risk-taking when it comes to STIs seems to lie in the insecurity between the teenagers. The condom has to be brought out, resulting in interference in the sexual act. On top of that, a young man might be worried that the woman will "go out of the mood" and consequently he will lose his erection. It appears that talking about protecting one's sexual health is more connected with intimacy and closeness, than to actually having sex. The whole event of the one-night-stand seems to rest on a fragile foundation built on lust and words about responsibility act as a hindrance to lust.

But we really liked each other ... or were in love ... liked each other a lot, and then it felt more okay to ask. Instead of, if you had like a one-night-stand, I mean like, no I can't ask. You always can, but it would feel a bit ... Stupid, I don't know ... ♀

To view the partner as an object makes the non-caring relationship possible

Mainly according to the boys, there is a big difference between a sexual relation with a one-night-stand and a sexual relation with a boyfriend/girlfriend. The relationship with a person with whom they have had a one-night-stand is objectified; it is not who they are having sex with that is important, rather the act of sexual lust that itself. The sexual lust dominates as they become aroused leading to acting out the lust with whoever is available and preferably also attractive. Thus, mutual feelings of care and infatuation are not a requirement for a one-night-stand.

I mean, in a club you hunt for girls; there is no more to it. It can be a one-night-stand but it will not result in a love relationship. If you want that you should not try to find someone in a club. ♂

The teenagers contrast this with the ultimate sex with a boyfriend/girlfriend with who they are in love. In this case, they want to give sex and sexual pleasure and this is where the mutuality comes in. It is this person whom they care about and for whom they want to take responsibility.

But there are two things. One is having sex with a girl you like, that's nice, and the other is going out and taking whoever is available and having sex with her. There's nothing more to it you don't see each other again, it's two different things. When

you meet the girl out and go home to have sex, it's more just to have sex. But if you have a partner you're dating, then it's more ... yeah, showing your love by having sex. ♂

Similar to the previous interpretation it is evident that for some of the girls it is not only objectified sex. It seems that underneath there is a hope that through the sexual act they can go from object to subject and the sexual relations are attempts to get the interest of a man with whom they are in love.

Then maybe you try to get close to the guy that way, now we have sex and then he might get interested in me. ♀

In the subjective love relationship there is something more involved, besides the sexual pleasure, something beautiful and intimate concerning mutual warm feelings. The sexuality is perceived as being more special when it is linked to love and security. When it is with a boyfriend/girlfriend whom they are in love with, the meaning of sexuality is altered and it becomes a way to express warm feelings. Sexuality becomes something the teenagers wish to have because of an infatuation, as opposed to a one-night-stand, which is a wish for sex linked to being so sexually aroused that almost anyone would do.

Then it's the fact that it feels good and all that, but it's also the fact that you're in love with the person. I mean, it becomes nicer then, more feelings and closeness. ♂

If you have a boyfriend and you really trust each other it's really different. If you just meet someone for a night then they both probably know what they both want, you know ♀

Furthermore, in the question of infecting someone with an STI the division of object and subject still stands. The young adults consider it to be a great difference between infecting a person they meet in a club, have sex with and never see again and infecting a boyfriend/girlfriend.

If you infect a one-night-stand, what the hell, it doesn't matter. If she gets really pissed, you don't want anything to do with her anyway. But if you infect your girlfriend, then ... then it's ... shit ... ♂

I mean, you don't have to talk to a one-night-stand ever again in your life, but if you infect someone you really care about, then you have to talk about it and be reminded of it ... afterwards. ♀

Concluding interpretation—playing the game

The teenagers seem to regard casual sexual contacts to be a game where there are certain rules to follow. The rules are set-up by the girls and both boys and girls have to follow these rules. The boys agree to the rules because they do not want to lose an opportunity of having a one-night-stand. One of the rules for the boys to follow is to pretend they have not thought about sex prior to meeting this girl in the club. In fact they have been thinking of a one-night-stand before leaving home. They cannot reveal this because a part of the game, even if it is a one-night-stand, is supposed to be spontaneous and an unplanned here-and-now event, exemplified by immediate and overwhelming feelings for this very special girl. She wants to hold the illusion that she is carefully selected for her own qualities. This rule may be seen as a rule of protection for the girls, to protect them from being stigmatized as sluts or whores. The result of this is that the boys cannot bring out a condom because that is connected with planning and not a part of the game. Conversely, it is not supposed to be a planned or engineered event. If the image of not planning and being carefully selected is a part of that game, they are willing to play the game as long as the result is positive, i.e. intercourse. By this role STI does not exist, how can it when the girl is carefully selected? Therefore, a side effect of this game is the teenagers not having to take responsibility for their sexual health. The game has different sides and if the teenager plays the game, which includes their partner being the selected one, then it is easier to suggest condom to prevent a pregnancy than to protect ones sexual health. Condom use to prevent a pregnancy means the girl can protect her reputation and play her part of the game by pretending it is a love relation where marriage and children will come in the future.

Underneath the surface of the game, the boy is objectifying the girl and has no intentions of a serious relationship with her. As one boy says, "She does not mean more to me than a spot on the wallpaper." The boys are thus separating a one-night-stand from a love relationship and saying they will not meet their future wife in a club.

The ability to handle intimacy and closeness with another person is often difficult to achieve and requires a dialogue and courage, particularly when, as these accounts suggest, it is outside the norm of teenage behavior. Alcohol in this game acts as a kind of bridge, a lubricant to help them follow through with the closeness they seek in order to fulfill their desire for sexual experiences. The intoxication provided by alcohol, gives them both the courage to approach the opposite sex, and it helps them avoid

thinking of the danger of STI's. This denial, in turn, allows them to be exclusively guided by their lust. The teenagers encounter difficulties in initiating dialogues with this person, in particular in relation to discussions about condoms. This dialogue seems to be more private than the intercourse itself. If a person initiates a real dialogue with someone at an intimate level, that person can go from object to subject and leading to responsibility being less easy to disregard. In addition, such dialogue may lead to a deeper intimacy, which further on might lead to the requirements of taking responsibility for the lust and taking responsibility not to infect anyone with a venereal infection.

According to the phenomenological-existential psychiatrist Ronald Laing (1974), both men and women wish to be longed for and both are longing for the other's desire. Behind everything lies a strong fear of rejection. As Laing describes it:

Jack is afraid of Jill. Jill is afraid of Jack. Jack is even more afraid of Jill if Jack thinks that Jill thinks that Jack is afraid of Jill. Since Jack is afraid that Jill might think that Jack is afraid Jack pretends that he is not afraid of Jill so that Jill can be even more afraid of Jack (p. 83).

The whole game is according to Laing knots, tangles, muddles and ties.

The girls play their part of the game by pretending they do not see they boys are playing the game. The whole game can be described by referring to this rather well known quotation from Laing (1974).

They are playing a game. They are playing at not playing a game. If I show them I see they are, I shall break the rules and they will punish me. I must play their game, of not seeing I see the game (Laing, 1974, p. 7).

Discussion

This study shows that Chlamydia is now so common among young people that they consider it mild and less dangerous than herpes, for example. Another finding from this study is that it is more difficult to speak about using a condom for the purpose of preventing an STI than it is to suggest its use for preventing a pregnancy. There are rarely deep feelings involved in a one-night-stand and if asked to use condom meant that opportunity for sex is put aside, than few people would take that risk if it meant that the chance of having sex would be lost. There is a delicate balance. On the one hand, the teenagers want to be experienced before meeting "the right

person" but on the other hand, they do not want to contract an STI or become the subject of a rumor concerning contracting an STI. Young women, in particular, are concerned with being labeled in derogatory terms, such as "easy" or "slut".

There seems to be several factors working together contributing to the current increase of STI cases. One of these factors is a rapid and acute increase in contemporary sexual contacts (Edgardh, 1992; Forsberg, 2005; Helmius, 1998; Jarlbro, 1989), the teenager do not think that they themselves will be infected by a venereal infection (Hammarlund & Nyström, 2004; Tydén, 1996) and as this study shows; the fact that the so called one-night-stands often occur under the influence of alcohol.

Using Becker's (1963) theory of labeling it seems very important for a teenager not to be marked as an outsider and be someone who is excluded from the group. Whilst becoming infected with Chlamydia does not mean exclusion, becoming infected with a venereal infection that is considered dangerous, odd or deviant, which then becomes public knowledge appears to be a real fear amongst teenagers and is firmly connected with both exclusion and branding. They are afraid of becoming the target of rumors. This might provide one possible explanation of why they do not see any other venereal infection than Chlamydia, as possible to contract. Their denial is a protective response, which allows them to be "normal" and stay in the group.

For approximately the last 200 years, from the latter half of the 18th century, people in Europe have had what is known as a "romantic love ideal". This includes, among other things, a love ideology stating that sexual relations and sexual acts only belong in a love based relationship (Giddens, 1994). Over the last few decades there has been an erosion of this love ideal, revealed by evidence that young adults no longer link sexuality and love as strongly as before. This can be observed in the increasing number of temporary sexual encounters (Edgardh, 1992; Forsberg, 2005; Helmius, 1998; Jarlbro, 1989). Zetterberg shows that in 1967, 85% of the people in the survey agreed with this statement: "Those who are in love with each other may have sexual relations even though they are not married" (Zetterberg, 1969, p. 21). Hereafter, a substantial change has occurred demonstrating an erosion of the strong link between love and sexual relations (Herlitz, 2004; Forsberg, 2005). Herlitz (2004) states: "Intercourse should only occur in solid relationships"; responses to that question in 1989, among young adults aged 18–19, revealed that 53% of the boys and 71% of the girls totally or partially agreed. In 2003, the numbers were 31 and 42% respectively.

From the research described above, we conclude that teenagers today are more inclined to have occasional sexual contacts, which seem reinforced by this current study. This creates demands in different areas, such as schools and youth clinics. These institutions need to develop educational programs, which are fit to address the new level of risk-taking amongst teenagers. If teenagers have the opportunity to reflect and discuss their occasional sexual relations in a confirmatory manner, without fear of rejection and, without grown ups moralizing, maybe they would not feel the need to polarize the objective one-night-stand versus the loveable subjective sexuality. We consider that there has to be a nuance here, allowing the teenagers to take responsibility for their own, as well as their partner's sexual health when they engage in one-night-stands.

Research shows that there is no link between increased condom use and increased STI information (Birgersson & Norestig, 2005; Marston, Juarez & Izazola, 2004). Wulfert and Wan (1993) state in their study that changes in sexual behavior are not a direct result of knowledge concerning condom use. Teenagers know that a condom helps preventing STIs but this knowledge does not necessarily make them use a condom. People integrate knowledge with expected results, how they feel emotionally, which can be socially influenced by earlier experiences. Therefore, we can draw a conclusion from earlier research that information about STIs does not influence teenagers' risk behavior in a great way. For teenagers in this study, some reasons for not using condom emerged. Our research results confirm previous studies, which have been carried out in the same area. One of these results is that the teenagers do not know their partner in a one-night-stand well enough to raise the subject of a condom due to the delicacy of the subject. This result is in line with Birgeron and Norestig (2005) and Svensson, Östergren, Merlo and Råstam (2002) who states that young women are afraid to get branded as sluttish if they are well prepared and take a condom in their handbag. The fear of that branding is greater than the fear of an STI. There is also a possibility that the girl or boy shows that she/he will consider her/his partner as a potential disease carrier for venereal infection by wanting to use a condom. Holland, Ramazanoglu, Sharpe and Thomson (1998) state that a condom can not be seen as neutral but involve different values and attitudes depending on whether you are a girl or a boy. To suggest using a condom, for the young women, can carry the meaning of distrust towards their partner or that they show sexual experience. For women, this sexual experience can be something

negative since there still are prejudices concerning sexual equality.

The young men state that using a condom reduces the sexual pleasure and to put on a condom leads to an interruption in the love act, which in itself is embarrassing (Flood, 2003).

Schools, youth centers and other places for teenagers ought to give plenty of support in what teenagers primarily find difficult—to improve their ability for intimacy and how to cope with the feelings, which arise in close relations, secondarily to give information about STI. The last mentioned information uses fear as a ground for changes. However, the teenagers are driven by their lust and their urge to explore their sexuality they must find a way to cope with information based on fear. They then use something which Weinstein (1980) describes in his theory as “unrealistic optimism”. This means that human beings expect other people to have setbacks and misfortunes/mishaps, but not themselves. Research concerning people's risk to be involved in car accidents, crimes and different diseases show that they estimate their own risk to be lower than the average and that the more negative consequences an event brings, the less people think that it will happen to them (Weinstein, 1980). Therefore, by denying their risk behavior, which can lead to negative consequences, the teenagers think that it will not happen to them. Through this denial, they are less inclined to take responsibility for their own sexual health.

Thus, the teenagers do not see their own risk of being infected with an STI. Previous research show similar results, that teenagers favor their own self-image and think that it will not happen to them (Birgersson & Norestig, 2005, Hammarlund & Nyström, 2004, Tydén, 1996).

Skidmore and Hayter (2000) contribute to an interesting discussion where their research shows that young people put themselves in the centre of their own social network. They use the expression “egocentric society” and mean that to know oneself becomes the most important thing and out from that benchmark everyone else is measured. The society has gone from “public person” to an “ego-centric view” (Skidmore & Hayter, 2000). This can be put in relation to our results concerning the fact that many teenagers today wish to explore their own sexuality, without greater considerations/respect to the other person's experience. It is not important to protect your partner's sexual health or to view her/him as a subject.

The question becomes, how can positive messages be given, that connects what we consider the most difficult task towards becoming a mature human being? Namely, how it is to be honest to oneself and

ones partner regarding needs and wishes concerning sexuality, so that sexuality during adolescence do not have to stand opposite to caring and love, no matter how short or long the relation will be. How do we make the teenagers care about a partner and show reciprocity even for a one-night-stand partner? It is important that a teenager does not repudiate the feeling of care for a partner if they have a one-night-stand.

Methodological considerations

There are positive factors with group interaction but there are negative factors as well. One of them is what we can call intra personnel factors, which mean certain personal features that can affect the whole group. For example, an outgoing person who is perceived as intelligent and friendly can make other people in the group become more positive to her/his ideas than they would have been if that person were considered unfriendly. Another factor is that the group members want to be accepted in the group and to feel solidarity within the group. This may be a problem if the solidarity turns out to be too strong leading to a so-called collective thinking, meaning the members experience there is a right way of thinking about a phenomenon (Wibeck, 2000). Although, when a participant is confronted with the others opinions and she/he has a different opinion, the participant may become more reflective towards her/his own standpoint and be forced to analyze her/his opinion more radically than in an individual interview (Hylander, 1998).

In this study when data was collected and carried out, another doctoral student was present taking notes and observing together with the first author (KH). After a group interview ended, the first author and the “helper” discussed the climate in the group and the interaction. Especially in the two groups consisting of teenage boys, a collective thinking sometimes occurred. Despite this, they also argued against each other in these two groups as well as in the other groups. Sometimes a person could tell a short story, for example, about obstacles connected with buying a condom and after that another teenager could say “That reminds me about . . .” and then another short story would be told. Afterwards, they discussed these two stories and reflected upon the stories. Each focus group interview contained strong debates, fruitful discussions and interaction as well as sometimes-mutual agreement.

Qualitative studies must always be interpreted in relation to the context; in this study Swedish teenager engaging themselves in sexual risk-taking. However, the fact that the result is contextual does not imply that they would be inapplicable and have

no meaning in other contexts. Application of the results to new contexts could be understood as an entailing open-ended process of understanding, which is also depicted in the metaphor of the hermeneutic circle (Dahlberg et al., 2008). Therefore, it is plausible that the results from this research may also be applicable for other contexts.

The gender perspective has not been focused on in this article since that is something that runs through the data consistently and it deserves a completely new analysis. This will be presented in a future study.

Conclusion

All people who in their daily work meet young people and provide health education or health counseling, must find other approaches beyond information giving to reach adolescents and to bestow upon them a responsibility about their sexual health. It is of great importance that the education or the counseling does not become the use of informative but frightening propaganda, without support from the young people’s lived experience.

Furthermore, we consider that in health education and health counseling it is of great significance that research findings are utilized. Results where teenagers themselves speak about the barriers connected to condom use should be discussed. This can take place through a clear gender perspective in health education and health counseling by working with case description, attitude training, and discussions.

If we want to stop the STI epidemic and to save young people from becoming infected, we must take research result emerging from the teenagers themselves most seriously and work from there.

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