‘I told him not to use condoms’: masculinities, femininities and sexual health of Aboriginal Canadian young people

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Abstract

Gendered power imbalances in heterosexual relationships are a key target of gender-sensitive STI risk reduction interventions. Gendered aspects of sexual behaviour have not been explored among Canadian indigenous young people, who are at elevated risk for STI relative to other young Canadians. We used data from in-depth qualitative interviews with 15 male and 15 female indigenous young people to explore gendered sexual behaviour and its implications for STI reduction. There was a pervasive ‘double standard’ where young men were expected to be sexually aggressive and young women were expected to resist sexual advances; but we also observed ‘alternative’ or non-hegemonic behaviours. Specifically, young women were often very active participants in sexual negotiations, could refuse condom use and sometimes pressured their male partners to not use condoms. Young men also described being the object of coerced sex, and did not always perceive female sexual desire in negative terms, and were not always receptive to sex. The gendered sexual attitudes and behaviours in our sample were much more complex than usually described in the literature. Intervention work needs to take more realistic account of the sexual interactions that occur between young people.

Keywords: Aboriginal, sexual health, gender, HIV/AIDS, American Indian

Background

Gender refers to the socially constructed set of attitudes, beliefs, behaviours and structures which are associated with biological sex (World Health Organisation 2008). Sexual behaviour and communication are gendered—young men and young women are governed by different sets of social norms and expectations. Dominant discourses about heterosexuality dictate that men be confident, assertive and behave in a sexually aggressive manner, and women be naïve and behave passively (Courtenay 2000, Holland et al. 1990). These ‘hegemonic’ masculinities and femininities, or gendered behavioural ideals which men and women aim towards achieving (Connell 1987), seem to be present to some degree in all cultures for which data are available (Marston and King 2006).
Hegemonic identities and sexual risk

Passive femininities are thought to hinder women’s ability to protect themselves from STI and unwanted pregnancy. In particular, Holland et al. (1990) argue that ‘the negotiation of sexual encounters is a contradictory process in which young women generally lack power’. At the most overt level, Exner et al. (2003) point out that women may be unable to insist on condom use because of economic dependence on partners or fear of partner violence. Zierler and Krieger (1997) outline the operation of hegemonic norms at another more subtle level: ‘Even if not dependent on men for material support, women may depend on the social and personal esteem that comes from being in a heterosexual couple’ (1997: 418), the implication being that privileging of heteronormativity and women’s desire to maintain relationships may covertly undermine women’s ability to exercise true control over sexual decisions. Holland et al. (1998) go further with the ‘male in the head’ model, postulating that women’s internalisation of hegemonic gender norms results in sexual decisions which prioritise men’s pleasure and sexual agendas. Similarly, hegemonic masculinities where men are expected to be knowledgeable, pursue sexual opportunities and always to be receptive to sex are often practised by having multiple sexual partners and taking sexual risks (Dunkle and Jewkes 2007, Ricardo et al. 2006, Wood and Jewkes 1997). Condom use can also interfere with spontaneity and risk-taking, which are essential qualities of both a hegemonic masculinity, and what young men characterise as ‘good’ sex (Flood 2003a, Flood 2003b, Marston and King 2006).

Contesting hegemonic identities

More recent research has described the presence of ‘alternative’ attitudes and behaviours in young people (Allen 2003b, 2004, Chung 2005, Maxwell 2007), where women are not always passive and men are not always aggressive or behaving in ways consistent with hegemonic ideals. This has led some authors to speculate that traditional gender roles are in a state of flux. Stewart (1999), for example, describes young women with sexual agency in her Australian sample who plan to lose their virginity. Seal and Erhardt (2003) note that the young men in their urban sample were motivated to secure emotional intimacy in relationships with female partners, and highlight the emergence of a ‘new man’ who has moved beyond more traditional scripts. Similarly, Barker and colleagues (2000) have noted the presence of a minority of ‘gender equitable men’ in their community samples. These more recent investigations underline that young people are actively engaged with hegemonic identities, both participating and challenging dominant discourses in their individual practices of masculinity and femininity. However, the extent to which young people at high risk for contracting an STI adhere to or challenge hegemonic norms, and the implications of these ‘alternative’ sexual strategies for sexual health interventions, remain largely unexplored.

Sexual health interventions for indigenous young people

In Canada, indigenous (Aboriginal) groups face structural inequalities and socio-economic disadvantage (Health Canada 2002, Statistics Canada 1998, 2002). Approximately three to four per cent of the Canadian population is of indigenous descent (Statistics Canada 2001). Aboriginal people, however, accounted for nearly 24 per cent of HIV diagnoses and 12 per cent of AIDS diagnoses in 2002 (Public Health Agency of Canada 2004). Young Aboriginal people are also at high risk of other STIs and adolescent pregnancy relative to other young Canadians (Health Canada 2003, Public Health Agency of Canada 2004, Statistics Canada 2003).

Prominent indigenous scholars highlight the role of colonial legacies in producing such disparities (Walters and Simoni 2002). Kelm (1998) provides a very good overview of recent
history in British Columbia, Canada, where this research is focused. In brief, English settlers arrived in the mid to late 1800s, and signed treaties with various indigenous peoples, allocating parcels of land called reservations to communities and forcing children to attend residential Christian boarding schools. There is some indication that prior to European arrival, indigenous groups had more egalitarian gender norms relative to the settlers. Most of our evidence of this comes from the observations of English settlers, and from anthropological interviews with surviving Aboriginal elders. It seems that Aboriginal women were free to divorce their husbands if they felt ill treated—English settlers noted with some dismay that Aboriginal women who had become colonist’s wives would ‘simply pick up and go back home to their tribe’ if they were not happy (Barman 1997, Fiske 1991, White 2006). Anthropological work also illustrates the relative importance attached to childbearing and fertility in many Aboriginal cultures. As one elder noted from the Carrier tribe, reverence for pregnancy and children was one thing they ‘had in common’ with the newly arrived Catholic missionaries (Fiske 1996). However, very little work has documented norms and changes in gender attitudes and attitudes towards pregnancy since the late 1800s to early 1900s.

Today, many Aboriginal people still live on land reservations (on-reserve), and disproportionately in northern parts of Canada. However, there is a growing off-reserve population, and several Canadian cities (including Vancouver, British Columbia) have large urban populations. Populations both on- and off- reserve suffer from more ill-health than other Canadians. In particular, on-reserve residents suffer from a lack of provision of adequate healthcare and other basic services (Waldram et al. 1995).

Currently, most sexual health promotion programmes available for indigenous young people have been adapted by various agencies from programming for other populations (e.g. British Columbia Centres for Disease Control 2006, Canadian Aboriginal AIDS Network 2006). Very little quantitative research specific to Aboriginal young people is available, especially in the Canadian context (Devries et al. 2009a, 2009b, Devries et al. 2007). Similarly, the first qualitative studies on sexual health to include Aboriginal young people have appeared only recently. These have focused mainly on HIV testing among those in their mid-20s (Mill et al. 2008), or have used focus group methodology to explore differences between urban Aboriginal and non-Aboriginal young people in how they perceived HIV (Larkin et al. 2007). To our knowledge, there have been no published qualitative studies to date which have focused on indigenous young people’s own accounts of condom use, non-use and sexual health more broadly. Given the high prevalence of STI, there is a clear need for more primary sexual health research to include Aboriginal young people.

**Aim**

In this paper we use data from qualitative interviews with Canadian Aboriginal young people to explore how these young men and women operate within, and challenge, gendered social norms in their sexual relationships. These data are taken from a larger qualitative study (Devries and Free submitted), the overall aim of which was to examine reasons for condom use, non-use and STI risk behaviour among Canadian Aboriginal young people.

**Methods**

Individual in-depth interviews were conducted in one rural and one urban site in 2004-2005. The urban site was Vancouver’s Downtown East Side, one of Canada’s poorest neighbourhoods and home to one of Canada’s largest urban Aboriginal populations. The rural site consisted of two reserves in small neighbouring communities on Vancouver Island.
Community participation and ethical approval

In Canada, Aboriginal communities have experienced ethically questionable research in the past (for example, Wiwchar 2004). As a result, community leaders wish to engage only in ethical, respectful research that will directly benefit community members. Several guidances have been issued to this effect—OCAP (Schnarch 2003), ACADRE (BC ACADRE 2006) and more recently CIHR (Canadian Institutes of Health Research 2007), which emphasise community engagement and control, and recognition of the effects of the colonial context on the health status of Aboriginal peoples. This work was conducted in accordance with these principles.

In Vancouver, several indigenous community organisations which serve young people were contacted, and a meeting was arranged with youth workers to explain the project. Several youth workers volunteered to recruit young people and an interview guide was developed jointly. There was no formal ethical approval procedure available, so this was taken as community approval for the project in the urban setting. In the rural setting, we partnered with the local nurse responsible for STI control and the local youth worker. In this setting, we received formal community ethical approval from the local Tribal Council to carry out the research project. Interviews were conducted in health centres on the two rural reserves, one in each town. Institutional ethical approval for the study were obtained from both the University of British Columbia, and the London School of Hygiene and Tropical Medicine Behavioural Ethical Review Boards.

Recruitment of participants

Fifteen male and fifteen female young people aged 15-19 who self-identified as Aboriginal were recruited. In the urban setting, we recruited from a billiards tournament and from an after-school Drop-In Centre, both for Aboriginal young people. In the rural setting, we recruited from an on-reserve health clinic which doubled as a public internet access point, and via referral from the youth worker and STI nurse. In both settings, after initial recruitment, young people ‘heard’ via word of mouth from other participants, youth workers and health professionals that interviews were being conducted in community settings, and made their way down to participate.

Procedure

The purpose of the interviews was explained to participants as ‘to hear what they had to say and what their experiences were, to help make better sex education programmes’. Each participant read (and the interviewer verbally outlined) and signed a consent form detailing their right to privacy and their right to withdraw from the interview at any time, and that they would still be paid C$20 even if they wanted to end the interview early. Each participant was asked verbally to consent to tape recording of the interview. At the end of the interview a list of local clinics and numbers was provided and the interviewer offered to help make appointments if participants desired. Interviews ranged in length from 30 minutes to 1.5 hours, and all interviews were conducted individually. In one case a couple was interviewed, but each partner was interviewed separately.

Interview content

After explanation of the purpose of the study and answering any questions participants had, interviews began by asking about where participants went to school and what they liked to do for fun. Interviews then moved into more sensitive topic areas, including relationships, sex, and condom use. Many spoke at length about other issues, including substance use, suicide, family problems, health problems and life aspirations. Many seemed glad to have the
opportunity openly to discuss topics that they felt were important. A minority of participants did not seem comfortable talking about sex, and these participants were not pressed for details.

Analysis
All but two of the interviews were tape-recorded and transcribed. Notes were taken during the other two interviews due to technical difficulties. No participants refused to be tape-recorded. N6 software (QSR International 2006) was used to organise the data and facilitate analysis. Data were analysed drawing on techniques from Grounded Theory (Glaser and Strauss 1967). Transcripts of the interviews were coded initially using ‘in vivo codes’, reflecting the language of the participants. After coding the first seven interviews, a coding framework was developed. Remaining interviews were coded primarily according to this framework; however, new codes were added to reflect new information. Codes were organised into broad, general categories, and then organised conceptually to describe how they might influence sexual health. These categories are presented in the results section, with quotes to illustrate them.

Results

Characteristics of participants
The characteristics of participants are described in Table 1. In this particular analysis, we found that accounts did not differ substantially between participants interviewed in rural and urban locations, hence all interviews have been analysed and presented together. However, it is important to note that participants reported substantial migration between urban and rural (often reserve) locations, and many of the urban participants reported spending time on-reserve outside the city. Hence participants were more homogenous with respect to experience of place than might be assumed, based on the locations where they were interviewed.

Results are presented in four sections. Findings regarding hegemonic attitudes in behaviour are outlined here since these are similar to findings for other populations (Marston and King 2006), and alternative strategies are presented in more detail.

Beliefs about masculinity and femininity
There was a pervasive social ‘double standard’; men were expected to behave aggressively to secure as many sexual partners as possible and to be interested in sex alone. Women,

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<th>Characteristic</th>
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<tr>
<td>Average age in years</td>
<td>17</td>
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<tr>
<td>Female</td>
<td>15</td>
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<td>Urban</td>
<td>19</td>
<td>63%</td>
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<td>Ever had sex</td>
<td>22</td>
<td>73%</td>
</tr>
<tr>
<td>Ever been pregnant</td>
<td>6</td>
<td>20%</td>
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<td>Attending school</td>
<td>18</td>
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conversely, were not expected to initiate sexual encounters, were expected to ‘resist’ as long as possible, and were regarded as responsible for ‘letting’ sexual encounters occur. Young women were perceived as engaging in sex as a means to secure love or companionship. These two ‘normative’ sexual roles for young men and young women governed participants’ expectations and interpretation of others’ behaviour. Such views are typified by the following account from a young man, who describes his views of a young woman with whom he had recently had sex at a party:

P: … she was being kind of a whore. She just lets anybody kind of do anything. …she’s just like letting all sorts of people fuckin’ use her for whatever. (Rural male.)

He presents himself as a pursuer and as receptive to sex with any female partner who will offer it. He views the young woman as a ‘whore’ because she was ‘giving it away’, without what he perceived as adequate resistance to his advances. Consistent with dominant expectations of female motivations for sex, which exclude experience of pleasure and enjoyment from sex itself, because she is not in a relationship she must be ‘letting people use her for whatever’.

Having ‘alternative’ ideas and beliefs about masculine and feminine behaviour was relatively rare in our sample, and sometimes co-existed with hegemonic ideas in the same individuals. Nonetheless, some young people challenged hegemonic ideas of gendered behaviour. Some used language usually reserved for promiscuous women to describe men:

P: … this guy’s like, he’s like a slut. (Urban female.)

This young woman attaches a negative connotation to multiple partnerships by choosing the word ‘slut’. Another young woman had different views on sexual desire in men and women:

P: His horniness comes from like…but I don’t know…I don’t think it’s in the genes or anything though…
I: So would you say guys are generally like that?
P: Um, not really. Probably half-and-half. Because I know a lot of girls that are like that too. (Urban female.)

This young woman is rejecting belief in a fundamental difference between men and women that legitimates men’s multiple partnerships. ‘Horniness’, or desire to have sex is not restricted only to men in her view.

Power

Hegemonic ideas of power in relationships dictate that young men should be the more powerful partner. Although young people tended to have traditional ideas about motivations for engaging in relationships, they still conceived of a more mixed power dynamic. This young woman’s account is inconsistent with the idea of a wholly dominant masculine power:

I: So what does that boil down to in their relationships? What would that mean, calling the shots?
P: To do what they want, like if they want to go to this place, or that place, or go do something else, the girls are usually we’ll be indecisive, we’ll want to go do other stuff. The guys, when they call the shots its always like, ‘I wanna have sex every day’, pretty much after that, then they'll go do whatever.

I: Ya? So what do you think, in most relationships, who do you think is calling the shots? Like of your friends and stuff.

P: The girls I think. Mostly. Some of the guys I know call the shots, but they’re more like, if they don’t care, then they’ll

I: so it’s mostly the girls. (Rural female.)

This young woman implies that she defines ‘power’, or decision-making ability in relationships, in terms of whether or not young women can secure young men’s participation in non-sexual activities. Although this young woman’s account is potentially consistent with the idea that young men may have greater investment in the sexual aspects of a relationship, and young women may prioritise other areas, she still defines ‘power’ in a way that positions young women in a more powerful role. She is making a distinction between ideas of masculinity and femininity, and what personal power actually means in a relationship context.

**Gendered sexual behaviour**

Alternative *behaviours* were much more commonly described than alternative *beliefs* about the nature of men and women. This was true in accounts of sexual decision making, men’s sexual receptivity and female sexual desire. However, hegemonic views about gender-appropriate behaviour were still evident through the language some participants used to describe sexual encounters—the male partners were ‘doing’ and the female partners were ‘done to’. This young woman described a consensual sexual encounter with a young man she was seeing:

P: …he just tried without a condom. Then he ended up, we ended up doing it like four times that night, or that day, without condoms. (Rural female.)

He is initially given the only active role in the description, and the young woman reclaims her role only at the end…‘he ended up, we ended up…’. However, it is important to note that in this case, it was the young woman who provided the condoms, which is inconsistent with dominant ideas about men being more sexually experienced and knowledgeable (although consistent with ideas about women being responsible for safety).

Most male and female participants in our sample used more egalitarian language—‘we’—to describe engaging in sexual acts and condom use. Both young men and young women reported that young women often took an active role and could be in control of condom use during sexual encounters. This young man described relying on his female partners to decide whether or not a condom was used:

P: Well uh, its not really like, my choice, and its her choice, at the same time,

I: Ya,

P: So I ask her if she wants to use it, yes, no,

I: um hmm,

P: So I go on her decision. (Urban Male.)
This young man’s account suggests he does not view himself as a dominant decision maker. Although relying on female partners to make decisions could be interpreted as consistent with dominant ideas about sexual receptivity, young women also felt that they were often in charge of decision making.

Although most participants described young men as ‘always up for sex’ there were several instances where young men reported more complex behaviour. For example, this young man described rejecting advances from a young woman when he wasn’t ‘in the mood’:

P: …and I’ll be like not in the mood.
I: For sex you mean?
P: Yeah.
I: Yeah. So the girls might want some, want sex, but you don’t want to?
P: Well...sometimes, yeah. Like in the past, like I had basketball game this one night and yeah, she just wanted to climb on board and have a go around, so I explained to her and she understood.
I: What did you explain?
P: I just told her I had a game tonight, and I didn’t want to be all exhausted and I had no condom. She said, ‘hmm, whatever’.
I: Yeah?
P: And that’s all.
I: Yeah. So how did you feel about that?
P: I don’t know, I just went along and won my basketball game and got some later, no just kidding. (Rural male.)

This young man was somewhat ambivalent about disclosing his experience to the interviewer, and it was not clear from his account if he pursued a sexual encounter after his basketball game. The role of the basketball game in his presentation is not clear—maintaining his identity as a sportsman may be another important aspect of his hegemonic masculinity, and the ‘pregame myth’, or the idea that having sex can adversely affect athletic performance (Segrave 2002), may have prevented him from engaging in sex. But based on this account, it seemed that he was presenting the basketball game as a valid ‘excuse’ for forgoing sex, which would allow him to maintain his presentation as ‘masculine’ while not adhering strictly to all aspects of a masculine identity. This account illustrates both the expectation that young men always want to pursue sex, and that this is not true all the time.

The existence of female sexual desire was also recognised by both young men and young women. Young men sometimes discussed sex as a ‘need’ for young women:

P: I didn’t want to actually do anything with anybody. So...she got upset over that too.
        But, she couldn’t get it from me, she went to go see somebody else so. (Urban male.)

This young man attributes his partner’s behaviour to ‘need’ for sex, which is inconsistent with the dominant perceptions of female sexuality. He was evidently hurt by the behaviour of his ex-girlfriend, and describes behaviour on his part, not wanting to ‘...do anything with anybody’, both of which are inconsistent with the sexually aggressive and invulnerable male stereotype.
Coercion

Hegemonic ideas about power in heterosexual relationships dictate that young women are likely to experience both coercive pressure and physically forced sex by male partners. In our sample, several young women disclosed experiences of physically forced sex by a male partner, including acquaintances and older boyfriends. Descriptions of these events were uniformly negative and young women reported feeling powerless and not being able to stop these experiences. No young men described this type of experience. However, both young women and young men described incidents of condom non-use and intercourse where it seemed that they had been exerting/experiencing, considerable pressure on/from their partners, which we have termed ‘coercion’. Young women seemed more likely to label these experiences of pressure as unwanted or forced; whereas young men tended to present them as ‘choices’.

Several young women reported ‘convincing’ their boyfriends not to use condoms, and boyfriends report being ‘convinced’, or being issued ultimatums (no sex if condom used) by their girlfriends to forgo condoms. A young man describes his experience:

P: Um, no, we hadn’t talked about it much like that, but uh. I really didn’t have much of a say in this anyways, because she said she didn’t like condoms period. And she also said that in their family they don’t have abortions. So it was, you know it was my choice, and nobody really got pregnant or anything at all, like for the longest time I never used condoms, so…but I wanted to, and I told her I wanted to, so I used one and it wasn’t working, so I was like, whatever, I didn’t use it and then she got pregnant so… (Urban male.)

This young man’s partner (interviewed separately) mentioned the same event:

P: so that’s why we chose not well, I chose not, I told him not to use condoms
I: did he still want to?
P: ya [laughter],
I: oh ya? [laughter]
P: and he blames me being pregnant on me, which is understandable, [laughter] for me anyways,
I: [laugh] So how did that come about, like when you didn’t want to use them anymore, how did you tell him like what did…?
P: I just told him [laughter], I was like I don’t like condoms. (Urban female.)

The tone of the young woman in this account was interesting, and laughter could be interpreted as an acknowledgement that this goes against expected gendered behaviour. The young man experienced what appears to be pressure from his girlfriend ‘I didn’t have much of a say in this anyways’, but then he has reframed the experience (‘it was my choice’) in a way that was more consistent with hegemonic masculinity, where he has control over sexual decision making.

Participants also described pressure to engage in intercourse. One young man from the rural sample describes his first sexual experience:

P: I think she got like a plan, or something.
I: She planned it?
P: Probably, cause we were going out for like a while, and she was saying, all just talking about pills and bla bla, and it was all like, ya ok, but I was going out with her for like two months before we did anything,
I: Ya?
P: and it was kind of harsh though, well she wasn’t even drunk and I was all pissed. I remember it, I was just like, cause the next day we seen each other and, I was like, holding her, and she was like, ‘do you remember last night?’, and I was like ‘kind of’, and she’s like, did you know what was going on, and I was like ‘ya’. And, I kind of talked with her about it. It’s all right I guess. (Rural male.)

The young man above did not identify himself as having experienced sexual pressure or coercion, but based on his description of events, it seemed that he had not actively consented to this experience and was distressed by it. Similar to the young man who framed condom non-use with his girlfriend as his ‘choice’, this young man reframed his experience as consistent with the type of sex he might expect in a relationship—‘holding’ his girlfriend the next day, discussing the incident, and qualifying his feelings ‘it’s all right I guess’. The idea of a young man experiencing coercion directly counters hegemonic ideas of masculine invulnerability and control.

Discussion

In summary, participants in the current study described a range of sexual roles that extended beyond strictly hegemonic heterosexualities. Individual accounts often contained elements which could be interpreted as consistent with hegemonic norms, and other elements which were at odds with these norms. Male sexuality was not always conceived as an all-powerful, insatiable force, and female sexual desire was recognised and not always described in negative terms. Both young men and women described women as powerful and important actors in sexual relationships, who were not always passive, were not always at the mercy of their male partner’s condom use or non-use desires, and played a much more active role in sexual decision making than is generally assumed. We also found that young men were the objects of coercive condom use negotiation and coerced sex by female partners. Although it is also obvious that there are gendered social rules which govern sexual behaviour even in intimate settings, both young men and young women operate within and outside hegemonic norms.

Implications for models of masculinity and femininity

Only a handful of studies have sought to further explore how young people interact with and challenge hegemonic sexual identities (Allen 2003a, 2003b, 2004, Chung 2005, Maxwell 2007, Stewart 1999); our results are consistent with these studies in that we also observed both alternative and hegemonic strategies has similarly interpreted the ‘alternative’ as firmly rooted in hegemonic male structures of power (Chung 2005, Maxwell 2007).
These frameworks are inadequate to explain young people’s behaviour in our sample. Allen has also critiqued these interpretations, pointing out that such typologies dismiss what young women themselves experience as power and control. Allen (2003b) outlines a framework where young women’s power in relationships is conceptualised as ‘equal power’, ‘mediated power’ and/or ‘coercive power’. Young women have ‘equal power’ when sexual decisions are mutually agreeable; ‘mediated power’ when they ‘carve out limited agency within the exercise of male power’ and are subject to young men’s ‘coercive power’ then they are coerced or forced into unwanted sexual activity by young men.

We extend Allen’s work by observing that experience of exercising coercive power was not limited to young men—young women clearly engaged in coercive condom use negotiation and sex, as well as being the objects of such behaviour by male partners. We strongly agree with Allen’s call ‘for a more complex understanding of power’s operation than simply male domination’ (2003b: 243).

The role of context

In this paper we have focused specifically on gender normative attitudes and behaviours, and individual gendered practice of these within participants’ own relationships. Of course, these occur within a larger socio-structural context. In our sample, young people discussed salient aspects of their context at length, and it was apparent that these shaped sexual behaviour. Set against a backdrop of colonialism, young people’s substance use, experiences of violence and abuse, family relationships, ideas about pregnancy and fertility, and more structural factors such as migration between rural and urban locations or between different reserves played an important role in shaping sexual behaviour more broadly. We have discussed these in more detail in a separate paper (Devries 2007). Gender intersects with each of these—young women and young men experience different forms of violence at different rates (van der Woerd et al. 2005), young men tend to use more substances (van der Woerd et al. 2005), and there are more female-headed lone parent families (Statistics Canada 2009) and differed gendered expectations for young men and women within families (McHale et al. 2003).

Of particular relevance for the expression of gendered attitudes and behaviours within relationships are attitudes towards pregnancy and fertility. Research with young people of other cultures who are socio-economically disadvantaged suggests that young women can be empowered decision makers in the arena of reproduction and parenting (Kendall et al. 2005, Stevens-Simon and Lowy 1995). These are seen as legitimate arenas for women’s participation, in contrast to the arena of sexuality, where young men play a dominant role. In other words, when ‘early’ pregnancy makes sense for a young woman, a sense of agency is legitimate in this arena, and a woman may be able to negotiate successfully with her male partner to secure this outcome (Kendall et al. 2005, Stevens-Simon and Lowy 1995).

In our sample, pregnancy and fertility were highly valued by both participants themselves and within their social circles. Some participants were not actively avoiding pregnancy with partners whom they considered ‘serious’ (Devries 2007). Although more young women discussed pregnancy and childbearing in the interviews, young men also reported a similar understanding of norms, and the appropriate timing and relationship context for pregnancy. Historically, childbearing and parenthood have been highly important in many Aboriginal cultures (Fiske 1991, 1996) and more egalitarian gender norms were present in some indigenous cultures (Barman 1997, Fiske 1991, 1996, Kelm 1998) relative to the colonising British. Within this cultural context, it is easy to see how young women may have developed
an increased sense of agency and how an appropriate masculine role for young men could involve higher engagement with pregnancy and parenting.

The socio-economic status of participants may have influenced their perceptions as well. There are conflicting findings about the role of limited opportunities and adherence to hegemonic gender identities in young women (Kerrigan et al. 2008, Maxwell 2007). Especially in this group, where pregnancy and parenting are highly valued and there may be limited post-secondary economic opportunities (especially for rural residents), exploring the higher-ordered gendered structure of opportunity would be highly informative.

Limitations

This qualitative project was focused specifically on Aboriginal young people; hence we did not include those of other ethnicities. This precludes the generalisation of our results to other groups of Canadian young people, and limits the extent to which we can discuss cultural heritage as a contributor to gendered sexual identities. We also recognise that our own positions, both culturally and socially, have shaped how participants communicate with us and how we interpret those communications. Karen Devries is a white female from a working class background, at the time of the interviews was 25 years old, and was in a PhD programme (Caroline Free is also a white female). Free Future work conducted by indigenous interviewers and interpreted by indigenous scholars would undoubtedly provide interesting insights into the sexual behaviour and context in which behaviour occurs among Canadian Aboriginal young people. Additionally, research in more diverse locations would be beneficial. Space and place will obviously shape behaviour in different ways, and in British Columbia, the Downtown East Side (site of our urban interviews) is a unique place with high levels of poverty and substance use, especially among Aboriginal residents. This site is extremely well researched, perhaps to the neglect of other locations (Elliott 2007). In our quantitative work, ‘ever’ having lived on a reserve emerged as a risk factor for potentially risky sexual behaviour, self-reported pregnancy and STI diagnosis (Devries et al. 2009a, 2009b). Reserves tend to be located in more rural locations, hence it is extremely important that future work includes diverse Aboriginal cultures and communities, and carefully explores the generalisability of results to different locations.

Implications for intervention development

Based on our data from 30 young people, it seems clear that implementing sexual health promotion programmes which aim to address behaviours associated with hegemonic gender norms will have less than maximum impact on STI risk among Aboriginal young people. For example, teaching women condom use negotiation and sexual refusal skills, and young men not to pressure young women into intercourse will probably have little effect on the subset of young women who actively negotiated condom non-use, and the young men who had trouble resisting coercive pressure. The contexts which generate young women’s motivations must be examined, and further research is needed to understand young men’s experiences of coercion. Care must be taken when adapting programmes for other populations which address hegemonic heterosexual behaviour—assumptions of generalisability may not be valid. Quantitative research is needed to examine the extent to which these attitudes and behaviours exist among Aboriginal young people so that programming can be appropriately developed.
Similarly, we must take account of what young people present as experience of power and agency in intimate relationships. By simply interpreting all sexual experiences as women acting within a framework of male power, we negate male vulnerability and female agency. In our sample, this was not how many young people described their experience of relationships. As Marston (2004) has previously argued, programmes which focus on heterosexual power in a gender-specific way may inadvertently be reinforcing hegemonic gender norms which will ultimately limit their effectiveness. Programmes which implicitly characterise young women as ‘victims’ and young men as aggressors may be less acceptable to young people if they do not personally identify with those characterisations.

Conclusions

Young Aboriginal men and women both adhered to and challenged hegemonic gendered behavioural norms; in particular, young women could actively negotiate for condom use and young men also experienced coercion. Caution should be exercised when adapting interventions designed to address hegemonic gender norms in other populations for use with Aboriginal young people—interventions must address the spectrum of behaviours observed in order to be fully effective.

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