Exploring young people’s difficulties in talking about contraception: how can we encourage more discussion between partners?

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Abstract

Interviews were conducted with 56 young men and women aged 16–19 within the Southampton Community Health NHS Trust to explore difficulties in talking about contraception. Concern about a partner’s hostile or negative reaction to any discussion about contraception was central to explaining why some people found it so difficult to initiate such discussions. Admitting the intention to have intercourse, together with a perceived association between condom use and disease prevention, were the main concerns. There was some indication of gender differences in these findings. Furthermore, this negative reaction is perceived to be exacerbated according to the partner’s reputation, the potential for harming one’s own reputation and whether there is a desire for a longer-term relationship with this partner. The most important outcome of the interviews was that these concerns about a partner’s negative reaction were largely unjustified, with the vast majority of participants showing only positive responses to scenarios of future partners initiating discussions with them about contraception. In addition to the need to improve communication skills, the data suggest that greater awareness about the positive reactions towards such discussions should be encouraged.

Introduction

Data published by the Office for National Statistics (Office for National Statistics, 1998) show a recent increase in the conception rate for women aged 15–19 (in England and Wales). From 1995 to 1996 the conception rate increased by 7.3% from 58.7 to 63.0 per 1000 women in this age group. In addition, the proportion of conceptions terminated amongst 15- to 19-year-old women has remained relatively constant during the 1990s at around one-third. This in itself represents what could be considered to be the minimum level of unintended conception (since an unknown proportion of conceptions leading to maternities are also likely to be unintended). Furthermore, there has been a steady rise since the early 1990s in the first time infection rates for Wart virus, Herpes Simplex Virus and Chlamydia trachomatis among females aged 16–19 years (PHLS Communicable Disease Surveillance Centre, 1997). Promoting the sexual health of young people in the UK thus remains a concern about a partner’s negative reaction was largely unjustified, with the vast majority of participants showing only positive responses to scenarios of future partners initiating discussions with them about contraception. In addition to the need to improve communication skills, the data suggest that greater awareness about the positive reactions towards such discussions should be encouraged.

It is now acknowledged that providing information and increasing awareness about contraception alone is insufficient in tackling the issue of inconsistent contraceptive use. Furthermore, published research has shown increasing support for the effect that partners talking to each other about contraception has upon its use (Rademakers, 1991; Boldero et al., 1992; Wight, 1992; Donald et al., 1994; Shoop and Davidson, 1994; Detzer et al.,
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1995; Lear, 1995; Hillier et al., 1998). Most of these studies have focused upon the specific use of condoms (as a means to prevent the transmission of HIV and other sexually transmitted infections), but are also, of course, relevant to the issue of conception prevention. Further support for this association was obtained in two additional studies (Kelly et al., 1994; DiClemente and Wingwood, 1995) which evaluated the effect of intervention programmes on the communication ability of their participants. In both programmes, respondents randomly allocated to the experimental group (which fostered greater communication skills) reported higher levels of condom use than those in the control group.

This paper extends the investigation into communication between partners by reporting the obstacles that prevent some young people from discussing contraception, particularly prior to their first intercourse with a new partner.

Method

Qualitative data were generated from a number of in-depth one-to-one interviews conducted between June and December 1997. The interviewees were recruited from a number of sites within the Southampton Community Health Services NHS Trust in Southern England: eight young people’s family planning clinics, four youth clubs and two youth advisory centres.

Two strategies were employed to select interviewees. Within the young people’s clinics, a short self-administered screening questionnaire (SASQ) was issued to all those attending the clinic over a 4 week period. This SASQ, in addition to asking whether people would be willing to be interviewed, also recorded some descriptive socio-demographic data as well as some detail of sexual behaviours to assist in the selection procedure. More precisely, the recording of postcodes allowed interviewees to be selected from both the least and more deprived areas within the Trust (once the postcodes had been matched to census wards). In terms of the sexual behaviour characteristics, several criteria were used to select interviewees. These included number of sexual partners within the last 6 months, whether participants had ever not used contraception (and if so, how often), contraceptive use at first intercourse with their current or most recent sexual partner, how easy or difficult participants felt towards talking about contraception to their partners and whether participants currently had a boyfriend or girlfriend (and if so, how long they had been ‘going-out’ together). These criteria were used to select an interview sample that would be representative of a wider variety of respondents. For example, participants were chosen from those who had many or several partners in the last 6 months as well as those who had comparatively few, those who had not used contraception ‘many times’ as well as those who had used it consistently, those who currently had a boyfriend or girlfriend and those who did not, etc. Although an element of volunteer bias still remains, to have some control over who was interviewed was considered to be a strategic component of the selection process.

With the youth clubs and youth advisory centres offering a less conducive environment for questionnaire administration (in contrast to the clinics), a more informal strategy was employed to recruit and select interviewees. The interviewers each held informal discussions about the project with a small group (no more than six people at a time) and highlighted what sort of people would be ideally suited for interview (i.e. that they were non-virgin, had experiences of both contraceptive use and non-use, etc.). As with the young people’s clinics, it is important to stress that interviewees were selected not solely upon whether they were willing to be interviewed. Instead, interviews were conducted with those people who met some of the selection criteria (the same as those used at the young people’s clinics) to ensure a wide variety of respondents. Moreover, the youth clubs and advisory centres were selected from contrasting areas of socio-economic deprivation to increase the heterogeneity of the sample further.

The interviews were semi-structured and conducted in a relaxed manner to explore a maximum of three occasions where the participants had had sexual intercourse with a partner for the first time.
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This could have been first intercourse with their most recent ‘steady’ partner (or FIRSP) and/or first intercourse with their most recent ‘one night stand’ (or FIRONS), according to the participants’ own classification of their previous encounters. The occasion of first intercourse with a partner was chosen since it represents an identifiable and notable act of intercourse comparable across the sample. In addition, because contraceptive non-use tends to be more likely on this occasion compared to subsequent acts of intercourse with the same partner (Coleman, 1999), detailed information on contraceptive non-use would be more likely to be generated. All interviews were tape-recorded, fully transcribed, and analysed partly by using The Ethnograph (Seidel et al., 1995) and partly by the more traditional ‘cut and paste’ approach.

The analysis was conducted as ‘widely’ as possible, without being constrained by any particular analytical approach or paradigm, and was undertaken in two stages. In the first stage, case by case summaries were compiled for each account of contraceptive use and non-use, recalled from the first intercourse with the most recent partner. For each of these occasions, as well as noting what type of contraception was used (if any), details relating to a number of issues surrounding the intercourse were extracted. These included intra-personal details (age, gender, self-efficacy, perceived and personal control, etc.), interactional or partner-related details (age of partner, onset of first intercourse together, expectation of intercourse, reasons for intercourse, communication about contraception and pressures or persuasions that may have been evident, etc.) and situational or contextual issues (location of intercourse, alcohol or drug use, etc.). This record of each specific intercourse (for each case) represented the majority of data generated from the interviews. This case study or ‘vertical’ approach (Van Zessen, 1995) allowed certain themes to be identified which were then checked and compared with other cases (equivalent to a thematic analysis) in the second stage of analysis. Comparing cases horizontally or cross-sectionally revealed how consistent and repetitive these emerging themes were among the sample.

In addition to noting whether contraception was used on the occasions recalled by the interviewees, a measure of ‘risk’ was applied to each instance, so incorporating the potential for sexually transmitted infection alongside that of conception. The concept of risk will be more frequently referred to when presenting the results. A risk occasion would include use of no contraception as well as non-use of a condom (even if the pill was used to prevent conception), as long as there was some uncertainty as to whether a partner may have had a sexually transmitted infection (typical of intercourse occurring soon after meeting someone for the first time with no prior discussion about previous sexual behaviours).

The interviews generated a great deal of rich and detailed information that simply cannot be condensed into a single paper. The key objectives of this particular paper are (1) to help explain why some young people found it difficult to initiate discussions with partners about contraception prior to having intercourse with them for the first time and, in the light of these findings, (2) to consider some measures that could be taken to address this problem.

**Results**

Two types of results are presented. The majority are quotations that illustrate an idea or theme that has been generated from the interviews. However, where appropriate, these qualitative accounts are complemented by quantitative measures that illustrate the extent to which such a theme was evident; this usually takes the form of a percentage or proportion (e.g. ‘around one-third’) of the sample that supported this theme. In addition, quantitative measures are occasionally calculated from the total number of intercourses recorded in the interviews (where appropriate). Broad age and gender breakdowns are also made, although not on occasions where the sample size is substantially diminished. Of course, given the selection procedures reported earlier, it must be acknowledged that these findings
are applicable only to this sample and are not representative of the wider population of young people.

Description of the interview sample
Fifty-six in-depth interviews were conducted, lasting between 25 and 75 min. Nineteen females were interviewed at the young people’s clinics, 18 females and 10 males from the youth clubs, and six women and three men from the youth advisory centres. This resulted in a total interview sample of 43 females and 13 males. All interviewees were aged between 16 and 19 years inclusive. A total of 113 instances of first heterosexual intercourse with a new partner were recalled in the interviews (23 by males and 90 by females). Of these 113 instances of intercourse recalled, 60 were defined by the respondents as FIRSP and 53 as FIRONS. The strategic selection process led to a variety of participants being interviewed, e.g. those from the least and most deprived areas within the Trust area, those who had and had not used contraception on the first intercourse with their most recent partner, as well as those who had and had not managed to talk to their partner about contraception prior to first intercourse together.

Contraceptive and condom use
Of the 113 instances of intercourse recalled by the interview sample, contraception was used on 74% of occasions, of which 85% involved condom use. Moreover, of the total sample, 46% reported always having used contraception of which 89% had always used condoms. Consistency of contraceptive and condom use did not differ significantly according to the age or gender of the interview sample. On the whole, the occasions of intercourse recalled were unexpected. This was recorded in terms of whether respondents knew intercourse was going to occur earlier on that same day. Intercourse was more likely to be unexpected in a one night stand scenario, with 91% of FIRONS reported as unexpected compared to 70% of FIRSP. However, the likelihood of contraceptive and condom use did not differ in both scenarios. When looking at FIRONS only, 77% were among partners who ‘knew’ each other beforehand (such as existing friends), whereas 23% had met each other for the first time that same day. Contraceptive and condom use was least likely in these one night stands among comparative ‘strangers’ (contraception was used in 60% of these occasions, of which 71% was condom use), in contrast to those one night stands amongst partners who ‘knew’ each other beforehand (contraception was used on 78% of these occasions, of which 81% was condom use).

The extent and importance of discussing contraception before first intercourse
Of the total number of first intercourses recalled, around one-half had included a discussion about contraception prior to intercourse, whether initiated by the participant or their partner. The likelihood of this discussion occurring did not differ significantly according to the age or gender of the interview sample. However, a discussion was more likely in a FIRSP scenario (60% of these occasions) compared to a FIRONS (47% of these occasions). One night stands among comparative ‘strangers’ were the least likely of all to include any such discussions (42% of these occasions). When such discussions had occurred prior to intercourse, a no risk occasion was more likely to arise. Condoms were used in 44% of occasions where there had not been any prior communication about contraception, but on 79% of occasions where some communication prior to intercourse had occurred. In a few cases (approximately one-tenth of all those who had discussed contraception beforehand) this communication occurred well before intercourse, as illustrated in the following example where a discussion took place 3 weeks before the partner’s first intercourse together.

I said I wanted to talk to him about sex and he was interested, he turned round and said yes. And like how we would go about it and things like that. We was both young so we decided to use contraceptives...and he said he was willing to use the condom and when we decided to do it, we used the condom. (Female, aged 18, FIRSP, no risk occasion)
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However, of all the discussions reported in the interviews that occurred before these first intercourses, it was more likely that they took place immediately beforehand. The following examples (from a ‘one night stand’ and a ‘steady’ relationship) are typical:

I said hang on you know, before we go any further I want you to use a condom, and he said it like well of course and got it out, etc...I think perhaps if I hadn’t mentioned it he may have gone ahead without using it. (Female, aged 17, FIRONS, no risk occasion)

Umm, he sort of kissed me and you know I sort of said before this goes too far I think you ought to be put a condom on and he said oh, something like, oh, I haven’t got any and I was like well that’s okay then because I have sort of thing... (Female, aged 17, FIRSP, no risk occasion)

As stated earlier in this section, risk occasions were more likely to have occurred when there had been no such discussion about contraception before intercourse. However, this pattern was not totally consistent: it is interesting that, for those occasions where there had been such a discussion beforehand, around one-fifth of these still resulted in a risk situation. For these cases, it appears that a lack of contraceptives being available, together with high states of arousal and emotion, were the key issues fostering the onset of a risk scenario. In addition, there is some evidence that following a discussion which revealed that neither partner had any contraceptives available at that time, interviewees may have been persuaded or pressured by their partners (usually males pressurizing females) in to having intercourse. Such influential power relations have been documented in earlier studies conducted in Australia, UK and New Zealand (Kippax et al., 1990; Ingham et al., 1991; Holland et al., 1992; Holland et al., 1993; Dickson et al., 1998).

Reasons for not initiating discussions about contraception prior to first intercourse with a new partner

Amongst the entire interview sample, around one-third found it difficult talking to partners about contraception prior to their first intercourse together. Moreover, around one-quarter had reported that on at least one occasion they had wanted to initiate such a discussion with their partner about contraception, but had failed to do so. This illustrates the extent to which some people in this sample felt unable to talk to each other about contraception prior to intercourse. Although difficulties in talking about contraception did not differ significantly ($\chi^2 = 3.53$, d.f. = 1, $P = 0.06$) according to age, there was some suggestion that the females in the sample were more likely to experience problems in this area. The following example demonstrates the inability faced by some people in talking about contraception (with a future partner in this case):

I don’t know cause it’s quite hard to you know to just actually say something, but like you’d have to like, I don’t know it would just probably be like trying to push him away a bit and like, sort of like, you know but, oh I don’t know. I really don’t know. I would just come out and say it really, I don’t know, it is quite hard...you can’t just stop and say, oh, can you put a condom on please. (Female, aged 19)

Concern about a partner’s hostile or negative reaction to any discussion about contraception was central to explaining why some people found it so difficult to initiate such discussions. Furthermore, with interviewers exploring this issue in particular depth, two interesting findings emerged that relate to this difficulty. Firstly, why is the partner’s reaction is perceived so negatively? Secondly, what are the factors associated with the importance of the partner’s reaction?

Why is the partner’s reaction is perceived so negatively?

The interviews generated two key themes that help explain why some people fear such negative reactions from their partner. Firstly, that initiating a discussion about contraceptive use may admit an intention for intercourse and, secondly, the negative associations attached to requesting condom use. Each will be discussed in turn.
Admitting an intention for intercourse. A few people (around one-tenth of the sample) noted that discussing contraception prior to intercourse would blatantly express an intention for intercourse. The participants perceived that their partners would interpret such discussions negatively in that they were being too ‘forward’ and interested solely in having intercourse. It is also interesting to note that this theme was reported by a greater proportion of males than females in the sample (around two-thirds of all those who identified this concern were men). The following two cases are typical examples:

[REASONS FOR NOT TALKING ABOUT CONTRACEPTION] I don’t know, I suppose I didn’t know how she’d react to it...I didn’t want me to say something and her to think, oh, he’s only with me cause he wants to have sex with me. (Male, aged 17, FIRSP, risk occasion)

[REASONS FOR NOT TALKING ABOUT CONTRACEPTION] She might have got funny, I didn’t really sort of like, you know...she might have thought that’s [INTERCOURSE] all I wanted out of her...where I liked her so much I think, I didn’t want to push it too far. (Male, aged 17, FIRSP, risk occasion)

Negative associations attached to requesting condom use. Issues associated with discussing condoms (as opposed to other forms of contraception) have also been identified as potential explanations of their inconsistent use. These findings are particularly pertinent as condoms are the most likely method of contraception available at first intercourse with a new partner, given that (in this sample) such intercourse is reported as being predominantly unexpected (see earlier in ‘Contraceptive and condom use’). The key issue identified by a few interviewees (around 8% of the total sample) was that condoms are associated more with the prevention of disease than conception; thus by initiating a discussion about them before intercourse may not only imply that one’s partner is potentially infected with a sexually transmitted infection (including HIV), but that they also may have had numerous sexual partners in the past. Of the few that identified this perception, all (except one respondent) were female. The following examples refer to the problems talking to a future partner about condom use:

...cause I do feel really bad cause using a condom is basically telling them that they’ve got something that you don’t want to get if you’re on the pill, do you know what I mean, you’re saying they’ve got HIV or you know they’ve got you know, whatever. (Female, aged 18)

Just the fact that, generally if you imply someone’s got a sexually transmitted disease [IF YOU SUGGEST USING A CONDOM], you’re saying they’re dirty really, aren’t you...you’re sort of saying you’re absolutely disgusting... (Female, aged 16)

It is not surprising (given these perceptions about admitting the intention for intercourse and the associations attached to condom use) that for those interviewees who had ever discussed contraception with their partner, around one-third had not managed to discuss the issue prior to their first intercourse together. Furthermore, talking after intercourse was often perceived as being easier than talking beforehand, essentially since there is no longer a ‘problem’ in expressing an expectation of intercourse. By already having had intercourse together, people also tend to feel ‘closer’ to their partner and thus more able to talk about condom use. For example:

…I reckon it was because we were more used to each other [AFTER INTERCOURSE] and also it was like umm, that first occasion changed our relationship from being like friends... [TALKING BEFORE] would have been just like saying would you like to have sex... (Female, aged 17, FIRSP, risk occasion)

I don’t know, umm, before [INTERCOURSE] I sort of like I knew her and everything, I liked her a lot, but afterwards it made like me even
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...I was thinking about it [TALKING ABOUT CONTRACEPTION], I was laid there and I thought God, cause he’s quite cool, cause I was younger I saw him as a cool character do you know what I mean? If I was older, I was like, he’s a dude and I thought I can’t say anything cause he’ll think I’m well sad...I thought I can’t say, oh, have you got a condom...I thought I can’t say that, it’s uncool to say that, he’ll think I’m really sad or something...I was so scared of his reaction. (Female, aged 18, FIRONS, risk occasion)

Personal reputation. This concern about a partner’s reaction is intensified by the possible detriment to a person’s own reputation, not only in how their partner may respond, but also how they may be perceived by the wider social group. To forego initiating a discussion about contraception is preferable to considering how detrimental this discussion could be to one’s own reputation, e.g.

[REASONS FOR NOT TALKING ABOUT CONTRACEPTION] Where he’s real popular and that you know like he’s one of the big blokes and that I suppose I was a bit embarrassed but I shouldn’t have been really and that, cause I’d been with him for a while...I mean it’s embarrassing for me it’s probably embarrassing for him...I think it’s just like I thought that he’d probably go back to all his mates and that and say oh, she asked me to do this, blah, blah, blah. (Female, aged 16, FIRSP, risk occasion)

Desire for a longer-term relationship. This fear of a negative reaction is also exacerbated if a person is particularly keen to develop a longer-term relationship with their partner. In such a situation, their partner’s reaction becomes even more important, as initiating a discussion could be perceived as a threat to the developing relationship. For example:

[REASONS FOR NOT TALKING ABOUT CONTRACEPTION]...cause he’s really laid back and I just thought I might scare him off. (Female, aged 17, FIRSP, risk situation)

[REASONS FOR NOT TALKING ABOUT CONTRACEPTION] I liked him so much, I really did like him. I wasn’t ready for it [INTERCOURSE], but because I liked him so much...I just, I just don’t know, he would have just made me feel silly, something like that. (Female, aged 18, FIRONS, risk occasion)

The ultimate paradox—interviewees’ own reactions to discussions about contraception

This final set of results has far-reaching implications. The extent to which people find it difficult to initiate discussions about contraception prior to first intercourse has already been noted. A number of themes have been put forward to help explain this, centred on the perception that the partner would react negatively to such a discussion. However, when the interviewees were asked to consider how they themselves would react to a partner initiating a discussion about contraception, the vast
majority gave only positive responses, suggesting that their own concerns about others’ negative reactions are largely unjustified. The overall consensus was that a partner talking about condom use, for example, was perceived as being caring and respectful:

...if we discussed it [USING CONDOMS] it would like mean loads to me sort of thing that he really cares and that...if he did speak about it and that so it would like make me feel, I suppose make me feel more close to him and confident and that. (Female, aged 16)

‘[IF SHE SUGGESTED A CONDOM] I’d say fair play...I’d say give it here!’ (Male, aged 16)

Moreover, a partner who responds negatively to a request to use a condom shows not only a lack of respect, but also implies that they would not be a worthy partner. For example:

...cause it shows that they don’t care for how you feel and that they’re just out for a shag really, not thinking about me or looking after me or anything, so. (Female, aged 16)

I’ve got to the stage now I’m sort of, I’m in the state of mind that I’m thinking well, if he really wants to have sex with me he’ll use a condom and if he doesn’t care that I might get pregnant, then obviously he doesn’t really care about me, so I shouldn’t be having sex with him in the first place. (Female, aged 17)

The following case study illustrates this important point further. This young male finds it most difficult to initiate a discussion about contraception prior to having intercourse with a partner for the first time. He perceives that his partner’s reaction would be negative:

Well I couldn’t say nothing really...cause they might take it as a shock or something, I’m not sure about it. They might be embarrassed and then it might ruin the whole thing. (Male, aged 17)

However, when exploring how this same person reacted when his partner raised the issue of contraception, before intercourse, his reaction is more positive and thus quite paradoxical to his perceptions expressed earlier:

It didn’t embarrass me [THAT HIS PARTNER SUGGESTED USING A CONDOM], it was kind of a shock at first, I wasn’t expecting it but it made me happy more than anything else...cause I knew that I was going to do it [INTERCOURSE] with her. (Male, aged 17)

Discussion

The findings from these interviews, together with those from the quantitative analyses from the SASQs (Coleman and Ingham, 1998), lend strong support to those studies that have reported associations between discussions about contraception and its use. Moreover, on those reported risk occasions, very rarely were partners unaware of the need to use contraception. That they also recognized the importance of talking to each other about this supports the notion that information provision alone is insufficient to alleviate the inconsistent use of contraception among young people.

The semi-structured interviews revealed a number of explanations as to why some people face difficulties in talking about contraception to their partners. The most prominent explanation relates to people’s concern that their partners would react negatively to such a discussion. This perception is driven by the idea that talking about contraception is admitting an intention for intercourse, and that initiating condom use implies a partner’s potential for carrying a sexually transmitted infection and/or that they have had many previous sexual partners. Furthermore, this negative reaction is perceived to be exacerbated according to the partner’s reputation, the potential for harming one’s own reputation and whether there is a desire for a longer-term relationship with this partner.

The most important outcome of the interviews is that the concern about a partner’s negative reaction is largely unjustified. Aside to the provision of adequate communication skills, the data
suggest, therefore, that greater awareness about the positive reactions towards such discussions should be encouraged. Emphasizing the idea that talking about contraception is likely to be perceived positively by partners as an act showing care and respect could increase the likelihood of young people initiating such discussions.

Some indication of gender differences suggest that tailoring these different messages to males and females may be appropriate. The results from this study show that a greater proportion of females than males found it difficult to initiate discussions about contraceptive use. Also, there is some indication that changing women’s perceptions about the negative associations with requesting condom use and tackling men’s concerns about discussions indicating an intention for intercourse could be important.

The findings also suggest that this discussion prior to intercourse may not always be effective, particularly if condoms are not readily available. At least on the evidence of this sample, young people should be encouraged to carry condoms at all times. This is particularly important given that the intercourses recorded in this study were predominantly unexpected, thus allowing little time to obtain condoms at such short notice. More investigation is required to ascertain the barriers that prevent all young people from obtaining and carrying condoms, and why some people are more or less likely to carry them on particular occasions.

The main objective of this research was to explore the difficulties in talking about contraception between partners. The interviews provided data that allowed the difficulties in talking about contraception to be categorized in a number of ways. On no account does this paper argue that these findings can be generalized to the wider population; nonetheless, the strategic selection process provides confidence that the sample chosen presented a broad profile in their socio-demographic and sexual behaviour characteristics. The data reported provide direction for further research to clarify what proportion of young people experience such difficulties in communication; to investigate further any age, gender and/or social class differences in these reported difficulties; to examine which scenarios are perceived as the least or most difficult to engage in any communication (from steady partners, to one night stands among ‘friends’ and to one night stands among partners who have just met); and to focus more upon the imbalances in power and confidence between partners that may be fostering such difficulties. More directly, larger scale projects could examine to what extent the important themes derived from this project can be generalized to the wider population, and ultimately what impact they will have upon policy interventions aiming to reduce rates of unplanned conception and sexually transmitted infection.

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References


carry condoms all the boys think you want it': negotiating competing discourses about safe sex. Journal of Adolescence, 21, 15–19.


PHLS Communicable Disease Surveillance Centre (1997) Department of Health GUM Clinic Returns, KC60.


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