



**Storying Undergraduate University Students' Identity Construction
in Relation to Sexual Behaviours**

*Narratif sur les liens entre la construction identitaire d'étudiants universitaires de
premier cycle et leurs comportements sexuels*

**Lawrence Nyika
St. Francis Xavier University**

**Anne Murray-Orr
St. Francis Xavier University**

Abstract

Narrative research methodology was used to inquire into the experiences of four undergraduate students from a small Canadian university in relation to sexual behaviours. The purpose was to investigate how students perceived construction of their identities in relation to sexual behaviours. Participants' stories of experiences showed that learning opportunities and un(certainties) in their pasts shaped their unfolding sexual identities. This paper examines the different ways these opportunities and (un)certainties influenced the participants' construction of their identities.

Résumé

Les auteurs ont eu recours à la technique de la recherche narrative pour étudier les comportements et les expériences sexuelles de quatre étudiants de premier cycle d'une petite université canadienne. L'étude visait à établir comment ces étudiants percevaient leur construction identitaire en lien avec leurs comportements sexuels. Les descriptions des participants de leurs expériences révélaient que les possibilités d'apprentissage et les in(certitudes) de leur passé avaient influencé leur identité sexuelle en devenir. Cet article décrit les divers types d'influences qu'ont pu avoir ces possibilités d'apprentissage et (in)certitudes sur la construction identitaire des participants.

Introduction

The term *sexual behaviour* is defined as the wide range of ways in which people act on their sexual or romantic feelings (Healthy Sexuality Working Group, 2006). Sexual behaviours can be risky in some cases because of the possibility of negative consequences related to physical health, emotional health, financial costs, and social reputation (Cooper, 2002; Turchik & Garske, 2009). Risky sexual behaviours (RSB) describe such behaviours as casual sex, inconsistent use of condoms during sexual intercourse, and having sex with multiple partners. Many countries seem to be struggling to curtail RSB of undergraduate university students as evidenced by the high prevalence of activities such as casual sex known as hook ups, the use of withdrawal method as a form of birth control, and sexual interactions under the influence of alcohol or drugs on campuses (American College Health Association [ACHA], 2007; Caetano et al., 2010; Larsson & Tydén, 2006; Seloilwe, 2005). In Canada, a study by Glikzman, Demers, Adlaf, Newton-Taylor, and Schmidt (2000) established that just slightly more than half of the sexually experienced undergraduate university students used protection consistently. The present study explores identity construction by four undergraduate university students in relation to sexual behaviours. Clandinin and Connelly (1999) described identity as a fluid, shifting understanding of oneself with respect to particular circumstances, which changes over time. The literature (e.g. Conle, 1999; Diamond, 2006; Irvine, 1994) suggests that identities are multiple, unstable or at times permanent constructs largely shaped by culture and life experiences. Participants in this study described factors in their experiences, which they felt shaped their identities and sexual behaviours.

Social Influences and Sexual Behaviours

The socially constructed norms and values of groups of people seem to be linked to sexual behaviours. Decision-making in sexual relationships, including whether or not to engage in RSB, is connected to societal constructions of gender (Crawford & Popp, 2003; Darling & Davidson, 1986; Poulson, Eppler, Satterwhite, Wuensch, & Bass, 1998). Various researchers (e.g. Herold 1984; Mann, 1967; Gordon 1980) underscored that the power of religious and moral values changed radically in many parts of the world between the 1960s and 1970s, which led to new norms regarding sexual behaviour. More recent literature (e.g. Maticka-Tyndale, 2001; Irvine, 1994) indicate that young people's sexualities are affected by issues of policy and governance such as sexual violence, labour laws, financial security, and silenced truths about race, class, ethnicity, and gender. Diamond (2006) as well as Wright and Perry (2006) identified dominant cultural messages and media as particularly important in shaping sexual identities of adolescents with disabilities, lesbian, gay, bisexual, transgender, or queer (LGBTQ) youth, and those from diverse class, race, or ethnic backgrounds. Over the years, researchers (e.g. Byers et al., 2003; Irvine, 1994; McKay et al., 2001) have questioned the adequacy of sexual health education curricula in promoting responsible behaviour of adolescents. The literature (Bregman et al., 2013; Kerpelman et al., 2013; Levy, Frigault, Samson, Dupras, & Cappon, 1994; Wetherill, Neal, & Fromme, 2010; Wright and Perry, 2006) shows that support networks, peer associations, parents, and participation in sexual interactions influenced sexual behaviours and sexual identity development of both LGBTQ and

heterosexual youth. Netting and Burnett (2004) posited that certain defined sexual peer group subcultures are evolving on university landscapes.

Personal characteristics and sexual behaviours

The decision to engage or not to engage in risky sexual practices appears to be associated with individual factors such as perceptions, attitudes, ability, and self-esteem. Various studies (e.g. Downing-Matibag & Geisinger, 2009; Hernandez & Smith, 1990; Williams et al., 2006) found that many undergraduate university students regard sexual interactions with familiar people as safe sexual behaviour. The risk of pregnancy was perceived to be of greater importance than the risk of contracting a sexually transmitted infection (STI). Fazekas, Senn, and Ledgerwood (2001), as well as Klein and Knauper (2003) reported questionable perceptions of contraception use such as birth control pills and condoms among undergraduate university students. Many studies (e.g. Caetano et al., 2010; Desiderato & Crawford, 1995; Larsson & Tydén, 2006; Turchik & Garske, 2009) have focused on large-scale, survey type methods to inquire into undergraduate university students and RSB. Hawa, Munro, and Doherty-Poirer (1998) as well as Netting and Burnett (2004) expressed concerns about the capability of quantitative data collection to elicit meaningful answers from participants on the subject of undergraduate university students' sexual practices.

The need to use qualitative approaches to probe and more deeply understand undergraduate university students' sexual behaviours is a recurring suggestion in the literature on the topic (see Marston & King, 2006; Netting & Burnett, 2004). The present study employed elements of narrative inquiry, a relational type of research methodology (Clandinin & Connelly, 2000) to better understand how four undergraduate university students constructed identities in relation to sexual behaviours by, and what factors they saw as significant in this process. This study¹ was conducted in partial fulfilment of the first author's M Ed degree and the second author, in her role as thesis supervisor, provided support. However, due to the personalized nature of the method and findings sections, this paper will be presented in first person.

Method

Social constructivist philosophies suggest that an inextricable link exists between human sexualities and culture (Irvine, 1994). How individuals understand and define the world around them is shaped by multiple experiences gained over time in countless encounters with others (Creswell, 2007). As human beings, we define who we are through narrative: "we organize our experience and our memory of human happenings mainly in the form of narrative – stories, excuses, myths, reasons for doing and not doing, and so on" (Bruner, 1991, p. 4). The theoretical framework for this study combines a social constructivist perspective and my belief in the power of narrative. In designing this study, I imagined that by asking undergraduate university students to share stories of their experiences related to sexual behaviours, I might better understand how they

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constructed their sexual identities over time, based on their personal and social contexts. This study drew on aspects of narrative inquiry, a way of making sense of stories that people live and tell (Clandinin & Connelly, 2000). While previous investigations (e.g. Downing-Matibag & Geisinger, 2009; Williams et al., 2006; Scott-Sheldon et al., 2010) awarded money or course credits to participants, the present study focused upon the significance of inquiry relationships between the researcher and participants as the next section describes.

Inviting Research Participants

Due to the sensitive nature of the research topic, purposeful sampling and snowball (Merriam, 2009) were the techniques employed in this investigation. I invited four undergraduate university students aged between 19 and 24 years at a small university in Eastern Canada to participate in this study. The use of small sample size is characteristic of narrative research and enables in-depth focus on individual participants (see Chase, 2005, [in Denzin, 2005]; Creswell, 2007). Also, the age group was chosen because previous studies (Arnett, 2000, 2005; Chng & Moore, 1994) determined that individuals in this category are more likely to engage in RSB. I talked to students I knew at a personal level through my involvement with a university HIV/AIDS prevention group, university soccer society, and through mutual friendships. I spoke about the impending project and asked them to help me identify other potential participants. They introduced me to individuals they felt would be comfortable talking to me about their experiences concerning RSB. I later e-mailed these students to find out if they would be interested in taking part in the research.

A few months later, I invited each student who responded to my e-mail as well as each student I had spoken to before to a brief meeting at a place of his or her choice just to get to know me. Although not all of them responded to that gesture, I met individually with those that were able to come. Getting to know participants ahead of time was a way of establishing inquiry relationships and creating a safe space where the participants would feel more comfortable interacting with me. The meetings gave me an opportunity to explain to each person that he or she would be invited to talk about personal experiences related to sexual behaviours. I was able to establish friendly but fairly distant ties with each individual, a strategy encouraged by Clandinin and Connelly (2000) who underscored that narrative inquiry is grounded on the existence of good rapport between the researcher and participants. After the meetings, I e-mailed Invitations to Participate and consent forms to those students who had signalled that they were willing to participate in the study when we met earlier.

Drawing on suggestions by Irvine (1994) as well as Marston and King (2006) to study individuals who engaged in and refrained from RSB, I included students who were and were not sexually active. Further, I chose to select fourth and third year students as I considered them to have a well established sense of self and that their immersion and experiences in university setting for a longer period of time might provide more post-secondary experience to reflect upon than first and second year students. However, despite my intention to involve two female and two male students, as gender is relevant and associated with sexual behaviours (Crawford & Popp, 2003), the challenges of finding suitable willing participants coupled with my own timeline constraints resulted in a group of participants that included three females and one male. Participants are

identified by the following pseudonyms: Kelly, Andrew, Bridget, and Julia.

Data Collection

I conducted face-to-face interviews with each participant between March and April 2011. Participants were given the opportunity to choose dates, times, and venues that worked best for them. As well, each individual was informed of the possibility of follow up interviews and that all conversations would be audiotaped for later transcription. According to Clandinin (2006) it is the nature of narrative researchers to reengage participants in order to refine their understanding of the reported experiences: "This leaving of the field and a return to the field may occur and reoccur as there is a fluidity and recursiveness as inquirers compose research texts" (p. 48). In the following sections I will discuss three stages of the interview process namely creating interview guide, initial interviews, and follow up interviews.

Creating an interview guide. I developed the interview guide used in this study (See Appendix A) by adapting and modifying some questions that were used in a similar study by Downing-Matibug and Geisinger (2009). Downing-Matibug and Geisinger used semi-structured interviews to capture undergraduate university students' experiences, beliefs, and attitudes in relation to casual sex. Despite their focus on a particular risky sexual practise, namely hook ups, rather than a broader focus on RSB as in my study, the measures for their study were by and large congruent with my research objectives. Open-ended interview questions were chosen for the present study as they enabled a deep exploration of student's descriptions of how they learned about and interpreted RSB and the unique ways that each individual composed his or her identity in relation to sexual behaviours.

Initial interviews. In March 2011, I conducted one set of semi-structured in-depth interviews ranging between 25 to 55 minutes in length with each of the four participants. All the interviews were held at a graduate student office on campus, a place that all participants found convenient. In addition to interview transcripts, I observed and made notes about participants' facial expressions, silences, and other body language cues during and immediately after each interview session. A few weeks later, I asked participants to read through transcripts of their interviews and suggest changes if they wished as a way to member check (Creswell, 2007; Merriam, 2009). This strategy together with my preliminary interpretations of the transcripts revealed gaps in some aspects of Bridget's, Kelly's, and Andrew's stories of experiences. It was in light of these observations that follow up interviews were arranged as discussed in the next section.

Follow up interviews. As noted earlier, it is common practise for narrative inquirers to shift back and forth between the field and field texts (or data) in search of clearer understandings of their investigation. I further enquired into Bridget's experiences with alcohol, her participation in anti-abortion activities, as well as relationships with her parents and peers. It was my hope these aspects would help clarify the development of Bridget's perceived identity, in which abstinence featured as a significant element. Similarly, with Kelly, I further explored circumstances surrounding her decisions to use condoms during sexual intercourse. Also, I wanted to clearly understand the teaching strategies employed by her Grade nine sexual health education teacher whom she had mentioned in the first interview. Furthermore, I wanted to know

more about the role her parents and university played in shaping her emerging sexual identity. However, while I was able to further explore the development of Bridget's and Kelly's identities with them during this second set of interviews, Andrew indicated that he was not able to attend a second interview because of pressing academic and social concerns.

Data Analysis

All interview transcripts were formatted as matrix blanks to enable identification of participants' personal backgrounds, shifts in speech actions, emotions, as well as non-verbal communications using Thematic Field Analysis (Wengraf, 2001). Each transcript was read over and over until a deep understanding of the narrative codes in relation to study objectives was obtained. This process produced patterns that were firstly organised into broad themes and secondly refined into case specific themes for each participant in close consultation with the second author. Further, narrative threads common to all participants were pooled and re-analysed to generate cross case themes, which became the main themes (Merriam, 2009). The emerging themes were interpreted using Clandinin and Connelly's (2000) three-dimensional conceptual framework, which incorporates temporality, the personal/social continuum, and context. The research findings section that follows contains stories of each of the four participants including discussions of the themes.

Research Findings

Two main themes emerged from participants' stories of experiences: learning opportunities students perceived regarding sexual behaviours; and un (certainties) students perceived regarding sexual identity. However, in order to highlight the uniqueness of each particular sexual identity each subheading below begins with the individual participant and then, following the colon, provides mention of the participant-specific theme. Drawing upon the work of Clandinin and Connelly (2000) I structured participants' narratives as events they recalled in contexts of home, secondary school, and university to show how they perceived various learning opportunities had influenced their identity construction. In this section I share narratives of how each participant appeared to compose an identity in relation to sexual behaviours through his or her storied responses in the interviews.

Julia's Stories of Her Changing Sexual Behaviour: Shifting to A Monogamous Sexual Relationship

I first met Julia, a fourth year university student, at a coffee shop prior to the interviews as a way of establishing an inquiry relationship with her. She told me that she was happy to be involved in the research and her face showed her interest. Julia talked to me about her high school years, her family, and her interests before moving into a discussion of what she considered her most risky sexual encounter.

Julia gave an account of a risky sexual experience that she was involved in sometime during her first year at university. In the following transcript excerpt she described the story of how she engaged in unprotected sexual intercourse with someone she had known for only a short period of time.

I was not aware of the reputation of the person that I was about to become sexually active with. I just met him in a few weeks really, so later on I learned that this person in particular was a little bit promiscuous. I must [have] known a number but I'm assuming [he had] at least twenty plus sexual partners. I did engage in intercourse without a condom although no fluid, I know that sounds so silly, no semen was discharged (Julia, transcript excerpt, March, 2011).

After the incident, Julia learned that the man she had slept with had been with a number of other sexual partners before her. Despite the relatively short period of time Julia knew this man, perhaps Julia felt she had what Maticka-Tyndale (1991) described as a believed capability to choose and have sex with a safe partner. The worried look on Julia's face during the interview reflected her concern after hearing about the numerous sexual partners of the man with whom she had unprotected sex. Julia accurately rated this sexual interaction as of high-risk magnitude. Her sexual behaviour in this situation is an example of the inconsistent use of condoms among undergraduate university students in North America (ACHA, 2007; Douglas et al., 1997).

Learning opportunities in peer relationships. Julia's telling of this account revealed her RSB as a young university student but she also described how her more recent experiences in peer relationships shaped her sexual behaviours in different ways. Julia became more aware of the imminent dangers of risky sexual practices when she observed the negative experiences that her friends went through.

I began to become aware of negative experiences, such as I had a friend who contracted HPV, I had a friend who contracted herpes, and I had a friend who was raped. When this began to occur [as] the results of risky sexual behaviours, I really began to look at what I had done while I was single (Julia, transcript excerpt, March, 2011).

The dangers of RSB became more apparent to Julia after she witnessed negative consequences in the lives of her friends who had contracted STIs. She began to look into her own life and realized how risky her sexual behaviours had been prior to this incident. Julia's experiences show the potential power of learning from the stories of peers, as her friends were involved in events that highlighted the real possibilities of problems arising from unsafe sexual practices. Peer influences have long been associated with sexual behaviour decision-making (Levy et al., 1994; Seloilwe, 2005).

Dilemmas of a monogamous sexual relationship. At the time of her interview Julia indicated she was in a long-term relationship with one person and hoped that they might marry in the future. She disclosed that she did not engage in unsafe sexual practices.

I say that I'm done with risky sexual behaviour because I am in a monogamous relationship and you know there are plans to potentially get married, settle down but at the same time I do realize that it's an ongoing thing. I mean who knows if you know he will cheat or something. So, it's never ending, so I have to remain vigilant on these things (Julia, transcript excerpt, March, 2011).

Julia acknowledged that being in a monogamous relationship is not a guarantee of protection from risks associated with sexual behaviour. This realization indicates that Julia is aware of the need to continue to be careful in regards to sexual practices.

The choice of a monogamous sexual relationship is not necessarily a safe option because the relationship is dependent on the faithfulness of both partners (O'Sullivan et

al., 2010; Gullette & Lyons, 2006). In addition, Hernandez and Smith (1990) as well as Klein and Knauper (2003) explained that students sometimes engage in chains of short-lived monogamous relationships with different partners, which essentially become risk-prone sexual behaviour patterns. In view of this research Julia's concerns seem reasonable.

Kelly's Story of Her Sexual Behaviour: A Decision for Mutual Decision Making around Sexual Activities

In discussing her learning experiences at home, fourth year undergraduate university student Kelly mentioned that her parents regarded including the use of protection in sexual interactions as part of acceptable sexual behaviour. Kelly stated her parents did not believe that abstinence was a practical strategy in avoiding the negative consequences of RSB. Kelly's reflections on her parents' stance on sexual practices are highlighted in the following transcript excerpt.

[My parents] believed in using condoms, they believed in making smart choices, they never told me or my sister that we were absolutely forbidden [to have sex] until marriage... but more or less... the way they raised us was to make smart decisions (Kelly, transcript excerpt, March, 2011).

It appears that Kelly's parents communicated their views on sexual behaviour openly to their children, and urged Kelly and her sister to make informed decisions about sexual behaviours. These experiences seem to have shaped Kelly's emerging sense of acceptable sexual practices. This story is one example of the dominant North American social narrative that encourages parents to engage openly in discussions around sexuality with their children as highlighted by McKay (2000) as well as Weaver, Byers, Sears, Cohen, and Randall (2002).

Learning opportunities in secondary school. However, not all parents engage in such discussions with their children. Another avenue by which young people might gain this needed knowledge is sexual health education at school. Kelly recounted some of her experiences at secondary school, particularly the story of one unique teacher who taught her sexual health education course in Grade 9. This particular teacher was the only one that Kelly remembered discussing, in class with students, practical sexual behaviour issues such as the use of protection during sexual intercourse.

My Grade 9 teacher would tell us, there is a risk of becoming pregnant; there is a risk of STI. This is what an STI is. This is what HIV is, and this is what can happen to you but there are also ways to [decrease your risk]: condoms, or birth control, there is abstinence only, and more or less you need to be prepared and you need to feel confident in yourself. She really preached, make decisions with your boyfriend and don't just like [let] him decide or you decide, it has to be a mutual 'Okay we are both ready to have sex' (Kelly, transcript excerpt, March, 2011).

Similar to her parents at home, Kelly's Grade 9 teacher encouraged the use of contraceptives and co-operative decision-making in sexual relationships. It appears that Kelly's learning experiences in her sexual health education classes in Grade 9 confirmed the views of her parents concerning acceptable sexual behaviours, particularly the importance of ongoing dialogue in sexual relationships and the consistent use of condoms. Kelly talked about how the teacher kind of 'preached' as she discussed

pertinent matters such as the use of condoms and making informed decisions around sexual activities. Kelly laughed as she said this and it seemed she appreciated the high level of engagement and comfort with the topic that her teacher brought to this class. Contrary to the typical picture painted by researchers of school-based sexual health education as disengaging (Mbananga, 2004; Pokharel, Kulczcki, & Shakya, 2006), Kelly was fortunate to have a positive experience. Kelly's teacher discussed the different choices that are part of responsible sexual behaviour within a comprehensive curriculum (see McKay, 2000; Weaver et al., 2002).

Kelly described how she sustained her decision for active dialogue around sexual decision-making and using condoms once she was in high school and university in the following transcript excerpt.

I guess my good decisions would have been the two guys I dated, one in high school, and one in university. Whenever I have been dating people, I have always decided together [with them] if we were ready to have sex or do anything and always make sure [we] use condoms (Kelly, transcript excerpt, March, 2011).

Kelly talked about her decision for dialogue and consistent use of protection during sexual interactions, ranking these choices as safe sexual practices. Although Hawa et al. (1998) note that this is not characteristic of female students, Kelly engaged in discussions with her sexual partners about sex and condom use. Traditional gender relationships in which men tend to control decision-making have been associated with an increased likelihood of RSB (Darling & Davidson, 1986; Dawson, Schneider, Fletcher, & Bryden, 2007; Myers & Clement, 1994). Kelly's actions here suggest an alternative to this problematic stereotype.

Attending to Bridget's Story: A Decision for Abstinence until Marriage

This section provides an account of some of the personal experiences that appear to shape the sexual identity of Bridget, a third year undergraduate university student, who stated that she chose to refrain from premarital sexual intercourse throughout her adult life to this point. She told a number of different stories, which support her decision to remain abstinent until marriage.

Learning opportunities at home. Bridget discussed the importance of her relationship with her mother. "I have huge interest in health as well and my mom is a nurse so she teaches me about that as well. If I ask her she will go on right in [to detail]" (Bridget, transcript excerpt, March, 2011). There seemed to be good communication regarding sexual health matters between Bridget and her mother, which was facilitated by discussions. McKay (2000) emphasized the important role that parents play in educating their children about reproductive health issues. As a medical professional, Bridget's mother acted as a source of accurate sexual health knowledge, a factor that researchers believe enhances the effectiveness of parent/child dialogue about sexuality (Byers, Sears, & Weaver, 2008; Wilson, Dalberth, Koo, & Gard, 2010). Although there may often be situations in which parents struggle to communicate sexual health information to their children (Dilorio, Pluhar, & Belcher, 2003), Bridget and her mother appeared to be comfortable and engaged. The story of Bridget is similar to Kelly's, another example of the dominant North American social narrative in which parents talk openly to their children about sexual health matters as noted by McKay (2000) and Miller et al. (2007).

Silenced learning opportunities in sexual health education on the secondary school landscape. As her identity around sexual behaviours developed, Bridget recalled she was uneasy with the way that she was taught sexual health education in classes in secondary school. She appears to have been disappointed that her teacher did not talk about abstinence as one possible way to avoid RSB.

I have been in high school classes where they didn't even mention the word abstinence as a choice, you know, they didn't even mention it as a choice. I had to put up my hand I was like "Miss, I was waiting like I thought you would maybe mention it last class. I don't know, we are here, you haven't mentioned the word abstinence once as a viable option," and she is like, "Ooh well, well, yes of course, well, well, well..." And the fact that especially me being in a Catholic school board [I] can't imagine where abstinence was (Bridget, transcript excerpt, March, 2011).

Bridget was clearly displeased about this approach and particularly about how her teacher provided what she saw as insufficient guidance on ways to prevent RSB. She expected the experiences in sexual health education class to validate her beliefs, particularly because she attended a Catholic school. Bridget stood up for what she believed in. She spoke her mind, questioning the adequacy of the sexual health information that the teacher provided.

Tensions around sexual health identity on the university landscape. After her experiences at secondary school, Bridget faced challenges to her beliefs about abstinence on the university landscape. Bridget told her story of abstinence from RSB despite using alcohol, a behaviour that defied findings from a number of studies (e.g. Desiderato & Crawford, 1995; Gulette & Lyons, 2006; Huang et al., 2010). She explained that she made decisions ahead of time, followed them scrupulously, and worked at making sure that she behaved according to her plans. However, Bridget went on to tell stories about the anxiety she encountered when she went to bars with friends.

If I went [to the bar] with a bunch of my guy friends, and they go to the bar as well to hook up, to find a girl to go home with them. So, when we are at the bar even though we are friends, they won't dance with me because that will lower their chances of hooking up with some other girl, because they are wasting their time on me. Whereas for me dancing was always something that was fun, you know, it's just for fun. I find when I go to the bar, unless I go with like my girlfriends; I will be totally by myself (Bridget, transcript excerpt, March, 2011).

Bridget stated that her male friends went to the bar to find casual sex partners. She found male students preferred to dance with females who might agree to have sex with them later on. These different understandings of what it meant to be at the bar seemed to cause the men she called friends to go their own ways, leaving Bridget by herself.

During the interviews, I invited Bridget to talk about anything she wished and she told me that she was uncertain about the place of a long-term relationship in her life. She said she was worried about whether she would find a boyfriend and eventually a husband someday.

Living in this culture and not being a part of this sex culture it's hard for me and it's scary because I am not willing to have sex. It's scary to think that I might not be able to find a boyfriend, a husband, [or] somebody who is willing to date me just because I won't have sex with them. And I know my friends who share this

view with me feel the exact same way (Bridget, transcript excerpt, March, 2011).

Bridget seemed to view the world she lived in as characterized by a culture of sex, a notion supported by documented increases in global investments in sex-oriented business and trade (Arnett, 2005; Maticka-Tyndale, 2001). Bridget underscored that she wanted very much to sustain her decision for abstinence but feared that she might have trouble developing a relationship because of her commitment. However, Bridget realized there were peers who shared the same views and consequently the same anxieties she had. This sense of shared decision-making and the solidarity that came with it seemed to keep Bridget hopeful. Bridget and her group of friends are an example of a peer group of celibates (Netting & Burnett, 2004) found on university landscapes that rely on their religious community to avoid RSB.

Andrew's Story: Teach Your Children Well

When I first met Andrew a third year undergraduate university student prior to the interviews, he told me that although he was raised Presbyterian, he strongly believed in his current religion, Catholicism. Andrew indicated to me that he had plans to become a priest. In the following section I discuss the circumstances that appeared to shape his sexual identity.

Certainty about abstinence. Andrew talked about his early experiences around Biblical teachings on sexuality during our interview.

I was raised a Presbyterian, so, I was raised with a certain amount of familiarity with the Bible. I figured the Bible is the word of God so [there should be] truth in there, so I read it more than I was assigned to. My mother was big on the Bible too. So of course I knew the Ten Commandments... thou shall not engage in [sexual relationships] outside of marriage (Andrew, transcript excerpt, March, 2011).

As a high school student, Andrew had strong interest in religion as he described reading the Bible more than was required of him. The experiences that Andrew described show what appears to be his emerging awareness of the expectations about sexual behaviours of his religious faith. Certain religious beliefs have been observed to promote safe sexual practices by enhancing self-control, which in turn discourages choosing to engage in risky sexual actions (Vazsonyi & Jenkins, 2010). Andrew's story seemed to reflect this, through the strong religious influences in his life.

Silenced learning opportunities at home. Andrew told of how his parents attempted less than successfully to communicate sexual health knowledge to him. Andrew stated that his mother selected a book to give to him that contained sexual health information from a particular religious perspective. The following transcript excerpt is an account Andrew gave of some of the events surrounding receiving the book.

I never got "the birds and the bees" talk. I got a book; this was at my mother's choosing... called *Every Young Man's Battle*. This would have been years after it has been useful [to me]. It wasn't till I was what 16 [or] 17 [years old] for Christmas, for crying out loud. By this point I had already worked out what was right, what was wrong, corrected you know some misconceptions (Andrew, transcript excerpt, March, 2011).

Andrew pointed out that his parents did not provide him with the guidance he needed about sexual health matters. He received a book when he was about 17 years old, by which time he had already developed much of his own identity around sexual

behaviours. Andrew felt his parents' ill-timed strategy of giving him the book was not very helpful. Also, although he does not mention this, the title of this book suggests it discusses sexuality from a negative perspective, one that was, perhaps, not very inviting for a teenage boy.

Andrew's stories show what appears to be a sense of dissatisfaction with his parents' role in providing sexual health guidance at home. Despite some uncertainties with regards to the ideal age at which parents should initiate such discussions, Byers et al. (2008) and Dilorio et al. (2003) noted a need to support parents to improve their communication skills around sexual health matters. Andrew's story demonstrates an example of the inadequacies of some young people's home experiences regarding sexual health education.

During the interviews, I invited Andrew to talk about how he expected his hypothetical children to learn about RSB. Andrew expressed concern about whose role it was to make decisions about children's sexual health education.

I don't trust the government-funded school system; I mean it's not Catholic. If I was sending [my hypothetical] kids to a private Catholic school that was so good and whatnot I still should be involved... but fundamentally... I just don't trust other people to deal with important things with regards to that. I don't trust the government to dictate my morality to me why the heck should I trust it to dictate it to my [hypothetical] children (Andrew, transcript excerpt, March, 2011).

Andrew wishes to be involved in his future children's sexual health education as a parent. His story shows his clarity on this matter of sexual health education, especially the teaching of values. This is in contrast with what Andrew experienced in his own upbringing, in which he perceived that his parents provided little input or guidance in the development of his beliefs regarding sexual health. Andrew stated that he was not comfortable having his children educated about sexual health in Canadian public schools, especially where Catholic influence was limited. It appears that Andrew had little confidence in public schools in this regard. Andrew's expressiveness, engagement, and animation during the interview as he discussed this topic conveyed the certainty of his convictions.

Discussion

This study revealed two overarching themes: learning opportunities students perceived regarding sexual behaviours; and un (certainties) students perceived regarding sexual identity. In different ways these factors influenced each participant and led to mindfulness around his or her own agency in making decisions about sexual health matters and avoiding RSB. Consistent with prior research (Netting & Burnett, 2004; Levy et al., 1994; Wetherill et al., 2010), peer associations influenced the changes Julia made in terms of her identity related to sexual behaviours. It can be argued that strong relationships with peers and an ability to analyse peers' sexual behaviours contributed to Julia's learning. Julia's story demonstrates that identities are flexible and can change over time as a result of life experiences as suggested by Clandinin and Connelly (1999). Further, Julia's feelings of insecurity shows she continued to have uncertainties related to her sexual identity, a theme noted in previous research (Irvine, 1994; Diamond, 2006). Like Julia, Bridget also appeared to benefit from peer associations. Bridget described

how she felt her decision for abstinence was challenged by disengaging sexual health education learning experiences at school, her perception of a youth culture that objectifies women, and her uncertainties about developing a long-term relationship. The dissatisfaction with school-based sexual health education noted in previous research (Byers et al., 2003; McKay et al., 2001; Pokharel, Kulczcki, & Shakya, 2006) is evidenced in Bridget's story. Teachers and students have diverse culture backgrounds, inevitably, leading to many challenges in this field of education. Bridget's story highlights need to continue to explore effective approaches in the teaching and learning of sexual health education as suggested by Irvine (1994).

Kelly was able to clearly articulate her values and how significant open communication was in her sexual relationships. The importance of collaboration between school and home environments observed in Kelly's story supports the need for an integrated approach to school health as suggested by Tymchak (2001). Research that inquires into the synergistic possibilities of sexual health education at the secondary school level and at home and how they may jointly influence emerging identities of young people and their behaviours appears to be scanty. This is an area to be further explored.

Unlike Kelly and Bridget, Andrew felt that guidance he received at home in the area of sexual health was minimal. Consistent with prior research (Bregman et al., 2013; Kerpelman et al., 2013; Wright & Perry, 2006) the importance of parental/family support to adolescents' sexual identity development is revealed in Andrew's story. Furthermore, participants' stories of experiences suggest that enabling and supporting parent-child communication on this topic is an important direction for agencies related to sexual health education to follow. The need for support for parents as they endeavour to provide appropriate information, models, and space for discussion is highlighted.

While it was evident that experiences related to learning opportunities and uncertainties in his or her past shaped participants' unfolding sexual identities, there are notable limitations. As observed in prior research (Netting & Burnett, 2004; Poulson et al., 1998), the use of self-reporting inevitably involved inconclusive retrospections of participants. Each student puts certain perspectives forward, while others are missed, purposefully silenced, or inaccurately represented. For example, it appears that participants in the present study did not perceive the media as a significant factor in the development of their sexual identities. Further insights might be gleaned in future studies by using observation methods as suggested by Marston and King (2006), spending time alongside a participant and noting his or her actions in a variety of situations. As well, the use of a participant self-selection strategy that targeted non-specific sexual behaviour experiences was an important limitation. Future research is recommended to include in the sample more individuals who are sexually active, as well as individuals who identify as engaging in RSB, as contrasting experiences might offer a more complete picture of undergraduate university students' experiences.

Concluding Remarks

Participants' sexual identities were shaped by learning opportunities at home, at secondary school, and at university. Much of the literature (Brown & Venable, 2007; Hernandez & Smith, 1990; Klein & Knäuper, 2003) focuses on how circumstances related to the university context affect undergraduate university students' identities

related to sexual behaviours. Less inquiry has been done into the effects of experiences at home and in secondary schools. This study has stimulated my interest to further explore students' broader health experiences and learning in high school years and how such experiences provide a context for young people's emerging identities related to sexual health.

References

- American College Health Association. (2007). American College Health Association national college health assessment spring 2006 reference group data report (abridged): The American College Health Association. *Journal of American College Health, 55*(4), 195–206. doi:10.3200/JACH.55.4.195-206
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist, 55*(5), 469-480.
- Arnett, J. J. (2005). The developmental context of substance use in emerging adulthood. *Journal of Drug Issues, 35*(2), 235. doi:10.1177/002204260503500202
- Bregman, H. R., Malik, N. M., Page, M. J. L., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence, 42*(3), 417-430.
- Brown, J. L., & Vanable, P. A. (2007). Alcohol use, partner type, and risky sexual behavior among college students: Findings from an event-level study. *Addictive Behaviors, 32*(12), 2940-2952. doi:10.1016/j.addbeh.2007.06.011
- Bruner, J. (1991). The narrative construction of reality. *Critical Inquiry, 18*(1), 1-21.
- Byers, E. S., Sears, H. A., Voyer, S. D., Thurlow, J. L., Cohen, J. N., & Weaver, A. D. (2003). An adolescent perspective on sexual health education at school and at home: I. High school students. *Canadian Journal of Human Sexuality, 12*(1), 1-17.
- Byers, E. S., Sears, H. A., & Weaver, A. D. (2008). Parents' reports of sexual communication with children in kindergarten to grade 8. *Journal of Marriage and Family, 70*(1), 86. doi:10.1111/j.1741-3737.2007.00463
- Caetano, M. E., Linhares, I. M., Pinotti, J. A., Maggio da Fonseca, A., Wojitani, M. D., & Giraldo, P. C. (2010). Sexual behavior and knowledge of sexually transmitted infections among university students in Sao Paulo, Brazil. *International Journal of Gynecology & Obstetrics, 110*(1), 43-46. doi:10.1016/j.ijgo.2010.02.012
- Chase, S. (2005). *Narrative inquiry: Multiple lenses, approaches, voices*. In Denzin, N.K. & Lincoln, Y.S. (Eds.). (2005). *The Sage handbook of qualitative research*, Thousand Oaks, London, England: Sage.
- Chng, C. L., & Moore, A. (1994). AIDS: Its effects on sexual practices among homosexual and heterosexual college students. *Journal of Health Education, 25*(3), 154-160.
- Clandinin, D. J. (2006). Narrative Inquiry: A methodology for studying lived experience. *Research Studies in Music Education, 27*(1), 44-54.
- Clandinin, D. J., & Connelly, F. M. (1999). *Shaping a professional identity: Stories of professional practice*. New York: Teachers' College Press.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Conle, C. (1999). Why narrative? Which narrative? Struggling with time and place in life and research. *Curriculum Inquiry, 29*(1), 7. doi:10.1111/0362-6784.00111
- Cooper, M. L. (2002). Alcohol use and risky sexual behavior among college students and youth: Evaluating the evidence. *Journal of Studies on Alcohol, 14*, 101–117.
- Crawford, M., & Popp, D. (2003). Sexual double standards: A review and methodological critique of two decades of research. *Journal of Sex Research, 40*(1), 1-11.

- 40(1), 13-26. doi:10.1080/00224490309552163
- Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.
- Darling, C. A., & Davidson, J. K. (1986). Coitally active university students: Sexual behaviors, concerns, and challenges. *Adolescence, 21*(82), 403-419.
- Dawson, K. A., Schneider, M. A., Fletcher, P. C., & Bryden, P. J. (2007). Examining gender differences in the health behaviors of Canadian university students. *Journal of the Royal Society for the Promotion of Health, 127*(1), 38. doi:10.1177/1466424007073205
- Desiderato, L. L., & Crawford, H. J. (1995). Risky sexual behavior in college students: Relationships between number of sexual partners, disclosure of previous risky behavior, and alcohol use. *Journal of Youth and Adolescence, 24*(1), 55-68. doi:10.1007/BF01537560
- Diamond, L. M. (2006). What we got wrong about sexual identity development: Unexpected findings from a longitudinal study of young women. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health: Examining identity and development in lesbian, gay, and bisexual people* (pp.73-94). Washington, DC: American Psychological Association.
- Dilorio, C., Pluhar, E., & Belcher, L. (2003). Parent-child communication about sexuality. *Journal of HIV/AIDS Prevention & Education for Adolescents & Children 5*(3-4), 7-32. doi:10.1300/J129v05n03_02
- Douglas, K. A., Collins, J. L., Warren, C., Kann, L., Gold, R., Clayton, S., & Kolbe, L. J. (1997). Results from the 1995 national college health risk behavior survey. *Journal of American College Health, 46*(2), 55-67. doi:10.1080/07448489709595589
- Downing-Matibag, T. M., & Geisinger, B. (2009). Hooking up and sexual risk taking among college students: A health belief model perspective. *Qualitative Health Research, 19*(9), 1196. doi:10.1177/1049732309344206
- Fazekas, A., Senn, C. Y., & Ledgerwood, D. M. (2001). Predictors of intention to use condoms among university women: An application and extension of the theory of planned behavior. *Canadian Journal of Behavioral Science, 33*(2), 103.
- Gliksman, L., Demers, A., Adlaf, E. M., Newton-Taylor, B., & Schmidt, K. (2000). *Canadian campus survey 1998*. Toronto, ON: Centre for Addiction and Mental Health.
- Gordon, C. (1980). *Power/Knowledge selected interviews and other writings 1972-1977 Michel Foucault*. New York: Pantheon Books.
- Gullette, D. L., & Lyons, M. A. (2006). Sensation seeking, self-esteem, and unprotected sex in college students. *Journal of the Association of Nurses in AIDS Care, 17*(5), 23-31. doi:10.1016/j.jana.2006.07.001
- Hawa, R., Munro, B. E., & Doherty-Poirer, M. (1998). Information, motivation and behavior as predictors of AIDS risk reduction among Canadian first year university students. *Canadian Journal of Human Sexuality, 7*(1), 9.
- Healthy Sexuality Working Group (2006). *Sex? - A healthy sexuality resource*. Nova Scotia, Canada: Nova Scotia Department of Health Promotion and Protection.

- Hernandez, J. T., & Smith, F. J. (1990). Inconsistencies and misperceptions putting college students at risk of HIV infection. *Journal of Adolescent Health Care, 11*(4), 295-297. doi:10.1016/0197-0070(90)90038-4
- Herold, E. S. (1984). *Sexual behaviour of Canadian young people*. Markham, ON: Fitzhenry & Whiteside.
- Huang, J. H., Jacobs, D. F., & Derevensky, J. L. (2010). Sexual risk-taking behaviors, gambling, and heavy drinking among US college athletes. *Archives of Sexual Behavior, 39*(3), 706-713. doi:10.1007/s10508-009-9521-7
- Irvine, J. M. (1994). *Sexual Cultures and the Construction of Adolescent Identities*. Philadelphia, PA: Temple University Press.
- Kerpelman, J. L., McElwain, A. D., Pittman, J. F., & Alder-Baeder, F. M. (2013). Engaging in risky sexual behavior: Adolescents' perceptions of self and the parent-child relationship matter. *Youth and Society, XX*(X), 1-25. DOI: 10.1177/0044118X13479614
- Klein, R., & Knäuper, B. (2003). The role of cognitive avoidance of STIs for discussing safer sex practices and for condom use consistency. *Canadian Journal of Human Sexuality, 12*(3/4), 137.
- Larsson, M., & Tydén, T. (2006). Increased sexual risk taking behavior among Swedish female university students: Repeated cross-sectional surveys. *Acta Obstetrica Et Gynecologica Scandinavica, 85*(8), 966-970. doi:10.1080/00016340600626941
- Levy, J. J., Frigault, L. R., Samson, J. M., Dupras, A., & Cappon, P. (1994). Predictors of sexual behavior in a group of heterosexual university students at risk for AIDS in Montreal. *Contraception, Fertility, Sexualite, 22*(2), 123-128.
- Mann, W. E. (1967). *Canadian trends in premarital behavior: Some preliminary studies of youth in high school and university*. Toronto, ON: Anglican Church of Canada.
- Marston, C., & King, E. (2006). Factors that shape young people's sexual behavior: A systematic review. *The Lancet, 368*(9547), 1581-1586. doi:10.1016/S0140-6736(06)69662-1
- Maticka-Tyndale, E. (1991). Sexual scripts and AIDS prevention: Variations in adherence to safer-sex guidelines by heterosexual adolescents. *Journal of Sex Research, 28*(1), 45-66. doi:10.1080/00224499109551594
- Maticka-Tyndale, E. (2001). Sexual health and Canadian youth: How do we measure up? *Canadian Journal of Human Sexuality, 10*(1/2), 1-18.
- Mbananga, N. (2004). Cultural clashes in reproductive health information in schools. *Health Education, 104*(3), 152-162. doi:10.1108/09654280410534559
- McKay, A. (2000). Common questions about sexual health education. *Canadian Journal of Human Sexuality, 9*(2), 129-37.
- McKay, A., Fisher, W., Maticka-Tyndale, E., Barrett, M. (2001). Adolescent sexual health education does it work? Can it work better? An analysis of recent research and media reports. *Canadian Journal of Human Sexuality, 10*(3/4), 127-135.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Miller, K. S., Fasula, A. M., Dittus, P., Wiegand, R. E., Wyckoff, S. C., & McNair, L. (2007). Barriers and facilitators to maternal communication with preadolescents about age-relevant sexual topics. *AIDS Behavior, 13*, 365-374. doi:10.1007/s10461-007-9324-6

- Myers, T., & Clement, C. (1994). Condom use and attitudes among heterosexual college students. *Canadian Journal of Public Health, 85*(1), 51.
- Netting, N. S., & Burnett, M. L. (2004). Twenty years of student sexual behavior: Subcultural adaptations to a changing health environment. *Adolescence, 39*(153), 19-39.
- O'Sullivan, L., Udell, W., Montrose, V., Antonello, P., & Hoffman, S. (2010). A cognitive analysis of college students' explanations for engaging in unprotected sexual intercourse. *Archives of Sexual Behavior, 39*(5), 1121-1131. doi:10.1007/s10508-009-9493-7
- Pokharel, S., Kulczycki, A., & Shakya, S. (2006). School-based sex education in western Nepal: Uncomfortable for both teachers and students. *Reproductive Health Matters, 14*(28), 156-161. doi:10.1016/S0968-8080(06)28255-7
- Poulson, R. L., Eppler, M. A., Satterwhite, T. N., Wuensch, K. L., & Bass, L. A. (1998). Alcohol consumption, strength of religious beliefs, and risky sexual behavior in college students. *Journal of American College Health, 46*(5), 227-232. doi:10.1080/07448489809600227
- Scott-sheldon, L. A., J., Carey, M. P., & Carey, K. B. (2010). Alcohol and risky sexual behavior among heavy drinking college students. *AIDS and Behavior, 14*(4), 845-53. doi: <http://dx.doi.org/10.1007/s10461-008-9426-9>
- Selolilwe, E. S. (2005). Factors that influence the spread of HIV/AIDS among students of the University of Botswana. *Journal of the Association of Nurses in AIDS Care, 16*(3), 3. doi:10.1016/j.jana.2005.03.003
- Turchik, J., & Garske, J. (2009). Measurement of sexual risk taking among college students. *Archives of Sexual Behavior, 38*(6), 936. doi:10.1007/s10508-008-9388-z
- Tymchak, M. (2001). *School^{PLUS} a vision for children and youth. Final report*. Regina, SK: Saskatchewan Instructional Development and Research Unit.
- Vazsonyi, A., & Jenkins, D. (2010). Religiosity, self-control, and virginity status in college students from the "Bible Belt": A research note. *Journal for the Scientific Study of Religion, 49*(3), 561. doi:10.1111/j.1468-5906.2010.01529.x
- Weaver, A. D., Byers, E. S., Sears, H. A., Cohen, J. N., & Randall, H. E. S. (2002). Sexual health education at school and at home: Attitudes and experiences of New Brunswick parents. *Canadian Journal of Sexuality, 11*(1), 19-31.
- Wengraf, T. (2001). *Qualitative research interviewing: Biographic narrative and semi-structured methods*. London, England: Sage.
- Wetherill, R. R., Neal, D. J., & Fromme, K. (2010). Parents, peers, and sexual values influence sexual behavior during the transition to college. *Archives of Sexual Behavior, 39*(3), 682-94. doi: <http://dx.doi.org/10.1007/s10508-009-9476-8>
- Williams, S. S., Kimble, D. L., Covell, N. H., Weiss, L. H., Newton, K. J., Fisher, J. D., & Fisher, W. A. (2006). College students use implicit personality theory instead of safer sex. *Journal of Applied Social Psychology, 22*(12), 921-933. doi:10.1111/j.1559-1816.1992.tb00934.x
- Wilson, E. K., Dalberth, B. T., Koo, H. P., & Gard, J. C. (2010). Parents' perspectives on talking to preteenage children about sex. *Perspectives on Sexual and Reproductive Health, 42*(1), 56. doi:10.1363/4205610

Wright, E. R., & Perry, B. L. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*, 51(1), 81-110.

Appendix A

Interview Questions

1. First, please tell me about yourself, your schooling, your interests, and any other background information that you wish to share with me.
2. I will read an excerpt from my thesis proposal. I wonder if my story of learning about sexual behaviour in any way resonates with yours; that is, for example if you recall how you came to know about your expected sexual behaviours.
3. I would be interested if you could share with me your beliefs related to sexual activities.
4. It is estimated that just slightly more than half of the sexually active university students in Canada consistently take precautions when engaging in sexual activities (Gliksman et al., 2000). Please feel free to tell me some stories you have heard about from your friends or have experienced yourself in connection to this.
5. Think of a time when you or someone you know engaged in a potentially high risk sexual situation. Alternatively, think of a time when you or someone you know engaged in a low risk sexual situation. Please free to re-tell the stories of these experiences.
6. Based on your recollections, can you please describe to me how you probably learned about what is risky and what is less risky with regards to sexual behaviours.
7. Can you tell me a little bit more about your secondary and post-secondary school learning experiences in relation to RSB and how this might have impacted on your personal life?
8. Look back across your life and take a few seconds to reflect upon moments where you think you might have made a good or bad decision around engaging in sexual activities. Please tell me about these incidences and why they seem, looking back, good or bad decisions.
9. Let's suppose that you are planning to have children in the future. Can you tell me how you hope they will learn about risky sexual behaviours?