

Running head: New Zealand women's sexual decision making

An Examination of a Group of Young New Zealand Women's Sexual Decision  
Making in Casual Sex Situations

Key Words; Sexual Decision Making; Condoms; Casual Sex; Alcohol

## Abstract

This study explores the sexual decision making of a small group of New Zealand women who had previously participated in unprotected casual sex. In doing so, it helps address a gap in the literature of first-hand accounts of the factors that have influenced sexual decision making (SDM) in the reality of participants' lives (Fantasia, 2009). Eleven women were interviewed with the intention of gaining a greater understanding of their SDM prior to, and in, the 'heat of the moment'. Four major influences on SDM emerged from the data; the importance of being in a relationship; the complicated and often contradictory influence of alcohol; the power of societal expectations and the women's desire to be seen as "normal"; and the sense of powerlessness many felt when decisions were made about the use of condoms. While separate influences were identified, the women's SDM in the reality of social practice needs to be viewed as a complex product of the interrelationships between the person, the specific situation, society in general, and the relationship context. This is an important message for future research, which to date has often concentrated on single factors in seeking to understand SDM. It is also an important message to sexuality educators who need to consider how to prepare their students adequately to understand the complex motivations and influences that will impact on their SDM.

**An examination of young New Zealand women's sexual decision making in  
casual sex situations**

For many young people becoming infected with a STI and/or being involved with an unplanned pregnancy can have a serious negative impact on their mental and physical health and, in some cases, their long-term life and career goals. One major contributor to the high levels of STIs and unplanned pregnancy in young people under 25 within New Zealand is their participation in unprotected casual sex (Statistics New Zealand, 2012; STI Surveillance Team, 2010). Participating in casual sex also appears to be becoming more acceptable behaviour for many young people (see for example Bersamin, Paschall, Saltz, & Zamboanga, 2012; Kotchick, Shaffer, Forehand, & Miller, 2001; Weaver & Herold, 2008). Research has also found that “the majority of sexually active teens have had some sexual experience outside of a romantic relationship” (Manning, Longmore, & Giodano, 2005, p. 384) and that in many cases participants do not use contraception (Adolescent Health Research Group, 2008).

In order to help mitigate some of the risks involved with unprotected casual sex a number of researchers have attempted to understand decision making around engaging in sexual activity. This attempt is often based on the belief that greater understanding may lead to more effective sexuality education. As Oswalt (2010) commented, “Understanding why and how individuals make sexual decisions – what they are hoping to get from sex and what thought processes, if any, they apply – is an initial critical step [to more effective sexuality education]” (p. 217).

This study explores the sexual decision making (SDM) of a small group of New Zealand women who had previously participated in unprotected casual sex. In doing so it helps address a gap in the literature of first-hand accounts of the factors that

have influenced SDM in the reality of participants' lives (Fantasia, 2009). While there has been some previous examination of SDM, these studies have predominately used questionnaires or methodologies that do not include in-depth interviews (see for example Davis et al., 2010; McCabe & Killackey, 2004; Norris, Stoner, Hessler, Zawacki, & George, 2009). This study also builds on the limited research of SDM in New Zealand. While New Zealand shares many attributes with other Western countries, it has its own distinctive culture and this study will explore SDM within this distinct context.

While casual sex is a commonly used term no clear definition exists and a number of factors need to be considered, including the nature of the sexual behaviour that occurs (Weaver & Herold, 2008). Some researchers have focused on vaginal sexual intercourse (Bersamin, et al., 2012) while others have considered a wider definition of sexual activity, which may or may not include vaginal intercourse (Oswalt, 2010; Paul, McManus, & Hayes, 2010). Other considerations when defining sex as casual include the time between first meeting and having sex (Paul, et al., 2010), or the perceived degree of emotional involvement between the sex partners (Lehmiller, VanderDrift, & Kelly, 2011). Weaver and Herold (2008) found in their research involving 230 Canadian women that "the different conceptualizations of casual sex provided by the study participants clearly indicate the necessity for researchers to be clear in their definitions of this concept" (p. 38). For the purposes of this study, participants were told that the researchers were interested in casual sex experiences, which were defined as having vaginal sexual intercourse with a man, without the attachment of a romantic relationship, most often a 'one night stand' with a stranger. The research on SDM has in large concentrated on looking at the impact on SDM of individual factors, although more recently work has started to examine the

interrelationships between the different influences. Alcohol is one factor that has been examined both by itself and in conjunction with other influences. The belief that alcohol has a negative effect on safe sex practices is well documented internationally (see for example Bellis et al., 2008; Gilmore & Granato, 2013; Kotchick, et al., 2001; Pedrelli et al., 2011). A recent meta-analysis of 12 quantitative studies, eight of which involved university students, found that “the higher the blood alcohol content, the higher the intention to engage in unsafe sex” (Rehm, Shield, Joharchi, & Shuper, 2012. p. 54). These quantitative findings are closely aligned with previous qualitative studies which showed that young people were more likely to have casual sex if they had been drinking alcohol, and for women, the more alcohol consumed the more likely it was they would have sex without protection (Abel & Brunton, 2006; Brown & Guthrie, 2010; Kiene, Barta, Tennen, & Armeli, 2009). The same correlation between casual unprotected sex and alcohol has been found in studies in Ireland (Cousins, McGee, & Layte, 2010), the UK (Coleman & Cater, 2005; Cousins, et al., 2010) and the United States (Kiene, et al., 2009).

Coleman and Cater's study (2005) of 64 English adolescents aged 14-17 years found that young people had five general areas of explanation/excuse for why alcohol led to more risky sex:

- 1) alcohol affecting young people's assessment of a person's sexual attractiveness,
  - 2) alcohol could be used as an 'excuse' for socially unacceptable behaviour,
  - 3) increased confidence and lowering of inhibitions,
  - 4) impaired judgement in accurately recognizing and controlling potentially risky situations, and
  - 5) complete loss of control, memory loss, and 'black-out'.
- (p. 649)

There is some evidence to support a relationship between alcohol, unsafe sexual activity and the prevalence of STIs in New Zealand. A recent statistical analysis of the relationship between binge drinking and the prevalence of STIs in a New Zealand university student cohort found “that the links between alcohol and STIs are due to the disinhibiting effects of alcohol, resulting in increasing levels of impulsive sexual behaviour, unsafe sexual practices, and increased risk of exposure to STI’s” (Boden, Fergusson, & Horwood, 2011, p. p. 5). In New Zealand, 18-25 year olds have the highest rates of STIs (apart from syphilis) of any age group and have the highest numbers of abortions (Craig, Anderson, & Jackson, 2009; STI Surveillance Team, 2010). There is also a clear perception that the consumption of alcohol is a normal part of life (Kypri & Langley, 2003; Kypri, Langley, McGee, Saunders, & Williams, 2002; McGee, Williams, & Kypri, 2010). Young people aged 18-25 have the highest rates of binge drinking, or drinking to get drunk, in New Zealand; a finding that was consistent for both males and females (Ministry of Health, 2009).

While many authors argue for a causal relationship where the use of alcohol leads to casual and often risky sexual activity, others suggest that the relationship between these two factors is more complex. In one experimental study (Davis, et al., 2010) female social drinkers were asked to respond to a story that involved potential sexual activity. In half of the scenarios the male and female characters in the story drank alcohol and in the other half they drank soft drinks. The results showed that the presence of alcohol within the story “increased women’s ratings of the amount of sexual potential in the situation” (p. 487). The authors concluded “that alcohol expectancies do not directly increase women’s risky sexual intentions, but instead increase them indirectly through direct effects on women’s primary appraisal of the situation as potentially sexual” (p. 487). In a similar vein, Scott-Sheldon et al. (2009)

identified a situational relationship whereby the presence of alcohol increased the chance of casual sex because of increased expectations that it should occur, rather than there being a true cause and effect relationship.

Two experimental studies (George et al., 2009; Norris et al., 2009) examined the interaction of alcohol, sexual arousal and deliberate attempts to either maximise or suppress arousal by the participants on sexual risk-taking. Their findings give some indication of the complexity of the situations that young women face. The research supported previous research (Wilson & Lawson, 1976, 1978) that indicated that alcohol had an attenuating effect on vaginal arousal and established that attempting to maximise or suppress arousal had little impact on women's responding. The women's belief that alcohol fuelled situations should lead to sexual arousal, however, meant that "alcohol increased their subjective sense of being sexually aroused, and this sense contributed to greater willingness to engage in unprotected intercourse" (p. 509).

While the impact of alcohol on SDM has been examined extensively, the alternative view that rather than alcohol leading to the decision to have casual sex that alcohol is used as an excuse for having casual sex has also been documented in the literature (Coleman & Cater, 2005).

The interaction of alcohol and arousal examined by George et al. (2009) and Norris et al. (2009) raises the question of the role of sexual desire and the search for pleasure in SDM. The research on SDM suggests that the female participants are both fully aware of, and ready to embrace, sexual pleasure (Levinson, Jaccard, & Beamer, 1995; Rosenthal, Lewis, & Cohen, 1996; Velez-Blasini, 2008; Weaver & Herold, 2008). Oswalt (2010) examined the SDM of 422 students (280 females) and found that "regression analyses revealed physical gratification as the most constant predictor to engage in sexual activity" (p. 217) for both genders. In their study, Weaver and

Herold (2008) identified that "sexual pleasure was clearly the most common reason given for engaging in casual sex" (p. 32) and when the women were asked to indicate what aspects of casual sex were appealing, "physical pleasure was rated by far as the most appealing factor" (p.37).

Physical gratification, or the search for pleasure, is a controversial area when discussing SDM for females. It is an area illustrative of the conflicting social and cultural pressures that can strongly influence SDM. Allen(2011) considered that the acceptance of, and women's right to, sexual pleasure has always been a contentious issue and has "constituted a site of political struggle for feminists, as a space where the interplay of gendered power and sexuality are acutely visible" (p. 85). In sexuality literature young women are described as being subjected to "conflicting standards of femininity that demand they be sexually desirable and chaste at the same time, which often leads to confusion surrounding sex, dissociation from sexual feelings, and uninformed decisions about sex" (Tolman as cited in Gilmartin, 2006. p. 429). The confusion about appropriate behaviours, the need to manage their sexual reputations to "be a 'good girl' but not 'too good'" (Allen, 2011. p. 86) can lead to young women denying their sexual desires and potentially placing themselves at risk when they do have sex. The ongoing discomfort with young women expressing their sexuality has received a great deal of critique from feminists with some going as far as to consider that society and the educational system deny female adolescents the right to express sexual desire (Welles, 2005).

The research on women's intentions around their sexual behaviours and the reality of their practices offers a glimpse at the complexity of the issue. McCabe and Killackey (2004) studied 194 heterosexual women between the ages of 18 and 21. Participants initially completed a sexual attitude questionnaire which included

sections on their previous behaviours, intentions to engage in a series of sexual behaviours, and the level of control they believed they had over their sexual activity. The questionnaire was repeated six months later with the addition of a section asking for information about their sexual behaviour in the intervening six-month period. The researchers concluded that:

Intentions to engage in each of the sexual behaviours at time one failed to predict whether or not the women [had] engaged in the behaviour six months later. The strongest predictor of future behaviour ... was experience of this behaviour in the past ... [sexual behaviour] may be more shaped by 'heat of the moment' cognitions and emotions rather than the 'cold light of day' cognitions that appear to shape intentions.

(p. 250)

In discussion around SDM, the risks associated with STDs and potential pregnancy are often considered to be influential on the decisions made. In Weaver and Herold's (2008) study when participants were asked to rank the most important reasons for not participating in casual sex: "fear of AIDS was ranked first" (p. 34). In a subsequent part of the study involving the perceived costs of casual sex almost all of the women "indicated fear of AIDS, STDs and unwanted pregnancy as factors for not engaging in casual sex" (p. 36). Levinson et al.(1995), however, found that while pregnancy was a deterrent for college students the risk of disease (STIs) was not. Kotchick et al.'s (2001) review of literature between 1990 and 1999 found "that only a small proportion (i.e., approximately 10-20%) of sexually active adolescents use condoms consistently" (p. 495). In discussing the relationship between condom use and understanding risk factors, the authors concluded that in relation to changing high-risk behaviours "knowledge alone does not relate to behaviour or behaviour change" (p.

502). Oswalt's (2010) study found that for both males and females it was only in relation to vaginal sex (with its potential for pregnancy) that risk was a significant factor in SDM. While pregnancy is only a risk in unprotected vaginal intercourse, STIs can be transmitted through anal and oral intercourse (Goldstone & Moshier, 2010; Smith et al., 1998) a reality that may not be well understood. An American study of college students and casual sex, for example, reported that none of the participants had ever used condoms or dental dams as protection from STIs during oral sex (Downing-Matibag & Geisinger, 2009).

The review of literature on SDM in women offers some insight into a number of factors that may influence SDM and sexual risk-taking among young women. There is a shortage of research, however, that tries to identify how the various influences interact with each other within the social and cultural contexts that SDM occurs. Research has started to examine the interrelationships between various factors but there is more to be done to give a realistic insight into SDM within the reality of social practice. This project attempts to address this shortage by using in-depth interviews to examine the SDM of eleven young women who had previously made the decision to have casual sex involving unprotected vaginal intercourse. It seeks to explore the thought processes that occurred and to identify the social and cultural influences that impacted on the participants SDM. The research is based in New Zealand which also gives an opportunity to examine a context that has previously been under-researched in this area.

### **Method**

This research was focused on exploring the lived experiences of a group of young women, and developing an understanding of the factors that influenced their SDM and subsequent behaviours. To elicit that information this research utilised the

methodological approach of Heideggerian phenomenology (McConnell-Henry, Chapman, & Francis, 2009). The research is focused on the act of having casual sex without using condoms; however, it is also seeking to understand why women put themselves at risk of pregnancy and STIs. This approach fits naturally with Heideggerian phenomenology as it is focused on the idea of a woman's decision to have unprotected sex being more than an individual decision, but also being tied into their social and cultural context. The ideas an individual holds about sex and sexuality are deeply embedded in their understanding of the rules of the society they live in.

Traditional phenomenological approaches require the researcher to engage in 'bracketing'. Bracketing is the process whereby the researcher sets aside their pre-assumptions or preconceptions and attempts to remain neutral (Crotty, 1998). Heidegger's view of the interconnectedness of the world meant he felt it was impossible to truly bracket. He felt a researcher could not disconnect from their own world as "every encounter involves an interpretation influenced by an individual's background or historicity" (Lavery, 2003, p. 24). Instead, Heidegger's framework "permits and encourages the exploration and inclusion of preconceptions as legitimate components of the research" (McConnell-Henry, et al., 2009, p. 3).

### **Recruitment**

Eleven women were recruited for the study using a mixture of posters (6), snowball sampling (2) and personal networks (3). Posters were displayed in various public areas of the university, the regional hospital, and a family planning clinic situated in the central city. The posters invited participants to call, text, or email to register their interest in the study. Potential participants were then forwarded a pre-screening email to ascertain their acceptability for the interview which included their

comfort with talking about their own experiences of casual sex. The pre-screen also ensured they met the inclusion criteria which were:

- female
- aged between 18-25 years old
- had at least one experience of unprotected casual sex involving vaginal intercourse with a male.

### **Participants**

As a requirement of the study, all of the women were aged between 18 and 25. They were predominately New Zealand European (6), followed by Maori (3) and other ethnicities (2). All the women were either already university qualified (4) or currently enrolled in university (7). Nine of the participants were from the greater Wellington region and two were based in Hawke's Bay, a provincial area in New Zealand. Five women lived in flatting situations with friends while the remainder lived with their parents (2), partners (3), or alone (1).

### **Data Collection**

Interviews were chosen as the primary method of data collection as they "allow us to enter the person's perspective" (Patton, 2002, p. 341). The interviews were conducted face-to-face using a semi-structured interview guide. The interview questions focused on their experience(s) of casual sex and factors which encouraged or discouraged the use of condoms. Each question had a series of follow-up probe questions to allow for clarification or to gain greater depth in the answers if required.

#### Examples of interview questions

People under aged under 25 have the highest rates of STI's in New Zealand and one of the highest rates of unplanned pregnancy in the OCED – why do you think that is?

What circumstances do you think increase the likelihood of someone in your age group having casual sex?

The interviews occurred in a quiet place of the interviewees' choosing and lasted on average, 50 minutes. All interviews were digitally recorded using a Sony Digital Voice Recorder. Each recording was downloaded onto the researcher's computer and then copied to a portable memory stick for transcription.

### **Analysis**

The interviews were transcribed verbatim (minus utterance) by an independent transcription service. The initial stage of analysis involved the researcher listening to the interviews while reading through the transcripts to become immersed in the data. The transcriptions were then imported into a software package (NVIVO, 2008) as a way of organising the data. All coding was done manually by the principal researcher using a line by line analysis. This initial analysis followed the constant comparative method (Merriam, 2009) in which the researcher compared different segments of data

to determine “similarities and difference” (p. 30). A group of major themes and sub-themes emerged from this process. The researcher finished the analysis phase by re-listening to the tapes in order to identify tone nuances which may not have been obvious during the initial reading of the transcripts.

Three processes were used to increase the validity of the data. During the interviews, when it was considered necessary, participants were asked to confirm that the interviewer understood their comments. This was done by using statements such as, “I just want to check that you mean”. By this means the interviewer was able to continually check understanding with the participants to ensure the data being collected were robust. During the coding of the first broad themes, a series of discussions was held between the two researchers as a means for the primary researcher to reflect and consider her coding (Patton, 2002). These discussions meant that the coding structure was “tested” throughout the analysis process. This process also offered the opportunity to talk through ambiguity in the data and further consider personal biases in alignment with Heideggerian phenomenology. Where possible and necessary, respondent validation (Merriam, 2009) was also utilised. All participants were invited to add any additional thoughts via email if they wished and were encouraged to do so in cases where they lost a train of thought during the interview. In two cases this was done by the participants who contacted the interviewer to provide clarification and further comment. In both these cases, emails were exchanged to ensure full understanding of the extra information they were providing.

The second stage of analysis began using the hermeneutic circle. The hermeneutic circle illustrates the importance of shifting focus between both the parts of an experience and the whole so the social and personal context of an experience is understood (Laverly, 2003). In the context of this research, the interviewer and

participants moved between specific events and overall life context, so as to understand how one might affect the other. During the secondary analysis phase, this technique was again employed but switching between line by line analyses to a whole passage of text. By switching between the detail and the whole, the researcher was able to keep the broader context in mind while analysing the data at a detailed level.

### **Ethics**

Ethical approval was granted by the Victoria University of Wellington Faculty of Education Ethics Committee, February 2011. The interviews were all conducted by the lead researcher and were completed during the first six months of 2011. Prior to the interviews, participants were given an information sheet which contained a summary of the study and a list of phone numbers for counselling services and other resources. They were also provided the web address for the Family Planning Association as a resource for information on sexual health.

### **Findings**

Four major themes emerged as being influential on the women's sexual decision making. These were the importance placed on being in a relationship; the complicated and often contradictory influence of alcohol; the power of societal expectations and the women's desire to be seen as "normal" and the sense of powerlessness many felt when decisions were made about the use of condoms.

A major influence on the women's SDM was their wish to establish and to be in relationships with males. The women talked of using sex as a way to secure a boyfriend and that in some cases by having casual sex they were attempting to signal that they were available for establishing a relationship.

Yeah casual sex is not really ... and this is a New Zealand thing – have sex with someone to date them. It's a very female New Zealand thing as well. And

hope they will call you again, it's like a lot of people out there – I've even been guilty of it one or two times. But I know lots of girls that are guilty of it – the idea that that you're having casual sex with a guy ... and then it will turn into a relationship, if you have sex often enough – that's mental. But a lot of girls see it as a way into a relationship with someone.

There was a clear message that despite women saying they understood that casual sex probably would not, in reality, lead to a relationship there was an underpinning hope that this would occur, no matter how unlikely the circumstances. This mismatch in expectations tended to leave the woman feeling upset and confused when they discovered “the guy was only ever interested in sex”, although there was also an acknowledgement of the realities of the situation:

I know a girl that went with a guy and came back crying ... 'cause he just had sex and that was it, there wasn't more afterwards – so, come on, you were doing that in an alleyway, you can't expect him to want to get married from that?

One woman, despite having participated in casual sex in an attempt to establish a relationship on a number of occasions, was able to see clearly the limitations of this approach:

I think the thing is, a lot of people think, if they have sex often enough, that'll make them love them; or, if there's problems in the relationship sex will fix them – it won't ... That's the thing, they don't want ... if they are trying to have sex with you, they don't want [a relationship]. A lot of girls can't get this through their heads, and then they cry and get very upset, because they think that it is something it's not, they

think that if someone has sex with you, that they like you, although that is not necessarily true.

While the participants offered a variety of views on why they and others participated in casual unprotected sex, alcohol was one factor that all participants consistently identified as being important. This is a stance supported by much of the literature (see for example Bellis, et al., 2008; Gilmore & Granato, 2013; Kotchick, et al., 2001; Pedrelli, et al., 2011). There was unanimous agreement that drinking and casual sex went hand in hand with many commenting along the lines that “not a lot of people have casual sex when they're sober”. One woman described the influence of alcohol as:

Sometime I think it makes you ... it loosens you up, and your inhibitions run wild. Yeah I think in a way it does [make you want to have sex]. I don't know if it actually, physically, would be an aphrodisiac, but I suppose it's the association, and because you're freer, you would go and talk to strangers, and be ... and be more confident and flirt a bit more, and stuff like that, because you sort of think you can do anything when you're drunk, there's no consequences.

In most cases, the women blamed alcohol for “mistakes” such as their having slept with someone they considered to be unattractive, thereby treating alcohol as an external cause that led to their behaviour –“you are quite willing to say yes to anything” . They also reported that alcohol made it easier to talk to the opposite sex and that their sexual inhibitions and concerns about body image issues were also reduced.

I think New Zealanders don't have the guts to even talk to the opposite sex without alcohol in them, so once they have the alcohol in them, it's like, you

can do whatever, and people ... I don't know, when they are drunk people get really promiscuous.

I'm so scared of this random person seeing me naked, or any of those things that go on in your head when you are sober, aren't there when you have been drinking ... I've already decided to have casual sex, but I might not have quite overcome the barriers in my head yet

Extensive comment was also made on the role they felt alcohol played in their not using condoms during casual sex. As with having casual sex in the first place, they often externalised the blame for their not using condoms on alcohol:

I would put one down [not using a condom during casual sex] to alcohol, even though I know that's not an excuse; I would ... I was drunk and I don't remember much, but I remember saying we need to use a condom but drunk me oh ok then.

Another participant had an extensive knowledge of STI's and was a self proclaimed advocate of condom use "I preach like there is no f.....g tomorrow about using condoms". When trying to explain why she had subsequently participated in unprotected casual sex herself her answer was simply that "I was wasted".

Whether alcohol was the direct cause of them having casual sex or was used as a means to achieving an already established goal was not clear. Comments such as alcohol "allows you to lower your standard" would suggest the later but when asked directly, the women seemed unsure of the reality for them. "Both, I suppose if you are already in the mindset of yes, I want to have sex tonight, then getting drunk is what you would do firstly, to initiate that process".

Another influential relationship for the women in relation to SDM was their peers and their need to be judged as normal. Participants noted that the nature of peer

pressure had changed as they aged. The women stated that when they were in high school, there was a perception that everyone was having sex, even though, upon reflection, they felt it was most likely untrue:

Oh my gosh yes. I thought because I wasn't in the cool crowd, I thought that all the girls in the cool crowd were sleeping with ... having sex with their boyfriends whatever; I didn't find out until after I had lost my virginity, and had been having sex for a while, that heaps of girls that I thought were doing it were virgins.

At this time, however, the belief that being sexually active was "normal" encouraged them to be sexually active:

like when you are 15, 16 and all your friends are having sex you feel like you are missing out cause you are not doing it ... I don't think anyone went , you're not cool because you are not doing it, but it kind of felt ok to do it because everyone else was doing it, does that make sense?

Another participant was very clear about the influence of peers on her behaviour:

Yeah the peer pressure, cause you think everyone is, and you think oh, I'm 16, or whatever, I should lose my virginity now – you don't want to leave school without doing it.

As participants aged, the nature and degree of the pressure they felt from friends changed and there was a perception that peer pressure became less influential:

Peer pressure would probably be from about 12, to be honest, to about 20.

Maybe a bit older even ...no probably by 20 people aren't pressuring you as much I'd say.

As they grew older they were more likely to discuss their sex life openly "because you talk to your friends about casual sex...everyone shares their experiences with each

other". This type of group talk was used to affirm decisions they had made in partners but also to gauge what was considered normal. For some of the women there was still the pressure, however, that if they didn't or weren't having sex "all my friends would think I was crazy".

One area that clearly demonstrated the complexities and contradictions implicit in navigating to be considered normal was their concern about being considered a 'slut'. This was despite the fact that they didn't seem to have any one definition of what actually made someone a slut and seemed to apply the title differently in different situations. Being considered a slut appeared to be as much about perception as reality

Generally outside of high school most people are having sex so it's not such a big deal, but being know as a slut is never a good thing, whether in high school or not. And the number ... it doesn't actually matter how many people you have slept with if you're considered a slut; let's say you slept with a few people but one of the guys has totally bragged and spread it about and said all these things then you are a slut.

They reported that often within their peer groups they would tell someone if they thought their behaviour was becoming slutty. However, given that some of the women reported that their friends might think they had a problem if they weren't having sex, it seems unclear how they balanced the fine line between behaving 'normally' and behaving like a slut.

There was, however, an almost universal belief that other people would perceive you as a slut if they saw/knew you were carrying condoms. It seemed that carrying condoms meant you must want to have, or be out looking for, sex. All of the women struggled with carrying condoms and their fear that doing so would lead to their being thought of as sluts. In some cases they stated that while they would confide in their

friends, they did worry how strangers might judge them if they found out, "I just always think of myself at the dairy, when I'm opening up my wallet to get out my card, they can see it, and I'd be humiliated".

In considering the use or non-use of condoms in casual sex situations all of the women reported feeling a degree of powerlessness in sexually charged situations:

So I went home with him, and once we got into bed he said he had no condoms and that p...d me off and I wanted to get the hell out of there ... but even without the effects of alcohol clouding my judgement, I still went ahead and had unprotected sex with him. Knew it was a bad idea the whole time I did it; still did it though... felt like shit afterwards and ended up with two STIs, not one but two!!

All reported having received overt pressure not to use condoms from men who told them sex felt better without them and most had experienced situations where men had successfully talked them out of condom use, although all stated that this would not happen now. Men also seemed unconcerned with STIs and felt that if a woman was using another method of birth control then condoms weren't necessary. This point was highlighted by one participant who had wanted to use condoms because she had an STI but whose partner had stated quite clearly, although knowing about the STI, that "I don't care". This active avoidance of condoms by men was confusing for many of the women who were not sure how to be insistent, especially during casual sex. Conversely, the women talked of some men who were insistent on using condoms at all times, referring to them as the "good guys".

All 11 participants reported that they had engaged in casual sex without using condoms and that they were on some form of hormonal birth control. While some literature has reported the risk of STI's as a factor in SDM (Weaver & Herold, 2008)

these responses are aligned with Levinson et al. (1995) and Kotchick et al. (2001) which found that while pregnancy was a deterrent the risk of STI's was not. It was only after unprotected sex had occurred that the women allowed themselves to acknowledge that they did not have any protection from STIs: "he could have had AIDS, and I didn't know". The participants tried to mediate their regret for not using condoms by telling themselves that they could tell if a man had an STI just by looking at him. This idea that the man must be clean was assigned retrospectively and seemed to be a common way for the women to placate their own concerns. When probed they admitted that in reality they knew they couldn't tell, but they still assumed there would be an outward marker:

you always expect certain types of people to have them...and I would never sleep with those types of people, so I would never get anything.

The complexity of the situation was illustrated clearly by one woman who saw an unusual lump on a man's penis which meant she knew she should not have unprotected sex with him but ended up doing so. She felt a huge amount of regret at her lack of assertiveness but could not offer any explanation.

In general the participants seemed unable, or unwilling, to clearly explain the reasons behind their SDM in relation to their previous casual sex encounters. They were aware of a number of different influences on them including that of their peers, their searching for relationships, the conflicting messages about being sexually active but not 'slutty' while being anxious to be considered normal, and the influence and impact of alcohol. They were also well aware of the risks associated with casual sex, and their own negative feelings after having previously participated, but they could not clearly articulate why they still went ahead and "did the bad thing anyway" on subsequent occasions.

## **Discussion**

Female sexuality has long been the subject of public scrutiny. The findings of this study closely align with other research which illustrates that young women today still feel social pressure to act in certain ways, particularly when around men (Abel & Brunton, 2006; Tolman, 2003). All the women in the sample commented on the pressure to have sex or how to act in sexual situations. For most, this included some level of pressure from peers and/or their sexual partners. However, all of the women also applied a great deal of pressure on themselves. This internal pressure was focused on making sure they were behaving 'normally' and often led to them doing things they later regretted.

The search for pleasure was clearly identified in the literature (Levinson, et al., 1995; Rosenthal, et al., 1996; Velez-Blasini, 2008) as a major motivator towards casual sex. This was, however, only raised as a contributing factor to their decision making to a limited degree in these interviews. While the reasons for this can only be conjectured it is possibly a manifestation of the need to manage their sexual reputations and to thereby deny their sexual desires (Allen, 2011). The confusion between what the women thought they should do and what they wanted to do was caused by contradictory behaviour messages from society, men, and their peer group about what was deemed to be normal. While beyond the scope of this article, it should be acknowledged that there is considerable discussion about the wide variety of influences that impact on sexual mores including media and popular culture. For many of the participants, the downstream effect of this confusion appeared to be uncertainty about how to assert themselves in sexual situations.

The power of societal expectations was clearly illustrated by the desire of the majority of the women not to be classified as a slut. This was despite contradictory

messages about what behaviours are “slutty” and indeed their inability to clearly describe or define what a slut is. Despite these uncertainties, the power of the sanction led to, among other things, the women not being prepared to carry condoms and in many cases having unprotected sex.

The findings from this study show that women's perceptions of what other people were doing, or what was normal, pushed them to seek sexual experiences but also to hide aspects of those experiences. The fear of being on the outside or not being “normal” meant the women put a great deal of pressure on themselves to have sex. This pressure included the need to be in a relationship, and many of those interviewed said they had used casual sex as a way to meet men with the hope that this was a means towards starting one.

Participants' understanding of the relationship between alcohol and participating in casual unprotected sex was interesting. Societal pressure not to be seen as a slut and therefore not to carry condoms; feelings of obligation and unwillingness to be seen as leading the males on and feelings of powerlessness in sexual situations all impacted on the participants' SDM. All appeared, however, too unreflexively buy into the common discourse that positions alcohol as the major causal factor in unprotected casual sex. This simplistic belief had a comforting role that allowed them to distance themselves from their actions and allowed them to avoid full responsibility for their decision making. The externalising of alcohol as being to ‘blame’ for their behaviours offers an interesting insight into how these young women constructed their sexual identities. While they said they wanted to have a feeling of strong sexual agency, they appeared unable to comfortably accept this, instead choosing to ‘blame’ alcohol for their actions.

## **Conclusion**

This study examined the SDM of 11 New Zealand women who had previously participated in casual unprotected sex. The findings did not identify that there were any discernable cultural differences in these women when compared to previous research from other western countries. The findings did identify that the participants' SDM was not a linear process and instead involved an intricate and many layered combination of influences interacting with each other. While the various factors identified in the literature were present, the reality was that participants' decisions to partake in risky sexual behaviours could not be understood in a decontextualised way. Rather, the decisions made needed to be viewed as a complex product of the person, the specific situation, society in general, and the relationship context. This is an important message for future research which to date has often concentrated on single factors in seeking to understand SDM. It is also an important message to sexuality educators who need to prepare their students adequately to understand the complex motivations and influences that will impact on their SDM.

For many women there appeared to be an essential powerlessness in sexually charged situations that differed markedly from other areas of their lives. This sense of powerlessness had often led to their making decisions that they later professed to regret and yet, despite their regrets, in many cases subsequently repeated. It is difficult not to consider that the wish to conform to societal expectations had led many of these women to have an essentially dishonest explanation for their SDM, an incomplete understanding of their sexual identity and a naivety about the variety of factors that impacted on their SDM. It is, therefore, important that the myriad of factors impacting on SDM, and the ways in which they interact, are better understood. This understanding will allow women the opportunity to be better prepared for sexual situations, to understand themselves, and to enable them to make informed decisions

about their sexual health and sexual agency before they find themselves carried away in 'the heat of the moment'.

Limitations. There are a number of limitations in this research that need to be acknowledged. The data was all self reported by those interviewed which along with the number of participants, the method of recruitment and the methodology used limit any attempt to generalise these findings to wider groups in New Zealand or elsewhere.

## References

- Abel, G., & Brunton, C. (2006). When you come to it you feel like a dork asking a guy to put on a condom: Is sex education addressing young people's understanding of risk? *Sex Education: Sexuality, Society and Learning, 6*, 105-119.
- Adolescent Health Research Group. (2008). Youth'07: The Health and Wellbeing of Secondary School Students in New Zealand. Initial Findings. Auckland: The University of Auckland.
- Allen, L. (2011). *Young people and sexuality education*.
- Bellis, M., Hughes, K., Calafat, A., Juan, M., Ramon, A., & Rodriguez, J. (2008). Sexual uses of alcohol and drugs and the associated health risks: A cross sectional study of young people in nine European cities. *BMC Public Health, 8*, 155.
- Bersamin, M., Paschall, M., Saltz, F., & Zamboanga, B. (2012). Young adults and casual sex: The relevance of college drinking settings. *Journal of Sex Research, 49*, 274-281.
- Boden, J., Fergusson, D., & Horwood, L. (2011). Alcohol and STI risk: Evidence from a New Zealand longitudinal birth cohort. *Drug and Alcohol Dependence, 113*, 200-206.
- Brown, S., & Guthrie, K. (2010). Why don't teenagers use contraception? A qualitative interview study. *The European Journal of Contraception and Reproductive Health Care, 15*, 197-204.
- Coleman, L., & Cater, S. (2005). A qualitative study of the relationship between alcohol consumption and risky sex in adolescents. *Archives of Sexual Behaviour, 34*, 649-661.
- Cousins, G., McGee, H., & Layte, R. (2010). Suppression effects of partner type on the alcohol-risky sex relationships in young Irish adults. *Journal of Studies on Alcohol and Drugs, 71*, 1-9.
- Craig, E., Anderson, P., & Jackson, C. (2009). The Health Status of Children and Young People in the Capital and Coast DHB. Auckland: University of Auckland.
- Crotty, M. (1998). *The Foundations of Social Research*. London: Sage.
- Davis, K., Norris, J., Hessler, D., Zawacki, T., Morrison, D., & George, W. (2010). College women's sexual decision making: Cognitive mediation of alcohol expectancy effects. *Journal of American College Health, 58*, 481-489.
- Downing-Matibag, T., & Geisinger, B. (2009). Hooking up and sexual risk taking among college students: A health belief model perspective. *Qualitative Health Research, 19*, 1196-1209.
- Fantasia, H. (2009). *Late adolescents' perceptions of factors that influenced their sexual decision making: A narrative inquiry*. Unpublished PhD thesis, Boston College, Boston.
- George, W., Davis, K., Norris, J., Heiman, J., Stoner, S., Schacht, R. (2009). Indirect effects of acute alcohol intoxication on sexual risk-taking: The role of subjective and

- physiological sexual arousal. *Archives of Sexual Behaviour*, 38, 498-513. doi: 10.1007/s10508-008-9346-9
- Gilmartin, S. (2006). Changes in college women's attitudes towards sexual intimacy. *Journal of Research on Adolescence*, 429-454. doi: 10.1111/j.1532-7795.2006.00501.x
- Gilmore, A., & Granato, H. (2013). The use of drinking and condom-related protective strategies in association with condom use and sex-related alcohol use. *Journal of Sex Research*, 50, 470-479. doi: 10.1080/00224499.2011.653607
- Goldstone, S., & Moshier, E. (2010). Detection of oncogenic human papillomavirus impacts: Anal screening guidelines in men who have sex with men. *Diseases of the Colon and Rectum*, 53, 1135-1142.
- Kiene, S., Barta, W., Tennen, H., & Armeli, S. (2009). Alcohol, helping young adults to have unprotected sex with casual partners: Findings from a daily diary study of alcohol use and sexual behaviour. *Journal of Adolescent Health*, 44, 73-80.
- Kotchick, B., Shaffer, A., Forehand, R., & Miller, K. (2001). Adolescent sexual risk behaviour: A multi-system perspective. *Clinical Psychology Review*, 21, 493-519.
- Kypri, K., & Langley, J. (2003). Perceived social norms and their relation to university student drinking. *Journal of Studies on Alcohol and Drugs*, 64, 829-834.
- Kypri, K., Langley, J., McGee, R., Saunders, J., & Williams, S. (2002). High prevalence, persistent hazardous drinking among New Zealand tertiary students. *Alcohol and Alcoholism*, 37, 457-464.
- Laverty, S. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2, 21-35.
- Lehmiller, J., VanderDrift, L., & Kelly, J. (2011). Sex differences in approaching friends with benefits relationships. *Journal of Sex Research*, 48, 275-284.
- Levinson, R., Jaccard, J., & Beamer, L. (1995). Older adolescents' engagement in casual sex: Impact of risk perception and psychosocial motivations. *Journal of Youth and Adolescence*, 24, 349-364. doi: 10.1007/BF01537601
- Manning, W., Longmore, M., & Giodano, P. (2005). Adolescents' involvement in non-romantic sexual activity. *Social Science Research*, 34, 384-407.
- McCabe, M., & Killackey, E. (2004). Sexual decision making in young women. *Sexual and Relationship Therapy*, 19, 15-27.
- McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Unpacking Heideggerian phenomenology. *Southern Online Journal of Nursing Research*, 9.
- McGee, R., Williams, S., & Kypri, K. (2010). College students' readiness to reduce binge drinking: Criterion validity of a brief measure. *Drug and Alcohol Dependence*, 109, 236-238.
- Merriam, S. (2009). *Qualitative research*. San Francisco: Jossey-Bass.
- Ministry of Health. (2009). Alcohol use in New Zealand: Key results of the 2007/08 New Zealand alcohol and drug use survey. Wellington: Ministry of Health.
- Norris, J., Stoner, S., Hessler, D., Zawacki, T., Davis, K., George, W. (2009). Influences of sexual sensation seeking, alcohol consumption, and sexual arousal on women's behaviour intentions related to having unprotected sex. *Psychology of Addictive Behaviours*, 23(1), 14-22. doi: 10.1037/a0013998
- Norris, J., Stoner, S., Hessler, D., Zawacki, T., & George, W. (2009). Cognitive mediation of alcohol's effects on women's in-the-moment sexual decision making. *Health Psychology*, 28, 20-28.
- NVIVO. (2008). *Qualitative solutions and research*. Southport, UK: QSR.
- Oswalt, S. (2010). Beyond risk: Examining college students' sexual decision making. *American Journal of Sexuality Education*, 5, 217-239.

- Patton, M. (2002). *Qualitative Research & Evaluation Methods* (3rd ed.). Thousand Oaks: Sage.
- Paul, E., McManus, B., & Hayes, A. (2010). "Hookups": Characteristics and correlates of college students' spontaneous and anonymous sexual experiences. *Journal of Sex Research, 37*, 76-88.
- Pedrelli, P., Bitran, S., Shyu, L., Baer, L., Guidi, J., & Tucker, D. (2011). Compulsive alcohol use and other high-risk behaviours among college students. *American Journal on Addictions, 21*, 14-20.
- Rehm, J., Shield, K., Joharchi, N., & Shuper, P. (2012). Alcohol consumption and the intention to engage in unprotected sex: Systematic review and meta-analysis of experimental studies. *Addiction, 107*, 51-59.
- Rosenthal, S., Lewis, L., & Cohen, S. (1996). Issues related to the sexual decision making of inner-city adolescent girls. *Adolescence, 32*, 731-739.
- Scott-Sheldon, L., Carey, M., Vanable, P., Senn, T., Coury-Doniger, P., & Urban, M. (2009). Alcohol consumption, drug use and condom use among STD clinic patients. *Journal of Studies on Alcohol and Drugs, 70*, 762-770.
- Smith, E., Hoffman, H., Summerville, K., Kirchner, H., Turek, L., & Haugen, T. (1998). Human papillomavirus and risk of oral cancer. *The Laryngoscope, 108*, 1098-1103.
- Statistics New Zealand. (2012). *Demographic Trends: 2011*. Wellington.
- STI Surveillance Team. (2010). *Sexually transmitted infections in New Zealand: Annual surveillance report*. Wellington.
- Velez-Blasini, C. (2008). Evidence against alcohol as a proximal cause of sexual risk taking among college students. *Journal of Sex Research, 45*, 118-128.
- Weaver, S., & Herold, E. (2008). Casual sex and women. *Journal of Psychology & Human Sexuality, 12*, 23-41.
- Welles, C. (2005). Breaking the silence surrounding female adolescent sexual desire. *Women & Therapy, 28*, 31-45.
- Wilson, G., & Lawson, D. (1976). Effects of alcohol on sexual arousal on women. *Journal of Abnormal Psychology, 85*, 489-497.
- Wilson, G., & Lawson, D. (1978). Expectancies, alcohol, and sexual arousal in women. *Journal of Abnormal Psychology, 87*, 358-367.