

The girls in our town: Sex, love, relationships, and rural life

¹Lynne Hillier and Lyn Harrison

In H. La Nauze, L. Briskman, & M. Lynn, *Challenging rural practice: human services in Australia*. Geelong: Deakin University Press 1999

Introduction

Much has been written recently about young women's sexuality and the underlying barriers to their sexual health and sexual pleasure which come about in part through restrictive gendered expectations about their sexual behaviour (Holland et al., 1991; Lees, 1993; Tolman, 1994). Given the potential of a rural lifestyle to exacerbate and complicate these more general obstacles, it is surprising that we find little in the sexuality literature which explores this conjunction. In fact rural youth were labelled a forgotten group in a review of research on young people, sexuality and HIV several years ago (Rosenthal & Reichler, 1994).

One of the most pervasive characteristics of life in a small town is the lack of privacy. In the case of young women for example, when age and gender are added to the mix, their private lives are rendered even more knowable. While young women in large urban centres are supervised by their parents and to a degree by their teachers and friends, this surveillance is limited by the anonymity of the city. In contrast, most young women, who are born in a town where the population is small and generations of families have lived in the same area, will be known to most of the townsfolk through the church community, service providers, health professionals (hospital, community health and medical centres), local businesses and sporting and social organisations. Particularly where the population is a stable one, surveillance of young people's activities overall is likely to be far greater than in the city where the range and numbers of services and sheer size of the urban area is likely to mitigate against such public knowledge.

¹ Dr Lynne Hillier and Dr Lyn Harrison are Research fellows at the Centre for the Study of STDs, La Trobe University, Melbourne. They are part of the National Centre in HIV Social Research: Youth/General Population program. Their research has focused mainly on marginalised young people.

The remoteness, which often accompanies rural living, together with the need for a critical population mass for health and other services to be viable, mean that the availability of sexual health counselling and medical and other support can be restricted or unavailable in some cases. Even where support services are available in the town, the ability to access them anonymously is likely to be compromised. Many small towns have only one chemist and one supermarket for filling prescriptions or buying condoms. Having the town's folk know that they are buying condoms or accessing sexual health services can create difficulties for rural young women who depend on the good-will of the community for their well-being. These factors are likely to have an effect on the ways that young women live out their sexual and romantic lives and the choices which they perceive are available to them.

In this chapter we will take a feminist social constructionist approach (Potter & Wetherell, 1988) in examining the lives of Australian rural young women in the 1990s. This theoretical framework allows us to explore the ways in which the nature of small rural communities may mediate local understandings about the ways young women should behave in their sexual and social lives. Our focus is on the ways these young women understand what is expected of them and the ways in which they in turn negotiate these expectations. Rather than seeing sexual safety as based purely on an individual's rational decision making, a social constructionist perspective takes into account the importance of context and the interpersonal nature of sex in these young women's lives. According to this framework, it is not enough to just consider behavioural frequencies in research based on items from large numbers of surveys. Here it is the nature of the relations of power and social inequality within which the measured behaviour takes place and also the cultural backdrop which gives meaning to the behaviours (Parker, 1991)

Our data come from a study with young people living in small towns with populations of 1500 to 10,000 in three Australian states (Tasmania, Victoria and Queensland). 1168, year 8 and year 10 students (600 yw, 568 ym) from local secondary schools participated in the study. The quantitative data were collected through a 45 minute survey which covered demographics, relationships, privacy, peer norms, sexual behaviours, knowledge of STDs, information sources,

condom accessibility, access to services and open ended items about the meanings of sex and safe sex. The qualitative data came from open ended items in the survey and single sex group discussions with the students in each school in which we talked about country and social life, sexuality, relationships, privacy and other related issues (Hillier, et al., 1996). In this chapter we will focus on the voices of the 600 young women who participated in the study. Information about the young men will be included for comparison or to highlight an issue of concern to young women's sexual health.

Living in a small town

Living in a small town was regarded positively by many students. In Queensland, young people talked about tropical pools and waterfalls and other lived closed to, and enjoyed, the beach. The year 8s often alluded to the friendliness of their town and how they felt safe, secure and rarely lonely. One of them commented: *We've got a lot of old people so it's really good. They all talk to you and everything and it's a really friendly town.* Another echoed this sentiment with: *I think it's a warm, loving, caring sort of community thing, everyone cares about everyone else.* These positive comments were far less common in the senior discussion groups where the young women were more likely to find this care and attention intrusive.

There seemed to be a consensus among the young people that there was plenty to do in the town if you were male. Football and other sports, shooting rabbits, ferreting and riding motorbikes were among the many activities which boys enjoyed doing in their leisure time. The young women, however, often expressed concern that there was not the choice of activities for them, although guides, netball and church activities were mentioned. In one town the theatre had recently closed down. Young men who were not interested in these traditionally male activities were also obviously penalised. One student remembered the time she tried to join the local football team:

They favour the boys more than the girls when it comes to sport in this town.
Yeah, I asked if I could play football. They reckon it's too rough for me but I reckon I'd go all right.
They think it's too rough but like it's not like we can't look after ourselves.

They play netball but we're not allowed to play football
(young women's discussion group, Tasmania)

There was also the often expressed feeling that there was little in terms of a future available to young women in the town. Boys talked about taking over the farm and getting apprenticeships and while it was clear that a job was not always assured, there seemed to be even less future there for the young women, one of whom said: *you don't have much choice about leaving unless you want to be a checkout girl*. To support this contention, we were told by a School Principal that the best job available for the brightest girls in the town was in the chemist.

Partly as a result of this, 80% of the young women and 65% of the young men said that they would leave the town at the end of school. Most of them gave university and career as the reason, but others mentioned boredom and travel as their reasons for leaving.

There's no secrets in a small town

Notwithstanding the anxieties that all parents express about their adolescents' sexual lives, and the lengths that parents and parent figures will go to regulate young people's sexual activity, there is a parallel assumption on the part of young people, that their sexual lives are, and should be, a private matter. This was, however, difficult for them to achieve.

An important finding of this research was that the majority of the group felt that they were under constant surveillance by the townsfolk that they knew, and this was of particular concern in areas of their lives that they wanted to keep private from their parents (Warr & Hillier, 1997). More germane to the theme of this chapter, young women's perceptions of surveillance were significantly stronger than young men's. In general terms well over half of the girls felt that where they lived it was not easy to do things without others knowing and this forced them to look for strategies to maintain secrecy. In regard to seeking advice from doctors on sexual health issues, over half the young women believed they could not see a doctor without everyone knowing and, for 21%, that they could not trust a doctor to maintain their confidentiality. In the discussion groups these concerns were further elucidated:

...in the country it's like you can't be real discreet about it, like if you go to the doctor's clinic then you know like a hundred people there and everyone knows you ... someone that's going to tell someone else ... gossip ... and then it'll get back.

(yw discussion group, Victoria)

Others talked about the staff at health services, including one girl's mother who worked at the hospital, and the likelihood that they would betray confidences. One girl's description of the town's hospital as 'a big gossip factory' typified concerns about being noticed and talked about when accessing medical help.

There was particular concern in regard to privacy where prescriptions for contraceptives were required or where there were concerns about pregnancy. Unfortunately, a trip to another town did not guarantee confidentiality either. As one young woman commented about going elsewhere for health services:

And people at school, people talk. Oh I saw such and such and they were going down to (the city) but they wouldn't say [what they were going for] and I reckon she was doing this or I reckon she was doing that. And that's how rumours start.

(yw discussion group, Tasmania)

Condom access and use

Dominant constructions of heterosexuality privilege penetrative sex (Hillier, et al., Warr, 1998) and the promotion of consistent condom use has been an important strategy in the prevention of STDs and pregnancy. However, buying condoms at a local chemist or supermarket in these small communities presented similar problems for young people to those experienced when accessing health services. This seemed to be a problem which weighed more heavily on the young women. In response to survey items about the difficulty and comfort of obtaining condoms, many young people reported finding it difficult and this was partly to do with the response of the salespeople. One fellow was asked: *What would your mother think?* when he attempted to buy them. Another young woman said: *It wouldn't just be between you and your partner, it would be between you and the whole town..* Notwithstanding some of the young men's problems with accessing condoms, the young women consistently found it more difficult and were more uncomfortable

with accessing them. This can partly be explained by gender differences in expectations of behaviours. As one young woman explained:

Well if a guy goes in and buys condoms it's like they're just checking it out or maybe they're just being curious, just being boys. But if a girl goes in then they're having sex
(yw discussion group, Queensland)

Victorian girls echoed the Queensland girls' concerns:

It's nerve-racking, you basically know everyone in the shop.
It's like .. Are they going to tell my mum?
(yw discussion group, Victoria)

Given the obvious problems that many of the young men and women had with accessing condoms, and the young women's ambivalence about sex, it was pleasing to note that 70% used a condom at last sex. Not surprisingly, fewer of these were young women (ym 76%, yw 64%).

It was clear also in many of the focus groups and meanings of safe sex responses that pregnancy was regarded by the young women as a more pressing danger than STDs and so it was often easier to take a contraceptive pill than go through the motions of buying a condom.

Sluts and studs: reproducing gender differences

The young women had many concerns about people in the town, including their friends and parents, knowing that they were having sex and this was related to the difficulty of including sexual intercourse as a behaviour which fits dominant ideas of what constitutes 'the good feminine'. Basically 'good girls' do not have sex and there are punishments awaiting those who transgress which centre around gaining a 'reputation'. Given that their sexual partners rarely had similar fears, and in many cases felt that their reputations would be enhanced by people knowing that they had had sex, the young women's concerns about people finding out were justified. As one boy said: *You do it for the feeling and to brag about it afterwards.*

The importance of a good reputation and the damaging effects of a bad one for young women in small rural towns were described over and over again in discussion groups. As one year 10 student said:

They [boys] have a one night stand and nothing happens. We're more in fear of getting labelled like a tart or a slut or something. Whereas the boys if they have it, they don't get labelled...and we're more ashamed of it if we do

(yw discussion group, Queensland)

The young men were also aware of the double standard exemplified in the slut/stud dichotomy. On many occasions, boys who had lots of sex were described as 'lucky' and 'a hero'. When this discrepancy was pointed out to them, one young man noted: *It's not fair but it happens*. The consequences for the young women of having a bad reputation could take the form of exclusion from the other peer groups, discrimination by friends' parents and sexual harassment from other young men. One young woman described graphically what happened to a friend who had gained a bad reputation in her town:

Well sometimes like if you have lots of boyfriends and stuff...like I know someone that got a song made up about them because of it. And it was just horrible, and like they don't, the boys, well the boys made it up about the girl and they just don't care about what the girl was feeling. She was just so upset and it was really bad.

(yw discussion group, Victoria)

Others demonstrated the ways in which they had internalised beliefs about 'good girls' and 'bad girls'.

You'd feel dirty and stuff because you've got all these rumours going around.
You might lose your friends.
And you just feel left out
And your mum would find out.

(yw discussion group, Victoria)

The problem of a damaged reputation is vastly magnified in a small town where there is one school and everyone knows everyone else. Young women can choose to stay within the acceptable boundaries and not have sex, or have sex with a partner and try to keep it quiet.

Accessing health services and buying condoms - two of the main strategies recommended for achieving sexual safety - left rural young women exposed to the risk of a sullied reputation and its attendant consequences.

The pros and cons of having a relationship

Not surprisingly, given the double standards in the peer culture and the general culture of the town, there were many gender differences in ideas about 'relationships'. In general, young men saw more reasons to have a relationship than did the young women who described more reasons for not having a relationship. Boys were more likely to endorse *so I can have sex* as a reason for a relationship whereas girls were more likely to endorse *because I will be expected to have sex* as a reason for not wanting a relationship. As a young woman in year 10 girl said: *You just go for the not too hot ones*. Indeed, concerns about the role of sex in relationships reverberated throughout all of the young women's discussions about relationships, for example: *I don't want someone who's just going to want to sleep with you, have sex all the time*.

Given the restrictive nature of dominant views of the good feminine, and the dangers which young women perceived to be inherent in having sex, these differences are not surprising. Apart from sex, young women were more likely to want a relationship for hugs, closeness and friendship and young men were more likely to want a girlfriend for outer appearances and because everyone else had one. Young women tended to believe that they had more to lose from being in a relationship than did young men, including being taken away from their studies and not having time with their other friends. If one adds to this to expressed concerns around surveillance and reputation in the context of the small town, it is clear that girls were aware of the price that they had to pay for having a boyfriend, but especially for having sex. It was surprising, therefore, to find that there were no gender difference in those who had experienced sexual intercourse (39% year 10, 17% year 8). However, there were marked gender differences in their understandings of what sex means.

Meanings of sex

Overwhelmingly this group understood sex as heterosexual intercourse. However, for many of the young women (and a smaller number of young men) this was understood within the context of a loving relationship, and sex was seen as an investment into a future with their partner.

It means commitment, love. A true love, an undying love, a never ending love!(yw 0870)
It means that you are committed to your partner (ym 0975)

Perhaps the most stark difference in the meanings of sex was the lack of a sense of embodiment in the young women's responses. Orgasm, clitoris, breasts and physical pleasure were mentioned by no-one. The vagina was mentioned only in relation to the penis and it was always disembodied. Whereas the young men were able to describe their own physical pleasure in their bodies eg *a good heady and a good growl* or *injecting your penis in to her vagina until you blow your load*, this was never the case for the young women whose pleasure was described only in relation to the relationship and never in relation to physical pleasure.

Perhaps the most telling indication of the emotional toll on these young women as they negotiate the difficult terrain of their sexual lives was in their answers to an item (only given to senior students): *How did you feel after the last time you had intercourse?* The responses were coded as positive or negative. More than half of the responses were positive, however, out of the 31 negative responses, 27 were from girls. In their recent research, Donald, et al., (1995) found that the young men and women in their study had very different emotional reactions to sexual intercourse. The young women in their sample had more negative feelings after sex than did the young men, in particular, when their behaviour sat outside what they perceived to be the confines of the acceptable feminine. Young women reported feeling much happier after sexual intercourse if the sexual encounter occurred within the context of a steady relationship, if there was no alcohol involved and if they thought their peers were also sexually active. Young women were clearly walking a fine line between acceptable sex and unacceptable sex, and the delineation seemed in part to be controlled by contextual factors rather than the sexual act per se.

Sex and alcohol

The abuse of alcohol by young people and the link with other self-harming behaviours is of widespread concern in the community. A recent article in *The Australian Magazine* (Wynhausen, 1998) examined this issue as it relates to rural young people's mental health. Previous research has indicated that the use of drugs and alcohol is correlated with increased sexual activity and a greater likelihood of engaging in high-risk sexual behaviour (Rotheram-Borus et al., 1995). A recent national survey of young people and sexual health has confirmed these findings pointing to the prevalence of binge drinking and its connection to unsafe sex (Lindsay et al, 1998). It is not clear from our study that alcohol use is higher among rural youth than it is in the general population, but discussions in focus groups do indicate that it has a central place in the social life of rural young people (Hillier, et al., 1996).

It is often thought that alcohol abuse is more common among young men but in our study there were no sex differences in answer to the question *In the past year when you had sex, how often were you under the influence of alcohol?* Twenty four percent of the sexually active senior students (n=114) reported that they occasionally, often or always combined alcohol and sex and 17% of these same students reported being drunk the last time they had sex. The young women exercised a number of strategies to circumvent restrictions around sexual behaviour, one of which was the use of alcohol. Although they expressed regrets about their sexual behaviours while under the influence of alcohol its disinhibiting effects also allowed them to engage in sexual activities which they would have felt constrained to do otherwise. For young people in general, but particularly for young women this is a totally unsatisfactory and dangerous technique for exploring their sexuality

Some concluding comments on implications for service provision

Though many students in this study were enthusiastic about what a small town could offer them in terms of idyllic surroundings and a sense of community, it was clear that, like most things, what is good can also be bad. Our findings suggest that small towns can be less than supportive when it comes to promoting the sexual health of young people, particularly young women. Geographical isolation and inadequate funding for appropriate youth specific services are

significant barriers to promoting sexual health in small towns and will continue to act as limits on what can be achieved. However, our findings do suggest some areas where health professionals and educators can make improvements.

Adults still have difficulty accepting that many young people are sexually active. The age at which young people become sexually active is decreasing with each generation (Dunne et al, 1994; Hillier et al, 1996) and rural youth do not stand outside these trends. Denying that young people are sexual human beings is therefore self-defeating and dangerous. Research indicates that abstinence only approaches do not work and likewise, sexual health education that only concentrates on plumbing and what not to do has little effect on young people's sexual health practices.

Schools are still seen as the primary site for sexual health interventions and there are some initiatives in Departments of Education (Harrison & Hay, 1997; Harrison & Dempsey, 1998) that seek to investigate contextual factors in sexual decision-making, focusing for example on gender power relations and their effects on decision-making. These approaches however are still in their infancy and are yet to be adopted in all schools. Given the connections between alcohol abuse and unsafe sex there also appears to be a need to make programmatic links between drug and alcohol education and sexuality education. Teachers in rural schools have an important role to play here, but so do health professionals in rural areas. These professionals are often asked to take supplementary sessions on STD and/or pregnancy prevention in schools and the most successful programs see both teachers and agencies working together to integrate teaching and learning in this area. These collaborations build trust and increase the likelihood that young people will access local services for information and referrals.

Young people often spoke disparagingly about their local medical practitioners and their apparent inability to maintain confidentiality. Our data indicate that young people trust the information that they gain from practitioners and other health professionals but that they rarely feel comfortable accessing this information (Hillier et al., 1996). The continuing medical

education development project which offers one way of informing doctors of these issues is an effort to improve doctor/patient relationships.

Health Centres are also under-utilised by rural young people and there is evidence to suggest that generic health services often do not provide an environment in which young people feel comfortable talking about their sexual health needs. Nurses situated within Community Health Centres need to think about ways of maximising opportunities for young people to access them. This can be done within or outside the school system. For example, one way schools can provide easy access to advice and referral on sexual matters is via the school nurse who can ostensibly be approached for ailments such as headaches and then in the privacy of the consulting room be used for sexual information, support and referral. We have also seen successful partnerships between school and community where, for example, local community health educators have facilitated a young women's group which meets at the school once a week to discuss issues around sexual health and well-being. This process is not only valuable for young people but allows community health educators to reflect on their own values and practices and to questions gender and power in relationships. We have written elsewhere about the problems young people may experience in accessing services located close to shops or businesses with only one prominent entrance. Appropriate methods of payment for young people also need to be considered if their confidentiality is to be maintained (Warr & Hillier, 1997). Health services can also consider more effective means of condom distribution given the embarrassment young people suffer when trying to access condoms in public spaces.

Finally, there is a need to educate parents about young people's sexual health issues and the problems they have in accessing and operationalising information. A health educator in one rural town who participated in the study has had some success in conducting information nights for parents which she initiated in response to our research findings. Parents are an accessible and generally trusted source of information for young people, and bringing them into the sexual health education arena, especially where resources are scarce, can only enhance parent child communication around sexual health and is one way of breaking down sexist attitudes.

References

- Donald, M., Lucke, J., Dunne, M. & Raphael, B. (1995) Gender differences associated with young people's emotional reactions to sexual intercourse. *Journal of Youth and Adolescence*, 24(4), 453-464.
- Dunne, M., Donald, M., Lucke, J., Nilsson, R. & Raphael, B. (1993) *1992 HIV risk and sexual behaviour survey in Australian secondary schools*. Brisbane: National Centre in HIV Social Research.
- Harrison, L. & Dempsey, D. (1998) *'Everything else is just like school' Evaluation report from the trial of 'Catching On': A sexual health curriculum for Years 9 and 10*. National Centre in HIV Social Research, Centre for the Study of Sexually Transmissible Diseases, La Trobe University, Melbourne.
- Harrison, L. & Hay, M. (1997) *Minimising risk, maximising choice An evaluation of the pilot phase of the STD/AIDS Prevention Education Project*. Research report. National Centre in HIV Social Research, Centre for the Study of Sexually Transmissible Diseases, La Trobe University, Melbourne.
- Hillier, L., Harrison, L. & Warr, D. (1998) "When you carry condoms all the boys think you want it": Negotiating competing discourses about safe sex, *Journal of Adolescence*, 21, 15-29.
- Hillier, L., Warr, D. & Haste, B. (1996) *The rural mural: Sexuality and diversity in rural youth*. A report to the community. National Centre in HIV Social Research, Centre for the Study of Sexually Transmissible Diseases, La Trobe University, Melbourne.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S. & Thompson, R. (1991). *Pressure, resistance, empowerment: Young women and the negotiation of safer sex*. London: Tufnell Press.
- Lees, S. (1993) *Sugar and spice: Sexuality and adolescent girls*. London: Penguin.

- Lindsay, J., Smith, A.M.A. & Rosenthal, D. (1997). *Secondary students, HIV/AIDS and sexual health*. Melbourne: Centre for the Study of STDs, La Trobe University.
- Parker, I. (1991). *Discourse dynamics: critical analysis for social and individual psychology*. New York: Routledge.
- Potter, J. & Wetherell, M. (1988). *Discourse and social psychology*. London: Sage.
- Rosenthal, D. & Reichler, H. (1994). *Young heterosexuals, HIV/AIDS and STDs*. Canberra: Department of Human Services.
- Rotheram-Borus, M., Mahler, K. & Rosario, M. (1995). AIDS prevention with adolescents. *AIDS Education and Prevention*, 7, 320-326.
- Tolman, D. (1994). Doing desire: Adolescent girls' struggles for/with sexuality. *Gender and Society*, 8(3), 324-342.
- Warr, D. & Hillier, L. (1997) 'That's the problem with living in a small town': Privacy and sexual health issues for young rural people, *Australian Journal of Rural Health*, 5, 132-139.
- Wynhausen, E. (1998) End of the Road?, *The Australian Magazine*, June 20-21, 14-21.