

Safer Sex: Passionate Escapism vs. Rational Thought

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Background

- Inner city area in Northern England
 - High STI rates
 - High teenage conception rates
 - High proportion of young population
 - High unemployment rates
- Research to assess use of social marketing
 - To reduce STI rates (especially Chlamydia) and encourage condom use
 - In high-risk young people aged 16-24



Research Methods

- Early scoping included interviews with local healthcare and social workers
- 28 interviews and 4 focus groups lead by local healthcare professional
 - With **high-risk** young people aged 16-24
 - Recruitment in local venues and 'snowball'
- Guidance and analysis by Associate of the NSMC

Age	16-20	21-24
Male	7	7
Female	7	7

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Attitudes to Sex: Weekend Escapism

- Weekend escapism
 - Friday freedom from mundane lives and control
 - Often under influence of alcohol and drugs (cocaine)
 - Strong influence of peers – social norms
- Sex rarely within steady relationships
- Good sex = being 'bladdered' and escapism

"I go out every weekend, I don't think I've stayed in for a weekend for about two years"

"it's cocaine... when you snort... You just think you're the world, like when you're on it you're just off your head, you know when you're with lads...you're not shy"

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Attitudes to STIs

- Sex education
 - High awareness of conception issues
 - High knowledge of types of STIs
 - High perceived prevalence of STIs
 - High perceived social threat from STIs
 - low perceived physical threat
 - BUT low perceived *personal* threat of STI infection
 - Common theme = personal invincibility

"I never

"They're dirty... Cos there's a disease which shouldn't happen, you should use a condom"

"Do you use condoms?"

"No."

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Attitudes to STIs: Chlamydia not a 'Proper' STI

"What's the treatment [for Chlamydia]?"



"It's just two tablets"

"...if you had to have a great big injection would it be worse?"



"Yeah, it would, yeah. I reckon everyone would put condoms on more"

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"...it's a passion killer"

Attitudes to Condoms

- Condoms are perceived to
 - 'destroy the moment', result in lack of sensation for both partners, feel and smell unpleasant
 - be contraception, not contra-infection
- Few issues with procuring, negotiating or practical use
- Sex with condoms conforms with *'the rules'*
- 3 groups
 - Minority practice safe sex
 - Those who never intend to practice safe sex
 - Those who resolve to practice safe sex – but never do

"[Using a condom is] not sexy? No, not at all, it's hanging"

Attitudes to STIs: Competition from Check-Ups

"I've been checked and I've like put a wee sample in and a swab so I haven't got anything. It's better to do that though cos... I have had Chlamydia before"

"Did you use condoms after?"

No, like I said - I've just been for regular check-ups... I go for regular check-ups cos I don't use condoms."

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The Role of Women

- Many female respondents were open to using condoms: compared to males
 - Fear of long term consequences for fertility
 - More contact with health services
 - Issues of respect and regret
- But their good intentions are rarely enacted

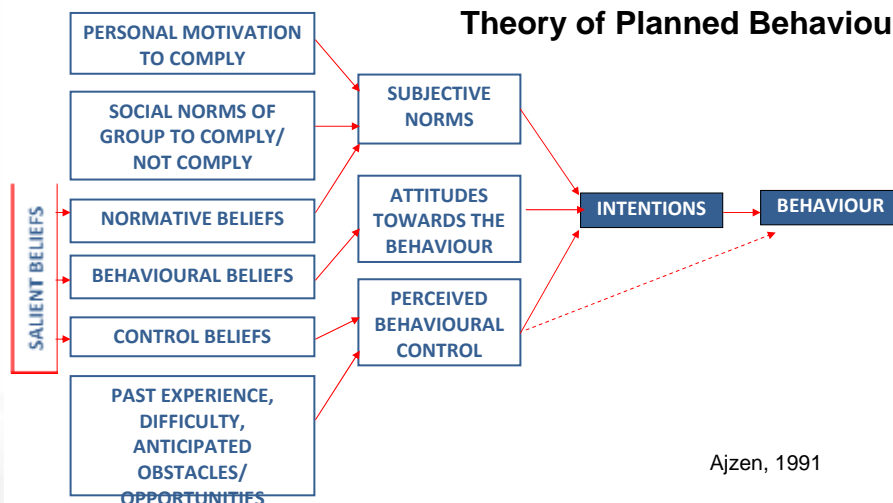
*I woke up some nights and thought, ****ing hell, what have I done? God, was I drunk last night or what? Stupid mistake basically*

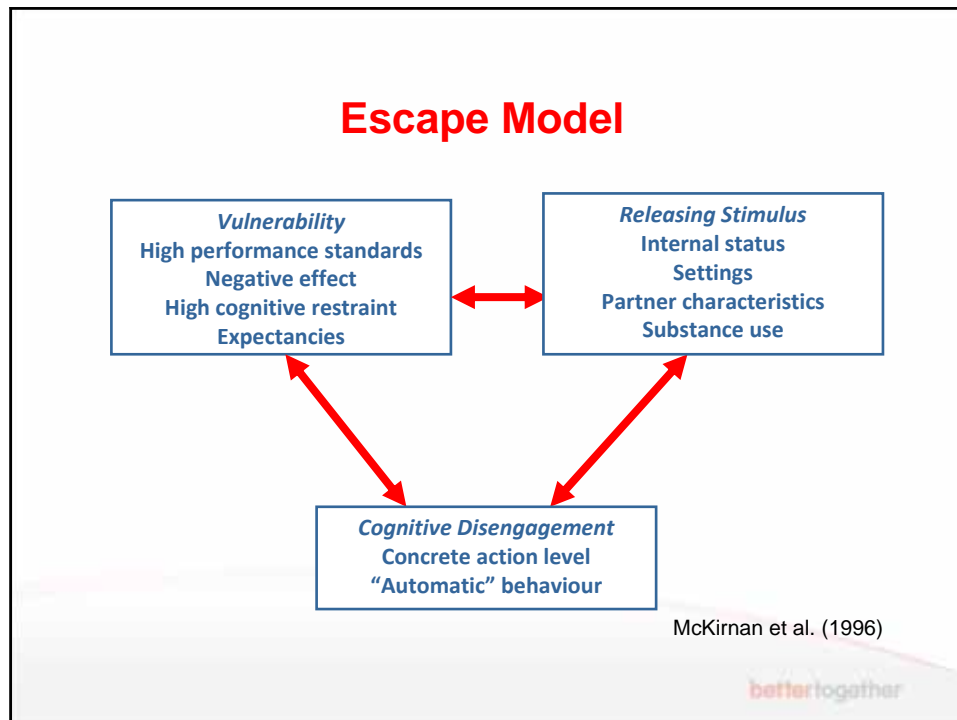
"I was drunk, just bladdered. I regretted it the next day"

I used feel disgusting and dirty the next day, then I would still go out and do it again

Homo economicus?

Theory of Planned Behaviour





- ### Outcomes
- Rational decision making is rejected by this group as part of their lifestyle
 - Immediate environs better to deliver interventions
 - Antecedents of unsafe sex should be the focus
 - i.e. drugs and alcohol
 - Escape models need more focus
 - Traditional value-expectancy models fail in the face of confounding emotional and physiological circumstances
 - Need to engage with role of sex in escapism rather than impose rational arguments i.e. the role of fun
 - Need theory to engage with ‘personal invincibility’
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