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**HEALTH
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PIA SUVIVUO

*The Ability of Adolescent Girls
to Exert Control over Sexually-
Charged Situations*

A Narrative Study for the Promotion of Sexual Health

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A Narrative Study for the Promotion of Sexual Health

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ABSTRACT

The aim of the study was to understand how Finnish 9th grade (14-15 years old) girls promote their self-control in sexually charged-situations and how their self-control, ability to achieve their intentions, and contraceptive use are influenced by cultural, psychosocial, and situational factors. The goal was to understand why some adolescent girls are able to exert control over their sexual experiences while others are not. This study was conducted under the aegis of the Schools for Health in Europe (SHE) network. The study has a multidisciplinary basis, and its theoretical and conceptual position lies in health promotion and nursing science. The data analysed consisted of a collection of narratives written by 9th grade (14 – 15-year-old) girls about their experiences in a memorable sexually-charged situation. The first dataset contained 234 narratives; the second contained 44. Four different sub-studies of these narratives were conducted; three using narrative analysis and one using content analysis. Adolescent girls employed many abilities and skills to exert control over sexually charged-situations and to achieve their intentions. Significant variation was observed in the girls' ability to exert control and the extent to which this ability was influenced by their consumption of alcohol; variation was also observed in the girls' ability to achieve their intentions, negotiate with their partners, ensure the use of contraception, and in the nature of the sexual scripts internalized by different girls. Many different factors affected girl's ability to exert control over sexually charged-situations and achieve their intentions. These included: 1) cultural factors such as the nature of the girls' internalized sexual scripts, 2) personal factors such as the position of the Locus of Control, and 3) situational factors such as alcohol use and the negotiation strategy adopted. All of these factors contribute to a girl's sexual behavior and ability to exert control over sexually-charged situations. The analysis of narratives describing teenage girls' lived experiences of sexually-charged situations generated new contextual and situational information regarding the ability of adolescent girls to exert control over their sex lives. Different theoretical frameworks and concepts were used so as to ensure that the research topics were covered from a wide range of perspectives. The objective in interventions aimed at the promotion of sexual health is to help adolescent girls exert control over sexually-charged situations and to provide them with tools that will help them to achieve their intentions, use contraception, negotiate effectively and handle the effects of alcohol consumption. Sex education should 1) help girls increase their "self-knowledge" by recognizing their needs, interests and emotions; 2) help them to clarify their personal values and attitudes; 3) encourage them to consider their expectations and the preconditions that should be satisfied before engaging in sexual activity; and 4) give them an opportunity to develop and practise resisting pressure exerted by their partner.

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TIIVISTELMÄ

Tutkimuksen tarkoituksena oli ymmärtää, miten 9-luokkalaisten (14-15-vuotiaiden) suomalaisten tyttöjen itsehallinta toteutuu seksuaalisesti latautuneissa tilanteissa ja miten erilaiset kulttuuriset, psykososiaaliset ja tilannekohtaiset tekijät vaikuttavat tyttöjen itsehallintaan, ehkäisyn käyttöön ja kykyyn toteuttaa intentioitaan seksuaalisesti latautuneissa tilanteissa. Tavoitteena oli ymmärtää, miksi toiset nuoret tytöt kykenevät hallitsemaan kokemiaan seksuaalisesti latautuneita tilanteita ja toiset eivät. Tutkimus toteutettiin Schools for Health in Europe (SHE) -verkoston kouluissa. Tutkimuksen lähtökohta on monitieteinen, ja sen teoreettinen ja käsitteellinen perusta on terveyden edistämässä ja hoitotieteessä. Tutkimusaineisto koostui 9-luokkalaisten tyttöjen kirjoittamista kirjoituksista kokemastaan seksuaalisesti kiinnostavasta tilanteesta. Ensimmäinen aineisto käsitti 234, toinen aineisto 44 kirjoitusta. Tutkimus käsittelee neljä erilaista osajulkaisua, joista kolmessa käytettiin narratiivista analyysiä ja yhdessä sisällönanalyysiä.

Nuoret tytöt omaavat monia kykyjä ja taitoja hallita seksuaalisesti latautuneita tilanteita ja toteuttaa niissä omia intentioitaan. Kuitenkin eroavaisuuksia esiintyi tyttöjen kyvyssä hallita tilannetta esim. alkoholin vaikutuksen alaisena, taidoissa neuvotella kumppanin kanssa saavuttaakseen intentioitaan, ehkäisyn käytössä ja seksuaalisissa skripteissä, joita tytöt olivat omaksuneet. Monet eri tekijät vaikuttivat tytön itsehallintaan ja intentioiden saavuttamiseen seksuaalisesti latautuneissa tilanteissa. Näitä olivat 1) kulttuuriset tekijät kuten tyttöjen sisäistämät seksuaaliskriptit, 2) persoonalliset tekijät kuten Locus of Control sekä 3) tilannetekijät kuten alkoholin käyttö ja tilanteessa käytetyt neuvottelustrategiat. Kaikki nämä tekijät vaikuttavat keskeisesti tytön seksikäyttäytymiseen ja itsehallintakykyyn seksuaalisesti latautuneissa tilanteissa.

Tyttöjen kirjoitusten analysointi tuotti uutta kontekstuaalista ja tilannekohtaista tietoa tyttöjen itsehallinnasta ja heidän kokemuksistaan seksuaalisesti latautuneissa tilanteissa. Erilaiset teoreettiset viitekehykset ja käsitteet mahdollistivat aiheen laaja-alaisen tarkastelun tässä tutkimuksessa. Seksuaaliterveyden edistämisen erilaisten interventtioiden tarkoituksena tulee olla tyttöjen itsehallinnan vahvistaminen ja tyttöjen tukeminen siten, että he saavat välineitä intentioidensa saavuttamiseen, ehkäisyn käyttöön, tehokkaaseen neuvotteluun ja alkoholin käytön vaikutuksien hallintaan seksuaalisesti latautuneissa tilanteissa. Seksuaalikasvatuksen tulisi 1) auttaa tyttöjä lisäämään itsetuntemustaan opettamalla heitä tunnistamaan omia tarpeitaan, halujaan ja tunteitaan; 2) auttaa tyttöjä selkiyttämään henkilökohtaisia arvojaan ja asenteitaan; 3) rohkaista heitä pohtimaan omia odotuksia ja arvioimaan niitä ehtoja, joiden tulisi täytyä ennen seksuaalista toimintaa ja 4) tarjota tytöille mahdollisuuksia kehittää ja harjoitella kumppanin taholta mahdollisesti tulevan paineen tai painostuksen sietämistä ja vastustamista.

Yleinen suomalainen asiasanasto (YSA): seksuaalinen käyttäytyminen; seksuaaliterveys; itsehallinta; nuoret; tytöt; narratiivinen tutkimus

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List of original publications

This dissertation is based on the following four original publications, which are referred in to the text by their Roman numerals:

- I: Suvivuo Pia, Tossavainen Kerttu & Kontula Osmo 2010. "Can there be such a delightful feeling as this?" Variations of sexual scripts in Finnish teenage girls' narratives. *Journal of Adolescence Research* 25 (5) 669-689.
- II: Suvivuo Pia, Tossavainen Kerttu & Kontula Osmo 2008. The role of alcohol in a sexually motivated situation. *Health Education* 108 (2) 145-162.
- III: Suvivuo Pia, Tossavainen Kerttu & Kontula Osmo 2009. Contraceptive use and non-use among teenage girls in a sexually motivated situation. *Sex Education* 9 (4) 355-369.
- IV: Suvivuo Pia, Tossavainen Kerttu & Kontula Osmo 2011. Negotiation in adolescent girls' sexually motivated situations: achievement of intentions by using different negotiation strategies. *Electronic Journal of Human Sexuality* 14 (29).

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Abbreviations

ENHPS	European Network for Health Promotion Schools (since 2007 SHE)
FCHP	The Finnish Centre for Health Promotion
NIGZ	Netherlands Institute for Health Promotion
SHE	Schools for Health in Europe Network (since 2007 ENHPS)
STAKES	The National Institute for Health and Welfare
WHO	World Health Organization

1 Introduction

The sexual health of adolescent girls is a matter of great concern to health educators, particularly that of girls who take risks in their sexual lives and who are not able to control their sexual encounters. However, relatively little research in nursing science or in health science as a whole has focused on adolescents' psycho-sexual welfare or on what adolescents think about it. Health research has often focused on understanding the way adolescents deal with risky situations; in the context of sexual health research, this has resulted in a number of studies aiming to identify correlates of unprotected sex (Shoveller & Johnson 2006). The decisions made by adolescent girls during sexual encounters are dependent on the circumstances at hand, and may vary from one encounter to the next. It is therefore important to gain an understanding of these situational factors and the contexts in which these decisions are made in order to improve sex education and facilitate health promotion.

This thesis describes a qualitative study performed within one of the research programs of the Schools for Health in Europe (SHE) network. The study consisted of qualitative narrative research into the sexual behavior and experiences of 9th grade girls (14-15-year-old) in Finland, and complements quantitative studies of Finnish adolescents' sexual behavior such as the Finnish School Health Promotion Study and the "School Health Study" conducted by the WHO. Specifically, the study focused on the analysis of narratives written by 9th grade adolescent girls detailing their experiences in sexually charged-situations. A *sexually-charged situation* is defined as a situation in which a girl experiences aroused sexual interest, thoughts and feelings. In this thesis sexually-charged situation is used as a synonym for sexually motivated situation. The situation could have been anything that in their opinion was important or special to her and in which she experienced sexual arousal. Sex education need to orientate around and take seriously narratives of sexuality to understand adolescent girls' experiences better. (cf. Gilbert 2007). Effective sex education and other such interventions can only be designed and implemented on the basis of a good understanding of the factors affecting sexual behavior and self-control. Such an understanding can be gained by listening to girls' stories about their own experiences of sexually charged-situations, the choices they made, and their opinions; this data can then be used to develop new tools to support and strengthen their self-control and thereby promote sexual health. Data of this kind can also be used to design more effective sex education programs and other interventions, and to enable both parents and professionals such as health educators, school health nurses, and teachers to better support adolescent girls in exerting control over their sexual health. Moreover, the adolescent girls who participate in such studies benefit by being able to tell their experiences to researcher, and to be heard.

Good sexual health is part of good general health and beneficial for adolescents as much as for adults. *Sexual health* is an affirmative concept, referring to a state of well-being imbued with positive qualities such as the attainment and expression of sexual pleasure, rather than merely denoting an absence of undesired elements (WHO 2002). It is linked to the expression of individual needs as well as to broader human rights and responsibilities with respect to the variety and uniqueness of potential sexual experiences, needs and identities (Edwards & Coleman 2004; Sandfort &

Ehrhardt 2004). Thus, sexual health involves more than just the avoidance of sexually transmitted infections and unwanted pregnancy, although these may be preconditions for its achievement. The *promotion of sexual health* in adolescents centers on enabling them to exert control over, identify, and realize their intentions and desires, and to thereby satisfy their needs and improve their general health. (Aggleton & Campbell 2000; WHO 2002, cf. Sandorf & Ehrhardt 2004). Sexual health promotion lies on interdisciplinary foundation which draws on the same research basis as other areas of health promotion. It should be evidence-based, theory-connected and needs driven to be effective. (Sandfort & Ehrhardt 2004; Schaalma et al. 2004).

1.1 THE SELF-CONTROL OF ADOLESCENT GIRLS AS A TOPIC IN HEALTH RESEARCH

Adolescence is a period of complex and multidimensional transition between childhood and adulthood that involves biological, cognitive, and socio-emotional changes. It is not a homogenous period of development its progress depends on the prevailing cultural, historical and social circumstances. Variations of transitions and events define the period as well as their timing and sequence. Adolescence is often described in terms of early and late periods. The developmental process of early adolescence typically occurs during the junior high school years (between the ages of 12 and 16) and includes most pubertal changes. Late adolescence ends at around the age of 20. (Santrock 2008). Adolescence is often characterized by egocentrism and toward maturity in identity and sexual behavior (Halldén et al. 2005). One of the most important aspects of an individual's adolescence is that they begin to understand their sexuality and learn healthy sexual behavior. During adolescence, girls' personal interests, goals, and values evolve, and they learn to exert control and satisfy their desires in their relationships.

In order to maintain their sexual health and have satisfying sexual experiences, girls must be able to control sexually motivated situations and negotiate effectively with their partners so as to satisfy their sexual desires and interests without feeling compelled to engage in activities with which they are not comfortable. Failure to do so may place them at risk of unintended pregnancy, sexually transmitted diseases, sexual violence and other negative sexual experiences. (cf. Rickert et al. 2002; WHO, 2002, cf. Fantasia & Fontenot 2011; Sutherland 2011). For example, experiences with unwanted sexual behaviour are often related to lower self-esteem (Timmerman 2004) and weak self-control. In the context of sexual health, *self-control* refers to more than just the ability to refuse. It is also the ability to present one's own needs and wishes in a way that will be respected by one's partner and that will make it possible to satisfy one's own desires. Good self-control encompasses both psychosocial well-being and a capacity to take responsibility for the prevention of unwanted pregnancies and sexually transmitted diseases (cf. Chubb & Fertman 1997; Kelley & Stack 2000; WHO 2002). Even though young women are often able to say yes or no – it is to give their consent to sexual intimacy, they were not necessarily able to negotiate further (e.g. Vanwesenbeeck, 1997).

An adolescent girl who is unable to exert control in her sexual life is subject to an exceptionally high health risk. Risk-taking in adolescence can have a range of unfavorable consequences, ranging from negative sexual experiences to unwanted

pregnancies and sexually transmitted infections. These may cause significant problems at later points in the girl's life, for example in the case of fertility problems caused by Chlamydia infections. Finnish girls who drink alcohol often do so heavily; binge drinking (i.e. drinking primarily to get drunk) can result in impaired self-control and a reduced ability to exert control over situations, as was found in a study on a group of 15 year-olds (Rainio et al. 2009). This in turn can lead to excessive risk taking during sexual activity, such as failing to use contraception (cf. Papp et al. 2000). In this study, *contraception* is understood to mean methods that protect against both unwanted pregnancies and sexually transmitted diseases.

1.2 THE SEXUAL HEALTH OF ADOLESCENT FINNISH GIRLS

By international standards, the sexual health of Finnish adolescents is generally good. The median age of female sexual initiation in Finland is close to that found in other Western European countries (Kontula 2003). More recently, the Finnish School Health Promotion Study (2009) showed that 30 per cent of Finnish girls had their first coitus before the age of 16. More than half of these sexually-experienced girls (52%) had only had one sexual partner; 76% had not used alcohol before their most recent intercourse. 86 % had used modern contraceptives (condoms or pills) by the age of 15. The rates of teenage pregnancies and abortions in Finland are among the lowest in Europe; the rate of teenage abortions was 12.8 per 1000 in 2009. (National Institute for Health and Welfare 2010). Finnish 9th grade girls are generally confident in their ability to control sexual situations and ensure the use of contraception. The overwhelming majority (95%) consider it to be easy to refuse unwelcome sexual advances while sober; 83% consider it to be similarly easy even while drunk. Likewise, most of the girls (94%) anticipated that it would be easy to request or demand that their partner use a condom. 85% thought that it would be easy to talk openly about sex with their partner. (Finnish School Health Promotion Study 2009). However, risky behavior is more frequent in adolescent girls with multiple sexual partners. Having multiple sexual partners is associated with risky behaviors such as ineffective contraceptive practices and substance use, and so Finnish adolescent girls who have had multiple partners are also likely to have a comparatively risky lifestyle (Kuortti & Kosunen 2009).

Adolescent Finnish girls seem to be better informed about sexual matters than are their male counterparts; their level of sexual knowledge appears to correlate positively with their performance in school and general cognitive ability. However, the extent of adolescents' experiences of intercourse and the strength of their desires to have such experiences are not strongly correlated with their levels of sexual knowledge. The aspects of sexuality about which adolescents, both male and female, exhibited the least knowledge were those pertaining to intercourse and sexually transmitted infections, even though these topics are usually discussed in sex education classes in school (Kontula 2010).

1.3 SEX EDUCATION FOR ADOLESCENTS IN FINLAND

In Finland, attitudes towards sexuality and sex education are positive. On a national level, the Ministry of Social Affairs and Health and the National Research and Development Centre for Welfare and Health (STAKES – since 2009, the National Institute for Health and Welfare) have established sex health policies and programs,

and various sex education campaigns. For example, the Ministry of Social Affairs and Health (2007) drew up a plan of action for the promotion of sexual and reproductive health for the years 2007-2011, which placed a strong emphasis on issues relating to teenage sexual health. In 2009, it became mandatory for municipalities to offer sexual health counseling including things such as advice on contraception; this represents a significant political achievement (Ritamo et al. 2010).

Some non-governmental Finnish organizations, such as the Family Federation of Finland have been active in promoting sex education and have conducted campaigns in schools. In addition, the Lutheran Church provides some education on sexuality in connection with confirmation classes offered to fifteen-year-olds. Annual condom advertisement campaigns conducted via billboards, the television, and other media have been organized by various organizations with an interest in sex education. Additionally, regional sexual health campaigns have been organized to improve adolescents' understanding of sexual health and to provide motivation and tools for sex educators. (Kontula 2004, 2010; Liinamo 2005). Aside from schools and other official organizations, adolescents obtain sexual information from the media, their peers and friends, and from a variety of other sources. In particular, people learn a lot about personal, relational and sexual issues from their first sexual partner (Morgan & Zurbriggen 2007; Teitelman et al. 2009).

Personnel from schools and local health organizations, particularly teachers and school health nurses, cooperate in providing education on sexuality and information about sexual health issues to adolescents. School nurses and teachers play important roles in sex education, and the importance of cooperation between these groups of professionals in the promotion of adolescent sexual health and sex education has been noted (Tossavainen et al. 2004; Ministry of Social Affairs and Health 2009; Kontula 2010; Turunen et al. 2010). School health nurses are available in each school and provide counseling on all sorts of issues related to sexuality. They also provide adolescents with condoms and contraceptive pills, and serve as a link to the public healthcare system. (Kontula & Meriläinen 2007; Kontula 2010). Moreover, in Finland, contraception services are available to young people at municipal health centres. Some health centres provide the first contraceptives (condoms or pills) free of charge. Generally, an individual will be offered at least six months' worth of pills at no cost; a larger supply may be offered on social grounds. Additionally, some schools give their students free condom samples. (Kontula 2004, 2010; Liinamo 2005; Ministry of Social Affairs and Health 2007).

By comparison to the rest of Europe, the sex education provided in Finland is relatively comprehensive (IPPF 2006); it has been a part of the National Core Curriculum taught in schools since the 1970s. Since 2004, it has been taught within the context of health education (which is treated as a subject unto itself) and is also integrated into other subjects, such as biology, where appropriate. A particular emphasis is placed on the provision of sex education for students in the 7th and 8th grades (i.e. students between the ages of 13 and 14), but it is offered in all secondary school grades. Some elements of sexuality are discussed in kindergarten and in primary schools during grades one through six (ages seven to 12). In these grades, sex education focuses on basic biological and emotional issues. (FNBE 2004; Ministry of Social Affairs and Health 2007; Kontula 2010).

Each individual school has their own educational program with some variation in their approach to sex education. However, sex education does not vary very much by region or population density. Sex education is intended to provide a basic understanding of matters relating to sexual health, including information on adolescents' physical, mental, and social development and growth. It should help adolescents to communicate more effectively, to form stronger human relationships, to show increased responsibility and mutual care in their interactions with others, and to improve their well-being. One of the goals in health counseling is to increase the ability of adolescents to exert control over their lives, for example by improving their ability to express their emotions and enhancing their self-esteem. The topics typically covered in sex education include: the sexual organs and their functions, menstruation, ejaculation, puberty, emotional life and communication skills, contraception, abortion, STIs and AIDS, intercourse, first coitus, masturbation, dating, sexual and gender minorities, sexual vocabulary, sources of sexual knowledge, sex in the media, sexual rights, sexual harassment, and sexual legislation. (FNBE 2004; Tossavainen et al. 2004; Kontula 2010).

The most important aims in sex education are to teach students to be responsible in their sexual interactions with others, to provide factual information on sexual topics, and to teach a tolerant and natural attitude towards sexuality. The purpose of sex education is not to forbid sex but to reduce the health risks involved and to allow students to make informed choices. (Kontula 2004, 2010; Kontula & Meriläinen 2007). In most schools, sex education is provided to adolescents in groups containing both boys and girls. The most commonly used teaching method is formal classroom teaching, involving the use of videos and group discussions. Some schools distribute flyers that deal with sexual issues and contraception, and some organize various games and quizzes as well as a special school-wide event on sexual issues. (Kontula 2010).

Although in principle all Finnish schools must teach the same sex education curriculum, in practice, different schools meet this requirement in different ways. Sex education and sex lessons can carry a range of different messages, which may be contradictory or confusing. Additionally, educational messages may be interpreted in a wide variety of ways; depending on their personality and experiences, different students may come away from the same lessons with different interpretations (Gordon & Ellingson 2006). Sex education emphasises deliberation and rational thinking in sexual behaviour; it typically focuses on risk minimization and teaching responsibility in one's sexual interactions. However, safe sex practices, such as condom use, are not well integrated into the sexual practices of adolescents. (Hynie et al. 1998; Ortiz-Torres et al. 2003; cf. Bowleg et al. 2004; Measor 2006). Additionally, a specific challenge in sex education is that adolescents typically know relatively little about sexually transmitted diseases and intercourse (Kontula 2010).

1.4 SHE AND THE BACKGROUND OF THIS STUDY

School plays a central role in the processes by which adolescents learn about sexual health and obtain sex education. Schools provide education on matters such as sexual health issues that are covered by the curriculum. In addition, the school environment provides a great opportunity for adolescents to acquire life skills and to learn about health care and how to promote their own health. In the school

environment, health promotion can be defined as any activity undertaken to improve and/or protect the participants' health. The definition therefore covers health education, but also encompasses activities relating to healthy school policies, the school's physical and social environment, the curriculum, and connections to the wider community and external health services. Thus, those interested in promoting health in schools needs to take a holistic approach (Gray et al. 2010; SHE 2010a).

This study was conducted as part of the research program of the Schools for Health in Europe (SHE) network, which was known as the European Network for Health Promotion Schools, ENHPS, prior to 2007. It aims to assist organisations and professionals engaged in the development and maintenance of health promotion in schools by providing a European platform to support this activity. The SHE network provides information, encourages research, shares good practice, expertise and skills, and advocates for school health. The network is coordinated by NIGZ (Netherlands Institute for Health Promotion), a WHO Collaborating Centre for School Health Promotion, and is supported by the Council of Europe, the European Commission and the WHO Regional Office for Europe. Branches of SHE have been established in more than 40 European countries, involving several thousand schools and hundreds of thousands of pupils. The SHE network encourages each participating country to develop the concept of the health-promoting school in the way that is most appropriate for their needs and specific cultural and social environment. (Barnekow et al. 2006; SHE 2010b).

In Finland, around 40 primary and secondary schools are involved in the SHE program. The program is coordinated by The Finnish Centre for Health Promotion (FCHP), and has an executive team that dictates the main themes of the health promotion activities conducted by the network. At the national level, the SHE network provides the opportunity for professionals to share experiences and good practices and to examine health-improvement related questions at annual education events. At the local level, SHE network schools form local activity networks; local meetings and seminars are organized based on topics relevant to the needs of the area. The formation of local networks facilitates cooperation in the planning and evaluation of the promotion of health. (Tossavainen et al. 2002; Turunen et al. 2006, 2010). It is recommended that each school develop a strategy that provides teachers, parents, students and other community members with a set of guidelines that should be followed and actions that can be taken for the promotion of health. Strategies based on the health-promoting schools concept have the potential to help school communities manage health and social issues, enhance student learning, and improve school effectiveness. (Gray et al. 2010). In Finland, every school has a contact person and a health promotion working group. The SHE network provides education and consultation support for health promotion plans and practices in the schools.

Each school defines its own health promoting practices and devises plans for the implementation of programs adapted to local needs and circumstances. (Tossavainen et al. 2002; Turunen et al. 2006, 2010). Thus, the SHE network does not impose a uniform model or program on schools in terms of the provision of sex education. Instead, schools are encouraged to develop sex education programs, projects, and other interventions that are adapted to their own requirements and preferences.

2 Theories concerning the self-control and sexual health behavior of adolescent girls

Health behaviour theories seek to explain why individuals engage in, or fail to engage in, health-related behaviour. They suggest determinants of health behaviour that must be changed before a change in health behaviour will occur. (Noar et al. 2004). Different theoretical frameworks and concepts can be used in the analysis of the behavioural determinants of adolescent girls' ability to control their sexual behavior (Table 1). One framework that offers a theoretical understanding of girls' sexual behaviour is Sexual Script Theory, which analyses individuals' behavior in the context of the culture in which they live. It suggests that the sexual choices made by an individual and their qualitative experiences during the sexual acts in which they participate are dependent on their understanding of their own sexuality (Gagnon & Simon 1973). The concept of Locus of Control refers to the extent to which a person believes that she or he can control events that affect them; that is to say, it is concerned with the individual's very general, cross-situational beliefs about what determines whether or not they get reinforced in life (Rotter 1966). By contrast, the Theory of Planned Behavior states that individuals' behavior is driven by their behavioral intentions, which are functions of the individual's attitude toward the behavior, the norms surrounding the performance of the behavior, and her or his perception of the ease with which the behavior can be performed (Ajzen 1985, 1991).

Table 1. Behavioral determinants pertaining to sexual behavior and self-control adapted in the study

Applied theory/concept	Behavioral determinants	Main point of view	References
Sexual Script Theory	The individual's subjective (internalized) understanding of her sexuality determines her choice of sexual activities and her qualitative experience of those sexual acts	Cultural, interpersonal, intrapersonal	Simon & Gagnon 1986; Gagnon & Simon 1987; Gagnon 1999
Locus of Control	The individual's beliefs about her ability to control events that affect her are determined by her experiences	Personal, societal	Rotter, 1966
Theory of Planned Behavior	The individual's behavior is driven by behavioral intentions, which are functions of her attitude toward the behavior, the norms surrounding the performance of the behavior, and her perception of the ease with which the behavior can be performed (behavioral control/self-efficacy)	Personal, situational, social	Ajzen 1985, 1991

Learning plays a central role in all these theories. Both sexual scripts and beliefs about control (Locus of Control) are learned; sexual scripts by internalization of culturally-available messages and locus of control from experience. Similarly, the perceptions of control and self-efficacy invoked by the Theory of Planned Behavior can be considered to be learned. Another thing that these theories have in common is

that all three suggest that an individual's behavior is in some way influenced by their beliefs, perceptions, and expectations concerning their ability to control sexual events and satisfy their desires.

2.1 SEXUAL SCRIPT THEORY

Sexual script theory proposes that sexuality is learned from culturally available messages that define what aspects of behaviour have to do with sex, how to recognize sexual situations, and what to do in sexual encounters. Sexual scripts specify with whom sexual activities are appropriate, under what circumstances, when and in what order, what effects they are presumed to have and how one is to feel about oneself while performing them. They also include definitions of gender-, role- and age-specific expectations. Scripts are learned and adapted by individuals to particular interpersonal contexts, and they are also modified and internalized as intrapsychic scripts. (Simon & Gagnon 1986; Gagnon & Simon 1987; Gagnon 1999).

Girls typically internalize at least some cultural models and as they begin the process of developing their own personal scripts. The development of sexual scripts is a lifelong process that begins during childhood, progresses during adolescence, and becomes more multifaceted in adulthood. An individual's sexual scripts can vary during their lifetime, but they are mainly acquired and practiced during adolescence. (Simon & Gagnon 1986). A young girl does not passively absorb sexual scripts; rather, she actively processes and interprets them. She weighs, considers, revises and attaches meaning to behaviors using the scripts available to her in a dynamic intrapsychic process involving social observations, her own self-concepts, and her personal standards. (Frith & Kitzinger 2001; Gordon & Ellingson 2006; cf. Jones & Hostler 2001; Ortiz-Torres et al. 2003; Whittier & Melendez 2004; Dworkin & O'Sullivan 2005; Maticka-Tyndale et al. 2005). Sexual scripts can be questioned, recreated, perfected, and reinterpreted in a fluid and dynamic process; changes in an individual's sexual scripts are part of the normal developmental process. (Jones & Hostler 2001; Stephens & Phillips 2003; Parsons 2004).

2.2 LOCUS OF CONTROL

The concept of Locus of Control is a component of the Social Learning Theory developed by the psychologist Julian Rotter in 1966. Many other theorists, especially other psychologists active in the 60s and 70s proposed similar ideas about individual's views regarding their ability to exert control over situations. Although these different theories are not identical, they have many similarities (Appendix 1). Notably, the ideas concerning the meaning and influence of a person's beliefs about their ability to exert control detailed in Antonovsky's (1979, 1983) theory of the Sense of Coherence, Bandura's (1977) theory of Self-efficacy, and the Coping theory proposed by Lazarus & Folkman (1984) are similar to those proposed by Rotter. Kobasa's (1979) concept of Hardiness and the concept of Resilience described by Werner and Smith (1982) are similar to Rotter's characterization of individuals with a high internal Locus of Control. Similarly, Seligman's (1975) concept of learned helplessness can be seen as describing individuals with a high external Locus of Control. These concepts regarding an individual's ability to exert control are alike in numerous ways, despite the fact that the different theories use different terms, phrases, and expressions to describe similar phenomena and ideas. Most of these

theories and concepts originated in the same decade and reflect the themes and debates that were prominent in psychology and sociology in the 60s and 70s. They all concern the ability of the individual to exert control over situations and have a common set of core concepts and understandings regarding the individual's competence and ability to influence the outcome of events, promote positive results, and cope with challenges encountered during their lives.

The Locus of Control theory focuses on the way in which *"a generalized attitude, belief, or expectancy regarding the nature of the causal relationship between one's own behaviour and its consequences might affect a variety of behavioural choices in a broad band of life situations"*. The nature of a girl's Locus of Control determines her opinion on the identity of the factors that are responsible for the outcome of the events in her life and can predict her behavior. Thus, her behavior in a given situation is a function of the reinforcement she expects to experience as a consequence of that behavior and the value that she places on that specific reinforcement. It is assumed that the girl will act so as to maximize her likelihood of receiving valued rewards and minimize the likelihood of distasteful punishments. (Rotter 1966; Lefcourt 1976). The central elements of the theory are intention (cf. Strickland 1973; Miller 1978), decision-making (Sherman 1973), activity and possibility to affect (cf. Rotter 1966; Norwicki & Strickland 1973; Hoffman & Levy-Schiff 1994; McCullough & Ashbridge 1994; Kelley & Stack 2000), responsibility (Rotter 1966; Lefcourt 1976; Kelley & Stack 2000) and risk-taking (cf. Nir & Neumann 1991; Springer et al. 1994; Stewart & Steiner 1995; Norman et al. 1997; Kelley & Stack 2000).

Girls' beliefs about their ability to exert control are learned and reinforced by experience. On the basis of her childhood experiences and observations, a girl will draw certain conclusions about the extent to which the outcomes of events in her life are influenced by her own actions and traits, such as skill, hard work, foresight, and taking responsibility as opposed to uncontrollable outside forces such as luck (Rotter 1966; Lefcourt 1976). During adolescence and in early adulthood, a girl's Locus of Control tends to become more internal, especially during her high school years (Knoop 1981; Cairns et al. 1990; Chubb & Fertmann 1997). An individual's Locus of Control can probably be influenced by interventions, at least in the short term, but it is not an easily-changed aspect of the personality (Chubb & Fertmann 1997). Studies of the effectiveness of interventions aimed at changing an individual's Locus of Control have produced conflicting results (Norwicki & Duke 1983).

An individual's Locus of Control is described as occupying a position at some point on an internal-external continuum, and the core of the concept can be understood more clearly by examining the extremes of the continuum - the internal and external loci of control. However, the nature of the Locus of Control is not dichotomous and it is not a typology: girls are not totally internals or externals. The perception of control is a process, the exercise of an expectancy regarding causation (Lefcourt 1976; Rotter 1966). In practice, the position of the locus is somewhat dynamic and situation-dependent (Chubb & Fertman 1997). A girl whose locus of control is located towards the internal extreme of the spectrum could be described as being self-directed; she feels she has the capability to affect what happens to her and to make decisions, and can take responsibility for what she does. (Chubb & Fertman 1997; Kelley & Stack 2000). In a sexually motivated situation a girl's self-control is reflected in her ability

to express and realise her sexuality in a manner that is satisfactory to her. She is able to decide how the event will proceed and exert control over its outcome. In contrast, girls whose locus is positioned towards the external extreme are prone to being directed by outside factors such as the opinions and expressed preferences of others. These girls do not feel able to exert control over situations and believe that the outcomes of events are determined by chance or by the actions of others (Chubb & Fertman 1997; Kelley & Stack 2000). When it comes to sexual activities, these girls can easily be enticed by their partners and are more likely to take sexual risks if subjected to pressure by a strong-willed partner (Rosenthal et al. 1999, 2002, cf. Sutherland 2011).

2.3 THEORY OF PLANNED BEHAVIOR

The Theory of Planned Behavior (Ajzen 1985, 1991) is an extension of the Theory of Reasoned Action (Fishbein & Ajzen 1975) that accounts for the individual's control beliefs and perceived behavioural control. The Theory of Planned Behaviour would appear to suggest that having a positive attitude towards condoms, embracing positive social norms regarding condom use, having high self-efficacy, and forming strong intentions to use a condom are important determinants of condom use (Sheeran et al. 1999; Noar et al. 2004; cf. Armitage & Conner 2001). Preparatory behaviour such as carrying condoms, having a condom available, and discussing safer sex before intercourse, also predicts condom use (Sheeran et al. 1999; Bryan et al. 2002). There is a consensus on identity of the key determinants of the Theory of Planned Behaviour, but different authors espouse different positions on the roles they play and the nature of the relationships between them. For example, Ajzen (1985) and Myklestad and Rise (2008) stress the role of intention, whereas Bryan et al. (2002) underline the role of preparatory safer sexual behaviour and Norris et al. (2004) emphasise situational factors that affect sexual practise. Additionally, researchers have argued that the construct of perceived behavioural control (cf. Ajzen 1991, 1998; Albarracin et al. 2001) is similar to the more widely used constructs of self-efficacy (cf. Sheeran et al. 1999) and Locus of Control. Both are typically operationalized in terms of the ease or difficulty of exhibiting behaviour. (Sheeran et al. 1999; Ajzen 2002).

Intention is one of the central elements of the Theory of Planned Behaviour and ideas pertaining to situational control (cf. Strickland 1973; Miller 1978), and is one of the primary predictors of health behaviour (Godin & Kok 1996). Intent and desire, especially for sex, are the most stable predictors of adolescents' sexual activity (Buhi & Goodson 2007). A girl's intention when performing an action refers to the purpose for which she undertakes that action, i.e. the goal she is aiming for or intends to accomplish. In a sexual encounter with a partner, a girl will typically be trying to accommodate both her own intentions and those of her lover. Adolescent girls can fulfil their intentions by a variety of means, including by using various direct and indirect interpersonal negotiation strategies. (Choi et al. 2004; Lam et al. 2004; Lam & Barnhardt 2006). Negotiations concerning sexual issues are complex social interactions in which it is necessary to take both partners' intentions and preferences into account, along with the specific circumstances of the encounter. It requires careful management of expectations and impressions, sustained effort, and the use of special knowledge, strategies, and skills such as assertiveness, even among those who have extensive experience (Ridge 2004; Ridge et al. 2007).

Although considerable work has been conducted with the aim of developing a way to predict condom use on the basis of health behaviour theories, very little is known about the circumstances under which individuals make sexual decisions. Situational factors such as alcohol use, sexual arousal, and individuals' personalities and beliefs concerning relationships have been shown to have significant effects on the likelihood of engaging in safe sexual behaviour. However, these factors are not generally factored into existing health behaviour theories. (Noar et al. 2004; Norris et al. 2004).

3 Purpose of the study and research questions

This study has a multidisciplinary basis, and its theoretical and conceptual position lies in health promotion and nursing science as a part of health sciences. The purpose of this study was to understand why some adolescent girls exert control in sexually-charged situations while others do not. The aim of the study was to find out 1) how Finnish 9th grade girls (i.e. girls between the ages of 14 and 15) promoted their ability to exert control in sexually-charged situations and 2) how their use of contraceptives and ability to exert control so as to achieve their intentions is affected by cultural elements such as sexual scripts, psychosocial and situational factors such as alcohol use, and the negotiation strategies employed during and before sexual encounters.

The following research questions were addressed:

- 1 What kinds of sexual scripts can be identified in the girls' narratives and how do these scripts affect the girls' ability to exert control in sexually-charged situations? (Study I)
- 2 What kinds of narratives can be identified in girls' descriptions of their experiences of sexually-charged situations? Particularly, are they able to exert control in such situations, and how does alcohol consumption affect their ability to exert control? (Study II)
- 3 How did the use of contraception feature (or not feature, as the case may be) in the narratives identified? (Study III)
- 4 Were the girls able to negotiate successfully to ensure that their intentions were accommodated? (Study IV).

4 Data and methods

4.1 THE NARRATIVE APPROACH

Over the past 30 years, narrative research has begun to take place as a legitimate field of research. It can be conducted in multiple ways; narrative research is a profoundly relational form of inquiry, and different researchers may adopt different positions in relation to the research questions examined in their studies. Narratives may be treated as data; alternatively, the identification of narratives within the data can be used as an analytical technique (Heikkinen 2002; Clanidin & Rosiek 2007; Pinnegar & Daynes 2007). In this study, both uses of narrative were adopted.

The narrative approach was judged to be a useful method for investigating the sexual health-related behaviors of adolescent girls and their ability to exert control in sexually-charged situations. The girls were asked to construct narratives describing their sexual experiences; this allowed them to interpret and analyse their memories and feelings and to better come to terms with them (Bruner 1987; Polkinghorne 1988; Ricoeur 1991). Thus, it was both meaningful and reasonable to collect data on their experiences in the form of narratives and to adopt a narrative approach in the analysis of these collected data. The purpose of this research was to understand the factors affecting the girls' behaviour in sexually-charged by analysis of their stories, experiences, objectives, and actions. One of the key points in this study was to determine what significance the girls assigned their sexual experiences in a broader cultural and social context, i.e. in the context of their reality at the time the study was conducted (cf. Clandinin & Connelly 2000; Elliot 2005; Clanidin & Rosiek 2007; Pinnegar & Daynes 2007).

The purpose of narrative research is not to produce generalized or objective research but to produce personal, subjective and local knowledge. Narrative research is founded on stories told by participants about their lives and experiences (Elliot 2005; Clanidin & Rosiek 2007; Pinnegar & Daynes 2007). A narrative provides an account of a sequence of events that occurred under a specific set of circumstances. When an individual constructs a narrative, they have an opportunity to externalize their feelings and indicate which elements of the experiences that they are describing were most significant to them. Narratives are never simply reports of experiences; instead, they rationalize and therefore inevitably distort those experiences. A major distinction between a report and narrative is that stories (narratives) are told to make a point, and it is the narrator who assumes responsibility for making the point of the story clear. Narratives have three key features: they are temporal, meaningful, and social. Their temporal and chronological nature reflects the fact that they describe sequences of events or experiences. They also have an important social dimension: narratives are ubiquitous in society and are produced for specific audiences, in specific social contexts and for specific purposes. The meaning of a narrative is dependent on its temporal ordering and the social context in which it was produced. (Heikkinen 2002; Elliot 2005).

4.2 DATA COLLECTION

The data consists of material from narratives constructed by 9th grade (i.e. 14 and 15-year-old) girls, and questionnaires answered by the same subjects. The target group was selected from the pool of pupils at selected Finnish schools participating in the Schools for Health in Europe network (SHE) (Tossavainen et al. 2002, 2005; Turunen et al. 2004). The environment of the SHE network schools provided a useful context for data collection. After initial pre-testing, the data were collected in two parts at the end of 2003 and the beginning of 2004 from girls in grade nine attending three schools in western Finland and three in eastern Finland.

In pretesting data was collected of 8th and 9th grade girls. Based on pretesting sexual matters were more actual to older girls and they had more experiences to write about than 8th grade girls had. That can be seen in questionnaire results and comments of the girls. Also quality of narratives of older girls were better than younger girls': writings were more openly and detailed written. Thus, the aims of the study were more achievable in narratives of 9th grade girls. It was also ethically more justifiable choice. These were the reasons why data was collected of older girls.

4.2.1 Collection of the first part of data

Narratives

The first part of the data consists of the girls' narratives about their experiences of sexually-charged situations, the actions they took, and their thoughts and feelings during those situations. The critical incident technique was employed; this focuses on specific events or situations that mark important turning points or changes in the life of a person (cf. Turunen et al. 2004; Schluter et al. 2007). The girls were asked to describe a particularly memorable situation in which they experienced sexual arousal. The situation could have been anything that in their opinion was important or special to them and in which they experienced aroused sexual interest, thoughts and feelings. They were asked to remember and describe the situation and the events that ensued (including their actions, thoughts, plans, and feelings) in as much detail and with as much precision as possible. The following instructions were issued:

Describe a situation that you remember as being especially significant and in which you experienced sexual arousal. The situation can be anything that you consider to have been important or special to you provided that you experienced aroused sexual interest, thoughts and feelings. Examples of such situations might include watching a film; reading; kissing, touching, or petting with your partner; an occasion on which you had intercourse; or a situation in which you could have done something of this sort. Try to recount the situation and what happened (including your actions, thoughts, plans, and feelings) in as much detail as possible. What did you experience and what happened? Who else was present (don't mention people's real names)? What did you feel and think? Did the situation proceed as you had hoped it would? Was the situation pleasant or unpleasant? Describe your experience exactly as it happened, using everyday language, as if you were telling one of your friends what happened or writing a diary.

The first part of the data comprised 234 narratives written by 226 girls. Some girls wrote about more than one sexually-charged situation. 109 narratives were written by girls from the western and 125 from the eastern parts of Finland. The girls wrote about a variety of sexually interesting experiences, including intercourse, petting (either underneath the clothes or above), kissing, cuddling with their partner, and looking at or touching their partner. Some girls also described watching specific films, viewing pictures, watching TV, or reading books or magazines as sexually interesting situations. Some of the girls' experiences were positive; others were negative or the induced mixed emotions. The situations described were not always those in which they went the furthest; rather, they chose to describe those situations that seemed important to them. For example, even though, the girl had experienced intercourse, she may have written about another kind of sexual experience what was more important to her for a reason or another. They explained this in their commentaries on the narratives and their answers to the questionnaires. The choice of how and what to write and of how open to be and of how much detail to provide was left up to the girls themselves. In three narratives, the girl's partner was another female.

At minimum, a narrative must include a complicating action, i.e. an event whose evaluation and impact are critical in establishing the point or the meaning of the story (Elliot 2005). General stories (n=23) that did not describe a specific event happening in a single situation were separated from "real" narratives (n=234). That is to say, general stories written about "how things usually happen" were excluded the data (Table 2). In subsequent studies, the remaining pool of narratives (n=234) was searched to identify narratives relevant to the topic of the study, for instance narratives involving the consumption of alcohol or the use of contraception.

Participation in each stage of the study was voluntary; this point was strongly emphasised prior to the writing sessions. Consequently, some of the girls who were invited to participate in this part of the study elected not to (n=35, corresponding to 12.3 % of the 284 participants). Some of these individuals did not stay for the writing session; others left their papers empty or only wrote comments about the study. Some of the girls did not participate in the study because of other school tasks, some explained that they found it difficult to write about the subject, and others did not want to participate for some other reason. They may have felt it too embarrassing to write about sexual matters or they may have had negative and difficult experiences or they may have felt they didn't have enough experiences to write about. It is also possible that they simply were not willing to share their private and sensitive experiences with an unknown researcher.

Table 2. Participants in the study

Participants, narrative writers (n)	226
Non participants (refused participation) (n)	35
Excluded participants (writers of general descriptions) (n)	23
Total number of participants (N)	284

Questionnaire

In addition to writing a narrative, the girls filled out a questionnaire on dating and variables affecting sexual behaviour based on the national Finnish School Health Promotion Study (2009). The aim was to quantify aspects of the girls' sex lives, including the number of sexual experiences and partners they had had, and whether they had used contraception when they last had intercourse. The questionnaire covered the health-related behavior of children and youths, general health, the school as a working environment, their living conditions, health knowledge and health education, and student welfare services. The School Health Promotion Study is conducted on a biannual basis using anonymised classroom questionnaires that are filled in by students in the 8th and 9th grades at secondary schools and in the 1st and 2nd grades of upper secondary and vocational schools. About 90% of the municipalities participate in the School Health Promotion Study. The purpose of using the questionnaire in this study was to obtain a more general understanding of the girls' sexual behaviour than could be obtained by examining just the one situation described in their narratives. The responses to the questionnaires were subjected to statistical correction using the SPSS program and were utilized in Study II.

270 girls (95.0 % of all 284 study participants) filled in the questionnaire. The individuals who participated in this study were more sexually experienced than is the average Finnish 9th grade girl: the numbers of participants who had kissed, caressed over/on clothes, petted under clothes or naked, and had intercourse were noticeably higher than the corresponding percentages reported in the most recent national Finnish School Health Promotion Study (2009). 44 % of the girls in this study had had sex; the corresponding figure in the School Health Promotion Study was 30 %. Similarly, the percentage of participating girls who had had more than two sexual partners was considerably higher than in the group examined in the School Health Promotion Study. The girls in this study used contraception less frequently than do "most" Finnish girls, according to School Health Promotion Study. 21% of the participants in this study had not used contraception last time they had sex, whereas the figure reported by the most recent School Health Promotion Study was 13 %. The girls in this study had used more seldom condom in their latest intercourse (than participants of School Health Promotion Study). 48 % of the participants in this study had used condoms when they last had sex, compared to 55 % of the participants in the School Health Promotion Study. The percentage of participants who used oral contraceptives and other contraceptive methods was similar in both studies, as was the total incidence of intercourse over the month immediately preceding the study. The results obtained seem to indicate that as a whole, the participants in this study were more sexually experienced and have a more "risky" lifestyle, as indicated by their lower rates of use of condoms and other methods of contraception and their greater number of partners than the participants in the School Health Promotion Study and, by extension, than typical Finnish 9th grade girls.

88% of the girls who wrote narratives considered sexual issues to be relevant to them; 35 % were dating when the data was collected. 85 % of the participants disagreed with the claim that "sex should not be a part of dating at my age."

4.2.2 Collection of the second part of data

Focused narratives

The second part of data was collected to complement the first and provide context and a deeper understanding of the previously collected information. The participants in this second study were girls who had participated in the first study and indicated a willingness to participate in a follow-up. As was the case in the first study, data was collected in a writing session conducted during school hours. The girls were asked to reflect on their previous description of events and to consider how much influence they felt they had been able to exert over the course of those events. At the same time, they were asked to consider ways in which they might possibly have influenced the situation had they chosen to do so. The girls were given their previous narratives to read, along with the following instructions:

Try to remember the sexually-interesting situation you previously described, in as much detail as possible. Focus on remembering what happened, especially your feelings and the thoughts you wrote about previously. To refresh your memory, you will be allowed to spend a few minutes re-reading your previous narrative, after which the old narratives will be collected. Write a new narrative, about one page of A4 in length, focusing on how much influence you feel you had over what happened in that situation and how much scope you had to control events.

The girls reflected on their previous descriptions and assessed the extent of their abilities to exert control over the events that occurred. At the same time, they were asked to consider how their ability to exert control was affected by factors such as alcohol use and the nature of their relationship with their partner. In this way, a multifaceted view of the girls' collective perception of their ability to exert control in sexually-charged situations was obtained. The second dataset consisted of narratives written by 44 girls, 27 from western Finland and 17 from eastern Finland. The results of these second narratives were used in Study I.

4.3 METHODS OF DATA ANALYSIS

In this work, narrative analysis was used in three studies (Study I, II, and III) and content analysis was used in one study (Study IV).

Narratives may have many different meanings for the narrator, who in this case is an adolescent girl. Narratives involve self-presentation and play a role in the individual's construction of their identity in addition to describing events in the narrator's life. Thus, for the girls, the construction of narratives can help them to parse and understand the events in their lives and integrate them into a meaningful whole. In each narrative, the narrator has an opportunity to define what occurred, relate it to the rest of her life story to date, and incorporate her experience into the decision-making processes that will determine what kind of life stories she will create in her future. Writing narratives can also provide a means for the narrator to devise new interpretations of key events in their lives (cf. Ricoeur 1991). It can also provide an opportunity for moral self-evaluation rather than just describing a sequence of factual events. This moral aspect plays a central role in the construction of the narrator's identity and is also important to the narrative itself. The narratives

that girls construct about their own actions are colored by and reflect the moral contentions and manifestations each narrative constructs about the self. Thus, the choices made by the girls in deciding which life events to document and the way in which they tell their stories are not meaningless. The production of narratives describing their experiences of sexually-motivated situations helps the narrators to construct their perceptions of their life stories and their personal, moral and sexual identities.

4.3.1 Narrative analysis

The explosion of interest in the concept of narrative over the past two decades has generated a diversity of analytical methods and techniques that can be applied to textual data. Narratives are relevant because they are rich descriptive accounts of individuals' lives that focus on the way in which individuals make sense of their experiences in the context of research questions. However, despite the growing interest in the narrative approach, there is as yet no single definitive analytical technique for narrative analysis. A number of researchers have suggested ways in which an interest in narrative might inform the analysis of textual material. However, there is no standard approach or list of procedures that is generally recognized as representing the narrative method of analysis. (Elliot 2005; cf. Clanidin & Rosiek 2007; Pinnegar & Daynes 2007).

In three of the studies described in this thesis (Studies I, II, and III) narrative analysis was used. According to Lieblich et al. (1998), narrative analysis enables different modes of reading, focusing on one of the holistic form, the categorical form, or the content of the narrative. In this study the categorical-content mode of reading was used. The categorical-content mode of reading concentrates on meaningful parts of the text, compacting and categorising its contents. The holistic-content mode of reading treats the narrative as a whole and focuses on the overall content rather than on separate parts of the narrative. However, it should be noted that in real narrative analyses, the distinctions between these modes of reading are not dichotomous or clear-cut.

We began by searching through the total pool of collected narrative data (n=234) to identify narratives that mentioned or dealt explicitly with issues relevant to the topic of the relevant study, namely alcohol use (Study II, n=87), contraception (Study III, n=41), and negotiation (Study IV, n=68). Narratives were classified according to the research questions at hand and theoretical framework used when considering them. Thus, study II focused on methods of exerting control and narratives were classified on the basis of the Locus of Control theory; in study III, narratives were classified on the basis of the use of or failure to use contraceptives; and in Study IV, the negotiation strategies described in the narratives were classified as being verbal-direct, nonverbal-direct, or verbal-indirect. On the basis of these analyses, "new narratives" were created to answer the research questions by applying the theoretical concepts selected for use in that particular study to analyze the influence of alcohol consumption, reasons underlying failures to use contraception, and the extent to which girls were able to negotiate with their partners to ensure the satisfaction of their desires. That was done using the categorical content mode of reading (Lieblich et al. 1998).

The purpose of Study III was to understand contraceptive use and non-use among Finnish teenage girls; the research questions addressed were: why do girls use or not use contraception in a sexually-charged situations, and how is the use of contraception influenced by the determinants of the Theory of Planned Behaviour (intention, attitudes, social norms, self-efficacy and preparatory behaviour) and situational factors? The first step of the analysis process involved searching through the first dataset to identify narratives that mentioned contraceptives. These narratives were divided into two groups: narratives describing contraceptive use and narratives describing a failure to use contraceptives. To answer the research question, the narratives from both groups were subjected to the categorical-content mode of reading, searching for phrases relevant to the research question and these were collected together. The texts so identified were sorted into new categories based on their contents or on summaries of their contents drawn up by the researchers; initially, these categories were quite narrowly-defined, but they were later expanded and generalized (Lieblich et al. 1998). The categories defined for narratives in which contraception was used were: narratives in which the girl demanded the use of contraceptives; narratives in which both partners accepted that contraception would be used as a matter of course, and narratives in which the girl had prepared in advance. The categories defined for narratives in which no contraception was used were: narratives describing intense and fast-moving situations, narratives in which the partner exerted pressure on the girl, narratives involving alcohol consumption, and narratives in which the non-use of contraception was accepted because of the availability of emergency “morning after” pills.

The narratives were then examined to identify references to the key determinants described by the Theory of Planned Behaviour (intention, attitudes, social norms, self-efficacy and preparatory behaviour) to see how these variables, along with situational factors, affect girls’ contraceptive behaviour.

During the analytical process it was necessary to re-read the original narratives several times during the process of creating and refining the categories in order to avoid “losing sight” of the scope of the task and the context in which it was being performed. The nuances of each category were highlighted by adopting the holistic-content mode of reading when re-examining the narratives. This made it possible to clarify and confirm the results obtained and to obtain deeper insights into the results. As a result of this study, two new narratives were defined by the author, namely “*Contraception in use*” and “*Contraception not in use*”. These narratives describe the factors affecting the use of and failure to use contraception as revealed in the girls’ narratives, and incorporate analyses of the effects of the determinants used in the Theory of Planned Behaviour.

4.3.2 Content analysis

Inductive content analysis was used in one of the articles (Study IV). The purpose of this study was to identify the sexual scripts present in the girls’ narratives describing sexually-charged situations and to analyze the elements of those scripts. Specific phrases or groups of phrases with a common meaning were used as the unit of analysis in this work. These phrases were then simplified, and subcategories were defined to classify the simplified expressions according to the similarities and dissimilarities of their contents.

Related simplified expressions that shared the same central meaning were grouped together into subcategories. The subcategories were assigned names that describe their content and meaning, such as the preconditions imposed by the girls, their justifications for their choices, and their motivation in participating in a specific sexual encounter. For example, the subcategory "Evaluation of conditions prior to sexual activity" encompasses simplified expressions including "Suitability of the partner", "Contraception is necessary", "The sexually motivated situation must be taken seriously" and "Evaluation of circumstances". A set of general categories relating to more abstract concepts was then defined, each of which encompassed multiple subcategories; these were referred to as 'scripts.' The general categories were named using content-characteristic words. For example, the general category "Script of rational sex" encompassed the "Evaluation of conditions prior to sexual activity" and "Justification of sexual activity on the basis that 'it was the right time'" subcategories. (cf. Graneheim & Lundman 2004; Polit & Beck 2004).

The purpose of using parallel narrative analysis and content analysis was to strengthen the methodological basis of the research and to provide as broad an overview of the research topics as possible.

5 Ethical considerations

The conduct of the research described in this thesis raised a number of ethical questions because of the sensitive nature of the topics being discussed and because of the comparative youth of the participants. Specifically, the collection of data in the form of narratives and their analysis by narrative methods gives rise to potential ethical issues associated with the interaction between the research and its subjects, informed consent, and the potential impact of the research on the participants. The key ethical principal adopted when carrying out this research was that the participants' anonymity and privacy should be respected. (Elliot 2005).

Appropriate scientific practices were followed in all of the work described in this thesis (cf. National Advisory Board on Research Ethics 2002). Permission was acquired from the target organisation and participants before the research was undertaken, according to Finnish academic practise. Written permission to conduct the study was obtained from the principals of the participating schools and the girls' parents. The requests for permission to conduct the study were distributed together with information on the study's objectives and planned implementation, and the parents and girls were asked to familiarise themselves with this information before granting their permission. The participants handed the permission slips signed by their parents in to the researcher before writing their narratives; the writing sessions were held during school hours. Before the writing session, they were told about the study, its aims, and how their narratives would be used in the study. They were also given the opportunity to ask questions about the study and, if they so wished, to refuse to take part in it. The girls wrote their narratives anonymously. In the classrooms, after they had written their narratives, the girls were informed about sources of support, such as discussions with the school nurse, if they had had traumatic sexual experiences. (cf. Medical Research Act 1999).

The data was collected in schools, during school hours. As such, there is the potential for problems associated with the participants' perception of its nature as a voluntary activity: some girls may have felt obliged to participate because the data was collected while they were at school. This is especially likely to have been the case in situations where their teacher was present at the beginning of the session. The voluntary nature of the exercise was strongly emphasized at the start of every data collection session. Moreover, the teachers and principals of the participating schools were asked to inform the prospective participants about the fact that participation was voluntary and to organize alternative school work during the data collection sessions for those girls who did not want to participate.

Both the responses to the questionnaire obtained during these studies and the responses to the national School Health Study (2009) indicated that a minority of 9th grade girls did not consider sexual matters to be relevant to them. This raises the possibility that participation in the study may have disturbed these girls' sexual development, for example by making girls with no or limited sexual experiences feel under pressure to acquire more. This possibility prompted a revision of the instructions issued during data collection; on the basis of the results of preliminary tests and these revised instructions, it was decided that data would be gathered only from 9th grade girls and not from those in the 8th grade. For the same reasons, the

instructions emphasized that the experiences the participants could write about were not restricted to those involving a partner, and that activities such as reading a book or magazine reading, watching TV watching, and masturbation were also relevant. This point was further emphasized during the data collection sessions.

For some girls, discussion of their sexuality may have been problematic or embarrassing, perhaps because of their home attitudes, their parents' level of education, for religious reasons, or simply because of their level of personal sexual development. For these girls, participation in the study and discussing their experiences (or lack of) with the researcher may have been a negative experience. However, based on participants' comments and feedback, most of them found participation to have been an empowering activity that increased their ability and willingness to exert control and gave them an opportunity to reflect on their sexual experiences.

Another important ethical question arose from the possibility that the girls might discuss negative sexual experiences in their narratives. Participants who had had unwanted, negative, or traumatic experiences such as abuse or rape, or whose experiences had been obtained in the course of a romantic relationship that had since ended (either due to breaking up with the partner or for other reasons) might have experienced sorrow or an increased sense of loss or disappointment as a result of being asked to revisit these experiences and construct a narrative describing them. This raises the question of whether the researcher has the right to open such wounds (cf. Lieblich et al. 1998). Even though girls who had had negative or difficult sexual experiences were advised to contact appropriate professionals, this question remains difficult to answer.

The principle of anonymity gave rise to some problems as well: the anonymous nature of the narratives prevented the researcher from taking action to help those girls who described negative or traumatic sexual experiences, for example by contacting them herself or by informing other professionals within the school system that a specific participant may need help or extra support. Instead, the researcher simply recommended that the teacher of the class remind the girls that they had the option of contacting the school's nurse or another professional if they had had a bad, negative, or traumatic experience.

6 Results

6.1 SEXUAL SCRIPTS (STUDY I)

Cognition-based scripts

Cognition based scripts such as *the script of rational sex* or *the script of postponing sex* promote consideration, rational action, control, the selection and evaluation of a suitable partner, and assessment of the situation. They are based on cognition and rational thought. The outcome of a sexually-charged situation is dependent on how much consideration the girl involved has given to the conditions under which she is willing to engage in sexual activity. It is important that events should proceed at a time of her choosing, under circumstance that are to her liking, and with a suitable partner. If these conditions are not met, the situation should be interrupted. Similarly, a girl may choose to impose limitations on her sexual activity or to refuse or postpone intercourse because of her personal principles and morals, to maintain a reputation, or for religious reasons. Cognition-based scripts allow girls to achieve their intentions by encouraging them to plan for situations in advance and to consider various strategies and steps that might be taken under different circumstances.

Girls who followed rational cognition-based scripts during their sexual encounters always used contraception. These girls were strongly intent on ensuring that contraception (in the form of a condom) was used. Their attitudes towards the use of condoms were positive or neutral, and they were well prepared for protected intercourse: the girls carried condoms, had them to hand immediately before intercourse, and had discussed contraception with their partners. The girls' insistence on the use of condoms was not affected by situational factors such as their sexual arousal, alcohol consumption, or their partner's preference for sex without condoms, if such was expressed. 'Rational' sex of this kind minimises the risk of pregnancy and sexually transmitted diseases. If the couple has no contraceptives, girls adhering to rational scripts are confident in their ability to refuse to have sex; their behavior minimizes their risk of sexual abuse or rape.

Girls who follow cognition based scripts may find sex emotionally unsatisfying if they are obliged to focus on exerting control, minimising risks, and dealing with moral issues during sexual activity. If both the girl and her partner adhere to a common set of moral or religious rules, such issues are largely avoided. If, however, they adhere to different sets of rules, sexually-charged situations may result in conflicts, which are difficult to deal with and force the girl to deal with contradictions, pressure, and anxiety, which may affect her decision-making. It can be very challenging to find a good balance between maintaining a certain reputation or adhering to a given set of principles or religious rules on one hand, and indulging one's own emotions and desires during a sexually-charged situation. If the girl is primarily focused on exerting control and risk minimization, she may not enjoy her sexual activities and be deprived of the positive aspects of a healthy sex life.

Emotion-based scripts

Emotion-based scripts such as *the romantic script* and *the script of desire* emphasize emotions such as love, caring, fascination, desire and passion as the key factors

driving the progression of events in sexually-charged situations and in controlling individuals' sexual behavior. The *Experience-seeking* script can also be regarded as an emotion-based script; it promotes excitement and the obtention of new sensations and experiences as the primary motivating factors in sexually-charged situations. Individuals acting according to this script are likely to experience emotions so strong and intense that they are very hard to resist. Because of the strength of these emotions, the girl may lose control or be unable to interrupt events because she is being led by her emotions rather than thinking clearly and rationally. Emotion-based scripts involve a flow of events in sexually-charged situations that is natural and intense; there is no need for discussion or talk, because no words are needed. In practice, following emotion based scripts can increase the risk of having unprotected intercourse and losing self-control and control of the situation as a whole: the emotions induced by the script are so strong and positive that their intensity may override rational thought and self-control. This may restrict or limit the girl's ability to ensure that contraception is used, control her actions and those of her partner, and accurately evaluate the suitability of her partner in strongly emotional situations. If the partner pressures the girl to have sex, actions encouraged by the romantic script may even lead to abuse. This is especially true if the girl is fascinated by or falling in love with her partner, because her affection and unwillingness to disappoint her partner may prevent her from refusing sex when she otherwise would. Adherence to this script also makes communication problematic; it encourages sentiments to the effect that words and discussions are superfluous and get in the way of emotions. This makes it difficult for the girl to conduct negotiations regarding the use of contraception to clearly express her desires during sexual activity. It is very difficult to refuse participation, impose limits, or exert control over sexually-charged situations when acting according to an emotion-based script.

Girls acting according to emotion-based scripts tended to make decisions and evaluate risks on the basis of intuition and emotional factors rather than on the basis of facts and careful reasoning. Strong positive emotions hinder the exertion control and impede rational thought and sound evaluation of risks, leading to a decision-making process that is spontaneous and inconsistent, being guided by desire, passion, and emotion. Under such circumstances, even when the girl has 'good' intentions, they are unlikely to be accomplished.

6.2 THREE DIFFERENT WAYS OF EXERTING CONTROL, AND THE EFFECTS OF ALCOHOL (STUDY II)

Strong self-control

The "*Everything under control*" narrative describes a so-called "self-directed" girl with a strong ability to exert control and a good understanding of her limitations; she operates within the boundaries of these limitations and thus retains control over sexually-charged situations, even when affected by complicating factors such as being drunk. She has a good understanding of her intentions and motivations when engaging in sexual activity, and is able to articulate her aims, expectations, wishes, interests, and desires. In some cases, she will instigate the activity and may plan it in advance. She makes decisions of her own both before and during sexual activity and may call a halt to the activity if she is uncomfortable or wishes to re-evaluate the situation or discuss things with her partner before proceeding further. In general, girls whose narratives resembled this archetype were able to ensure that their sexual

encounters proceeded in a satisfactory fashion. They were able to exert control and to refuse or withdraw from activities that made them uncomfortable. Moreover, being aware of their own desires, they took action to ensure that these desires were satisfied. They are active and willing to take the initiative, and will express their own wishes to their partners, either by encouraging the partner to proceed or by taking action herself to move things along as she sees fit.

Strength of self-control and the ability to exert control seems to be a rather stable characteristic, which is unaffected by factors such as alcohol consumption. Strong-willed girls are generally able to remain within their own limits even while drunk; they retain situational awareness and are willing to take responsibility and exert control over the progression of events. They do not engage in risky sexual behaviour even in highly sexually-charged situations. In some cases, these self-directed girls drew up rules saying that, for example, they would not have sex with their partners when alcohol was involved, although they were happy to either drink with their partners or have sex with them, so long as the two were not combined. These decisions proved to be rather stable, even when the girl was highly sexually aroused or when her partner expressed wishes to the contrary.

Weak self-control

The *Let it go narrative* describes a girl whose self-control and ability to exert control are weak, and who is passive in sexually-charged situations. She has little ability to influence the outcome of events in sexually charged-situation under any circumstances; from her perspective, things get out of hand or happen spontaneously without her having time to stop and think or talk the situation over. Her partner assumes control over the situation and is primarily responsible for the things that happen. Phrases such as “I drifted” and “we ended up” were common in the narratives created by outwardly-directed girls of this kind; they do not go into sexually-charged situations with a well-defined set of intentions or motivations for sexual action. Often, they do not act in accord with their own feelings or take action to secure their interests as the situation progresses; they do not take decisions of their own or call a halt to events so as to have a moment in which to evaluate the situation. Instead, they seem to just go along with their partner’s decisions.

This outwardly-directed mentality appears to be quite stable: girls whose narratives fitted this pattern exhibited little ability to control sexually-charged situations whether or not they had consumed alcohol; they rather effectively gave up control no matter what the circumstances. As such, they are at great risk of contracting sexually transmitted diseases, unwanted pregnancy, and rape or sexual abuse in the course of their sexual relationships. Girls like this are generally unable to articulate their desires, and show little interest in exerting control over the progression of events during sexual activities. They freely cede control over the situation to their partner, and thus end up taking many risks in sexually charged situations. Both their sexual behaviour and their use of alcohol and contraceptives are relatively poorly controlled; they take risks both consciously and unknowingly.

Uncertain and shaky self-control

The third type of common narrative identified was termed the “*I did and did not want*” narrative. It describes situations in which the girl’s ability to exert control was

uncertain and dependent on the precise circumstances encountered. This uncertainty generally appears to be due to the existence of contradictions within and between the girls' intentions, objectives, and desires. In some cases, these arose from conflicts between reason and emotion; in such cases, it is difficult to determine whether the girls' uncertain exertion of control was due to these apparent internal incompatibilities or to situational factors such as alcohol consumption. They look like to allow sexually-charged situations to proceed spontaneously without pausing to think or make decisions; the situation is perceived to be fluid, and "things just happen." They are able to exert some limited degree of control, although in many cases, they will adapt their desires to suit those of their partner; in addition, they may analyse the situation more thoroughly in retrospect. Typically, these girls' intentions are not clearly-defined during the events, and they are unsure as to what they want. Factors relating to the environment in which the event occurred, the extent to which the girls were separated from their friends, phone calls, having set a pre-arranged time of departure, and the occurrence of outside interruptions seem to play crucial roles in influencing the course of events during their sexual interactions.

Girls whose narratives resembled this archetype were willing to assign responsibility for the outcome of their sexual interactions to situational factors such as alcohol consumption. Alcohol use inhibited their self-control and made them act in a more outwardly directed fashion. When sober, they were able to exert control over sexually-charged situations and to refuse to participate in acts with which they were not comfortable, and to act according to their interests. Girls with shaky self-control may take risks in sexually motivated situations when drunk, but are typically of the risks of doing so when sober. When drunk, they are at greater risk of contracting sexually transmitted diseases, unwanted pregnancies, sexual abuse, and rape. When sober, they were much less susceptible to such risks and to the influence of situational factors.

Overall, the results indicate that the effects of alcohol consumption on adolescent girls' sexual behaviour are partly dependent on their personality and strength of will. Some of the girls narratives indicated that they were able to handle sexually charged situations well even when drunk. Thus, alcohol consumption in sexually-charged situations is not always associated with elevated risks or uncontrolled (sexual) behaviour; this contradicts conventional public opinion. Alcohol use alone is not sufficient to explain risk-taking.

6.3 SELF-EFFICACY AND USE OF CONTRACEPTIVES (STUDY III)

The third study used both the girls' narratives and the results obtained from the questionnaire. The data were analyzed using the Theory of Planned Behaviour and its key determinants, namely attitude, intention, and preparatory behaviour; the latter of these encompasses things such as carrying condoms, having a condom available and discussing safer sex before intercourse. It seems that these determinants alone could not be used to predict whether contraception would be used. Instead, it may be that the self-efficacy of the girl is the crucial factor in determining whether a condom will be used. In real sexually charged situations, it is not sufficient for the girl to have a positive attitude towards the use of condoms, the intent to use one, and to be prepared by having one available. She also needs to have enough self-efficacy and strength of will to insist that her partner use it if he is

reluctant to do so. In reality, it is likely that all of the key determinants espoused by the Theory of Planned Behaviour are subservient to self-efficacy.

High self-efficacy

The *contraception in use* narrative describes situations involving girls with high and stable levels of self-efficacy who were strongly intent on using contraception (specifically, a condom). These girls were consistently able to ensure the use of contraception. They made decisions about contraceptive use rationally, using the facts available to them, and evaluated the risks and benefits of contraception and intercourse on the basis of the nature of their relationship with their partner and their personal characteristics, goals and values. They were well prepared for protected intercourse: they carried condoms, made sure that contraception was available before intercourse, and discussed its use with their partners. Situational factors such as sexual arousal, alcohol consumption, or the partner's preferences seem not to have effect on the girls' insistence on the use of a condom. They were similarly indifferent to issues relating to their reputation; some girls suggested both intercourse and condom use straightforwardly, without shame or shyness.

On the basis of the data from the questionnaire data, girls who used contraception often had relatively regular sex: more than half (52.6 %) had experienced intercourse 10 or more times. Although most of the girls seemed to use contraception consistently, some (15 %, $n = 3$) had not used contraception when they last had sex, although they had used it in the sexually-charged situation described in their narrative.

Low unstable self-efficacy

The *contraception not in use* narrative describes situations involving girls with low and unstable self-efficacy and whose use of contraception was either occasional or non-existent. Their attitudes towards the use of condoms were neutral, and their intent to use condoms was weak and tended to be subservient to the effects of situational factors that discouraged condom use such as the intensity of their emotions and sexual arousal, their inebriation, and pressure exerted by their partners. Even though the girls may have prepared for protected intercourse, carried condoms, and discussed the use of contraception with their partners, they nevertheless often engaged in unprotected intercourse. In general, these girls seem not consciously choose not to use contraception, but they regarded their failure to do so as a misfortune or "an accident" rather than a rational choice; they "forgot" to use one, or simply acted spontaneously.

On the basis of the responses to the questionnaire, two extremes were identified within the group of girls who did not use contraceptives. One contained girls whose sexual experience was limited, and may have only had sex on one occasion (43.8% had had only one partner; 43.8 % had only had intercourse once). The other was occupied by girls who were very sexually active and who had experienced intercourse many times (37.5 % had experienced intercourse 10 or more times) with many partners (56.3 % had more than one partner). In some cases, girls whose narratives described situations in which they had not used contraception indicated that they had used contraception in their most recent sexual encounter when responding to the questionnaire.

The preconditions for contraceptive use were that the girl be prepared for intercourse and contraception in advance, that she exhibit strong self-efficacy and the strength of will to insist on its use, and that she adopt an attitude that the use of contraception is something that can almost be taken for granted every time she has intercourse. The reasons for non-use of contraception were situational, and included the intensity of the situation, pressure exerted by the partner, inebriation, and the availability of emergency pills.

6.4 INTENTION ACHIEVING IN NEGOTIATION (STUDY IV)

Finnish adolescent girls seem to be active and rather effective negotiators. *Intention achieving* narrative describe situations in which the girl negotiated with her partner so as to maintain control over the progress of their sexual activity and so that her desires would be catered to. Although a variety of negotiation strategies were adopted, most of the girls were able to achieve their intentions. Three types of negotiating strategies were identified: verbal-direct, verbal-indirect and nonverbal-direct. The verbal-direct strategy was the most commonly-employed means of negotiating in girls' narratives. Nonverbal-direct strategies involving, for example, the use of body language seem to be the most useful method of negotiation, especially in terms expressing the girls' desires and needs and in taking the initiative or proposing specific sexual activities. Verbal-indirect strategies also worked well. Both the girls and their partners took the initiative in negotiations to an approximately equal extent; it seems that those girls who engaged in negotiation did not find it difficult to do so.

A precondition for effective negotiation (and thus for the fulfilment of intentions) appear to be that the girl must be able to articulate her desires: she needs to know what she wants to do, how it is done, and what her own limits regarding sexual activity are, whether in terms of her personal morals or in terms of her health. If the girl is unclear as to the nature of her sexual interests, most probably she will find it difficult to negotiate determinedly. It is important for the girl to be clear and consistent in her expressions, whether verbal or nonverbal. Additionally, she needs to withstand pressure when her intentions are incompatible with those of her partner. If necessary, she must be assertive and persistent in maintaining her insistence that her wishes be respected in order to achieve her objectives during sexual encounters. Conversely, a dominant and persistent partner can prevent a girl from negotiating effectively or achieving her objectives. If the partner exerts pressure on the girl to do something she would rather not, she must exhibit assertiveness, a high degree of self-efficacy, and an internal Locus of Control to achieve her desires.

Failure to achieve objectives

Despite the various examples of successful negotiation that were identified, a second group of narratives, classified as *Intention not achieving* narratives, was also identified. In these narratives, verbal-direct negotiation and other negotiation strategies were not successful. Failure was encountered both in negotiations regarding the maintenance of control over the situation and the satisfaction of the girls' desires. Some girls adopted verbal-direct or verbal-indirect strategies in their unsuccessful negotiations. There are many reasons why these verbal strategies may have failed, including a weak and readily subsumed degree of intent on girl's part, a lack of assertiveness, the personality of the partner, and gender roles. Difficulties with

communication or language were not apparent in the girls' narratives. Notably, those girls who were unable to successfully negotiate to ensure that their objectives in sexually charged situations were achieved did not adopt noticeably different negotiation strategies than did girls who were successful.

The main results of the four studies are presented in Table 3, along with the research questions they addressed, the data analysed, and the theoretical tools used in the analysis.

Table 3. Research questions, data analyzed, methods of data analysis used, and primary results of the studies

The study	Research questions	Data	Data Analysis	Main results
Study I: "Can there be such a delightful feeling as this?" Variations of sexual scripts in Finnish teenage girls' narratives.	What kinds of sexual scripts can be found in girls' narratives describing sexually motivated situations? What elements are present in those scripts? How are different scripts related to sexually risky behaviour? What challenges do different scripts create in sex education?	Narratives in which the specific script is apparent n= 173 (73.9%)	Inductive content analysis (Graneheim & Lundman, 2004; Polit & Beck, 2004)	In addition to the traditional <i>romantic script</i> , there are <i>rational</i> and <i>experience-seeking scripts</i> as well as <i>the scripts of desire and postponing</i> . Implementation of emotion-based scripts was associated with an elevated risk of unprotected intercourse, a loss of self-control and diminished ability to exert control over events.
Study II: The role of alcohol in a sexually motivated situation	What role does alcohol play in the sexual behaviour of a group of sexually-active adolescent girls? How do the effects of inebriation interact with the girls, with special emphasis on their locus of control and risky sexual behaviour?	Narratives that mention alcohol, n= 87 (33 %)	Narrative analysis: Categorical-content mode of reading (Lieblich et al. 1998)	Narratives belonging to the category " <i>Everything under control</i> " involved self-directed girls who were able to exert control in the sexually motivated situation despite their drunkenness. " <i>Let it go</i> " narratives featured outwardly directed girls whose ability to exert control was limited, irrespective of their level of inebriation. The effect of alcohol was most significant in the " <i>I did and did not want</i> " narratives written by girls whose ability to exert control was shaky and situation-dependent. Their ability to control a sexually motivated situation was unstable and significantly affected by alcohol use.

Table 3 continues.

Table 3 continued.

The study	Research questions	Data	Data Analysis	Main results
Study III: Contraceptive use and non-use among teenage girls in a sexually motivated situation	Why do girls use or not use contraception in a sexually motivated situation? How do the determinants of the Theory of Planned Behaviour (intention, attitudes, social norms, self-efficacy and preparatory behaviour) and situational factors affect girls' contraceptive behaviour?	Narratives that mention contraceptives, n= 41 (17.5%)	Narrative analysis: Categorical-content mode of reading (Lieblich et al. 1998)	The Theory of Planned Behaviour and its key determinants (attitude, intention and preparatory behaviour, which includes carrying condoms, having a condom available and discussing safer sex before intercourse), were not by themselves sufficient to predict contraceptive use. The crucial element seems to be self-efficacy.
Study IV: Negotiation in adolescent girls' sexually motivated situations: achievement of intentions using different negotiation strategies	What issues did the girls negotiate over in sexually motivated situations? What sort of negotiation strategies did they use in those situations? Were there objectives achieved?	Narratives that mention negotiation, n=68 (29%)	Narrative analysis: Categorical-content mode of reading (Lieblich et al. 1998)	Regardless of the negotiation strategy they used, most of the girls (89.7 %) were able to achieve their objectives. The girls used different negotiation strategies rather successfully and they were able to maintain control and fulfil their intention through negotiations. The most commonly-used approach was the <i>verbal-direct strategy</i> , which proved to be quite successful, particularly in ensuring the maintenance of control. The <i>nonverbal-direct strategy</i> was particularly effective in negotiations concerning the girls' personal desires. A <i>verbal-indirect strategy</i> also worked in some contexts. However, none of the negotiation strategies were successful in all contexts.

6.5. SYNTHESIS OF THE RESULTS

Adolescent girls in the 9th grade (14-15 years old) use a variety of abilities and skills to exert control in sexually-charged situations and to ensure that their objectives in such situations are achieved. However, the girls were not a homogenous group in terms of their sexual behaviour, self-control, and ability to negotiate, or in terms of their use of contraception and alcohol. Differences in the girls' ability to exert control, achieve their objectives, use of contraception, preferred negotiation strategies, and internalized sexual scripts were identified.

The outcomes of sexually charged situations involving adolescent girls are affected by many factors. Internalized sexual scripts provide a basic cultural and social framework for girls' sexual behavior, ability to exert control, and attainment of objectives. A girl's ability to exert control is a function of personal factors such as the position of her Locus of Control and her self-efficacy, as well as her negotiation skills; all of these factors have profound effects on girls' ability to achieve their objectives in sexually-charged situations, and on their use of contraception and condoms. Situational factors such as inebriation and preparation also affect the outcome of sexually-charged situations, as do the actions and opinions of the girl's partner. In terms of her ability to exert control and achieve her objectives, the experience a girl gains from a sexually-charged situation may be positive, negative, neutral, or ambiguous and contradictory.

Sexual behaviour and the ability to exert control are complex and multifaceted phenomena, and there are several factors that underpin the ability of some adolescent girls to control sexually-charged situations and achieve their objectives where others fail to do so. First, girls who successfully exercised control had adopted and followed sexual scripts that promote rational thinking and careful evaluation of the situation in sexual encounters. Second, these girls exhibit high self-control, are self-directed, and are aware of an able to articulate their interests, motivations, and needs. Alcohol consumption did not significantly affect the ability of these strong-willed girls to exert control. Third, these successful girls are well informed about contraception, are strongly in favor of its use, and prepare for sexually-charged situations by carrying condoms. Moreover, they are sufficiently self-possessed and strong-willed to demand that their intentions be respected and to insist that their partners use a condom. Fourth, they adopt at least one effective strategy for negotiating with their partners in order to achieve a satisfactory outcome in sexually charged situations, and may employ several different negotiation strategies in order to maintain control of the situations and ensure that their wishes are respected and accommodated. These factors protect their sexual health and increase the likelihood that their sexual experiences will be satisfying, both as adolescents and as they mature into adulthood. Healthcare professionals and other adults need not be particularly worried about these girls.

Similarly, there are many reasons underpinning the failure of some adolescent girls to exercise control in their sexual encounters. Some of these girls adopt and follow emotion based scripts and allow themselves to be led by their partner or by strong emotions. They may have an outward-directed Locus of Control or low self-efficacy and may be unable to define and articulate their own personal needs and desires. The use of alcohol by girls in this group was associated with increased sexual risk-taking and non-use of contraception. They may be uninformed about contraception, or may perceive it in a negative fashion; alternatively, they lack the intent to use contraception or not have prepared in anticipation of finding themselves in a situation that might warrant its use. Additionally, they lack the self-efficacy, abilities, and skills required to negotiate successfully with their partners in order to achieve their objectives. Health professionals and other adults should be concerned for the sexual health of these adolescent girls: they are at a real risk of unwanted pregnancy, sexually transmitted diseases, abuse and rape as a consequence of their inability to exert control. Recognizing girls who are unable to exert control in sexually charged

situations and providing them with support to ensure that their sexual health is maintained is one of the great challenges confronting healthcare and education professionals; identifying efficient means by which this can be accomplished is a key objective in the promotion of sexual health.

7 Discussion

7.1 ASSESSMENT OF THE THEORETICAL FRAMEWORKS USED AND THE RESULTS OBTAINED

Adolescent girls' sexual behaviors and ability to exert control are complex and multifaceted phenomena that are affected by many cultural, personal, and situational factors. This qualitative study generated new and valuable contextual and situational information about the self-control of adolescent girls in sexually-charged situations based on narratives of their lived experiences. It identified factors affecting girls' self-control, ability to achieve their objectives, contraceptive use and non-use, and the negotiation strategies they employ in sexual encounters.

A variety of theoretical frameworks and concepts proved useful in the analysis of adolescent girls' self-control. Sexual script theory (Simon & Gagnon 1986; Gagnon & Simon 1987; Gagnon 1999) was used to shed light on the cultural and social aspects of adolescent girls' sexual behaviour, while the Theory of Planned Behaviour (Ajzen 1985, 1991) was used to identify personal and situational factors that promote healthy sexual behaviour. Rotter's concept of the Locus of Control (Rotter 1966) provided a suitable tool for interpreting the ability of the adolescent girls studied to exert control and achieve their objectives. The use of multiple theoretical frameworks made it possible to consider the subject matter of this study from a wide range of perspectives.

However, each theory has its limitations. None of the theories used in the study were by themselves sufficient to explain the all of the observed variation in the ability of different girls to exert control and achieve their objectives in sexually charged situations. Sexual script theory (Simon & Gagnon 1986; Gagnon & Simon 1987; Gagnon 1999) defines different levels of scripting - cultural, interpersonal, and intrapersonal - but determining the precise level at which a given script operates is complicated in practice. Moreover, sexual scripts can be more situational than one might anticipate. For example, an individual might follow a different sexual script in a relationship with a casual lover than would be the case with a steady partner. Similarly, determining the position of an individual's Locus of Control (Rotter 1966) is non-trivial unless the person in question clearly occupies one extreme of the continuum or the other. Finally, there are no clear distinctions between the roles, importance, interconnections, and relationships between the key determinants used in the Theory of Planned Behavior. For example, attitude, intention and preparatory behaviour by themselves do not provide sufficient information to accurately predict the likelihood of condom use. In contrast to previous findings (Sheeran et al. 1999; Bryan et al. 2002; Myklestad & Rise 2008), our results suggest that the crucial factor in all of these processes may be self-efficacy and self-control. In reality, it is likely that all of the key elements of the Theory of Planned Behaviour are functions of self-efficacy.

Sexual scripts (Simon & Gagnon 1986; Gagnon & Simon 1987; Gagnon 1999) provide a framework that defines culturally- and socially- acceptable behaviour for adolescent girls. At the same time they help in defining limits on what girls will accept in any given situation and allow girls to exert control, achieve their intentions,

and may promote the use of contraception in sexually motivated situations. The specific sexual script adopted by a given individual may depend on the context; for instance, a girl may follow one script with a casual lover and another with a steady partner. Finland's liberal sexual culture means there is a plethora of sexual scripts available. Some of these scripts that may be internalized by adolescent girls place as much or more emphasis on emotions, love, passion, desire, thrill-seeking, and curiosity as they do on rational thought. However, Finnish culture also offers sexual scripts that stress rational thinking and careful evaluation of both one's situation and the qualities of one's prospective partner. The internalization of these more rational scripts is heavily promoted by the comprehensive sex education programs and resources available in Finnish society and schools.

Rotter's concept of the Locus of Control (Rotter 1966) proved to be useful for interpreting girls' ability to exert control in terms of their personality. The concept focuses on the analysis of people's beliefs regarding their ability to control events that affect them, including their ability to achieve their intentions, the degree to which their actions are responsible for the outcome of events, and their capacity to influence the outcome of sexually motivated situations (cf. Rotter 1966; Norwicki & Strickland 1973; Strickland 1973; Lefcourt 1976; Miller 1978; Hoffman et al. 1994; McCullough & Ashbridge 1994; Kelley & Stack 2000). By comparison to other theories, the Locus of Control concept was considered to be more precisely defined and thus to provide a convenient and readily-understood perspective on the ability to exert control. This made it suitable for use in the study of specific situations and comparatively easy to apply in the analysis of the narratives studied in this work than are alternative concepts and theories concerning the ability to exert control. The concept of the Locus of Control was used to define adolescent girls' behaviour in their narratives as being either self-directed (having a high internal Locus of Control) or outward-directed (having a high external Locus of Control), which in turn bears on how much control the girl was able to exercise over the sexually-charged situation described in her narrative.

The theory of Planned Behaviour (Ajzen 1985, 1991) was used to shed light on the personal and situational elements that lead to healthy sexual behaviour. Its use provided an alternative perspective on self-control and intention achievement by offering a framework for a more detailed analysis of several determinants of safe sexual behaviour, including attitudes, social norms and preparatory behaviour (Sheeran et al. 1999; Noar et al. 2004; cf. Armitage & Conner 2001). Analysis using the Theory of Planned Behaviour confirmed the importance of intention and self-efficacy in determining the self-control and sexual behaviour exhibited by girls, particularly with respect to the use of contraception. Adolescent girls' sexual behaviour is also strongly influenced by their understanding, skills and attitudes.

The process by which adolescent girls learn to exert control during sexual activity is multifaceted. It consists of a variety of different sub-processes related to sexual development, such as learning to interpret and internalize (cultural) sexual scripts, gender roles and norms as well as learning self-control in social contexts in the course of their personal experiences, significant childhood and teenage relationships and other life events. These processes constitute the foundation on which girls' patterns of sexual behaviour are constructed, and affect their ability to negotiate,

achieve their intentions, compel the use of contraception, and how they respond when inebriated in sexually-charged situations.

Interventions can be conducted to improve adolescent girls' sexual health by strengthening and supporting aspects of their personality and character. Tools that allow and encourage adolescent girls to take control over the progress of sexually charged situations and the situational and cultural factors that influence their outcome should be provided during sex education in schools. The SHE network provides a valuable and useful opportunities and resources that assist schools in developing sex education plans, projects and other interventions, although these facilities are perhaps not as extensively and effectively used as they might be. By developing common research based interventions and materials for all SHE schools around the world and then adapting them to suit local needs, the costs of developing such materials can be minimized, allowing for a more efficient utilization of available resources. By working collaboratively, it is possible to create more effective sex education intervention techniques for schools and to spread good practices more widely. The SHE network can then be used to distribute these methods so as to promote the sexual health and support the self-control of thousands of European adolescents.

7.2 METHODOLOGICAL CONSIDERATIONS

The methodological soundness of this work was maximized by using a variety of different qualitative methods of analysis. According to Lieblich et al. (1998), the categorical content mode of reading and inductive content analysis are very similar. In practice, the process of analysis using these two methods is technically similar and the results obtained by the two methods are consistent with one-another even though the methods' epistemological and ontological foundations are different. The main difference between these two methods lies in their ontological foundations. One of the central differences between traditional qualitative research and narrative research has to do with the subjectivity of knowledge and cognition. In narrative research, knowledge is treated as a multi-voiced and multi-level entity that is socially and psychologically construed, and expressed through narratives. Narrative research does not aim to produce objective or generalized knowledge; instead, it focuses on local, personal and subjective knowledge. Additionally, the style of writing used when reporting the results of narrative research differs significantly from that used with other methods (Bridges 2002; Heikkinen 2002). In narrative research, the objective is to create a complete, rich and insightful picture of the phenomena under investigation and to present the results in an innovative way (Lieblich et al. 1998). By contrast, relatively little attention is paid to the style of writing in content analysis. In this case, the author benefited from learning to use both narrative analysis (and the categorical-content mode of reading) and content analysis in the course of conducting this work. It also strengthened the methodological soundness of the study. However, the use of content analysis did not generate any data or new insights into the subject matter that had not already been established using narrative analysis, as might be expected.

Questionnaire data was used (in Study III) to provide a basis for comparing the sexual behavior and contraceptive use of the girls who participated in the study to

that of 'average' Finnish girls of the same age. In general, the studied group's behavior replicated that observed at the national level; this observed similarity supports the value and utility of the results. Even though research results are context specific and culturally and temporally "limited," the results obtained concerning the trends in and factors affecting the sexual behavior of adolescent girls may be relevant to the behavior of girls in the same age group in other countries; in some respects, other Western countries can be considered to 'lag behind' the Scandinavian countries in terms of liberalization and the development of democracy.

7.3 RELIABILITY OF THE RESULTS

Narrative research must be based on evidence, and satisfy the trustworthiness criteria expected of scientific research (Bridges 2002). This study examined a selected group of Finnish adolescent girls; the group studied does not necessarily constitute a representative sample of all Finnish girls. On average, the participants were only slightly more sexually experienced than was the 'average' contemporary Finnish 9th grade girl, as judged by the findings of the national Finnish School Health Promotion Study (2009). There was no evidence of bias in the data even though all of the data was collected from schools participating in the SHE network. SHE schools do not implement any common or uniform programs or practices for sex education, because each school defines its own targets and implements health promotion activities in different ways to suit local needs and circumstances (cf. Tossavainen et al. 2002). However, it is possible that SHE schools generally place more emphasis on health issues than do other Finnish schools.

According to Lieblich et al. (1998) narrative research can be evaluated using four criteria: width, coherence, insightfulness and parsimony. Width denotes the comprehensiveness of the evidence. It refers to the quality of narratives as well and that of their proposed interpretations and analysis. The girls' narratives obtained in this study were highly informative, including descriptions of their intentions, negotiations, and actions taken in sexually-charged situations. They are thus a rich source of data for analysis. However, the instructions given to the girls before they wrote the narratives did not request that they focus on the themes of the individual studies, i.e. the effects of alcohol consumption, factors affecting their use of contraception, the influence of sexual scripts, and negotiation in sexual relationships. Instead, the girls were asked to write more generally about their sexual experiences. It is possible that the participants would have written more specific or focused narratives had their instructions been more tightly focused on the research questions addressed in the individual studies. This in turn would have afforded more detailed data tailored to the subjects examined in each study. The relatively vague instructions used generated a more multifaceted and complex dataset; this complexity gave rise to a unique set of challenges when identifying, selecting, and analyzing relevant data from the narratives and when writing articles describing the research. However, the richness of the data may provide a more realistic picture of the complexity of adolescent girls' perceptions of sexually-charged situations.

The coherence criterion has to do with the extent to which the separate interpretations of the data are consistent with one-another and can be combined to create a complete and meaningful picture. Coherence can be evaluated both internally, in terms of how well the individual interpretations "fit together," and

externally, by comparison to existing theories and previous findings (Lieblich et al. 1998). The interpretations used in these studies were based on the girls' personal narratives concerning their experiences in sexually motivated situations and the process of analysis was described carefully in each of the four published papers. The different analyses conducted in each study can be combined to furnish a meaningful and relatively complete picture of the factors affecting adolescent girls' ability to exert control and achieve their intentions in sexually motivated situations.

Ideally, narrative research and analysis should be described in such a way as to enable the reader to assess the reliability of the researchers' interruptions of the narrative. It is not possible to conduct research of any kind without affecting the results in some way because the acquisition, presentation, and analysis of data are necessarily influenced by the person conducting these activities. Participants' words must perforce be edited by the researcher, and will be interpreted using the researcher's preferred theoretical frameworks. In the studies described in this thesis, the author introduced interruptions into the girls' written narratives. Interruptions were introduced when the author decided which parts of the narratives were significant and which were trivial and when she decided which sections to include and which to exclude. In doing so, the author became increasingly aware of the importance of reflexivity during research process with respect to the collection, analysis, and presentation of research data. Reflexivity refers to the tendency to critically examine and reflect upon the nature of research and the role of the researcher in data collection, analysis, and interpretation, and in the presentation of results. The author maintained a record of her presumptions, thoughts and interruptions from the early days of this research project up until the time came to write this thesis. This made it possible to acknowledge her own perspectives on and emotional responses to the narratives, and she referred to her notes on these experiences as the first step in her analyses of the data. The author's purpose in doing this was to explicitly record her emotional responses to the girls' narratives and the way in which the events and emotions they described resonated with her own life experiences. (cf. Reissman 1993; Lieblich et al. 1998; Elliot 2005).

The insightfulness criterion has to do with the innovation or originality displayed in presenting the study and its analysis (Lieblich et al. 1998). The studies described in this thesis are based on an innovative and original presentation of the phenomena examined. Narrative analysis (using the categorical content mode of reading) was used to facilitate multiple deep interpretations of the data obtained. The study produced new and insightful understandings of the studied phenomena, generated using different theoretical frameworks. As a result, the study provides an enlightening overview of the factors affecting adolescent girls' ability to exert control and achieve their intentions in sexually-charged situations.

Finally, an analysis satisfies the parsimony criterion if it is based on a small number of concepts and possesses some degree of elegance or aesthetic appeal (Lieblich et al. 1998). In this multidimensional study, the author sought to satisfy the parsimony criterion by restricting the number of concepts examined. The findings of the four original studies discussed in this thesis have been condensed into four comparatively brief sections, each of which describes one framework within which some aspect of adolescent girls' ability to exert control can be understood. The overall concept of the

ability to exert control can be understood by combining these four frameworks, even though different terms and points of view were employed in their construction. However, it should be noted that although the concept of exerting control is built on only four theoretical frameworks, each framework was built on a number of pre-existing concepts, and so one could argue that the criterion of parsimony is not truly satisfied.

When evaluating narrative studies, it is important to stress the link between the temporal and meaningful dimensions of narratives. Narrative data cannot be understood without some understanding of the audience for whom it was produced. Individuals will often describe the same events and facts differently and ascribe different meanings to their narratives in different cultural contexts. The narrative presented to one person may differ from that presented to another because individuals wish to present different images of themselves in different contexts. Consequently, it is important to recognize narratives produced for use in research are subject to the same phenomenon: they are written for researchers. Moreover, it is important to bear the limitations of the human memory in mind: a narrative may not accurately represent what really happened because it is an after-the-fact description of a situation experienced at some point in the past. The narrator may not have remembered everything perfectly, or may not recall every detail of what took place. Additionally, memory can be selective. Importantly, this implies that a narrative can never truly be complete because it is always possible that future events will change our interpretation of the meaning of events that happened in the past (cf. Elliot 2005).

An interesting question that the author has often been asked when discussing this work is whether it is possible to be confident that the girls' narratives are really true? On the basis of the principles of the narrative approach, narratives are always true, because they always illuminate some aspect of the reality they were written about or in, whether or not the events they discuss really happened as described (cf. Ricour 1991; Heikkinen 2002). Thus, at least in principle, the narratives are indeed true. A more pragmatic answer is that the data gathered consists of 234 different narratives. There are a number of recurring themes, phenomena, and events in this set; it is highly implausible that this would be the case if a significant number of them were false accounts.

7.4 RECOMMENDATIONS FOR SEXUAL HEALTH RESEARCH

Sexual health promotion needs necessarily interdisciplinary research and theories to strengthen its evidence-based foundation and to create more effective interventions and practices (cf. Sandfort & Ehrhardt 2004; Schaalma et al. 2004; Liinamo 2005).

This study of adolescent girls' ability to exert control was conducted with the aim of generating knowledge that would be useful in the promotion of sexual health in schools and in the development of new methods for achieving this. By taking a qualitative approach, we were able to uncover new and relevant information about girls' reasons and motivations for engaging in specific health behaviors. Many different aspects and nuances of a given phenomenon in health science can be identified by using a qualitative approach. This is important when trying to understand the sexual behavior of adolescents because it means that qualitative approaches can be used to avoid having important facts and nuances get buried

under the large amounts of data gathered and the various generalisations that can be made. Qualitative approaches are thus useful for identifying less obvious factors that affect adolescent girls' health behaviour.

Girls' ability to exert control in sexually charged situations is strongly dependent on the behavior of their partner, and more research is needed in order to better understand the nature of the partner's influence. The narratives gathered in this work contained inconsistent descriptions of the effect of the male partners' actions on the girls' ability to exert control and insufficient data was available to conduct any meaningful analysis; this probably because of the rather general nature of the instructions given to the girls before they wrote their narratives. Similarly, a deeper understanding of the situational factors that influence the sexual behavior and decision-making processes of adolescents is needed.

Although this study examined the sexual behavior of adolescent girls in the context of sexual health promotion and sex education, there is little data regarding the extent to which information taught in sex education is internalized by teenage girls or on how much of their knowledge and scripting is adapted from other sources such as the media. These factors merit further study. It would also be worth investigating the scope for using social media in the promotion of adolescent sexual health. Research is a source of evidence-based knowledge regarding the effectiveness of modern interventions and methods for the promotion of sexual health.

More research into the sexual behavior of adolescent girls' sexual behaviour and ability to exert control in sexual encounters is needed, especially from a positive sexual health point of view (cf. Aggleton & Campbell 2000; Shoveller & Johnson 2006; Ferguson et al. 2008). It is possible to find new methods to improve sexual health by studying adolescent girls' ideas, the choices they make and the factors that affect their choices. Girls themselves are the best informants in this matter. (cf. Bottorff et al. 2000; Hurwitz 2000; Bondas & Eriksson 2001; Halldén et al. 2005; Gilbert 2007). By listening to girls' experiences and stories, more relevant and effective sexual interventions can be created. This is the way to develop more effective and influential interventions and approaches to the promotion of sexual health that can be tailored to suit the needs of individual adolescents.

7.5 PRACTICAL IMPLICATIONS FOR SEX EDUCATION

The objective of sex education is to promote the sexual health of adolescent girls and to protect them from elements that threaten it. Girls who internalize unhealthy sexual scripts or possess weak self-control, poor negotiation skills, and do not use contraception in sexually-charged situations are subject to greatly increased risks of sexual health problems and consequences such as unwanted pregnancy, sexually transmitted diseases, dating violence, abuse and rape. The challenge for health care and educational professionals is to recognize the girls at risk and to provide extra support to them.

In many Western countries such as Finland, sex education focuses on rational sex or postponing intercourse (cf. Ferguson et al. 2008). These approaches centre on danger messages and do not discuss sexual pleasure. It is important to be aware that the objectives and motives of providers of sex education may contradict the sexual

scripts already internalized by adolescents, which may stress the acquisition of new experiences, the sensation of desire and, enjoying or expressing love rather than minimizing risks. If sex education does not recognise the existence of these competing scripts, it cannot be effective. More realistic, useful and modern sexual scripts are needed in sex education. A mixture of the modern sexual scripts may be more useful in contemporary sex education than are those currently used; scripts are perhaps more likely to be internalised if they accurately reflect the realities of modern adolescent girls' lives. Sex education should incorporate safety elements such as the use of contraception and a careful evaluation of the suitability of prospective partners and of sexually charged situations. However, it should also offer tools that will increase the likelihood of having emotionally satisfying sexual experiences that emphasise pleasure, desire, passion, and an openness to new positive experiences; scripts that account for these factors are more likely to be advantageous.

Some sexual scripts are not conducive to the exertion of control or the achievement of the girl's intentions. For example, some adolescent girls follow emotion based scripts, and are guided strong emotions or their partner's desires. This may result in a failure to think rationally and carefully evaluate risks before acting. Scripts that emphasize the acquisition of new experiences may even actively encourage conscious risk-taking and unsafe sexual practices. A fruitful and positive point of view in sex and health education is that changes in an individual's sexual scripts and the testing of new scripts are part of the normal developmental process in adolescent girls. It is possible to interrupt and deconstruct useless or damaging sexual scripts in sex education. By learning, girls can create new scripts or revise existing ones so as to incorporate safe and healthy behaviour. Thus, a consequence of an unpleasant sexual experience, regret, could be used constructively in sex education to reinforce healthy behaviour by tailoring a script to the individual girl's unique circumstances. Girls' experiences must be treated with respect. One way to increase a girl's self-efficacy and improve her ability to exert control is for her to reflect on her experiences with a trustworthy school nurse. By working through her experiences, recognising her own needs and interests, thinking about how things went, and identifying alternative ways of acting that would lead to more favourable outcomes, girls can be brought to empowering realisations and gain insights into how they could handle similar situations better in future.

Adolescent girls with low or unstable and shaky self-control are prone to engaging in high-risk sexual behavior. They encounter difficulties in dealing with their emotions and with the use of alcohol and contraception. In sex education it is necessary to find additional means to strengthen the self-control of such outward-directed girls who have weak or unstable self-control. If sex educators and sexual health promoters such as school nurses and teachers were able to identify girls with limited ability to exert control, it would be possible to administer sex education according to individual students' needs rather than treating all students in the same way (cf. Honkinen et al. 2005). One possible way in which this could be accomplished would involve subjecting girls to psychometric testing and tailoring their sex education on the basis of the results. Girls with weak or unstable self-control require sex education that accomplishes more than simply providing information; since they are primarily emotion-driven, fact-based approaches are likely to be ineffectual. Instead, it would

be better to provide the girls with an emotional affirmation of the benefits of contraception and then teach them how to handle their emotions better, to resist pressure exerted by their partner, and to control their use of alcohol in sexually-charged situations.

Some of the girls who participated in this study were unable to articulate their desires in sexually-charged situations. This can push them into risky situations: if a girl does not know herself what she wants in a sexually-charged situation, she is more susceptible to the influence of situational factors such as the effects of alcohol that make it more difficult to handle the situation. For adolescent girls with unstable and shaky self-control, alcohol use can result in spontaneous and uncontrolled sexual experiences and promotes sexual risk-taking and non-use of contraception. When teaching about both alcohol use and issues concerning sex and sexuality, it should be noted that in practice both of these things happen together and they should not be treated separately. Sexual behaviour should be emphasised when discussing alcohol use and, correspondingly, the negative effects of alcohol consumption on sexual behaviour should be highlighted in sex education.

Individuals' needs for closeness and sex are often interlinked, especially in the case of girls with uncertain and shaky self-control. This can lead to a girl having sex even though her primary need is to experience closeness and tenderness. Sex education must emphasise that the need for closeness and tenderness is not the same as the need for sex, and that obtaining one may not satisfy the need for the other. It is necessary to teach adolescents to recognise the true nature of their needs so that they do not try to satisfy them ineffectually, e.g. by having sex when they are seeking closeness. It is also important to help them find different ways of being together that suit them and their needs. Girls must be taught to recognize and pursue their personal needs and desires and to work out what they want when dating and engaging in sexual relationships before they commit to either. Thus, new methods for increasing girls' "self-knowledge" and ability to recognise their emotions and feelings are needed. It is likely that if the girl is aware of her own values, attitudes, wishes and feelings before she finds herself in a sexually-charged situation, her decision-making in that situation will be clearer and more rational. In addition, teaching girls about desirable and safe intercourse might make them more willing to prepare themselves and to consider what they can do to ensure that they experience good and safe sex. It may be beneficial, for example, if sex education classes and sexual health counselling sessions were to discuss girls' expectations, requirements, and the preconditions they may wish to impose before their first experience of sexual intercourse. This could have long-term positive effects on girls' sexual health and increase their ability to exert control in their future sexual encounters.

Some adolescent girls do not have adequate abilities and skills to be able to negotiate with their partners and thereby ensure that their intentions are achieved. Sex education should discuss negotiation in more detail, explaining how a girl can achieve her intentions, maintain control and ensure that her personal desires and needs are catered to in practice by negotiating with her partner. This is important both for improving sexual health and because it helps girls take control of their own sexuality. It is vital that sex education help adolescent girls to understand the importance of effective negotiation about sexual issues and that it teach them how to

use both verbal and nonverbal strategies effectively and to develop skills that will help them resist the pressures they may encounter. (cf. Holschneider & Alexander 2003; DeVisser 2004; Teitelman et al. 2009; Fantasia & Fontenot 2011). It would be useful to introduce a variety of different strategies from which girls can select so that they will always have access to a strategy that is applicable to any sexually-charged situation they are likely to find themselves in, no matter what the nature of their partner, the power dynamic between them, and the context and situation in which the negotiations are being conducted (cf. Choi et al. 2004). Negotiation and refusal skills as well as assertiveness and conflict management need to be practiced in sex education through different kinds of exercises. Drama pedagogy can provide tools for practising and developing negotiation and other social skills. It may be useful for a girl to imagine an intense situation and practise negotiation skills. This can be done, for example, by using role-playing exercises, games or case studies of how a girl can negotiate to ensure that a condom is used, to refuse to have unprotected sex, or to (perhaps temporarily) extract herself from an intense situation by concocting an excuse that will give her time to think and to assess the situation more rigorously.

Some adolescent girls fail to use contraception. They may be inadequately informed about it, have a negative attitude toward contraception, lack the intent or motivation to use it, or simply not have taken the practical step of carrying condoms with them. It remains important that sex education resources stress the importance of carrying a condom and using one when having sex; condom use must not be regarded as being optional. While it is true that girls who prepare for potential sexual encounters by carrying condoms do not always use them, it is still likely to be beneficial to teach girls to carry condoms and to consider the potential consequences of sexual activity in advance; while preparatory behavior does not invariably result in the use of contraception, it is certainly the case that if a condom is not available, it cannot be used. Preparation for intercourse and contraception, for example in school health education classes, can help adolescents to make good contraception-related decisions in sexually-charged situations. It is important that the use of condoms be practiced. Both adolescent boys and girls should be shown how to use condom correctly. In the classroom the teacher can show students how to wear and use a condom using an artificial penis, or by showing them a short movie. The adolescents can then practice doing it correctly until they are confident in their ability to do it 'for real'. High-quality, modern updated and realistic sex education material, such as interviews with adolescents who have experienced abortion, acquired a sexually transmitted disease, or became teenage mothers may also be useful in sex education; such material may be more effective than text, and interested teens can re-visit the books later if they so desire. One possibility is to ask the students to fill out a sexual health quiz in the classroom and to later analyse the results, as a group. Alternatively, teachers and health education professionals could show adolescents how to locate reliable information from trustworthy professional web sites. It may also be useful to use social media, simulation and e-learning in the promotion of adolescent sexual health.

An important question for sex educators is: what is the most effective way to teach adolescents how to handle situational factors, such as pressure exerted by their partner, highly intense situations, or inebriation, that affect safety and prevention? Creating a positive attitude and strong intention and supporting essential self-control

requires more than information-sharing. Thus, sex education should be allowed to evolve towards the use of functional and participative methods that challenge adolescents to consider and evaluate their values, wishes and behaviours. When a sexually interesting situation arises, they will find it easier to handle if they know their own limits and desires.

The objective of sex education and sexual health promotion should not only be to teach adolescent girls how to say no and refuse, but also to teach them how to say yes – at the right time. The challenges for sex education are to provide adolescents with tools that will enable them to handle sexually charged situations with confidence, to be conscious of their intentions and confident in the pursuit of their desires, to negotiate effectively, and to enjoy their future sexual activities as much and as safely as possible.

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Appendix 1. Similar concepts with Locus of Control

<p>Locus of Control (Rotter 1966)</p> <p>Internal Locus of Control: a generalized attitude, belief, or expectancy regarding the nature of the causal relationship between one's own behavior and its consequences</p>	<p>Sense of Coherence (Antonovsky 1979, 1983)</p> <p>A global orientation that express the extent to which one has a pervasive, enduring though dynamic feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living is structured, and explicable</p>	<p>Self-efficacy (Bandura 1977)</p> <p>People's beliefs about their capabilities to produce designated levels of performance that exercise influence over events that effect their lives</p>	<p>Coping (Lazarus & Folkman 1984)</p> <p>A cognitive and behavioral efforts to master, reduce, or tolerate the internal and/or external demands that are created by stressful transaction; control =a generalized belief of an individual concerning the extent to which he/she can control outcomes of importance and a situational appraisal of the possibilities for control in a specific stressful encounter</p>	<p>Hardiness (Kobasa 1979)</p> <p>Hardy person has an internal Locus of control: he/she is a person who reject the notion that luck, change, or unfriendly powerful others determine one's fate and who optimistically believe that they can shape it, with desirable outcome</p>	<p>Learned helplessness (Seligman 1975)</p> <p>The psychological state that frequently results when events are uncontrollable. Individuals are exposed to situations in which reinforcements are independent of responses: they develop the expectation that reinforcements can not be controlled</p>	<p>Resilience (Werner & Smith 1982)</p> <p>Resilience is the ability of a person in otherwise normal circumstances who are exposed to an isolated and potentially highly disruptive event to maintain relatively stable, healthy levels of psychological and physical functioning as well as capacity for generative experiences and positive emotions</p>
<p>External Locus of Control: a generalized attitude, belief, or expectancy regarding the nature of the non-causal relationship between one's own behavior and its consequences</p>						

Notes	The concept of manageability is similar with concept of internal LOC	Self-efficacy beliefs guide /determine the outcome one expects the same way like Locus of Control does	The concept of control is similar with LOC; coping is behaviour/orientation of person with internal LOC	Conceptualization and measurement of control are rooted in the extensive locus of control literature	Learned helplessness is basically similar with external Locus of Control	Internal locus of control is consistent with the concept of resilience
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PIA SUVIVUO

*The Ability of Adolescent
Girls to Exert Control over
Sexually-Charged Situations*

*A Narrative Study for the Promotion
of Sexual Health*

Adolescent girls have a variety of abilities and skills to exert control in sexually-charged situations and to ensure that their objectives in such situations are achieved. Girls who successfully exercised control had adopted and followed sexual scripts that promote rational thinking and evaluation of the situation, they exhibit high self-control, are self-directed, and are aware of an able to articulate their interests, motivations, and needs. Additionally, they adopt at least one effective strategy for negotiating with their partners. These factors protect their sexual health and increase the likelihood that their sexual experiences will be satisfying, both as adolescents and as they mature into adulthood.



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