

## **Girl Power: Risky Sexual Behaviour and Gender Identity amongst Young Spanish Recreational Drug Users**

Nuria Romo, Jorge Marcos, Ainhoa Rodríguez, Andrés Cabrera and Mariano Hernán

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**Abstract** Against a background of significant social change experienced by Spanish women from the 1960s onwards, new gender identities and conflicts have emerged. These factors have barely been taken into account in the research work done in Spain. This article looks into the conversations of young people concerning their relationship with risky sexual behaviour, recreational drug use and sexual identity. Drawing from a qualitative study of discussion groups and semi-structured interviews with young recreational drug users, the article suggests that there are at least two models of femininity among the recreational drug consumers that have taken part in this study. First there is a *traditional romantic model* whereby young women associated risky sexual behaviour with being in love or trusting in the partner. Here the young woman does not link her sexual behaviour to the effects of using recreational drugs but, rather, to the characteristics of her emotional relationship. Second, there is a model of *new values and gender roles* that are closer to those traditionally associated to males, where the young women use recreational drugs as a form of empowerment to take on new situations concerning their sexuality. The article analyses the perceptions of risk among the different identity groups, along with the negotiations to begin sexual relations and the use of the condom in these groups of recreational drug users. Issues for policy and practice are also briefly considered.

**Keywords** gender, gender identity, recreational drug use, risky sexual behaviour

Nuria Romo and Jorge Marcos

*University of Granada, Spain*

Ainhoa Rodríguez

*Andalusian Childhood Observatory, Spain*

Andrés Cabrera and Mariano Hernán

*Andalusian School of Public Health, Spain*

## Girl Power: Risky Sexual Behaviour and Gender Identity amongst Young Spanish Recreational Drug Users

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## Introduction

The past two decades in Spain have witnessed a change in how recreational drug taking is seen socially among Spanish youth, especially amongst young women, and in this article we examine the links between this and sexual risk taking (Gamella and Rodrigo, 2004). Recreational drug use is the use of drugs for pleasure or leisure and the term usually denotes the use of ecstasy and other 'dance drugs', and implies that drug use has become part of someone's lifestyle, even though they may only take drugs occasionally (DRUGSCOPE, 2006). We refer to a context of multi-consumption whereby the users may, or may not, take their favourite drug, but in which they will certainly take some kind of substance that will affect them psychologically and give them a 'high' (Parker and Measham, 1994).

Alongside the social acceptance of recreational drug use as from the 1980s, the gender system in Spain also began to change, leading to a progressive recognition of new female roles and a new reality in which young women also began to take recreational drugs and started going to the type of entertainment spots where such activities take place (Romo, 2004). Our concern is with these gender changes and how they have connected to changing sexualities.

## Gender, drugs and sexuality

Gender is of central importance to our understanding of drug cultures (Measham, 2002). Traditionally, drug use has been a man's world. In Spain, however, since the 1990s the experimental ratios for young women have been close to those for young men as regards illegal drugs and have overtaken them when we look at legal drugs. The last school survey carried out by the Spanish Drug Observatory in 2004 revealed that, on a per-month basis, more young women than young men in the 14–18 age range consume alcohol and smoke tobacco. Young women also take more non-prescribed tranquillizers than young men. In addition to this, the ratios of cannabis consumption are similar in both sexes (Spanish Drug Observatory, 2005). Another authors found differences in the recreational drug consumption rates between young women and young men depending of the place of residence, urban or rural, of the people interviewed (Hernán et al., 2002).

This same trend had also been noted at the start of the 1990s in other European Union member states (Council of Europe, 1993). Likewise, specific studies such as Parker and Measham's (1994) in England show how the traditional gender distinctions based on drug-use prevalence ratios, and in which 'the woman' was seen as a factor of protection against

drug use, were in decline. And coinciding with the research carried out by Henderson (1994, 1996, 1997) or Hinchliff (2001) in England, specific studies in Spain have revealed how young women began to use recreational drugs, such as ecstasy, in a similar situation to that of males; as an independent option, using these drugs for pleasure and without seeing themselves as deviants (Romo, 2001; Rekalde, 2005). These studies point to a new profile of female drug users, different to that found in other research work in Spain (Meneses, 2002) or in countries such as England and the USA (Rosebaum, 1981; Taylor, 1993).

The prevalences tend to diverge as the women grow older. Similarities with male illegal drug-use habits may be a transitory situation that becomes diluted when women grow older and take on more traditional roles (Romo, 2001, 2004), given that women's representation in drug taking is linked to a very negative and socially-rejected image of women (Orte, 1998; Meneses, 2001)

The sex/gender system, just as the socio-economic class system, can be seen in the context in which sexualities and asymmetric relations of power are developed (Ortner and Whitehead, 1981).

Qualitative and ethnographic studies point out that perception and action when facing situations of risk are closely linked to the gender roles defined socially. In Spanish society, women do not seem to achieve the same positive status as males when engaging in risky behaviours (Bimbela and Cruz, 1997; Romo, 2001). According to Bourdieu (2000), a political sociology of the sexual act would reveal that the practices and representations of the two sexes are not symmetrical. The dominant constructions of masculinity leads, for example, to the consideration of passivity as a quality of 'appropriate femininity', which, paradoxically, pushes women toward adopting insecure sexual strategies (Ryan, 2000), especially when the male interprets masculinity as a justification for taking unnecessary risks or exposing the woman to such risks (WHO, 2000). In spite of the fact that women are beginning to construct their own definitions as regards sexuality and gender relations, they frequently continue to do so from an 'androcentric viewpoint' (Wolf, 1997). In any case, feminist thinking, transformations in the global society and the labour market, which have an influence on personal and affective relations, are all contributing toward redefining this dominant model. We believe that new gender identities are emerging that give rise to conflicts in the roles, which may not only be affecting perceptions on the risk of becoming infected by HIV or other sexually-transmitted diseases (STD), but also on drug use. This is the central reason why, in this article, we present the subjective experience of a group of Spanish youths on the relationship between the use of non-intravenous drugs and risky sexual behaviour in terms of HIV and other STDs.

## HIV infection and sexual risk taking

Spanish youth claims to have enough information on how to avoid infection by HIV and other STDs. However, research has shown that there is still a lack of knowledge about the effectiveness of the different methods to prevent HIV transmission, as well as the ways it can be contracted<sup>1</sup> (Aramburu and Fabregas, 1997; INE, 2004). Studies carried out in Spain and in other neighbouring countries show that the risk of infection by VIH/AIDS will depend, among other factors, on the type of relationship with one's sexual partner (stable versus casual) and not on what is done and how it is done (Lameiras and Failde, 1998; Bimbela, 1999; Ferguson et al., 2004). The study by Cochran and Mays (1990) clearly demonstrated that affective involvement with the other person, defined as a stable partner, usually bears with it the false perception of lack of risk. However, little research has been done into how the changes in the situation of women and the new forms of gender identity are altering this model, as well as into how recreational drugs are used in this context (Rodríguez et al., 2006).

The initial question used as a starting point for this present study is how the changes in gender identity affect the risk of contracting HIV and other STDs as perceived by males and young women who use recreational drugs. To answer this question, we have used the conversations of young people as a way of finding out the contextual factors surrounding this sector of the population, since we consider that such factors can influence not only the risks taken in their sexual behaviour, but also in their use of drugs.

### The study

This is a descriptive, qualitative study analysing how gender influences relationships between young men and young women. This type of methodology enables us to understand the meanings and perspectives that the young drug users developed themselves. Thus, it helps us to understand which risky behaviours can be considered priority when attempting to change behaviour and to pinpoint those that are not. At the same time, it gives us an insight into the social significances of condom use, the context in which youngsters carry out their sexual relations and the relationships of power that are established between them (Rhodes et al., 2001). The focus is on the search for meanings related to both the sexual behaviour and the consumption of drugs among young people without any desire to analyse possible causal relationships between them.

Our fieldwork was conducted between the months of October 2003 and June 2004, during which time 14 discussion groups were held with

young people from 16 to 29 years of age (Table 1) and 21 semi-structured interviews were made with key informants (Table 2). The discussion groups have been particularly useful in recording the social expectations about the behaviour that is considered appropriate for the members of each sex. The key informants were young people and professionals who work directly with youngsters in the fields of education, healthcare or youth associations. Those that took part in the groups all live in Granada, a city of 444,000 inhabitants in southern Spain.

Combining the two techniques – of discussion groups and interviews – allowed us to explore the socio-cultural and peer-group-related aspects, along with the more intimate and individual questions concerning the study objective. The semi-structured interviews have shown the experiences and perceptions of people in close contact with young people or who are representative among them. In turn, the discussion group technique has allowed us to discover both the established discourses and other socially desirable verbal exchanges among young people concerning the HIV risk perception after consuming certain drugs.

### *Sampling*

Young people who take illegal drugs are considered a hard-to-reach group. This is why the sample of group participants has been intentional, in an effort to search for a diversity of opinions and a representation of the different groups of youngsters – ‘Purposive Sampling looking for the diversity of opinion’. To be included in the discussion groups, the general criteria were to be in the 16–29 age bracket, to be a consumer of recreational drugs and to have had sexual relations. The stratification criteria for the participants were age, gender, ethnic origin, type of drugs used, studies and job situation.

Thus, the participants were divided into three *age* groups: 16–17, 18–24 and 25–29 years old. This criterion was chosen since age differences work the same as power difference or life-experience knowledge. Following a piloted discussion-group session, we observed that the members of the lower age bracket felt inhibited when speaking in front of the older age brackets. One of the fundamental aspects in designing the groups has been to capture the possible differences in discourse depending on the person’s *gender*. For this reason, we decided to form male-only groups, women-only groups and mixed groups. We have tried to avoid socially desirable discourses, since we have observed that, in certain social sectors, the young men often try to give opinions that are less sexist and more correct gender-wise. Another stratification criterion has been *ethnic* origin. Using studies that establish socio-cultural differences in the understanding of sexual relations, the significance given to HIV (Laguna, 1999) and the consumption patterns for psycho-active substances, four groups

Table 1. Profiles of the focal groups carried out

<i>Group code</i>	<i>Sex &amp; ethnos</i>	<i>Age</i>	<i>Drug use</i>	<i>Academic qualifications</i>	<i>Job situation</i>	<i>Marital status</i>	<i>No participants</i>
<b>GF 1</b>	Women & men (non-gypsy)	18–29	a	Varied, majority university students	Majority do not work, some work temporarily	Majority have casual partners	9
<b>GF 2</b>	Men & women (non-gypsy)	25–29	b	Varied, majority not university students	Non-qualified job	Majority have casual partners	6
<b>GF 3</b>	Women & men (non-gypsy)	18–24	b	Varied, university students	Non-qualified job	Majority have stable partner	7
<b>GF 4</b>	Women (non-gypsy)	18–24	a	University studies and studies in higher education	Majority do not work, some work temporarily	Majority have casual partners	7
<b>GF 5</b>	Women (non-gypsy)	16–17	a	Secondary education and plans of social guarantee	Majority do not work	Majority have stable partner	8
<b>GF 6</b>	Men (non-gypsy)	16–17	a	Secondary education	Majority do not work	Majority have stable partner and casual sex at the same time	6
<b>GF 7</b>	Women (gypsy)	18–24	a	Training school	Manual labour	Majority have stable partner	7
<b>GF 8</b>	Men (majority non-gypsy)	18–24	b	Training school	Masonry	Majority have casual partners	5

Table 1. continued

<i>Group code</i>	<i>Sex &amp; ethnicos</i>	<i>Age</i>	<i>Drug use</i>	<i>Academic qualifications</i>	<i>Job situation</i>	<i>Marital status</i>	<i>No participants</i>
<b>GF 9</b>	Men (non-gypsy)	18–24	a	Training school	Electricity, carpentry and plumbing	Majority have casual partners	3
<b>GF 10</b>	Women (non-gypsy)	18–24	b	High school and university	Majority do not work	Majority have stable partner and casual sex at the same time	7
<b>GF 11</b>	Men (gypsy)	18–24	b	Majority finished primary education, some did not	Labourers or unemployed	Majority have casual partners	10
<b>GF 12</b>	Men (gypsy)	16–17	a	Majority in high school education	Majority do not work	Majority have stable partner and casual sex at the same time	10
<b>GF 13</b>	Women (gypsy)	16–17	a	Training school	Job experience in electricity, carpentry, plumbing	Majority do not answer	10
<b>GF 14</b>	Women lesbians	18–24		University students	Non-qualified job	Majority have stable partner and casual sex at the same time	3

a. Alcohol and/or cannabis.

b. Other drugs as well as alcohol and/or cannabis; cocaine, non-prescribed psycho-drugs, ecstasy (MDMA).



*Interview Profile of professionals and young interviewees*

E01	Expert in young people and sexologist in a centre of sexually transmitted diseases.
E02	Helpline giving sexual information for young people in Andalusia.
E03	Social worker and sociologist.
E04	Social worker with gipsy youths.
E05	Coordinator of a juvenile health orientation centre.
E06	Representative of a sexual orientation association and psychologist.
E07	Social worker in a popular neighbourhood.
E08	Social worker in a popular neighbourhood and volunteer of the anti-AIDS committee.
E09	Psychologist and training teacher on 'safe sex'.
E10	Training teacher for adolescents and young people on an anti-alcohol programs.
E11	Social worker.
E12	Social worker with young gipsy people.
E13	Intercultural mediator.
E14	Andalusia representative commissioned in drugs.
E15	Young HIV(+) by sexual transmission.
E16	Young waiter who consumes alcohol and cannabis.
E17	Young man who does not consume drugs.
E18	Young man who uses recreational drugs, especially ecstasy.
E19	Young woman who uses alcohol and ecstasy.
E20	26-year-old woman.
E21	25-year-old woman.

Table 2. Professionals and young interviewees

belonging to the gypsy *ethnos* were formed, based on age and sex. Segmentation using the criterion recreational drug use led to two groups. Those that consume only alcohol and/or cannabis and those that, in addition, take other substances such as ecstasy, speed, kethamine, cocaine, LSD and so on. *Class indicators* were taken as education (studies) and employment (job situation). They were not taken as strict criteria, but they were taken into account when forming the discussion groups. Youngsters from training schools, middle schools, high schools and 'Social Guarantee' programmes were included, along with other young people both enrolled at university and not. Given the age brackets, the most frequent employment situation is that of unemployed or unskilled workers.

*Data collection*

The snowball-sampling method was used to recruit people and key informants to take part in the research and interviews from among the relevant networks involved in the world of youngsters.

Four of the groups were formed in training centres, with the help of the staff, who contacted the youngsters and helped to set up the groups. The group discussions and interviews were carried out by members of the project research team, except in the case of the gypsy ethnic groups, in which the moderator was preferably a gypsy of the same sex, depending on the groups.

### *Analysis*

The recordings made of the interviews and group discussions have been literally transcribed by a person who is not involved in the research study. We have used the grounded theory method to analyse the data from the discussion groups (Glaser and Strauss, 1967). The dimensions and sub-dimensions proposed for the analysis have been applied by three members of the research team, so as to agree upon their definition, on how they were to be applied, to achieve triangulation and to lend reliability to the analysis process. Any categories or sub-categories that have arisen during the process have been included in the analysis by the research team. The analysis was carried out using the software package Atlas.ti 4.2 (Muhr and Friese, 2004).

## **Drugs and sexualities amongst young Spanish women**

In the recreational drug-user discourses analysed (including both young men and young women), there are at least two models of gendered sexuality which appear – and notably so in the way in which sexual relations are initiated when having taken recreational drugs. In one of them, a new form of femininity, the ‘new woman’, stands out; a woman who dares to take the initiative and stops being a passive subject in her sexual relations and also in her use of recreational drugs. The other model includes traditional roles associated with dependence on the male and passivity. Just as with the adolescents studied by Louisa Allen (2003) in New Zealand, the young women drug users in this research have revealed that their concept of their sexuality is more complicated and diverse than the conventional perceptions that show young women searching for love and males looking for sex.

### *1. The new woman: Gender role conflict, new attitudes towards sexuality and the use of recreational drugs*

Here the young women reveal themselves via their breaking away from their dependence on the male. In their discourses they are seen to take sexual initiatives: they are young women who want to take the leading

role in their decision to have sexual relations. When they describe their sexual behaviour on using recreational drugs, they show the desired roles expected of young men and young women, attempts to change them and real-life behaviour that ends up in sexual contact.

. . . I mean me, for instance. I don't care what the rest think; if I go out and see a good-looking guy who turns me on, well, if I have to have it off with them then I will, I couldn't care less what the others think, even if they say, 'look, that's not good'. I don't think it'll happen, but if, say, someone comes up and calls me a whore, then I'll just say, 'look, I had a good shag and that's it!' (Group 5. 16–17-year-old women)

Thus, and in line with the results presented by Ettore (2004), while some of the young women who took part in the research experienced subordination, they also found pleasure. Smoking or positive drinking can be pleasurable: an escape from pain or resistance to passive femininity. In this group's discourses, some women have pointed out that the 'drugs' are used as 'shields', to help discover new situations they are often not used to. Recreational drugs are elements of pleasure and instruments with which to take part in the context of personal relations when dealing with young men.

I think the traditional mentality is still there, even though more young women are taking the initiative. But it's still only at parties, with alcohol and, probably, when they're in a group, don't you think? Among mates and all that. That's when I really go after a guy. . . . (Group 4. 18–24-year-old women)

This new attitude towards sexuality includes changes in values and socially accepted models. Some of the discourses show resistance to change and the need for it, holding on to what is traditional or fear of losing the more traditional forms of identity. The following extract is an example of how young alcohol consumers perceived social rejection (particularly the males) when the expected behaviour of the more traditional roles was altered:

I think that when a girl decides to make a move . . . I think that us, girls, are shier. And when a girl decides to go for it, the rest can't take it. I always think they're saying, what does that cheeky bitch think she's doing, and all that, you know?

They might think badly of you. (Group 4. 18–24 year-old women)

Such a situation shows conflicting gender roles. The males are those who, in their discourses, have shown the greatest reserve to this new model of 'femininity'. In the next extract, a group of male recreational drug users describe what they think a 'slut' is:

well, a slut, a girl, for example, not that she's dirty or anything, know what I mean; a girl who gets a hold of you . . .

And other girls who don't, they couldn't care less if you screw them or not, they couldn't give a shit. A woman has to make herself respected, a bit more, she has to make others respect her. (Group 8. 18–24-year-old male)

Those discourses of the second type of young recreational drug users, which we have classified as 'traditional', refer to the sex-relationship model they see as ideal: the ideal of 'romantic love' appears, in which the women concentrate on stable relationships, focused on affection. By holding on to what is traditional, they appear to be less interested in sporadic relationships or in initiating the sexual contacts. Coinciding with the results presented by Miller, Furr-Holden, Voas and Bright (2005), they do not seem to see entertainment places (with the corresponding consumption of recreational substances) as places to find a sex partner and they express as much in the discussion groups.

In any case, I think that when guys and girls go out, they take it differently. I mean, I've got friends who, say, go into a bar and the first thing they do is check out the three or four best-looking girls to see which of them gives in first. That's not what we do; I don't know, I don't think we always go out with that same idea in mind, right? (Group 1. 18–24 year-old women and males)

The most traditional identifying model supports the idea that women's behaviour is contrary to being the first to 'make a proposition', using other, less direct, ways to relate socially with males. Therefore, the rules for embarking on a sexual relationship are different depending on gender (Megías et al., 2005). Young women's fear of receiving a negative response from the peer group and being socially 'looked down on' mean that they do not normally suggest starting sexual relations.

I think that when a girl makes a move, they always end up thinking 'what a whore'. For me, that's how it always is. That's why I'd never go after a guy, 'cos I think all guys think that way. And my boyfriend sometimes says to me, 'look, this guy, that girl comes along and he's gonna screw her. What a whore she is! Or everyone's getting at her for what she's wearing'. (Group 4. 18–24-year-old women)

The feminization of drug use among youngsters and the generalization of forms of polyconsumption of various recreational substances at the same time have a different meaning for the two groups of young women we have observed in this study. In the group that adopts the model that we have called 'new woman', recreational drugs are a form of empowerment to face up to new situations in their sexual relations:

because taking drugs makes you feel like you're not afraid and you can face things and you want new experiences and, I don't know, one thing just leads to the next. (Group 14. 18–24-year-old women)

However, young women who fit into the more traditional model do not seem to mix their recreational drug use with affection. The risk is valued in connection with the type of partner and the sensation of affective stability.

## *2. Negotiation of condom use and risky sexual behaviour under the effects of recreational drugs*

Among the young women who took part in the study, the risks faced under the effects of recreational drugs are generally linked to pregnancy, STDs and HIV, as well as to unwanted sexual relations.<sup>2</sup> The social role that makes the woman responsible for her pregnancy and its consequences still seems to influence sexual attitudes and behaviours (see Table 3). A number of the youngsters interviewed consider that women are the ones who take the fewest risks.

. . . because, among other things, on a natural level, women are more scared of taking risks in case they get pregnant, right?. Before, like, you know, the whole AIDS thing existed, they were still programmed not to take risks, yeah? And now, even more. I mean, for guys, taking risks is normal, they don't even think about it, not only with AIDS, but a whole load of other things. (Interview number 21. 25-year-old woman)

Nonetheless, there are young women who look upon risk-taking as something exciting and transgressive. It would be interesting, in future studies, to look further into the relationship between the new forms of feminine identity and risky behaviour. This would help to explain in greater detail new perceptions and actions when faced with risky situations among people who consume recreational drugs, like those who have participated in this study. Women have not been traditionally socialized for risk, but changes in the construction of their identity may be generating changes in their sexual behaviour when they use drugs for recreational purposes.

. . . well, risking it is like an adrenalin boost too, but it's something else, right?. but it's an 'I can do it', you know? 'I can do it, but I'm taking a risk', right? In fact, by taking risks in my life I achieved loads of other things, you know?

This case is different, 'cos in this risk you can lose a lot more than you can win, but you say, 'well, no, I'm gonna risk it anyway, because if anything has to happen it'll happen'. Well, I risk it and, in the end, the risk really turns you on; not using a condom is, like, 'wow, I'm doing it!!' (Interview number 19. 28-year-old woman)

In the traditional femininity model, emotional involvement or trust in the partner seem to be fundamental elements in taking on risks, irrespective of the use of drugs. The difference in risk perception depending on the type of partner, stable or casual, has been observed in previous studies

<i>'New' Femininity Model</i>	<i>'Traditional' Femininity Model</i>
<p>Sexual Relations</p> <ul style="list-style-type: none"> <li>• Takes the initiative</li> <li>• Is active</li> </ul>	<ul style="list-style-type: none"> <li>• Dependence on the male's initiative through social rejection</li> <li>• Passivity during the sexual act</li> <li>• Preference for stable relationships, focused on affection</li> </ul>
<p>Use of Recreational Drugs</p> <ul style="list-style-type: none"> <li>• Elements of pleasure</li> <li>• Facilitators of new situations</li> </ul>	
<p>Use of Recreational Drugs and Sexual Relations</p> <ul style="list-style-type: none"> <li>• Entertainment spots and those in which recreational drugs are consumed are unrelated to finding a sex partner or not</li> <li>• Empowerment before new situations</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual relations depend more on the type of partner and on the feeling of stability than on drug use</li> </ul>
<p>Risky Sexual Relations</p> <ul style="list-style-type: none"> <li>• They take fewer risks than males, motivated mainly by fear of pregnancy</li> <li>• Loss of control, augmented, or not, depending on life experience and level of self-esteem</li> <li>• Need for greater responsibility to be taken by the male in preventive behaviour</li> <li>• An exciting and transgressive attitude toward risk-taking</li> <li>• Greater ability to demand the use of condoms</li> <li>• They consider that the loss of sensitivity males say they feel when using a condom is just an excuse</li> <li>• Share with new masculine identities the decision, responsibility and care of using condoms</li> </ul>	<ul style="list-style-type: none"> <li>• Risks related to emotional involvement and trust in one's partner</li> </ul>

Table 3. Risky sexual behaviour and use of recreational drugs according to femininity models

(Lameiras and Failde, 1998; Bimbela, 1999). In the case of HIV-positive people, unprotected sex can be an intentional, negotiated activity taken to defend the security of relationships and shared destiny with partners, regardless of their HIV status (Rhodes and Cusick, 2000). Our results prove to be along the same lines. Among young women influenced by the traditional model, a stable partner means presumed support in the event of pregnancy, which leads them to take more risks. In these circumstances,

it becomes more difficult to decide whether to use protection or not, an aspect that usually slips into the background.

What normally makes me fuck with someone without a condom is fucking when you're in love, 'cos I find it hard to put up an obstacle. (Interview number 20. 26-year-old woman)

In turn, the males interviewed, somewhat free of responsibility for the consequences of an unwanted pregnancy, place pleasure first and take more risks. A noticeable characteristic in them is their concept of sex as something irrational, where feeling is more important than thinking. In the discussion groups we held, they declared that their intention with casual partners was to use a condom, though they recognize that if, under the effects of drugs, they do not have one at hand, they prefer to take sexual risks rather than missing the chance of a sexual encounter.

If you don't have a condom that day and you're horny, you do it and that's it. Because almost everyone is as drunk as you are, both her and you. (Group 6. 16-17-year-old male)

Furthermore, some of the young men consulted admitted to losing sexual feeling under the effects of substances such as alcohol, ecstasy or cocaine. As in other studies (López and Moral, 2003; INE, 2004), males tend to relate the use of the condom with a loss in erotic pleasure more than women, which means they prefer not to wear one when on drugs. They feel it takes away even more sensitivity and makes obtaining an erection more difficult.

Both of us were high on everything: heroin, speed and pills. Well, him with the condom on couldn't get a hard-on because . . . Well, anyway, 'cos you're high and what you want is to do it, then no condom and whatever. And then, after, the dickhead says to me, 'Hey, you take the pill, don't you?' (Group 3. 18-24-year-old women and men)

However, young women who fit in with the model of 'new woman', mentioned earlier, believe that this loss of feeling is a 'myth'; a 'myth' that allows men to be in the best negotiating position as regards the use of the condom, revealing the power differences between the sexes.

'What gets me most after not having used it is to think that it's just a bit of plastic. In fact, I can't even feel it; maybe he can, maybe that's happened and he's lost his hard-on, but . . .'

'That might happen to them, but not to me . . .'

'I think it's all a myth and it's all in their heads'.

(Group 10. 18-24-year-old women)

The difficulties expressed by the young women taking part in our research as regards negotiating the use of the condom are very similar to those described by other authors in Spain (Rodríguez, 2003; Megías et al., 2005). In this sense, the possible power asymmetries in terms of gender or age are important elements in understanding how the youngsters consulted accept risks in their sexual relations (Holland et al., 1992).

At times, the young women involved in this study have felt incapable of reacting when a man refuses to use a condom, which has led to their losing control. According to Holland et al. (1992), it is important to differentiate two interrelated levels of empowerment: intellectual (knowledge, expectations and intentions) and experiential (the current sexual practice). In order for women to establish effective strategies for 'safe' sex, there must be a congruence between both levels. This explains how women can be capable of controlling risks in certain situations or with certain partners, but not in others or with others. This was commented upon in one of the group discussions held:

. . . because I could easily see why that person never, 'cos he told me so, never screwed with a condom on . . . And, like, it surprised me, right? When you know that the other person isn't going to like it and he's turned on, well . . . Perhaps if you don't know him that well, it's hard for you to say 'put a condom on' and maybe the first time I didn't know how to react. (Group 4. 18–24 year-old women)

In this sense, various young women expressed their opinion that, to demand the use of the condom and to refuse to have sexual relations without such protection, a life experience and a certain level of self-esteem are needed.

First you take drugs just any way, you fuck just any way, and then you realise that it's not right and you try to do it better, or at least make it more pleasant for you . . . And less risky too. (Group 2. 25–29-year-old women and males who consume recreational drugs).

The young women in the group consuming ecstasy, speed and/or cocaine concur in declaring that, for them, demanding that the man wear a condom is not a problem. However, the opinion that it is the young men who do not want to use it is unanimous. This is why some young women are asking for a change in male attitude to preventive behaviour for sexually transmitted disease.

'Or you've got a condom or there's nothing doing, I couldn't give a shit. You decide if we fuck or not, and if you say no and it's still not half-past one, I'll get out of here and go and look for another girl.' That happens loads round here. And I think a lot of guys should be made to see all the risks there are, not only of pregnancy, 'cos, like, pregnancy seems to be something just for us girls,



right? But guys should be told of the illnesses; I think it's great to do it without a condom too, 'but, hey guy, if you're not with me, who the hell's gonna be with me in all of this, right?' It always seems like the guys are just dying to do it without a condom, and all of us girls know that, don't we?' (Group 10. 18–24-year-old women)

However, some of the young women in the groups have mentioned young males, with new masculine identities, who relate to women that take the initiative, sharing with them the decision, responsibility and care when using condoms, or even demanding they be used. These new masculine identities will need to be studied in future research, in order to take a more in-depth look into the possible power relationships between sexes:

'But, has no guy ever wanted to do it with you without a condom? Or he's done it or . . . ?'

'Yes, he tried, but . . . I can only remember one and it was a very special case. But yes, no, no. Or even them saying to me, "hey, let's use a condom". I mean, it's never happened to me – if a guy doesn't want to, then he can get lost, if he doesn't want to use a condom.' (Group 10. 18–24-year-old women).

## Discussion and conclusion

As Measham argues, 'For women, "doing gender" through "doing drugs" allows the possibility of both constructing and challenging traditional and nontraditional notions of femininity' (Measham, 2002: 373). Authors such as Rawson, Washton, Domier and Reiber (2002) find that different substances are associated with different perceived effects in sexual behaviour and that these effects vary according to gender. The research carried out by Holland et al. (1992) with 16–21-year-old urban women revealed that a woman with a sexual identity that does not primarily depend on being with a male is in a much stronger position to promote sex that is safe against STDs.

Our results prove to be along the same lines. Young women with less traditional discourses are more open to sporadic relationships. This 'new woman' admits to often using recreational drugs as a form of empowerment, to make her more uninhibited and take the initiative in sexual propositions. Likewise, in their discourses they show a greater control of the risk factor, being capable of demanding the use of the condom in their casual sexual encounters. However, their opinions reveal that some of them are tired of having always to be in control and fed up with having to be the one who adopts the responsibility of condom use (Waldby, 1996), which would also seem to influence the acceptance of sexual risks.

Women find themselves especially vulnerable to HIV because of their lack of power to determine where, when and whether sex takes place.

While biologically women are at a disadvantage since HIV is more easily transmitted sexually from men to women than vice versa, their vulnerability is heightened by social and economic factors which multiply disadvantage them. Their vulnerability is often a result of the behaviour of their male partners and prevailing gender norms related to masculinity (Mane and Aggleton, 2001).

According to authors such as Tschann, Adler, Millstein, Gurvey and Ellen (2002) gender is not significant in the effective accomplishment of wishes concerning the use of the condom. They consider that young men and women with a high emotional power, defined as a lower desire or need for emotional intimacy, are more likely to get their own way as regards condom use in the sexual negotiation process. In this sense, we could argue whether the authors have considered the concepts of sex and gender on equal terms, without taking into account the diversity in masculine and feminine identities. Nonetheless, the results of our study are very similar to theirs; what they describe as being less need for emotional intimacy is one of the characteristics that forms the identifying model of 'new woman' that appears in our research, albeit from a different perspective.

Other questions could arise as to both feminine roles, for example, if age plays a fundamental role in determining which group a woman belongs to. The question will be: Is it the young women who are behaving like 'the new woman' and the 'older woman' who adopts the more traditional role? Although this qualitative research cannot answer these questions (it is not based on statistical representation), what can be suggested is that in the 16 to 29-year-old group analysed, there seems to be no relation between age and ascription to any particular role. The results seem to show that what affects behaviour is the moment in one's life, social class and other social factors.

The young women included in the second model are reticent about taking the initiative when expressing sexual desire and usually maintain relationships with stable partners. In these profiles, the feeling of love and trust in the partner show up as the main reasons not to use condoms, over and above drug use. And, here, we should bear in mind that, although the women used contraception in order to have 'protected sex', for them this meant protection against pregnancy only, and the risk of sexually transmitted infections was rarely thought of (Lowe, 2005: 79).

The changes in the make-up of gender identity may possibly suggest that there is a need to revise the intervention priorities. Some of the recommendations arising from our results include taking not only casual, but also stable, relationships into account when planning preventive interventions, as well as providing more training in social abilities in order to negotiate the use of the condom or other methods that will reduce the risk of contracting STDs. Likewise, male recreational drug users should

be shown how to maximize sensual and sexual sensitivity. They should be provided with the tools to realize and develop the perception of pleasure, so that their sexual relations using a condom are equally as pleasurable as without.

These recommendations related to the area of public health could be made applicable to the gipsy community. The analysis of 'risky' sexual behaviour in the adolescent and young gipsy women interviewed shows that love, or being in love, influences behaviour. They claim not to have casual relationships and also not to use condoms in stable relationships because, among other reasons, 'he doesn't like it' as was pointed out in one of the discussion groups of gipsy women aged between 18 and 24. On the other hand, the information analysed shows that the young gipsy women consulted did not associate the use of drugs with sexual relationships. In any case, this article has not tried get an in-depth analysis of these areas as the information received from ethnic groups in this investigation was analysed in another publication (Cabrera et al., 2004).

Gender perspectives provide a sense of 'empowerment' (Moser, 1993; Devaux, 1994). They can help us understand and improve women's abilities to tackle risky situations in a context of identity changes alongside the search for pleasure. They enable us to understand those young people, who, perhaps, will never go back to 'doing gender or doing drugs anymore in a traditional way'.

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### ***Notes***

1. The overall number of new HIV cases in Spain seems to have dropped by over 60 per cent in the past five years, the greatest reduction having been detected in the period 1996–7. The current rate is stable, at over 2500 cases per year over all age brackets. However, a progressive rise in AIDS cases due to the sexual transmission of HIV has been detected, reaching 16 per cent of all cases in males and 32 per cent in women in the year 2000. It should be noted that this type of transmission is second in the ranking of HIV/AIDS

infection among young women. We should also mention that the Spanish Youth Report 2000 highlights a greater number of HIV cases among young women than among older women (ONUSIDA, 2000, 2004, 2005).

2. In the year 2004, the fertility rate of Andalusia women between 15 and 19 years old was 14.76 births every 1000 women, while in Spain in general it was 10.96. Those aged from 20 to 24 years old in Andalusia had a fertility rate of 36.07 whereas Spanish women in general had a rate of 30.69. Women between 25 and 29 reached the figure of 75.31 births every 1000 women in Andalusia and 64.95 every 1000 in Spain.

In 2005, there were 11.8 abortions per 1000 women aged between 15 and 19 in Andalusia. 17.5 abortions among women between 20 and 24 years old and 12.5 between women aged 25 and 29 years old (National Institute of Statistics. Natural Population Shift, 2005)

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### **Biographical Notes**

Nuria Romo is an anthropologist and Professor of Anthropology of Health and Illness at the University of Granada in Spain. She specializes in gender and drug use and works as a member of the Institute for Women's Studies at the same university. *Address:* Nuria Romo, University of Granada. Institute for Women's Studies C/Rector López Argüeta, s/n 18071 Granada SPAIN.

[email: [nromo@ugr.es](mailto:nromo@ugr.es)]

Ainhoa Rodríguez is a sociologist and a projects specialist in the Andalusian Childhood Observatory (Spain), working in the area of infants and adolescents who are disadvantaged or at risk. Her major research interests include drug and sexual-risk behaviours and ethnic or population minorities.

Jorge Marcos is an anthropologist and is qualified in Education Science. He has been a research intern at the University of Granada. He currently works for the Education Council of the Spanish Embassy in Rabat (Morocco).

Andrés Cabrera is a statistician and Professor at the Andalusian School of Public Health. He is also a member of the Spanish Healthcare Research Fund's network on Health and Gender.

Mariano Hernán is a schoolteacher and Professor at the Andalusian School of Public Health. He is a specialist in the field of children and young people.