

PAST PENTHOUSE PORNOGRAPHY: A STUDY OF SEXUAL HEALTH AND
YOUTH'S CONSUMPTION OF SEXUALLY EXPLICIT INTERNET MOVIES

by

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DALHOUSIE UNIVERSITY
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ABSTRACT

Sexually Explicit Internet Movies (SEIM) have emerged as a frequently accessed sexual resource by youth; however, SEIM's potential influences on youth's sexual health remains an understudied area. This study aimed to develop crucial insight into what youth perceive to be SEIM consumption's sexual health influences. Employing an exploratory, constructivist grounded-theory approach, data were collected through semi-structured interviews. Three main findings emerged from the data analysis: 1) Youth experienced SEIM consumption as having interconnected negative and positive sexual health influences; 2) SEIM were utilized by youth as a means to explore both their individual sexual self and the subject of sexuality; 3) Youth perceived SEIM consumption differently in the contexts of individual sexual health versus sexual health promotion. Youth's perceptions suggest that it would be beneficial to enact more holistic, sex-positive approaches to sexual health promotion, and support the utility of creating alternative, lived experience-based discourses about youth sexual health.

LIST OF ABBREVIATIONS USED

Canadian Federation of Sexual Health CFSH

Public Health Agency of Canada PHAC

Sexually Explicit Internet Movie..... SEIM

World Health OrganizationWHO

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Chapter 1: Introduction

Sexual health has been identified by the Public Health Agency of Canada [PHAC] (2010) as a component of individual health, community health and social welfare that influences individuals across their lifespan¹; further, sexual health is classified as a fundamental element of overall personal and societal well-being (PHAC, 2008). This statement is echoed by the World Health Organization [WHO] (2006), which describes that it is essential for individuals to reach a “state of physical, emotional, mental and social well-being in relation to sexuality...not merely the absence of disease, dysfunction or infirmity” (p.5), to be able to achieve personal health.

As attaining sexual health requires “a positive and respectful approach to sexuality and sexual relationships”, in a rights-based environment that aims to decrease discrimination, sexual health has been further identified as a critical focus for health promotion (WHO, 2006, p.5). Person-centred, holistic sexual health promotion² efforts can enhance positive sexual health outcomes and reduce negative sexual health outcomes in a manner that is responsive to age, ethnicity, gender identity, sexual preference/orientation, socioeconomic background, physical/cognitive abilities, religious background or other meaningful personal characteristics (Health Canada, 2008; World Association for Sexual Health, 2012). By engaging in actions that can improve individuals’ autonomy and increase their ability to have self-worth and dignity, sexual health promotion can improve sexual health (WHO, 2006).

¹ For a more in-depth discussion of terms utilized please see the definition section on page 1

² As above, please see definition section for a more in-depth discussion of sexual health promotion

Although sexual health promotion is essential to foster sexual health throughout the lifespan, youth (defined as aged 15-29) is a particularly critical stage for action (Health Canada, 2008, Nova Scotia Roundtable on Sexual Health, 2006). Youth is often a foundational period for life-long sexual health (Giele & Elder, 1998). During youth, individuals frequently experience an accumulation of sexual knowledge, define sexual expectations and scripts, develop communication patterns with sexual partners, and form attitudes towards safer sex practices (Brown et al., 2005; Mastronardi, 2003). The manner in which these sexual elements are constructed significantly defines the course of one's sexual development and health. Specifically, sexual construction during youth frequently influences how individuals experience or express "being sexual", through self-perceptions, identities, behaviours, and relations throughout life (Ashcraft, 2006). It is thus crucial that sexual health promotion support individuals' capacity to attain sexual health during youth.

Despite the importance of this period, there is a significant, demonstrated need to improve youth sexual health promotion research and practice in Canada (Canadian Federation for Sexual Health [CFSH], 2007). There are substantial gaps in the knowledge base about numerous indicators of sexual health (CFSH, 2007). Youth sexual health is virtually exclusively measured in terms of the rates of: sexually transmitted infections, Human Immunodeficiency Virus (HIV) occurrences, and unintended pregnancy (CFSH, 2007). Public health statistics are simply unavailable for other indicators such as "gender identities and roles, sexual orientation, eroticism, pleasure, and intimacy" (CFSH, 2007,

p.2). Consequently, youth sexual health is currently only being assessed from a very limited, and not fully representative, viewpoint.

The indicators that have been reported suggest that Canadian sexual health promotion efforts are not successfully meeting youth's needs. The reported rates of chlamydia, gonorrhea, and infectious syphilis have steadily increased throughout the last 10 years (PHAC, 2012). The vast majority of reported chlamydia and gonorrhea cases are among Canadians aged 15 to 29 years: 80 per cent of chlamydia cases and 70 per cent of gonorrhea cases are reported within this age group (CFSH, 2007). As such, PHAC (2012) reports that sexually transmitted infections continue to be a "significant and increasing public health concern" for the youth population. These findings are troublesome as they suggest that current sexual health promotion prevention efforts, which are often focused on reducing STI rates, may not be resonating with youth.

In addition to the measures of youth sexual health being limited in scope and effectiveness, findings suggest that these indicators generally lack the specificity necessary to divide the data into necessary population sub-groups (CFSH, 2007). Youth are currently generally represented in a homogenous manner, which fails to recognize the differences in health that result from differing identities and the social contexts in which they exist. Not characterizing how aspects of identity can determine health needs can make it challenging to effectively promote sexual health to different sub-populations.

The incomplete and concerning picture of youth sexual health generated by information supplied by Canadian public health bodies is supplemented by academic literature, which suggests that youth are generally dissatisfied with sexual health

promotion, and more specifically, their school sexual health education. A Nova Scotian study reported that youth experienced their sexual health promotion as being too basic and not relevant to their concerns (Langille, MacKinnon, Marshall, & Graham, 2001). Additionally, two studies found that sexual health promotion efforts were found not to be person-centred or holistic in scope, as the majority of education topics focused exclusively on anatomy and avoiding negative physical health outcomes, such as unplanned pregnancy and STIs (DiCenso et al., 2001; Byers et al., 2004). Further, the topics that youth indicated were of most interest to them, such as positive health outcomes (ex. rewarding sexual relationships and sexual pleasure) were not addressed (Byers et al., 2004). The literature and existing indicators suggest that there is a significant need for improved youth sexual health promotion efforts that are more person-centered, holistic, and relevant in their scope.

Determining how to effectively provide more person-centred, holistic youth sexual health promotion can be complex (Health Canada, 2008). As detailed by Shoveller and Johnson (2006), lasting, large-scale changes are not likely going to be achieved by fine-tune existing approaches, discourses or messages. Instead, it is necessary to challenge the assumptions that guide typical approaches to youth sexual health promotion, so that novel or alternative ways of research and practice can be envisioned (Shoveller and Johnson, 2006).

To accomplish this aim, it has been suggested that health promoters endeavour to gain insight into the different social contexts and lived experiences that can shape youth sexual health development (Shoveller, Johnson, Langille, & Mitchell, 2004; Shoveller,

Knight, Johnson, Ollife & Goldenberg, 2010). It is within social contexts that biologically and psychologically driven sexual activities and experiences acquire meaning, and thus, also acquire the ability to potentially impact sexuality-related health and well-being (Weeks, 2003). Moreover, it is necessary to specifically focus on gaining insight into how emergent or understudied environments, resources, and technologies alter these lived experiences, and in turn, may interact with sexual health in new or unique manners (Issacson, 2006; Ralph, Berglas, Schwartz, Brindis, 2011; Shoveller, Knight, Davis, Gilbert & Ogilvie, 2012). These emergent experiences may offer the opportunity to establish new forms of ‘talk’ that challenge social taboos and stereotypes about sexuality, which can “help ‘unpack’ the assumptions that are inherent in our existing tool kits, and [re-build health promotion] practices in more reflexive ways” (Shoveller & Johnson, 2006).

As there are multiple intersecting environmental aspects that may influence youth’s sexual health, it can prove difficult to analyze a single element in isolation (Brown & L’Engle, 2008). Nevertheless, despite the challenges of focusing on an individual aspect of the social environment, academics and professionals in the sexual health field have highlighted the emergence of heterosexual youth’s consumption of sexually explicit internet movies³ (SEIM) as an area that requires specific inquiry (Braun-Courville & Rojas, 2009; Hald & Malamuth, 2008; Peter & Valkenburg, 2006).

It must be noted that although they are emerging, SEIM are not new: cross-culturally, sexually explicit movies have been produced for over 50 years (Oskana &

³ As above, for a more complete discussion of the utilization of the term “SEIM”, please see the definitions section

Johann, 1989). As might be expected, there is a body of literature exploring whether sexually explicit movies have any influence on their consumers. However, as theorized by Cooper (1993), the internet has created a new way in which SEIM are consumed: anonymously, affordably, and accessibly. Viewers of any age can anonymously access an unlimited number of free movies from the privacy of their own computer. For a topic that is associated with a degree of social regulation, taboo, and embarrassment, this has radically altered SEIM consumption.

The sheer quantity and variety of SEIM that an individual can access from early youth has increased immeasurably in recent years. Although current statistics are not available for Canada, the consumption of SEIM has increased in the United States over the last decade (Ropelato, 2007). In 2006, there were 4.2 million active sexually explicit materials/movies websites, which accounted for 12% of all the websites on the internet (Ropelato, 2007). Similarly, 25% of total search engine requests were for sexually explicit-related materials, with “sex” being the most frequent search engine request (Ropelato, 2007). Moreover, approximately 40-45% of internet users access sexually explicit materials, including a significant percentage of youth (Ropelato, 2007). It is challenging to determine the exact number of youth users, however, two United States college population studies reveal that 70-80% of male youth and 20-30% of female youth report viewing SEIM (Boies, 2002; Carroll et al., 2008). Although exact percentages cannot be determined, it is clear that a large proportion of youth are engaging with SEIM materials.

The dramatically increased access to SEIM has also resulted in youth consuming the movies for a variety of purposes. While SEIM are primarily assessed for arousal purposes, current studies suggest that SEIM are also consumed for entertainment, curiosity, and learning purposes (Boies, 2002).

Youth's frequent and varied consumption of SEIM is significant because it has been identified as potentially having a pronounced influence on youth's holistic sexual health (Braun-Courville & Rojas, 2009). More specifically, because SEIM are primarily intended to engage the viewer(s) in a sexual manner, the films contain a vast range of explicit, graphic depictions of acts that are specifically designed for purpose of evoking sexual stimulation in the consumer. These acts are then (often) utilized within offline sexual practices, for purposes such as entertainment, arousal, masturbation, or social learning. Through this process, SEIM can be actively incorporated into how youth experience or engage with "being sexual" and are influential in how youth are able to attain sexual health (Savin-Williams & Diamond in Valkenberg & Peter, 2006).

Twenty years after the advent of the internet, who consumes SEIM, how individuals consume SEIM, and therefore, the way in which SEIM are positioned in the social environment, has changed. Current findings suggest that SEIM consumption has become relatively "mainstream" in the general population, and perhaps most importantly, that SEIM are firmly situated in the culture of the current generation of youth (Braun-Courville & Rojas, 2009). Accordingly, how youth's lived experiences with SEIM consumption may be influencing their sexual health needs to be re-examined within this new context to better inform health promotion efforts.

Understanding specificities of SEIM consumption can suggest how sexual health promotion initiatives may be able to address pertinent sexual health issues for youth, including those which may not be currently addressed. Moreover, a closer examination of the interactions between SEIM consumption and youth's sexual health can help identify specific sexual health needs that may arise as a result of consumption (Salazar & Abrams, 2005). This insight may allow for the development of more effective and relevant health promotion efforts that are more encompassing of various youth sexual health needs.

In addition to suggesting specific health benefits and issues, SEIM research may be able to suggest possible improvements to current approaches to youth sexual health promotion. Current trends in the youth sexual health field have indicated that there are significant benefits and potential benefits to utilizing web-based sexual health promotion (Ralph, et al., 2011; Levine, 2011). When considering this idea, it is essential to recognize that a user-driven, online, sexual resource, which is accessed by numerous youth, currently exists: SEIM. Although there is not a direct cross-over between sexual health promotion resources and SEIM, further analyzing the interactions between SEIM and youth sexual health holds the potential to inform health promotion efforts. More specifically, a rich, in-depth understanding of the ways in which youth engage with the "taboo", yet still very frequently accessed sexual resource, can allow for a more insightful understanding of what youth are seeking in sexual resources. Identifying the appeal and the potential perceived benefits of a highly utilized sexual medium may

suggest more effective way(s) to tailor health messages to youth, which is critical to the success of health promotion efforts (Allison et al., 2012).

The usefulness of how SEIM research may inform health promotion is additionally beneficial because of the sex/gendered nature of the consumption of SEIM (Peter & Valkenburg, 2010a). SEIM offers an opportunity to investigate the sexual health of youth in sex/ gendered individual and partner-based contexts (Peter & Valkenburg, 2010a) – a research topic that is emerging as an area of key importance within sexual health promotion (Knight et al., 2012). Further studying SEIM may suggest sex/gender-specific youth sexual health influences or provide knowledge about sex/gender-specific youth interactions with sexual health resources. Gaining sex/gender-based insight into the utility of SEIM may help create insight that can help respond to calls for more sex/gender-specific policies in health promotion, which helps target efforts more effectively (Doyal, 2001).

Despite the specific, defined need for a greater understanding of SEIM consumption in heterosexual youth, for the purposes of promoting more effective sexual health, there are significant gaps within the body of literature (Lo & Wei, 2005; Malmuth & Huppin, 2005; Peter & Valkenburg, 2010a; Ward, 2003; Zillmann, 2000). While current research has begun to explore how SEIM may influence sexuality and sexual health, many of these studies are preliminary and do not have longitudinal or explanatory data (Lo & Wei, 2005, Lofgren-Martenson & Mansson, 2009). Consequently, there is currently very limited data that provides insight into the ways in which youth experience and consume SEIM, which is essential for determining the nuances of the potential

influences of SEIM consumption. A richer body of explanatory research information would not only suggest future research directions, but also, may suggest how health promotion actions may be strengthened to meet specific youth sexual health needs.

In order to achieve more nuanced research there is also an urgent requirement for person-centred, holistic research that investigates both the potential negative and positive influences of SEIM consumption on sexual health. The vast majority of research has focused exclusively on the negative dimensions of SEIM consumption (Allen, D'Alessio, & Brezgel, 1995; Chung, 2011; Flood, 2009; Malamuth & Huppin, 2005). Early studies have linked SEIM consumption to sexual health “risk” factors; however, very few studies have investigated if there are any positive effects on sexual health from SEIM consumption (Allen et al., 1995; Flood, 2009; Malamuth & Huppin, 2005). Such findings are very limited in scope, and do not address sexual health using a person-centered, holistic perspective that has been deemed vital to the success of sexual health promotion efforts (CFSH, 2007).

Using exclusively researcher defined (narrow) cause and effects points of inquiry may also prematurely focus SEIM research. Potentially relevant and influential, sexual health topics may be overlooked. To this end, youth’s voices have been virtually left out of the academic discussion of SEIM – a strategy that is often instrumental in successful health initiatives (Yates, 2010), and further, adds credibility to the findings. Engaging youth as active participants in the research project can help to generate findings which will be meaningful to the study’s population (Yates, 2010), as it can suggest health promotion topics and approaches that may resonate with youth.

In consideration of these ideas, this study was conducted to address the need for research that helps provide insight into the perceived influences of SEIM consumption during youth, including any sex/gender-based patterns. The research outlined in this project was intended to help increase our understanding of what youth perceive to be the relationship between SEIM consumption and sexual health. Examining this relationship using a critical health perspective ensured that the research process included an analysis of how both individual and social factors of SEIM consumption can influence sexual health, and helped to generate findings that are useful to health promotion.

Statement of Research Purpose

There is a dearth of research studies that provide comprehensive insight into youth SEIM consumption. In response to this gap in the body of literature, this study aimed to investigate how youth conceptualize and utilize SEIM; to identify the potential influences of the consumption of SEIM on youth sexual health; to gain insight into how (if at all) SEIM consumption, and its influences, can inform youth sexual health promotion initiatives and approaches. As well, it was important to explicitly explore youth's experiences of SEIM from an identity-specific, sex/gender-sensitive perspective. Accordingly, three central research questions guided this exploratory study: (1) Do urban heterosexual men and women youth, who are aged 19 to 29, perceive the consumption of sexually explicit internet movies as influencing their sexual health? (1a) If so, in what ways does this influence occur? (1b) Are there sex/gender-specific influences of youth SEIM consumption?

Scope and Limitations of the Study

In order to develop insight into the research question, an exploratory qualitative research approach was used. The project was theoretically positioned in the social constructivist paradigm, which recognizes that the findings within the project resulted from both the researcher's and the participants' knowledge and understandings of the potential influences of SEIM. Utilizing principals of constructivist grounded theory (please see Charmaz, 2000; Charmaz, 2004; Straus & Corbin, 1990) enabled themes to emerge from the data. The methodology further incorporated aspects of Critical Theory (please see Carroll, 2004), which enabled careful examination and analysis of multiple constructions and experiences of sexuality and sexual health. Purposive sampling allowed the researcher to specifically recruit to include a diverse population of urban, heterosexual youth who consume SEIM, which could contribute to the emergent theoretical themes in relation to youth's perceived influences of SIEM. The project design was developed with the help of community advisors to ensure that the findings would be useful and relevant in scope for local health promotion initiatives.

Due to the emergent nature of the field, it was appropriate to focus on exploring the experiences of a small, select group youth SEIM consumers. Accordingly, the findings generated in this study may not speak to the experiences among more diverse populations of SEIM consumers, such as younger youth. The findings of this study are not intended to be generalizable to the general youth population. As well, it is important to note that the study was situated in the social context of individuals having unlimited,

anonymous access to free SEIM. The findings do not reflect differing levels of access to SEIM nor differing types of sexually explicit materials. These criteria were established to ensure that youth's discussions about their experiences with and perceptions of SEIM were able to be meaningfully compared and contrasted to one another.

Significance of the Study for Health Promotion

The goal of this study is to make an important contribution to youth sexual health promotion literature, and the emerging academic discussion about the influences of SEIM on youth sexual health. Studying youth's perceptions about the influences of SEIM consumption on their sexual health may provide insight into sexual health benefits and challenges for youth. Further, the findings of the research may help in the development of innovative approaches to sexual health research and practices. The study is aimed at providing insight into a frequently accessed youth sexual resource, which is part of their collective lived experience; this insight can help to facilitate the development of health promotion initiatives that are responsive to what heterosexual youth seek in sexual resources. As such, the findings of this study can also inform the broader academic discourse on how youth sexual education in Canada may be improved. Finally, partnering with community advisors during the development of this project may help ensure that the project generated information is suitable for professional use and creates the capacity for the findings to be implemented in health promotion-based programs and initiatives

Summary of Chapter 1

Youth are at a critical stage in their sexual development; therefore, it is important to understand how to effectively foster their sexual health. The need for an enhanced understanding of how to successfully promote youth sexual health is heightened because current findings suggest that existing sexual health promotion efforts are not meeting youth's sexual needs. One possible strategy to improve youth sexual health promotion is to gain a greater understanding of how youth perceive elements of their lived experiences as influencing their holistic sexual health, which can help develop new forms of “talk” that can be utilized in sexual health promotion.

An emerging area in youth sexual health requiring further inquiry is SEIM consumption. SEIM are consumed by a vast number of youth, and current trends in consumption suggest that SEIM are firmly entrenched in youth sexual culture. As such, it is important to understand both the influences of SEIM on youth sexual health, and if there are any elements of SEIM that may be able to inform approaches to health promotion.

To investigate how youth perceive SEIM consumption as influencing sexual health, it is important to conduct research in a manner that utilizes the participant's voices to ensure that the exploratory data generated accurately reflects how the participants conceptualize, consume, and utilize SEIM. Finally, it is also important that research be conducted in a manner that renders it useful to health promotion. It is necessary to ensure the findings are population-specific and further capture nuances within the data that are particular to participant's salient identity characteristics, such as sex/gender.

Definition of Terms

Consumption: Consumption describes the process in which an individual actively engages (physically, emotionally, psychologically and/or socially) with media content, including SEIM (Mastronardi, 2003). The definition includes the recognition that individuals are not passive recipients of media messaging, but rather agents whose perspectives shape how his or her sexual health may or may not be influenced by consumption. The utilization of the term consumption is consistent with current literature on the SEIM (Mastronardi, 2003; Peter & Valkenburg, 2006).

Gender and Sex: There are no single agreed-upon definitions of "gender" or "sex". However, it is fairly common to associate gender with socially constructed roles, relationships, behaviors, relative power, and traits that are ascribed to women and men in societies, while sex is typically understood to refer to the biological and physiological characteristics that distinguish females from males (PHAC, 2012). Gender and sex are interrelated, but societal perceptions of sex and gender cannot be viewed as always aligning within individuals, nor can they be considered to be "opposites" (PHAC, 2012). As such, there is no simple "recipe" for integrating gender and sex in health research, or for accounting for the complex interrelationships between them and the other determinants of health (PHAC, 2012).

For the purposes of this study, all of the individuals identified that their self-perception of their sex and gender aligned with each other. While summarizing or referencing literature, the terms male/men and female/women have been utilized in the same manner it was used in the primary source. For consistency purposes, the terms men

and women are used interchangeably with males and females respectively throughout this thesis. The term sex/gender is employed to encompass the participants' characteristics of identity related to sex and gender.

Health Promotion: Health promotion can be understood as the process of creating the capacity for people to increase their control over their health (WHO, 2012). To reach a state of complete physical, mental and social well-being, individuals or groups must be able to identify and realize aspirations, satisfy needs, and change or exist within their environment. The fundamental conditions and resources that allow for this overall well-being are: peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity (WHO, 2012). As such, political, economic, social, cultural, environmental, behavioural and biological factors can all help to improve health or hinder health (WHO, 2012). Therefore, health promotion moves beyond individual behaviours and lifestyles to focus on a wide range of social and environmental interventions as a way to improve health (WHO, 2012).

Sexually Explicit Internet Movies: For the purposes of this research, the materials being studied will be discussed as being sexually explicit internet movies (SEIM). SEIM are understood to be professionally produced or user-generated (audio) visual materials on or from the Internet that typically intend to arouse the viewer, and depict sexual activities and (aroused) genitals in unconcealed ways (Peter & Valkenburg, 2006). The more commonly used term to describe these types of movies is "pornography". However, as the term "pornography" has a connotation of stigma and social harm, it is unusable for

this study, which focuses on both the positive and negative health outcomes associated with the consumption of SEIM. The utilization of the term SEIM is in keeping with current literature focused on SEIM and sexual health (please see Flood, 2009; Malamuth & Neil, 2008; Peter & Valkenburg, 2006).

Sexual Health: Sexual health is a state of physical, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity (WHO, 2006). It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2006). This broader notion of sexual health recognizes the wide range and complex interactions between social, economic, physical and environmental factors that contribute to health and individual well-being (PHAC, 2008).

Youth: There is a great deal of variety in SEIM and health promotion literature with respect to the terms: adolescents, young adults, young men and women, and youth. These terms are often used interchangeably within studies, as there is not any consensus about which term is the most appropriate. Further, there are not any clear meanings or distinctions that can be associated with any of these terms. As a result, the term youth will be used as an encompassing term for individuals between the ages of 19 and 29; the term younger youth will refer to individuals between the ages of 13 and 18.

Chapter 2: Literature Review

To investigate how youth SEIM consumption may inform youth sexual health promotion, the following literature review provides an analysis of the existing literature that is relevant to the field of study: youth sexuality and sexual health development, the potential, person-centered, holistic sexual health influences of SEIM consumption, and SEIM consumption in the context of sexual health promotion research and practice. An integration of these three focuses allows for a nuanced discussion of how SEIM consumption may influence youth sexual health, including implications for the current sexual health promotion context.

In particular, the review focuses on emergent questions that are presently unanswered, as well as the contradictions that exist, within the current bodies of youth sexual health and youth SEIM consumption literature. Given the recent calls by leading health authorities in Canada to generate a more complete understanding of youth sexual health, it is critical that these questions be further investigated. Findings generated in studies, such as this one, that are conducted from a person-centered, holistic perspective, have the potential to generate a more complete insight into the lived experiences of youth, which is an essential element of effective youth sexual health promotion.

Sexuality

As sexual health is rooted in sexuality, when studying sexual health, it is necessary to establish sexuality as a foundational concept. However, determining an operationalized definition of sexuality can prove to be problematic. As remarked by

Weeks (2003), the more practiced and nuanced we become in talking about sexuality, the greater the challenge of trying to understand what it is, and thus define it. At its core, sexuality is both a powerful feeling and the “focus for powerful feelings” – desire, anger, love, aggression, adventure, pleasure, pain, truth, power... (p.1). Sexuality is also both subjective and dynamic, experienced by humans in innumerable variations. Factors such as culture, religion and personal experience can shape both how one perceives his/her own sense of sexuality and understands broader societal or popular notions of sexuality (Russell, 2005). Nevertheless, a firm conceptualization of sexuality is required before engaging in a discussion of its properties and qualities.

In order to determine a definition of sexuality, it is effective to first discuss its origin: sex. Drawing from Weeks (2003), in the dominant North American context, the root of sexuality, “sex”, has evolved over time to be understood as an act/practice. More specifically, sex can be understood as physically and/or emotionally stimulating practices or acts, which are often imbued with some form of erotic meaning, either by one’s self or by the society/culture in which one exists (Nelson, 2006). These acts of sex are further enacted and anthropomorphized by “being sexual”, from which the word sexuality is derived (Weeks, 2003). For the purposes of this proposal, human sexuality, including sex, can be understood as: how individuals experience and express “being sexual”, which is related to and constructed through the social context within which one exists.

Sexuality Development

As the field of sexual inquiry has evolved, the essentialist notion that assumes sexuality exists as a heterosexually-based entity that simply “is”, has been superseded by the idea that, similar to other forms of human development, sexuality grows and changes throughout the lifespan (Weeks, 2003; see also Russell, 2005). Sexuality development does not occur in response to just one salient physical or environmental aspect (as would be required for essentialist claims), but rather is a reflection of the complex biological, psychological, social, and cultural factors that impact sexual development at each and all stages of life (Weeks, 2003; see also Giele & Elder, 1998).

Although sexuality is dynamic and will constantly evolve throughout a person’s lifespan, numerous scholars and health promotion bodies highlight youth (defined as ages 15-29) as a key period in sexual development (Campbell & Aggleton, 1999; CFSH, 2007 see also Maticka-Tyndale, 2001; Wright, Williamson & Henderson, 2005). It is during this period that the majority of young people begin develop sexually, and as follows, actively explore, shape, and transform their sexuality as part of the process of reaching sexual maturity (Tolman & McClelland, 2011).

Youth is highlighted as the period during which sexuality development is initiated, because in North America, prior to this life stage, individuals typically do not engage in activities related to sexuality (Simonds, 2007). It is believed that sexuality development must be initiated by biological triggers: once hormone changes cause an individual to undergo puberty and enter early adolescence, (which often results in an individual feeling sexual desires) it is considered “natural” for him/her to become curious

about sexuality and begin his or her sexual development (Sternheimer, 2007). By the time a child matures into a youth, academic and professional literature and popular discourse recognize that he or she is psychologically and socially capable of understanding sexual content, and may have begun to participate in social situations involving sexuality or have peers who do so (Campbell & Aggleton, 1999). Correspondingly, it is commonly accepted that youth is a period of relatively rapid sexuality development.

During youth, individuals often form a sense of their sexual selfhood (including values and attitudes) and establish sexual behaviour patterns through the process of sexuality-related identity construction (Arnett, 1995; Buzwell & Rosenthal, 1996; Peter & Valkenburg, 2006; Tolman & McClelland, 2011). As explained by Rajiva (2006), a person's sense of (sexual) selfhood is a constantly changing, dynamic entity that is responsive to internal and external factors. Factors such as a person's conceptualization of the world, the specific cultural framework he or she exists within, and his or her "self" (Salazar & Abrams, 2005), all serve to influence the course of sexual identity development.

The social context one lives within constructs specific sexual acts and expressions as normative or non-normative. People then interact with these constructs of sexuality using established social norms, scripts and language. Through this process, biologically and psychologically driven sexual acts and experiences acquire meaning, and become integral to how a person begins to understand his or her sexual self (internal) (Weeks,

2003). As a result, youth is not only a key period for significant sexual transition, but it also serves as a foundational stage for a person's sexuality.

It should be noted that when discussing the manner in which the social context shapes sexuality development, it is essential to also briefly note the links to the exceptional role that notions of sex (as a category of person) and gender have in shaping constructions of sexuality. As highlighted earlier, sex can be understood as the biological differences between males and females (with the recognition that not everyone fits into these categories), upon which social divisions (gender) of groups of people are based (Nelson, 2006). Dominant ideas about the nature of sex/gender frequently underscore discussions of sexuality; often sexuality is highly interconnected with and categorised using these social dimensions. Therefore, when further examining how the social context influences sexuality development, it is essential that ideas of sex/gender be brought to the forefront.

Sexual Health

Because youth is a foundational period for developing sexuality, it is also a key period in which sexual health is established. As highlighted in the definitions section, the WHO (2006) defines sexual health as “a state of physical, mental and social well-being in relation to sexuality”. Further, sexual health “requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence” (WHO, 2006). Sexual health is not limited to reproductive health; sexual health includes sexual self-

concept, sexual self-esteem, sexual well-being and the ability to successfully reach sexual satisfaction (WHO, 2006).

The WHO's (2006) description of sexual health guides how it can be conceptualized, and thus, measured (Buzwell & Rosenthal, 1996). More specifically, the manner in which a youth's sexual self is formed impacts the development of his or her sexual identity, which then can heavily influence or determine sexual self-perceptions, relationships, and behaviours, both in early and later adulthood (Ashcraft, 2006). These factors play a vital role in determining sexual health as they can either improve or hinder it by having positive and/or negative influences on sexual development and well-being (Tolman & Clelland, 2011).

When discussing sexuality in terms of its "positive" and "negative" health influences, it is necessary to further outline how they will be operationalized. The potential challenge of classifying influences as being either "negative" and/or "positive" is three-fold. First, explained by Tolman and McClelland (2011), one of the greatest challenges of sexuality research is the operationalization and definition of predictors, influences, outcomes, or salient characteristic in a highly subjective field. One must utilize concrete measures to explain fluid, dynamic, and highly debated sexuality concepts. Second, detailed by Russell (2005), sexuality is accompanied by a context of "intense social regulation" that connotes moralistic values about the topics contained within the field. The morals are often heavily based on what is considered to be normative, heterosexual activities and desires. These "norms" then guide whether something is considered to be "positive" or "negative" based on its comparison to

heteronormative conceptions, even though a topic or behaviour may not inherently “improve” or “hinder” an individual’s health. Third, sexuality is highly individualized, and what has a positive/negative influence on the sexual health of one person, may not have the same influence on another (Morrison, Ellis, Morrison, Bearden & Harriman, 2006). Correspondingly, the terms such as “positive” and “negative” can prove to be highly contested in sexuality research as they can privilege certain types of sexual expressions and reinforce notions about what constitutes normative sexuality. The terms thus must be employed in a manner that recognizes the challenges of making such claims.

Despite these challenges, in order to meaningfully engage in an academic inquiry with regards to sexual well-being, it is necessary to fully outline a framework that can be used to discuss the implications that certain behaviours, practices, and mental/emotional processes have on an individual’s overall well-being and health. To do so, and to further this discussion of the establishment of sexual health, it is useful to employ the *Canadian Guidelines for Sexual Health Education (CGSHE)* (Health Canada, 2008).

The *CGSHE* is a leading federal policy document that provides a framework that offers guidance local, provincial, and national sexual health education program developers. Since the guidelines’ implementation, numerous academics and professionals working in the sexuality/sexual health field have endorsed the *CGSHE* as a leading resource for conceptualizing aspects of sexual health in Canada (Morris, 1995; see also Cohen, Byers, Sears, & Weaver, 2004; Guldner, 1995; Ruttan & Shortt, 1995).

Echoing the WHO’s (2006) definition of sexuality-related well-being, the *CGSHE* conceptualize sexual health as a reflection of individuals’ overall sexual state, condition,

and quality of life (Health Canada, 2008). As sexuality is conceptualized as a central human aspect, it is viewed as one of many components that are reflective of, and contribute to, overall health (Health Canada, 2008). Through this framework, sexuality is a topic that is not only viewed as a component of health, but also as a topic that can be defined, measured, and discussed in terms of having its own form of health.

By utilizing a health frame, the underlying values of fostering positive influences and eliminating negative influences are attributed to sexuality, and serve as the foundation of sexual health (Health Canada, 2008). A wide range of behaviours, perceptions, and social constructs can affect a person's ability to achieve sexual health, either by helping a person's ability to attain a high sexuality-related quality of life (a "positive" health influence) or by hindering a person's ability to attain a high sexuality-related quality of life (a "negative" health influence). A person's overall ability to achieve a high sexuality-related quality of life is known as his or her sexual health (Health Canada 2008; Pujazon-Zazik & Park, 2010).

The framework of sexual health outlined in the *CGSHE* is further developed by Tolman and McClland (2011), who stress that terms such as 'positive' and 'negative' should not be considered to be binary terms. As sexuality is a complex, multifaceted component of humanity, it is possible that an influence may impact an individual's health in manners that are simultaneously positive and negative (Tolman & McClland, 2011). For example, not practicing safer sex while having penetrative sex may be regarded as having a positive health influence as it could improve a relationship with an individual's partner (e.g. increase the intimacy or trust that sexual partners feel towards each other),

but may also be a negative health influence as it could lead to inadvertent results of sexual activity (e.g. unintended pregnancy or contracting an STI). When discussing health influences, it is important to keep addressing these complexities. It may be necessary to discuss the influences in terms of general development, or in some instance, simply not within a positive/negative framework at all (Tolman & McClelland, 2011).

It is through this more in-depth examination that the framework is pushed beyond simply risk and behaviour to instead consider wider social constructions that may influence how people understand and develop their sexual selves. As such, the framework can be used as a comprehensive tool that addresses how health can “develop in tandem or dialectically at the individual, relational and cultural levels” (Tolman & McClelland, 2011, p.251). Using the framework in this manner underscores the importance understanding the factors that influence how youth progress into a self and culturally defined “healthy sexual adult” (Tolman & McClelland, 2011, p.251)

Youth Sexual Health Promotion and Practice

The WHO (2012) emphasizes that the key to fostering health within populations is enabling people to increase their control over their health. Importantly, the WHO (2012) stresses that it is necessary to not focus on individual behaviour, but rather target a wide range of social and environmental interventions. The WHO (2012) specifically focuses on the value of youth programs, as they “can be one of the most cost effective investments a nation can make to simultaneously improve education and health”. Youth sexual health interventions are considered to be strategic means for helping to address the

educational, social, economic and political conditions that can influence individuals' ability to achieve health.

Despite the crucial nature of effective youth health initiatives, there is an identified need for more effective sexual health programming delivery and evaluation in Canada (CFSH, 2007). First, youth's sexual health is currently being defined and measured only in terms of negative health outcomes. Youth sexual health is operationalized using risk models or deficit models that only measure the rates of issues that have negative health effects: sexually transmitted infections, HIV occurrences, rates of condom and contraceptive use and unintended pregnancy rates (CFSH, 2007). Measures that track positive health outcomes, such as "gender identities and roles, sexual orientation, eroticism, pleasure, and intimacy" are simply not utilized by public health bodies (CFSH, 2007, p.2), and Canadian-wide data is not available for these measures. The focus on negative health outcomes has resulted in substantial gaps in the knowledge base about numerous indicators of sexual health (CFSH, 2007), and a lack of comprehensive understanding about youth sexual health and sexual health in Canada.

In addition to the measures of youth sexual health being limited in scope, it is challenging to determine if there are trends within specific youth subpopulations. Often, indicators lack the specificity necessary to divide the data into population sub-groups (CFSH, 2007). As a result, youth are represented in general manner that fails to allow for a more insightful determination about how the social determinants of health that may be influencing these rates. This makes it challenging to effectively promote sexual health in a sub-populations specific manner.

Within the incomplete picture of youth sexual health, findings about current indicators are very problematic and suggest that health promotion efforts are failing to curtail negative health outcomes. PHAC (2011) reports that sexually transmitted infections continue to be a “significant and increasing public health concern”, especially for the youth population. The reported rates of chlamydia, gonorrhoea, and infectious syphilis have steadily increased throughout the last 10 years (CFSH, 2007). For example, in 2004, nearly 63,000 cases of chlamydia were reported, which is the highest number since this infection became reportable in 1990, and a perhaps even more alarmingly, a 70% increase from the rate reported in 1997(CFSH, 2007). Additionally, even though the elimination of infectious syphilis in Canada was identified as a priority in 1996, its rates have instead continued to increase. In 2004, the national infectious syphilis rate was almost nine times the rate reported in 1997 (CFSH, 2007). Because STIs and safer sex practices are a major focus within youth sexual health promotion (PHAC, 2012), these findings are particularly troublesome, and suggest that the current focus of and approaches towards of youth sexual health promotion may not be effective.

Not only has the current youth health promotion failed to curtail the rising rates of STIs in Canadian youth, but youth report that they are, generally, dissatisfied with the sexual health education and promotion that they are receiving. A Nova Scotian study reported that youth experienced their sexual health promotion as being too limited in focus, and not relevant to the topics they considered to be salient to their sexual health (Langille, MacKinnon, Marshall & Graham, 2001). Similarly, a survey utilized in the New Brunswick study found that “only 28% of high school students and 44% of middle

students reported that the topics of most interest to them were covered in the sexual health education they had received in schools” (Byers et al., 2004, p. 12). Youth reported that they wanted a more comprehensive range of information addressed in sexual health education; the majority of sexual health initiatives were reported as focusing exclusively on topics related to anatomy and avoiding negative physical health outcomes, such as STIs (DiCenso et al., 2001; Byers et al., 2004). The findings of these studies are echoed and supported by the increasingly vocal “grassroots movements” and academic and community initiatives that are rooted in the belief that Canadian sexual health education is not effectively meeting the needs of youth, as they are rooted solely in negative consequence avoidance (Brunk et al., 2008; see also Lenskyj, 1990).

The findings detailed above suggest that current youth sexual health promotion efforts are aligned with the current public health measures of sexual health, and as a result, “positive” sexual health outcomes are not being addressed or measured – an approach which has been termed “a crisis-resolution program” (Morris, 1995, p. 26). This approach can be problematic as health promotion that focuses solely on educating youth about the negative components of sexuality not only is very limited in focus, but also risks constructing sexuality as “an infectious monster to be avoided at all costs” (Legault in Morris, 1995, p. 26). Through this process, sexuality becomes treated as a taboo and stigmatized topic, which can discredit the essential messages about negative health outcomes because all of the education is dismissed by youth as being a biased, judgemental representation of sexuality (Morris, 1995).

To address findings such as the ones reported above, health promotion initiatives have been launched at various levels of government and community intervention. The Nova Scotia provincial government has identified “Healthy Development” as a provincial priority (Department of Health and Wellness, 2011), which includes sexual health. The Nova Scotia government has targeted resources specifically to support and promote sexually healthy behaviour and decision-making in youth. Included in these resources is Nova Scotia’s *Provincial Youth Sexual Health Strategy*, which provides guidance in the area of sexual health promotion. As well, Nova Scotia has instituted approximately forty youth sexual centers (the majority in schools), developed provincial teaching resources, and established province-wide strategies for harm reduction (Nova Scotia Health Promotion and Protection, 2010).

Although building healthy policy, creating supportive environments and strengthening community action are critical attributes for successful health promotion (WHO, 2012), it is vital to further ensure that the programs that are implemented address the issues that are suited to youths’ needs, both in content and approach. As highlighted by Shoveller and Johnson (2006), and evidenced by the findings above, through a combination of social and structural forces that work to regulate youth, a set of established and sanctioned “risk-based” discourses on youth sexuality has emerged. These discourses dictate “appropriate” youth sexuality by creating divisions such as safe/unsafe, naïve/informed and responsible/negligent youth. The behaviours and characters of the latter youth are de-normalized because they do not fit within the bounds of what is perpetuated to be the basic “truths” of acceptable youth sexuality.

Explained by Shoveller and Johnson (2006), it is necessary to recognize the role that youth sexual health practitioners and researchers may play in disseminating these ideas, and critique instances where these ideas are not reflective of youths sexual health needs. It is suggested that working to establish new forms of ‘talk’ that challenge social taboos help question the foundational assumptions that often guide health promotion approaches and programs. Doing so can allow for explanations of sexual health that are more encompassing than determining what is “wrong” with the individual who experiences sexual risks (Shoveller & Johnson, 2006). Instead, highlighting the “connections between agency, social context and the everyday experiences” of youth can generate more complete understandings of complex health-related behaviours, and work to re-build more reflexive practices (Shoveller & Johnson, 2006).

Youth Sexual Health Promotion: The Social Environment

In order to respond to the current challenges facing youth sexual health promoters in Canada, a strategy that has been suggested is to explore the lived experiences of youth (Campbell & Aggleton, 1999; Nova Scotia Roundtable on Youth Sexual Health, 2006; Perrin et al., 2008; Shoveller, Johnson, Langille, & Mitchell, 2004; Shoveller, Knight, Johnson, Ollife & Goldenberg, 2009; Ward 2003). It is the social and cultural environment that heavily influences how youth assign meaning to the biological, psychological, and relational aspects of sexuality (Barak & Fisher, 2001; Weeks, 2003), which can provide insight into the potential manners in which sexual health may be influenced by societal factors.

In the social environment, it has been suggested that it is essential to assess new or emerging sexual influences within youth's social environment (Shoveller et al., 2012) to determine potential areas that may be able to inform the development of novel ways to tailor health messages. The manner in which aspects of youth's identity, such as sexuality, are constructed can change and evolve relatively quickly in response to societal movements and circumstances (Rajiva, 2006). Sexual health promotion initiatives must be sensitive and specific to those changes in order to stay relevant and be effective (Salazar & Abrams, 2005), and further, must be in sync with the wider social learning context of youth (Salazar & Abrams, 2005). Focusing on learning about novel or previously understudied elements of youth's lived experiences can help to outline the factors that may be influencing their sexual health or the approaches that may resonate with youth.

Mass Media

Within the current social context, there are numerous mediums through which sexuality and sexual health can be constructed. Sources such as formal education, family, religion, friends, the medical and judicial systems, the media, the entertainment industry, and increasingly, the internet, all convey sets of ideas about sexuality (Brown & L'Engle, 2008). Even though the sources of sexuality construction are numerous and interconnected, and are collectively responsible for youth sexual socialization, specific sources are often identified as being critical to the construction of sexuality throughout all of the levels of the social environment (Boies, Knudson & Young, 2004).

The mass media is often highlighted as an important social learning environment for youth sexuality and sexual health (Bleakley, Hennessy & Fishbein, 2010). Due to the amount of exposure that many youth have to various forms of mass media, and their responsibility for directly and indirectly disseminating ideas, it has been suggested that mass media now constitutes one of the main social resources for many North American youth (Mastronardi, 2003). Despite the varied experiences of individual youth, it has been theorized that numerous North American youth's lives and portions of their identities, or collective identity, are somewhat mediated by the mass media, and its potential influences (Mastronardi, 2003).

Amongst other forms of information dissemination, the media offers credible portrayals of humans acting and interacting within the social environment. It has been suggested that the media provides young people with "crucial discursive resources" – an interpretive framework for understanding and responding to the world, including sexuality (Mastronardi, 2002, p. 89). It is within these interpretive frameworks that individuals form their sexual identities; sexuality and sexual health are constructed through everyday lived experiences in the context of the social environment (Barak & Fisher, 2001).

Sexually Explicit Internet Movies

One form of media that has been specifically identified as potentially contributing to sexuality and sexual health development is sexually explicit materials, and in particular, sexually explicit internet movies (Lo & Wei, 2005; Malamuth & Huppin,

2005; Peter & Valkenburg, 2010a; Ward, 2003; Zillmann, 2000). As further discussed in this section, SEIM have been highlighted because of both the number of youth consuming them, and the potential influences of their content on youth sexual health. However, before detailing these consumption patterns and potential influences of SEIM content, it is necessary to briefly overview some of the typical SEIM content that is readily available on free internet sites, which contain depictions of a wide range of sexual activities. Doing so allows for a greater understanding of the types of materials that youth are likely exposed to during their online SEIM consumption.

Content of SEIM

A content analysis of SEIM sites that was conducted by Gorman, Monk-Turner, and Fish (2010) provides some descriptions about the generalized content of SEIM. Gorman et al. (2010) randomly sampled 50 internet videos that were found on free SEIM sites, and conducted an analysis of the videos' basic characteristics and content, as detailed below.

Basic Characteristics. The 50 videos ranged in length from 2 minutes and 30 seconds to 29 minutes and 17 seconds, with a mean time of 10 minutes and 13 seconds. The number of participants in the videos ranged from 1 to 6, with a mean of 2.49. Fifty-six percent of videos had two participants, 32% of videos had 3 or more participants, while 16% of the sample featured a lone female actor. As the majority of SEIM is directed for heterosexual males' consumption, 0 videos featured a male without a female present. Statistics were not presented on how many videos featured female only scenes, in which 2 or more females were present. Seventy-six of these actors were white, with only one

video depicting a male and a female actor who were both black. When acts involving interracial actors were depicted, they were most likely to be between a white male and a female of another race.

Gorman et al. (2010) further identified the videos as either amateur or professional (based on if there was an appearance of professional production or a link to a production company or actors/actresses names included in the description). Of the 50 videos, 41 were identified as being definitively amateur or professional: 61% were coded as being professional productions, while 39% were coded as being amateur productions.

In terms of sexual acts that occurred between the participants, scenes in which at least two participants were present were coded. In these 50 videos, kissing on the lips occurred in 50% of the videos viewed. Kissing on other body parts was present in about 45% of all the videos, and was most likely to occur on the woman's breasts or her upper body. The majority of videos (79%) featured fellatio. Cunnilingus was much less common and occurred in only 37% of the videos (either male-on-female or female(s)-on-female). Vaginal intercourse was observed in 68% of the videos. Anal intercourse was observed in 32% of all videos.

Stimulation of another person's genitals by hands, objects, or body parts was found in 90% of the videos. Unreciprocated male-on-female genital stimulation was found in 13% of all of the videos featuring genital stimulation. Female-to-female genital stimulation was found in only 5% of the videos featuring genital stimulation. Forty-nine percent of the videos contained a masturbation scene, in which the masturbation was done almost exclusively by females.

Themes in Content. While the basic characteristics of the videos can provide an overview of the types of acts depicted in SEIM, for a more meaningful analysis it is necessary to further focus on thematic analysis, which explores how these acts are framed for the viewer. Before further detailing the thematic analysis conducted by Gorman et al. (2010), it is necessary to overview the manner in which SEIM thematic analyses have typically been conducted and to highlight similar findings in order to allow for a more nuanced presentation of the content analysis.

Thematic content analyses of SEIM have often explored the content of SEIM from a gendered perspective that investigates the link between online misogyny or aggression and offline attitudes (Golde, Strassberg, Turner & Lowe, 2000). In particular, content analysis has focused significantly on the degradation of women in sexually explicit imagery for men's sexual enjoyment (Gorman et al., 2010). It is recognized that these research perspectives greatly shape the wider body of literature on the topic, in that SEIM content tends to be analyzed using a very specific framework, which focuses the discussion on violence and degradation. A content analysis conducted from an alternative perspective may yield different results.

Described by Halavais (2006), although systematic studies of the prevalence of sexually explicit materials initially seem to confirm popular opinions that SEIM are saturated with violent imagery, upon closer examination, the results are inconsistent and contradictory. For sexually explicit videos, which serve as the foundation for current SEIM, Cowan (as cited in Halavais, 2005) reported that 51% of X-rated videos sampled portrayed rape. In contrast, Garcia and Milano (1991) and Payls (1986) found vastly less

sexual violence in videos. Payls (1986) further reported that sexual violence had been decreasing across the decade being studied. Furthermore, Barron and Kimmel (2000) reported very high levels of violence in sexually explicit videos, but found that 49% of those instances were enacted by women on other women.

Research conducted on the violence levels in SEIM indicates similarly contradictory findings. The study conducted by Gorman et al. (2010) further found that in contrast to widely held perceptions of extensive violent scenes in SEIM, only 12% of the videos sampled contained violent acts. However, “degrading” scenes (as defined by themes of dominance, name-calling, acts of submission, ejaculation on the face, and eagerness to participate in any act) were much more prevalent. The most prevalent theme of the free internet movies was dominant males, with the theme being found in 33% of the videos. The most prevalent act was female submission (allowing one’s self to be moved into any position or agreeing to perform any act), which was present in 47% of the videos. In 49% of the videos, women displayed an eagerness or willingness to comply with anything that was asked of them, which was then reaffirmed with a smile or verbal acknowledgment of enjoyment of the act. Interestingly, name-calling or derogatory comments were only found in only 6% of the videos. Ejaculation on the face of a female actor by a male actor was found in 45% of the videos. It was not detailed how many of these videos contained at least one of these “degrading” acts.

It is noted that the sample size utilized by Golman et al. (2010) ($n = 50$) is small in proportion to the number of pornographic videos and range of videos that can be found on the internet, and may not have captured the range of content that is readily available to

consumers. However, while the analysis may not provide a wide overview of SEIM, it provides insight into what is likely the typical content within free SEIM videos: patterns which feature a heavy emphasis on male pleasure and female subservience.

SEIM Consumption Patterns.

Scholars have highlighted the established, gendered, heteronormative patterns, and repetitive types of acts found in SEIM as potentially having a specific influence on the audience consuming them. However, whether this is happening, and what influences it may be having on sexuality, have not yet been established (Mastronardi, 2003; Morrison et al., 2006).

In the past, the specific influences of SEIM on its consumers have been the subject of significant academic, legal, medical/health professional and popular debate, with regards to health, sex/gender, access, and censorship issues. For instance, the 1983 Special Commission on Pornography and Prostitution in Canada and the 1986 Commission on Obscenity and Pornography in the United States attempted to determine, for the purposes of regulation, if there were harms associated with SEIM (Halavis, 2006). As well, a range of academic studies have investigated the potential influences of SEIM (please see Biard & Rosenbaum, 1991; Linz, Donnerstein & Penrod, 1987; Zillmann & Bryant, 1989). However, while these studies have offered insight into SEIM, the advent of the internet has revolutionized access to, perceptions about, and consumption of sexually explicit movies, and therefore, also changed the potential influences they have on individuals (Cooper, 1993).

As described in his landmark commentary, Cooper (1993) suggests that the internet combines three factors known as the “Triple A Engine”: accessibility, affordability, and anonymity, which have worked to radically alter how people engage with or consume SEIM (Cooper et al., 1993; see also Braun-Courville & Rojas, 2009; Peter & Valkenburg, 2006). Specifically, the proliferation of sites, such as Youporn and Pornhub, provides access to unlimited, genre-spanning videos, which can be retrieved by simply clicking a button indicating that the user is 18 or older; through the internet, anyone is able to freely access, for any length of time, in the privacy of his/her/their own home, a wide range of sexually explicit movies.

The factors dictating the “who, what, when, where, and how” of SIEM consumption have changed. As a result, it has been suggested that significant portions of the literature are dated, and do not capture the specific dynamics of current SEIM consumption (Buzzell, 2005; Carroll et al., 2008). Although the research questions associated with the potential influences of SEIM are not new, the development and mass popularization of the internet in North America has changed the context in which research questions need to be both understood and explored.

One of the most significant changes that the internet has brought about with SEIM is that younger viewers, who are still in the stages of developing their sexualities, now have unprecedented access to online videos (Braun-Courville & Rojas, 2009). In the past, youth would have had to rent or buy videos in a semi-public setting or via mail-order, which for financial and practical reasons, served as a deterrent or a limiting factor on the quantities, genres, and ease of viewing of SEIM. With the advent of the internet,

the factors that may have discouraged youth SEIM consumption have been removed, which has resulted in SEIM becoming easily and readily accessed during this period of life (Boies et al., 2004).

A growing body of research indicates that SEIM are being consumed by a significant number of heterosexual individuals throughout the period of youth (Allen, 2006; Brown et al., 2005; Carroll et al., 2008; Kubicek, Beyer, Weiss, Iverson & Kipke, 2010; Peter & Valkenberg, 2006; Peter & Valkenburg, 2008a; Ybarra & Mitchell, 2005;). Studies have found that heterosexual youth in numerous countries report deliberately consuming SEIM, including youth in: Sweden (Haggstrom-Nordin et al., 2006), Taiwan (Lo & Wei, 2005), Australia (Flood, 2007), Denmark (Peter & Valkenburg, 2008a), Canada (Byers et al., 2004), and the United States (Wolak, Mitchell & Finklehor, 2007).

In North America, consumption patterns change once an individual becomes an adult. Wolak et al. (2007) found that in 2008, 42% of American younger youth (under 19) had been exposed to SEIM; with 38% of male internet users aged 16-17 having deliberately visited X-rated websites. After the age of 17, there is a significant jump in SEIM consumption. A study by Carroll et al. (2008) found that in a college population, 87% of males and 31% of females reported having used the internet to view SEIM. Carroll et al., (2008) also found that almost 50% of male users reported consuming SEIM every week, with only 3.2% of female users reporting the same frequency of use. Similarly, a study by Boies (2002) found that 72% of male and 24% of female college students aged 18 to 25 reported using the internet to view SEIM, with 11% of the population viewing SEIM once a week or more. After the initial increase of SEIM

consumption around the age of 18, consumption patterns, including those that are gender-/sex-based, remain relatively stable from ages 18 to 25 (Boies et al., 2004).

The lack of stratified data about SEIM consumption patterns in terms of identity characteristics beyond sex/gender (e.g., religion, socio-economic class, and ethnicity), is a limitation of the current body of literature. It is necessary to compile the results of several studies to gain a more specific understanding (where possible) of who is consuming SEIM. In terms of racial/ethnic identity, it has been found that Black and Latino American youth consume SEIM less frequently than do White youth (Wolak et al., 2007). Studies detailing the current SEIM consumption of Aboriginal, Asian or other American ethnic groups are not known to the author. In terms of socioeconomic status, previous research has indicated that men of lower socio-economic status are more likely to report consuming violent or demeaning imagery (Bogaert, 2001). Finally, although not specific to SEIM, rural youth are more likely than urban youth to demonstrate risk-taking behaviours, such as having unprotected intercourse or having intercourse with strangers, in association with accessing sexually explicit materials of any type (Kakietek, Sullivan & Heffelfinger, 2011). Even though these findings provide some insight into the social identities of SEIM consumers, there is a need for additional studies to include stratified data, especially when studying the potential influences of SEIM from a health perspective.

It must be further noted that when addressing the statistics of who consumes SEIM, it is not only the primary consumer whose sexual health and sexuality would potentially be influenced by SEIM consumption. As sexual activity often involves

others, any influences from SEIM consumption could also influence the primary consumer's partners. Therefore, when considering the statistics, it is likely that the true percentage of young people who may be influenced by SEIM is higher than those indicated by the basic consumption statistics.

Studies that address the numbers of individuals consuming SEIM indicate that these videos are undeniably being utilized by a significant portion of youth, or by the partners of sexually active youth – people who are in a period of life that is characterized by exploration and development in the areas of sexuality, relationships, identity, values, and participation in “risk” behaviours (Brown et al., 2005). As all of these areas can contribute greatly to the establishment of sexual health, the potential influences of SEIM consumption during this development period would not only occur on an individual level, but also likely on a population group level. Due to the sheer number of people consuming SEIM in either a direct or indirect manner, SEIM has become situated as a “mainstream” resource, which may have significant influences on youth's sexuality and sexual health (Braun-Courville & Rojas, 2009).

Explanations of SEIM Consumption Influences

When discussing how SEIM may be influential on youth sexual health, it is important to note that current youth SEIM consumption is differentiated from consumption of other forms of media, even other sexually explicit media, in its access, content, purpose, intended audience, and how it is socially understood. While it is possible to draw from mass media sexual construction research and adult SEIM exposure

literature for insight on the general processes of socialization, it is necessary to consider current youth SEIM consumption as a distinct entity (Peter & Valkenburg, 2010b; Escobar-Chaves et al., 2005; Kraus & Russell, 2008). The rich discourse on the influence of sexual depictions in other forms of media, and in particular television and sexually explicit material consumed by adult audiences, should not be assumed to directly extrapolate to youth SEIM exposure. The resulting SEIM-specific theories, as detailed below, require further research to support their claims, and for the purpose of this study, are intended to be viewed only as providing basic contextual information for this study.

Several theories suggest that SEIM consumption could have a particularly strong effect on youth sexuality socialization. First, because youth are developing sexually, they are curious about sexual matters (Savin-Williams & Diamond in Valkenberg & Peter, 2006; Perrin et al., 2008). As a result of this curiosity, youth tend to be particularly receptive to the messages about sexuality portrayed in SEIM. Second, SEIM tends to be repetitive in terms of “typical” content (Savin-Williams & Diamond in Valkenberg & Peter, 2006), and media influences are often stronger when individuals are exposed to repetitive, restricted sets of ideas. Third, SEIM is designed to have a significant impact on the viewer, and thus, may contain very intense messages (Savin-Williams & Diamond in Valkenberg & Peter, 2006). These messages then have an increased influence on more susceptible youth.

The influences of SEIM are further discussed in Peter and Valkenburg’s study (2006), which found that the amount of influence SEIM has on youth, is dependent on an individual’s perception of the realism of the content. Specifically, through a three-wave

longitudinal study, it was found that youth who perceived the utility and social realism of SEIM to be high, also developed more instrumental attitudes towards sexual activity, where the notion of sex was primarily physical and causal. Peter and Valkenburg (2006) additionally demonstrated that the more frequently an individual consumed SEIM, the more likely he or she was to perceive SEIM as having a high utility and level of social realism.

Peter and Valkenburg's (2006) finding is further notable because claims about the potential influences of SEIM are often countered by the argument that SEIM is widely understood to be fantasy and entertainment-based exaggeration, which often then renders the claims moot (Linz & Malamuth, 1993). However, as demonstrated by Peter and Valkenburg (2006), not only is this argument untrue, but SEIM can be understood by some individuals as having a high degree of social realism and utility. In the case of youth, who often have less prior sexual experience and who are often still developing sexually, and thus are more likely to consider SEIM a realistic sexual representation, SEIM could have a very significant influence (Huston, Wartella & Donnerstein, 1998; Thornburgh & Lin, 2002; Perrin et al., 2006).

In a similar vein to the discussion of SEIM's influences and realism, claims that SEIM do not have an influence on youth because SEIM are not being used for educational reasons can also be challenged. It is acknowledged that suggesting youth are actively studying SEIM for the purposes of learning how to engage in sex would not accurately represent the findings that SEIM is most often consumed for sexual arousal or curiosity purposes (Hald & Malamuth, 2008; Goodson, McCormick & Evans, 2001; Lo

& Wei, 2005; Peter & Valkenburg, 2006; Peter & Valkenburg, 2009b). However, regardless of the motivation for consuming SEIM, developmental and media-influence literature suggest that youth learn, or are socialized in some manner, from the depictions that they see (Allen, 2006; Lauszus et al., 2010; Malamuth & Huppert, 2005; Peter & Valkenburg, 2009a). Numerous research studies have demonstrated that there are often attitudinal, emotional, or behavioural changes associated with SEIM consumption. Although the means through which this influence may occur is still being debated, it is generally recognized that through the SEIM consumption process, youth are internalizing or engaging with the material in a manner that can, in some instances, have subsequent influences on their sexual health.

SEIM Consumption Influences

When further exploring how SEIM may interact with sexuality and sexual health development, it is necessary to identify the aspects or components of sexuality/sexual health that may be influenced by SEIM consumption. In order to accomplish this aim, it is useful to employ a person-centred approach to sexual health (Russell, 2005). Within this approach, sexuality can be characterized by the intersection of sexual behaviour and attitudes. Moreover, a person-centred approach to sexual health deemphasizes sexual behaviour, and instead focuses on the meanings that youth attribute to his or her sexual experiences, so that an understanding of the patterns of sexual health can be developed (Russell, 2005). It is further appropriate to use a person-centred approach because it is

consistent with the framework for understanding the positive and negative influences on sexual health as outlined by the *CGSHE*.

To measure influence on sexual health in keeping with a person-centered approach and the health framework outlined by the *CGSHE*, it is necessary to recognize that, generally, specific behaviours or “outcomes”, such as “reaching orgasm”, cannot be classified as positive or negative. An outcome may not affect people’s sexuality-based quality of life in the same manner (Health Canada, 2008). Similarly, it is not useful to have a list of positive and negative outcomes that may be achieved or avoided, as they may not be relevant to the context being studied or easily translated into health promotion practice.

In an alternative to these methods, sexual health can be more accurately captured by investigating an entity’s (in this case SEIM consumption’s) negative or positive influence on a specific, individual measures/elements of sexual health. For example, sexual knowledge is often recognized as an important element in the achievement of sexual health (Hald & Malamuth, 2008). SEIM consumption can then be assessed to determine whether it has a positive (knowledge-increasing) or negative (knowledge-decreasing) influence on the sexual knowledge, which corresponds to an individual’s ability to achieve sexual health. Studying sexual health in this manner help explain the highly individualized, dynamic entity of sexuality by recognizing that health status varies across types of sexual expression and behaviour.

Measures for the Influences of SEIM Consumption

The measures that are used to assess sexual health within a person-centred approach can vary because sexuality is a multi-faceted topic. Different person-centred studies have assessed sexual health from perspectives involving, but not limited to, sexual negotiation, knowledge, sexual self, risk management, and self-efficacy (Russell, 2005). To determine the sexual health measures that are most applicable to the holistic, developmental context of this study, the author is guided by two key studies of youth sexual health and SEIM that were conducted in Sweden (Lofgren-Martenson & Mansson, 2009) and Denmark (Hald & Malamuth, 2008). These studies are both appropriate for use because they assessed both the positive and negative influences of SEIM consumption on sexuality/sexual health. Furthermore, the studies utilized a population that is similar in age range, sexual orientation/preference, and sex/gender make-up as the target population of this study.

By combining the focuses of the two studies (Hald & Malamuth, 2008; Lofgren-Martenson & Mansson, 2009), the author has identified six measures that are critical for a person-centred, holistic understanding of the key interactions between youth SEIM consumption and sexuality/sexual health; the measures structured the literature review on SEIM's potential influences, and directed the development of the data collection guide. To do so, the measures focus on aspects of sexuality/sexual health that can be generally applied to the vast majority of individuals and cover a wider range of sexual topics, but can be assigned meaning and discussed in an individual context (Hald & Malamuth, 2008; Lofgren-Martenson & Mansson, 2009). In order to add clarity and transparency to

this investigation, the measures have been operationalized below using examples of how they may manifest in individuals:

The six measures identified for use in this study include: *sexual knowledge*, *sexual self-perception*, *sexual activity*, *sexual attitudes towards partners*, *perceptions of sex in general*, and *attitudes towards life in general* (Hald & Malamuth, 2008; Lofgren-Martenson & Mansson, 2009). It is noted that the measures identified for use are not an exhaustive list, but rather ones that will provide specific insight into some of the key elements of sexual health (Hald & Malamuth, 2008; Lofgren-Martenson & Mansson, 2009).

Sexual knowledge is used to explain the influence of SEIM consumption on knowledge of sex or sexual desire. For this measure, knowledge can further be understood as a familiarity with an entity through either experience or association (e.g., knowledge of masturbation, types of sexual acts and practices, and sexual fantasies).

Sexual self-perception is a highly personalized construct used to explain how a person conceptualizes his or her sexual being as it relates to his or her sex experiences, and practices, (e.g., sexual self-esteem, sexual confidence, sexual expectations of self, and ability to achieve sexuality-related satisfaction).

Sexual activity explores the influences of SEIM consumption on sexual behaviours and practices. As sexual activity can vary greatly between individuals, the manner in which this construct is manifested is often somewhat individually defined. However, it is not the actual behavioural levels that are being measured, but rather a person's satisfaction with their level of sexual activity (e.g., frequency of sexual activity,

comfort with levels of sexual experimentation, number of sexual partners, and engagement in safer sex practices).

Sexual attitudes towards partners can be used to investigate how SEIM may influence an individual's sexual interactions with others, including sex/gender-based attitudes (e.g., stereotypes of partners, satisfaction with partners, and sex/ gender-based respect levels of partners).

Perceptions of sex in general can assess the influence of SEIM consumption on perceptions of sexual practices, activities, and expressions. The concept deals with the more broad perceptions regarding sexuality (e.g., opinions, views, and outlooks on sex and sexuality).

Attitudes towards life in general can investigate general life satisfaction. This construct demonstrates the recognition that SEIM consumption may influence more than just sexuality, as it may also have an impact or influence in other realms of the person's life (e.g., quality of life, satisfaction with life, and problems in life). Additionally, because sexual health is part of overall well-being, influences of an individual's SEIM consumption on his/her sexual health will have ramifications on his/her overall health.

The six person-centered measures utilized in this study are distinguished from a number of other youth SEIM consumption influence studies, in that they are moral-based measures, such as "impact on willingness to engage in family-based sexual practices" (Flood, 2007; Lo & Wei, 2005). Using measures that are rooted in normative understandings of sexuality does not actually measure sexual health, but rather measures conformity to dominant ideas about "acceptable" sexuality. As this study is not focused

on measuring conformity to certain ideals, studies conducted using this perspective cannot be used for insight into this project.

Current Findings on SEIM's Influences on Sexual Health.

When assessing SEIM influences on sexuality and sexual health via the six measures identified for use in this study, it is important to focus on the over-arching patterns that emerged from the data, and the more specific identity-based patterns, where applicable (Salazar & Abrams, 2005). The manner in which a person or a social group within the youth population is affected by the content of SEIM is dependent on the specific social identity of that person or group. Factors such as age, sex, gender and other individual traits can shape the way that a person may interpret or personalize the images that he/she sees, and thereby, how it influences him/her (Salazar & Abrams, 2005).

For the purposes of this study, sex/gender as a key determinant of health, will be the main element of identity used for further in-depth analysis, as it has been suggested that sex/gender is likely to have a considerable effect on shaping the manner in which one engages with SEIM (Morrison et al., 2006). SEIM have historically been produced by men for consumption by men, and consequently, the content has typically been based on notions of hegemonic masculinity and sexuality (Baird & Rosenbaum, 1991). Correspondingly, as highlighted throughout this review, specific sex/gender-based roles, expressions, and patterns function as a significant component of SEIM influence studies (Gorman et al., 2010).

Overall, there is a paucity of empirical data analyzing the influences of SEIM consumption on personal sexuality, sexual relations, and sexual health, in the perspective

of a person-centric approach (Lo & Wei, 2005). In particular, the six measures of sexual health that have been utilized in this study have not been assessed equally, or in significant depth, in previously published research.

Within SEIM influence studies, *sexual knowledge* is often measured in coordination with other measures; rarely is sexual knowledge the focus of SEIM influence studies. The consumer's perceived knowledge of sexual practices, expressions, and techniques is increased through the use of SEIM in all of the studies with which the researcher is familiar (Peter & Valkenburg, 2010a; Lo & Wei, 2005; Malmuth & Huppin, 2005; Ward, 2003; Zillmann, 2000). While base knowledge levels have been measured, more complex studies investigating "what" is learned, and how it may be applied to the youth's developing sexuality, has not been studied in great depth (Lofgren-Martenson & Mansson, 2009)

Research focused on sexual *self-perception* has revealed that SEIM consumption can have an influence on some components of youth perception of self. Although the elements of sexual self that have been explored are limited, initial findings suggest that young men report finding it more difficult to feel satisfaction with their offline practices, when consuming SEIM (Peter & Valkenburg, 2009a; Peter & Valkenburg, 2009b; Stulhofer, Busko & Landripet, 2010). Additionally, youth report more sexual uncertainty after consuming SEIM. In Peter and Valkenburg's (2009a) study, although young men also reported more sexual uncertainty after watching SEIM, the influence was more pronounced in females. A Canadian study by Morrison et al. (2006) found that men had lower levels of body satisfaction and sexual self-esteem after consuming SEIM. This

finding is augmented by Lofgren-Martenson and Mansson (2010), who found that women reported that the body images portrayed in SEIM had a negative influence on their sexual self-esteem, while men found that expectations of their sexual “performance” had a negative influence on their sexual self-esteem. As sexual self-perception is a complex, ongoing evolution of identity formation, it is important to further contextualize these findings in additional studies that are focused on multiple, interconnected elements of sexuality.

A significant amount of recent SEIM influence on youth development research has focused on *sexual activity*. A study conducted in Hong Kong found that there was an increase in the frequency of masturbation with an increase in SEIM use (Janghorbani & Lam, 2003). As well, within the current body of literature detailing the specific health influences of SEIM, initial quantitative research has linked youth SEIM consumption to sexual factors that predict higher rates of unintended results of sexual activity (decreasing sexual health). These include, for example, earlier sexual initiation, an increase in number of sexual partners, and negative attitudes towards safer sex practices (Allen et al., 1995; Malamuth & Huppin, 2005; Flood, 2009). However, this notion of “risk” is countered with the finding that both men and women have reported an overall “positive” influence on their perceptions of their sexual activity from consuming SEIM (Hald & Malamuth, 2008). These findings highlight the need to ensure the voices of the population being studied are heard and to re-examine the assumptions upon which SEIM literature is based.

Attitudes towards sexual partners has been explored primarily from a men-based perspective; as men typically have been the main consumers of SEIM, there have been a significant number of additional studies of the influences of SEIM on men's gender attitudes only. Notably, many of these studies have focused on criminality and anti-social attitudes towards women, which further speaks to the dominant construction of SEIM as a social problem (Halavais, 2006). However, two separate studies investigating the influences of SEIM on men by Barak et al. (1999), reported that self-directed exposure to SEIM had no significant influences on post-exposure measures of university men's rape myth acceptance, attitudes toward women, acceptance of women as managers, or on a measure of sexual harassment. Similarly, a series of studies conducted between the 1960s and the 1990s found that there was no association with "pornography" and sexual criminality (as cited in Halavais; please see Abel, Becker & Mittleman, 1985; Becker & Stein, 1991; Gebhard et al., 1965; Kutchinsky, 1973, 1985, 1991; see Marshall, 1988 for contradictory evidence). In consideration of this rich area of study, this study will not be focusing on violence/anti-social behaviour towards women as an influence that needs further analysis.

Although the results indicate that violence/anti-social behaviour is not an area requiring further analysis, they do highlight the need to consider sex/gender as an important aspect of analysis in explorations of sexuality development/sexual health and SEIM. Even though sex/gender is not the guiding analytic concept of this proposal (meaning it is not a gender-based analysis), sex/gender will be considered as an

influential factor throughout all stages of the project, including health promotion activities.

Perceptions of sex in general and attitudes towards life in general have not been studied in great depth in SEIM literature. Often, these attitudes and perceptions are studied in relation to sexual addiction, which is beyond the scope of this study. In a study by Hald and Malamuth (2008), it was found that men reported more negative influences on their sex life and life in general than women, although overall, the sum negative influence was very low. It has been proposed that this may be due to sex/gender expectations, in which men associate sex with pressure, although this suggestion has not been supported in research. Finally, Boies, Cooper and Osborne (2004) found that those who rely on the internet for sexual development appeared to be at risk for decreased social integrations, although the results were qualified as being preliminary.

Implications for SEIM Consumption and Youth Sexual Health Research

The specific exploration of the interactions between SEIM consumption and sexual health can prove to be imperative to more effective health promotion on a number of respects. A better understanding of how SEIM influences sexual health provides insight into the content that is required in youth sexual health programs. More specifically, a holistic, person-centered investigation can help identify how SEIM may best be addressed in initiatives, including identifying any specific sexual health needs that may result from consumption.

In addition to suggesting topics for sexual health promotion, as SEIM have become entrenched as a mainstream sexual resource, despite being an often demonized entity, it provides a critical opportunity to study an existing sexual health resource/intervention. It is essential to recognize that heavily accessed, user-driven sexual resource currently exists: SEIM. Although there is not a direct cross-over between sexual health promotion and SEIM, an understanding of the ways in which youth engage with SEIM, including understanding the appeal and perceived benefits of a frequently accessed medium, can allow for a more insightful determination of what youth desire in sexual resources. This in turn, may help determine innovative ways of advancing youth sexual health promotion policies and approaches to better reflect the complex conditions that shape youth sexual health.

Despite the demonstrated need and utility for a greater understanding of SEIM consumption in youth, there are significant gaps within the body of literature (Hald & Malamuth, 2008). Initial research on the potential influences of SEIM consumption on sexual health has been conducted only from a developmental or biomedical perspective. Although these early studies have provided useful information about interactions between SEIM consumption and sexual health “risk” factors (i.e., behaviours or circumstances that may reduce a person’s ability to achieve a positive state of health), these studies need to be contextualized within a more broadly developed field. As such, very few studies have investigated SEIM from a person-centered, holistic sexual health perspective, including investigating whether any positive influences on sexual health arise from SEIM consumption (Allen et al., 1995; Flood, 2009; Malamuth & Huppel, 2005). Additionally,

there is a dearth of SEIM research that is longitudinal or attribution-based. As the vast majority of the research that has been conducted on the topic has been conducted quantitatively, academics and professionals have highlighted the urgent need for more exploratory and explanatory research. Doing so can help to advance SEIM knowledge and practice in the field of sexual health (promotion), rather than continue to produce researcher defined cause and effects points of inquiry, which may be prematurely focusing an emerging area of inquiry (; Lo & Wei, 2005; Malmuth & Huppin, 2005; Peter & Valkenburg, 2010a Ward, 2003; Zillmann, 2000).

The scarcity of qualitative research also reveals that youth's voices have been virtually left out of the academic discussion of SEIM. This is a significant oversight, as it discounts the lived experiences of youth, and misses an opportunity to gain the perspective of the targeted population group, which is critical for the success of health promotion initiatives. It is of critical necessity to gain insight into what youth identify as the salient influences of SEIM, as these are likely the points of intervention that may resonate with youth and serve as the future points of action or starting points for action in Health Promotion.

Summary of Chapter 2

Youth sexuality and sexual health development is a critical area of inquiry because during youth the foundation for lifelong sexual health, and by extension overall health, is formed. While there are many contributing factors to the development of a "healthy" sexuality, the social environment has been highlighted as being a very

significant mediating factor: it is via the social sphere that biological and psychological-based actions acquire meaning. In particular, the potential influences of SEIM consumption on youth sexual health and sexuality development have emerged as an important area that requires further research.

The advent of the internet has changed the context within which SEIM are consumed and interpreted – with findings suggesting that SEIM now exist as a mainstream sexual resource for youth. Due to their level of consumption and intensified social messaging, it was very important to explore how SEIM are influencing youth sexuality and sexual health in a developmental context. The majority of research that has been conducted so far is quantitative, and is based on investigating negative health influences, and thus, is very limited. The need for more research is heightened by the current, overall, inadequacy of Canadian youth health promotion and the specific need for more sex/gender-specific policies. To this end, this research was conducted to help address the significant unmet need to conduct holistic, exploratory research about the potential influences of SEIM on youth sexual health within a Canadian context.

Chapter 3: Methodology

Chapter 3 outlines the methodology that was employed to fulfill the study's objective of exploring if and how heterosexual youth perceive the consumption of SEIM as influencing their sexual health. A discussion justifying the methodological approach, research methods, and the procedures for data collection, management and analysis is offered. Further, the author highlights relevant ethical concerns, limitations of the project, and plans for disseminating the findings upon completion of the project.

Research Approach

Qualitative Methods

When determining a research approach, it was necessary to first identify how it was possible to “know” the specific topic or object of study. As explained by Bergson, “philosophers agree in making a deep distinction between two ways of knowing a thing...the first implies going all around it, the second entering into it” (Charmaz, 2004, p. 57). The two different ways of knowing an object (“going around it” or “entering into it”) correspond with two research approaches: quantitative and qualitative, respectively. These approaches can be utilized in a variety of different manners, either together or separately, to direct an inquiry in a field of study. As the aim of this study was to conduct exploratory research that may provide insight into the nature of SEIM consumption (“how” youth experience and consume it), a qualitative approach was utilized for this study.

In addition to helping to develop insight into youth SEIM consumption, a qualitative research approach was useful because the project aimed to gain holistic understanding of an aspect or experience of the human condition that is not fully understood (Lincoln & Guba, 1994). As further explained by Morse (in Creswell, 2003), qualitative research is effective when existing research or theories cannot be applied to a particular sample or group under study. Because youth SEIM consumption is an emerging social phenomenon, to which existing theories on media effects may not directly apply, it was necessary to employ an approach that allowed the researcher to develop the rich, thick description that is required to explain and explore a relatively new social entity.

Research Paradigm

Social Constructivism

Explained by Guba and Lincoln (1994), a paradigm is a theoretical and philosophical set of basic beliefs that must be accepted simply on faith, as it is not possible to establish its truthfulness. The set of beliefs is an ultimate, which represent a worldview that defines the nature of the “world”, the individual’s place in the world, and possible relationships in the world. In this study, the researcher assumed a social constructivist view of reality and truth, in that she considered knowledge to be fluid, and dependent on time, setting, and context (Patton, 2002b). Further, causality and generalization are not possible with social constructivism, because it is recognized that phenomena exist only within their own circumstances and is not seen as transferable

between contexts (Guba & Lincoln, 1994). Correspondingly, the researcher also assumed a relativist ontological perspective that multiple, socially constructed realities exist (Guba & Lincoln, 1994). Social realities are created through the interaction of people's mutual meanings and interpretations of phenomena and relationships in the world, as mediated by current, dominant discourses.

Although the shared social environment is created through countless socially constructed realities, it is understood as being "real", and distinct, from the physical world (Guba & Lincoln in Patton, 2002b). The social world is perceived and experienced as real by humans (Patton, 2002b), and it is real in its consequences on both the collective and one's self (MacIntosh, 2007). This notion is very important for the present study, because, although concepts such as sexuality and sexual identity are not tangible entities, it does not mean that they are not real, nor does it mean that they do not play a role in shaping sexual interactions and influencing sexual health.

The acknowledgement that knowledge is shaped by cultural and historical contexts, is specific to individual relationships, and is real in its effects on individuals, allowed for the critical, health-based examination of how youth perceive SEIM consumption as influencing their sexual health. Further, as sexual activities frequently involve more than one person, not only is sexual practice a product of time, setting, and social context, it is also dependent on the mutual construction of reality between sexual partners. Therefore, exploring sexual health from the perspective that knowledge is constructed, allowed for the recognition that an individual's sexual health is not

generated in isolation, and to be effectively studied, should be understood as resulting from mutual constructions of reality, both at the individual and societal levels.

Reflexivity: Research Identity. Because reality is created through social interaction, the researcher proceeded with the view that knowledge is co-constructed between the researcher and participant. According to Lincoln and Guba (1994), within social constructivism, the distinction between epistemology and ontology disappears, and the investigator and the object of investigation become linked in such a manner that the research process becomes subjective. The researcher is unable to remove his or her perspectives and identity from the research design, collection, or analysis. Consequently, it is necessary for the researcher to be reflexive throughout the research process.

As discussed by Patton (2002b), reflexivity is foundational to the social constructivist paradigm. Reflexivity refers to the process of continuous self-evaluation and acknowledgement of personal and professional information, such as identity, perspectives, and biases, which may affect data collection, analysis, and interpretation. By acknowledging these characteristics, it does not make the researcher “objective”, but rather allows for a careful examination of how the research project may reflect components of the researcher’s “self”. It is further important to identify these characteristics to the reader, so that he or she can also consider the impact that the researcher’s perspectives, knowledge, and understandings may have had on the research generated by the project (Wallerstein & Duran, 2006).

To fulfill the aims outlined above, it is necessary for the author to situate herself relative to the research process. The author is a Caucasian, woman in her mid-twenties of

upper-middle socio-economic class, with an urban, secular Canadian upbringing, who has a sexual preference for men. She has a post-secondary educational background of costume studies, sociology (social justice), and anthropology. Her interest in sexuality and sexual health originally stemmed from an interest in performance/presentation of self, sex/gender, and sexuality. Upon beginning a sociology degree after being educated about how to visually portray components of identity to an audience, she studied Goffman's work, including his theory, *The Presentation of Self*, which mirrored what she had personally experienced. As a result, the author became very interested in how people present/perform components of their identity, including sex/gender and sexuality. Specifically, she was interested in gaining insight about the process through which people learn and decide which components of the sexual self to present to others, and the subsequent question of "how does this process impact sexual health and well-being?"

Over a two year period, while completing her undergraduate sociology degree, the author organized and ran a weekly volunteer drop in centre, which required her to converse at length with strangers. Often the conversation of "what are you studying" would lead to a lengthy discussion about sex education (her interest at the time) and sexuality. From numerous conversations, she gleaned knowledge about people's various means of sexual education, and became curious about the role of SEIM in sex education and on sexual health. The desire to learn more about both SEIM and sexuality education/socialization, coupled with her interest in sexual health, resulted in the researcher pursuing this thesis for her Master's.

Given the author's experience, it was important for her to recognize that knowledge gained through academic study and casual conversation could influence how she interpreted participants' responses, both in the data collection and the data analysis. It was of great importance to recognize that her knowledge only constitutes one perspective, and that this perspective is only part of the co-construction of knowledge in the study.

Because the topic of study is sexuality, which is considered to be a relatively taboo and socially charged topic in Canada, the author also needed to be aware that her sex/gender, physical appearance, body language, and spoken language had the potential to have an effect on the content that the participants choose to discuss. To help recognize how the knowledge generated in the study may have been shaped by these factors, it was important for her to engage in an ongoing dialogue with her committee members to ensure that she was self-aware of the potential effects of her self-presentation. To accomplish these aims, it was necessary to engage in constant self-reflection throughout the study.

After reflecting upon how the author could make the interview a more comfortable process, after the first in-person interview, she made it a practice to meet the participants at a neutral location and then walk to the interview location. Doing so allowed her to have more time to establish a self-presentation that was intended to be warm and welcoming, while still being professional. The author hoped that this would allow the interview to begin in a more relaxed environment. To gauge the effectiveness her self-presentation, she debriefed with the participants after the study to get a sense of

how they found the interview, and 8 of the 12 participants made a comment that indicated that they were comfortable talking to the author and they found the interview process to be easy to engage in overall.

One area that proved to be a challenge to creating a comfortable environment was finding a location that was public and private at the same time. The author originally used a study room in the grad study section of the library; however, the room was not 100% soundproof, which was found to be problematic. After talking to the Health and Human Performance administrator, the author was able to sign out an office normally reserved for staff members, which was significantly more suitable. As a result, both the participants and author were able to relax more in a more private setting. Reflection on the interview process was essential to ensure that such adjustments could be during the data collection process to improve data quality.

Methodological Approach

Principals of Constructivist Grounded Theory

As the purpose of this research project was to discover what youth consider to be significant when consuming SEIM, with the intent of generating an explanatory participant-researcher specific theoretical framework, it was necessary to utilize an exploratory approach. Exploratory research is often used in qualitative inquiry to investigate an emerging social phenomenon, which youth SEIM consumption can be considered (Patton, 2002b). Correspondingly, employing principals of constructivist grounded theory is often considered to be a very useful methodological approach for

conducting exploratory analysis (Strauss & Corbin, 1990; see also Charmaz, 2000). As there is a limited amount of qualitative data on youth SEIM consumption, the principals of constructivist grounded theory facilitated a data collection process that reflects the current body of existing research.

The constructivist grounded theory approach emphasizes that data do not provide “a window on reality...rather the ‘discovered’ reality arises from the interactive process and its temporal, cultural, and structural contexts” (Charmaz, 2000, p. 524). Detailed further, constructivist grounded theory seeks, not only, to uncover relevant social conditions, but also to determine how the individuals respond to changing contexts within these conditions (Strauss & Corbin, 1990). Because this study was situated in the social constructivist paradigm, using principals of constructivist grounded theory approach was congruent with the manner in which knowledge is thought to be co-constructed, and thus, was an appropriate means to allow the researcher to effectively explore youth SEIM consumption.

As detailed by Strauss and Corbin (1990), when exploring an experience, it would be erroneous to assume that one would be able to determine what is significant, before initiating data collection or upon concluding the first phase of data collection. To this end, the researcher had to be mindful of the idea that the task is to learn the logic of the experience of the social phenomenon being studied, not impose one’s own logic on it (Charmaz, 2004). It is through ongoing reflection and refinement of the data collection and analyse process, that the researcher was able to most accurately determine how participants construct meanings and experiences (Strauss & Corbin, 1990).

Theoretical Influence in Research Approach. When employing principals of constructivist grounded theory, established theoretical perspectives can provide guidance for the researcher to ground data collection; however, it must be noted that this perspective is intended to be used as a starting point for scrutiny rather than an explanation (Charmaz, 2004). It was therefore necessary to determine and discuss the initial theoretical grounding for the researcher's exploration of SEIM consumption and youth sexual health.

Critical Theory Approach

Elements of Critical Theory were incorporated in the study design with the intention of better understanding the social context which shape how youth view sexuality, sexual health and SEIM. Used to great effect in health studies (for examples please see Peterson & Lupton, 1996; Lohan, Coleman & Begley 2009), Critical Theory provides a foundation for deconstructing, questioning and challenging that "the way things are" is a result of "natural" laws and truth. In other words, Critical Theory questions and challenges the conviction that the way in which aspects of the social world are dominantly conveyed within a culture, and what is at the same time, is portrayed as being right, truthful, necessary and inevitable (Carroll, 2004). Critical Theory roots social conditions in cultural and historical contexts to understand how the conditions are shaped by structures and relational hierarchies, which are perpetuated by institutions to be produced into their current incarnation (Carroll, 2004).

In the context of this study, due to the intense moral and social regulation surrounding sexuality and sexual health, and the pervasiveness of the dominant

paradigms on health, this deconstruction is necessary to evaluate the assumptions that guide research and practice. It is by deconstructing an entity to its core that it becomes possible to re-envision how it may be re-constructed in a different or novel manner.

Research Design

Site Sampling Procedures, Population, Sample Size and Recruitment

The city of Halifax was selected as the most appropriate location for data collection. Halifax is the largest urban centre in Nova Scotia, and it has a significant portion of youth, which may be reflective of its numerous post-secondary institutions and (relative number of) job opportunities. Rural regions were excluded from data collection because SEIM consumption patterns vary based on urban versus rural status and for consistency in research design, it was necessary to focus on one population. An urban centre was more likely than a rural centre to have a large enough population to fulfill the minimum participation requirements for the study. For these reasons, living in Halifax for a period of one year was selected as a requirement for participation.

The researcher aimed to recruit between 10 and 16 participants for the study, with a minimum of 5 being men and 5 being women. In accordance to literature on the qualitative analysis (Patton, 2002), it was estimated that at least 10 data-rich participants were required to provide enough variation to gain an in-depth understanding of a phenomenon (Crouch & McKenzie, 2006), while operating within the constraints of a master's level thesis (limited time and resources).

This estimate proved to be appropriate for the study, with 12 participants being recruited. 6 participants were men and 6 participants were women. The recruitment process was stopped at 12, when (relative) theoretical saturation was reached. Theoretical saturation can be understood as occurring when no new patterns emerge from the data, and the themes or theories being constructed are fully formed. It must be noted that many human experiences, including sexual health, are highly personalized and fluid topics. As a result, it can be challenging to ever reach true theoretical saturation in research. The researcher must make the determination that a sufficient amount of data has been generated on the topic, which can occur when the research identifies a relative lack of new emergent ideas within the data. As such, new ideas were not being discussed in the interviews, and the researcher felt that she would be able to accurately engage with all emergent data throughout the process (Crouch & McKenzie, 2006).

The participants for the study were recruited by using purposive sampling. Purposive sampling allowed for data-rich participants to be selected with the aim of creating a rich description of the phenomenon (Patton, 2002a). Purposive sampling is useful as it yields a diverse sample that includes individuals of a wide range of socio-economic statuses, education levels, and ages (within the category of youth), who fit within the criteria of the study. In order to participate in the study, participants had to be English-speaking men and women youth between the ages of 19 and 29, who had lived in Halifax for at least one year. As well, participants had to identify as heterosexual, and report having consumed SEIM for a period of at least one year.

The decision was made to limit study participation to English-speaking individuals because the researcher did not speak any other languages. Participants were required to live in Halifax for a period of one year to ensure that they had access to SEIM in a manner that is consistent with an urban population, which is necessary in order to work within the requirements of the research constraints.

The minimum age of 19 was selected to ensure that all participants would have had the chance to legally consume SEIM for a period of at least one year. As well, patterns of SEIM consumption (intake) are consistent after the age of 19, and therefore, using 19 as a minimum age allowed for a more consistent analysis. Differences in participants' perspectives were likely due to sexual self or the manner in which they interpreted SEIM, as opposed to being a reflection of the typical intake patterns of younger youth. The maximum age of 29 was selected as it is the upper bracket of the "youth" age group. As well, because the SEIM websites that are of relevance to this study are relatively new, using an upper age limit of 29 ensured that participants had the opportunity to access these sites throughout their youth.

As the study focused on the influence of SEIM, it was necessary to determine a minimum requirement level for SEIM consumption for participants to be included in the study. Although a minimum consumption rate/period for study was not outlined in SEIM health literature, a period of one year was selected to ensure that individuals would have consumed SEIM for a long enough period to be able to reflect upon the way in which SEIM may have possibly influenced their sexuality. It was determined that one year would allow for numerous opportunities of SEIM consumption during a substantial

period of sexuality development. The period of one year was further supported by the community advisors for the project as being appropriate to the scope of this project.

Individuals were required to identify as heterosexual to participate in the study. Although in SEIM literature sexual orientation/preference is often not a factor that is highlighted for further analysis, examination reveals that not stratifying the population group in this manner may overgeneralize the findings. Studies have indicated that youth who do not identify in a heteronormative manner may consume SEIM differently than do youth who identify in a heteronormative manner (Mustanski, Lyons & Garcia, 2009; Russo & Torres, 1996). For example, as illustrated by (Kubicek et al. 2010), young men who identify as gay, bisexual, or some form of same-sex identity, often report having used SEIM to actively learn about sexuality in a social context of receiving very little other information from “traditional” sources, such as schools or parents. Because the young men are engaging with SEIM in a different context than are heteronormative youth, the type of content that the non heteronormative identifying youth choose to consume, the manner in which it is interpreted, and the effect that it may have on his or her sexuality may be different. Therefore, it was necessary to narrow the population to a specific identity group of people, who would fit within the constraints of this study – youth who identify in a heteronormative manner.

Recruitment occurred through posters invitations that were posted in public places (Appendix A), such as various university campuses and businesses in Halifax. On the campuses, posters were placed in residence buildings, the Dalhousie Health Clinic, Dalplex (the university fitness center), The Dalhousie Women’s Centre, and on various

campus bulletin boards. Within Halifax, posters were placed at Blue Ocean, Venus Envy, and Night Magic.

When contacted by phone or email by an interested potential participant, the researcher first ensured that the potential participant met the enrolment criteria, and answered any questions that the potential participant has about the study. Included in this initial screening period, each participant was asked if he/she would be comfortable discussing sexual material with a female researcher. This question was included to ensure that the participants would be aware of and untroubled by the sex/gender dynamics of the interview. The researcher also determined during this screening procedure, if the participant wished to attend a focus group or if he or she wanted an individual interview (Appendix B).

Ethical Considerations

Plans for this study were submitted to the Dalhousie University Health Sciences Research Ethics Board. The guiding ethical principles adhered to are the Tri-Council Policy Statement for Ethical Conduct for Research involving humans. There was no physical risk associated with the project. All data were collected in a quiet, private settings during the day, for both the researcher's and the participants' safety. The locations included both a graduate student study room in the library and an office space within the School of Health and Human Performance.

The important issue underlying all ethical considerations was the socially charged and personal nature of the topic of study. Ensuring minimal emotional risk was the

foremost concern and guiding principle throughout the entire research process. Explained by Sieber (1998), emphasizing ethical concerns is not only important for research trustworthiness, but is also a basic moral point that should serve as the foundation of all research.

All participants provided voluntary and written informed consent before participating in the study. Before beginning the interview, the researcher verbally overviewed the consent form, and verbally reminded the participants of their right to withdraw from the study at any time, without explanation. In particular, the researcher detailed to the participants the possible benefits and harms of participating in the research project (Appendix C and Appendix D).

In discussing the potential benefits of the study, the researcher discussed the participants' value to the project. Although there will be discussion of the ultimate aims of the project, the researcher was careful not to over-emphasize the impact that the project will have on youth sexual health programming. Participants were informed of the researcher's plan to disseminate the research to interested audiences and to publish in a peer-reviewed journal to reach a larger audience as tangible outcomes resulting from participants' contribution to the project.

In terms of the potential harms of the project, participants were informed that emotional harms may exist because of the socially charged and sensitive nature of the subject. As well, there was a discussion that focused on the depth in which participants were required to discuss their sexual practices, and forewarning the participants that they may become uncomfortable and feel vulnerable. Similarly, the researcher mentioned that

upon deep reflection regarding the subject matter, the participants may recall upsetting or personally challenging experiences, which may result in emotional stress. Moreover, the researcher talked about how the participants may begin to question some of their sexual attitudes, practices, or understandings, and that this may result in feelings of confusion and unease. The researcher consulted with her committee members to ensure sensitivity throughout the process, and she endeavoured to create a supportive and non-judgemental atmosphere during the focus groups and/or interviews.

To provide participants with support should any of these feelings be experienced during the interview, or following the interview, all participants received contact information for counselling services, sexual health centres, and other sexual health organizations at the beginning of the interview (to avoid causing participants to feel judged) (Appendix E).

Each participant was assured that personally identifying information discussed during the session would be kept confidential by the researcher, with two exceptions: if the participant was believed to be in danger of hurting himself/herself or if there is reasonable suspicion that a child, elder, or dependent adult had been abused or harmed, including any discussion of child pornography.

As anonymity was not possible due to the nature of the data collection process, the researcher attempted to maintain the highest level of confidentiality possible during and after the research process. During the data collection process, the interviews were digitally recorded and transcribed on an encrypted USB flash drive. The USB was backed up on a second encrypted USB flash drive. When not being used, all research files (i.e.

consent forms) and USB flash drives were locked in a secure location at the School of Health and Human Performance at Dalhousie University. Only the PI and her supervisor had access to them.

Names did not appear on any documents except for the consent forms and honorarium/ receipts. Each participant was assigned a random name to identify them. Upon the completion of this study, the information will be transferred to a locked filing cabinet in the School of Health and Human Performance for 5 year post publication. The USB flash drives containing the recordings and the transcriptions and the files for the study will be kept in separate, secure locations. Five years post publication, the study forms will be shredded and the files will be deleted from the USB flash drive. The flash drive will then be reformatted to eliminate any possibility of data being mined after it has been deleted.

Seiber (1998) emphasizes that not only does risk arise from the research process, but that it can also result from the theory that is generated. A theory generated by the study could be publicized out of context or it could be misappropriated and used for purposes that create wrong ideas. A participant may feel guilty for his/her role in the research process, or wronged by the researcher/others involved in the process. This study addresses youth consumption of SEIM, which, due to its nature, is susceptible to these types of concerns. It was necessary to ensure that careful wording was used throughout the data analysis section, and in knowledge translation activities, that the applicability of the research is not over-generalized, which would render the data vulnerable to misuse.

Data Collection

Participants were given the option of choosing either a focus group or an interview. Having both a focus group and interview option was intended to serve a measure that allowed the participants to select the setting that they will be most comfortable sharing sensitive information within – an approach that has been previously used in other youth SEIM studies (Lofgren-Martneson & Mansson, 2009). Allowing the participants to be in their most comfortable environment can improve the quality of data collected, as participants can be more willing to speak candidly (Lofgren-Martneson & Mansson, 2009). Additionally, as this study targeted hard-to-reach audience in young men, and a small population in young women SEIM consumers, maximizing their participation was critical for obtaining insightful data about sexual health as it relates to SEIM.

When presented with the option of either a focus group or an individual interview, all of the participants chose an individual interview (11 in person; 1 phone). Although there are strengths to both individual interviews and focus groups, individual interviews are often a method that is used for collecting data for research that is using the principles of grounded theory methodology (Creswell, 1998). By conducting in-depth interviews, the researcher is able to more thoroughly investigate individuals' thoughts, emotions and perceptions by identifying areas that require further inquiry, and probing them in more depth. For a personal topic such as SEIM consumption, this type of inquiry is essential for generating high quality data, which is nuanced, “thick” and descriptive.

Each interview lasted approximately .5 – 1.5 hours, and was audio-recorded with permission. The interviews were conducted utilizing a semi-structured focus to allow for both the researcher and the participant to have an active role in the research process (co-construction of knowledge), which is a critical component of exploratory forms of inquiry. More specifically, using a semi-structured format encouraged the participants to discuss the social phenomenon using language and understandings that are meaningful to them, while allowing the researcher to guide the conversation in a manner that allowed her to gain information about specific points of inquiry (Patton, 2002b).

The interviews were led using a guide that contained 10 semi-structured questions, which addressed the main themes that were identified in the literature review. The guide was based on examining six person-centred measures that are critical for sexual health: sexual self-concept, sexual activity, sexual knowledge, sexual attitudes towards partners, attitudes towards sex in general, and attitudes towards life in general (Appendix F). The measures guiding the data collection were identified by drawing on two similar studies of youth SEIM consumption and sexual health. As well, the guide was further supplemented by the knowledge of the researcher's supervisor, Dr. Jacqueline Gahagan, and committee members Dr. Audrey Steenbeek and Dr. Lois Jackson, who are collectively very experienced in the fields of youth health and sexual health. Additionally, members of the project's community advisory committee helped produce questions that will generate knowledge that is useful within a community setting. Prior to use, the data collection guide was tested on both a woman and a man youth

volunteer to assess its comprehensiveness and ensure the wording of the questions was direct and clear.

In addition to participating in the individual interview, each individual was asked to fill out a brief demographic survey. The survey had 14 questions that ask about identity traits and SEIM consumption patterns. The survey was not intended to be an instrument that was used for statistical or mixed-methods analysis, but rather a descriptive tool that added critical depth and dimension to the researcher's and reader's understandings of the group that co-generated the study's knowledge. The survey was anonymous and confidential, and therefore, was not linked to a specific participant. Each participant was informed that he or she did not have to answer the survey nor fill-in any of the questions that he or she did not wish to answer (Appendix G).

Data Analysis

The data analysis process involved a careful examination and contemplation of the transcripts to identify emergent theoretical themes. The data analysis followed specific steps prescribed by Corbin and Strauss (1993) and Charmaz (2000), to ensure that the researcher was fully engaged and reflexive throughout the process of using principals of grounded theory research.

After the data were collected, all of the data were transcribed verbatim. During the transcription, the data were "cleaned" for any personally identifying information. The initial interviews were transcribed during the ongoing interview process, so that that data could be read for content with the purpose of identifying/making memos of any initial

impressions, and identifying areas that could be probed differently (Charmaz, 2000). The transcripts were then imported into Atlas.ti software, and organized for further thematic data analysis.

This research project utilized principals constructivist grounded theory approach for the thematic data analysis (Corbin & Strauss, 1990; see also Charmez, 2000). First, the researcher created a codebook by recording the major ideas repeated both within and across interviews. The codes were altered or reworded slightly as the process continued. For example the initial idea “women’s gender norms” was further deconstructed to include women gender norms with SEIM and women gender norms within society. Accordingly, the code book served as a component of the audit trail, which detailed justifications for decisions and notes about the data throughout the process.

The codes were assigned to specific ideas to categorize data. To ensure that principals of constructivist grounded theory research were used, the researcher endeavoured to analyze the data using these codes and concepts, as opposed to working with the data (Strauss & Corbin, 1990). The researcher subsequently compared the data using the codes to identify specific patterns in the data, and used these patterns to gain a clearer picture of similarity and variation in the data. This process of constant comparison (Strauss & Corbin, 1990) ensured that the data from each of the interviews is thoroughly studied both within the context of the individual interview, and also between all of the interviews.

Through the process of connecting codes, more accurate insight into major aspects of SEIM consumption was highlighted as being important. The researcher then

analyzed the connections to reduce the data by determining the most important theoretical themes. Through this process, the researcher was able to develop a series of three themes that described the data. It is noted that normally the aim of grounded theory research is to generate a theory (Corbin & Strauss, 1990). However, in a research project of this size, a nuanced, testable theory was not a suitable final conclusion; instead, a series of interconnected, descriptive themes were developed.

Upon identifying the emergent themes, the researcher has offered an interpretation of the themes by providing an explanation for the results and framing the research in existing literature on the topic, which is necessary to address broader structural factors (Strauss & Corbin, 1990). The researcher also highlighted similarities and differences between that data generated by this study and existing data on the topic. By taking these steps, it helped to provide a description of the different conditions and factors (ex. identity characteristics) that may shape how the findings can be interpreted and applied.

Data Quality

When assessing the quality of the qualitative data generated in this study, it is suitable to employ several criteria. As the study was conducted from a social constructivist perspective, Guba and Lincoln (1986) suggest that instead of determining “rigor” through measures such as validity, objectivity, and reliability, it is more appropriate to determine “trustworthiness”. Trustworthiness is assessed using four criteria such as credibility, transferability, dependability, and conformability; these

criteria help to ensure a deep understanding of the research entity is achieved (Lincoln & Guba, 1986).

The first measure necessary to achieve trustworthiness, credibility, can be attained through providing an interpretation of the results that is meaningful and accepted as true by the participants and group to which they belong. Credibility is realized through rigorous methods, belief in the methodology, and the individual researcher's skill and training (Patton, 2002b).

To achieve credibility, direct quotations from the final data were used in the final report, which is important for assuring quality (Patton, 2002). Moreover, the researcher contacted a subset of the sample, who had previously agreed to be re-contacted, with a summary of the major findings of the analysis. One participant responded, and her feedback was then used to help ensure the overall analysis was considered to be expressive of the ideas discussed during the interview. This process of member checking helped to ensure that the findings resonated with the population.

Credibility is further achieved by having a high level of reflexivity during the research process (Lincoln & Guba, 1986), as it allows the researcher to identify how her perspectives and judgements may shape the findings. To accomplish this aim, the researcher made it a practice to debrief about the interviews with her supervisor, and to examine feelings or thoughts developed during the research process.

The second and third measures, dependability and conformability, are based on the integrity of the work being presented. Dependability can be achieved by being able to show that if the work was repeated, in the same context with the same participants, the

findings would be similar (Patton, 2002b). Likewise, conformability is determined by ensuring that the findings result from the co-construction of knowledge between participant and researcher, rather than being based on the researcher's desired results (Patton, 2002b).

One technique to ensure dependability and conformability is to have an outside expert assess the quality of the data analysis and collection (Patton, 2002b). To achieve this, the researcher maintained a reviewable audit trail for transparency purposes, which detailed notes about key developments. As well, the researcher's supervisor, Dr. Gahagan, reviewed the codebook and coding periodically to ensure that the work was dependable. Additionally, both Dr. Gahagan and another graduate student, who was familiar with qualitative methods, coded an interview using the codebook to achieve a measure of inter-coder reliability and ensure that the data were being analysed in a dependable manner.

The fourth measure that is recommended to help establish trustworthiness is transferability (Lincoln & Guba, 1986), which refers to the ability of the research to be applied in other situations. Because the aim of the study was to generate themes that explore the relationship between sexual health and SEIM consumption, and is not to determine a generalizable theory, it is debatable whether transferability applies as a measure of quality in this instance. Nonetheless, to fulfill an element of transferability, the researcher provided specific detail throughout all stages of the research processes to provide context and description to the data.

By ensuring that these four principles were adhered to during all stages of the research process, the researcher aimed to generate results that explored SEIM and sexual health in a meaningful and informed manner. Similarly, maintaining the intent to respect the integrity of each case, and the project as a whole, helped the researcher to achieve a standard of quality that can provide informed insight into the experience of youth SEIM consumption.

Study Limitations

Acknowledging the limitations of the research process is critical to ensuring the study's overall trustworthiness, as it provides critical context of the boundaries of how the findings should be interpreted and the manner in which the findings can inform health promotion. Accordingly, the limitations of the research presented in this thesis are acknowledged below.

First, it is likely that only youth who were comfortable talking about SEIM and other sexual topics responded to the advertisement. As a result, the voice of the consumers of SEIM who are uncomfortable talking about sex is likely not included in the data, and equal representation of all SEIM consumers was likely not be achieved. However, it is essential to note that the ultimate purpose of this particular project is to contribute to the limited body of knowledge that exists on the consumption of SEIM by youth, not to achieve findings that can be generalized to the entire population of youth consumers of SEIM.

Additionally, the stated background of the research project was to study sexual health promotion and education in urban Nova Scotia. However, due to the large college population in Halifax, a number of the participants indicated they had moved to Halifax after growing up in another province (which still allowed them to fulfill the inclusion criteria). Because many of the participants' experience with health promotion was limited to education in schools (in other provinces), the findings did not end up reflecting an urban Nova Scotian setting, but rather an urban Canadian setting. As the research question was not specifically focused on Halifax or Nova Scotia specifically, having participants who grew up in different Canadian cities did not compromise or limit the findings; but it is important to note this characteristic, as it adds critical contextual information to how the findings may be interpreted.

During the data collection process, there may have been some sex/gender effects of having a young female researcher discussing sexual practices with young, heterosexual, male participants. To minimize these effects, the initial screening process included explicitly asking the participants if they would be comfortable discussing their sexual practices with a female researcher. As well, participants were given the option of a phone interview to help further mitigate these effects. When the researcher believed that certain findings may have reflected a gender bias, the results were labelled accordingly.

Finally, as the researcher was relatively inexperienced in conducting research interviews prior to the project, she may have missed opportunities to probe the participants for more depth and clarity in their answers. As well, it is possible that the interviewer made assumptions about the consumption of SEIM that could have led to the

interviews being focused on a specific area(s). To help mitigate this limitation, the transcripts of the first two interviews were reviewed by Dr. Gahagan before the rest of the interviews were conducted, in order to help identify ways that the researcher could strengthen her interview style. Further, as previously detailed, the researcher engaged in extensive self-reflection to identify areas in which her inexperience might be shaping the process. As well, the research process has been detailed in a transparent manner, to allow for the decisions made by the researcher to be evident to the reader.

Chapter 3 Summary

Chapter three detailed the methodology that was used to fulfill the research objective of this research study. Utilizing principals of a constructivist grounded theory approach, located within the social constructivist paradigm, was determined to facilitate intent of exploring youth's perceptions of how SEIM consumptions may influence their sexual health. The procedures for participant selection and recruitment, data collection and management, inductive analysis were detailed and justified. Relevant ethical concerns were outlined. The limitations of the study were provided to help provide context of how the study may be interpreted. The methodology outlined in this chapter provides the foundation for dissemination of this study's findings, which are detailed and discussed in the previous and upcoming chapters, within academia and the community.

Chapter 4: Results of Data Analysis

The following chapter will address the central research questions for the study :

(1) Do urban heterosexual men and women youth, who are aged 19 to 29, perceive the consumption of sexually explicit internet movies as influencing their sexual health? (1a) If so, in what ways does this influence occur? (1b) Are there sex/gender-specific influences of youth SEIM consumption? This chapter outlines the findings from this investigation in relation to the research questions, and explores the participants' perceptions of SEIM, sexual health and sexual health promotion. More specifically, the chapter provides a descriptive summary of the emergent themes in the data, which resulted from the interviews conducted and the researcher's interpretation of these discussions. As highlighted in the Methods section, these findings emerged from utilizing principals of a constructivist grounded theory to complete the data analysis. The emergent themes presented in this findings section characterize participants' perspectives about the most salient influences of SEIM consumption on youth sexual health.

This chapter is organized into several sections to provide clarity and structure for the presentation of the findings. First, a detailed profile that summarizes the participants' characteristics, based on the survey that they completed at the beginning of the data collection process, is provided. Second, the researcher offers an overview that explains how the participants conceptualized SEIM. Third, descriptions of the emergent themes that detail youth's perceptions of the influences of SEIM consumption on their sexual health are presented. The three major emergent themes, and their sub-themes, that will be explored in this chapter are labelled as follows:

- 1) **Mixed Influences: Youth experienced SEIM consumption as having interconnected and conflicting negative and positive influences on their sexual health;**
 - i. Variation in how SEIM may influence sexual health at individual/ interpersonal /societal levels
 - ii. Mixed feelings and beliefs about the potential influences of SEIM on sexual health
 - iii. Experiences of SEIM having interconnected positive and negative influences on sexual health

- 2) **Exploring Sexuality: SEIM was utilized by youth as a means to explore both their individual sexual self and the subject of sexuality;**
 - i. SEIM can serve as a sexual education medium
 - ii. Provision of a forum to explore presentations of sexuality in an safe and judgement free environment
 - iii. Resistance to heteronormative and stigmatized presentations of sexual expression and activity

- 3) **Context Matters: Youth perceived SEIM consumption differently in the context of individual sexual health versus in the context of sexual health promotion.**
 - i. Lack of intersectionality between notions of SEIM and formal sexual health
 - ii. Application of a biomedical understanding of ‘sexual health’ in the context of sexual health promotion
 - iii. Identified need for a less stigmatized, more balanced and/or “sex-positive” sexual health promotion and education

The findings are described in a manner that highlights the areas identified by the participants to be opportunities for change that may better inform and improve youth sexual health promotion and education.

Participants’ Profile

As per the inclusion criteria, all of the participants were between the ages of 19 and 29, and self-identified as having lived in Halifax for a period of at least one year and

having consumed SEIM for a period of at least one year. The following is a summary of the results of a questionnaire that each participant filled out prior to the start the data collection; the questionnaire was employed to generate a rich understanding of the youth who participated in the study.

A total of 12 youth volunteered to participate in the study. Six of the youth were men, and six of the youth were women. All of the youth also identified their sexual orientation/preference as heterosexual or straight. Two of the participants further indicated that they also identified as bi-curious/questioning. Ten of the participants self-identified as Caucasian/white, one participant self-identified as black, and one participant self-identified as having a mixed ethnicity. The participants' education levels include: high school complete (4), some university complete (3), a University bachelor's degree complete (4), technical or trade school completed (1). The participants' relationship status included: not dating or sexually involved with anyone (2), casually dating or casually sexually involved with 1 or more persons (2), exclusively dating or exclusively sexually involved with someone – less than 1 year (4), living together or common-law (3), and married (1).

The participants' description of how they engage with SEIM is detailed in the chart below. For ease of viewing, only the responses that youth selected to describe their SEIM consumption patterns have been recorded within the chart: the responses that were available as a choice, but were not selected, have been left out of the chart. For an overview of all of the possible responses found in the questionnaire, please refer to Appendix G.

Table 1: Summary of the Participants' Characteristics

Question	Participant Responses	Number
Who do you typically watch SEIM with?	• Alone; Partner	1
	• Alone	10
	• Friends	1
In the past month, how often have you watched SEIM?	• 0 times	1
	• 2-3 times	2
	• 1 time per week	2
	• 2-5 times per week	5
	• 1-2 times per day	1
	• 2 or more times per day	1
On average, how many minutes did you spend watching SEIM overall during the last month?	• 0-90 minutes	5
	• 91-240 minutes	3
	• 241-400 minutes	2
	• 401-900 minutes	0
	• 901-1200 minutes	1
	• 1201-1500 minutes	1
Why do you watch SEIM?*	• Entertainment	6
	• Curiosity	7
	• Self-arousal activity/Masturbation	9
	• Arousal activity with partner	1
	• Learn how to perform certain sexual acts	6
	• Learn more information about a type of sexual act you are not very familiar with	6
	• Inspiration for sexual acts in offline sexual activities	4
	• Check to see if a sexual interest/desire is “normal”	2
	• Sexual health information	1
	• Fulfill fantasy	3

*For this question, participants were asked to circle all answers that were applicable; each number reflects the total number of individual participants who circled that response as one of the reasons they watch SEIM.

The types of SEIM that participants typically watched were wide-ranging. The participants detailed that they watched (self-labelled): Asian, BBC (Big Black Cock), BBW (Black/Black/White), BDSM, Big Titty, Big Booty, Blowjob (2), Classic/Vintage, Cuckold, DP (Double Penetration), Ebony, Erotica (verbally identified), Femdom, French Language, Group (2), Hentai --Yaoi/Yuri Interracial, Lesbian (5), Male/Female (5), Max Hardcore, MILF (Mother I'd like to F*ck), PAWG (Phat Ass White Girl), Oral Sex (male give), Queer-Friendly (verbally identified), Restraining, Role-playing Fantasy, Submission – female as the submissive, Threesome – any mix genders, Threesome – ix not specified, Threesome – two male/one female, Triple Penetration (3P), and Top rated videos on SEIM website.

None of the participants elected to leave further comments about their consumption in the space provide in the questionnaire. The rest of the findings examined in this chapter were obtained through the individual interviews. Please note that as highlighted in the Methods sections, all 12 of the participants chose to participate in the individual interview option instead of the same-sexed focus group option.

Constructions of Sexually Explicit Internet Movies

To initiate the discussion about sexual health and SEIM, each participant was asked to describe his/her understanding of a “sexually explicit internet movie” using his or her own words. In response to this question, the participants frequently overviewed

SEIM by highlighting specific visual content attributes. Participants often first identified SEIM by focusing on certain aspects of their subject matter, such as the acts within the videos, or on the physical presentation of the performers. Then, participants described how these elements differentiated SEIM from other materials that contain sexual content.

Through the process of articulating how SEIM differed from other explicit materials, the vast majority of participants identified the critical defining factor of SEIM to be the level of graphicness of their sexual content. Described by Calee:

There is a difference in that what is available on the internet is often more explicit, graphic... like I am watching this television show 'The Tudors' and it is like pretty much porn, like it is sex, but because they don't show all the parts at once, I guess, it's not porn...but the line is blurry.

Calee's provisional description of SEIM further shows the difficulties that many participants had in defining SEIM. Participants often indicated that they believed SEIM to have a characteristic that distinguishes them from other materials; however, it was often challenging for the participants to convey what they believed to be SEIM's demarcating qualities. This is further exemplified by Crystal's discussion:

[Porn is] movies or videos with other people or yourself in sexual acts. Not specifically intercourse, but any sexual act, I would consider it porno. No, that's not actually true because if they are just like kissing then I would just think that was kind of a weird video (laughter), I wouldn't think that's porn... But, yah nudity, sex, you know what it is.

Crystal's ambiguous dialogue reflects her difficulty in articulating SEIM's key qualities. Further, it also includes her perspective that there is an inherent characteristic of SEIM that enables a person to instantly identify them, even though he/she may not be able to specifically define that characteristic. This view was shared by a number of other participants, who were often unable to identify exactly what the identifying features of

SEIM were, even though they felt SEIM was a distinguishable entity. In these instances, participants would often emphasize that SEIM are something that “you know when you see”, as a way to describe their identifying features.

In other cases, to help articulate what characterizes SEIM, participants focused on the intent of the explicit content as their defining attribute. Logan described that “*it’s more in your face... aimed to really turn a person on, as opposed to nudity. I guess that’s where I kind of draw the line, nudity is just kind of there, whereas porn has a specific intent.*” For these participants, SEIM were understood as materials whose main purpose was to cause arousal or create a sexual response in the viewer.

When defining SEIM, the participants’ responses were not solely confined or limited to descriptions of the characteristics of SEIM. A number of participants elaborated to discuss SEIM in manners which can be aligned with various different societal discourses on the topic. For instance, although all the participants used the term “porn” or “porno” to describe the subject matter, the way in which the term was utilized was varied and often contradictory. One participant used “porn” as a feminist, political term, and specifically focused on the perceived traditional heteronormative, misogynistic nature of mainstream pornography. In contrast, a different participant expressed that she used the term “porn” somewhat hesitantly because she felt that the term has a very negative connotation and further promotes the stigmatization of sexuality and sexual expression. A third participant indicated that he felt that “pornography”, as a whole, was an entity that could be “empowering for some women”, as it can provide them with control of sexual situations. These ideas further contrasted with the majority of the

participants, who did not discuss any of the political meanings connected with the term “porn”, and used the term as a colloquial expression to describe explicit movies that depict sexual acts.

Participants’ discussion on the discourses about SEIM included perceptions that the SEIM had evolved and expanded beyond conventional notions of pornography. More precisely, in opposition to established meanings of SEIM in academic and political dialogue, youth understood SEIM to include content that is more wide-ranging than traditional, misogynistic representations of sexuality that exist in a domain of hegemonic masculinity. Participants often differentiated between types or genres of SEIM, which included characterising the SEIM that were based on portrayals of male dominance or violence as a very specific type of SEIM. Further, participants highlighted the variance in content between SEIM that focus on amateurs (self-filmed and uploaded by individuals) versus SEIM that focus on professionals (filmed and produced by a production company). For example, youth would discuss the differences between a movie that portrays a male actor dominating and demeaning a female actor (for his benefit) during sexual intercourse versus a homemade movie portrays two individuals engaging in mutually enjoyable sexual intercourse in what appears to be a personal bedroom. In these discussions, participants perceived both videos as being SEIM. It is important to note this shift in perceptions about SEIM’ contents, because it suggests a progression towards an analysis that is fundamentally divergent from traditional gendered meanings and dialogue about “pornography”.

The dialogue focusing on the overarching conceptualization of SEIM highlights two interconnected ideas that provide critical context for the analysis of the content of the interviews that are detailed within this findings section. First, the attributes of SEIM, including possible content, intent and means of identification, were described consistently throughout all of the interviews. Second, even though the attributes of SEIM were described in a similar manner by all of the participants, the meaning that each participant assigned to these attributes was highly varied. The meanings associated with SEIM were highly dependent on how each participant conceptualized the relationships between SEIM and a) his or her own individual sexuality (individual), b) others' sexuality (interpersonal), and c) broadly accepted notions of sexuality (societal). Accordingly, this study's emergent themes that explore how participants perceived the intersections between sexuality, sexual health, and SEIM, are interlaced with considerable nuance, variance and contradiction.

Emergent Theme 1: Mixed Influences

Youth Experienced SEIM Consumption as Having Interconnected and Conflicting Negative and Positive Influences on their Sexual Health

SEIM consumption was described by the participants as having wide-ranging influences that encompassed topics beyond physical reactions, to included experiences with overall sexuality and sexual self. Participants detailed that they experienced both health benefits and health challenges from consuming SEIM. The benefits of SEIM consumption included: increasing knowledge about sexuality and sexual acts, helping individuals explore their sense of sexuality identity or self, including their personal

boundaries, teaching people to be more open-minded about sex, helping people learn their sexual preferences, and providing a source of sexual stimulation. The negative influences of SEIM consumption included: men feeling de-sensitized to both offline and online sexual stimulus, men feeling stress about their individual mis-consumption of SEIM, men and women having concerns about societal mis-consumption⁴ of SEIM, men feeling guilt or disgust over the portrayal of women in misogynistic genres of SIEM, and both women and men feeling pressure as younger youth to meet sexual expectations of self and others. It is important to note that these influences are the foundation of three emergent themes, and therefore, will be detailed as part of the themes.

The sexual health benefits and challenges of SEIM consumption were further perceived as having mixed, or conflicting negative and positive, influences on the participants sexual well-being. More specifically, the participants perceived that the benefits and drawbacks to SEIM consumption often interconnected with each other to have a multifaceted, and often complicated, overall influence on their sexual health. There was variation in how the individual health benefits and challenges were perceived as interacting with each other both within and between perceived levels of effect (individual, interpersonal, and societal). Youth situated the interactions between the influences within their personal histories, identities and wider lived experiences to explain how and why they felt that SEIM may be able to influence their personal sexual health.

⁴ As highlighted earlier, mis-consumption can be understood as problematic patterns of use, in terms of level, quality or quantity

Variation of how SEIM may influence sexual health on individual, interpersonal, societal levels.

Individual Level

Youth's discussions indicated that they believed SEIM were the most influential at the individual level. Participants expressed that SEIM's content ranged in terms of how representative it was of offline practices, and that SEIM were only influential when the content is deemed to be an accurate depiction of offline practices. At the individual level, multiple aspects of SEIM were considered to be realistic influences were easily recognized, classified, and explained by each participant.

Participants generally deemed SEIM's portrayals of sexual activities and expressions as being its most realistic element. Accordingly, participants perceived there to be numerous individual level influences related to the range of sexual activities shown in SEIM. SEIM content was perceived to have influences on areas such as: physical and emotional responses to different types of sexual activities, attitudes towards expressed of sexual activities depicted in SEIM, and increased knowledge of sexual acts and expressions.

To explain the process of how these individual-level influences manifested, youth specifically identified the aspects of their sexual health that they believed to be influenced by their SEIM consumption. For example, Ethan discussed that after being exposed to a wide range of sexual activities, he had "*learned to be really open-minded about sex... things that don't turn me on, I can understand it turning someone else on, and not be judgemental about that.*" Participants were able to give straight-forward examples of how elements of SIEM had changed specific behaviours or attitudes.

Youth discussed how changes in sexual practices or sexual self-perceptions then impacted their sexual health. Participants linked SEIM consumption to tangible changes that they had experienced in their ability to achieve sexual health. For instance, Twilia stated that SEIM had given her a sense of how sexual activity can take place, which helped her be more comfortable engaging in sexual activities: “[SEIM] just kind of taught me the ways of going about things. And it just made me a little bit more comfortable with being sexual.” Krystal similarly remarked that SEIM taught her specific mechanics for engaging in acts and provided some strategies of how to initiate sexual activity, which had previously been problematic for her: “I’ve learned different mechanics, so um different positions, different um – I always had a problem with initiating...So I have learned a lot of stuff about how to go about it.”

The process through which an influence was appraised as causing an individual-level change was articulated with great specificity and detail by a number of participants. The participants conveyed highly personalized experiences in which they consumed SEIM, reflected upon the content by comparing it to their own lives, and changed how they viewed an aspect of their own sexuality or sexual self. In one instance, Breanne described how after she saw individuals in SEIM being very confident being naked, she reassessed her own lack of body-confidence and determined that her body was similar to other women’s. As a result, she became more confident in her body image:

It is funny to think of some of these things, to think that you are watching porn and getting something educational out of it. Yah to just see some people walking around, no holds barred, and I am thinking oh god, I can’t even take off my underwear. Um yah, more self-confidence I would say in the bedroom, or just with myself, kind of believing that my body is just the same as everybody else’s... To be more comfortable with my body.

Through this self-comparative process, Breanne found SEIM to have an individual level influence that improved her sexual health.

Interpersonal Level

In contrast to the significant influence of SEIM consumption on sexual health at the individual level, virtually all of the participants expressed that SEIM had a limited influence on sexual health at the interpersonal level. Only one participant, who was in a long term relationship, provided a differing opinion about the incorporating SEIM into partner interactions. Contrary to the other participants, Calee felt that SEIM served as a direct resource for successfully engaging in novel sexual activities with her partner. In her relationship, SEIM was used as tool to help both her and her sexual partner express their sexual desires to each other. As Calee and her partner where already very familiar with each other sexually, SEIM allowed them to comfortably communicate different acts that wanted to try and provided them with guidance of how to actually engage in that act:

Because we both know what we are interested in, what we want to try and we both are a lot more open about it I guess. Neither of us are afraid to use terms or just kind of say you want to try this, even if it is a little weird (laughter). You know I mean.... If someone wanted they could just bring up a video and show what they are interested in and give it a go. So I think that it has positively helped that way. So that if someone is interested in something they are not kind of just angling towards it, or if they are unsure how to ask, so they now are not unsure how to ask. They can easily identify it, or easily describe it, or just say what it is.

Calee's and her partner's comfort and past sexual experiences with each other allowed them to utilize SEIM together, which opened up a unique use for it within their relationship.

For the rest of the participants, their responses about interpersonal-level sexual health influences of SEIM consumption ranged from no influence to a low level of influence. Correspondingly, despite the agreement that SEIM had limited interpersonal-level influences, there was variation in participants' perceptions of the scale of these interpersonal influences.

A number of the participants felt that there was not any interplay between SEIM consumption and partner level influences. For example, Jordan detailed that in a partner setting, *"I try to make mine [sexual behaviour] isolated from, and you know, individual as my own, because I am very self-conscious in what I do in my own actions."* In these instances, participants did not perceive there to be connections between their actions and SEIM in partner sexual relations.

Similar to the influences of SIEM at the individual level, participants only viewed SEIM content that was deemed to be realistic as having the potential to be influential in offline interactions. Participants detailed that because the relational interactions shown in SEIM were devoid of societal norms and did not contain realistic sexual scripts, the content did not transfer to partner interactions, and thus was not influential on the interpersonal level. Explained by Nick:

In most cases the videos that you see online, they are not your typical couple out on a date, and then they go back to the house, and let's do the deed now. No, it is more of a "here is a pizza that I am delivering, and I don't have any money but I will pay you with my penis instead". That is not usually how it works.

Interpersonal relationships and SEIM relationships were deemed to be two completely different entities.

Other participants expressed that they believed SEIM did have some limited, indirect influences at the interpersonal level. When discussing these influences, the participants indicated that they thought it is necessary to differentiate between incorporating individual-level SEIM influences into a partner setting and directly translating SEIM into partner/interpersonal interactions. This was illustrated by Krystal's reflection:

I: Can you explain for me if you think that that the way you interact with your partner has been influenced by porn?

K: Um indirectly, based on the fact that I've learned what I am interested in from porn and feel more open to communicate it...porn helped and therefore it would help in the relationship cause I feel more like I know what I am looking for...you can't judge men based on the actions of pornstar guys because pornstar guys are different. The average guy you are dating it not a pornstar. You cannot translate that over. It just does not work, it does not equal.

Krystal's expressed that SEIM affected her indirectly at the interpersonal level as it allowed her to bring a stronger sense of sexual self into her partner interactions: understanding her sexual interests and feeling safe and un-restricted to express those interests. Krystal did not have expectations for her partner based on the SEIM that she had consumed, as she did not feel that there was any direct connection between offline partner relationships and SEIM partner relationships.

Krystal's experience was echoed by Dylan, who explained that he also felt there could be some indirect influences of SEIM at the interpersonal level. However, similar to the participants who found that there were not any direct interpersonal-level influences, Dylan did not consider there to be enough realism in SEIM relational interactions for them to have any direct influences on his offline relationship interactions. He felt as

though his sexual relationship with his partner was of a very different nature than the sexual activities portrayed in SEIM:

When I watch porno, I am like disconnected from it entirely. There is no actual physical relationship, there is no relationship, there is nothing.... So um like maybe a variety of things could change, like maybe the positions, absolutely 100%. But that's about it. I wouldn't want like, you watch porno, it is kind of cold. It is kind of cold, you know what I mean. When I am having sex, it is warm, it's different. It is different altogether.

Dylan's comment also highlights a point expressed by several other participants.

The participants felt the only interpersonal-based aspects of SEIM that were realistic, and thereby able to be influential, were the mechanics of sexual acts. As a result, learning the mechanics of partner acts and recognizing one's personal response to these specific acts, were only aspects of SEIM deemed to be appropriate to translate into offline partner interactions. This point is described by Nick:

A lot of my sexual techniques are based on porn.... I learned different things, like different styles and things like that. But I mean it is I guess it opened my eyes to what you can do, the creativity of it... it is just more acts...there is no way someone is going to deliver a pizza and you are going to go into a backroom (laughter). But I mean it is really acts that, you know, really that influence me.

Some of the participants expressed that even though a person may be able to recreate acts, the translation of SEIM sexual activities into offline partner interactions can be problematic if one is not sensitive to their partner's needs. As explained by Tyson, one's partner may not want to engage in the acts in the same manner in which they may have been modeled in SEIM:

From my perspective as the male, um I definitely was able to mimic some of the stuff that the guys were doing. But then I realized that it is not necessarily in my best interest to mimic those guys, because then the female doesn't necessarily like getting "fucked" like that. So it was like, trying to realize that... everyone is different, every female wants it different, a different type of sex.

It was deemed essential that one communicate with one's partner and be sensitive to his/her needs while engaging in sexual encounters, to ultimately determine the feasibility of incorporating aspects of SEIM into one's interpersonal relationships.

Societal Level

Similar to the interpersonal level, a number of participants indicated that they thought there were limited to no influences at the societal level. A number of participants indicated that they thought the majority of influences occurred at the individual level. Other participants indicated that they could not speak to how SEIM influenced societal ideas because they perceived SEIM to be a highly personalized topic, which was not discussed in open forums. As a result, the majority of participants considered there to be relatively few, if any, societal level influences.

For the participants who indicated that they felt that there were some societal level influences, the main influence was perceived to be the representation of sexuality in wider society. Specifically, participants discussed that they believed that SEIM may be contributing to existing ideas about the hypersexualization, or the extreme sexualization, of mainstream culture. Participants perceived that overt expressions of sexuality, including sexual activities, are increasingly explicitly part of the public domain. This idea is demonstrated by the quotations below, which describe Tyson's and Breanne's experiences of encountering extreme displays of sexual behaviours in public places:

Now I think that porn has made certain extreme forms of PDA more acceptable. Like case in point, in the bathroom of the (two local area bars), people are straight on fucking in the stalls, and even on the dance floor, like you see women with their hands down guys pants, and they are just wrenching away. And it is like "holy smokes". - Tyson

I think in broader society there is a lot more that people are getting away with publicly. Like on the dance floor or in the corner, people just look the other way – it is not such a shock because we all have seen it, or we all have been a part of it elsewhere, hopefully not in public... But yah I think sex is really coming out to be part of our normal lives with other people. It is not so much behind closed doors anymore. - Breanne

Within these quotations, the participants discussed the prevalence of sexually explicit actions within the current generation of youth. Both of the participants indicated that they perceived a shift in societal norms, in that a number of young men and women engaged in sexual acts in entertainment-based public forums. These public displays were deemed to be linked to a greater societal prevalence of sexual imagery.

Although hypersexualization was the focus of some interviews, very few participants further specifically linked ideas about hypersexuality to sex/gender, which traditionally has been an area of significant focus in SEIM research. Youth's lack of critique about the societal level implications of SEIM's gendered representations was discussed by one participant, who expressed frustration that other people her age were not critical about sex/gender oppression in sexual materials. Mel stated that she felt as though others in her generation consumed misogynistic SEIM without assessing how wider, societal-level patriarchal notions can shape types of content:

It teaches men to objectify women and say that is okay, and I really don't think that is okay. So I just think it is just harbouring a lot of negative imagery towards women, especially younger women, it makes me feel unsafe. And like living in a really patriarchal society, being afraid, because people watch all this shit in movies and like think that it is okay. Not cool.

Interestingly, although sex/gender was not often explicitly identified as a societal level SEIM issue, sex/gender was brought up on the individual level, as participants

reflected on the positive and negative influences of SEIM on their sexual health (discussed in greater detail in Theme 1's third subtheme). This is notable because although participants often may have not specifically identified interactions of societal level influences with sexual health, popular ideas about the nature of gender, sex, and sexuality often underscored their discussions about SEIM's influences. As such, it is essential that the importance of social level influences not be overlooked throughout the continuation of the findings section.

Mixed feelings and beliefs about the potential influences of SEIM on sexual health

Included in participants' discussions regarding the levels in which SEIM may be influential, were their perceptions about the interactions between the specific influences. For a minority of the participants, SEIM were associated with generalized, positive feelings. One participant indicated that SEIM consumption was something that brought her feelings of enjoyment and satisfaction with life. Twilia stated that, *"I like to watch porn and have positive feelings about it...It just kind of makes me relate to my own life and like who I am with."*

Another participant, Dylan, stated that SEIM consumption helped him to explore a key element of his personhood in a positive setting, and appreciate it as a "natural" part of his well-being: *"I love porno. So if it always this feeling of enjoyment to me, and I think it is... just a natural thing to be sexually intrigued... So when I think of porno, I think nothing but positive thoughts"*. Other participants agreed with Dylan that SEIM is generally positive. Tyson stated that porn is not 'offensive' to him: *"I don't have no problem if you want to watch porn. Like it is not offensive to me... Porn goes through my*

head like 10 times a day. I am not offended by it.” Many participants also stated that they did not perceive SEIM as being “bad” or “unhealthy”, Although SEIM was not discussed as positive per se – it was also not viewed as a negative entity.

When explaining their feelings towards SEIM, participants would often first question wider societal notions about the assumed offensive, deviant, or morally questionable nature of SEIM, and then state that they thought SEIM was ‘alright’, and justify why they held this belief. For instance, Calee stated that:

I dunno, I think it is alright... And then in general, I don't think it's that bad of a thing, I dunno, it is something you can do with a partner or just by yourself (laughs) I dunno, something that is good for arousal.

Calee's sentiments were echoed by Krystal, who also defended why she thought SEIM were useful or could be understood as being positive, before she described her feelings about SEIM: *“I am not like a strong crusader against pornography... I have no religious thing coming in saying this is wrong, this is wrong. Like it is just... all so natural... Porn is good.”*

For the vast majority of participants SEIM were viewed as something positive, but it exists in a stigmatized context where it is viewed as taboo and something that should not be enjoyed. This appeared to evoke a sense of having mixed or conflicting feelings towards SEIM:

[My feelings are] awkward?!?. It is definitely not something that I share with a lot of people... I tend to watch it more often by myself.... it is obviously not something that I would go to my family and talk about, or even with friends, it is really kind of taboo. It is behind closed doors, it is personal. A personal topic and subject. [But] watching it doesn't make me uncomfortable. - Breanne

For a number of the participants, the mixed feelings were not experienced as negative feelings that existed alongside, but separate, from positive feelings. In contrast, the mixed feelings were experienced as interacting negative and positive feelings that created a complex overall, mixed feeling. This mixed feeling was often the defining feature of how youth perceived SEIM as influencing their sexual health.

Some of the participants expressed that they experienced these mixed overall feelings as a sense of internal contradiction about consuming SEIM. For example, Logan used the word “bittersweet” to describe his experience of SEIM being simultaneously enjoyable and challenging:

[My feelings are] bittersweet. It has shifted a lot over time. Now I think that I am accepting and embracing it more, and now I see the positive in it, but I think there is a lot of guards that go up with it.... I think this was part of my upbringing, I used to feel guilty watching it... I think it seemed like I am almost not supposed to enjoy it because I am not supposed to be watching, and there's, like I said, almost a source of shame about it.

As such, SEIM consumption was often described to be an experience laden with contradictions.

Experiences of SEIM having interconnected positive and negative influences on sexual health

Participants' perceptions about SEIM were further developed as they discussed transitioning their general mixed feelings about SEIM consumption into specific health influences. Participants explained that, although they perceived that it was possible to gain the health benefits from the positive influences of SEIM consumption, in some cases, the negative aspects of SEIM made it problematic to achieve sexual health from those benefits. As a result, a number of participants highlighted that, within the context

of SEIM, their sexual health was a complex product of the way in which SEIM's positive influences interconnected with its negative influences.

An area in which participants experienced conflicting health influences was demonstrated in the male participants' reactions to sex/gendered portrayals in SEIM. For all of the men in the study, the manner in which women can be portrayed in certain genres of SEIM was problematic. Men stressed that not all types of SEIM portray or treat women in a demeaning or degrading fashion; however, the types of SEIM that are misogynistic can create negative or objectionable feelings about SEIM consumption as a whole. Explained in Dylan's words:

My concern, is the people that I am watching, are they doing what they want to be doing? ... Cause you see some of these girls, and they are not – you can just tell by their whole body language, their mannerisms that they're not happy. And that does not bring me arousal.

Men's conflicting feelings about the portrayal of women served as a source of tension. Some of the male participants expressed these conflicting influences by describing the positive, health-enhancing aspects of sexual health and then detailing elements of SEIM that would detract from it. Participants' internalization of the positive and negative elements of SEIM consumption was demonstrated by Jordan's discussion in which he describes how SEIM are 'good' for people's sexual excitement, but in some cases can be 'bad' when the content is violent:

I have multiple feelings on them really. Well they are good and bad in their own ways. They are good because they are there for people's entertainment and pleasure, and whatever they happen to be using them for – alone for their own pleasure or with their partner for some kind of fantasy or role-playing. I see them also as bad, because you see the ones where they are dirty, horrible looking things, almost vulgar, and it is quite gruesome to watch in some cases... the male dominating kind of thing, which is not as appealing.

For other male participants, the conflicting negative and positive influences of SEIM were expressed as a personal struggle. Male participants described a process within which they actively worked to negotiate or resolve the influences of SEIM. For example, Logan described being challenged to find ways to reconcile sex/gender-based unease with feelings of enjoyment from consuming SEIM:

I definitely hold feminist views. So um kind of one side of me says you got to treat women respectfully, and then there is porn that always, well not always, but frequently, shows, I don't want to say the degrading of women but kind of that men dominating women...but what that's done is pushed me to have conversations with women outside of porn in real life... and it has challenged me to figure out what I want to do about that

Even though all of the male participants expressed unease about the portrayal of women in SEIM, it is notable that this viewpoint was not echoed by the majority of the female participants. Only one female participant, Mel, voiced that she felt that SEIM can be very demeaning towards women:

I feel that a lot of heteronormative pornography is very like condescending towards women. I guess like, in what I have viewed of it, or talking to people who view heteronormative pornography...basically just like molds women into like a certain role that they are playing, and it is normally like weak, and they are usually dominated.

While all of the female participants critically assessed other elements of SEIM, with the exception of Mel, the other female participants did not discuss sex/gender portrayal in SEIM as an issue that influenced their sexual health. This was very noteworthy because the literature review had suggested that this may be a significant determinant to sexual health for many women. Interestingly, in one instance, one of the women participants openly rejected the notion that the way in which women are portrayed in SEIM is harmful for sexual health:

I think that it is demonized in that aspect, in stating that a lot of women have fake breasts or whatnot. But I do not think that is correct, because the media, the mass media, is full of superficiality, like Photoshop and whatnot. And I don't think porn should just be stigmatized for that, and I think that it, it helps contribute towards sexual practices and whatnot, because people are starting to see that all these sexual acts are possible, and they can kind of vent their sexual anxieties and ideas through the actors and through these things they are seeing, as opposed to feeling bad about themselves or feeling abnormal. - Sage

In this quote, the participant detailed a number of ideas that may suggest why a number of the women did not focus on sex/gender portrayals in SEIM, and have the same heightened sense of conflict or tension as men participants. First, Sage indicated that she believes the sexualized portrayal of women in SEIM is not highly differentiated from wider society, and that it would be hypocritical to only demonize SEIM. Second, Sage suggested that extreme sex/gendered representations are only one element of the medium, and that SEIM has the capacity to improve sexual health. Sage believes that SEIM, when considered as a whole, can help remove some of the taboo associated with sexuality, and accordingly, decrease the stigmatization of sexuality. Sage did not feel the same sense of tension as the male participants because she did not view the sex/gendered portrayals in SEIM as being negative influences that conflicted with positive influences.

A second area in which the participants discussed the interactions between the positive and negative influences of SEIM on sexual health was in context of SEIM misconsumption. In these instances, participants expressed concerns that their (mis)use of SEIM for relaxation and masturbatory purposes was negatively impacting their ability to achieve sexual health. The negative health influences stemming from the misconsumption were understood as impacting the participants in two main ways: desensitization to other sexual stimulus and over-use.

Participants, such as Nick, experienced being “*desensitized to a lot of things, including sex acts in porn itself*”. Participants expressed that they were not as responsive to sexual imagery and sexual stimulus. As described in the quote below, due to the constant variety and graphic nature of SEIM, some participants found it challenging to engage in meaningful sexual activity that provided the level of stimulation experienced when watching SEIM:

I think that I am tainted due to the pornography I look at sometimes. And almost my normal sexual encounters with females, um I don't know if I get my full potential arousal because of the porno that I look at. So I deem things, and I know that they are extreme, and I know that they are acting, and typically between two people doesn't occur like that, it is just not even natural really. But I see it and it is visually great and I feel like it taints my enjoyment when I am having real sex. - Dylan

As SEIM was found to be very compelling and visually interesting, participants reported wanting to frequently utilize it. Through these repeated exposures, participants became accustomed to constantly viewing extreme imagery, which made it more challenging to become aroused in less extreme offline encounters.

Echoing participants' de-sensitization to stimulus due to the mis-consumption of SEIM was participants' over-use of SEIM materials. For example, Tyson shared that he had problems in the past over-consuming SEIM materials: “*I don't know if I would say that I was addicted, but there is definitely a point a while back, where I was a little bit concerned about my consumption. Like the hours of consumption*”. This over-consumption was described as occurring in a variety of relationship contexts: single, dating and long term committed relationships, throughout youth.

Participants' reported that over-consumption was problematic due to both the time that it required and the physical/mental exertion of consuming SEIM. Significant portions of a person's life could be expended on online sexual activity, which could hinder achieving a balanced life and relationships with others. To this end, not only did participants' sexual health suffer, but their overall well-being was negatively affected:

I know I spend too much time watching porn, especially if I am supposed to be doing something else. If I am stressed and I have something else to do, it can go on for hours. Just sit and watch porn. Not good. It probably points to a problem, actually... Like I go through almost period of obsession. I would spend the entire day watching porn. You know it's probably not healthy. - Ethan

As evidenced by the participants who are exemplified as voicing these concerns, only the male participants reported undergoing the mis-consumption of SEIM. Nonetheless, even though the female participants did not discuss personally experiencing mis-consumption, they conveyed that they had a strong awareness of the potential negative influences of SEIM mis-consumption. Both male and female participants voiced that mis-consumption was a primary concern about the influences of SEIM consumption on sexual health.

To address the potential imbalance of negative and positive health influences that stem from the mis-consumption of SEIM consumption, participants stated that SEIM must be consumed in a self-regulating, controlled manner. The quotations below suggest that participants must moderate their consumption in order to prevent SEIM consumption from shifting from a positive health influence to a negative one:

But to me, I am just really like, ah as long you as you don't do it in too much excess, I don't have no problem if you want watch porn...But to me it is like if you watch porn and you consume porn, just do it in a way that doesn't hurt other people or affect your work or your study. - Tyson

In the same way, I feel that if you were to, if someone was to, cause I don't, watch too much of it, they could get wrapped up in it. My feelings are it should be moderated, like personal moderation. You can't just sit around watching porn all the time.- Krystal

But certainly don't paint it in a negative image, use it and embrace it, use it as a tool, but it is certainly something that you don't want people to... addiction – sure have a glass a wine, but you don't want to be the guy doing shots in the bar on a Monday night. It is how to regulate your use of it and how to use it as a tool instead of abusing.- Breanne

Youth were careful to detail SEIM consumption as a complex entity that could not be simply classified as having singular positive or negative influences on sexual health, but rather an entity that required its influences to be reconciled with each other. SEIM were characterized as needing to be examined overall, in order to fully understand how they may influence sexual health in a given context.

Emergent Theme 2: Exploring Sexuality

SEIM were Utilized by Youth as a Means to Explore Both Their Individual Sexual Self and the Subject of Sexuality

While SEIM was often experienced as having mixed influences on their sexual health, the vast majority of participants highlighted that there were specific benefits from SEIM consumption that they did not consider to conflict with its negative influences. In particular, SEIM were utilized by youth to explore both their individual sexual self and the subject of sexuality. Both men and women participants expressed that SEIM exposed them to a wide variety of sexual imagery in a safe, de-stigmatized setting, which allowed them to freely examine the field of sexuality and their sexual self. Participants were able to gain a better understanding of how their sense of sexual self “fit” within the spectrum

of sexuality, which participants deemed to be an overall positive experience that improved their sexual health.

SEIM serves as a sexual education medium (via indirect and direct means)

An idea that was expressed by all of the participants was that SEIM provide a type of knowledge that differs from that presented using traditional, formal sources of sexual education. For example, Jordan detailed that SEIM provided him with an introduction to what sexual activity “actually” looks like:

Oh honestly, if anything, that is the only reference that I have had before, up to, as a young teen to now. I mean sex was explained to me, but that was all it was. Just a picture in my head of what was going on, really. Whereas this was the actual sex thing that I have heard so much about. So it was almost, this is what it is. An introduction in a very visual, actual representation of what it is. - Jordan

Due to the highly visual nature and perceived realism of the acts portrayed in many genres of SEIM, participants reported that the movies provided numerous authentic depictions and representations of sexuality. Participants utilized the content of SEIM as a sexual reference, which was then engaged with to increase their personal knowledge, or in their words: to learn about sexuality. For example, Nick stated “*I learned different things, like different styles and things like that... I guess it opened my eyes to what you can do, the creativity of it...*”

Many of the participants engaged with SEIM to gain knowledge that helped to alleviate their fears about engaging in sexual activities. Instead of simply trying to engage in activity based on a verbal description, participants would use SEIM to learn what an act or expression was, or to see how to perform an activity. SEIM gave

participants a reference point to better understand what can happen in a sexual encounter, as it provided a “map” of a spectrum of sexual expressions.

Increasing sexual knowledge was not only useful in itself, but it also helped to build confidence in some participants. Some participants felt as though they would be better able to meet the expectations that they had of themselves and that their sexual partners may have for them, by having SEIM as a sexual resource. For example, Sage stated that, “*it has helped me perform. And like instead of me just going in there trying to wing it, I guess porn has given me a bit of reference.*” SEIM helped to alleviate the pressures that participants felt to “perform well” in sexual settings.

Even though this foundational idea of learning from SEIM was a common theme in all interviews, the manner in which the idea was expressed by each participant varied significantly. For some of the participants, learning from SEIM was a deliberate and active process, during which SEIM was consulted for the primary purposes of sexual exploration and knowledge building. This was exemplified by a participant for whom SEIM was a tool that was consulted with during adolescence to gain a base understanding of sexuality and sexual expression:

I think when I was younger it was more of a tool for understanding cause I grew up in a very...like my friend and I started watching together and neither of us knew what any of the terms meant, so we were watching more for information cause neither of us would ask what things are so you look it up online and you can find it that way. Like I think when it is an educational tool, when you are younger, it can be used to find out what is a blowjob or what is oral sex cause you DON'T know. - Calee

SEIM were not only consumed for individual knowledge purposes, but, to also help individuals socialize during adolescence. SEIM were used as a way to fit in with other youth, who were perceived as having more sexual knowledge than the participant.

SEIM provided visual definition to the names of sexual acts and expressions youth heard being discussed by peers and within popular culture. This idea was echoed by other participants who indicated that there were gaps in the sexual health information that they had received during youth, and the content of SEIM was used to help gain the missing knowledge that participants desired. As further explained by Calee and Logan, respectively:

I have talked to other people about it and I think that a lot of people, at least that I know anyways, did use it for just information purposes cause nobody wants to be the person in the lunch room who doesn't know what these terms means, they don't know what they are, but they want to pretend that they do. So I think that initially people just did use it for information.

I think for me, um it has taught me there needs to be more sex education. I don't like that there is where I got my sex education, from porn, or that is how I got my information for sex, but I don't really know what alternatives there were. Even if you type sex into Google, you got two options, you got safe search on, which gives you no results, or got safe search off, which gives you porn results.

Sage extended the idea expressed by Calee and Logan, and offered a specific analysis of why she found SEIM to be a useful source of information as a youth. Sage believed that, within Canada, the stigmatization of sexuality intersects with youth public school sexual education to create an environment that is not conducive to hosting an open forum for sexual health discussions. As a result, she felt as though utilizing “informal” sources of information, such as SEIM, was the most effective way of learning about sexuality:

I just think that porn is a really informal way of learning. In sex education, everything is taboo again, and if you ask questions, you are doing it in front of the class. If you ask certain questions, that class might look at you as either depraved ...I know from personal experience, that when I was younger and wanted to ask questions, some of the teachers thought I was kind of weird for asking those questions at my age. I know if I had asked in front of the class, that they would

have laughed at me or given me weird looks, so I think that is a reason, an asset for porn. You can do it in the privacy of your own home, and if you learn something, which you often can and often do, that's just good for you, because it expands your understanding.

It must be noted although virtually all of the participants felt that using SEIM as a medium to increase sexuality knowledge *currently* had positive influences on their sexual health, a number of participants also provided a caution about using SEIM as an un-contextualized learning resource during earlier youth. It was felt that without having sexual experience and maturity, young viewers may not be able to correctly gauge the realism of SEIM content, and as a result, could be deceived about offline sexual practices:

Well, I don't think sex is necessarily taught enough and I just know for me, getting a lot of my sex education through porn. But I don't think that is a good source. All the guys are buff, all the girls have a certain level of prettiness if you want, um even like the size of guy's penises, cocks. Like, it almost became a source of shame, in a sense. You try to measure yourself up to them. Also when that is all you get for your knowledge, you want to reproduce those acts in a sense... So I think that it is growing to accept that is not sex is. And now I can see that, but before I couldn't. - Logan

Participants shared experiences of not fully understanding, during earlier adolescence, that the imagery they were viewing was designed for fantasy purposes. As a result, the participants reported feeling a lack of self-confidence, and unease about both self-expectations and the expectations that others may have of them in sexual encounters:

I definitely think that when I was younger it had a huge impact on like just um like body image and all that kind of stuff. ... when you start watching porn at a younger age you might kind of think that everybody is you know 5-foot tall with huge tits, thin (laughter) all that kind of stuff so you might think that is what is expected of you and in turn, I think that I thought I was supposed to do or what might be what was expected of me. Whether or not that is really the case. I think it really did have an impact on what going in, what I thought might be the

expectation.... As I got older, I stopped doing that because I realized that there is a 1000 girls in these videos and none of them looked the same. - Calee

As highlighted by these comments, the participants expressed that their sexual doubts were alleviated as they became more experienced sexually. Participants reported that once they actually engaged in sexual activity, they came to understand SEIM as being entertainment, as opposed to reality; the negative influences of SEIM dissipated as the sexual knowledge individuals gained through SEIM became contextualized with knowledge gained in offline experiences. However, it is very notable that until this change occurred, SEIM could be a source of tension for younger youth.

For other participants, SEIM were not a tool used during their adolescence, but rather as a resource that they presently consult as young adults. Both male and female participants discussed that they view SEIM as an educational medium that they actively use to increase their knowledge about how to further their skills and abilities in sexual settings. In the two quotations below, the participants review how they referred to SEIM to learn, overall, about sexual activity and expressions:

I still consider this, literally sex education, like you got to learn. I mean, not that you gotta learn, hopefully you actually learn.Yah, but I have had success definitely. But I have also had failure. It doesn't always work. But I consider it a learning process, so I don't mind failure. - Tyson

I think that I have always used it, I don't want to say research material, but it is not like I sit down with a beer and have nothing else to do, nothing on T.V., so I may as well watch porn. I do use it more, to find out more about different things that I have heard and read about or seen, or am interested in trying...

I: So for you it is more of an inspiration?

B: An educational tool. - Breanne

In other instances, participants perceived that they had only learned from certain aspects of SEIM. A number of the male participants expressed that, while they actively

consulted SEIM for sexual health information, the substance of what they learned was specific to sexual activities. For example, Nick explained that “*it is really acts that, you know, really that influence me I guess.*” These participants further expressed that they only learned from the sexual activities because they viewed the acts to be the lone transferable aspect of SEIM content. The mechanics of the acts were applied as one aspect of sexual encounters that was driven by the participants’ own sense of sexuality:

Honestly, for me...it is simply the mechanical, mental okay this is how you do it, this is this position.... I use the mechanics and then that is intertwined with my own take and interpretation and emotion of the whole situation. - Logan

In contrast to those who actively learned from SEIM, a few participants did not view SEIM as being an entity that they directly consulted for learning purposes. Instead, these participants viewed SEIM as a medium used for arousal and entertainment, and that learning about sexuality and sex was a by-product of consumption.

I can pick out some of my girlfriends who have watched porn specifically to teach them things. For me it was more for own self-stimulation and use. So beneficial, maybe, in helping me learn more about myself. But I really don’t use it as a learning tool, it just sort of happens. It is a by-product of using porn is that you pick up on things. I don’t think that I ever really used it as a learning tool. If that makes sense. - Krystal

Despite not intentionally consuming SEIM for learning purposes, participants reported that it indirectly helped them learn about sexuality. Over time, while SEIM was utilized for entertainment or arousal activities, it had latent influences on sexual health. As described by Dylan:

A lot of it is, and not on purpose, but a lot of it is learning. Like you learn a lot of stuff from it. Umm and I would have never turned on a video with hopes of learning about like sweet moves or anything like that (laughter), but I put on a video to be aroused. To stimulate myself. Like that is the main short term goal.

But I guess the long term outcome, is that it kind of sculpts how you even view sex yourself.

Although there were large variations in perceptions about the means by which SEIM serve as a sexual resource, all of the participants agreed that some form of learning occurred from consuming SEIM. Whether it was direct or indirect, participants' sexuality, and the accompanying sexual health, were shaped by SEIM consumption, and SEIM became an informal resource for sexuality information. How SEIM can act as a learning medium was expressed by Nick's comment:

It teaches the basic. It teaches, if you watch straight porn or whatever, it teaches you how to do pretty much everything that you have ever wanted to do (laughter). I mean like, it really is really education... [despite the intent of] masturbatory purposes".

Provision of a forum to explore presentations of sexuality in a safe, non- judgemental environment

The vast majority of the participants linked their increased sexual knowledge from SEIM consumption to an enhanced exploration of sexual self and societal notions of sexuality. For many individuals, sexual exploration was regarded as the primary health benefit of SEIM consumption. Explained by Dylan below, participants found that SEIM could serve as a forum to explore sexuality in a secure setting:

I think, that sexuality is something that you really need to explore, and pornography offers you that opportunity. For me personally, when I am alone, in the comforts of my own home, to uh explore something that I am intrigued in and do it confidentiality, so I like that about it... You might not be in it, you know what I mean, but at least you are seeing it, and very anonymously. And you can enjoy it that way.

This exploration of sexuality was often deemed to be a positive sexual health benefit of consuming SEIM. Participants perceived that individuals needed to explore

sexuality in order to fully understand how their own sexual self could fit within wider societal notions of sexuality and have a better understanding of their sexual preferences.

For example, Dylan stated:

I've learned what I like, to watch. What I see and what really arouses me versus what I see and what doesn't really arouse me. Porno you can see just a girl's butthole, and a guy could be like "that's the greatest thing I have ever seen" – I don't really like that, you know what I mean? So, your tastes once again, what you have seen over a course of your career watching videos

Exploring their sexuality helped the participants to determine their sexual likes and dislikes, which in turn, helped to provide insight about their sense of self. Over time, SEIM helped people to refine their likes and dislikes to specifically focus on what they enjoy sexually. Krystal described how determining her likes and dislikes helped to her gain a stronger sense of her sexual self, and become more comfortable acknowledging and accepting of what she finds to be sexually stimulating:

Present me with two videos, one of a woman being dominated, and one of a man being dominated, I would go for the woman being dominated. I have absolutely no interest in the domination of a male... I am the one that wants to be dominated, so I learned likes and dislikes. ... bondage and S and M and that stuff. To the point that that stuff is probably one of my main interests. Like kind of in the last kind of year, I have probably been like "yah, I am a little kinky"...

Numerous participants stressed that the need for the additional exploration of sexuality was often linked to the manner in which it is discussed in society, including in youth sexual health promotion and education. As sexuality is often a highly regulated and taboo topic for youth in mainstream Canadian culture, youth detailed that sexuality is a subject matter with which they had not had numerous opportunities to personally engage or discuss in a positive forum. The participants described how they felt that

learning about sexuality via SEIM provided them with the ability to explore this more challenging construct in a private and neutral forum. For example:

Cause ah I definitely was raised more Christian... so to speak. And it just wasn't something that you did. ... So it just, I didn't really, I didn't really, you know explore it, or explore it to the fact that I do now, um until I came to college, and just basically was like "oh shit, I got my own internet now – I don't really care what anybody says". So I was like, so basically my first two years of college were basically going from one end of the spectrum to the next. Just like checking it out, you know?... I just wanted to know what it was. I wanted to know all of what it was. - Tyson

For a number of the participants in the study, this exploration provided further ideas about sexual activities that either may not have been widely represented in mainstream sexual depictions, or simply had not been considered by the participant. Because there is a virtually immeasurable number of SEIM, their content contains boundless sexual expressions and acts. In this manner, SEIM provide individuals with visual representations of countless sexual possibilities and inspiration to try some of those possibilities. For instance, Tyson and Calee stated:

Well I guess, I guess mostly, trying to convince women to get away from the missionary it is like "come-on, there is like a hundred other things I could do to you, and a hundred other places"... Definitely, definitely, I tried more positions, and I was just like, I was more confident in trying to get them to try more positions. - Tyson

It provided that opportunity. Like I don't have a good imagination, I don't have you know what I mean, that kind of thing going on, so I wouldn't do it otherwise. And uh I guess with other people it has made me more adventurous cause you see stuff in videos, and if you are doing stuff with partners, you see stuff that you both may kind of want to try cause it is there and it is something that you both kind of have more knowledge about. So it makes you more likely to want to try it. Just cause you both have seen how other people might do it. - Calee

The sheer quantity of sexual ideas contained in SEIM not only inspires people to engage in new activities, but also helps individuals attain sexual pleasure, and receive

further enjoyment from the process of trying. Moreover, participants indicated that SEIM provide a means of exploring sexual ideas or possibilities that may not conform with the dominant, heteronormative notions of sexuality. As detailed by Sage:

I don't want to say that when I watch porn, I started contemplating the prospect of being with a woman. I was always curious about being with a female, but uh after I watched porn, I got to see that it wasn't such an unconventional prospect. I guess it has kind of broadened my horizons. Because I have found myself attracted to females, but I have never actually done anything with a female. So watching porn, is kind of like a drawing board. It is kind of a depiction of what can be done.

As SEIM provide a nearly all encompassing range of sexual content, participants were able to expose themselves to a variety of sexual imagery, in order to gain further insight on what they might find sexually stimulating. Gaining knowledge about sexuality as a whole enabled individuals to assess their sexual self, including preferences, interests, and stimuli, and further, to feel as though sexuality is a “natural” human experience; as explained by Krystal, “*it has made me think that sexuality is okay... It is okay to explore, it's natural all of those things... it made me think of sexuality in a much bigger picture.*”

Resistance to heteronormative and stigmatized presentations of sexual expression and activity

Expanding on the ideas expressed in the previous section, a number of participants highlighted that they were particularly interested in consuming the content of SEIM that extended beyond dominant – heteronormative and stigmatized – presentations of sexuality. The participants indicated that it was necessary to distinguish between misogynistic SEIM, which may perpetuate the stigmatization and demonization of

sex/gendered sexuality, and the other genres of SEIM, which can portray sexuality in a manner that is different from that which is depicted in mainstream culture. This concept is exemplified by the quotation below:

I: So if you were to look at the non-mainstream, as it is positioned right now, the feminist, queer friendly types of porn, what do you think is beneficial from those types?

M: I think a lot of people can learn more about their bodies, and become more comfortable about it. I don't know, like you can definitely pick and choose what you want to learn out of those things in a positive manner, I guess. Just the way that people's bodies are portrayed. And I think that a lot of negative connotations with sex acts in the real world, as well as with nudity, and I feel like, body-positive imagery is a lot better and people can learn a lot from that aspect. Because there is nothing wrong with sexual acts, but it has been all demonized. – Mel

Being able to explore sexuality freely, and without the taboos imposed by society on sexuality, was deemed to be very positive way for people to learn about their sexuality. SEIM were viewed as providing an alternative to mainstream sexual representations, and, further, as being an alternative that acknowledges the wide range of sexual identities that exist. This idea is expressed in the quotation below:

It can inspire you to do things that you may not have been interested in otherwise, had you not been interested in porn. Like there is a lot that you don't see in general culture... where else are people going to learn these things? So you have to have a curiosity for porn, to even approach porn, but once you do, you can be inspired to try different things, see what you are interested in. I could even see that people who are questioning their, like questioning their male or female, their sexuality, their gender identity. ...There are so many variations to what people can be interested in, and there are just as many variations for the type of porn that is out there. – Krystal

Participants detailed that engaging with the wide variety of sexual materials found in SEIM, not only provided them with exposure to non-mainstream materials, but enabled them to develop a better understanding of the spectrum of sexuality. By gaining more

experience with the scope of the sexual spectrum, participants became more informed, and also, in many instances, more open-minded about the variances of sexuality that exist:

I think that the limits of what I consider “weird” have changed, for sure. Like things that don’t turn me on, I can understand it turning someone else on, and not be judgemental about that. That is a positive thing that I have learned from it. I don’t think I have learned any negative things about it. I have definitely learned that there is something for everybody. - Ethan

One of the major sexual health influences that participants cited as resulting from their exposure to sexual representations in SEIM was an enhanced acceptance of their own sexual self. Being able to consider their sexual self within an open forum helped participants feel as though it was “normal” to have a variety of sexual desires. Described by Ethan:

Yah it’s been nothing bad, I think more relaxed about sex. Not pent up. I think if I had those, if I was turned on by that and didn’t know how to express it, or thought it was wrong. It would probably be pretty damaging. I would definitely feel as though there was something wrong with me. The fact that millions of people like that, I don’t feel strange.

Further, SEIM was deemed to be of great benefit to enable people to realise and accept their own sexuality, as it exists at that point in their lives. By viewing a wide range of sensory imagery, some participants discovered that they had unexpected sexual responses to imagery, and that sexuality was more fluid than they had previously believed. As stated by Twilia:

I mean once you start watching porn, sometimes you get a little bit curious about certain things. I find for me after I started watching porn, I didn’t really know if I was interested in women as well. Because once you start watching it, you realize that just watching like a man and a woman can be something that turns you on, but also, even if you don’t think that you are interested in girls, watching two girls can also sometimes have that same effect on you.

For most participants, the exploration of and subsequent reduction in the stigmatization of sexuality was coupled with an increase in their comfort with sexuality as a whole, and with one's own sexual self. Participants felt as though they could communicate their sexual preferences with more ease, and therefore, were able to engage in sexual activity with more confidence and a more relaxed frame of mind:

I am a lot more open because of it, I have no problem talking about this with you, with my friends. In all honesty, when it comes down it, I think that it allowed me to become more open, and really I do it, everyone else does it, I am okay with it, everyone else is okay with it, you know if these people do it and they sell movies then obviously a lot of people in the world do enjoy it. I guess it allowed me personally to become more open and comfortable with my sexuality. And help people feel more comfortable engaging in sexual activity and self-confident in what they are doing sexually. – Nick

An increase in sexual comfort was viewed as a significant positive sexual health benefit by the vast majority of participants. For many participants, especially the female participants, the lack of resistance to the stigmatization of sexuality allowed them to have more self-confidence in expressing their sexual self. Women, whose sexuality is often carefully examined and regulated within popular culture, reported feeling more comfortable with embracing their sexuality. In particular, women discussed having concerns about their appearance during sexual activity prior to consuming SEIM. Women described how SEIM helped them to realize that they were similar to other women and release their inhibitions about sexuality, especially body image during sexual activity. As described by Twilia and Breanne:

It definitely makes me feel better about having sex. Because maybe if you haven't watched porn then you don't know what you are doing and you don't know how you look when you're doing it. But when you watch porn, then you notice that the women don't really care. You know they are just doing what they are doing, the

guys think they are sexy, everybody does, but if you just watch it and see how they act, it just helps you be more comfortable about it. - Twilia

Yah, more self-confidence I would say in the bedroom, or just with myself, kind of believing that my body is just the same as everybody else's. Everyone is in the same boat or special just like myself. We are all different, but we are all the same. Yah. Self-confidence I would say. - Breanne

Although many participants focused on how SEIM influenced them by reducing sexual taboos and judgements on an individual level, a few participants expressed that others may be able to gain benefit from sexual exploration and acceptance of sexual self. In this manner, SEIM were identified to be a societal-level influence that can provide an alternative perspective to dominant sources of sexual taboo and regulation:

I think it will help people become more open, it will help people become more comfortable with themselves at an earlier age, um and I think people will realize their sexuality a lot quicker to be honest with you. If someone is gay, then they might realize that they are in fact gay. I have a couple of family members that are gay. One of them had a girlfriend until he was 23. It could be that he was just uncomfortable coming out to family, or it could be that he was from a strict Catholic family, so he could not have realized it for a long time or denied it for a long time. It is obviously unhealthy to do something like that, and I think that watching porn will help people to realize their sexuality and become more comfortable with it and more open with it. – Nick

I think I would just want a partner to learn if not from porn, then just from the general society, this idea of integrity. That you should be able to experience and try anything and nothing should really be demonized sexually, if it... if it is not harmful to someone else or something, like bestiality or some similar sexually deviant act. So I think that they should learn that, there are various avenues to sexual pleasure, and they shouldn't turn their mind off to a particular one, just because society frowns on it, or religion or one of their friends frowns down upon it. - Sage

Finally, because it provides a venue for non-judgemental sexual expression, the consumption of SEIM could be considered to be a relaxing activity for the vast majority of the participants, both male and female. Participants discussed that consuming SEIM

allowed them to explicitly and solely focus on sensory stimulation, and as a result, “de-stress”.

It's relaxing for me. Honestly, it is. When I watch porn, I only think about porn. And as weird as it sounds, when I am stressed, it is an easy way to relieve stress. There are very few things I can focus on explicitly – explicit films are one of those things. - Ethan

Further, SEIM work to normalize masturbatory activities that can be used as a means to de-stress:

Last week I was like super stressed, so stressed, so tired. You are looking at all of your school books, and everything is just piled up and I was like “Oh my God”. So I pulled out my vibrator, and I was like “I am going to take a few minutes”... And phewwwwww. I just kind of distressed and blew off some energy and got back to working. Like it is a healthy thing.... I think masturbation is fine. I use porn. - Krystal

As reflected above, many participants expressed that because SEIM have pressure-reducing qualities and provide a low-stress environment for sexual engagement, SEIM can be beneficial for overall de-stressing, and thus, well-being.

In addition to being a resource for relaxation for general de-stressing purposes, SEIM were also used to reduce the pressure and judgment of engaging in sexual activities when one was not in a committed relationship. Participants expressed that if they wanted sexual entertainment or release, but did not want to feel stress about the process of engaging others in sexual activities, an activity that can be rife with social judgement, they could alternatively utilize SEIM. As described by Sage,

I think that it alleviates stress sometimes, because if I am feeling aroused or something or just want to be entertained sexually, rather than going out to a bar and picking up some random guy, I can just turn on porn and watch it.

SEIM were positioned as a resource that could be used to counter dominant structural forces that act to stigmatize certain sexual expressions and sexuality. SEIM

were used to improve sexual health through the exploration of non-heteronormative, alternative forms of sexual health in a safe and secure setting.

Emergent Theme 3: Context Matters

Youth Perceived SEIM Consumption Differently in the Context of Individual Sexual Health Versus in the Context of Sexual Health Promotion

Participants' perceptions about the relationship between sexual health and SEIM changed when consumption was discussed in the context of sexual health promotion versus the context of individual health. In the context of sexual health promotion, numerous participants found it challenging to apply a person-centered, holistic notion of 'sexual health' to SEIM consumption, and focused exclusively on SEIM's perceived negative influences. SEIM consumption, with its corresponding individual sexual health influences, was not viewed as something that could be easily integrated with sexual health promotion. Despite this general perceived disjoint between SEIM consumption and sexual health promotion, the open, non-judgemental environment that can be provided by SEIM was highlighted as an approach that may be useful to adopt in sexual health promotion practice.

Limited intersectionality between notions of SEIM and sexual health promotion

SEIM consumption and sexual health promotion, whether online or offline, were not viewed as being analogous. In their discussions about sexual health resources, many participants outlined that they consider SEIM to be a very different material than sexual health promotion:

I don't feel like sex ed is taught in enough schools, and is actually functional towards real life, and talking about that in-depth. So I feel like younger people are going to go to the internet and figure that shit out for themselves, because where else are you going to learn it from? Because if your teachers aren't going to talk about it, if your parents don't feel comfortable, a lot of people are going to go to the internet, and they can either go to healthy websites or they can go to pornography. - Krystal

Like I have watched porn and I have also gone to those sites.... I believe that people, if they are comfortable enough, they are willing to go everywhere to get information. - Nick

Further, even though SEIM consumption had both positive and negative influences the participants' individual sexual health, in the context of sexual health promotion, many participants expressed that they believed SEIM had limited to no overlaps with sexual health. This perceived separation was so great for one participant, that he felt that there was no need to link SEIM, including the influences of their content, to sexual health and/or sexual health promotion context:

No, actually they don't really need to be discussed because ...it is not like "if you want to know what to do in sex go look at these" or "if you want to know what not to do in sex, go look at these". - Jordan

It is not unexpected that SEIM and sexual health promotion were conceptualized as completely different entities, due to their different contents and purposes. However, when examined more closely, it becomes apparent that this lack of overlap specifically stems from what many participants perceived to be the purpose of sexual health promotion: helping people avoid the potential negative consequences of sexual activities. For instance, Breanne explained that she understood sexual health promotion as being focused on negative consequence avoidance, while SEIM shows people how to engage in

and enjoy sexual activities – subjects she did not consider to be part of sexual health promotion:

Sexual health will teach you obviously the consequences of if you do it wrong, but it is not so much giving you the graphic tool to sexually enjoy yourself. It is going to teach you to make sure that after the fact everything went well – there were no repercussions all that. But watching porn to teach you how to do specific acts is teaching you how to enjoy yourself in the moment They certainly go hand-in-hand, I wouldn't promote porn without the sexual health side, but it is the graphic visual of exactly what to do and how to get in there and what to try to enjoy yourself, but the sexual health side of it, I find at times, is very authoritative and disciplinary, saying "don't you even...don't you put that there". Where porn is "well, put it there".

Breanne's sentiments were echoed by another participant, who expressed that her initial reaction to comparing SEIM to formal sexual health programs would be that SEIM is too far removed from the sexual health content that she felt should be focused on within sexual health education:

I think that that is way too far ahead for us to be thinking, and this is coming from my [education] background. Like it is 10 steps ahead of what we should really be thinking about. - Krystal

The participant explained that her initial reaction (which was later altered) was based on her belief that it is necessary to reduce the stigma associated with existing sexual promotion programs, and improve how current focuses are addressed, before incorporating new topics into education. More specifically, the participant thought that it would be more beneficial to focus on improving how current topics, such as safer sex practices, pregnancy rates, and counselling resources, were taught in sexual health education. She perceived that doing so would ensure the most basic parts of sexual health, avoiding the potential negative health consequences of sexual activity, were conveyed to youth more effectively:

So when we overhaul our sex education, we can teach parents that it really doesn't make a difference if we teach them or not. The same stuff is going to happen. If we do teach them, at least lower pregnancy rates, better STI control, birth control resources, counselling resources, um information about being safe and consent and ages of consent, implied consent versus explicit consent, where they can go if they get into a situation they don't want to be in. All of those things need to be addressed. - Krystal

The manner in which SEIM consumption was understood by Krystal as intersecting with sexual health promotion was dependent on the perceived purpose of sexual health promotion. As SEIM were understood as conveying the benefits of sexual activities, they were not perceived as being able to inform sexual health promotion, nor were they viewed as having overlap with the material that could be taught in normative sexual health.

Application of a biomedical understanding of 'sexual health' in the context of sexual health promotion

Underscoring the limited overlap between SEIM and health promotion detailed above is how the participants applied the concept of 'sexual health' in a sexual health promotion setting. Sexual health promotion was understood by the participants to be comprised of proscriptive programs that focused solely on the avoidance of the negative consequences of sexual activity – which aligns with a biomedical understanding of sexual health.

A biomedical understanding of sexual health was expressed in participants' specific exploration about how aspects of SEIM could be addressed in sexual health promotion. Although the vast majority of participants believed that SEIM should be addressed in sexual health promotion, the manners in which they felt that SEIM could

best be undertaken was often limited to educating youth about how to avoid SEIM's negative health outcomes:

Here is an entire generation of people that have been brought up in my age group who never got any education about it, but who have been exposed to it. Many of who I think could be having problems with it.... I don't think that the information is out there and I don't think that people realize some of the dangers of online porn, some of the pitfalls, some of the traps, some of the problems, any of that kind of stuff. - Calee

Additionally, while some participants would indicate that they believed the presentation of sexual health content should be neutral, they often emphasized that it is important to specifically highlight the consequences of SEIM, which could provide youth access to resources that would be able to help them avoid or address these issues. For instance,

Give the pros and cons of it. Kind of teach them on the sexual health side of it, so that they can understand the consequences of what might happen. As well, and so also, if they are in the situation where someone finds it, and say "I want to try some of this", they are able to say no and are comfortable saying no. - Breanne

If you did something like a backhanded thing at the industry and looked at STD rates in the industry and pointed out STDs to kids? and pointed out stats about safe sex, um that might be something to put out there. - Calee

The point made by Calee and Breanne was further exemplified through the participants' perspectives that if SEIM were to be discussed in formal sexual health, the most important topic to address would be that SEIM portray sexuality in a manner that is not always accurate of offline sexual practices. By focusing on this topic, it could help youth avoid having unattainable or unreasonable expectations about sexual activity, and avoid the negative influences of SEIM.

I think that if sexual educators were to be discussing or educating or discussing concerning the topic... they should be explaining the reality versus the movie, and the fact that a lot of what you are seeing is not reality... It exists out there as a correlation with the amount of sexuality... So they need to be informed, of the reality versus what you see in these films is not reality.- Dylan

I think [it would be important] to show what hard-core porn looks like and what real-sex looks like. Real sex being what the kids in the class will probably only have. I think it would be good to show this looks good, it's got perfect lighting, but this is what real sex is. - Logan

Interestingly, some participants expressed that it may be necessary to normalize SEIM consumption for youth – due to the negative influences SEIM consumption may have on youth's sexual health. A number of participants expressed that they felt youth can feel a lot of shame and guilt from consuming SEIM, and that it would be necessary to help them realize that watching SEIM is not something that should evoke self-loathing or negative feelings towards themselves. As described by Ethan, *“I think they need to know that it is not wrong to watch porn. Umm that it is not inherently morally wrong, it is not that if they do it, they are a bad person”*.

Some participants, such as Ethan, further expressed that by helping to normalize SEIM consumption, it would allow for a discussion with youth “that there are caveats on it”. Explained by Krystal, by decreasing the stigma associated with SEIM, it may help enable health promoters to establish an environment in which problematic SEIM consumption could be addressed:

[SEIM consumption] should be in there, saying that it is okay, it is normal. You are not doing anything wrong... masturbation is okay, pornography is okay... [for the purposes of] knowing where to go if you have to talk about it. Because if you see things that you are uncomfortable with, these are the places you can go... If you come up with questions, then you need somewhere you can talk about it. So that would be the most important thing....resources to talk about what you see, cause otherwise you are going to grow up very scared and unsure and all of those things.

In a similar fashion, participants' biomedical understanding of health was further reflected through participants' comments in which they conceptualized and discussed

SEIM as needing to be a “regulated substance” for young adult youth. This discussion equated SEIM to other, often taboo, substances whose use has been highly medicalized within dominant health-response discourses. In these instances, human behaviours or conditions, which are not singularly biological or medical, are treated as medical matters. This process can remove the problematic social factors associated with the behaviour or condition, and in this case, categorize the issue as a biomedical problem that must be solved:

I think that it is one of those things that is a double-edged sword. I don't think porn is necessarily a bad thing, but I do think it is an adult thing, I don't think kids should necessarily be getting their hands on um. I think it is like alcohol or any other drug, if you don't have the information on it, I think that it is something that you can easily make very poor mistakes. - Calee

We live in a society where people just consume, consume, consume. And the problem is that almost everything has become a drug now, right? It is literally like from exercise to sex to T.V. to video games. Everything is a drug now ...It is the same thing for porn. -Tyson

As illustrated above, linking SEIM to biomedical notions about health shifted the manner in which they were interpreted. Participants no longer viewed SEIM in holistic terms, as they did when discussing individual ideas about ‘sexual health’. Instead, a framework was utilized that viewed SEIM as a potential negative influence on sexual health, and as a substance which needed to be regulated, particularly for youth.

An identified need for a less stigmatized, more balanced and/or “sex-positive” presentation of sexual health

In addition to understanding sexual health as being focused on the avoidance of negative health outcomes, participants highlighted that because SEIM are highly stigmatized, they do not fit easily into many current sexual health promotion programs:

Before we can even start to talk about pornography with our sexual education, we need to be okay with masturbation...and self-pleasure...Our sex education needs a complete overhaul before we can get there... [Youth] don't have the tools, the pre-requisites". - Krystal

As well as porn, I guess there are a whole lot of topics that sex education should address, but just doesn't because they do not feel that it is right. They don't even talk about homosexual sex, they do not talk about double penetration, they don't talk about the use of toys, they don't talk about aphrodisiacs. They don't talk about S and M. And if they did, then things wouldn't have to be so discriminatory in society, and things could be more accepting. Like I guess, we are kind of moving in the right direction with the LGBT movement, but still, we are not talking about the sexual practices or possibilities that occur in those contexts. And I think that by omitting them, the omission of these aspects, inherently promotes discrimination against them. - Sage

Notable in both of the above participants' comments was their identified need for youth formal sexual health to address sexuality in a more complete or person-centred, holistic manner. These comments speak to the challenges of conducting youth sexual health promotion, and further, doing so in a manner that encompasses a balanced portrayal of sexuality.

When assessing how to meet these challenges, and improve the relevance of youth sexual health promotion, participants emphasized that it was not the content that would make it more effective, but the manner in which the content was presented. For instance, a participant identified the importance of having an open, balanced dialogue about sexual expression and sexuality in education programs.

Um yah, I think it is probably important to talk about in sex education. Just to even get people thinking about, well other like things like this....I think it would be really healthy to have just an open dialogue about these kind of things, and just providing some guidance, so they are not drawn into the negative aspects of like pornography, and like mainstream pornography. Cause I think especially in the age that you would be getting like sexed classes in schools and whatnot, I think that is a really key time to be hitting on the positives and negatives. - Mel

Participants frequently identified a more positive or balanced presentation of sexuality as being essential for effective sexual health promotion. Although very few participants made direct connections between SEIM and formal sexual health, it is important to note that the safe presentation of un-stigmatized sexuality in SEIM was often deemed to be their most positive influence on individual health. It was this core viewpoint that participants embraced as being essential for effective education:

Sex education could address... that it does make people more open-minded I think towards sex. Um I think it eradicates the prejudices we have. And like, maybe even for, I know we are talking about straight things, I don't know if straight people would be interested in watching homosexual, but the fact that it is there, and it is next to the other porn. I think that that shows people that "yep, gay people have sex too."- Ethan

A few participants expressed that not only would it be helpful to have a presentation that involved a lack of inhibition and stigmatization, but that it was important to promote an accepting and open attitude towards teaching about sexuality. Participants elaborated to say that a more useful education technique could be to treat sexual health education as something of a forum within which the scope of sexual expression could be explored in an informed and accepting atmosphere. As such, formal sexual health could mirror the sexual exploration that participants experience when consuming SEIM to provide a less stigmatized arena for conducting that exploration.

I think they need to be comfortable with it first off. Like I think they need to be EXTERMELY comfortable with it... I think the professionals need to be just very, very open and 100% no questions asked, they are comfortable to talk about anything....They need to not only be open about it, but they need to know all angles of it. Like they need to have a wide view, they need to be comfortable talking about everything, but at the same time they need to be knowledgeable about it. Like if someone has a fetish, like a foot fetish or something, just something like, they have to be comfortable talking about, but they also have to be

knowledgeable [enough to] talk about it and be able to carry a conversation. - Nick

Teaching different sex acts. Like even it seems like when sex is talked about, anal sex isn't talked about, or just, I don't want to say promoting, but teaching oral sex to youth. But like, it doesn't just have to be sex.... Some more softcore, like I think with images, or even more um forums...And I think um encouraging masturbation. Something on there telling kids you don't need a partner. And embracing sexuality, teaching kids and people to embrace their sexuality and what that spectrum looks like. How you can achieve that. - Logan

One participant expressed that he would like formal sexual health programs to adopt the outlook that people should love themselves, and have confidence in their sexual self, and embrace their personal sexuality, in a positive manner. Tyson felt strongly that sexual health education could be improved by adopting an approach that emphasized exploring one's sexuality in a positive manner, and embracing one's own sexuality. In this manner, he advocated for a "sex-positive" perspective to be utilized:

The only thing I really want to take from porn and transfer to sexual health is confidence in one's self. So like the roles, and exploring the acts and stuff, leave that to those guys, let them figure that out themselves. But I guess like, you gotta be confident in yourself, in your self-expression, in just being original. Don't try to be a carbon copy blond Playboy bunny, like if you have brown hair rock it you know? Just be confident in self, in who you are, be happy with who you are. And if you aren't, try to change it, but don't berate yourself on the way to change, you know. So love yourself. Be able to love yourself. It sounds so easy to say, but a lot of people hate themselves, and I can't stand for it... So mostly just confidence and loving yourself. That is what I would try to transfer to sex ed.

Tyson's sentiment was further addressed by Sage's reflection that it was necessary in sexual health to reassess the perspective that is currently being used to conceptualize SEIM. In addition to the benefits of mirroring SEIM's open forum for exploring sexuality in sexual health promotion, there may be other lessons to be learned from SEIM. Employing a more balanced, sex-positive perspective as a whole, may allow

for the possibility that SEIM can be utilized in other manners to encourage the development of more relevant health promotion practices:

I think they need to know that porn isn't this um this kind of instrument of the devil meant to corrupt, or demoralize children. I think they should be aware of its potential to educate and depict uh, you know sexual realities, and they have to distinguish between more realities and sexual realities, and if I think they did that, things would probably be better. They would be better. - Sage

Breanne expanded this idea by stating that it is important to approach SEIM as a resource that is firmly entrenched in youth culture, and additionally suggesting that not viewing SEIM in an open manner is short-sighted, prevents possible recognition of novel ways in which they may be useful. Embracing the appealing elements and possible utility of SEIM could allow for the discovery of new approaches to promoting sexual health:

I think it is not going anywhere, my God, it is not going anywhere....people are going to find it and come across it, even if it is just nude pictures, like you are going to find it anywhere. So I think people need to stop trying to fight it, realize it is part of our life, and more than close it off, and say it doesn't exist... don't paint it in a negative image, use it and embrace it, use it as a tool. - Breanne

Breanne's view of the potential benefits to be had in embracing SEIM as a tool highlights the need for progressive, forward-thinking approaches to sexual health education, for the purposes of continuing to improve the effectiveness of youth sexual health promotion in Canada.

Chapter 4 Summary

The findings section provided a detailed exploration of the three major themes that emerged from youth's perceptions about the influences of SEIM consumption on sexual health: 1) Youth experienced SEIM consumption as having interconnected and conflicting negative and positive influences on their sexual health.; 2) SEIM were utilized

by youth as a means to explore both their individual sexual self and the subject of sexuality; 3) Youth perceived SEIM consumption differently in the context of individual sexual health versus in the context of sexual health promotion. Within these discussions, youth also offered a conceptualization of SEIM and suggested ways to improve and better inform sexual health promotion. The following chapter offers a critical theory based analysis of these findings to situate them within the broader cultural context and a discussion of the possible implications of this study for youth sexual health promotion.

Chapter 5: Discussion of Findings and Conclusion

Chapter 5 draws on the relevant literature within the field of youth sexual health promotion to provide a further analysis of the emergent themes outlined in the Results section of this thesis. The following discussion will focus first on the participants' conceptualizations of SEIM, and will review these findings in relation to the current trends in SEIM literature. Next, in order to more fully assess how SEIM may be perceived as being influential on youth's sexual health in the current context of substantial internet use, the three themes that emerged from the study's data will be explored in more depth. These findings will be interpreted in relation to the implications of this study on sexual health promotion, and the section will conclude with an identification of the areas of the youth sexual health field that require further exploration, as highlighted/suggested by the results of this research.

A Critical Theory approach was used as a theoretical approach to examine youth's perceptions about the major influences of SEIM on their sexual health. As highlighted in the Methods section, Critical Theory roots social conditions in cultural and political contexts, for the purposes of deconstructing (exploring and challenging) the ideas underpinning what is commonly accepted as "fact" (Carroll, 2004). To this end, the findings will be discussed via a deconstruction of the dominant societal ideas that shape how both SEIM and sexual health are popularly understood, as it is these ideas that largely determine how individuals perceive SEIM as having the ability to influence their sexual health. This deconstruction-based discussion will be conducted from a sex-positive approach, which aims to support the notion that examining SEIM using a

comprehensive sexual health framework can inform the constantly-evolving field of sexual health promotion.

Conceptualizations of SEIM

Conventional conceptualizations of ‘pornography’ are based on the understanding that pornography is comprised of sexual representations that are exclusively heteronormative and misogynistic (Dworkin, 1981). Although these traditional sexual representations remain a considerable element of SEIM, youth perceived that SEIM have evolved and expanded beyond conventional notions and formats of “pornography”. Participants’ conceptualizations of SEIM firmly supported the notion that the Internet has altered the circumstances within which SEIM exist (Cooper, 1993), which, in turn, has changed how youth understand the content of SEIM.

For youth consumers, SEIM were considered to portray a wide spectrum of sexuality. A diversity of sexual identities, sexual expressions, and sexual acts were identified as being represented or accessible in SEIM. Mainstream “pornography”, or the type of sexual movies that are produced by pornography companies, was no longer considered to be the only sexual representation within the medium, but rather a specific genre within the medium. Youth suggested that it was important to emphasize the differences between traditional, misogynistic, mainstream SEIM that are produced by companies and the other independent or amateur types of SEIM.

Accompanying the change in perceived content and context of SEIM was the understanding that the identity of the typical SEIM consumer has also transformed.

Previously, SEIM were understood to be materials that were produced by adult men for adult men's consumption (Chung, 2011). SEIM were viewed as a strictly "masculinized" domain, in which women were only included through their portrayal in movies as sexualized objects to be acted upon; women were not considered to have an active role or voice in either the production or consumption process (Sallaz, 1997). As such, academia, as well as popular discourses, understood SEIM to be consumed by men conforming to hegemonic ideas of masculine sexuality (Kimmel, 2005).

In contrast to conventional notions that centred on older adult males being the main consumers of SEIM (Dworkin, 1981), the findings of this study found that both the diversified content of SEIM and the ability to privately and easily access the Internet, have altered the demographics of their consumer. First, youth now have unlimited access to SEIM (Cooper, 1993; Sabina, Wolak & Finkelhor, 2008). As a result, for virtually all of the participants in the current study, consumption started before sexual initiation and continued through young adulthood. As well, it is now inaccurate to consider men as the sole consumers of explicit materials. Young women reported accessing the materials, although, there were some sex/gender-based differences in the frequency of consumption. Despite the scope of this study being limited to a population of heterosexual youth, when considering the diverse identities of the consumers of SEIM, it is important to highlight that previous research has indicated that LGBTQ youth populations have long-accessed SEIM (Hillier & Harrison, 2007; Kendall, 2004). SEIM are no longer the exclusive domain of adult males conforming to hegemonic ideals of masculinity, but have evolved

to include a far-reaching audience that interacts and consumes the materials in a variety of different manners.

The acknowledgement that SEIM have changed, in both content and consumer demographic, marks a critical shift in the way in which these materials are positioned within society. Significantly, it is vital that this shift be echoed by a re-positioning of SEIM within academic thought, in order for future research and understanding to be accurately and meaningfully framed. In detail, although some academic, community, and popular perspectives may regard all SEIM as still being highly gendered and demeaning to women (which some genres most certainly are) (Gorman et al., 2006), it is essential to recognize how these materials are constructed within the youth population who are consuming them. Conducting research based on previous assumptions about SEIM does not reflect the current reality and the meanings that are assigned to their content – meanings that determine how SEIM may influence the sexual health of the consumers.

In future health promotion research and practice, it is critical that concepts of SEIM be operationalized in a manner that is consistent with current consumers' understandings of SEIM's content and context. Operationalizing SEIM as they are presently understood and utilized by consumers, allows for analysis that is relevant and applicable to youth's health needs. Further, as these understandings of SEIM are divergent from traditional gendered meanings and dialogue about "pornography", new avenues for debate on the topic may emerge.

Examination of the Six Measures of Sexual Health

Conducting this study from a person-centred, holistic (comprehensive sexuality) perspective that was responsive to how youth conceptualized SEIM, allowed for an understanding of the variety of different ways in which SEIM may influence sexual health. As outlined in the literature review and Methods section, six measures guided the data collection process to assess how youth perceived their sexual health to be influenced by SEIM consumption: sexual knowledge, sexual self-perception, satisfaction with sexual activity, attitudes towards partners, general outlooks on sexuality and general views on life (Hald & Malamuth, 2008; Lofgren-Martenson & Mansson, 2009). While the six measures provided vital information on sexual health, they were also sub-findings of the larger emergent themes within the study. Accordingly, the influences of the six measures will first be discussed in their own right for the specific suggestions they can provide for sexual health research and practice. The six measures will then be used as a basis to further discuss and deconstruct this study's three emergent themes, in order to provide insight that may help guide approaches to health promotion research and practice.

Specific Influences of SEIM Consumption: Informing Research and Practice.

Youth perceived SEIM consumption as both improving their sexual health in some areas, and making it more difficult to achieve sexual health in other areas. Further, a number of the measures' influences were interconnected, which resulted in a highly complex representation of how sexual health was affected by the consumption of SEIM.

In keeping with Peter and Valkenburg's (2010b) findings, when the content of SEIM was perceived to be realistic or an authentic portrayal of offline activities, participants identified sexual knowledge as being significantly influenced by the consumption of SEIM. Youth perceived SEIM as having a very positive influence on their knowledge of sexuality, sexual expression, and sexual activities. Due to the highly visible and explicit nature of SEIM, they proved to be a unique type of resource that youth were able to utilize to understand the concepts and terms that they had been being exposed to by other sources of information.

Youth discussed how gaining knowledge from SEIM for the sake of enhancing their knowledge of the spectrum of sexuality was an important use of the medium. Significantly, this insight opposes the fundamental assumptions about how and why youth engage with SEIM, which have guided literature on the topic in the past (Allen et al., 1995). While youth are using SEIM as a means for entertainment and arousal as well, as detailed in many studies (Goodson, McCormick & Evans, 2001; Hald & Malamuth, 2008; Lo & Wei, 2005; Peter & Valkenburg, 2006; Peter & Valkenburg, 2009b), in some instances, youth simply engaged with SEIM exclusively as a way of exposing themselves to ideas and learning more about a topic. SEIM were perceived not only to be a form of entertainment, but also a learning resource.

The finding that the participants deemed their increased knowledge to be a very significant influence on sexual health also has crucial significance for the way in which knowledge is studied in future research. In previous studies, sexual knowledge was assessed as a part of other measures (i.e., self-perception or attitudes towards sexual

activities), but rarely was it studied as an independent measure (Malamuth, 1993; Peter & Valkenburg, 2010). Much of the research on youth SEIM consumption was rooted in the assumption that youth learned in some manner from SEIM, but that this learning was merely a by-product of their central purpose for consuming SEIM. Simply stated, previous research and interpretation has limited the knowledge gained through SEIM to being the means through which other, more primary, influences occurred (Lofgren-Martenson & Mansson, 2009; Stulhofer et al., 2010; Ward, 2002). The findings of this study suggest that in research, it is necessary to consider knowledge gained through SEIM as an independent measure that can influence sexual health. SEIM's influence on knowledge acquisition may more accurately be examined as both an individual measure and as part of other measures.

In addition to knowledge, sexual self-perception was an aspect of sexual health that youth identified as being significantly influenced by SEIM. Youth discussed how numerous aspects of their sexual self-perception were influenced in a positive manner by SEIM. In particular, youth highlighted that their sense of sexual self was improved. Youth's consumption of SEIM resulted in them gaining more insight into their sexuality by clarifying their sexual preferences, learning more about their sexuality, and developing a better understanding of their boundaries. As well, the participants were inspired to engage with new or novel types of sexual stimuli to help them explore their sexuality. Youth reported that having an enhanced sense of sexual self-perception further allowed them to have more fulfilling sexual encounters. Youth were able to have a better

idea of what they wanted to achieve out of sexual encounters, which allowed them to be more self-assured about their sexual desires.

It is essential to note that although both men and women participants discussed exploring their sexual self-perceptions, women described undergoing more personal self-reflection after consuming SEIM than men. The reason for this difference was not fully elicited during data collection or the analysis process, but it may reflect suggestions from SEIM literature that women are more likely than men to discuss using SEIM explicitly for research, self-examination, learning, and/or curiosity purposes, whereas men more often discussed using SEIM for masturbation and determining act mechanics (Wallmyr & Wellin, 2006). This sexgender difference indicates that the measure of self-perception may influence women more than men, which would be useful to investigate in more depth for determining sex/ gender-appropriate approaches to sexual health education.

The perception that SEIM primarily had a positive influence on sexual self-perception contrasted with previous studies, which linked SEIM consumption to diminished sexual health in the area of sexual self-perception (Buzwell & Rosenthal, 1996; Peter & Valkenburg, 2009a; Peter & Valkenburg, 2009b; Stulhofer et al., 2010). A possible reason for this difference can be explored through a closer examination of discussion on a specific element of self-perception that has received significant focus in media research as a whole: body image.

One of the major concerns in research into the effects of the consumption of SEIM is its potential influence on youth's body image (Buzwell & Rosenthal, 1996; Peter & Valkenburg, 2009a; Peter & Valkenburg, 2009b; Stulhofer et al., 2010). Due to the

often extreme and unrealistic portrayals of body parts and body images in SEIM, initial research has started to examine the possible influences that consumption may be having on youth. The studies have reportedly demonstrated that SEIM have a negative influence on youth's body image (Duggan & McCreary, 2004; Morrison et al., 2006). These studies are supplemented by other forms of media research, which have highlighted visual media as major area of influence for youth health (Bell & Dittmar, 2011; Green & Pritchard, 2003).

The participants in this study offered a different perspective to published studies. Youth conveyed that the manner in which their body image can be influenced by SEIM consumption can vary throughout youth. The participants in this study did not feel that body image was a major area of concern for older youth; however, body image was highlighted as an area that may be a sexual health concern for younger youth. A select number of the participants discussed that when they first started consuming SEIM during early youth, they had experienced issues with their body image in response to the images they were viewing. Youth experienced doubts about their appearance, and had a lack of confidence in their sexual attractiveness. Over time, once younger youth experienced sexual initiation and began to see other people's bodies, they realized that the imagery in SEIM was not always realistic. Older youth expressed that they did not feel that SEIM had a negative influence on their sexual health as an adult. Instead, a number of the female participants reported that they actually felt better about their bodies at their current stage of life. In these instances, the female participants shared that watching a variety of types of SEIM had helped them to realize that their shapes and body parts were

similar to those of other females. SEIM was a forum for the female participants to see other women's naked bodies in a manner other than mainstream media, which can create unrealistic self-expectations through its continuous portrayals of cosmetically and digitally altered women.

The implications of the influences of SEIM consumption on body image are two-fold. First, it is necessary to ensure that youth are not addressed as a homogenous group in research. Instead, in order to capture the complexities of the influences of the consumption of SEIM on youth, it may be very useful to assess sexual health from a perspective that highlights specific sexual identity differences, such as sexual experience and age (Hald & Malamuth, 2008; Cooper, Putnam, Planchon & Boies 1999). In the instance of body image, it may be appropriate to address the influence of SEIM on body image with younger youth to help self-esteem issues. Second, it is necessary to recognize that youth's experiences with SEIM are fluid and responsive to changes in their overall identity and life experiences. Treating the effects of the consumption of SEIM on youth as a static entity will lose the specificity of how they may influence youth sexual health. The changing and evolving influences of SEIM are an excellent example to illustrate the importance of Health Promoters constantly re-investigating the lived experiences of different groups of youth, to ensure sexual health promotion is responsive to youth's conceptualizations of their social environments.

Sexual self-perception and sexual knowledge were perceived by youth as being interconnected with sexual activity. Youth's satisfaction with their sexual activity was largely linked to how prepared, and thus confident, they felt to engage in a range of

sexual activities. Youth perceived there to be strong societal pressure to be “good” at sexual activities (Farvid & Braun, 2006). Correspondingly, both male and female youth placed significant emphasis on the ability to perform sexual activities “correctly”. By consuming SEIM, youth were able to learn the mechanics of how to perform specific activities, and therefore, were able to be more confident in their ability to perform a wider range of activities. This enhanced sexual self-perception was reportedly expressed in youth’s lives by enabling them to approach sexual encounters with increased self-confidence.

Although youth found that SEIM could help them more confidently engage in sexual activity, a number of youth also expressed that when they were younger, consuming SEIM caused stress about sexual activities. Consuming certain genres of SEIM created unrealistic beliefs about how the participants would be expected to perform sexual acts, which caused them to lose confidence in their abilities. These findings suggest that it may be useful to help younger youth to determine the realism of SEIM, and in particular, movies that have been professionally produced for entertainment purposes (Peter & Valkenburg, 2010b). Assisting younger youth to realize that what they are watching is a representation of sexuality, which is designed for specific purposes, could help them to address and cope with the pressure that is applied in popular discourse to be “good” at sexual activity.

The focus of youth’s discussion on sexual activity was notable because the participants did not discuss the sexual risk activities, which have dominated the majority of the literature (Allen et al., 1995; Flood, 2009; Malamuth & Huppert, 2005; Wright &

Randall, 2012). Discussion about engaging in practices such as unprotected sexual activities, willingness to engage in sexual activity with unknown persons, and engaging in sexual practices at a young age did not emerge as topics that the youth thought were relevant health concerns linked to their consumption of SEIM. As well, youth generally did not discuss engaging in any sexual risk behaviours overall.

The lack of discussion about risk activities may reflect that the factors which contribute to youth engaging in “risk” behaviours are often complex. Often sexual risk-taking behaviours cannot be directly attributed to a single factor, such as SEIM consumption, but rather are connected to and mediated by a variety of factors such as age, familial attachment, self-esteem, socio-economic status, and heavy substance use (Peterson, Buser and Westburg, 2010). The participants in this study – older youth, with a minimum of a high-school education, and who had access to moderate socio-economic resources – may not have been influenced to engage in risk behaviours by watching SEIM to the same degree as youth who possess more “at-risk” characteristics. To provide more clarity about this issue, the suitability of “risk” for various youth sub-populations may be an area of inquiry for future SEIM studies.

While participants’ discussions of sexual activity did not focus on “risk”, they did centre on a significant negative health influence: the mis-consumption of SEIM. In accordance with a significant portion of the literature (Griffiths, 2001; Young, 2008), male youth detailed that their masturbatory sexual activities were often dramatically altered by SEIM consumption. Youth would often find SEIM helpful for masturbation, but for many of the male youth, this became an unhealthy behaviour. Men suggested that

at some points in their lives, they had masturbated to excess, which they felt interfered with other components of their lives, or made it more difficult to respond to sexual stimuli, including sexual activity with offline partners.

The problematic consumption of SEIM was a health concern that many of the men participants experienced. The pervasiveness of the problem was further demonstrated by the female participants, who were highly aware of the potential of over-consuming SEIM. Women highlighted the need to consume SEIM in a regulated manner because they had heard that mis-consumption could lead to problems of de-sensitization and over-consumption. Women were aware of the health concerns of SEIM, even if they had not personally had issues with them. Due to the consistent experience and knowledge of the over-consumption of SEIM, this area is likely to warrant further examination (Young, 2008). For young men, the over-consumption of SEIM may require health promotion interventions that will help to prevent and address the problematic behaviours (Young, 2008).

Interestingly, although masturbatory activity could be a problematic behaviour related to the consumption of SEIM, when masturbation was conducted in a moderate fashion, youth identified it to be one of SEIM's more direct influences on health. Many of the young men and women strongly indicated that they felt SEIM were useful for relaxing and therefore, helpful for improving youth's overall well-being. As a side note, overall well-being was not discussed in significant detail in the interviews, but the utility of SEIM for relaxation purposes speaks to the idea that SEIM can influence aspects of

health beyond that which is sexual. The findings suggest that it would be appropriate to continue to investigate SEIM's influences on overall well-being in future studies.

In contrast to the three previous measures discussed above, youth perceived SEIM to have limited influences on their interactions with sexual partners. Often the interactions with sexual partners were limited to using the mechanics of physical acts, in a reflexive manner, in sexual activities with a partner. Both male and female participants described how sexual encounters offline were often very different than some genres of SEIM, and that it would be inappropriate to have expectations of a partner based on SEIM portrayals.

This finding is significant, as it speaks to the extensive body of literature focused on how interpersonal relationships (including those which are sex/gendered) in SEIM may influence offline sex/gender practices (Halavais, 2006; Peter & Valkenburg 2010a). This study found that youth differentiated between the relations that they saw in SEIM versus how they believed that relations should be conducted in offline practices. While it is important to continue to challenge elements of the social world that perpetuate sex/gender inequalities, it is also important to recognize that youth are often "media savvy" agents who have the ability to question and critically interpret media content, and are not simply the passive recipients of media messaging.

Although the sex/gender portrayals and practices in SEIM were perceived as having a limited influence in youth's offline interpersonal relations, men reported having a strong individual response to the portrayals of women in misogynistic genres of SEIM. Men found the portrayal of women in some genres of SEIM to be problematic, and made

these genres not enjoyable to watch. Although it is possible that one factor that contributed to this finding may have been the men wanting to appear socially desirable to the young female researcher, the finding may also challenge the popular notion that men consume SEIM because of its portrayal of women (Bogaert, 2001; Chung, 2011). Some men may simply oppose consuming materials that counter their beliefs about women. Despite the lack of clarity of how this influence precisely manifests in youth's lives, this finding is critical because it reveals that youth are cognizant of problematic sex/gender portrayals in SEIM (Lofgren-Martenson & Mansson, 2009). This provides more context to discussions concerning online-offline sex/gendered attitudes. Further, men's discussion of misogynistic sex/gender-based representations indicates that problematic sex/gendered portrayals are still a prevalent feature in SEIM (Gorman et al., 2006); when attempting to further understand the utility of the medium for health promotion, it is a factor that must be considered.

It is of note that only young men expressed concern about problematic sex/gender portrayals, and detailed feeling conflicted about the way in which women were portrayed in some genres of SEIM. Although a reason for this sex/gender disparity was not revealed in the interviews, literature suggests a number of explanations for why this may occur. First, women simply may not be engaging with those materials that they find offensive (Bogaert, 2001). In this instance, problematic sex/gender portrayals may not be an aspect of the type of SEIM that women chose to consume. Second, women may have felt a sense of embarrassment or shame to discuss their consumption of these materials. Similar to men wanting to appear socially desirable by expressing disgust, women may

have simply chosen to avoid the topic altogether and not acknowledge that they watch SEIM that contain misogynistic portrayals of women. Third, women may be desensitized to being portrayed in sexually subordinate positions, due to the way that women are frequently portrayed in other forms of media, such as music videos (Jhally, 2007), and therefore, may not feel the same tension as men when viewing these materials.

The sex/gender disparity in these attitudes may reveal an area that could be researched further to better understand sex/gender differences in SEIM consumption. This research could include asking questions such as: do women not engage with misogynistic portrayals because, even though those representations are contained within the genres they search, they simply choose not watch those specific videos, or alternatively, are women searching and watching genres that do not include these types of portrayals, and thus they just do not come across these portrayals very often?

In contrast to the other measures, the vast majority of youth generally did not perceive their views of sexuality as a whole to be largely influenced by the consumption of SEIM. While a number of participants detailed that SEIM allowed them to explore sexuality as a whole, which increased their knowledge and open-mindedness towards sexuality (described in terms of self-perception), they indicated that their beliefs about what sexuality “is” or how it manifests had not changed. Part of the reason why this may have occurred was that many of the youth reported accessing SEIM from a young age. As a result, SEIM was something that youth accessed throughout their sexual development, and its potential influences on perceptions of sexuality may not have been experienced or interpreted as a “change” when the youth were young adults. Similar to

the other measures of the study, the differences between younger and older youth may need to be explored in more depth to provide greater clarity of how this measure may manifest in youth's lives, if at all.

A number of participants also interpreted the question that asked about their perceptions about sexuality as a whole, as asking if they perceived SEIM to be changing how sexuality is conceptualized in wider society. Two of the participants highlighted that SEIM may be part of what they perceived to be a general "hyper-sexualization" of society, but stated that it was not possible to be able to tell if SEIM was a significant contributing factor. These two study participants believed that other sources, such as television, may also be contributing to the "hyper-sexualization" of society. In a similar manner, a number of participants further indicated that overall they did not think that they could speak to societal level changes about sexual perceptions.

Youth's hesitation to discuss SEIM's influences at the societal level may reflect that they tended to view the influences of SEIM consumption as being most prevalent at the individual level. Youth did not perceive SEIM as being highly influential at either the interpersonal or societal level. While this finding may simply reflect that youth do not consider SEIM to have influences beyond the individual, it is useful to highlight the social context within which youth are forming these opinions. Within Canada, sexuality and health are perceived as being highly personal and private topics that are often the result of a mixture of genetic determination and "lifestyle" choices (Shoveller & Johnson, 2006). Even though it is often a significant contributing factor, the role of the social environment in shaping these topics is currently not emphasized in popular discourse.

Therefore, the influence of these larger social or “structural” factors is frequently omitted from the discussion on sexuality and health. As a result, youth may not have readily thought about or previously discussed societal level interactions pertaining to sexual health.

Emergent Theme 1: Mixed Influences

Youth experienced SEIM consumption as having interconnected and conflicting negative and positive influences on their sexual health

The overall representation of youth sexual health in this study reveals a far different picture than the one that was provided by the initial data that have been collected on the topic by other researchers (Brown & L’Engle, 2008; Ybarra & Mitchell, 2005; Zillman 2000). While it is acknowledged that this study cannot be generalized to the whole population, the findings are significant because they are a marked departure from the results of the majority of the research that has been conducted on the topic.

In contrast to previous studies that have focused on a very specific set of (negative) influences (Brown & L’Engle, 2008; Flood, 2009; Ybarra & Mitchell, 2005), this study found the influences of SEIM to be both positive and negative. While youth did discuss negative influences, they also described the positive elements of SEIM – elements which are not normally addressed in studies on SEIM (Allen et al., 1995; Attwood, 2005; Flood, 2009; Malamuth & Huppim, 2005). Further, these negative and positive influences were not viewed as being discrete from each other, as participants described how these health influences intersected with other. The manner in which youth

experienced their conflicting feelings served to be the defining element of how youth perceived SEIM to be influential on their sexual health.

The vast difference in the study's findings from numerous other studies on the topic is likely reflective of the alternative perspective that was utilized to conduct this study. Due to the way that SEIM have been positioned within academic discussion, studies have typically been conducted from very focused perspectives: feminist, risk-based, or moralistic (Allen, 1995; Chung, 2011; Flood, 2009). These perspectives bring essential nuance to SEIM studies, and further, rightfully problematize elements of SEIM; for example, focused perspectives can highlight how aspects of SEIM, such as harmful sex/gender and racial portrayals, reflect larger social inequalities. However, due to their focus on specific elements, utilizing certain perspectives can fail to capture the overarching themes of the consumption of SEIM. Further, in some instances, these perspectives can be rooted in, and occasionally build upon, bodies of literature that have not evolved with the current context of SEIM consumption and content (Chung, 2011; Flood, 2009). As such, vital details that contribute to the full picture of sexual health can be completely overlooked.

In the context of this study, because SEIM have evolved from strictly “pornographic” understandings of their content, and have not been studied in great depth in their new context, it was essential to utilize a perspective that captured their complexity. Using a person-centred, holistic perspective not only captured a wide range of specific health influences, but also how these influences manifested within individuals

(Hald & Malamuth, 2009). It was from this person-centred, holistic perspective that it was possible to gain an in-depth understanding of “how” youth consume SEIM.

To further illustrate the importance of this point, it is useful to briefly detail a study that was conducted by Bogaert (2001). The study aimed to determine what type of sexually explicit movie, if any, men would choose in a “free choice” situation. Men were able to pick from films that included common sexual acts (erotic), novel sexual acts, sexually insatiable females, sexual violence/degradation, a comedy non-sexual control, a sports violence non-sexual control, or child sex. Results indicated that 51% of the participants declined to see any form of video. For the participants who did watch a video, the order of frequency of selection was: female insatiability (26.8%), comedy control (21.3%), violent control (18.9%), novel sex acts (12.2%), erotic (9.8%), child sex films (5.9%), and violent/degrading films (5.6%).

Although factors such as social desirability, expressed through conformation to heteronormative sex, may have played a role in shaping the choices, the study provides a very important insight. The amount of nonsexual imagery versus sexual imagery the men chose to watch, and the types of videos that men chose to access (female insatiability) and chose not to access (violence against females), varies from the “core” notion on which large portions of SEIM literature are based: the relatively indiscriminating male consumption of violent sexual imagery.

The study is by no means conclusive, however, it highlights the need to examine (and in some cases challenge) the ingrained assumptions that guide how youth SEIM consumption is researched. More specifically, the study “emphasizes a central, but

generally ignored point that contact with sexually explicit material is a self-regulated choice” (Halaveras, 2006, p.118). Although there may be typical patterns in the content of SEIM that people consume, the manner in which people choose to engage with these films appears to be a critical component of SEIM research. When studying SEIM in context, their “effects” and “mediation” should not be understood as a one-way process during which media is consumed and adopted by passive recipients. Rather, SEIM consumption may be more accurately understood as a complex process in which the participants actively engage with, analyze, and reproduce social media messages in an altered form (Mastronardi, 2003), which greatly determines how SEIM may influence sexual health.

Emergent Theme 2: Exploring Sexuality

SEIM were utilized by youth as a means to explore both their individual sexual self and the subject of sexuality

Utilizing a person-centred, holistic perspective is further essential because it allows for a closer examination of how SEIM’s perceived influences reflect the manner in which SEIM, sexuality, and health are positioned with societal discourse. The way that the participants understood the influences as interacting with each other is often related to the context within which SEIM are situated, rather than simply having a direct cause-effect influence on health (Bogaert, 2001; Cooper et al., 1999).

As evidenced by this study, SEIM provided a forum that facilitated youth’s exploration of sexuality, including how one’s sexual self may fit into the sexual spectrum. Youth detailed that SEIM served as a medium that exposed them to a vast

array of sexual material, which enabled them to learn about sexuality in a manner that they felt was somewhat removed from the trappings of societal regulation on the topic. Even though SEIM were a highly stigmatized entity, youth perceived SEIM as providing them with an unfiltered view of sexuality – a view that was highly differentiated from other mediums and institutions in society.

Sexuality exists as a variety of biological, psychological, and social factors, including sex/gender and sexual identities, practices, structural institutions, and values (Weeks, 2003). The manner in which these factors are linked together is highly culturally specific (Weeks, 2003). Despite the multitude of ways in which the factors can be combined to express sexuality, within each culture there is a predominant paradigm that constitutes what individuals think is the “natural” way in which sexuality manifests (Weeks, 2003).

In North America, the manner in which these factors have been linked through the latter part of the 20th and into the 21st century has been reductionist and deterministic (Weeks, 2003). Sexuality is described in terms that reduce the complexity of sexuality into uniform patterns that result from biological explanations. Sexuality is constructed to be a “biological imperative” that should be controlled and suppressed. As elaborated on by Weeks (2003), sex is the product of historical narratives which include economic, scientific, and religious discourses that have constructed sexuality as an entity that must be regulated through heteronormative moral and social standards. Sexuality is greatly influenced by the Jeudo-Christian perceptions of sex, which emphasize one should have sex only for reproductive purposes and as something that must be repressed within

oneself (Levine & Troiden, 1988). While the conceptualization of sexuality is rooted in the historical construction of the meanings assigned to sexual expressions, the control of sexuality is located within individuals.

Within North America, the way in which sexuality is located within individuals (forming sexual identity) often occurs in a heteronormative manner (Sullivan, 2003). Categories of identity are organized into discreet, hierarchical binaries. Males/men are understood to be the superior opposite of females/women, and heterosexuals are understood to be the superior opposite of homosexuals. Within these categories, individuals exist within a set of social roles and norms, which work to integrate sexuality with the dominant ideas of controlling the biological “need” to engage in sexual activity. Because of this understanding of how sexuality exists in society and within individuals, “acceptable” sexuality and sexual identity are regulated and stigmatized (Irvine, 1993).

The stigma on sex and sexuality highly limits what and how youth are able to learn about the topic. Conversation about sexuality is not readily encouraged, but when it does occur, the social norm is to conduct discussion in more private settings. However, despite the fact that it is perceived to be not readily openly discussed, sexuality is pervasive throughout society. Structures such as education, health, and government perpetuate beliefs about sexuality (Foucault, 1990). Yet, while these institutions contribute to the pervasiveness of sexuality, they do so in a manner that only provides youth with a limited, binary-based view of sexuality.

The restricted manner in which youth are provided with information about sexuality has the added effect of working to create interest about the topic (Bushman &

Cantor, 2003). Due to the regulation surrounding it, sexuality is constructed as a topic that is a source of significant pleasure, enjoyment, and excitement. Further, as sexuality is so pervasive throughout society, it is a topic that is ever-present, but in a manner that is often obscure or not concrete. It is understood as a “sinful biological need” that is powerful, and must be controlled (Foucault, 1990).

As indicated by the study, youth find this view of sexuality highly unsatisfactory: they are left with a need to further understand the wider conceptualizations of sexuality beyond the dominant notions, and determine how they fit within its scope. Youth are active agents who can resist the dominant discourse (Mastronardi, 2003), even as it shapes their views of sexuality. However, because many youth are not given to tools or resources to engage with sexuality in a more fulfilling manner than with limited depictions of sexuality in mainstream society, they must work to find alternative ways to explore the topic.

The youth in the study described utilizing SEIM in order to learn more about sexuality. SEIM allowed youth to explore sexuality in a more private and personal setting, which accommodates the stigmatization of the topic. In many cases, SEIM provided “an alternative reality to the user and allowed them feelings of immersion and anonymity” (Griffiths, 2001, p. 334). Sexual behaviours that are hidden from society are able to be accessed and engaged with in a safe and judgement-free forum. Further, SEIM can help youth feel less stigmatized or unusual for having an interest in sexuality, because as demonstrated by the size of the forums, it is obvious that countless others also access the materials (Giffiths, 2001).

In addition to providing youth with a forum to explore sexuality, SEIM were viewed as a unique resource that allows youth to have unparalleled access to a wide range of sexual material. Youth were able to select and view for themselves whatever sexual content they wanted to explore. Youth reported that this included accessing not only mainstream portrayals of sexuality that were censored, but also sexual expressions that did not conform to mainstream sexuality, and therefore, were not publically available.

Increasingly, in popular discourse, binary, highly regulated understandings about sex/gender and sexual identity are being challenged (Hamilton Hart, 2007). Political advocacy has raised awareness about the wide range of sexual orientations and preferences; similarly, representations of non-heteronormative and non-hegemonic identities are more frequently being portrayed in the media. As well, sexual expressions or activities that were previously considered to be fringe are starting to have visibility in mainstream discussion. Although these portrayals are by no means exhaustive, they have served to spark curiosity in youth, who are large consumers of media. Within the study, there was an awareness by youth that all identities are not included in the current paradigm and there was a desire to learn more about “all of sexuality”. Youth thus accessed SEIM as a way to explore these regulated sexualities in a setting that was private, and unencumbered with the societal discourse on the topic.

Emergent Theme 3: Context Matters

Youth perceived SEIM consumption differently in the context of individual sexual health versus in the context of sexual health promotion.

The restricted view of sexuality detailed in Theme 2: Exploring Sexuality further impacts the way in which youth perceive the notion of ‘sexual health’; the dominant paradigm guides how SEIM consumption is understood within overarching notions about what is deemed to be ‘sexual health’. As described throughout this Discussion section, youth utilized a person-centric, holistic definition of sexual health to examine how SEIM consumption influenced their sexual health within an individual context. When the context changed from an individual sexual health focus to a sexual health promotion context, youth’s understandings of the interaction between SEIM and sexual health also changed. Youth operationalized an understanding of sexual health that was based solely on avoiding negative health outcomes – youth focused on the potential problems that individuals may experience with SEIM consumption. Further, although they had personally derived benefits from the use of SEIM, youth generally did not perceive there to be utility for the positive elements of SEIM in sexual health promotion initiatives. These perceptions align with a biomedical understanding of sexual health.

The difference in how participants understood the relationship between sexual health and SEIM consumption in various contexts can be linked to the way that the dominant paradigms guiding perceptions of health are expressed in sexual health promotion (Valentich & Gripton, 1995). For most youth, their understandings and awareness of sexual health promotion efforts were based on their experiences with sexual education classes provided in schools. Similar to numerous studies on youth sexual

health education in Canada, the youth in the study experienced formal sexual health education programs that did not balance attaining positive and avoiding negative outcomes, but rather solely focused on avoiding negative feelings (DiCenso et al., 2001; McCall et al., 1999). This finding is in accordance with research that has found that the sexual health education that has been instituted in Canadian public schools focuses primarily on anatomy and avoiding negative health outcomes, specifically HIV, STIs, and unplanned pregnancy (Cohen et al., 2004; Byers et al., 2004).

The topics that become focuses of sexual health education in schools are determined by a number of complex factors and requirements that guide the design of the program(s). These factors include, and are not limited to: curriculum and program requirements, context restrictions, and catering towards quantifiable behavioural changes at the social level, such as STI and younger youth pregnancy rates that are measured using a deficit model⁵ (Kirby, 2007; Maticka-Tyndale, 2001; Nova Scotia Health Promotion and Protection, 2010).

Embedded within the practical and program ‘requirements’ is the way in which sexual health is conceptualized in wider society. Although a topic, such as sexual health, may be conceived in a neutral manner to establish a guiding definition for research and practice, the topics are acted upon within society. Thus, it is not possible to simply remove the constructions that influence how people conceptualize these ideas. This is compounded in the instance of sexual health, because as described in Theme 2: Exploring Sexuality, sexuality remains a morally charged subject in North America (Health Canada,

⁵ It should be noted that, as highlighted in the Introduction, health measures that assess positive health are not currently commonly employed by national level public health bodies.

2008). As a result, it can often be difficult to frame it in a manner that avoids these moral judgments, especially as many of them exist at the structural level, and individuals are not always cognisant of biases that are ingrained within, and shape, institutions.

In an attempt to respect Canadian cultural plurality, and minimize the degree to which individuals' personal beliefs are used to determine how sexuality is discussed, a 'neutralized' health frame is adopted for public sexual education and health promotion (Health Canada, 2008). However, it is essential to note that, in addition to sexuality being subject to cultural influences, the frame itself – the subject of health – is also subject to hegemonic, culturally based preconceptions. Specifically, the concept of health that often serves as a guiding policy or vision statement for person-centred, holistic sexual health deviates from popular or colloquial notions about 'health'.

Often health is understood by the biomedical definition of health. As explained by Valentich and Gripton (1995), although there have been pushes to affirm the validity of alternative perspectives of health, the biomedical conception of "health" continues to dominate many forms of academic and popular dialogue. Due to the credit assigned to essentialist forms of thought, the biomedical paradigm is assumed to be the authority on matters relating to health (Valentich & Gripton, 1995). In everyday settings, individuals understand and interpret information in a manner that conforms to the biomedical paradigm's fundamental ideas that health is the absence of illness or infirmity. As the biomedical conception of "health" is so well understood throughout society, it has become part of everyday vernacular to discuss health. Thus, the biomedical definition of

health underpins and guides discussion on any health-related subject, whether appropriate or not.

The utilization of aspects of the biomedical paradigm was highly reflected in the participants' discussion in the study. The manner in which participants discussed SEIM in the context of sexual health promotion and education, indicate that the participants utilized a concept of health that was consistent with a biomedical understanding of 'health'. Participants understood health as being related exclusively to the physical body. More specifically, they identified potential sexual health education topics as being related to physical infections (STIs), unwanted physical conditions (mis-consumption) or physical assault (filmed unknowingly or under coercion). Further, in keeping with the biomedical paradigm, the ideas were raised in contexts that medicalized these aspects of health. In the study, the participants often compared the regulation of SEIM to other substances whose use has been medicalized, such as smoking and alcohol. As such, in these instances, it was suggested that the mis-consumption of SEIM should be addressed in a similar manner – as a topic of mainly physical and psychological dependence.

The SEIM-related topics that were discussed in the context of sexual health promotion and education not only mirrored typical focuses of the biomedical paradigm, but were most often discussed in a manner that further conformed to biomedical notions of 'health'. As the biomedical paradigm is based on the absence of infirmity, many of these topics were approached by participants from a perspective that was focused almost exclusively on the negative influences that SEIM could have on sexual health. This occurred even though SEIM was conceptualized as being far more complex and having a

wider range of influences beyond only negative influences. Furthermore, positive health outcomes, such as sexual knowledge and self-exploration, which relate to social health, and thereby could not be easily conceptualized in terms of biomedical ‘health’, were not addressed by the participants. As a result, positive health outcomes were not often understood as being part of the actual health content in the health promotion context – they are perceived as being secondary subjects related to sexuality, but not as sexual health.

Further adding to the effects of the biomedical health frame on sexual health, within Canada there is a widely accepted belief that it is “healthy” for individuals to wait until they are adults to engage in sexual activities (Russell, 2005). Entailed in this belief, as demonstrated by the participants, is a hesitation to discuss matters that relate to sexuality, and especially the positive aspects of sexuality, with younger youth. One does not want to appear to be “promoting” sexual behaviour to youth. As such, it becomes even more challenging to address topics such as SEIM and other elements of positive sexuality, while still “promoting” health to youth. To contend with this issue, often health promoters will highlight the consequences of younger youth engaging in sexual behaviours, while deemphasizing the benefits of sexual behaviours (Cohen et al., 2004). As well, contentious topics (such as SEIM) will often simply be avoided altogether (DiCenso et al., 2001). Youth sexual health promotion programs and approaches are often products of reconciling the tension between providing person-centred, holistic sexual health promotion and disseminating specific, culturally significant messages about ‘healthy sexuality’.

Implications of Study for Youth Sexual Health Promotion

The discussion of the three emergent themes raises the question of how, if it all, is it possible to learn from SEIM to improve sexual health promotion? This question can prove to be contentious. First, although SEIM have evolved from exclusively showcasing misogynistic portrayals of women to containing countless sexual expressions, a parallel evolution has not occurred in the discourse about the topic; as a result, SEIM remain highly stigmatized and taboo within dominant societal discourse. Second, even though the content of SEIM has expanded, it still contains highly problematic sex/gendered and racialized portrayals of sexuality. It is simply not possible to ignore the explicit, identity-specific violence that is present and highly visible within the medium. Third, as discussed above, individuals do not always view SEIM as applying to the dominant ideas of health. As a consequence of these issues, the current iteration of SEIM is not an entity that can be readily incorporated into sexual health promotion.

To further address the question posed in the previous paragraph, it is essential to acknowledge that, whether or not it is an “easy” fit, SEIM are a resource that is being accessed by (Carroll et al., 2008), and may be having sexual health influences on, a large portion of the youth population (Braun-Courville & Rojas, 2009). Due to the perpetuation of social inequalities and violence in some genres of SEIM, it is not prudent to suggest that all of the topics relating to SEIM would be an appropriate fit for sexual health promotion. However, it is becoming increasingly apparent that sexual health programs are being delivered to youth whose social learning environment includes a frequently accessed medium, which may include explicit sexual representations and

graphic depictions of sexual acts, and a number of these representations serve as sources of sexual education material for youth.

It is essential that sexual health promotion be conducted in a manner that is responsive to the information about SEIM's perceived influences that was identified in this study, and similar types of studies. Doing so will help to ensure that the appropriate steps are being taken to address the new technological changes, such as Internet access to SEIM, that have dramatically altered youth's social learning environment.

The health effects (both positive and negative) that result from the imagery presented in SEIM are important topics that need to be addressed in a standardized setting. To address these needs, health promoters could convey contextual information about SEIM to assist youth to avoid negative health outcomes and achieve positive health with their consumption of SEIM. This response by health promoters would align with the participants' perceptions that there are specific influences, such as explaining the realism of SEIM content to younger youth, which need to be addressed within initiatives. Additionally, simply acknowledging that youth are consuming SEIM may help to ensure that health promoters are deemed to be "in touch" with youth's lived experiences, and as such, viewed as credible and relevant sources of sexual information.

When addressing SEIM, it is important that sexual health promotion efforts be conducted in a sex/gender-sensitive and a sex/gender-inclusive manner. Although more research will need to be conducted to further investigate the ways in which sex/gender-based differences manifest, the exploratory findings of this study suggest that it is

essential to consider sex/gender sensitivity and inclusiveness to capture the sex/gender-specific influences of SEIM.

As highlighted earlier, there is a well-established need for sexual health promotion research to help address the gender-based disparity in youth's access of sexual health services. As gender is a social determinant of health, it is of critical important to have gender-appropriate policies that may help ensure young men's sexual health needs are met (with the recognition that binary gender policies can be problematic). The findings of this study suggest that young men do report accessing SEIM in a slightly different manner than young women, specifically: consumption rates, purpose for learning, and perceived influences. These findings support the need for gender-sensitive sexual health initiatives and policies. For example, it may be beneficial to address men's SEIM-based concerns about their sexual "performance" by ensuring that their overall sexuality is not singularly constructed as, or linked to, their ability to attain and maintain an erection in health promotion initiatives.

In addition to suggesting specific sexual health issues that may need to be addressed in sexual health promotion, SEIM can also be valuable for informing novel approaches to, policies for, and discourses about youth sexual health promotion. It is not recommended that SEIM be used as reference or referral material, due to its content. However, because youth often willingly and readily accessed SEIM for a variety of purposes, it is of great benefit to highlight the counter discourse generated by this study about SEIM's perceived appeal and utility, as it proposes ways to 'talk' to or tailor sexual health messages to youth.

As demonstrated by the findings of the current study, even though youth utilized a biomedical definition of health to discuss sexual health promotion, they heavily critiqued this approach to sexual health promotion and education. Sexual health promotion and education was not found to be an open forum for learning or improving youth's health. This finding is closely aligned with existing literature on the topic, which found that youth felt that using a biomedical perspective to present sexual health information resulted in a very limited, binary-based view of sexuality and was not focused on the topics that were of the most interest and relevance to youth (DiCenso et al., 2001).

What is highly notable about these findings is that the critiques of current mainstream sexual health promotion approaches were also identified by youth to be the strengths of SEIM. The subject matters that youth deemed to require the most improvement in health promotion – how to achieve positive sexual health outcomes (through rewarding sexual relationships and sexual pleasure), and how to explore their sexual self, using information that is taboo in society or has strong moral connotations – were the areas that youth reported actively consuming SEIM to learn more about (DiCenso et al., 2001). Although participants noted that SEIM were not an ideal resource to fulfill these needs, SEIM were often considered to be a unique and singular way for youth to explore sexuality and learn how to achieve the positive elements of sexuality. SEIM were perceived as providing an open and all-encompassing forum to access sexuality that was unparalleled in any other public space within mainstream Canadian society – especially youth sexual health promotion.

Youth's discussion about the ways in which they fulfill their sexual health needs challenges youth sexual health promotion approaches that focus primarily on what is "wrong" with the individuals who experience sexuality-based risks. Further, the findings supplement research that suggests that it is essential that youth sexual health promotion prioritize connections between agency, social context, and youth's lived experiences to generate initiatives that can address complex sexual health-related behaviours (Bogaert, 2001; Shoveller & Johnson, 2006).

One strategy to help achieve these priorities may be to conduct sexual health promotion from a more balanced and/or sex-positive perspective. Although guiding sexual health promotion documents in Canada, such as the *CGSHE*, utilize and recommend using a balanced perspective, as detailed throughout earlier sections of this thesis, this approach has not been widely adopted.

To help encourage more balanced sexual health promotion, it may be beneficial to draw from the comprehensive sexuality education model that is promoted by the International Planned Parenthood Federation and employed in socially liberal European countries, such as The Netherlands and Denmark (Parker, Wellings & Lazarus, 2009). These countries are often cited for their progressive approaches towards youth sexuality (Peter & Valkenburg, 2006). Further, high social equality coupled with an open and direct attitude towards a variety of issues related to sexuality, including contraception, sexually explicit materials, and gendered scripts, have been cited as explanations for why these countries have some of the lowest STI, teenage birth, and abortion rates within developed countries (Peter & Valkenburg, 2006).

In keeping with the perspective guiding this study, the comprehensive sexuality model is based on a holistic, person-centered approach to sexual health. Comprehensive sexuality education considers how the various inter-related dynamics and social conditions, and accompanying emotional, mental, physical, and social factors, can influence sexual health (and sexual choices) (Parker et al., 2009). The model aims to link safer sex with positive development, empowerment and choice, including sexual expression and fulfilment, which provides an alternative to risk or moral approaches that focus exclusively on the reproductive aspects and that associate sex with risk-taking and the prevention of pregnancy and STIs (Parker et al., 2009).

Utilizing a comprehensive model can take advantage of a very valuable teaching opportunity to decrease the stigma associated with sexuality. The participants expressed that decreasing the stigma associated with sexuality, by providing a safe, judgement-free environment for learning about and exploring sexual matters, is the most needed improvement for current sexual health initiatives. Providing more person-centered and inclusive sexual health promotion may help to increase individuals' experiences with, and thus understandings about, different forms of sexuality and sexual identity. This may help sexuality be viewed in a more fluid manner, which can help to deconstruct rigorous sexual binaries that can perpetuate discrimination.

A comprehensive, balanced model also allows for education programs to address the interaction between positive and negative influences, which was the main way that the participants experienced sexual health in the context of SEIM. Although it is crucial to educate youth about negative health consequences, it is equally important that

Canada's youth be educated about the positive components of sexual health, so that they have a more comprehensive understanding of how to achieve positive sexual health outcomes (and thus actually achieve sexual health).

As youth are learning, developing, and exploring their beliefs and values associated with sexuality, it is important that they be educated about both achieving positive health outcomes and avoiding negative health outcomes. The balanced model of sexual health allows educators to address the needs of the particular group that is being educated, and can allow for elements of sexuality such as self-exploration, sexual communication, and overall well-being, which youth identified to be essential, to be incorporated into programs. Youth can have the opportunity to gain essential communication skills that may be useful to help them negotiate successful (future) sexual interactions such as: giving and receiving consent, initiating or declining various forms of sexual activity, and expressing sexual boundaries. Youth could practice, or become more comfortable, communicating about sexuality in a reduced pressure situation, which may help them gain confidence communicating about sexuality in an intimate situation.

Conducting sexual health promotion in this manner may have the additional benefit of addressing concerns that because sexual health is devoted exclusively to negative outcomes, it is dismissed by youth as being a biased, judgemental representation of sexuality (Morris, 1995). Youth's discrediting of sexual health promotion could be a possible reason to explain why the current sexual education on the negative aspects of sexual health is failing to meet the needs of Canadian youth. By avoiding constructing sexuality as an "infectious monster" (Legault in Morris, 1995, p. 26), a balanced

perspective may help to give more credit to sexual health education and promotion overall, including its discussion of the potential negative consequences of sexual behaviours.

Finally, a more open approach to youth sexual health promotion may allow for the creation of other forums for youth to undertake inclusive sexual learning and exploration, besides SEIM. Although the traditional focus of youth sexual health promotion is school-based education programs, the Internet has created a new public space in which sexual health promotion can be practiced. As online-approaches are user-accessed and free of the constraints that often largely limit the content of youth school-based sexual health promotion, web-based strategies may hold significant potential to achieve the objectives of comprehensive sexual health education in a Canadian context.

Recommendations for Future Studies

Throughout this study's exploratory examination of how youth's perceptions of SEIM consumption may inform sexual health promotion, a number of questions and recommendations were raised that can advise future research on the topic. It is of note that a number of these recommendations mirror and expand upon the study's implications on sexual health promotion practice, highlighting the need for youth sexual health promotion practice and research to evolve together to improve youth's ability to achieve sexual health in Canada.

The current study highlighted the pressing need to conduct additional research on youth SEIM consumption. This exploratory study supported the notion that SEIM

consumption is a sexual resource that was firmly situated within youth culture. Further, despite being understudied, SEIM are a sexual resource that is perceived as having significant positive and negative health influences on youth sexual health. However, the findings of this study were often contradictory to findings of the initial quantitative research that has been published on the topic, which also suggests that a more complete exploration of the topic is required. Most importantly, the findings were particularly inconsistent within the measures of sexual activity and self-perception – two of the areas within which youth perceived SEIM to be most influential. In light of these findings, it is necessary to conduct a wider range of research on the topic to add critical understanding of how youth experience and have their sexual health influenced by the consumption of SEIM.

It will be important to conduct this research utilizing definitions and/or conceptualizations of SEIM, as they exist within the current technological context. Employing an understanding of “pornography” that is rooted in the typical content, access level, and consumer demographics from the pre-Internet era renders research susceptible to irrelevance and dismissal, as explorations may fail to capture crucial current elements of the consumption of SEIM. The findings of this study suggest that it is critical that future research be based on the notion that a diverse population of consumers anonymously and affordably/freely access innumerable movies that depict a wide range of sexual imagery (SEIM). Operationalizing a conceptualization of SEIM that more accurately captures the current content of SEIM allows them to be assessed in terms of relevant strengths and critiques. Moreover, this perspective will allow for a

great detail of specificity when assessing SEIM, including differentiating between genres, and genre-specific influences, of SEIM.

As highlighted in the implications, it may also prove useful to conduct more research from a person-centered, holistic perspective. The vast majority of the research on the topic has been conducted from a perspective which either demonizes SEIM, or only investigates them from a very focused perspective that most often centres on their negative elements. While these perspectives are critical for highlighting some of the issues associated with the consumption of SEIM, they also deny perceived benefits and the characteristics of SEIM that are appealing to youth, such as the participants in this study, who reported accessing SEIM for sexual health education. Understanding the interaction between the negative and positive elements of SEIM is critical to gaining comprehensive insight into how SEIM may impact youth. It is important that the benefits and drawbacks of SEIM be assessed in tandem to determine the utility of SEIM in sexual health promotion.

The findings of this study further suggest that research on SEIM may most effectively be conducted in a manner that is sensitive to youth's identities. Within this study, components of identity, such as sex/gender and age, proved to be particularly salient points that shaped how youth interpreted SEIM. The findings of this study indicate that, although there are a number of sex/gender-based similarities, men and women may engage with SEIM in slightly different manners. It is important that SEIM consumption be studied from a perspective that allows for this nuance to emerge from the data to allow for accurate conclusions to be drawn and sex/gender-sensitive policies and

practices to be developed. Similarly, age proved to be an essential element of analysis; the youth in the study strongly differentiated early youth from later youth during their discussions of the perceived influences of SEIM. It may be very beneficial to determine whether it is possible to establish standardized definitions of different “youth” groups within the field, to bring consistency to the findings and to ensure that the lived experiences of younger youth versus older youth are able to effectively inform research.

Lastly, it is necessary to endeavour to come up with innovative ways to help effectively translate the findings of less conventional youth sexual health studies, such as this one, to sexual health promotion research and practices. Because the findings of the study provide an alternative to the risk management and deficit models that are traditionally used for youth sexual health promotion, it may be challenging to integrate the findings with traditional health promotion activities. However, despite the challenges, these findings may augment traditional approaches. In addition to providing novel findings, by incorporating these types of studies into research and practice, it may be possible to work towards expanding sexual health measures to also include measures of “good” sexual health – an area that has been deemed to be critically important by leading health authorities in Canada (CFSH, 2007). Finally, studies that adopt alternative perspectives can provide unique insight that can help generate a more complete and well-rounded picture of the status of youth sexual health in Canada.

Knowledge Transfer

The objective of disseminating the study is to effectively transfer knowledge about how youth's perceptions about the consumption and utility of SIEM may inform holistic youth sexual health promotion. As such, dissemination of this study will include knowledge translation activities directed towards diverse academic and professional audiences with an interest in sexual health, sexuality and/or youth. More specifically, the author plans to submit an article to a peer-reviewed journal and to give poster and/or oral presentations at conferences, which have diverse sexual health audiences. To date, the author has presented the findings of the study at both a national and a regional academic conference, and has been accepted to present her findings at two additional conferences. It is hoped that through these presentations, the author will be able to add to the existing body of literature on alternative approaches to youth sexual health promotion.

An abbreviated version of the findings of the study will be provided to the community stakeholders, who advised the researcher during the development of the project. Additional guidance and advice will be sought from the community stakeholders as to the most effective ways to translate the findings to interested professional and community groups. As the translation activities will be taking place long distance, the researcher is hoping to be able to hold a webinar or teleconference, or similar activity, to be able to discuss the findings of the project within the context of community youth sexual health. The researcher may engage in multiple dissemination activities to ensure the findings are disseminated in a manner that is appropriate and useful to each stakeholder.

Finally, it is hoped that informal discussion by individuals involved in the project, such as community stakeholders and the participants, will contribute in a minor way to the relatively new public discussion about the interaction between SEIM consumption and youth sexual health and sexual development. Engaging in discussion the topic can help to decrease the stigma associated with youth sexual health, which is essential for creating an environment that is receptive to more holistic and comprehensive approaches to promoting sexual health.

Conclusion

Due to the emerging nature of heterosexual youth's consumption of SEIM in sexual health promotion, the findings of this exploratory study have raised many questions and recommendations about future areas of inquiry for youth sexual health. The findings speak to the need to conduct more research on the consumption of SEIM as it currently exists, and to ensure that the research is sensitive to elements of identity and the fluid nature of sexuality. Further, it is necessary to investigate both positive and negative elements of sexual health to be able to generate a comprehensive understanding of how youth sexual health can be influenced, and thus fostered.

In addition to questions that were raised by this study, the findings also provided some tangible suggestions for the field of health promotion. This study strengthens the argument that it is essential to include youth's voices in the discussion on their sexual health. It is their conceptualizations and perceptions of different aspects of their social learning environment that largely determine how their sexual health may be influenced.

The rich, nuanced findings of this study can be attributed to the strength of the participants' voices who were interviewed for this study.

The participants' over-arching perception is that there is a need to continue to improve youth sexual health promotion and education in Canada. Youth spoke to the need to have more open forums that welcome a more diverse and inclusive attitude towards sexuality; youth desire a more open dialogue about sexuality and sexual health. As well, youth's perceptions suggested that sexual health promotion and education be conducted using a more balanced or sex-positive attitude that is based on fostering self-exploration and self-acceptance. These findings highlighted the importance of continuously evaluating and re-evaluating how ingrained assumptions may be guiding current sexual health promotion efforts, and in some instances, to challenge how effective these methods may be in light of youth's current lived experiences. It is hoped that research from this thesis has provided understanding into one element of youth's current sexual culture, which may in turn raise awareness about the utility of person-centered, holistic approaches in youth sexual health promotion.

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PARTICIPANTS NEEDED FOR RESEARCH STUDY
on
SEXUALLY EXPLICIT INTERNET MOVIES (XXX MOVIES)
AND YOUNG ADULT HEALTH

- ✓ **Have you lived in Halifax for at least 1 year?**
- ✓ **Are you between the ages of 19 and 29?**
- ✓ **Do you identify as heterosexual?**
- ✓ **Have you watched sexually explicit internet movies for at least 1 year?**

If you answered “YES” to ALL of these questions you are invited to participate in a research study that hopes to gain insight in the potential influences of Sexually Explicit Internet Movies on Sexual Health.

We want to hear YOUR insight!

You will participate in a 1.5-2 hours focused discussion or individual interview and will receive a \$15 honorarium.

If you are interested in participating in this university research study, or simply wish to learn more about it, please contact Kathleen Hare at (902) 449-7700.

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APPENDIX B: Screening Telephone Script

Telephone Script for Screening Potential Participants

Hi! Thank you very much for your interest in Past Penthouse Pornography: A Study of the Sexual Health and Youth's Consumption of Sexually Explicit Internet Movies. My name is Kathleen Hare. I am a Master of Arts student in Health Promotion at Dalhousie University. I am doing this study as part of the research I am completing for my Master's degree.

For this study, I am trying to learn about what a group of heterosexual youth aged 19-29 think the influences of sexually explicit internet movies are on their sexual health. I am studying topics such as sexual knowledge, what people think about themselves sexually, and what people expect out of their sexual partners.

I want to learn more about youth's thoughts on the topic. The main way that I am doing my research is to have discussions with youth. After signing a consent form, youth who want to participate can attend either a focus group or a one-on-one interview, depending on what they are most comfortable doing. The focus groups will be same-sexed and have 3-5 people in them. Interviews will be conducted either face-to-face or over the telephone. Both the focus group and the interview will take about 1.5 to 2 hours. As well, you would be asked to fill out a short demographic survey.

Do you have any initial questions about my study or what I am researching?

Are you interested in participating?

- **If No:** Okay. Thank you very much for contacting me to learn more about the study. I appreciate your interest. Have a great day.

If Yes: Great! I have a few questions to ask you to make sure you are able to participate.

In order to participate, you must:

- be 19 to 29 years old,
- identify as heterosexual, and
- have lived in Halifax for at least one year.
- As well, you must have watched sexually explicit internet movies for at least one year.

Do you fit these criteria?

- **If No:** The study is limited to people who fit these criteria, and so while I greatly appreciate you contacting me, you are not eligible to participate in the study. Thank you very much for taking the time to find out more about the study.

If Yes: Excellent! The next question I have for you is: are you comfortable speaking to a female about your experiences with sexually explicit internet movies and sexual health?

- **If No:** As talking to a female about sexual matters is a requirement for this study, you are not eligible to participate. Thank you very much for your interest in this study, and I appreciate you taking the time to find out more about the study.

If Yes: Okay. Would you like to attend a focus group or a face to face interview or a phone interview? Please note that if you want to attend the focus group, for practical reasons it is necessary that you consent to be audio-recorded throughout the session, which may mean that I will use some of your direct quotes. I will remove all personally-identifying information from the quotes before they are used. In a one-on-one interview, you do not have to consent to having me use your direct quotations.

Okay, so I have marked down that you want to do a focus group/interview. For that focus group/interview, what days will work for you to attend? *Will schedule accordingly.* Can I please get your name and a number where you can be reached? (If it is a phone interview, I will request an email/ mailing address/fax number for consent form purposes).

Do you have any final questions you would like to ask me? Please feel free to phone me if you think of any questions before the study.

Thank you very much for your interest and agreeing to participate in the study. I will contact you to remind you of the focus group/interview the day before it is scheduled. On the day of the study, I will go over the consent form, and there will be time to ask any other questions you have, before the study starts.

Thank you again and I look forward to meeting with you.

**Past Penthouse Pornography: A Study of Sexual Health and Youth's
Consumption of Sexually Explicit Internet Movies
Consent Form**

PRINCIPAL INVESTIGATOR:

Kathleen Hare, DCS, BA, MA (candidate)
School of Health and Human Performance
Dalhousie University
6230 South Street
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RESEARCH SUPERVISOR:

Dr. Jacqueline Gahagan, Professor
School of Health and Human Performance
Dalhousie University
6230 South Street
Halifax NS B3H 3J5
Canada

PH: (902) 494-7809

Fax: (902) 494-5120



INTRODUCTION

You are invited to take part in a study being conducted by Ms. Kathleen Hare, a Master's student in the School of Health and Human Performance at Dalhousie University. Dr. Jacqueline Gahagan, a professor in the School of Health and Human Performance, is supervising the research. Your participation in the study is entirely voluntary and you may withdraw from the study at any time. You are being asked to take part in an interview and to fill out a brief survey. The study is described below and the information is provided about the potential risks and discomforts that you might experience. The principal investigator will keep one copy of this form, and you will keep a second a copy of this consent form for your records. You should discuss any questions or concerns that you have with Kathleen Hare, who is the principal investigator.

PURPOSE OF THE STUDY

The purpose of the proposed study is to learn more about the potential influences of sexually explicit internet movies on young adult sexual health. For this study, sexually explicit internet movies are understood to be movies that are found on the internet that depict sexually activity in obvious, unconcealed ways.

WHO CAN PARTICIPATE IN THIS STUDY

The study seeks 15 participants who:

- have lived in Halifax, Nova Scotia for a period of at least 1 year
- are between the ages of 19-29,
- have watched sexually explicit internet videos for a period of at least 1 year, and
- identify as heterosexual.

WHO WILL BE CONDUCTING THE RESEARCH

Kathleen Hare is the principal investigator for this study. Dr. Jacqueline Gahagan, a professor at the School of Health and Human Performance at Dalhousie University, will oversee the research activities. A thesis committee, which consists of Dr. Lois Jackson and Dr. Audrey Steenbeek, will guide the research process. The principal investigator will conduct the interviews, analyze the data, and write the research reports (including a dissertation). The research supervisor will oversee all of the activities and provide guidance.

WHAT YOU WILL BE ASKED TO DO

If you choose to participate in this study, you will be asked to meet face-to-face with the principal investigator in an interview to talk about the sexually explicit internet movies that you watch and your offline sexual activities. You will be asked to meet the principal investigator in a quiet public setting, such as a study room at a library. If you do not wish

to meet face-to-face, you may request to do the interview via the telephone. The interview will last 1.5-2 hours. As well, you will be asked to fill out a 14 question demographic-based survey about yourself and how you use sexually explicit internet movies. The survey will take about 10 minutes to complete. As the interview will be audio-recorded and transcribed, consenting to audio-recording is a pre-requisite for participation. However, you may request that the audio-recorder be turned off at any point in the conversation. At the end of the interview, you will be asked to provide consent for the principal investigator to use your direct quotations from the interview. This consent is voluntary, and you are not required to provide permission for the principal investigator to use your direct quotations. Should you give permission, all personally identifying information will be removed from the quotation, and you will not be identified. You will also be provided with an opportunity to request that the specific information you disclosed not be quoted directly. You may request a copy of the results of the study. It is optional for you to give your consent for the principal investigator to contact you for feedback about the findings of the study.

POSSIBLE RISKS AND DISCOMFORTS

It is possible that you may become emotionally or psychologically upset as a result of participating in this study. Talking about sexually explicit internet materials, sexual activity, and sexual health may be uncomfortable. You do not have to answer any questions. Prior to starting the interview, you will be provided with a small card that lists sexual health and support services in the area. Should you need additional support after the interview, you may wish to access these services. If at any time you feel upset and would like to take a break, please inform the interviewer. If at any time you wish to end your participation in the interview, please inform the interviewer. There is no pressure to continue your participation in the interview, and you can feel free to exit the study at any time and request that your contributions be removed from the study.

POSSIBLE BENEFITS

It is unlikely that you will directly benefit from the study. You may experience a positive outcome from having a non-judgmental and safe space to discuss your sexual health. Your participation may benefit others as the information you provide may help to create new knowledge about young adult sexual health in relation to sexually explicit internet movies. This knowledge may help health professionals develop more effective health services and programs.

COMPENSATION

To demonstrate that your time is appreciated, you will receive a \$15 honorarium for participating in the study. If you choose to discontinue your participation during the

interview, you will still receive the full honorarium. You will be asked to sign a receipt indicating that you have received the honorarium.

CONFIDENTIALITY AND ANONYMITY

While full anonymity in this study is not possible, measures will be taken to ensure your confidentiality. All information you share with the principal investigator will only be discussed with her supervisor and committee members. All information will be stored in a locked place and in an encrypted USB. All materials will be stored for a period of 5 years after publication, at which time they will be destroyed. Materials that contain your name, such as this consent form, will be kept separate from the transcripts so that they can never be used to identify you. The principal investigator will maintain confidentiality unless you discuss any current abuse of a child or adult in need of protection. As a researcher, the principal investigator will be obligated to pass this information on to proper authorities.

QUESTIONS

If you have any questions about this study, its purpose or procedures, please contact the principal investigator, Kathleen Hare, at (902) 449-7700, or via email at khare@dal.ca. You may also contact the research supervisor, Dr. Jacqueline Gahagan at (902) 494-1155, or via email at Jacqueline.Gahagan@dal.ca.

PROBLEMS OR CONCERNS

If you have concerns about any aspect of this study or your involvement, you may contact Catherine Connors, Director of the Dalhousie University's Office of Human Research Ethics Administration at (902) 494-1462, or via email at Catherine.Connors@dal.ca. Collect calls are always accepted.

Signature Page for Consent Form: Researcher Copy

Past Penthouse Pornography: A Study of Sexual Health and Youth's Consumption of Sexually Explicit Internet Movies

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However, **I realize that my participation is voluntary and I am free to withdraw from the study at any time.**

Participant Name: _____
Participant Signature: _____ Date: _____

Interviewer Name: _____
Interviewer Signature: _____ Date: _____

- I would like to receive a copy of the results of this study.
- I consent to be contacted by the principal investigator to review key concepts from my interview and to provide feedback.

Consent obtained by: _____

Signature: _____ Date: _____

Please provide a mailing address or email address in the space below if you would like to receive a copy of the study results.

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Consent Form**

PRINCIPAL INVESTIGATOR:

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It is unlikely that you will directly benefit from the study. You may experience a positive outcome from having a non-judgmental and safe space to discuss your sexual health. Your participation may benefit others as the information you provide may help to create new knowledge about young adult sexual health in relation to sexually explicit internet movies. This knowledge may help health professionals develop more effective health services and programs.

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Signature: _____ Date: _____

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APPENDIX D: Consent Form for Focus Groups

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Consumption of Sexually Explicit Internet Movies
Consent Form**

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- identify as heterosexual.

WHO WILL BE CONDUCTING THE RESEARCH

Kathleen Hare is the principal investigator for this study. Dr. Jacqueline Gahagan, a professor at the School of Health and Human Performance at Dalhousie University, will oversee the research activities. A thesis committee, which consists of Dr. Lois Jackson and Dr. Audrey Steenbeek, will guide the research process. The principal investigator will conduct the interviews, analyze the data, and write the research reports (including a dissertation). The research supervisor will oversee all of the activities and provide guidance.

WHAT YOU WILL BE ASKED TO DO

If you choose to participate in this study, you will be asked to meet face-to-face with the principal investigator in a focus group (i.e., a research setting in which small groups of people discuss a specific topic) in a public location, such as a study room in a library. The focus group will last 1.5-2 hours. As well, you will be asked to fill out a 14 question demographic-based survey about yourself and how you use sexually explicit internet movies. The survey will take about 10 minutes to complete. As the focus group will be audio-

recorded and transcribed, it is a pre-requisite for participation that you consent to audio-recording and allow the principal investigator to use direct quotations from the focus group. Should you participate in the study, all personally identifying information will be removed from the quotations, and you will not be identified. If you ask that the audio-recorder be turned off for a specific comment during the conversation, the principal investigator will agree to turn off the audio-recorder for that specific comment. Hand written notes will still be taken. After that comment, the audio-recorder will be turned back. If you no longer wish to be audio-recorded for the rest of the focus group, there is no pressure to continue and you can leave the study. You may request a copy of the results of the study. It is optional for you to give your consent for the principal investigator to contact you for feedback about the findings of the study.

POSSIBLE RISKS AND DISCOMFORTS

It is possible that you may become emotionally or psychologically upset as a result of participating in this study. Talking about sexually explicit internet materials, sexual activity, and sexual health may be uncomfortable. You do not have to answer any questions. Prior to starting the focus group, you will be provided with a small card that lists sexual health and support services in the area. Should you need additional support after the focus group, you may wish to access these services. If at any time you feel upset and would like to take a break, please inform the interviewer. If at any time you wish to end your participation in the focus group, please inform the interviewer. There is no pressure to continue your participation in the group, and you can feel free to exit the study at any time.

POSSIBLE BENEFITS

It is unlikely that you will directly benefit from the study. You may experience a positive outcome from having a non-judgmental and safe space to discuss your sexual health. Your participation may benefit others as the information you provide may help to create new knowledge about young adult sexual health in relation to sexually explicit internet movies. This knowledge may help health professionals develop more effective health services and programs.

COMPENSATION

To demonstrate that your time is appreciated, you will receive a \$15 honorarium for participating in the study. If you choose to discontinue your participation during the focus group, you will still receive the full honorarium. You will be asked to sign a receipt indicating that you have received the honorarium.

CONFIDENTIALITY AND ANONYMITY

While full anonymity in this study is not possible, measures will be taken to maintain your confidentiality to the highest level possible, given the setting. You will be asked not to reveal

your name to the other focus group participants. All members of the focus group will be required to sign a confidentiality agreement stating that they will not disclose the identities or personal information of anyone present in the focus group. However, the principal investigator cannot guarantee that any participant will fulfill this agreement. All information you share with the principal investigator will only be discussed with her supervisor and committee members. All information will be stored in a locked place and on an encrypted USB. All materials will be stored for a period of 5 years after publication, at which time they will be destroyed. Materials that contain your name, such as this consent form, will be kept separate from the transcripts so that they can never be used to identify you. The principal investigator will maintain confidentiality unless you discuss any current abuse or exploitation of a child or adult in need of protection. As a researcher, the principal investigator will be obligated to pass this information on to proper authorities.

QUESTIONS

If you have any questions about this study, its purpose or procedures, please contact the principal investigator, Kathleen Hare, at (902) 449-7700, or via email at khare@dal.ca. You may also contact the research supervisor, Dr. Jacqueline Gahagan at (902) 494- 1155, or via email at Jacqueline.Gahagan@dal.ca.

PROBLEMS OR CONCERNS

If you have concerns about any aspect of this study or your involvement, you may contact Catherine Connors, Director of the Dalhousie University's Office of Human Research Ethics Administration at (902) 494-1462, or via email at Catherine.Connors@dal.ca. Collect calls are always accepted.

Signature Page for Consent Form: Researcher Copy

Past Penthouse Pornography: A Study of Sexual Health and Youth's Consumption of Sexually Explicit Internet Movies

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However, **I realize that my participation is voluntary and I am free to withdraw from the study at any time.**

Participant Name: _____
Participant Signature: _____ Date: _____

Interviewer Name: _____
Interviewer Signature: _____ Date: _____

- I would like to receive a copy of the results of this study.
- I consent to be contacted by the researcher to review key concepts from my interview and to provide feedback.

Consent obtained by: _____

Signature: _____ Date: _____

Please provide a mailing address or email address in the space below if you would like to receive a copy of the study results.

**Past Penthouse Pornography: A Study of Sexual Health and Youth's
Consumption of Sexually Explicit Internet Movies
Consent Form**

PRINCIPAL INVESTIGATOR:

Kathleen Hare, DCS, BA, MA (candidate)
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Dalhousie University
6230 South Street
Halifax, NS B3H 3J5
Canada

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RESEARCH SUPERVISOR:

Dr. Jacqueline Gahagan, Professor
School of Health and Human Performance
Dalhousie University
6230 South Street
Halifax NS B3H 3J5
Canada

PH: (902) 494-7809
Fax: (902) 494-5120



INTRODUCTION

You are invited to take part in a study being conducted by Ms. Kathleen Hare, a Master's student in the School of Health and Human Performance at Dalhousie University. Dr. Jacqueline Gahagan, a professor in the School of Health and Human Performance, is supervising the research. Your participation in the study is entirely voluntary and you may withdraw from the study at any time. You are being asked to take part in a focus group and to fill out a brief survey. The study is described below and the information is provided about the potential risks and discomforts that you might experience. The principal investigator will keep one copy of this form, and you will keep a second a copy of this consent form for your records. You should discuss any questions or concerns that you have with Kathleen Hare, who is the principal investigator.

PURPOSE OF THE STUDY

The purpose of the proposed study is to learn more about the potential influences of sexually explicit internet movies on young adult sexual health. For this study, sexually explicit internet movies are understood to be movies that are found on the internet that depict sexually activity in obvious, unconcealed ways.

WHO CAN PARTICIPATE IN THIS STUDY

The study seeks 15 participants who:

- have lived in Halifax, Nova Scotia for a period of at least 1 year
- are between the ages of 19-29,
- have watched sexually explicit internet videos for a period of at least 1 year, and
- identify as heterosexual.

WHO WILL BE CONDUCTING THE RESEARCH

Kathleen Hare is the principal investigator for this study. Dr. Jacqueline Gahagan, a professor at the School of Health and Human Performance at Dalhousie University, will oversee the research activities. A thesis committee, which consists of Dr. Lois Jackson and Dr. Audrey Steenbeek, will guide the research process. The principal investigator will conduct the interviews, analyze the data, and write the research reports (including a dissertation). The research supervisor will oversee all of the activities and provide guidance.

WHAT YOU WILL BE ASKED TO DO

If you choose to participate in this study, you will be asked to meet face-to-face with the principal investigator in a focus group (i.e., a research setting in which small groups of people discuss a specific topic) in a public location, such as a study room in a library. The focus group will last 1.5-2 hours. As well, you will be asked to fill out a 14 question demographic-based survey about yourself and how you use sexually explicit internet movies.

The survey will take about 10 minutes to complete. As the focus group will be audio-recorded and transcribed, it is a pre-requisite for participation that you consent to audio-recording and allow the principal investigator to use direct quotations from the focus group. Should you participate in the study, all personally identifying information will be removed from the quotations, and you will not be identified. If you ask that the audio-recorder be turned off for a specific comment during the conversation, the principal investigator will agree to turn off the audio-recorder for that specific comment. Hand written notes will still be taken. After that comment, the audio-recorder will be turned back. If you no longer wish to be audio-recorded for the rest of the focus group, there is no pressure to continue and you can leave the study. You may request a copy of the results of the study. It is optional for you to give your consent for the principal investigator to contact you for feedback about the findings of the study.

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POSSIBLE BENEFITS

It is unlikely that you will directly benefit from the study. You may experience a positive outcome from having a non-judgmental and safe space to discuss your sexual health. Your participation may benefit others as the information you provide may help to create new knowledge about young adult sexual health in relation to sexually explicit internet movies. This knowledge may help health professionals develop more effective health services and programs.

COMPENSATION

To demonstrate that your time is appreciated, you will receive a \$15 honorarium for participating in the study. If you choose to discontinue your participation during the focus group, you will still receive the full honorarium. You will be asked to sign a receipt indicating that you have received the honorarium.

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While full anonymity in this study is not possible, measures will be taken to maintain your confidentiality to the highest level possible, given the setting. You will be asked not to reveal your name to the other focus group participants. All members of the focus group will be required to sign a confidentiality agreement stating that they will not disclose the identities or personal information of anyone present in the focus group. However, the principal investigator cannot guarantee that any participant will fulfill this agreement. All information you share with the principal investigator will only be discussed with her supervisor and committee members. All information will be stored in a locked place and on an encrypted USB. All materials will be stored for a period of 5 years after publication, at which time they will be destroyed. Materials that contain your name, such as this consent form, will be kept separate from the transcripts so that they can never be used to identify you. The principal investigator will maintain confidentiality unless you discuss any current abuse or exploitation of a child or adult in need of protection. As a researcher, the principal investigator will be obligated to pass this information on to proper authorities.

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If you have any questions about this study, its purpose or procedures, please contact the principal investigator, Kathleen Hare, at (902) 449-7700, or via email at khare@dal.ca. You may also contact the research supervisor, Dr. Jacqueline Gahagan at (902) 494- 1155, or via email at Jacqueline.Gahagan@dal.ca.

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Signature Page for Consent Form: Participant Copy

Past Penthouse Pornography: A Study of Sexual Health and Youth's Consumption of Sexually Explicit Internet Movies

I have read the explanation about this study. I have been given the opportunity to discuss it and my questions have been answered to my satisfaction. I hereby consent to take part in this study. However, **I realize that my participation is voluntary and I am free to withdraw from the study at any time.**

Participant Name: _____

Participant Signature: _____ Date: _____

Interviewer Name: _____

Interviewer Signature: _____ Date: _____

- I would like to receive a copy of the results of this study.
- I consent to be contacted by the researcher to review key concepts from my interview and to provide feedback.

Consent obtained by: _____

Signature: _____ Date: _____

Please provide a mailing address or email address in the space below if you would like to receive a copy of the study results.

APPENDIX E: Resource List

Resource List for Halifax

Avalon Sexual Assault Centre

1526 Dresden Row
902-422-4240, after hours 902-425-0122

Dalhousie Counselling Services Centre

Student Union Building
6136 University Avenue
902-494-2081
<http://counsellingservices.dal.ca/>

Halifax Sexual Health Centre

6009 Quinpool Rd., Suite 201
902-455-9656
info@halifaxsexualhealth.ca

North End Community Health Centre

2165 Gottingen St.
902-420-0303
northend@nehc.com
www.nehc.com

The Youth Project

2281 Brunswick St.
902-422-3105
youthproject@youthproject.ns.ca

APPENDIX F: Focus Group/Interview Guide

Preamble: Introduction

Thank you all for agreeing to participate in this focus group/interview on sexual health. During the session today, there will be a discussion focusing on sexual health and sexually explicit internet movies. Sexually explicit internet movies can be understood as movies that are found on the internet that show sexual activity in obvious, unconcealed ways. By sexual health, I mean having positive feelings about your sexuality, as a whole. Sexuality is often very specific to each person, and so I am interested in learning more about how sexually explicit internet movies impact YOUR sexual health.

This information will help me learn more about what impacts 19-29 year olds' sexual health. It will be useful for both information in academic studies and for guidance for community health services. There are no right or wrong answers, and as the discussion is about sexual health, it is likely that there are going to be many different opinions on the topics. Please feel free to share as much as you would like. *I would like to hear from everyone in the group, so please make sure that you add your perspectives as we talk about each question.

The focus group/interview will consist of 10 questions and will last about 1.5-2 hours. If you ever need me to repeat and rephrase a question, please let me know. As you saw on the consent form, you can choose to not answer any question. As well, you can take a break or can stop participating in the discussion and leave at any time. I am looking forward to hearing what everyone has to say today.

Section 1: Conceptualization of Sexually Explicit Internet Movies

I'd like to start the conversation by getting your thoughts on what are SEIM. I call them sexually explicit internet movies (SEIM) in my study, but a lot of other people call them pornography. You can call them whatever you are most comfortable with during our discussion today.

1) What do you consider to be "SEIM/pornography"? How would you define "SEIM/pornography"?

Probes: Not, Different types

Section 2: Attitudes and Feelings About SEIM

I would like to learn more about your feelings and perceptions of SEIM.

2) How would you describe your feelings towards SEIM, in general?

Probes: Changed, other people

Section 3: Potential Influences of SEIM

Now, I would like to talk about the way you may utilize the content of SEIM.

3) What would you say you have learned from SEIM, if anything?

Probes: is what you learn dependent on the specific content , or do you get a general knowledge from all films?

4) Do you think SEIM influenced how you think about yourself sexually? If so, how? If not, why?

Probes: Confidence, self-expectations, feel about body

5) How, if at all, do you think SEIM has influenced your sexual activities?

Probes:

6) Do you think that the way you interact with your sexual partner(s) has been influenced by SEIM? Please explain your answer.

Probes: Expectations, communication style, gender expectations

7) How, if at all, do you think that SEIM has influenced your general outlook or views on sexuality?

Probes: attitude towards, pressure, presence

8) Do you think that SEIM has influenced your overall well-being, including parts of your life that are not directly sexuality-related? Please discuss.

Probes: Overall quality of life, overall health, non-sexual relationships

Section 4: SEIM and Sexual health

For the last section, we are going to talk about SEIM and the field of sexual health

9) Please discuss whether or not you think that it is necessary to talk about SEIM in a) education in public school or b) at community health centres?

Probes: Age Group, focus of topics

10) What do you think health professionals and educators need to know about SEIM?

Probes: Useful, ways to get people to attend

APPENDIX G: Survey Instrument

This survey is designed to find about more about the participants in the study, and the way that they watch sexually explicit internet movies. The survey is 14 questions long and should take about 10 minutes to complete. All results are anonymous (cannot be linked to you) and will be stored in a secure, confidential location. If you do not feel comfortable answering any of the questions, please leave it blank. Once you are finished, please hand your survey writing side down to the interviewer.

Please write down your answers to the following questions about sexually explicit internet movies (SEIM) on this survey. You can use a pencil or pen.

Part 1: Demographics (8 questions)

- 1) What was your age at your last birthday? _____ years
- 2) What is your sex? _____
- 3) What is your ethnicity? _____
- 4) Currently, what do you identify your sexual orientation/preference to be?

- 5) Currently, who do you feel sexual attraction or desire for?
 - a. Males only
 - b. Females only
 - c. Both males and females
 - d. Neither males or females
 - e. Do not think of sexual attraction in this manner
 - f. Other _____
- 6) Currently, who do you engage in sexual activity with? If you are not currently sexually active, who would you be sexually active with?
 - a. Males only
 - b. Females only
 - c. Both males and females
 - d. Neither males or females
 - e. Do not think of sexual activity in this manner
 - f. Other _____
- 7) What is the highest level of education/school that you have completed?
 - a. Not completed high school
 - b. High school diploma or equivalence
 - c. Some college or university

- d. University bachelor's degree
 - e. Graduate School or professional degree (MA, MD, PhD)
 - f. Trade or Technical Diploma/formal training
- 8) Indicate what best describes your current relationship status.
- a. Not dating or not involved sexually with anyone
 - b. Casually dating or casually involved sexually with 1 or more persons
 - c. Exclusively dating or exclusively involved sexually with someone – less than 1 year
 - d. Exclusively dating or exclusively involved sexually with someone – more than 1 year
 - e. Living together or common-law relationship
 - f. Married
 - g. Open relationship
 - h. Other _____

Part 2: Watching Sexually Explicit Internet Movies (6 Questions)

- 9) Who do you typically watch SEIM with?
- a. Alone
 - b. Partner
 - c. Friends
 - d. Group
 - e. Other _____
- 10) In the past *month*, how often have you watched SEIM?
- a. 0 times
 - b. 1 time
 - c. 2-3 times
 - d. 1 time per week
 - e. 2-5 times per week
 - f. 1 time per day
 - g. 2 or more times per day
 - h. Other _____
- 11) On average, how many **minutes** did you spend watching SEIM **overall** during the **last month**? _____

12) Why do you watch SEIM? Please circle all that apply

- a. Entertainment
- b. Curiosity
- c. Self-arousal activity/Masturbation
- d. Arousal activity with partner
- e. Learn how to perform certain sexual acts
- f. Learn more information about a type of sexual act you are not very familiar with
- g. Inspiration for sexual acts in offline sexual activities
- h. Check to see if a sexual interest/desire is “normal”
- i. Sexual health information
- j. Fulfill fantasy
- k. Other _____

13) What types/categories of SEIM do you typically watch?

14) Do you have any other comments?

Thank-you very much for your participation in this survey. Please hand your completed survey writing side down to the interviewer.

APPENDIX H: Focus Group Confidentiality Form

Focus Group Confidentiality Agreement

I, (please print your full name) _____, hereby agree to keep in confidence the information disclosed during this focus group session. This means that the information heard or observed, as well as the personal identities of the participants, in the focus group will not be disclosed with others.

Signature of Participant

Date

Signature of Interviewer

Date

APPENDIX I: Consent for Quotation Use

Consent for Direct Quotations: Use of Direct Quotations Approval Form

I, (please print full name) _____, hereby confirm that I give permission for the use of direct quotations from my participation in an interview/ focus group conducted as part of the research study: Past Penthouse Pornography: A Study of Sexual Health and Youth’s Consumption of Sexually Explicit Internet Movies.

- I understand that my true name will not be associated or linked to the direct quotations, and that a pseudonym will be used in its place.
- I acknowledge that all personally identifying information, such as names of people or places, will be removed from the transcripts.
- I consent to be directly quoted from this interview and understand that all quotations will be associated with sexually explicit internet movies, sexual behaviour, and sexual health, as deemed necessary by the principal investigator.

By signing, I consent to the use of my direct quotation(s) in any documents, conference presentations, or other materials resulting from this research project.

Signature of Participant

Date

Signature of Interviewer

Date

APPENDIX J: Honorarium Receipt

Receipt of Honorarium

I, (please print your full name) _____, hereby confirm that I have **received** a sum of \$15 from Kathleen Hare for my participation in the research titled: Past Penthouse Pornography: A Study of the Sexual Health and Youth's Consumption of Sexually Explicit Internet Movies.

Signature of Participant

Date

Signature of Interviewer

Date