Boyfriends and Booty Calls: Sexual Partnership Patterns Among Canadian Aboriginal Young People

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ABSTRACT

Objectives: Sexual partnership patterns, forced sex, and condom non-use can contribute to STI risk, but little is known about these patterns among Aboriginal young people despite elevated STI risk in this group. We describe sexual relationship and condom use patterns among Canadian Aboriginal young people, and how these patterns relate to the socio-structural context as experienced by young people.

Methods: We use data from in-depth individual interviews conducted in 2004 with 22 young people who reported ever having sex and who self-identified as Aboriginal in British Columbia, Canada. A thematic analysis is presented.

Results: Young people described a range of partnership patterns, including 'on-off' relationships which could have high rates of partner turnover but could sometimes be viewed as acceptable contexts for pregnancy, precluding condom use. Contextual elements beyond individual control appeared to contribute to these patterns. Migration between geographic locations was linked with risky partnership patterns, especially if it was linked with family instability or substance use problems.

Conclusion: Sexual health interventions for this group must address partnership patterns in addition to promoting condom use. Survey research into 'migration' as a risk factor for STI transmission should consider reasons for migration. Interventions that address both individual level behaviour and the contextual elements that shape behaviour should be developed and tested.

Key words: Aboriginal; condom; STI; HIV; sexual partnership

RÉSUMÉ

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In North America, Aboriginal young people are over-represented in HIV and STI statistics.[1-5] In Canada in 2005, for example, Aboriginal people were 2.8 times more likely to be infected with HIV than other Canadians, and were infected at a younger age.[2,6]

Both individual and contextual factors likely contribute to differences in HIV and STI prevalence. Aboriginal scholars underline the vital role of context in shaping individual behaviour, and point out that failing to consider historical and current inequalities could lead to pathologizing of Aboriginal peoples.[7,8] At the structural level, Aboriginal populations have lower incomes than other Canadians on average,[9] leave school earlier,[10] and have to cope with the legacy of colonialism and the destructive effects of this on family and community relationships.[7,11] At the level of individual sexual behaviour, Aboriginal young men and women are more likely than other Canadian young people to report: first sex at an earlier age, experience of sexual abuse and/or forced sex, higher numbers of lifetime sexual partners, and condom non-use at last sexual intercourse.[12-15]

Although there has been an historical emphasis on condom promotion for young people as a main method of STI prevention, more recent thought has emphasized the need for a shift to other strategies such as partner reduction.[16] However, virtually nothing is known about

young Aboriginal people's experience of sexual relationships and sexual behaviour patterns that are important for STI transmission, such as partner concurrency, rates of partner change, and broader patterns of condom use or non-use. The first qualitative studies exploring HIV-related topics among Canadian Aboriginal young people have appeared only recently, and focus on perceptions and experience of HIV and STI testing and perception of vulnerability to HIV,[17,18] and on young people who use heroin or cocaine in selected cities.[19] In the USA, one study describes early sex and HIV risk perception, alcohol use and teenage pregnancy among Northern Plains young people.[20] There is a clear need for further primary qualitative research among Aboriginal young people.

We present data drawn from a larger qualitative study of sexual health and condom use among Aboriginal young people in British Columbia, Canada.[21,22] The aim of this paper is to outline the types of sexual partnerships described by young people and condom use patterns within those.

METHODS

In 2004-2005, individual, lightly structured in-depth interviews[23] were conducted with 30 young men and women, aged 15-19, who self-identified as Aboriginal. This analysis focuses on the accounts of the 22 young people who reported ever having sex.

Community participation and ethical approval

Prior to starting this project, various Aboriginal community members were approached in one rural area and one low-income urban area to discuss community interest in participating in research on sexual health. In the urban setting, there was no body available to grant formal community ethical approval for the project, so community participation was taken as same. In the rural setting, the Tribal Council had instituted a formal ethical review process, via which we were granted official community ethical approval.

Institutional ethical approval was granted from the University of British Columbia Institutional Review Board and the London School of Hygiene and Tropical Medicine Ethical Review Committee.

Procedure

Young people were purposively sampled to include males and females, and urban and rural residents. In the urban setting, young people were recruited from an after-school drop-in centre and a pool tournament, both for Aboriginal young people. Because they were recruited from this area, the young people in the urban setting interviewed likely represent a subset of Aboriginal young people at increased risk. In the rural setting, young people were recruited via word of mouth and the local on-reserve internet café/health centre. In each setting, the interviewer (KD) verbally outlined the study and invited participants to read and sign a consent form, guaranteeing anonymity. Parental consent was not required. Participants were reimbursed CAD $20 for their time. Interviews were conducted in private offices and lasted from about 0.5 to 1.5 hours.

Interview content

The purpose of the interview was explained as "seeking young peoples' views on sexual health and condom use to make better sex education programs". Discussions began with introductions and questions about the sex education participants had been exposed to in school, and its relevance. At this point, as rapport was established, participants generally began to discuss their personal relationships and sexual experiences. Participants were asked about condom use and non-use experiences and the context of these encounters; many spoke at length about other aspects of sexual health and other important events in their lives that impacted directly or indirectly their sexual relationships.

Analysis

Interviews were tape-recorded and transcribed by KD. QSR NUDIST software[24] was used to organize data. Transcripts were read and re-read, and initially coded thematically by both authors using a coding framework developed based on the first seven interviews. Various qualitative techniques, including constant comparison and searching for deviant cases,[25,26] were used to develop and refine themes. Themes related to relationship types and experiences

are presented here. Initially, relationship types were coded as 'serious' and 'one-night stands'; during the coding process, labels were refined to reflect the notion of 'on-off' relationships as it emerged from our data.[25] Quotes are presented to illustrate our findings.

RESULTS

Participants' characteristics are described in Table 1. Both male and female participants described three types of sexual partnerships, which varied along dimensions of 'seriousness', duration and frequency of contact. Participants also described concurrent partnerships and forced/coerced sex. Condom use behaviour seemed largely dependent on the type of partnership, rather than on the individual.

There were three common types of partnerships: serious, on-off (including 'booty calls'), and one-night stands:

P: Ah, some of them were just like booty calls, some of them were one-night stands, and some of them were just like the boyfriends. [I: Right] And yeah. [I: And so like booty call you mean like someone you call occasionally and …] They're like you wanna come meet up and they just go get laid. And then that's it. (Urban female)

Serious partnerships

Partnerships were considered serious if there was an emotional connection, but this was somewhat independent of duration and frequency of contact. Several participants described serious partnerships where they spent large amounts of time with their partners, were 'in love' and expected a future together. Many, but not all, of these partnerships were long-term in duration. Pregnancy was sometimes desired or not actively avoided, and was considered 'not so bad' if it occurred in this type of relationship:

P: Ya, I don't know, um. [brother's girlfriend] was with my brother for like 2, 3 years now, so, I guess she was ready to have his kid I guess. (Urban female)

Condom use was not common, and some participants in this type of relationship reported discussions of fertility control with their partners that involved decisions to cease condom use. No young people reported an active decision to become pregnant, but for some young people it appeared that agreeing to end condom use was effectively agreeing to the possibility of pregnancy.

On-off partnerships and 'booty calls'

Participants described serially monogamous partnerships with sometimes rapid turnover of partners. Young men and women would have partnerships lasting a few weeks or months in duration, then a casual encounter or another shorter-term sexual partnership with someone else, and then return to their previous partner. These were 'on-off' partnerships, which were slightly more 'serious', and 'booty calls', which were primarily about sex. Sometimes on-off partnerships could last for long periods and were, or had been, considered 'serious' by one or more of the partners, especially if there had been a period of 'seriousness' earlier on. These types of partnerships featured prominently in young people's accounts. There was no clear pattern of condom use in this category of partnerships, but it appears that condom use may be less likely in those partnerships that are considered emotionally serious, even if they were relatively short in duration and had periods of partner change.

Some young men, from the rural setting in particular, described a narrow range of available partners at home, and often travelled independently to neighbouring reserves looking to 'get drunk and get laid'. This type of 'migration' tended to be shorter term, and involved stays of days or weeks relatively close to home. Visits to relatives, which formed part of normal extended family activity, also fell into this shorter duration category. However, young people also reported another type of migration – they could be sent away to live with relatives for months or years because of family instability, lack of a suitable caregiver, and/or substance use or behavioural problems at home. Young people reported developing relationships with new people they met while staying with relatives, and continuing relationships at home:

P: I was staying with my auntie, for a couple of months, [I: oh I see, and that's when you hooked up with this girl,] P: Yep. [I: So did you know her before you hooked up at the basketball game, is that when you first met?] We first met at a, ya at a basketball game. Played ball a lot, that was it. (Rural male)

It emerged in our sample that this latter form of migration was also a marker of risk behaviour and family instability, which in themselves contribute to HIV risk. At the structural level, it was clear that migration played a role in the development of on-off relationships, partly because travel between locations afforded more potential sexual partners.

One-night stands

Both young men and women engaged in 'one-night stands', or casual sexual encounters outside of any ongoing partnerships:

P: …we didn't talk about it, I just went down her pants, and she took them off, and it was like ok whatever, and I took mine off, and we started, and then it was like, holy shit, we've been together for like two hours… (Rural male)

This type of partnership was described more often by younger participants in rural and urban samples, and most young people reported condom use in this type of partnership.

Concurrency

Concurrent partnering was perceived as common by both male and female young people. Concurrency was only viewed as 'cheating' when it occurred in the context of a 'serious' relationship:

P: She like had herself a boyfriend, and her boyfriend was one of my best friends, and she was like 'hey let's go in my room'… (Rural male)

Partner change in on-off relationships was not considered cheating. Young people did not report on condom use with concurrent partners, but based on descriptions of 'on-off' partnerships, it seems improbable that condoms were used with concurrent partners who were also considered 'serious'.

Force and coercion

Several participants disclosed non-consensual sexual experiences.[21] Only female participants described physically forced sex:

P: Ya. And we just went to have sex, his pants were already down, and I don't know, just kind got more intense I guess, and he started taking off his clothes, and I wasn't sure about what we were doing or anything like that. I remember it hurt like a few times. (Rural female)

There was no clear pattern of condom use in physically forced sexual encounters. Both young men and women described experiences of coercive condom non-use discussions, generally where the female partner was exerting pressure.

DISCUSSION

Our research indicates that 'on-off' relationship patterns exist among some Aboriginal young people. These partnerships can be considered 'serious' and thus acceptable contexts for pregnancy, can have low levels of condom use and high rates of partner turnover. Migration could potentially play a key role in shaping this partnership pattern.

Sexual partnerships in other populations

The pattern of 'on-off' relationships does not appear to be well documented in other groups of adolescents. Bauman and Berman's research with New York young people[27] indicated three relationship categories: 'hubby-wifey' – analogous to 'serious' relationships here, and 'messing' – analogous to casual relationships here, but their middle category of 'boyfriend-girlfriend' was not as apparent in our sample, and conversely, they did not describe the on-off relationships that we observed. As in other groups, condom use patterns are also dependent on the degree of emotional commitment to partners.[28] Sexual coercion and forced sex were also evident in our sample, as in other groups of young people, although young men's experiences are not often described.[29] In short, it appears that there may be some variation in partnership types across populations.

Shaping of sexual partnership patterns

In non-Aboriginal populations in Canada, labour-related migration has been associated with increased STI risk.[30] Concerns about migration contributing to a potential quick spread of HIV/AIDS into reserve communities have been previously reported,[5,31,32] but this has mainly been in reference to adults migrating on and off reserve looking for work/sexual partners

in urban centres. We found that migration between communities is also salient for young people, especially for those who reported that other difficulties had 'caused' migration. Although perhaps necessary to ensure a safer family environment, this provided already at-risk young people with multiple available sexual networks, thus exacerbating risk among this group.

In the context of historical (and ongoing) institutional relationships characterized by forced family separation, abuse and violence,[11] it is not surprising that some participants described disrupted family patterns. Relationships with parents or other primary caregivers define love and emotional investment for young children, and it is possible to speculate how young people without experience of long-term emotional commitment from a caregiver may come to define relationships as 'serious' and emotionally engaging when they are several weeks in duration, or are punctuated by intervals of separation. Among Aboriginal young people in British Columbia, 'family connectedness' is strongly associated with having only one sexual partner and condom use,[13] as found in other populations.[33,34]

Limitations

We have provided unique qualitative data on Aboriginal young people's sexual partnership patterns and the broader context in which these occur; however, interviewer-participant interactions shape information given in interviews and how it is interpreted. KD is a Caucasian female, and at the time of the interviews, was 25 years old. Most young people appear to relate to the interviewer as same-age peer but a cultural outsider, and several took the opportunity to educate her about their culture. Our results are consistent with quantitative studies exploring important determinants of sexual health,[12,13] however further qualitative work with Aboriginal interviewers, male interviewers, and those of different ages would be useful to gain different perspectives and triangulate results. Finally, this analysis focuses on one thematic area from a larger study, and is exploratory in nature. Although we reached theoretical saturation with respect to the aims of our larger study, additional qualitative work on the themes presented in this paper would be useful to further explore variation related to partnership patterns.

Implications

Interventions that focus on partnership patterns could be key for reducing STI risk among Aboriginal young people. Particularly since serious relationships can be acceptable contexts for pregnancy, condom use interventions are unlikely to be fully adopted because condom use precludes pregnancy.[22]

There is an urgent need to explore the relationship between contextual elements, such as migration or community violence, and individual-level experiences of violence and coercion between adolescents. Quantitative work has shown high levels of sexual abuse and unwanted/forced sex among Aboriginal young people relative to the general population,[15] strong links with sexual risk behaviour, pregnancy and STI outcomes.[12,13] Based on these data and our previous work,[12,13] it seems that this is likely to be a highly important pathway to sexual risk for Aboriginal young people.

More nuanced measures of migration are needed for survey research. Spending time away from home because of family, substance use or other difficulties appears to be linked with a different pattern of outcomes, distinct from 'migration' simply to spend time with relatives.

CONCLUSIONS

For Aboriginal young people, on-off relationship patterns could be contributing substantially to elevated STI rates. Migration due to circumstances beyond individual control, such as family instability and substance use problems, appears to contribute to these sexual behaviour patterns. Sexual health interventions that focus on the structural elements that shape the development of sexual behaviour, as well as those that address sexual partnership patterns, are needed for this population.

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Table 1. Participant Characteristics (n=30)

Characteristic	N or mean*	%
Average Age, years	17*	–
Female	15	50%
Urban	19	63%
Ever had sex	22	73%
Ever been pregnant/caused pregnancy	6	20%
Attending school	18	60%

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Short title: Sexual partnerships in Aboriginal young people

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Abstract

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Conclusion
Sexual health interventions for this group must address partnership patterns in addition to promoting condom use. Survey research into 'migration' as a risk factor for STI transmission should consider reasons *for* migration. Interventions and address both individual level behaviour and the contextual elements that shape behaviour should be developed and tested.

Words:210

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BACKGROUND

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Participants described serially monogamous partnerships with sometimes rapid turnover of partners. Young men and women would have partnerships lasting a few weeks or months in duration, then a casual encounter or another shorter-term sexual partnership with someone else, and then return to their previous partner. These were 'on-off' partnerships, which were slightly more 'serious', and 'booty calls', which were primarily about sex. Sometimes on-off partnerships could last for long periods and were, or had been, considered 'serious' by one or more of the partners, especially if there had been a period of 'seriousness' earlier on. These types of partnerships featured prominently in young people's accounts. There was no clear pattern of condom use in this category of partnerships, but it appears that condom use may be

less likely in those partnerships which are considered emotionally serious, even if they were relatively short in duration and had periods of partner change.

Some young men, from the rural setting in particular, described a narrow range of available partners at home, and often travelled independently to neighbouring reserves looking to 'get drunk and get laid'. This type of 'migration' tended to be shorter term, and involved stays of days or weeks relatively close to home. Visits to relatives, which formed part of normal extended family activity, also fell into this shorter duration category. However, young people also reported another type of migration—they could be sent away to live with relatives for months or years because of family instability, lack of a suitable caregiver, and/or substance use or behavioural problems at home. Young people reported developing relationships with new people they met while staying with relatives, and continuing relationships at home:

P: I was staying with my auntie, for a couple of months, [I: oh I see, and that's when you hooked up with this girl.] P: Yep. [I: So did you know her before you hooked up at the basketball game, is that when you first met?] We first met at a, ya at a basketball game. Played ball a lot, that was it. (Rural male)

It emerged in our sample that this latter form of migration was also a marker of risk behaviour and family instability, which in themselves contribute to HIV risk. At the structural level, it was clear that migration played a role in the development of on-off relationships, partly because travel between locations afforded more potential sexual partners.

One-night stands

Both young men and women engaged in 'one night stands', or casual sexual encounters outside of any ongoing partnerships:

P: ...we didn't talk about it, I just went down her pants, and she took them off, and it was like ok whatever, and I took mine off, and we started, and then it was like, holy shit, we've been together for like two hours... (Rural male)

This type of partnership was described more often by younger participants in rural and urban samples, and most young people reported condom use in this type of partnership.

Concurrency

Concurrent partnering was perceived as common by both male and female young people. Concurrency was only viewed as 'cheating' when it occurred in the context of a 'serious' relationship:

P: "she like had herself a boyfriend, and her boyfriend was one of my best friends, and she was like 'hey let's go in my room'..." (Rural male)

Partner change in on-off relationships was not considered cheating. Young people did not report on condom use with concurrent partners, but based on descriptions of 'on-off' partnerships, it seems improbable that condoms were used with concurrent partners who were also considered 'serious'.

Force and coercion

Several participants disclosed non-consensual sexual experiences[27]. Only female participants described physically forced sex:

P: Ya.. And we just went to have sex, his pants were already down, and I don't know, just kind got more intense I guess; and he started taking off his clothes, and I wasn't sure about what we were doing or anything like that. I remember it hurt like a few times. (Rural female).

There was no clear pattern of condom use in physically forced sexual encounters. Both young men and women described experiences of coercive condom non-use discussions, generally where the female partner was exerting pressure.

DISCUSSION

Our research indicates that 'on-off' relationship patterns exist among some Aboriginal young people. These partnerships can be considered 'serious' and thus acceptable contexts for pregnancy, can have low levels of condom use, and high rates of partner turnover. Migration could potentially play a key role in shaping this partnership pattern.

Sexual partnerships in other populations

The pattern of 'on-off' relationships does not appear to be well-documented in other groups of adolescents. Bauman and Berman's research with New York young people[28] indicated three relationship categories: 'hubby-wifey'—analogous to 'serious' relationships here, and 'messing'—analogous to casual relationships here, but their middle category of 'boyfriend-girlfriend' was not as apparent in our sample, and conversely, they did not describe the on-off relationships ~~which~~ that we observed. ~~Similar to~~ As in other groups, condom use patterns are also dependent on the degree of emotional commitment to partners[29]. Sexual coercion and forced sex were also evident in our sample, as in other groups of young people, although young men's experiences are not often described[30]. In short, it appears that there may be some variation in partnership types across populations.

Shaping of sexual partnership patterns

In non-Aboriginal populations in Canada, labour-related migration has been associated with increased STI risk[31]. Concerns about migration contributing to a potential quick spread of HIV/AIDS into reserve communities have been previously reported[5,32,33], but this has mainly been in reference to adults migrating on and off reserve looking for work/sexual partners in urban centres. We found that migration between communities is also salient for young people, especially for those who reported that other difficulties had 'caused' migration. Although perhaps necessary to ensure a safer family environment, this provided already at-risk young people with multiple available sexual networks, thus exacerbating risk among this group.

In the context of historical (and ongoing) institutional relationships characterised by forced family separation, abuse and violence[11,34], it is not surprising that some participants described disrupted family patterns. Relationships with parents or other primary caregivers define love and emotional investment for young children, and it is possible to speculate how young people without experience of long-term emotional commitment from a caregiver may come to define relationships as 'serious' and emotionally engaging when they are several weeks in duration, or are punctuated by intervals of separation. Among Aboriginal young people in British Columbia, 'family connectedness' is strongly associated with having only one sexual partner and condom use[13], ~~similar to~~ as found in other populations[35,36].

Limitations

We have provided unique qualitative data on Aboriginal young people's sexual partnership patterns and the broader context in which these occur; however, interviewer-participant interactions shape information given in interviews and how it is interpreted. KD is a Caucasian female, and at the time of the interviews, was 25 years old. Most young people appear to relate to the interviewer as same-age peer but a cultural outsider, and several took the opportunity to educate her about their culture. Our results are consistent with quantitative studies exploring important determinants of sexual health[12,13], however further qualitative work with Aboriginal interviewers, male interviewers, and those of different ages would be useful to gain different perspectives and triangulate results. Finally, this analysis focuses on one thematic area from a larger study, and is exploratory in nature. Although we reached theoretical saturation with respect to the aims of our larger study, additional qualitative work on the themes presented in this paper would be useful to further explore variation related to partnership patterns.

Implications

Interventions ~~which~~ that focus on partnership patterns could be key for reducing STI risk among Aboriginal young people. Particularly since serious relationships can be acceptable contexts for pregnancy, condom use interventions are unlikely to be fully adopted because condom use precludes pregnancy[22].

There is an urgent need to explore the relationship between contextual elements, such as migration or community violence, and individual-level experiences of violence and coercion between adolescents. Quantitative work has shown high levels of sexual abuse and unwanted/forced sex among Aboriginal young people relative to the general population[15], strong links with sexual risk behaviour, pregnancy and STI outcomes[12,13]. Based on ~~this~~ these data and our previous work[12,13], it seems that this is likely to be a highly important pathway to sexual risk for Aboriginal young people.

More nuanced measures of migration are needed for survey research. Spending time away from home because of family, substance use or other difficulties appears to be linked with a different pattern of outcomes, distinct from 'migration' simply to spend time with relatives.

Conclusions

For Aboriginal young people, on-off relationship patterns could be contributing substantially to elevated STI rates. Migration due to circumstances beyond individual control, such as family instability and substance use problems, appears to contribute to ~~this~~ these sexual behaviour patterns. Sexual health interventions ~~which~~ that focus on the structural elements that shape the development of sexual behaviour, as well as those ~~which~~ that address sexual partnership patterns; are needed for this population.

Word count for main text: 2693 (including headings)

Table 1. Participant Characteristics (n=30)

Characteristic	N or mean*	%
Average Age, years	17*	--
Female	15	50%
Urban	19	63%
Ever had sex	22	73%
Ever been pregnant/caused pregnancy	6	20%
Attending school	18	60%

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AUTHOR - Provide up to 6 names, plus et al. + for any >6 (refs. 5, 6, 10, 13, 15-18, 20, 32, 35, 36)

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