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## **A systematic review and qualitative synthesis of adolescents' views of sexual readiness**

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## **RUNNING HEAD: Adolescents' Views on Sexual Readiness**

### **A systematic review of adolescents' views on sexual readiness: a thematic synthesis of qualitative research**

#### **Abstract**

**Aim:** To synthesise the qualitative evidence investigating adolescents' views on heterosexual readiness.

**Background:** Adolescents' understandings of sexual readiness are often missing in research and debates on sexual health and related concepts like sexual consent. Research to date has predominantly focussed upon age and socio-cultural predictors of sexual debut, thus failing to explain how adolescents themselves conceptualise their readiness for heterosexual relations.

**Design:** A systematic review and thematic synthesis of qualitative evidence.

**Data Sources:** CINAHL, Psychinfo, PubMed, Web of science were searched, 1985-Feb 2016.

**Review Methods:** Critical Appraisal Skills Programme checklist was used to assess methodological quality. Concepts were analysed thematically, focusing on commonalities and variations within the data from included studies on adolescents' perspectives of their readiness for sex.

**Results:** Sixteen studies were included. Themes identified were: Social Learning, Relationships, and Implications for Health Education.

**Conclusions:** Adolescents may not view initiating sex as problematic, focusing instead on the rewards sex brings and less on health concerns. Adolescents tend to reproduce dominant gender norms of masculinity and femininity in communication about sexual decision-making, which are sometimes influenced by social scripts of career aspirations and ethnic identity.

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Age was also significant in adolescents' accounts. Thirteen to fifteen years may be a critical period when gender equality becomes embedded and thus an opportunity to inform their understandings of gender equality and sexual rights. Further research exploring adolescents' understandings of sexual readiness is required. We recommend a rights-based approach to support the inclusion of adolescent voices to inform contextually relevant sexual health promotion strategies.

**Keywords:** adolescent sexual health nursing; sexual readiness; literature review; thematic synthesis

### **SUMMARY STATEMENT**

#### **Why is this research or review needed?**

- Globally, adolescents are considered a high risk group for acquiring sexually transmitted infections, yet their perspectives are largely missing in discussions about sexuality and the design of sexual health strategies.
- Previous research has focussed more upon the predictors of sexual debut in adolescents and less on their subjective understandings, and how these may influence sexual decision-making and sexual behaviours.
- Little is known about how adolescents themselves negotiate their sexual desire and sexual boundaries, or their self-perceptions of exploitation in their intimate relationships.

#### **What are the key findings?**

- The review found that adolescents may not view initiating sex as problematic, focusing instead on the rewards they perceive sex brings and less on health concerns.

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- Evidence suggests that adolescents reproduce dominant gender norms of masculinity and femininity in communication about sexual decision-making, which are sometimes influenced by social scripts of career aspirations and ethnic identity.
- Thirteen to fifteen years may be a critical period when gender equality becomes embedded, thus an opportunity to engage adolescents to inform their understandings about gender equality and sexual rights.

### **How should the findings be used to influence policy/practice/research/education?**

- Policymakers and practitioners will be interested in this synthesis of how adolescents deliberate the risks and benefits of sex, and how they communicate and evaluate sexual boundaries within relationships.
- Greater attention should be given to adolescents' perspectives on the meaning of sexual initiation and sexual relationships in clinical settings and health promotion.
- To move the sexual health agenda forward, a children's rights-based approach may assist researchers, health policymakers and practitioners to design meaningful services, education and interventions that are relevant to youth.

## **INTRODUCTION**

Many studies have sought to explain the factors that predict sexual debut among adolescents, and several systematic reviews of these are available (e.g. Marston & King 2006, Buhi & Goodson 2007, Hawes *et al.* 2010, Kincaid *et al.* 2012). The vast majority of these studies employ quantitative designs to measure the prevalence rates of sexually transmitted infections and unintended pregnancy, and determine the socio-demographic factors, such as ethnicity and education and income level of parents, which influence age of first sex (sexual debut) and other sexual health behaviours. Other studies have focused on parent-child relations and how

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neighbourhood, peers, alcohol and drugs may also influence sexual debut (Roche *et al.* 2005, Sieverding *et al.* 2005, Browning *et al.* 2008, Gardner *et al.* 2011, de Looze *et al.* 2012, Wight & Fullerton 2013, Bamaca-Colbert *et al.* 2014, Ayhan *et al.* 2015, Bayer *et al.* 2015, Cheney *et al.* 2015). There is also a notable bias towards predicting early sexual behaviours amongst females rather than males (Lohan *et al.* 2010). While these studies help us understand the socio-cultural predictors of sexual debut, they rarely investigate subjective meanings and thus fail to explain how adolescents themselves conceptualise their readiness for sex.

### **Background**

Adolescents' readiness for heterosexual relations is important from a clinical perspective. A particular challenge for health professionals is the assessment of adolescents' sexual decision-making to decide whether their sexual relations are safe and consensual, especially in relation to adolescents who sexually debut early, i.e., before the legal age of consent. Health professionals, i.e., doctors and nurses, must make a professional judgement before providing contraception to a child of reproductive age, most often without their parents' consent. Currently in the United Kingdom (UK), healthcare professionals follow the 'Fraser Guidelines' (BILII, 1985) which provide guidance to health professionals on assessing adolescents' sexual competence, prior to delivering sexual health treatment and advice (Wellings *et al.* 2001, Cornock 2007, Hayhoe 2008). Yet, it could be argued that such decision-making is based upon an adult conception of sexual readiness, i.e., the way adults often see it in terms of readiness for the consequences of sex, e.g., disease, emotional suffering, pregnancy and parenting, financial hardship etc. (Hillis *et al.* 2010, Bamaca-Colbert *et al.* 2014). Exploring adolescents' understanding of sexual readiness, and how they negotiate sexual consent in their relationships, is required to provide a deeper understanding

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as to how sex is rationalised by adolescents, and why some make the decision to initiate sex earlier than others.

A further reason to consider adolescents' perspectives arises from considering the rights of the child as ascribed in the United Nations Conventions on the Rights of the Child (United Nations 1989). This document stipulates that adolescents have a right to appropriate sexual health education and knowledge, and a right to be heard and to participate in decisions about things that affect their lives. Regrettably, many sexual health providers have not considered adolescents' views when developing their services, and adult voices typically dominate in the field (Bird *et al.* 2013, Schalet *et al.* 2014). Thus, this review is also motivated by a concern for adolescents' rights, and seeks to hear their own understandings to address the gaps in knowledge. In the discussion, we suggest that a children's rights-based approach to future research is one way of increasing the audibility of adolescents' subjective understandings.

This review includes studies published from 1985 onwards to coincide with the adoption of the Fraser Guidelines in the UK. In this review, the authors examine what the evidence base tells us about how adolescents decide when they are ready to begin sexual intercourse.

Examined also is what the research literature reveals about adolescents communication around sexual readiness and how they explain to their peers or adults when they see themselves as being ready for sexual relationships. Finally, how adolescent's subjective understandings may in turn be influenced by socio-cultural factors such as age, gender, ethnicity and social class is examined.

### **THE REVIEW**

#### **Aim**

To synthesise the qualitative evidence that explored the experiences and perspectives of adolescents on heterosexual readiness, by focusing on the following questions.

- (i) How do heterosexual adolescents understand, communicate, explain and justify their readiness to have sex to partners and among their peers?
- (ii) How do adolescents' subjective understandings of sex differ by age, gender, ethnicity and social class?

#### **Design**

The review followed the Centre for Reviews and Dissemination (CRD 2009) guidance on systematic review methods, and Thomas and Harden's (2008) recommendations on thematic synthesis of qualitative evidence. This design was appropriate as we sought to gain an emic insight into the phenomenon of sexual readiness from the perspective of adolescents, and identify themes that would be useful to inform research, health care, education and policy to understand and improve adolescents' sexual health.

#### **Search methods**

A systematic search of qualitative literature, published between 1985-2016, was conducted using CINAHL, PsychINFO, PubMed and Web of Science databases. While a comprehensive body of quantitative literature exists predicting the factors associated with early sexual debut, our focus was on adolescents' subjective experiences, therefore keywords in the search strategy were related to sex, adolescents and communication (see supplemental file 1).

Searches were restricted to studies conducted in countries categorised as 'Upper Middle-High Income' (World Bank Classification), and 'Medium High-Very High' (Human Development

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Index) (July 2014) to examine adolescent experiences in these cultures, based on the following inclusion and exclusion criteria.

### **Inclusion criteria:** Studies that

- investigated heterosexual adolescents and how they understand and convey their sexual readiness
- included adolescents aged 13-18 years
- investigated how readiness for sex is communicated and shared among adolescents
- were qualitative empirical research published in English in peer reviewed journals

### **Exclusion criteria:** Studies that used quantitative methods to

- examine the predictors of contraception use only among adolescents
- investigate socio-demographic and environmental predictors of sexual debut with no investigation of adolescents' own subjective explanations
- look at sexual behaviours as predictors of other problem behaviours
- examine homosexual behaviour only
- evaluate health promotion and sex education/intervention programmes
- focus on sex workers, or forced, violent, non-consensual sex as these add intricacies beyond the scope of this review.

### **Search outcome**

A total of 459 papers were retrieved from the database searches and screened for relevance. Reference lists checked for additional studies added nine studies. Of these, sixteen papers were identified that met the inclusion/exclusion criteria. Figure 1, adapted from Moher *et al.* (2009), illustrates the literature screening process. Two papers were separate publications from the same study (Hyde *et al.* 2008(b), 2009). The majority of included studies were



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carried out in the UK and Ireland (5) and the United States (US) (5). The remaining studies included youth from Jamaica, New Zealand, Finland, Western Cape Province, Chile and Taiwan.

### **Quality appraisal**

Blinded quality appraisal was conducted by two authors (MT & ML) using the Critical Appraisal Skills Programme (CASP 2014) qualitative checklist tool, to assess methodological strength and validity of results. This checklist contains ten questions tailored to qualitative research designs to assess the relevance and trustworthiness of the primary sources. The authors agreed that studies receiving four or less affirmatives on the checklist scored 'low', five to seven scored 'medium', and eight to ten scored 'high' for quality. See supplemental file 2 for quality appraisal particulars for each included study. In total, eight studies were appraised as 'medium' quality, and eight were 'high' quality. The limitations section on the data extraction table (supplemental file 3) highlights any weaknesses in design that were identified during this process.

### **Data abstraction**

All sixteen full papers were read by two members of the team (MT & ML) who independently decided on the inclusion or exclusion of papers and collaborated if unsure. Data from included studies were extracted using a data extraction form to assure accuracy and inclusion of relevant information from all studies (supplemental file 3). This was organised chronologically and extracted information about author, year, country, design, key findings and authors' conclusions. Table 1 provides a summary of the included studies.

### **Synthesis**

A thematic synthesis of the key findings and conclusions, following the technique used by Thomas and Harden (2008), was conducted by the first author MT, and discussed with ML. This was guided by the review questions and carried out in three stages, i) line-by-line inductive coding to identify patterns and variations in adolescents' experiences, resulted in 158 initial codes, ii) initial codes were organised into eleven descriptive categories, and, iii) categories were interpreted to develop three analytical themes, that were agreed by the team. See supplemental file four for the thematic synthesis. Themes were reviewed to assess interrelationships, and conclusions were drawn to answer the research questions.

### **RESULTS**

Findings from sixteen qualitative studies (Gilmore *et al.* 1996, Coleman & Ingham 1999, Smith *et al.* 2003, Allen 2004, Andrinopoulos *et al.* 2006, Hyde *et al.* 2008 a&b 2009, Suvivuo *et al.* 2010, Barrientos-Delgado 2013, Lesch & Furphy 2013, Chang *et al.* 2014, Hartley *et al.* 2014, Laborde *et al.* 2014, Volpe *et al.* 2014, Bell *et al.* 2015) are included in the review. Various aspects of adolescents' readiness for sex were examined, for example, some studies investigated sexual values, decision-making and motivations for initiating sex, others focused on partner selection, communication and/or relationships. Seven studies employed focus group methodology, six used in depth interviews, two studies used both, and one used the critical incidence technique to explore adolescents' subjective understandings of their readiness for sex. Sample sizes ranged from 17 (Volpe *et al.* 2014) to 173 (Suvivuo *et al.* 2010) participants. Eight studies contained mostly equal numbers of males and females (Smith *et al.* 2003, Andrinopoulos *et al.* 2006, Hyde *et al.* 2008(a), Barrientos-Delgado *et al.* 2013, Lesch & Furphy 2013, Chang *et al.* 2014, Hartley *et al.* 2014, Laborde *et al.* 2014). Four studies were predominantly female (Coleman & Ingham 1999, Allen 2004, Suvivuo *et*

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*al.* 2010, Volpe *et al.* 2014) and four included all males (Gilmore *et al.* 1996, Hyde *et al.* 2008b & 2009, Bell *et al.* 2015). While this resulted in a fair representation of both males and females, there was a notable bias towards sampling adolescents from low economic status and those attending family planning/health clinics. The data is also dominated by a white youth perspective, but studies from the US were more likely to include representation from other ethnicities. Synthesising the evidence resulted in the identification of three themes, Social Learning, Relationships, and Implications for Health Knowledge.

### **Social Learning**

This theme relates to how adolescents learn about sex and relationships from the sharing of messages within their social settings. Adolescents described how external and internal influences combine over time to increase their expectation of sex, leading to conclusions that sexual initiation is a culmination of processes and transitions, rather than a fixed life event (Barrientos-Delgado *et al.* 2014, Chang *et al.* 2014, Laborde *et al.* 2014). Many studies (Hyde *et al.* 2008a, Suvivuo *et al.* 2010, Lesch & Furphy 2013, Barrientos-Delgado *et al.* 2014, Hartley *et al.* 2014) emphasised that a key form of social learning was the passing down of sexual scripts. These were rooted in constructions of idyllic adult heterosexual relationships that originate from dominant adult discourses and are tacitly shared among peers. However, Barrientos-Delgado *et al.* (2014) identified sexual initiation scripts held by adolescents that describe their emotions and beliefs about sex that challenged stereotypical views about males and females.

There was considerable evidence to suggest that age was important in regard to expectations and attitudes to sex and in the formation of sexual scripts. Younger adolescents in the Hartley *et al.* (2014) and Suvivuo *et al.* (2010) studies (13-15 yrs) had higher expectations about sex

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than older adolescents. They were more likely to reproduce idyllic romanticised views of heterosexual relationships and also exhibited less objectification of females and homophobia. In contrast, older males in several studies (Gilmore *et al.* 1996, Smith *et al.* 2003, Allen, 2004, Andrinopoulos *et al.* 2006, Volpe *et al.* 2014), particularly those who were unemployed, of low education and from socially deprived areas, exhibited stereotypical 'hyper-masculine' sexual behaviours which were rewarded by feelings of connectedness to their peers, in the form of enhanced social status and respect. The authors conclude that performing hyper-masculinity may encourage males to seek more frequent casual sex, and females from disadvantaged areas may be more accepting of hyper-masculine behaviours if they are to maintain their relationships, which put both sexes at increased sexual risk.

The evidence suggests that adolescent sexual values, personal beliefs and expectations about sex, are deeply shaped by gendered behaviours regulated by their peer and social environments. Adolescents in the Chang *et al.* (2014) and Volpe *et al.* (2014) studies described social norms and learned gender roles as important for sexual initiation, particularly in relation to peer pressure to have sex for males, and pressure to maintain monogamous relationship for females. Normalisation of sexual behaviours based on peer approval, peer pressure and a desire for social inclusion, were key aspects influencing adolescents to engage in sexual activity, and males were more focused on engaging in sex than females (Chang *et al.* 2014, Volpe *et al.* 2014). Females also experienced more social regulation of their sexual behaviours, which was instilled by fear, in relation to pregnancy, parental rejection, and being judged. Males too had additional concerns around expectations of sexual performance and rejection (Hyde *et al.* 2009). As a result of male pressure, females may perceive males who seek to prove their sexual prowess, as sexual opportunists who pressure them for sex, and males who experience rejection may think that females lack desire

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for sex (Hyde *et al.* 2009). Such harmful definitions of masculinity and femininity may increase adolescents' vulnerability to partake in risky sex practices for which they are unprepared. Therefore, if unable to resist peer pressure and dominant gender norms, some adolescents may have sex before they are ready.

Parents were also an important source of learning about sex. Evidence from adolescents' own perceptions suggest that the messages they receive from parents and adult discourses are very important, but that these tend to focus on adolescent sex as problematic, associated with negative consequences that endanger future opportunities, and that one should abstain until married (Smith *et al.* 2003, Lesch & Furphy 2013). However, alongside such messages from parents, adolescents negotiate additional (mis)information and pressure from peers, the media and pornography, which have all been shown to exert a strong influence on adolescents' sexual values, expectations, beliefs and behaviours (Smith *et al.* 2003, Hyde *et al.* 2008b, Chang *et al.* 2014, Hartley *et al.* 2014). This means that adolescents may be torn between what adults are telling them and how they are expected to behave with their peers. Consequently, many adolescents may struggle to reconcile the contrasting messages they receive and may suffer emotional and physical health repercussions.

### **Relationships**

This theme relates to relational interactions and focuses on knowledge and communication, partnering-up and intimacy, and the risks and rewards sex brings. The most common reasons given by males for initiating sex were arousal, curiosity and social status among their peers (Gilmore *et al.* 1996, Andrinopoulos *et al.* 2006, Chang *et al.*, 2014, Volpe *et al.* 2014). Females, claimed they desired intimacy, closeness and trust, and valued companionship and emotional support (Allen 2004, Andrinopoulos *et al.* 2006, Volpe *et al.* 2014). This idea of

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relationships was shared by younger males in the Bell *et al.* (2015) study who also claimed males desired close, trusting, intimate and caring relationships, and at this age, it was females who pursued them to initiate relationships. These younger males lacked the 'gamesmanship' of older male adolescents, who, influenced more by peer norms, preferred to pursue females for casual sex only (Volpe *et al.* 2014). The black males in the Gilmore *et al.* (1996) study explained that females seeking long-term relationships made them feel 'tricked' and 'trapped' into settling down and becoming a father unintentionally.

Conversely, the males from socially deprived areas in the Lesch and Furphy study (2013), who were high academic achievers and who held strong religious beliefs (Christian), portrayed themselves as caring partners who take responsibility for abstinence in their relationships. The authors believe these adolescents are afforded the opportunity to perform their masculinities and desist behaving as hyper-masculine and as more powerful in relation to females. Adolescents who perceived an open-style communication with parents also claimed they were better able to communicate, their wants and needs, and had more committed relationships based on feelings of love (Coleman & Ingham 1999, Allen *et al.* 2007). Relationship quality was assessed by some adolescents in relation to levels of trust, fidelity, emotional intimacy, commitment and monogamy, and ability to exhibit vulnerability with a partner (Laborde *et al.* 2014). In addition, spending time together and engaging in sexual activity improved adolescents comfort levels with each other and enhanced their ability to communicate about sex (Allen 2004). In this context, the authors purport that females may exercise more agency regulating sexual behaviour in relationships with males who are high academic achievers with religious beliefs, and less hyper-masculine. Therefore, Allen *et al.* (2007) and Lesch and Furphy (2013) suggest that adolescents from socially deprived areas with positive relationships with parents, and who may be more connected to

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educational attainment and future career aspirations, may feel more in control of their relationships and sexual readiness.

Overall, it seems that when making their decision to initiate sex, adolescents may instead focus on the positive rewards they perceive sex will bring, such as, intimacy, fun, emotional attachment, sexual pleasure and social status among their peers. This is important because several studies found that even when knowledgeable about sexual health and aware of the risks, some adolescents may not refrain from sex just to avoid negative sexual health outcomes, which may or may not happen (Gilmore *et al.* 1996, Coleman & Ingham 1999, Smith *et al.* 2003, Allen 2004, Andrinopoulos *et al.* 2006, Suvivuo *et al.* 2010). Negotiating safe sex rarely emerged as a priority for adolescents and the males in the Gilmore *et al.* (1996) and Chang *et al.* (2014) studies confirmed that their communication concerns were more about a lack of confidence to talk to females and ask for sex, rather than about negotiating safe sex. This was corroborated by those in the Hartley *et al.* (2014) study who claimed alcohol increased their confidence to communicate with females. Thus, for some adolescents, the rewards sex brings may outweigh considerations of physical health risks as this is not their primary concern. So, if sex is understood as meaning an expression of love and caring, as in the 'romantic script' (Suvivuo *et al.* 2010), or indeed as fun, spontaneous and casual (Gilmore *et al.* 1996, Coleman & Ingham 1999, Smith *et al.* 2003, Allen 2004, Andrinopoulos *et al.* 2006), refusing unsafe sex may be difficult to negotiate for some adolescents.

Additionally, adolescents in the Coleman and Ingham (1999) study expressed concerns that partners may react negatively to conversations about safe sex, that result in them being labelled 'dirty' and jeopardise their reputation. Hyde *et al.* (2008b) argue that males in

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particular categorise females in this way, labelling them as 'bearers of disease', thus removing themselves from taking responsibility. This construction of 'knowing' a potential partner was based on appearance rather than evidence of actual sexual history (Hyde *et al.* 2008a&b). The adolescents in the Barrientos-Delgado *et al.* (2014) study also affirmed that while males tend to engage in frequent 'hook-ups', females who engage in this type of sexual behaviour are viewed negatively and stereotyped as 'easy' or 'whores'. Assessing reputation based on appearance was a common misconception among adolescents (Gilmore *et al.* 1996, Coleman & Ingham 1999, Allen 2004, Andrinopoulos *et al.* 2006), which the authors believe increases sexual health risk. Gaining a bad reputation may also be detrimental to social status for females (Coleman & Ingham 1999, Gilmore *et al.* 1996). As demonstrated by Smith *et al.* (2003) and Barrientos-Delgado *et al.* (2014), reputation worries, in the here and now, may be more feared than the risk of acquiring sexual infections.

Furthermore, some studies found that both sexes can experience regret from feelings of being pressured to have sex (Hyde *et al.* 2008, Chang *et al.* 2014, Volpe *et al.* 2014). Some of this sense of regret was related to forms of coercion experienced by both sexes, i.e., peer pressure for males and partner pressure for females (Hyde *et al.* 2008a). However, due to higher levels of female emotional investment, females may be more affected by relationship conflict, lack of sexual agency, and relationship control and abuse (Volpe *et al.* 2014).

### **Implications for Health Knowledge**

This theme focuses on how to incorporate adolescents' subjective understandings into recommendations for developing sexual health promotion messages for adolescents. The evidence suggests that social and peer regulation, for both sexes, may restrict sexual expression and agency, and pressurise some into unsafe sexual practices in an effort to gain



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social and peer acceptance. Thus, Chang *et al.* (2014), advocate for teaching adolescents about self-control and how to respond to social pressure and unrealistic media content. Some studies (Coleman & Ingham 1999, Smith *et al.* 2003, Lesch & Furphy 2013) reported that adolescents who lack sexual health knowledge and relationship communication skills find it difficult to have conversations about safe sex when under sexually arousing conditions and are exposed to risks of unprotected sex and losing control. These authors stress the need to provide adolescents with opportunities to practice discussions about sex in a safe and non-judgemental environment, prior to them initiating sex.

Many studies (Suvivuo *et al.* 2010, Lesch & Furphy 2013, Barrientos-Delgado *et al.* 2014, Chang *et al.* 2014) confirmed that numerous and varied sexual scripts exist to inform adolescents' thinking about sex and relationships, and how they express sexuality in their individual contexts (Suvivuo *et al.* 2010, Lesch & Furphy 2013). Hyde *et al.* (2009) and Volpe *et al.* (2014) questioned traditional masculine scripts focused on sexual conquest and emphasised that companionship, female sexual pleasure and emotional support was important for males too. Exposing males to sexual health messages at a younger age is also supported by Bell *et al.* (2015) who argue that hegemonic masculinity is learned, and that early to middle adolescence (13-15 years) may be a critical developmental time frame for this, hence an opportunity to develop a healthier version of masculinity in younger males. This may benefit health strategies for all, as males with more gender-equitable attitudes may be more likely to experience better quality relationships. In addition, alternative discourses available to females, identified by Suvivuo *et al.* (2010), are worthy of consideration as they may open up conversations about female sexual expression and rights. Facilitation of skills to identify and address low-quality relationship characteristics, i.e., controlling and coercive behaviour and relationship violence also needs to be addressed (Volpe *et al.* 2014).

### **DISCUSSION**

This review on adolescents' subjective understandings of sexual readiness revealed some adolescent perspectives on the realities, risks and rewards associated with adolescent sex. Three themes were identified, social learning, relationships, and implications for health knowledge, which describe the various influences on adolescents' sexual readiness. Each theme illustrates how sexual readiness is influenced by age, gender and social class, in ways that overlap to produce personalised conceptualisations of sexual readiness amongst adolescents. The literature was more limited in relation to ethnic differences but it was in studies of ethnic minorities that the issue of parenthood came out strongest. Even though none of these social divisions operate in isolation, gendered dimensions of sexual readiness were a strong focus in the reviewed evidence.

Addressing now the specific questions of the review. Question one asked, how do heterosexual adolescents understand, communicate, explain and justify their readiness to have sex to partners and among their peers? This review found that their communication about sexual readiness is reflected not only in their sexual beliefs and values, but also in their broader social behaviours, i.e., the ways in which they convey respect and responsibility within relationships. Many barriers exist for adolescents to experience good quality heterosexual relationships including lack of sexual knowledge and confidence to communicate about safe sex, or indeed sex itself, with each other. This finding is consistent with information gathered from larger quantitative studies, e.g., Wight *et al.* (2000), Wight *et al.* (2008), and Wellings *et al.* (2001) that indicate adolescents who sexually debut under the age of sixteen years are more likely to experience low quality relationships that include elements of pressure, regret, lack communication and planning, and non-use of contraception, i.e., they lack sexual competence (Wellings *et al.* 2001). In addition, these studies suggest that sexual competence increases with age. However, this review suggests that for some

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adolescents, ideas about gender inequality, social norms and gender roles, may become embedded by the time they reach sixteen years, which may influence their sexual relationship experience.

Turning now to the second review question, how do adolescents' subjective understandings of sex differ by age, gender, ethnicity and social class? This review found that adolescents' sexual decision-making and behaviours were deeply rooted in learned gender roles related to sexual scripts that reproduce dominant discourses of idealised constructions of heterosexual relationships. These sexual scripts share common understandings about what it means to be masculine and feminine, and the meaning of sexual intimacy in heterosexual relationships. Masculine hegemonic culture influenced the ways in which males and females were socialised to express their sexuality and manage emotions, and was associated with risks for both sexes, i.e., disease, pregnancy, coercion, and unhappy low quality relationships. While gendered double standards were present throughout, both sexes described social pressure (partner and peer) which resulted in regret, diminished sense of agency/control and reputation worries, linked to low sexual risk perception and having sex before they were ready. Similarly, Ryan *et al.* (2007), Wong *et al.* (2009), Pinquart (2010), Hawes *et al.* (2010) and Parkes *et al.* (2011), also found evidence of enduring gender norms that put adolescents at sexual risk. Therefore, dominant gender discourses are limiting for both sexes, inhibiting possibilities to talk about the realities and practicalities of sex, and shutting down important conversations that affect adolescents' sexual health and wellbeing. Feminist theory may prove valuable in dissecting and providing a deeper understanding of power dynamics, gender inequality and sexual expression in adolescent relationships, and how prevailing gendered attitudes and practices influence the expression of emotions and determine relationship quality and satisfaction.

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Reviewing the studies systematically highlights methodological limitations of the evidence. It was apparent that sexual intercourse parameters were not well defined and no distinction was made between coercive, groomed or in/voluntary experiences. Most studies were conducted in UK, Ireland and US, so findings are largely limited to these locations. The authors played a central role in developing and agreeing key review methodology processes, while this may reduce bias, subjectivity cannot be ruled out. All included studies were deemed mid-to-high quality and a secure basis on which to advance knowledge, however, the integrated approach to thematic synthesis, i.e., inductive development of themes via 'a priori' research questions, adds an additional layer of subjective understanding. Moreover, a broader critique is the persistent dominance of adult analytical voices as all studies presented researchers interpretations of the data, typically supported by a few participant quotes. No studies actively included adolescents in the design of the research and interpretation of the information generated, which has also been noted by Bayer *et al.* (2015).

## **CONCLUSION**

Adolescents have a right to relevant knowledge about sexual health, yet they face many barriers to receiving appropriate information, which can have detrimental effects on their health, wellbeing, and relationship quality. If adolescent sexual health is to be improved, understanding what they value and experience in their sexual relationships, and the circumstances that facilitate or hinder their attainment, is critical for those who seek to promote healthy relationships in adolescents. Adolescent voices need to be at the heart of clinical sexual health encounters also. While the Fraser Guidelines laid the basis for children's rights to sexual health advice and services (such as contraception), this is meaningless unless clinicians also learn to listen to and understand adolescents' perspectives on safe and appropriate sex.

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Adolescence is a key developmental period where attitudes, opinions and beliefs about sexuality, and how to behave in their given social context, are formed. Thus, more knowledge is required about the contextual circumstances around how adolescents actively deliberate about the risk and benefits of sex, and how they communicate and evaluate sexual boundaries within relationships (Sneed *et al.* 2015). As such, theories of intersectionality, feminism, and children's rights may offer useful frameworks to move the sexual health research agenda forward. Adolescents could benefit from alternative and informed discourses about sex, in addition to increased communication and relationship skills, at a younger age and before the onset of sexual debut. These resources could help to build their resilience and competence to negotiate safe sex in their relationships respectfully, and take responsibility for their own and their partners' sexual health and wellbeing. Thirteen to fifteen years may be a critical time for when gender equality becomes embedded and thus an opportunity to engage males and females to inform their understandings about gender equality and sexual rights.

Consequently, we advocate a rights-based approach to future research and recommend participatory methods with adolescents as a fruitful way of engaging with them. This approach may lead to knowledge which reflects a better understanding of adolescents' sexual relationships, and ensure their voices are included in discussions about sexual health. This would address a major gap in the literature, help researchers to design quality youth-friendly sexual health strategies, and assist healthcare professionals to accurately assess adolescents' sexual relationships. For examples on applying a rights-based approach to research see Lundy (2007), Lundy and McEvoy (2009, 2011 & 2012).

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