

Coming of age: how young women in the Northwest Territories understand the barriers and facilitators to positive, empowered, and safer sexual health

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Objectives. Compared to other young Canadians, youth in the Northwest Territories (NWT) suffer disproportionately from negative sexual health outcomes, including high rates of sexually transmitted infections and unintended pregnancies. This study aimed to identify the self-perceived barriers and facilitators to positive, empowered, and safer sexual health that impact female youth in the NWT.

Study design and methods. A total of 12 females aged 15–19 who live in the NWT were recruited through purposive sampling to participate in semi-structured, face-to-face interviews. Inductive coding and thematic analysis of transcribed data occurred using Atlas.ti.

Results. Overall 4 main themes influenced the sexual health of these women: sexual health knowledge, relationships with the self and others, access to quality sexual health resources, and alcohol use/abuse.

Conclusion. Recommendations for future action include improving the content and delivery of sexual health education, enhancing parent–adolescent sexual health communication, providing workshops to empower young women to assert themselves within relationships, and supporting an environment that normalizes youth sexuality.

Keywords: *sexual health; youth; qualitative methods; Northwest Territories*

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Young people in the Northwest Territories (NWT) suffer disproportionately from negative sexual health outcomes, such as “epidemic” (1) levels of sexually transmitted infections (STIs) and high rates of adolescent pregnancy, compared to other Canadian youth. For instance, the prevalence rate for chlamydia is 7 times the national average for NWT youth aged 15–24 years old, and new chlamydial infections among females occur at twice the rate of new chlamydial infections for males (2,3). Transmission factors (such as the extremely high prevalence of other STIs) put youth with STIs at increased risk for Human Immunodeficiency Virus (HIV) acquisition and transmission (4). HIV rates in the NWT are similar to the rest of Canada (5), at approximately 3 out of every 100,000 people. However, HIV prevalence in the NWT is likely under-diagnosed and under-reported due to difficulties with accessing testing in some rural and remote areas, poor acceptance of testing among some NWT residents, and testing that

occurs outside of the NWT (6). In addition to high STI rates, the NWT reports a pregnancy rate of 103.7 per 1,000 females aged 15–19 years old, which is significantly higher than both the Canadian average of 38.2 per 1,000 young women and the national low in Newfoundland of 28.5 per 1,000 female youth (7).

The high prevalence of STIs and unintended pregnancies can have numerous detrimental consequences for the health of youth. Receiving a positive STI diagnosis can lead to negative psychological effects on health such as depression, anxiety, diminished self-esteem, and may affect an individual’s relationship with their partner (8,9). In women, some STIs may lead to ectopic pregnancy, cervical cancers, pelvic inflammatory disease, genital warts, infertility, or even death, (10–13). In addition, several STIs increase risk for complications in pregnancy, morbidity, or infant mortality (10,11,13), and some young mothers may suffer from negative social and psychological experiences like stigmatization

and isolation from their peers (14,15). Thus, due to the potentially negative and serious impacts of STI acquisition and unintended pregnancy on the lives of women, research exploring the sexual health of females is an important priority for public health in the NWT.

We can enhance the richness of our understanding of the determinants that either impede or facilitate positive sexual health for adolescent women (aged 15–19) in the NWT by revealing important attitudes, perceptions, and beliefs from their sexual health experiences through qualitative research. Past qualitative research has given voice to some women, but has not included young women from the NWT. Sexual health program development must include the target population's voice in order to identify and understand young women's perceived determinants of these sexual health problems and establish effective solutions. Thus, the purpose of this research study was to explore the central research question: "What are the self-perceived barriers and facilitators to achieving positive, empowered, and safer sexual health among female youth in the NWT?"

Material and methods

Purposive sampling at high schools and public locations (such as coffee shops and community bulletin boards) within Yellowknife was used to recruit 12 female youth (aged 15–19) into this study from October 2008 to January 2009. Participants had to have lived in the NWT for at least 2 years and mostly or always have had sexual relationships with males. Participants ranged in age from 16 to 18 years old and all attended high school (though one participant had dropped out of school for several months to have a baby). Participants varied in relationship status (single or in a relationship), and most stated they were heterosexual, though 2 young women identified as bisexual. Most participants lived in the NWT for their entire lives, though 4 participants had lived in other northern communities for a considerable period or did not currently consider Yellowknife home. Several participants currently lived with one or both of their parents and their siblings, though some had alternative living arrangements such as with their partners or their grandparents. Most of these young women worked at part-time jobs, though some participants chose not to work, often to concentrate on their schoolwork instead. One participant had given birth when she was 15 years old. This relatively heterogeneous sample allowed unique and diverse perspectives to emerge regarding the thoughts, perceptions, and sexual health and sexuality experiences of young women in the NWT.

Data collection entailed face-to-face, semi-structured interviews that were grounded in a qualitative methodological approach and reflected a third-wave feminist perspective. Third-wave feminism argues that research often ignores or silences the voices of women's experiences

and life stories (16). This sex-positive theoretical perspective emphasizes that participants are the "experts" of their own lives and experiences, that knowledge is relational between researchers and participants (17), and that social context shapes individual sexual experiences (18,19).

Interviews lasted 1–2 hours, occurred at a location that both the participant and the researcher regarded as safe and private, and were audio recorded for quality assurance. Audio recordings were transcribed verbatim and imported into the qualitative data analysis software Atlas.ti 6.2 (20). We used open coding to select sections of interviews and assign labels to words or phrases (codes) in each transcript. Inductive thematic analysis was then used to group codes relating to similar fields into categories (themes). "Member checks" included reviewing both the interview transcripts and the researcher's data analysis with interested participants. The member checking process facilitates trustworthiness of the data by ensuring the accuracy of the interpretations of participants' experiences (21). In addition, the study researchers participated in peer debriefing sessions with other external qualitative researchers. Peer-debriefing helps to ensure methodological rigor by ensuring that researchers follow their proposed methodologies and that data coding and interpretations of data are appropriate (21). This study received ethical approval from the Dalhousie University Health Sciences Research Ethics Board as well as an NWT Scientific Research License.

Results

Several themes either impeded or facilitated the ability of young women in the NWT to either achieve or maintain sexual health about which they felt positive, empowered, and safe. These major themes included: (a) missing information and (mis)information regarding sexual health, (b) relationships with the self and others, and (c) the adequacy of, and access to, resources.

Sexual health missing information and (mis)information

The results of this study indicate that often youth in the NWT fail to receive accurate and comprehensive information about sexual health, if they receive any information at all.

Desiring unbiased knowledge about sexual health and sexuality

One of the most salient themes continually repeated by participants was the desire for honest, non-judgmental, value-neutral information to help them make informed decisions about their bodies, their sexuality, and their sexual health, before engaging in sexual activity. For instance, one participant stated:

I just think the information should be proposed as neutral—like, they're not for sex and they're not

against it. It should appeal to everybody, and just say that the choice is yours, you know? I know lots of things are like, sex is bad . . . but it's your choice. If you want to wait until marriage then it's your choice, but if you don't, then go ahead with it. It's your body. It's your decision.

Several young women in this study felt that, given complete and reliable information, they could make individual choices that would empower them, increase their comfort levels, and make them feel more in-control of their sexuality and sexual health. These participants also sought comprehensive sexual health information that portrayed the reality of potentially negative consequences of unprotected sex, such as STIs.

Influence of media messages

The findings of this research indicate that some young women recognized the hyper sexualized atmosphere of popular culture, which accentuates sex as a lustful physical act devoid of emotion, love, or commitment:

I'd like to see less emphasis on sex as a physical thing. I think it's really sad how lifeless and loveless sex has become in the media.

Similarly, another participant discussed their awareness of the media's promotion of "the perfect body" and how it negatively affected her self-esteem and self-image:

Mostly the media is promoting the perfect body, so [the media] is more negative. It's harder for the average girl to maybe feel good about herself.

Yet, the media also provides cognitive scripts for sexual behaviour that can help inexperienced young women fill in gaps in their understanding about how particular sexual scenarios might play out (22). For instance, one young woman in this study formed her perception of what sexual intercourse is, how to "do" sex, and even how to feel pleasure, through watching pornography:

You'd never think, but pornography is a wonderful resource. It's not always healthy, but being able to see two people acting—you know, having sexual intercourse, it's like well, that's what it is, that's how you do it, that's how you feel good.

Nevertheless, most pornography is arguably a distorted and inaccurate depiction of sex and pleasure for women, and may not ultimately "help" young women develop healthy perceptions of sex and sexuality (23).

We also found that some media sources targeting young people (e.g. *Degrassi: The Next Generation*) occasionally provided useful information about STIs or contraception, though in this context the focus was often on the negative aspects of adolescent sex, and ignored the potentially positive elements, such as the emotional aspects of sex or pleasure. Several young women in this study recognized that the media rarely discussed the "three C's"

of responsible sexual behaviour (commitment, contraceptives, and consideration of consequences), which are often ignored in media that contains sexual content (22).

The Internet as an anonymous, accessible, and current source of information

Many young women in our study felt embarrassed or awkward acquiring information through teachers in schools or from their parents. They were often uncomfortable discussing sex, feared that their parents would know/think they were having sex, and/or feared that their peers would judge them for being sexually active. Several participants regarded the Internet as a particularly accessible, non-judgmental, and attractive source of information regarding sexual health and sexuality, especially due to its anonymity. For example, when asked about their most favourable source for sexual health information, one participant stated:

Websites, because they are anonymous. No one can see you. You can just look [the information] up.

Young women in this study also often found Internet message boards particularly important sources of information, as these online forums allowed them to post questions and receive answers anonymously regarding sexual health and sex.

Sexual health education in schools

Participants who attended Catholic schools in the NWT spoke about difficulties receiving comprehensive information regarding contraception or safer sex. These students followed the "Health and Life Skills" curriculum developed by Edmonton Catholic Schools, which focuses on abstinence and believes that contraceptives like the birth control pill or condoms violate the sanctity of human life (24).

The Government of the Northwest Territories supports a comprehensive approach to sexual health education in public schools through the mandatory Career and Life Management (CALM) curriculum (25), in which all students in public schools must obtain CALM credits to graduate from high school. However, the views, values, perceptions, and comfort level of a teacher are critical determinants of the implementation of a sexual health education curriculum in the NWT. Several participants reported that their teachers chose not to teach sexual health education out of discomfort, which is often mutual, as many of the young women discussed feeling nervous or awkward having their teachers (particularly male teachers) lead sexual health education classes. For example, one participant stated:

This year, my teacher was like, well, we're supposed to talk about sex today, but I don't really feel like doing that, so we're not going to.

However, most participants wanted to learn the information in school, just not necessarily from the teachers that they interacted with every day.

Relationships with the self and others

The mutual interaction between relationships with others and the self forms a second major theme emerging from this study. Young people most commonly connected with their families, their peers, and their partners, and each of these three groups had different norms about sexual behaviour, all of which influenced the sexual lives of these young women. Verbal and non-verbal communication (or the lack of such communication) with parents, peers, and partners shaped the attitudes, behaviours, and decision-making for many young women as well as their conceptualization of themselves as sexual beings.

The vital role of parents in the sexual lives of young women

Our findings support past research indicating that young people want to receive information regarding sexual health from adults (26–29). However, these discussions between youth and adults often do not occur due to embarrassment, fear, or discomfort from one or both parties. Consequently, many participants reported parental communication about sexual health as infrequent, limited in scope, and often negative experiences:

The first time I told [my mom] I had sex, she started to cry. I was like, oh shit.

[My mom] says sex is bad, really, really bad, and it makes me feel really uncomfortable to approach her about it or ask about it. My parents never gave me the sex talk that they normally should. I don't even know what my mom thinks about it, so I'm just really uncomfortable to talk to her. What would she think if she knew I was sexually active?

However, one young woman discussed her refusal to hide her sexual choices from her parents, even given their discomfort:

When I first got my birth control, I was hiding it from my parents and I kept it in my wallet, but now, I'll leave it laying around. It makes them uncomfortable, but they have to realize their little girl is having sex. Too bad, get over it.

Overall, participants mentioned that their parents were more likely to discuss biological topics or developmental changes, such as menstruation, puberty, or anatomy, with the participants than any other sexual health topics. Among young women who did talk to a parent about sexual health, most identified their mother as the person who took on responsibility for sexual health education at home, and some young women discussed positive conversations they had with their mothers regarding sexual health:

My mom was always really good about stuff like that. She was always really open and she talked to me about a lot of stuff. She always said if you're going to have sex, have sex, but use a condom, cuz I really don't want to be a grandma [laughs].

The findings of this research indicate that young women wanted their parents to avoid being negative, judgmental, moralistic, or rule-oriented during sex-related communication and to talk to them frankly and honestly about sex.

Friends as sources of sexual health information and social supports

Nearly all participants in this study described their friends as sources of social support that positively influenced their sexual health or sexuality and as sources of supportive and non-judgmental information about sexual health and sexuality. Friends are important sources of sexual health information for young people, and become even more important for older adolescents in this study. For instance, one young woman stated:

It's always really important to just have that person in your life you can talk to about anything ... Always having that friend in your life who is able to just take care of you, and make sure that if you can't do something yourself, they're there to help you. I think that's important for people to have, but not everybody has one of those.

Although peers can be important sources of sexual health information for young women in the NWT, several participants expressed concern that information from their friends was not always correct and emphasized the importance of verifying facts through other sources, such as the Internet (which also may have questionable accuracy). Inaccurate sexual health information from peers (or the Internet) can have dangerous results for youth experimenting with their sexuality.

Relationships with male partners and gender role expectations

Some young women in this study spoke about power differences in their relationships with male partners and how these disparities affected their attitudes, behaviours, and sexual decision-making. For instance, one young woman in this study discussed how she “has to” take the birth control pill to protect herself from pregnancy because her partner refuses to use condoms.

Some young women appeared to lack trust in males, who they felt might take advantage of them, due to previous experiences of sexual victimization. Several young women spoke about unintended sexual experiences with males that they regret, particularly experiences involving alcohol, when they felt pressured into having sex. One participant referred to herself in

the second person when recounting an event involving alcohol and sex:

You're all drunk and he's being kind of flirty, and you're just like oh, he actually likes [you], because you're drunk and you're just not thinking straight . . . Your world's all different, and you just think that they're definitely into you . . . and they'll just want to hang out, and then now you're alone with them, and they're pressuring you [to have sex] and you're like oh crap, I'm drunk and my friend just left.

Some young women in this study also discussed stigmatization and having others spread rumours about them, due to sexual experiences with males when they were drunk.

In addition to individual experiences with male partners, participants revealed differences in gender role expectations regarding sexual activity for males and females. For example, one young woman discussed gender role expectations regarding masturbation:

Especially at school, it's totally okay for a guy to talk about how he jerks off a hundred times a day, but if a girls says it, it's like wow, you're weird.

Statements such as the above quote reflect the "culture of silence" surrounding sex that often occurs, which dictates that "good" women are expected to be ignorant about sex and passive in their sexual interactions (30).

Adequacy of, and access to, sexual health resources

The access and adequacy of sexual health resources for young women in the NWT forms a third major theme arising from this study.

Anonymity, confidentiality, access, and trust issues with healthcare providers

Young women in this study often avoided mainstream health services because of confidentiality concerns or perceptions that these health practitioners were judging them for their sexual behaviours and choices. This issue is particularly salient in the NWT (which has a total population of approximately 41,646 people living in small towns scattered over 1.14 million km²) (31) where choices regarding sexual health services (such as clinics) are often limited. In addition, many participants felt that everyone in the community knew one another's business. For instance, one participant discussed her difficulties going to a sexual health clinic anonymously:

[My community] is so small and everyone does know everything that's going on, even if you don't want them to. If you're on the bus and you get dropped off at the clinic, and [your peers] see you walking in, they're like [whispers] she's pregnant [laughs].

Some participants also had family members working in health professions and feared confidentiality breaches to the extent that this affected their decisions about STI testing.

Several participants spoke about limited access to a doctor, which is a concern in Northern Canada, where 64% of the population lives 100 km or more from the nearest physician (32). Even when physicians are available, many participants were uncomfortable speaking to their family physicians about sexual health issues. In addition, several young women in this study discussed their desire to see female physicians for sexual health services, which was often difficult due to physician shortages in the NWT. Many of these participants also discussed trust issues with male physicians or felt that males would not understand their sexual health needs. For instance, one participant discussed her experience with a male physician:

I had a bladder infection one time, and [the male doctor] was touching my lower stomach. I felt really uncomfortable and was like you don't need to be doing that, because I had a bladder infection before and all they needed was a piss [urine] test. When I do go out and see a guy doctor, I just feel like I don't know what his procedures are. I don't feel like I know what he is going to do. So, even if he does [touch my stomach], I don't know if it's wrong . . . At least with a girl [doctor], I don't feel like they're trying to get a cheap feel [laughs].

Limited access to safer sex tools due to anonymity and confidentiality concerns was a further issue for many participants in this study. For example, several young women spoke about free condoms in places like the guidance counsellor's office, but said they would not take these condoms for fear that their peers would see them and spread rumours. Others had the financial means to pay for safer sex tools or contraception but felt embarrassed to buy condoms or birth control from their peers at the local drug store:

Kids at my school work at the drug store . . . For the longest time I was uncomfortable going to get my birth control because my friends would see it. They have confidentiality agreements, but still, what if she goes and tells my dad?

Arguably, confidentiality and anonymity concerns such as these are one of the greatest barriers to positive, empowered, and safer sexual health among young women in the NWT.

Lack of knowledge of youth sexual health resources in the NWT

The NWT lacks sexual and reproductive clinics that operate independently from the territorial government, such as Planned Parenthood Federation of Canada

clinics (32). Some young women in this study felt that they had easy access to safer sex tools such as condoms or contraception through government-run resources (such as medical clinics) or private businesses (like pharmacies) in their home community. However, other young women were not aware of, or were confused about, the sexual health services for young people in the NWT, such as abortion services, youth centres, or youth sexual health clinics. For instance, many young women knew that a public health nurse visited their school, but often did not know when, what services the nurse offered, or how to make an appointment. One young woman discussed the extent of her knowledge about the school nurse:

We have a nurse, she's in [the school] like once every two months. I don't think I've ever met her.

Interviewer: Do you know what kind of stuff she does?

Needles.

Interviewer: Vaccinations?

Yeah, that's pretty much it. That's all I know, and I know a lot about our school. I'm pretty sure if you asked all the kids in our school, like one out of eight would say that we have a nurse. I had no idea—I thought that [the guidance counselor] was our nurse for the longest time, because her office is in the same place.

Widespread knowledge of youth-friendly health services must coincide with sexual health education from sources such as parents and schools to increase effective utilization of sexual health services by young women in the NWT.

The role of alcohol in the sexual lives of young women

Although other drugs were rarely mentioned, all participants spoke about the influence that alcohol had on the sexual lives of young women in the NWT. Several participants discussed binge drinking when playing drinking games or high risk partying as typical among young people in the NWT. Many participants had consumed alcohol to the point of disorientation, blacking out, or losing consciousness, and spoke about themselves or their friends making poor sexual health decisions when drunk:

The first time [I had sex], it was just a stupid drunk decision, and I regret that being my first time.

Interviewer: In what ways, if any, do you think alcohol and drugs influence the decisions that young women make about sex?

Definitely lowering inhibitions and just getting caught up in the moment that would cause them to make a bad decision.

Interviewer: Have you had any experience with that?

Yeah, actually the first time I ever had sex. I kind of feel sad that it was that way, but I was really curious and I was pretty drunk and it just happened like that. That would be my experience. I know my friends have had them too

One of the biggest challenges to accurate and thorough contact tracing for STIs in the NWT is that the person was too intoxicated to remember their sexual partner (33).

Most young women in this study were aware of the dangers of situations where coercive sex is more likely, yet these young women still engaged in high-risk binge drinking and often consequently made poor decisions while drunk that they later regretted. Arguably, many young women in the NWT are not learning the assertiveness skills or developing the self-efficacy to say NO to choices regarding drinking or sex that they do not want to make. Thus, health promoters must question whether current sexual health promotion initiatives adequately address the needs of these young women and examine how health promotion can better prepare young women to make safer and healthier decisions regarding alcohol and sex.

Discussion

While research is important to assess the needs of a population, healthcare providers must turn research into action to improve sexual health outcomes. Numerous possibilities exist for sexual health promotion action with young women in the NWT; we recommend that health promoters target 4 core areas:

Improve the content and delivery of sexual health education

Canada has the potential to lead the way in developing models of sexual health education that respect and integrate diversities and differences in the population (34). While some regions of Canada are already achieving this goal, we found that the NWT falls short of its potential to educate young people in schools across the territory. Health promoters must work to promote social, educational, and political contexts that support effective, comprehensive sexual health education programs in NWT schools. By educating the public, policy-makers, parents, teachers, and school administrators about the benefits of comprehensive sexual health education, health promoters can help to dispel myths and misconceptions regarding this approach.

In addition, the content of sexual health education programs in schools in the NWT must reflect the sexual realities of young people living there in the 21st century. Youth across the country want sexual health education that addresses a broad and diverse range of topics, such as feelings, arousal, foreplay, decision-making, risk assessment, as well as gay and lesbian sexualities and

identities (35). Sexual health education programs in the NWT also must comprehensively address the role of alcohol and other drug mis/use in sexual decision-making, sexual risk-taking, and sexual assault and coercion. Educating young people and providing young women with self-efficacy/discipline and assertiveness skills to resist peer pressure to drink are fundamental to decreasing negative sexual experiences involving alcohol (36).

The Northwest Territories Department of Health & Social Services developed the *Respect Yourself: A Sexual Health Lesson Plan Kit for the Northwest Territories* in 2012, which contains 6 individual lesson plans for presenters who teach sexual health education in the NWT (37). Data regarding the uptake and evaluation of these lesson plans are not yet available due to their recent release. Improving and diversifying the content of sexual health curricula resources in the NWT is a vital step towards adequate, successful sexual health education. At the same time, health promoters must also encourage effective delivery of these programs by educators, and programs must receive comprehensive evaluation to determine effectiveness for reaching target populations. Numerous studies indicate that teachers must believe in the program they teach to youth, relate to youth, and receive sufficient training that allows them to feel comfortable teaching potentially sensitive sexual health topics (38). Many of the young women in this study expressed discomfort with their teachers, particularly male teachers, teaching sexual health education. Improved training for educators who believe in the importance of sexual health education in schools may better meet the needs of young women in the NWT.

Enhance parent-adolescent sexual health communication

Youth sexual health education is more effective when combined with efforts to improve familial sex communication. Sexual health education initiatives should still include parents as agents of change in interventions targeting young people (39). Studies show that young people support parental interventions to improve parent-child communication about sexual health as an important step towards improving sexual health for young people (40). Parent-directed interventions should focus on increasing parent's support for comprehensive sexual health education, knowledge about developmentally appropriate sexual health education, and increasing comfort levels of parents and their children when discussing sexual health (26). For instance, parents can learn ways to facilitate communication with their children that makes the young people feel more comfortable and less like their parents are prying for private sexual information, thus potentially improving openness and the quality of discussions (41).

Help to empower young women to assert themselves

Having a strong knowledge base regarding sexual health and sexuality is important, however, knowledge alone is not necessarily enough for young women to experience positive, empowered, and safer sexual health (42,43). Sexual health education programs must also focus on the attitudes and behaviours of young women and emphasize decision-making skills, life skills, and life planning (39,42). Research indicates that women have difficulty convincing a partner to use condoms once a sexual relationship has started without using condoms (44), which likely reflects difficulties negotiating safer sex. Several participants of this study sought resources to empower them and help them make healthy choices about their sexual health, such as interactive girls-only workshops led by either open-minded and non-judgmental experts or well-trained peers. Research indicates that increasing feelings of empowerment, self-esteem, self-efficacy, and assertiveness skills can foster self-determination in young women to take control of their lives, catalyze positive change, and make healthier decisions for themselves regarding their own sexual health (45). FOXY (Fostering Open eXpression among Youth) sexual health workshops that aim to facilitate sexual self-efficacy among young NWT women using drama and other arts-based methods are currently in the development phase and will be offered across the territory in autumn 2012 (46).

Normalize acceptance of youth sexuality and sexual health

Similar to the need for empowerment, many participants in this study sought a normalization or acceptance of youth sexual health and sexuality, particularly among themselves and adults such as their parents or teachers. This normalization of youth sexuality involves acceptance that youth sexuality is an important and typical part of human development. Similarly, normalization of youth sexuality involves the recognition that access to comprehensive sexual health information and services is a vital step towards helping youth assert themselves in relationships and protect themselves from negative sexual health outcomes. Often, one of the principal sources of low self-esteem and sexual risk-taking among adolescents is receiving conflicting messages regarding sex from peers, parents, teachers, other adults, and other members of society who are uncomfortable with the idea of youth sexuality (47). By encouraging attitudes that recognize youth sexuality and sexual health as an important part of human development over the lifespan, health promoters in the NWT can facilitate supportive environments where young women feel more comfortable with their sexuality.

Study limitations and suggestions for future research

The findings of this study apply to the vocalized experiences of one group of young women in the NWT. Therefore, one must interpret them with caution, avoid generalizations to this and other populations, and recognize potential limitations within this study. Although selection criteria specified that participants could call any NWT community home, most participants were from Yellowknife since recruitment occurred in this community. Future studies should focus on NWT communities outside Yellowknife and examine potential differences and similarities between communities that may affect the determinants of sexual health. Participation criteria also involved young women who primarily have relationships with males, indicating a heterosexual focus in this research.

This study focused on exploring the perceptions and sexual health experiences of young women in the NWT. Future research needs to include the voice of the partners of these young women, as well as young women who engage in higher risk sexual behaviours, such as those who exchange sex for drugs or money. Gaps also exist in research that explores parent–child communication patterns regarding sexual health and sexuality. In addition, as the Internet was identified as a major source of sexual health information, future research should explore the role of the Internet in the sexual lives of young people from the NWT.

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