

Résumé

**« Alors, qu'est-ce que je dois faire moi? » :
Les préoccupations des adolescentes
en matière de santé, en rapport
à leurs fréquentations amoureuses**

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Cette étude ethnographique explore les préoccupations en matière de santé de 40 adolescentes âgées de 15 et 16 ans, en rapport à leurs fréquentations amoureuses. Les résultats révèlent la présence d'une interaction complexe dans ces relations entre les dynamiques relationnelles filles / garçons et les processus de socialisation. Dans l'intention d'éviter des comportements pouvant mettre leur santé en péril, les participantes devaient composer avec des relations de pouvoir et négocier avec leurs partenaires et leurs pairs. Paradoxalement, tout pouvoir supplémentaire qu'elles acquéraient risquait de mener à de violentes confrontations, à une perte de pouvoir et à d'autres compromis relativement à leur santé. Le désir chez les filles d'avoir un partenaire surpassait leur désir d'éviter certains éléments pouvant menacer leur santé, comme l'abus de substances et les comportements violents. Cette dynamique peut être comprise en fonction d'un déséquilibre de pouvoir s'inscrivant dans un système patriarcal. Les résultats soulignent la gravité des problèmes dans le domaine de la santé des adolescentes et le besoin de procéder à des interventions remettant en question la culture dominante et favorisant l'autonomisation des adolescentes.

Mots clés : adolescentes, pouvoir, santé, fréquentations amoureuses, ethnographie

“Like, What Am I Supposed to Do?”: Adolescent Girls’ Health Concerns in Their Dating Relationships

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This ethnographic study explored the health-related concerns, within dating relationships, of 40 female adolescents aged 15 and 16. The results reveal a complex interaction of male/female relational dynamics and socialization processes in these relationships. To avoid behaviours risky to their health, participants had to negotiate power relationships with partners and peers; yet, paradoxically, any increase in their power could increase the threat of violent confrontation, loss of power, and further health compromises. The girls’ desire to have a dating partner outweighed their desire to avoid health threats such as substance abuse and violence. This dynamic can be understood in terms of patriarchal power imbalances. These findings point to the gravity of adolescent girls’ health issues and the need for interventions that challenge mainstream culture and that foster empowerment among female adolescents.

Keywords: adolescent girls, power, health, dating relationships, ethnography

Background

Recent increases in options and opportunities for adolescent girls (Azzarto, 1997) could place their health at risk, since they may experience difficulty in asserting their desire to take advantage of these options and opportunities (Brown, 1991). Health issues such as adolescent pregnancy and parenthood, unprotected sex, sexually transmitted diseases including HIV/AIDS, smoking, drug and alcohol abuse, and date-related and partner violence are major public concerns (Koniak-Griffin, Mathenge, Anderson, & Verzemnieks, 1999). All of these health issues can be exacerbated by power imbalances in relationships. There is considerable evidence that rates of sexual assault and harassment, relational victimization, and date-related violence are most prevalent in early adulthood (Boney-McCoy & Finkelhor, 1996; Halpern, Oslak, Young, Martin, & Kupper, 2001; Pedersen & Aas, 1995), with lower age being a consistent risk factor for both experiencing and perpetrating acts of violence (Silverman, Raj, Mucci, & Hathaway, 2001). Approximately 40% of adolescents experience physical aggression in dating relationships (Gray & Foshee, 1997; O’Keefe, 1997), with significant numbers remaining in

such relationships despite the abuse (Bethke & DeJoy, 1993; Sugarman & Hotaling, 1989). Adolescent girls are three to four times more likely than boys to experience emotional or physical relational injury (Sugarman & Hotaling), yet they have difficulty recognizing that such injury is being inflicted (Banister & Schreiber, 2001). In such relationship, girls have difficulty protecting themselves against unwanted sex and are virtually unable to protect themselves against HIV/STDs or unplanned pregnancy (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1990).

During adolescence, individuals tackle the developmental task of forming an adult identity by making sense of themselves in the larger social context. For young women in Western society, this struggle is characterized by heightened vulnerability. Patriarchal culture brings pressure upon them to conform to the conventional ideal of female passivity, the “good and perfect” girl (Heilman, 1998; Taylor, Gilligan, & Sullivan, 1995). Related cultural pressures to please through caring, nurturing, self-sacrifice, and passivity influence their relationships with self and with others (Tolman, 1999). In situations of conflict in particular, if they negotiate openly, sharing their thoughts and feelings, they run the risk of violating the ideal of female passivity. It has been suggested that societal expectations surrounding femininity that devalue adolescent girls and demand their passivity are behind many of the common health concerns for this group (Slater, Guthrie, & Boyd, 2001). Cultural ideals as presented in the media also put pressure on adolescent girls to strive for a particular body image (i.e., slender figure with large breasts and a small waist) designated as “beautiful.” These pressures contribute to health issues related to self-esteem and body image, such as eating disorders, anxiety, depression, and violent behaviour (Mahorwald, 1995; Pipher, 1994).

Many female adolescents are victims of interpersonal violence as a result of power imbalances in their relationships. Power imbalance is the antecedent to abusive behaviour and victimization (Dutton, 1995; Walker, 1989). Abusiveness, whether mental or physical, on the part of the male partner in a dating relationship presents a serious health risk for adolescent girls.

To summarize, dating relationships provide a microcosm within which are played out the patriarchal ideals of mainstream culture: women must be passive and servile; women must have beautiful bodies; women must suppress their own needs in interpersonal conflicts with men. These ideals can have negative health effects for adolescent girls, as they contribute to risky sexual behaviour, abuse of drugs and alcohol, poor lifestyle such as harmful eating habits, low self-esteem, and acquiescence to violent behaviour on the part of a dating partner.

There is a paucity of literature on young women’s perspectives on their own health (McKay & Diem, 1995), particularly as it relates to their

dating relationships. Considering the risk for serious health issues inherent in such relationships, an essential step in planning health-promotion interventions for female adolescents is to solicit their perspectives (Banister & Schreiber, 2001). The present investigation formed the first phase of an extensive study designed to describe adolescent girls' health issues and to develop interventions targeting these issues. Forty adolescent girls (aged 15 and 16) from a mid-sized city on the west coast of Canada were recruited. During this first phase, completed in June 2002, the health concerns of the young women were explored and themes identified. These themes will be used in developing and testing a variety of group interventions with a population of western Canadian female adolescents.

Theoretical Framework

The study was approached from a critical, feminist, and relational perspective on human development. A critical perspective assumes that knowledge is created rather than discovered and that "methodologies based on critical theory provide a critique of ideology, attempt to reveal hidden power imbalances to achieve emancipation, and ensure that knowledge is available in the public domain" (Mill, Allen, & Morrow, 2001, p. 115). A feminist perspective recognizes gender inequities, power inequalities, and the oppression of women and uses that knowledge for emancipatory purposes (Miller, 1991). A relational perspective assumes that young women's development integrates their search for selfhood with their search for connections (Gilligan, 1990) and that adolescent development is stimulated by caring, supportive, and trusting relationships (Sullivan, 1996).

Method

In this study an ethnographic research approach was taken (Denzin, 1997; Tedlock, 2000) in order to gain an emic, or insider, perspective of participants' health-related issues in their dating relationships. In this inductive research method, the participants' "thick descriptions" (Geertz, 1973), which convey the central meanings of their experiences (Denzin, 2000), provide the empirical data (Fetterman, 1989). The research question was: *What are adolescent girls' health issues related to their dating relationships?*

Sample

Recruitment notices were placed on bulletin boards at five sites: two traditional secondary schools, one alternative secondary school, one First Nations school, and one youth clinic. Each site was known for its ethnic

and socio-economic diversity and had a relatively large number of adolescents considered vulnerable (at risk for unplanned pregnancy, dropping out of school, etc.). A site “gatekeeper” (e.g., teacher, school counsellor, or clinic nurse) obtained the names of girls who had been in a relationship for 1 month or longer (Wolfe, Wekerle, & Scott, 1997) and who were willing to participate in the study. The lack of difficulty in accessing participants indicated that the staff and youths at these sites attached a high degree of significance to young women’s dating concerns and wished to learn more about these concerns by supporting the research.

The university’s human research ethics committee reviewed and approved the study. The youth clinic, the school district, and the Chief of the band associated with the First Nations school also reviewed the study and consented to its being conducted in their communities. Written informed consent was obtained from each participant prior to data collection. Each girl was told that her participation was voluntary and that she could withdraw from the study at any time without repercussions. The participants were informed about the limits of confidentiality and anonymity within each group. To reduce the risk of violation of confidentiality, each group was invited to create its own “code of conduct”; this served to illustrate the importance of respecting the principles of confidentiality and anonymity within the group (Banister, 2002).

The sample consisted of 40 adolescent girls (15 and 16 years of age) comprising five groups of approximately eight members each.

Focus-group sessions were held during regular school hours at the school sites, which resulted in a very low attrition rate for all four of the school-based groups (only two participants withdrew, both due to scheduling conflicts). The focus group at the youth clinic met after school; most of those participants lived nearby. At that site, one participant dropped out after the first session and another joined the group at the second session.

Data Collection

The research team comprised five graduate-student research assistants, who facilitated the focus groups, and a principal researcher, who saw to the research design and the training and supervision of the research assistants. The team met weekly for ongoing training and supervision in qualitative data collection and analysis. Group discussions (Madriz, 2000; Wilkinson, 1999) and participant observation (Adler & Adler, 1994; Angrosino & de Perez, 2000) were used to gather qualitative data.

Approximately four 90-minute focus-group sessions were conducted with each of the four groups between September and December 2001. The sessions were audiotaped and later transcribed. An assortment of

healthy refreshments was offered at each session to help build rapport (Banister, 2001).

The research assistants also gathered data by observing individual members and interactions within each group. They kept field notes to record observations of three central features of the social situation, "place, actors and activities" (Spradley, 1980, p. 39). They also noted details on the social situation at each site such as informal interactions between male and female students in the school corridors.

When engaged in participant observation — an integral aspect of the ethnographic method — the research assistants simultaneously observed and participated, observing their own participation as well as that of the adolescents (Escobar, 1993). Accordingly, they kept reflexive journals containing personal accounts of their own experiences and those of the participants (Banister, 1999; Tedlock, 2000). These accounts were woven into the data collection and analysis process and became part of the analytical construct of the study (Bogdewic, 1992). The principal investigator also kept detailed field notes and a reflexive journal during informal visits and meetings at each site prior to, during, and after the data-collection period. The research assistants communicated electronically with each other and with the principal investigator in order to convey important observations made during the weekly focus-group sessions and at the sites.

Data Analysis

In analyzing the data, the researchers attempted to uncover the meaning for the participants of health issues within their dating relationships (Spradley, 1979). The research assistants analyzed all the transcriptions of their own focus-group sessions and at least one transcription from each of the other sites; the principal investigator analyzed the entire data set. Concurrent with the process of individual analysis, the research assistants and the principal investigator held meetings to compare and contrast emerging categories and to identify preliminary themes (Kvale, 1996). The use of several analysts, and thus a number of perspectives, serves to enrich the analysis (Kvale). The team engaged in a recursive process of collecting and analyzing data, followed by further questioning and observing, until they deemed that "theoretical saturation" had been reached and new instances of the phenomenon would not lead to new categories (Strauss & Corbin, 1994).

Prior to and during each focus-group session, the research assistants discussed the emerging analysis with the participants, to verify the analysis and allow the adolescents to collectively share further insights into their dating experiences (Lincoln & Guba, 1985). In addition, the principal investigator checked with four groups of participants to verify the

accuracy of the final thematic analysis (Lincoln & Guba). One of the co-authors, an independent master's-level nurse with expertise in adolescent mental health issues, conducted an external credibility check by reading a random selection of transcripts to independently identify major categories. This helped to ensure the applicability of the results (Lincoln & Guba). In addition, the results were shown to a number of practitioners at various sites in the community, who perceived them as congruent with their practice experiences.

Results

Ethnographic Text

Issues of power and control played an important part in the participants' dating relationships, and the power was unbalanced in favour of the boys. The influences of patriarchal thinking were evident. The participants constructed the meaning of their relationships in the context of their peers of both sexes, and they experienced difficulties in making choices in their lives. In terms of their intimate relationships, these difficulties were profound and complex, involving issues of power and control, sexual politics, the use of drugs and alcohol, the risk of abuse and violence, and the dilemma of whether or not to terminate an abusive relationship. There were clear links between the way in which dating relationships were conducted and the potential for negative health consequences.

Paradoxes of Power and Control: "They Try to Control You"

The participants saw their dating relationships as fraught with power imbalances, so that their behaviour was influenced by their dating partners. According to Wolfe, Wekerle, and Scott (1997), controlling behaviours in dating relationships are designed to elicit submission and obedience. The girls reported that their boyfriends expected them to behave submissively: "They want you to wait by their side to be told what to do." Such expectations were compounded by a tendency for the participants to define themselves as passive objects of male attention and power (Heilman, 1998) or as the target of physical and emotional abuse: "They treat me like stuff, like, really bad."

The participants reported that they spent an excessive amount of time — much more than their boyfriends — ruminating about what the other partner was thinking or feeling and about the status of the relationship. They stated that this was particularly troublesome after a confrontation or if the boy was not fully committed to the relationship. The participants' focus continually drifted to their attempts to explore the experience of the boy. During periods of rumination, they wondered

how they could have handled an incident effectively: "I wonder what he's thinking." "I'm always wondering how sincere they are about you." "How long is it going to last?" "How much does the guy really like me?"

One participant expressed her anguish over a recent incident, assuming responsibility for the way it had unfolded:

You just think and you over-think, like, too many things, and you drive yourself crazy, like, what could I have said? or what did I do?

The participants often expressed inappropriate concern for the partner, assuming a high level of responsibility for the functioning of the relationship that could have unhealthy or even dangerous consequences for them such as self-blame or lack of assertiveness.

The fact that the participants were preoccupied with their own role in maintaining the relationship is not surprising given that, historically, female reasoning has been based on concern for the "other" (Gilligan, 1982). The participants repeatedly described feelings associated with worry, preoccupation, and confusion. Much of their preoccupation pertained to fear of relational disconnection, particularly if they were unsure about their boyfriend's commitment. This fear of loss is understandable given the social pressure on a young woman to have a boyfriend (Banister & Schreiber, 2001); indeed, an adolescent girl's definition of self in the social order is strongly influenced by the "subculture of boyfriend and girlfriend relationships" (van Roosmalen, 2000, p. 211).

The underlying quality of the relationships was one of disempowerment and anxiety for the female partner. From a position of disadvantage in the relationship, the girls had to negotiate behaviour that could have profound and long-term health implications in terms of sexuality and the use of drugs and alcohol.

The Role of Sex Within the Relationship

The participants described sex as their means of negotiating control within the relationship. They consistently described sex as "part of what you do" or as part of the negotiation to "keep the guy." Rarely did they speak of their own sexual desires or enjoyment. These findings are consistent with Hird and Jackson's (2001) conclusion that the sex decisions of adolescent girls centre on accommodating male needs and maintaining the relationship, thus affirming the "heteronormative role [of women] as the gate-keepers of active male sexuality" (p. 41). The participants were so fearful of "losing the relationship," and thus their social status, that they subordinated their own needs to the sexual needs (and likely social status needs as well) of their boyfriend.

Power differentials influence a girl's ability to negotiate safer sex (Holland, Ramazanoglu, Scott, Sharpe, & Thomson, 1992). A young

woman's ability to engage in safe sex depends not only on her own personal empowerment but also on her power relationship with her boyfriend (Amaro, 1995). A boy's negative reaction to condom use will tend to reduce condom use (Harlow, Quina, Morokoff, Rose, & Grimley, 1992). Many participants reported engaging in unprotected sex despite the health risks. When asked what advice they would give other girls, they overwhelmingly stated that they would tell them to wait until they are older before agreeing to have sex with their boyfriend — fitting advice in a social milieu in which girls' sexual experiences are determined by patriarchal, gender-based stereotypes that disempower females to the extent of compromising their physical, emotional, and social well-being (van Roosmalen, 2000).

***Paradoxical Mediators of Control in Relationships:
Drugs, Alcohol, and Violence***

Just as the participants were disempowered to act in their own interests sexually, so they were disempowered in terms of drug and alcohol use. Their behaviour appeared to be influenced, again, by their acquiescence to the patriarchal attitudes of their partner. Conflict around drug and alcohol use was as common as conflict around sexual behaviour. Indeed, the two issues often went hand in hand, invariably in unhealthy ways.

The participants' accounts featured the various and conflicted influences of alcohol and drug use on sexual negotiations. In many of the sessions, the girls presented alcohol or drugs as a "normal" aspect of parties and dating. They reported that when they used drugs or alcohol at parties, they occasionally engaged in sex. Some reported that partying caused them to shed their sexual inhibitions, which in some instances was accompanied by pressure from boys to take part in sexual "threesomes." Many girls who experienced a loss of control in such situations avoided taking personal responsibility for their own behaviour concerning alcohol, drugs, and sex. "He got her all drunk and everything," said one participant, implying that the boy was entirely responsible for a girl's inappropriate drug or alcohol consumption and subsequent risky sexual behaviour.

Faced with the options around their sexual behaviour, the girls often had to choose between, on the one hand, consuming drugs or alcohol — against their better judgement — for the "sake of the relationship," and, on the other hand, refusing to indulge and, presumably, placing the relationship at risk. Neither option held a great deal of appeal for the girl, yet a decision would be made; if she did not make a choice, the ultimate decision would, by default, be left to the boy.

The impact of decisions regarding drug and alcohol use was apparent in non-sexual as well as sexual aspects of the relationship. One partici-

pant said she and her boyfriend would “go at each other” when one of them wanted to use marijuana and the other did not: “That’s probably the biggest problem that I have in my relationship.” Other participants reported feeling angry when they were not interested in taking drugs or drinking and the boy was: “I just sat there and watched him get drunk.” Some who drank alcohol with their boyfriend said the effects were highly destructive for the relationship: “I don’t like drinking that much, because, I don’t know, I always...we always seem to get into fights when we drink”; “I’m afraid to drink...he gets aggressive and I get emotional.” These difficulties, however, did not provide enough impetus for some of the participants to change their drinking patterns, as the following discussion reveals:

Participant 1: *Yeah, like, you know, we’ve gone into fights before and we...like, you know, we get, like, I yell at him and he yells at me.*

Participant 2: *When you fight, it’s big!*

Participant 1: *Yeah, like, we build anger up inside of us and we go off ranting and all of a sudden one thing sets us off.*

Participant 3: *You should not drink together!*

In contrast, other participants described illegal substances as a “social lubricant,” enabling them to be more honest in expressing their feelings and relational needs. When a young woman fears that open communication will disrupt the relationship, she may decide to use substances as a “communications crutch,” to help her express her concerns to her partner (Brown & Gilligan, 1992). For the participants, drugs were both a means of expressing their feelings in spite of this fear and a means of escaping their fear and suppressing their feelings. Some described alcohol and drugs as a futile means of alleviating the pain they endured in the dating relationship. One girl confided:

I just started drinking more and staying away from him. Some people are depressed and they keep on drinking. They think drinking will help [ease the pain] but it just makes it worse... I learned from lots of experience.

Adolescent girls may experience difficulty in forming a strong, egalitarian female self (van Roosmalen, 2000) in the face of pressures to comply with their boyfriends’ wishes. This problem is particularly evident in conflict situations: when a girl attempts to negotiate a way of sharing her thoughts and feelings, she runs a risk of violating the ideal of female passivity and being labelled a “bitch” (Banister & Schreiber, 2001). This risk can be viewed as “treacherous: laced with danger, a sign of imperfection, a harbinger of being left out, not chosen” (Gilligan, 1982, p. 32).

Substance abuse, in particular the type of binge drinking (Silverman et al., 2001) in many of the party scenarios described in the focus-group sessions, has been associated with both physical and sexual violence. Aside from the obvious physical harm, the use of alcohol and illegal drugs, as reported by the participants, can compromise well-being in a variety of ways. Alcohol and drug use initiates a spiral of reduced agency: the girls are unable to say “no” to activities that will further reduce their ability to say “no,” and this may lead to subsequent health compromises such as coercion and violence within the dating relationship.

Violence as a Trade-off in Dating Relationships

The consumption of alcohol and drugs by the participants and their boyfriends often led to the use of abusive language or violence. However, participants reported that even without the use of alcohol or drugs, name-calling and physical violence were commonplace in their dating relationships:

His buddy called me a stupid bitch, and I was angry because I was kind of friends with this guy. It was totally degrading...him being my boyfriend's best friend. So I called him, and I didn't even get an apology, and I don't see my boyfriend doing anything about it.

From the boy's point of view, a retraction or apology was unwarranted in such instances. If a girl complained about this kind of treatment, the best that she could expect was a further insult: “Can't you take a joke?”

The participants also discussed the theme of jealousy as a precursor to abuse. Many of them were troubled by their boyfriends' jealousy and anger:

He didn't like it when I would even go to your guy [speak to another girl's boyfriend]. He hated it. He just wanted to punch that guy right in the face. So when I hugged a guy it was twice as [bad].

Participants reported experiencing feelings of conflict and confusion along with the violence in their intimate relationships. Even those who identified themselves as victims of abuse found it extremely difficult to leave the relationship. One girl's description speaks to this turmoil:

People get confused in relationships, and they're stuck, and they're, like: What am I supposed to do? Should I stay here and be with somebody that wants to be with me although they're abusing me, like, emotionally and physically?

This girl is facing a serious dilemma: whether or not to remain in a relationship that does little to enhance her sense of self-worth. The meaning of the relationship has been informed not by the young woman's own voice or feelings but by a mainstream patriarchy that has defined the role

of women. Such a relationship may have serious negative consequences for the girl's health and personal safety.

***“Trying to Keep the Guy”:
Patriarchy and the Paradox of Social Isolation***

Given the ongoing threat of coercion and emotional and physical violence in such dating relationships, coupled with the apparent absence of any positive experiences, one may well ask what is the appeal. Indeed, some participants spoke of an underlying desire to not be in a relationship, saying that adolescent couples “weigh each other down” and limit each other's opportunities for learning and growth both within and outside of the relationship. In spite of the disadvantages, however, the pressure to pair usually prevailed. The participants faced a paradox when they considered terminating a dating relationship: they believed that if they left the relationship they would be exchanging the isolation and abuse, along with a degree of social acceptance and status, for even greater isolation. One participant reported: “I've basically lost all my friends because of him.” Such difficult choices demonstrate the pressure within Western culture to pair off into heterosexual dating relationships. Hird and Jackson (2001) suggest that women's romance socialization and the discourses of pairing within Western society contribute to the incidence of abusive relationships by assigning social status to having a boyfriend. The experience and status of being in a relationship seem to outweigh the destructive effects. Van Roosemalen (2000) speaks to this paradox:

Teenage women are willing to overlook the unhappiness and displeasure that often arises from boyfriend-girlfriend relationships as long as they can have the experience. No matter the degree of indifference (the occasions he ignores her, or worse still, two-times on her) or his unkindness (the gossip he spreads and the hurtful remarks he makes), these girls' devotion rarely wavers. (p. 210)

According to van Roosemalen, adolescent girls adopt patriarchal assumptions that are rooted in the notion that adolescent boys are everything and girls gain status by association. This construction of the meaning of dating relationships is “one of the most important markers of adolescence in patriarchal culture” (p. 211).

The mainstream patriarchal construction of the meaning of their dating relationships offered the adolescents in the present study limited choices: if they remained in the relationship, their health and self-esteem would be compromised; if they terminated the relationship, their social status and self-esteem, and possibly their safety and health, would be

compromised. For many, the system of thinking that has constructed this dilemma left them no other options and no means of escape.

Discussion and Implications

In this qualitative study, the voices of young women revealed the underlying meanings for them of health issues pertaining to their dating relationships. Such meanings are part of the dominant cultural understanding of girls' dating relationships. From a health-care point of view, the results suggest that unequal power dynamics in their dating relationships place girls at a disadvantage, with serious consequences for their health. Their difficulty in expressing their needs and desires within their intimate relationships made the participants especially vulnerable to social isolation, substance misuse, and individual and social tolerance of violence.

Wilkinson (1998) concludes that focus groups are a valuable means of obtaining data on individuals' understandings of health and illness. The present study illustrates the benefits of using focus groups to elicit rich interactive data from adolescent populations in the context of their social world (Wilkinson, 1998). Feminist scholars (Mina & Sampson, 1992; Surrey, 1991) argue that women's groups can foster relational empowerment; providing women with the opportunity to build connections through dialogue is congruent with the ways in which women in Western culture have been socialized to understand, communicate, and construct meaning (Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982; Miller, 1986).

Providing opportunities for adolescent girls to collectively share their intimate health-related experiences has the potential to raise consciousness, which could in turn lead to positive action and social change (Banister, 2001; Wilkinson, 1998). Furthermore, the use of feminist group strategies such as "check in" and "closing" (Chinn, 1996) can help to equalize power within the group and provide a safe forum for the honest discussion of relationship concerns (Banister, Tate, Wright, Rinzema, & Flato, 2002).

Nursing professionals should seriously consider the value of providing health care and health information to female adolescents in a group format. For example, group discussion and critical analysis of relational power imbalances can help participants challenge the assumptions behind such imbalances. Nurses can establish group environments that adolescents perceive as safe, to counter the high level of vulnerability they experience in their everyday lives. A group format can provide young women with the opportunity to share their concerns about their dating relationships. Group facilitators who are sensitive to the concerns of

youths can help them to articulate their thoughts and feelings regarding conflict within their relationships. Furthermore, this format offers young women ready access to health services, with opportunities to be seen by nurses within small groups of peers instead of being seen alone. Recent experience at one of the research sites for the present study, the youth clinic, indicates that nursing professionals can reach adolescent female populations by being open to such approaches to care.

Health education for girls and women needs to reflect the reality of their lives. The results of this study indicate the need for nurse educators to take seriously the health implications of young women's relationship experiences. They need to acknowledge the complexity of such relationships and help to educate other health professionals and the adolescents themselves about issues such as the health consequences of dating violence. The present findings point to the need for interventions that challenge mainstream culture and that foster empowerment among adolescent girls. The paucity of research in this area suggests the need for further studies, the results of which should be made available not only to the academic community but also to adolescent populations.

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