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The application of a feminist poststructural framework in nursing practice to address adolescent girls' sexual health

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Abstract

Background: Sexuality and sexual health are interconnected, and they interact with physical, mental, and social well-being to form one's sense of wellness. In many patriarchal societies adolescent girls must be 'seen and not heard'. They face a great deal of pressure to act in feminine ways in their relationships with others and with their bodies and may be caught in opposing discourses between chastity and fulfilling expectations of femininity. Health care professionals can promote positive sexual well-being among adolescent girls who live with conflicting sexual health discourses.

Aim: This paper, through a feminist poststructuralist framework, examines the conflicting discourses of adolescent girls, who experience power struggles with regard to their sexuality and sexual health practices. It aims to provide nurses with a pragmatic framework for exploring, assessing and potentially transforming health care situations when caring for young women in a sexual health setting.

Methods: A review of the literature on adolescent girls' sexuality and sexual health was conducted and analysed using a feminist poststructuralist framework. Nursing strategies to address the identified issues in practice were based on a feminist poststructuralist framework.

Results: The feminist post structural framework highlights the conflicting discourses related to adolescent girl's sexuality and sexual health practices. Themes identified from the review, as they relate to sexual discourse, were power, language, subjectivity, and agency. Thus the theoretical underpinnings of feminist theory and post structuralism can help nurses to explore the sexual health of adolescent girls and improve the delivery of sexual health care.

Conclusion: This paper provides strategies on how to incorporate theory to improve nurses' understanding about adolescent girls' sexual health.

Keywords: Feminist theory, adolescent girls, nursing practice, post structuralism, sexual health, sexuality

Introduction

The greatest prospect for the successful provision of healthcare is to frame and deliver care to recognize individual's experiences, knowledge, and prospects for health (Burton, 2016)^[13]. Nursing science must count on the practical experiences of nurses for it to advance the nursing profession, apply principles that influence the practice of nursing, and foster the continuing growth of the professional science of nursing, its ontology, and epistemology (Burton, 2016)^[13].

Nurses' efforts to recognize people's ways of connecting to health and to explore the cognitive and behavioral factors that enhance or inhibit their willingness to participate in care are important. This process is crucial in meeting the demands of the underprivileged population, for whom various factors affect the giving and receiving of care. Adolescent girls and the young adult women population are markedly absent from nursing research (Burton, 2016)^[13]. The assumption that adolescents are like children and must be protected from risk has prevented research on this population (Ritchie *et al.*, 2013)^[49]. Adolescent girls are generally considered excessively sensitive, emotional, and problematic in working with them, and they have inadequate skills to make healthy decisions or participate in research (Arnett, 1999; Banister & Schreiber, 2001; Burton, Halpern-Felsher, Rankin, Rehm, & Humphreys, 2011)^[3, 7, 14]. Because adolescent girls are individuals with varied perspectives, needs, and developmental contexts, devoted care for this population is required, particularly in the area of sexuality; therefore, it is essential to reflect the ways in which the developing

quest for nursing knowledge can inform the advancement of such care.

Using a feminist poststructuralist framework, I will critically examine the philosophical perspective and conflicting discourses of adolescent girls who struggle with their sexuality and sexual health practices and foster an understanding of how they can challenge the current circumstances to give nurses deeper insight into their sexuality. Finally, I highlight the implications of a feminist poststructuralist framework in an effort to advance sexual health nursing practice.

Philosophical Perspective of Adolescent Girls' Sexuality

The complexities that adolescent girls face are usually associated with gender-related views and expectations (Slater, Guthrie, & Boyd, 2001) [56]. They are trained to be feminine at a young age and forced to conform to these cultural values and beliefs during adolescence.

Subsequently, the dilemma of cultural expectations and the devalued feminine role make adolescent girls susceptible to psychological health risks (Gilligan, Lyons, & Hanmer, 1990) [35]. Their progress in socialization intensely impacts their self-perception and self-respect, as well as their capability to indulge in and sustain healthy relationships (Orenstein, 2013; Taylor, Gilligan, & Sullivan, 1995) [45, 59], in addition to negative behaviors that undesirably influence their health.

The development of healthy sexuality is a critical stage (Ehrhardt, 1996) [30] that occurs mainly during adolescence (Christopher, 2001; Tolman, 2002) [21, 61]. In a patriarchal society where women have little or no power to make any decision for themselves, adolescent girls must be 'seen and not heard' (Impett, Schooler, & Tolman, 2006). They face a great deal of pressure to act in feminine ways in their relationships with people and with their bodies (Impett *et al.*, 2006). This pressure suppresses their authentic thoughts and feelings and disregards their desire to adapt to the predominant images of beauty and attractiveness.

A critical developmental task in adolescence from a feminist developmental standpoint is to learn to survive in a woman's body (Impett *et al.*, 2006). In a feminist developmental framework, adolescent girls must develop an assumed recognition of themselves as women in their behavior, judgements, and emotions and through others' responses to them (Impett *et al.*, 2006). According to Bordo (2004) [10], Brumberg (1997) [12], and de Beauvoir (1961) [23], the meaning and experience of being in their own bodies and their experience of their physical and associated emotional states change as girls pass through puberty in a society that objectifies and commodifies women's physical appearance. Young girls eventually learn to adapt and, ultimately, to internalize objectified constructs of femininity as a result of societal objectification (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) [32, 42]. The personification of femininity comprises a disconnection from one's body; specifically, losing consciousness of individual needs and desires and training the body how to move and not move to adhere to the "ladylike" standards of physicality (Bartky, 1990; Tolman & Debold, 1993) [6, 62]. As de Beauvoir (1961) [23] noted, this development includes accepting themselves from a masculine point of view, presenting themselves as objects of male pleasure, and learning to assess and judge instead of experiencing and sensing their own bodies. Therefore, during puberty girls

begin to grow physically mature bodies, many, to some degree or other, dissociate from their own bodily desires and engage in behaviors of constant control and surveillance of their own bodies and become involved in the repetitive behaviors of controlling and examining their bodies from others' perspectives (Fredrickson & Roberts, 1997) [32]. This can have negative consequences for female sexuality.

Therefore, adolescent girls who objectify their bodies and separate themselves from their feelings find it hard to understand or express their own desires, despite acting according to their partners' desires and interests (Tolman, 2002) [61].

Positive sexual encounters can result in normative health processes; for instance, sexual curiosity, exploration, pleasure, and satisfaction (Jackson & Cram, 2003; Rotermann, 2012) [52].

Peer pressure and social pressure often force adolescent girls to follow various sexual health practices. Young girls, particularly heterosexual girls, face many different sexual discourses that influence their sexuality (Levin, Ward, & Neilson, 2012) [38]. For example, adolescent girls face a sexual double standard in terms of sexual health practices: Women are accused, blamed, and stigmatized for their sexual behavior, whereas men are applauded and praised for sexual encounters (Jackson & Cram, 2003; Kreager & Staff, 2009) [36]. The sociocultural norms of the society often encourage men to express sexual desire and suppress the needs of women to avoid their appearance as immoral. Conversely, social norms encourage girls from childhood to be passive, to gratify their partners, and to suppress their sexual desires (Kreager & Staff, 2009; Tolman, Spencer, Rosen-Reynoso, & Porche, 2003) [36, 64]. These social norms are contradictory to the discourses that adolescent girls encounter concerning their sexuality and sexual health and can affect their sexual health and mental well-being (Levin *et al.*, 2012) [38].

Philosophical Underpinnings and Nursing Knowledge

The philosophical orientation of research consists of ontological and epistemological tenets that, combined, support the researcher's choice of methodology and ensure the internal coherence of the research (DeForge & Shaw, 2012) [24]. Ontology and epistemology are two concepts that are central to the discussion, closely linked, and build upon one another.

Ontological Underpinnings

To ensure conceptual clarity in this discussion, I present Guba and Lincoln's (1994) definition of ontology as related to the nature and form of reality and, eventually, what we can know about it. Even though there is a comprehensive range of ontological positions, most originate from either a realist or a relativist standpoint. Realist ontological positions pursue an understanding of a singular, independent reality, in which knowledge is considered partial and restricted by perspective (Clark, Lissel, & Davis, 2008; DeForge & Shaw, 2012; Kikuchi, 2003; McEvoy & Richards, 2003) [22, 24, 41]. On the other hand, a relativist ontology holds that reality exists in pluralities, is concurrently communal and different, is dynamic across time and person, and is created through experience (Guba, 1990). Both realist and relativist ontological positions are visible in nursing practice and knowledge development through research. The ontology of feminist post structuralism as a research methodology

reveals the existence of multiple truths when researchers uncover overlapping discourses by deconstructing knowledge and analyzing discourse (Cheek, 2000; Weedon, 1996) ^[18, 68].

Epistemological Underpinnings

Ontology subsequently influences epistemology, which reflects the nature of knowledge and what we can know (DeForge & Shaw, 2012) ^[24]. In parallel to the ontological views that impact the development of nursing knowledge, epistemological diversity is a trademark of the discipline (Chinn & Kramer, 2015; Tarlier, 2005) ^[20, 15]. For instance, subjectivist types of epistemological positions embrace the knowledge of reality as discernible through interaction; consequently, the knower and what we can know are complex (Guba & Lincoln, 1994; Thorne, Reimer Kirkham, & MacDonald-Emes, 1997) ^[60]. Reed and Lawrence (2008) presented a pivotal explanation of nursing knowledge: “knowledge warranted as useful and significant to nurses and patients in understanding and facilitating human health processes” (p. 423). Similarly, Thorne *et al.* (1997) ^[60] proposed that nursing is in pursuit of dynamic, growing, and context-dependent knowledge that nurses can utilize in practice. Moreover, the epistemological diversity of nursing frames the variety of research questions and designs to construct knowledge that is diverse in nature (DeForge & Shaw, 2012; Tarlier, 2005) ^[24, 15]. Perhaps the development of knowledge for practice requires numerous viewpoints, methodologies, and approaches to shape a body of knowledge that is adequate for the complexities of nursing practice (Risjord, 2010; Tarlier, 2005) ^[48, 15].

Similarly, from an epistemological point of view, feminist poststructuralism affirms that there are multiple ways of knowing based on the viewpoint that knowledge is subjective and contextualized (Cheek, 2000) ^[18]. Moreover, the theoretical and philosophical underpinnings of feminist poststructuralism help to examine gender-based and socially constructed matters; for instance, discrimination, sexism, ableism, ageism, heteronormativity, or patriarchy (Cheek, 2000) ^[18]. According to Ollivier, Aston, and Price (2018) ^[44], feminist poststructuralism addresses inquiries such as “Why is it done like this? How did this come to be? What is ‘normal’ and why? What does one do about it?” (p. 3).

Feminist poststructuralism framework and sexual health

Feminist poststructuralism is a unique framework to explore adolescent girls’ sexual health because it targets an analysis and critique of contradictory discourses with respect to power relations as identified by Michel Foucault. In the late 20th century, poststructuralism and contemporary feminism developed as two of the most powerful political and cultural movements. The current association between them is considered a particularly lively engagement with the work of French philosopher Michel Foucault. Though in his writings Foucault discussed women or the subject of gender, his treatment of the relations among power, the body, and sexuality (Deveaux, 1994) ^[25] has motivated widespread feminist attention. His notion that the body and sexuality are cultural phenomena rather than a natural construct (Deveaux, 1994) ^[25] has made a major contribution to the feminist critique of essentialism. I will discuss feminist theory and poststructuralism specifically to explain how the two theories interconnect to generate a practical framework pertinent to adolescent girls’ sexuality.

Feminist theory focuses on power relations and the disparities that exist for girls, women, and various other marginalised group of people (Hesse-Biber, 2011; Young, 1990) ^[71]. The purpose of applying feminist theory is to end the unjust treatment of the female gender, which emphasises the hierarchies and patriarchal power forced upon the status quo (Hesse-Biber, 2011). Feminist theory permits critical reflection on sexuality, which derives from women’s physiology. A significant aspect of feminist theory is the conceptualization of the female body (Birke, 2000) ^[9].

Adolescent girls and women are regarded as having to conform to heteronormative social patterns often contrary to the norm for men (Goldberg, Ryan, & Sawchyn, 2009). Feminist theory helps to analyse the relationships among the female body, culture, and power (Bordo, 2004) ^[10]. According to Bordo, the aim of feminism theory is to encourage consciousness raising and improve girls’ and women’s mindfulness of the “power, complexity, and systemic nature of culture, the interconnected webs of its functioning” (p. 19). Practically, Bordo’s work is valuable when it is combined with poststructuralism to examine adolescent girls’ sexuality.

Poststructuralism involves analysing contradictory discourses on knowledge by exploring the connections among language, subjectivity, social organisation, and power (Weedon, 1996) ^[68].

Power relations indicate and confirm the preservation of the social hierarchy and adherence to the status quo (Doering, 1992, Dreyfus & Rabinow, 2014) ^[26, 27]. Power and knowledge are linked, because power yields knowledge and, consequently, controls what is acceptable to be acknowledged (Doering, 1992; Dreyfus & Rabinow, 2014) ^[26, 27]. The notion of power and knowledge helps to address social organisation, examine the patriarchal structure of a society, and understand the power relations and opportunities for change (Cheek & Porter, 1997; Weedon, 1996) ^[19, 68].

Cheek, Weedon, Butler, bell hooks, and Scott (as cited in Aston, 2016; Cheek, 2000) ^[17, 18] further developed feminist theory and poststructuralism. These frameworks, combined, help explore and deconstruct the meanings of discourses in terms of the use of power and language within them. The purpose of feminist poststructuralism is to challenge the status quo by attaining equity, fairness, and social justice (Butler, 1992; Cheek, 2000; Scott, 1992) ^[54, 18, 54]. Therefore, researchers can use feminist poststructuralism as a philosophical or theoretical framework to describe and explore gender and socially constructed issues such as patriarchy or sexism (Cheek, 2000) ^[18]. According to feminist poststructuralism, individuals have inherent power to charge, challenge, or question (Aston, 2016; Scott, 1992) ^[17, 54]. Moreover, feminist poststructuralism helps to echo unheard voices or experiences to discover past, present, and future meaning(s) in relation to power (Scott, 1992) ^[54]. Feminist poststructuralism is meaningful in analysing and comprehending how discourses on sexual health affect the mental health of adolescent girls. For instance, a sexual health social discourse on adolescent girls might include connotations of embarrassment, awkwardness, and shame; whereas another sexual health discourse might comprise linguistics and meaning, which encourage open discussion, acceptance, and the embracing of positive sexual health (Ollivier, Aston, & Price, 2018) ^[44].

In the following section I examine adolescent girls’

sexuality, which is deeply rooted in a socially constructed gendered and heteronormative relation of power, through the lens of a feminist poststructural framework. I explore differing discourses, power, language, subjectivity, and agency to understand and present new knowledge for nurses on the sexuality of adolescent girls.

Sexual Discourses

Gender is a social construct that influences both women and men (Bird & Rieker, 1999) ^[8]; however, women are vulnerable because of their submissive position in society (Mason, 1986) ^[39]. Particularly in many South Asian countries, women face discrimination as a consequence of enduring gender norms (Hausmann, Tyson, & Zahidi, 2009). Similarly, a wide gender gap and inequalities exist in Pakistan (Vishwanath, 2006) ^[66]. These disparities as a result deprive women of their privileges, autonomy, and control (Gill & Stewart, 2011) ^[34] and therefore negatively impact their prospects in life (Sathar & Kazi, 1997) ^[53], specifically sexual and reproductive health (Saleem & Bobak, 2005) ^[52].

The common sexual discourse in society is a gender-specific double standard that is evident in heterosexual relationships (Levin *et al.*, 2012; Tolman, Spencer, Rosen-Reynoso, & Porche, 2003) ^[38, 64]. This double standard often forces women to be submissive and obedient and please their partners. On the other hand, men are encouraged to display sexual desire, objectify women, and become involved in other sexual relationships when they are married (Levin *et al.*, 2012) ^[38]. In addition, adolescent girls must be vigilant about their physical appearance (Tolman *et al.*, 2003) ^[64]. Therefore, the experience of being in one's own body and undergoing physical and the related emotional feelings transform as girls pass through puberty in a society that objectifies women's physical appearance (Bordo, 2004; Brumberg, 1997; de Beauvoir, 1961) ^[10, 12, 23]. As a result of their objectification, young girls learn, adapt, and eventually symbolise objectified constructs of femininity (Fredrickson & Roberts, 1997; McKinley & Hyde, 1996) ^[32, 42]. The sexual double standard suppresses adolescent girls' sexual rights because they are forced to obey the patriarchy; that is, the male-dominated sexual script (Masters, Casey, Wells, & Morrison, 2013) ^[40].

Nurses' responsibility in working with adolescent girls is to identify and understand the sexual double standard and its influence on their sexual and mental health to discontinue the discourse and intervene as needed. Nurses can initiate the conversation by identifying adolescent girls' roles in the decision-making process compared to the roles of their male partners. It is also vital that they hear adolescent girls' apprehensions, acknowledge their feelings, and guide them with correct information on sexuality (Stinson, 2010) ^[57]. Determining alternative approaches to discuss sexual health will reduce the sexual double standard discourse and eventually lessen the feelings of shame, fear, and embarrassment (Oliffe *et al.*, 2013) ^[43].

Power

In the feminist poststructural framework, the concept of power has a strong influence on adolescent girls' bodies and thus influences their sexuality. In Pakistan, from the early years of life, girls learn to consider men as physically influential and powerful and therefore mentally capable of making decisions. If women challenge these patriarchal

privileges or attempt to enforce their rights, they are controlled through violence, which teaches other women a lesson on the consequences (Rizvi, Khan, & Shaikh, 2014) ^[50]. According to Peters (2012) ^[46] and Siebold (2011) ^[55], adolescents receive sexual health information from various sources: mainly peers, followed by parents, health care professionals, and the media. Mainly what their peers do and say shape young people's behaviour. Thus, the power of peers strengthens the prevailing and dominant sexual discourses. Likewise, the media strongly highlight the sexual double standard discourse, which is obvious in television shows, films, magazines, and books. Because of the strong influence of technology, it is difficult for young girls not to be affected by the prevalent sexual discourses portrayed in the media (Brown, 2002; Siebold, 2011; Wingood & DiClemente, 1996) ^[11, 55, 69]. Hence, the ideal sexual images and practices become dominant and propagated as standardised normal practices when the media present them frequently.

When the prevailing values, beliefs, and practices challenge adolescents, they have two options: either to maintain these values, beliefs, and practices or transform and challenge the discourse. This makes it obvious that beliefs and values are situated in different forms of power. A socially constructed predominant binary power relation between 'right' and 'wrong' kinds of sexuality can pressure adolescents to adapt. Dreyfus and Rabinow (2014) ^[27] regarded this as a type of self-regulation.

Nevertheless, because power is also considered negotiable, adolescents have the capacity to deal with this power in a variety of ways; for instance, by approving, disapproving, and/or feeling confused. Therefore, nurses must be familiar with adolescents' sexuality to discuss power struggles in relation to their needs. Moreover, nurses are in a position to offer a safe space to young girls to discuss societal restrictions and address their feelings of apprehension, confusion, or frustration. Therefore, nurses can help adolescent girls to find their voices and advance their skills to express their wishes to be able to make healthy sexual decisions (Stinson, 2010) ^[57].

Language and Subjectivity

Language is the principal aspect of feminist poststructuralist analysis. It is a tool to define constructs such as femininity and masculinity, which are internalized in socially specific ways (Scott, 1992) ^[54]. People practise language in different ways that reflect societal standards. In addition, language helps to socially construct an understanding of the self, which is considered an individual's subjectivity (Weedon, 1996) ^[68]. Language and the subjectivity of individuals shape their beliefs, values, and practices. Hence, individuals construct the use of language and a sense of self in different ways depending on the societal norms and discourses with which they come into contact (Cheek & Porter, 1997; Weedon, 1996) ^[19, 68]. Generally, the language that peers, families, health care professionals, and the media use with regard to sexuality reflects the power of the prevailing and accepted discourses. As a result, language socially constructs adolescent girls' beliefs, values, and practices of sexuality (Siebold, 2011) ^[55]. Garcia, Lechner, Frerich, Lust, and Eisenberg (2014) ^[33] revealed that young people prefer health care professionals who are caring, hospitable, empathetic, and nonjudgmental and who listen and make them feel content. Thus, nurses must be thoughtful and

mindful of the language that they use with adolescent girls and show respect to promote positive sexual health experiences.

Agency

Utilising the feminist poststructural framework to explore adolescent girls' sexuality and sexual health practices requires consideration of agency. With regard to sexual discourses, whether they involve the sexual double standard or positive sexuality, adolescent girls must not be oppressed. To challenge societal and cultural norms, they must use their agency to attribute, repel, embrace, or oppose the power relations rooted within the discourses (Cheek & Porter, 1997; Weedon, 1996) ^[19, 68]. It is important that nurses help adolescent girls to become aware of their agency to challenge the status quo and adopt healthy sexual health practices.

Relevance to Nursing Practice

The theoretical underpinnings of feminist theory and poststructuralism help nurses to explore the sexual health of adolescent girls and improve the delivery of sexual health care (Cassidy, Goldberg, & Aston, 2016) ^[17]. It is essential that nurses understand the social discourses on sexuality that influence adolescent girls particularly to be able to provide the best possible care with confidence. A feminist poststructural framework encourages nurses to take a holistic approach to care and conduct a comprehensive assessment. Using a feminist poststructuralist framework helps nurses to determine how adolescent girls build and practice power within discourses by challenging the status quo and questioning the norm (Aston, Price, Kirk, & Penney, 2012) ^[4]. Nurses can promote positive sexuality among adolescent girls by using a feminist poststructural framework and considering young girls as active individuals with voices and choices to make healthy decisions for themselves (Price & Cheek, 1996) ^[47]. Nurses can provide the best possible care to adolescent girls by setting their own biases, prejudices, and stereotypes aside (Goldberg *et al.*, 2009); which will help to overcome the barriers to and challenges of addressing adolescent girls' sexuality.

Conclusion

Sexual health is an important aspect of adolescent girls' health and well-being, to the extent that it interconnects with various physical and mental health issues (East & Jackson 2013; Evans, 2013; WHO, 2013) ^[29, 31]. Nurses can be role models for adolescent girls by providing holistic care that addresses their sexual health concerns; however, they face many challenges in advancing sexual health related nursing care (East & Hutchinson, 2013) ^[28]. Nurses should use a feminist poststructuralism theoretical framework to overcome these challenges. Yet, because of its complex underpinnings, they do not often use this framework (Wall, 2007) ^[67]. However, as I have highlighted in this paper, it is important that nurses use this framework to guide and advance adolescent girls' sexual health.

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