

Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

Amanda Laura Geller

Date

**Early Sexual Experiences of Young Urban Men:
A Qualitative Analysis of Relationship Histories of African American and Puerto Rican
Young Men in Philadelphia**

By

Amanda Laura Geller
Master of Public Health

Hubert Department of Global Health

Dr. Karen L. Andes, PhD
Committee Chair

**Early Sexual Experiences of Young Urban Men:
A Qualitative Analysis of Relationship Histories of African American and Puerto Rican
Young Men in Philadelphia**

By

Amanda Laura Geller

B.A.
Boston University
2007

Thesis Committee Chair: Dr. Karen L. Andes, PhD

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in the Hubert Department of Global Health
2013

Abstract

Early Sexual Experiences of Young Urban Men: A Qualitative Analysis of Relationship Histories of African American and Puerto Rican Young Men in Philadelphia

By Amanda Laura Geller

Background: Urban African American and Puerto Rican young men sexually debut at an early age compared to their peers of other racial/ethnic groups.

Objective: To understand the experience of young urban inner city African American and Puerto Rican male youth from Philadelphia, PA who engage in early sexual intercourse before the age of 16 years old.

Methods: Project PHRESH.comm conducted Sexual Relationship Life History Interviews (SRI) between 2005 and 2006. Data collection included thirty qualitative individual interviews with African American and Puerto Rican young men ages 18-25.

Results: African-American and Puerto Rican young men experienced early sexual intercourse in the context of a dating relationship in moments of opportunity while parents were not supervising their children. Many boys were not highly monitored. Because of this opportunity, sex was rarely planned and left them ill-equipped to practice safe sexual behaviors. Particularly young men often engaged in sex with older females, some of whom were coercive. Condom use was inconsistent and varied with cultural attitudes, relationship decisions, and personal choice. Peers and parents facilitated knowledge and practices of safe sexual behavior.

Discussion: Our data suggests that prevention interventions include the involvement of parents to improve parental monitoring and adult supervision. Schools should implement evidence-based interventions to help young adolescents develop healthy relationship models, refusal skills, and reproductive health knowledge. Furthermore, young men use condoms at early sex when they are provided; therefore, parents and schools should consider free distribution of condoms.

**Early Sexual Experiences of Young Urban Men:
A Qualitative Analysis of Relationship Histories of African American and Puerto Rican
Young Men in Philadelphia**

By

Amanda Laura Geller

B.A.
Boston University
2007

Thesis Committee Chair: Dr. Karen L. Andes, PhD

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in the Hubert Department of Global Health
2013

Acknowledgements

Most importantly, I want to thank my mentor and thesis advisor, Dr. Karen Andes, for her support of this thesis by acquiring the data from her colleagues at CDC and teaching me qualitative analysis skills. I thank Dr. Andes for her sincere dedication to her students and her support throughout the entire process of analysis and writing. She pushed me further than I thought I could go, but had faith that I could do it. While she has many advisees, she always made time for me and helped me when I needed it most. Developing a friendship with Karen has been one of the highlights of my academic career at Emory.

In addition, I would like to thank Marion Carter and Kendra Hatfield-Timajchy from the Division of Reproductive Health at Centers of Disease Control and Prevention as well as all involved in the PHRESH.comm research project. They graciously shared this qualitative data so that I could write my thesis and submit a manuscript.

I would like to thank my family and friends who have been patient with me over the last several months and allowed me ample time to call them back or have waited to see me until after May.

And a huge thank you for all the moral support and encouraging words from my amazing friends at Rollins School of Public Health. We did it together!

Finally, I would like to thank the male participants in this study who shared their intimate stories with the research team.

Table of Contents

Chapter 1: Introduction	1
Introduction and rationale	1
Problem statement.....	2
Purpose statement and research questions.....	2
Definition of terms.....	3
Chapter 2: Comprehensive Review of the Literature	5
Background.....	5
Seminal qualitative studies.....	6
Health impact of early sexual debut.....	8
Risk and protective factors.....	8
Macro-determinants of health	9
Interpersonal factors	11
Individual behavioral factors.....	14
Current qualitative study.....	15
Chapter 3: Project Content	17
Methods	17
Study overview.....	17
Sexual relationship life history interviews (SRLHIs)	17
Analysis.....	18
Data quality and limitations.....	21
Results	22
Stable and committed relationships.....	22
Short-term and casual relationships.....	28
Just sexual relationships.....	32
Chapter 4: Discussion and Recommendations	36
Implications by relationship type.....	36
Recommendations.....	38
Parental influence and monitoring.....	39
Promote healthy relationship models.....	40
Develop refusal skills and self-efficacy.....	41
Implement early sexual education in schools.....	42
Intervene with peers.....	43
Other areas of consideration.....	43
Condom use	43
Young women’s role in the early sexual experience.....	44
Strengths and limitations	45
Conclusions	46

List of Appendices

Appendix 1: Sexual Relationship Life History Interview Guide

Appendix 2: Codes and Code Definitions

Chapter 1: Introduction

Introduction and rationale

The age of sexual initiation of Puerto Rican and African American boys is a public health concern, particularly in cities such as Philadelphia, Pennsylvania, where one quarter of all young men debut before age 13 (National Center for HIV/AIDS, 2011). Younger male adolescents are less likely to have sufficient sexual education and are thus, ill-equipped to practice sexual prevention behaviors such as condom use. Young African American and Puerto Rican boys are at a high risk of initiating sexual intercourse in unsafe circumstances, in part because youngest males debut with older sexually experienced females. They are at risk for early fatherhood and contracting STIs due to these risky behaviors (Abma, Martinez, & Copen, 2010; Harden, 2012).

Adolescent pregnancy and sexually transmitted infections (STIs) are costly to the individual, but also to the state, which often pays for care through Medicaid. Centers for Disease Control and Prevention (CDC) estimates that STIs increased nationally from 2010 to 2011, with over half occurring among young people 15-24 ("Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States," 2013). STI rates for African American male adolescents 15-19 are much higher than for white male adolescents. They reported gonorrhea rates 30 times greater than that of whites; Hispanics reported more than twice the rate of white males ("STDs in Racial and Ethnic Minorities ", 2011). Patterns of teen pregnancy follow a small, but steady decline among African American and Hispanic teens aged 15-19. However, these same youth (over 47%) maintain the highest rates of adolescent pregnancy, more than double non-Hispanic whites (22%) (Hamilton, Martin, & Ventura, 2012). There is no surveillance data for youth under the age of 15, but presumably people engaging in sexual intercourse at early ages would be at risk similar to the 15-19 year old group.

Problem statement

While it is common knowledge that urban youth of low socio-economic status (SES) tend to engage in sex at younger ages than their better-off peers, little is known about the circumstances surrounding the experiences of young boys. Puerto Rican and African American youth living in inner city environments experience higher poverty and greater community violence (Blum et al., 2000; Cubbin, Santelli, Brindis, & Braveman, 2005). Cultural experiences specific to each racial/ethnic group add to their vulnerability. Latinos are influenced by cultural assimilation while African Americans more often live with just one parent and have less parental monitoring (Edwards, Fehring, Jarrett, & Haglund, 2008; Kalina et al., 2013; Morales-Campos, Markham, Peskin, & Fernandez, 2012). Environmental factors also put minorities of low SES at higher risk. Interventions have attempted to address inequalities, yet large disparities persist. Latino and African American youth may not receive the support and education they need to make healthy sexual choices; nevertheless, the way in which they make those decisions is not clear. Some qualitative research has explored this topic, but has lacked deep analysis of risk and protective factors underlying such decisions. Interventions may not be addressing the identified needs of these particularly young sexual initiators since the majority of existing data is for older adolescents.

Purpose statement and research questions

The purpose of this study is to understand the risk and protective factors that influence African American and Puerto Rican young men in Philadelphia to engage in sex before the age of 16. Knowledge of the context and underlying factors associated with young male sexual intercourse will provide justification for intervention recommendations specific to inner city youth.

Specific research questions include:

1. In which types of relationships are young men when engaging in young sex?
2. What are the circumstances surrounding the first or early sexual experiences of male adolescents?
3. In what preventive and risky sexual behaviors do young men engage?
4. Where do young initiators receive information about sexual intercourse and prevention behaviors?

Since young African American and Puerto Rican boys are experiencing first sex at a much earlier age than most other adolescent populations in the United States, quantitative research has focused on prevalence and associated factors. However, considerations of how young men describe early sex in their own words will provide greater understanding into their perceptions, experiences, and the circumstances that allow for early sexual debut. Little research has looked specifically at young male initiation; greater understanding of these behaviors is needed in order to develop programs that can target particular behaviors that may differ by race, ethnicity, and age.

Definition of terms

Sexual debut and sexual initiation are employed to mean first experience of vaginal intercourse. Early sex refers to any sexual experience before the age of 16, including but not limited to sexual debut. Studies define early sexual debut less than 14, 15, or 16 years. For this analysis, early sex refers to sexual intercourse before the age of 16 (Spriggs & Halpern, 2008). According to developmental psychologists, romantic relationships are categorized in adolescence in four ways: (1) simple interchanges that are motivated by pubertal maturation; (2) casual dating in short-term partnerships; (3) stable relationships in which needs for intimacy and sexuality are

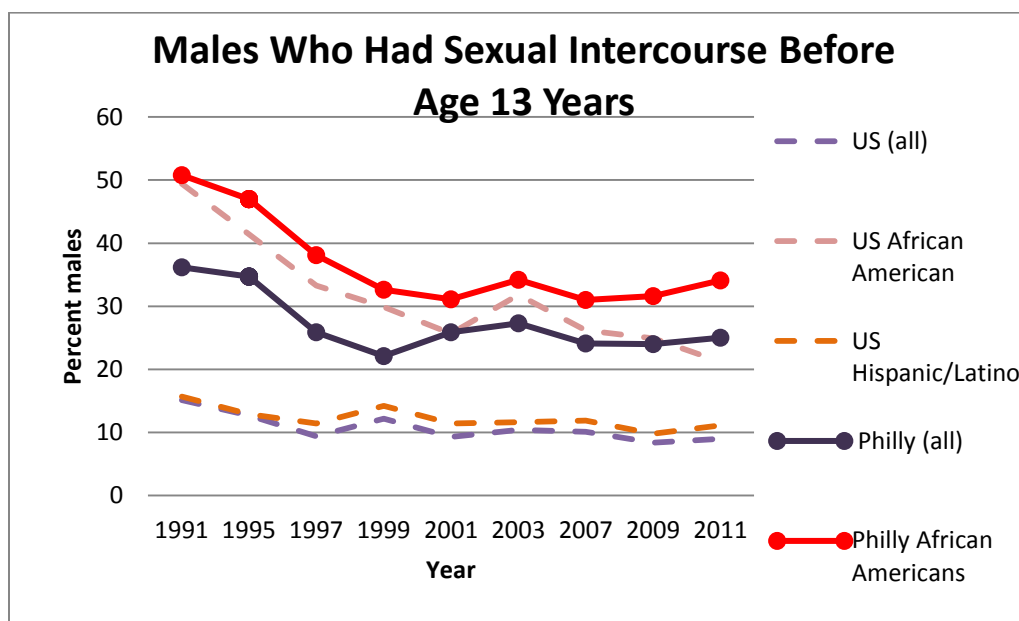
met; and (4) committed relationships in which individuals are able to address their partners' needs (Underwood & Rosen, 2011). For this analysis, stable and committed are combined into one category and simple interchanges are adapted to sexual relationships to be called "just sex." Relationships are, thus, categorized in three different ways according to participants' descriptions: as serious (usually lasting more than 6 months and described with emotion or love); casual or short-term partnerships (lasting usually less than 6 months and described without serious intent or love); and just sexual (often short-term sexual experiences out of the context of a committed relationship).

Chapter 2: Comprehensive Review of the Literature

Background

The current state of the literature provides a wide breadth of knowledge on prevalence of early sexual relationships, particularly among minority youth (Abma et al., 2010; Cavazos-Rehg et al., 2010; Halpern, Waller, Spriggs, & Hallfors, 2006). It is well documented that African American male adolescents have their sexual debut earlier than other racial and ethnic groups in the United States followed by Hispanic young men. They are also much more likely to debut early compared to their female counterparts (Abma et al., 2010; Cavazos-Rehg et al., 2010; McBride, Paikoff, & Holmbeck, 2003). In Philadelphia, data from the Youth Risk Behavior Surveillance System (YRBSS) show that a higher proportion of young men debut at younger ages than young men elsewhere in the state and nation. Twenty-five percent of male adolescents initiate sex before age 13. By the end of high school, this number jumps to 67%. This is in stark comparison to the rates for the entire male population in the state of Pennsylvania overall (7.9% and 45.8% respectively). Compared to national male populations, African Americans from Philadelphia (34.1%) are the most likely to have had sex before age 13, thirteen percentage points higher than all African Americans nationally (21.2%) [see graph 1] (National Center for HIV/AIDS, 2011). There is limited data of Puerto Ricans living in the United States so where possible, Hispanic prevalence are used, except in the case of Philadelphia, where the sample size is too small.

Graph 1:



Source: YRBSS (National Center for HIV/AIDS, 2011)

Seminal qualitative studies

Quantitative data provides a robust foundation on understanding prevalence and risk of young urban men's sexual behaviors. It gives us a starting place from which to build qualitative studies to better understand perceptions, experiences, and behaviors related to early sexual debut with a goal of providing implications for policy and prevention interventions. While much qualitative research on sexual risk and behavior has been conducted with girls, fewer studies have focused on adolescent boys. Two seminal studies report on males' sexual scripts for early sexual initiators. These two papers provide the foundation for the current analysis. Researchers Ott, Ghani, McKenzie, Rosenberger, and Bell published a seminal piece on adolescent boys' experiences of first sex that analyzed qualitative data for 14 low-income African American adolescent youth between the ages of 14-16 (2012). They conducted three phases of interviews: baseline and intervals at 6 and 9 months. They contextualized the first sex for young men through a timeline of three stages: preparation; the event itself; and afterwards. Ott and

colleagues, then, discussed the unsupervised location, facilitation of “mentors,” and pre-planning behavior, such as carrying a condom in the preparation phase (Ott, Ghani, McKenzie, Rosenberger, & Bell, 2012). The event phase includes the relationship status, female initiation, sexual behaviors, such as limited foreplay and vaginal sex, and feelings about the event, such as fear. The final phase, “afterwards,” includes the immediate effect of returning to the previous activity and the delayed effect, such as positive feelings.

Erickson, Badiane, and Singer have written a manuscript accepted for publication, but not published at this time (in press). They are partners on the PHRESH.comm study in Hartford, and looked at loss of virginity among African American and Puerto Rican young men and women in inner city Hartford, Connecticut. They used Laura Carpenter’s qualitative study of virginity loss among Philadelphia youth to guide analysis of different circumstances of virginity loss. They describe three groups: 1) those who saw virginity as a gift to be given to a committed partner; 2) those who saw virginity as a stigma and wanted to lose it; and 3) those that saw virginity loss as rite of passage. Erikson et al. describe the results through the use of these three categories to corroborate much of what Ott et al. also report. In addition, Erikson et al. summarize themes related to preventive behaviors, such as condom use.

These two studies provide justification to the current analysis and will help guide this review. Utilizing other quantitative and qualitative studies, the following review of the literature further explores some of the main themes across early sexual relationships so that proper consideration can be placed on implications for prevention interventions for inner city African American and Puerto Rican young men from Philadelphia, in particular, as well as other urban contexts.

Health impact of early sexual debut

Early sexual intercourse is a public health concern because of its implications for long-term sexual health outcomes for young men. There is some controversy as to whether early sex affects later sexual and relationship behavior; however, the majority of studies show that early initiation is associated with increased number of sexual partners, greater histories of STIs, and more risky partners (Abma et al., 2010; Harden, 2012). Young boys have low levels of knowledge about reproduction, pregnancy, and STIs with the majority relying on informal educational resources (Erickson, Badiane, & Singer, in press).

Erickson and her colleagues argue that condoms are often not used at first sex due to low perceived risk of STIs and pregnancy (in press). Condom use, for instance, is an example where behavior at sexual debut goes beyond that single experience to affect later sexual activity. Among surveyed youth 16 to 20 years old, early sexual initiators are less likely to report condom use at last sexual intercourse, but condom use at adolescent sexual debut also increases the likelihood of condom use at most recent sex two-fold (Baumann, Belanger, Akre, & Suris, 2011). One study notes that youth who used condoms at debut are more likely than those who did not to have used a condom during their most recent sexual activity seven years later. They were also half as likely to test positive for chlamydia and gonorrhea (Shafii, Stovel, & Holmes, 2007). Lifetime and prior year STI diagnoses were also more common among them than later initiators. Among early initiators, 19% of Hispanics reported an STI diagnosis in the last 12 months compared to whites at 9% (Haydon, Herring, & Halpern, 2012).

Risk and protective factors

The literature on risk and protective factors related to early sexual debut are numerous and have various levels of empirical support. Salient factors include macro-level determinants,

interpersonal relationships, and individual behaviors. Macro-determinants include race/ethnicity, neighborhood disadvantage, and poverty, as well as their effects on societal norms, parental relations, and exposure to stress (Blum et al., 2000; Brady, Dolcini, Harper, & Pollack, 2009; Cubbin et al., 2005; Laflin, Wang, & Barry, 2008). Interpersonal and individual factors identified through a large meta-analysis (Kirby & Lepore, 2007) highlight the importance of parental influence and relationships with peers. Young men receive most of their sexual knowledge from their social networks; they rely largely on older siblings and peers for the majority of their knowledge and prevention behaviors (Buhi & Goodson, 2007; Maxwell, 2002; Sieving, Eisenberg, Pettingell, & Skay, 2006; Wallace, Miller, & Forehand, 2008).

Macro-determinants of health

Macro-determinants of adolescent sexual behavior are seen less frequently in the literature, yet they provide important context for understanding inner city youth's experiences in Philadelphia. A number of studies report that race is consistently associated with greater risk behavior among young African American and Puerto Rican men. When confounders are controlled for, race remains the best predictor of early sexual debut (Calhoun & Friel, 2001; Cubbin et al., 2005; Cuffee, Hallfors, & Waller, 2007; Gardner, Martin, & Brooks-Gunn, 2012; Manlove, Wildsmith, Ikramullah, Terry-Humen, & Schelar, 2012). Less is known specifically about Puerto Ricans in comparison to African American youth, yet it appears that Puerto Ricans engage in sex at an overall young age and use condoms less than African American youth (Voisin, 2002). Many studies combine Hispanics into one group for research purposes; the studies that do separate out Puerto Ricans from other Hispanics suggest that Puerto Ricans are more likely to engage in sexual risk behaviors as young adolescents than some other Latino groups, such as Mexican and Cuban Americans (Guilamo-Ramos et al., 2011; D. R. Voisin,

2002). Clearly, there are racial and cultural factors at play; however it is important to recognize that race is also a proxy for other factors, which may include experienced racism and high levels of stress.

Neighborhood disadvantage may further mediate the relationship between race and sexual debut. We know that males living in urban neighborhoods with high levels of poverty are more likely to initiate earlier and not use birth control at first sex (Blum et al., 2000; Cubbin et al., 2005; Lohman & Billings, 2008). A variety of characteristics specific to resource-poor environments can also influence reproductive health outcomes. African Americans are more likely to be victims of violence, to witness community violence, and to live with many individuals in a household in small household densities (D. R. Voisin, 2002). It may be that consistent exposure to chronic and severe stressors reduces the likelihood of protecting health and increases sexual risk behavior in this population (Brady et al., 2009). Furthermore, adolescents who live in areas of high poverty tend to have less opportunity and more idle youth, which is associated with sexual initiation (Cubbin et al., 2005). Additionally, employed women tend to delay childbearing longer, while pregnancy rates in impoverished communities with low levels of employment tend to be higher, especially among women under 25 (Mosher, Deang, & Bramlett, 2003).

One of the fundamental differences between African American and Puerto Rican youth is the influence of acculturation on the latter (Meston & Ahrold, 2010). Acculturation describes the process of change when someone has extended contact with culturally different people and social influences and is most often studied among immigrant and refugee populations (Gibson, 2001). Few studies look at acculturation among African Americans, particularly around adolescent male behavior. The small existing literature on acculturation among African Americans focuses on

behaviors such as diet, mental health, and test performance (Joiner & Walker, 2002; Kennepohl, Shore, Nabors, & Hanks, 2004; Webb Hooper, Baker, Ybarra, McNutt, & Ahluwalia, 2012). The acculturation literature on Hispanic youth, however, is abundant, and often uses language as a proxy for level of acculturation. Hispanic youth who speak English as their primary language and are born in the U.S., for instance, are more likely to have had sex at a younger age and to have had a greater number of partners (Edwards et al., 2008). Interestingly, the youth most at risk are also those who are most acculturated; which hold for Puerto Rican populations specifically (Afable-Munsuz & Brindis, 2006; Guilamo-Ramos, Jaccard, Pena, & Goldberg, 2005).

It is apparent that various community-level factors, such as acculturation, exposure to violence, social disorganization, and low opportunity are key factors underlying adolescent sexual risk behavior. While socio-contextual determinants may help explain the context of early sexual initiation, no single determinant can be identified as the key factor. The complex interactions between socio-cultural and individual factors make it particularly difficult to provide targeted recommendations in this area (Halpern & Haydon, 2012; Newbern, Miller, Schoenbach, & Kaufman, 2004).

Interpersonal factors

Interpersonal relationships may help further explain sexual behavior beyond neighborhood, culture, and race/ethnicity. Parents and peers are some of the strongest influences in adolescent sexual behavior, particularly around sexual debut (Donenberg, Bryant, Emerson, Wilson, & Pasch, 2003). Relationships between young men and their parents play a large role in youth's sexual attitudes and subsequent behaviors. This area of research is controversial, particularly around maternal educational attainment, time spent with mothers, and communication about sex (Bakken & Winter, 2002; Buhi & Goodson, 2007; Calhoun & Friel,

2001; Cavazos-Rehg et al., 2010; Kao, Guthrie, Loveland-Cherry, & Caldwell, 2012; Laflin et al., 2008; McNeely et al., 2002). Clear protective factors appear to include parental monitoring, higher quality of family interactions (particularly with mothers), living with two parents, greater familial or parental religiosity, parental disapproval of teen or premarital sex, and a higher income level (Kirby & Lepore, 2007; Lohman & Billings, 2008). Many of the youth of interest live in female-headed households or households with a mother and stepfather (Markham, Fleschler Peskin, Addy, Baumler, & Tortolero, 2009). This may contribute to the difficulty of effective parental monitoring.

Parental monitoring appears to be one of the strongest predictors of early sexual initiation. Teens that spend time home alone are more likely to spend unsupervised time with peers of the opposite sex, which allows for opportunities of sex (Buhi & Goodson, 2007; De Rosa et al., 2010). There is some evidence that parental monitoring has stronger effects on sexual debut for African Americans, who are more likely to live just with their mother than Puerto Rican youth (Kalina et al., 2013; Mandara, Murray, & Bangi, 2003; Markham et al., 2010). Both Ott et al. and Erickson et al. found that first sex among their sample of boys and youth generally occurred when parental supervision was lacking, at a party, or when parents left youth without supervision for an extended amount of time (2012; in press).

Maternal influence among Puerto Rican boys is strong, yet mothers report reluctance to speak to their children about sexual health (Morales-Campos et al., 2012; D. R. Voisin, 2002). Some evidence suggests family connectedness, and particularly mother-child connectedness, as protective for ever having sex, frequency of sex, early sexual debut, and pregnancy (Manlove et al., 2012; Markham et al., 2010). Mothers of early initiators tend to be working mothers, to be less educated, to have been teenage mothers themselves, to be unmarried, and to have permissive

attitudes towards sex (Bakken & Winter, 2002; Calhoun & Friel, 2001; Cavazos-Rehg et al., 2010; McLeod & Knight, 2010). Parents are needed educators and can provide much guidance in mitigating age at sexual debut through communication with their teens (Whitaker & Miller, 2000).

Youth intuitively seek information about sex through their peer and sibling networks, whether or not they receive information from parents. In Ott et al.'s 2012 study, boys reported that older peers or family member who provided sexual knowledge and prevention advice sometimes also facilitated sexual initiation by introducing the partner or providing a private location for sex to occur. Peers play a role in establishing norms, providing sexual education, and pressuring their friends. They may promote both risk and protective behaviors. The way in which peers shape sexual behavior is somewhat contested in the literature. Peers appear to hold greater influence in regards to drug and alcohol use, but also have been shown to influence adolescent sexual debut (De Rosa et al., 2010; Maxwell, 2002). Communication with peers about sex appears to support the perception that peers are sexually active (Busse, Fishbein, Bleakley, & Hennessy, 2010). This norm influences African American and Puerto Rican teens more than direct peer pressure. Believing that peers are having sex is associated with intention to have sex and early sexual debut, particularly among youth that do not discuss sex with their parents (Whitaker & Miller, 2000). Conversely, teens who think that friends are not supportive of having sex are more likely to abstain or delay initiation (Buhi & Goodson, 2007; Wallace et al., 2008).

One study showed that many adolescent boys who experienced first sex by the age of 16 described events that were female-initiated in a non-verbal, but obvious way. For those who have sex at a very early age it is often with older female partners (Ompad et al., 2006). There is very limited literature on this phenomenon; most research has focused on college students with no

clear examination of race, ethnicity, or socio-economic status. These studies of college undergraduates have shown that young women initiate sex on a continuum that ranges from consensual to coercive (Anderson & Aymami, 1993; Anderson & Savage, 2005; Anderson & Sorensen, 1999; Dworkin & O'Sullivan, 2005). "Sexual coercion" or "sexual aggression" includes seduction of younger males, babysitter abuse, and initiating unwanted sexual contact (Anderson & Aymami, 1993). Anderson and colleagues have shown that males and females may have different perceptions of female sexual coercion. For female initiation they tend to agree that sex is consensual among both partners, yet women underreport initiating sex with coercion (1993; 1999). Men tend to report that they want more egalitarian initiation of sex, but it is important to recognize sexual coercion perpetrated by young women (Dworkin & O'Sullivan, 2005). This literature provides important context on female sexual initiation and coercion, but there is a gap in studies on adolescents. One study examined a few cases where male sexual debut was initiated by older females, yet more evidence is needed (Ott et al., 2012).

Individual behavioral factors

Male adolescents clearly play the largest role in enacting their experiences of sexual intercourse. Young men's account of sexual debut is generally empowering and positive, although associated with initial anxiety related to performance (Holland, Ramazanoglu, Sharpe, & Thomson, 2010)(Holland). It can either threaten their achievement of manhood or act as a rite of passage, and is generally seen as a prideful act that is described to be more satisfying than the experiences of their female counterparts (Higgins, Trussell, Moore, & Davidson, 2010; Holland et al., 2010; Walsh, Ward, Caruthers, & Merriwether, 2011).

The majority of young men report initiating sex within a dating relationship (71%) due to intimacy or desire (71%), because they are in love (27%), or simply because they wanted to

(38%) (Blum et al., 2000; Dawson, Shih, de Moor, & Shrier, 2008; Michels, Kropp, Eyre, & Halpern-Felsher, 2005). Qualitative results from Ott et al. and Erickson et al. suggest that most young men's first sexual experience is described as "just happening" with no pre-planning (2012; in press). Young men initiate sex more frequently than young women, and generally report that they wanted sex when it happened (62%). Nevertheless, it is important to recall that some acts are female-initiated and may be coercive. About one third of young men report mixed feelings about their sexual debut (Abma et al., 2010).

Current qualitative study

While the literature provides a great deal of quantitative evidence for early sexual initiation, the focus of this paper, in particular, is to try to understand the reasoning from the perspective of inner city males themselves. There is little description around the quality of relationships these male adolescents were in at time of first or early sex. It is plausible that early sex is similar to the experience of typical or late initiators. The literature lacks detailed analysis of these experiences in the words of the young men. The context of those early experiences is not within the scope of quantitative data. Thus, the current study aims to add to the literature by example of Ott et al. and Erikson et al. through analysis of interviews among 18-25 year old African American and Puerto Rican males from Philadelphia. Through retrospective narratives of sexual debut for young men who are now out of young adolescence, we may gain an understanding of early sexual initiation and some of the facilitating factors. We hope to add to the literature by characterizing these experiences of the two populations in order to suggest appropriate prevention interventions.

Qualitative data is appropriate for this analysis because it allows for participants to provide in depth answers with a great deal of detail about their sexual experiences. It also allows

for researchers to gather data in the words and descriptions of male participants with less bias. The problem is already identified, but this analysis allows for explanation of the problem through the perspective of those who live the experience. The way in which young men describe the context, relationship, and sexual experience will allow for greater understanding of why young urban men engage in sex early and under what circumstances this occurs. Qualitative data does not allow for associations, but it can provide rich descriptions that can inform program developers and policy makers to intervene in early sex among urban Puerto Rican and African American young men.

Chapter 3: Project Content

Methods

Study overview

Data used in this analysis comes from the Philadelphia and Hartford Research and Education on Sexual Health and Communication (PHRESH.comm) project, conducted from 2004 to 2008 by the University of Connecticut and the Family Planning Council of Southeastern Pennsylvania. The major goal of the project was to understand strategies and patterns of communication and negotiation surrounding sexual behavior and prevention strategies for STI and pregnancy among inner-city Puerto Rican and African American young adults aged 18-25. It is a mixed methods study funded by the Centers for Disease Control and Prevention (CDC) that included a rich set of qualitative and quantitative data collected from sexually active minority populations living in at-risk neighborhoods.

Young men and women were recruited using purposive sampling through street outreach at either general street settings or specialized activity sites, including such venues as adult education centers, programs for youth and young adults, local community colleges and park and recreation sites. Youth in the specified age ranges and ethnicities were eligible to participate if they had at least one heterosexual partner in the previous month and were not pregnant. This study and all its materials were approved by the Institutional Review Boards of the University of Connecticut, the Centers for Disease Control and Prevention, the Family Planning Council of Philadelphia, and the Hispanic Health Council in Hartford. Participants received compensation of \$15 per hour for their time and bus tokens if needed.

Sexual relationship life history interviews (SRLHIs)

This analysis focuses on the Sexual Relationship Life History Interviews (SRLHIs) with African American and Puerto Rican males from inner city Philadelphia. These open-ended

interviews were conducted between 2005 and 2006, lasted one to two hours and focused on participants' sexual and romantic relationships. Participants typically discussed 4-5 partners (range 1-9), who they considered to be their most important sexual and romantic relationships from the first to most recent. Trained interviewers developed rapport and probed participants' discussion of partners to explore: relationship evolution; sexual behavior and decision making; contraceptive use; STD risk and testing behavior; pregnancy risk; and socioeconomic and cultural factors.

A total of 30 young men between the ages of 18 and 25 participated in the Philadelphia arm of the study, with equal numbers of African Americans and Puerto Ricans. Qualitative interviews were recorded with the consent of participants and were transcribed verbatim. Average transcript length was 31 pages. Financial compensation for their time was provided at the time of the interview (\$25 per qualitative interview). The study protocol was approved by the institutional review boards of the CDC and the partner institutions mentioned above. Transcriptions were sent to outside companies with a few checked against the recordings if there were suspected errors or excessive "inaudible" notations and corrected when possible. All data were de-identified before analysis.

Analysis

All text was coded for major and emergent themes by a team of coders using ATLAS.ti version 5, a software package used to manage and analyze qualitative data ("ATLAS.ti," 2003). For the original codes for the SRLHIs, modified percent agreement (MPA) was used as a measure of intercoder agreement for the core set of codes that applied for all data. MPA scores were used to reconcile disagreement between coders or code meaning and text segmentation. Three quarters of the SRLHIs were coded by 2-3 coders, reconciled, and finalized. Original

coders identified codes through readings of the transcripts. They identified passages related to the code, then summarized each passage, developed and applied codes to describe themes, and grouped the passages accordingly. Codes included condoms/contraception, exclusivity, pregnancy/children, sex, social/familial context, and STD/HIV.

For the purpose of this analysis, the database was then transferred to MAXQDA, version 10 ("MAXQDA," 2010), another software program that allows qualitative data to be managed and analyzed. Additional codes were developed for this analysis, including early relationship, sex, factors, and endings. These second-tier codes were applied by a single coder. By reading all 30 transcripts from Philadelphia, I identified all sexual relationships that were explicitly described before the age of 16. In an initial reading of transcripts, I memoed themes among these identified experiences that were relevant to my research questions and had not been developed in the initial coding phase. After memoing, I developed a set of codes based on recurring concepts and my research questions. The literature also guided the inclusion of risk and protective factors identified by ETR Associate's, "A Matrix of Risk and Protective Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing, and Sexually Transmitted Disease" (Kirby & Lepore, 2007). A code book was established to objectively apply codes to the transcripts. Each developed code then had several sub-codes, which emerged through the analysis.

Early relationships included serious, casual or short-term, and just sexual. Sex referred to any mention of sexual intercourse and included sub codes: planned sex, just happened, waited for sex, scared, or negative. Factors included risk and protective factors that facilitated the sexual event. They included: female initiated, peer influence, supervision, sexual education, and media. Codes were applied to all transcripts and verified during the subsequent analysis process [for detailed codebook, see Appendix 2]. Each mother coded segment was given a comment using the

participant's words to identify the segment. Using visual maps analysis tool in MAXQDA, all commented coded segments that were related to the mother code in relationships were retrieved. Coded segments were put on a continuum of relationship description, which helped to identify the major themes and thus, sub codes. After initial analysis of the mother code, subcodes were applied to the transcripts to aid in analysis and intersections of detailed themes. This same process was conducted with the "sex" code to identify major descriptive themes from the participants regarding the sexual experience itself. The process was again repeated for "endings."

After all codes were systematically applied, I created written summaries of each participant, which included summaries of each code. I, then, pile sorted participants based on relationship description, age, and ethnicity/race to identify intersections and main themes across participants. Efforts were made to ensure fair and balanced analysis of the data. After each apparent finding was discovered, the researcher reviewed each transcript's relevant segments to ensure strength of each concept. I validated the analysis through reading retrieved coded segments of each code and sub code in MAXQDA software. To visually confirm major themes, I used the MaxMaps tool. Differences are noted in the results for cases that veered from the more prominent themes. Excel sheets aided the analysis to tally events by each participant to look for strength of prevalent themes. For example, I marked a box in the spread sheet that corresponded with participant for female initiated sex so that I could count number of instances and compare between the different populations. Spreadsheets also allowed for greater organization to easily refer to participants, particularly if they had multiple young partners. As with all qualitative analysis, personal interpretations of the main researcher and her advisor likely shaped the analysis of this paper.

Data quality and limitations

Due to retrospective self-reports, some participants may have recall bias regarding their early sexual relationships. One way this may have occurred is regarding age of each encounter. Participants may have reported younger or older ages during each sexual relationship due to retrospective reporting, which for some men, was at least ten years prior. Because this analysis reviews sex before the age of 16, incorrect reporting of age may introduce bias by including or excluding individuals who actually fell into the analysis criteria. Due to the nature of retrospective self-reporting, it is also possible that some information may not be accurate, particularly when the participants had many sexual partners. While interviewers were trained, some developed stronger rapport than others, which may have influenced the data quality. In addition, some interviewers emphasized particular questions more than others so that some information is less clear in particular transcripts. For example, interviewers allowed the participants to talk about their first “important” partner regardless of virginity, but did not always ask for age.

Results

The young men who participated in the Sexual Relationship Life History Interviews (SRLHIs) did not describe every sexual involvement, but their age at each relationship described was typically identified. This made it possible to analyze data solely from young men in Philadelphia who had sexual experiences before the age of 16. Eighteen young men (10 Puerto Rican and 8 African American) described a total of 28 distinct early sexual relationships; nine men discussed more than one early sexual experience. The first important heterosexual relationships they described typically involved a short- or long- term girlfriend in a relatively stable or serious relationship. About half (13) of all early relationships were described as being stable or serious; the remainder were shorter-term (9). Few descriptions of early sex were exclusively sexual (6); half of these cases occurred at particularly young ages, before 13.

In reviewing the data, several key factors were apparent. Early sexual experiences typically took place during a lack of adult supervision. Parents played a large role due to lack of parental monitoring, but also occasionally helped sons with provision of sexual education or condoms. Additionally, sexual health education from informal peer networks or the formal school classroom influenced the prevention behavior exhibited by these young men. There are some variations over type of relationship and between Puerto Rican and African American youth. Differences are noted when apparent in the data.

Stable and committed relationships

Almost three quarters of the 18 participants described at least one of their early sexual relationships with a long-term girlfriend; most of these relationships lasted at least one year with several lasting more than two years. The young men characterized these relationships positively, describing emotional closeness, time spent together, and support the partner provided to the

participants. Most described feelings of love and commitment; and two had been engaged at one point to their early partners.

Roberto was in a long-term relationship that lasted seven years speckled by several break-ups. He met Alejandra when he moved to her neighborhood; they were both 14 years old. Her mother did not like him and tried to limit her daughter's exposure to him, but Alejandra would sneak out to see him. He reported that they loved each other very much and continued the relationship for many years.

I: So what type of relationship is this one?

R: Oh, man. That's my baby. I'll go crazy if I see her with another guy, seriously. That's my baby mom. No way.

I: So how important is this relationship for you?

R: Oh, it's very important. She's the mother of my kids. I got to make sure she's doing good just as well as my kids.

I: Do you love her?

R: Yeah, I love her to death, it's just she's crazy.

I: She's crazy?

R: Puerto Rican females, they just crazy, man. They stay in the sun too long, their brain go crazy, I guess.

I: Do you care about her?

R: Of course.

The setting of their first sexual encounter was rarely discussed among these men, but a few mentioned it occurred when the couple was alone together, unsupervised by parents. One boy described first sex occurring at his grandmother's house. Another boy described visiting his girlfriend and staying over her house, sleeping on the couch. One night she invited him to stay in her room. He was surprised since her mother was home and made her ask permission. That night, her mother allowed him to stay in her room, and they had sex for the first time. They did not use condoms that first night as he was not prepared and because they were caught up "in that puppy love stuff."

All participants stated that they had waited several months to have first sex, which was generally a mutual decision; they took the opportunity when given the chance to be alone. About a quarter of them reported that their girlfriends wanted to wait, and that she initiated first sex when she was ready. Reasons for waiting vary but most mention the desire to be sure and really know the person. Other couples planned the event, but for some, it “just happened” and was unexpected.

Jamar illustrated an example of no parental supervision, where his girlfriend let him know that she was ready. Jamar met his first partner, Deshondra, in middle school when they were 13-14 years old. They spent a lot of time together, going to movies and the park; and everyone at school knew they were together because they were affectionate with each other. She lived with her aunt, who was usually around when he came to visit and liked him. After about 4-5 months, they had sex for the first time. In his own words, Jamar described that experience:

...she actually told me to come over to her house later at night when her aunt was at work and stuff and I didn't feel comfortable at first, I was kind of scared and young, but she let me know what time her aunt got off work and stuff, and when she said that, like it was a regular night for us until a couple days it went from the kissing to the feeling and little things like that, and I actually knew that one thing led to another, but I actually didn't know it was time until she threw those signals out there, you know and me being a male, I was kind of scared because it would be first time, I didn't know exactly how she was going to react, but it turned out pretty good.

Deshondra initiated first sex when she knew her aunt would be out of the house. She signaled to him that she was ready for sex by putting on romantic music and wearing fewer clothes. Jamar was uncomfortable and scared at first, but when he realized that she wanted to have sex, his concerns turned to her. He did not want to hurt her or disrespect her in any way. Jamar was a virgin at the time, but noted that he knew how to have sex and perform oral sex because he had seen pornography with his older friends. These older peers were his main source

of sexual knowledge; and they made it seem like condoms were always mandatory in sex.

Although he did not entirely understand, he was grateful that his friends influenced him to wear condoms. He said,

At that time we were just young and experimenting, you know, so I made sure we kept ourselves protected, but I didn't like, at that time, like I wasn't as educated. I would say ignorant to the facts of using protection and stuff like that, I knew from being around these older guys that condoms were definitely going to be involved, but like that never crossed my mind about no babies or nothing like that.

Among young men like Jamar who described early sexual experiences with a relatively serious girlfriend, few mentioned being influenced by peers or family members. When they did, however, it appears that peers and family members provided knowledge and resources to boys who might not have had the tools to prevent pregnancy and STIs otherwise. Two Puerto Rican young men, for instance, said they received condoms and education from their older brothers. Peers, and even mothers, were also reported to facilitate safe sexual practices by providing information as well as condoms.

African American and Puerto Rican boys either always used condoms or used them inconsistently. About half of the young men in relatively serious relationships always used condoms and claimed that their main aim was to avoid pregnancy. A couple of boys had witnessed another family member struggle as an adolescent parent; others noted that they or their partners insisted on condom use to avoid pregnancy, particularly because they were scared of disappointing their parents. Condoms were usually the only form of birth control used. One explained that most people were not using female forms of contraception at that time and that they relied solely on condoms. This boy bought the condoms at the pharmacy on his own. Others procured them for free or from family members. In the following case of Tyrese, both he and his girlfriend had condoms, but they did not consider other forms of contraception.

I: Did you talk about birth control or using a condom?

R: Oh, a condom was a must.

I: Okay. Who brought it up, you or her?

R: Both of us.

I: Okay. Who had it on them?

R: Both of us.

I: Okay. So she was okay with that?

R: Yeah, she was okay with it. She was fine and dandy. It was fine. We used condoms and everything.

I: For most of your relationship?

R: Yeah.

I: Was she on any hormonal form of birth control? Was she taking the pill or anything else?

R: No, she was just on condoms and we were fine. No STD's, no accidents, no pregnancies, no nothing.

The other half of these young men only used condoms sometimes, for various reasons. Some explained that they were caught up in the moment; one said that his partner did not want to, and another said he simply was not thinking about that at that time. In three cases, female partners used some form of birth control, including Depo-Provera, pills, and the emergency contraceptive pill. Participants were not always certain of which method their girlfriend used and it seemed in all cases to be inconsistent. One young man who had a child spoke of his girlfriend's intent to take oral contraceptives, but she felt ill from them, and they both agreed to stop. They then had another child fairly quickly, after which she had a tubal ligation. The area of most discrepancy between the two race/ethnicity groups is seen in pregnancy desire. Just a few young men fathered a child in their young relationships, but in this small sample, African American participants pronounced greater overt desire to avoid pregnancy, often due to their partners' wishes. In relationships that did result in a pregnancy, intimacy and commitment facilitated the desire to have a child.

Roberto and Alejandra illustrate this theme well. It took several months for her to decide she was ready to have sex with him initially; they were both virgins. They used condoms at first, but decided to stop using them as the relationship became serious. He explained:

R: The first time, yeah, we used condoms.

I: And then you decided to stop?

R: Yeah, like, we discussed it. We was like, look, if we gonna really be together then what's the purpose of this. And we just never used condoms. That's how I got my first daughter.

I: So the fact that you didn't use condoms, she got pregnant?

R: Yeah. No, we discussed it. She said she wanted to have a baby.

I: She wanted to have a baby?

R: So she was like, yeah, I think I'm ready for it. I was like, are you sure? And we just did it that one night. Bang, out came, my daughter.

This pattern was only apparent among a few Puerto Rican young men (3). In Roberto's case, they had a second child, which he described as "really helping [them] out" to maintain a better relationship. They were no longer together at the time of the interview, but he still expressed having love for her and being connected through their children. Out of the three men who had children before the age of 16, none were still with their partners when they were interviewed. They said that at the time, they thought the relationship would last and were excited to have children. They later realized they were so young to be having children, yet they still felt a lot of excitement and joy when they had their children.

Each young man in this group of respondents had a unique experience; however, it should be noted that a couple of these men had early sex in serious relationships under unfavorable circumstances. The young Puerto Rican boy whose loss of virginity was disappointing was now in a serious relationship with a new girlfriend. Because his first time had not met his expectations, he was not looking forward to sex with his current serious partner at the time. However, she would bring it up often and eventually he did it for her. Another boy portrayed his first sexual experience with his serious girlfriend as a solution to their relationship

problems. With high relational conflict, they thought sex may relieve stress and improve their connection. It ended soon after that initial sexual episode.

Short-term and casual relationships

A total of seven young men discussed nine distinct shorter-term, more casual relationships that included sex before they reached age 16. The majority dated between 2 – 6 months while two reported long-term casual sex over a few years. These relationships varied a great deal; no one single description typifies the collective experience of these casual or short-term relationships. Participants talked about “liking” each other and dating, but often added that it was “nothing serious.” Often times there were a more explicit interest in sex than a sustained relationship. Few described these experiences in terms of happiness or satisfaction; in fact, a few were described in an outright negative light (3).

Emmet met Clairice when they were around 14 years old in junior high school, where he played football and she was a cheerleader. She was staring at him during a game so they met afterwards and began talking. He never described really liking her. In another case, Guillermo described a confusing relationship with a 17 year old girl, Maria, two years his senior. He said they began not liking each other and frequently argued, but that it got easier over time. He described the relationship in the following way:

I: What type of relationship was this one?

R: This one was like... I wouldn't say it was really committed because I always had thoughts in my mind of her doing dirty things. I couldn't say that we were close in a friendship... It was more like real close friends with a lot of benefits. But then again I couldn't do me because she wanted to claim me. 'Oh yeah, that's my man.' Can't nobody talk to him, he with me and me only. But then again, she wasn't acting like that. Understand? We went along like that for a couple months.

The young men in this category reported mostly one-time sexual experiences in less serious relationships. Almost everyone waited 2-6 months until the timing was right or an

opportunity arose for alone time. Several mentioned the setting, which was unsupervised by parents. Some went out of their way to find private time that would facilitate the sexual opportunity like renting a hotel room or using an older friend's house. Half of the descriptions were events initiated by the female partner, in which she was fairly forceful. Lavonne wanted to have sex with his partner Gail, but did not have feelings for her. After a couple of months, their mutual friend (a 27 year-old woman who let kids party at her house) asked for his help in her house. She tricked him and locked him in a room, where he came upon Gail, who pulled his pants off and initiated sex.

In two of the female initiated circumstances, the males reported feeling pressured or not ready. One boy who was less than 15 years old stated that he did not feel ready, but did not want her to know that he was scared, particularly because she was more sexually experienced than he. Another participant, Emmet, who had previously lost his virginity to his babysitter, was the other young man who described feeling pressured to have sex with his second partner, Clairice. After a month of "talking," Clairice told him that she wanted him to be her first "husband" indicating that she wanted to lose her virginity to him. He took some time to ponder the request and enlisted the advice of his friends. He was not comfortable with the situation and explained his dilemma:

But yeah, she was a virgin, and I was her first – I felt a little strange about that. I'm like, 'okay, you're a virgin. It's a little weird. I'm not a virgin.' In the back of my head I'm saying, 'Okay, I'm not a virgin scratching everything.' You know, it's like, oh, man. I sitting there talking to my boys like, 'you know, she's a virgin.' And they was like, 'yeah, and ain't you?' I'm saying, like, 'No!' They like, 'okay, well we don't know what to tell you then. You have some experience over her.' I was like, 'yeah, you think?' And they was like, 'oh, man, just do what you do and go have fun. Toss her around a little bit and put her to sleep, and then go home.'

After their advice, he decided to go through with it. Emmet's example illustrates the influence peers can have on sexual decision making. Participants in this category described how their same age or older friends were having sex, which may have influenced their choices. They

also learned some information or received help from their older brothers. In the case of a 10 year old boy who had sex with his babysitter, he had learned about the “game” from his older brother. In Emmet’s story, he requested help from his older brother to rent a hotel room for a romantic night with Clairice. His parents unknowingly gave him the money when he asked for extra allowance for that week. During this time, he continued to worry that she was a virgin and he might get in trouble if he hurt her. He was trying to focus on school and other things, but he made the preparations, and they had sex. Emmet explained why:

I: What reasons do you think she wanted to end her virginity? Did you get a sense of it from her?

R: I think because like everybody was going around telling her ‘yeah, he’s a cool dude. He’s somebody that like, you know, be that all the females want to holler at and which all of that,’ but I was like, ‘okay, I don’t really care. Get out of my face. I’m into school right now, and then I got one chick that’s [inaudible], so I’m going to leave it at that, with just one. And then –

I: Because she was the one. Clairice was the one?

R: Yeah. Clairice was the one at the time. And it was just, like, screw it. Just do it, get it over with. Make her happy, you’ll be happy. And then that’s it.

In this instance, Emmet and Clairice discussed condoms to avoid pregnancy because their parents would be upset if they had a baby. Some men used condoms during sex, even in the case where the girl did not want to use condoms. Many condom users expressed concerns about STIs or unwanted pregnancy. One half of men in casual or short-term relationships either did not ever use condoms or only used them occasionally. Those who did not use them during single sex experiences explained that they were either unprepared at the time or because they had not used them before and did not know much about them. No one in this group mentioned their girlfriends’ use of contraception beyond condoms.

Guillermo had inconsistent condom use with Maria, with whom he had sex three weeks after meeting. They were not close or committed although she wanted him to be faithful. However, he reported that *she* was not willing to be faithful and continued clubbing, partying,

and dating other guys. They used condoms inconsistently, and she was not using any other method of birth control. When they did not use condoms, they got tested for STIs afterwards, something that was rarely reported among any of the participants in this study. Guillermo illustrates the situation:

I: Did you use condoms?

R: Yes, a couple of times.

I: So it was not always.

R: Not always; it was sometimes.

I: Why did it happen that you would not?

R: I remember the first time we didn't use a condom. I was kind of tipsy; she was tipsy. I was horny and she was horny. I know how to pull out. That's how it all started.

I: So there were times that you didn't use condoms.

R: Yeah, there was definitely times.

I: Was she OK with that?

R: At first she was skeptical about it. She knew I was always around her. If I wasn't around her I was working, and I worked right down the block from where she lived. She was always seeing me. She knew I wasn't a dirty person. We went and got checked up a couple times together, and those were the times that we didn't use condoms, after the times that we got checked up together.

I: Did you have concerns, because you said you didn't trust her, like about HIV?

R: Once it started getting to that stage, like the stages that I started seeing stuff I didn't really want to see, that's when I started getting back on track of always having condoms around. She took it wrong. 'Why do you want to use condoms all of a sudden?' I couldn't say nothing but I don't trust you, to keep real with it. That's when it started really, really going downhill for us.

While the descriptions in this category varied widely, a few examples did not fit with the others, yet deserve attention. Two participants with particularly early sexual debuts described a long-term casual relationship. As noted earlier, Emmet's first sexual relationship with a babysitter lasted three years, beginning when he was 10 years old and actively babysitting him. He described this as a purely sexual relationship. They did not use condoms at first, but she suggested they start after she and his brother learned about them in health class at school. The other long-term casual relationship began when Juan, a Puerto Rican participant, was 12 years old. He classified this three-year relationship in varied terms, at one point saying it was just sex,

but later insinuating there were feelings involved. The two quotes below show his mixed feelings:

- 1) *I: Okay. What type of relationship was this?*
R: Yeah, it was more like a sexual relationship. It wasn't really like based on trust or honesty or nothing; it was just like more we go to bed, do what we had to do, and that was it.

- 2) *R: I did get to love her, but then it stopped. It kind of like stopped, and then she was cheating on me with another boy, kissing and everything; I don't know if she [slept with him]; she told me she was never intimate with him, but I never believed it.*
I: Do you think that she cared about you or loved you?
R: Did she love me? I think it was just like I said, like she was just interested in more of the sex or something.
I: Did you ever want to marry her?
R: No.

In general, there were just a few differences between the African American and Puerto Rican participants in this category. The Puerto Ricans described more relationships as uncommitted short-term relationships, but they also reported having strong emotions for that partner. At times there was confusion in their descriptions about how serious the relationships were or were not. In contrast, none of the African American young men described feelings for girls in these types of relationships. In addition, there were far more female initiated incidents among African Americans, as compared to one example among Puerto Ricans. This could be due to the small sample size, but it is worth noting here.

Just sexual relationships

The majority of participants were involved in dating relationships, and very few participants had “just” sexual experiences. Only six total participants described strictly sexual experiences, five of whom were of African American young men. There was virtually no description of feelings for the girl or sense of commitment in this category of sexual relationship. All, but one, were short-term and had relatively negative outcomes, which may be part of the

reason participants do not acknowledge feelings for these girls, or perhaps, did not have time to develop feelings. Marcus described the relationship with Kennisha as sex partners:

R: I met her at a party also. Keninisha was always there. Even if I was in a relationship she was there from the time I met her. I guess maybe I was 14 or 15 on up. She was always there. If there was ever a time I was in between relationships I would have sex with her. I would call her and she would come or I would go to her. That's just how we were. We were young and stupid. We met and we talked. She had a boyfriend at the time. I was OK with that. We started off as just friends, not really friends, but we weren't having sex. Then after a while, that changed quickly because she broke up with her boyfriend and she was vulnerable one night. That one night turned into another night, then into another night, then almost every day, then every other day. It was crazy. That was basically all we did was have sex. We were never in a relationship. All we did was have sex.

Four participants had early sex with older girls/women. Two twelve year old boys had sex with girls 3 or 4 years older than them, one of whom was a babysitter. In these examples, no parental guardian was around when the opportunity arose. In the case of Benito, he was just playing around with his babysitter one day and "it happened." His friends had told him how great sex was and that he should do it. The situation presented itself and he had sex. He described the situation:

P: We were just playing around one day, we were playing with a ball and I was trying to take the ball away from her and then she put it inside her shirt. And I was like, 'I'll grab it if I have to,' so I grabbed it and then we just started kissing and one thing led to another. That was the first time. And then that was the one and only time.

I: Was that something that you thought might happen before it happened?

P: No.

I: So it was a complete surprise to you?

P: Uh-huh.

I: How did you feel about that?

P: I don't know, like at first I was like, 'okay, it's happening,' but then it was like it didn't live up to the hype that all my friends hyped it up to be. So it was like, 'all right, whatever, I did it, so what?'

For the other boy, Walter, the female partner had initiated sex by inviting him over when her parents were not home and greeting him in a thin nightgown. For both of these boys, they had

sex a single time and practiced prevention behavior. Benito pulled out because his friends had told him to; Walter used a condom because his middle school had taught him how to use it and had given them out for free. Both also intimated that this was not a good experience for them. Walter felt uncomfortable in the relationship and felt that she was messing with him and pressuring him to do things he was not ready to do. Benito said the sex “didn’t live up to the hype” so he remained abstinent for many years after focusing on “trying to find [himself] as a teenager and all that.”

The other two experiences were also fairly negative experiences with women much older. Jamar, whose first partner was serious, talked about his third partner who was 27 when he was 15. She picked him up, bought him things, but used him for sex. At the time he was confused about his feelings, but he realized she just used him and recognized that it was not a good experience for him. In his own words, he says,

R: At the time, like I said, I thought that was one of the best relationships I ever had, but it came to bite me in the butt. I would say, right now if I could take that all back, I would have changed some things. I would have changed some things, I wouldn't never have even taken it as far as being with her, 'cause I wasn't experienced at all, but for some reason, she just thought I was something more like, maybe she thought I had something to offer her or something, I don't know. It wasn't a good experience for me.

I: What was the worst thing about that experience?

R: The fact that I feel as though I was being used, you know.

They used condoms throughout the relationship, except during oral sex. Despite a sexually satisfying experience, it was not emotionally satisfying. One day she just dropped him off at his house after a movie and then she disappeared and he never heard from her again. This experience could also be categorized into the casual descriptions, but is fitting here due to her purely sexual interest in him.

Four of the six men did use condoms with their partners. Marcus used condoms every time due to lack of trust of women in general, and Kennisha, specifically. He was concerned about STIs and pregnancy and worried about being tricked into fathering a child, as he had in a previous experience. (Notably, this was Marcus' third partner in the data, which may be a reason why this relationship is different than the rest in this category). In two instances in which condoms were not used, participants contracted an STI, which made the participants recall the event particularly unfavorably.

Sex is an important rite of passage for most males, but something about this subset of early initiators is distinct. Participants described a wide variety of important sexual relationships that were categorized in three main ways. The intent and commitment between each category differed, but some patterns were consistent across all groups. Condom use was not consistent among half of the participants nor were they knowledgeable about sex, contraception, and STIs. Those that did know some basic safe sex practices had learned mostly from peers, parents, or health/sexual education classes at school. For these 28 early experiences, sexual intercourse was often facilitated by lack of parental monitoring in moments of opportunity. Sex was less frequent or delayed when a parent/guardian monitored the couple more closely. In fact, several addressed that as a barrier to initiating sex. The majority of the relationships described in the data was serious and stable and are similar to healthy young adult relationships. However, the occurrence of sex at such a young age meant that many young men were unprepared with the knowledge and tools to effectively protect their health.

Chapter 5: Discussion and Recommendations

Implications by relationship type

The goal of this analysis was to understand African American and Puerto Rican young men's early sexual experiences before the age of 16 from inner city Philadelphia. Qualitative analysis of these in-depth interviews provided insight into these young relationships and revealed that the majority of boys were in healthy relationships when they had early sex. About one third were in casual or short-term relationships, and less than one-quarter described just sexual relationships. The implications for prevention efforts will be discussed in the context of each type of dating relationship. Most importantly in a study of early sex is to understand these relationships in order to delay sexual initiation. Key findings from this study indicate that parental monitoring is vital for young urban men; the majority of the early sexual experiences participants described occurred when youth were not being actively monitored by parents.

Out of all 28 partner descriptions, half were serious long-term relationships. These young men reported having feelings for their girlfriends and waited to have sex until they were both ready. They were healthy relationships that progressed the way we would expect from meeting, dating, and becoming sexually intimate while developing intense feelings for each other (Furman, Brown, & Feiring, 1999). Typically, researchers argue that serious intimate relationships occur in later adolescence, but for half of the young men interviewed here, they occurred earlier (Collins, Welsh, & Furman, 2009). This may be due to the fact that the literature has focused on older adolescents. For about half of the cases, youth consistently protected themselves against pregnancy and STIs; none of the serious sexual experiences ended in a reported STI. For these youth, the concern lies less in the riskiness of these early relationships or their sexual activities, than in the fact that they occurred at such a young age. For youth in

serious relationships like these, it is important that parents provide greater and consistent monitoring in order to delay initiation. Parents and adults who work with youth should help them to develop models of healthy relationships and encourage delaying intercourse until a later age. In these relationships, peers were most often the main source of information. Norms need to shift, and older peers and siblings should be encouraged to mentor their younger peers to delay initiation and practice safe behaviors if engaging in sexual intercourse.

Casual short-term relationships were categorically different than serious relationships because they are described with less emotional connection and more emphasis on sex. There were fewer emotive descriptions here, particularly among African American young men. Their relationship development is less clear and often confusing for the boys; however, most waited several months before first sex. The absence of direct parental supervision was also a key factor in shorter-term casual relationships. One key difference between serious and casual relationships was that some of the young men with casual partners expressed feeling pressured by their female partner – sometimes highly so. They were scared or uncertain of having sex, but did not want her to know. These stories highlight the need to also work with young men to build refusal skills and self-efficacy related to healthy relationships and sex. It would be useful to use stories like these in prevention activities to highlight how some young men found these experiences to be less than satisfactory, and even negative. Establishing new norms around sex refusal for boys requires skills development, discussion on gender, and repeated emphasis by parents, peers, and educators.

Among the six young men who described early “just sexual” experiences, we see a clear need for intervention. These boys were very young and all, but one, described his experience very negatively. This group veers farthest from the healthy relationship model. They did not

develop a relationship based on respect over time; their descriptions focused on the sexual aspect of the experience. Of most concern is the fact that they were pushed to have sex by older women. While not explicitly coercive, the boys certainly described these events as unhealthy. These descriptions are the most alarming in our data due to overall young age and negative description. Again, parental monitoring is important to prevent the possibility of sexual experiences like this, as are refusal skills and risk avoidance skills. Models of healthy relationships should be established with an emphasis on healthy ages for partners and the right to say no. Certainly, parents should hire trustworthy babysitters and discuss appropriate/inappropriate relationships with their children. This group highlights the importance of early intervention.

Recommendations

Due to variability in relationship type and behavior, it would be difficult to create multiple interventions by relationship type. However, understanding the varying contexts in these categories allows for glimpses into diverse behaviors that can be addressed through several recommendations. Parents and educators play a large role in helping to guide boys through early adolescence. Without strong monitoring and good relationship education, boys may engage in sexual behaviors at a very early age with the potential to engage in risky behaviors. Parents can help by maintaining strong parental monitoring so that their young male children do not have the opportunity to engage in sex. Educators' role is also a vital one. Parents and educators can help young boys develop skills to refuse unwanted sex, create better internalized models of healthy relationships, and navigate early adolescent relationships. In addition, schools should provide younger male adolescents with enough basic reproductive health knowledge so that if boys are engaging with sex so young, they know how to prevent STIs and unplanned pregnancy. If parents and educators do not provide accurate information to young boys, their main source of

information comes from their peers and siblings. Providing older adolescents with accurate knowledge will also help protect their younger peers.

Parental influence and monitoring

A key area of intervention should focus on parents of inner city African American and Puerto Rican youth. In all three relationship categories, participants discussed instances of sex that was facilitated by lack of parental monitoring. As discussed in the review of the literature, parental monitoring is one of the strongest predictors of early sexual initiation (Hadley et al., 2011; Kirby & Lepore, 2007). Our findings provide qualitative evidence in support of this major factor regardless of relationship type. Parents may not consider that their sons are engaging in early sexual behavior. However, eight of the boys in this study were 13 years old or younger during one of their reported sexual experiences. Additionally, almost all of these were not in the context of a serious relationship so parents may be even less aware.

Increased parental monitoring has been shown to have positive effects among African American and Hispanic adolescent risk taking behavior and should be considered as primary importance in parent interventions (Baptiste, Tolou-Shams, Miller, McBride, & Paikoff, 2007; Morales-Campos et al., 2012; Dexter R. Voisin, Tan, Tack, Wade, & DiClemente, 2012). For youth living in single-parent households, it may be important to also engage the non-resident parent and access other sources of care or supervision (Howard Caldwell, Bell, Brooks, Ward, & Jennings, 2011). Guilamo-Ramos and his colleagues suggest a three-process system of monitoring and supervision: 1) parental communication of expectations of their children; 2) parental monitoring where parents verify if children are satisfying their expectations; and 3) parental discipline/inducement where parents discipline children when not satisfying expectations to induce cooperation (Guilamo-Ramos, Jaccard, & Dittus, 2010). Parents may also

help delay sexual initiation of their children by carefully selecting trustworthy babysitters and through after school programs so that youth have fewer opportunities to be alone together in a private place without adult supervision.

Some participants also mentioned talking to their mothers about sex or receiving condoms from them. The literature corroborates our findings further to illustrate how parental monitoring, parent-child connectedness, and involvement in sexual risk prevention among their children can be very successful in deterring sexual intercourse (Epstein & Ward, 2008).

Interventions should be evidence-based and culturally specific to address the particular needs and barriers of urban African American and Puerto Rican parents (Guilamo-Ramos et al., 2011).

Promote healthy relationship models

Adolescent romantic behavior is clearly related to some of the reproductive health choices made in the context of a young person's life. One of the greatest risks for early sexual intimacy is being in a relationship. The majority of early sex described in our data occurred within serious relationships; there is evidence that this may also be the case more broadly (Manning, Longmore, & Giordano, 2000). Delaying sexual initiation may then also be related to delaying early relationships, or at least establishing norms around romantic relationships in early adolescence that include delaying sexual debut and outlining appropriate behavior to help improve youths' perceptions and expectations of dating. In our data, participants with less serious relationships depicted early sexual experiences less positively overall. An understanding of healthy relationships and the value of delaying sexual intimacy may help youth avoid casual sex. At the same time, it is clear that early sexual initiation, whether in the context of a serious healthy relationship or a casual one, puts young adolescents at risk for adverse reproductive

health outcomes. Improving the model of young adolescents' healthy relationships may help them make better sexual decisions.

Develop refusal skills and self-efficacy

Youth in serious relationships reported mutual decision making around time of first sex and generally waited several months until both partners felt ready. Participants in our study who engaged in early sex in the context of a one-time or casual sexual experience discussed those experiences more negatively, and often noted that they did not feel ready or prepared for the encounter. It is often assumed that men always want to have sex and that they are the initiators. There is little discussion of how gender norms around sex have perhaps neglected the development of boys' self-efficacy to refuse sex if it is unwanted. Establishing the norm that encourages boys to refuse sex is of the utmost importance. Equipping them with skills to then refuse is essential.

The majority of youth-focused interventions that deal with refusal skills have focused on refusal of substance use (Duncan, Duncan, Beauchamp, Wells, & Ary, 2000; Wynn, Schulenberg, Kloska, & Laetz, 1997). Some evaluations on sexual health interventions have attempted to measure effects on refusal and negotiation skills around sex (Wolfe, Crooks, Chiodo, Hughes, & Ellis, 2012). However, refusal skills are usually measured in artificial settings post-intervention. Developing self-efficacy and conviction to refuse are more challenging in real-world settings. The influence of peer norms around sexual behavior may have a strong influence; thus, working to change norms is also necessary. Refusal skill development is one important tool for high risk youth that should be improved in tandem with other prevention strategies.

Implement early sexual education in schools

Very few individuals in this study mentioned formal sexual health education; the few who did described learning about prevention behaviors and utilizing condoms. Some explicitly stated that complete lack of knowledge of STIs and pregnancy was the reason for not using condoms at early sex. Sexual education programs in schools can help delay sexual initiation (Hogben, Chesson, & Aral, 2010; Lindberg & Maddow-Zimet, 2012; Mueller, Gavin, & Kulkarni, 2008), and address mediators of attitudes and behaviors, such as self-efficacy and attitudes towards pregnancy and STIs (Shneyderman & Schwartz, 2012). Participants in this study who were informed and had concerns around STIs or pregnancy explicitly stated using condoms as protection.

Again, many of the boys in this study were very young during one of their reported sexual experiences. Few interventions target late elementary school-age children, but several middle school interventions target youth between sixth and eighth grade and have been shown to be have variable success with African American and Latino youth (Gruchow & Brown, 2011; Jemmott, Jemmott, & Fong, 2010; Koo et al., 2011; O'Donnell et al., 2002). African American young men have the least observed behavior change in many interventions, which may suggest a need among this group for more intensive and prolonged interventions that begin prior to middle school (O'Donnell, Myint, O'Donnell, & Stueve, 2003; Tortolero et al., 2010; Villarruel, Jemmott, & Jemmott, 2005). Certainly, further interventions and evaluation research should be conducted with younger male adolescents to tailor interventions for young boys of various ethnicities.

Intervene with peers

Peers played a large role in influencing sexual behavior of the participants through discussion of personal and accepted practices. About one third mentioned that they learned about sexual prevention behaviors from their friends or stated that all their friends were having sex at the time also. Participants described using condoms or withdrawal because their older friends had told them to, sometimes without understanding why such behavior was necessary. For these participants, peers and older brothers appeared to be the main source of information for young boys. Peers, friends, and cousins often provide information and social modeling that can encourage or discourage having sexual intercourse. This finding supports the importance of providing formal reproductive health education for older youth, who may be advising younger siblings and friends. Much of these attitudinal and knowledge-related changes may occur through excellent evidence-based sexual health interventions that target older inner city youth.

Other areas of consideration

Condom use

Lack of sexual education facilitates sexual risk taking, particularly in the use of condoms. Under all relationship types, condom use was consistent only about half the time in the data. However, the rest of the descriptions were fairly even over both African Americans and Puerto Ricans in terms of condom use or non-use. For those who always used condoms, they claimed their main aim was to avoid pregnancy or STDs. The reasons for not using condoms varied with individual factors, such as being unprepared when the sex opportunity arose, being drunk, or simply not knowing about them. Out of the eight boys who had sex at or before age 13, more than half (5) did not use condoms because they did not know about them. One of those who did obtained it from his middle school. In our data, many youth stated that they attained condoms

from informal sources, such as friends or parents, or bought them at the pharmacy. Free provision may be one way to increase condom use among this population (Parkes, Henderson, & Wight, 2005; Zellner et al., 2006), particularly in contexts where efforts to delay initiation are not effective.

Young women's role in the early sexual experience

One of our findings, in particular, departs from the literature. Among young men who described early sex in non-serious relationships (including casual and just sexual relationships), an important sub-theme was that of female instigation. More than one quarter of the sexual relationships that young men described (8 of 28) were with female partners who were markedly older than themselves. Some accounts included young sexual experiences before the age of 14 in which boys engaged in casual sex with girls who were a few years older. While these events were not explicitly coercive, they were inappropriate and were described negatively by the young men. There were also a few cases in which female partners were described as aggressive and even coercive, while the boy himself was either not ready or did not want to have sex. This pattern was most pervasive in the relationships that were just sexual; in serious relationships and the majority of casual relationships, both partners were about the same age. Anderson et al. published similar results among US undergraduates; however, there is little research on adolescent girls who initiate sex with younger boys (Anderson & Aymami, 1993; Anderson & Sorensen, 1999).

Pressure to have sex is a reality among the young men in this analysis and should be studied further. Some analysis of data on U.S. males show that 4.8-6% of adolescent and young adults report forced sexual intercourse by a female; 1% report a male perpetrator (Howard, Wang, & Yan, 2007; Smith & Ford, 2010). Because of gendered experiences of masculinity and

expected sexual attitudes, sexual coercion may be underreported by males. While these circumstances are reported less than male perpetrated sexual coercion, it is an important area of consideration in developing equitable policies and interventions. Recommendations include further research into prevalence of sexual coercion experienced by young adolescent males as well as associations with later sexual risk taking behavior. Intervention strategies can focus on education among young people to address sexual rights, negotiation skills, and sensitization among young men to question prevailing norms about masculinity ("Research that makes a difference," 2004).

Strengths and limitations

Strengths of the study include the rich data gathered through interviews with young men from inner city Philadelphia with equal representation by African American and Puerto Rican ethnic/racial groups. Participants spoke freely in the interviews and provided rich contextual descriptions of the circumstances surrounding their early sexual experiences. One limitation includes the possibility of interviewer bias. Interviewees were asked to describe their most important relationships. Not all interviewers specifically asked about first sexual experiences and age at first sex; therefore, we may have missed cases of men who debuted at an early age but did not discuss those relationships. Furthermore, men described up to nine retrospective sexual relationships, while some reported having over 50 partners. The interviews give us a window into those relationships that participants felt were most important for them, not the full array of their sexual relationships. In addition, retrospective accounts of past relationships may also be shaped by later experiences.

Conclusions

Analysis of this data allowed for greater understanding of some associated risk and protective factors, including parental monitoring and the lack of refusal skills, healthy models, and adequate sexual health education. More research should look at female initiation and sexual coercion among young adolescents to better understand prevalence and effects on later sexual behavior among coerced males. Interventions with schools and parents should address the needs of inner city African American and Puerto Rican youth in order to: 1) delay early sexual initiation; 2) provide healthy relationship concepts and skills prior to middle school; and 3) provide basic reproductive health knowledge during and prior to middle school. Through these three recommendations, youth will have less opportunity for young sex and greater knowledge of sexual health and the skills to delay initiation.

References

- Abma, J.C., Martinez, G.M., & Copen, C.E. (2010). *Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth 2006–2008*. US: Centers for Disease Control and Prevention.
- Afable-Munsuz, A., & Brindis, C. D. (2006). Acculturation and the sexual and reproductive health of Latino youth in the United States: a literature review. *Perspect Sex Reprod Health, 38*(4), 208-219. doi: 10.1363/psrh.38.208.06
- Anderson, P. B., & Aymami, R. (1993). Reports of female initiation of sexual contact: male and female differences. *Archives of Sexual Behavior, 22*(4), 335-343.
- Anderson, P. B., & Savage, J. S. (2005). Social, legal, and institutional context of heterosexual aggression by college women. *Trauma Violence Abuse, 6*(2), 130-140. doi: 10.1177/1524838005275091
- Anderson, P. B., & Sorensen, W. (1999). Male and female differences in reports of women's heterosexual initiation and aggression. *Arch Sex Behav, 28*(3), 243-253.
- ATLAS.ti (Version 5). (2003). Berlin: Scientific Software Development.
- Bakken, R. J., & Winter, M. (2002). Family characteristics and sexual risk behaviors among black men in the United States. *Perspect Sex Reprod Health, 34*(5), 252-258.
- Baptiste, Donna, Tolou-Shams, Marina, Miller, Scott, McBride, Cami, & Paikoff, Roberta. (2007). Determinants of Parental Monitoring and Preadolescent Sexual Risk Situations Among African American Families Living in Urban Public Housing. *Journal of Child & Family Studies, 16*(2), 261-274. doi: 10.1007/s10826-006-9083-4
- Baumann, P., Belanger, R. E., Akre, C., & Suris, J. C. (2011). Increased risks of early sexual initiators: time makes a difference. *Sex Health, 8*(3), 431-435. doi: 10.1071/sh10103
- Blum, R. W., Beuhring, T., Shew, M. L., Bearinger, L. H., Sieving, R. E., & Resnick, M. D. (2000). The effects of race/ethnicity, income, and family structure on adolescent risk behaviors. *Am J Public Health, 90*(12), 1879-1884.
- Brady, S. S., Dolcini, M. M., Harper, G. W., & Pollack, L. M. (2009). Supportive friendships moderate the association between stressful life events and sexual risk taking among African American adolescents. *Health Psychol, 28*(2), 238-248. doi: 10.1037/a0013240
- Buhi, E. R., & Goodson, P. (2007). Predictors of adolescent sexual behavior and intention: a theory-guided systematic review. *J Adolesc Health, 40*(1), 4-21. doi: 10.1016/j.jadohealth.2006.09.027
- Busse, P., Fishbein, M., Bleakley, A., & Hennessy, M. (2010). The Role of Communication with Friends in Sexual Initiation. *Communic Res, 37*(2), 239-255. doi: 10.1177/0093650209356393
- Calhoun, Erin, & Friel, Lisa V. (2001). Adolescent Sexuality: Disentangling the Effects of Family Structure and Family Context. *Journal of Marriage & Family, 63*(3), 669.
- Cavazos-Rehg, Patricia, Spitznagel, Edward, Bucholz, Kathleen, Nurnberger, John, Edenberg, Howard, Kramer, John, . . . Bierut, Laura. (2010). Predictors of Sexual Debut at Age 16 or Younger. *Archives of Sexual Behavior, 39*(3), 664-673. doi: 10.1007/s10508-008-9397-y
- Collins, W. Andrew, Welsh, Deborah P., & Furman, Wyndol. (2009). Adolescent romantic relationships. *Annual Review of Psychology, 60*, 631-652. doi: 10.1146/annurev.psych.60.110707.163459

- Cubbin, C., Santelli, J., Brindis, C. D., & Braveman, P. (2005). Neighborhood context and sexual behaviors among adolescents: findings from the national longitudinal study of adolescent health. *Perspect Sex Reprod Health, 37*(3), 125-134. doi: 10.1363/psrh.37.125.05
- Cuffee, J. J., Hallfors, D. D., & Waller, M. W. (2007). Racial and gender differences in adolescent sexual attitudes and longitudinal associations with coital debut. *J Adolesc Health, 41*(1), 19-26. doi: 10.1016/j.jadohealth.2007.02.012
- Dawson, L. H., Shih, M. C., de Moor, C., & Shrier, L. (2008). Reasons why adolescents and young adults have sex: associations with psychological characteristics and sexual behavior. *J Sex Res, 45*(3), 225-232. doi: 10.1080/00224490801987457
- De Rosa, C. J., Ethier, K. A., Kim, D. H., Cumberland, W. G., Afifi, A. A., Kotlerman, J., . . . Kerndt, P. R. (2010). Sexual intercourse and oral sex among public middle school students: prevalence and correlates. *Perspect Sex Reprod Health, 42*(3), 197-205. doi: 10.1363/4219710
- Donenberg, G. R., Bryant, F. B., Emerson, E., Wilson, H. W., & Pasch, K. E. (2003). Tracing the roots of early sexual debut among adolescents in psychiatric care. *J Am Acad Child Adolesc Psychiatry, 42*(5), 594-608. doi: 10.1097/01.chi.0000046833.09750.91
- Duncan, Terry E., Duncan, Susan C., Beauchamp, Natasha, Wells, Jennifer, & Ary, Dennis V. (2000). Development and Evaluation of an Interactive CD-ROM Refusal Skills Program to Prevent Youth Substance Use: "Refuse to Use". *Journal of Behavioral Medicine, 23*(1), 59-72.
- Dworkin, S. L., & O'Sullivan, L. (2005). Actual versus desired initiation patterns among a sample of college men: tapping disjunctures within traditional male sexual scripts. *J Sex Res, 42*(2), 150-158. doi: 10.1080/00224490509552268
- Edwards, Lisa M., Fehring, Richard J., Jarrett, Keyona M., & Haglund, Kristin A. (2008). The Influence of Religiosity, Gender, and Language Preference Acculturation on Sexual Activity Among Latino/a Adolescents. *Hispanic Journal of Behavioral Sciences, 30*(4), 447-462.
- Epstein, Marina, & Ward, L. Monique. (2008). "Always Use Protection": Communication Boys Receive About Sex From Parents, Peers, and the Media. *Journal of Youth & Adolescence, 37*(2), 113-126. doi: 10.1007/s10964-007-9187-1
- Erickson, P. I., Badiane, L., & Singer, M. . (in press). The Social Context and Meaning of Virginity Loss among African American and Puerto Rican Youth in the Inner City. *Medical Anthropology Quarterly*.
- Furman, Wyndol, Brown, B. Bradford, & Feiring, Candice. (1999). *The development of romantic relationships in adolescence*. New York, NY US: Cambridge University Press.
- Gardner, M., Martin, A., & Brooks-Gunn, J. (2012). Exploring the Link between Caregiver Affect and Adolescent Sexual Behavior: Does Neighborhood Disadvantage Matter? *J Res Adolesc, 22*(1), 135-149. doi: 10.1111/j.1532-7795.2011.00752.x
- Gibson, M. A. . (2001). Immigrant adaptation and patterns of acculturation. *Human Development, 44*. doi: doi:10.1159/000057037
- Gruchow, H. W., & Brown, R. K. (2011). Evaluation of the Wise Guys Male Responsibility Curriculum: participant-control comparisons. *J Sch Health, 81*(3), 152-158. doi: 10.1111/j.1746-1561.2010.00574.x
- Guilamo-Ramos, V., Jaccard, J., & Dittus, P. (2010). *Parental Monitoring of Adolescents: Current Perspectives for Researchers and Practitioners* New York: Columbia University Press.

- Guilamo-Ramos, V., Jaccard, J., Dittus, P., Bouris, A., Gonzalez, B., Casillas, E., & Banspach, S. (2011). A comparative study of interventions for delaying the initiation of sexual intercourse among Latino and black youth. *Perspect Sex Reprod Health, 43*(4), 247-254. doi: 10.1363/4324711
- Guilamo-Ramos, V., Jaccard, J., Pena, J., & Goldberg, V. (2005). Acculturation-related variables, sexual initiation, and subsequent sexual behavior among Puerto Rican, Mexican, and Cuban youth. *Health Psychol, 24*(1), 88-95. doi: 10.1037/0278-6133.24.1.88
- Hadley, Wendy, Hunter, Heather L., Tolou-Shams, Marina, Thompson, Ariel, DiClemente, Ralph, Lescano, Celia, . . . Brown, Larry K. (2011). Monitoring Challenges: A Closer Look at Parental Monitoring, Maternal Psychopathology, and Adolescent Sexual Risk. *Journal of Family Psychology, 25*(2), 319-323. doi: 10.1037/a0023109
- Halpern, C. T., & Haydon, A. A. (2012). Sexual timetables for oral-genital, vaginal, and anal intercourse: sociodemographic comparisons in a nationally representative sample of adolescents. *Am J Public Health, 102*(6), 1221-1228. doi: 10.2105/ajph.2011.300394
- Halpern, C. T., Waller, M. W., Spriggs, A., & Hallfors, D. D. (2006). Adolescent predictors of emerging adult sexual patterns. *J Adolesc Health, 39*(6), 926 e921-910. doi: 10.1016/j.jadohealth.2006.08.005
- Hamilton, B., Martin, J., & Ventura, S. (2012). Births: Preliminary Data for 2011 *National Vital Statistics Reports* (Vol. 61). Hyattsville, MD: National Center for Health Statistics.
- Harden, K. P. (2012). True Love Waits? A Sibling-Comparison Study of Age at First Sexual Intercourse and Romantic Relationships in Young Adulthood. *Psychol Sci*. doi: 10.1177/0956797612442550
- Haydon, A. A., Herring, A. H., & Halpern, C. T. (2012). Associations between patterns of emerging sexual behavior and young adult reproductive health. *Perspect Sex Reprod Health, 44*(4), 218-227. doi: 10.1363/4421812
- Higgins, J. A., Trussell, J., Moore, N. B., & Davidson, J. K. (2010). Virginity lost, satisfaction gained? Physiological and psychological sexual satisfaction at heterosexual debut. *J Sex Res, 47*(4), 384-394. doi: 10.1080/00224491003774792
- Hogben, M., Chesson, H., & Aral, S. O. (2010). Sexuality education policies and sexually transmitted disease rates in the United States of America. *Int J STD AIDS, 21*(4), 293-297. doi: 10.1258/ijsa.2010.009589
- Holland, Janet, Ramazanoglu, Caroline, Sharpe, Sue, & Thomson, Rachel. (2010). Deconstructing virginity—Young people's accounts of first sex. *Sexual and Relationship Therapy, 25*(3), 351-362. doi: 10.1080/14681994.2010.496970
- Howard Caldwell, Cleopatra, Bell, Lee, Brooks, Cassandra L., Ward, Jasmine D., & Jennings, Christopher. (2011). Engaging Nonresident African American Fathers in Intervention Research: What Practitioners Should Know About Parental Monitoring in Nonresident Families. *Research on Social Work Practice, 21*(3), 298-307. doi: 10.1177/1049731510382923
- Howard, D. E., Wang, M. Q., & Yan, F. (2007). Prevalence and psychosocial correlates of forced sexual intercourse among U.S. high school adolescents. *Adolescence, 42*(168), 629-643.
- Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. (2013). In V. H. National Center for HIV/AIDS, STD, and TB Prevention (Ed.), *CDC Fact Sheet: Centers for Disease Control and Prevention*.

- Jemmott, J. B., 3rd, Jemmott, L. S., & Fong, G. T. (2010). Efficacy of a theory-based abstinence-only intervention over 24 months: a randomized controlled trial with young adolescents. *Arch Pediatr Adolesc Med*, *164*(2), 152-159. doi: 10.1001/archpediatrics.2009.267
- Joiner, Thomas E., Jr., & Walker, Rheeda L. (2002). Construct validity of a measure of acculturative stress in African Americans. *Psychological Assessment*, *14*(4), 462-466. doi: 10.1037/1040-3590.14.4.462
- Kalina, O., Geckova, A. M., Klein, D., Jarcuska, P., Orosova, O., Dijk, J. P., & Reijneveld, S. A. (2013). Mother's and father's monitoring is more important than parental social support regarding sexual risk behaviour among 15-year-old adolescents. *Eur J Contracept Reprod Health Care*. doi: 10.3109/13625187.2012.752450
- Kao, T. S., Guthrie, B., Loveland-Cherry, C., & Caldwell, C. H. (2012). Cross-cultural variations in adolescents' perceived maternal expectancy and sexual initiation. *J Transcult Nurs*, *23*(4), 377-388. doi: 10.1177/1043659612452669
- Kennepohl, Stephan, Shore, Douglas, Nabors, Nina, & Hanks, Robin. (2004). African American acculturation and neuropsychological test performance following traumatic brain injury. *Journal Of The International Neuropsychological Society: JINS*, *10*(4), 566-577.
- Kirby, Douglas, & Lepore, Gina. (2007). A Matrix of Risk and Protective Factors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease: ETR Associates
- Koo, H. P., Rose, A., El-Khorazaty, M. N., Yao, Q., Jenkins, R. R., Anderson, K. M., . . . Walker, L. R. (2011). Evaluation of a randomized intervention to delay sexual initiation among fifth-graders followed through the sixth grade. *Sex Educ*, *11*(1), 27-46. doi: 10.1080/14681811.2011.538146
- Laflin, M. T., Wang, J., & Barry, M. (2008). A longitudinal study of adolescent transition from virgin to nonvirgin status. *J Adolesc Health*, *42*(3), 228-236. doi: 10.1016/j.jadohealth.2007.08.014
- Lindberg, L. D., & Maddow-Zimet, I. (2012). Consequences of sex education on teen and young adult sexual behaviors and outcomes. *J Adolesc Health*, *51*(4), 332-338. doi: 10.1016/j.jadohealth.2011.12.028
- Lohman, Brenda, & Billings, Amanda. (2008). Protective and Risk Factors Associated with Adolescent Boys' Early Sexual Debut and Risky Sexual Behaviors. *Journal of Youth and Adolescence*, *37*(6), 723-735. doi: 10.1007/s10964-008-9283-x
- Mandara, Jelani, Murray, Carolyn B., & Bangi, Audrey K. (2003). Predictors of African American adolescent sexual activity: An ecological framework. *Journal of Black Psychology*, *29*(3), 337-356. doi: 10.1177/0095798403254214
- Manlove, J., Wildsmith, E., Ikramullah, E., Terry-Humen, E., & Schelar, E. (2012). Family environments and the relationship context of first adolescent sex: Correlates of first sex in a casual versus steady relationship. *Soc Sci Res*, *41*(4), 861-875. doi: 10.1016/j.ssresearch.2012.02.003
- Manning, W. D., Longmore, M. A., & Giordano, P. C. (2000). The relationship context of contraceptive use at first intercourse. *Family Planning Perspectives*, *32*(3), 104-110.
- Markham, C. M., Fleschler Peskin, M., Addy, R. C., Baumler, E. R., & Tortolero, S. R. (2009). Patterns of vaginal, oral, and anal sexual intercourse in an urban seventh-grade population. *J Sch Health*, *79*(4), 193-200. doi: 10.1111/j.1746-1561.2008.00389.x

- Markham, C. M., Lormand, D., Gloppen, K. M., Peskin, M. F., Flores, B., Low, B., & House, L. D. (2010). Connectedness as a predictor of sexual and reproductive health outcomes for youth. *J Adolesc Health, 46*(3 Suppl), S23-41. doi: 10.1016/j.jadohealth.2009.11.214
- MAXQDA (Version 10). (2010). Berlin: Verbi GMBH.
- Maxwell, Kimberly A. (2002). Friends: The Role of Peer Influence Across Adolescent Risk Behaviors. *Journal of Youth and Adolescence, 31*(4), 267-277. doi: 10.1023/A:1015493316865
- McBride, C. K., Paikoff, R. L., & Holmbeck, G. N. (2003). Individual and familial influences on the onset of sexual intercourse among urban African American adolescents. *J Consult Clin Psychol, 71*(1), 159-167.
- McLeod, J. D., & Knight, S. (2010). The association of socioemotional problems with early sexual initiation. *Perspect Sex Reprod Health, 42*(2), 93-101. doi: 10.1363/4209310
- McNeely, C., Shew, M. L., Beuhring, T., Sieving, R., Miller, B. C., & Blum, R. W. (2002). Mothers' influence on the timing of first sex among 14- and 15-year-olds. *J Adolesc Health, 31*(3), 256-265.
- Meston, C. M., & Ahrold, T. (2010). Ethnic, gender, and acculturation influences on sexual behaviors. *Arch Sex Behav, 39*(1), 179-189. doi: 10.1007/s10508-008-9415-0
- Michels, Tricia M., Kropp, Rhonda Y., Eyre, Stephen L., & Halpern-Felsher, Bonnie L. (2005). Initiating Sexual Experiences: How Do Young Adolescents Make Decisions Regarding Early Sexual Activity? *Journal of Research on Adolescence (Blackwell Publishing Limited), 15*(4), 583-607. doi: 10.1111/j.1532-7795.2005.00112.x
- Morales-Campos, D. Y., Markham, C., Peskin, M. F., & Fernandez, M. E. (2012). Sexual initiation, parent practices, and acculturation in Hispanic seventh graders. *J Sch Health, 82*(2), 75-81. doi: 10.1111/j.1746-1561.2011.00669.x
- Mosher, W. D., Deang, L. P., & Bramlett, M. D. (2003). Community environment and women's health outcomes: contextual data. *Vital Health Stat 23*(23), 1-72.
- Mueller, T. E., Gavin, L. E., & Kulkarni, A. (2008). The association between sex education and youth's engagement in sexual intercourse, age at first intercourse, and birth control use at first sex. *J Adolesc Health, 42*(1), 89-96. doi: 10.1016/j.jadohealth.2007.08.002
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division for Adolescent and School Health. (2011). *Youth Online: High School YRBS*. Retrieved from: <http://apps.nccd.cdc.gov/youthonline/App/Results.aspx?TT=&OUT=&SID=HS&QID=H60&LID=&YID=&LID2=&YID2=&COL=&ROW1=&ROW2=&HT=&LCT=&FS=&FR=&FG=&FSL=&FRL=&FGL=&PV=&TST=&C1=&C2=&QP=G&DP=&VA=CI&CS=Y&SYID=&EYID=&SC=&SO=>
- Newbern, E. C., Miller, W. C., Schoenbach, V. J., & Kaufman, J. S. (2004). Family socioeconomic status and self-reported sexually transmitted diseases among black and white american adolescents. *Sex Transm Dis, 31*(9), 533-541.
- O'Donnell, L., Myint, U. A., O'Donnell, C. R., & Stueve, A. (2003). Long-term influence of sexual norms and attitudes on timing of sexual initiation among urban minority youth. *J Sch Health, 73*(2), 68-75.
- O'Donnell, L., Stueve, A., O'Donnell, C., Duran, R., San Doval, A., Wilson, R. F., . . . Pleck, J. H. (2002). Long-term reductions in sexual initiation and sexual activity among urban middle schoolers in the reach for health service learning program. *J Adolesc Health, 31*(1), 93-100.

- Ompad, Danielle C., Strathdee, Steffanie A., Celentano, David D., Latkin, Carl, Poduska, Jeanne M., Kellam, Sheppard G., & Ialongo, Nicholas S. (2006). Predictors of Early Initiation of Vaginal and Oral Sex Among Urban Young Adults in Baltimore, Maryland. *Archives of Sexual Behavior*, 35(1), 53-65. doi: 10.1007/s10508-006-8994-x
- Ott, M. A., Ghani, N., McKenzie, F., Rosenberger, J. G., & Bell, D. L. (2012). Adolescent boys' experiences of first sex. *Cult Health Sex*, 14(7), 781-793. doi: 10.1080/13691058.2012.694477
- Parkes, A., Henderson, M., & Wight, D. (2005). Do sexual health services encourage teenagers to use condoms? A longitudinal study. *J Fam Plann Reprod Health Care*, 31(4), 271-280. doi: 10.1783/1471189054
- Research that makes a difference. (2004) (Vol. June): Population Council
- Shafii, T., Stovel, K., & Holmes, K. (2007). Association between condom use at sexual debut and subsequent sexual trajectories: a longitudinal study using biomarkers. *Am J Public Health*, 97(6), 1090-1095. doi: 10.2105/ajph.2005.068437
- Shneyderman, Y., & Schwartz, S. J. (2012). Contextual and Intrapersonal Predictors of Adolescent Risky Sexual Behavior and Outcomes. *Health Educ Behav*. doi: 10.1177/1090198112447800
- Sieving, R. E., Eisenberg, M. E., Pettingell, S., & Skay, C. (2006). Friends' influence on adolescents' first sexual intercourse. *Perspect Sex Reprod Health*, 38(1), 13-19. doi: 10.1363/psrh.38.013.06
- Smith, L. H., & Ford, J. (2010). History of forced sex and recent sexual risk indicators among young adult males. *Perspect Sex Reprod Health*, 42(2), 87-92. doi: 10.1363/4208710
- Spriggs, A. L., & Halpern, C. T. (2008). Timing of sexual debut and initiation of postsecondary education by early adulthood. *Perspect Sex Reprod Health*, 40(3), 152-161. doi: 10.1363/4015208
- STDs in Racial and Ethnic Minorities (2011). *2011 Sexually Transmitted Diseases Surveillance* 2013, from <http://www.cdc.gov/std/stats11/minorities.htm>
- Tortolero, S. R., Markham, C. M., Peskin, M. F., Shegog, R., Addy, R. C., Escobar-Chaves, S. L., & Baumler, E. R. (2010). It's Your Game: Keep It Real: delaying sexual behavior with an effective middle school program. *J Adolesc Health*, 46(2), 169-179. doi: 10.1016/j.jadohealth.2009.06.008
- Underwood, M., & Rosen, L. (Eds.). (2011). *Social Development: Relationships in Infancy, Childhood, and Adolescence* New York, NY: The Guilford Press
- Villarruel, A. M., Jemmott, L. S., & Jemmott, J. B., 3rd. (2005). Designing a culturally based intervention to reduce HIV sexual risk for Latino adolescents. *J Assoc Nurses AIDS Care*, 16(2), 23-31.
- Voisin, D. R. (2002). Family ecology and HIV sexual risk behaviors among African American and Puerto Rican adolescent males. *Am J Orthopsychiatry*, 72(2), 294-302.
- Voisin, Dexter R., Tan, Kevin, Tack, Anjanette Chan, Wade, Devon, & DiClemente, Ralph. (2012). Examining Parental Monitoring as a Pathway From Community Violence Exposure to Drug Use, Risky Sex, and Recidivism Among Detained Youth. *Journal of Social Service Research*, 38(5), 699-711. doi: 10.1080/01488376.2012.716020
- Wallace, Scyatta A., Miller, Kim S., & Forehand, Rex. (2008). Perceived Peer Norms and Sexual Intentions Among African American Preadolescents. *AIDS Education and Prevention*, 20(4), 360-369. doi: 10.1521/aeap.2008.20.4.360

- Walsh, Jennifer L., Ward, L. Monique, Caruthers, Allison, & Merriwether, Ann. (2011). Awkward or amazing: Gender and age trends in first intercourse experiences. *Psychology of Women Quarterly*, 35(1), 59-71. doi: 10.1177/0361684310387781
- Webb Hooper, Monica, Baker, Elizabeth, Ybarra, Denise, McNutt, Marcia, & Ahluwalia, Jasit. (2012). Acculturation Predicts 7-Day Smoking Cessation Among Treatment-Seeking African-Americans in a Group Intervention. *Annals of Behavioral Medicine*, 43(1), 74-83. doi: 10.1007/s12160-011-9304-y
- Whitaker, Daniel J., & Miller, Kim S. (2000). Parent-Adolescent Discussions About Sex and Condoms: Impact on Peer Influences of Sexual Risk Behavior. *Journal of Adolescent Research*, 15(2), 251.
- Wolfe, David, Crooks, Claire, Chiodo, Debbie, Hughes, Raymond, & Ellis, Wendy. (2012). Observations of Adolescent Peer Resistance Skills Following a Classroom-Based Healthy Relationship Program: A Post-intervention Comparison. *Prevention Science*, 13(2), 196-205. doi: 10.1007/s11121-011-0256-z
- Wynn, Sheri R., Schulenberg, John, Kloska, Deborah D., & Laetz, Virginia B. (1997). The mediating influence of refusal skills in preventing adolescent alcohol misuse. *Journal of School Health*, 67(9), 390.
- Zellner, J. A., Martinez-Donate, A. P., Hovell, M. F., Sipan, C. L., Blumberg, E. J., Carrizosa, C. M., & Rovniak, L. (2006). Feasibility and use of school-based condom availability programs in Tijuana, Mexico. *AIDS Behav*, 10(6), 649-657. doi: 10.1007/s10461-006-9105-7

Appendix 1: Sexual Relationship Life History Interview Guide

General background

How old were you? Year relationship began.

How old was he/she?

If in school, what grade? Self/partner

Was he/she the same ethnic group?

Where did you meet?

Were you in love with this person?

How important was this person in your life at that time?

Did you want to be with this person forever? Did you ever think seriously about getting married/living together?

What kinds of things did you do together?

What were the good and bad things about him/her?

Did your parents/friends approve of him/her? Why/not?

Do you think you and he/she were equal in the relationship? If no, who had more say in things? Why do you think it was like that?

Sexual activity

Did you have sex?

First Sex

How long were you together before you had sex for the first time?

How did it happen the first time you had sex? **Probe:** Did you talk about it? What happened? Who said what? How did you/she/he respond?

How did you know he/she wanted to do it?

The first time you had sex, did you use birth control? Did you talk about protection against pregnancy? What happened? Who brought it up? How did you feel about it? **Probe if no contraception used:** Did you/she want to get pregnant? Did you/partner assume the other was using contraception?

The first time you had sex, did you use protection against STDs? (e.g., condom)? Did you talk about protection against STDs? **Probe if no protection was used:** Did you not think about the risk of STDs or did you assume your partner was safe? How did you know if he/she was safe or not? **Probe if other contraception was used:** Why not use a condom as well?

Subsequent Sexual Activity

Did you have a regular sexual relationship after that first time? What was it like? How often did you see each other? Have sex?

Did you ever use birth control? What kind? Regular use? If not, why not? Did you/she get pregnant? Outcome of pregnancy?

Did you ever use condoms or other barrier methods to prevent STDs? How did that happen? Regular use? If not, why not? Did you ever get an STD during this relationship? Outcome/treatment?

Did you feel like you could ask/get your partner to use birth control/STD protection? Why/not?

Did you have a pregnancy/child with this partner? Tell me about this.

Monogamy

Was the relationship a sexually exclusive one – neither of you had another partner?

At what point did it become sexually exclusive – how did that happen?

How do you know it was/wasn't? Did you talk about having other partners or not? Did you agree on this? ***Probe if not exclusive:*** Did you worry about STDs? Did you ever talk about it? Did you do anything about it?

Do you think this person ever had another sexual partner while you were together? How did you know? Do you think he/she knew that you knew? How? Did you ever confront your partner about this, or didn't it matter that much to you. How would he/she have responded if you had talked about it? How did it make you feel?

Did you ever have another sexual partner while you were together? Do you think your partner knew? How did he/she know? Did he/she ever confront you about it or didn't it matter that much to him/her. How did that make you feel?

End of relationship

How did this relationship end?

How long did it last?

How long ago was that? Year relationship ended.

Do you still know this person? What is your relationship now?

Did you ever have sex with this person after the relationship was over. ***If yes, probe*** BCM use and STD protection.

Repeat for each relationship.....

Exit Questions

PLANS AND GOALS

What are your plans/goals for your life?

PARENTING

If Respondent is not a parent: Do you want to have children someday? When? How many? Are children important to you?

If Respondent is a parent: Did/do you plan to have more children?

Do you think having a child affected your relationship with the mother/father of baby? How?

If applicable: How do you think having a child affected your relationship with subsequent partners?

STDs/HIV/AIDS

Have you ever been worried about getting an STD or HIV/AIDS with any of your partners?

Do you think you are at risk of getting STD now?

Have you ever been tested and/or treated for an STD? HIV/AIDS?

Is there anything else you would like to tell us to help us understand relationships among people your age?

Pile Sorts

Domains to be investigated with Systematic Cultural Assessment techniques include:

- Sexual and romantic relationships
- Sexual behaviors (including monogamy, abstinence, safe sex)
- Contraceptive methods (including strategies for condom/barrier method use)
- How young adults assess/attribute risk
- How young adults communicate their desires/values to a partner/potential partner

Appendix 2: Codes and Code Definitions

**Codebook: SRLHI
Project PHRESH.comm
March 19, 2012**

**Developed and Applied By Original Coders at Centers for Disease Control and Prevention
Division of Reproductive Health**

Mother Code Name	Condoms/Contraception
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Condom use/non use • Contraception • Other strategies used to prevent pregnancy
Use for	Discussions of use/non-use of protection (STI/HIV and/or Pregnancy)

Mother Code Name	Exclusivity
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Fidelity/infidelity (behaviors indicative of faithfulness/unfaithfulness on the part of the participant or partner) • monogamy and/or commitment as related to exclusivity • Participant or partner having multiple sexual or romantic partners at same time • Competition: women competing over men or men competing with men over women (when in reference to a relationship) including rivalry with baby's mama /baby daddy • Trust/mistrust pertaining to perceptions of cheating or being cheating on.
Use For	Monogamy, infidelity or multiple partners.

Mother Code Name	Pregnancy/Children
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Childbearing attitudes and/or desires • Pregnancy • Abortion • Pregnancy testing, paternity testing • Caring for children, responsibility for children, any childcare issues

Use for	Include passing references.
----------------	-----------------------------

Mother Code Name	Social/Familial Context
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Individuals who are influential in the life of participants and/or partners with respect to relationships, sexual behavior, use of protection, etc.
Usage	Parents, family members, friends, other people in participants' and/or partners' social network who are influential in these arenas

Mother Code Name	STD/HIV
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Sexually Transmitted Diseases and HIV • STD/HIV testing • Risk or risk reduction strategies (including finger-tapping, partner selection) • Trust /mistrust as related to perceived risk for STDs and HIV.
Use for	Perceptions of risk, risk reduction, risk taking

Developed and Applied by Single Coder at Emory University, Rollins School of Public Health

Mother Code Name	Early Relationship
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Sexual relationships before the age of 16 • Beginning to end of relationship • Progression in relationship, chronology • Type of relationship (just sexual, casual, or relational)
Use for	Identifying and tracking the chronology of early sexual relationships

Mother Code Name	Factors
Brief Description	This code captures references to: <ul style="list-style-type: none"> • External influences on early sexual debut and early sexual behavior
Use for	References to peers, parents, education, media, and adult supervision.

Mother Code Name	Endings
Brief Description	This code captures references to: <ul style="list-style-type: none"> • The nature of the ending of the early relationship.
Use for	Termination of a relationship

Mother Code Name	Sex
Brief Description	This code captures references to: <ul style="list-style-type: none"> • Sexual intercourse • Virginity loss • Nature of the experience • Preparation, act, and result of sexual activity including feelings
Use for	Include accounts of genital contact when related to a discussion of sexual intercourse
Do not use for	Mentions of non-genital contact