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Early Sexual Debut and Conversations about Pregnancy Prevention (CAPP) Among Urban
Young Adult Black South African Females within the Birth to Twenty Cohort

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By

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Bachelor of Arts, Sociology - Honors Degree with Distinction
University of Delaware
2013

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Abstract

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By Katharine Chiseri

Objectives: Teenage pregnancy is high in South Africa (about 30%). This high rate is driven by many factors, including a lack of communication about sex and sexual behavior. This study aims to document and explore the content of conversations about sex and sexual behavior occurring between adolescents and their primary caregivers, family members, peers, partners, and in school, and explore how adolescent sexual behavior is influenced by these conversations in a South African context.

Methods: Twenty young adult female members of the Birth to Twenty Cohort participated in semi-structured in-depth interviews about the types of conversations they had about sex and sexual behavior during adolescence. Ten participants self-reported not being pregnant by age 18, and ten participants self-reported being pregnant by age 18.

Results: Many participants reported not engaging in conversations about sex with family members, particularly primary caregivers, due to a variety of cultural barriers and feelings of discomfort. Peer pressure was evident among all participants, and pressure from friends and peers was predominantly negative, encouraging unsafe sexual behaviors and attitudes of needing to engage in sexual activity in order to fit in. The biggest influences on the sexual decision-making of the two groups differed; the participants themselves were the dominant source for those who did not get pregnant by age 18, and friends/peer were the biggest influence for those who did get pregnant by age 18. There was a great desire among almost all participants to have had more conversations with their primary caregivers, and they felt that things would have been different if conversations about sex had occurred.

Discussion: Teenage pregnancy presents many health, economic, and social risks for all involved. Communication about sex between adolescents and caregivers has been shown to have positive impacts on health in other contexts, and should be explored further in Soweto. In addition, changes to the existing Life Orientation curriculum are proposed to include skill-building to enable adolescents to more effectively stand up to peer pressure. Finally, an intervention is proposed to provide caregivers with the knowledge, resources, and confidence to have conversations with their children about sex.

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Chapter 1: Introduction and Background

In light of the social consequences of early childbearing, unplanned pregnancy, and the transmission of AIDS, a great need exists to understand how adolescents make sexual and reproductive decisions.

(Gage, 1998)

Teenage pregnancy is common in South Africa, with approximately 30% of teenagers in South Africa reporting “ever having been pregnant” (Jewkes, Morrell, & Christofides, 2009; Jewkes, Vundule, Maforah, & Jordaan, 2001). As of 2007, the average annual birth rate for girls in Sub-Saharan Africa between the ages of 15 and 19 was 143 per 1,000, which was more than double the average worldwide rate of 65 per 1,000 (Bearinger, Sieving, Ferguson, & Sharma, 2007). In South Africa, teenage pregnancy seems to be driven by a variety of factors including gender inequalities, sexual taboos for females, poverty, lack of access to contraceptives and inconsistent contraceptive use, high levels of gender-based violence, and a lack of factual sex education (Bearinger et al., 2007; Chigona & Chetty, 2007; Jewkes et al., 2009; Panday & UNICEF, 2009; Pettifor, O'Brien, MacPhail, Miller, & Rees, 2009). Currently, teenage pregnancy reflects a pattern of sexual activity, predominantly unprotected vaginal intercourse, that also puts teenagers at risk of Human Immunodeficiency Virus (HIV) (Jewkes et al., 2001). In an environment such as South Africa where in 2001, 1 in 5 pregnant teenagers was infected with HIV, and HIV is such an epidemic, it is important to understand how and why these behaviors are so common (Jewkes et al., 2001).

Early sexual debut, defined as “engaging in first sexual experience by age 15 or younger” (Harrison, Cleland, Gouws, & Frohlich, 2005) is a behavior that results in a higher number of teenage pregnancies and reflects practices that could exacerbate adolescents to increased risk for Sexually Transmitted Infections (STIs) and HIV (Harrison et al., 2005; Jewkes et al., 2001;

Kirby, 2002). Therefore, it is essential from a public health perspective to understand why South African teenagers become pregnant, as well as what methods teenagers use to successfully avoid pregnancy in an HIV/AIDS pandemic environment (Harrison et al., 2005; Jewkes et al., 2001; Kirby, 2002).

Research in the United States and many European countries has shown that risky sexual behaviors can be reduced through effective parent-adolescent communication, and that parent-adolescent communication can serve as a protective factor in adolescent sexual and reproductive health (DiClemente et al., 2001; Lefkowitz, Boone, Au, & Sigman, 2003; B. C. Miller, 2002). Research indicates that when there is effective parent communication with adolescents about sex and sexuality, (i) the age of sexual debut is often delayed, (ii) there is a higher level of knowledge, (iii) there is increased self-efficacy, and (iv) sexual negotiation skills (such as condom use) are enhanced (DiClemente et al., 2001). Additionally, studies have found that communication about sex before sexual debut resulted in increased condom use among adolescents (K. S. Miller, Levin, Whitaker, & Xu, 1998). Inconsistent findings have been reported as well. For example, some studies have found no association between parent-adolescent communication and adolescent behaviors (DiIorio, Pluhar, & Belcher, 2003; Fisher, 1988, 1989), and others have found that earlier discussions about sex were thought to encourage sexual debut in adolescents (Amaran, Onadeko, & Adeniyi, 2005; DiIorio, Pluhar, & Belcher, 2003; Fisher, 1988, 1989).

Unfortunately, the overall levels of parent-adolescent communication in South Africa have been shown to be low (Bastien, Kajula, & Muhwezi, 2011; Coetzee et al., 2014). However, an intervention conducted in rural South Africa aimed at assisting parents with communicating about sexual activity with their adolescent children showed improvement and new confidence among mothers, and a commitment to sexual communication with their children (Phetla et al., 2008). This

finding provides evidence that change is possible. There are many barriers to conversations between adolescents and their parents, such as a lack of time, embarrassment, lack of knowledge by the parent, lack of confidence of the parent to initiate sensitive discussions, fears of the parents that discussions might encourage to engage in sexual behavior, and fears of the adolescents that their parents will respond with verbal or physical punishments (Schwandt & Underwood, 2013).

A need still exists for more evidence in order to better understand how communication about sex influences adolescent sexual decision-making. Specifically, this need exists for Sub-Saharan African adolescents, where discussions about sexuality have been taboo, and there has been minimal discussion about sex and sexual behaviors (Coetzee et al., 2014).

There are many barriers to conversations between adolescents and their parents, such as a lack of time, embarrassment, lack of knowledge by the parent, lack of confidence of the parent to initiate sensitive discussions, fears of the parents that discussions might encourage to engage in sexual behavior, and fears of the adolescents that their parents will respond with verbal or physical punishments (Schwandt & Underwood, 2013).

While the parents and caregivers certainly influence many aspects of an adolescents' life, other members of the community (friends, classmates, sexual partners, school teachers, religious leaders) are an essential component to the positive development of adolescents (Schwandt & Underwood, 2013). Studies about the influence of parent-adolescent communication about sex are inconclusive as to the extent of influence on adolescent sexual behavior, and there are few studies that talk about discussions about sexuality between adolescents and their friends, and the impact of these discussions on sexual behaviors (Coetzee et al., 2014; DiIorio, Kelley, & Hockenberry-Eaton, 1999). One study in particular found that school teachers, older siblings, aunts, and grandmothers have been cited as people adolescents have gone to in order to seek information

about sex, as well as friends and peers (Amuyunzu-Nyamongo, Biddlecom, Ouedraogo, & Woog, 2005). That same study, where focus groups were conducted in Burkina Faso, Ghana, Malawi, and Uganda, found that boyfriends and sex partners were only mentioned as sources of information in a small number of focus groups in Ghana (Amuyunzu-Nyamongo et al., 2005). However, this study and other studies that briefly mention sources of sexual information and communication other than parents/caregivers, do not discuss why, or specifically how, conversations influence the sexual decision-making of the adolescents.

Theoretical Framework: The Integrated Behavior Model

The Integrated Behavior Model (IBM) was the guiding theoretical framework for this qualitative study. The constructs of attitude, perceived norms, and personal agency influenced questions in the interview guide. Attitudes and perceptions about sexual behavior, subjective norms and normative beliefs around sexual activity and pregnancy prevention in adolescents, and the self-efficacy and perceived control one feels they have to initiate and continue discussions about sexual activity were examined, and these constructs guided data analysis and coding of transcripts. IBM has been used before to seek to explain condom use as a behavior, and has been used as the theoretical basis for many HIV/AIDS intervention studies. (Glanz, Rimer, & Viswanath, 2008). IBM has also been used in qualitative research with African American young adults to better understand their dating experiences and sexual behaviors (Gilliard, 2014).

Birth to Twenty Cohort

It was anticipated that the end of Apartheid would have immense effects on the health and development of South Africa, particularly South Africa's children. The University of the Witwatersrand and the South African Medical Research Council (MRC) created a birth cohort study in Soweto-Johannesburg, with the purpose of tracking a group of urban children for 10 years.

This study later expanded to 20+ years, with a 72% rate of follow-up through 17 years. The children born into this cohort were known as “Mandela’s Children,” as they were born at public hospitals or clinics in the 7 weeks following Nelson Mandela’s release from prison in February 1990. During this 7-week time period, 3,273 children were enrolled into the Birth to Twenty cohort. The Birth to Twenty Study has been from its onset, a multidisciplinary study, tracking growth, health, well-being, and educational progress of urban South African children through the first twenty years of their lives. To do so, they conduct home visits, make phone calls, have extensive datasets, translate and adapt questionnaires, and have multiple data collection sites (Richter, Norris, Pettifor, Yach, & Cameron, 2007).

Birth to Twenty uses a lifecycle approach, starting during the antenatal period. During the early years of life, data collection focuses on environmental influences such as poverty, migration, and political violence. Additionally, information is collected about access to health services, nutrition, child care, growth and development. During the first few years of school, the emphasis shifts to cognitive ability and school performance, social adjustment, and social participation. When the cohort members turned 16, the focus shifted once again to prediction and assessment of risk, especially sexual and reproductive behavior, early expression of metabolic syndrome, and social marginalization. Within the cohort, the first young mother was 14 years old when she delivered her baby, and there were three 14 year old mothers in the original cohort (Richter et al., 2007).

Racially, the cohort is generally representative of the South African population at the time of onset, when Whites comprised about 9.2% of the population in the country. While there is slightly less than 9.2% White makeup within the cohort, this is partly due to the fact that it was not possible to enroll children who were born in private health care facilities or through private health

care practitioners, which White families predominantly used in 1990 (Richter et al., 2007). Sexual and reproductive health is the topic area that is least studied and least published upon within the cohort, and therefore is the focus area for this study.

Aims/Objectives

This study aims to disentangle the types and content of conversations about sexual activity between young adults and their parents/caregivers, partners, friends/peers, and other community members. Although there is some research currently available about who conversations occur with, there is not research that unearths how these conversations play a role and influence adolescent sexual decision-making among adolescents. This is a major gap this study seeks to understand. Wamoyi (2010) emphasized that “as much as parent-child communication about sexual and reproductive health is important, equally important is how the communication is conducted and perceived by the young person” (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2010).

Aim 1: Document conversations about sex and sexual behavior occurring between adolescents/young adults and their primary caregivers.

As we know, there are more outside influences on an adolescents other than their parents, and those influences must be considered as well. Therefore, this study will also investigate how the young adults perceived sexual health discussions with their friends, partners, schools, and community members, and whether their sexual decisions were influenced by conversations with others about sexual activity. The content of these conversations will be explored, to understand whether the emphasis of conversations were on abstinence, comprehensive pregnancy prevention, the sexual experience, or other variables.

Aim 2: Describe content of conversations about sex and sexual behavior that occurred between adolescents/young adults and family members, peers, sexual partners, and in school and other settings.

Finally, this study will investigate which aspects of these conversations were influential, and who played the biggest role in their sexual decision-making.

Aim 3: Explore how adolescent/young adult behavior is influenced by conversations about sex and sexual behavior.

Aim 4: Compare the experiences of adolescents/young adults who did not become pregnant by age 18, to the experiences of those who did become pregnant by age 18, in regards to their conversations about sex and sexual behavior.

Chapter 2: Review of the Literature

This study seeks to fill a gap in the literature regarding the influence of conversations about sex and sexual behavior on adolescents in South Africa. The literature review features previous research addressing teenage pregnancy in South Africa and the consequences, sexual behaviors of adolescents (with an emphasis on adolescents in South Africa), communication and peer pressure about sex, and how and where adolescents get information about sex. The studies referenced were either conducted or based off of work done in South Africa, or in the United States or Europe with an urban African American population.

Sexual Health and Teenage Pregnancy in Post-Apartheid South Africa

Since the end of Apartheid in South Africa, there have been numerous proposed changes in the realm of health, especially sexual and reproductive health. There has been a shift starting in the 1990s towards a rights-based approach to youth sexuality, encompassing promotion of information and youth and adolescent-friendly sexual health services. While teenage pregnancy began to decline slightly in the 1990s, the high numbers of rape did not, and still have not, declined. In addition to the rights-based approach, the 1996 Choice on Termination of Pregnancy Act legalized abortion and increased access to abortion, which lead to declines in illegal and unsafe abortions in the country.

South Africa, like many countries, has aimed to make progress towards the Millennium Development Goals (MDGs) to better the health of the country overall. However, progress has been inadequate or even reversed for many health goals, especially those relating to or affecting teenage pregnancy. Teenage pregnancy is common in South Africa, with approximately 30% of teenagers in South Africa reporting “ever having been pregnant” (Jewkes et al., 2001).

The 6 MDGs that affect or are impacted by teen pregnancy, and their status in South Africa as of 2009, are as follows, according to Chopra et al. (2009):

1. Eradicate extreme poverty and hunger (reversal of progress)
2. Achieve universal primary education (insufficient progress)
3. Promote gender equality and empower women (on track)
4. Reduce mortality of children under 5 years of age (reversal of progress)
5. Improve maternal health (no progress)
6. Combat HIV, AIDS, malaria, and other diseases (insufficient progress)

With so many MDGs impacted by teen pregnancy, and given that progress has overall been insufficient or reversed, it is evident that teenage pregnancy in South Africa is a health issue that needs to be addressed in a more effective way.

With a population of about 48 million, the proportion of global burden of disease is high in South Africa. In addition to the HIV and tuberculosis epidemics that plague the country, there is high morbidity and mortality from violence and injury, mental health disorders, chronic disease, and maternal and child mortality. In addition, there are high rates of unemployment, and income inequality in South Africa is one of the highest in the world (Chopra et al., 2009).

“Despite public health literature and family planning services treating HIV and pregnancy as distinct, they share many common antecedents chief amongst which is unprotected sex,” according to Panday and UNICEF (2009, p. 9). While HIV/AIDS has typically been more of a focus within South Africa, it is important to examine and understand teenage pregnancy as a phenomenon as well, especially given the similar environmental, social, and behavioral risk factors. HIV/AIDS, one of the country’s most pressing health issues, accounts for a high proportion of the total disability adjusted life years (DALYS), at 30.9%. As a risk factor, “unsafe sex/STIs” account for 31.5% of the total DALYs in South Africa (Coovadia, Jewkes, Barron, Sanders, & McIntyre, 2009). This risk factor is directly related to teenage pregnancy.

Factors Influencing Sexual Behavior

There are many factors that influence the sexual behaviors of adolescents, primarily adolescent females, including rape and violence, condom/contraceptive use, and peer pressure.

Rape and Violence against Women

Rape and violence against women is a public health problem which occurs frequently in South Africa, particularly coerced or unwanted first sexual intercourse (Jewkes et al., 2009). Rape and violence increase a woman's vulnerability to unintended pregnancy, HIV/AIDS, and other STIs, because they reduce a woman's ability to negotiate the circumstances of sex, and whether protection is used (Coovadia et al., 2009). Research on sexuality among youth suggests that sex, especially for girls and young women, is often coercive and violent, and this is often accepted as "the norm" by both female and male adolescents (Delius & Glaser, 2002). In a study conducted by Jewkes, Vundule, Maforah, and Jordaan in 2001 about relationship dynamics and teenage pregnancy in South Africa, they found that pregnant teenagers were significantly more likely to have experienced forced sexual initiation and were beaten more often than non-pregnant teenagers. In addition, they were less likely to have confronted their male partners when they discovered that they had other girlfriends (2001).

Intimate partner violence can put women at an increased risk for HIV, unintended pregnancy, and can be associated with transactional sex. Transactional sex is fairly common for young women, who are looking to increase their opportunities for education and status. In a study in Soweto, South Africa about transactional sex, 20.9% of participants were pregnant and between the ages of 16 and 20 (Dunkle et al., 2004). One study in Cape Town, South Africa found that 21.1% of pregnant teenagers and 18.8% of non-pregnant teenagers reported having sex for money or presents at some point in their lives, exemplifying that this practice is common (Dunkle et al., 2004). Many

times, older men provide gifts to their younger dating partners as an incentive to have sex and not use condoms. Transactional sex is a practice that puts women at a power disadvantage, as they are often unable to negotiate safe sex practices (Dunkle et al., 2004).

Condom/Contraceptive Use

Condoms remain the most effective protection against HIV and other STIs for sexually active adolescents. While most South African youth are aware that condoms prevent HIV, STIs, and unwanted pregnancies, they do not always use them, according to a 2007 study of South African youth (Hendriksen, Pettifor, Lee, Coates, & Rees, 2007). Condoms are provided free of charge by the South African government and are available through clinics and youth centers. In the same 2007 study, 87% reported that it would be “very easy” to get condoms if they needed to (Hendriksen, Pettifor, Lee, Coates, & Rees, 2007). However, condom use is not high. Condom use, particularly among young adults, is affected by many factors such as self-efficacy and perceived risk.

Communication between partners has been found to increase the likelihood of condom use, even if the communication was not specifically about using condoms (Hendriksen et al., 2007). Another study conducted in South Africa in the 2000’s found a similar finding; that many adolescents knew about condoms. However, few respondents knew about the menstrual cycle and when a woman had the greatest chance of becoming pregnant. In addition, only a few could name multiple forms of female contraception (Macleod & Tracey, 2010). A review conducted by Partners in Sexual Health published in 2013 found that “when exploring knowledge, access to, and use of, contraceptives, we found that many teenagers have a basic knowledge about contraceptives and protection from unplanned pregnancies, STIs, and HIV. However, many report insufficient contraceptive knowledge and not using contraceptives consistently and correctly, as well as limited reproductive knowledge about fertility and conception” (Willan, 2013).

Many barriers to condom use have been discussed in the literature. South African youth have indicated that condom use with a steady partner would suggest distrust and potentially disrupt a relationship, therefore condoms are not often suggested, especially by female partners. They do not want to be accused of being unfaithful, and they also do not want to be seen as accusing their partner of being unfaithful. Another barrier to condom use that has been discussed has been that male partners indicate not wanting to use condoms because it does not feel as good, and they want the sex to be more pleasurable. Female partners do not want to be rejected or experience potential violence, so they often oblige to not using condoms (Varga, 1997).

In KwaZulu-Natal, it is perceived that if a girl carries around a condom, she is “ready for sex” or “sexually available,” “not clean,” or a sex worker (Gage, 1998). These perceptions of others inhibit many females from carrying around condoms, because they do not want to be seen this way. In addition, perceptions of pregnancy risk are often distorted by myths. If adolescents think they are too young to become pregnant, or if they underestimate their likelihood to get pregnant, they may choose to not use a condom. In particular, if a female engages in unprotected sex once and does not become pregnant, she may think that she can continue that behavior without becoming pregnant (Gage, 1998).

Peer Pressure

Friends and peers are viewed as an important source of information about sex, especially to adolescents. “[the peer group] creates an environment in which peer pressure is exerted on teenagers to engage in sex because of the mood of ‘everybody does it’ and they do not want to ‘feel left out’” (p. 34) (Makola, 2011). A 2009 qualitative study on peer pressure in Cape Town, South Africa conducted by Selikow, Ahmed, Flisher, Mathews, and Mukoma found that peer pressure amongst both boys and girls undermined healthy social norms, and instead encouraged harmful norms such

as engaging in high-risk sexual behaviors (2009). The focus groups indicated that adolescents who did not conform to the dominant norms may be excluded from friendship circles, male adolescents gained status from having multiple sexual partners, and abstaining from sex and delaying sexual debut were undermined by the need to belong to a group or “clan” (Selikow, Ahmed, Flisher, Mathews, & Mukoma, 2009). The influence of peer pressure on adolescent sexual behavior has been discussed, but the content of specific discussions, the how those specific discussions impacted behaviors, has not been explored in depth to date.

Communication about Sexual Activity and Behavior

Parent-Child Communication

There has been much research globally and within South Africa about communication about sexual activity and behavior, particularly between parents and their children. While many studies have shown that parent-adolescent communication about sex can have protective effects on adolescent sexual behavior, parent-adolescent communication about sex has been reported as low, and parents report finding it difficult to talk to their children about sex. In many cases, the content of parent-adolescent conversations seems to focus more on the negative outcomes of sexual intercourse and sexuality, and less on what adolescents should know to better understand how they are growing and developing (DiIorio et al., 1999).

Parent-Child Communication in the United States

Many studies have been conducted in the United States to better understand parent-adolescent communication about sexual risk behaviors. To date “there are few published studies describing the content of such communication between parents and adolescents, and fewer still that have explored the influence of discussions about sexuality on sexual attitudes and behavior...there are few studies describing discussions about sexuality held with friends and the impact of these

discussions on sexual attitudes and behaviors” (DiIorio et al., 1999) (p. 2). While this finding was published in 1999, there has not been a study since then that has explored all of these concepts in-depth.

The DiIorio study found that both male and female adolescents were more likely to discuss sexual topics with their mothers than their fathers, but both male and female adolescents were ultimately more comfortable discussing sexual issues with their friends (DiIorio et al., 1999).

One study conducted by DiClemente et al. recruited African American adolescent females in urban neighborhoods with high rates of unemployment, violence, substance abuse, and STIs. The results of this study were that less frequent parent-adolescent communication was associated with adolescents’ non-use of contraceptives in the past 6 months and non-use of contraceptives during the last 5 sexual encounters. Less parent-adolescent communication was also associated with less communication between adolescents and their sex partners, and lower self-efficacy to negotiate safer sex. On the other hand, adolescents who engaged in conversations about sex-related topics with their mothers were less likely to report being sexually experienced, engaged in vaginal sex less frequently, reported fewer lifetime sex partners, and were more likely to report using condoms and other contraceptives. Additionally, adolescents who talked with their mothers more about sex related topics may have been more likely to talk with their male dating partners about these topics. Furthermore, adolescents who were exposed to more frequent discussion about sexual topics with their parents were more likely to feel confident in their ability to negotiate condom use or refuse sex (DiClemente et al., 2001). “Because health-protective sexual communication is a key determinant of sexual risk behavior during adolescence and in adult life, establishing this form of communication early in life is important” said DiClemente (2001). He concluded by emphasizing the importance of

involving parents in pregnancy prevention efforts, noting that parents can be key agents in reducing adolescents' sexual risk-taking (2001).

A 2003 study of African American urban adolescent females in Philadelphia found that higher levels of mother-daughter sexual risk communication were associated with fewer episodes of sexual intercourse and unprotected intercourse at 3 month follow up. This prospective study supported that mothers who communicated with their daughters about sex could affect their daughter's sexual behaviors in positive ways, echoing other research (Hutchinson, Jemmott III, Sweet Jemmott, Braverman, & Fong, 2003).

While multiple studies have suggested that parent-adolescent communication about sex-related topics can predict adolescent sexual behavior, they have not identified what specific topics of conversation do so (Lefkowitz et al., 2003). That is a gap this study seeks to fill. Because sexual communication is less taboo in the United States than in South Africa, more studies have been conducted on the subject. However, the findings can be considered as valuable when looking to improve sexual communication in South Africa.

Parent-Child Communication in South Africa

Parents in South Africa report finding it very difficult to talk with their children about issues of sex, which often leads their children to seek other sources of information (Mudhovozi, Ramarumo, & Sodi, 2012). A reluctance exists in South Africa to talk about HIV/AIDS and other sexual health issues, and a sense of "denial" that comes with those topics. A rising HIV prevalence is often linked to public views of declining morals within the youth, and elders say that the youth are "disrespectful," "promiscuous," or "irresponsible." When sexual activity is spoken about, it is spoken about indirectly, with terms such as "meeting," "sleeping with," and "lying with" instead of terms more directly relating to engaging in sexual intercourse or other sexual behaviors (Lambert &

Wood, 2005). Within South Africa, “this research has revealed an alarming failure of communication between parents and children on sexual issues. Parents find it very difficult to broach the issue of sex with their children who, as a result, have little option but to seek information elsewhere – normally from their peers,” according to Delius and Glaser (2002, p. 1). Given the high levels of premarital sexual activity and teenage pregnancy in South Africa, it is imperative that public health professionals are able to understand how the lack of conversations influence the sexual behaviors of adolescents.

The communication gap between South African youth and their parents has widened. Few parents today are willing or able to confront awkward issues around sexuality. More than ever before, it seems, youth are being left to negotiate their sexuality on their own. (Delius and Glaser, 2002, p. 24).

In addition, UNICEF named parents as “the primary socializing agents of children” and a trusted source of information about sexuality for young people. “Parents represent a missed opportunity because most parents lack both knowledge and skill to talk openly about sex” (Panday & UNICEF, 2009) (p. 18).

A study by Mudhovozi et al. conducted in 2012 sought to understand barriers to communication between mothers and their adolescent daughters about sex. When talking with the mothers, 80% of the mothers believed that encouraging contraception had a bad influence on children, but 64% of participants were in favor of providing some information about contraception. Mothers were aware of the generational gap between their daughters and themselves, and they were aware of the need for preventative education. However, they were concerned that the community criticized mothers who did talk to their daughters about sexuality, thus they did not want to be criticized by their neighbors. One theme from this study was that the majority of the mothers denied that adolescent sexuality was an inevitable phase of development. They only acknowledged that their daughters were sexual beings once they were married, making it difficult to formulate

discussions with them as adolescents. In addition, mothers did not feel completely comfortable to talk to their daughters about sexuality because they lacked role models, as they were not taught about sexuality when they grew up. Given this, they themselves did not feel equipped with enough knowledge and information about sex and sexuality. In general, mothers feared that talking about sex with their daughters would encourage them to engage in sexual behaviors (Mudhovozi et al., 2012).

Adolescents' Desire for Communication about Sex

Adolescents have identified many barriers to initiating discussions about sexual activity with parents and caregivers, including emotional, physical, and sociocultural barriers. These include fear of verbal warnings, physical assault, and threats. However, adolescents have expressed a desire for mentorship and supportive discussions around sexual health communication, beyond just abstinence and peer-based information (Soon et al., 2013). A qualitative study conducted in 2013 by Soon et al. found that adolescents desired sexual health communication with adults, particularly about relationships and sex. They wanted to be able to ask their parents and caregivers questions about sex, especially if they were in a tough situation. There was a disconnect between sexual health information offered by parents and adolescents' lived experiences, as adolescents wanted practical and accurate information that reflected their lived experiences. Sociocultural barriers, such as perceived traditional values held by parents, were mentioned as barriers to open dialogue, and adolescents stated that they were too uncomfortable to ask their parents and caregivers about sex (Soon et al., 2013).

Alternative Sources of Information about Sex

Adolescents receive information about sex and sexual activity from sources other than their parents and their peers; some of these sources include school, teachers, and the media.

Schools and Life Orientation

Post-Apartheid, South African schools have incorporated more health education, specifically sexual health education, into their programs (Chopra et al., 2009). However, sexuality education was not required during all teachers' training, so not all teachers have the appropriate skills to effectively teach the subject (Makola, 2011). *Life Orientation*, taught to high school students has many aims, including “guide and prepare learners to respond appropriately to life’s responsibilities and opportunities” and “guide learners to make informed and responsible decisions about their own health and well-being and the health and well-being of others” (*Life Orientation Grades 10 - 12 Curriculum And Assessment Policy Statement* 2011). During grades 10 – 12, when sexual health information is taught, students have 2 hours of *Life Orientation* per week. The four focus areas of *Life Orientation* are 1. Personal Well-Being, 2. Citizenship Education, 3. Recreation and Physical Activity, and 4. Careers and Career Choices. Personal Well-Being is the focus area most related to sexual health, and is defined below (*Life Orientation National Curriculum Statement Grades 10 - 12 (General)*, 2003) : “This focus area addresses issues related to the prevention of substance abuse, diseases and lifestyle, sexuality, teenage pregnancy, sexually transmitted infections including HIV and AIDS, and the promotion of personal, community, and environmental health. The inclusion of various perspectives (such as indigenous knowledge systems) could assist in problem solving on issues of personal and community wellbeing.”

According to Hendrikson et al., evidence suggests that sexuality education is most effective when young adults are exposed to it before they become sexually active, so that patterns that

promote or hinder their sexual decision-making are formed during an ideal window.

“Implementation of sexuality education in the primary school years would lay a foundation for healthy sexual habits and allow young adults, particularly young women, to make more informed choices about their future sexual safety” (Hendriksen et al., 2007) (p. 1245).

Teachers

There have been some challenges with implementing *Life Orientation (LO)*, particularly from the teacher’s perspectives. The main criticism from teachers is that they were given little knowledge of the topics and little advice on how to best implement the curriculum in each of their schools. Teachers said that the curriculum trainers had little to no knowledge of current conditions in schools and classrooms, and had no experience in harder schools, therefore they had no advice how to handle difficult students. The best results came from schools where the teachers formed “*Life Orientation* teams” and worked together and taught each other, and collaborated with other staff members so that students had as much information as possible. However, teachers overwhelmingly felt that “the effect of the program on learners only extended to times when learners were on the school grounds or in the classrooms. When the learners were out of school, the influence of the peer group, the media and the general climate in their communities eliminated largely the positive influence of LO programmes” (Prinsloo, 2007) (p. 165).

Teachers who did feel they were successful in implementing HIV/AIDS education in the classroom were more likely to have had previous training, higher self-efficacy, student-centeredness, and belief about the controllability and the outcome of HIV/AIDS education. In addition, an existence of a school HIV/AIDS education policy, a climate of equity and fairness, and good school-community relations were the school characteristics associated with teaching HIV/AIDS education. Overall, teachers reported that they were more likely to proceed teaching

HIV/AIDS education if they felt confident in their ability to overcome possible barriers in transforming intention into practice (Mathews, Boon, Flisher, & Schaalma, 2006).

Teachers play an important role, not only when teaching about sex education, but also by supporting students throughout their careers. In general, it seems that educators are sympathetic towards pregnant teenagers in their classrooms. A 2010 study found that educators had positive attitudes and were sympathetic towards pregnant teenagers, but displayed reservations about the level of skills they possessed in regards to helping teenagers in times of emergency in the classroom. They felt they were not equipped with enough information and knowledge to help a student through understanding birth control options, an emergency delivery, depression, or other social or emotional problems due to pregnancy (Mpanza & Nzima, 2010)

The Media

A variety of media sources have been found to influence adolescents in a variety of ways. Adolescents in South Africa are now exposed to sexual material and information through books, magazines, TV, and radio, in ways they were not before (Mudhovozi et al., 2012). Makola et al. discussed how mass media influences teenagers to engage in sexual activities before they have the necessary levels of physical, emotional, and psychological maturation. This is partly due to the frequency of sexual encounters in the media, and how casually they are portrayed (2011). A 2004 study conducted by James et al. found that the most common reported source of information for male and female students was in fact the media, which included newspapers, magazines, and television (James, Reddy, Taylor, & Jinabhai, 2004).

There have been numerous attempts to educate through media outlets in South Africa. Perhaps the most prominent and most recognized campaign is the “LoveLife” campaign. This internationally donor-funded campaign was initiated in 1999, and has been very expansive.

LoveLife incorporates billboards, pamphlets, press advertisements, youth workshops, sports day sponsorships, and help lines to put sexuality issues in the public eye. LoveLife attempts to “fuse messaging about safe sex with popular youth culture so that ‘safety’ becomes ‘cool’” (Posel, 2004). To do this, LoveLife has created their central “subject” who is responsible, knowledgeable about their body, and in control to make their own choices. LoveLife appeals to parents with the line “Love them enough to talk about sex,” and has enlisted the support of many major political and community leaders, such as Archbishop Tutu, and Nelson Mandela (Posel, 2004).

In addition to LoveLife, multiple television dramas have been created or have begun to incorporate sexual health messages, to appeal to adolescents and young adults. Some of these series include *Soul City*, *Soul Buddyz*, and *Yizo-Yizo*. These shows have captured the attention of adolescents and parents, because they show examples of what adolescents can deal with in schools and in the streets, including levels of sexual coercion, violence, sexual coercion, HIV, and other social problems that are common in their communities (Posel, 2004).

Consequences of Teenage Pregnancy

There are many consequences and concerns for the teenage mother and her child, particularly in South Africa. These consequences range from health concerns, dropping out of school, difficulty acquiring a job, handling finances, managing a relationship with the child’s father, possible obstetric complications, and the potential impact of the child being born into poverty (Jewkes et al., 2001).

Health Consequences

Adolescent pregnancies have been associated with a variety of short and longer term health problems, such as anemia, urinary tract infections, pregnancy induced hypertension,

depression, substance abuse, increased sexual risk behavior, and increased stress. Although marginally significant in a study conducted by Christofides et al., it was found that adolescents who were pregnant experienced more physical and sexual violence than women who had a later pregnancy or did not have a pregnancy (Christofides et al., 2014). Before and during childbirth, pregnant women under age 20 in South Africa are less likely to receive care from a doctor or nurse/midwife than pregnant women between the ages of 20 – 34. They are also less likely to be informed of signs of pregnancy complications, have their vitals measured, or take proper supplements (Macleod & Tracey, 2010).

Education/Job Consequences

When many teenage mothers become pregnant, they drop out of school. Even if they do not drop out of school when pregnant, they need to take time off from school once they give birth. Dropouts and inconsistent school attendance has negative effects on the ability for a young adult to get an education (Makola, 2011). Between 2002 and 2006, between 11.8% and 17.4% of teenage girls that were not in an educational institution reported pregnancy as the main reason (Jewkes et al., 2009). In addition, the lack of an education reduces a teenage mothers' earning abilities down the road, therefore limiting her job prospects (Makola, 2011)

Social/Familial Consequences

When an adolescent becomes pregnant, some families do not accept the teenager as a member of their family, and they are forced to live elsewhere, becoming homeless. If the family allows them to remain living with them, the family then often has to accommodate the needs of the teenage mother and the unborn child before and after birth. Those who grew up in families with already low incomes are more likely to experience problems with finances, and may be at a higher risk for having a child with developmental challenges. Poverty is likely in many cases,

especially with the absence of a child's father, as is common for many teenage pregnancies in South Africa (Makola, 2011).

Teenage pregnancy is a major public health concern in South Africa, and is influenced by many environmental, social, and risk factors. Sexual decisions are not just made by the individual, and many external influences come into play. Some of these influences include parents and caregivers, sexual partners, friends and peers, teachers, the media, and the community. In order to understand how to prevent adolescent pregnancy in South Africa, particularly Soweto, it is important to first understand what types of conversations are occurring about sexual activity during the adolescent years, and what influence these conversations have on sexual behavior.

Chapter 3: Methods

Study Subjects

Birth to Twenty (Bt20) consists of children born within a 7-week period between late April and early June 1990, after Nelson Mandela was released from prison. Those in the birth cohort also had continued residence within the metropolitan area of Johannesburg-Soweto for at least 6 months after birth. The cohort was recruited from antenatal and public health facilities, and was an initiative at the time between the University of the Witwatersrand, Johannesburg, and the South African Medical Research Council. The study currently follows children and families in the area of Johannesburg, Soweto, and the Gauteng province. The enrolled cohort contained 3,273 children and their families, and more than 72% of whom have been followed for at least 17 years. (Norris et al., 2008) This qualitative study was nested within the Bt20 cohort, as participants were recruited from a sample of participants whom have been a part of large quantitative studies.

Eligibility and Participant Recruitment

Two groups of young female adults were eligible to participate if they were:

Group 1 (did not become pregnant by age 18)

- (i) Bt20Cohort members
- (ii) Currently live in Soweto
- (iii) Had self-reported sexual debut at the age of 15 years or younger
- (iv) Had self-reported NOT becoming pregnant by the age 18
- (v) Comfortable speaking in English

Group 2 (did become pregnant by age 18)

- (i) Bt20 Cohort members
- (ii) Currently live in Soweto
- (iii) Had self-reported sexual debut at the age of 15 years or younger

- (iv) Had self-reported becoming pregnant by age 18
- (v) Comfortable speaking in English

Purposive sampling was employed to extract participants from previously collected historical data on age of sexual debut and whether or not they had been pregnant by age 18. Of the 64 eligible, 24 were categorized as “Group 1” (participants who did not become pregnant) and 39 were categorized as “Group 2” (participants who did become pregnant). One participant withdrew after initial consent, because the content of the interview resulted in one participant withdrawing mid-way through the interview. This resulted in 63 eligible participants in total. These participants were randomly selected using a random number generator, five from each group at a time, and contacted about the study. Contact attempts were recorded on each participants’ contact sheets. An in-country research assistant called participants by using contact information available to the research group. If participants were interested in participating and available, an interview appointment was made and noted on the Contact Sheets. If participants were not interested or not available, this information was recorded on their Contact Sheets, and they were removed from the remaining pool of participants. A random number generator produced more study ID numbers to contact once each set of five was exhausted. If participants did not answer initially, they were left a message, and a follow up phone call occurred a few days later. The study was briefly described to participants as “a study about sexual activity as an adolescent” upon initial contact.

All 24 participants eligible for Group 1 (participants who did not become pregnant) were contacted in a random order, and 10 interviews were conducted from this group, as new information was not being given by participants at that point. The 14 participants who were not interviewed either were not interested in participating in the study, were not able to travel to the research unit to participate, had moved out of Soweto, or were employed and could not get time

off from work to participate. Twenty-four of the 39 participants eligible for Group 2 (participants who did become pregnant) were contacted in a random order, and 10 interviews were conducted from this group, as saturation was reached by this point. The 29 participants who were not interviewed either were not randomly selected, were not interested in participating in the study, were not able to travel to the research unit to participate, had moved out of Soweto, or were employed and could not get time off from work to participate. All participants identified as Black. Additional information was collected during the interviews, such as whom they primarily lived with growing up, if they graduated high school (completed matric), information about their sexual history.

Data Collection

Data were collected through individual semi-structured interviews (SSIs) at the DPHRU Research Building in Chris Hani Baragawanath Hospital. This building is where almost all Bt20 research studies are conducted, so participants were familiar with the location. All interviews were conducted in-person in office rooms on the third floor, with the door closed for confidentiality purposes. A study folder was created for each participant. This folder included their contact sheet, all study consent forms, interview guide, and a Counseling Referral Form. All study folders were placed into a binder, and put into a locked filing cabinet in the DPHRU Research Building.

Once a participant arrived, they were escorted upstairs by the researcher. Once in the room, the researcher went over the basis of the study and asked the participants if they had any questions. The researcher then handed the participant a consent form and reviewed the document with the participant. At the end of the review, the participant was asked to sign the consent form if they were comfortable moving forward with the interview. All participants signed this consent form. The signed consent form was kept in each participant's study folder, and the participant was given

the first two pages of the consent document to keep as a reference. The researcher's contact information (email address and affiliation), in addition to the supervisor's contact information (phone number, email address, and affiliation) were on the document given to the participants. The researcher and participant then read through a "Consent to Record" document, which requested that the interview be recorded for data extraction processes. At the end of this review, the participant was asked to sign the consent form if they were comfortable having the interview recorded. All participants signed this consent form. The signed consent form was kept in the participant's study folder. Interviews were tape recorded using the Voice Record Pro phone application.

Semi-structured interview guides and probes were first internally pilot-tested in a focus group of Bt20 researchers for cultural competency, accuracy, and sensitivity by myself, the primary investigator. This focus group ensured that all questions and probes would be culturally competent, appropriate, and easy to understand. In addition, interview guides and probes were piloted with three participants. Questions that posed potential bias in influencing respondents' answers or created confusion for the participants, as determined by DPHRU researchers and staff members in the focus group, and through the pilot tests with participants, were rephrased or removed in future interviews. After both processes, interview guides were adapted. Subsequently, semi-structured individual interviews were carried out with a revised interview guide. The three initial interview pilots were included in final data analysis, primarily because there were not many changes between versions of the interview guide. Each interview lasted approximately 30 – 45 minutes. Interviews were conducted in English by the primary researcher, and a translator experienced in Zulu was available if discrepancies arose or were suspected. The translator was not needed for this study, as all participants were fluent in English.

Interviews were guided by open-ended questions using a semi-structured interview guide with probes, when necessary (Appendix A). Questions explored experiences of young women and their conversations about sexual activity with parents/caregivers, friends/peers, sexual partners, and community leaders, as well as how these conversations may have influenced their pregnancy prevention efforts. Key themes included:

- Conversations about sexual activity before sexual debut
- Questions about the participants' sexual history
- Conversations with sexual partner(s) about sexual activity and pregnancy prevention
- Conversations with parents/caregivers about sexual activity and pregnancy prevention
- Conversations with friends/peers about sexual activity and pregnancy prevention
- Education through school (particularly Life Orientation) about sexual activity and pregnancy prevention
- Influence of conversations on sexual decision-making behaviors and pregnancy prevention
- Content of conversations about sexual behavior/pregnancy prevention

All participants were reimbursed for their travel expenses at the culmination of the interview. In addition, they were given light drinks and refreshments, as per research group protocol. In addition, all participants were given pseudonyms to be used during data analysis, to protect their confidentiality. Thus, all of the participant names have been changed.

Data Analysis

SSIs were audio-recorded and transcribed verbatim by the principal investigator or an outside transcriber. Transcripts from an outside transcriber were quality controlled by the primary investigator by listening to the audio recordings while reading the transcripts received by the outside transcriber. First, a Code Tree was developed, and codes were derived under categories

based on topics that were asked about or arose during interviews. A codebook was then created and updated as more interviews were transcribed (Appendix B). Both inductive and deductive codes were included in the codebook. A total of 18 codes were identified and used to analyze the themes of the interviews. In the codebook, each code was defined, and at least one quote was listed as an example of the code. The codebook was created by the primary researcher, and feedback and suggestions were received by two different Rollins School of Public Health Qualitative Analysis professors. Revisions were made to the codebook and it was utilized to code the remainder of the interview transcripts. Coding was completed by the primary researcher. Transcripts were imported into MAXQDA10 software through the Rollins School of Public Health Citrix Server. Thematic Analysis occurred to identify common themes and trends in the data. Intersections between prominent codes were examined. All 20 transcripts were coded and analyzed using MAXQDA10.

Definition of a “conversation”

Data was considered to be a “conversation” if the participant could recall who it included, and what they talked about. So, for example, if a participant was unsure if her and her mother talked about sex before her sexual debut, that was not considered to be a “conversation.” However, if a participant could recall that her mother talked with her about using protection when engaging in sex, that circumstance would be considered a “conversation.” A “conversation” could have been a one-way, or two-way discussion. It is important to note that both conversations and lack of conversations were included in analysis, as both are important in order to understand how conversations influence, or don’t influence, the sexual decision-making of adolescents in Soweto.

Thematic Analysis

Analysis consisted of thematic analysis, and ultimate comparison between the experiences of Group 1 (did not become pregnant) and Group 2 (did become pregnant) participants. Analysis

grids were created for each aim in order to organize the information extracted from MaxQDA (Appendix C). Data about whom was involved in conversations, when the conversations took place, and intersecting code names were included in the analysis grids. In addition, strong quotes from participants were included. From there, Analysis Summary Sheets were created to condense the data and arrive at the core themes of conversations and influences (Appendix D). These summary sheets included frequencies of conversations and YES or NO columns, when conversations occurred, topics of conversation, reasons for lack of conversation, and quotes from participants that captured themes. For Aim 3, which addressed how adolescents were influenced by conversations about sex and sexual behavior, the summary sheets were separated into two. The first sheet consisted of conversations that had some influence on them and their content, while the second sheet consisted of conversations that had the *biggest* influence on them, and the content of those conversations. This method of organization allowed for the easy visibility of themes and trends in the data.

Ethical Consideration

The study was granted ethical approval by the University of the Witwatersrand Human Research Ethics Committee (South Africa) (Ethics Protocol Number M140481) on June 11, 2014 and the Emory University Institutional Review Board (United States of America) (IRB number IRB00073568) with an amendment on June 23, 2014. The University of the Witwatersrand Research Ethics Committee granted approval of the study application after a series of revisions.

Participant confidentiality was ensured throughout the study. A Contact Sheet was created for all eligible participants by the research Data Manager. These Contact Sheets contained contact information for the participants, their full name, their Bt20 Study ID, and other demographic variables, such as birth date. In addition, these sheets contained contact information for their parents. These Contact Sheets were never removed from the research unit premises. Each

participant received a unique Study ID, which was added to the contact sheets. For the purposes of this study, the CAPP ID was the identifier. Participants' full names and Bt20 IDs were only utilized to record travel reimbursements from the study.

A Counseling Referral Sheet was available during each interview for the researcher to complete at their discretion, or if the participant indicated they wanted to seek counseling. This sheet was filled out for three participants, with their permission, and given to an in-country research assistant. The Counseling Referral Form procedure consists of contacting the participants shortly after receiving the form, and giving them an appointment with one of the Bt20 counselors. This form was used for emotional counseling, fertility testing, and sexual assault counseling. If utilized, this form required the participant's name, but was not linked to their identity in the study. The only ID number needed on the form was their DPHRU ID, which is used on all DPHRU forms and tests. If the form was not used, it remained in the participant's file as a blank form.

Chapter 4: Results

Introduction

In this study, participants described their conversations about sex and sexual behavior that occurred during their adolescent years with a range of people, including their parents, grandparents, friends, classmates, partners, and siblings. They also described their experiences in school and with any community groups or organizations that they might have been a part of. In particular, participants reported on conversations at different points in time in their lives, including before their sexual debut, after their first sexual experience, when they became pregnant (if applicable), and at other points throughout their adolescence. Participants discussed the people in their lives who influenced their sexual decision-making, and if so, how. In addition to examining what types of conversations occurred, or did not occur, and what type of influence the conversations may have had, the themes of the conversations among Group 1 (participants who did not become pregnant by age 18) and Group 2 (participants who did become pregnant by age 18) will be compared. It is important to note that although the experiences of each participant are unique, common themes emerged around the types of conversations that occurred, or didn't occur, regarding sex and sexual behavior during adolescence. Table 1 below outlines the demographic characteristics for the twenty respondents from this study, stratified by group. Each respondent reported their age, their race or ethnicity with which they identified, and their area of residence during adolescence to the Birth to Twenty research group prior to the study. During each interview, participants reported who they lived with during adolescence (this was re-named as "primary caregiver(s)"), and whether or not they completed high school.

Table 1: Demographic Characteristics of Interviewed Participants Within the Birth to Twenty Cohort

	All Participants (N=20)		Participants who did not become pregnant (N=10)		Participants who did become pregnant (N=10)	
	N=	%	N=	%	N=	%
Age at time of interview						
24	20	100.0	10	100.0	10	100.0
Race/Ethnicity						
Black	20	100.0	10	100.0	10	100.0
Area of residence during adolescence						
Soweto	18	90.0	9	90.0	9	90.0
Outside of Soweto*	2	10.0	1	10.0	1	10.0
Primary Caregiver(s) during adolescence**						
Both parents	1	5.0	1	10.0	0	0.0
Both parents and siblings	3	15.0	2	20.0	1	10.0
Mother	4	20.0	2	20.0	2	20.0
Mother and siblings	3	15.0	1	10.0	2	20.0
Grandparents (both)	2	10.0	2	20.0	0	0.0
Grandmother	1	5.0	0	0.0	1	10.0
Grandparents and siblings/cousins	2	10.0	0	0.0	2	20.0
Grandparents and aunt/uncle	2	10.0	0	0.0	2	20.0
Aunt/uncle	2	10.0	2	20.0	0	0.0
Participant completed high school (Matric)?						
Yes	13	65.0	9	90.0	4	40.0
No	4	20.0	0	0.0	4	40.0
Unknown to Interviewer	3	15.0	1	0.0	2	20.0

* Participants who reported not living in Soweto during adolescence attended boarding school outside of Soweto or temporarily living in another province

** Participants reported who they lived with as an adolescent - this person or these people were categorized as "Primary Caregiver(s)"

Findings are presented according to their relevance to each of the study's four aims:

- Aim 1: Document conversations about sex and sexual behavior occurring between adolescents/young adults and their primary caregivers
- Aim 2: Describe content of conversations about sex and sexual behavior that occurred between adolescents/young adults and family members, peers, sexual partners, and in school and other settings
- Aim 3: Explore how adolescent/young adult behavior is influenced by conversations about sex and sexual behavior
- Aim 4: Compare the experiences of adolescents who did not become pregnant by age 18, to the experiences of those who did become pregnant by age 18, in regards to their conversations about sex and sexual behavior

Findings by research question

Conversations about sex and sexual behavior between adolescents and their caregivers

Before sexual debut

As a group, participants who did not become pregnant by age 18 mentioned more occurrences of conversations with their caregivers before sexual debut than did participants who did become pregnant. While there were not many more specified instances of having conversations, those that were mentioned appeared to be deeper and contained more content than those conversations discussed by participants who did become pregnant.

Two themes came about from conversations with caregivers and participants who did not become pregnant by age 18 that highlight different experiences. For those participants who did engage in conversations with female caregivers (mothers, grandmothers, or aunts), those conversations were generally approached with a more open mindset, as suggested by the

participants. They tended to consist of more comprehensive education, such as information about condoms, contraception, and STI protection as opposed to abstinence-only messaging, yet encompassed elements traditionally associated with scare tactics in public health. Scare tactics included phrases like “boys give you babies” and statements about how “sleeping with a guy will get you pregnant.” Most of the conversations that did occur began around the time of the Participants’ menstruation.

For those who did not engage in conversations with their caregivers, the most commonly cited reason was the “culture.” Many participants made reference to this, suggesting that their “culture” prohibited conversations about topics such as sex and alcohol/drug use. Participants in both groups noted that it would be considered inappropriate to ask elders about sex, and adults were unlikely to start conversations with their children or grandchildren about sex. As Kutloano, who did not become pregnant by age 18, said:

I don’t know if I can say it like that but in the Black society, it is totally forbidden to speak to the elders about sex, because if you mention it, they think you are doing it. If they say anything about it, it seems like they are promoting it...you wouldn’t talk to elders about sex, alcohol, drugs...it is just know[n] that you don’t ask, you don’t talk about it or ask.

This type of comment is one that was discussed by other participants as well, as well as statements that parents or grandparents were “too strict,” “not approachable,” “old-fashioned,” or participants were worried that it would just be too uncomfortable to ask.

Table 2 illustrates the frequency of conversations mentioned by participants between them and their caregivers and other family members, stratified by group.

	Did not become pregnant by 18		Did become pregnant by 18		
Family Member	Y (conversation took place) (n)	N (conversation did not occur) (n)	Y (conversation took place) (n)	N (conversation did not occur) (n)	Total
Primary Caregivers	11 (6 before debut) (5 after debut)	9 (6 before debut) (3 after debut)	19 (5 before debut) (14 after debut)	16 (11 before debut) (5 after debut)	55
Not Primary Caregivers	8	3	14	2	27
TOTAL	19	12	33	18	

As is evident from Table 2, the more participants who did become pregnant by age 18 engaged in conversations with their caregivers after their sexual debut, as opposed to before. One reason was similar to the reason cited among those who did not become pregnant; that it was not acceptable in the culture. This was reinforced by multiple participants. In particular, one participant stated, “You just don’t [talk about sex]. You just don’t...not with family.” Being uncomfortable talking with caregivers was mentioned frequently among participants in both groups. Participants who engaged in conversations with their caregivers described the dialogue as lacking the depth they would have desired. Many of the conversations that did occur were about menstruation and periods, and while there were two conversations mentioned that discussed condom use and what to expect when having sex, the majority of conversations did not even occur before the participants’ sexual debut.

At any point during adolescence after sexual debut

After sexual debut, participants who did become pregnant mentioned far more occurrences of conversations with their caregivers than did participants who did not become pregnant by age 18.

A similar number of conversations occurred before sexual debut as compared to after sexual debut among participants who did not become pregnant by age 18 and their caregivers. Half of the conversations that occurred after sexual debut were about pregnancy or abortion, if the participant became pregnant before the age of 20, as she was still considered a teenager. These conversations consisted of discussions of abortion, questions from caregivers about why condoms weren't used, and figuring out as a family how things were going to be when the baby came. Conversations that were not pregnancy-oriented focused on topics such as condoms, birth control (pills and injections).

Far more conversations occurred after sexual debut than before sexual debut among participants who did become pregnant by age 18, and most of these conversations occurred when the participant became pregnant. Before debut, participants collectively reported having two conversations with their parents, and after debut, that number increased to nine conversations – seven of these nine conversations occurred when she became pregnant. Conversations about pregnancy ranged, with most caregivers angry at first, then settling and trying to come up with a plan with the participant. When participants disclosed, or “confessed” that they were pregnant to their caregivers, most were met with a “lecture” about how their life was going to change, and how they were going to have to be a good, responsible mother. Only one caregiver encouraged the participant to get an abortion, which she did not do. A number of participants mentioned that there were no conversations with their caregivers about sex at all, until they told them that they were pregnant. One recurring theme among participants who became pregnant was the desire for their caregivers, particularly their mothers, to have taken the time to take to them about sex when they were younger. Buang, who became pregnant when she was 18 and lived with her parents and two siblings while growing up, said:

I actually regret a lot of things when I think about my past. And I really wish that my mom had taken the time to sit down and talk to me. Even if she didn't like it or didn't like to, I think things would be a whole lot different.

Conversations about sex and sexual behavior between adolescents and those outside of their immediate caregivers

Family members other than caregivers

The majority of conversations between the participants in both groups and family members other than their caregivers occurred with cousins (primarily female cousins). Female cousins, who were usually older, often talked about “the whole experience” of sex, and offered guidance about birth control and condoms. Rarely were conversations with cousins focused on messages of abstinence—most often, they shared fun experiences and stories about alcohol and sex.

There appears to be a difference in the focus of the conversations that occurred between participants and their sisters, and their cousins. Conversations between participants and their sisters involved discussions about abstinence and waiting, in addition to birth control if they chose to be sexually active. Sisters, particularly older sisters, often encouraged the participants to wait because they “were still young” and use some form of protection if they were going to choose to have sex. Nkheteleng, who lived with her mother and 2 older sisters, explained what her sisters said to her:

They used to tell us not to do that, you are still young. This and that, those are the conversations that we talked about, we didn't look too much into it. They used to tell me protection, like going to a clinic, or maybe using a condom.

In contrast, conversations between participants and their cousins did not mention abstinence or waiting at all, and instead focused on partying and stories of having sex with many men. While condoms and birth control were mentioned, they were discussed after the participants' sexual debut, as opposed to before sexual debut, as was in the case in conversations of birth control with

the sisters. The majority of conversations between participants and their cousins, regardless of whether participants became pregnant by age 18 or not, focused around “just the fun stuff” about sex, said Makhokolotso. Participants talked about how conversations with their cousins intrigued them and made them think about wanting to engage in sex because they were curious, and their cousins made sex sound fun and interesting. Sometimes, conversations with cousins would also mention messages of safer sex practices, such as in the description from Likhapo below.

However, Likhapo described this conversation making her want to try having sex because she associated it with “fun,” a word that her cousin used when talking about what she was doing.

She’s [cousin] older than me with 4-5 years. When she come home, maybe she lived with her boyfriend, you start asking ‘where did you come from?’ she would say ‘I was out with my boyfriend drinking alcohol, having fun, enjoying.’ Then I ask[ed] ‘what did you do?’ ‘Sex.’ ‘Sex, what is sex?’ She would tell me, sex is whereby you sleep with a man using a condom. Sometimes when you break your first virginity you bleed.

Participants who became pregnant reported a high number of conversations with family members other than their caregivers when they were pregnant (see Table 2), and the conversations appeared to have a less angry tone than those with their primary caregivers, as mentioned earlier in this chapter. When disclosing their pregnancy with family members, participants reported more instances of support and encouragement from family members such as cousins and relatives who were not living with them, particularly grandparents, than from those who were their primary caregivers. Liepollo described the support she received from her grandmother, who she did not live with: “She helped me a lot like I said, she was a social worker so she helped me a lot. She gave me self-confidence because I was like, ‘oh I am not going back to school.’” Fortunately, she was able to return to school after the birth of her child.

Friends/Peers

Like maybe, they say maybe you are a virgin, you don’t know anything, and then they say that you don’t know that, like you don’t know this and that, yeah so it’s not nice,

those conversations... You know when you are friends with people, you know people who do those things and that, like peer pressure, those things, so they do pressurize, yes.

– Nkhetheleng, who became pregnant at age 16

Both groups discussed pressure from their friends as being common during conversations they had as adolescents. Regardless of whether conversations with their friends occurred before sexual debut, after their first time, when they found out they were pregnant, or at any other point during their teenage years, pressure was, to some degree, prominent in most conversations with peers and friends. Whether the pressure was positive or negative, and how the pressure influenced the participant, varied. However, regardless of what group participants were in, if they had older friends who were sexually experienced, they tended to have a negative influence on them, and more often encouraged them to have sex even if participants said they weren't ready. Dimpho, who did not become pregnant by age 18, described a conversation with a sexually active classmate who was 2 years older:

I would listen to her and ask, 'how do you prevent?' and she would tell us 'it is nice, you should try it' and I said 'no I don't want babies' and she would say 'don't be stupid you won't have babies' and I was like 'no I don't want to try that.'

Friends, particularly older friends, would also tell participants that they had to have sex with their boyfriends. A common claim was that if they didn't have sex with their boyfriends, someone else would, said Dimpho.

If you aren't having sex with your partner, it means that your partner is having sex with someone else and not you, so you should just do it, they would say. It is nice, just try it, it's not painful, they would just give me that.

Almost all participants who did not become pregnant by age 18 engaged in conversations with their friends/peers during adolescence. Only two participants indicated that they did not talk to their friends at two points: for one, it was after her first time because she felt like it happened for "all the wrong reasons," and the other participant said she is very private and didn't want to

talk about sex with anyone. For those who did talk about sex with their friends, many learned from their friends and their experiences. They would talk about what they learned in Life Orientation that day, they would talk about the importance of using a condom, and they would have “girl talk” about the sex they did have with their partners. Although there was pressure from those around them, more participants who did not become pregnant appeared able to ignore the pressure and focus on their goals, instead of falling into the pressure from others. Ratsebo, who grew up living with her parents and six siblings, described how her friends had a positive influence on each other:

Yes...we all advised each other that it is best to use condoms because we were still at school, and we all had goals, and we would uhm, motivate each other to pursue our dreams and not let anything like sex influence the decisions we want to make in the future.

The way that participants who did not become pregnant talked about the pressure made it clear that while they acknowledged that it existed and it was strong at times, they were more worried about other things, and with the support of some of their friends, they were able to overcome it.

Like those who did not become pregnant by age 18, almost all of the participants who did become pregnant by age 18 engaged in conversations with their friends/peers during adolescence. Only three participants indicated that they did not talk to their friends at two points: they didn't feel comfortable and thought it was inappropriate, and another participant waited 3 months after she lost her virginity to talk to her friends, because she was very unhappy with the experience [of losing her virginity] and she thought that something was wrong with her. Many participants who became pregnant brought up reference to peer pressure, and acknowledged that they gave into it for a variety of reasons. Some said that they were teased for being a virgin, or teased by their friends for not having sex with their boyfriends. Others said that they wanted to be able to talk with their older friends about sex, so they felt like they had to have sex in order to

do that. Thuto, who became pregnant when she lived with her grandparents, even acknowledged that within her friend group, they negatively influenced each other:

We were influencing each other to break our virginity, lots of things. We didn't talk about positive things like you should wait until after marriage and all of that, no. We didn't talk about those things, we just talked about having sex, how it feels and all of that.

Thuto also talked about a common theme that was discussed and believed among participants who became pregnant, which was the pressure to sleep with a boyfriend "to keep him."

And I also had an older friend...and she talked about how you can keep your boyfriend with sex, things like that...if you don't give your boyfriend sex then he will run away, those things...I think that was something a lot of people thought because I also thought that at the time.

Romantic/Sexual Partners

Both groups reported talking with their partner(s) more often than not both before their first sexual experience, and after their first sexual experience. Participants who did not become pregnant by age 18 reported more instances when they did not talk with their partners before their first time (four), as compared to those who did become pregnant, who reported that they did not talk with their partners before their first time (two). The reasons for both groups, however, were the same – "it just happened I guess" or "it just happened, we were drunk."

In terms of content, the conversations between participants and their partners were almost the same between the two groups. Both groups had a small number of participants who had been in long-term relationships with their partners, so they had talked about having sex for quite some time and had prepared for that moment. Both groups had a number of participants who did not particularly want to engage in sex, but agreed to do so with a partner who was pushy and told them that they "would be fine," and both groups had a small number of participants who engaged in sex and did not communicate with their partners due to alcohol or drug use. Discussions of condoms use occurred within both groups, mostly in discussions about needing to use a condom

right before, or during, their sexual encounter. Many participants in both groups mentioned communicating to their partner that they were scared, uncomfortable, or in pain, especially during their first time.

The only difference between conversations of participants and their partners occurred when participants who became pregnant disclosed that they were pregnant. These conversations were only mentioned three times, and consisted of discussions of support, plans for when the baby comes, excitement/fear about being new parents, and figuring out finances and future plans.

In schools/Life Orientation

All participants entered high school, although a small number did not “complete their matric.” “Matriculation” is a phrase commonly associated with completing high school and receiving a certificate of completion. The majority of participants went to co-educational public high schools, however two participants reported attending private, all-female boarding schools. Life Orientation is a program that is taught in all schools in South Africa, and contains a component that addresses health and sex education.

There were differences in the information recalled between the participants who did not become pregnant and those who did become pregnant by age 18, regarding what they learned in school about sex, particularly in Life Orientation. Table 3 shows the ranking and frequency of topics that participants reported learning about in Life Orientation when they were in school:

Table 3: Frequency of topics taught during Life Orientation in school as recalled by Participants, stratified by Group

Did not become pregnant by age 18		Did become pregnant by age 18	
Topic	Frequency	Topic	Frequency
Condoms/Contraception/Protection	6	Condoms/Contraception/Protection	5
Sexual behaviors/peer pressure/stigma	4	Messages of abstinences, waiting to engage in sex	4
Pregnancy	3	Pregnancy, not getting pregnant	4
Human body/body changes/hormones/ menstruation	2	“Basic things”; menstruation; human body/body changes/hormones	3
Preventing disease/STIs/HIV AIDS	2	STIs/HIV	2

Table 3 shows some discrepancies in what was recalled by participants in both groups, in addition to some consistencies. Participants in both groups recalled condoms, contraception and protection as being talked about the most, and STIs and HIV/AIDS being talked about the least. However, participants who did not become pregnant by age 18 did not mention discussions of abstinence during Life Orientation, and multiple participants who did become pregnant recalled messages of abstinence. Additionally, those who did not become pregnant mentioned discussions of stigma, sexual behaviors, and stigmas, while those who did become pregnant did not mention those discussions at all.

When asked in what grade sex was talked about in schools, participants had different thoughts. The most consistent response among participants who did not become pregnant was that they remembered sex being talked about starting in Grade 8, while there was not a most consistent response among participants who did become pregnant (responses ranged from Grade 6 through Grade 11). In addition, a few members who became pregnant explicitly stated that topics related to sex were covered in “basic” or “not deeply,” while no participants who did not become pregnant made statements similar to that. Liepollo, who became pregnant at age 16, said “they didn’t going into detail about sex. It was just like...I would say it was like chop and chop, taking the cream of the cake...they would be like ‘but don’t have sex!’”

Participants who did not become pregnant by age 18 mentioned three additional sources of information from school: Biology class, Always Pad representatives, and Choice Condom Brand representatives. Participants reported that in Biology class, they were taught what happens “when a man goes into a woman” and about HIV. When the Always Pad representatives came to school, they were taught about abstinences, how to use condoms and contraceptives, and about pregnancy. When representatives from Choice Condom Brand came to school, participants recalled learning about HIV/AIDS, “sex protection” and STI prevention, abstaining and having one partner, and using a condom and birth control at the same time. The Choice Condom Brand representatives also brought condoms to the schools and left some there for students.

Participants who did become pregnant by age 18 mentioned four additional sources of information from school: the Sister/School Nurse, Love Life, Always and Kotex Representatives, and Clinic workers. Participants reported that the Sister/school nurse at a boarding school organized gynecological visits without the participants’ parents knowing, got them on birth control and gave them information, and was easy to talk to and made everyone feel comfortable. Individuals from Love Life “advised students how to do sex,” talked about periods, and said “don’t allow a girl to sleep with you without a condom.” Always and Kotex representatives came into schools to talk about periods, contraceptives, protection, and STIs, as did clinic workers.

With other community members or individuals, outside sources of information

Participants obtained different amounts of information from community members or additional sources of information, as participants who did not become pregnant by age 18 had far more reports of receiving additional information (19 reports of seeking outside information), and participants who did become pregnant had far fewer reports receiving additional information (6 reports of seeking outside information).

A majority of this difference was in Media (Internet, TV, Radio, Magazines, etc). Participants who did not become pregnant, who responded that they used the Internet, said they did so to look up types of contraceptives, the chances of being pregnant, types of condoms, and ways to spice up their sex life. Participants who did become pregnant, who responded that they used media sources only reported doing so to watch porn and after-hours TV that featured sex. Another difference presented was conversations within community groups. Participants who did become pregnant by age 18 did not mention that they were involved in extracurricular community groups in high school, even when asked directly, so they could not say whether they were involved in conversations with people in these groups. Participants who did not become pregnant were, however, involved in community groups, and sometimes engaged in discussions about sex with fellow group members.

In spite of the differences, one stark similarity is the fact that so many participants in both groups did not have conversations in Church. Many responded that they did attend Church, but the majority did not have conversations with anyone there, mostly due to comfort talking about sex, and expectations in church. These feelings were shared between both groups. Disebo, who did not become pregnant by age 18 and who grew up living with her mother, said:

We all do not want to be seen in that light, that we are already having sex and such things, at least some of those who even have children, they are so afraid to even come to church, we have to drag them literally, and be like come on you are still young, come back you are still young we want to be here for you. So it is a bit of a difficult tense situation.

Thuto, who did become pregnant, shared thoughts of a similar experience: “At church, they always preach sex before marriage is a sim. So if you were doing it, you don’t feel comfortable talking to them about it because they will discourage you, they will judge you.”

Influence of conversations about sex and sexual behavior that adolescents engaged in

Participants were asked if and how conversations they had about sex and sexual behavior influenced their sexual decision-making, who played an influential role in their decisions, and what about the conversations played a role. They were then asked who had the biggest influences in their sexual decision-making. Table 4 shows the frequencies of individuals who were identified by participants as having influenced their sexual decision-making.

Table 4: Frequency of individuals identified by participants as having influenced their sexual decision-making, stratified by Group		
Name of influence	Did not become pregnant by age 18 (n)	Did become pregnant by age 18 (n)
Friends (includes friends, friends who had young kids, peers)	5 **	5 *****
Sisters	2 *	1
Mother	2 **	2 *
Myself (the participant)	3 ***	4 ***
School/Life Orientation	2 *	-
Aunt	1	-
Teen Mom/16 and Pregnant show	1	-
Partner	1 *	1 *
Pastor at Church	1	-
Cousin	-	1 *
*number of asterisks indicates the number of times that person/group was named the <i>biggest</i> influence on a participant's sexual decision-making		

When examining Table 4, it appears that participants in both groups were influenced by similar individuals and groups of people. They both reported being influenced by friends most frequently, and both reported being influenced by themselves and their own personal decisions. However, when examining Table 4, it is evident that the biggest influence is not necessarily the same for members of both groups. Participants who became pregnant by age 18 seemed to have been more influenced by their friends than those who did not become pregnant, as they reported

them as their biggest influence more often. It is interesting to note, however, that there were the same number of participants across both groups who reported their biggest influence being themselves, and their own decision-making abilities, and was the second most reported influence. Ratsebo, who did not become pregnant, completed high school, and went on to work for a private beauty company, said:

My decisions really help me out because I will take information from people and then think about it clearly and then view where, point where I am at in my life, and then make a decision to go ahead or not.

Kutlwisiso, who became pregnant before the age of 18, acknowledged the role of peer pressure, but said that her decisions were more influenced by her thoughts.

If I want to do something I really want to do it regardless if another person says no. But what I like about myself is that I always do investigations before I do a decisions. Yes. So I was a person that wanted to have sex really. I really wanted but I had questions, remember I was still young.

The overall biggest influence on participants who did not become pregnant by age 18 was themselves and their own decisions. When discussing why, they mentioned that while others can give you advice and information, it is ultimately up to you to make your own decisions “to go ahead or not.” Mothers of these participants also had a big influence, with participants like Mmathapelo indicating that they learned valuable information from their mothers, such as learning about respecting their body and learning to not fall pregnant at an early age.

...Because I learned not to fall pregnant at an early stage, and diseases, I never had those diseases, like vaginal diseases or whatever... uhm, about her telling me that I had to wait for the right age, until I had sex. And for her advising me to use protection. Yes that played a very big role.

In addition, friends were named as big influences on participants who did not become pregnant by age 18, particularly when friends exerted pressure on participants to have sex. Older friends encouraging them to have sex, and telling them that they don't love their boyfriend unless they sleep with them were statements referenced when participants were asked what they said that

influenced them the most. In addition, partner, school, and sister were also mentioned as the biggest influence on sexual decision-making.

The overall biggest influence on participants who became pregnant by age 18 were their friends and peers, and peer pressure was evident from descriptions about what content of conversations were particularly influential. Negative influences from older friends, best friends, and hurtful statements about “not knowing anything” due to lack of sexual experience prompted members of this group to engage in sex, often when they did not feel ready or did not want to.

Paballo, who lived with her granny until she had her baby, talked about this experience:

Because we were girls, we talked about it; we were in high school, we talk[ed] about it and then I did it, if I don't and then you feel I am the only one who didn't do it. I feel like a loser...

While peer pressure was mentioned among participants who did not become pregnant by age 18, participants who did become pregnant appeared to have acted on the peer pressure more often given that they reported being more influenced by their friends/peers. Like the participants who did not become pregnant, a number of participants in this group felt that the biggest influence on their sexual decision-making was themselves. In addition, mother, partner, and cousin were also mentioned as the biggest influence of sexual decision-making.

Desire for communication from primary caregivers

One consistent theme that emerged across both groups was the desire for communication about sex and sexual behavior from primary caregivers. Participants who became pregnant as well as participants who did not become pregnant expressed the desire to have spoken with their mothers, grandmothers, aunts, and even fathers about sex at a younger age. While many mentioned that they were comfortable talking with those individuals about sex now, the majority of participants expressed that they wish they had talked about sex sooner. When asked what they

would have liked to have talked about, the topics ranged. Many participants stated that they would have liked to have been told about prevention (condoms, birth control options, etc.), particularly pregnancy prevention. Others said they would have liked their parents or caregivers to talk to them about waiting to engage in sex.

Dipaleso, a participant who did not become pregnant by age 18, felt strongly about wishing her granny or mother had talked to her about sex. “Well eventually it will happen that we will all have sex. But I would like them to talk to me about prevention and that, take me to the clinic. I maybe wouldn’t have fallen pregnant” she said. Likhapa, who became pregnant by age 18 and lived with her mother growing up, did not have conversations about sex with either of her parents before her sexual debut. She wishes she had talked with her mother “because maybe if I did talk to my mother she would probably [have] give[n] me good advice. Maybe I wouldn’t be pregnant by now raising a child as a single mom.” In particular, Likhapa, would have wanted to know “how to play it safe” and “how to use a condom.” Liepollo, who did become pregnant, regretted not having conversations with her mother because when she became pregnant and did finally talk to her mom, it appeared that a conversation might have been possible. However, neither she nor her mother had ever initiated the conversation.

Right afterwards, when she found out that I was pregnant that she started opening up and...[her mother said] ‘to know that we could have spoken about this, I could have told you the ways, and I could have spoken to you about the clinic’, things like that. So yeah, I wish that I had spoken to her.

Other participants thought that it would be important for caregivers to talk to their kids about sex, due to a lack of reliable sources of information elsewhere. Dipalesa explained that:

Parents should talk to us, so we can get the correct information. Like through the movies, TV, and things like that, cause we really can’t get information from school and such, cause only like LO [Life Orientation] is 45 minutes once a week, so yeah you have to prevent it. You know that you get HIV from sleeping around, but they don’t emphasize how you get pregnant from sleeping with a guy. And how you can actually prevent

[pregnancy by using], condoms, and getting the pills, abstaining first, yeah. Simple things like those, and that stuff.

Many participants who now have children or younger siblings indicated that they have already begun having conversations, or intend to have conversations, in a different way. Buang, who became pregnant when she was 16, regrets things from when she was younger and wishes her mother had taken the time to talk with her. But, she now makes a point to talk to her younger sister about sex to make sure she doesn't end up in the same situation. Ratsebo, who did not become pregnant by age 18, is now engaged and has a soon-to-be step-daughter who is fourteen years old.

So actually I have a step-daughter, she's 14 now, so we mostly talk about stuff that she should be open with me, yes, she can come to me and we can talk about stuff like that... whatever decision she feels she should make sexually, I have created a relationship where she should be open and come and talk to me about [it].

Dipalesa, another participant who currently has a young daughter, has already started thinking about how to talk to her in the future. Dipalesa did not become pregnant by age 18, but she did not report many conversations with her primary caregiver, her granny and her mother.

I am thinking about talking to her when she is maybe thirteen-ish. I'll tell her about preventing, take her to the clinic, and things like that. I'll give her the information I think. I don't want her to just get it from school, I want her to be open with me. I will tell her everything that happens, how she can prevent it from happening.

Naledi, mother of 2, was pregnant by the age of 18. Both of her children are boys, and she is confident that she will be able to have conversations with them in a few years.

At least when they, when the first one turns 12 or 13 [is when I will start talking to him]. Because now like he is, he's only 8 but he keeps asking me 'Mom when am I going to get circumcised Mom' so like it's going to be simple because whenever that starts I just go on [and continue the conversation].

It is evident from the statements by these participants that they believe in the importance of having conversations with their children and family members at an early age, and having those conversations begin within the family. While this study only interviewed young adult females,

therefore only allowing a maternal perspective on this issue, one participant, Kutlwisiso, made a strong plea for the inclusion of fathers in the conversation process. The majority of the participants reported not having any conversations with their fathers, mostly due to awkwardness, or the availability of a female figure. However, Kutlwisoso, who was pregnant at a young age, believed that it is integral for fathers to talk to their daughters about sex and the role of young men.

And I think that's [the lack of conversation] killing us. Because I think that if we had conversations with our parents about sex...they should tell us and make us aware, even our fathers if they know how boys are, then they should have the talk with s girls like, 'you know what? I was once a boy. I know the mentality of a small boy, guys of the ages of about 20 or so on' so that we can know, prepare us. They should tell us that a guy that loves you is a guy that won't do this [pressure their partner into sex].

It is clear that, across both groups, there is an obvious want and need for more cross-generational communication.

Conclusion

In summary, there is a vast range of experiences in regards to the types of conversations about sex and sexual behavior that occurred between participants and their caregivers, family members, friends/peers, partners, schools, and community members/other sources of information. For some who experienced these conversations, parts were influential in their sexual decision-making, and other parts were not. For those who did not experience these conversations, as well as for those who did experience conversations, many wished they had taken part in conversations to a more extensive degree. The public health implications of this study, directions for future practice, and limitations of the study will be discussed in the next section.

Chapter 5: Discussion

This study sought to understand the role of conversations about sex and sexual behavior on the sexual decision-making of Black South African females within the Birth to Twenty Cohort during their teenage years. Prior to recruitment of this study, all participants self-reported sexual debut at age 15 or younger. This inclusion criteria was selected for a few reasons: to allow for questions to be asked about conversations about sex before and after sexual debut, while still a teenager; to explore conversations that may have occurred in a school setting both before participants engaged in sex for the first time, and while participants were engaging in sex; and ask participants who did not become pregnant by age 18 (Group 1) how they were able to do so, while being sexually active.

The areas of focus included conversations between the adolescents and their primary caregivers, family members other than caregivers, friends/peers, partners, school/Life Orientation, and other community members/outside sources of information.

Conversations with others

Conversations with caregivers differed between participants who did not become pregnant (Group 1) and participants who did become pregnant (Group 2), if they did occur. Participants who reported having conversations with a caregiver also talked about having good relationships with that family member. These findings support previous research suggesting that risky sexual behaviors can be reduced through effective parent-adolescent communication (DiClemente et al., 2001; Lefkowitz, Boone, Au, & Sigman, 2003; B.C. Miller, 2002), and that communication between parents and adolescents about sex *before* sexual debut may result in increased condom use among adolescents (K.S. Miller, Levin, Whitaker & Xu, 1998).

Consistently among both groups, culture was cited as the reason why conversations did not occur, if that was the case. “Black culture,” “our society,” and comments about awkwardness

and parents being strict or uncomfortable were made in reference to the lack of conversations about sex before debut, and throughout adolescence. Participants acknowledged the lack of initiation of conversation from both sides – many mentioned that they didn't want to ask, and their parents/caregivers wouldn't have wanted to talk about it. When asked if this was something that was known or something that was assumed, almost all participants said it was something that was “just known.”

The “just known” comment, along with the women's comments about parents/caregivers not wanting to talk about sex were very interesting, particularly because of the trajectory change of the study. Originally, the study was going to consist of interviewing mothers and asking about what types of conversations they had with their adolescents about sex. However, many DPHRU researchers suggested that I alter the study and change the topic slightly, because they advised me that adults, especially mothers and grandmothers, would likely view me, a young adult, asking them to talk to me about sex, as inappropriate.

Another theme that was consistent among participants in both groups was the desire for their parents/caregivers to have initiated conversation about sex, or talked to them more. Even participants who indicated that conversations had occurred discussed wanting more comprehensive health-specific information. This is important, not only because it was a theme across both groups, but because in order for parents/caregivers to give correct information, they must know the correct information, and be comfortable enough to talk with their children.

Family members other than caregivers played a role in the sexual decision-making of the participants, although less significant. Among both groups, there were more conversations between the participants and family members, such as siblings (primarily sisters), cousins, aunts, grandparents, etc. Participants in both groups reported talking to a non-caregiver family member

more often, particularly when they lost their virginity. Sisters and cousins were frequently mentioned as individuals who were notified when participants lost their virginity, however, their influences appeared to be different. Older cousins, on the other hand, fell into a role that appeared to align more closely with friends. Participants described conversations with their cousins as talking about the experience as a whole, not necessarily with an emphasis on protection or how to be safer, and often included conversations about partying and having lots of sex.

Peer pressure, particularly pressure from friends at school, was evident among participants in both groups. However, women who did not become pregnant by age 18 appeared to be better able to handle the peer pressure than their counterparts who did become pregnant by age 18. They were less likely to give into the pressure, and mentioned more long-term goals that guided them to avoid pregnancy, like wanting to finish school before getting pregnant. On the other hand, those who did become pregnant by age 18 often talked about being influenced by their friends in negative ways and engaging in sex before they were really ready, particularly to fill a desire to fit in, not be made fun of, and to be included. Surprisingly, pressure to have sex with one's boyfriends came more from one's friends than her boyfriend himself. Statements like "if you don't have sex with your partner they will have sex with someone else" were mentioned frequently among participants in both groups, and a few noted that this was something that people "just thought." There did not appear to be a great deal of pressure coming from male partners, or at least the participants did not perceive it that way. The strong influence of friends and peer pressure, particularly in the school setting, is something for teachers, nurses, school administrators, athletic coaches, and other school officials to be aware of. There should be additional training for these groups who work with students so if they hear or witness negative

peer pressure, particularly about sex, they can be confident enough to intervene in an effective way.

Life Orientation in schools

Given that all school-aged children in South Africa should receive Life Orientation, this venue is ideal for sexual health education. However, participants revealed differences in recalled information about the topics covered in Life Orientation, the extent to which the topics were discussed, and when Life Orientation was taught. Participants in both groups discussed condoms/contraception/protection, pregnancy/pregnancy prevention, the human body, and STIs/HIV being taught in Life Orientation. However, participants who did not get pregnant by age 18 discussed learning about sexual behaviors, peer pressure, and the stigmas around teen pregnancy in Life Orientation. Participants who did become pregnant by age 18 did not mention any of these topics, but did discuss learning about messages of abstinence and waiting to engage in sex. This dichotomy is interesting, especially given that the participants who reported learning about peer pressure were better able to handle that pressure when they experienced it. In addition, those who reported learning about abstinence and waiting to engage in sex, were those who became pregnant by age 18.

In addition to discrepancies in topics discussed, there were some discrepancies in when the sexual education portion of Life Orientation was taught. Most participants who did not become pregnant recalled learning about sex starting around Grade 8, while there was no real consensus among the participants who did become pregnant by age 18. Life Orientation covers different topics over different years, and the majority of the sexual education is included in the Grades 10 – 12 curriculum (Life Orientation, 2003). Including more information and starting at a younger age, and building on that information while re-integrating it in later years, might be

productive on a few levels. For one, students will obtain the information at a younger age, perhaps in grade 6, before they experience sexual debut, which is when they need the information the most. Second, by building on the information each year and adding more complex information, students will be reminded of what they had previously learned, while learning to think more critically about the health implications as they become older.

Participants' experiences in Life Orientation were greatly impacted by the set-up and facilitation styles, which differed according to their reports. Some talked about Life Orientation being discussion-based with question and answer components, with the teacher being very open which made them feel comfortable. Other participants said the opposite – that there was no room for discussion, and their teacher was not open, thus resulting in an uncomfortable environment where questions were not asked. This made an impact on how participants interpreted their Life Orientation experience, and facilitation style is important for consistency in terms of implementation of Life Orientation. For the most effective implementation, a “safe space” needs to be established from the beginning, there should be discussion with time for questions, small group activities, and knowledgeable, open teachers. While ensuring consistent implementation across schools would be notably difficult, its' importance should certainly not be downplayed.

Church

Church was a place that was common among participants in both groups, and was cited as an uncomfortable place where sex was not talked about. Statements like “it wasn't what you did” and “you weren't supposed to talk about sex there unless you were married” dominated discussions about talking about sex and sexual behavior at church. One participant, Disebo, said that girls who became pregnant were afraid to even show their faces there. Given that church was, and still appeared to be, a part of so many participants' lives, it could potentially be a place

of support and a good place to have conversations about safer sex. However, it would be difficult to break cultural and religious barriers to engage in conversations other than abstinence, which is what is preached and taught in churches traditionally.

Biggest Influence on Sexual Decision-Making

When asked “who had the biggest influence on your sexual decision-making?”, the most common responses from participants who did not become pregnant by age 18 were: 1. themselves, 2. their friends, and their mother. For those who named themselves, they said they felt like they took in the information that people gave them but ultimately the choice was theirs. This indicates that these individuals were better able to withstand peer pressure and had more of a sense of how to achieve their goals. These participants indicated that they used protection to achieve their goal of not getting pregnant before age 18 (particularly condoms, and sometimes other birth control methods). Participants who named their mother as the biggest influence on their sexual decision-making who did not become pregnant by age 18 discussed conversation with their mothers that consisted mostly of open communication. These individuals talked about discussing pregnancy prevention, the importance of being safe, and “learning not to fall pregnant” with their mothers. Similar to much of the published literature, open communication with parents is key.

Two participants who did not become pregnant by age 18 named their friends as the biggest influence on their sexual decision-making, which can be understood given what we learned about the large amount of peer pressure. However, five participants who did become pregnant by age 18 named their friends as the biggest influence on their sexual decision-making, suggesting that participants in that group were more likely to give in to the negative effects of peer pressure. They mentioned having sex before they were afraid of being made fun of because

they “didn’t know anything” and they “wanted to be included.” While there were a small number of positive conversations with friends mentioned that included aspects of protection, almost all conversations with friends included negative discussions about having sex in an unsafe way.

Public Health Implications

This study has shed new light on the disconnect between what needs to occur and what is occurring, in regards to conversations about sex in Soweto, South Africa. With a high teenage pregnancy rate and high rates of HIV/AIDS in South Africa, it is evident that a different approach is needed in order to improve the sexual health of adolescent women. Communication is key, but there are many barriers that, to this point, have made obtaining and understanding accurate knowledge difficult for many adolescents. I am proposing a multi-tiered intervention, to increase knowledge among caregivers and adolescents, as well as increase communication and negotiation skills.

Recommendations for Future Practice

I propose two interventions for future practice; a curriculum for parents/caregivers, and adaptations to the Life Orientation Curriculum for adolescents.

Course for parents/caregivers

The course for parents/caregivers would serve to aid them in talking with their children about sex, and could be offered at various locations such as the Birth to Twenty clinic (at Bara Hospital), community centers, on a weekend day in a popular area, etc. This course could include incentives such as meals or other goods, resource permitting. Participants could be recruited through the already existing Birth to Twenty database, and given the strong relationships that are already in place, I would anticipate a positive response. The curriculum would be implemented by local staff members and would emphasize correct and medically accurate information about

sex, sexual behavior, and the body. This is to ensure that adults feel knowledgeable enough to talk to their children, and their knowledge would increase. Social norms discussions would be included, as well as discussions with parents to encourage them that talking with their children about sex doesn't mean that their children are having sex, as this was a fear that many participants mentioned as a barrier to conversation. In addition, parents and caregivers will be equipped with information about local and online resources so they can receive more information, or seek more information with their children. Various communication styles will be discussed, and activities with other parents in addition to homework assignments with their children will allow parents to practice the different communication styles, to identify which styles work best for them. The curriculum will also incorporate aspects of support and encouragement, so that parents, caregivers, and other family members will know ways to be supportive, all while increasing comfort talking about sex.

Adaptations to Life Orientation

In addition to having parents and caregivers learn about different communication styles, it would be valuable for adolescents to learn about these different styles as well. By having students practice the different styles and identify which styles work best for them, they will be better equipped to communicate with their parents, friends, and partners. To better address the obvious peer pressure experienced during adolescence, Life Orientation should put an emphasis on skills and strategies to stand up to peer pressure. Numerous sessions should be dedicated to this, and activities could include video clips of students being peer pressured, followed by discussions on what could have been done in this situations. Additionally, having conversations facilitated by teachers about the difference between positive and negative peer pressure will be integral for students in their adolescent years.

Research published in 2011 suggested that Life Orientation has not been implemented as intended, with many inconsistencies and differences throughout South Africa (Jacobs, 2011). This was seen in statements made by participants in this study as well. The results of the 2011 study by Jacobs found that there were discrepancies between Life Orientation theory and practice, learners were not obtaining the anticipated skills, and little to no research has been done that examines the actual successes of Life Orientation (Jacobs, 2011). Given the perceived existing ineffectiveness of Life Orientation, it appears that more skills and more consistency is needed in the program.

Appendix E contains a worksheet from the *My Future – My Choice* Curriculum used in the state of Oregon, in the United States. *My Future – My Choice* is a comprehensive sexuality education curriculum that “aims to provide middle school students with tools to resist social and peer pressure to become sexually involved before they are ready” (“About the My Future - My Choice Program,”). The worksheet in Appendix E is from Lesson 4, Peer Pressure. While the worksheet would have to be adapted to be more culturally relevant, it requires the parent/caregiver and child to fill it out together and talk about how both of them handle peer pressure. Having these types of conversation would benefit both the caregiver and the adolescent, and would likely increase the comfort level of both when talking about sex.

Finally, Life Orientation could incorporate skill-based activities to help adolescents negotiate things such as condom use and setting limits with their partners. While the results of this study didn’t indicate that male partners created a great deal of pressure, condom negotiation and setting limits are skills that adolescents should have throughout their lifetime.

Limitations

While there were many strengths to this study, there were some limitations. Participant self-report was a limitation, as this created some discrepancies after participants were placed into groups. Participants were chosen for the study based on self-report guidelines, and were randomly selected from the pool of those who qualified. Age of sexual debut was self-reported each year on a yearly written questionnaire, and pregnancy was self-reported on the year 18 questionnaire.

Recall bias was a limitation, as participants were asked about the types of conversations they had about sex when they were adolescents. However, most participants were able to talk a great deal about the conversations, or lack of conversations, without needing prompts from the interview guide with various people in different situations.

Another limitation of this study is that the results may not be generalizable to all South Africans, because the sample is only representative of Birth to Twenty Cohort members. Although the participants were all Bt20 members, the people involved in conversations, in addition to sources of information, were not specific to Bt20, so the findings should still be considered when looking at ways to increase effective communication about sex and sexual behavior.

A final limitation of this study was the fact that I, the primary investigator, was an American asking about a culturally sensitive topic. As an outsider, there are always potential concerns about whether or not participants would be open and honest in their responses. While this was not able to be controlled for completely, participants did agree to come to the interview knowing that they would be talking about sex and sexual behavior. To prepare for this, I conducted focus groups with DPHRU researchers for question development, and revised the interview guide to make sure all questions and prompts were culturally appropriate. Participants

were asked what parts of conversations specifically were influential and how, so there was not much data that needed interpretation. As an American, there were many times that I felt like I was actually at an advantage because participants felt like they should over-explain things, as they assumed that I did not know anything. One example of this was when multiple participants explained to me why it was culturally unacceptable to talk about sex by saying “you aren’t from here, so you don’t know...let me explain to you...” Finally, I am very confident in the rapport I built with my participants, particularly because sex is such a sensitive topic. I greeted all of my participants with a smile, talked to them about our similar age, and allowed them to see me as a colleague/friend as opposed to a superior. Many left and said they were excited to have had the chance to talk about sex, because it wasn’t something they normally had the chance to talk about.

Conclusion

The findings from this study illustrate the importance of examining the conversations, and influence of those conversations, that occur during adolescence about sex and sexual behavior in Soweto. The findings suggests that existing attempts to educate and empower adolescents about sexual education, such as Life Orientation, have been limited, and that there are many barriers to effective parental-child communication about sex. The lack of effective and accurate communication between adolescents and their caregivers, peers, partners, and community members pose a threat to the sexual health and safety of adolescents, particularly adolescent females in Soweto. Identifying what types of conversations are occurring and understanding how conversations influence sexual decision-making will allow public health professionals to tailor interventions to more effectively address the discourse. Additionally, knowing what types of conversations participants wish they had been a part of, opens up many doors for opportunity in the future, to bridge the communication gap between generations.

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Appendices

Appendix A - Individual Interview Guide

Individual Interview Questions

Hello! My name is Kate Chiseri and I am with the Birth to Twenty Cohort Research Team. I am a graduate student at Emory University in Atlanta, Georgia, United States. We are trying to gather information that will be useful in designing information and support programs for young people and we are very appreciative of your time and willingness to talk with me about the types of conversations about sexual activity you had with various people when you were an adolescent; how these helped you; what conversations you would have liked to have; with whom, and anything else you think would be useful for us to know. I would like to reiterate that this interview is confidential, and all the information that you give to us will not be shared to anyone outside of the immediate research team. (Consent forms distributed, preliminary questions about the study answered, interview instructions stated)

First, please tell me about yourself.

Next, I would like to ask you some questions about where you grew up.

- Who did you live with when you were a teenager? (both parents, mother, father, other family member?)
- What was the marital status of your parents when you were a teenager? (married, divorced, separated, widowed)
- Did you have siblings growing up? Did they live with you?
- Did you complete high school? (12th grade) If not, what was the highest grade you completed?
- How old was your mother when she had you?

Now, please think about conversations you might have had before you had sex for the first time.

- Who did you have conversations with?
 - Who initiated the discussion? How was it approached?
 - Where did these conversations take place?
 - How old were you when these conversations started happening?
 - What did you types of things did you talk about?
 - Was protection ever spoken about? (Condoms, rubbers, female condoms, birth control)
 - How did you feel at the time? How did you react?
 - How easy was it for you to have these discussions? Were you comfortable?
 - How do you think those conversations influenced the choices you made about sex?
- Did you consider your parents knowledgeable about sex?
- IF NO discussions, why not? Do you wish you had talked about it?

Next, I am going to ask you some questions about your sexual history. Please note that when I say “sex” or “sexual activity” I am referring to vaginal or anal intercourse.

- Are your partners primarily male, female, or both?
- When you were a teenager, how often did you use protection with your partners?
What types of protection did you use?
 - Never, Rarely, Sometimes, Most of the time, Always
- Have you ever been pregnant?
 - If yes, at what age did you become pregnant?
 - Have you ever had an abortion? If so, did anyone else know about the abortion?
 - How many times have you been pregnant?
- Did you ever have sex while under the influence of drugs or alcohol? If so, how often?
 - How did these substances impact the decisions you made when having sex?

Now, please think back to the time you first had sex and that experience.

- Did you and your partner talk about having sex?
- What did you talk about?
- Was protection used? If so, who initiated the use of it?
- Did you talk to anyone about your first time after it happened? If so, who?
 - What did you talk about?
- Did you consider your partner to be knowledgeable about sex?

Now, let's talk about your relationship right now, or your most recent relationship where you were engaging in sexual activity. Which would you prefer?

- Now, as an adult, how often do you use protection with your partner(s)? What types of protection do you use?
 - Never, Rarely, Sometimes, Most of the time, Always
- How often do/did you talk about sex with your partner? (rarely, often, always, before each interaction, etc.)
- When you and your partner talk about sex, what do/did you talk about? (safe sex/condom use, feelings/emotions, what you liked, etc)
- How comfortable do you usually feel talking to your partner about sex?
- Who usually initiates/initiated discussions about sex with your partner?
- Did you ever talk about having sex without protection? Or the possibility of getting pregnant? What do you and your partner say?

As an adult, as opposed to as an adolescent, have you continued to talk with those around you about sex?

- Who do you talk to? Friends, family, partners, etc.?
- Are those conversations different as an adult as they were as an adolescent? Are you hearing similar things?
- IF NO: Why do you think that is?

(if categories of people were not addressed previously)

Parents

- Did your parents/guardians ever talk to you about sex or discuss anything related to sex with you?
- Would you have liked your guardians to be more open about sex? About what issues? In what ways?
- How do you think the conversations with your guardians affected your sexual decisions? (encouraged you to wait, knew how to be safe, etc.)
- Did you consider your parents to be knowledgeable about sex?

Friends

Did you talk to your friends about sex?

- Did you mostly talk with your male or female friends?
- What did you discuss?
- Was contraception ever spoken about? (Condoms, rubbers, female condoms, birth control)
- How did talking with your friends about sex make you feel?
- If your friends discussed their sexual experiences, how did that affect you? (Feeling uncomfortable, wanted to try it, etc.)
- Did you consider your friends to be knowledgeable about sex?

Partner

- Do you usually talk to your partners about sex?
- If no, why not?
- If yes, how do these conversations come up?
- What do you usually talk about?
- Are there things you would like to talk to your partner about, but don't?

Teachers/School Environment

Was sex or contraception ever been spoken about in your school? (if yes)

- What information was given out at school?
- What was it like? How did you feel about it?
- Were boys and girls both taught this information?

Was sex or contraception ever been spoken about in your school? (if no)

- Would you have liked to have received information at school? Why?
- Do you think schools should teach about sex? Why or why not?

Was there a place to get rubbers at school? If so, where and how easy was it to get them?

Community/Church/Organization members

- Are you involved in organizations or groups, such as a church or a community center?
 - Have you had conversations with people in these groups about sex? If so, who?
 - What did you talk about?
 - Who usually initiated the conversations?
 - If not, why not?

Your perception

- What did you think about sex when you were an adolescent? How appropriate did you think it was for teenagers?
- GROUP 1: What are your thoughts about teenage pregnancy? How is it generally viewed in your community?
- GROUP 2: What can you tell me about teenage pregnancy in your community?

Other sources of information

- Did you ever visit a clinic when you were a teenager? Did you talk to anyone there about sex? Please tell me about that experience.
- Did you have conversations with family members other than parents? Please tell me about those.
- Did you go to sources other than people for information about sex when you were a teenager? (internet, TV, movies, magazines)
- Is there anyone else or any other group who you have engaged in conversations about sex with?
 - What did you talk about in these conversations?
 - Who initiated the conversations about sex?
 - Did these conversations influence your sexual behavior? If so, how?

Now, I will ask about Pregnancy and Delivery

GROUP 1: (for those who were not pregnant before age 18)

- How did conversations with anyone impact your actions and behaviors to prevent pregnancy while being sexually active?
 - With whom?
 - What did you talk about in those conversations?
 - How did these conversations influence what you did?

GROUP 2: (for those who were pregnant before age 18)

- What types of conversations occurred once you became pregnant?
 - Who did those conversations occur with?
 - What did you talk about?
 - How did these conversations differ from those you had before you became pregnant?

(Final Questions)

(Both groups) Who do you believe to have had the biggest influence on your sexual decision-making? Please explain why, and what they said to influence your behavior.

(for Group 1) What is the main reason you did not become pregnant by age 18, in an environment where some other women your age do become pregnant by age 18?

How did you achieve this?

Is there anything else you would like to say?

Do you have any questions for me?

(Thank you and closing remarks)

Appendix B - Code Tree and Code Book

Code Tree

- 1. Conversations about Sex/Sexual Behavior**
 - 1.1 Conversations with Mother
 - 1.2 Conversations with family members (not mother)
 - 1.3 Conversations with friends/peers
 - 1.4 Conversations with partner(s)
 - 1.5 Influence of conversations on decisions
 - 1.6 Comfort when discussing sex
 - 1.7 Discussions of Abstinence
- 2. Sexual Activity and Sexual Behavior**
 - 2.1 Condoms/Contraceptive Use
 - 2.2 Pregnancy/Abortion/Children
 - 2.3 Reasons/methods for preventing pregnancy
 - 2.4 HIV/STIs
- 3. Societal norms about Sex/Sexual Behavior**
 - 3.1 Pressure (Peers and Partners)
 - 3.2 Perceptions of Teenage Sexual Activity
 - 3.3 Perceptions of Teenage Pregnancy
- 4. Structural sources of information about sex**
 - 4.1 Life Orientation/school
 - 4.2 Outside Sources of Information
- 5. Other**
 - 5.1 Alcohol/drugs
 - 5.2 Great quotes

Codebook

Code Name	Definition
1. Conversations about Sex/Sexual Behavior	
1.1 Conversations with mother	Conversations were sought out or occurred with the participant's biological or adoptive mother – these conversations may have been initiated by either party; Can include conversations about anything regarding sex, sexual activity/behavior, relationships, pregnancy, pregnancy prevention, abstaining from sex, cultural norms/expectations about sex, peer pressure, sexuality, etc.; Will include content of the conversation with the mother; will include context of the conversation when available, such as at what age the conversation occurred, in what setting, how/why the topic was brought up, etc.
1.2 Conversations with family members (not mother)	Conversations were sought out or occurred with a participant's family member other than their biological or adoptive mother – “family” includes both immediate and extended family, to include a father, siblings, grandparents, aunts, uncles, cousins, and individuals who the participant deemed as “family” – these conversations may have been initiated by either party; Can include conversations about anything regarding sex, sexual activity/behavior, relationships, pregnancy, pregnancy prevention, abstaining from sex, cultural norms/expectations about sex, peer pressure, sexuality, etc.; Will include content of the conversation with the family member; will include context of the conversation when available, such as at what age the conversation occurred, with whom, in what setting, how/why the topic was brought up, etc.
1.3 Conversations with friends/peers	Conversations were sought out or occurred with a participant's friends or peers – this includes friends/peers from the neighborhood or hometown, school, or other – these conversations may have been initiated by either party; Can include conversations about anything regarding sex, sexual activity/behavior, relationships, pregnancy, pregnancy prevention, abstaining from sex, cultural norms/expectations about sex, peer pressure, sexuality, sexual experiences of friends/peers, topics discussed in school, etc.; Will include context of the conversation with the friend/peer; Will include context of the conversation when available, such as at what age the conversation occurred, with whom, in what setting, how/why the topic was brought up, etc.
1.4 Conversations with partner(s)	Conversations were sought out or occurred with a participant's partner or partners – this includes any sexual partners of any gender or sexual orientation, and of any duration. These conversations may have been initiated by either party; Can include conversations about anything regarding sex, sexual activity/behavior, their relationship, pregnancy, pregnancy prevention, abstaining from sex, cultural norms/expectations about sex, peer pressure, sexuality, partner dynamics, pressure from the partner to have sex, etc.; Will include content of the conversation; will include context of the conversation when available, such as at what age the conversation occurred, with whom, in what setting, how/why the topic was brought up, the status of the relationship with that partner; etc.

1.5 Influence of conversations on decisions	Any references to how conversations with any individuals influenced the participant’s decisions sexually; comments about a conversation with someone leading them to perform a certain sexual behavior, or to making a certain decision; stories that suggest that a conversation with someone lead the participant to do something that they might not have done if a conversation did not take place; Responses to the question “Who do you believe had the biggest influence on your sexual decision-making?.”
1.6 Comfort when discussing sex	Any references to varying degrees of comfort (uncomfortable, slightly comfortable, comfortable, etc.) when discussing sex, sexual activity/behavior with any individual or group.
1.7 Discussions of Abstinence	Any references to discussions or conversations about abstinence or abstaining from sexual activity; conversations with anyone (family members, school, clinic nurses, etc.) or cultural expectations that are referenced by the participant; references to “waiting” for first sex, sexual debut, or “the first time”
2. Sexual Activity and Sexual Behavior	
2.1 Condoms/Contraceptive Use/Prevention/Protection	<p>Any references to condoms or contraceptive use; includes all barrier methods (male condoms, female condoms, “rubbers,”) as well as non-barrier methods (birth control pill, IUD, shot, implant, patch, diaphragm, predicting ovulation cycle, etc.); also includes Emergency Contraception (aka Morning After Pill, Plan B); Ease of access to condoms and contraceptives; Barriers to obtaining condoms and contraceptives; Barriers to using condoms and contraceptives; thoughts/perceptions of the participant about condoms/contraceptives; conversations with others about condoms/contraceptives</p> <p>Note: “Prevention” and “Protection” are often used instead of “condoms” or various other types of birth control, but have the same meaning within this group, thus those phrases are included in this code</p>
2.2 Pregnancy/Abortion/Children	<p>Any references to pregnancy, specifically teenage pregnancy, or abortion; includes pregnancy/abortion experienced by the participant, her family members or friends/peers, or others in the community; community/cultural/societal views and perceptions of pregnancy, specifically teenage pregnancy; community/cultural/societal views and perceptions of abortion; participant’s thoughts about pregnancy and abortion; current experiences with pregnancy or abortion (if applicable)</p> <p>Includes references to children in the context of the participant’s sexual activities or how children influenced their sexual activities; includes discussions about participant’s current children or children of family members/loved ones; wanting to wait to have children; types of conversations that will occur when the participant has children or with their children that they have now, etc.</p> <p>For participants who were pregnant as a teenager or who had an abortion – statements about changes in participant’s life due to pregnancy; support or lack of support once pregnant; continuation or termination of schooling once pregnant; overall experiences when pregnant</p>

2.3 Reasons for/Methods of preventing pregnancy	References to why and/or how the participant avoided pregnancy as a teenager; references to why and/or how the participant avoids pregnancy now (if applicable); comments about school/education being a factor in wanting to prevent pregnancy; not being ready for a child as a reason for preventing pregnancy; strategies for consistently using condoms as discussed by participants; Note: Specific to comments about participant making conscious choices to prevent pregnancy in their situation; DOES NOT INCLUDE comments on why others/women in general might prevent pregnancy as teenagers
2.4 HIV/STIs	References to Human Immunodeficiency Virus (HIV) or other Sexually Transmitted Infections (STIs) or Sexually Transmitted Diseases (STDs); sometimes referred to as “vaginal diseases” or “diseases” by the participants; conversations with people about HIV/STIs; use of protection against HIV/STIs; HIV/STI status (if disclosed voluntarily); perceptions about HIV/STIs; HIV/STIs and pregnancy; fears about HIV/STIs; etc.
3. Societal Norms about Sex/Sexual Behavior	
3.1 Pressure (Peers and Partners)	Any references or statements, direct or indirect, to pressure from friends/peers and partners to engage in sexual activity; can include pressure exerted by participant or exerted onto participant; can include pressure or encouragement to engage in a range of sexual activities that the participant indicated they might not have engaged in on her own without encouragement; may overlap a bit with conversations with friends/peers code; Includes pressure from/onto peers and partners
3.2 Perceptions of Teenage Sexual Activity	References to perceptions, views, or beliefs of the participant about teenage sex or sexual activity; perceptions, views, or beliefs of the community, Soweto, South Africa about teenage sex or sexual activity; perceptions rooted in personal experience; perceptions rooted in what the participant has been taught or how she has been raised; how these perceptions affected the participant’s decisions about her sexual activity
3.3 Perceptions of Teenage Pregnancy	References to perceptions, views, or beliefs of the participant about teenage pregnancy; perceptions, views, or beliefs of the community, Soweto, South Africa about teenage pregnancy; perceptions rooted in personal experience; perceptions rooted in what the participant has been taught or how she has been raised; how these perceptions affected
4. Structural sources of information about sex	
4.1 Life Orientation/school	References to Life Orientation, the education program that all participants received during their schooling years; discussion about sexual health topics discussed during Life Orientation, aka “L.O.”; statements about setup of L.O., teaching styles of L.O. instructors, dynamic of L.O. classes, etc. Includes discussion involving school-based conversations about sex, particularly education or conversations with teachers or school nurses; sexual educational materials/assignments given out at school, etc.

4.2 Outside sources of information	Any references to outside sources of information about sex or sexual activity/behavior or sexual health; Examples include media such as television, movies, magazines, newspapers, books; Other examples include community groups, other sources, etc. Includes medical sources of information such as clinics, hospitals, doctors, etc; Discussion of clinics include what happened at clinics, why they went, etc.
5. Other	
5.1 Alcohol/drugs	References to alcohol and/or drug use, particularly in sexual encounters; the influence of alcohol and/or drug use on sexual activities and behaviors; how alcohol and/or drugs played a role in sex and communication; comments from participant about how alcohol and/or drugs impact teenagers in particular, etc.
5.2 Great quotes	Quotes from participants that can be used to highlight certain points in the final thesis; quotes from participants that can be used in thesis defense and other presentations; quotes/statements that articulate significant points and do so clearly

Appendix C - Analysis Grids

Aim 1: Document conversations about sex and sexual behavior occurring between adolescents/young adults and their primary caregivers.

GROUP 1

Sub-Aim 1.1: Did conversations occur **before participant's sexual debut**? If yes, identify who specifically the conversations occurred with, and at what age/what milestones/timelines. If no, seek to understand why the conversations did not occur.

ID# Group 1	Who they lived with (caregiver) [from memos]	Conversations before debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations BEFORE debut OR reasons for lack of conversation with caregiver
100	Lived with mom and dad, 2 brothers and 4 sisters	NO WITH PARENTS		<i>[comfort when discussing sex]</i> “well my parents are very strict, they aren’t those kind of parents, so no”
101	Lived with Aunt (Aunt was a teen mother); mom of participant died when participant was 14	NO WITH DAD YES WITH AUNT - Talked with Aunt about getting her period, talked to Aunt about relationships and Aunt talked to her about sex	Aunt started talking to her when she was 15	<i>[comfort when discussing sex]</i> “I mean no father is approachable, you can’t even tell them that I just my period or something” <i>[pregnancy/abortion/children; condoms/contraception/prevention/protection]</i> Aunt’s message – “Boys give you babies”; aunt started the conversation because she was a teen mother herself; emphasis was always that boys give you babies; have to be careful of when you grow up and look beautiful Aunt talked to her about birth control, told her to use birth control, condoms can burst and get you pregnant, morning after pills, participant asked, injections
103	Lived with both parents until age 13, then lived with mother; considers herself to have lived with her mother	*in interview, said age of sexual debut was 18* YES WITH MOM		<i>[HIV/STIs; Condoms/Contraception/Prevention/ Protection; Pregnancy/Abortion/Children]</i> Mother “was educating me a lot about sex about using protection, diseases, all the things like sexual intercourse and pregnancy”; “pregnancy should be planned for, shouldn’t be forced to fall pregnant it should be my choice, and I must use protection if I haven’t planned for a baby”
104	Lived with grandparents; parents were dating	NO WITH GRANDPARENTS		<i>[comfort when discussing sex; perceptions of teenage sexual activity; great quotes]</i> “I don’t know if I can say it like that but in the Black society, it is totally forbidden to speak to the elders about sex, because if you mention it, they think you are doing it. If they say anything about it, it seems like they are promoting it.” ’ Wouldn’t talk to elders about sex, alcohol, drugs, etc.; “it is just known that you don’t ask, you don’t talk about it or ask”

ID#	Who they lived with (caregiver) [from memos]	Conversations before debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations BEFORE debut OR reasons for lack of conversation with caregiver
105	Lived with mother	NO WITH MOTHER WISHES SHE HAD TALKED WITH MOTHER		<i>[great quotes, discussions of abstinence]</i> didn't talk with mother at all; wished she had talked with her mother; "looking at the experience that I've had, say something, I wish maybe that she had told me more, told me more about it, maybe I would have waited and maybe I wouldn't have done it at that time, I would have waited for a later stage, things like that"; espec. wanted mom to talk to her about waiting
109	Lived with mother and brother growing up	YES WITH MOTHER (mother worked at a fertility clinic)	Starting at age 9	<i>[comfort when discussing sex, great quotes, condoms/contraception/prevention/protection]</i> "so she was way open to discuss the birds and the bees and all of that"; "Like I think that I was fortunate enough that I was in a very open family where sex wasn't taboo just to speak about it, It wasn't anything foreign or anything. My mother did that purposefully so that I would be informed"; "I mean I knew about fertility and stuff I mean when I was like 9, by the time I became a teenager I was well aware of sex and yeah"; talks of condoms and birth control common
114	Lived with both parents; youngest of 3 siblings	YES SLIGHTLY WITH MOM (menstruation, if you sleep with a guy you will get pregnant); "didn't get deep into sex" NO WITH DAD	When she got her period (12)	<i>[comfort when discussing sex; pregnancy/abortion/children]</i> "I'm too shy, I can't even talk to my mom about my boyfriend, I'm just not that open"; mom talked to her about menstruation and "if you sleep with a guy you are going to be pregnant, but we didn't get deep into it about sex" wouldn't have wanted to have parents talk to her, wouldn't have been comfortable with talking about it
117	Lived with parents growing up	*mother was 20 when she gave birth to participant* NO WITH MOTHER GRANDMOTHER ONLY AFTER PREGNANT *wanted grandmother/mom to talk more*		<i>[comfort discussing sex; great quotes]</i> "my parents were old-fashioned I guess so we didn't really talk much. Like if you were to see something like that on TV they would change the channel"; "well eventually it will happen that we will all have sex. But I would like them to talk to me about prevention and that, take me to the clinic. I maybe wouldn't have fallen pregnant

ID#	Who they lived with (caregiver) [from memos]	Conversations before debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations BEFORE debut OR reasons for lack of conversation with caregiver
118	Lived with aunt and uncle, moved in with mother when she was in grade 11; sister lived with her mother when she moved in	NOT WITH MOTHER No mention of aunt and uncle		<i>[alcohol/drugs]</i> not a great relationship with her mother; most conversations were with her sister
119	Lived with grandparents, had no relationship with mother (died when she was 6), minimal relationship with dad; grandmother was the mother figure for her	YES WITH GRANDMOTHER	14 and before	<i>[condoms/contraceptives/prevention/protection; comfort when discussing sex; great quotes]</i> “I’ve always been like an only child and I am glad that my grandmother allowed me to choose or anything or talk about anything... I broke my virginity when I was 14 and I told her and although she was mad and like “Oh my gosh” it doesn’t mean when you’re talking about it I’m giving you the go-ahead. I’m like “no, no I am telling you this because if I talked to you and you allowed me to be comfortable about sex issues or whatsoever”; “eventually I allowed her to be my friend and she allowed me to talk about it be comfortable” Didn’t formally sit down before debut and talk about contraceptives or anything, they just talked in general and were open about periods and sexuality in general “I had to learn contraceptives myself”

Sub-Aim 1.2: What was the content of conversations between participant and caregiver(s) at any point during adolescence after sexual debut?

ID# Group 1	Who they lived with (caregiver)	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
100	Lived with mom and dad, 2 brothers and 4 sisters	YES PARENTS	About abortion	<i>[pregnancy/abortion/children; pressure; perception of teenage sexual activity]</i> parents advised her against getting an abortion, they wanted her to keep the baby because of their religious beliefs (they are Christians and are against abortions);
101	Lived with Aunt (Aunt was a teen mother); mom of participant died when participant was 14	YES AUNT	Throughout adolescence	<i>[pregnancy/abortion/children; comfort when discussing sex; condoms/contraception/prevention/ protection; alcohol/drugs]</i> Talked about same topics as before debut: “she told me everything I needed to know about sex. Either sometimes things can happen, like using a condom but it can burst and you can still fell pregnant. And she told me about the morning after pills, and they do not apply as prevention pills, they are just emergency pills. And she told me everything”; Important to take the pills even though participant said she wasn’t having sex at the time because aunt said you never know what could happen (could get drunk/raped at a party or something); Talked a lot about birth control pills and injection options; participant also asked a lot of questions
103	Lived with both parents until age 13, then lived with mother; considers herself to have lived with her mother	No specific mention		No specific mention
104	Lived with grandparents; parents were dating	YES WITH MOM STILL NO WITH GRANDPARENTS	Mom when pregnant	<i>[pregnancy/abortion/children]</i> Not much discussion when pregnant, just when something happened in terms of pregnancy (baby moving, an unusual feeling), the experience of giving birth Still didn’t talk to grandparents
105	Lived with mother	STILL NO WITH ANYONE		<i>[comfort when discussing sex]</i> Father too traditional, mother too strict (would be too awkward); If she were to start a conversation, she thought everyone would have stormed out of the room

ID# Group 1	Who they lived with (caregiver) [from memos]	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
109	Lived with mother and brother growing up	YES WITH MOTHER	Throughout adolescence	<p>[influence of conversations on decisions; great quotes; perception of adolescent sexual activity] “I want to keep communications open and tell them because I think when you don’t tell them we get easily taught, if I can put it that way, by friends and what they think is right and end up making stupid decisions” (in reference to hearing it from her mom instead of her friends, wants to do the same with her kids); “For me, I mean I come from my Catholic family and I know you’re not supposed to be having sex before marriage but my mom kind of taught me more than anything you need to respect your body”</p> <p>“I think the older I have gotten the more I have a friendship with my mom...more than anything because I feel like she will probably give me the best advice than my friends so I do trust her opinions a lot. So yeah, we talk a lot. We don’t get into the gory positions like the positions, but yeah she is well aware that I am sexually active”</p>
114	Lived with both parents, 3 sibs.	NO TO ANYONE		Would have liked to have conversations with her Aunt

ID# Group 1	Who they lived with (caregiver) [from memos]	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
117	Lived parents growing up	*wishes parents/grandparents would talk to kids*		<p>[condoms/contraception/prevention/protection; pregnancy/abortion/children; perceptions of teenage sexual activity] “She was shouting most of the time. Uhm, why did I have sex, why didn’t we use a condom, yeah. Why wasn’t I preventing, stuff like that” (confirmed they had not talked before)</p> <p>“Parents should talk to us, so we can get the correct information. Like through the movies, TV, and things like that, cause we really can’t get information from school and such, cause only like LO is 45 minutes once a week, so yeah, you have to prevent it”...[what types of things do you think parents should talk about with their kids?...]”Like, okay well. You know that you get HIV from sleeping around, but they don’t emphasize how you get pregnant from sleeping with a guy. And how you can actually prevent like, condoms, and getting the pills, abstaining first, yeah. Simple things like those, and that stuff.”</p> <p>“Uhm well eventually it will happen that we will all have sex. But I would liked them to talk about prevention and all that, take me to the clinic.”</p>
118	Lived with aunt and uncle, moved in with mother when she was in grade 11; sister lived with her mother when she moved in	NOT REALLY WITH MOTHER No mention of aunt and uncle		Talk with mother now about preventing another pregnancy; Generally bad relationship with mother throughout adolescence
119	Lived with grandparents, had no relationship with mother (died when she was 6), minimal relationship with dad; grandmother was the mother figure for her	YES WITH GRANDMOTHER	Throughout adolescence, espec. when lost her virginity	<p>[comfort when discussing sex; pregnancy/abortion/children] When participant told her grandmother that she lost her virginity, she at first responded by shouting “Really! Hell no! You’re not going to tell me that you are a woman now!”, said it was awkward for quite some time; then after a bit she began asking questions about who it was, if she was pressured, etc.</p> <p>Did not communicate with her grandmother about an earlier miscarriage that she had, even though they are supportive</p>

GROUP 2

Sub-Aim 1.1: Did conversations occur before participant's sexual debut? If yes, identify who specifically the conversations occurred with, and at what age/what milestones/timelines. If no, seek to understand why the conversations did not occur.

ID# Group 2	Who they lived with (caregiver)	Conversations before debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations BEFORE debut OR reasons for lack of conversation with caregiver
208	Lived with grandfather and aunt	NOT PARENTS KIND OF GRANDFATHER YES AUNT (was close to 1 aunt she lived with)	Grandfather talked to her when she got period Talked to aunt at age 15	<i>[condoms/contraception/prevention/protection; comfort when discussing sex; pregnancy/abortion/children]</i> “Because parents couldn’t say anything”; “Because, like, really they can’t say anything to you because they don’t want you to start and then they don’t know what to say really, so it is like you had to start, and then you ask the questions, and THEN they’ll answer. Rather than the, starting to talk.”; If participant asked, she thought the parents would answer; Grandfather talked to her when she got her period (he was there) and told her that if she had sex she might get pregnant; Talked to aunt and aunt explained, told her if she had sex it would be pretty painful, that’s how she got the information; Aunt explained female condom for the first time; experience was comfortable
218	Lived with mom and 2 older sisters	NO WITH MOM		
219	Lived with grandparents and siblings (older brother and sister, younger sister); parents were divorced	NO WITH MOM NO WITH GRANDPARENTS		“I didn’t feel comfortable talking to my grandma about it because she is old and I didn’t stay with my mom at that time”
224	Lived with grandmother and cousins (2 girls, 2 boys), parents were separated	NO TO EVERYONE		Didn’t know why she didn’t have conversations; Doesn’t think she would want wanted to talk to someone; not sure if it would have been helpful

ID# Group 2	Who they lived with (caregiver)	Conversations before debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations BEFORE debut OR reasons for lack of conversation with caregiver
227	Lived with grandmother and uncles growing up; mother passed away when she was 8	**said in interview she had never been pregnant** NO WITH GRANDMOTHER NO WITH UNCLES		<i>[perceptions of teenage sexual activity; outside sources of information; great quotes]</i> “I don’t know, it’s just in our culture, but you don’t. You just don’t. And you just see things on TV or at school maybe, but not with family and friends, mmm, no”; No talk about sex with grandmother, no mention of conversation with uncles
233	Lived with mother; parents were divorced (had an older sister and brother who didn’t live with her)	YES WITH MOTHER	Age 10, when she got her period	<i>[comfort discussing sex; great quotes; pregnancy/abortion/children]</i> Mother had first conversation with her when she got her period for the first time at age 10; “it was too odd for me it was like a foreign language for me when she talked about sex with me; it was because she saw my first period. But I couldn’t stand it because at that age I was too young but I think she was trying to tell me about sex because now, if anything happens, if I get into sexual intercourse I would fall pregnant. So that was her biggest fear now that I only understand now, back then I couldn’t understand why”; “Now you are a big girl...you can only play with female friends now...now don’t play with him”; caused conflict because her mother wouldn’t let her hang out with male friends and wouldn’t explain why (was confusing for her and her friends); Didn’t communicate to her father about her getting her period;
234	Lived with both parents, older brother and younger sister growing up; went to boarding school at 16	NO WITH MOM		/“My mom was never really one to talk about sex:; “Not that she thinks its taboo or anything, she just didn’t really think that I was there or thinking that. I think she only maybe started mentioning it when I got to university, but obviously by then she didn’t know that I had already started having sex”

ID# Group 2	Who they lived with (caregiver)	Conversations before debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations BEFORE debut OR reasons for lack of conversation with caregiver
235	Lived with mother	NO WITH MOTHER NO WITH FATHER		<i>[pregnancy/abortion/children; condoms/contraception/prevention/ protection]</i> With she had talked with her mother – “Because maybe if I did talk to my mother she would probably give me good advice. Maybe I wouldn’t be pregnant by now raising a child as a single mom”; Would have wanted to know “how to play it safe, how to use a condom, how to start with sex, how it is done, yeah”
237	Lived with mom and 2 brothers; parents separated when participant was 12	NO WITH MOM Wished she could have talked to her mom		<i>[pregnancy/abortion/children; great quotes; outside sources of information]</i> “I couldn’t speak with my mom...she was very strict...and for me to talk to her about that, it would be like she was thinking that I’ve already started...doing it. So I couldn’t. And even the first time she even knew that I was having intercourse was when she found out that I was pregnant”; Would have liked to talk to her mom- “Because right afterwards, when she found out that I was pregnant that she started opening up and...to know that we could have spoken about this, I could have told you the ways, and I could have taken you to the clinic, things like that. So yeah, I wish that I had spoken to her.”
238	Lived with granny and mom (granny more than mom)	YES WITH MOM YES WITH GRANNY	With mom, at age 15 (when period started)	“my mother used to tell me about sexual activities. She used to say ‘It’s not the time, the time will come.’ I just have to concentrate on my studies”; Mother would “lecture” her about sex; participant was “too scared to even mention what I hear about it, what I know about it, what I see. So it was more me taking everything she says” My granny and I used to talk more about sexual activities

Sub-Aim 1.2: What was the content of conversations between participant and caregiver(s) at any point during adolescence after sexual debut?

ID# Group 2	Who they lived with (caregiver)	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
208	Lived with grandfather and aunt	<p>YES AUNT</p> <p>YES AUNT WHEN PREGNANT</p> <p>NOT MUCH WITH MOM WHEN PREGNANT, NO OTHERWISE</p> <p>**grandfather was not alive when she was pregnant**</p>	<p>Throughout adolescence</p> <p>When pregnant</p>	<p>[great quotes; pregnancy/abortion/children;] Talked to aunt – said sex would be pretty painful Didn’t talk to mother or father because she didn’t live with them (but said if she asked they would prob. answer)</p> <p>When pregnant, Aunt “lectured” about being a responsible mother and being a good mother;</p> <p>Wish she talked to her mother because “if she was there I think she would have taught me a lot you know. Like maybe some of the things I did, maybe if she was there I wouldn’t have done them, yeah”</p> <p>“My mom just knew when I was pregnant, and uhm she didn’t talk to me that much about it.” [would you have liked your mom to have talked to you when you were pregnant?] “Yes! Yes, even be there when the child was born. Just, you know. Maybe just tell me ‘okay this is the wrong stuff you did, but you can learn from your mistakes’ you know and that kind of stuff”</p>
218	Lived with mom and 2 older sisters	YES WITH MOM WHEN PREGNANT	When pregnant	<p>[pregnancy/abortion/children]When pregnant, talked with mom about raising the baby and finishing school; most conversations were about this</p> <p>No talk with mom before becoming pregnant about sex</p>

ID# Group 2	Who they lived with (caregiver)	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
219	Lived with grandparents and siblings (older brother and sister, younger sister); parents were divorced	YES MOM WHEN PREGNANT YES GRANDMOTHER WHEN PREGNANT	When pregnant When pregnant	<i>[pregnancy/abortion/children; perspectives of adolescent pregnancy]</i> Told her mom she was pregnant by writing a letter to her that she opened at work; Mom wanted her to get an abortion, but she was 5 months along and felt the baby moving so she didn't get an abortion; **said she had a hard time talking to her mother because her older sister had a baby at 16, her mom tried to get her to have an abortion and she didn't, it put a strain on their relationship that caused her sister to move out** Grandmother said "I think I am the one who affected the family because I fell pregnant when I was young and now my firstborn did that, my second born did that, like everyone did that in the family so I think I am the cause of all that" (what the grandma thought);
224	Lived with grandmother and cousins (2 girls, 2 boys), parents were separated	YES MOM WHEN PREGNANT NO GRANDMA	When pregnant Post-birth of the baby	<i>[condoms/contraception/prevention/protection; HIV/STIs; influence of conversations on decisions; pregnancy/abortion/children]</i> "confessed" to mom when she was pregnant at 18/19, mom talked first and talked about always using protection or she will get pregnant again and will get infection and maybe HIV; When pregnant, her mom talked to her about how her life would change and she wouldn't be going out anymore and would have to take care of her child, she would be going back to school and figuring out who would watch the child when she went back to school; Lived with grandmother after she had the baby but did not talk to her about anything with the baby other than having her watch the baby when she went out
227	Lived with grandmother and uncles growing up; mother passed away when she was 8	NO GRANDMA NO UNCLES	Throughout adolescence	<i>[comfort when discussing sex; great quotes; Too uncomfortable to talk to grandma, but never tried to bring it up]</i> Would have liked to talk to grandma though, "Maybe I wouldn't have had sex at such an early age. Maybe I would have made wiser decisions"; would have wanted her to talk about appropriate age, with who, etc. Didn't talk to uncles;

ID# Group 2	Who they lived with (caregiver)	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
233	Lived with mother; parents were divorced (had an older sister and brother who didn't live with her)	YES WITH MOTHER YES WITH FATHER (mostly about menstruation) Wants more conversation from parents, espec. fathers		<i>[perceptions of teenage sexual activity; great quotes; comfort when discussing sex]</i> “if you start that topic it’s like you’re being rude to your parents, you are disrespectful...” (considered rude to have a discussion about sex with parents; **want parents, espec. fathers to talk to their children espec. daughters** “And I think that’s killing us. Because I think that if we had conversations with our parents about sex...they should tell us and make us aware even our fathers if they know how boys are then they should have the talk with us as girls like, ‘you know what? I was once a boy. I know the mentality of a small boy, guys of the ages of about 20 or so on’ so that we can know, prepare us. They should tell us that a guy that loves you is a guy that won’t do this”
234	Lived with both parents, older brother and younger sister growing up; went to boarding school at 16	YES MOM (when a little older) YES MOM (when pregnant, but forced to tell mom by aunt)	When older	<i>[discussions of abstinence; pregnancy/abortion/children; condoms/contraception; prevention/protection; great quotes]</i> When mother did talk, it was about abstaining, no sex without a condom, about protection; was uncomfortable; Aunt forced her to tell her mom that she was pregnant (asked aunt for a loan for an abortion and she said no, said she had to tell her mom first); “I actually regret a lot of things when I think about my past. And I really wish that my mom had taken the time to sit down and talk to me. Even if she didn’t like it or didn’t like to, I think things would be a whole lot different, cause I didn’t know correct things, and all the things I was like uh. And maybe it was also because I didn’t have a big sister per say, so that’s why now, my sister hates talking about sex but I force it on her”;

ID# Group 2	Who they lived with (caregiver)	Conversations AFTER debut with caregiver? [codes: conversations with mother; conversations with family members]	When/ what age	[code name] content of conversations AFTER debut OR reasons for lack of conversation with caregiver
235	Lived with mother	NO MOM (but wanted to talk to mom) A LITTLE BIT WITH MOM WHEN PREGNANT	When pregnant	[pregnancy/abortion/children; condoms/contraception/prevention/ protection] “Because maybe if I did talk to my mother she would probably give me good advice. Maybe I wouldn’t be pregnant by now raising a child as a single mom. But I can’t blame it, it’s all in the past. Life goes on”; Mom is still “too emotional” to talk to Would have wanted her mom to talk to her about how to play it safe, how to use a condom, how to start with sex, how it is done When she was pregnant, she would just tell her to go to the clinic and do what the doctor says
237	Lived with mom and 2 brothers; parents separated when participant was 12	YES MOM WHEN PREGNANT YES DAD WHEN PREGNANT	When pregnant When pregnant	[pregnancy/abortion/children; condoms/contraceptives/prevention/ protection; perceptions of teenage pregnancy] Wish she had talked to her mom because she thinks things would have been different; Talked to her mom once she became pregnant – her mom said after the baby was born she was going to choose contraceptives (pill or injection), then she took her to the clinic to get birth control after she had the baby; When pregnant, mom talked to her about the way she has to behave (can’t wear the same clothes, “now you are a mother”), taught her how to breastfeed, became about the baby; Talked to dad when pregnant, he was disappointed but then said “okay its fine you are pregnant, there’s nothing we can do”

Aim 2: Describe content of conversations about sex and sexual behavior that occurred between adolescents/young adults and family members, peers, sexual partners, and in school and other settings.

GROUP 1

Sub-Aim 2.1: Did conversations occur with family members other than immediate caregivers? If so, what were these conversations like?

ID# Group 1	[Code= conversations with family members (not mother)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
100	Sisters – YES Participant’s step-daughter now - YES	Before sexual debut, throughout adolescence Now, plans to continue	[discussions of abstinence; pressure; perceptions of teenage sexual activity; great quotes; comfort when discussing sex; condoms/contraception/prevention/ protection; pregnancy/abortion/children] “They mostly advised me on abstinence because of what they went through growing up, because they are older and I am the last one in the family, so it was more advising me, if I feel I’m pressured into something I’m not ready for, I should talk to them, or even better I should decide to abstain from anything”; said she was comfortable talking with her sisters because they are open with each other (sisters) “Also them having kids at a very young age, so it was more like advising me to, if I choose to engage in sexual activity, I should be mostly informed about it, whether it is condoms, talking about it with my partner and making sure it was the right person, yes” [perceptions of teenage sexual activity; great quotes;] “So actually I have a step-daughter, she’s 14 now, so we mostly talk about stuff that she should be open with me, yes, she can come to me and we can talk about stuff like that”...”whatever decision she feels she should she should make sexually, I have created a relationship where she should be open and come and talk to me about, and she needs to be sure about the guy she wants to break her virginity to, yes”
101	No family members other than caregivers		
103	No family members other than caregivers		
104	Cousin – YES	After the first time	“...talked about the whole experience – how it was, how it felt”
105	No family members other than caregivers		

ID# Group 1	[Code= conversations with family members (not mother)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
109	Brother – YES Cousins – YES	Conversations with mom and brother Throughout adolescence	<i>[condoms/contraception/prevention/protection; comfort discussing sex]</i> Conversations occurred with mom and brother (lived with brother too) Conversations with female cousins about condoms and birth control and everything; comfortable talking about sex with cousins
114	Auntie – YES	Menstruation	<i>[Life Orientation/school; perceptions of teenage sexual activity; HIV/STIs; condoms/contraception/prevention/protection]</i> “My Auntie, she once talked about the menstruation again, I think my mom asked her to. So we did spend a little time talking about that and I told her don’t worry I already know I learned from school” **would have preferred her Aunt to talk to her, wishes she did** “Yeah, Auntie I prefer, would have been much better... uhm, just to be honest. But you know with us, it is our culture it is not easy to talk about this stuff. So if ever she were to talk about it she would just have to be honest about it, how to treat yourself when it comes to disease, how to protect yourself, those kinds of things”
117	Cousins – YES Participant’s daughter – plans to talk to her in the future – YES	Throughout adolescence Plans to talk to her in the future	<i>[pregnancy/abortion/children]</i> “Okay, I have a very wild cousin, even though I’m older than her. My other cousins told me how she sleeps around and has many boyfriends. How she will never get pregnant. And it was always confusing, because I didn’t understand why she wouldn’t get pregnant... When I fell pregnant, that’s when I took it as my operation to make she didn’t fall pregnant too” “Uh yes I’ll talk to her, but uhm thinking about the conversation is scary. Watching the generations and I’m not going to let her date until she’s 20 (laughs). But actually, I am thinking about talking to her when she is maybe 13-ish, I’ll tell her about preventing, take her to the clinic, and things like that... I’ll give her the information I think. I don’t want her to just get it from school, I want her to be open with me. I will tell her everything that happens, how she can prevent it from happening, yeah”

ID# Group 1	[Code= conversations with family members (not mother)] Y = who? Or N	If Yes, when? In what setting?	<i>[code name]</i> content of conversations OR why no conversations occurred
118	Sister from Limpopo – YES	Around age 16 After her first time	<i>[condoms/contraception/prevention/protection; pregnancy/abortion/children; pressure</i> “It started as a pressure I had from my sister ‘No you can do this’ and was asking me things about what is a good play date. She gave me Triphasil saying ‘No you can drink this’ but when you...you won’t get pregnant when the condom broke. If the condom burst, what am I going to do? They said, ‘No, you can drink Triphasil so that, that would protect yourself’” (encouraged her to take the birth control pill) “I went back to my sister and I told her. She asked me ‘how was it?’ and I said ‘it wasn’t like the way I expected it to be’ I think my body and hormones were not so ready about it. My mind was but my body was not yet ready”
119	Younger sister – YES *talks to her now, not when she was an adolescent* Cousins - YES	Talks to her younger sister now **not when she was an adolescent though** Adolescence	<i>[comfort when discussing sex;]</i> “I do. Even with my little sister I do, she was shy at first, but eventually she opened up because I gave her that, what my grandparents gave me, that’s what I am going to my sister as well my little sister yeah” Talked about “everything” with her cousins

Sub-Aim 2.2: Did conversations occur with friends/peers? If so, what were these conversations like?

ID# Group 1	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
100	Friends/Peers – YES	<p>In school/LO setting</p> <p>After the first time having sex</p> <p>Throughout adolescence</p>	<p><i>[perceptions of teenage sexual activity; pressure; Life Orientation; condoms/ contraception/prevention/protection; reasons/methods for preventing pregnancy; great quotes; comfort when discussing sex; pregnancy/abortion/children; influence of conversations on decisions]</i></p> <p>“Mostly involved peer pressure, most people are pressured into doing things they aren’t ready for”</p> <p>(what they talked about with their friends) “about the entire experience, yes...it was, when you say experience it was overall, everything involved, emotions and everything. Because we are not that young, yes, so it was more of an informed decision from both parties”</p> <p>(talked with male and female friends) “Mmm, during the first time it was more about the experience. When I say experience I be saying were you sure, uhm, did it hurt, was he there for you emotionally because it was not his first time, so yeah” [And with your friends, did you ever talk about protection?]</p> <p>“Yes... we all advised each other that it is best to use condoms because we were still at school, and we all had goals, and we would uhm, motivate each other to pursue our dreams and not let anything like sex influence the decisions we want to make in the future”</p> <p>(was comfortable talking with friends)</p> <p>“I think they were doing them for, they were doing it for the wrong reasons. Mainly pressured into that kind of thing because of the type of people they were dating at the time. Yes” (these friends would be considered less knowledgeable)</p> <p>“Oh ok. Well some of my friends, I think it was conversation with my friends mostly, because some of them had kids at a very young age. So it was mostly their advice that made me think twice about maybe getting myself into such situations, yes.”</p>

ID# Group 1	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
104	Friends – YES	Before sexual debut Throughout adolescence	<p><i>[condoms/contraception/prevention/protection; comfort when discussing sex; perceptions of teenage sexual activity; great quotes; pressure; influence of conversations on decisions]</i></p> <p>“Conversations before I had sex, wow, okay well with friends, it was much easier. I mean, we all didn’t know anything about, so most of the information we got from school. Like how to protect yourself, what to do, having sex and all of that. And mostly learning from older peers those who had experience, yeah, them telling you what the experience was like, whether it was painful or not”</p> <p>Talked about protection, condoms, what types of condoms to use, what it would be like to do it for the first time</p> <p>“I mean from school, we would be talking about these things, and then going outside and it would be us just discussing what you think your first time is gonna be like, it was really okay, because it helped, it took away the pressure, yeah...”</p> <p>“...sex is very emotional, especially as a woman, you know, because we think about love before we think of it as just being naked. It is with one person who you consider special to you, and when you talk to your friends and you find that they feel the same way, you feel better that they think the same”</p>
105	Friends – YES Friends – NOT AFTER FIRST TIME	Before the first time	<p><i>[comfort when discussing sex; condoms/contraception/prevention/protection;</i></p> <p>“Just sex in general...boyfriends, girlfriends, condoms, prevention pills, girls were just a bit big here so they also took pills and stuff” (convos were comfortable)</p> <p>This participant was not super open, said she didn’t talk very intimately about sex</p> <p>First time “happened for all the wrong reasons” – didn’t want to talk to anyone</p>
109	Friends – YES	After first time	(2 really close friends) “That it happened and finally! We spoke about that it happened. At that time they were really not virgins, my friends were a bit older than me so...yeah we just spoke about what happened and how it felt”
114	Friends – NOT AFTER FIRST TIME	Not after first time	<p><i>[comfort when discussing sex]</i></p> <p>“my friend, I didn’t tell her...you know, sometimes you just, even if I am having some problems it can be hard for me to tell somebody, I just prefer to keep this to myself and deal with it my own way”</p>

ID# Group 1	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
117	Friends – YES	Before first time (age 13-14) After first time Throughout adolescence	<p><i>[condoms/contraception/prevention/protection; comfort when discussing sex; pressure; discussions of abstinence;]</i></p> <p>“I was a late bloomer, yeah. So my friends would explain what they did, how it was and stuff like that I guess...yes, first they would kiss and then they would get hickies and that is what they did, with who, and yeah”</p> <p>Talked about protection with friends – male condoms, new injections, prevention pills and stuff</p> <p>“it was comfortable talking with my friends, even though it was a bit confusing. They could talk about other condoms, at the time I didn’t understand. Something about flavored, I didn’t understand how flavor comes in in the whole situation”</p> <p>(after it happened) “That it was sore, and I wasn’t really ready I guess, yeah”</p> <p>“As I was a late bloomer they always talked about it saying how late I am, I should try it and, yeah like pressure, peer pressure...they said that they had already done it, what was I waiting for, and you really don’t love a guy if you don’t sleep with him, stuff like that”</p>
118	Friends – YES	Before the first time Throughout adolescence	<p>“We usually talk about like how was it and how is it with the other partner. Because we used to..shy no boys”</p>
119	Friends – YES	After first time	<p>“Of course! You had friends that you could tell ‘Okay this is what happened girls – you’ve got your girls that you talk to’...they were like ‘okay and he didn’t say anything about it?’ and I was like ‘Yes I wasn’t doing it for you or whatsoever, it was for me, it was my decision’ so yep”</p>

Sub-Aim 2.3: Did conversations occur with romantic/sexual partners? If so, what were these conversations like?

ID# Group 1	[Code= conversations with partner(s)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
100	Partner – YES Partner – NOT BEFORE FIRST TIME Partner – Yes after first time	When participant got an abortion NOT BEFORE FIRST TIME Yes – after first time	<i>[pregnancy/abortion/children; pressure; perception of teenage pregnancy; comfort when discussing sex; condoms/contraception/prevention/protection]</i> Partner advised her against getting an abortion “Yes we spoke about it afterwards... what happens from here on out, it was mostly questions from him if I was sure, did I feel like I made a mistake or something, yes” (she felt like she had good communication with him) Both agreed on using condoms the first time they had sex
101	Partner – YES Partner – YES	During first time When partner cheated on participant with her friend	<i>[condoms/contraception/prevention/protection; pressure; conversation with friends/peers]</i> “Well, you know, guys will tell you that it will be painful, guys tell you to relax and go with the flow, you know all those things, you know I love you so much I don’t want to hurt you, yeah. We discussed that stuff, yeah I was like okay, let’s just do it” (Both talked about using protection the first time) “Yeah I did, he said he was a guy, he has feelings. You know how guys can be, and like, insensitive, but I broke up with him because I thought he was a jerk, and I asked him, so all you see, you don’t see a relationship or long term, all you want is sex. If you want is just sex, go back to her. She also wants just sex, you can use her for whatever”
103	Partner – YES PARTNER – NOT FIRST TIME (had discussed previously)	Before first time NOT THE FIRST TIME	<i>[discussions of abstinence; reasons/methods for preventing pregnancy]</i> “okay honestly speaking, we talked about it in the past, we were in a long term relationship and we agreed on waiting until we reached 18, and we talked about it way before, and when the day came we didn’t talk about it, because we had talked about it before, previously”
104	Partner – YES	First time	“Yes we did because I was scared, very scared... about whether we were ready, if we were sure or not, should we do this, and yeah, that was just the main thing, yeah”

ID# Group 1	[Code= conversations with partner(s)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
105	Partner – NOT FIRST TIME or after	NOT FIRST TIME or after	<i>[alcohol/drugs;</i> “No it just happened we were drunk”
109	Partner – YES	First time	“Actually we ended up that in person him and I were dating for a couple of months when it happened and we were in a relationship for about 4 years...he was a little bit older than me so he knew everything to know. So he was very cautious in talking me through it and what happens so basically we were very open”
114	Partner – Not about experience that broke her virginity (from when she was 5) Partner – YES	Before first time	<i>[condoms/contraception/prevention/protection]</i> “Uhm we first talked about it before we had sex I think, we had sex after 7 or 8 months of our relationship. We were always talking about the trust between us and what was gonna happen before, I wasn’t even preventing but we were using condoms. So just in case the condom, the condom was going to break we talked about the insert and other things”
117	Partner – NOT BEFORE FIRST TIME	Not before first time	“No, not really. It just happened I guess”
118	Partner – YES	Before first time	<i>[pressure;</i> “He was older than me. He knew everything about sex and I was not ready yet but I think I was not ready but personally I wanted to experience...well he usually ask me ‘I wanted to have sex with you’ so he asked me ‘can we have sex’ and I said I was scared but I said ‘yes’
119	Partner – YES	First time	“Okay listen, this is what I want to do without anyone forcing me or praise or whatsoever, this is what I want to do” (she basically told him she wanted to have sex with him so they did)

Sub-Aim 2.4: What was the extent of discussion about sexual behavior in Life Orientation in school?

ID# Group 1	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
100	Life Orientation/school – Yes Always Pad counselors (brought into schools)	Grade 8		<p>[condoms/contraception/prevention/protection; perception of teenage sexual activity; discussions of abstinence; pressure; pregnancy/abortion/children]</p> <p>“Mostly everything, because they covered the human body, how your body changes, uhm, I don’t know how to put it, maybe, the sexual behaviors of young kids and stuff, and the stigmas attached to sexual behaviors and the stigmas, yeah”</p> <p>[about the stigmas and taboos] “. . .well it mostly involved peer pressure, most people are pressured into doing things they aren’t ready for”</p> <p>“they covered from contraceptives to condoms, and even abstinence”</p> <p>“they would bring in some counselors now and then, and they were open discussions, they were people from the Always pads, the Always pad brand. . .they would give us information about uh, everything. It was mostly about our abstinence, the use of condoms, uhm, contraceptives, pregnancy, and how to, such”</p> <p>[were boys and girls taught this together?] they were separated</p>
101	Life Orientation teacher – Yes	Grades 11 and 12, maybe 4 times a week		<p>[pregnancy/abortion/children; condoms/contraception/prevention/protection;</p> <p>“Oh well they always taught us by Life Orientation, they tell you that at an early age you develop hormones, you develop some physical attraction, yes, you have feelings for this guy and yes, the next thing you have public hair, you menstruate and stuff, yes, and they teach us about all that. . .and the feelings, yes, and the mental. And the adolescence. . .just teaches us about maybe uhm male and female reproductive systems, how maybe if we mate or have sex we would fall pregnant or something like that”</p> <p>“Yes I remember they had some assignment, contraceptives, like which ones to use, which ones are safe, we had to research them”</p> <p>**at first thought it was a useless subject, but later realized the things they were learning about were important**</p> <p>Was more of a lecture and a discussion, could interact with teacher, could ask questions; boys and girls taught information together</p>

ID# Group 1	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
103	Life Orientation- YES (Life Orientation teacher)		Private school	<p><i>[condoms/contraception/prevention/protection; HIV/STIs]</i> “Yes, they used to educate us about how to use a condom, how to prevent the diseases like the gonorrhea, and they taught us about contraceptives, yeah” Boys and girls were taught together</p>
104	Life Orientation – YES	Grade 8, had LO for the whole year but only focused on sex-things for 3 months (not every day)		<p><i>[comfort when discussing sex; condoms/contraception/prevention/protection]</i> “So the Life Orientation was, okay, from the basics where they explained to you the female organism and the male and what happens when you reproduction, and I guess how to protect yourself from certain things, yeah” Boys and girls taught the information together “It felt good because you need that kind of information so, it was unique that kind of information. Because you know that one day you will be going through that same stuff so it is better to know sooner, you know, yeah”</p>
105	Life Orientation – YES (L.O. teacher)	Grade 7 (primary school)		<p><i>[HIV/STIs; condoms/contraception/prevention/protection; pregnancy/abortion/children; comfort when discussing sex]</i> “they tell us about HIV/AIDS, STIs in general, protect yourself, you must condomise, if you can, if you see that you cannot, prevent to not get pregnant and stuff like that” Boys and girls were taught together Hearing about it was comfortable, talking about it was not – “talking about it was a big issue, it was a big issue... we all didn’t know anything about all these things. So it was all just so cruelly said. Yah, it was so awkward. So it wasn’t really, at the time, really an issue. We just listened”</p>

ID# Group 1	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
109	Life Orientation – YES	Grade 8 - metric	All girls semi-private school	<p><i>[condoms/contraception/prevention/protection; comfort when discussing sex]</i></p> <p>“It was during a conversation like I mean in school as well we had LO, life orientation where we would go in-depth about the different types of protection there was”</p> <p>“Basically they will tell you everything from contraceptives, life orientation; everything that all the other subjects don’t, talk about sex...everything about protection...”</p> <p>“It’s an all girls school so...I mean when these things, we were like woa. And in fact we were like such losers so life orientation was like the highlight because they were like talking about sex and we were like ‘my goodness!’ and then I say it was great, it was informative but you know how girls are, we were like ‘what!’</p>
114	Life Orientation – YES	Grade 7 (primary)		<p><i>[condoms/contraception/prevention/protection; HIV/STIs; discussions of abstinence; comfort when discussing sex]</i></p> <p>“They taught us about menstruation, and then everything that happens, during menstruation you aren’t supposed to sleep with a guy, mhm. And they also taught about sexuality between the girl and the guy and what happens when you sleep with the guys. And then it continues, topic, in secondary, and then they taught us about the STD, about the AIDS, yeah, and how to protect yourself. And the better option for everything was to abstain”</p> <p>(was uncomfortable at first, then was comfortable when you knew the teacher, participant didn’t remember questions being asked, boys and girls taught together)</p>

ID# Group 1	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
117	Life Orientation – YES Biology class	45 minutes, once a week Grade 8 or 9 Biology class		<p><i>[condoms/contraception/prevention/protection; HIV/STIs; pregnancy/ abortion/children; comfort when discussing sex; discussions of abstinence]</i></p> <p>“Only at school, that we should use condoms and all that to protect ourselves from HIV or pregnancy and stuff like that, and things about your injections”</p> <p>Life Orientation did not go into detail about sex [what did they talk about?] “Uhm abstaining, I don’t remember prevention. Uhm, female condoms”</p> <p>Was nervous most of the time, people asked questions, boys and girls taught together (in Biology)“Uhm what happened when you are of age, when a man goes into a woman. They didn’t tell us how exactly you fall pregnant, like the dates, yeah, those kind of stuff...they told us about HIV, if you sleep around that is what happens, yeah.</p>
118	Choice Condom brand (came to school) – YES Life Orientation – no mention		Public	<p><i>[HIV/AIDS; condoms/contraception/prevention/protection;</i></p> <p>“They used to come to school and talk about HIV and AIDS...they talked about sex protection, they talked about STIs how you can prevent STIs. They said you can either stay not having sex. You can have sex with one partner, you can use a condom and birth control at the same time to make double protection so that you are not having a baby and HIV because birth control can’t protect you from getting STIs and HIV”</p> <p>(boys and girls were taught together)</p> <p>When Choice condoms came, they gave condoms and left some in the bathroom</p>
119	Life Orientation – yes	Starting in Grade 6		<p><i>[HIV/STIs; condoms/contraception/prevention/protection; discussions of abstinence;]</i></p> <p>“At school back then, the subject was called Life Orientation. So obviously they won’t really get into details about it. Sometimes we will get people come in and inform us about it; host the concerts, give us pamphlets that have those AIDS or HIV, tests, classes, groups. They told us about it and at school obviously they tell you write an essay about this, go look for information about it – STDs or HIV and then that’s it”</p> <p>“Message of course the ABC on how to use protection, how to prevent yourself, abstaining, your it was basically that”</p>

Sub-Aim 2.5: Did conversations occur with other community members or individuals not previously mentioned? If so, what were these conversations like?

ID# Group 1	[Code= outside sources of information] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
100	Clinics – YES Internet – YES Magazines Church/Community Group – NO	Clinics (nurses there) Internet REAL magazine	<i>[condoms/contraception/prevention/protection; comfort talking about sex;</i> “We were told clinics most of the time, and when you go to the shops and stuff, you find the stalls where they place condoms and stuff, so yeah” (talking to the counselors) “It was a very eye opening experience, because I made a decision to follow in that kind of career as a counselor, social worker, mostly so it was eye opening because they have more information and you actually are comfortable to talk with them. So if you don’t have a structure with friends and family you can talk to, they are there to help out” Looked up types of contraceptives on the internet Sex advice in REAL Magazine
101	Debate team, athletics, soccer, LRC (student council) – NO Clinic – YES	High school Birth to Twenty Clinic (as a teenager)	<i>[comfort when discussing sex]</i> No because “it is sort of a sensitive conversation, you can’t just talk to anyone” <i>[HIV/STIs; condoms/contraception/prevention/protection]</i> “I used to attend the Birth to Twenty clinic, and they would tell us everything about sex so we would be informed...well almost everything you know. They would tell us about our development, as you are 14 your breasts are going to be like this, maybe you are going to start menstruating, you know things like that, they don’t tell us about sex and stuff...they tell us like that we have to use protection and that there are viruses, the STDs, yes”
103	Church – NO (Other than sex before marriage is a sin) Pastor of the Church		“Uhm well not, okay, they do educate us about sex, they say sex before marriage is a sin, yeah, just that, you don’t go into much detail about sexual behavior” **this is a teaching of the Church, therefore not considered a conversation**

ID# Group 1	[Code= outside sources of information] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
109	Church/Altar Server - YES Public Speaking/Debate Club - YES Sports – YES **but more listening to others talk** Internet - YES TV – YES	Internet, porn sites <i>Teen Mom/16 and Pregnant</i>	<i>[pressure; condoms/contraception/prevention/protection; reasons/methods for preventing pregnancy; perceptions of teenage pregnancy; influence of conversation on decisions]</i> “Yeah, I mean the altar servers were pretty corrupt!” “People use to go like really crazy! But I think I used to get very frightened with their stories because like they were doing crazy stuff so more than anything it shield me away from having sex at all” “My group of friends were a bit more conservative” Looked up information about what was in contraceptive pills, the kinds of contraceptives, watched porn “...that was the best birth control...after watching it I was like there is no way, no way I’m going to go through what those girls go through. I was so shocked at how things turned out so Teen Mom and Pregnant at 16, they help me”
114	Pastor at Church – KIND OF	At Church, Adolescence and now	<i>[Reasons/methods for preventing pregnancy; pressure; influence of conversations on decisions]</i> “At church, my pastor is a very strict pastor. He also talks about the sex thing he also talks about relationships, boy and girlfriend stuff. So maybe that’s why I’m so strictly with one partner, because of the preachings of my pastor”
117	Internet – YES (but not a lot) Clinic – YES	Nurses at the Clinics	<i>[pregnancy/abortion/children; condoms/contraception/prevention/protection; comfort when discussing sex]</i> Used internet to look up chances of being pregnant, when you could fall pregnant, types of condoms “Uhm, the nurses are also a bit harsh. Like you go to a clinic, as a teenager, and you will like go to the clinic looking for prevention or something. And they will be like ‘why do you want to prevent, you shouldn’t be having sex at all’ and maybe that’s not all but that’s some. And teenagers are a bit scared to go because of that” (local clinic experience, her and her friends weren’t comfortable going because of that experience)

ID# Group 1	[Code= outside sources of information] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
118	TV - YES Radio – YES Clinic – YES (nurses there) TV shows – YES	In high school In high school During adolescence Late night TV (11pm/12am), “E”	<p><i>[HIV/AIDS]</i> “And the TV, televisions, radio, they do talk about it”</p> <p>“So like I was so scared of the STIs because while growing up I had a problem with my discharge. So I always came to the clinic. Most of the time I used that opportunity, yeah it was a free place for me to come and talk too...” (a particular nurse) “She is the one which I can come, she would send me for a test like I still remember, she told me to do an STI test”</p> <p>“I would stay awake at night, when I was growing up, it usually plays after 11PM, its about 12am. I would stay up and watch to see it. Yeah so I would sit there. My sister always wanted to see the TV on, that’s the silly mind, wanted to see porn”</p>
119	Church – NO Movies - YES Magazines - YES Internet – YES		<p><i>[HIV/STIs]</i> “Not at all – they are still so old-fashioned. We never spoke about it, we never had those youth conferences just only youth groups or something like that”</p> <p>“Magazines, internet, how can I put it? In a way I was one of those who were privileged to just of everything. I have never really had a problem about accessing information over the internet. I had that in my own home so yeah” “If its STI I just typed in on Google ‘STI’ and then have the information” Also mentioned movies</p>

GROUP 2

Sub-Aim 2.1: Did conversations occur with family members other than immediate caregivers? If so, what were these conversations like?

ID# Group 2	[Code= conversations with family members (not mother)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
208	Cousins – YES Participant’s son – YES *plan to talk to her sons*	Throughout adolescence Plans to talk to her sons sooner than she was talked to	“Okay we would like ask each other when was your first time, when did you do it, did you scissor?” (the experiences overall) “At least when they, when the first one turns 12 or 13. Because now like he is, he’s only 8 but he asking me ‘Mom when am I am going to get circumcised Mom’ so like its going to be simple because whenever that starts I just go on’
218	Sisters – YES	Throughout adolescence	<i>[discussions of abstinence; condoms/contraception/prevention/protection]</i> “they used to tell us not to do that, you are still young. This and that, those are the conversations that we talked about, we didn’t look too much into it” “they used to tell me protection, like going to a clinic, or maybe using a condom” (comfortable talking with sisters)
219	Younger sister – YES *now talks to younger sister*	*now talks to younger sister*	<i>[pregnancy/abortion/children;</i> “She likes saying I am her role model and all of that. I do tell her that okay fine I am your role model but you really shouldn’t follow my footsteps because if I didn’t have a baby, I am not saying I regret because he is my everything now”
224	Cousins – NO Cousins - YES	Before first time Throughout adolescence	<i>[condoms/contraception/prevention/protection]</i> Didn’t want to talk to grannie or cousins “I have to have one partner and always with a condom. That’s it”
227	Cousins – YES	At some point	“just the fun stuff”

ID# Group 2	[Code= conversations with family members (not mother)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
233	Sisters – YES Niece and nephew **talks to them now**	After the first time Throughout life	<p><i>[condoms/contraception/prevention/protection]</i></p> <p>“Just talked about the first time having sex, what happened, was it nice? I told them ‘no it wasn’t nice, it was really painful and all that’ and they told me about the risk of using a condom, not changing it but I couldn’t understand but they told me that you must beware. You must not use the same condom over and over again, it might burst and everything”</p> <p>“Then they taught me the scans about guys that you know when it’s dark when the lights are off, they will pretend as if they are putting it, then they take it off and you will be asking if it is in and it is not. So you have to be careful of that as well”</p> <p>Sister also talked to her about standing up to her fiancé (now)</p> <p>(talks to her niece and wants her to not have the same experiences she has had)</p> <p>“Please feel free, if you’ve got any questions to ask me because I don’t want you falling in the same trap as other girls at your school at the same stage as you”</p>
234	Cousin – YES Brother – YES Aunt – YES Younger sister – yes *talks to her now*	Before first time When pregnant When pregnant *talks to her now*	<p><i>[pregnancy/abortion/children]</i></p> <p>“She was older than me so I just always, she would tell me her experiences, and what she thought, and to me it was intriguing, there is this thing and you are like ‘oh that’s what sex is all about’ you know”</p> <p>“My brother always just thinks future. So he was asking me what have you decided, and how are you going to go through with it, how are you going to finance this, you know”</p> <p>Called aunt when found out she was pregnant to ask for a loan for an abortion, she said no and forced her to talk to her mom</p> <p>“I tell her she should rather wait”...makes a point to talk to her because her mom didn’t talk to her</p>

ID# Group 2	[Code= conversations with family members (not mother)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
235	Cousin – YES Cousin – YES Older sister - YES	Before first time (participant was 15) After the first time 2 months after losing her virginity	<i>[alcohol/drugs; condoms/contraception/prevention/protection; perceptions of teenage sexual activity;</i> “She’s older than me with 4-5 years. When she come home, maybe she lived with her boyfriend, you start asking ‘where do you come from?’ she would say ‘I was out with my boyfriend drinking alcohol, having fun, enjoying’ then I ask ‘what did you do?’ ‘sex’ ‘sex, what is sex?’ She would tell me, sex is whereby you sleep with a man using a condom. Sometimes when you break your first virginity you bleed” “I did talk to her about it – I did have sex, it was painful I bleed. She also told me the very same thing that when you start to have sex breaking your virginity you would bleed but not much. You will have pain inside the wound. You will feel like crying ‘why did I do that?’ yes” “I told her maybe 2 months after...’I have broke my virginity’ ‘what if you get pregnant?’ ‘I wont because I did use a condom’ Then after that she told me that when you are about to go to sleep or when you are about to go have sex, use a condom for your own good...in your pocked have 2 condoms just for your safety”
237	Grandma – NO Grandma - YES	Adolescence When pregnant	<i>[comfort when discussing sex; pregnancy/abortion/children; perceptions of teenage pregnancy]</i> “It just didn’t feel right” “Okay, she helped me a lot like I said, she was a social worker so she helped me a lot. She gave me self confidence because I was like, ‘oh I am not going back to school, I can’t go to school like this...’” (she did go back to school)
238	Younger siblings – YES **talking with younger siblings now** Cousins – YES Aunt - YES	**talking with younger siblings now** Adolescence Adolescence	<i>[comfort discussing sex; condoms/contraception/prevention/protection; discussions of abstinence]</i> “I am even starting now with my siblings. So it’s not going to be a problem talking to my son because I am studying it with my siblings that if their mom doesn’t give them that room to talk to them they can always refer to me, talk to me about it” “I took what my cousin told me and say ‘is this true? Can I do this?’ something like that” Aunt (and granny) said she should carry protection in her bags just in case; Aunt said it was never the right time

Sub-Aim 2.2: Did conversations occur with friends/peers? If so, what were these conversations like?

ID# Group 2	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
208	Friends – YES	After the first time	“My friends were like shoo, you did? And then they asked me how it felt, how did I do it, and then I was like it was not nice, I am sore, yeah, we talked like that”
218	<p>Friends/classmates – YES</p> <p>Friends from home (not school) – YES</p> <p>Friends – YES</p>	<p>Before the first time and throughout adolescence</p> <p>After the first time and throughout adolescence</p> <p>When pregnant</p>	<p><i>[condoms/contraception/prevention/protection; pressure; pregnancy/abortion; children]</i></p> <p>“We talked about the first time, like breaking the virginity, all that...we also talk about that [contraception or protection], like going to take a pill at the hospital or maybe injection” (sometimes uncomfortable when young)</p> <p>“Like maybe they say maybe you are a virgin, you don’t know anything, and then they say that you don’t know that, like you don’t know this and that, yeah so it’s not nice, those conversations”</p> <p>“we talked about like maybe the first time, how was it like, what happened, all of that”</p> <p>“Conversations like yeah, why didn’t you use a condom, this and that, were you planning to have a baby, this and that”</p>

ID# Group 2	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
219	Friends – YES Friends - YES	Before first time (age 15) Throughout adolescence When pregnant	<i>[HIV/STIs; condoms/contraception/prevention/protection; pressure; perceptions of teenage sexual activity]</i> “We talked about little things like breaking your virginity, at what age, like just those things...we did talk about protection because at that time I think HIV and AIDS was really popular. So we did talk about protection and we did talk about things like prevention and all that” (very comfortable talking with friends, female friends) “we were influencing each other to break our virginity, lots of things. We didn’t talk about positive things like you should wait until after metric and all of that, no. We didn’t talk about those things, we just talked about having sex, how it feels and all of that” “And I also had an older friend who had finished metric at that time and she talked about how you can keep your boyfriend with sex, things like that...if you don’t give your boyfriend sex then he will run away, those things...I think that was something a lot of people thought because I also thought that at the time” Talked to her friend when she found out she was pregnant, “my friend supported me”
224	Friends – NO Good friend – Yes Friends – YES?	Before first time After first time Throughout adolescence?	Didn’t talk to anyone before first time, didn’t want to “I did break my virgin today then it was...I don’t remember. I don’t remember but I did talk to my friend that I did break my virgin today with some older guy, who knows, that’s it” [so who do you think was the person or group you talked to the most about sex when you were a teenager?] “My friends” **but said many times she didn’t really talk to her friends**
227	Friends – NO		<i>[perceptions of teenage sexual activity; great quotes;]</i> “I don’t know. It’s just in our culture, but you don’t. You just don’t talk about sex. You just don’t. And you just see things on TV or at school maybe, but not with family and friends, mmm no”
233	Friends – YES	Before first time Throughout adolescence	“Then I started having peers at school, high school that were the very same age as me but most of them were like no longer virgins” Then had older friends who influenced her to have sex with older men

ID# Group 2	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
234	Best friend – YES	Before first time (age 16) After first time	<p><i>[pressure; condoms/contraception/prevention/protection]</i></p> <p>“We spoke about it a lot, like we used to say, like when we would have it, and that we weren’t ready, and stuff like that. And then we would always said after we had turned 16”</p> <p>Also talked about being ready/not ready and peer pressure</p> <p>“I don’t think we mentioned it [protection] explicitly, but we knew that one would have to use protection...well at least I did”</p> <p>“I remember saying to her “sex is overrated” and I mean I didn’t enjoy it, I was just like I don’t even know if that even, cause when you look at the definition of intercourse, even just the slightest penetration, yeah, but I said I really had sex that day, not really, because I chickened out, it got in and I was like ‘no’”</p>
235	Best friend – YES Best friend - YES	Adolescence When pregnant	<p><i>[pressure; condoms/contraception/prevention/protection; pregnancy/abortion/ children]</i></p> <p>Did not give good advice, encouraged her to have sex without a condom</p> <p>When pregnant, encouraged her to get an abortion</p> <p>”she never gave me something that will make me relieve my mind or something that will make me feel better or stronger. She was always saying bad things”</p>
237	Friends – YES Friends – NO Friends - YES	Before first time After first time When pregnant	<p><i>[pressure; condoms/contraception/prevention/protection; perceptions of teenage sexual activity; comfort when discussing sex]</i></p> <p>“Because they had already had intercourse so they were like telling me how its like...only spoke about the experience. We spoke about contraceptives, and yeah, mostly spoke about the wedding, the intercourse, the styles and so on”</p> <p>“I think I only told them 3 months down the line after I had done it...because it wasn’t a pleasant experience. Because the way they spoke about it and enjoy themselves. But with me I thought maybe something was wrong because I do know that the first time you had it its that painful so I didn’t talk to them because maybe they think I am stupid, I don’t know, things like that...”</p> <p>Got pregnant after first time having sex – “I did because for me it was very hard, my first experience and then I get pregnant. Yes so we did speak about being pregnant because they didn’t have kids so I was the first one. So they cared”</p>

ID# Group 2	[Code= conversations with friends/peers] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
238	Friends – YES	After first time	<p><i>[comfort discussing sex;</i></p> <p>“I was too scared to tell my friend or my mom or aunt like they were just going to say to me it was never the time or something so I told my friend that I did this. I don’t know, I did this and a waiting to see is this the right thing? Is he going to dump me or we going to carry on the relationship, what is going to happen after? I talked to my friends”</p>

Sub-Aim 2.3: Did conversations occur with romantic/sexual partners? If so, what were these conversations like?

ID# Group 2	[Code= conversations with partner(s)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
208	Partner – NOT REALLY FIRST TIME Partner – YES (after first time) Partner – YES	First time – not really After first time – yes When pregnant	<i>[pregnancy/abortion/children; perceptions of teenage pregnancy]</i> “we didn’t really talk about it, you know? It just kind of happened” (after first time) “Mm, we did talk about. After he would ask did you enjoy it and I was just like..uh..and then he told me not to stress anymore and it would feel better next time” “Mm, he was the one who knew I was pregnant before I did, so yeah...and then once he was there for me and did everything and his family was there so it was much love” (conversations with partner and his family) “And the only thing they told us it was that we made a big mistake cause we were still young, cause at that time I was doing grade 10 and he was doing grade 12 so for him it was very very very wrong” (he finished metric and got a job and stayed, instead of going to university)
218	Partner – YES Partner – YES Partner - YES	First time After the first time When pregnant	<i>[condoms/contraception/prevention/protection; HIV/STIs; pregnancy/abortion/ children]</i> “Yeah we talked about it, like the first time and everything, whether it was going to be painful, and all of that” “We talked about hey it was not safe, we did not use a condom, bad, you can get pregnant or get HIV or all of that” “First baby, that I need to finish school, take care of the baby, and then we need to get jobs and everything, stuff like that”
219	Partner – YES Partner - YES	First time When pregnant	<i>[pregnancy/abortion/children]</i> “Yes we did talk about having sex. At that time we were both virgins so we did talk about having sex, we were both scared” “So for him, he was excited, I don’t know why because we were still young. I was scared, he was excited”
224	Partner – NOT FIRST TIME	Not first time	“No we didn’t it just happened”
227	Partner – YES	First time	“Yes, yes we did...just that the decision to have sex, we were both comfortable with it, were we both want to”

ID# Group 2	[Code= conversations with partner(s)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
233	Partner – YES (boyfriend before she lost her virginity) Partner – YES First sexual partner - YES	Before first time In life First time	<i>[pressure; pregnancy/abortion/children; condoms/contraception/prevention/ protection]</i> An older boyfriend tried to convince her to have sex with him, she said no, he insisted on condoms and she said she was going to get pregnant, she broke up with him Boyfriends would tell her to come over to have sex, if she didn't sleep with him someone else would, she would tell him she wasn't going to do that, etc. “He asked me surely that if I ever had sex before and I told him that no, but he asked me if I would love to try and I said yes I would love to try it but it should be under conditions. He asked me which conditions and I said like you know, we have to use a condom. And then he told me that no, you are not the first chick that I will be breaking the virginity and all that. So he told me that its going to be painful s I must be like scared or anything but if he is being too harsh I must stop him. I think that's the thing that I loved about him because he was too...I don't know, good”
234	Partner – NOT FIRST TIME	Not first time	<i>[alcohol/drugs; condoms/contraception/prevention/protection]</i> “I don't think there was much discussion that had gone into it...it was alcohol...I did say I remember asking if he had protection, yeah”
235	Partner – YES (very one-sided communication though, him telling her what to do)	First time	<i>[pressure]</i> “I had never had sex, I never had any experience with is. He told me to ‘down your panty, down your trouser’ and I was surprised but not like I was scared. Then we slept, then I bleed. I asked, ‘why am I bleeding?’ he was old, he told me that when you broke your virgin you bleed but not much, its just a little. And I told him it was painful, he said ‘no you will get used to it’ So from them on we continued doing it”
237	Partner – YES	Before first time	<i>[discussions of abstinence]</i> “we talked about having sex because we started dating in grade 9 but it wasn't anything serious. So along the years we have been talking about it because both our friends or had already been there and I would say they speak about it a lot but its just that we were both scared at the time so...” “we spoke about waiting and then we spoke like why would we do it but we use a condom and see how it is, okay let's just do it once...and we would take it there if its nice then we will do it”

ID# Group 2	[Code= conversations with partner(s)] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
238	<p>Partner – YES (but she didn't seem to want to have sex when it happened?)</p> <p>Partner – YES</p>	<p>First time</p> <p>After first time</p>	<p><i>[pressure; condoms/contraception/prevention/protection]</i></p> <p>“Yeah, I guess he was telling me about it. He was telling me a lot about it like if we are in this relationship then we need to get to the next level, we need to do something like this. And I would say to him ‘No, the time will come. The time will come, let’s just give our relationship some time. Let me know you, you get to know me before we do some stuff.’”</p> <p>Talked about using condoms when they were going to have sex</p> <p>“Then there was a time when I guess it was the ti so we did it and then we did talk about it</p>

Sub-Aim 2.4: What was the extent of discussion about sexual behavior in Life Orientation in school?

ID# Group 2	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
208	Life Orientation/school – YES	Grade 7		<p><i>[HIV/STIs; condoms/contraception/prevention/protection; comfort when discussing sex; pregnancy/abortion/children]</i></p> <p>“So they told us if you did this, you will get this. If you have this, you are going to get this. This is when they demonstrated everything about condoms and what not and what is...they taught us about if you have sex without condoms you will get pregnant or catch STIs. Getting pregnant and stuff, mhm”</p> <p>(boys and girls taught together)</p> <p>(comfortable and exciting, discussion, asking questions happened because everyone wanted to know)</p>
218	Life Orientation – YES		Public	<p><i>[condoms/contraception/prevention/protection]</i></p> <p>“They talk about it like you must use condoms, you must finish school first, like maybe, usually eh, life orientation classes, they used to talk about it”</p> <p>“we were thinking yeah, that’s what we were going to do”</p> <p>(boys and girls given info together)</p>
219	Life Orientation – YES	Age 16		<p><i>[condoms/contraception/prevention/protection; HIV/STIs]</i></p> <p>“Yes it was talked about because we had a Life Orientation subject so we did talk about sex. But at that time, teachers, you know teachers they don’t influence you to have sex. But then they do talk about protection yes”</p> <p>“well they told me about sexually just the diseases – most of the time I think we talked about that because the teacher wanted to scare us. She showed us some pictures of what the STIs can do to you”</p> <p>(comfortable because peers were there, discussion, boys and girls were in the room together)</p>
224	Life Orientation – YES			<p><i>[condoms/contraception/prevention/protection;]</i></p> <p>“they tell us the types of condoms we are to use like the male condom and the female condom so that we can protect ourselves...no they were always telling us about condoms, when we have sex we need to use condoms”</p> <p>(was comfortable, boys and girls in same room, someone from outside the school teaching the class)</p>

ID# Group 2	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
227	Life Orientation – YES	Grade 8 (high school)	All-girls public school	<i>[condoms/contraception/prevention/protection; HIV/STIs; comfort when discussing sex]</i> “How to protect yourself, how to keep yourself clean, your partner, HIV/STIs, such things” (uncomfortable because she is super shy)
233	Life Orientation – NO (had L.O., but sex not talked about)		Public school	“Yes we did but not that deeply. They used to teach us that when you grow up and start having hair under your arms, on your private part and all that. They used to teach us about menstruation but not going deeply as telling us that these are the risks of getting your menstruation or something...no they didn't. They just taught us about basic things” (boys and girls taught together)
234	Life Orientation – YES Boarding school nurse (at school)	Remember HIV talks as early as grade 6	Private boarding school (all girls) starting grade 10	<i>[condoms/contraception/prevention/protection; HIV/STIs; comfort when discussing sex]</i> “To use protection...the risks, other than just HIV “And we had a sister at school there, shes actually 1 person who I used to talk to a lot...she was very, she was older than us, but she found a way to relate to us in a way that we all felt comfortable talking to her. She would organize our gyno visits without our parents knowing, get us on the pill” Sister for your medication and birth control and stuff...”she did it with like everybody. She made it comfortable for anybody to talk to her:
235	Love Life – YES Life Orientation – not mentioned	Grade 8 (14 years old)		“They will advise us on how to do sex, when you are on period you don't go to sex because you will fall pregnant. When you are on a condom, how to use pads and when without periods, how to use a condom, don't allow a girl to sleep with you without a condom” (lecture, boys and girls together)

ID# Group 2	[Code=Life Orientation/school] Received in school? Y/N	If Yes, at what age/grade?	Type of school attended (public/private/prep)	[code name] content of conversations OR why no conversations occurred
237	<p>Always and Kotex people- YES Department of Health – YES</p> <p>Life Orientation – not mentioned</p>			<p><i>[perceptions of teenage sexual activity; HIV/STIs; condoms/contraception/prevention/protection]</i></p> <p>“They would come and speak to us...just to tell us about contraceptives and this period...we would do classes about sex”</p> <p>“They didn’t going into detail about sex. It was just like...I would say it was like chop and chop, taking the cream of the cake...they would be like ‘but don’t have sex!’</p> <p>[okay. Did they talk about protection? Did they talk about STIs?]</p> <p>“Yes both of those”</p> <p>“They were more cultural and believed that telling a child about sex is like leading them to start having sex. So it wasn’t like a discussion, they would lecture us, this is what happens, if you have sex you get pregnant”</p> <p>*”My teachers were very supportive...even after I had my child I think I only stayed one month at home and then my teachers would come by, give me homework, give me assignments and so as I said, they were very supportive”</p>
238	<p>People from clinics coming to school – YES</p> <p>Life Orientation – not mentioned</p> <p>**thoughts about ed. in schools**</p>			<p><i>[condoms/contraception/prevention/protection; HIV/STIs]</i></p> <p>“A lot! They used to teach us about prevention, teach us about condom, STDs, AIDS, HIV and they will talk about sexual activities; different male, female, rape and all that. So sexual intercourse and sexual activities was something we were taught about”</p> <p><i>[perceptions of teenage pregnancy; great quotes]</i></p> <p>“They need people going there your schools and stuff educating them about teenage pregnancies, sexual activities at a young age because they need to sort of develop into a better way of getting a lot of crud from teenage mummies which they end up unemployed; no education, drop out of school, they don’t know what to do then they depend on people then they have another kid...that’s not the life so it’s either we get them educated that even if you get in that situation, you know you are not the only one you can survive, you can care for the child”</p>

Sub-Aim 2.5: Did conversations occur with other community members or individuals not previously mentioned? If so, what were these conversations like?

ID# Group 2	[Code= outside sources of information] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
208	Church – NO		“Well in church you can’t really talk about that, you can’t really talk about sex cause everyone in church is holy holy, so you just cant”
218	None mentioned		
219	Church – NO (the priest) Clinic – NO		<i>[perceptions of teenage sexual activity; pregnancy/abortion/children]</i> “At church, they always preach sex before marriage is a sin. So if you were doing it, you don’t feel comfortable talking to them about it because they will discourage you, they will judge you.” “And even the congregation, when you talk to like...when you go to church we have close people that you talk to, they will make you feel uncomfortable because even they will preach at the very same thing that the preacher is preaching but then you find out that the person becomes pregnant. So you ask yourself, like how do people preach this and then act like this”
224	Church – NO Clinic – YES Internet, TV, Movies, Magazines - NO	Age 16/17 when she went to prevent	“Because they never raised the topic” When she went to prevent (get the injection), but said she didn’t talk to anyone at the clinic about sex
227	Clinic – NO Church – NO Any other sources - NO		“We don’t talk about sex...I don’t know, we just stick to the youth group about church, not about everyday life you know”
233	Clinic – YES Internet, TV, movies, magazines – NO	Age 17, and when pregnant	<i>[HIV/STIs]</i> When into the clinic for STI testing

ID# Group 2	[Code= outside sources of information] Y = who? Or N	If Yes, when? In what setting?	[code name] content of conversations OR why no conversations occurred
234	Sister (nurse at boarding school) – YES **included in Life Orientation/school analysis section** Movies – YES	Porn	“Being in a girls school some porn would always surface so that was one way. Friends intimates as well”
235	Church – NO TV, Internet, movies - NO		<i>[perceptions of teenage sexual activity]</i> “In our church, you have too much rules. You don’t talk about sex without married. You talk about sex when you are married”
237	Clinic – YES TV – YES Movies – YES Church – NO		<i>[condoms/contraception/prevention/protection]</i> “We would go to schools and also the clinic to get condoms” “We would watch TV after hours” “At church, only went there to pray, sing, and that was it”
238	Clinic – NO		Talks about the clinic being a good place to go for services and information, but said she never went there herself, wishes she had gone

Aim 3: Explore how adolescent/young adult behavior is influenced by conversations about sex and sexual behavior.

GROUP 1

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change <i>[code=influence of conversations on decisions]</i>	<i>Intersecting codes</i>
100	<p>Sisters - YES</p> <p>Life Orientation – YES</p> <p>Friends – NOT AS MUCH (pressure)</p> <p>Friends who had kids at an early age – YES</p> <p>BIGGEST INFLUENCE – MYSELF</p>	<p>“They mostly advised me on the abstinence because of what they went through growing up, because they are older and I am the last one in the family, so it was more advising me, if I feel I’m pressured into something I’m not ready for, I should talk to them, or even better I should decide to abstain from anything”;</p> <p>“well they influence me a lot because I was able to make informed decisions, I think its, if I’m ready, it should be my decision and not someone else’s”</p> <p>“Also them having kids at a very young age, so it was like advising me to, if I choose to engage in sexual activity, I should be mostly informed about it, whether it is condoms, talking about it with my partner, and making sure it was the right person, yes”</p> <p>“I think they helped me decide to use contraceptives, whether I am active or not, because you can never know what might happen to you. Like rape, other things maybe, get drugged or something, yes”</p> <p>[if your friends discussed their sexual experienced, did that affect you?] “Mmm, I don’t think that affected me that much, yes, I don’t think it had much of an effect on me...I don’t know because we are all different, and we all had our own reasons for, like, doing stuff that we did, so yeah, our differences maybe”</p> <p>[how did conversations with people, or what did they say in those conversations, make you able to prevent pregnancy while you were still having sex?] “Well some of my friends, I think it was conversations with my friends mostly, because some of them had kids at a very young age. So it was mostly their advice that made me think twice about getting myself in such situations, yes”</p> <p>“Well I think I’m a very private woman so my decisions really help me out because I will take information from people and then think about it clearly and then view where, point where I am at in my life, and then make a decision to go ahead or not”</p>	<p><i>Conversations with family members (not mother);</i></p> <p><i>Discussions of abstinence;</i></p> <p><i>Pressure;</i></p> <p><i>Perception of adolescent sexual activity;</i></p> <p><i>Condoms/Contraception/Prevention/Protection;</i></p> <p><i>Pregnancy/Abortion/Children;</i></p> <p><i>Life Orientation</i></p> <p><i>Condoms/contraception/prevention/protection;</i></p> <p><i>Alcohol/drugs</i></p> <p><i>Conversations with friends/peers;</i></p> <p><i>Pressure;</i></p> <p><i>Conversations with friends/peers;</i></p> <p><i>Pregnancy/abortion/children;</i></p> <p><i>Reasons/Methods for preventing pregnancy;</i></p> <p><i>Great quotes;</i></p>

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change <i>[code=influence of conversations on decisions]</i>	<i>Intersecting codes</i>
101	<p>Aunt – YES</p> <p>Friends – KIND OF (on pregnancy prevention)</p> <p>BIGGEST INFLUENCE-FRIENDS</p>	<p>“Well I think they made me open my eyes at the time, cause I had seem most of the people in high school, they hadn’t finished metric if they had got pregnant and stuff, so all I wanted to do was finish high school, to support my brother”</p> <p>“Hm, well people just to, my friends used to tell me that, they were preventing and stuff, but sometimes the pill wont accommodate your body the way everyone does, sometimes you gain weight, sometimes you have pimples, and others. I’ll be worried about those, if I prevent, I might lose my body shape, stuff like that. So I was like no” [so what did you do instead of that while you were having sex to make sure you didn’t get pregnant?] “I used condoms”</p> <p>“Uhm well most of my friends were older than me, 2 year maybe or a year. I mean, they experienced those things before I even started, before I even thought of doing those things. If you aren’t having sex with your partner, it means that your partner is having sex with someone else and not you, so you should just do it, they would say. It is nice, just try it, it’s not painful, yo, they would just give me that.” [so you think they influenced you to have sex?] “yes because I used to have some friend...at that time I was still afraid to have sex, I moved out of home, next thing she tells me she slept with my boyfriend when I was not around, I was not around, I was in the other province visiting. She told me no, she was tempted, the boyfriend said I’m not having sex with him I decided to wait until marriage and stuff and they both just did it, you know. And then it gave me too much pressure, I felt like I am going to lose a boyfriend because I don’t want to sleep with him. A lot of pressure”</p>	<p><i>Conversations with family members (not mother)</i> <i>Reasons/methods for preventing pregnancy;</i> <i>Pregnancy/abortion/children;</i></p> <p><i>Conversation with friends/peers</i> <i>Reasons/methods for preventing pregnancy;</i> <i>Condoms/contraception/prevention/protection;</i></p> <p><i>Conversations with friends/peers;</i> <i>Pressure;</i></p>
103	<p>Mother – YES, BIGGEST INFLUENCE</p>	<p>“Yes yes oh yes, they played a very huge role. Because I learned not to fall pregnant at an early stage, and diseases, I never had those diseases, like vaginal diseases or whatever.” [Did you use protection because your mom talked about it so much?] “Yes, at school too. At school we learned about using protection too” [what specifically are the points you remember that played a role in the types of decisions you made?] “Uhm, about her telling me that I had to wait for the right age, until I had sex. And for her advising me to use protection. And for her advising me to use protection. Yes that played a very big role” Acknowledged that there was open communication between her and her mom</p>	<p><i>Condoms/Contraception/Prevention/Protection;</i> <i>Pregnancy/Abortion/Children;</i> <i>Discussions of abstinence;</i> <i>Reason/Methods for preventing pregnancy;</i> <i>Comfort when discussing sex</i></p>

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change <i>[code=influence of conversations on decisions]</i>	<i>Intersecting codes</i>
104	<p>Friends – YES</p> <p>People who are pregnant/ have children</p> <p>BIGGEST INFLUENCE- PARTNER</p>	<p>“Uhm, okay because, sex is very emotional, especially as a woman, you know, because we think about love before we think of it as just being naked. It is with one person who you consider special to you, and when you talk to your friends and you find that they feel the same way, you feel better that they think the same</p> <p>“Uhm okay well when you speak to people who have had children at the time, who were pregnant uhm, its all about being ready. Because from there, that is where you can judge whether you are ready to have a baby and do that, then you just know if you should wait. Yeah”</p> <p>“Uhm I think because we were both doing it together, so it came from knowing what we both wanted, as partners and yeah. Because we knew what we were going to do and not do”</p>	<p><i>Conversations with friends;</i></p> <p><i>Pregnancy/Abortion/Children</i></p> <p><i>Conversations with partner(s)</i></p>
105	<p>Family – Not talking with family made her not get pregnant</p> <p>BIGGEST INFLUENCE- MYSELF</p>	<p>“Especially not talking with my family about sex, that’s how I kept preventing to not get pregnant. It keeps me just strong and going, and for giving me worries, and to use protection, and all of that”</p> <p>“I hardly talk about sex with people, so that means I’ve always made my own decisions. We talk with friends, yes, but not so intimately, maybe they’ll be asking me or telling me, friend I did this, or this or this happened, but I’m not that person that be so open and tell you everything”</p>	<p><i>Pregnancy/abortion/children;</i> <i>Reasons/Methods for preventing pregnancy;</i></p> <p><i>Conversations with friends/peers;</i> <i>Pressure;</i></p>

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change <i>[code=influence of conversations on decisions]</i>	<i>Intersecting codes</i>
109	<p>MOM AND BROTHER – YES</p> <p><i>Teen Mom/ 16 and Pregnant – YES</i></p> <p>BIGGEST INFLUENCE-MOTHER</p>	<p>“Yeah, definitely. I think it is probably something I want to do when I have kids. I want to keep the communication open and tell them because I think when you don’t tell them we get easily taught, if I can put it that way, by friends and what they think is right and end up making stupid decisions. Yeah, so I think it helped a lot” [what specifically do you think helped you make certain decisions about what you talked about?]</p> <p>“For me, I mean I come from my Catholic family and I know you’re not supposed to be having sex before marriage but I think my mom kind of taught me more than anything you need to respect your body, you need to respect your body. So certain things for me like one night stands and stuff like that it wasn’t...I did not see it as respecting my body so it wasn’t something I’d ever considered to do because that is what I was taught”</p> <p>“Listen, I wanted Teen Mom and no one understood why I watched <i>Teen Mom</i>...I watched <i>Pregnant at 16 [16 and Pregnant]</i> and was like “Hell no!” At school I watched it and now I am 24. Everyone still complains like, “why do you still watch it?” – and I am like you guys don’t understand. That was like the best birth control...After watching it I was like there is no way, no way I am going to go through what those girls go through. I was so shocked at how things turned out so <i>Teen Mom</i> and <i>Pregnant at 16</i>, they helped me</p> <p>“I mean basically she didn’t, she put everything out there in the open for me but in a way she would kind of manipulate me to change my mind. But after that people have sex, people do this but you must understand when you have sex you get risk of HIV, pregnancy and I mean when you give, you are giving a part of yourself to someone else so you just don’t want to give that to just anyone, you’re just giving them, giving them all these things and you’re just getting nothing in return because you are just going to mess up your life you know”</p> <p>“And I think one of the things growing up in a single-parent household you find that girls sometimes feel like they need to overcompensate because they’ve never had a father figure in their life so they start doing crazy things and hooking up with random boys and so forth. So I think she kind of like instilled in me like just because you never had a daddy doesn’t mean you need to compromise, you know who you are”</p>	<p><i>Conversations with mother;</i> <i>Conversations with family members (not mother);</i> <i>Pregnancy/abortion/children;</i> <i>Great quotes;</i> <i>Perceptions of teenage sexual activity;</i></p> <p><i>Outside sources of information;</i> <i>Pregnancy/abortion/children;</i> <i>Perceptions of teenage pregnancy;</i> <i>Reasons/methods for preventing pregnancy;</i></p> <p><i>Pregnancy/Abortion/Children;</i> <i>HIV/STIs;</i> <i>Conversations with mother;</i> <i>Great quotes;</i></p>

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change <i>[code=influence of conversations on decisions]</i>	<i>Intersecting codes</i>
114	BIGGEST INFLUENCE-SCHOOL Pastor at church - Yes	<p>“Uhm they taught us everything about sex. They taught us about, uhm, all those menstruation, they even took us into the cycle of menstruation, yeah they told us all about the STDs that you can get and everything so all the information that I never had outside before I had it at school”</p> <p>“...at church, my pastor is a very strict pastor. Uh, he also talks about the sex thing, he also talks about relationship, boy and girlfriend stuff. So maybe that’s why I’m so strictly with one partner, because of the preachings of my pastor. Yes he played a role also when it comes to this”</p>	<p><i>Life Orientation/school;</i> <i>HIV/STIs;</i></p> <p><i>Outside sources of information;</i> <i>Reasons/methods for preventing pregnancy;</i> <i>Pressure;</i></p>
117	School – NOT MUCH BIGGEST INFLUENCE-FRIENDS	<p>“We didn’t really talk about pregnancy actually. Only at school, that we should use condoms and all that to protect ourselves from HIV or pregnancy and stuff like that. And things about your injections” [okay and how do you think these conversations at school influenced the decisions you made about sex?] “Not much because we didn’t really talk about it as much in detail. So if we did maybe it maybe would have impacted enough” [So you think if you at school, if they went into more details, you might not have been pregnant so early, Is that correct?] “Yes that is correct”</p> <p>“Uh, as I was a late bloomer they always talked about it saying how late I am, I should try it am, yeah like pressure, peer pressure...they said that they had already done it, what was I waiting for, and you didn’t love a guy if you don’t sleep with him, stuff like that”</p>	<p><i>Life Orientation/school;</i> <i>Condoms/contraception/prevention/protection;</i> <i>Pregnancy/abortion/children;</i> <i>Great quotes;</i> <i>HIV/STIs</i></p> <p><i>Conversations with friends/peers;</i> <i>Pressure</i></p>
118	BIGGEST INFLUENCE – SISTER IN LIMPOPO	<p>“I think it was my sister in Limpopo – she said we could try because by that time she had started having sex and she started introducing me to the birth control pills”</p>	<p><i>Conversations with family members (not mother);</i> <i>Pressure;</i> <i>Condoms/contraception/prevention/protection;</i></p>
119	BIGGEST INFLUENCE-MYSELF	<p>“I went out there looking for information without anyone telling me to look for information. As I said I was not really ignorant about such issues. So I have learned to just get to that information by myself. I didn’t really have someone to say ‘Get me information about this’ that what was the reason. It was just on me; I was curious about everything about sex. I wanted to know. Every day you learn you know, every day you learn. So I would say even today that things that I still don’t know about sex but I am learning”</p>	<p><i>Outside sources of information;</i> <i>Great quotes;</i> <i>Reasons/methods for preventing pregnancy;</i></p>

GROUP 2

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change [code=influence of conversations on decisions]	Intersecting codes
208	Aunt – NO BIGGEST INFLUENCE-MYSELF	<p>“It really had nothing to do about her, because every time I spoke to her, at the end of the day, its up to me to choose, so yeah”...”she taught me to use protection”</p> <p>“Cause even you know, even if someone could tell you everything but at the end of the day it is up to you, if you wanna do it, if you feel like doing it, if you wanna know, then if you wanna take it to the extreme, you will do it”</p>	<p><i>Conversations with family members (not mother);</i> <i>Condoms/contraception/prevention/protection;</i></p>
218	Friends/Classmates – YES	<p>“Like maybe, they say maybe you are a virgin, you don’t know anything, and then they say that you don’t know that, like you don’t know this and that, yeah so it’s not nice, those conversations”</p> <p>“You know when you are friends with people, you know people who do those things and that, like peer pressure, those things, so they do pressurize, yes”</p>	<p><i>Conversations with friends/peers;</i> <i>Pressure;</i></p>
219	<p>Teachers in LO DON’T influence you to have sex</p> <p>Biggest influence NOW – son (first she said herself, then her son)</p> <p>BIGGEST INFLUENCE - FRIEND</p>	<p>“Yes it was talked about because we had a Life Orientation subject so we did talk about sex. But at that time, teachers, you know teachers they don’t influence you to have sex. But then they do talk about protection, yes”</p> <p>“Yes, because after I gave birth to my son, things were different because now I am living for him, I don’t want to make mistakes. And I want him to grow up...I want him to feel the love. I don’t want to have another child when he is still very young because I want him to feel the love that I have for him. I want to be able to provide for him because bringing another child; I wouldn’t be able to focus on just him so I want to just focus on him”</p> <p>[And before you got pregnant, who do you think had the most influence on you having sex before you got pregnant?]</p> <p>“It was my friend, the older one...because she kept on telling me that if you don’t have sex, you will lose your boyfriend and I believed her...she’s not my friend anymore”</p>	<p><i>Life Orientation/School;</i> <i>Condoms/contraception/prevention/protection;</i></p> <p><i>Pregnancy/abortion/children;</i> <i>Reasons/methods for preventing pregnancy;</i></p> <p><i>Conversations with friends/peers;</i> <i>Pressure;</i></p>

ID#	Who influenced your sexual decision-making?	Content of conversations that influenced change [code=influence of conversations on decisions]	Intersecting codes
235	<p>BIGGEST INFLUENCE – BEST FRIEND</p> <p>BIGGEST INFLUENCE – COUSIN</p>	<p>““She was, while I was pregnant, you are pregnant, you will be stuck, as we are going forward you will be going back. Why can’t you do the abortion? I would say no but you got the pros and blah blah. She never gave me something that will make me relieve my mind or something that will make me feel better or stronger. She was always saying bad things,</p> <p>“She was giving me good advice...telling me how to use a condom and when I was pregnant, she was there for me. Yeah, she never left me and she didn’t blame me for being pregnant. She played the best role in my life”</p>	<p><i>Conversations with friends/peers</i></p> <p><i>Conversations of friends/peers; Pregnancy/abortion/children; Condoms/contraception/prevention/ protection;</i></p>
237	<p>BIGGEST INFLUENCE – PARTNER</p> <p>Self – YES</p>	<p>“Well because along the years I have been speaking to my friends about having sex and things like that but when he then said ‘Okay beeps, let’s try it’ I can say that I took into it straightforward...and then I agreed” [Okay. So you think that him wanting to have sex was what made you have sex?] “Yeah”</p> <p>“Okay, what normally happens is it doesn’t matter if you have people telling you about sex or telling you not to have sex or protection. But at the end of the day, the decision should lie with you. It should not be influenced by your partner or your friends, it should just be what you want. Are you ready for this? And if you get into it, there is consequences that can come.”</p>	<p><i>Conversations with partner(s); Pressure;</i></p> <p><i>Perceptions of teenage sexual activity; Pressure; Great quotes;</i></p>

Appendix D - Data Analysis Summary Sheets

Aim 1: Document conversations about sex and sexual behavior occurring between adolescents/young adults and their primary caregivers.

Sub-aim 1.1: Did conversations occur before participants' sexual debut? If yes, identify who specifically the conversations occurred with, and at what age/what milestones/timelines. If no, seek to understand why the conversations did not occur.

GROUP 1

** good quotes to use in section referenced by ID number in parentheses**

Conversations with caregiver?	Frequency	Topics	Reasons for lack of conversation
NO – Parents	I		Parents strict
NO - father	II		“no father is approachable”; Wasn't comfortable talking with dad
YES – Aunt	I	“boys give you babies”, use BC	
YES - mom	III	(103) sex using protection, diseases, sexual intercourse and pregnancy, pregnancy should be planned for, use protection if she doesn't want a baby; (109) mother worked at a fertility clinic, very open to talking about sex and the birds and the bees, “my mother did that purposefully so that I would be informed”; Talked about menstruation with mom and “if you sleep with a guy you will get pregnant” but didn't go deep into sex	
NO – grandparents	I		(104) forbidden to talk to elders about sex in Black culture, if you mention it they think you are doing it, if they say anything they are promoting it, don't talk to elders about sex/drugs/alcohol
NO – mother	III		(105) Wishes she had talked to mother; Parents were “old-fashioned”, didn't talk about that stuff/would change the channel on TV if things like that came on TV; Not a good relationship with mother (alcohol issues with mom);
YES – grandmother	II	(117) Only talked to grandmother after she became pregnant, “well eventually it will happen that we will all have sex”; (119) very open with her grandma, talked with her about losing her virginity, “eventually I allowed her to be my friend and she allowed me to talk about it comfortably”, just talked in general	

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

Conversations with caregiver?	Frequency	Topics	Reasons for lack of conversation
NO- Parents	II		“because parents can’t say anything to you because they don’t want you to start and then they don’t know what to say really”, thought that if she asked they might have answered;
KIND OF – grandfather	I	Grandfather talked to her about menstruation, said if she had sex she might get pregnant	
YES – Aunt (lived with aunt)	I	Aunt explained to her that sex would be painful, gave other information, talked to her about the female condom, was comfortable talking to aunt;	
NO – mom	IIII		“My mom was never really one to talk about sex, not that she thinks its taboo or anything, she just didn’t really think that I was there or thinking that”; Wishes her mother had talked to her – “Because maybe if I did talk to my mother she would probably give me good advice. Maybe I wouldn’t be pregnant by now raising a child as a single mom”, would have wanted to know “how to play it safe, how to use a condom” etc.; (237) Mom was too strict, to talk about it would mean she was doing it and she was too scared to talk about that
NO – Grandparents	I		Uncomfortable talking to grandparents because they were old
NO – anyone	I		Unsure if conversations with anyone would have been helpful;
NO – grandmother	I		“It’s just in our culture, but you don’t. You just don’t. ..but not with family or friends”;
NO – Uncles	I		
YES – mother	II	Conversation occurred when she got her period, mother just said she was a “big girl” and couldn’t play with boys, didn’t explain what as happening though, didn’t communicate to her father about her getting her period, “If I get into sexual intercourse I would fall pregnant”; Discussions of abstinence with mom, “the time will come, concentrate on your studies”, mother would lecture her on sex	
YES – granny	I	“my granny and I used to talk more about sexual activities”	

Sub-aim 1.2: What was the content of conversations between participant and caregiver(s) at any point during adolescence after sexual debut?

GROUP 1

**** good quotes to use in section referenced by ID number in parentheses****

Conversations with caregiver AFTER DEBUT?	Frequency	When/what setting	Topics	Reasons for lack of conversation
YES – Parents	I	About abortion	Parents advised her against getting an abortion because of religious beliefs;	
YES – aunt (lived with aunt)	I	Adolescence	Talked about same topics as before debut – told her everything, use a condom but you can still get pregnant if it breaks, BC pills, EC;	
YES – mother	II	When pregnant adolescence	Discussion with mom when things happened in terms of pregnancy (baby moving, unusual feeling, experience of giving birth); Came from a Catholic family but mom taught her that it is most important to respect your body, she gets better advice from her mom than her friends	
NO - parents	III			Participant thought if she had tried to have a more sex-oriented conversation, her mom would have stormed out of the room, father was too strict; Would have liked to talk to Aunt instead of parents; Bad relationship with mother in adolescence
YES – granny	I	When pregnant Adolescence, espec when lost virginity	Started with granny shouting when she told her she was pregnant, asking why didn't she use a condom/prevention (even though they had not talked about it before); Was awkward when she first told her grandma she lost her virginity, but then she began asking questions and their conversations were very open and comfortable	(117) Wishes parents/grandparents would talk to their kids more

Conversations with caregiver AFTER DEBUT?	Frequency	When/what setting	Topics	Reasons for lack of conversation
NO – grandma	I I	When baby was born adolescence		Didn't talk to her grandma when she had her baby even though she lived with her; Too uncomfortable to talk to grandma about sex, but wishes she could have talked to grandma
NO – uncles	I			Didn't talk to uncles (she lived with her uncles)
YES – father	II	Menstruation When pregnant	Talked mostly about menstruation with father; Dad was disappointed, but then said its fine there is nothing we can do about it now;	(233) but wants more conversation from fathers to daughters and sons **use quote here**

Aim 2: Describe content of conversations about sex and sexual behavior that occurred between adolescents/young adults and family members, peers, sexual partners, and in school and other settings.

Sub-Aim 2.1: Did conversations occur with family members other than immediate caregivers? If so, what were these conversations like?

GROUP 1

** good quotes to use in section referenced by ID number in parentheses**

Conversations with family members (other than immediate caregivers)?	Frequency	When/in what setting?	Content of conversations
Sisters – YES	I I	Before sexual debut, through adolescence Age 16 After participant’s first time	Advised on abstinence, if she chose to have sex, should use condoms, talk with partner, make sure it was the right person; Sister talked about birth control pills, encouraged her to take birth control pills, talked about her sex life Told her sister about her first time, said it was not pleasant
Younger sister - YES	I	Talks to her now	Talks to her younger sister now so that she has the information that she didn’t have
Participant’s step daughter – YES	I	Talks to step daughter now	Talks to step-daughter now, wants to be open, she can come and talk about lots of stuff (100)“whatever decision she feels she should make sexually, I have created a relationship where she should be open and come and talk to me about, and she needs to be sure about the guy she wants to break her virginity to”
Family members other than caregiver – NO	III		No discussion with family members other than caregivers
Cousin – YES	I III	After the first time Throughout adolescence	Talked about the whole experience, how it was, how it felt; Conversations with female cousins about condoms and birth control and everything, comfortable talking about sex with cousins; Have a very wild cousin, other cousins talk about how she sleeps around and has many boyfriends but won’t get pregnant, when participant got pregnant she took it as her responsibility to make sure that cousin didn’t get pregnant too; Talked about everything with her cousins
Brother	I	Conversations with mom and brother	Conversations with mom and brother (lived with both);
Auntie	I	Menstruation	Auntie talked about menstruation (mom asked her to), would have rather talked to aunt about all sex things
Participant’s daughter	I	Plans to talk in future	Plans to talk to her in the future when she is 13, will talk to her about preventing, take her to the clinic, will give her the information she didn’t get from her parents, will want to be open

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

Conversations with family members (other than immediate caregivers)?	Frequency	When/in what setting?	Content of conversations
Cousins – YES	II III	Before first time Adolescence	Older cousin talked about her experiences, made sex sound intriguing; Older cousin would come home from drinking/sleeping with boyfriend and talk about having sex Talked about experiences overall; Talked to cousins after first time about having one partner and using a condom; “just the fun stuff”; Cousin talked about sex, participant asked if things were true or not
Participant’s sons – YES	I	Will talk in future	Plans to talk to her sons sooner than she was talked to, plans to talk when first one turns 12
Sisters – YES	II II	Adolescence After the first time	Sisters would tell her not to have sex, you are still young, would tell her to use condoms and go to a clinic; Talked about the first time having sex, told her sister it wasn’t nice and they told her about the risk of using a condom, cant use the same condom twice, told her about scams when guys say they are using a condom in the dark and then don’t use one; Told sister 2 months after first time, sister was mad but then talked about using condoms, keeping some in her pocket to be safe
Younger sister – YES	III	Talks to her now	Talks to younger sister now...”she likes saying I am her role model and all of that. I do tell her that okay fine I am your role model but you really shouldn’t follow my footsteps”; Tells her younger sister she should wait, talks to her because her mom didn’t talk to her; Talking to younger siblings about now getting into same situation
Cousins – NO	I	Before first time	Didn’t want to talk to cousins before the first time;
Niece and nephew – YES	I	Talks to them now	Talk to niece and nephew now, encourages them to ask questions because she doesn’t want them falling into the same trap she fell into
Brother – YES	I	When pregnant	Brother asked what she decided, how she was going to handle it, about finances, etc. when she told him she was pregnant
Aunt – YES	I I	When pregnant Adolescence	Called aunt when she was pregnant to ask for a loan for an abortion said no and forced her to talk to her mom; Aunt said she should carry protection in her bags in case, said it was never the right time to have sex
Grandma – NO	I	Adolescence	“it just didn’t feel right”
Grandma – YES	I	When pregnant	Grandma helped with self confidence, taking care of baby, encouraging her to go back to school

Sub-Aim 2.2: Did conversations occur with friends/peers? If so, what were these conversations like?

GROUP 1

**** good quotes to use in section referenced by ID number in parentheses****

Conversations with friends/peers?	Frequenc y	When/in what setting?	Content of conversations
Friends/Peers – YES	I	School/Life Orientation	“mostly involved peer pressure, most people are pressured into doing things they aren’t ready for”
Friends/Peers - YES	IIII	After the first time	About the experience, everything involved, emotions; Called friend after first time, talking about being in pain, said first time would be painful and it would be better after ; Told her friend she broke her virginity, told her everything that happened; Told best friends that it finally happened, friends were older and talked about the experience; Girls you talk to about the first experience and tell about it
Friends/Peers – YES	III	Throughout Adolescence	(100) “Yes we advised each other that it is best to use condoms because we were still at school, and we all had goals and we would uhm, motivate each other to pursue our dreams and not let anything like sex influence the decisions we want to make in the future”; Pressured into doing things that they weren’t ready for because of the people they were dating at the time; “If you aren’t having sex with your partner, it means that your partner is having sex with someone else and not you, so you should just do it, they would say. It is nice, just try it, it’s not painful”; Sex is emotional espec. as a woman, so talking with friends made you feel better that others felt the same way as you; Talk about the experience and how was your partner;
Friends/Peers – YES	III	Before debut	Talked about disadvantages of having sex in high school, you can get infections or pregnant while still in school; Pressure; Learning from older peers what it would be like the first time, learning about condoms; Sex in general, boyfriends, girlfriends, prevention pills; Late bloomer – friends would talk about what they were doing, but sometimes it was confusing, they would pressure her and say “why haven’t you done it, what are you waiting for”
Classmate who was sexually active – YES	I	In high school	Classmate who was sexually active and talked about sex made the participant not want to be like her
Friends – NO	II	After first time	DID NOT TALK TO ANY FRIENDS AFTER THE FIRST TIME – happened for “all the wrong reasons”; Participant is private and didn’t want to talk about her problems with people

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

Conversations with friends/peers?	Frequenc y	When/in what setting?	Content of conversations
Friends – YES	III	After first time	Told her friends she did it, they asked how it felt, told them it was sore; Told her friend she broke her virginity with an older guy; Too scared to tell her mom or aunt, so she told her friends Told her best friend that sex was overrated, she didn't enjoy it
Best friend – YES	I	After first time	
Friends/classmates – YES	III	Before first time	Talked about first time, breaking the virginity, people say if you are a virgin you don't know anything and they tell you that you don't know this and that, "so it's not nice, those conversations"; Talked about breaking virginity, protection, HIV/AIDS (because they were popular topics); (219) we were influencing each other to break our virginity, encouraging each other to have sex, didn't talk about positive things; Friends at school who were not virgins; Talked about sex in general
Best friend – YES	I	Before first time	Talked about it a lot, said they weren't ready, not ready for peer pressure, didn't talk about protection explicitly
Friends from home/the neighborhood (not school) – YES	I	After first time	Talked about first time, how it was, what happened
Friends – YES	II	When pregnant	Conversations about why you didn't use a condom, were you planning to have a baby, etc.;
Best friend – YES	I	When pregnant	Talked to her friends about being pregnant, was the first one of her friends to be pregnant Her best friend didn't give good advice, encouraged her to get an abortion, wasn't supportive
Friends – YES	III	Throughout adolescence	Older friend talked about if you don't have sex with your boyfriend he will run away and have sex with someone else; Friends influenced her a lot;
Best friend – YES	I	Throughout adolescence	Older friends who influenced her to have sex with older men Didn't give good advice, encouraged her to have sex without a condom
Friends – NO	II	Before first time	Didn't talk to anyone before first time, didn't want to; "You just don't [talk about sex]...not with family and friends"
Friends – NO	I	After first time	Told friends 3 months after first time happened because it was not a pleasant experience, thought something was wrong because she was so unhappy with the experience, thought something was wrong with her

Sub-Aim 2.3: Did conversations occur with romantic/sexual partners? If so, what were these conversations like?

GROUP 1

**** good quotes to use in section referenced by ID number in parentheses****

Conversations with partner(s)?	Frequenc y	When/in what setting?	Content of conversations
Partner – YES	I	When participant got an abortion	Partner advised her against getting an abortion
Partner – YES	I	After first time	Talked about it afterwards, what happens here on out, questions from him if she was sure, agreed to use a condom the first time they had sex (in the moment)
Partner – YES	III	During first time	Told her it would be painful, to relax, go with the flow, I love you I don't want to hurt you, talked about using protection; She was very scared about whether they were ready, if they were sure, etc.; They were dating a few months, he talked her through what was going to happen, they were open; She told him she wanted to have sex with him so they did
Partner – YES	I	When partner cheated on participant with her friend	She broke up with him when she found out he cheated on her with her friend, because she wasn't having sex with him
Partner – YES	III	Before first time	Talked about it beforehand because they were in a long term relationship, so when the day came they didn't have to talk about it much because they had talked about it so much before then; Talked about it before first time, talked about trust between them, important to use condoms, talked about what they would do if the condom burst; He was older and knew things about sex, she was not ready but he asked if they could have sex and she said yes
Partner – NO	III	Before first time	Did not talk before first time having sex; “no it just happened we were drunk” “no, not really. It just happened I guess”
Partner – NO	I	After first time	“No it just happened we were drunk”

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

Conversations with partner(s)?	Frequenc y	When/in what setting?	Content of conversations
Partner – YES	III	After first time	Talked about it after first time, asked if she enjoyed it, she said no, he said she would like it more next time; Talked about it not being safe because they did not use a condom, bad, they would get pregnant or HIV; Talked about using condoms when they were going to have sex
Partner – YES	III	When pregnant	He knew she was pregnant before she did, he was there and very supportive, didn't go to university, stayed and got a job; Talked about having the baby, then her finishing school, taking care of the baby, then getting jobs; Partner was excited when she was pregnant, she didn't know why because they were young, she was scared and he was excited
Partner – YES	IIII	First time	Talked about the first time if it was going to be painful; Were both virgins the first time so they talked about it because they were both scared; Talked about that they were both comfortable with the decision to have sex ; Had to negotiate using condoms, he said he has broken many girls virginity, told her it would bleed a little but not a lot, it would be painful; (very one-sided conversation though) him telling her what to do, telling her to take off her pants and telling her that it would be painful to have sex;
Partner – YES	II	Before first time	Older guy tried to convince her to have sex with him , she said no and insisted on condoms, she broke up with him; Talked about having sex because they dated not seriously for a while before they had sex, a lot of their friends had sex before them
Partner – NO	III	First time	“we didn't really talk about it, you know? It just kind of happened”; “no we didn't it just happened”; “I don't think there was much discussion that had gone into it...it was alcohol...I did say I remember asking if he had protection”

Sub-Aim 2.4: What was the extent of discussion about sexual behavior in schools?

GROUP 1

**** good quotes to use in section referenced by ID number in parentheses****

School-based conversations about sex/sexual behavior	Frequency	Content of conversations/ Topics covered
Life Orientation – YES	III	Human body, how your body changes; Hormones, developing physical attraction, feelings, mental, adolescence, male and female reproductive systems; Basics of the female and male organism; menstruation
Life Orientation – YES	I	Sexual behaviors of young kids, stigmas attached to sexual behaviors and stigmas; Peer pressure, most people are peer pressured into doing things they aren't ready for
Life Orientation – YES	IIII	Condoms, contraceptives; Gave assignments about contraceptives, we had to research them; Educate us about how to use a condom, contraceptives; Condomise; Protection; Female condom
Life Orientation – YES	III	Preventing diseases like the gonorrhea; HIV/AIDS, STIs in general
Life Orientation – YES	IIII	Abstinence
Life Orientation -YES	II	Pregnancy “if you mate or have sex we would fall pregnant or something like that”
Biology class – YES	I	What happened when you are of age, when a man goes into a women, HIV
Always Pad counselors	I	Information about abstinence, use of condoms, contraceptives, pregnancy
Choice Condom Brand	I	HIV/AIDS; Sex protection, STI prevention; Abstaining, having 1 partner Condom and birth control at the same time; Brought condoms to school and left some there for students

At what grade was sex talked about in schools?	Frequency
Grade 8	IIII
Grades 11 and 12	I
Grade 7	II
Grade 6	I

The majority of participants recalled a Discussion/conversation format of Life Orientation, where fewer recalled it being a more rigid lecture format

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

School-based conversations about sex/sexual behavior	Frequency	Content of conversations/ Topics covered
Life Orientation – YES	IIII	Condoms; Protection; Female condoms
Life Orientation – YES	III	STIs; HIV
Life Orientation – YES	I	Pregnancy, getting pregnant
Life Orientation – YES	I	You must finish school first (before you engage in sex); Abstinence
Life Orientation	II	“not that deeply”...when you grow up and start having hair under your arms, on your private parts; Menstruation; “Basic things”
Sister/School Nurse	I	Sister/school nurse at boarding school; Organized gyno visits without parents knowing, got them on birth control pills, was easy to talk to and made people feel comfortable
Love Life	I	Advised them how to do sex, when you are on your period you don’t do sex because you will get pregnant, don’t allow a girl to sleep with you without a condom;
Always and Kotex representatives	I	Came and talked about periods and contraceptives; Talked about protection and STIs, didn’t go into detail; Lecture instead of a discussion “If you have sex you will get pregnant”
People from clinics	I	People from clinics came in and talked about prevention, condoms, STIs, AIDS, HIV, sexual activities, rape, etc.

At what grade was sex talked about in schools?	Frequency
Grade 7	I
Age 16	I
Grade 8	II
Grade 6 (HIV talks)	I

The majority of participants recalled a Discussion/conversation format of Life Orientation, where fewer recalled it being a more rigid lecture format

Sub-Aim 2.5: Did conversations occur with other community members or individuals not previously mentioned? If so, what were these conversations?

GROUP 1**** good quotes to use in section referenced by ID number in parentheses****

Conversations with partner(s)?	Frequenc y	When/in what setting?	Content of conversations
Clinics - YES	III	Clinic nurses	Talking to counselors was comfortable, they knew a lot of information; Sister nurses at clinics gave info about STIs and helped them get tested; Nurses at clinic are a bit harsh, make teens uncomfortable going there, tell them they shouldn't be having sex at all; Went to the clinic often to get tested because so scared of STIs Birth to twenty clinic gave lots of information, told them to use protection
Internet – YES	I	Birth to Twenty clinic	
Internet – YES	III		Looked up types of contraceptives on internet; Interesting things to spice up sex life; Look up chances of being pregnant, types of condoms; Had internet in her house
Magazines – YES	II	REAL Magazine	Sex advice in REAL magazine
TV/Radio/Movies– YES	II I I		TV and radio talk about sex and HIV/AIDS; Late night TV shows; porn
Community groups – YES	I	Community group for home-based care	Home based care where they helped people with HIV/AIDS – talked with them about using protection, having one partner at a time, getting tested; Charity program where they talked about expressing love through sex
Church/Altar Server – YES	I	Altar Server group	*more listening to others talk* Altar servers at one group were “corrupt” and they talked about the sex they had
Public speaking/debate club/sports team – YES	I		*more listening to others talk* People would tell their crazy stories, her group of friends were more conservative
Pastor at church – KIND OF	I	Pastor at Church	Pastor at church is very strict, talks about sex and relationships and says that you should only have 1 partner
Church – NO	IIII		Didn't talk about sex in church; Teachings of Church was that sex before marriage was a sin, don't talk about sex in church; (105) don't want to be seen in that light, too hard to talk about sex there; “Not at all – they are still so old-fashioned”
Debate team, athletics, soccer, LRC – NO	I		“sensitive conversation, you can't just talk to anyone”

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

Conversations with partner(s)?	Frequenc y	When/in what setting?	Content of conversations
Clinic – YES	III	Age 16/17 when she went to prevent When pregnant	When she went to get the injection, but she said she didn't really talk to anyone at the clinic; Went for STI testing Went to clinics to get condoms
Movies – YES	II	Porn	“Being in a girls school some porn would always surface so that was one way”
TV – YES	I		Watched after-hours TV
Church – NO	IIIIII		“Well in church you can't really talk about that, you can't really talk about sex cause everyone in church is holy holy, so you just can't”; Sex before marriage is a sin, also people in the congregation tell you not to have sex but then you find out they are pregnant and you wonder why they can preach something but not practice it; “Because they never raised the topic”; “We don't talk about sex... I don't know, we just stick to the youth group about church, not about everyday life you know”; “In our church you have too many rules. You don't talk about sex without married. You talk about sex when you are married”; “At church, only went there to pray, sing, and that was it”
Clinic – NO	III		Talks about clinic being a good place to go for services and information, but said she never went there herself, wishes she had gone
Internet, TV, movies, magazines – NO	II		

Aim 3: Explore how adolescent/young adult behavior is influenced by conversations about sex and sexual behavior.

Sub-aim 3.1: Who played an influential role in their sexual decision-making?

Sub-aim 3.2: What parts of the conversations were or were not influential?

GROUP 1

**** good quotes to use in section referenced by ID number in parentheses****

Who influenced your sexual decision-making?	Frequency	Content of conversations that influenced change	Parts of conversation that were not influential
Sisters – YES	II	Abstinence because of what they went through (having kids at a young age), don't give into pressure, if I do engage in sex, use condoms and make sure I am with the right person; Talked to her very openly about birth control, introduced her to birth control pills, talked to her about her sex life;	
Life Orientation – YES	I	Helped me decide to use contraceptives whether you are active or not, because you never know what could happen (rape, being drugged etc.);	
Friends – NOT AS MUCH	II		Friends discussing their sexual experiences didn't affect her as much because "we are all different, we all had our own reasons for doing the things that we did"; Friends who were on the pill were talking about how it was making them gain weight and she didn't want to have that happen so she didn't go on the pill
Friends who had kids young – YES	Ii	It was their advice that made me think twice about getting myself in those situations (advice of friends who became pregnant young); Talking to people who have children, you realize it is about being ready, you can judge if you are ready to have a baby	
Myself - YES	II	Take information from other people and think about it, then make my own decision, Not very open/didn't talk about sex a lot with other people, made her own decisions; Went out looking for information, made decisions by myself..."It was on me"	
Aunt – YES	I	She talked about sex openly	

Who influenced your sexual decision-making?	Frequency	Content of conversations that influenced change	Parts of conversation that were not influential
Friends – YES	III	Friends were older than her and they encouraged her to have sex, if she wasn't having sex with her partner someone else would be, lots of peer pressure ; Sex is emotional, when talking to friends and finding out they feel the same way you feel better that they are also thinking about it that way; Friends talked about her being a "late bloomer" and saying she should try it, peer pressure, "you don't love a guy unless you sleep with him"	
Mother – YES	II	Learned not to fall pregnant at an early age, learned about diseases, mom told her to wait to have sex and use protection, using protection played a big role, open communication; Mom taught her about respecting her body in addition to talking about waiting, but mostly respecting her body...kept communication about sex open which is important	
Partner – YES	I	They were both doing it together, came from knowing what they wanted as partners, they knew what they were okay doing and not doing	
Family – NO	I		Not talking to her family made her not get pregnant, she prevented to make sure she didn't get pregnant so she didn't disappoint her family
Teen Mom/16 and Pregnant - YES	I	"...this was the best birth control. After watching it I was like there is no way, no way I am going to go through what those girls go through. I was so shocked at how things turned out ...so it helped me"	
School - YES	I	"they taught us everything about sex...menstruation...all about the STDs that you can get and everything so all the information that I never had outside before I had it at school"	
School – NOT SO MUCH	I		Convos at school didn't influence because they didn't go into much detail..."maybe if we did it maybe would have impacted enough"
Pastor at Church - YES	I	Strict pastor, talks about the sex thing and relationships, preaches importance of one partner	

GROUP 1**BIGGEST INFLUENCES ON SEXUAL DECISION-MAKING**

Who was the biggest influence	Frequency	Content of conversations
Myself	III	<p>“well I think I’m a very private woman so my decisions really help me out because I will take information from people and then think about it clearly and then view where, point where I am at in my life, and then make a decision to go ahead or not”;</p> <p>“I hardly talk about sex with people, so that means I’ve always made my own decisions. We talk with friends, yes, but not so intimately, maybe they’ll be asking me or telling me I did this, or this or this happened, but I’m not that person that be so open and tell you everything”;</p> <p>Went out looking for information, made decisions by myself..”It was on me”</p>
Friends	II	<p>(101) Friends were older than her and they encouraged her to have sex, if she wasn’t having sex with her partner someone else would be, lots of peer pressure;</p> <p>Friends talked about her being a “late bloomer” and saying she should try it, peer pressure, “you don’t love a guy unless you sleep with him”</p>
Mother	II	<p>(103) Learned not to fall pregnant at an early age, learned about diseases, mom told her to wait to have sex and use protection, using protection played a big role, open communication;</p> <p>(109) Mom taught her about respecting her body in addition to talking about waiting, but mostly respecting her body...kept communication about sex open which is important;</p>
Partner	I	<p>They were both doing it together, came from knowing what they wanted as partners, they knew what they were okay doing and not doing</p>
School	I	<p>“they taught us everything about sex...menstruation...all about the STDs that you can get and everything so all the information that I never had outside before I had it at school”</p>
Sister	I	<p>Talked to her very openly about birth control, introduced her to birth control pills, talked to her about her sex life</p>

GROUP 2**** good quotes to use in section referenced by ID number in parentheses****

Who influenced your sexual decision-making?	Frequency	Content of conversations that influenced change	Parts of conversation that were not influential
Aunt – NO	I		Had nothing to do with her because at the end of the day it was up to me to choose
Myself – YES	III	At the end of the day, you can get information from others, but the decision is up to you and you can take it to the extreme if you want to; I make my own decisions, it is about me, no one influences me; If I want to do something I really want to do it regardless if another person says no. But what I like about myself is that I always do investigations before I do a decision”; At the end of the day, the decision should lie with you, shouldn’t matter what people tell you, it should not be influenced by your partner or your friends;	
Friends/Classmates – YES	III	Pressure/pressurize you, “they say you are a virgin, you don’t know anything, yeah so its not nice, those conversations...they do pressurize yeah”; Older friend, kept telling her that if she didn’t have sex, she would lose her boyfriend and she believed her (they are not friends anymore); You feel like a loser, like the only one not doing it in high school, you are scared to do it but everyone at school talks about it	
Best friend - YES	II	Best friend – she was always dating, she lived in the area where many people the participant slept with lived, spent a lot of time with her and she had a lot of sex; When she was pregnant, her best friend was saying she was stuck, never gave words of encouragement, was always saying bad things after, wasn’t supportive beforehand either	
Mother - YES	II	Talking with mom made her realize she had to use protection (after pregnant), she reminds her about using condoms, not having too many partners, not having another child; (238) Mother was the person guiding her, said the time would come, needed to concentrate on her studies for now	Thinks it’s a parents duty to talk to their kids
Sister – YES	I	Sister encouraged her in positive ways after she was pregnant, encouraged her to be strong, get involved	
Cousin – YES	I	Cousin gave her good advice, telling her how to use a condom, was there for her when she was pregnant, never left her or blamed her when she was pregnant, “she played the best role in my life”	
Partner – YES	I	Him wanting to have sex made her want to have sex	

GROUP 2 BIGGEST INFLUENCES ON SEXUAL DECISION-MAKING

Who was the biggest influence	Frequency	Content of conversations
Myself	III	<p>“Cause even you know, even if someone could tell you everything but at the end of the day it is up to you, if you wanna do it, if you feel like doing it, if you wanna know, then if you wanna take it to the extreme, you will do it”;</p> <p>I make my own decisions, it is about me, no one influences me;</p> <p>If I want to do something I really want to do it regardless if another person says no. But what I like about myself is that I always do investigations before I do a decision”</p>
Friends/Classmates	III	<p>Pressure/pressurize you, “they say you are a virgin, you don’t know anything, yeah so its not nice, those conversations...they do pressurize yeah”;</p> <p>Older friend, kept telling her that if she didn’t have sex, she would lose her boyfriend and she believed her (they are not friends anymore);</p> <p>“Because we were girls, we talked about it, we were in high school, we talk about it, and then I did it, I don’t and then you feel like I am the only one who didn’t do it. I feel like a loser and then I see I could do it but now you scared that you do it when you go home” (pressure to have sex because you feel like a loser if you don’t)</p>
Best friend	II	<p>Best friend – she was always dating, she lived in the area where many people the participant slept with lived, spent a lot of time with her and she had a lot of sex;</p> <p>When she was pregnant, her best friend was saying she was stuck, never gave words of encouragement, was always saying bad things after, wasn’t supportive beforehand either</p>
Mother	I	<p>Talking with mom made her realize she had to use protection (after pregnant), she reminds her about using condoms, not having too many partners, not having another child</p>
Cousin	I	<p>Cousin gave her good advice, telling her how to use a condom, was there for her when she was pregnant, never left her or blamed her when she was pregnant, “she played the best role in my life”</p>
Partner	I	<p>Him wanting to have sex made her want to have sex</p>

