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Early Sexual Debut, Sexual Violence, and Sexual Risk-taking among Pregnant Adolescents and Their Peers in Jamaica and Uganda

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EARLY SEXUAL DEBUT, SEXUAL VIOLENCE, AND SEXUAL RISK-TAKING AMONG PREGNANT ADOLESCENTS AND THEIR PEERS IN JAMAICA AND UGANDA

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Abbreviations

ARH	Adolescent reproductive health
ED	Enumeration district
ESD	Early sexual debut
FGD	Focus group discussion
PHSC	Protection of Human Subjects Committee
RCCS	Rakai Community Cohort Survey
WHO	World Health Organization

Executive Summary

Introduction

Unintended adolescent pregnancy is a global public health problem. Some studies have found early sexual debut and experiences of sexual coercion/violence to be related to each other as well as more directly related to adolescent pregnancy. The purpose of this project was to identify risk factors for adolescent pregnancy in order to inform culturally appropriate programs that aim to prevent unintended adolescent pregnancy. This study had two phases of research. The first phase was formative research to identify contextual factors and circumstances that influence pregnancy among young adolescents (15-17 years old) in Jamaica and Uganda. Factors of particular interest included influences on early sexual debut, reports of sexual coercion/violence along a continuum of experiences, and participants' perceptions and reports of their own sexual risk-taking behavior. The second research phase was a quantitative case-control study conducted in Jamaica that measured the relationships between sexual debut, sexual coercion/violence, and sexual risk-taking among pregnant adolescents and their never pregnant, but sexually active peers.

Methods

Formative qualitative research was conducted in Jamaica and Uganda with pregnant and never-pregnant 15-17 year old young women. Four focus group discussions and a series of in-depth interviews with ~30 pregnant and never-pregnant participants were conducted in each country. A matched case-control study design with a quantitative survey was conducted in Jamaica only with 250 pregnant and 500 never-pregnant participants.

Results

From the qualitative data, many participants said they "wanted" their first sex, but upon closer questioning, for many participants, their first sex was coerced; therefore the timing of their sexual debut was not a choice. In addition, lifetime experiences of sexual coercion were common. Conscious use of contraception appeared to be the main difference between pregnant and never pregnant girls in both countries; however there was a lack of knowledge and/or misconceptions about family planning methods other than condoms. Most pregnant participants did not plan their pregnancies and did not think it was the right time to be pregnant. Married adolescent women in Uganda constituted a unique group when it came to addressing sexual coercion and pregnancy.

Bivariate results from the survey indicated that compared to their never pregnant, sexually active peers, pregnant participants were more likely to have lived in their community less than three years, not be involved in clubs/community groups, not live with their father, not live with their mother, not receive emotional/financial support from their mother, be in a stable relationship, have had an early sexual debut, had a first sexual partner more than five years older, have had two or more sexual partners in their lifetime, and think that contraception is the woman's responsibility. Because data were gathered cross-sectionally, we are unable to determine causal relationships (i.e. we do not know if pregnancy was the cause or effect of these variable differences).

Discussion and recommendations

The formative research in Jamaica and Uganda provided us with much rich information regarding girls' sexual experiences and experiences of sexual violence. Some of the key findings include:

- First sexual experiences are unpleasant, even painful, for most girls. Most girls wished they had known more about what to expect and that they had waited until they were older.
- Most girls knew about contraception, but consistent use was related to concerns about the effects of an unwanted pregnancy on their future choices. The girls who had never been pregnant were more likely to verbalize this concern. In Uganda, most of the pregnant girls married early and childbearing was an expected consequence of being married at an early age.
- Sexual violence was a common experience for girls in both countries. Verbal harassment was common. Many girls described having been coerced to have sex at one time or another by their boyfriends or someone they had a relationship with; sometimes this meant actual force or threat of force and sometimes this meant feeling verbally pressured.
- Jamaican girls were more likely to describe resistance to sexual violence than the girls in Uganda, who were more likely to keep sexual violence a secret.

The quantitative results from the case-control study in Jamaica found an association between pregnancy and early sexual debut but not between pregnancy and sexual violence. Though this lack of statistical association was a surprise, the prevalence of sexual violence among both pregnant and never pregnant girls indicate that it is an issue that cannot be ignored in programs for and with adolescent girls.

Based on our findings we believe that programs to reduce unintended pregnancy should aim to:

- build adolescents' self-esteem and future orientation
- address norms that encourage early marriage and enforce marriage-age laws
- discourage older partners
- encourage stronger connections with parents and community groups
- teach girls and boys about contraception and make it accessible
- teach the community about the benefits of delayed childbearing among married and unmarried adolescents
- teach boys to respect that girls' have the right to refuse sex
- teach refusal skills to girls
- provide girls with good reasons to delay sexual debut
- reach girls and boys at young ages (before age 14)

I. Introduction

The problem of unintended pregnancy

Too early childbearing has been a public health concern for the past half century because of its personal, social and demographic consequences. The majority of pregnancies to adolescents are unintended (Ayoola, Brewer & Nettleman, 2006). Many of the reasons for this are related to adolescents' cognitive, emotional and psychological development; a societal ambivalence about addressing the reproductive health needs of young women (especially young unmarried women); and traditional gender norms that put many girls in a position with little power to negotiate most aspects of their lives, and especially their sexual lives.

Numerous research studies have been conducted to identify determinants of adolescent pregnancy and childbirth ranging from societal to community to family to individual level factors. Various programs have been developed and implemented to reduce the pregnancy rates among adolescents – or at least among specific target groups which may be of concern (e.g. unmarried girls) – based on culturally constrained perceptions of which determinants are amenable to change. While advocacy efforts have convinced some policymakers that sexual and reproductive health is a right for all and that young people need access to comprehensive information and services, there are many more situations in which moralistic thinking and sexual double standards shape interventions that focus on girls' sexual risk behavior without considering the wider social context in which this behavior occurs.

The wider social context of sexual behavior includes cultural norms about what is appropriate and inappropriate sexual behavior. Gender norms make distinctions about what is appropriate for females and males within a sexual relationship. Traditional gender norms, which though changing still prevail in many places, stress the dominant role of males in comparison to females in the initiation of and decision-making related to sexual relationships.

Early sexual debut and sexual violence

Early sexual debut and sexual violence are two factors that are heavily influenced by cultural sexual norms (Heise, Ellsberg & Gottemoeller, 1987) and that have been found to be associated with unintended adolescent pregnancy. These two factors are related to each other as well, with many studies showing that early first sexual encounters at a young age are often forced (Dunkle, et al, 2004; Jewkes, 2005; Koenig, Lutalo, Zablotska, et al, 2005), but also that many girls who experience childhood sexual abuse (which may or may not be penetrative sex) are more likely to experience first consensual sex earlier than their peers who do not experience childhood sexual abuse (Handwerker, 1993; Gupta & Ailawadi, 2005, Patel & Andrew, 2001, Ellsberg, 2005).

How might these two factors influence unintended adolescent pregnancy? Early sexual debut is associated with being less likely to use contraceptives (Koenig, Lutalo, Zablotska, et al, 2003). Sexual coercion does not allow for the necessary negotiation of contraceptive use (Maman, Campbell, Sweat & Gielen, 2000). There is also evidence that girls experiencing sexual abuse are more likely to engage in riskier sexual behaviors, including early sexual debut, than their peers (Boyer & Fine, 1992; Ellsberg, 2005; Gupta & Ailawada, 2005; Handwerker, 1993; Heise,

Ellsberg & Gottemoeller, 1995; Somse, Chapko, Harekins, 1993; Stewart, Sebastani, Delgado, et al, 1996). One explanation for this is psychological: the stigma/trauma associated with sexual abuse can diminish a girl's sense of self-worth and reduce her motivation to protect herself against pregnancy or disease. Also, rightly or wrongly, the experience of sexual violence leads the victim to believe that she has no power to negotiate sex and/or contraceptive use, even outside the initial experience of abuse (Finklehor & Browne, 1985).

Study objectives

Evidence from developing countries of associations between coercive sex, and other sexual behaviors that place young women at increased risk for pregnancy including early sexual debut, multiple partnerships, and non-use of contraceptives is mounting (Stewart, Sebastani, Delgado, et al, 1996; Varga, 1997; Wood & Jewkes, 1997; Wood, Maforah & Jewkes, 1998; Hof & Richters, 1999; Jewkes, Vundule, Marhora, et al, 2001; Geary, Wedderburn, McCarraher, et al, 2006).

Our study examines the effects of both early sexual debut and sexual violence – both phenomena that call into question the agency of some girls' sexual behavior and thus have implications for how to reduce unintended pregnancy. Before moving directly into a study to statistically test these effects, we wanted to understand the cultural and social context of early sexual debut, sexual violence and unintended pregnancy – as information that would be useful to program development and in the development of questions for our standardized questionnaire.

This study was conducted in two phases. The objectives of the first phase formative study were:

- To understand how young women in two specific cultural contexts described their first sexual encounters, experiences of sexual violence, use of contraception, and feelings about pregnancy
- To test strategies to recruit pregnant and never pregnant sexually active adolescents for a subsequent case-control study
- To identify ways in which adolescent reproductive health (ARH) programs might address the problems of unintended pregnancy, early sexual debut and sexual violence
- To identify ways of asking about and measuring potentially difficult topics such as sexual coercion and violence in a standardized questionnaire

The objectives of the second phase case-control study were:

- To examine the statistical associations of early sexual debut and the experience of sexual violence with adolescent pregnancy

II. Methods

Study sites

The study was conducted in two countries: Jamaica and Uganda. We chose sites with high rates of unintended pregnancy, sexual coercion and early sexual debut. Jamaica was selected to follow up on previous FHI research where in a community-based household survey of 1,130 young people aged 15-19 conducted in three communities, we found that 30% of young women had sex before the age of 14 (Waszak & Wedderburn, 2000). In the same study, 39% of young women reported sexual abuse defined as "being touched in a way that was not right." It was further shown that forced first sex was related to unintended pregnancy, controlling for sexual risk factors. According to the 2002 Jamaica Reproductive Health Survey, forced sexual experiences are common among young people with 20% of women aged 15-19 reporting having ever been forced to have sexual intercourse. The formative research was conducted in Kingston and Mandeville and the case-control study was conducted in Kingston only.

In Uganda, the study was conducted in Rakai District, a rural region in southwestern Uganda that borders Tanzania and Lake Victoria, which was the center of the HIV epidemic in Uganda. Several studies reveal high rates of sexual violence and coercion among adolescent girls in Uganda. Research conducted in 1992 with 400 primary school students in the Kabale District found that 49% of sexually active girls reported experiences of forced sexual intercourse and 22% had been given gifts or rewards in exchange for sex (Bagarukayo, Shucy, Baishangire, et al, 1993). A 1998-99 population-based survey conducted in the Rakai District with women aged 15-49 found that 25% of respondents reported experiences of coercive sex with their current male partner and younger women were at increased risk for sexual violence compared to older women (Koenig, Lutalo, Zhao, Nalugoda, et al, 2004). Additional findings from a 2000-02 survey administered in the same area with 575 sexually experienced 15-19 year old girls showed that coerced first intercourse was reported by 14% of the respondents (Koenig, Zablostska, Lutalo, et al, 2004). Other research conducted in antenatal clinics in Kampala found that adolescent girls were at increased risk for physical, sexual and psychological abuse and domestic violence compared to older women (Kaye, 2000).

We had planned to complete both phases in each site. However, due to funding constraints, we were able to conduct the case-control study in Jamaica only and within Jamaica, only in Kingston.

Research design

Formative research

The formative research consisted of focus group discussions and a series of in-depth interviews. Because we were collecting data in preparation for a case-control study comparing pregnant and never-pregnant girls, we stratified our formative research groups along this variable as well.

Focus groups were designed to provide a broad overview about cultural perceptions and community norms surrounding the research topics in the study population and they also informed the guides to be used in the second phase of the study. The series of in-depth interviews focused on getting to know the informant, the experience of sexual debut, any experiences of sexual coercion/violence, participants' perceptions of the risks associated with their own sexual behaviors, including pregnancy, and feelings about pregnancy.

Case-control study

The second phase was a quantitative case-control study designed to determine the relative exposure to early sexual debut and sexual violence and to measure the magnitude of the relationships between early sexual debut and sexual violence among pregnant adolescents as compared to their never pregnant, sexually active, neighborhood-matched peers. Qualitative data were helpful for exploring and defining these concepts; however, quantitative data was thought necessary to be useful to program and policymakers as they design programs and seek funding to prevent adolescent pregnancy and address early sexual debut among young girls. This work was needed because the majority of studies that have examined the relationship between early sexual debut and sexual violence and their impact on pregnancy among adolescent women have relied on qualitative studies and cross-sectional quantitative studies, which have yielded conflicting results particularly in North America (Blinn-Pike, Berger, Dix, et al, 2002). We felt that the case-control methodology would be an improvement in this effort and a more logistically efficient design compared to a cross-sectional design.

Study population

Formative study: Jamaica

In the Jamaica site, due to logistical considerations, we recruited pregnant girls from The Women's Centre, a program to keep pregnant girls in school. We then asked each pregnant participant for several names of girls in their neighborhoods and then followed up with these girls (peer nomination method). We were not able to recruit enough controls with this method because some girls were hesitant to give names of peers. Therefore additional girls were recruited by snowball sampling from schools in the girls' neighborhoods. About 45 girls participated in four focus groups (two groups of pregnant girls and two groups of never pregnant girls). The original sample of size of 30 girls was increased to 34 due to loss to follow up of two girls who were replaced and the misclassification of two girls, all in the "never pregnant" group.

Thus, transcripts were analyzed for 17 pregnant girls (9 in Kingston and 8 in Mandeville) and 15 never pregnant girls (8 in Kingston and 7 in Mandeville).

Formative study: Uganda

All Ugandan participants were drawn from a sample of respondents that participated in the Rakai Community Cohort Survey (RCCS) which conducts annual surveillance in consenting adults aged 15-49, within the prior 12 months (Wawer, Sewankambo, Serwadda, et al, 1999). Two lists of young women 17 years or younger were developed for use in participant recruitment. One list included those who were at that time less than or 35 weeks gestational age and the other included those who had been sexually active within the past 12 months but who were not currently or ever pregnant. From each list, 24 young women were approached for participation in focus group discussions and 15 were approached for participation in in-depth interviews. Twenty-eight young women (14 pregnant and 14 never pregnant) participated in a total of four focus group discussions and 24 women (12 pregnant and 12 never pregnant) participated in three consecutive in-depth interviews spaced over a period of three months for a total of 72 in-depth interviews.

Case-control study: Jamaica

The case-control study compared pregnant adolescents ages 17 years and younger with their never pregnant, sexually-active, neighborhood-matched peers. Pregnant participants (cases) were recruited from antenatal clinics because use of antenatal services is very high in the country (>95%). In the Jamaica health system, all pregnant girls under the age of 18 are considered to be high risk and are referred to a tertiary center for antenatal care, which in Kingston was the Victoria Jubilee Hospital (VJH). Cases were pregnant young women ages 17 or younger recruited from seven public sector antenatal clinics in the greater Kingston area, including VJH. Trained interviewers recruited pregnant young women less than 35 weeks gestational age in the waiting rooms of the antenatal care clinics. For those who were interested in the study, an agreed upon time and place for the interview was negotiated between the interviewer and the participant. All interviews took place on clinic or hospital grounds. Recruitment took place over a four to five month period. The refusal rate among cases was 15%.

Based on the formative research experience with the peer-nomination method, we decided instead to ask recruited pregnant participants where they lived so that interviewers could identify the corresponding census enumeration districts (ED). Controls were selected to match the cases based on neighborhood or ED. The neighborhood would presumably serve as a proxy for socio-economic status (SES). This design was based on a similar study in South Africa, though with older women (Jewkes, Vundule, Marforah, et al, 2001). Controls were sexually active, never pregnant adolescents age 17 or younger. For recruitment of the controls, interviewers systematically went to consecutive households in the matched EDs in order to identify potential controls. No selected controls refused participation in the study. Interviews were conducted in their neighborhoods in confidential locations. Other studies on violence against women have contacted women as young as 15 years of age in their homes. Specifically, WHO has conducted household-based surveys in countries as diverse as Peru, Namibia, Thailand, Brazil, Bangladesh, Tanzania, Japan, and Samoa. WHO guidelines for conducting research on violence against women were followed for this study (Global Programme on Evidence for Health Policy, 1999).

Sample size for the case-control study

We aimed to complete interviews with a total of 840 adolescents (280 pregnant cases and 560 never-pregnant controls). The sample size estimates for recruitment were based on a 1:2 case control matching and included roughly a 10% increase to account for potential loss to follow up for those clients who might not schedule an interview the day they were recruited and the fact that we did not contact young women in their homes to remind them of scheduled interviews, in order to protect confidentiality.

The sample size estimates for this study were calculated based on data from a 2000 UNFPA study conducted in Jamaica. The data included information on 15-17 year old females from three sites in Jamaica (Maxfield Park, Montego Bay and Clarkstown) who answered questions about having experienced their first sex against their will and having ever been touched in a way that was not right. The sample size selected was based on detecting an odds ration of 1.6 for pregnancy among those who were exposed to 'touching in a way that was not right' with 80% power under the assumption that 41% of the never pregnant group were exposed. The sample size was sufficient to detect an odds ratio for pregnancy among those who had first sex against their will assuming that 17% of the never pregnant group experienced first sex against their will. The variable 'ever been touched in a way that was not right' was selected as the basis for the sample size calculation, based on data from the formative phase that indicated how narrowly young women defined 'forced sex' to more meaningfully address sexual coercion experiences.

Data collection procedures

Formative research

In both countries, qualitative data collection included focus group and in-depth interviews. The focus groups provided an overview of cultural perceptions and community norms surrounding coercion and pregnancy and informed the development of the guides for the in-depth interviews. The latter explored informant sociodemographic characteristics, the experience of sexual debut, any experiences of sexual coercion (defined as a continuum of behaviors, including verbal harassment, unwanted sexual touching, non-violent coerced sex and forced penetrative sex Heise, Moore and Toubia, 1995), and participants' perceptions of the risks associated with their own sexual behaviors, including pregnancy. The study used an iterative data collection approach.

In Jamaica, the study team was comprised of a local research coordinator, a trained psychologist, and experienced female interviewers. The interviewers were recruited and trained specifically to conduct the structured interviews. Training included research procedures as well as how to respond appropriately to emotional responses that might have occurred as a result of some of the questions about sexual debut and sexual violence. One component of the training was devoted to contextual information about early sexual debut and sexual violence, including services and programs available for sexual violence victims. The same study team worked on the case-control study.

In Uganda, a local agency that provides services to sexually abused victims participated in the interviewer training, helped develop referral information to be provided to the study participants, provided support to research staff, and if requested, provided free counseling to young women for the duration of the study. All FGDs and interviews were conducted in the local language of Luganda.

Case-control study

Questionnaires were developed in collaboration with the local principal investigator to ensure the cultural relevancy of the questions and/or their wording. Pre-testing of the questionnaire was conducted prior to formal data collection and some questions were revised based on this exercise.

Safety was a priority in conducting these interviews. Interviews were conducted in a location where privacy and confidentiality could be secured. Written consent was obtained at the time of the interview, and research objectives and the interview content were explained to each study participant.

In the event that privacy was breached, a procedure was developed and explained to the participant for the possibility of an interview being interrupted and the participant not wanting to continue in the presence of another person. This procedure involved using a diversionary questionnaire to be used until the intruder left.

The interview was conducted in English. All participants were paid a small amount of money to cover their time and transportation. The cases and controls were about equally divided among each interviewer to reduce bias in the attribution of differences between the two groups.

Appropriate referrals were made when interviewers felt that participants needed additional reproductive health information or counseling for emotional difficulties, in particular related to experiences of sexual coercion and violence.

Data management and analysis

Formative research

The data were coded using NVIVO v.2. Inter-rater reliability was assessed by comparing transcript coding between the researchers. Matrices of the interconnections of the areas of interest were constructed to condense and organize the data and to facilitate cross-informant analysis.

Case-control study

All data entry was completed in Jamaica by the local research partners. Face validity checks were performed by printing frequencies and cross-tabulations on key variables. A cleaned data set was transferred to research staff at FHI/NC for further analysis.

Socio-demographic characteristics were described for cases, controls and the total study sample. Bivariate analyses tested the mean differences between pregnancy status and the independent socio-demographic variables and main covariates of interest (early sexual debut, experience of sexual violence, having unprotected sexual intercourse, and having more than one sexual partner) for the full sample of study participants.

Human subjects concerns

The study was reviewed by FHI's Protection of Human Subjects Committee and local IRBs in each study site. The study investigators and all study staff who came into contact with participants completed FHI's ethics curriculum during study staff training. Client participation was voluntary. Information collected was kept confidential, and data were presented in such a way as to prevent deductive disclosure. Uncoded identifying information did not appear on the case-control survey. Interviewers were trained to refrain from passing on any data obtained from participants. Individual responses were disclosed only to those involved with data collection, data entry or analysis activities.

Additional procedures to protect study participants not already mentioned included:

- Interviewers did not conduct interviews in their own communities.
- Unique codes were used on study form, not names. The master list that links participant names to a study ID number was maintained in a secure file during the study and will be destroyed after final analyses are completed.
- Only one woman per household was recruited for interviews. If two or more women were eligible from the same household, only one woman was selected for an interview.
- No written study materials were given to research participants to avoid the possibility that an abusing partner or family member might find them and read them.
- A waiver of parental consent was requested for all study components and was granted by FHI's PHSC.
- In Jamaica, The Women's Center, however, requested that their clients receive parental consent to participate in research, though no specific information was given about the research content. Thus, parental consent was obtained for the pregnant participants, but not for the never-pregnant participants. All participants provided written informed consent.
- In Uganda, research staff read oral consent forms to study participants and signed the consent form as a witness stating that the consent form was read to the study participant. Parental consent was not obtained from pregnant participants since according to Ugandan law, anyone under age 18 who has been married, has children or is currently pregnant is legally an "emancipated minor." Parental consent was, however, obtained for non-pregnant participants who were non-emancipated minors (those who are not married, have never been married, do not have children, and are not the head of their household). Parental consent for non-emancipated minors was oral – research staff signed the consent form as a witness stating that the consent form was read to the parent of the non-emancipated minor.

- For the case-control study in Jamaica, written consent was obtained from all participants and parental consent was waived.

III. Results

Formative research

The first objective of the formative research will be the focus of this section:

- To understand how girls in two specific cultural contexts described their first sexual encounters, experiences of sexual violence, use of contraception, and feelings about pregnancy.

These perceptions, once described, are then discussed in terms of how programs for young girls might be designed to be more effective at preventing unintended pregnancy. These results are based primarily on the in-depth interviews and focus on description of experiences rather than trying too hard to draw conclusions about association or causation except in the most obvious of observations. They will, however, foreshadow to some extent, findings from the case-control study.

One very important socio-demographic difference between the girls in Jamaica and Uganda was marital status. None of the Jamaican participants was married, but nearly all of the pregnant Ugandan participants were married or living in consensual union, while none of the never pregnant participants was married. This reflects differences in the cultural marriage practices in these two countries, and it undoubtedly confounds some attributions we might want to make about differences with regard to pregnancy status. This needs to be kept in mind while making comparisons between results from the two countries.

Sexual debut

Jamaica. In Jamaica, many of the girls described their first sexual experiences as being unpleasant, both physically and emotionally. Many girls described the experience as

> "*hot and painful*" (never pregnant participant, Kingston)
>
> "*very, very, very painful"* (never pregnant participant, Mandeville)
>
> "*I didn't feel good when I finished…painful, yes.*" (pregnant participant, Mandeville)

Some of them described a combination of pain and pleasure.

> "*The feeling was nice, but it hurts."* (pregnant participant, Mandeville)
>
> "*Was it pleasant or unpleasant? Both, because of the pain but it was pleasurable*." (never pregnant participant, Mandeville)

Mixed with the physical pain were the negative emotions of embarrassment and guilt.

> "*Yes, embarrassed when I see him; I did not want to look at him.*" (pregnant participant, Mandeville)

"*I was wondering can I look into his face again…I was worried like how he would feel.*" (pregnant participant, Mandeville).

One never pregnant girl in Kingston said that afterwards she felt dirty and never wanted to see her boyfriend again. Another never pregnant girl in Kingston said: *"It was embarrassing because I had no idea what I was doing…yeah it was embarrassing and you felt bad."*

Many girls in Jamaica expressed ambivalence about whether they had wanted to have sex. Many said that they were not exactly forced to have sex, but they did feel pressure to have sex. Some did not realize it would be painful or how badly it would make them feel but did not feel they could back out of it once they started. Some girls said that having sex had been their boyfriends' ideas, but they did not think they had been pressured. Many girls described being in a situation in which a conscious decision was not really made. One typical description of this by a girl who was 13 the first time she had sex with a 17 year-old boy was:

> "*…we were talking for a long time and it was a holiday and we didn't have anything to do and he invite me up his house so we went up there and it happen. We were watching TV and he asks me if I want to see his room and I said ok. We went in. He started kissing me, me kissing him back and it just happened."*

Another girl who was 16 when she first had sex with a 19 year-old boy said, *"It was nobody's idea, it just happened."* A girl who was 16 when she first had sex with a 17 year-old boy said, *"I went to his house late in the evening. We started kissing and then it just happened."* And a girl who was 16 when she had sex the first time with an 18 year-old said, "*Well at first it was his [idea], but it was nobody idea and when it just happen it just happened."* This lack of conscious decision-making did not necessarily indicate whether the girls described feeling pressure to have sex.

One never pregnant girl from Mandeville said that she felt pressure to have sex from both her boyfriend and social norms *"because he said you cannot have relationship without sex and because of the environment I grew up in. Most of my cousins and aunts started when they were 13."* One pregnant girl from Mandeville attributed being drunk as the reason for having sex the first time.

At the other end of the continuum, one pregnant girl in Mandeville described the following:

> "*I did not want to. It was hard; it was painful. It was the first time. I used to help my friend study. He ask and I said 'no' all the time I go. He say please and I said no and* [he] *just take no for yes and yes for no.* [Were you afraid when he kept asking you and you said no?] *He used to come to my house, my mother and him were good friends.* [Did he force you?] *I kept saying 'no' and he say please until I just told him yes and then I say 'no' again. I got mixed up.* [You got confused?] *Yes.* [When he came to the house did you ever tell mummy that he's asking you?] *Because I just don't want to …sometimes I'm going to tell her and I just don't want to worry her.* [Was it like a struggle?] *I pushed him.* [But he overpowered you?] *Yes, miss.*"

At the same but extreme end of the continuum, one girl described being raped at the age of 10 by an older man who was known in her neighborhood. This was her first and only sexual

experience. This will be discussed in more detail in the section on sexual violence. Similarly, one girl in Uganda described her first sexual encounter as rape.

Respondents described varying degrees of satisfaction with their first sexual experiences, but all said that they should have been older the first time they had sex. They all believed that it would have been a better experience had they waited. One girl who was 15 at first sex said that she should have been 17 because her body would be more mature. Others indicated that maybe it would not have been so painful or that they would have known more about what to expect or how to protect against pregnancy. When asked what could have stopped them from having sex the first time, one pregnant girl from Mandeville said nothing would have stopped her. When asked what could have stopped her, a pregnant girl from Kingston said, "*Me"*. When asked why she did not stop, she said, "*I wanted to try it."* Another pregnant girl from Mandeville said that the thought of getting pregnant could have stopped her.

Many study participants, however, blame the absence of a parent for their too early debut. A never pregnant girl in Mandeville said: "*I wish someone was there to tell me not to have it [sex] at that age, because you were going to regret it. Mommy was away studying to become a nurse and Daddy was away too. I was living with my aunt…If Mommy and Daddy was there, I wouldn't have done it."*

Uganda. There was little discussion in Uganda of the experience of sexual debut. Rather it was discussed more in relationship to other factors such as coercion. The median age at debut was 15 for the interview participants (9 had their first sex at age 14 or younger). All participants said their first sexual experiences were initiated or suggested by their male partners. When directly asked, most said they wanted their first sex; however, the majority also said it was not the right age, and they wished they had waited until they were older. A 16 year-old pregnant, married woman who had her first sex at age 14 said, "*I was still young – I should have been older than that – maybe like 18 or 20 years – by then I would have become a real girl who is grown up*."

We asked participants about their reasons for having sex the first time. Half of the participants said that their first sexual experience involved feelings of curiosity, love, and affection for their male partner. However, the other half described experiences of sexual coercion at first sex. Among coerced participants, commonly cited reasons for deciding to have first sex included the boy/man promising gifts or money, boy/man promising to marry them afterwards, physical force, sex as an obligation of marriage, and verbal pressure (not taking "no" for an answer).

> *"I took two days without knowing what to do until he explained to me that he would marry me after taking me and I also accepted."* – 17 year-old pregnant woman who had her first sex at 14 and was separated from her husband by age 17

> *"He used to come home all the time and I decided to do it (have sex) so as to stop him from coming home and leave me alone."* – 14 year-old never pregnant woman who had 1st sex with boy and then ended the relationship

Girls in Uganda were asked "how do you think your first sexual experience influenced your sexual behavior and experiences afterwards?" Most never pregnant informants explained that

having sex at such a young age catalyzed a quick and responsive desire to protect oneself against pregnancy and STIs. Therefore, they were much more likely to use contraception/condoms during subsequent sexual activity and making education a higher priority than having a boyfriend.

On the other hand, most of the pregnant girls in Uganda placed greater importance on finding a husband than education and explained that after having sex for the first time at a young age, they saw no real value in protecting their chastity because they were no longer virgins. Not only did they see no benefits from abstinence, many felt that frequent sexual encounters could potentially gain them popularity among their peers and even more desirably, help them develop sexual skills to please their future husbands. *"If I get married when I am still a virgin, I will feel a lot of pain [while having sex]…So I decided to have sex with age mates so I do not feel a lot of pain while having sex when I am married."* (pregnant, married 17 year-old)

Experience of sexual violence

The term sexual violence is used in this report to describe a wide continuum of experiences that relate to intimidation or loss of control over one's sexual behavior. Girls in Jamaica and Uganda described both personal experiences of sexual violence and those of their friends.

Sexual harassment. Many girls reported verbal and physical harassment as part of their every day lives, usually while they were out walking on the street. Many of the girls describe their resistance to this kind of treatment. When a pregnant girl from Kingston was asked if she had been touched or spoken to in a way she did not like she said, "*Like when you walking on the road and some guys touch you or talk about sex to you. What do you do? Walk away."*

A never pregnant girl from Kingston said:

> "*like my mother send me go shop one Sunday morning and them see me a go down the road and them touch me on the bottom and I cuss some breed a bad word and everybody a ask me a what and me a tell them and them beat him and cuss him. The guys them on the road call you names and them something and then sometimes you have to cuss. All bad words way you don't want to curse yuh nuh you have to just get them off of you."*

A never pregnant girl from Mandeville described this situation:

> "*Like this man, he is a big man actually he owns a garage…He gave me and my cousin a ride to school and he was saying that he would love to see me in my G string. So I asked him to let me off at the bank and I walked to school. I respected that man. I used to call him Mister but after that I stayed away from him."*

Another girl from Mandeville said:

> "*Yes a boy in my class likes to go around and touch girls on the breast; he touches me too and I fight him."*

A pregnant girl from Kingston said:

> "*Well you might be talking to a boy for example and he just feels you are easy then he just touches you and you have to get real cross with him and say, 'don't play with me or don't do that again,' cause some of them think you and the other girls are the same."*

Some girls defend themselves internally. A pregnant girl from Mandeville said:

> "*Walking on the roadside I know I look good and you have some careless guys they touch you and I feel uncomfortable that somebody I don't know touch me...the same guys that touch me would say things too but I know what I am capable of so I just don't matter them."*

Sometimes girls want to fight back but back off to keep from getting hurt. A never pregnant girl from Kingston said:

> "*Sometimes I'm passing and the man dem say that they are going to want you and sometimes I just feel to just knock them out. Some of them don't look righteous neither…True dem name man you can't really do anything to them cause they are kinda stronger than you."*

In Uganda this kind of sexual harassment was also commonly experienced. Respondents described two types. *Okwesittaza* referred to unwanted, non-penetrative touching (e.g., fondling a girl's breasts) and indecent exposure which was usually perpetrated against children in domestic settings with relatives. *Okuwemulwa* referred to verbal conduct of a sexual nature or the use of obscene words to degrade or embarrass girl. A 17 year-old girl told about going to buy something from her grandfather's shop. "*My grandfather checked my foot and told me your big toe is separated from the others, so you have a big vagina. I felt very ashamed and left without buying what I had gone to buy and my friends stared at me."*

<u>Pressure or force.</u> In Jamaica, girls also described various forms of force or pressure to have sex from their boyfriends. The words "pressure" and "force" mean different things to different girls. Sometimes they say they were forced when their boyfriends beg and plead with them for sex. A "never pregnant" girl from Kingston put it this way: *"So when you say pressured you mean like he gives you argument or him keep asking you for it what him do? …Him keep asking for it."*

This is similar to what the Ugandan participants described as overbearing persistence (*okutambulira* or *okulemerako*) when a boy/man will not take no for an answer. Both pregnant and never pregnant girls experienced verbal insistence and perceived it as a normal component of male-female courtship, sexual relationships, and marriage. The process by which verbal insistence compels girls to have sex against their will involves the persistence and badgering of the boy/man gradually reaching a level where it becomes so stressful and aggravating to the young woman that it is preferable to give in to the sex than endure the continued harassment. One 17 year-old Ugandan never pregnant girl explains, *"He was over frequenting me and I was tired. I decided to have sex with him – he used to find me on the way home with my friends and he could tell me only about that [having sex] and I wanted us to do it and finish it so I decided to have sex."*

Ugandan girls also discussed the use of deception or conning (*okumatiza* or *okukiyingiza*) referring to when a boy/man would misleadingly make promises that he did not intend to keep, such as a promise of marriage or extravagant gift that he could not afford, in order to get the girl to have sex with him. One common form of deception, described as the "use of words" (*okusendasenda*) – insincere sweet talk using excessive flattery, often coupled with romantic gifts or letters, with the sole purpose of seduction. Deception usually resulted on only one sexual encounter rather than the development of an intimate partnership.

Sometimes the girls responded to an unspoken threat. One never pregnant girl from Mandeville said, "*I was there alone. He forced me to have sex and I didn't want to.* [Why did you think you had no choice?] *Maybe he would have hit me or something. I am afraid of him. He is very tall."*

Sometimes the terms "pressure" or "force" were used to mean actual physical force. A pregnant girl from Kingston said, "*Sometime my babyfather force me sometime me no wantto an him a force me."* A number of girls described being held down by their boyfriends. A pregnant girl from Mandeville said, "*At one point, he was trying to talk me into it and then he held me down but I was still refusing….I was vex afterwards…Bad, I felt bad and sad."*

Transactional sex. In Uganda, poor economic circumstances were often cited as the reason for having unwanted sex. Many girls reported having sex in exchange for money as well as non-financial "benefits" (*okufunamu*). About a third of the girls said that the primary motivation for first sex was the promise of money or gifts, and all of the young women interviewed said that they had had sex at least once for "benefits." Though some respondents perceived transactional sex as a way to have luxuries usually beyond their reach, most adolescents exchanged sex for the less glamorous staples of life. One married 16 year old had sex for the first time at 14, so she would not have to drop out of school because of a lack of school supplies. She said, "*My grandmother told me she is very old and does not have money so we (orphans) should cater for ourselves….No, I didn't want the first sex – I wanted money – to buy books. If I had books, I would not have had sex."*

Both married and unmarried participants in Uganda felt that sex was one of the few mechanisms they had to wield control in their sexual relationships. Several married, pregnant women said they commonly refused to have sex with their husbands until they gave them money or something they had been asking for. *"Sometimes my husband may want to have sex when I don't want to. If he tells met that 'let us have sex and I will give you money,' even though it is only 1000 shillings and he gives it to me after having sex, I will have sex because I wanted the money but not because I wanted to have sex."* (pregnant 17 year-old)

In Jamaica, transactional sex was discussed in the focus groups, but none of the participants mentioned it in the in-depth interviews as part of their personal experience.

Resistance. Some girls fight back against physical aggression. A pregnant girl from Kingston said, "*I was almost raped. I was staying with my brother and one of his family members came to the house and saw me and he held me down but I fought him and in the end he apologize…I was proud that I fought him off."*

In Uganda, however, secrecy was a common response to all experiences of forced sex, regardless of the perpetrator. Pregnant adolescents who were married felt they would be met with little support or reprimanded for making complaints about forced sex from a husband. It was widely accepted that sex is "*an obligation because you are married*" (17 year-old pregnant girl). Sexual violence was thus silently endured. Non-partner rape, however, was considered unacceptable under all circumstances and recognized as a crime, but girls felt that there were more disadvantages than benefits of reporting sexual violence or seeking assistance from others. Girls feared that disclosing sexual violence would bring shame to the family, cause accusations of "asking for it" or the stigma of being "spoiled" (*okwonooneka*). Families frequently make collective decisions to keep a rape secret because they *"don't want the whole area to know she was raped…they might have found a man for her to marry but because she has grown up (had sex) they will tell him 'don't bother, that girl was raped already'"* (never pregnant FGD participant). Consequently, most girls who were raped chose not to tell anyone what happened.

Coercion by men in the household. Several girls in Jamaica described situations in which adult men living in their households made unwanted advances. A never pregnant girl from Kingston reported that "*her [mother's] boyfriend tried to molest me and I told her about it and she say is lie me telling; and I run away from her and I end up into a home for six months."* The same girl described the actions of an uncle who would come into her bedroom at night to tell her he wanted to teach her how to kiss. She told him "no" and told her grandmother with whom she was living. The grandmother did not believe her until she taped him one night and played it back for her grandmother, who then threatened to call the police.

A pregnant girl from Mandeville told of an incident with her stepfather:

> "*He held me down and tries to feel me up*." [Where was your mother at this time?] *"Out. It was on a Sunday and me and my.* [Did you tell your mother?] *Yes, but she did not believe me…When I told my mother and she did not talk to me maybe it wouldn't have…If she did believe me and put it to a stop thing would be different.*

Another pregnant girl from Mandeville said, "*When I was younger one of my fathers' friends came on to me and then tell my stepmother I came on to him instead."*

When the perpetrator is in the household or a friend of a parent, the credibility of the girl is questioned, making it harder for her to get help. On the other hand, there are some adults that girls are able to use as allies. A never pregnant girl from Mandeville told the following story:

> "*It was this boy, my next door neighbor, he just moved there about two months. We were helping him out because one of his legs were break, so each time my sister goes there he has a different reaction around her and each time I am there he has some arguments about sex….It worried me a lot, because maybe one of the days I got out there to help him he might hold me down.* [What did you do about it?] *I stopped going there.* [Did you tell anyone?] *I told my grandmother about it.* [What did she say?] *She told me to stop going over there and she went over there to talk to him."*

Rape. In Uganda, forced sex by a man who is not a woman's husband or intimate partner was referred to as *okukwata olwempaka* or *okuwamba* which literally means to rape. Perpetrators of rape were defined to include men who are completely unknown to the female victim, men who

are known to the victim but not in a sexual relationship with her and relatives. Participants explained that non-partner rape always involves non-consensual sexual intercourse – when the perpetrator *"has not decided with the woman, but forces her"* (pregnant FGD participant).

Forced sex by a husband or boyfriend was referred to as *okukaka okwegatta* or *okukaka omukwano* which literally means "sex by force" or "sex by an intimate partner." Informants explained that sexual violence perpetrated by a husband could never by considered rape because of wide community acceptance that unrestricted sexual access is a male right embedded in a marriage commitment and the perception that women are responsible for sexually satisfying their husband or partner, regardless of their own wishes. Girls in Uganda repeatedly expressed the opinion that men are entitled to sex whenever desired, particularly in marriage. Many other opinions were expressed that condoned violence against women, as well as gender norms defining the distinct roles of men and women.

There was one story of violent rape told among the respondents in Jamaica. The victim was 13 at the time of the rape:

> "*I was raped by a guy named H…The door was push up and he came in and hold my throat and squeeze it. I could not get to scream out and he raped me; my mother did not put him in prison; my brother report it to the police, took me to the hospital and then the police locked him up.* [How did your brother know about him?] *I told my sister and she tell him….He was over 40.* [How did you feel after all this?] *I feel very ashamed because I told the teacher and she tell everyone in the class they were teasing me and calling me H.* [You were the only person at home?] *Yes.* [Did you know him before?] *Yes, he lives in my community.* [Anything could have stopped it?] *My mother and father.*"

Though this girl was supported by her sister and brother, she seems to lack protection by her parents. The actions of her teacher only compounded her pain.

Nearly all the girls knew stories of other girls who had experienced sexual violence, including rape. For many of these girls the story was about a close friend or relative; for others it was a story in the community.

Use of contraception

In Jamaica, the most obvious difference between the pregnant girls and the girls who had never been pregnant was the conscious desire of the never pregnant girls to not get pregnant and their use of contraception, usually condoms. Typical comments about their desire not to get pregnant included discussion of personal goals, such as finishing school and being able to get a job and earn money

"I am not ready for pregnancy yet and I want to achieve my goals in life…to get a big house for mommy."

"I think (pregnancy prevention) is very important because I have goal in front of me that I am going after and I don't think I am ready for a child first."

Mothers were often involved in girls' desire and ability not to get pregnant – sometimes encouraging them to use protection and often threatening them if they get pregnant.

"My friend mommy always say anytime you feel like you want to have sex let me know and I will put you on the pill. We both have dreams and that (pregnancy) would make things complicated…the right time (for pregnancy) is when you are married….My mommy has four of us from different fathers and in today's society I see how a lot of stepparents are and I don't want to give my child a stepparent."

[What do they tell you?] *"To make sure you protect yourself and don't get caught in that terrible little thing there. Tired to hear it, especially from my mother. She all threaten me…If I get pregnant young, I mustn't tell her, I should just come and take up my things and go. So she said once she sees me take my clothes she knows. But it nah go happen."*

One Jamaican girl said that her father told her he would kick her out of the house if she got pregnant, and another respondent said that her grandmother (with whom she was living) found out she had had sex and had beaten her so badly that she was not able to go to school for several weeks. That beating, in the girl's mind, had served as a deterrent from having had sex again.

One girl spontaneously mentioned in the first interview that she was proud of herself because she had never gotten pregnant.

Only two of the pregnant girls reported that they had been using a condom at the time they got pregnant – or thought they were. In one case, the condom burst. In the other, the boyfriend tricked her:

> "*But the reason I know that me getting pregnant a fi him fault because during intercourse I saw him put on a condom but him tell mi say one time him prefer do it without a condom because it feel more better and pleasurable. After we finish and ting a fell a difference so a put on back my clothes and I feel something run down so I ask him if him use it right try and him say yes then no. I ask him why he take it off and him say I must not worry myself nothing will happen. The other day I went down to the country and three weeks time I found myself start to vomit."*

More typical, however, were girls who used condoms sporadically but had not at the time they got pregnant or girls who did not use them at all. One girl, for example, stopped using condoms because her boyfriend did not want to use them. Girls who never used condoms when asked about whether they thought about getting pregnant said things like "*I did not have it in mind"* or *"I wasn't worried."* When asked if they knew about contraception, one girl said her mother had talked to her about condoms, "*but no mi never did a listen."* Several other girls said they had heard about contraception but just did not think about using it.

In Uganda, being married precluded contraceptive use and girls in school had more "legitimate" reasons for negotiating condom use with their boyfriends who were often their classmates. Of note, only one pregnant participant used contraception at first sex while the majority of never pregnant participants used contraception (condoms) at first sex.

Pregnancy

Not worrying about protection against pregnancy did not mean that their pregnancy was a good thing for them. All the pregnant girls were unhappy when they found out and most were afraid to tell their parents, though a few parents were supportive when they found out. Reactions to the pregnancy included:

In Jamaica:
"I wasn't happy… I felt it was too early, I was disappointed."

"…me never did want my mother know fe upset my mother…me stepfather him a mek tings bad for me."

"Well people think you are worthless and you don't finish school so they think you are dunce and that sort of thing."

"I feel so stressed, I feel like to kill myself I fell like to run away, but my babyfather was always saying everything is going to be ok and me always a cuss him."

"We are too small I didn't have a passage to push the baby out I had to get cut."

During the first interview when asked to describe themselves, girls brought up the effects of their pregnancy on their self-concept. One girl said she was *"just not the same girl"* and wanted to *go "back to school and let my mother feel proud of me."* She said, *"Sometimes when I sit and look back on my life, I cry."*

Similarly another girl said:

> *"When I think about my baby, I don't say I don't want the baby, but I get the baby and accepted it. I did not want it so soon, when and I sit down and think of that I cry…And every time it run through my mind and I don't know what the future will be for my baby…Miss, people some of them make me cuss, miss, and get sad. I would sit down with myself and cry. Sometimes I feel like I want to kill myself miss. I don't want to do that."*

All of the girls who had been pregnant said they felt like they were too young to have gotten pregnant and wished they had been older. Among those who had already given birth, all but one said they were now using contraception.

In contrast, in Uganda about half of the pregnant participants said they were happy about their pregnancies. However, only a few participants said it was the right time to get pregnant because they were married.

"I got it and I wanted it because I was with my husband when I got it [pregnant]*."* -- 16 year-old pregnant participant

[The pregnancy was planned] *"because my (first) child had already started walking and speaking."* – 17 year-old participant who was pregnant for the 2nd time

"I had stopped using pills, they affected me, they caused me fibroids…they told me that my ovaries [eggs] *got burned… I wanted to get pregnant, people were telling me that I couldn't get pregnant…I was happy."* – 17 year-old pregnant participant

"I was glad…the reason he brought me to his home is because his 1st wife is barren and they have been together for so many years without her producing a child…so he told me the reason as to why he had brought me was because he wanted to see among the two of them [husband and his 1st wife] *who is capable of producing."* –17 year-old pregnant participant (with 2nd child), in consensual union. She had a pregnancy at age 14 that she did not want. Her family abused her, so she sought out the marriage/union to leave the house (but did not want to get married either).

"When I look at myself, I realize that I am alone [parents had died, only child of her mother] *If God gave me a child, let me produce."* – 17 year-old pregnant, in traditional marriage

"I never wanted to get pregnant….Why would I be happy? 'Walumbe ate nga nsanyuka?' [pregnancy is dangerous – it's a matter of life and death how could you be happy about it?]*"* –17 year-old pregnant woman

The other half of the pregnant Ugandan participants were not happy about their pregnancy for a variety of reasons including a premature end to schooling, fear of parents' disapproval, anticipated pain and suffering due to the pregnancy itself as well as the financial implications of having a child. Most participants (both married and unmarried) said it was not the right time for them to get pregnant. Better times to get pregnant included when a woman is an adult/older (age 18 or 20), when she is out of her parents' house, when she is married, when she is of age to make her own decisions.

HIV prevention

Because adolescents are not only at risk of pregnancy but also STIs/HIV, discussions included knowledge about HIV and specific prevention strategies.

Jamaica. All the respondents knew about HIV and that condoms should be used to protect against HIV. Most girls felt that HIV was a more serious threat to them because it is more deadly than pregnancy. A couple of girls, however, were more worried about pregnancy because of the immediacy of its consequences. Other people would know fairly soon if you got pregnant. While some girls said they worried a lot about HIV, some were less worried because they used condoms and had only one partner (presumably whom they trusted).

Uganda. Participants in Uganda were aware of the three ABCs of HIV prevention; however, the general feeling was that deciding to follow the ABC method of disease prevention was largely beyond their control. Regarding abstinence, participants understood the benefits of abstinence but did not see it as a realistic option for young women: married women cannot abstain (and many girls are forced into marriage).

"They [adult relatives] *might get for you a man of their choice…. you don't know him but they take you…sometimes you haven't even had an HIV test but after the man pays the brideprice for you (okugula), you go. You were abstaining for him yaggwayo and he is already HIV positive.* (FGD with pregnant participants, 14-17 years)

Other young women are often pressured/forced to have sex by boys/men**.** *"It wouldn't be bad to abstain, but boys can force you nakulemerako* [refuse to leave you alone]. *We as girls would try it [abstinence] but the boys force us."* (FGD with never pregnant participants, 14-17 years)

Participants thought it was very easy for girls/women to be faithful, but oftentimes impossible for men, as they have a natural "need" to have sexual prowess. *"It's easy for women to say let me be faithful but for men of this generation it's very difficult (to be faithful) because the man can move like a cow."* (FDG with pregnant participants, 14-17 years)

Condoms were seen as the best method of HIV prevention (when used correctly). However, it was disclosed that: 1) Male partners had ultimate control of when (and how) condoms were used; and 2) Youth received mixed messages on the use of condoms. Health workers, media and IEC materials tell them condoms were useful. However, the adults closest to them (parents, relatives, teachers, etc.) encouraged them to not use condoms/have sex. "*Some people tell us that condoms are not 100% safe, that they have small holes*" (FDG with never pregnant participants, 14-17 years).

Case-control study

The analysis of the case control study presented in this report will focus on 1) a description of the background characteristics for pregnant and never pregnant participants, and 2) a description of the similarities and differences between cases and controls with respect to early sexual debut, sexual risk-taking behaviors, and experiences of sexual violence. (*Note: Multivariate analyses of these data will be presented in subsequent peer-reviewed papers*.)

Background characteristics

Cases and controls were well-matched in terms of age, with a similar mean age of 16 years, and education, with 96% having attended secondary school (Table 1). Never pregnant girls were more likely to have lived at least three years in their community, live with a father, get financial and emotional support from their mothers and participate in a club or community group – all factors that may point towards stability and connectedness. Pregnant participants were also less likely to have drunk alcohol recently – an encouraging indicator of education efforts regarding pregnancy care.

Table 1. Background characteristics

	Cases (Pregnant) n=250 %	Controls (Not Pregnant) n=500 %
Mean age (years)	16	16
Attended at least secondary school	96	96
Worked in the last 4 months	5	9
*Has lived in community less than 3 years	24	17
**Involved in area clubs/community groups	14	23
Actively practices a religion	34	32
*Currently lives with father [a]	20	26
*Currently lives with mother [a]	61	69
Father gives emotional + financial support	40	47
*Mother gives emotional + financial support	76	83
Relationship with parents/guardian is good/very good	65	63
Someone at home uses alcohol	64	67
Someone at home uses ganja	47	42
Ever experienced familial violence at home	14	18
Does not feel safe at home	10	13
**Believes contraception is woman's responsibility	21	13
**Thinks very important to protect against pregnancy	91	98
Bigger worry is HIV/STIs compared to pregnancy	95	95
*Currently in stable relationship [b]	87	80

a 'Currently lives with father' and 'Currently lives with mother' are not mutually exclusive
b May or may not be living with partner

* $p < .05$
** $p < .01$

Sexual debut

With regard to relationships and sexual behavior (Table 2), we see that being pregnant is related to more stable relationships with partners, including a greater likelihood of living with a partner (though the majority of pregnant girls do not live with their partners). Pregnant girls were more likely than their never pregnant peers to have had sex for the first time at age 14 or younger and their first partner was more likely to be at least five years older than they were.

When asked why they had sex the first time, the most often cited reasons were "loved him," "don't know," and "curiosity." More never pregnant (46%) than pregnant respondents (38%) cited love as a reason, and more pregnant (20%) than never pregnant respondents (10%) said

they did not know why they had sex the first time. A greater percentage of never pregnant girls (15%) cited “curiosity” as the main reason compared to pregnant girls (9%).

Following up on results of the formative study, we asked girls about the physical aspects of their first sexual encounter. The responses were similar for girls in the two groups. Overall 67% reported that it was painful; 27% reported a mix of pleasure and pain and only 4% described it as only pleasurable or fun. With regard to their emotional reactions to the event the day afterwards, again, the differences between the two groups were minimal. A little over a fifth of the girls were happy about it; three-fifths reported a mixture of different kinds of negative emotional reactions: unhappiness, regret, embarrassment, shame, and guilt; and the remaining fifth reported no emotion.

Sexual risk-taking and pregnancy prevention

We also asked participants about other risk-taking such as multiple partnerships and pregnancy prevention attitudes and behaviors. We found that attitudes toward contraception and contraceptive use were related to pregnancy status. A larger percentage of never pregnant participants had used contraception at first sex or had ever used something to keep from getting pregnant compared to their pregnant counterparts (although it was pretty high for both groups) >80%. Interestingly, a larger percentage of pregnant girls than never pregnant girls (21% vs. 13%) thought it was the woman’s responsibility to use contraception, though the percentages were relatively low in both groups. This variable may actually indicate stereotyped gender roles and poor couple communication. The more telling finding was that never pregnant girls were more likely to say that it is very important to use contraception every time you have sex – though in this case the percentages were high for both groups (98% and 91% respectively).

What was not different for the two groups was the number of current sexual partners. Nor were there differences between the groups in whether an adult had talked to them about pregnancy protection. Nearly all participants in both groups reported having talked to an adult about protection against pregnancy.

Table 2. Relationships, sexual behavior, contraceptive use, and pregnancy

	Cases (n=250)	Controls (n=500)
	%	%
Relationship status **		
Single: stable relationship, living w/ boyfriend	22	7
Single: stable relationship, not living w/ boyfriend	66	73
Single: No relationship or casual relationship only	13	21
Age at first sex <=14 *	54	41
Partner for first sex was more than 5yrs older**	19	11
Main reason for first sex:		
Loved him	38	46
Wanted to	4	5
Needed money	2	<1
Afraid he'd leave	1	<1
Curiosity	9	15
Peer pressure	3	4
Forced/raped	3	2
Didn't know	20	10
Other	18	15
No answer	2	<1
How did you feel physically?		
Pleasurable/fun	4	4
Painful	71	66
Pleasurable/fun but painful	23	29
Other/don't know	2	1
How did you feel emotionally the next day?		
Happy	22	21
Unhappy	24	18
Regret	12	11
Embarrassed	5	5
Ashamed	2	4
Guilty	18	19
No emotion	14	16
Other/don't know/no answer	3	5

* $p < .05$
** $p < .01$

Table 3. Number of partners, attitudes toward contraception, contraceptive use, and communication with adults

	Controls (n=500)	Cases (n=250)
	%	%
# of lifetime partners		
1	49	36
2	25	35
3+	25	29
Used contraceptive during 1st sexual intercourse**	88	80
Believes it is the woman's responsibility to use a contraceptive**	13	21
Thinks it is very important to protect self against pregnancy**	98	91
Adults have talked to her about protecting self from pregnancy	98	96

** $p < .01$

Experience of sexual violence

Finally, we find the experiences of sexual coercion reported by girls in the two groups to be fairly similar. About a third of the girls in each group reported some type of coercion at first sex, while the percentage at last sex was closer to 10%, and 23% of the entire respondent sample reported having ever been forced to have sex.[1] There was only one difference between these two groups related to this topic and that was the question about "having ever been touched in a way that made me feel uncomfortable," which was reported by a larger percentage of never pregnant girls (63%) than pregnant girls (51%) – contrary to our expectations.

With regard to other types of sexual coercion or violence, 17% (overall) reported having been a victim of violence in their homes; 6% had been forced to do something sexually degrading; 7% had ever exchanged sex for money and 2% and 3% had been raped at last sex.

[1] The term "persuaded" was used in the question about coercion, rather than "coercion'" because it was better understood in the Jamaican context. Though "persuaded" has less negative connotations to some of us than "coerced," it was felt that with explanations given to the respondents (did not want to have sex but were talked into it somehow), it was better understood than "coercion."

Table 4. Experiences of sexual violence

	Controls (n=500)	Cases (n=250)
	%	%
First time participant had sex, she was…		
Willing (wanted to)	66	66
Persuaded (did not want to/not sure, talked into it)	27	26
Forced or raped (physically forced, held down, hit)	7	6
Last time participant had sex, she was…		
Willing (wanted to)	89	91
Persuaded (did not want to/not sure, talked into it)	8	7
Forced or raped (physically forced, held down, hit)	3	2
Ever been touched in a way that made her feel uncomfortable**	63	51
Ever been a victim of violence at home	18	14
Feels safe at home	82	85
Partner has ever physically forced her to have sexual intercourse	25	19
Had ever had sexual intercourse when she did not want to	19	19
Partner has ever forced her to do something sexually degrading	6	6
Ever received money/gifts/something in exchange for sex	7	6

** $p < .01$

Experience of pregnancy

Additional questions about the experience of pregnancy were asked of the pregnant participants only. They provide insight into the fathers of their babies, the intendedness of their pregnancies, their contraceptive use at the time of the conception, the reasons for nonuse, their feelings about their pregnancies, and violence related to pregnancy.

Eighty-six percent of the pregnant girls were still in a relationship with their babyfathers and received both emotional and financial support from these boys/men. About a third of the girls believed their boyfriends had other girlfriends and a little less than a third were not sure. About a quarter of the babyfathers already had other children.

Only about 5% of the pregnant girls said they had wanted to get pregnant, though only 41% had been using something to prevent pregnancy. Of these, most were using condoms, with 11% using the pill. Reasons for not using contraceptives (other than wanting to have a baby) included not knowing they were going to have sex (19%); partner-related reasons (9%); access-related reasons (29%); and method-related reasons (13%). Twenty-three percent did not know why they had not used contraceptives. Three-fourths of the girls were surprised to find themselves pregnant and over half were very unhappy about the news. Nearly all felt they should have been older when they had their first child. Most reported that their parents were either disappointed or unhappy about their daughters' pregnancies.

Table 5. Pregnancy experience

	Cases (N=250) %
Currently has relationship with babyfather	86
Support from babyfather	
No support	8
Emotional support	2
Financial support only	6
Both	82
Does babyfather have other girlfriends?	
Yes	34
No	34
Don't know	31
Babyfather has other children	24
Wanted or trying to get pregnant	5
Using something to prevent pregnancy	41
What? (n=102)	
Condoms	87
The pill	11
Withdrawal	1
If no, why not? (n=129)	
Partner-related reasons	11
Access-related reasons	29
Method-related	13
Didn't expect to have sex/don't know	19
Surprised about pregnancy	78
Feelings about pregnancy?	
Very happy	4
Somewhat happy	15
A little unhappy	24
Very unhappy	56
Confused	1
Timing of pregnancy	
Right time	5
Should have been younger	1
Should have been older	94
Parents' reactions to pregnancy	
Disappointed	69
Angry	18
Happy	2
Other	5
Don't know/no answer	5

IV. Discussion

The bivariate results from the Jamaica case-control study found an association between pregnancy and early sexual debut but not between pregnancy and sexual violence. The lack of association between pregnancy and sexual violence was unexpected and in fact, the opposite association was found related to the variable "ever been touched in a way that made me feel uncomfortable." This variable was used in a previous study and we expected that we would be able to understand more fully what was meant by this response through our discussion of violence more generally. That we did not ask girls specifically what they meant by this in our formative research was, in hindsight, a mistake because it is our strongest association but in the opposite direction than we might have expected if it were an indicator of sexual violence.
We did, however, learn a great deal about girls' first sexual experiences and experiences of sexual violence in both study components that should be incorporated into the design of programs to improve the lives of girls in Jamaica and Uganda. Some of these insights include:

- Girls' first sexual experiences usually are not pleasant for them, physically or emotionally. Most said they were surprised about this and wished they had known more about sex and had waited until they were older to have sex the first time. This finding was consistent between the formative and case-control studies.
- Though some girls had sex the first time because of curiosity, mostly it was in response to their boyfriends' persistent requests or demands. Partner pressure was cited most often as the reason for their first sexual experience. Sometimes they found in themselves in a situation where there was no adult around to stop them. A number of girls in Jamaica described the absence of a parent as part of the reason for having sex.
- Girls in Jamaica generally knew about contraception. What differed between those who had never been pregnant and those who had become pregnant was a commitment to using contraception consistently. From the formative research we see that this commitment is often a response to the belief that having a baby would interfere with their school and career goals. Sometimes these goals are reinforced by mothers and fathers. Girls without this future orientation seemed less likely to have consciously considered contraception. Though marriage had preceded pregnancy among girls in Uganda, it was an orientation toward school or toward early marriage that drove contraceptive use after first sex more than knowledge of contraception.
- Ever having used contraception was surprisingly high for both pregnant and never pregnant girls in Jamaica, so again, it does not seem to be a matter of knowing about or knowing how to use contraception that predicts pregnancy before age 18, but rather the motivation to use it.
- There was a continuum of experiences of sexual violence among girls in both countries. Verbal harassment was very common among girls in Uganda and Jamaica. Many girls described having been forced to have sex at one time or another by their boyfriends or someone they had a relationship with. Sometimes this meant actual physical force or a threat of force. Sometimes it meant being asked over and over again until it was easier to say "yes" than to keep saying "no." At the extreme end of the continuum were a few cases of violent rape by a stranger. Several girls in the formative study also described sexual coercion by a relative or mother's boyfriend, though most of the time it was not penetrative sex.

- Findings from Uganda provide insight into sexual violence experienced by young married girls and add to findings by Santhya & Jejeebhoy (2005) and others who have found that marital sex is no protection against sexual violence for young women, and in fact, marriage is probably a risk factor for sexual violence among married teenagers.
- Jamaican and Ugandan girls differed in their resistance to sexual violence. In Uganda, girls were more likely to keep sexual violence a secret than were girls in Jamaica who described having told relatives about their experiences and asking for help. Some girls, however, described blame or disbelief by their mothers when the perpetrator was the mother's partner.

A few limitations of our study and these analyses should be mentioned. First, we believe these findings are set within specific cultural contexts and should not be generalized beyond them. Second, with regard to the case-control study, we have presented only bivariate analyses. We believe that multivariate analyses, controlling for personal and social factors, may provide additional interesting findings with regard to the associations among early sexual debut, sexual violence and unintended pregnancy. Additional analyses will be conducted and disseminated through peer-reviewed papers.

What do these findings mean for programs to reduce unintended pregnancy? First, it seems that the relationship between early debut and pregnancy is an argument for programs to delay sexual debut – which is not necessarily the same thing as promoting abstinence until marriage. We do not know from this study whether the association between pregnancy and early sexual debut is the result of greater exposure or through other factors that lead to both. Other research in this area has found that personal and social factors such self-efficacy, education, socioeconomic status, and influence of parents are associated with the timing of sexual debut and childbearing (Kirby, 2001). The results from our case-control study also found factors related to "connectedness" were associated with pregnancy status. In the formative work in Jamaica, some girls discussed their sexual encounters as being related to a lack of parental attention. Thus, programs designed to delay sexual debut should identify ways in which girls can tap into a feeling of connectedness that they may not be able to achieve at home.

The fact that girls describe their sexual debut as such an unpleasant experience should be noted in programs as a good reason to wait until they are physically and emotionally ready (rather than discouraging sex altogether). Peer education would be an important vehicle to communicate this message.

From our findings related to contraceptive use, even girls who had begun to have sex at an early age were able to prevent an unwanted pregnancy when they had a conscious motivation for doing so. Future orientation and motivation can be instilled through programs for girls. Though it is true that this is affected to a large degree by social and economic factors at a community or country level, we found differences among girls within the same communities. So, there are individual differences that are having an effect within a community.

Though we did not find sexual violence to be associated with pregnancy, the prevalence of reported sexual violence and our descriptive findings indicate that sexual violence is an important issue to address through programs for and with adolescents. While this problem has its

roots in social norms and practices, interventions can address these. Programs and communications campaigns targeting men should promote the message that sexual harassment of girls and women is not acceptable. Communication about sex and sexual negotiation needs to be part of any sexuality education curriculum. Social norms related to the stigma of sexual violence need to be changed to allow for talking about sexual violence when it occurs. The political will of influential community members to take on this challenge can have an important effect on a community or country.

That our data did not find the same association between pregnancy and sexual violence that other studies have is puzzling. For example, a case-control study in antenatal care clinics in South Africa showed that pregnant young women < 19 years of age were more likely to have experienced forced sexual initiation than selected non-pregnant controls. The South Africa sample included women who were up to two years older than the Jamaican respondents. It is possible that there were other differences that might have been relevant as well. Further analyses with the Jamaican data should explore other possible mediating factors. One possible avenue to explore is girls' motivations to avoid pregnancy. A girl who is less connected with family, school or community may start having sex earlier, have more partners, use contraceptives less often, be depressed and/or have lower self-esteem and be more ambivalent about getting pregnant. Girls who have less future orientation may see more immediate benefit from becoming a mother than from longer term goals related to school and employment.

These study findings are consistent with the need for a holistic approach to addressing unintended adolescent pregnancy. Knowing about contraception is a necessary first step, but girls need reasons to want to not get pregnant or have sex that are compelling to them; they need to perceive that there are opportunities for them beyond getting married and/or having babies at an early age; they need boys and men to respect them as persons; they need the skills to articulate and negotiate the things that they want; and they need to feel connected to caring adults. These should be the goals of programs to prevent unintended adolescent pregnancy. A summary of program recommendations are shown below.

Programs to prevent adolescent pregnancy should:

- build adolescents' self-esteem and future orientation
- address norms that encourage early marriage and enforce marriage-age laws
- discourage older partners
- encourage stronger connections with parents and community groups
- teach girls and boys about contraception and make it accessible
- teach the community about the benefits of delayed childbearing among married and unmarried adolescents
- teach boys to respect that girls' have the right to refuse sex
- teach refusal skills to girls
- provide girls with good reasons to delay sexual debut
- reach girls and boys at young ages (before age 14)

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