

# Factors that shape young people's sexual behaviour: a systematic review

*Cicely Marston, Eleanor King*

## Summary

### Background

Since nearly half of new HIV infections worldwide occur among young people aged 15–24 years, changing sexual behaviour in this group will be crucial in tackling the pandemic. Qualitative research is starting to reveal how social and cultural forces shape young people's sexual behaviour and can help explain why information campaigns and condom distribution programmes alone are often not enough to change it. We undertook a systematic review to identify key themes emerging from such research, to help inform policymakers developing sexual health programmes, and guide future research.

### Methods

We reviewed 268 qualitative studies of young people's sexual behaviour published between 1990 and 2004. We developed a method of comparative thematic analysis in which we coded each document according to themes they contained. We then identified relations between codes, grouping them accordingly into broader overall themes. Documents were classified as either primary or secondary depending on their quality and whether they contained empirical data. From the 5452 reports identified, we selected 246 journal articles and 22 books for analysis.

### Findings

Seven key themes emerged: young people assess potential sexual partners as "clean" or "unclean"; sexual partners have an important influence on behaviour in general; condoms are stigmatising and associated with lack of trust; gender stereotypes are crucial in determining social expectations and, in turn, behaviour; there are penalties and rewards for sex from society; reputations and social displays of sexual activity or inactivity are important; and social expectations hamper communication about sex. The themes do not seem to be exclusive to any particular country or cultural background, and all themes were present, in varying degrees, in all countries assessed.

### Interpretation

This study summarises key qualitative findings that help in understanding young people's sexual behaviour and why they might have unsafe sex; policymakers must take these into account when designing HIV programmes. Considerable overlap exists between current studies, which indicates the need to broaden the scope of future work.

## Introduction

With nearly half of new HIV infections worldwide occurring in young people aged 15–24 years,<sup>1</sup> changing sexual behaviour in this group will be crucial in tackling the growing pandemic. Campaigns targeting young people have encouraged safer sex, either through condom use or avoiding penetration. Prevention efforts have often involved giving out condoms free of charge and providing information through school talks and leaflets. Yet even where condoms have been freely available and awareness of sexual disease high, such campaigns have often had

disappointing results. Qualitative research is starting to show that strong social and cultural forces shape sexual behaviour and is helping to explain why providing information and condoms—while important—are often not enough to change this behaviour. In particular, such work helps us understand why some HIV prevention programmes have been ineffective and how they might be improved. Since the advent of HIV/AIDS, the number of studies in this field has grown. Previously the realm of sex specialists, sexual behaviour is now scrutinised by sociologists, anthropologists, and public-health specialists in a way that would not have happened before the epidemic. However, whereas earlier work sought to describe and understand sexual behaviour in general, current research tends to focus on identifying, explaining, and changing sexual practices relevant to HIV transmission.

Although quantitative research is effective at answering questions such as “what percentage of young people report using a condom the first time they had sex?”, it is less useful if we want to know the reasons for their behaviour; nor will it give a broad description of what happened during the sexual encounter. Qualitative research helps describe, and find the reasons for, behaviour and its social context. Because this is a comparatively new field and qualitative work is usually published in specialist journals, such research tends not to be read by other researchers, clinicians, or policymakers. This systematic review provides a critical synthesis of existing qualitative evidence for a wider audience, to inform research and policy. We show how the findings illuminate our understanding of sexual behaviour, and help to answer key questions. Finally we ask: where does the research go from here? To our knowledge, this paper is the first comprehensive review of this literature.

## Methods

We reviewed qualitative empirical studies of young people's (aged 10–25 years) sexual behaviour published in English between 1990 and 2004 inclusive. We included any study reporting empirical, non-numerical data on sexual behaviour even if the focus was elsewhere—eg, on drug use, but excluded studies focusing exclusively on commercial sex work or child sexual abuse because these added complexities beyond the scope of this review.

### Identification of data sources

We searched these databases: BIDS:IBSS, BIDS: Ingenta, PsycInfo via Ovid, PubMed (NLM), CINAHL via Ovid, Ovid journals, Ovid Medline, Books via Ovid, Web of Science, EMBASE via Ovid, Anthropology plus. We used these search terms: (foc\* group\* OR grounded theory OR anthropol\* OR ethnograph\* OR qualitative) AND (sexual\* OR risk behav\*) AND (juvenile OR youth OR young people OR young male\* OR young female\* OR adolesc\* OR teen\* OR student\* OR girl\* OR boy\*) where \* indicates wildcard. Searches for misspellings and MeSH terms were automatically added in PubMed searches. We also searched the catalogues of the M25 consortium of London University libraries (150 academic libraries in London) and Copac (merged online catalogues of major UK and Irish university research libraries, plus the British Library and the National Library of Scotland), following up references in review articles and book reviews, consulting experts in the field, and hand searching within London libraries. We handsearched key journals: *Culture, Health and Sexuality, Reproductive Health Matters, Sociology of Health and Illness, Lancet, Archives of Sexual Behavior, AIDS Care, and Social Science and Medicine*.

### Comparative thematic analysis

We did a review and synthesis of qualitative work analogous to a quantitative meta-analysis. No particular method exists for analysing and synthesising qualitative studies. Unlike quantitative analyses, where focus and methods are defined *a priori*, qualitative analysis is guided by emerging findings. We developed a strategy that we name comparative thematic analysis from existing work on meta-analysis of qualitative data<sup>2,3</sup> and our own experience of qualitative analysis.<sup>4,5</sup> The method treats the research papers as documents, and analyses them using well-established qualitative techniques: first, we independently reviewed and coded the documents. Codes represented themes that emerged from the documents—eg, violence against women. We refined

these dozens of codes through discussion and the use of constant comparison within and between codes to ensure that they accurately reflected the material. We then identified correlations between the different themes, grouping them into the broad overall themes.

Documents were classed as primary—of high quality or containing empirical data about sex (ie, specific reports about sexual events rather than about attitudes or opinions), or both, or they were classed as secondary—lower quality, with no empirical data about sex. High quality studies provided theoretical insight into sexual behaviour or contained thorough descriptions of particular contexts. For instance, they could include detailed, evidence-based descriptions of family expectations about young people's sexual behaviour. Lower quality referred to those with simple, non-detailed descriptions or failing to provide evidence for statements made, or both. To ensure comprehensive coverage, we coded both primary and secondary documents, then refined the codes using the primary studies only. No additional themes emerged from the secondary studies. We took this to indicate that our final comparative thematic analysis covered the breadth of the literature reviewed, and that our selection and quality criteria were robust.

We identified 5452 reports, of which 2102 remained after exclusions because of the irrelevance of the title, and 268 after exclusions because the content in the abstract or the full text did not meet our inclusion criteria. 56 items had no abstract and could not be obtained from UK libraries or directly from the authors. The final sample for analysis contained 246 journal articles and 22 books, of which 121 items were primary documents. Summary data for these are shown in the table.

### **Role of the funding source**

The sponsors of the study had no role in study design; collection, analysis, and interpretation of data; writing the report; or the decision to submit the paper for publication.

## **Results**

Seven key themes emerged: five related to sexual behaviour in general and two (themes 1 and 3) to condom use in particular. There was considerable overlap between the studies, and so citations are representative rather than comprehensive (the table lists in full the themes in each study). Most studies in our final sample assessed behaviour in unmarried heterosexual young people, and this focus is retained here.

The research shows us that, worldwide, not only is sexual behaviour strongly shaped by social forces, but those forces are surprisingly similar in different settings, with variations of the extent to which each theme is present rather than of kinds of themes. For example, women's sexual freedom is universally restricted compared with men's. The exact nature of what is deemed inappropriate and the penalties for transgression—from verbal censure to "honour killings", a practice in which a family member kills a female relative as punishment for sexual behaviour considered to have brought "dishonour" to the family<sup>6,7</sup>—vary both within and between societies.

### **Theme 1: Young people subjectively assess the risks from sexual partners on the basis of whether they are "clean" or "unclean"**

Studies repeatedly showed that young people assess the disease risk of a potential partner by how well they know their partner socially, their partner's appearance, or other unreliable indicators.<sup>8–12</sup> They readily use condoms to protect against disease with "risky" partners. For instance, in Shanghai, "men seemed to feel they could distinguish between women who were likely to be 'clean' (disease free)...and 'dirty' based on their behaviour and social position".<sup>13</sup> Thus, young people who use condoms in short term, unstable relationships might not use them in longer term relationships.<sup>8,14,15</sup>

"Depends how 'easy' she is. If she'd sleep with me the first night, I'd wear a condom. But if I met a girl who weren't that type of girl and started seeing her regular, then I'd trust her. I don't like wearing them". *UK, man aged 20–24 years*<sup>16</sup>

Such young people may however use condoms with “clean” or long-term partners to avoid pregnancy—which could be more of a concern than disease prevention.<sup>4,16</sup>

### **Theme 2: Sexual partners have an important influence on behaviour in general**

The nature of the partner and the partnership influences not just whether a young person uses a condom but sexual behaviour in general. Individuals might see sex as something that could strengthen a relationship, or as a way to please a partner.<sup>14,17–22</sup> Pregnancy can even be sought as a way to keep hold of a boyfriend.<sup>23–25</sup>

Some young people fear physical violence or retribution if they refuse sex.<sup>18,26–29</sup> Violence against women within relationships can be seen as normal, or as being the victim's fault.<sup>26,30</sup> Girls in South Africa were told by friends to keep silent about coercion and violence by boyfriends.<sup>26</sup> If being feminine is thought to require a stable partnership with a man, failed partnerships can damage women's social position.<sup>31,32</sup>

### **Theme 3: Condoms can be stigmatising and associated with lack of trust**

Carrying or buying condoms can imply sexual experience—undesirable for women,<sup>11,33,34</sup> although sometimes desirable for men.<sup>6,35,36</sup> Similarly, asking for condoms can imply inappropriate experience for women.

“If a woman offers me a condom, I won't take her seriously [ie, marry her]. I don't think she would be a good model for my kids.” *Mexico, unmarried man*<sup>37</sup>

Young people also worry that asking for their partner to use a condom implies that they think their partner is diseased;<sup>38</sup> thus, condom-free intercourse can be seen as a sign of trust.<sup>17,39</sup> In South Africa<sup>9,18</sup> and Uganda,<sup>21</sup> for example, wanting to use a condom can be interpreted as a sign of carrying disease.

### **Theme 4: Gender stereotypes are crucial in determining social expectations and behaviour**

All the societies studied had strikingly similar expectations of men's and women's behaviour. Men are expected to be highly heterosexually active, and women chaste<sup>40,41</sup>—women's virginity at marriage often has high social value.<sup>10,13,34</sup> Vaginal penetration is perceived to be important in determining masculinity, and marks the transition from boyhood to manhood.<sup>42</sup> Men are expected to seek physical pleasure, but women desiring sex can be branded “loose” or “cheap”.<sup>26,33,35,41</sup> Where romantic love is expected to precede marriage, sex for young women must be linked to romance, and they are expected to be “swept off their feet” into sexual intercourse, in a way that is not logical, planned, or rational.<sup>25,41,43</sup> Men, on the other hand, may scheme and plot to obtain sex, for example, by deceiving women into thinking the relationship is a serious one when it is not.<sup>13,44</sup>

Paradoxically, despite the stigmatising effect for women in carrying condoms or using other contraception, women, not men, are generally considered responsible for pregnancy prevention.<sup>13,35,45</sup>

### **Theme 5: There are penalties and rewards for sex from wider society**

Social rewards and penalties influence behaviour. Complying with gender expectations can raise social status: for men, by having many partners,<sup>21,30,42,44,46,47</sup> for women, by chastity or securing a stable, exclusive relationship with a man.<sup>30,43,48</sup> While pregnancy outside marriage can be stigmatising, for some women pregnancy can be an escape route from the parental home.<sup>34,49</sup> Young people may behave in particular ways through fear of being caught in the act.<sup>50,51</sup> Sex can also be a way to obtain money and gifts from boyfriends: this is particularly well-described for sub-Saharan Africa,<sup>21,22,33,52</sup> but is not exclusive to the region.<sup>27,44</sup>

The relation between individual motivations and social expectations is complex. For instance, behaviours considered risky or taboo can become desirable for that very reason.<sup>10,16,53</sup>

### **Theme 6: Reputations and social displays of sexual activity or inactivity are important**

Reputations are crucial for social control of sexual behaviour. Reputations are linked to displays of chastity for women, or heterosexual activity for men. Being branded “queer” (ie, homosexual),<sup>54</sup> or “slut”<sup>30</sup> or equivalent<sup>19,29,55</sup> can lead to social isolation, or worse (eg, gang rape, murder<sup>7,26</sup>).

Women's reputations are damaged by “too many” partners.<sup>15,30,37,46,56,57</sup> Even mentioning sex can risk implying sexual experience and damage reputations.<sup>35</sup> Some women in Nepal feigned ignorance of all contraceptives to preserve their reputations.<sup>27</sup>

Although direct intergenerational communication about sex is rare,<sup>22,25</sup> family members may for instance prevent young people socialising with members of the opposite sex, to protect family and individual reputations.<sup>50</sup>

Young men's reputations can suffer if they are not seen to push for sexual access and numerous female partners,<sup>8,18,44,55</sup> so displaying heterosexual activity can be important.<sup>24,46,58–60</sup> Groups of men commonly visit brothels together in Thailand,<sup>47,61</sup> Philippines,<sup>62</sup> and Cambodia.<sup>63</sup>

Young men often report sexual experiences to their peers, sometimes in exaggerated terms,<sup>40,46,64</sup> and first sexual intercourse is often proudly recounted.<sup>40,42</sup>

There is often a stigma attached to not having or being unable to have penetrative intercourse. Young men not having sex with their girlfriends may be accused of being “gay”.<sup>30,44</sup> Some worry they will be unable to achieve penetration,<sup>42</sup> and may even avoid condom use for fear of loss of erection.<sup>45,65</sup>

### **Theme 7: Social expectations hamper communication about sex**

Social pressures mean that women might not wish to mention sex or acknowledge sexual desires, particularly early in a relationship.<sup>25,27,41</sup> Young people often avoid speaking openly to partners about sex, instead using deliberate miscommunication and ambiguity.<sup>18,26,45,56,66</sup> For instance, women may avoid saying “yes” directly to sexual activity in case they seem inappropriately willing.<sup>8,21,41,55,56,64</sup> This makes “no” difficult to interpret.<sup>29</sup> Genuine refusal under these circumstances may be hard to communicate as a result.

“When [women] say ‘no’ they mean ‘yes’. [A woman] can never come out clearly and say ‘let’s do it’. You need to read her facial expression... If she keeps on saying ‘no’ and closing her eyes, she wants it [sex].” p 163, *South Africa, urban young man*<sup>67</sup>

Young people may avoid discussing sex for fear that raising the possibility may lead to loss of face or hurting others' feelings (through rejection), or damage to reputation (through seeming inappropriately forward).<sup>46,57,68</sup> This makes safer sex difficult to plan: if the possibility of sexual intercourse is not acknowledged, contraception is unlikely to be discussed.<sup>16,56,64</sup>

Young people could also be reluctant to discuss condom use in case it is seen as equivalent to proposing or agreeing to sex. One man in the UK said the problem with producing a condom was that “...you're just assuming that you'll have sex with someone, and you don't know whether they want to have sex with you”.<sup>69</sup> Avoiding talk of condom use also keeps the option of refusing intercourse open. “You don't want to assume that you are going to go all the way”. *Australia, young woman*<sup>70</sup>

## **Discussion**

Our review of research suggests that there are striking similarities in young people's sexual behaviour worldwide. The seven common themes we have outlined can be used to help answer specific questions, for example why some young people are inconsistent condom users, even with high levels of knowledge and access to condoms. Young people may choose not to use a condom

with a partner they perceive to be “clean” (theme 1); they may not have discussed sex with their partners in advance and so be unprepared (theme 7); the social importance for men of achieving penetrative sex, particularly for the first time (themes 4 and 6), may mean they prioritise the experience of sex over any risks;<sup>45,70</sup> and women may not suggest condom use for fear of appearing too experienced (theme 6), or wish to strengthen the relationship by complying with their partners' desires (theme 5).

Similarly, we can explore why a young couple might have sexual intercourse without any form of contraception: they might be ignorant of methods, or one or both might want pregnancy (theme 2); the man might assume his partner will take responsibility for pregnancy prevention (theme 4), although the woman might feel unable to obtain, carry, or use contraceptive methods because of concern for her reputation (themes 3 and 6); finally, either might be reluctant to raise the topic beforehand, wishing to retain ambiguity about whether sexual intercourse will take place (theme 7), or avoid seeming too forward (themes 4, 6, and 7).

Our review only covered publications in English— although these included studies from a wide range of countries. Second, while every effort was made to identify books and other items not listed on databases searchable by key words, some may have been omitted. Third, we did not discuss homosexual behaviour because studies of this in young people are rare; however, our analysis of the few that do exist suggests similar themes to those identified for heterosexual behaviour.

Our findings help explain why many HIV programmes have not been effective. Researchers have identified many reasons for young people not using condoms beyond the most obvious: “ignorance” and “barriers to access to contraception”. Therefore, programmes that merely provide information and condoms, without addressing the crucial social factors identified are only tackling part of the problem.

The importance of social influences on behaviour seems obvious in light of evidence from qualitative research—yet is often overlooked by policymakers. Undoubtedly, policymakers are beginning to address factors such as gender inequalities and stereotypes. The challenge now is to design locally tailored programmes that take all seven themes into account and address the important factors for each setting.

The seven themes form a useful, evidence-based checklist of social influences that can be a starting point for local needs assessments and developing programmes. Policymakers should ask themselves how each theme manifests itself locally, for instance: “in what ways are condoms stigmatising in this setting?”, and how important it is.

By gathering qualitative and quantitative data relevant to each theme, policymakers can build a local profile of possible influences on sexual behaviour. This systematic exercise may highlight gaps in local knowledge and inadequacies in existing programmes. The profile could also be used to brief local public health practitioners, determine which programmes are likely to work best, and identify suitable measures for programme evaluation.

One key insight from this review is that the research risks becoming repetitive. For example, there is a wealth of material on the sexual double standard (theme 4):

“In general, both sexes were strongly aware that the gender scripting was such that the man made the sexual advances and the woman was expected to resist”  
*Thailand*<sup>71</sup>

“Social norms dictate that boys should initiate [the process of developing sexual relationships]; for a girl to do so (at least if this is too explicit) suggests loose morality or prostitution” *Uganda*<sup>21</sup>

“Boys were expected to be ‘in charge’, to ‘take chances’, and to ‘sleep around’, girls to be glad, interested and attentive, but not too assertive” *Sweden*<sup>53</sup>

Such findings provide important foundations for understanding young people's sexual behaviour, but researchers must move beyond these initial insights. Future work should explore four main areas.

First, we need to understand what causes deviance from expected or stereotypical behaviour, particularly when this leads to health benefits: for instance, which men refuse sexual intercourse? Why? How do they interact with their peers?

Second, research should ask more detailed questions. For instance, rather than asking, "Why do young people not use condoms?", one might ask, "What makes young people who demand condoms in long-term relationships different from those who do not?" Researchers have also begun to collect more detail about social context through ethnographies.<sup>13,46</sup> We need more work like this to capture the full range of influences on sexual behaviour.

Third, there are some areas that research has so far only touched on. For instance: what is the relation between pleasure and sexual behaviour? (And how do we define pleasure?) How do men view their responsibility for pregnancy? How does this affect their contraceptive use?

Finally, we need to analyse, not just the forces that shape behaviour, but the forces that drive changes in behaviour. How and why do young people change over the course of their lives? For instance, how do their contraceptive practices alter as they become more sexually experienced? Also, what are the differences between age cohorts? For instance, how were 15-year-olds in 2005 different from 15-year-olds in 2000?

Social expectations, especially ideas about how men and women should behave, are a powerful influence on behaviour; the influence of sexual partners is also considerable, as are young people's ideas about stigma and risk; and social pressures make it difficult to communicate clearly with partners, which makes safer sex less likely.

### **Contributors**

C Marston conceived and designed the project, reviewed the scientific reports, developed the analysis strategy, and wrote up the results. E King undertook the search for material, reviewed the scientific reports, contributed to the development of the analysis strategy, and contributed to the write-up of the results.

### **Conflict of interest statement**

We declare that we have no conflict of interest.

### **Acknowledgments**

This study was funded by the UK Department for International Development (DFID) Knowledge Programme on the sexual and reproductive health of young people "Safe Passages to Adulthood". We thank Sara Nasserzadeh for her contribution at the early stages of this project.

### **References**

- 1 UNDP. Population and HIV/AIDS 2005 (wallchart). New York: United Nations, Department of Economic and Social Affairs, Population Division, 2005.
- 2 Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O, Peacock R. Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review. *Soc Sci Med* 2005; **61**: 417–30.
- 3 Britten N, Campbell R, Pope C, Donovan J, Morgan M, Pill R. Using meta ethnography to synthesise qualitative research: a worked example. *J Health Serv Res Policy* 2002; **7**: 209–15.
- 4 Marston C. Gendered communication among young people in Mexico: implications for sexual health interventions. *Soc Sci Med* 2004; **59**: 445–56.
- 5 Marston C. What is heterosexual coercion? Interpreting narratives from young people in Mexico City. *Sociol Health Illn* 2005; **27**: 68–91.

- 6 Holland J. The male in the head: young people, heterosexuality and power. London: Tufnell Press, 1998.
- 7 Hassan R. Women in Islam: Qur'anic ideals versus Muslim realities. *Plan Parent Chall* 1995; **2**: 5–9.
- 8 Harrison A, Xaba N, Kunene P. Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reprod Health Matters* 2001; **9**: 63–71.
- 9 Swart-Kruger J, Richter LM. AIDS-related knowledge, attitudes and behaviour among South African street youth: reflections on power, sexuality and the autonomous self. *Soc Sci Med* 1997; **45**: 957–966.
- 10 Belk RW, Ostergaard P, Groves R. Sexual consumption in the time of AIDS: A study of prostitute patronage in Thailand. *J Pub Pol Market* 1998; **17**: 197–214.
- 11 Smith DJ. Youth, sin and sex in Nigeria: Christianity and HIV/AIDS-related beliefs and behaviour among rural-urban migrants. *Cult Health Sex* 2004; **6**: 425–37.
- 12 Waldby C, Kippax S, Crawford J. *Cordon Sanitaire*: 'clean' and 'unclean' women in the AIDS discourse of young heterosexual men. In: Aggleton P, Davies P, Hart G, eds. AIDS: facing the second decade. London: Falmer Press, 1993: 29–39.
- 13 Farrer J. Opening up: youth sex culture and market reform in Shanghai. Chicago: University of Chicago Press, 2002.
- 14 Foreman FE. African American college women: constructing a hierarchy of sexual arrangements. *AIDS Care* 2003; **15**: 493–504.
- 15 Stephenson N, Breakwell G, Fife-Schaw C. Anchoring social representations of HIV protection: the significance of individual biographies. In: Aggleton P, Davies P, Hart G, eds. AIDS: facing the second decade. London: Falmer Press, 1993: 61–72.
- 16 Cragg A, Hainge M, Taylor C, Porter T. Safer sex and sexual health: understanding young people. In: Glanz A, McVey D, Glass R, eds. Talking about it: young people, sexual behaviour and HIV. London: Health Education Authority, 1993: 22–54.
- 17 Hillier L, Dempsey D, Harrison L. "I'd never share a needle"—[but I often have unsafe sex]: considering the paradox of young people's sex and drugs talk. *Cult Health Sex* 1999; **1**: 347–61.
- 18 Varga CA. Sexual decision-making and negotiation in the midst of AIDS: youth in KwaZulu-Natal, South Africa. *Health Transit Rev* 1997; **7** (suppl 3): 45–67.
- 19 Varga CA. Young people, HIV/AIDS, and intervention: barriers and gateways to behaviour change. *Dev Bull* 2000; **52**: 67–70.
- 20 Thomson R, Holland J. Sexual relationships, negotiation and decision making. In: Coleman J, Roker D, eds. Teenage sexuality: health, risk and education. Amsterdam: Harwood academic publishers, 1998.
- 21 Nyanzi S, Pool R, Kinsman J. The negotiation of sexual relationships among school pupils in south-western Uganda. *AIDS Care* 2001; **13**: 83–98.
- 22 Nnko S, Chiduo B, Mwaluko G, Urassa M. Pre-marital sexual behaviour among out-of-school adolescents: motives, patterns and meaning attributed to sexual partnership in rural Tanzania. *Afr J Reprod Health* 2001; **5**: 162–74.
- 23 Rasch V, Silberschmidt M, Mchumvu Y, Mmary V. Adolescent girls with illegally induced abortion Dar es Salaam: The discrepancy between sexual behaviour and lack of access to contraception. *Reprod Health Matters* 2000; **8**: 52–62.
- 24 Anderson E. Sex codes and family life among poor inner-city youths. In: Wilson WJ, ed. The ghetto underclass: Social science perspectives. London: Sage, 1993: 76–95.
- 25 Yeh C. Sexual risk taking among Taiwanese youth. *Public Health Nurs* 2002; **19**: 68–75.
- 26 Wood K, Maforah F, Jewkes R. "He forced me to love him": putting violence on adolescent sexual health agendas. *Soc Sci Med* 1998; **47**: 233–42.
- 27 Puri MC, Busza J. In forests and factories: sexual behaviour among young migrant workers in Nepal. *Cult Health Sex* 2004; **6**: 145–58.

- 28 Kumar A. Adolescence and sexuality in the Rajasthani context. In: Manderson L, Liamputtong P, eds. *Coming of Age in South and Southeast Asia: Youth, courtship and sexuality*. Richmond, Surrey: Curzon Press, 2002: 58–71.
- 29 Hird MJ. An empirical study of adolescent dating aggression in the UK. *J Adoles* 2000; **23**: 69–79.
- 30 Asencio MW. Machos and sluts: gender, sexuality, and violence among a cohort of Puerto Rican adolescents. *Med Anthropol Q* 1999; **13**: 107–26.
- 31 Banister EM, Jakubec SL, Stein JA. "Like, what am I supposed to do?": adolescent girls' health concerns in their dating relationships. *Canad J Nurs Res*. 2003; **35**: 17–33.
- 32 Lavoie F, Robitaille L, Hebert M. Teen dating relationships and aggression. *Violence Against Women* 2000; **6**: 6–36.
- 33 Ankomah A. Condom use in sexual exchange relationships among young single adults in Ghana. *AIDS Educ Prev* 1998; **10**: 303–16.
- 34 Berglund S, Liljestrand J, De Maria Marin F, Salgado N, Zelaya E. The background of adolescent pregnancies in Nicaragua: A qualitative approach. *Soc Sci Med* 1997; **44**: 1–12.
- 35 Asencio MW. *Sex and sexuality among New York's Puerto Rican youth*. London: Lynne Rienner, 2002.
- 36 Bedimo AL, Bennett M, Kissinger P, Clark RA. Understanding barriers to condom usage among HIV-infected African American women. *J Assoc Nurs AIDS Care*. 1998; **9**: 48–58.
- 37 Castaneda X, Brindis C, Camey IC. Nebulous margins: sexuality and social constructions of risks in rural areas of Central Mexico. *Cult Health Sex* 2001; **3**: 203–19.
- 38 Holland J, Ramazanoglu C, Scott S, Sharpe S, Thomson R. Between embarrassment and trust: young women and the diversity of condom use. In: Aggleton P, Hart G, Davies P, eds. *AIDS: Responses, Interventions and care*. London: Falmer Press, 1991: 127–48.
- 39 Lear D. "You're gonna be naked anyway": college students negotiating safer sex. *Qual Health Res* 1996; **6**: 112–34.
- 40 Amuchastegui Herrera A. Virginity in Mexico: The role of competing discourses of sexuality in personal experience. *Reprod Health Matters* 1998; **6**: 105–15.
- 41 Schifter J, Madrigal J. *The sexual construction of Latino youth: Implications for the spread of HIV/AIDS*. New York: The Haworth Hispanic/Latino Press, 2000.
- 42 Holland J, Ramazanoglu C, Sharpe S, Thomson R. Deconstructing virginity—young people's accounts of first sex. *Sex Relation Ther* 2000; **15**: 221–32.
- 43 de la Cuesta C. Taking love seriously: The context of adolescent pregnancy in Columbia. *J Transcult Nurs* 2001; **12**: 180–92.
- 44 Eyre SL, Hoffman V, Millstein SG. The gamesmanship of sex: a model based on African American adolescent accounts. *Med Anthropol Q* 1998; **12**: 467–89.
- 45 McKernon S. Managing condom use and non-use: A study of condom uses among clients of a sexual health clinic. *Venereol* 1996; **9**: 233–38.
- 46 Wight D. Boys' thoughts and talk about sex in a working-class locality of Glasgow. *Sociol Rev* 1994; **42**: 703–37.
- 47 Thianthai C. Gender and class differences in young people's sexuality and HIV/AIDS risk-taking behaviours in Thailand. *Cult Health Sex* 2004; **6**: 189–203.
- 48 Bennett LR. Modernity, desire and courtship: the evolution of premarital relationships in Mataram, Eastern Indonesia. In: Manderson L, Liamputtong P, eds. *Coming of Age in South and Southeast Asia: Youth, courtship and sexuality*. Richmond, Surrey: Curzon Press, 2002: 96–112.
- 49 Gilliam ML, Warden MM, Tapia B. Young Latinas recall contraceptive use before and after pregnancy: a focus group study. *J Pediatr Adolesc Gynecol* 2004; **17**: 279–87.
- 50 Hennink M, Diamond I, Cooper P. Young Asian women and relationships: traditional or transitional? *Ethn Racial Stud* 1999; **22**: 867–91.
- 51 George A. Embodying identity through heterosexual sexuality—newly married adolescent women in India. *Cult Health Sex* 2002; **4**: 207–22.

- 52 Balmer DH, Gikundi E, Billingsley MC, et al. Adolescent knowledge, values, and coping strategies: implications for health in sub-Saharan Africa. *J Adolesc Health* 1997; **21**: 33–38.
- 53 Christianson M, Johansson E, Emmelin M, Westman G. "One-night stands"—risky trips between lust and trust: qualitative interviews with Chlamydia trachomatis infected youth in north Sweden. *Scand J Public Health* 2003; **31**: 44–50.
- 54 Weekes D. Get your freak on: how black girls sexualise identity. *Sex Educ* 2002; **2**: 251–62.
- 55 Paiva V. Sexuality, condom use and gender norms among Brazilian teenagers. *Reprod Health Matters* 1993; **1**: 98–100.
- 56 Lear D. Sexual communication in the age of AIDS: the construction of risk and trust among young adults. *Soc Sci Med* 1995; **41**: 1311–23.
- 57 Wight. Constraints or cognition? Young men and safer heterosexual sex. In: Aggleton P, Davies P, Hart G, eds. AIDS: Facing the second decade. London: Falmer Press, 1993: 41–60.
- 58 Wight D. Cultural factors in young heterosexual men's perception of HIV risk. *Sociol Health Illn* 1999; **21**: 735–58.
- 59 Corlyon J. Pregnancy and parenthood: the views and experiences of young people in public care. London: National Children's Bureau, 1999.
- 60 Hughes K, Cragg A, Taylor C. Reducing the rate of teenage conceptions. Young people's experiences of relationships, sex and early parenthood: qualitative research. Health Education Authority 1999.
- 61 Morrison L. Traditions in transition: Young people's risk for HIV in Chiang Mai, Thailand. *Qual Health Res* 2004; **14**: 328–44.
- 62 Lee RB. Social and cultural contexts of single young men's heterosexual relationships: a view from metro Manila. In: Manderson L, Liamputtong P, eds. Coming of Age in South and Southeast Asia: Youth, courtship and sexuality. Richmond: Curzon Press, 2002: 132–46.
- 63 Tarr CM, Aggleton P. Young people and HIV in Cambodia: meanings, contexts and sexual cultures. *AIDS Care* 1999; **11**: 375–84.
- 64 Lear D. Sex and sexuality: risks and relationships in the age of AIDS. London: SAGE publications, 1997.
- 65 Middelthon AL, Aggleton P. Reflection and dialogue for HIV prevention among young gay men. *AIDS Care* 2001; **13**: 515–26.
- 66 Ingham R, Woodcock A, Stenner K. Getting to know you... Young people's knowledge of their partners at first intercourse. *J Community Appl Soc Psychol* 1991; **1**: 117–32.
- 67 Varga CA. How gender roles influence sexual and reproductive health among South African adolescents. *Stud Fam Plann* 2003; **34**: 160–72.
- 68 Osella C, Osella F. Friendship and flirting: Micro-politics in Kerala, South India. *J R Anthropol Inst* 1998; **4**: 189–206.
- 69 Mitchell K, Wellings K. The role of ambiguity in sexual encounters between young people in England. *Cult Health Sex* 2002; **4**: 393–408.
- 70 De Visser R. Delayed application of condoms, withdrawal and negotiation of safer sex among heterosexual young adults. *AIDS Care* 2004; **16**: 315–22.
- 71 Ford NJ, Kittisuksathit S. Destinations unknown—the gender construction and changing nature of the sexual expressions of Thai youth. *AIDS Care* 1994; **6**: 517–31.