

Why do young people use or not use condoms at first sexual intercourse? A qualitative study in Mexico City

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ABSTRACT

In many settings, condoms are well-known and widely available, yet premarital first intercourse is frequently unprotected. This detailed ethnographic study explores this mismatch in low-income areas of Mexico City. Methods include participant observation and 154 in-depth interviews with young people from marginalized areas. Two key overarching themes emerged: gender and communication. Young people reinterpreted traditional gender roles to allow premarital sex under certain circumstances. Spontaneity was favored because this allowed behavior to fit more closely to traditional norms, potentially making planning of condom use difficult. The barrier to condom use created by this desire for spontaneity was overcome by some young people in the study through prior discussion of coitus and verbal agreement in advance. Good communication allowed the desired spontaneity without jeopardizing protection. To increase condom uptake, interventions must include a focus on improving communication skills and take into account the fact that spontaneity is valued.

Young people's sexual health is a major international concern, particularly in the context of the global HIV/AIDS pandemic (1). Condom use has a crucial role to play in the reduction of unintended pregnancy and disease, and encouraging condom use is a priority for those working with sexually active young people worldwide. Condom use is not straightforward because it is intricately bound into the process of a social (sexual) interaction, with all the complexities this implies (2). It has been consistently found, for instance, that knowledge of sexual health issues and of condoms is not linked in a clear-cut way to behavior (3). Better understanding of the

reasons for condom use and non-use is essential to inform advice and interventions aimed at increasing uptake of condoms by sexually active young people, in order that messages are as relevant and targeted as possible. A large number of quantitative studies have been conducted worldwide and have identified some predictors of condom use at the population level (e.g. 4, 5-8), yet there has been only limited exploration of the social and cultural contexts of condom use, which are recognized as crucial for understanding behavior (9).

First coitus outside marriage is a specific, highly memorable event with considerable symbolic significance both for men and for women. It is of particular interest because first coitus indicates and influences the pattern of subsequent sexual behavior (10). Young people who use contraception at first coitus are more likely to go on to use contraception in future coitus than those who do not (11). Unmarried young people worldwide frequently do not use any modern contraceptive method during first coitus (12). While it is clear that non-use is common, the reasons for this are not well understood. The principal reason recorded in quantitative surveys for non-use of contraception at first (unmarried) coitus, is that coitus was unexpected and thus contraceptive methods were not immediately available (e.g. in Latin America 13, 14, 15). This implies that planning is the key for contraceptive use, but it is difficult to draw conclusions from current data because reasons are only recorded in cases of non-use – reasons for use of condoms are not recorded. It is therefore impossible to assess whether or not coitus was planned in these latter cases.

This qualitative study conducted in Mexico City explores condom use at first premarital intercourse among young people aged 16 to 22 at the time of the study.

In Mexico, one-fifth of the population is young (15-24 years) (16), of whom 83 percent are unmarried (17). Few detailed data are available but in one recent survey premarital sexual

intercourse was reported by 42 percent of men and 14 percent of women aged 15-24 nationwide, rising to 61 percent of men and 24 percent of women in the capital (our calculations using dataset from 18)). The survey did not investigate contraceptive use at first coitus, but separate survey data for 13-19 year olds indicate that unmarried young people frequently fail to use modern methods of contraception at first coitus: around 59 percent of unmarried young women and 49 percent of unmarried young men (our calculations using data from (19)) – a finding with clear negative implications for health.

Premarital sexual activity in Mexico appears to be increasing: one study showed that young women aged 15-19 were twice as likely to have experienced a premarital pregnancy than older women, aged 45-49: 35 percent versus 17 percent (20). Teenage pregnancies outside marriage in Mexico are frequently unintended and commonly end in illegal, often unsafe abortion (21), or “shotgun” weddings (i.e. where men are forced to marry the girl they have made pregnant) (20, 22). Almost all new cases of HIV infection in Mexico occur via sexual transmission (23), with transmission via heterosexual sex predominant for new infections (24).

In Mexico, first coitus has particular characteristics and different behaviors are expected for men and for women. According to traditional stereotypes, women’s first sexual intercourse is within marriage, and associated with procreation; men’s occurs before marriage, and procreation is therefore not desirable. In this model, then, women’s sexual initiation is within a highly defined socially-prescribed arena and without use of contraception. The relationship, one of husband and wife, is expected to be romantic, and characterized by love between the partners and their mutual desire to spend their lives together. The circumstances of men’s sexual initiation today have not diverged a great deal from the traditional stereotype. Women’s sexual initiation,

on the other hand, now frequently occurs outside marriage, and a tension arises between expected and actual behavior that affects both coitus itself and contraceptive behavior.

The two central research questions of this paper are as follows. What are the implications of this tension for meanings of sexual behavior for young women beginning their sexual activity outside marriage? What are the implications for use of contraception?

Young people's sexual and reproductive behavior in Mexico has been investigated in past studies, yet there are still large gaps in knowledge and even basic estimates of sexual behavior are difficult to obtain. One recent study showed that there is little agreement in research projects even in terms of basic indicators such as proportion of young people who are sexually active (25).

The present study addresses the urgent need for a more detailed understanding of young people's sexual behavior. It is unique in two main ways. First, the qualitative analysis is based on a very large number of in-depth interviews (N=154, a vast increase on the far smaller samples of 20-30 interviews commonly used elsewhere). A smaller number of interviews can reveal basic patterns of behavior, but cannot capture the range and complexity of behaviors possible in a large study such as this. Second, the analysis of this large sample of interviews is enriched further by the ethnographic data gathered during the extensive time spent living and working in marginalized communities with the young people who are the focus of this study.

In the first part of this paper, we examine the social meanings of first coitus among young people and how these relate to traditional gender roles. We show how stereotypical gender roles form only one layer of meaning for young people, who articulate an alternative set of social rules. These rules allow new sexual behaviors which can depart from past norms, and which have consequent health implications. In the second part, we use these findings to identify and attempt to explain aspects of relationships leading to use and non-use of condoms and other

contraceptives among unmarried young people in low-income areas of Mexico City. The factors related to contraceptive use and non-use identified in this study will facilitate the development of evidence-based interventions.

METHODS

Study Design

This study has a qualitative, ethnographic design. In such a design, the research process is inductive rather than aimed at testing narrowly-defined hypotheses (26). This approach is increasingly valued in traditionally quantitative fields including medicine, for its role in adding depth and complexity to the understanding of phenomena under investigation (27). This study used a combination of participant observation over a long period in the community, and in-depth interviews.

The study took place over 15 months in Iztapalapa, and surrounding areas. Iztapalapa is a district of Mexico City with approximately 1.8 million inhabitants (16), predominantly low-income. The study areas suffered from the social problems associated with urban poverty in Mexico, including high levels of street violence.

Sampling

We used theoretical sampling to obtain as wide a range of young people's experiences as possible within certain criteria: men and women were interviewed in approximately equal numbers, young people both in and out of school were represented, and there were also interviews with "hard to reach" young people such as gang members and those living in squatter settlements. The limiting criteria were: age between 16 and 22; from a low- or very low-income household (defined by geographical location because actual income was not possible to

ascertain); and have had at least one experience of vaginal sexual intercourse. Older adults were also interviewed and were chosen for the relevance of their work to young people's sexual health.

Sample size is not usually prospectively determined in ethnographic studies, but sampling continues until no new concepts arise from additional interviews ("saturation"). Studies often report saturation at around 30 interviews (e.g. 27, 28). In this study, because we were examining a number of complex features of young people's sexuality, we reached saturation for the main analysis but continued to conduct interviews in order to explore different and increasingly fine analytical categories, as well as to attempt to capture young people with non-"typical" experiences. whose ensure that the conclusions drawn applied to the widest range of young people possible. Our data are correspondingly detailed and this study is unusually large for its type.

Data Sources

Sexual activity was not considered to be a purely individual behavior in this study. Rather, it was conceptualized as social and interactional, following Ingham et al. (e.g. 2, 29, 30). The data collection and analysis therefore took into account broader aspects of sexuality than simply the sexual events themselves, including individuals' characteristics, the circumstances of the sexual events, and the broader social context (see also 31, 32).

Participant observation

The first author spent 13 months living with a local family in a low income area in San Lorenzo, Iztapalapa, and spent much of the time with young people in the study area, attending parties, weddings, funerals, pilgrimages, talking to them at school and community events, visiting amusement arcades and so on.

In-depth, semi-structured interviews

The 154 in-depth interviews were with young unmarried people. They were asked about their families, friendships, sexual experiences and knowledge. Interviews were tape-recorded and transcribed, and were 1 to 4 hours long. Of these interviews 53 of the formal interviews with men, and 61 with women met all the criteria listed above: a total of 114. The remainder had not had vaginal sexual intercourse.¹

Male and female interviewers were recruited locally and were from similar social backgrounds to the interviewees, although the interviewers were slightly older (age range 20-27). We were fortunate in being able to recruit extremely skilled interviewers for the task, some of whom were also studying relevant subjects at local universities. The quotations in this paper are taken from transcripts of these interviews. These 114 interviews came to a total of approximately 250 hours of tape, and 2700 pages of interview transcript.

Key informant interviews

Additional formal and informal interviews were carried out throughout the fieldwork with professionals working with young people (clinicians, sexual health workers, domestic violence workers, drug workers, local authority representatives, community group representatives).

Ethical issues

Interviews were conducted under rigorous ethical guidelines. Confidentiality was vital in interviews discussing premarital (and hence not socially acceptable) sexual activity. Interviewees were given detailed information about the study both verbally and in writing, and they were reminded of the confidentiality of the data at the end of the interview. We were not able to be explicit about our sampling strategy i.e. desire to sample only sexually active young people, because if it had become known we would have compromised the confidentiality of those who

had previously been interviewed. To avoid misleading interviewees, we made it known that we were interested in girlfriend/boyfriend relationships. They were informed that they would be unlikely to gain personally from the interview, but that their testimonies would be used to understand the lives of the young people in their area and it was hoped that one day this research would be used to improve programs for other young people in the future. Tapes were marked only with a number that corresponded to a separate list on which only first names were recorded. Interviewees did not sign consent forms because we did not wish to compromise confidentiality by keeping such records. Interviewees were shown the tapes at the end of the interview, and the interviewer explained that the only marks on the tape were age and sex of the interviewee, interview number and interviewer name. Interviews were transcribed by people with no connection to the interviewees, in a separate part of the city. All of the names given in this paper are pseudonyms based on common local names.

Analysis

In this study, three key approaches were applied to strengthen the validity¹ of the findings: triangulation (i.e. comparing and contrasting data collected on the same topic from different perspectives or by different methods to increase trustworthiness of reporting and interpretation); thoroughness (all examples taken into account to avoid “cherry picking” cases that suit preconceptions); and iteration of vertical (case study) and horizontal (thematic) analysis (repeated re-examination of data sources to ensure quotations are not taken out of context, to redefine themes and to increase their sophistication in the light of new data). The process of identification of themes from the data and the iterative refining of those themes follows the principles of Grounded Theory (33) – a well-established theoretical basis for analysis of

qualitative data. Interview transcripts were coded and managed using Nud*ist software (1,053 sub-themes identified), and an Excel spreadsheet was used to systematize the analysis and ensure that all categories were examined for all cases (matrix 154 x 91 = 14,014 cells produced). All analysis was carried out in Spanish, with translation limited to the quotations presented here.

RESULTS

Sociocultural context: sexuality in Mexico

To understand heterosexual interactions, it is essential to take into account the meanings of membership in the categories “man” and “woman” – gender constructs – in the cultural context (9, 34-36). In Mexico, men’s and women’s roles and statuses are profoundly unequal. As is the case in many other countries, there is a sexual double standard under which men are socialized to expect and initiate premarital sex, and women to refuse it (37, 38). Women, not men, risk being condemned for engaging in sexual activity.

Broadly speaking, young women in this study report many more restrictions on their behavior than boys and young men. They have to return home earlier than their male siblings, they are sometimes not allowed to go out at all, or may have to be chaperoned. In some interviewees’ families, a boyfriend must be vetted before a daughter is allowed to leave the house to go out with him, and even then they are not permitted to go out very frequently. A young woman starting her sexual life outside marriage risks being perceived as worthless, or as a *cualquiera* (of dubious sexual morals). These ideas are intertwined with the concept of a woman’s “reputation”, which she must guard. Rapid social change in Mexico means that external “liberal” sexual values are omnipresent in the media (e.g. in imported television dramas from the

¹ For a detailed discussion of validity in ethnographic research, please see 26. Hammersley M. *Reading Ethnographic Research: A critical guide*. 2nd Edition ed. London: Longman; 1998.

US), and exist side by side with traditional views. Many of the women in this study articulate the conflicts they feel between traditional expectations of their behavior and the modern ideas that they are exposed to.

The most striking finding of this study, however, is that simple models of gender roles reported in previous studies, where men are free to behave sexually as they wish while women are severely restricted are inadequate to explain the behavior of the interviewees in this study. While there are still sexual double standards, the overarching gender constructs are reinterpreted and reformulated, within the young people's immediate social contexts, providing an alternative set of social "rules" about sexual activity that allow traditional values to sit side-by-side with non-traditional behaviors. Far from being universally dominated and socially controlled, women appear to have a certain flexibility to reinterpret and transform social rules, while men may be more restricted than they first appear.

Immediate social context: meanings of and motivations for first coitus

Women

Among young women in low-income areas of Mexico City, social values concerning virginity and "decency" inform women's sexual activity even if the women themselves do not agree with these ideas. They act against the sexual double standard that permits men more sexual freedom than women by engaging in coitus before marriage, for example. Nevertheless, feelings of ambivalence towards their own sexual activity are extremely common among the women in this study. On the one hand they complain about and actively resist the double standard, while on the other, they live in a society where discourses favoring virginity and the "pure" woman predominate.

This ambivalence is also manifest in the way that the young women report “guilt” about sexual activity. In the study area, young women, the vast majority of whom are Catholic, are stereotypically expected to feel guilt about their socially-prohibited sexual activity. Many of the women described feeling guilt or regret after first coitus because they felt they had let their families down. Their feelings of guilt, however, appear to stem more from having broken their parents’ rules than from their own subscription to traditional views of (female) premarital sexual activity as “immoral” per se, because almost none described feeling regret or guilty in themselves for the simple fact of having engaged in sexual activity. Thus although the stereotypical response in women is to feel guilty and worthless after sexual activity outside marriage, the response of this interviewee, Maria², is more typical:

I felt a bit bad because it happened in my [parent’s] house... (Woman, age 16 at first coitus (used condom), age 17 at interview)

Changing the rules

Although women are very conscious of traditional views and expectations of sexual activity, they often take pains to point out that these do not apply to them personally, as Luz María does here:

Int: Physically and emotionally how did you feel [after first coitus]?

Luz María: Well, calm, you know? *I didn’t feel that I’d done something wrong, I didn’t feel dirty*, far from it. I felt good because it was another step along the way. I was very much in love and I felt, well, obviously, that he was with me 100 percent. (Woman, age 17 at first coitus (used oral contraceptive pills), age 22 at interview, my emphasis)

The women acknowledge traditional cultural values prohibiting premarital sexual activity, but articulate an alternative set of social “rules” that they appear to be guided by. These

alternative rules include notions of appropriate or desirable sexual partners and situations that allow for coitus to occur outside marriage. Premarital sexual activity is still subject to many restrictions within this alternative set of norms. Women's peer groups play an important role in the articulation and support of these alternative rules of behavior particularly because women in this study tended not to talk to their families about personal sexual matters, but did report talking to peers. The main "rules" for women in this study appear to be that for a woman to have penetrative sex outside marriage, she should be in love with her partner (cf. notions of sex as a "surrender to love" reported for example by 38, 39), she should have chosen the partner carefully, she should not have sexual intercourse "too soon" in a relationship, and she should not have "too many" partners.

One of our interviewees, Eugenia, has an attitude to sexual behavior typical of her peer group. She contrasts her experience of sex within a loving relationship with the possible problems she would have had in a different experience. She distinguishes between having sex for the "right" reasons (love) from having sex for the "wrong" reasons (physical attraction), implying that women who have sex because of physical attraction alone will later regret their actions.

Eugenia: The sex... well... you know I wasn't like those girls that regret it, like: oh no, I've let my mother down. No, because I wanted to do it, you know? Because I loved that man. I mean, I went out with him for two years, and they were two really great years. And it wasn't just for sex, you know, because there was more to it than that. So that's why, because I really felt like it. I loved him... I'd have said, well with just attraction full stop, I'm not doing it. (Woman, age 17 at first coitus (used condom), age 19 at interview)

Young, unmarried women may refuse sex at the beginning of a relationship, but then agree later when they are in love. Many of the women talk about love as something that they feel for the man. There is an implication, made explicit by Mónica in the next example, that although the woman may be in love, the feeling is not necessarily mutual.

Int: And what do you think was the motivation for you and him to have sex at that moment?

Mónica: Er...well for me perhaps because I... well, I love him a lot and I loved him at that moment too. I feel like that was the reason, and... I don't know, I don't know... For him... maybe it was just for the sake of having sex, but, (laughs) to tell you the truth I've never asked him. (Woman, age 17 at first coitus (no contraceptive method used), age 22 at interview)

Some women may be “in love” at first coitus or may interpret their feelings as such in order to feel that they are fitting with social norms. However, another possibility for a woman is that since being “in love” need only apply to her, citing love as a motivation for sexual intercourse could also be used as a rhetorical device to justify her actions.

Young women who have had more than one sexual partner in total over the course of their sexual careers, cite careful choice of partner as a factor in their “defense”. Guadalupe, for example, is typical in this respect. She contrasts her actions in selecting her partner with the sexual behavior of “a person” who behaves in a more sexually questionable way.

Int: What do you think of your ability to control your sexual life?

Guadalupe: I feel like I've controlled it a lot. In that it's very common that once a person has had sex, well, then it's easier to go to bed with anybody. As soon as you meet a boy, if he said nice things to you, and if you fancied him, you went to bed with him, you

know? I don't think that's the case for me. I always looked for special people [...] that I fancied, that I trusted enough to have that... intimacy, you know? With them. (Woman, age 17 at first coitus (has had three partners in total, reports use of modern methods with all three), age 22 at interview)

Many of the women report fear of being thought to be sexually experienced at first coitus. Women and men both mention that women should not move "too soon". A woman who does not wait for long enough in a relationship before intercourse occurs may appear to be "too" sexually experienced. She is also breaking the stereotype of the man controlling the interaction. Many women, after first coitus, worry that they have acted too quickly. Blanca, for example, when asked about how she feels about her first sexual experience tells us:

Well, [I feel] a bit freaked out because I'm telling you, I had so many things in my head. I was saying that now he wasn't going to love me because I hadn't waited long enough for the right moment. (Woman, age 17 at first coitus (no contraceptive method), age 22 at interview)

"Rules" for women's first coitus favor a spontaneous "romantic" event, where the woman is swept away in the moment, meaning that planning can be seen as somewhat undesirable. Thus some women, like Adriana here, describe lack of planning in positive terms:

So we were there on our own – and this really makes me feel satisfied because really we never planned it, it just happened spontaneously... (Woman, age 16 at first coitus (no contraceptive method used), age 19 at interview)

The desire for spontaneity might have implications for contraceptive use by causing women to avoid planning first coitus. This is discussed below.

Men

In a society where sexual intercourse and particularly penetration has a high symbolic importance in masculine identity, to some extent, men must “prove” their masculinity and an important way to do this may be through demonstrating sexual prowess (37).

The social importance to the young men of having their first sexual experiences is indicated by the fact that many of the men report that their first reaction following coitus was to tell their friends about it. One interviewee, who did not particularly enjoy his first coitus, illustrates his negative feelings by saying that it was not even worth bragging about. The young men are not easily able to articulate their reasons for having first coitus. In most cases, the reasons they give presuppose a shared understanding between the interviewer and interviewee that young men naturally desire sex.

In the case of the interviewees in this study, it appears that a man’s friendship group may also have a more immediate influence on his sexual behavior than is the case for the women. If a group of men value sexual experience highly, this may encourage an individual man within the group to begin sexual activity if he has not yet done so. There may be even more direct pressure: one man, for example, describes how his first coitus occurred at a party. His friends had all taken partners upstairs to have sex and when he avoided doing the same, they taunted him, saying that he must be homosexual, until finally he capitulated. Men in Mexico are surrounded by *macho* discourses favoring early experiences of penetrative sex and as such it is not surprising that friendship groups also favor such experiences: a model of “peer pressure” leading directly to sexual intercourse would be far too simplistic, particularly given that members of the same group exert as well as receive influence (for a detailed discussion of this latter process, see 40).

The social aspects of having first sexual intercourse tend to be positive for men: vaginal penetration represents a transition to adulthood, a proof of masculinity, and may increase an individual's status within his peer group. These benefits, however, are associated with considerable pressure on men to engage in coitus in order to conform to a particular, dominant model of masculinity, which leaves little room for maneuver. Despite the possibility of “shotgun” weddings, or the necessity of paying for an (illegal) abortion, which seemed often to fall to the man, very few men mentioned pregnancy as a risk of coitus that might affect them personally. If they mentioned health risks at all, it was in terms of sexually transmitted diseases (STDs). In general, the men interviewed rarely question the desirability of coitus and many men describe having been impatient to experience coitus for the first time. As with the women, however, the strong social pressures on men are not insurmountable, and some men informally told the first author that they deliberately chose abstinence to avoid risk of unwanted pregnancy, to avoid hurting the woman emotionally, or to avoid being hurt emotionally themselves.

Circumstances of first coitus: locations and partners

Experiences of first coitus occur within the social environment described above, are informed by that environment, and go on to shape social expectations. Both partners at first coitus will have expectations and desires informed by the social context, which may not coincide. In fact, goals for sexual interactions are stereotypically expected to be different for women and for men. As one interviewee, José, explains:

...I think of it like this: a woman has to give sex to get love. A man, to get sex, has to give love... (20 year old man)

In Mexico, sexual activity often involves considerable logistical difficulties. Most young people live with their families, and social norms mean that young women are frequently not

allowed to enter a man's house alone. Young couples may not be permitted to enter a bedroom together. The locations of first coitus reported by the interviewees in this study are shown in Table 1. Where sexual activity takes place in a house, fear of being caught is frequently mentioned. The young couples are usually alone for short periods of time only, and are aware that parents or other relatives may return at any moment.

[Table 1 about here]

For the women, age at first coitus ranged from 13 to 21 years. Partner age, where known, ranged from 15 to 36 and in most cases, partners were older. Thirty-nine of the 61 women's partners at first coitus were already sexually experienced. The majority (55) of the women had first coitus with a boyfriend, with whom they were already engaged in some degree of sexual activity, e.g. kisses, caresses – unsurprising, given the “rules” about women's sexual activity described above. About three-quarters of the women had a relationship of six months or more. Two women were raped (one by her boss, and one by her cousin's fiancé). None of the women had first coitus with a stranger i.e. a person they had only met very shortly before the sexual activity (see Table 2).

The men's first coitus in this study appears to occur more opportunistically than the women's (no women but eight men have first coitus outdoors, for example). In line with what would be expected from the social value placed on heterosexual experience for men, many of the men interviewed appear to be more concerned with the fact of having sexual intercourse, than in the relationship with their partner. The men had first coitus within a far wider range of types of relationship than the women (see Table 2). Twenty-three of the men had partners who were already sexually experienced. Many say that they first had coitus simply because the opportunity arose and the key characteristic of the partner in many cases appears to have been her willingness

to consent at that moment. Crucially, though, men occasionally report avoiding coitus on particular occasions because of not having had a condom to hand.

[Table 2 about here]

Use of contraception at first coitus

Among the interviewees in this study, 20 men and 30 women used modern methods at first coitus, 12 men and 8 women used unreliable methods (withdrawal or periodic abstinence – “rhythm”), and 21 men and 22 women used no method at all. The majority of young people using unreliable methods believed them to be effective in preventing pregnancy. Almost all the young people in this study who used modern methods used condoms³, so this group was simultaneously (although not necessarily deliberately) protecting themselves against STD transmission. Men are usually expected to be responsible for condoms, particularly at first coitus: women do not report that they were or were not carrying condoms at first coitus. Instead, they report whether or not their partners were carrying condoms.

Why did so many of the young people in the study fail to use contraception at first coitus? In Mexico City, many modern contraceptive methods are readily available from pharmacies without prescription (e.g. hormonal methods, spermicides). Condoms are available in grocery stores and pharmacies, as well as from health centers. Young people can obtain contraceptives relatively easily and anonymously. In pharmacies, products are not on open shelves, and must be requested from the pharmacist. It is possible that this leads to embarrassment, and hence acts as a barrier to young people’s access to condoms. None of the interviewees mentioned this, however, and many of the young men reported obtaining condoms in their homes from brothers or cousins, or at school from friends. Levels of knowledge of contraception are reasonably high in this study, although some erroneous beliefs are still held. Among the non-users of contraception there was a

range of knowledge and there is no clear pattern that would suggest that knowledge levels alone were responsible for non-use. Given the varied but relatively high levels of knowledge among study participants and the fact that obtaining contraception is relatively easy, we cannot easily ascribe non-use solely to ignorance, or to physical access barriers.

Simple absence of an easily available method of contraception at the moment of first coitus is often reported as the reason for non-use in this study. Interviewees occasionally also cite inability to use condoms. Men particularly mention that they did not use a method because in the moment they wished to have sexual intercourse, they did not have a condom to hand. The experience of coitus often appears to be more important for the men than risks that might be involved. This young man, Salvador, typifies this attitude:

Int: Why didn't you use protection?

Salvador: Well, because there wasn't time. You can't exactly go and buy it right then and there (laughs)... and then what would happen if she stopped being in the mood? No, let's go for it, right now! (Man, age 15 at first coitus (no contraceptive method used), age 16 at interview)

Some of the women report that non-use of contraception was because coitus was unexpected, that they were carried away by the moment, that they had desired sexual intercourse, but that it "didn't occur" to them to use contraception. In all these cases, the women report very close, long-term emotional relationships with their partners. The women either initiated coitus, or report that they had a physical desire for coitus. In these cases, it appears that the relationship status combined with the physical desire meant that the women were less concerned about the potential negative outcomes of the experience. Women, like men, can be "carried away" (and we

have seen above that this may be a desired state), but the women seem to wait for the relative safety of a long-term partner to be “carried away” with.

These findings support the survey evidence from other studies cited above that the principal reason for non-use of contraception is “unexpectedness” Some of the young people in this study, however, specifically link decisions to engage in coitus to presence or absence of contraception, with abstinence as the alternative where contraception is not available. José Luis appears to have the opposite attitude to Salvador (mentioned above). He says:

...If I hadn't had one [a condom] on me, to tell the truth I wouldn't have gone for it [sexual intercourse]... (Man, age 16 at first coitus (used condom), age 17 at interview)

There are further problems with the “unexpected equals unprotected” idea when we look at what happens with and without planning of coitus. The defining characteristic of all the “planned” cases is that the couple deliberately go to a particular place in order to have sexual intercourse. Carmen and Ricardo planned their first intercourse. As Carmen explains:

...we'd talked about how we wanted to have sexual relations, so we went to a hotel... (Woman, age 17 at first coitus (used condom), age 19 at interview)

As can be seen from Table 3, about one-quarter of first coital acts were planned and these generally involved the use of contraception, as would be expected from the literature. There is, however, no straightforward pattern for unplanned coitus: in some cases modern methods were used, and in some they were not. It seems that planning, though highly conducive to contraceptive use is far from a necessary precondition. In other words, there is more to contraceptive use than “expectedness”, at least inasmuch as this can be indicated by planning.

[Table 3 about here]

When is contraception used at first coitus?

The key characteristic of relationships in this study where contraception was used at first sex was the presence of verbal communication. Lack of communication was linked to non-use. Verbal communication has often been cited as important for reproductive health, including use of contraception (e.g. 41, 42). What exactly is meant by “communication” is not always clear, and in many studies it is not possible to tell whether or not communication about contraception precedes contraceptive use, occurs because contraception is used, or whether both contraceptive use and communication simply stem from the same root cause of some other aspect of the “healthy” relationship. In other words, while communication and contraception are associated in cross-sectional studies, the causal pathway between the two is not simple to establish.

In this study, the aspect of communication that emerged as important was whether or not first coitus was verbally agreed with the partner before it occurred. Such communication seems to be highly protective in almost every case. The outcomes of interactions where intentions are discussed in advance are shown in Figure 1.

[Figure 1 about here]

What happens when coitus is agreed in advance

When coitus is agreed in advance with the partner, modern contraception is used in the vast majority of cases (15 of the 20 men, and 27 of the 36 women). In most cases, the agreement was made before the episode of sexual activity that led to coitus, as in the case of Gabriela:

Gabriela: His sister was always there, but that day by chance she wasn't around, so we had a think about it and decided we were going to do it.

Int: So you spoke beforehand?

Gabriela: Yes (Woman, age 15 at first coitus (used condom), age 17 at interview)

Some respondents agreed to coitus in advance but used unreliable methods (three men and four women used rhythm, and one man and one woman used withdrawal).

Only one man in this group, Arturo, appears to have made no attempt to prevent pregnancy. Arturo was invited to have sexual intercourse with a girl that he met:

Int: In that moment, how much did you think about the risks that were involved in having sex?

Arturo: For me, it was more important to have that experience than to protect myself.

(Man, age 16 at first coitus (used no contraceptive method), age 21 at interview)

Only four of the women who agreed to coitus in advance used no method at all. One planned coitus for the following week but initiated it early. They stopped because it was painful for her, and it is possible that her partner would have withdrawn, but it is not clear from the account. One woman was coerced into agreeing to coitus and her partner said he would withdraw, but did not. The final two women who used no method expected to marry their partners (although neither was still with the same partner at the time of the interview). One of these women, Cristina, says:

...Perhaps deep down, I wanted him to get me pregnant, so that we would be together forever. (Woman, age 17 at first coitus (used no contraceptive method), age 22 at interview)

Most of the interviewees who had agreed to coitus in advance, then, used modern methods and almost none used no method at all. A particularly interesting aspect of this finding is that use of contraception is not necessarily specifically discussed during the conversations prior

to the sexual intercourse. It appears that in many cases, the verbal agreement to coitus alone has a protective effect.

What happens when coitus is not agreed verbally in advance

Where there was no advance verbal agreement to have coitus, the majority of interviewees report having used no contraceptive method (19 of the 30 men, and 18 of the 24 women). The only exceptions were two of the men, who had planned to have coitus without consulting their potential partners, and had carried condoms in preparation.

It appears that for men and women alike, first coitus that is not verbally agreed in advance has similar outcomes in terms of use of contraception. The majority of the interviewees used no modern method of contraception unless their partners demanded it, and withdrawal appears to be the main method used in the few cases where any attempt was made to avoid pregnancy.

Many of the young people who did not discuss coitus and did not use contraception at first coitus nevertheless went on to use contraception with the same partner after the first time, supporting the idea that there is a protective effect of acknowledging that coitus may occur.

Linking communication and contraception

The majority of contraceptive users in this study used condoms. Because condoms are difficult to use covertly, it is not surprising that some form of acknowledgement of coitus is associated with use of this method in the moment of use. Javier, for example, reports that he was physically very close to first coitus with his partner (a friend) but stopped to obtain consent:

[...] We were already naked, right, and everything, and I say: well, what's the score? Shall we do it? I still asked her, you know? (laughs)... And she says: well, yes – [And I said] Ah good. I was almost there already, on top of her, you know, already almost inside her, and er... she says...I said to her: hang on a second, will you? So well, I

already had my little condoms there in my drawer... Let's have a look, hold on a second – [She said:] You're going to put a condom on? – Yes – Ah good – [I said:] you want it, right? Good then. (Man, age 15 at first coitus (used condom), age 22 at interview)

In the above example, coitus appears to have been almost inevitable before there was verbal agreement, and the verbal communication allows the interviewee to interrupt sex to fetch a condom. As mentioned above, however, in most cases in this study the discussion occurred well before this stage.

Discussion of and agreement to coitus are not seen as equivalent to planning. Elena, like many of the other young people, is careful to distinguish between the two, having not “planned”, but evidently having discussed the possibility of coitus before the sexual activity that led to her first experience:

Int: Had you planned [first coitus]?

Elena: Well... (thinks)... we'd talked about it, but we said it would be when the moment was right... So the moment came, and we had sex. (Woman, age 15 at first coitus (used condom), 19 at interview)

Thus while many of the interviewees constructed their first sexual experiences as spontaneous (and therefore, for the women, closer to the socially acceptable scenario for coitus), many had also anticipated the event through discussions with their partners. Prior discussion of and agreement to coitus is much more common in this sample than planning. In fact, in approximately half of the cases, coitus had been discussed and agreed in advance (see Table 2).

The types of relationship where verbal agreement to first coitus occurs are shown in Table 2. The categories follow those used by the interviewees: girlfriend/boyfriend (*novio/a* in Spanish) indicates a relationship where there is an expectation of some form of romantic involvement

and/or commitment. Friend/lover (*amigo/a* and *amante*) indicates a partner with whom there is no such expectation. As would be expected, sex with strangers typically involves no verbal agreement in advance. Nevertheless, it can be seen that type of partner does not necessarily determine type of communication: girlfriends and boyfriends, for example, appear to communicate in some cases but not in others, despite the implication of emotional involvement. This appears to be the case regardless of the length of the relationship.

Interviewees reporting relationships with more communication also report feeling generally positive about their first coitus. Lack of communication is associated with regret, and other negative emotional outcomes, suggesting that communication has a broader impact on sexual health than simply increasing contraceptive use.

DISCUSSION

This study has shown that it is not enough to ascribe non-use of contraception to coitus being “unexpected”: planning coitus and use of contraception must be understood in terms of the broader context of expectations about sexual intercourse. In this study, there was a tension between the need to plan sexual intercourse in order to use protection, and the desire for spontaneity, which may be considered to be more socially appropriate. Many young people resolved this problem by acknowledging that they would become sexually involved at some point in the future, thus communicating their intentions but without the “unromantic” appointment-setting for the event.

These data were all collected in Mexico City. Young people’s behavior in Mexico City is unlikely to be the same in rural areas, and may also be different to that in other urban areas. While the sample was not “representative” in the quantitative sense of “randomly selected”, the same themes re-occurred in the interviews, despite the heterogeneity of the sample, suggesting

that the issues identified by individual interviewees also apply more generally. While this study may represent dominant types of behaviors, attitudes and relationships among young people in low-income areas of Mexico City, the numeric allocation of these types cannot be taken as representative in the same way because of the purposive nature of the sample.

Agreement to coitus in advance may favor the use of modern methods for several reasons. To some extent, coitus is not “unexpected”, even if it is not specifically planned: the possibility that it might occur is known, thus a couple may abstain from coitus on a particular occasion if contraception is not available, knowing that the opportunity is likely to arise again in future. They may also be more likely to obtain contraceptives knowing that they might have sexual intercourse. The willingness or otherwise of the partner to use contraceptive methods may be assessed. If there is open discussion, this may indicate a close emotional relationship, where the individuals are particularly motivated to protect their partners from unwanted consequences of unprotected coitus.

In the study setting, open discussion of sexual matters is rare and often difficult for young people. In this environment, the “communication” so crucial for condom use is unlikely to involve extensive discussion in the majority of cases. It is therefore highly significant that a relatively simple agreement can have such a protective effect, apparently without the need for finely honed “negotiation skills” in order for condoms to be used.

Advice and other interventions for young people that can take account of social contexts are likely to have more success than those that ignore them. For example, given the relatively high knowledge levels in this study, focusing solely on improving young people’s knowledge of contraceptive methods, although worthwhile in itself, may not have as great an impact on sexual

health as would be desired. Similarly, attempting to encourage “planning” of first coitus is unlikely to meet with success among those young people who favor spontaneity.

The fact that good communication leads to healthier sexual outcomes means that it is essential for interventions to include a communication skills component. In some relationships in this study, communication is already reasonably good, possibly in part because of the social expectation that women will be involved in an emotional relationship with their first partner, which may increase the likelihood of good communication at first coitus. Simply having a formal relationship, however, appears to be far from sufficient for communication. One of the factors contributing to this failure to communicate may be the differences in gender roles and expectations for men compared with those for women. Women, for example, might be reluctant to acknowledge the possibility of their engaging in coitus, which would work to reduce communication. Men on the other hand, while perhaps being more socially enabled to acknowledge their possible sexual activity, may be concerned with achieving penetration and so be unwilling to risk partners’ refusal by openly discussing coitus (43). The relative importance of these and other factors will depend upon individuals’ characteristics and the dynamics of particular relationships in which sexual intercourse takes place.

In general, it is likely that gender stereotypes work against communication by encouraging young people to hold erroneous beliefs about the opposite sex (e.g. women have to be forced into sex, men want nothing but sex). If unquestioned, they may also form part of the pressure on young people to behave sexually in a particular way – encouraging young men to feel they must achieve penetration as early as possible in their adult lives, and preventing women from acknowledging their sexual desires. Gender stereotypes also make men rather than women

responsible for condom use – an assumption that could be tackled by a program with a gender focus.

An intervention that can begin to address these issues by challenging gender stereotypes and encouraging communication between young women and men will help improve sexual health. An ability to communicate desires and needs effectively and rapidly is likely to be beneficial for emotional as well as physical health. In addition, it is reasonable to suppose that communication is both the foundation and the outcome of an emotionally healthy long-term relationship: one does not necessarily precede the other, but the two elements are likely to be self-reinforcing. It is possible, therefore, that even by engendering communication at a relatively low level, a program may act as a trigger for a couple to develop increasingly open discussion. It appears that if we are to increase use of contraception at first coitus, it is not sufficient to raise awareness of contraceptive methods: rather we need to enable young people to discuss sexual activity in advance – an ability that will not only increase use of contraception but also improve sexual health in a broader sense.

Table 1 Location of first coitus, by sex.

Location of first coitus	Women	Men	Total
His house	27 (44%)	14 (26%)	41 (36%)
Her house	10 (16%)	17 (32%)	27 (24%)
Hotel	13 (21%)	5 (9%)	18 (16%)
Friend or relative's house	5 (8%)	6 (11%)	11 (10%)
Outside	0 (0%)	8 (15%)	8 (7%)
Party	1 (2%)	2 (4%)	3 (3%)
Other	3 (5%)	1 (2%)	4 (4%)
Unknown	2 (3%)	0 (0%)	2 (2%)
Total	61 (100%)	53 (100%)	114 (100%)

Table 2 Types of relationship at first coitus, by whether or not coitus was agreed verbally in advance.

Type of partner	Women			Men		
	Verbal agreement	No verbal agreement	Total (women)	Verbal agreement	No verbal agreement	Total (men)
Girlfriend/boyfriend	34	17	51	13	8	21
Relationship time <1 month	0	1		0	0	
Relationship time 1-6 months	9	7		5	1	
Relationship time 7-12 months	11	6		6	2	
Relationship time >12 months	8	3		0	2	
Relationship time unknown	5	0		2	3	
Ex-boyfriend	1	0	1	0	0	0
Friend/lover	1	4	5	5	11	16
Boss	0	2	2	0	0	0
Teacher	0	0	0	0	1	1
Relative/neighbor	0	1	1	0	2	2
Stranger	0	0	0	1	8	9
Sex worker	0	0	0	1	0	1
Total	36	24	60*	20	30	50 [†]

* One case excluded because verbal agreement unclear

† Three cases excluded because relationship to partner unclear

Table 3 Methods of contraception used at first coitus, by planning status and by sex.

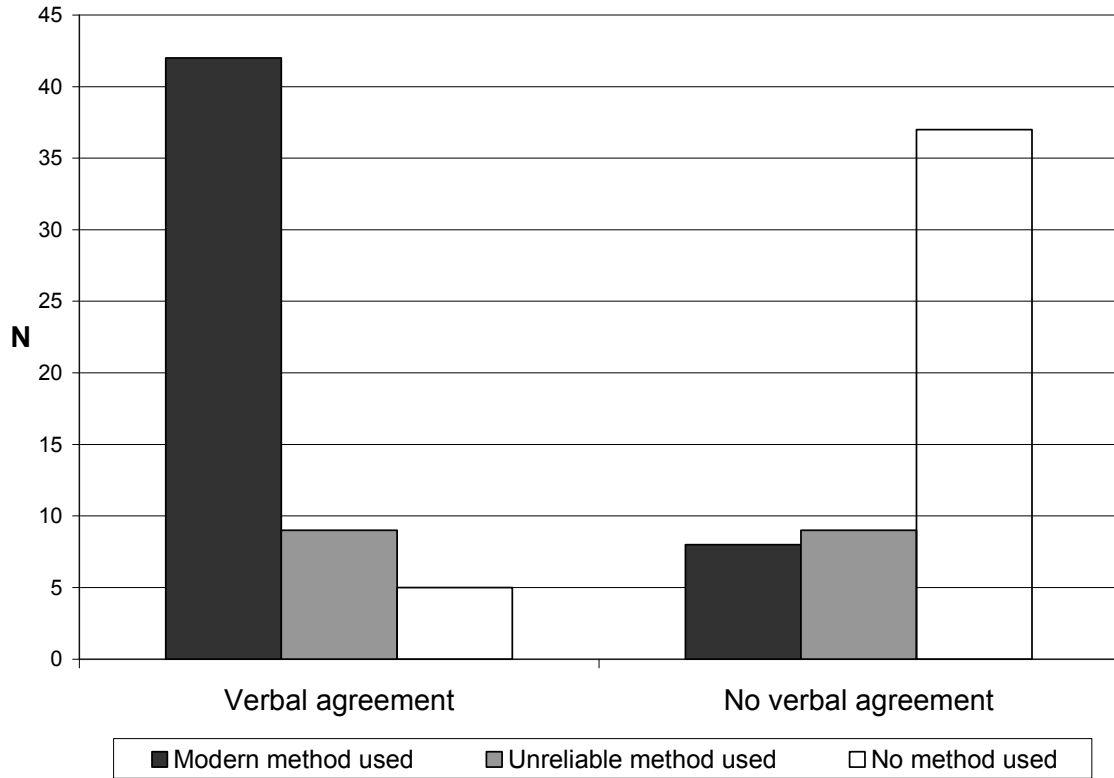
Method used	Planned together*		Unplanned		Total
	Men	Women	Men	Women	
Modern	3	18	15	10	46
Unreliable†	1	3	8	3	15
None	1	3	19	16	39
Total	5	24	42	29	100‡

* Planned coitus includes all cases where the partners planned a particular time and place for coitus to take place.

† Periodic abstinence (“rhythm”) or withdrawal

‡ One case excluded because planning status unclear, 7 women and 6 men excluded for clarity because they or their partners planned coitus unilaterally.

Figure 1 Type of method used at first coitus, by whether or not coitus was verbally agreed in advance.



NOTES

1. This study is part of a larger study that also examined a sexual health intervention and approximately half the interviewees had participated in this intervention. In the vast majority of cases, because participation in the intervention occurred after the first sexual experience, it is not relevant to this paper and will not be discussed further here. More information about the intervention aspect of the study will be available in due course.
2. As mentioned above, all names in this paper are pseudonyms.
3. One woman used oral contraceptive pills, one man's partner had had tubal ligation. Some interviewees combined condoms with spermicidal gels and foams, and one man's partner used emergency hormonal contraception when they were unable to use a condom correctly.

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