DECLARATION

Except where indicated, this thesis reports an original research which I carried out as a scholar at the Graduate Program in Demography, National Centre for Development Studies, The Australian National University.

Řomeo Búlalaqē Lee
August 1995
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The present thesis came into being because several organisations and individuals helped to make it possible. At the top of my list of organisations that must be thanked is the Australian Agency for International Development (AusAID), which through the National Economic Development Authority (NEDA) of the Philippines granted me a scholarship in 1991 to pursue doctorate studies in demography at the Australian National University (ANU). The National Centre for Development Studies (NCDS) of the ANU - in particular its Graduate Program in Demography - is likewise mentioned for its fine graduate education. Every year I spent at the ANU was worthwhile, and the good impression I hold about the university will remain with me.

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me from naming them or any members of their staff who helped me in organising my research activities; however, anonymous as they shall remain, their support of the research is greatly appreciated. From various slum sites in the metropolis, the Sangguniang Kabataan (youth assemblies) and their officers are also acknowledged. The time and effort they extended during the recruitment of focus group discussants and personal interviewees were considerable.

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The scores of male university students and slum dwellers who participated in the field research either as focus group discussants or personal interviewees are thanked most sincerely. Their involvement has provided some important and valuable insights into the largely unexplored dating and sexual behaviour, and condom use of single Filipino young men. To all of you guys, this thesis is for you! I also would like to thank Rene who offered me in Canberra a quiet and conducive refuge at a time when I critically required one for completing this thesis; for that unselfish gesture, I shall always be grateful. I thank the One Above for being there for me. I immensely enjoyed my stay in Australia. I like the country and its people for its casual and carefree lifestyle.
ABSTRACT

The thesis proposes that single young men should be involved in family planning and AIDS initiatives in the Philippines. The involvement envisioned is one which would eventually see them use condoms and other precautionary measures, to protect their partners from unwanted pregnancy, and their partners and themselves from contracting sexually transmitted diseases (STDs). The proposal is based upon some psychosocial and demographic realities. The psychosocial realities are that young men assume a dominant and aggressive role in sexual relationships, and that like their female counterparts, they face potential negative effects stemming from early coital experiences. From the demographic perspective, the reality is that a sizeable proportion of the 13.0 million Filipino adolescents - about half - are males. They tend to marry several years later than females. The broad gap between puberty and marriage means that young men have ample time to engage in premarital intercourse. Such sexual intercourse is not, however, without risks.

Towards establishing the involvement of adolescent males in family planning and AIDS programs, it is important that their coital behaviour and condom use, and the psychosocial conditions that give rise to and sustain them, are understood. Since dating represents one context in which young people experience premarital coitus, it is relevant to examine it as well. Research-based knowledge from the demographic and psychosocial standpoints is essential for setting and achieving program goals and objectives, and for allocation of resources. While a handful of studies have already provided some understanding of sexuality and condom use among young Filipino males, there is a need for more investigations.

This thesis seeks to contribute to a greater understanding of heterosexual dating and coital behaviour, and condom use among unmarried adolescent men. In fulfilling this objective, the thesis provides an overview of adolescent male sexuality studies developed and undertaken in other countries; and explores dating and coital behaviour, and condom use among samples of unmarried university students and
slum dwellers in Metro Manila. In the process, it presents a perspective in which adolescent male coital behaviour and condom use can be viewed and addressed within the context of current population and AIDS growth control initiatives in the Philippines.

The core findings reveal that substantial proportions of unmarried young males have coital experience, and that these young men are exposed to the risks of causing pregnancy and/or contracting STDs because they have more than one female partner of varying types, and they have not used or have used condoms only inconsistently. These risk factors are common not only among the Metro Manilan adolescent sample interviewed for this thesis, but also among other teenage males covered by various studies in several countries across the globe. The need to promote condom use among unmarried young men is thus quite clear. Exactly how this can be accomplished has no direct and straightforward answer. Condom use is a complex phenomenon: it is individually-dependent, interactionally-dependent and structurally-dependent. In addition, it is a controversial issue. The task that lies ahead for the Philippine government to promote and encourage condom use among unmarried young males will not be easy, but it should be pursued given the pressing population and AIDS problems, and given the conduciveness of the present environment for adolescent premarital coitus.
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CHAPTER ONE
SETTING THE RESEARCH AGENDA

Whereas heterosexual contact [in Asia] once took place in the context of family and community, today an independent youth culture exists, couples date freely, and there is ample opportunity for sexual contact.

East-West Centre (1989: 3)

The Philippines, a 7,107-island republic in Southeast Asia, faces existing and potential problems from its burgeoning population, and HIV and AIDS cases. The total Filipino population stood at 65.2 million in 1992: its size ranked fifth among 18 countries in Southeast and East Asia, and 14th in the world (United Nations, 1992a). Growing at 2.3 per cent each year, which together with Malaysia's and Brunei's rates is one of the highest growth rates in the ASEAN\(^1\) region, the population is expected to double in 30 years. Sustained population growth has contributed seriously to rapid loss of the country's forest cover (Abernethy, 1993) and its other natural resources (Asia-Pacific Economics Group, 1991), and also to a decline in Filipinos' access to quality education, housing and employment opportunities (Population Commission, 1993).

\(^1\)As of the middle of 1995, member-nations included Brunei, Indonesia, Malaysia, the Philippines, Thailand and Singapore.
National economic development has been unable to keep pace with the strong growth in population. Real wages have stagnated since the beginning of the 1980s: the per capita income of A$1,033 as of 1993 is one of the lowest in the ASEAN region, although above Indonesia's A$831 (Asia-Pacific Economics Group, 1993). The incidence of poverty remains high: six of every 10 households have incomes falling below the poverty line (East-West Centre, 1992b: 2). The poverty line income for a family of six is A$291 a month on average (The Sunday Chronicle, 1993: 9). While the Philippine economy has lately shown promising signs of growth (in 1993, the increase in gross domestic product was 2.3 per cent, a major turnaround from previous years), the modest economic gains that are likely to be achieved in the future will not be sufficient to meet a rapidly growing population's vast demands for health, education, housing and other social services. Recognising the repercussions of having to grapple with a booming population and an economy that has barely moved out of recession, the Philippines - under the Ramos administration - is currently implementing an aggressive anti-natalist population program. The program covers two major components: family planning and responsible parenthood, and population and development. The family planning and responsible parenthood component is being implemented by the Department of Health (DOH); the population and development component by the Population Commission.

At present, the problem concerning HIV and AIDS is not on a par with that posed by population growth. However, AIDS could become a major health concern in the Philippines - as it is now in Thailand - if no early efforts at controlling it are undertaken. Between 1984 and March 1993, the DOH, the government agency which has complete jurisdiction over AIDS, recorded a total of 383 HIV and AIDS cases: 70 per cent of which were reported to have contracted the virus through sexual contact (Remedios AIDS Foundation Inc.,
1993a). These documented cases underestimate the prevalence of infection: the DOH 1992 estimates placed the true figure at between 30,000 and 35,000 (Philippine Collegian, 1993).

The difficulty of obtaining reliable estimates of infection levels hinges primarily on the stigma attached to AIDS: society at large - including the Filipino society - ostracises individuals, especially homosexuals, prostitutes or drug users, afflicted with the virus (Paicheler, 1992), and this largely deters the reporting of infections. Moreover, the lack of effective testing, monitoring and reporting systems adapted to individual, social and cultural sensitivities, and of adequate support services for persons with HIV or AIDS, further encourages infected persons to conceal their health condition rather than to report it (Lee, 1993). Notwithstanding the difficulties in accurately assessing the magnitude of the AIDS problem in the Philippines, the government has established a national AIDS prevention and control program in 1988 under the DOH to stem the spread of HIV infection to a larger proportion of the population.

1.2 Program Relevance of Adolescent Sexuality

Both the population and AIDS control programs have recognised Filipino adolescents - the 15-24 age group - as a group requiring special attention. The 1993-98 Population Program Plan has a specific reference to this effect in one of its stated objectives:

To strengthen program efforts among the young and young adults that would promote responsible parenthood, small family size and delayed marriage (Population Commission, 1993: 11).

The AIDS prevention and control program has also identified adolescents as a group at particular risk of infection and has, in fact, involved them in a number
of its awareness campaign activities (Remedios AIDS Foundation Inc., 1993b).

This recognition stems mainly from a broadening awareness of the relevance of adolescent sexual behaviour to population and AIDS control initiatives. The Filipino adolescent population is as large as Thailand's according to 1992 data (United Nations, 1993). Of the 65.2 million Filipinos, one-fifth (13.0 million) are adolescents (Thailand's 12.2 million adolescents also represent about a fifth of its total population). With the Philippines' rapid population growth, a rising incidence of HIV and AIDS cases, and given the ample opportunity for premarital coitus, particularly in the urban centres (East-West Centre, 1989), the implications of young people's sexual behaviour for population and AIDS control efforts are tremendous.

From the perspective of the population program, premarital sexual intercourse, particularly in the context of regular, steady sexual relationships, is important mainly because of the risk of pregnancy. Most unplanned pregnancies will result in either marriage, abortion or single motherhood. In each of these outcomes, there are social, health and economic risks. The pregnant young woman, for instance, may have to leave school or work (Population Commission, 1988), suffer or even die from complications arising from pregnancy, birth or abortion, or face psychological and emotional problems in adjusting to motherhood. Some infants born to adolescent mothers tend to suffer from reduced mental capability and psychological problems aside from facing the risk of abuse and health hazards (Senderowitz and Paxman, 1985). Apart from the mother and the infant, the adolescent father also faces ill-effects stemming from unwanted pregnancy: it may cause him, for example, to seek employment to the exclusion of continued schooling (Card and Wise, 1978). In other instances, teenage males who cause a pregnancy but do not want to marry their partners relocate to other towns, and causing
disruption to their studies or work.

Taking into account the sexual behaviour of adolescents is not only relevant but crucial in the AIDS program for two reasons: it provides a clue to the risks that coitally active youth face from AIDS, and it helps determine young people's existing and potential role in the transmission and spread of the AIDS virus. Moreover, the prevention and control of the spread of AIDS among Filipino adolescents would also prevent them from contracting other types of sexually transmitted diseases (STDs). The prevalence of gonococcal infection among the young was actually low according to 1988 data: 29 cases per 100,000 population among the 15-19 age group, and 71 cases per 100,000 among those aged 20-24. However, if all cases are considered, the picture is highly discouraging: 59 per cent of all males and 72 per cent of all females with gonococcal infection were adolescents (de Guzman and Cruz, 1992). These figures are conclusive evidence of the real and imminent risk they face from contracting STDs.

1.3 Towards Male Participation: The Agenda for Research

Young men have received little attention in human sexuality research in the Philippines. Even the first national survey of adolescent sexuality in 1982 overlooked the male dimension (Raymundo and Ruiz, 1985). It is only in the last few years that the government, and recently some researchers in the private sector, have suggested adolescent male sexual behaviour as one area that requires empirical study (Population Commission, 1988; Go, 1990). That young men should be given adequate research attention appears to be based upon some psychosocial and demographic realities. The social realities are that young men assume a dominant and aggressive role in sexual relationships (Rice, 1989), and that like their female counterparts, they face negative effects
stemming from early coital experiences (Card and Wise, 1978). From a demographic perspective, the reality is that a sizeable proportion of the 13.0 million Filipino adolescents - about half - are males, and they tend to marry several years later than females (de Guzman and Cruz, 1992). The broad gap between puberty and marriage means that young men have ample time to engage in premarital sexual intercourse. Such sexual intercourse is not, however, without risks.

Studying male sexual behaviour will enable relevant programs to assess the risks that young men face from causing pregnancies, and from contracting and transmitting STDs. More importantly, these studies can offer valuable insights into how coitally experienced adolescents could be involved in population and AIDS control initiatives. The involvement envisioned here is that which would eventually see adolescent males use condoms and other precautionary measures, to protect their partners from unwanted pregnancy, their partners and themselves from contracting STDs. It is vital that coitally active young men are involved because their social, physical, economic and psychological well-being is at stake, and so is their future contribution to the country's socioeconomic development. Also not to be overlooked are the long-term benefits to be gained if young males are involved. These men will become fathers some day and their involvement may prepare them to become responsible parents, effectively preventing unwanted pregnancies and HIV infection. As an increasing number of fathers are now performing a share of childrearing duties, their early sex education will enable them to educate their own children about sexual values consistent with efforts at reducing fertility and the incidence of AIDS.
1.4 Aim and Objectives

Towards establishing the involvement of adolescent males in population and AIDS control programs, it is first important that their sexual behaviour and condom use, and the psychosocial conditions that give rise to them and sustain them, are understood. Since dating represents one context in which young people experience premarital coitus, it is likewise relevant to examine it. Research-based knowledge from the demographic and psychosocial standpoints is essential for setting and achieving program goals and objectives, and for allocation of resources. While a handful of studies have already provided some understanding of coital behaviour and use of condoms among young Filipino males, there is a need for more investigations (Population Commission, 1988; East-West Centre, 1989; Go, 1990).

This thesis seeks to contribute to a greater scientific understanding of heterosexual dating and coital behaviour, and condom use among unmarried adolescent men. Its specific objectives are:

1. To provide an overview of adolescent male sexuality studies undertaken in other countries:

1.1 To identify the geographic origins of these studies,

1.2 To determine the research methods they used, and their aims and purposes,

1.3 To examine the topics they explored and to synthesise their findings, and

1.4 To determine the ways and means by which these studies have addressed issues concerning data reliability and validity.
2. To explore dating and coital behaviour and condom use among young unmarried Filipino males:

2.1 To determine incidences of coital experience and lack of experience, and of use and non-use of condoms,

2.2 To examine specific aspects of dating and coital behaviour,

2.3 To explore some psychosocial dimensions of coital experience and lack of experience, and of use and non-use of condoms, and

2.4 To examine the reliability and validity of respondents' self-reported behaviour.

3. To present a perspective in which adolescent male coital behaviour and condom use can be viewed and addressed within the context of current initiatives to control population and AIDS growth in the Philippines:

3.1 To examine the rationale of the government's programs,

3.2 To examine the conflict between the government and the church on population and AIDS concerns, and

3.3 To discuss program implications of adolescent men's coital behaviour and condom use, and to offer program recommendations.

In this thesis, *coitus* or *sexual intercourse* is defined as an *act involving penile-vaginal penetration*. Premarital coitus was not assumed to take place only through dating, as young males could also, for example, engage in intercourse...
with paid partners, or with newly-met but unpaid partners. Dating refers to an activity where a male and a female without blood relations go out together all alone. These terms are frequently used in the thesis; others are defined as they are used in the discussion.

1.5 Methodology
1.5.1 Research methods

A variety of methods were employed to meet the thesis' objectives. In fulfilling the second objective, a small-scale exploratory field study - survey and focus group discussions (FGDs) - was carried out. Small-scale fieldwork was opted for mainly because of lack of research funds. In the survey, face-to-face interviews were employed as the main research technique; self-completion questionnaires were also utilised, but chiefly to obtain basic data for comparison with parallel data derived from personal interviews. Findings from interviews, from self-completion questionnaires and FGDs, and information from eclectic sources - public documents, newspapers, books, magazines and scientific articles - were examined and synthesised to accomplish the third objective.

A review of research was undertaken to fulfill the first objective. The review covered theoretical and empirical studies which exclusively or partly dealt with male sexuality in developed and developing countries. The dearth of empirical data on Filipino adolescent male sexual behaviour and condom use made the review of literature particularly important, especially in the development of research methodologies and in identifying topics and questions for the field research. While significant insights were gained from the review, the fact that these pertained largely to Western societies raised the question of whether they aptly describe the sociocultural milieu of Filipino adolescents.
Premarital sexual attitudes (for example, that every young man is free to have as many intercourse events as he desires; that it is okay to have intercourse with a woman whom you do not love) held by some American adolescents, for instance, may not be held as widely by their Filipino counterparts. Or questions understood by young men in Western cultures in some particular way may elicit different answers when asked of Filipino adolescents. In this respect, the FGDs were employed to clarify sex-related concepts derived from the review. In addition, the discussions were also utilised to gather additional inputs to improve draft versions of the interview instruments, and to learn of practical ways of enhancing the participation of young men in the research.

1.5.2 Target groups

Two groups of adolescent males of contrasting economic backgrounds, university students and slum dwellers, were involved in the focus group discussions and the survey. The students were chosen to represent young men from high-income backgrounds, and the slum dwellers to represent those from low-income backgrounds. It was hypothesised that economic status, though ascribed from families of origin, would exert influence on adolescents' patterns of heterosexual relationships. These groups were chosen in preference to other adolescent subgroups for reasons of convenience. Certainly it was easier, less time-consuming and less costly to recruit participants in classrooms and slum areas than in high-income residential locations and in factories.

Even without the benefit of an income survey, it was apparent that students were financially far better off than slum dwellers. The former were enrolled in the Philippines' top exclusive universities: admission requirements are relatively rigid and the quality of instruction and fees are high. On the other hand, the locations and the types of housing unit where slum dwellers lived were indicative of their poverty. A handful of slum dwellers were also
university students when recruited, but they were not enrolled in the same universities as those whom the study categorised as students.

To be eligible for inclusion in the FGDs and in the survey, students and slum dwellers needed to be 18 or 19 years old, unmarried, to have resided in Metro Manila for the past year, and to have had dating and/or sexual intercourse experience. These criteria were all contained in a screening form which was administered during the recruitment and selection of discussion group and survey respondents. Males aged 18-19 were chosen as the target group because at these ages a conducive social setting for heterosexual relationships appears to be established. Young men are already legal adults (starting at the age of 18), and along with the privileges they enjoy as a consequence (for example, the rights to vote, obtain a driving licence and gain access to night clubs) is the likelihood that many are already engaged in some form of interaction with the opposite sex.

1.5.3 Study site

The FGDs and the survey were undertaken in Metro Manila, a ten including the six cities and seven municipalities, and the capital of the Philippines. Metro Manila was chosen as the study site because adolescents have greater access to sexual opportunities there than in any other city in the country. Even with the closure of Manila’s red light district in 1992 by the city government, there is still a proliferation of sauna bath houses, escort services, night clubs, bars and brothels - the main sources of paid sexual partners - in adjoining cities. Furthermore, the metropolis has dense population of 7.9 million (Population Commission, 1990) and the vast area it occupies provides adolescents with a high degree of anonymity, so that they could easily be lost in the crowd in dating someone or having coitus with a paid or unpaid partner.

These cities are Caloocan, Makati, Manila, Pasay, Pasig and Quezon.
1.5.4 Focus group discussions: details

Ten discussions (five involving students and five involving slum dwellers) were held from January to March, 1993. Among both the students and the slum dwellers, the five FGDs consisted of two discussions with coitally experienced adolescents (Category A), two with men who had never had intercourse but had dated (Category B), and one with equal numbers of males with and without coital experience (Category C).

Each discussion group consisted of six participants - a total of 60 different individuals for the entire activity. Selection of FGD sites, at one university and in five slum areas, was purposive. The author recruited participants, conducted discussions and transcribed the tape-recorded proceedings. Assessment of the conditions under which the FGDs took place and the extent to which they might have affected the quality of data is discussed in Chapter Three.

A. Recruitment of students

Students were recruited from one university but in various situations: from classes studying a range of subjects, from an all-male campus dormitory and from a military training camp. However, the recruitment procedures employed in all of the foregoing circumstances were basically the same. Permission was first sought from appropriate authorities (department chairmen and teachers in the case of classes, residents' club president in the case of the dormitory, and commandant with reference to the training camp). Then in classes, in the dormitory and in the training camp young men were first

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3All male university students are required by law to undergo a citizens' military training as part of the curriculum. The training is usually conducted on Saturdays.
4Students in the dormitory and training camp had to be assembled for the purpose of recruitment. To ensure that a sizeable number of them could be gathered together, recruitment was held one night in the dormitory, and on a Saturday - a regular training day - in the military camp.
briefed on the objectives, scope and importance of the study. Afterwards, pertinent details of the FGDs - topics, time requirement, venue - were presented.

After the introduction, students were asked to complete the screening form, the purpose of which was also explained to them. The form consisted of two pages: the cover and a page containing instructions and six questions pertaining to the inclusion criteria (that is, age, birth date, marital and residence status, dating and intercourse experience) and one asking students their willingness or unwillingness to participate. The definitions of *dating* and *sexual intercourse* were also included on the form. Students were asked to write their first name on top of the cover page. Completed forms were collected and, using the first names written on the forms, eligible students (that is, those who satisfied the inclusion criteria and were willing to participate) were identified from those not eligible. Among the eligibles, six were randomly chosen to form each discussion group (those who were not chosen were thanked for their cooperation).

It was generally easy to organise a focus group discussion of either Category A, B or C because both coitally experienced and inexperienced students were well-represented among the eligibles. One discussion group was formed from each of three classes\(^5\) with two additional groups coming from the training camp and the dormitory. Each of the classes had between 15 and 20 male students at the time of recruitment, while the groups assembled in the training camp and dormitory had 30 and 12 students, respectively. Discussions were held immediately after recruitment in vacant classrooms and seminar rooms provided for the purpose by university authorities.

\(^5\)A total of five classes was covered but in two, no discussion group was successfully organised because only one or two students satisfied the age criteria.
B. Recruitment of slum dwellers

Slum-based discussants were recruited individually. The lack of a place in slum areas where young men could be assembled without attracting onlookers prompted the adoption of individual recruitment. A total of five slum sites was covered (one FGD was held at each site). A male officer of Sangguniang Kabataan (SK), which literally means youth assembly, a government-led youth organisation at the village level, assisted in recruiting participants. Details of the study and the FGDs were made known to the youth officer prior to initiating recruitment.

Recruitment followed a series of simple steps. First, a potential discussant was approached with the help of the SK officer and informed of the study and the FGD activity. Afterwards, he was asked questions pertaining to the inclusion criteria. If the person was eligible (that is, met the criteria) and was willing to participate, he was given the schedule (venue, day and time) of the relevant FGD. Ineligibles were told why they could not be included and were thanked.

Discussions were held the day after recruitment. At three slum sites one or two recruits had to be replaced because they could not be located on the day of the discussion. The FGDs took place at various venues: inside a parked mini-bus, at the back of an abandoned health centre, in a campus park and in public parks. The choice of these venues was determined mainly by the locations and conditions of the slum areas. For instance, the first two venues, within walking distance from where slum dwellers lived, were chosen because the level of vehicular noise and the volume of passersby were minimal. On the other hand the campus and public parks, a 20-minute ride by public transport from the slum sites, were opted for because there was hardly any appropriate venue.

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6At this point, only the researcher and the adolescent were talking; the SK officer was excused.
nearby the slum areas. The concurrence of participants in the selection of venues had to be obtained.7

C. Conducting the discussions with students and slum dwellers

The primary task in conducting the FGDs was to draw out experiences, observations and perceptions from participants while maintaining the focus of the discussion at the group level. In the first few minutes of the discussion, an overview of the study was presented, and discussants were assured that the information they provided in the discussion would be held in the strictest confidence and that their identities would not be divulged for any purpose. Everyone was enjoined to actively participate in the discussion. The proceedings were tape recorded. The language used was Tagalog, a major Filipino language. Discussions with university students were, however, conducted in both Tagalog and English.

To commence the discussion proper, a few questions were introduced. As the discussion progressed, it was necessary not only to ask further questions, but also to encourage each of the six participants to share his ideas or observations with the group. Questions such as What do you think? or Is that similar to your observation? were employed to encourage members to talk. Discussants who were dominating the proceedings were interrupted subtly. The flow of discussion was not interrupted, except when the exchange of ideas or experiences among participants had ceased or when the topics being discussed had become farfetched or irrelevant. In such instances, a follow-up question was asked to keep the discussion going or to redirect its focus.

7Many slum-based participants were hesitant to attend FGDs held far from where they lived because of alleged grim experiences of young fellow residents. Several stories were told. One concerned two young men who were offered jobs by strangers, were taken away from slum areas and then were killed. The associated apprehension was shared by other residents: a number of discussants' parents, for instance, queried the purpose of the activity and where their sons would be taken. It was necessary to show identification cards and explain what the study was about.
Towards the end of the activity, the major points raised in the discussion were summarised and feedback was sought from discussants on how they felt towards the exercise as a whole (Were they embarrassed? Did they find the questions too personal or blunt? Why did they agree to participate?). Before each discussion was ended, questions were invited from participants. Afterwards, the group was thanked, and each discussant was given a cash incentive of about 40 pesos (A$2.00). This amount was too small, even by Philippine standards: it is about the equivalent of one Big Mac hamburger at MacDonald's. Most discussions had a running time of about 90 minutes, and notes were taken down at the end of each discussion.

D. Discussion topics

A range of topics was covered. While there were three categories of discussion groups - coitally experienced males (A), coitally inexperienced males (B) and a mixture of coitally experienced and inexperienced (C) - the topics discussed were similar in many respects from one group to another. Below is the list of topics; it merely served as a guide; other related topics raised during the discussions were also covered.

- Perceptions of the extent of sexual activity among unmarried males aged 18 to 19 years.
- Opportunities for sexual intercourse.
- Dating experiences (age at first dating, dating partners, dating venues, frequency of dating, who initiates dating, where dating takes place, what happens during dating, what types of physical contact occur in dating).
- Sexual intercourse experiences (situational contexts, age at first intercourse, current coital activity and coital frequency, sexual partners: first, current and lifetime).
- Preventive measures against STDs and pregnancy.
- Factors influencing sexual activity (peer groups, concept of male virginity and other related male sex role beliefs, sexual attitudes, AIDS awareness).
- Condoms (awareness and use of condoms).
• Participants' feelings towards the discussion.
• Circumstances when adolescents agree or decline to be interviewed in a face-to-face context.
• Preferred forms and content of interview questions.
• Other suggestions and recommendations to enhance greater participation from young men.

Discussions with Category A participants mainly focused on sexual intercourse topics; those with Category B participants on dating. Topics on dating and intercourse were both tackled with Category C participants.

E. Transcription and analysis of proceedings

Proceedings were transcribed verbatim immediately after each discussion. The examination of transcripts enabled the strengths and weaknesses of completed discussions to be identified and also provided key ideas to improve subsequent ones. For example, topics which had not been adequately discussed previously were given more focus in following sessions.

The transcribed data were analysed once the 10 required FGDs were completed. The analytical scheme consisted chiefly of examining patterns which had emerged from the data. This entailed, in part, identifying specific points frequently mentioned in the discussions, as well as pinpointing particular areas where agreement and disagreement had most commonly occurred. As previously indicated, the FGD findings were in part used to improve the ensuing survey's data collection strategies and instruments. Findings were also used to provide contextual meanings for data derived from the survey (see Chapters Four, Five and Six).

1.5.5 Survey details

The survey was conducted over three months (April to June, 1993) in purposively-selected universities and slum areas. The survey did not
concentrate on one university or slum area for two reasons: to cover a range of adolescent males of similar economic background, and to avoid pre-interview familiarity with the research that would have developed had interviewing been prolonged on just one site. The author undertook 99.0 per cent of the recruitment and interviewing of survey respondents; one medical student was employed to assist in interviewing when the time allocated for the data gathering ran short. An evaluation of the overall quality of survey data is presented in Chapter Three; a detailed discussion of survey findings is given in Chapters Four, Five and Six.

A. Sample

A non-representative sample of 100 respondents was personally interviewed. The sample size appears appropriate for a small-scale exploratory survey, while at the same time adequate for obtaining behavioural patterns. The sample was equally composed of university students and slum dwellers. Each group of 50 (students and slum dwellers) contained an equal representation of respondents with and without coital experience (but who had dating experience). Students, when recruited, were attending summer (April-May) or the beginning of first semester (June-October) classes.

The procedures used in recruiting students varied slightly from those employed to select slum dwellers, but all respondents were chosen at random. Random instead of convenience sampling was opted for to reduce selection bias. Among students the approach was to first conduct a self-administered questionnaire survey in classrooms, and then undertake face-to-face interviews with 50 randomly-selected questionnaire respondents (this enabled the study to compare questionnaire and personal interview data). Interviews with the 50 slum dwellers were carried out only in a face-to-face context because slum areas were not convenient settings for administering self-completion
questionnaires.

**B. Recruitment of students**

In each university the following steps were taken in recruiting respondents. Permission to conduct the survey and lists of classes at the second and third year levels (18 and 19-year-olds were most likely to be found at these levels) were first obtained from university authorities. Half the classes in the list were randomly selected (the number of classes offered during summer sessions was significantly fewer than in first or second semesters). Times and dates of classroom surveys were then set in consultation with the teachers of selected classes. In the classroom, the following procedures were followed (Figure 1.1). Students were first informed of the research, its objectives and importance. They were also briefed on the survey's ethical standards and were told that they were not the only group of students being asked to participate. The need to obtain a true and accurate picture of adolescent sexuality was also stressed.

The screening form was then administered. The form consisted of six questions pertaining to inclusion criteria and one asking students their willingness or unwillingness to be interviewed. Students were asked to write their first name on top of the form. The name was later used in identifying the randomly-selected questionnaire respondents who were to be personally interviewed. Each student submitted the form. Answers to the last two items were perused to determine if each student had had dating and/or intercourse experience. Based on the answers, an appropriate questionnaire was stapled to the screening form and given back to the respondent.

There were two questionnaires administered to students after they had completed the screening form. If respondents had had both dating and intercourse experience, or intercourse but not dating experience, they
Figure 1.1 Survey procedures in recruiting students in classes
completed a questionnaire on coital behaviour. Students with dating experience only answered a questionnaire on dating while those with neither dating nor intercourse experience did not complete any questionnaire. It must be noted that the coitally experienced were not asked about their dating behaviour. There were eight questions on intercourse, and six on dating, all in close-ended form, and parallel to some of the questions asked in face-to-face interviews (see appendices for the English versions of the survey instruments).

Completed questionnaires were collected and sorted on the basis of the criteria for selecting questionnaire respondents for follow-up interviews. To be eligible for face-to-face interviews males needed to be aged 18-19, unmarried, to have resided in Metro Manila for the past year, and to have had intercourse and/or dating experience. The questionnaires of eligible respondents were shuffled and half were randomly selected. No clear-cut rule was followed as to how many from among the eligible respondents in each classroom should be randomly selected. However, as a rough guideline, half of the students from each class - three being the average - who met the study criteria were chosen at random. First names of respondents selected for personal interviews were called out in class and these respondents were later asked to consent to be interviewed. Interview appointments were arranged with students who consented: about 80 per cent of all interviews took place on the day of recruitment at appointed times agreed with students (that is, from one to three hours after recruitment). The remaining 20 per cent of the interviews were undertaken the following day, also at agreed times. The process of random selection was undertaken entirely in class so that students would know that selection of personal interviewees was based on probability and not on a person's sexual experience or lack of it. A pen was given to students as a token of appreciation for their participation (in earlier individual interviews, students had refused the 40-peso cash incentive).
This process was repeated in subsequent classes in the university. Once half the classes in the list were covered, the survey moved on to another university. When the quota of 50 personal interviewees was met, a total of 308 students from 18 classes covering four universities had been surveyed (Table 1.1). Of these 308, 35.0 per cent had satisfied the inclusion criteria for personal interviews; the other 65.0 per cent were excluded because they had no dating or coital experience or they were younger or older than the required ages. Students were completing courses ranging from business to political science, engineering to behavioural sciences. In three co-ed universities, surveys were held during the last 20 minutes of the class after female students were asked to leave. In the one all-male university they took place before classes started. In the 18 classes surveyed, only three students refused and left the classroom without completing questionnaires; only five students who were eligible for personal interviews and were selected at random did not agree to be interviewed.

C. Recruitment of slum dwellers

The recruitment of the 50 slum-based interviewees was assisted by a youth officer of SK (Sangguniang Kabataan), which as previously noted is an organisation of young people at the village level. In each slum area surveyed, the recruitment procedures were as follows. First, a list of first names of unmarried males aged 18-19 was prepared. For some slum sites, the SK already had a list of adolescents aged 18 and above. In places where a list was not available, the youth officer helped in identifying potential respondents. House-to-house visits were also made. Residents who queried the listing activity were informed that it was connected with a thesis, but were not told the topic. From each final list, half the males were randomly selected using a table of random digits. Selection was made regardless of whether the persons
Table 1.1 Summary of survey details

<table>
<thead>
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<th>Details</th>
<th>Number of personal interviews</th>
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</tr>
<tr>
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</tr>
<tr>
<td><em>percent eligible for personal interviews:</em></td>
<td></td>
</tr>
<tr>
<td>slum dwellersa</td>
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</tr>
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</tr>
<tr>
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</tr>
<tr>
<td>breakdown of 145 dwellers by site</td>
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<tr>
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<tr>
<td>site 4</td>
<td>16</td>
</tr>
<tr>
<td>site 5</td>
<td>63b</td>
</tr>
<tr>
<td>site 6</td>
<td>14</td>
</tr>
<tr>
<td>site 7</td>
<td>4</td>
</tr>
</tbody>
</table>

a. The percent eligible for personal interviews could not be determined because not all of the slum dwellers listed were screened for eligibility. b. This number was obtained from an existing list of adolescents aged 18 and above, but many could not be located at the time of the interview.

picked from the list would satisfy the inclusion criteria for personal interview. The lists were by no means exhaustive.

Each person whose name was selected was approached, informed about the study and asked to consent to be interviewed. If he agreed, the screening form was administered. Slum dwellers, like their student counterparts, had to satisfy the inclusion criteria based on age, marital and residence status, and extent of sexual exposure. Interviews were conducted once slum dwellers met these criteria. Males who were not eligible - mostly because they lacked dating
or coital experience - were informed of the reason for their exclusion and were thanked. Each interviewee was provided a cash incentive of 40 pesos (A$2.00).

After the interviews in one slum area were completed, the survey was carried on at another slum site. The procedures spelled out above were repeated until the quota of 50 personal interviews was reached - at which time seven slum areas had been covered. The number of interviews obtained from each site varied widely (Table 1.1). Seven slum dwellers who were eligible for face-to-face interview declined to be interviewed.

D. Instruments

Instruments - screening forms, self-completion questionnaires and interview schedules - were in Tagalog (see appendices for the English versions). As has been noted, the screening forms contained questions pertaining to inclusion criteria while the structured questionnaires included a few basic questions on dating or coital behaviour. The structured interview schedules, being the major data collection tools, had the most extensive topic coverage: in addition to questions on dating and coital experiences, they also covered religiosity, sex role beliefs, sexual attitudes, knowledge of AIDS and preventive behaviour. Pretests of these instruments were undertaken among 10 students and 10 slum dwellers who were similar to survey respondents across a number of characteristics (age, marital and residence status, and extent of sexual exposure). Recruitment of pretest respondents was purposive, and the university and slum area from which they were selected were not among the survey's sample sites.

E. Interview venues

Students were interviewed in vacant classrooms while interviews with slum dwellers were conducted in a variety of settings: in a public hall, inside a
parked motor vehicle, in public parks, along a closed road, beside a military barracks, in a football ground, and in a restaurant. The selection of places of interview was mainly dictated by the location of the slum area. But two guidelines were followed: that the place of interview should be proximate to the relevant slum area, and that it should be relatively quiet (that is, free from high-level noise of motor vehicles or people). Although the interview conditions in slum areas were not comparable with those in universities, interviews with slum dwellers were generally undisturbed and satisfactory. Most slum dwellers were focused on the topic throughout the interview. SK members assisted in ensuring that disruptions from occasional onlookers or eavesdroppers were kept to a minimum. On average, the personal interview lasted between 45 and 60 minutes.

F. Data analysis

Survey data were analysed using the mainframe version of the SPSS (Statistical Package for the Social Sciences). The primary modes of analysis employed included frequency and percentage distributions, cross-tabulations and index construction. The analytical procedures and the specific statistical tests used are discussed in Chapters Four, Five and Six.

1.5.6 Ethical considerations

Several ethical standards were observed in the conduct of the FGDs and the survey. Participation in the research was voluntary: no one was coerced to participate or threatened for not agreeing to be a discussant or an interviewee. Consent was asked of all adolescents before they were involved: the numbers of refusals to participate in both FGDs and the survey were extremely low. Moreover, FGD and survey participants were assured of the confidentiality of information they provided. While the participation of the adolescents was
rewarded, the material or financial incentive provided to them was too small to have a differential effect on their responses.

Regarding anonymity, it will be recalled that during recruitment (for both FGDs and the survey), students were asked to write their first names on the screening forms, and slum dwellers' first names were also known. To an extent, the anonymity of respondents was sacrificed and certainly, students and slum dwellers took a risk in reporting their first names. However, the reason why first names were required was explained to respondent: they were specifically needed to identify who among them were eligible to participate in the FGDs and personal interviews. More importantly, they were given an assurance that their names would be used only as a tool for the selection of discussants and face-to-face interviewees. It was also stressed that reporting of names was voluntary.

1.6 Theoretical Basis

The thesis was guided by the assumption that considerable numbers of unmarried Filipino young men have coital experience, and that such experience is being influenced by a number of factors. There are various theoretical approaches that explain sexual expression in human beings, ranging from theological to historical, cognitive to physiological (Geer and O'Donohue, 1987). The model appropriate for this thesis is Delamater's (1987) sociological perspective. The major arguments advanced in this theory were adopted and modified with relevant statements from other theoretical and empirical sources being also integrated in support of Delamater's model (Figure 1.2).

The expression of sexuality has a biological base. Young boys, as they enter puberty, experience great and dramatic physiological changes. From the
Figure 1.2 A modified version of sociological theory
onset of puberty, sexual interest and behaviour among young men appear to increase in frequency, but these increases do not seem to be caused simply by an increase in the biological sex drive (Serbin and Sprafkin, 1987). Tremendous variability in the ways in which human beings express their sexuality has been observed across societies and even across groups within a given society. Therefore, biological explanations do not constitute a reliable or a complete explanation of sexual phenomena.

Delamater's theory rests on the fundamental assumption that the society shapes, structures and constrains the expression of sexuality in all of its members. In most modern societies, unmarried adolescent men have the option to remain celibate or engage in coitus. If they choose sexual intercourse, a set of options is also available concerning the number and types of coital partner they have, the frequency of their coitus, and the diversity of their sexual practices. Between being celibate and being coitally experienced, however, adolescents also can choose to engage in dating and precoital relationships. Each of these options represents a cultural scenario: a set of behavioural guidelines that specify in general terms the parameters of sexual activity and related behaviours. But where do cultural scenarios, and particularly that pertaining to sexual intercourse, originate?

The society through its social institutions, such as religion, family, economy, medicine and government, provides its members with a set of scenarios. The Roman Catholic Church evaluates premarital coitus on a moral dimension and prescribes forms of behaviour that are acceptable or not acceptable. It strongly advocates that coitus is only acceptable within marriage for procreational purposes. This pronouncement is perhaps nowhere more loudly heard than in the Philippines, where 85 per cent of the population are Catholics. Like the Catholic Church, the Filipino family also views sexual
expression as a natural part of emotionally and psychologically intimate relationships between a man and a woman who are legally and validly married. However, it may treat the sexual explorations of sons with some tolerance if not implicit encouragement, as there exists a general societal expectation that prior to their marriage, Filipino men should have coital experience (Medina, 1991).

Economic structures also influence sexual expression. Capitalist economies like that of the Philippines, whose basis is the production and distribution of goods and services (with money as the medium of exchange), have helped develop the commodification of sex: the idea that sex, like a car or a toy, is a commodity that can be sold and bought at a price. Thus prostitution, pornographic materials, sexual aids and devices, live nude shows and other forms of sexual gratification are widely accessible, but for a male-dominated market. The medical institution also takes an active role in influencing heterosexual expression with its prescriptions: that intercourse with prostitutes is unsafe, or that condom use decreases the risk of STD infection and pregnancy. It also conveys knowledge about how the AIDS virus can be transmitted and contracted. The government through its legal system sets age limits at which unmarried men can watch x-rated movies or live nude shows or engage in coitus, but it is severely criticised for being too lax in enforcing relevant laws.

Delamater (1987) further explains that the foregoing scenarios are not equally acceptable to all groups in the society. Some groups, such as the adolescent males, would define some scenarios as desirable and others as undesirable or deviant, but this also depends on the ties of that group with social institutions and other groups. Groups closely tied to a single institution or group will generally share the scenarios acceptable to that institution or group. If some adolescents are devout Catholics, for example, they are likely to
subscribe to the idea that *coitus outside marriage is a sin against God*, and may be unlikely to engage in premarital intercourse. In some cases, a group would have a close relationship with multiple institutions or groups. If these institutions or groups have a common evaluation of sexual scenarios, the group will share that evaluation. There are instances where a group has ties with institutions or groups that have differing evaluations of the same scenario. In such a case, conflict and uncertainty are likely to arise. Members of the group are likely to accept those scenarios prescribed by the institution or group that most controlled them or which they are most committed to. The example given by Delamater (1987) clearly illustrates this particular point: young people who maintain close ties to their parents are much less permissive in their premarital sexual standards than youth who are more independent of their parents and more involved in their peer group.

While the theory recognises that sexual expression is shaped by an array of cultural scenarios, it also takes into account that each individual has a characteristic level of sexual desire; that is, every young man has a motivation to seek out sexual stimuli and gratification. That desire is shaped through socialisation: *a process through which individuals absorb the values, standards, knowledge, skills and beliefs current in the society* (Coleman and Hendry, 1990: 7). Socialisation involves the teaching and learning of sexual scenarios valued by the groups to which the individual belongs - the family and peers being the major adolescent reference groups. A group member may also become aware of alternative scenarios through the mass media or contact with members belonging to other groups (for example, adult groups) whose prevailing sexual values may consist of liberal beliefs and practices (Carnegie Corporation, 1990).

As a result of socialisation, a young male develops his sexual preference. Partner types, timing and frequency of coitus form part of that preference. The
opportunities available to the individual or the group to which he belongs - autonomy, economic independence and availability of partners - come into play with sexual preferences; in effect, preferences may not be met at all times. The person needs to integrate sexual preference with opportunities available and when he negotiates with the partner(s) through social interaction, the result is a particular pattern of sexual expression or a sexual script. The script is a specific version of cultural scenarios at the personal level which guides the individual in acting out his sexual preferences. It is influenced by the gender role expectations and self-images of the participant (Gagnon and Simon, 1973 cited in Delamater, 1987: 250). The enactment of a sexual script may allow the person to experience sexual gratification and this may sustain his feelings of sexual competence and may help enhance his self-image.

Sexual expression among adolescent men - whether they engage in intercourse or not - may thus be understood by examining the various cultural scenarios prevailing in the society and the opportunities available for expressing these scenarios. The influences of adolescents' reference groups, wherein the socialisation of sexual behaviour takes place, are also relevant for a clearer knowledge of the phenomenon. Whereas the groups with whom young people interact are important as role models and social agents (Coleman and Hendry, 1990), an understanding of the individual's search for selfhood and identity along with his other unique personal characteristics may permit a more complete understanding of the heterosexual relationships among adolescent males.

1.7 Organisation of the Thesis

The focus and scope of the thesis have been set out in this chapter. In the next six chapters, the specific outputs generated from the research tasks undertaken
to fulfill the thesis objectives will be discussed. The overview derived from a review of studies on adolescent male sexuality is given in Chapter Two, while the assessment of the quality of data gathered from the survey and focus group discussions is covered in Chapter Three. The findings obtained from analysis of the survey and FGD data are presented in Chapters Four, Five and Six. In Chapter Seven, the concluding chapter, the data and arguments advanced throughout the thesis are summarised, and program implications and recommendations, and contemporary issues such as the government-church conflict, are discussed. Except for Chapter Seven, each chapter ends with a summary and discussion.
Knowledge of sexual attitudes and behaviour is important to family planning researchers, policymakers and service providers, because such attitudes and behaviour underlie virtually all of the conditions that their programs address.


Male sexuality is a very broad subject. It is not only concerned with the anatomy and physiology of male genitals, but also focuses on the gender identity, feelings, sexual behaviour, values, emotions and relationships of males as sexual beings (Katchadourian, 1989; Rice, 1989; McCammon et al., 1993). All of these elements are important for a complete understanding of the subject. However, this chapter mainly focuses on one element - human sexual behaviour. Sexual behaviour is important because it is the behaviour that could lead to pregnancy and childbearing and it is also the central behaviour around which families are formed (Smith, 1991). For many individuals, their sexual behaviour represents a key component of their physical, psychological and emotional lives. With increasing incidence of premarital intercourse and HIV infection, the relevance of such behaviour has taken on an added dimension: one that also poses health, social and psychological risks. It is
primarily because of these sex-related risks that a discussion of coital behaviour is incomplete without a discussion of the use of precautionary measures.

This chapter presents an overview of studies of adolescent male sexual behaviour. The overview is derived from a review of research which, as was mentioned in the first chapter, covers theoretical and empirical studies undertaken in both developed and developing societies and published between 1970 and 1993.¹ Studies published earlier than the 1970s are also cited because they provide some historical perspective on, and further substantiate, the points mentioned in the review. The studies included in the review wholly or partially focused on young men, but the review is not exhaustive.

The overview consists of the following parts. First, it identifies the geographic areas in which investigations of adolescent male sexual behaviour have been conducted. Second, it summarises previous studies with regard to their methodologies, aims and purposes, and topics and findings. Third, it discusses the ways and means these studies have used to address the issues of the validity and reliability of data, and the ethics pertaining to sex research. The final section of the chapter summarises the key points discussed in the overview. In the process it pinpoints areas which require initial or further investigation, and identifies the ways in which some of these gaps and needs were addressed in the field interviews undertaken for this thesis.

2.2 From the United States to the Rest of the World

Judging from the number of books and articles published in scientific journals, the United States (US) is the country where the bulk of studies on male sexual behaviour have been carried out. From the pioneering research of Exner (1915

¹Studies surveyed adolescent samples of varying sizes and age groups. Sample sizes ranged from a little under 100 to more than a thousand respondents. Adolescents interviewed were aged 15-24.
cited in Kinsey et al., 1948: 24) among American male college students in the early 20th century until the present, the US leads in terms of the number, the variety and the quality of investigations of adolescent male coital and contraceptive experiences.

Other Western countries such as Australia (Collins, 1973; Royal Commission on Human Relationships, 1977; Siedlecky, 1979; Trlin et al., 1983; McCabe, 1987; Moore and Rosenthal, 1991a), Denmark (Wielandt et al., 1989), the former West Germany (Sigusch and Schmidt, 1973; Schoof-Tams et al., 1976; Schmidt et al., 1992), Great Britain (Schofield, 1965; Willmott, 1969; Anderson et al., 1978; Farrell, 1978; Turner et al., 1988; Ford, 1992), Norway (Traeen et al., 1992), Sweden (Lewin, 1982) and Canada (Hornick, 1978; King, 1989; Netting, 1992) have also investigated the sexual behaviour of single young men and, in most instances, their condom use. Unfortunately, the studies undertaken in these countries are too few, and their scope and coverage do not match those of many American studies. Some researchers have been aware of these limitations: Neubauer and Melzer (1989: 323), for example, have noted that in the then West Germany, adolescent sexuality and its development has received scant attention, largely because of the higher importance given to young people's schooling and careers. Similarly, Western (1992: 136) has identified the lack of familiarity of Australian sexuality studies with the more sophisticated issues surrounding instrumentation, survey administration, depth and variety for which some of the American studies are well-known. Despite the varying levels of research activity in Western societies, it needs to be emphasised that a great deal of data - albeit not adequate - has already been gathered describing the nature and extent of premarital sexual experiences among unmarried young men in the Western setting.

In contrast, the sexual behaviour of single adolescents in the developing
societies of Asia, Latin America and the Caribbean, and Africa, and in the non-Western industrialised countries of Taiwan, Hong Kong and Singapore remains largely unstudied. It was only starting in the 1980s that adolescents' sexual behaviour, particularly their coital experiences, attracted some research attention, usually in the context of international and national recognition of teenage pregnancy and AIDS. Many developing societies have yet to come to grips with premarital sex. China, for instance, which puts a high premium on premarital virginity and labels fornication shameless and degrading, seems reluctant to recognise that the incidence of premarital sex among its citizens, although low, is increasing. It is thus unlikely that China will embark on sex research among single adolescents in the near future: sex remains a taboo subject. The first extensive survey of sexual activity has been conducted, but among married urban couples (Logue, 1992).

China is not alone: other Asian countries also have conservative research environments as far as studies of sexual behaviour are concerned. Indonesia, for one, has a dearth of adolescent sexuality studies (Utomo, 1993), but there are indications that in such large cities as Jakarta, Yogyakarta and Surabaya, for example, social values among the young are changing (Utomo, 1993) and young adults are increasingly engaging in premarital coital relationships (Sarwono, 1981a; Hull et al., 1984). Indonesia's conservative values may also be gleaned not just from its policy of disallowing provision of contraceptives to single youth under 17 years of age, but from its classification of such provision as illegal (Senderowitz and Paxman, 1985). In the Philippines, Taiwan,

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2Some conservatism towards sex research also exists in Western countries. In the US, the implementation of a national study on teenage sexual behaviour was first blocked by Health and Human Services Secretary Louis Sullivan, but eventually it was pushed through (McCammon et al., 1993). In Australia, there exists some reticence over the recognition of adolescent sexuality and there are pressure groups which fear that frank discussion of sexuality or education in contraception will encourage promiscuity among the young (Siedlecky, 1979). The resistance in Western societies may, however, be less pronounced than in Asia because prominent government and academic organisations are supportive of efforts towards understanding and addressing adolescent sexuality.
Malaysia and Korea, the number and extent of adolescent sexuality studies have been also influenced by the resistance and conservatism of government officials (Xenos, 1989). This conservatism may be reflective of the attitudes of the Taiwanese, Malaysian and Korean general populations. However, the Filipino population may be different, perhaps owing to a high degree of civil liberty, to the freedom of speech and of the press it enjoys under a democratic government, and to its exposure to liberal Western values which are commonly depicted in the local mass media.

One example illustrates this point. When *Schindler's List*, the multi-awarded movie by Steven Spielberg about the Holocaust, was shown in the Philippines early in 1994 there was widespread public uproar when the Movie and Television Classification Board censored a 30-second sexually explicit scene. The moviegoing public demanded that this scene be shown. Some members of the Senate were supportive of the public outcry, and with the intervention of President Ramos, the film was reshown uncut. In a 1991 nationwide survey of attitudes towards sexual relations, another indication that the Filipino population possesses relatively liberal sexual values was found. The study revealed that while respondents were not in favour of extramarital (85 per cent) or homosexual (82 per cent) relations, they showed more tolerance towards premarital coital relationships (41 per cent favoured sexual contact in this context) (Sandoval, 1992). Although the Philippines appears to possess differing sexual values from Taiwan, Malaysia and Korea, this is not reflected in the number of studies of adolescent sexuality completed. Like these three Asian societies, the Philippines has seen only a few studies on adolescent male sexual and contraceptive behaviour undertaken. These include the studies undertaken by the Child and Youth Research Centre (1977), Vancio (1977) and the Family Planning Organisation of the Philippines (1987). Lack of funding appears to be a core reason why the Philippines has not been able to carry out
more extensive investigations; in Taiwan, Malaysia and North Korea the barrier has been that these societies are largely conservative and authoritarian (Xenos, 1989).

In Asia, Thailand appears to be the country with the most numerous studies on adolescent sexuality conducted through the 1980s. Unlike other Asian societies, Thailand seems to have little political resistance to the family planning movement (Xenos, 1989) and, along with Hong Kong, is one of the rare Asian settings where contraceptive services are extended to unmarried adolescents (Senderowitz and Paxman, 1985). The impetus to Thailand’s taking a strong interest in young men’s coital activity also emanates from the fact that the Kingdom is experiencing a staggering rise in the number of STD cases, notably HIV and AIDS. Hong Kong, on the other hand, despite its liberal policy of providing contraceptive services to young people and its acceptance of the value of rational consideration of sexual matters which had once been taboo, has produced fewer studies of male sexual behaviour than Thailand. Nevertheless, two extensive studies have been conducted in Hong Kong: the Family Life Education Survey in 1981 and the Adolescent Sexuality Study in 1986 (Family Planning Association of Hong Kong, 1986).

Little of the political resistance or conservatism that many Asian countries face with regard to the conduct of adolescent sexuality research confronts the developing region of Latin America and the Caribbean. This may be because early sexual initiation and high levels of non-marital adolescent childbearing have been standard features of Latin American and the Caribbean culture (Senderowitz and Paxman, 1985; Morris, 1988; Remez, 1989). In Jamaica, for instance, one-third of all live births in 1979 were to females aged 12-18 (Gilmour, 1986). However, the recognition of young people’s premarital sexual experiences and their consequences has gained strength only in recent years.
(Herold et al., 1992), presumably in response to international action against teenage pregnancy and AIDS. Although small-scale investigations have been undertaken in Colombia among students since 1977 (Useche et al., 1990), large-scale representative sample surveys were initiated only in the middle of the 1980s in seven Latin American cities and in Jamaica (Remez, 1989). These research efforts have tended to be uniform in design, orientation and topics, having been mostly patterned after the Johns Hopkins 1971-79 Surveys of Adolescent Sexuality in the US.

The largely underdeveloped region of Africa tends to be similar to Latin America and the Caribbean in that it is also confronted with a rising incidence of out-of-wedlock births, particularly among young urban women (Gyepi-Garbrah et al., 1985). Apart from non-marital teenage pregnancies, Africa also faces a rapid spread of HIV infection. Because of teenage pregnancies and HIV and their attendant consequences, coital activity among unmarried adolescents has been a focal concern of research in many African countries. Relevant studies have been undertaken in Zambia (Mufune et al., 1993), Nigeria (Nichols et al., 1986; Orubuloye et al., 1991; Barker and Rich, 1992; Makinwa-Adebusoye, 1992), Liberia (Nichols et al., 1987), Zimbabwe (Wilson et al., 1989; Boohene et al., 1991), Gambia (Kane et al., 1993), and in Kenya (Ajayi et al., 1991; Barker and Rich, 1992; Kiragu and Zabin, 1993). Like the majority of investigations in Asia and Latin America, most of these African studies have taken place only recently, most probably for the same reason that other regions have carried out their research activities: in consonance with international action against increasing and sustained growth of teenage pregnancies and HIV infections. Studies in Africa have not only tackled adolescents' coital experiences: two investigations by Owuamanam (1982; 1983), for example, explored both the precoital and coital activity of school-going adolescents in Nigeria.
Africa seems to be conservative with respect to adolescent premarital intercourse, a characteristic that perhaps more closely identifies it with Asia than with Latin America and the Caribbean. For instance, the Kenyan government declared in 1989 that contraceptives should not be made available to unmarried youth (Barker and Rich, 1992). Similarly in Ibadan, Nigeria, existing government and private programs were not providing contraceptives to the young unmarried population (Nichols et al., 1986). With reference to the general population, it is believed that many Kenyans and other Africans are not comfortable with discussing issues concerning adolescent sexuality (Barker and Rich, 1992; Kiragu and Zabin, 1993). High levels of teenage pregnancy and HIV infection which are unparalleled anywhere else on the globe (Caldwell et al., 1993) may, however, force many African governments to adopt and implement pragmatic steps to address these social problems. Subject to the availability of necessary resources, these actions may consist of extending contraceptives to single young males - a policy which Thailand and Hong Kong have been pursuing for quite some time, and which the Philippines should pursue.

Adolescent male sexuality has also been one of the subjects of ethnographic research conducted in Zawiya, a small town in Morocco (Davis and Davis, 1989); in an investigation in an Israeli kibbutz, a form of commune where the emphasis is on collective childrearing with the community as a whole taking over the tasks of the family (Antonovsky et al., 1980); and in Papua New Guinea (National Sex and Reproductive Research Team and Jenkins, 1994).

2.3 Overview of Male Sexuality Studies

2.3.1 Research methods

The early American studies employed a variety of methodologies in
investigating the sexual experiences of single young males. Kinsey's much celebrated research between 1938 and 1950 on the sexual behaviour of males - a proportion of whom were unmarried adolescents - utilised the case history method, while the earlier efforts of Exner (1915) and Hughes (1926) (both cited in Kinsey et al., 1948) used questionnaire interviews. Personal interviews were also employed in the investigations done by Merrill (1918) and Ramsey (1943) (also both cited in Kinsey et al., 1948). Notable about these pioneering efforts are the following. First, they were carried out by non-behaviourists: a zoologist (Kinsey), a physician (Exner), a biologist (Hughes) and a probation officer (Merrill). Ramsey's occupation is not indicated (Kinsey, 1948). Second, there was an apparent concentration upon institutional respondents, mainly students. Third, and this is a frequent criticism levelled against early American studies, particularly Kinsey's, concerns the unrepresentativeness of respondents (Katchadourian, 1989; McCammon et al., 1993), or a heavy reliance upon voluntary participation rather than on random selection of respondents.

Biomedical scientists continue to explore sexual behaviour up to this day, but the majority of scholars interested in sexuality are behavioural scientists (Katchadourian, 1989). This is not surprising considering that behavioural sciences such as psychology and sociology have developed important perspectives in sex research through the years. The fact that levels of sexual interest and behaviour among adolescents could not be fully attributed to physical changes following puberty (Miller and Simon, 1980 and Dornbusch et al., 1981 both cited in Hopkins, 1983: 267) has paved the way for behavioural sciences to establish and gain a foothold in this particular area.

Of the recent studies of adolescent male sexuality, many have employed the survey method: for example, those undertaken in the US (Jessor and Jessor, 1975; Murstein et al., 1989; Binson et al., 1993), in Chile (Herold et al., 1992), in
Thailand (Muangman, 1983; VanLandingham et al., 1992; Xenos et al., 1992), in Hong Kong (Family Planning Association of Hong Kong, 1986), in Australia (Siedlecky, 1979) and in the African countries of Kenya (Ajayi et al., 1991; Kiragu and Zabin, 1993), Nigeria (Nichols et al., 1986; Orubuloye et al., 1991) and Zambia (Mufune et al., 1993). These surveys have used the questionnaire-based interview as their primary data collecting technique. Except for the large-scale surveys carried out in Latin America and the Caribbean, where interviews were conducted face-to-face, the majority of other studies published between 1970 and 1993 also utilised the self-completed questionnaire.

In the US, studies have shown a strong tendency to conduct interviews with urban-based university students (Hopkins, 1983; Katchadourian, 1989). The extensive use made of students for sex research has offered American investigators easy access to highly literate respondents, which has then made self-completed questionnaire-based study easy (Hopkins, 1983). Outside America, a considerable number of studies have focused on non-institutional respondents, although admittedly their study settings have been mostly urban. For example, the studies of Siedlecky (1979) in Australia, of Xenos et al. (1992) in Thailand, and many of the African, Latin American and the Caribbean surveys have recruited and interviewed young men from households rather than from schools or universities. Whether an investigation should aim for institutional or household-based respondents requires careful thought, taking into account the social and cultural conditions under which it is to be undertaken and the resources available to conduct it.

Representativeness has been aspired to by many studies, especially the large-scale surveys conducted in the US, Latin America and the Caribbean, Africa and Asia. For example, the 1979 National Longitudinal Surveys of Youth (Beck et al., 1991), the 1988-91 National Survey of Adolescent Males
(Pleck et al., 1993a), the 1990-91 National AIDS Behavioural Survey (Binson et al., 1993), and the 1991 National Survey of Men (Billy et al., 1993) are four of the largest ever representative sample surveys undertaken in the US. Likewise the Young Adult Reproductive Health Surveys conducted in Chile (Herold et al., 1992), in Jamaica (Warren et al., 1988), and in the capital cities of Mexico and Guatemala (Morris, 1988) were representative sample surveys aimed at documenting young people's sexual activity, contraceptive use and sex education in Latin America and the Caribbean. In Asia, the 1986 Adolescent Sexuality Study in Hong Kong (Family Planning Association of Hong Kong, 1986) and the 1988 National Survey of Knowledge, Attitudes and Practices in Family Planning Among Youth in Thailand (Xenos et al., 1992) provide leading examples of representative sample surveys in the region. Investigations in Africa have also interviewed representative samples of single young males, such as those in Gambia (Kane et al., 1993) and in Zambia (Mufune et al., 1993). Respondents were randomly selected in all of these undertakings, and presumably the consent of individuals was sought prior to interview.

Non-representative empirical studies have had smaller sample sizes and their methods of selecting respondents have varied. For instance, Netting (1992) in her studies of the sexuality of Canadian youth in 1979 and 1990 administered questionnaires in classes whose teachers were willing to cooperate. Darling and Davidson (1987) in their study at an American university recruited volunteer male respondents attending marriage and family courses, while the undertakings of Miller et al. (1986a) and Story (1982), also completed in the US, adopted a similar strategy. Of particular interest are the research undertakings of Jensen et al. (1990) and Roche (1986), who not only administered questionnaires to American students enrolled in social science classes, but also asked their respondents to administer the same instrument to their acquaintances. In Mosher and Cross' (1971) study of the relationship
between sex guilt and premarital sexual experiences at the University of Connecticut, male respondents volunteered to participate to meet the experimental requirements of their introductory psychology course.

2.3.2 Aims and purposes

Partly prompted by the need to find answers to questions students asked him about sex, Kinsey, along with some colleagues, embarked on a systematic study of human sexual behaviour in 1938 (Katchadourian, 1989). Kinsey's research aim was broad and encompassing:

To discover what people do sexually, and what factors account for differences in sexual behaviour among individuals and among various segments of the population (1948: 3).

His case history study of more than 16,000 cases in the US remains one of the most comprehensive sources of information on human sexual behaviour. Whether the impetus to conducting research stems from a personal experience like Kinsey's or from a need for data for a relevant program, the specification and construction of research aims is of crucial importance. Ill-defined aims are likely to muddle the focus and direction of a study, and the eventual result is, more often than not, disastrous.

The studies reviewed in this thesis, including Kinsey's, had varied aims, but most seem to have defined their aims quite clearly. Many of these studies - regardless of their geographical origin - have focused upon describing what adolescents do sexually, with whom and what preventive measures they use, rather than on explaining the underlying reasons for this behaviour. Although their primary aim was to describe sexual and preventive behaviour in young males, some studies have also examined whether male sexual behaviour (Story, 1982; Murstein et al., 1989; Netting, 1992) and condom use (Pleck et al., 1993a)
have changed over time, or whether behavioural differences existed between male and female respondents (Murstein and Holden, 1979; Siedlecky, 1979; Roche, 1986; Useche et al., 1990), or between groups of adolescents from cross-cultural settings (Mittag and Rohner, 1990).

In contrast, few have investigated the reasons for male sexual and preventive behaviour, and among those which have, most were completed in the US. Australia (Siedlecky, 1979; Trlin et al., 1983) and Kenya (Kiragu and Zabin, 1993) are among the few other countries with studies of this kind. In many of these studies the separate, and in some cases the combined, explanatory power of several factors was determined, but in some the focus was only on a single factor. For instance, Thornton andCamburn (1980) only studied religious participation, Miller et al. (1986b) focused on parental discipline and control attempts, Roscoe and Kruger (1990) on knowledge of AIDS, Mosher and Cross (1971) on sex guilt, and Baker et al. (1988) concentrated on parents' behavioural norms. In both descriptive and explanatory studies, there has been a heavy reliance upon quantitative data: How many were or were not coitally experienced? What proportion were using condoms and how frequently? Who was religious, and was a person's religiosity or lack of it correlated with his sexual behaviour? Qualitative data which could reveal the psychological and social contexts in which sexual and preventive behaviour had taken place have been largely neglected.

The purpose for which most studies have been undertaken primarily hinges on the need to understand adolescent male coital behaviour and condom use from a scientific viewpoint, but the uses of such understanding have been varied. In the US, for example, adolescent sexuality research was initiated in the early 1900s century by academics, physicians, psychologists and biologists whose interest in the topic was driven by personal and professional
reasons. Their desire to know a phenomenon which was then largely unexplored, and to answer questions asked by their students, patients and others who were interested in knowing about it (Kinsey et al., 1948), appears to have been the impetus to conducting their research.

Today, studies of young men's coital behaviour are still undertaken by many American academics. The purpose remains the pursuit of further knowledge of the phenomenon, to collect empirical data to test theoretical models (Jorgensen and Sonstegard, 1984; DiBlasio and Benda, 1990; Flannery et al., 1993), to seek social psychological explanations of adolescents' transition from virginity to nonvirginity (Jessor and Jessor, 1975), or simply to gather descriptive data of young men's sexual and preventive behaviour (Story, 1982; Murstein et al., 1989). However, the knowledge gained now tends to be seen as having practical utility, mainly as input into the design and content of policies and programs on teenage pregnancies and STDs. For example, large-scale surveys such as the National Survey of Adolescent Males (Pleck et al., 1993a) and the National AIDS Behavioural Surveys (Peterson et al., 1993), and even studies smaller in scope and coverage such as the study of DiClemente (1991) among juvenile delinquents and of Rotheram-Borus et al. (1992) among male runaways, were carried out for the purpose of helping AIDS policies and programs address adolescent sexual concerns and problems more effectively. The broadening of research purposes has resulted from the recognition by some national and state authorities, of problems linked with premarital sex. There is an indication that given the increasing scarcity of research funds in the US, the conduct of male sexuality studies is likely to be dictated by how much they could contribute to existing and future intervention programs.

In comparatively wealthy countries such as Great Britain, the former West Germany, Denmark, Australia, Canada, Sweden and Norway, some social
scientists have investigated adolescents’ sexual experiences mainly for academic purposes. Quite a few have focused upon male sexual behaviour with the expressed objective of designing relevant policies and interventions according to adolescents’ needs and concerns (Moore and Rosenthal, 1991a; Breakwell and Fife-Schaw, 1992; Ford, 1992; Traeen et al., 1992). In the underdeveloped societies of Asia, Latin America and the Caribbean, and Africa, the impetus to undertaking sex-related studies has stemmed from a need for empirical knowledge for their population and AIDS policies and programs. Mostly developed and carried out by academics themselves, studies in these regions often have had the funding support of international organisations and/or national agencies. Seemingly, the trend among American academics of pursuing a topic simply to know more about the phenomenon has not found a following among their counterparts in developing societies. Heavy teaching loads and lack of research skills, incentives and research funds along with poor facilities (for example, computers) might have discouraged academics in these regions from carrying out independent and locally-based research.

2.3.3 Topics and findings

This discussion of the research topics and findings follows the major assumptions embodied in the thesis’ theoretical framework, which as indicated in Chapter One, is largely based upon Delamater’s (1987) sociological theory. These assumptions indicate that a society through its institutions shapes and constrains the expression of sexuality in all of its members. Each individual member, however, has his own level of sexual desire as a result of socialisation, among others. The person’s sexual desire is reflected in his preferences as to partner types, and timing and frequency of coitus, but these preferences are affected to a large extent by opportunity factors such as personal autonomy,
economic status and availability of partners. When an individual integrates his sexual preference with opportunities available, he enacts a sexual script.

The role of social institutions has received less attention in empirical study than have the individual and his sexual preferences (Delamater, 1987). In studies which have dealt with social institutions, the family and religion and their influence on male coital behaviour have been the most common subjects of inquiry. Aspects of the family which have been explored include parental discipline and control (Miller et al., 1986b), parental warmth and support (Whitbeck et al., 1992), sexual communication (Darling and Hicks, 1982; Neubauer and Melzer, 1989; Mueller and Powers, 1990), parental marital status (Newcomer and Udry, 1987; Young et al., 1991) and behavioural norms (Baker et al., 1988). On one occasion the influence of parents was compared with their children's friends' influence (Jessor et al., 1983). In another study, the effects of siblings rather than of parents on adolescents' sexual behaviour were examined (Rowe et al., 1989). The effects of religion have been commonly investigated, with a person's religiosity as the major indicator. In some instances, religiosity has been defined solely according to the frequency of attendance at religious services (Jessor et al., 1983). In others, the variable was further operationalised to include respondents' perceptions of the importance of their religion (Thornton and Camburn, 1980; Kiragu and Zabin, 1993).

A closer examination of these studies reveals that as social institutions, family and religion so far have been explored in a very narrow sense. Studies of family, for instance, have basically centred upon the influence of parent-child interaction on sexual matters rather than on the range of family values, norms and beliefs, and the family configuration which may support or discourage the adolescent child's sexual activity. Furthermore, the effects of religion have been tackled mainly at the individual level (as reflected in one's
religiosity), overlooking the fact that as a social institution religion needs also to be approached at the macro level (for example, focusing on the church and religious organisations: their activities, credibility and effectiveness). There is a feeling that those sexuality studies which have dealt with family and religion have not, in the first place, intended to explore family and religion as social institutions.

Studying social institutions as encompassing as religion, economy, medicine, government and family poses difficult challenges for scientific research. One of these challenges lies in the inherent difficulty of identifying the link between these institutions and coital behaviour, and defining the values, norms and mechanisms through which the former influence the latter. From a theoretical standpoint, however, the bearing of social institutions on adolescent sexuality has been recognised. For example, Beeghley and Sellers (1986) indicate that the rising rate of premarital sex during the 20th century in the US can be attributed to the increased social autonomy of the young, and to the fact that medical advances and legal changes have made sex safe. McKinney et al. (1982) seem convinced that late 20th century American youth are in the midst of the so-called sexual revolution, and this is mirrored in the ways that hardcore pornographic materials, contraceptive information and devices and sex information have been made available and accessible in the society. White and DeBlassie (1992) point out that in the US, Catholic and Protestant churches denounce premarital sex and are vocal concerning other sexual issues, and theorise that young people who actively participate in religious services probably develop a psychological allegiance to a church group as a referent. Unfortunately, empirical data to support these theoretical statements are not available.

While the effects of social institutions on premarital coitus have not been
clarified at the empirical level, at the macro level various studies point to a growing number of unmarried young men engaging in sexual intercourse. In the mid-1940s in the US, Kinsey et al. (1948) found that 49 per cent of student respondents had had coitus. In subsequent years until the mid-1970s there was considerable evidence that the incidence of sexual intercourse among unmarried American university student respondents had increased (Chilman, 1980; Hopkins, 1983). In more recent years also, coital incidence has been high. The 1979 National Longitudinal Survey of Youth reports that 82 per cent of non-Hispanic males and 93 per cent of Black males interviewed had engaged in premarital intercourse (Beck et al., 1991). The 1991 National Survey of Men also reveals that among respondents aged 20-24 - of whom 88 per cent were unmarried - nine out of 10 had had vaginal intercourse (Billy et al., 1993).

A similar trend has been observed in Great Britain, where in the 1960s Schofield (1965) found that 25 per cent of 17 year-old males and 37 per cent of 19-year-olds had had premarital intercourse. In the 1970s, a sharp increase was noted by Farrell (1978): 50 per cent of British boys aged 17 and 74 per cent of those aged 19 had experienced coitus. Also in Britain, Oxford University students were the focus of research in the 1970s and 1980s. It was reported that there were more respondents with sexual intercourse experience in the 1987 sample than in the 1977 sample (62 per cent versus 52 per cent) (Anderson et al., 1978; Turner et al., 1988). In Canada, the 1988 Youth and AIDS Survey reveals that the majority (52 per cent) of 16 year-old males and a little more than three-fourths of those aged 18 had had sexual intercourse (King, 1989). These 1988 figures are higher than those obtained in Canada in previous years, and are believed to be rising steadily (Netting, 1992). Comparable results have been gathered in Australia as well, where in a 1971 survey two-thirds of 18-25 year-old male respondents were sexually experienced (Siedlecky, 1979) and in a 1977 study, two-thirds of those aged 19 years and younger had had
intercourse (Trlin et al., 1983). Whether these figures differ from those in the 1960s and the 1990s is difficult to ascertain, as there seem to be no other Australian data on which a comparison could be made.

The high incidence of premarital sexual intercourse in industrialised countries is also true in the case of many developing countries, particularly in Latin America and the Caribbean, and Africa. Unlike in the US, Great Britain or Canada, it cannot be asserted definitively whether the proportions of coitally experienced young men in developing societies have changed or not. There is no data collected in earlier years that can be compared with that obtained in the late 1980s and 1990s to assess any change. High incidence rates were observed in five representative sample surveys in Latin America and the Caribbean, the highest being obtained in Jamaica: 78 per cent in the 14-19 age bracket and almost all (97 per cent) among those aged 20 to 24. Figures for Salvador, Brazil, were slightly lower than those for Jamaica, but nevertheless high: 73 per cent for males aged 15-19 years, and 94 per cent for those aged 20-24 years (Morris, 1988).

The scenario in Africa does not differ much from that in Latin America and the Caribbean. In the West African country of Gambia, three-fourths of 834 young men aged 14-24 interviewed between 1986 and 1987 had had intercourse (Kane et al., 1993). Among Nigerian university students, eight out of 10 reported having had coitus, and among non-students even more: eight out of every 10 (Nichols et al., 1986). In Kenya, where substantial proportions of adolescents are premaritally coitally experienced, three out of every four students aged 16-19 were found to have engaged in coitus and an even higher proportion of non-students were coitally active (Ajayi et al., 1991). Among

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3These surveys were conducted in Jamaica, Mexico City, Guatemala City, Salvador in Brazil, and in Chile sometime between 1985 and 1987 (Morris, 1988).
kibbutz adolescents greater sexual freedom is also increasingly finding acceptance, but within the context of stable and affective relationships (Kaffman, 1977).

In some Asian countries, the coital incidence rates obtained do not resemble those found among unmarried young men in the African, Latin American and the Caribbean countries mentioned, but nonetheless they suggest that sizeable proportions of Asian adolescents have coital experience. In Thailand, for example, 30 per cent of 16-year-olds and over 60 per cent of those aged 18 reported having had coitus (Xenos et al., 1992). In another Thai study, 34 per cent of male student respondents who were on average 20 years old had had intercourse (VanLandingham et al., 1992). In the Philippines, the incidence was 43 per cent among males aged 15-24 years interviewed in a large-scale survey (Family Planning Organisation of the Philippines, 1987). Clearly, considerable numbers of unmarried adolescent men across many countries in the world - developed and developing - have had sexual intercourse. It is not clear in the research literature whether the AIDS pandemic has had any significant impact on the incidence of premarital coitus in the 1980s and 1990s, although it is quite certain that most young people these days are aware of AIDS.

Two points need to be underscored regarding the incidence rates discussed here. First, not all sexuality studies have reported high incidence rates. As is evident from the preceding discussion, lower incidences have been recorded among younger than among older respondents. Often, incidence rates change steeply as an older age group is taken into account. For example, in the study of Kinsey et al. (1948), the incidence rate among American males aged 13-15 was 10 per cent, but among 16-19 year-olds it was 42 per cent. In Zimbabwe, 41 per cent of males 16-17 years old had had intercourse compared to 61 and 78
per cent in the 18-19 and 20-21 age groups, respectively (Boohene et al., 1991). Second, it is difficult to assess the meaning of figures reported in various studies giving the proportions of young men who have had sexual intercourse (Coleman and Hendry, 1990), because the research methodologies used to collect them and the sociocultural contexts from which they were obtained have varied widely. These become of greater concern when incidence rates for two countries are reported as if they were based on studies of similar design and quality, carried out in one study setting. It is therefore vital to recognise that data cited here may not be comparable. It also needs to be appreciated that a number of investigations, especially those involving large representative sample surveys, have covered ever-married as well as never-married adolescents. The calculation of incidence rates and other measures of sexual behaviour has thus taken into account the experiences of married respondents. However, the proportion ever-married in almost all studies of adolescent sexuality was small relative to the proportion never-married.

The dearth of empirical evidence on the influences of social institutions on adolescent male sexuality is offset by the abundance of data on sexual behaviour at the individual level. According to the sociological perspective, coital experience is seen as a reflection of sexual preference, where the individual integrates his preference with opportunities available, and negotiates with partners through interpersonal interaction. In the process, the person is enacting his sexual script. In the research literature, the coital behaviour of individual adolescents has not, in most instances, been tackled in the context set forth by the sociological perspective. Diepold and Young (1979: 46) in their review of 20 American sex studies share this observation and comment that

The attempts to examine who does what when have not been grounded in any theory of sexual
development or interpersonal interaction, nor have
the data been analysed according to hypotheses.

Indeed there has been a preponderance of efforts in collecting and determining various indicators of sexual behaviour without due regard for their theoretical or contextual meanings. As a result, adolescent sexual behaviour has yet to be fully understood. In the following discussion, data from the US are cited unless otherwise stated.

A. Precoital behaviour

Adolescents engage in a variety of behaviours other than coitus. Masturbation is one of them, but the act of masturbation or autoerotic stimulation (McKinney et al., 1982) involves only the self. Other precoital behaviours require interpersonal skills - the ability to initiate, respond to and negotiate a sexual interaction (Katchadourian, 1989). These behaviours are categorised into necking (prolonged hugging and kissing), light petting (breast stimulation) and heavy petting (genital stimulation that stops short of vaginal intercourse). Other forms of behaviour which do not fall into any of these categories but nevertheless are practised by many adolescents include holding hands, cheek kissing or casual kissing.

In research among respondents from the US, Canada, England, Germany and Norway, Luckey and Nass (1969) undertook an inventory of the physical acts male respondents had experienced with the opposite sex, from the less intimate (embracing, casual kissing), to the more intimate (necking and light petting) and to the most intimate acts (heavy petting and coitus). In the findings, the number of respondents who had experienced a particular form of physical contact declined steadily as the level of intimacy progressed. Almost all had embraced their partner, but fewer had fondled breasts, and even fewer had fondled genitals or had coitus. This pattern was also evident in findings
obtained by Delamater and MacCorquodale (1979) among samples of 509 students and 262 non-students. Among adolescents who had not had intercourse, however, many reported having experienced heavy petting. In a 1965 study, about 75 per cent had engaged in heavy petting (King, 1989); between 45 and 49 per cent according to the results of a study in the 1970s (Vener and Stewart, 1974). Fewer adolescents have reported having oral sex: between 25 and 29 per cent sex in more recent investigations (Gilgun, 1984; Newcomer and Udry, 1985). Boys report enjoying giving and receiving oral sex more than girls (Coles and Stokes, 1985). In many instances, males have been found more likely to have experienced heavy petting than females and to have experienced it at younger ages. They were also more likely to move rapidly from petting to coitus (Chilman, 1980). However, there is evidence of a rapid increase in the proportion of females engaging in heavy petting, implying that adolescent female sexual behaviour has undergone significant change since the 1960s (Rice, 1989). In some findings, the difference between the incidence of male and female petting behaviour has almost disappeared (King et al., 1977). Relative to necking and light petting, the incidence of heavy petting has been lower.

As adolescents grow older and more sexually experienced, their precoital behaviour also moves through a sequence of increasing levels of intimacy. The data collected by Sorensen (1973), and Vener and Stewart (1974) underscore this point: young people have a tendency to move into physical intimacy by age 14 and move further to more intimate acts as they grow older. Schofield (1965), Broderick and Rowe (1968), and Straver (1977) support this finding. Chilman (1980) describes the gradual progression through forms of heterosexual contact as a part of normal adolescent development and experience. Sorensen (1973) was more specific: he contended that adolescents with no petting experience had not yet fully entered the adolescent stage,
which is often characterised by the desire for independence from parents and for intimate love-sex relationships. Hopkins (1983: 253) offers a more detailed explanation:

The changing status of interpersonal interaction undoubtedly reflects the motivational pressures of physical maturity. Physical changes following puberty are themselves orderly ... and make the individual a different stimulus object. The different pattern of reactions elicited from others influences one's sexual identity, and one's selection of sexual standards and behaviour.

It is of course important to understand the precoital behaviour of adolescents because it has implications particularly for efforts against AIDS. Katchadourian (1989) notes, for example, that the concept of petting is identical to foreplay, and that it is of special concern to AIDS today because safe sex guidelines rely heavily on sexual play. To further understand adolescent precoital behaviour, it is also necessary to identify the context in which it takes place.

Dating is one social context where physical intimacy, especially petting, typically occurs (Katchadourian, 1989). It is a social invention from the West where a man and a woman who may be mutually attracted to each other agree to be together at a designated place and time (Medina, 1991: 67). Usually, the male picks up the female at her house at an arranged time, and they go out to watch a movie, or dine and talk; then at an arranged time, he brings her back to her residence (Murstein, 1980; Medina, 1991). The male commonly shoulders the expenses incurred during dating, and it is also he who invites the female for a date. At some stage in the past in American society (and in the Philippines as well), females were to be chaperoned on dates so that all
temptations could be held at bay (Chilman, 1980: 108). Today, the structure and functions of dating have changed dramatically. There is less structure as to appropriate male-female behaviour, expenses are often Dutch treat or shared between the couple, and the highly structured dating protocol mentioned earlier has largely disappeared (Murstein, 1980). Concurring with this observation are the findings of a study in the Philippines where the majority of 200 randomly-selected male university students had received invitations from girls over the telephone for dates, had had visits from girls at home, had received presents from girls for no special occasion or reason, or had had girls write letters to them (Sampana et al., 1988 cited in Medina, 1991: 67).

The functions of dating have broadened as well. Several decades ago, dating was mainly an integral part of the mate selection and courtship process. In recent times, it has served other functions as well: it is perceived as a recreational activity, and as a means to socialise with the opposite sex or to achieve, prove or maintain social status and learn social skills such as how to behave in public as a couple (McCabe, 1984; Katchadourian, 1989; Rice, 1990). Thus dating in the 1990s not only takes place between couples who are in love, but also between friends. Double dating (that is, two couples on a date) and dating among three or more peers also appear to be a common phenomenon - in a youth study in Singapore, group dating was more popular than double dating (47 per cent versus 11 per cent) (Saw and Wong, 1981). While dating, the couple proceeds through a series of stages, each stage representing a change in the quality of the relationship (Roche, 1986: 109). When a couple decides to date each other exclusively, they are said to be going steady (Medina, 1991: 69).

4In an anthropological study of adolescence in Zawiya, a rural Moroccan town, it was reported that there is no such thing as socially acceptable dating, and therefore adolescents must arrange other ways to get together. For example, meeting in a residential street or in a nearby field after dark or for those who desire greater physical intimacy, meeting in another town. For more details of the dating and courtship process in this particular setting, see Davis and Davis (1989).
Sexual experimentation forms part of the dating process: at some point in the friendship or the love relationship, most couples become physically intimate and may move through a set of increasingly intensive forms of sexual contact which may not necessarily lead to coitus (Chilman, 1980; Katchadourian, 1989). Necking and petting are regarded by adolescents as more appropriate between couples who have affection for each other (Glass, 1972; Chilman, 1980; Roche, 1986). However, males have a greater tendency to expect physical intimacy - kissing, petting and coitus - after a few dates than their female partners (Knox and Wilson, 1981), while females are concerned with the level of commitment within the relationship (McCabe, 1987). At least from a theoretical standpoint, the former expectation is seen as part of the male sexual script, in which the degree of sexual contact in a relationship (which is not necessarily in an affectional stage) usually takes centre stage. Females tend to link physical intimacy with love, and they may be less pressured by same-sex peers to engage in coitus than men are. Adolescent boys know only too well that their female partners have been socialised into a love ethic (Gordon and Gilgun, 1987). This sexual scripting is partly reflected in the findings of a study of 750 undergraduates which found that female respondents preferred dating and marriage partners who had fewer sexual experiences, and that men preferred dating partners who had more previous sexual experiences, but wanted marriage partners with low prior sexual activity (Sprecher, McKinney and Orbuch, 1987 cited in McCammon et al., 1993: 356).

Just when adolescents move on to experience coitus from their precoital experience is a difficult question to answer, one on which there is no substantial evidence in the research literature. The scant data available tend to suggest that most young men have heavy petting experience prior to first intercourse; that males exhibit a greater tendency than females to move rapidly from petting to coitus (Chilman, 1980); and that couples who are in strong
Affective relationships are likely to engage in premarital sexual intercourse (Schulz et al., 1977). The transition from virginity to non-virginity among adolescents was the subject of longitudinal research by Jessor and Jessor (1975). This study identified the systematic differences between virgins and non-virgins, but its major drawback was that it failed to determine whether the non-virgins, prior to their loss of virginity, were engaged in precoital behaviours. The pre-coital aspects of sexual behaviour which certainly could have provided further evidence and meaning for the virgin versus non-virgin differentiation, were overlooked.

B. Descriptive aspects of heterosexual coitus

Core data on male adolescent premarital sexual intercourse typically address the following questions: At what age does first coitus take place and with whom? How frequently do young men have intercourse in a given period? How many coital partners have adolescents had over their lifetime? Did young men use any prevention against pregnancy or STDs at their first and most recent intercourse? Because of differing research methodologies and contrasting study settings, variations in descriptive findings are to be expected. In spite of this, several dominant behavioural patterns have emerged from the data which may be observed across cultural and subcultural (that is, ethnic) settings. The observed behaviours suggest the following: that young males commence intercourse at early ages; that they tend to have many sexual partners; and that they tend not to use condoms or use condoms only inconsistently against pregnancy and STDs. In exploring the ages at which adolescents first have coitus, the mean age is commonly used as an indicator in empirical research. The mean is, however, a misleading statistic because it has to take into account all the values in the data distribution, making it especially sensitive to extreme values (Nachmias and Nachmias, 1981; Hopkins, 1983). As
alternatives, the median age or the percentage distribution of respondents among age-at-first-coitus categories is employed instead. In the following discussion, the percentage distribution is cited wherever possible.

*First intercourse.* Observed ages at first intercourse vary from one research sample to another, but all suggest that most single young males have had coitus prior to the age of 20. In the US, a 1974 study indicates that 30 per cent of the sample of teenage males had their first sexual intercourse at 18; one-fourth had the same experience while they were 15 (Murstein et al., 1989). Other findings obtained during the same decade suggest that 45 per cent of adolescents surveyed in an American university first had premarital sexual intercourse when aged between 10 and 17 (Simon et al., 1972), while in another two samples as many as 47 and 50 per cent had had first coital contact by the age of 15 (Murstein et al., 1989) and 17 (Hunt, 1974), respectively. There is no clear and substantial evidence that the age at first sexual experience among American teenagers decreased in any dramatic way in the 1980s. Results from two studies suggest, for instance, that the ages at first coitus observed in the 1980-90 period remain, more or less, similar to those obtained in the 1970s: between 16 and 17 according to a 1986 study (Murstein et al., 1989) and at 18 and older according to another (Darling et al., 1992).

In the cases of Australia and the former West Germany, the median age for commencement of sexual activity for young males is about 17 or 18 years of age (Callan et al., 1986; Gallois and Callan, 1990) and 16.9 years, respectively (Starke, 1980 cited in Kon, 1987: 264). There is some suggestion that these 1980 figures are different from those observed in the 1970s. In the German study Starke (1980 cited in Kon, 1987: 264) was able to document a decline in the median age from 17.5 years among young workers and 18.3 years among

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5Respondents' ages are not indicated in the published article, but all were university students.
students in the early 1970s, to 16.9 years for both groups in 1980. The 1980 German figure closely resembles that of a 1985 finding in Denmark, where among young men sexual debut was estimated at a median age of 16.8 years (Wielandt et al., 1989). On the other hand, the claim that age of first coitus has been decreasing among Australian youth (Callan et al., 1986) is difficult to prove because of lack of evidence.

Because sexuality studies conducted in the 1980s across Latin America and the Caribbean are similar in many respects in terms of research design and methodology (Morris, 1988), their findings can be more validly compared. Table 2.1 shows a comparative presentation of the dominant age patterns at first coitus among male respondents. Evidence about the early onset of adolescent coital experience is nowhere clearer and more vivid than in Latin America and the Caribbean. With the exception of the Chilean sample, overwhelming majorities of adolescent males experienced their first sexual intercourse at early ages: 15 or younger. Of particular interest is that of the 59 per cent Brazilian respondents shown in the table to have first had intercourse aged 15 or younger, more than two-thirds of whom had had intercourse before they turned 15, implying that intercourse experience had taken place even during preadolescence. Similarly, the Jamaican study shows that of the 83 per cent whose first coitus occurred at age 15 or younger, most had this experience prior to reaching age 10.

Adolescent males in some parts of Africa were also found to have commenced premarital sexual intercourse at young ages, according to studies conducted in the 1980s. In the Gambia, one-third of 834 male respondents aged 14-24 experienced their first coitus when aged 14 or younger (Kane et al., 1993). Similar results were found in two studies in Kenya involving large samples where single young men had had their first intercourse on average at or around
Table 2.1 Age patterns at first coitus among adolescent males in selected countries in Latin America and the Caribbean

<table>
<thead>
<tr>
<th>Country, sample size and respondents' ages(^a)</th>
<th>Age patterns (per cent)</th>
</tr>
</thead>
</table>
| a. Guatemala City  
n=424, 15-24 | 15 and below (67.7) |
| b. Jamaica  
n=1596\(^b\), 14-24 | 15 and below (82.7) |
| c. Santiago City, Chile  
n=800, 15-24 | 17.5 (50.0) |
| d. Salvador City, Bahia State, Brazil, n=137, 18-24 | 15 and below (59.3) |
| e. Mexico City  
n=266, 15-24 | 15 and below (46.9) |

\(^a\) Ever-married respondents were also interviewed, but the overwhelming majority of respondents were single.  
\(^b\) Data from 109 males were unknown.  
Sources: Herold et al. (1988); Morris (1988); Warren et al. (1988); Herold et al. (1992).

Age 13 (Ajayi et al., 1991; Kiragu and Zabin, 1993). In Nigeria, male first coitus was observed to have taken place at older ages, between 16 and 18 years (Makinwa-Adebusoye, 1992). In Asia, the only available data are from the Philippines. Filipino adolescent men aged 15-24 were found to have initiated coitus at a mean age of 17.0 years for those residing in urban centres, and 17.6 for rural residents (Family Planning Organisation of the Philippines, 1987). There is no way to ascertain from published materials whether these figures were based on data with a normal distribution. Thus, the figures from the Philippines, like the data from Kenya, should be taken with caution. Other sexuality investigations conducted in the Asian region and reviewed in this thesis have not asked age at first coitus.

Apart from age, the first coital partner is of particular interest because it
has implications for the likelihood of young men using or not using condoms, and hence of causing pregnancy and/or contracting STDs. Two American studies which specifically focused on adolescents' first intercourse report that young men tended to have as their first coital partner a female with whom they had a committed interpersonal relationship of some sort (Jessor et al., 1983; Darling et al., 1992). Often this relationship was a steady dating partnership. However, other male respondents in these US studies - considerable proportions, although slightly smaller than the proportions whose first partner was a steady partner - had experienced first intercourse with a casual dating partner (Simon et al., 1972) or an acquaintance (Darling et al., 1992). In Latin America and the Caribbean, a friend and a steady girlfriend were the most commonly mentioned first partners (in that order) among samples of adolescents in Colombia (Useche et al., 1990), Jamaica (Warren et al., 1988) and Chile (Herold et al., 1992). In a Guatemalan study, these partner types were categorised as non-prostitutes (Herold et al., 1988), obviously to differentiate them from females who were paid to engage in sexual intercourse. The use of paid partners by young men was documented in the Guatemalan study, but non-prostitute partners were more common (Herold et al., 1988). Alzate (1984) in Colombia found that contact with a prostitute was a common phenomenon. In research conducted in Nigeria, the majority of male respondents reported that they had their first sexual experience with girlfriends (Oyeneye and Kawonise, 1993), while evidence from Thailand implies that the first partner tended to be a paid partner (Xenos et al., 1992).

**Number of sexual partners.** Theoretically, the male sexual script prescribes a set of behavioural standards which guide adolescent sexual behaviour. Part of this prescription is the expectation that males will initiate and control sexual interaction (Gagnon and Simon, 1973; Zellman and Goodchilds, 1983). Furthermore, it is central to male identity to be sexually aggressive, powerful...
and in control (Klein, 1983). Whether this script has anything to do with the number of sexual partners young men have ever had is ambiguous in the research literature. Suffice to say that over their coital lifetime (that is, from first coitus until the time of interview), research shows that most adolescents had had many partners. The question *how many is many?* is, of course, subject to debate. Definitely having only one partner cannot be considered *many,* but beyond this number any value can be assigned to indicate *many.* However, having intercourse with one female creates sexual risks and these are further heightened as adolescents establish coital contacts with more partners (Boyer and Kegeles, 1991; Tanfer et al., 1993). Other factors relevant to an assessment of risk are coital frequency, partner types and use of condoms.

Variations in the number of partners have been observed among samples of adolescents. In each of two adolescent samples surveyed in the US, one-fifth had had only one lifetime partner, but a greater percentage (25 per cent) claimed to have had contact with more than 10 (Hass, 1979; Thornton and Camburn, 1980). Across several groups of young males interviewed in various parts of the world, however, it was gathered that many coitally experienced respondents had had not only one, but multiple partners: four or more partners among American respondents (*Playboy,* 1976; Darling et al., 1992), two or more among students in Nigeria (Oloko and Omoboloye, 1993) and Kenya (Kiragu and Zabin, 1993), and between two and five among Canadian single male students (Netting, 1992). Unclarified in the available evidence was whether the relationships young men had had with their multiple partners were concurrent or serial. Likewise, it was unexplained whether adolescents' lifetime partners were composed predominantly of steady girlfriends, friends, acquaintances or paid females, or a mixture of these various partner types. There is some indication in the research literature that while many young men have had coitus with friends, acquaintances and paid partners, many have also had
intercourse with steady girlfriends. For example, among teenagers in the US (Group for the Advancement of Psychiatry, 1965; McKinney et al., 1982; Michael et al., 1994), and in the Philippines (Medina, 1991), it was observed that intercourse within a steady relationship was common. The frequency of intercourse among the majority of respondents was high (Nichols et al., 1986; Ajayi et al., 1991; Kiragu and Zabin, 1993), regardless of whether it was expressed in weekly, monthly or yearly terms, and regardless of whether coitus was with a steady or a paid partner, or with other partner types.

Use of condoms. Condom use among young men used to be seen primarily as a contraceptive issue. The advent of AIDS - now a priority health concern among many societies across the globe - has modified that perspective. In many cases the research perspective has shifted from pregnancy to disease (Mueller, 1993). Sometimes the AIDS concern is approached within the broader context of STDs. It seems, however, that empirical research has yet to view condom use both as pregnancy and AIDS prevention. Adolescents' condom use has been explored for two reference events, first or most recent coitus. Most recent which in some instances has been used synonymously with current or last intercourse, usually takes on an arbitrary value depending on the way a particular study defines it: for example, the last four weeks or the last six months prior to the survey.

Condoms are not widely used to guard against pregnancy among coitally experienced young males at first intercourse. Among a sample of American teenage males, only about 22 per cent had used a condom to prevent pregnancy at first coitus (Darling et al., 1992). In Latin America and the Caribbean, the prevalence of use of contraceptives (where condoms were the most common method) was also low: 11 per cent in Jamaica, 15 per cent in Guatemala City, and 20 per cent in Salvador, Brazil (Morris, 1988). In Mexico City the prevalence rate, although high at 31 per cent (Morris, 1988), still reflects
significantly higher non-use. Common reasons cited for failure to use a method at first intercourse are the unpredictability of the timing of first intercourse, lack of contraceptive knowledge and access, partner type, and the perception that contraceptive use is a female responsibility (Herold et al., 1988; Morris, 1988; Boohene et al., 1991; Kane et al., 1993).

Relative to the rates of use of the method at first intercourse, the rates obtained for adolescents' most recent intercourse episodes in studies which have gathered data on both are significantly higher. Among a group of single Zimbabwean respondents, for example, 29 per cent reported use of condoms at their most recent intercourse compared to 18 per cent for the first event (Boohene et al., 1991). In Scotland, where a low six per cent prevalence rate was observed at first coitus, the rise was dramatic to 58 per cent (West et al., 1993), while in Jamaica, the rate increased seven times - from nine per cent at first intercourse to 64 per cent at most recent intercourse (Warren et al., 1988). One American investigation found almost no difference between condom use rates at first (17 per cent) and most recent coitus (16 per cent) (Pleck et al., 1988). Studies whose data only pertained to most recent intercourse also indicate that a considerable number of young men were using condoms: between 45 and 55 per cent according to results of two US studies (Sorensen, 1973; Curran, 1992 cited in DiClemente, 1993:159).

In the context of AIDS, condom use has been examined only for most recent intercourse or as a general preventive measure, but nonetheless the data indicate that substantial proportions of coitally active single young men had not used the method. In a national Youth Risk Behaviour Survey in the US, between 28 and 53 per cent used condoms at last coitus (Moore et al., 1993). Among sexually active English students, 47 per cent never used condoms against HIV in their coital lifetime (Madhok et al., 1993).
Condom use at first and most recent intercourse, or as a general precautionary measure mirrors adolescents' tendency to use a method against pregnancy and/or STDs. However, the understanding about condom use among this group is incomplete, since it is not known whether their use of condoms is consistent or not. But the work undertaken by DiClemente (1991), DiClemente (1993) and Pleck et al. (1993a) in the US, and by Oswald et al. (1992) among German students, has specifically examined the consistency of condom use. Results showed in part that among American adolescent males about 25 per cent were consistent condom users (DiClemente, 1992 cited in DiClemente, 1993: 159), and that condom use among the coitally active had declined over the period of observation (Pleck et al., 1993a). On the whole, the conclusion invited by research evidence seems to be that among a significant number of adolescent males, the use of prevention is either non-existent, or inconsistent, unreliable and/or poor (Scales, 1977; Finkel and Finkel, 1978; Gordon and Gilgun, 1987).

There are reasons why some young males have never used prevention at any stage in their sexual lives, and there are reasons why among ever-users there are both consistent and irregular users, and users of ineffective methods. Rogel and Zuehlke (1982), and Gold and Berger (1983) synthesised in their reviews demographic, psychological, social and situational influences on adolescent contraceptive behaviour. These include gender, race and ethnic background, low social and educational status, locus of control, frequency of intercourse, access to contraceptives, contraceptive knowledge, attitudes and experience, and parental and peer group factors. The contraceptive and prophylactic functions of condoms have been also viewed from various

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6 Care should be exercised in dealing with the operational definition of consistent condom use. In the study of Pleck et al. (1993a), for example, consistency was taken to mean consistency of condom use with each of the partners they had had in the last year prior to interview. The definition apparently does not cover the use of condoms at all coital events an individual has had over his lifetime.
theoretical angles. Whitley and Schofield (1985), for example, have tackled adolescent contraceptive use in relation to two major explanatory models: the career model and the decision model. In the career model, a person is seen as moving through several stages in the use of contraceptives, as he/she moves through a sequence of movement from one career to another. The decision model holds that people weigh the costs and benefits of using contraceptives. Urberg (1982) in particular provides a theoretical framework for exploring adolescent contraceptive use, where she outlines five major conditions that must be present for adequate contraceptive use to occur. First, the individual must recognise that pregnancy is a likely outcome of unprotected sex. Second, he/she must be motivated to do something about this. Third, the person must be able to generate possible solutions to the problem; fourth, these solutions must be evaluated and chosen; and fifth, the chosen solution must be implemented.

Condom use against HIV infection has been explored more commonly using the Health Belief Model (HBM) and the Theory of Reasoned Action (TRA). Both frameworks focus on beliefs, but HBM specifically tackles condom use vis-à-vis four dimensions: perceived barriers, benefits, severity and susceptibility. On the other hand, TRA is an expectancy-value model of attitude for understanding and changing a behaviour, and views condom behaviour as a decision based on consideration of the expected consequences of using or not using condoms (Rise, 1992). Some studies which have employed either or both models include those undertaken by Rimberg and Lewis (1994), and Zimmerman and Olson (1994) among American adolescents, and VanLandingham et al. (1993) among Thai university students. Condoms have, of course, received a considerable amount of research attention since the early 1980s because of their effectiveness in preventing the coital transfer of the AIDS virus from one infected person to another. Condom use and non-use, and
consistency of use have been examined in an attempt to determine the existing and potential infection risks faced by adolescents. Not coincidentally, some of the variables found to be associated with condom use as an STD preventive measure are similar to those related to its contraceptive use (DiClemente, 1991; Hernandez and DiClemente, 1992; Rise, 1992) (see Chapter Six for a discussion of some of the explanatory variables).

Has the AIDS phenomenon encouraged young people to use condoms? Among Australian undergraduate students, it was learned that despite their awareness of the risks of AIDS and their intention to practise safe sex, including condom use, only a small proportion reported sexual behaviour that could be considered safe (Turtle et al., 1989). Also, among another sample in Australia, older sexually active adolescents indicated that they had no intention of using a condom or practising safe sex at their next coitus (Gallois et al., 1989). Two investigations among German adolescents have also emphasised that respondents' sexual behaviour appears to have been unaltered by the potential risk of infection with HIV (Oswald et al., 1992; Schmidt et al., 1992). In one instance, it was even reported that among German adolescents the use of condoms against disease was rated less important than for preventing conception (Oswald et al., 1992).

The apparent lack of effect of AIDS upon sexual behaviour may be attributed to the tendency among young people to think that they have a low vulnerability to infection (Turner et al., 1988; Ford, 1992; Mickler, 1993). But there are a few indications that some adolescent males, because of the threat posed by AIDS, are beginning to talk about monogamous relationships (King, 1989); using condoms and having fewer partners (Turner et al., 1988); modifying their behaviour to become more selective or cautious in their choice of partners (Carroll, 1988; von Salisch and Oswald, 1989); or becoming more
cautious in their sexual practices (Netting, 1992). How widely these behavioural changes will be adopted by coitally active unmarried young males remains to be seen.

Male versus female sexual behavioural differentiation. The previous discussion has exclusively dealt with males. At this stage it seems relevant to compare, albeit briefly, the coital behaviour of young men and women; overwhelming evidence proves that a person’s behaviour (not necessarily sexual) is likely to vary on the basis of his or her gender.

Since the 1970s the proportion of young women who have had coitus has increased dramatically (Kantner and Zelnik, 1972; Zelnik and Kantner, 1977; Lloyd, 1985; Rice, 1990); more sharply than the increase seen among men (Katchadourian, 1989). Because of the increase, the difference between the proportions of males and females who have had premarital sexual intercourse has narrowed significantly (Wagner, 1980). However, the percentage of adolescent men coitally active has continued to be somewhat greater than that for women of comparable age (Rice, 1990). This is consistent with the finding in almost all studies that boys have been more likely than girls ever to have had intercourse at a given age (Mueller, 1993). With reference to several aspects of coital activity, such as age at first intercourse, number of lifetime sexual partners and use of preventive methods, the data also show gender differences. Boys have their first sexual encounter earlier, have more coital partners, have intercourse more often (Mueller, 1993), and are less likely to use contraception.7 For example, American young men become coitally active an average of two years before young women (The Alan Guttmacher Institute, 1981 cited in Schinke, 1984: 43). Specific to coital partners, Hunt (1974) found that

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7Gender differences in the use of methods against STDs, particularly AIDS, appear not to have been studied. This is understandable considering that the primary method being promoted as prevention against AIDS viral infection today is a male method - the condom.
approximately half of American female respondents who reported engaging in coitus had done so with only one partner; males with more than one. In another US study, adolescent men were more than twice as likely as women to have had multiple partners (Binson et al., 1993). Among 100 sexually active teenage girls in Great Britain, only 12 per cent had had more than two partners during the two-and-a-half years of the investigation (Tobin, 1985).

Gender differences in the number of coital partners may be explained by the male and female sexual scripts. Young females are less likely to engage in intercourse with many partners than males partly because females have a tendency to relate coital experience with being in love. Study after study has shown that young females, much more than young males, report being in love as a primary reason they became sexually active. In one study, 60 per cent of the females, in describing their initial premarital coital experience reported that they were in love and planning to marry the person with whom they first had intercourse (Simon et al., 1972). The male sexual script, on the other hand, exerts heavy pressure on boys to prove themselves to be men, and because of this pressure boys more than girls have sexual intercourse with partners for whom they have little or no feeling (Gordon and Gilgun, 1987) or with whom they have limited emotional involvement (Lewin, 1982). Definitely there are other factors that could account for the gender differences in premarital coital behaviour. However, this thesis is not directly interested in gender differentiation, thus these factors will not be discussed here. On contraceptive use, the disparity between adolescent male and female contraceptive activity remains significant (Scales, 1977), mainly because the current cultural bias is that contraception is a female responsibility. The paucity of studies on young men's contraceptive use underscores this bias (Rogel and Zuehlke, 1982).
C. Factors influencing heterosexual coitus

The discussion of descriptive aspects of adolescent male coital behaviour introduces more questions about the subject. For example, despite the high incidence of premarital intercourse involving young men, there are others who have never had coitus: are the virgins different from the non-virgins in some respects? Similarly, while the majority of coitally active males first had coitus at early ages, others first had it at later ages. Are there differences between the early and late beginners? Another interesting query concerns what accounts for differences in the number of coital partners adolescent males have?

In the available evidence at both theoretical and empirical levels, the aetiologies of various patterns of coital behaviour have been attributed to social, psychological and individual influences. Apparently because of the variability in coital experiences among the adolescent population in terms of ages at first coitus and numbers of coital partners, the biological factor (that is, puberty) cannot provide a complete explanation of sexual phenomena (Delamater, 1987). However, biological and non-biological predictors have both additive and interactive contributory effects on coital activity (Udry, 1988). Two points bear mention again. First, the evidence, particularly the empirical data, does not neatly fit the sociological framework adopted for this thesis, nor any other theory for that matter. As has been explained, most empirical research has not explored the subject matter within the context of any theoretical orientation. However, factors identified in empirical research as having a significant association with coital behaviour do support those advanced in the sociological theory underpinning this thesis. Second, data pertaining to the explanations of premarital coitus have been mostly derived from the US, and therefore in the following discussion the geographical origins of the findings have been identified sparingly.
Virgin versus non-virgin differentiation. Utilising a social psychological framework, the longitudinal study of Jessor and Jessor (1975) among high school (1969-72) and university (1970-73) students provides a comprehensive distinction between the coitally experienced and the coitally inexperienced. In each sample, virgins and non-virgins were differentiated across a number of factors hypothesised to significantly distinguish these two groups. In addition, over a four-year period the study assessed for both samples which factors could explain the transition from virginity to non-virginity.

Among the high school respondents, male non-virgins differed from virgins in motivational instigation (lower value on achievement, higher value on independence, greater value on independence relative to achievement, lower expectations for achievement and higher expectations for independence), in personal beliefs (for example, greater social criticism and self-esteem), and in personal controls (lower intolerance of deviance, lower religiosity and more positive than negative perceptions of sexual intercourse). Furthermore, coitally active high school respondents also differed from coitally inactive ones in both the distal (less parents-friends compatibility, more peer than parental influence and less parental support) and proximal environments (lower parental control, less parental disapproval of problem behaviour, more peer approval and more peer models for deviance), and in behaviour (greater general deviance, less church attendance and lower school achievement).

The findings derived from the university student sample indicated that fewer of the factors identified as significant in the high school sample could be used to distinguish between non-virgins and virgins. Non-virgins appeared to value and to expect independence more than virgins, to be more socially critical and have greater self-esteem, to be less religious, to have more peers as models for deviance, and to have less involvement in conventional activities
such as church attendance. Across time, the virgin high school respondents who had had sexual intercourse in the years since their first interview, in comparison with those who had not, tended to have higher values for affection and independence; higher expectations for affection, independence and achievement; greater self-esteem; friends whose views agreed less with those of their parents and who influenced them more than their parents did; parents who disapproved less of deviant behaviour; and friends who approved more and provided more models for deviant behaviour. They also tended to have engaged more in general deviance and less in attending church; and to have achieved lower grade-point averages. The power of these factors to predict the transition from virgin to non-virgin status was considerably weaker in the university sample.

Other studies have also differentiated virgins and non-virgins. Some of the factors distinguishing the two groups parallel those found by Jessor and Jessor (1975); unfortunately the theoretical contexts in which they were investigated were often lacking. In particular, individuals with coital experience perceived themselves as physically attractive (Simon et al., 1972; Curran et al., 1973), had liberal sexual philosophies (Murstein and Holden, 1979; Murstein et al., 1989), had high-risk taking attitudes towards sexual relations (Chilman, 1980), had low educational goals and poor school achievement (Callan et al., 1986), had low sex guilt (Mosher and Cross, 1971), had a greater tendency to exhibit deviant behaviour (Rowe et al., 1989) and had taken alcohol and drugs such as marijuana and heroin (Curran et al., 1973; Murstein and Holden, 1979; Donovan and Jessor, 1985; Mott and Haurin, 1988). In terms of their familial background, non-virgins had older siblings with similar levels of sexual experience (Rodgers and Rowe, 1988), had similarly liberal attitudes toward premarital sex as did their mothers (Thornton and Camburn, 1980), and viewed their parents as not strict or not having rules (Miller et al., 1986b). Their friends
were also coitally experienced (Schulz et al., 1977; Woodroof, 1986).

Demographic factors such as age (Zelnick and Kantner, 1980), gender, education (Hopkins, 1983), race (Fustenberg et al., 1987), religious attendance (Thornton and Camburn, 1980), religious affiliation (Beck et al., 1991) and socioeconomic status (Simon et al., 1972; Farrell, 1978; Hogan and Kitagawa, 1985) were also found to be correlated with virginity, although in some cases the results were conflicting. For example, Simon et al. (1972) observed that coital experience in university was more likely among higher than lower socioeconomic bracket students, while Hogan and Kitagawa (1985) reported that respondents whose families had lower socioeconomic standing were likely to be sexually active. Likewise, religiosity according to one study could predict a person's likelihood of being coitally experienced (Thornton and Camburn, 1980), but in another it was found to be insignificant (McCormick et al., 1985). These contrasting findings should not be taken to mean that one finding was right and the other incorrect. The dissimilarity in results might have been a methodological artifact; that is, the discrepancy might have stemmed from the varied ways in which these variables were defined. Virgins could not, however, be distinguished from non-virgins with reference to their fear of a disease such as AIDS (Murstein et al., 1989), knowledge of AIDS (von Salisch and Oswald, 1989), sex-role attitudes (McCormick et al., 1985), the occupational and educational levels of their parents (Hopkins, 1983) and residence in a rural or urban area (Kiragu and Zabin, 1993).

Studies have typically analysed the effect of one variable or the combined effect of two variables on virginity/non-virginity status. Limited consideration has been given to the possibility of relationships with more than two variables, or that a reciprocal effect between premarital coital behaviour and an explanatory variable might have existed (for example, while religious
attendance may affect premarital coital activity, engaging in coitus could also influence religious attendance). The few studies with multivariate designs include Jorgensen and Sonstegard's (1984) testing the applicability of the Fishbein model⁸ among a sample of American teenagers; that of DiBlasio and Benda (1990) which reports a social learning analysis of adolescent sexual behaviour in the US; and that of Kiragu and Zabin (1993), whose aim was to examine the correlates of sexual activity among school-age adolescents in Kenya.

*Early onset of coitus.* The variables linked with the virginity versus non-virginity dichotomy have also been used to explain why some single young males commenced at earlier ages than other males.⁹ For example, religiosity, degree of intimacy with parents (Simon et al., 1972), sexual experience of siblings, and drug taking, smoking and drinking alcohol (Donovan and Jessor, 1985; Mott and Haurin, 1988) have been used to distinguish between early and late coital beginners. Other variables that can predict the likelihood of early sexual intercourse include pubertal development. For example, Rosenbaum and Kandel (1990) found that early onset of puberty is associated with early commencement of coitus. However, physical development is more important for young males than females, as both sexual motivation and behaviour among males are influenced by hormones, while among females only their sexual motivation has been attributed to the hormonal factor (Udry et al., 1985; Udry, 1988). The coital behaviour of adolescent females, it appears, is influenced to a greater extent by social controls (Udry et al., 1986).

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⁸This model, known generally as the Fishbein model of behaviour prediction, hypothesises that sexual and contraceptive behaviour can be predicted from a linear combination of a person's attitudes toward performing that behaviour and his/her normative beliefs, weighted by his/her motivation to comply with those norms.

⁹Commencement of sexual intercourse before the age of 18 years may be considered 'early' according to Rowe et al. (1989) in their investigation of the relationship between sexual behaviour and non-sexual deviance and the effects of siblings on such relationship.
Aside from physical maturation, family structure (one- versus two-parent family) has also been found to be relevant in explaining why some young men commence coitus at early age; however, this factor has been observed only among adolescent females (Newcomer and Udry, 1987; Flewelling and Bauman, 1990). Newcomer and Udry (1987) note, however, that sexual acting-out for boys may be related to emotional disturbance from losing one's father. Moreover, those who commenced intercourse later were those who wanted to avoid pregnancy and other negative consequences associated with early coitus (Faulkenberry et al., 1987). If adolescents' dating behaviour occurs early, regularly and frequently, the onset of premarital coitus also tends to occur early (Simon et al., 1972; Miller et al., 1986a).

**Multiplicity of coital partners.** Some adolescent men's tendency to engage in coitus with many different females is not due to chance. In an analysis of multiple partnerships among adolescent respondents in high-risk cities in the US, Binson and colleagues (1993) reported that aside from gender, marital status was a significant predictor of having multiple partners, with unmarried respondents eight times as likely as married ones to report having many different partners. This may be due to the fact that young people enter into marriage at later ages, while their pubertal development starts at younger ages (Moore and Rosenthal, 1991b; Michael et al., 1994). Education and race or ethnicity had no individual effect on the number of coital partners, but the two factors when combined had a positive effect specifically on the white respondents' behaviour (Binson et al., 1993). While peer influence has been identified as a strong factor in being coitally active, it appears that its impact on adolescents' tendency to have sex with several partners is negligible (Davis, 1974). Davis (1974: 200) explained that

> In many respects the individuals displaying high levels of sexual activity are relative isolates in terms
of the socialisation model (that is, with family and peers as socialising agents). They rely more on the mass media for effective role models.

In another two studies, it was suggested that males who had had an early coital experience (Koyle et al., 1989) and those engaged in steady dating and courtship activity (Lewis, 1973) had had greater numbers of coital partners. The positive effect of alcohol and drug use on being non-virgin at an early age also have been identified as a correlate of the tendency to have sex with many partners (Godenne, 1974; Jemmott and Jemmott, 1993). Although no evidence can be cited, it is highly likely that those with multiple coital partners perceive themselves (or are regarded by others) as physically attractive and self-confident, and that they possess effective social skills able to be used in sexual negotiation, be it in a paid or a non-paid context.

The variables identified and discussed in the foregoing paragraphs specifically influence adolescents' virginity status, ages at first coitus and numbers of partners. Other factors which affect all these aspects of premarital intercourse have been singled out as well. These include the influences of the adult world, the mass media and other structural changes in the society such as the growing independence and autonomy among youth. In particular, young people are constantly exposed to the liberal sexual lifestyles and values of the modern world which are often transmitted through the mass media (Saw and Wong, 1981; Hopkins, 1983). They are thus exposed to sexually explicit images before they are mature enough to make responsible sexual choices (McCammon et al., 1993). Furthermore, a high percentage of youth become coitally active early, but are apt to be more influenced in this by prevailing social values in the adult world than by any oppositional youth culture (Carnegie Corporation, 1990: 4). Their knowledge of and contact with the adult social world, which is sexually interested and sexually active, is likely to
contribute to their sexual activity. Thus adolescent males feel that they are supposed to be coitally experienced earlier, to be more competent at it than their female counterparts, and whether active or inactive, are expected to take a position about sexual opportunities (Juhasz and Schneider, 1987: 583).

Later entry into marital union among the young (Chilman, 1980; Katchadourian, 1989), their increased independence and advances in medical science which have made sex safe (Beeghley and Sellers, 1986) have also tended to contribute to rising rates of premarital coitus. The larger society further opens up premarital sexual opportunities for the young by providing highly unrestricted avenues for coitus. For instance, sexual partners can easily be obtained in bars, brothels, sauna baths, discotheques and also from the streets. It is argued that most of the changes outlined reflect progress; the rising rates of coital incidence are unintended by-products (Beeghley and Sellers, 1986).

2.4 Issues in Sex Research

Studies of human sexuality are confronted with two key issues. One pertains to the validity and reliability of the data collected, and the other refers to the ethics involved in surveying human populations. The ethical aspects of involving humans in empirical research are such a sensitive and important issue that several government and private organisations in the US and in other industrialised countries have developed sets of guidelines for the protection of human participants in research (Nachmias and Nachmias, 1981; Association of Canadian Universities for Northern Studies, 1982; Rice, 1989; McCammon et al., 1993).

Validity is generally concerned with the question is one measuring what one thinks one is measuring? It indicates the accuracy or truthfulness of a
measurement of a concept under study (Nachmias and Nachmias, 1981: 146), or of responses collected in surveys. *Reliability* is an indication of the extent to which a measure contains variable errors; that is, errors that differed from observation to observation during any one measuring instance or that varied from time to time for a given unit of analysis measured twice or more by the same instrument. Validity does not guarantee reliability, and vice versa (Hair et al., 1992).

Most studies have not discussed data validity and reliability. This is no surprise: whether data are valid (true) and reliable (or consistent) is difficult to address in social research. Because studies often have to depend on self-reports of interviewees and on the use of only one research method, no guarantee can be given that responses are valid and reliable. As far as validity is concerned, the majority of studies of adolescent sexuality have used anonymous self-administered questionnaires, presumably in an effort to encourage frank and honest answers. However, this method does present a drawback: it allows adolescents to exaggerate or be careless about their responses, because of the anonymity of the interview situation. Other investigations - just a handful of them - have utilised the face-to-face interview method, but unfortunately this strategy also can adversely affect response validity. It is likely to discourage frank discussion of the subject by adolescents. The use of either method does not therefore ensure that results are valid. Kinsey and associates (1948) recommended that questions should be non-threatening and that rapport should be established. While these suggestions are without doubt useful in empirical research, the effect on response validity of paying heed to them is not known (Udry and Morris, 1967).
The Randomised Response Technique, or RRT, has also been used to some extent in tackling data validity. In simple terms, this procedure provides a respondent with a randomisation device by which he or she chooses one of two unrelated questions such as Have you ever had sexual intercourse? or Do you subscribe to Newsweek? with respective probabilities \( p \) and \( 1 - p \) (\( 0 < p < 1 \)) and then replies yes or no to the question chosen. The process of selecting one of the two questions is unobserved by the interviewer, and the interviewee is not to disclose the question to which his answer corresponds (Chaudhuri and Mukerjee, 1988: 2).

Because RRT protects the privacy of an interviewee it is believed he or she may be expected to respond truthfully. In addition to tackling response validity, studies which have utilised RRT in investigating subjects perceived to be sensitive such as drug use (Brown and Harding, 1973; Goodstadt and Gruson, 1975) and abortion (Krotki and Fox, 1974) have also verified the reliability of data they have collected by using self-completed questionnaires and/or personal interviews as additional methods. Data obtained from all these methods were compared and it was found that the data were not reliable: higher estimates of drug use and abortion were derived from randomised response than from other data-collecting techniques.

Despite the potential of RRT for obtaining valid responses, it has not been widely used in sex research to date, most probably because the features it offers (that is, anonymity and indirect questioning) can also be addressed in self-completed questionnaires and face-to-face interviews through careful and thorough development of questions, and the use of effective interviewing

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10For an exhaustive discussion of RRT, please see the following books: Fox and Tracy (1986), and Chaudhuri and Mukerjee (1988). Three studies which had used RRT were identified, but unfortunately they did not focus on adolescent male sexual behaviour. Their topics were nevertheless related to human sexuality: abortion (Shimizu and Bonham, 1978; Abernathy et al., 1970) and oral contraceptives (Greenberg et al., 1970).
techniques. The reliability of responses can also be determined with a combination of questionnaire and face-to-face interview methods, whose design considerations are certainly less complex than RRT. The application and effective use of RRT, it should be stressed, rests on two critical choices: the choice of the randomising device such as a coin and the choice of non-sensitive questions to match the sensitive questions (Fox and Tracy, 1986).

Given the lack of a direct technique to verify response validity, most studies have provided some indication of how well the data they collected could be trusted. Response rate, refusal rate and an assessment of the consistency of responses vis-à-vis other responses in the data set are discussed to indicate data quality (Siedlecky, 1979; Nichols et al., 1986; Herold et al., 1988; Useche et al., 1990; Herold et al., 1992; Kane et al., 1993). Furthermore, various research reports have also briefly described the training of interviewers, pretesting of instruments, use of male interviewers with male respondents, and the anonymity, confidentiality and privacy of interview situations (Vener and Stewart, 1974; Story, 1982; Binson et al., 1993; Kane et al., 1993; Pleck et al., 1993a), these matters being suggestive of the quality of the evidence collected. While response rates have been high and refusals low, and interviewer training, pretesting and other related matters seem to have been undertaken properly, the validity of data cannot be established from these considerations. Simply, self-reported premarital sexual behaviour often cannot be checked against more objective data (Alexander et al., 1993).

In contrast to data validity, data reliability can be verified by using two or more research methods to gather responses on similar items, and then comparing the results obtained. Unfortunately most previous investigations have not focused on determining the consistency of their data: they have utilised only one method, either the face-to-face interview or self-completed
questionnaire. A few studies have established the reliability of sexual behavioural reports they collected (Delamater and MacCorquodale, 1975; Rodgers et al., 1982; Mott, 1985; Newcomer and Udry, 1988; Alexander et al., 1993). In all but one, personal interview and self-completion questionnaire reports were found to be unreliable or inconsistent. The reliability of responses tended to vary depending on which aspect of sexual behaviour was asked about, and according to race, gender, and age groups of the individuals being interviewed (Rodgers et al., 1982; Mott, 1985; Newcomer and Udry, 1988; Alexander et al., 1993). High inconsistency rates were observed in data on age at first coitus and frequency of intercourse, but low rates were reported on whether or not respondents had ever had coitus (Alexander et al., 1993). It might be expected that responses to questions that require interviewees to summarise their coital behaviour (for example, coital frequency, sexual partners) would be highly unreliable. Many respondents are unable to recall accurately past sexual events (Udry and Morris, 1967). Recall becomes more problematic the longer the reference period, unless coital experiences occur to a perfectly regular schedule (Udry and Morris, 1967).

Data validity and reliability are issues which are relevant to the research itself. There are also ethical issues that human sexuality research has to contend with, not so much for its own sake, but for the protection of adolescents who participate. Ethics in sex research involves two general considerations. First, any potential negative effect on participants must be warranted by the importance of the research, and second, participants' welfare must be protected (McCammon et al., 1993: 135). In specific terms, research ethics has several elements: informed consent, privacy, anonymity and confidentiality. The research of Kinsey and his colleagues (1948) followed detailed ethical standards addressing these four elements when it was undertaken in the mid-1940s. For example, Kinsey was very careful to protect
the privacy of the lives he had invaded with his research, perhaps owing to his own well-developed sense of privacy (Pomeroy, 1972: 14).

In more recent times, similar practices to those developed by Kinsey have been followed: respondents are briefed about the study and its importance prior to interview, informed that their participation is voluntary and anonymous, and assured that the data they provide in the study will be confidential (Jessor and Jessor, 1975; Story, 1982; Darling and Davidson, 1987; Roscoe and Kruger, 1990; Useche et al., 1990; Wilson and Medora, 1990). In some instances, adolescents' names have had to be identified. For example, in the longitudinal studies of Jessor and Jessor (1975), and Jessor and colleagues (1983) the names of respondents had to be known to facilitate follow-up interviews. Strict confidentiality of the identifying information obtained was assured. However, after the final interview, names were removed from questionnaires and analyses were carried out entirely according to the code number assigned to the instrument. In a few cases, research participants were given small sums of money (Jessor and Jessor, 1975; VanLandingham et al., 1992). The majority of studies published in scientific journals have not discussed any of the foregoing ethical issues. The reason could be that addressing these issues is already such standard practice in empirical research that devoting a section to it seems to be unnecessary. However, the impression given by this omission is of disregard for ethical matters.

2.5 Summary and Discussion

Adolescent male sexuality, particularly its coital behavioural aspect, has attracted a considerable amount of research attention worldwide. It was in the US that the subject was first investigated and it is in the US that the coital behaviour of young males has been most extensively investigated. Sexual
behaviourists and allied scholars from other countries - developed or developing - have yet to match the efforts of their American counterparts on the subject. As international urgency over problems of teenage pregnancy and AIDS gathers pace and strength, countries outside the US are likely to explore adolescent sexuality more frequently. For one thing, empirical evidence is a necessary input into the design and development of future policies and programs seeking to address teenage pregnancy and AIDS.

Researchers from around the world have benefited and will continue to benefit from the wealth of data and experience obtained in the US. Caution should be exercised, however, in using concept definitions and interview questions developed in the US in other cultural settings. The US and other countries differ economically, socially and culturally, and these differences are likely to produce dissimilarities in adolescent sexual lifestyles and behaviour. It is therefore suggested that before concept definitions and questions from the US are adopted for use in other settings, their applicability and appropriateness may need to be assessed. Some sort of concept and question validation and, perhaps modification may need to be undertaken.

The survey is the most commonly used research method in studies of coital behaviour, and in particular there has been a heavy emphasis upon the representativeness of samples. Descriptive and quantitative aspects of coital behaviour (incidence and frequency of intercourse, number of partners) are commonly collected in survey research. While quantitative data provide an empirical understanding of the phenomenon at the macro level, they have very little to offer in terms of the contextual meanings of premarital sexual intercourse. For example, a typical survey would report a high incidence of premarital sexual intercourse among a sample of young men, but does not indicate the specific situations in which those sexual contacts have taken place.
Several theoretical and empirical studies in the US and a few from other countries have addressed the need for contextualising premarital coitus. They have identified the specific influences of a range of social and psychological variables, and individual characteristics. In empirical research, the effect of individual characteristics and the combined effects of pairs of variables have been examined. Yet there remain some gaps in knowledge. For example, quite limited attention has been given to the possibility that these individual characteristics, aside from having an effect on coital behaviour, may also be affecting each other (Miller and Moore, 1990). A person's sexual philosophy, for instance, be it liberal or conservative, may influence religiosity. Furthermore, this bivariate association may affect other factors such as parental and peer group sexual attitudes and values. Examining the reciprocal and multivariate relationships between and among explanatory factors may yield a more complete understanding of sexual activity or inactivity among unmarried young men, their early or late initiation into coitus, and their tendency to engage in coitus with one or more partners. The analysis would, for example, indicate the relative influence of individual characteristics and psychological factors over social factors.

Both the descriptive and explanatory aspects of male coital behaviour have been tackled largely in quantitative terms. Data have been analysed to determine their statistical significance and meaning. The contextual meanings of those quantitative data have been overlooked. In what contexts do a high incidence and early commencement of premarital coitus occur? What are the mechanisms through which peer group pressure influences coital behaviour? These and other similar questions cannot be accurately answered with structured survey findings. The use of such methods as in-depth interviews, focus group discussions, ethnographic research and other types of anthropological methods will enable researchers to collect qualitative data.
Qualitative data put the emphasis on understanding the meanings attached to, for instance, coital behaviour, and this is of particular value to the study of premarital sexual behaviour and AIDS (Standing, 1992) because it can provide key ideas on how intervention strategies pertaining to STD and pregnancy prevention can be most successfully introduced, and how adolescent sexual lifestyles could be modified so that risks are lessened.

The topics covered and approaches taken in past research have been broad, ranging from a description of specific aspects of premarital sex to an explanation of the specific influences on coital behaviour of siblings, parents, peers, religiosity, and drug and alcohol taking. Still there are other important matters which require attention. Foremost, it is essential that individual coital behaviour be examined with a view to integrating each piece of evidence on one aspect with evidence on other aspects, to arrive at a whole picture of a person's sexuality. A better perspective may be achieved if evidence collected is seen and analysed as interrelated rather than as scattered facts. Thus data on first intercourse could be pieced together with data on current and overall coital behaviour.

Adolescent men's condom use also needs to be understood. Little research attention has been given to the contraceptive behaviour of young men compared to that given to the behaviour of young women (Whitley and Schofield, 1985), probably because men do not have the biological ability to conceive. If relevant programs are intent, however, on inculcating among adolescent males a sense of responsibility about pregnancy prevention, then there is a need to further study their condom use. Moreover, in this era when AIDS is a real threat it is not only the use of condoms for contraception that matters, but also the use of the method for prophylactic purposes. Future studies may also look at the psychological and social effects of premarital
sexual intercourse on adolescents, as they may help gauge the individual's likelihood of engaging in subsequent coital events. One study in the US has tackled this subject, identifying 15 outcomes representing components of respondents' personalities, behaviour and environments (Billy et al., 1988).

The tendency to recruit and interview university-based adolescents is expected to remain a common practice in the conduct of sex research. Universities are a convenient setting for research because management and students are usually receptive to it. Students, it must be realised, may not be representative of the adolescent population in a given society. Thus research should not be restricted to universities alone, but should cover other settings as well: some recent studies in the US, Asia, Latin America and the Caribbean, and Africa, for instance, have surveyed adolescents using household-based sampling frames. Aside from the need to cover research settings other than universities it is also worth noting that in the adolescent population, several subgroups defined on the basis of their age and economic, racial and religious background exist. Data indicate that across those dimensions alone, adolescent sexual lifestyles, values and behaviour could differ.

It is unfortunate that the majority of past studies have not addressed in their published findings the validity and reliability of their data, and the extent to which they considered the ethical issues of informed consent, voluntary participation, and anonymity and confidentiality of data. Research into sexual behaviour, if it is to firmly establish itself as a discipline in the social sciences, has to take these issues seriously. The reputation of sex research in general, and of individual studies rests on firstly, an ability to prove through scientific means that evidence collected is valid and reliable; and secondly, paying due respect to the welfare and dignity of respondents. The ethical issue in particular is of paramount importance because the manner in which young
respondents value and react towards subsequent sex studies will depend on
the extent to which their rights as respondents were respected in previous

The knowledge gaps and needs pointed out in the foregoing paragraphs
were only partly addressed in field research undertaken for this thesis because
of financial and logistical constraints. While the concepts, variables and
interview questions were taken from US studies, these were verified as to their
appropriateness and applicability to the sociocultural milieu of Filipino
adolescents through focused group discussions and pretesting of instruments.
A few modifications were made to these concepts, variables and interview
questions. For example, one additional statement - nothing will be lost to a man
no matter how many times he engages in intercourse - was added on to male sex role
beliefs. Moreover, the reference period used to operationalise most recent
intercourse was changed from last four weeks to last six months.

In the field study, emphasis was also laid upon the collection not only of
quantitative but also of qualitative data, in an attempt to examine both patterns
and contextual meanings of coital behaviour and condom use. The perspective
adopted in gathering data was to collect information that would permit the
construction of a comprehensive picture of Filipino young men's coital
behaviour and condom use. Furthermore, the field study also was designed so
that respondents of contrasting economic classes were involved, and so that it
would cover not only a common setting (universities), but also a relatively
unexplored setting for sex research, slum areas. The reliability of data could
also be examined because the research used both self-completed questionnaire
and face-to-face interview methods. A comparison of responses using these
two methods shows the extent to which self-reports were consistent. Data
validity was addressed by examining whether the patterns observed in the data
set itself were congruent with existing theoretical and empirical evidence on human coital behaviour and condom use. An assessment of the effects on data validity of other factors such as the time and venue of interviews was also made. Finally, the field research strictly adhered to the various ethical standards set out for the conduct of sex research.

From an overview of sexuality studies completed in various countries around the globe, the discussion will now focus on the findings of the survey and group discussions conducted for this thesis. The next four chapters are devoted to discussing the data gathered from these research activities. In Chapter Three, an assessment of the quality of these data is first presented.
Chapter Three

Assessment of the Quality of Data

This problem of the reliability and validity of reported behaviour is not unique to this study. It is a problem which we all face in evaluating the statements made by our friends, the reports published in the newspapers and magazines and all other sources of information... what we do is to try to find some means for determining data reliability and validity.

Kinsey et al. (1948: 66)

The quality of evidence gathered in a research project rests in large part upon the quality and effectiveness of the methods of data collection employed. It is therefore essential that at the planning stage of a project, the ways and means of obtaining quality data should be identified and spelled out, and that during fieldwork they should be carefully observed and monitored.

Kinsey et al. (1948) in their study in the US - despite criticisms levelled against the non-representativeness of their sample - have gained respect and credibility partly because it gave careful thought to its data collection methods and strategies. Bromley and Britten (1938: 38) in their research with 1,300 college students noted that the question will be raised as to the credibility of the answers set down on the instruments by possibly irresponsible young people. Then, at some length, these American researchers discussed several ways by which they
had attempted to allay concern regarding the credibility of their evidence. However, this attempt at addressing data quality pales in comparison with the efforts of Kinsey et al. (1948; 1953). Kinsey et al. painstakingly developed a set of elaborate guidelines and justifications regarding data gathering (for example, on the use of the face-to-face interview method, on recruitment and training of interviewers, and on the ways in which the welfare and dignity of the respondent were to be safeguarded). One particular concern pointed out in their research - which does not seem to have been considered in most sex studies - is the need to reassure respondents that the interviewer is not passing judgment on any type of sexual activity and is not interested in redirecting the respondent's behaviour. This, along with Kinsey et al.'s guidelines on interviewing (for example, maintaining a particular tone of voice and not exhibiting emotional objection to any part of the record) is crucial in establishing a respondent's trust and confidence, and in increasing the likelihood of obtaining an honest account of his/her sexual behaviour. The study of Kinsey and his colleagues, given its numerous insights into, techniques of and experiences in gathering primary sexual behavioural data, is indeed an indispensable reference for any future research on human sexual behaviour.¹

This chapter presents an assessment of the quality of data derived from the focus group discussions (FGDs) and the survey (self-completed questionnaires and personal interviews). It first explains the general conditions experienced during data collection (for example, where the FGDs and the survey were conducted). It then focuses on the specific techniques and strategies utilised in the conduct of the FGDs and the survey; in the process an assessment is offered of how these techniques and strategies could have influenced data quality.

¹Further insights into the data collection techniques and strategies utilised in Kinsey et al.'s research are given in Pomeroy (1972).
Finally, the chapter provides some indication of the validity and reliability of the data collected, specifically those obtained from the self-completed questionnaire and personal interviews.

3.2 General Conditions

Conducting much of the field research in universities not only provided easy and convenient access to a captive audience, but also offered private and quiet interaction with FGD participants and survey respondents. University authorities made available classrooms, conference rooms and seminar rooms for the conduct of the group discussions, the self-completion questionnaire sessions, and then face-to-face interviews. Data collection was virtually undisturbed in the universities. In contrast, the field research in the slum areas was very different: there was no private room for holding the FGDs and personal interviews - except at one site where a vacant public hall was used.

To ensure that the conduct of group discussions and personal interviews among slum dwellers at these venues was disturbed as little as possible, several guidelines were followed. Only venues which were relatively free from high-level noise of motor vehicles or people were considered. The timing of the FGDs and interviews also had to be planned. In public parks in particular, research activities were scheduled on a weekday when there were few people about. The face-to-face interviews held inside the restaurant were also scheduled on a weekday and at certain hours - from 9.30 to 11.00 in the morning, and from 2.30 to 4.00 in the afternoon - when there were no or few patrons present. Despite these measures, some FGDs and personal interviews were interrupted, and on a few occasions the attention of respondents was momentarily diverted from the activity. For example, when two cows - within viewing distance from where a group discussion was being held inside a
parked mini-bus - started to fight, the participants all focused on this particular
scene. Likewise, when a young boy approached an ongoing discussion in a
public park it was necessary to stop talking and ask him to leave. Or when a
group of volleyball players wanted to play along the closed road near to where
a personal interview was being conducted, it was necessary to move farther
down the road to resume the interview. Or when a group of children began to
play nearby at a football ground, it was necessary to transfer to the opposite
side of the ground. These interruptions clearly affected the flow of discussions
and personal interviews and also distracted participants' attention, but each
occurred only once during the relevant activity and occupied only a short
period of time. After an interruption was over, the task was to refocus the
attention of the slum dweller on the activity by picking up on the topic last
discussed.

In spite of these exceptions, group discussions and personal interviews
with slum dwellers generally were held in satisfactory conditions. Slum
dwellers were attentive despite the relative lack of privacy of the venues for the
group discussions and face-to-face interviews. It seemed that the term privacy
could have meant less to slum dwellers because they lived in slum sites that
were overcrowded and in dwelling units quite small and overcrowded even
for a family of four. The venues selected therefore seemed appropriate to the
socioeconomic background and orientation of the slum dwellers. Bringing
them into an office or a classroom could have alienated them, thereby affecting
their responses.

FGDs and interviews among students and slum dwellers were scheduled
during their free time. They were asked to have at least two hours free of any
personal or academic commitments. This arrangement avoided the possibility
of participants dropping out in the middle of a discussion or a personal
interview to see their tutor, attend a meeting, or meet some friends.

Several major differences between students and slum dwellers were observed in the course of data gathering. Students appeared to be more receptive towards the research, and were thus easier to convince to participate. This favourable attitude might be reflective of their academic orientation, where doing research of their own formed an essential part of their academic requirements. However, the willingness of students seemed to depend upon their understanding clearly of the importance of the study, and on their availability as a focus group discussant or a personal interviewee. Obtaining the participation of slum dwellers was always difficult. Even the urgings of their youth leaders to become involved in the research seemed to be ineffective in many instances. One leader, after spending a whole afternoon recruiting only three of the six focus group discussants needed, said: *ang mga kabataan dito ay hindi interesado sa mga research-research na iyan* (young people in this place are not interested in an activity like research). Nevertheless, on the following day he was able to complete the required quota.

The involvement of slum dwellers in the FGDs and in personal interviews was facilitated because of the financial incentive offered to them during recruitment. The need to offer the incentive was advocated by the youth leaders themselves. One particular leader stressed the need to understand that slum dwellers were poor, and had a tendency to associate most things with money. It was in this context that the mention of a financial incentive became a necessity. For one thing, the incentive of A$2.00 was very modest, even when compared with living standards in the Philippines.

Students and slum dwellers differed not only in their attitudes towards the research, but also in the ways they participated in the research. In the focus
group discussions, all students shared their insights and observations; this was not surprising because their training in the Philippines' top universities had prepared them for this type of activity. In contrast, in four of the six FGDs held with slum dwellers, one or two discussants hardly talked despite strenuous attempts to encourage them to do so. Their reticence could have been due to the fact that they were not used to this kind of research activity, or that they might have been shy because they were known to their fellow discussants. While the slum-based discussants were similar in economic status, other factors stemming from the interpersonal relationships among slum residents could have contributed to the reticent behaviour of a number of discussants. It is possible, for instance, that the reticent discussants might have felt that their ideas or opinions were not as good as those of their fellow slum dwellers. The interaction observed among slum dwellers was therefore not at the same level as that among university students.

Because students and slum dwellers differed considerably in their educational backgrounds, the content of their contributions in the FGDs varied greatly. Relative to slum dwellers, students contributed more in terms of clarifying concepts and sexual experiences, providing explanations for certain behaviour and offering suggestions on how to achieve greater research participation from young men. Students' contributions were made in both theoretical and experiential terms, while those of slum dwellers were made basically in experiential terms: what they had experienced or heard from their friends, or to some extent from the mass media. One wondered, however, whether the students' contributions in the FGDs were reflective of their own or other adolescent men's experiences, or whether they articulated theoretical knowledge gained from their university training, which often presents an ideal picture.
In personal interviews, respondents' educational backgrounds appeared to have no effect on their ability to explain their answers: slum dwellers were as able as their student counterparts to articulate the reasons why they agreed or disagreed with a particular scaled statement. However, based on an assessment of each of the 100 personal interviews, two more slum dwellers than students (13 versus six) had difficulty understanding some of the scaled interview items, such as those on sex role beliefs and premarital sexual attitudes. It was therefore necessary in some cases to read the statements two or three times before respondents could indicate their agreement or disagreement. A probable reason is that some respondents were not familiar with the scaled statements, or it could have been that the manner in which some statements were phrased was ambiguous or confusing. It is also likely that respondents wanted to be sure that they understood a statement before giving an answer. Aside from this, no major problem was encountered in conducting personal interviews. Most slum dwellers (37 of 50) and almost all students (44 of 50) had no problem in understanding questions, and almost all from both groups were perceived as being cooperative in answering questions. Furthermore, among the 50 slum dwellers, 31 seemed to have enjoyed the interview while 18 seemed neither to enjoy it nor to dislike it. One slum dweller did not appear to have enjoyed the activity. A similar assessment was made in respect of students, among whom more seemed to have enjoyed the interview than to have neither enjoyed nor disliked it (29 versus 21).

3.3 Specific Techniques and Strategies

With the aim of upgrading the quality of data obtained from the FGDs and the

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2 Each of the 100 personal interviews conducted was evaluated. The evaluation form is the last section of each interview schedule (see appendices).
3 The sample size was 50 slum dwellers and 50 students.
4 In these items, respondents were asked to reply strongly agree, agree, strongly disagree, disagree or to respond no opinion.
survey, a number of techniques and strategies were employed. They had been learned in the course of interviewing experiences in the Philippines covering various topics with various groups of respondents, such as population education with high school students, hybrid coconuts with farmers, working media organisations with mass media practitioners, upland concerns with non-government organisation leaders, and sexual experiences with university students and homosexual men. In studies of sexual experiences, aside from personal interviews, a number of group discussions had also been conducted with students and homosexual men. Further knowledge had also been gained from a qualitative data analysis course taken at the Australian National University, and from the wealth of published experiences and insights offered by researchers who had studied human sexual behaviour in other parts of the world. Findings gathered from the series of FGDs held prior to the survey also provided a rich source of practical knowledge on, for example, how to encourage adolescent men to participate in the research.

The various data collection strategies and techniques employed in the field research were standardised and strictly observed because one person undertook almost all tasks associated with the data gathering. In a situation where many fieldworkers are conducting discussions and interviews there is likely to be variation in the ways in which strategies and techniques are implemented. The differing personal and professional characteristics of the fieldworkers including mood, idiosyncracies and perspectives are also likely to affect research findings (Nachmias and Nachmias, 1981; Chadwick et al., 1984). The field research was also helped by carefully-designed instrumentation. The construction and development of variable definitions, questions and scaled statements was based upon the instruments, evidence and experiences of past studies on sexual behaviour, and upon findings obtained from group discussions and pretesting of instruments. Variables such as *dating* and *sexual*
intercourse were defined in clear and accurate terms according to the purposes and aims of the survey. For example, dating was defined as an activity where a male and female without blood relations go out all alone to exclude double or group dating and other dating patterns because dyadic dating was of interest. Having settled on these definitions, participants in the FGDs, questionnaire respondents and personal interviewees were informed of them.\(^5\)

Questions were also constructed to be concise and straightforward. Double-barrelled and leading questions were avoided, and clarity was aspired to in every question. For example, in questions pertaining to prevention used at first intercourse, two questions were asked - one which queried measures taken against pregnancy, and the other on measures taken against sexually transmitted diseases. Asking only one question on use of prevention without taking into account the purposes for which measures were used - against pregnancy or STDs - could have introduced ambiguity into the data. Topics discussed in face-to-face interviews were arranged so that less sensitive and more general questions (religiosity, sex role beliefs, premarital sexual attitudes) preceded the more sensitive and personal ones (dating and sexual behaviour). The series of scaled statements were asked in both a positive and a negative fashion to avoid response set.\(^6\) Other steps undertaken to ensure the quality of the data are discussed in the following paragraphs.

3.3.1 Focus group discussions

At the beginning of each discussion, several points were stressed. First, participants were informed of the subject matter that would be covered, and

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\(^5\)Unfortunately only the terms dating and sexual intercourse were defined in the self-completed questionnaire interviews. The definitions of dating or coital partners (for example, steady girlfriend and friend) were not included.

\(^6\)A response set is the tendency to answer all questions in a specific direction regardless of the questions' content (Bailey, 1978). This may be a problem when a series of statements is presented together with the same response format.
then the importance of the study, particularly its relevance to the Philippines' current and future population and AIDS problems, was emphasised. The need to determine whether unmarried Filipino adolescent males are indeed engaged in sexual intercourse was stressed. Discussants were then told that the proceedings were to be recorded, but that they would be kept strictly confidential. Discussants were discouraged from referring to each other by name. They were told that no special knowledge was required to participate. All of these strategies were meant to establish initial rapport and assure discussants that their participation would not expose them to any risk.

Maintaining the flow of the discussion and interaction among discussants was difficult, particularly among the slum dwellers, since some said very little. The only option left was to sustain the interaction among active participants and obtain as much data as possible, while referring to reticent participants once in a while in an effort to encourage them to talk. Statements made by some discussants (students or slum dwellers) were passed on to others to see if they also perceived, believed or observed the same. This technique was intended to verify specific areas of collective agreement and disagreement.

3.3.2 Survey: self-completion questionnaires and personal interviews

Once again, face-to-face interviewing was the primary method of data collection employed in the survey. The self-completed questionnaire\(^7\) - administered only among the university students - was utilised for two purposes: as a means of screening potential respondents for the personal interviews, and to obtain data on sexual behaviour that could be compared with data gathered from face-to-face interviews. Contrary to popular belief, the verbal self-reports of respondents on their dating and sexual experiences

\(^7\)The self-completed questionnaires also yielded some data on dating and coital behaviour from 308 students. These data are presented in Chapter Four.
could be checked and verified in the course of the personal interview. Kinsey et al. (1948: 64) noted that the effectiveness of an interview largely depends on the ability and experience of the interviewer and the quality of his or her interviewing. Indeed the interviewer's role should be active rather than passive. It is, however, only in the context of face-to-face interviewing that the investigator can ask a respondent to clarify and explain his answers. In a self-completed questionnaire survey, it is virtually impossible to ask a follow-up question on what a respondent means by, for example, a girlfriend or a friend. It is primarily because of the absence of direct interaction in such surveys that the strategies and techniques to be discussed in subsequent paragraphs are mostly those used in personal interviews.

At the beginning of the self-completed questionnaire survey in each class and prior to each face-to-face interview, a number of points were mentioned intended to impress on respondents the need to gather a true picture of the extent and nature of adolescent men's sexual experiences in Metro Manila. Respondents were first informed of the importance of the study, particularly its pertinence to the population and AIDS programs in the country. The need for truthful and honest responses was also emphasised in the context of the strict confidentiality of information provided. Respondents were also told that apart from them, other adolescents were also being interviewed.

The following strategies and techniques were adopted. Answers first given by respondents were not accepted at face value. They were probed, explanations were asked for and summaries of answers were dictated back to respondents for verification. When there was a disparity between the initial and final answer, the respondent was asked which one represented his own experience or belief, and that answer was recorded on the interview schedule. In some cases, first answers were largely unclear. For example, one
respondent, when asked what religious activities he engaged in every week, replied that he went to church. An attempt to summarise what had been said by suggesting that you mentioned that you go to church every week (with emphasis on every week) in relation to your religion brought a correction: he used to do that a year ago. Another example concerned a report on first coital partner. An interviewee reported that he had had his first intercourse with a steady girlfriend. On further clarifying his relationship with his first sexual partner it transpired that the female was only a friend at the first coitus, and later became his steady girlfriend. These examples indicate that first answers may not necessarily be accurate, and it is the interviewer’s job to probe effectively.

With close-ended questions such as the scaled attitudinal or belief items, respondents were asked to explain why they agreed or disagreed with a statement. Again, there were a few instances when the original answer was incongruent with the explanation. In such cases, respondents were asked which answer more closely approximated their attitude or belief, and the selected answer was recorded. The technique of seeking an explanation from respondents as to why they agreed or disagreed with an attitudinal or belief statement was vital in establishing the validity of answers.

Self-reports on sexual behaviour were dealt with in much the same way as answers to attitudinal or belief items. Answers were probed and respondents were asked to explain. In the course of asking a respondent about his sexual experiences, one fact was tied up with other previously reported ones as the interview progressed, and mentally the sexual history or script of the individual was drawn. Having obtained an overall picture of a respondent’s sexual experiences, an effort was made to identify the gaps in his history. The whole strategy entailed relating the experience at first date or coitus to recent and then lifetime experiences. It was effective in enabling a check on whether
one fact was more or less consistent with others. For instance, one respondent reported three lifetime coital partners, but in a previous answer and explanation regarding his first coital experience, he indicated that it had been his only one. Without relating these two responses, the accuracy of both would have been doubtful.

In dealing with verbal reports on sexual experiences, it is thus important that the interviewer takes each reported behaviour not on a piecemeal basis, but as a reported fact that is interrelated with other reported facts. Cognisance was also taken of the reality that there were self-reports, the accuracy of which could not be verified, because they were inherently subject to recall errors. For example, asking respondents the number of lifetime coital partners they had had appeared to yield inaccurate answers because not all adolescents counted the number of partners they had ever had coitus with, while a few others had lost count because they said there had been too many. The data on lifetime coital partners consequently need to be taken more as estimates than as exact figures. With other questions, such as those which sought self-reports on dating or coital experiences, both on debut and more recently, respondents seemed, not unexpectedly, to have recalled their answers with some degree of accuracy. First dating or coital experience probably tended to be easily remembered because it constituted a significant event for many adolescents. ‘Current’ dating or coital experiences were relatively recent, having occurred in the last four weeks or in the last six months respectively.

One reality faced in conducting the face-to-face interviews was that respondents, because of their differing upbringings and personalities and probably also because the topic was premarital sex, could not all be expected to be vocal and articulate. Some respondents talked less by just giving direct answers to questions posed. When asked for explanations, these reticent
respondents gave very terse answers. Despite continued efforts at encouraging them to share more of their experiences, beliefs and knowledge, they were reserved throughout the interviews. In such situations, the interviewer had little control. The overwhelming majority of personal interviewees, however, tended to talk more. A number of them even volunteered explanations without being asked. It was from these respondents that more in-depth data were obtained.

3.4 Data Validity

While several techniques and strategies were used to enhance the quality of responses, there was really no way of knowing whether responses given in questionnaire and face-to-face interviews were true or not. Assessing the validity or truthfulness of a response is not easy (Carmines and Zeller, 1979; Reaves, 1992) because there is no direct technique that can be employed to verify it (Singleton et al., 1993). Thus when a respondent reports, for example, that he had his first coitus at the age of 17, it is difficult to ascertain whether or not this was a valid response. Most studies have given some indication of the quality of their data by discussing refusal rates, response rates and consistency of responses (Siedlecky, 1979; Nichols et al., 1986; Herold et al., 1988; 1992; Useche et al., 1990; Kane et al., 1993), but validity is difficult to establish from these considerations.

Validity may, however, be assessed by examining the data at the aggregate level to determine whether or not they are congruent with existing theoretical and empirical evidence on human sexual behaviour. For example, the first coital partners of students interviewed face-to-face in the the survey tended to be paid females, while among slum dwellers they tended to be girlfriends. The validity of this finding may be evaluated by comparing it with findings of
other studies, or even assessed within a general framework of adolescent sexuality. Or in the case of the finding that the majority of respondents with coital experience had not used condoms against pregnancy and/or STDs, validity could be verified by examining the result within the framework of preventive-health behaviour among adolescents. In instances when research results contradict existing evidence, there is a need to offer plausible explanations for the contrasting results. The lack of theoretical and empirical support for contradictory data need not be indicative of the falsity of those data, as differences in findings may be affected by differences in research settings and methodologies.

It is in the context of the foregoing arguments that the survey data, particularly those pertaining to coital and preventive behaviour, may be regarded as valid because results they produce are congruent with many theoretical and empirical arguments. It is not ruled out altogether that there could have been untruthful responses in the data, especially data obtained from self-completed questionnaires where there was no chance to probe respondents' reports. However, it is difficult to determine the extent to which dishonest responses were given, much less the questions on which untruthful answers were reported.

3.5 Data Reliability

Reliability, which refers to consistency or stability of the measurement of a variable (Chadwick et al., 1984), is relatively simple to assess (Singleton et al., 1993). Reaves (1992) offers a commonsense meaning of the word: something is reliable if you can count on it happening again under the same circumstances. A number of direct methods can be employed to examine reliability. Two of these methods were used here: test-retest and internal consistency techniques.
The test-retest procedure involves interviewing the same respondents on two separate occasions. The internal consistency technique examines the relationships among all items in a series of scaled statements on a given theme, with the assumption that every statement is equivalent to every other item in the series (Singleton et al., 1993).

3.5.1 Test-retest

The test-retest method was only undertaken with the 50 students who answered a number of questions in the self-completed questionnaires (test) which were later repeated in the face-to-face interviews (retest). Responses given on the questionnaires and in face-to-face interviews were compared. It is generally thought that respondents' reports are more conservative in face-to-face interviews. Those with intercourse experience responded to eight questions pertaining to their coital experiences; students who were coitally inexperienced but had dated, replied to six questions on dating.

Results from the comparative analysis show that 35 of 50 students gave at least one discrepant answer: 18 who had only dated and 17 with coital experience (Table 3.1). Among students who were coitally inexperienced, half had discrepant answers on only one of the six questions compared. Almost all (16) of the respondents with intercourse experience had discrepant answers on two or more questions. Although discrepancies were present in responses to most questions, the bulk of them were found on six questions - three each on dating and sexual intercourse. Discrepant answers regarding dating behaviour were most common for questions on specific precoital acts, frequency of dating, and partner types in the last four weeks. For each of these questions, roughly half of the 18 students who were inconsistent gave discrepant answers. The sexual intercourse questions pertained to types of lifetime coital partner,

---

8Only six questions were identical across self-completed questionnaire and face-to-face interviews.
Table 3.1 Comparative results from responses given by students in self-completed questionnaires and in personal interviews

<table>
<thead>
<tr>
<th>Results</th>
<th>Coitally inexperienced (n=25)</th>
<th>Coitally experienced (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of questions for which responses were compared</td>
<td>6 age at first date first dating partner no. of dating events in last four weeks no. of females dated in last four weeks types of female dated in last four weeks specific precoital acts experienced</td>
<td>6 age at first intercourse first coital partner no. of coital events in last six months no. of coital partners in last six months types of coital partner in last six months types of lifetime coital partner</td>
</tr>
<tr>
<td>Number of respondents with discrepant answers</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>Respondents and the number of questions where they gave discrepant answers</td>
<td>(n=18) 9 respondents on one question 2 respondents on two questions 5 on three 2 on four</td>
<td>(n=17) 1 respondent on one question 6 respondents on two questions 2 on three 4 on four 3 on five 1 on six</td>
</tr>
<tr>
<td>Respondents and the questions where they gave discrepant answersa</td>
<td>(n=18) specific precoital acts experienced (9) types of female dated in last four weeks (7) no. of dating events in last four weeks (7) first dating partner (5) no. of females dated in last four weeks (4) age at first date (4)</td>
<td>(n=17) types of lifetime coital partner (11) no. of coital events in last six months (11) types of coital partner in last six months (8) first coital partner (6) no. of coital partners in last six months (5) age at first intercourse (3)</td>
</tr>
</tbody>
</table>

a. The number at the end of each item refers to the number of respondents who gave conflicting answers on self-completed questionnaire and in personal interviews.
frequency of intercourse, and types of partner in the last six months. More than half of the 17 students giving inconsistent responses gave such responses to questions pertaining to lifetime coital partners and frequency of intercourse, while about half of them gave discrepant answers to the question on partner types.

A closer examination of the actual numeric responses given on self-completed questionnaires and in personal interviews reveals that discrepancies in the data generally were not extensive. Table 3.2 provides an overview of the differences between questionnaire and personal interview responses. The range of dissimilarity was mostly small. Of the 34 pairs of answers, 20 had a range of one (±), which suggests that these pairs were not highly discrepant from each other. Moreover, reports on specific precoital acts given on the questionnaires and in personal interviews were also not extensively discrepant. Of nine students with discrepant answers on this question, eight had failed to report, either on their questionnaires or in face-to-face interviews, only one precoital act.

Discrepancies in answers to questions which asked respondents to categorise the types of dating or coital partner they had had could be attributed to the lack of common understanding between the investigator and respondents of terms used to define partner types. This was particularly true in self-completed questionnaire interviews where the definitions of a girlfriend and a friend were not given. Similarly, dissimilar responses to items which required the reporting of figures (for example, number of lifetime coital partners, dating and coital frequency) were to be expected. Poor memory recall, too many dating or coital events and lack of interest in recalling previous experiences are a few of the underlying reasons for the over- or under-reporting of numerical responses. The possibility that some respondents could
Table 3.2 Dissimilarities between questionnaire and personal interview responses

<table>
<thead>
<tr>
<th>Questions/variables</th>
<th>Questionnaire responses</th>
<th>Personal interview responses</th>
<th>Dissimilarity$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at first date (4)$^b$</td>
<td>15</td>
<td>16</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>17</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>17</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>16</td>
<td>+1</td>
</tr>
<tr>
<td>Number of dating events in last four weeks (7)</td>
<td>3</td>
<td>2</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>9</td>
<td>-4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>0</td>
<td>+5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8</td>
<td>-6</td>
</tr>
<tr>
<td>Number of females dated in last four weeks (4)</td>
<td>2</td>
<td>1</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>0</td>
<td>+2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6</td>
<td>-3</td>
</tr>
<tr>
<td>Age at first intercourse (3)</td>
<td>16</td>
<td>17</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>14</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>19</td>
<td>-3</td>
</tr>
<tr>
<td>Number of coital events in last six months (11)</td>
<td>1</td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>7</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>4</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1</td>
<td>+2</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>7</td>
<td>-5</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>3</td>
<td>+2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1</td>
<td>+3</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>7</td>
<td>-5</td>
</tr>
<tr>
<td>Number of coital partners in last six months (5)</td>
<td>1</td>
<td>2</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
<td>-1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>-2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>1</td>
<td>+2</td>
</tr>
<tr>
<td>Number of specific precoital acts not reported (9)</td>
<td>One act 3</td>
<td>5</td>
<td>Two acts 1</td>
</tr>
</tbody>
</table>

$^a$ The higher the range, the bigger the discrepancy between two responses; a positive range indicates an overreporting while a negative, underreporting. $^b$ The number at the end of each question/variable refers to the number of respondents with discrepant answers on that item.
have remembered the answers they gave in the questionnaires and given the same answers in face-to-face interviews could not be ruled out. Nachmias and Nachmias (1981), and Singleton et al. (1993) mention this particular concern of the test-retest reliability method and add that it can inflate reliability estimates. The results from the test-retest method can also be affected when respondents mature during the interval between the two tests (Nachmias and Nachmias, 1981; Singleton et al., 1993). However, in the present survey this was not a problem, since the interval between the self-completed questionnaire and face-to-face interview was only a matter of hours or a day.

3.5.2 Internal consistency

Several series of scaled statements were employed in measuring such variables as sex role beliefs, premarital sexual attitudes and preventive-health behaviour (Tables 3.3 and 3.4). Each statement in a series, for example on sex role, had five response options: strongly agree, agree, no opinion, disagree and strongly disagree. Each answer was assigned a corresponding score: one for strongly agree, two for agree, three for no opinion, four for disagree and five for strongly disagree. The scoring system varies according to whether the statement is positively or negatively stated. Thus, respondents who strongly agreed were given a score of one and those who strongly disagreed, a score of five. The scores of respondents were added in constructing an index; thus the scores obtained by respondents in the series of statements on sex role were summed to form an index of sex role identification. The scaled statements were used in the face-to-face interviews with 100 respondents (50 students and 50 slum dwellers).

In examining the internal consistency of responses to scaled statements for a given series, the Reliability Test, a software program of the SPSS, was used. The test measures the extent to which responses to all statements are
Table 3.3 Statements utilised in measuring sex role identification and sexual attitudes

<table>
<thead>
<tr>
<th>Variables and statementsa</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex role</strong></td>
<td></td>
</tr>
<tr>
<td>1. Young men should not engage in sexual intercourse while they're single.</td>
<td></td>
</tr>
<tr>
<td>2. A man is not a real man unless he experiences having intercourse with a woman.</td>
<td></td>
</tr>
<tr>
<td>3. Nothing will be lost to a man no matter how many times he engages in intercourse.</td>
<td></td>
</tr>
<tr>
<td>4. Most women do not expect men to have experience of sexual intercourse.*</td>
<td></td>
</tr>
<tr>
<td>5. A man lacks something if he has not had intercourse with a woman.</td>
<td></td>
</tr>
<tr>
<td>6. A young man should engage in intercourse at every opportunity.</td>
<td></td>
</tr>
<tr>
<td>7. It is okay for a man to remain without a coital experience until he gets married.</td>
<td></td>
</tr>
<tr>
<td>8. A man should know about sex.*</td>
<td></td>
</tr>
<tr>
<td>9. A man loses something once he has sexual intercourse with a woman.*</td>
<td></td>
</tr>
<tr>
<td>10. Having intercourse with a woman is one of the many ways of proving your manhood.</td>
<td></td>
</tr>
<tr>
<td>11. A young man must experience intercourse before he gets married.</td>
<td></td>
</tr>
<tr>
<td>12. A man should not easily engage in intercourse with every willing woman who comes his way.*</td>
<td></td>
</tr>
</tbody>
</table>

| **Premarital sexual attitudes** |  |
| 1. It is bad to have intercourse with a woman if you are not married. |  |
| 2. Every young man is free to have as many intercourse events as he desires. |  |
| 3. Sexual intercourse should only happen between steady partners. |  |
| 4. Young men should limit the number of sexual intercourse acts they engage in.* |  |
| 5. It is okay to have intercourse with a woman whom you do not love. |  |
| 6. It is important among young men these days to have intercourse experience. |  |
| 7. It is a sin against God to engage in intercourse outside marriage.* |  |
| 8. Sex is important to me.* |  |

a. Response options for both variables were strongly agree, agree, no opinion, disagree and strongly disagree. Statements with asterisk (*) were excluded from the analysis based on results from the Reliability Test.
Table 3.4 Statements utilised in measuring preventive-health behaviour

<table>
<thead>
<tr>
<th>Statements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sexual intercourse does happen even if you don't plan it.*</td>
<td></td>
</tr>
<tr>
<td>2. I really don't care if my partner gets pregnant.</td>
<td></td>
</tr>
<tr>
<td>3. If I get a disease from having sexual intercourse, there is no one else to blame but myself.*</td>
<td></td>
</tr>
<tr>
<td>4. In most of my coital episodes, I withdraw my penis from the vagina before I reach orgasm.</td>
<td></td>
</tr>
<tr>
<td>5. Most of the women I have had sexual intercourse with used the pill.</td>
<td></td>
</tr>
<tr>
<td>6. I am worried that my partner might get pregnant.</td>
<td></td>
</tr>
<tr>
<td>7. Most young men these days don't think that they may contract a disease from having intercourse.*</td>
<td></td>
</tr>
<tr>
<td>8. It is not my responsibility if my partner gets pregnant.</td>
<td></td>
</tr>
<tr>
<td>9. If a man withdraws his penis from the vagina before he reaches orgasm, no pregnancy will occur.*</td>
<td></td>
</tr>
<tr>
<td>10. Opportunities to engage in intercourse just come even if you don't expect them.*</td>
<td></td>
</tr>
<tr>
<td>11. It is impossible for a woman to get pregnant at first intercourse.*</td>
<td></td>
</tr>
<tr>
<td>12. I don't think much about the negative consequences of my coital activity; what is important is the pleasure I get from intercourse.</td>
<td></td>
</tr>
</tbody>
</table>

a. Response options for all variables were true, somewhat true, not true and no opinion. Statements with asterisk (*) were excluded from the analysis based on results from the Reliability Test.
homogeneous or internally consistent. In the Reliability Test, a summary measure called Cronbach’s Alpha, which is based on the number of items in a series and on the level of inter-item correlations, is computed. The test also calculates a numeric value for each item relative to the total correlation of all items in a series. The higher the summary measure, the more homogeneous the series items, and also the stronger the correlations among and between the items. The higher the value of an item, the more stable its measurement of the variable is. Results from the test provided an idea of which statements were to be used in a final index.

A short note must be written about the general findings obtained from the Reliability Test. Results tended to indicate that the scaled statements intended to measure variables such as sex role beliefs, sexual attitudes and preventive-health behaviour were homogeneous and internally consistent. The number of statements in a particular series dropped and excluded from the final index because their individual values in the Reliability Test were low: equal to or fewer than the number retained (Tables 3.3 and 3.4). For example, of the 12 statements utilised in measuring sex role beliefs, four were excluded, and of the eight statements regarding sexual attitudes, three were dispensed with. Moreover, of the 12 statements on preventive-health behaviour, six were dropped and six were retained. On this evidence, it could be said that many statements utilised in measuring relevant variables in the face-to-face interviews were reliable, but a fair few statements were not. (For further details about the results from the Reliability Test, see Chapters Five and Six).

3.6 Summary and Discussion

The general conditions experienced during the conduct of FGDs and personal
interviews varied to some extent from students to slum dwellers. This variation was primarily due to the inherent differences in the study settings (universities versus slum sites) and in the levels of education of the respondent groups. Extra effort was expended in the slum areas, particularly with regard to the selection of fieldwork venues and the timing of the research activities. The consideration of these factors certainly improved the conditions under which data collection among the slum dwellers was undertaken. The difference between students and slum dwellers in the extent and degree of their participation in the research was difficult to reconcile because of their differing socioeconomic and educational backgrounds, but there was no basis for concluding that the data obtained from students were of higher quality than those obtained from slum dwellers. Certainly students were more active in giving answers in group discussions and had less difficulty understanding some of the scaled interview items in personal interviews, largely because their education and training suited them better to the requirements of the research activity. However, both groups were able to provide the basic data required for the research. Rather than regarding the student data as of higher quality than those obtained from slum dwellers, it is more appropriate to assess and understand both data sets in their own respective contexts; that is, where they were gathered, who reported them and under what conditions they were collected.

The strategies and techniques utilised in the conduct of the FGDs and the survey were useful in upgrading the quality of the data. The researcher has a central and crucial role in ensuring the quality of evidence gathered. It requires him/her in the planning stage of the research to foresee potential problems and difficulties that may hamper data collection, and to take into account possible solutions. In the gathering of data - in either group discussions or personal interviews - the researcher's role is even more
important. Not only does he/she need to be conversant with the research topic and the instruments, but he/she needs to be able to persuade individuals to talk about their sexual experiences, and examine and verify the accuracy and consistency of their self-reports.

The quality of data is nowhere more apparent than in the results obtained from assessment of the reliability of self-reports. Findings from the assessment indicate that to a large degree, the data collected using the questionnaire and personal interviews are reliable. They are reliable because dissimilarities between questionnaire and face-to-face interview responses were not extensive, and also because the data were internally consistent or homogeneous. As to the data being valid or truthful, there is no direct and objective manner in which this can be verified. However, an examination of the aggregate data tends to indicate that they are, to a certain degree, truthful because they are congruent with existing theoretical arguments and empirical knowledge. On these bases, it is possible to have some confidence that the survey data are of good quality, and therefore can be trusted. In the next three chapters, these data are discussed.
Chapter Four

Dating and Coital Experiences
Among University Students: Questionnaire Survey Findings

The purpose of dating is to know each other better so it does not necessarily mean that it will involve intercourse. As human beings, we want to associate with others. It is therefore natural to date, or to befriend a woman.1

A coitally inexperienced respondent

This chapter discusses the data extracted from the self-completed screening forms and questionnaires administered to 308 university students.2 This data set provides a general picture of dating and sexual behaviour among the student respondents covered. No corresponding data were gathered from slum dwellers because there was no appropriate venue in slum areas at which to administer a self-completion questionnaire survey. Prior to discussing the findings, the chapter first presents an overview of the paid and unpaid sexual opportunities in Metro Manila using information from newspaper articles, relevant studies, and focus group discussions undertaken for this thesis.

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1 This quote and subsequent quotes were translated from Tagalog or Taglish, a combination of Tagalog and English. Some responses were in English, and are quoted verbatim.
2 The 308 students were the base population from which 50 students who met the criteria for face-to-face interview were randomly selected.
4.2 Sexual Opportunities in the Metropolis

The city of Manila was referred to in the Western media as *Asia's sex capital* until it lost this title to Bangkok, capital of Thailand, now more famous for its *girlie bars* and cheap sex. Manila's red light district and tourist belt - Ermita - was, however, known for its bar girls, a-go-go dancers, masseuses and cabaret taxi dancers until the city government, headed by Mayor Alfredo Lim, closed it down in 1992. Manila was not the only city with a red light district. In the adjoining cities of Caloocan, Makati, Pasay, Pasig and Quezon, opportunities for commercial sexual intercourse already existed, but Manila, being the major tourist district in the metropolis, was the centre for lewd shows and attractive sex workers. With Ermita's closure, the sex industry establishments and workers have transferred their locations to adjoining cities. A. Robles (1994: 1) comments that

> Metro Manila's sex industry is proving to be like mercury. Smashed with a heavy hand, it hasn't flattened. Instead like quicksilver, it has shot off in all directions.

While Manila's city mayor succeeded in closing down Ermita, the mayors of Caloocan, Makati, Pasay, Pasig and Quezon appear to have no intention of doing the same to their red light districts. Metro Manila's sex industry is therefore alive and well, but is now operating outside the city of Manila itself.

The sources of paid partners in the metropolis are many. Longid (1994:1) notes that *even some children barely out of primary school know where to go and how much it costs to have intercourse with paid partners*. There are the obvious places: sauna and massage parlours, strip joints, nightclubs, karaoke bars, discotheques, beerhouses and brothels. Beyond these established sources of sexual partners, there are many more: in the streets, in the park (J. Robles,
1994), in cheap boutiques and beauty parlours, old houses, apartments, female dormitories, universities, restaurants and sleazy hotels (de Peralta, 1994a). There is also the phenomenon of akyat barko (literally climbing ship) whereby women board ships at ports-of-call to meet sailors' sexual desires (Ofreneo and Ofreneo, 1993; de Peralta, 1994b). The cost of sexual intercourse with a paid female varies, generally depending on the type, class and location of the source. However, the wide range of coital opportunities in the metropolis means that the needs of clients of varying economic means can always be met. For low-income men, for instance, sauna baths in Cubao, a commercial district in Quezon City, offer sex for as little as $5.00 (de Peralta, 1994a: 8).

The number of females working in the sex industry in Metro Manila is difficult to estimate because not all are registered with the Department of Health. There is also an inherent difficulty in defining the term sex industry workers. Nevertheless, figures have been cited. For example, the Venereal Disease Control Section of the Health Department reported that in 1976, 9,713 female sex industry workers were working in clubs, cocktail lounges, bars, beerhouses and massage parlours. In the 1980s, the Bureau of Women and Minors reported the number to be around 100,000 (Ofreneo and Ofreneo, 1993: 15). Most sex industry workers work under pimps but some, especially those who solicit clients in the streets, work alone or in groups of two or three (J. Robles, 1994). Although more attention is given to foreigners who patronise sex workers, it is believed that clients are primarily Filipinos (Longid, 1994).

Because of the visibility of sex industry establishments and workers in the metropolis, many residents are aware of them. Findings from the group discussions undertaken for this thesis involving unmarried adolescent males aged 18 and 19 bear this out. Participants - university students and slum

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3Sex industry workers are required by law to register with the Department, primarily for health reasons.
dwellers, with and without coital experience - were aware of and knowledgeable about paid as well as unpaid sexual opportunities in Metro Manila. They knew, for example, that beerhouses, streets, massage parlours, brothels, bars and discotheques were sources of sexual partners. Many discussants accurately named specific locations of these sources. They also knew that some female students who were in need of money for living allowances and tuition fees were available for sex. In general, finding paid sexual partners in Metro Manila was perceived to be easy. Although the price paid for sexual services depends on the sexual acts required from a sex worker and the place where she will be taken (for instance, to a hotel or just within the premises of a brothel or club), there are other factors to consider as well.

According to discussants, if one were a regular client of a particular sex worker, he might be charged a lower price at subsequent contacts. Or if a sex worker were attracted to an adolescent client, particularly if he is tisoy\(^4\) or handsome, she might charge a lower rate or even agree not to be paid.

Discussants also mentioned unpaid sexual opportunities for adolescents of their age. These included opportunities with girlfriends,\(^5\) with friends and with strangers met at parties, discotheques, bars, shopping malls, university campuses, public parks, streets and cinemas. As discussants pointed out, physical contact with girlfriends and friends may not necessarily involve or lead to sexual intercourse; however, with strangers and acquaintances, coitus more often than not happens at the initial meeting. The range of unpaid sexual opportunities mentioned tends to suggest that in the metropolis they were as easily available as paid opportunities. While this may be so, there was no

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\(^4\)A variant of the term mestizo meaning half-breed of mixed Filipino and Caucasian race.

\(^5\)In the discussions, these were defined as follows: a girlfriend refers to someone with whom respondents had a romantic involvement; no mutual and explicit romantic relationship was presumed in the case of respondents' female friends. Unfortunately, this distinction was not included in the self-completed questionnaire. However in some classes where a question on the difference between them was raised, the distinction was clarified.
consensus that unmarried males aged 18 and 19 residing in Metro Manila typically had coital experience. Some perceived that many were coitally experienced; others believed otherwise. Agreement was, however, clear on one matter: that many young men at these ages had had dating and/or precoital experiences with the opposite sex.

4.3 Dating and Coital Experiences Among 308 Students: An Overview

The data from the self-completed screening forms and questionnaires were analysed using frequency and percentage distributions, and bivariate crosstabulations. Findings discussed in Section 4.3.1 were derived from the screening forms; those discussed in other sections were derived from the questionnaires.

4.3.1 Age, marital and residence status, and sexual exposure

The majority (54 per cent) of the 308 questionnaire survey respondents were aged 18 or 19 years old at their last birthday when interviewed. This is an expected result because the survey was designed to cover classes at the second and third year levels, where 18- and 19-year-olds were likely to be found. A little more than a third (36 per cent) of respondents were aged 20 and older. Almost all were single, and eight out of every 10 had resided in Metro Manila for the year preceding the survey.

Of the 308 respondents, 43 per cent had had sexual intercourse (defined as an act involving penile-vaginal penetration), and about an equal percentage (44) had never had intercourse but had dated (that is, had gone out with a female all alone with her). Only a small proportion of students had neither had coitus nor dated (Table 4.1). Respondents with intercourse experience (n=131) completed a coital questionnaire, and those without intercourse but with dating
Table 4.1 Age, marital and residence status, and extent of sexual exposure: questionnaire survey respondents (n=308)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age at interview</strong>^a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>31</td>
<td>10.1</td>
</tr>
<tr>
<td>18</td>
<td>73</td>
<td>23.7</td>
</tr>
<tr>
<td>19</td>
<td>94</td>
<td>30.5</td>
</tr>
<tr>
<td>20</td>
<td>66</td>
<td>21.4</td>
</tr>
<tr>
<td>Over 20</td>
<td>44</td>
<td>14.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>308</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>305</td>
<td>99.0</td>
</tr>
<tr>
<td>Others</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>308</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Residence status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident</td>
<td>260</td>
<td>84.4</td>
</tr>
<tr>
<td>Non-resident</td>
<td>48</td>
<td>15.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>308</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Extent of sexual exposure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had dated only</td>
<td>134</td>
<td>43.5</td>
</tr>
<tr>
<td>Had ever had coitus</td>
<td>131</td>
<td>42.5</td>
</tr>
<tr>
<td>Had neither dated nor had coitus</td>
<td>43</td>
<td>14.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>308</td>
<td>100.0</td>
</tr>
</tbody>
</table>

^a. Uppermost limit was 25.
experience (n=134) completed a dating questionnaire. Respondents with neither intercourse nor dating experience were not given any questionnaire. The answers given in these questionnaires were analysed and the findings are discussed below.

4.3.2 Dating experience

Various aspects of the dating behaviour of 134 coitally inexperienced students are shown in Table 4.2. Although 27 per cent of students had first dated when they were 16 years old, there was considerable spread of ages at first date. While about 20 per cent had first dated before turning 15, an equal percentage had first dated only at the age of 18. Others had first dated when they were 15 (13 per cent) and 17 years old (13 per cent). A little more than two-thirds of respondents reported that they first dated with a friend, and about one-fourth with a girlfriend.

In the four weeks prior to interview, seven of every 10 respondents (72 per cent) had dated. Of these seven, about five had dated on one or two occasions, while the rest had dated three or more times in the last four weeks. Most who had dated during this period had done so with only one female, either with a friend or with a girlfriend (Table 4.3).

The specific sexual acts experienced by adolescents with the opposite sex are thought to be progressive, from less to more physically intimate interaction, culminating with intercourse (Katchadourian, 1989). How far an adolescent has moved along this progression is regarded in this thesis as a measure of the extensiveness of his sexual experience. The precoital acts experienced by respondents were first grouped into four categories: not extensive (holding hands, cheek kissing and hugging); somewhat extensive (lip kissing),
Table 4.2 Aspects of first dating experience among coitally inexperienced questionnaire survey respondents (n=134)

<table>
<thead>
<tr>
<th>First dating experience</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age at first date</strong>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15</td>
<td>26</td>
<td>19.4</td>
</tr>
<tr>
<td>15</td>
<td>17</td>
<td>12.7</td>
</tr>
<tr>
<td>16</td>
<td>36</td>
<td>26.9</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>13.4</td>
</tr>
<tr>
<td>18</td>
<td>26</td>
<td>19.4</td>
</tr>
<tr>
<td>Over 18</td>
<td>8</td>
<td>6.0</td>
</tr>
<tr>
<td>Unreported</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First dating partner</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly-met</td>
<td>12</td>
<td>8.9</td>
</tr>
<tr>
<td>Girlfriend</td>
<td>32</td>
<td>23.9</td>
</tr>
<tr>
<td>Friend</td>
<td>87</td>
<td>65.0</td>
</tr>
<tr>
<td>Unreported</td>
<td>3</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.3 Aspects of dating activity in the four weeks prior to the interview among coitally inexperienced questionnaire survey respondents (n=134)

<table>
<thead>
<tr>
<th>Dating activity</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of dating events</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>38</td>
<td>28.3</td>
</tr>
<tr>
<td>One</td>
<td>38</td>
<td>28.3</td>
</tr>
<tr>
<td>Two</td>
<td>25</td>
<td>18.7</td>
</tr>
<tr>
<td>Three</td>
<td>8</td>
<td>6.0</td>
</tr>
<tr>
<td>Four</td>
<td>9</td>
<td>6.7</td>
</tr>
<tr>
<td>Above four</td>
<td>14</td>
<td>10.5</td>
</tr>
<tr>
<td>Unreported</td>
<td>2</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>134</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| **Number of females dated** |        |          |
| One                      | 71     | 74.0     |
| Two                      | 11     | 11.5     |
| Three                    | 3      | 3.1      |
| Four                     | 2      | 2.1      |
| Above four               | 1      | 1.0      |
| Unreported               | 8      | 8.3      |
| **Total**                | 96     | 100.0    |

| **Types of female dated** |        |          |
| One partner type         | 76     | 79.1     |
| newly-met               | 5      |          |
| girlfriends              | 32     |          |
| friends                  | 36     |          |
| others<sup>a</sup>       | 3      |          |
| Two or more partner types<sup>b</sup> | 11 | 11.5 |
| Unreported               | 9      | 9.4      |
| **Total**                | 96     | 100.0    |

<sup>a</sup> Females being courted. <sup>b</sup> Nine had girlfriends among their partners.
extensive (breast fondling), and very extensive (genital fondling). Then each respondent was categorised according to the most extensive precoital act he had experienced. For example, adolescents who reported having kissed cheeks or lips but who had also fondled genitals were categorised as having very extensive precoital experience. Almost all respondents with extensive precoital experience also had experience of less extensive acts.

Of the 134 respondents, almost all had had precoital contact with the opposite sex, with two-thirds having experienced non-extensive or somewhat extensive acts, and a lower but substantial proportion having had extensive or very extensive precoital experience (Figure 4.1). Six did not report their precoital experience.

4.3.3 Coital experience

One hundred and thirty-one students were asked about their coital
experience. Data indicate that respondents first had intercourse at varying ages. One-fifth first had coitus at 15, and marginally lesser proportions had first experienced intercourse when they were 16 (18 per cent) or 18 (18 per cent). Others experienced first coitus before they turned 15 (15 per cent), when they were 17 (15 per cent) and when they were over 18 years old (13 per cent). About one-third (34 per cent) of respondents experienced first coitus with a paid partner, while others first had intercourse with a girlfriend (21 per cent), a newly-met but unpaid partner (21 per cent), or with a friend (21 per cent) (Table 4.4). Of the 131 coitally experienced respondents, 99 (76 per cent) had had intercourse in the six months before the interview (Table 4.5). Of these 99, the highest number (28) had engaged in one coital event, while the next highest numbers of respondents had had intercourse on two (20) and on more than six (20) occasions. The rest of the 99 respondents - a cumulative number of 31 - had had coitus on between three and six occasions. As far as the number of their coital partners was concerned, the majority (55 of the 99 respondents) had had sexual intercourse with one female. The bulk of respondents with more than one female partner had had intercourse either with two or three different partners (Table 4.5). With reference to types of coital partner, two-thirds had had intercourse exclusively with one partner type, most commonly girlfriends but paid partners, newly-met but unpaid partners and friends were also common. Most of those who had had more than one type of coital partner had had intercourse with two types, of which girlfriends were the most common type. All 131 respondents were asked about the types of coital partner they had ever had and mostly had over their lifetimes (that is, the period between first
Table 4.4 Aspects of first coital experience among coitally experienced questionnaire survey respondents (n=131)

<table>
<thead>
<tr>
<th>First coital experience</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age at first intercourse^a</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15</td>
<td>20</td>
<td>15.3</td>
</tr>
<tr>
<td>15</td>
<td>26</td>
<td>19.9</td>
</tr>
<tr>
<td>16</td>
<td>24</td>
<td>18.3</td>
</tr>
<tr>
<td>17</td>
<td>19</td>
<td>14.5</td>
</tr>
<tr>
<td>18</td>
<td>24</td>
<td>18.3</td>
</tr>
<tr>
<td>Over 18</td>
<td>17</td>
<td>13.0</td>
</tr>
<tr>
<td>Unreported</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>131</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First coital partner</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid</td>
<td>44</td>
<td>33.6</td>
</tr>
<tr>
<td>Newly-met but unpaid</td>
<td>27</td>
<td>20.6</td>
</tr>
<tr>
<td>Girlfriend</td>
<td>28</td>
<td>21.4</td>
</tr>
<tr>
<td>Friend</td>
<td>27</td>
<td>20.6</td>
</tr>
<tr>
<td>Wife</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td>Unreported</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>131</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.5 Aspects of coital activity in the six months prior to the interview among coitally experienced questionnaire survey respondents (n=131)

<table>
<thead>
<tr>
<th>Coital activity</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of coital events</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>31</td>
<td>23.6</td>
</tr>
<tr>
<td>One</td>
<td>28</td>
<td>21.4</td>
</tr>
<tr>
<td>Two</td>
<td>20</td>
<td>15.3</td>
</tr>
<tr>
<td>Three</td>
<td>9</td>
<td>6.9</td>
</tr>
<tr>
<td>Four</td>
<td>8</td>
<td>6.1</td>
</tr>
<tr>
<td>Five</td>
<td>10</td>
<td>7.6</td>
</tr>
<tr>
<td>Six</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>Above six</td>
<td>20</td>
<td>15.3</td>
</tr>
<tr>
<td>Unreported</td>
<td>1</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>131</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| **Number of coital partners**    |        |          |
| One                              | 55     | 55.0     |
| Two                              | 20     | 20.0     |
| Three                            | 10     | 10.0     |
| Four                             | 4      | 4.0      |
| Above four                       | 4      | 4.0      |
| Unreported                       | 7      | 7.0      |
| **Total**                        | 100    | 100.0    |

| **Types of coital partner**      |        |          |
| One partner type                 |        |          |
| paid                             | 13     |          |
| newly-met but unpaid             | 14     |          |
| girlfriends                      | 25     |          |
| friends                          | 11     |          |
| wife                             | 1      |          |
| Two partner types\(^a\)          | 20     | 20.0     |
| Three or more partner types\(^a\)| 8      | 8.0      |
| Unreported                       | 8      | 8.0      |
| **Total**                        | 100    | 100.0    |

\(^a\) Majority (16 of 28) had had girlfriends between or among their coital partners.
coitus and the date of interview) (Table 4.6). About seven of every 10 (68 per cent) had had coitus with one type of partner; others had had coitus with two types of partner. Among respondents who had one partner type, girlfriends were the most common type, but other types such as paid partners, newly-met but unpaid partners, and friends were also common. The most common partners of those with two partner types were girlfriends: two of every three respondents had at least one girlfriend between their two partners.

The 131 respondents were further asked with whom among their coital partners they had mostly had intercourse. Eighty per cent (105) had mostly had coitus with one partner type (Table 4.6). Girlfriends were the most common type: 41 per cent of the 105 had mostly had coitus with these partners. Paid partners were the next most common type; 28 per cent of the 105 respondents had mostly had coitus with these partners. Fewer respondents had mostly had intercourse with newly-met partners (17 per cent), and friends (14 per cent). The unreported category includes respondents who did not provide an answer to this questionnaire item, and those who indicated on the questionnaire that they could not ascertain the types of partner with whom they had mostly had intercourse.

On general use of condoms, a far greater proportion of respondents had never used condoms or had used them on some occasions than had always used the method (70 per cent versus 25 per cent) (Table 4.6).

4.3.4 Bivariate crosstabulations

A man’s age is important in understanding various aspects of his sexual behaviour. As he ages, he is likely to develop skills in interpersonal interaction and in ability to establish dating relationships and to initiate physical contact with the opposite sex. In addition the older a man gets, the more sexual
Table 4.6 Coital partners ever and mostly had, and general use of condoms among coitally experienced questionnaire survey respondents (n=131)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Types of coital partner ever had</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One partner type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>paid</td>
<td>21</td>
<td>67.9</td>
</tr>
<tr>
<td>newly-met but unpaid</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>girlfriends</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>friends</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Two partner types&lt;sup&gt;a&lt;/sup&gt;</td>
<td>32</td>
<td>24.5</td>
</tr>
<tr>
<td>Three or more partner types&lt;sup&gt;a&lt;/sup&gt;</td>
<td>5</td>
<td>3.8</td>
</tr>
<tr>
<td>Unreported</td>
<td>5</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>131</td>
<td>100.0</td>
</tr>
</tbody>
</table>

| Types of coital partner mostly had |        |          |
| One partner type                  |        |          |
| paid                             | 29     | 80.2     |
| newly-met but unpaid             | 18     |          |
| girlfriends                      | 43     |          |
| friends                          | 15     |          |
| Two partner types<sup>b</sup>    | 13     | 9.9      |
| Three or more partner types<sup>b</sup> | 1  | 0.7 |
| Unreported                       | 12     | 9.2      |
| **Total**                        | 131    | 100.0    |

| General use of condoms           |        |          |
| Always                          | 33     | 25.2     |
| Sometimes                       | 48     | 36.6     |
| Never                           | 44     | 33.6     |
| Unreported                      | 6      | 4.6      |
| **Total**                       | 131    | 100.0    |

<sup>a</sup>. Two-thirds (23) had had girlfriends between or among their partners. <sup>b</sup>. Half had had girlfriends between or among their partners.
knowledge and experience he is likely to acquire, and the greater is likely to be his sense of control over his sexual behaviour, so that he should be better able to make decisions such as, for instance, to use condoms. It is thus reasonable to expect that among coitally active respondents, there may be some behavioural differences between older and younger individuals.

Some aspects of individual coital behaviour may also be related to each other. For example, the frequency with which a person engages in coitus may vary according to type of coital partner. Or the number of coital partners may depend, among others, on whether a man has a preference for a regular partner such as a girlfriend, or for casual partners such as paid and newly-met females. Moreover, his tendency to use condoms sometimes or regularly may also be contingent on the types of coital partner he has ever and mostly had. It was within these possibilities in mind that several bivariate crosstabulations were performed (Table 4.7).

The chi-square test ($\chi^2$) was used in examining the direction of these bivariate relationships. In measuring their strength, the phi statistic was used for the $2 \times 2$ table, while the Cramer's V was used for larger tables. Because the chi-square test requires that all expected frequencies be at least five (Norusis, 1990: 131), some variables included in the crosstabulations were recoded. For instance, the categories of age at interview were recoded from five into three categories, the categories of age at first coitus from six into three categories, and the categories pertaining to types of coital partner (partners at first coitus, and partners ever and mostly had) were recoded from four into three.

The three recoded categories of type of coital partner were category A comprising paid and newly-met partners, and category B comprising girlfriends and friends. Respondents who were included in these categories
Table 4.7 List of crosstabulation variables

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Independent</th>
</tr>
</thead>
<tbody>
<tr>
<td>sexual exposure</td>
<td>age at interview</td>
</tr>
<tr>
<td>type of first dating partner</td>
<td>age at first date</td>
</tr>
<tr>
<td>type of first coital partner</td>
<td>age at first coitus</td>
</tr>
<tr>
<td>precoital contact</td>
<td>age at first date</td>
</tr>
<tr>
<td>precoital contact</td>
<td>types of dating partner</td>
</tr>
<tr>
<td>number of types of coital partner ever had</td>
<td>age at interview</td>
</tr>
<tr>
<td>types of coital partner ever had</td>
<td>age at interview</td>
</tr>
<tr>
<td>types of coital partner mostly had</td>
<td>age at interview</td>
</tr>
<tr>
<td>number of types of coital partner ever had</td>
<td>length of coital lifetime</td>
</tr>
<tr>
<td>types of coital partner ever had</td>
<td>length of coital lifetime</td>
</tr>
<tr>
<td>types of coital partner mostly had</td>
<td>length of coital lifetime</td>
</tr>
<tr>
<td>general use of condoms</td>
<td>age at interview</td>
</tr>
<tr>
<td>general use of condoms</td>
<td>types of coital partner ever had</td>
</tr>
<tr>
<td>general use of condoms</td>
<td>types of coital partner mostly had</td>
</tr>
</tbody>
</table>

were those who had had intercourse with both or one of the partner types included in that category. Category C comprises any combination of two or more partner types other than those combined in either of the first two categories. Paid and newly-met partners were categorised into a single group because both were high risk with reference to HIV infection, being largely unknown partners to respondents, but low risk with reference to pregnancy, because even if they became pregnant respondents were unlikely to marry them. In contrast, girlfriends and friends were low-risk partners with regard to HIV infection, and high risk with regard to pregnancy.

Some variables were constructed. The variable - types of dating partner - was based on respondents’ dating partner at first dating and at their dating events in the four weeks before the interview. This variable includes respondents who dated exclusively with a girlfriend or with a friend, either at
first dating or in last four weeks prior to the survey. Respondents who had
dated both girlfriends and friends, or other partner types such as newly-met
partners were excluded from the analysis because their numbers were
negligible. The variable - length of coital lifetime - represents the difference
between the respondents' ages at interview and ages at first coitus. The
categories from crosstabulation variables were treated as nominal categories.
Because the sample size was relatively small, the significance level used was set
at 0.01. All crosstabulations satisfied the minimum expected cell frequency of
five as required for the chi-square test.

Tables 4.8 to 4.13 show the results of the bivariate analyses. Among the 15
crosstabulations performed, three were significant:

- sexual exposure and age at interview ($X^2$: 16.9; Cramer's V: 0.16,
  $p<0.01$) (Table 4.8),

- precoital contact and types of dating partner ever had ($X^2$: 8.85;
  Cramer's V: 0.28, $p<0.01$) (Table 4.10),

- general use of condoms and types of coital partner ever had ($X^2$: 18.8;
  Cramer's V: 0.28, $p<0.001$) (Table 4.13).

Age was related with sexual exposure (Table 4.8). Greater proportions of
respondents at older than at younger ages had dated or had intercourse.
Conversely, smaller proportions of respondents at older than at younger ages
had neither dated nor had intercourse. In other words, lack of dating and
coital experience decreased with increasing age. The data further indicate that
coital experience tended to have occurred at older (20 and over) than at
younger ages (19 and under). The proportions of respondents who had
intercourse experience at older ages were greater than those who had coital
experience at younger ages.
Table 4.8 Results of the crosstabulation analysis between age at interview and sexual exposure, questionnaire survey respondents (n=308)

<table>
<thead>
<tr>
<th>Dependent variable/categories</th>
<th>Independent variable/categories</th>
<th>Results and significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age at interview</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18 &amp; under 19 20 &amp; over</td>
<td></td>
</tr>
<tr>
<td>Sexual exposure</td>
<td>Total/Per cent</td>
<td></td>
</tr>
<tr>
<td>had dated only</td>
<td>47 45 42</td>
<td>134 (43.5)</td>
</tr>
<tr>
<td>had ever had coitus</td>
<td>35 35 61</td>
<td>131 (42.5)</td>
</tr>
<tr>
<td>had neither dated nor had coitus</td>
<td>22 14 7</td>
<td>43 (14.0) Chi-square: 16.9; Cramer's V: 0.16, degrees of freedom: 4, p&lt;0.01</td>
</tr>
<tr>
<td>Total/Per cent</td>
<td>104(33.8) 94(30.5) 110(35.7)</td>
<td>308 (100.0)</td>
</tr>
</tbody>
</table>
The type of partner respondents first dated or with whom they first had intercourse was not associated with the ages at which they first dated or first had intercourse, respectively (Table 4.9). Whether respondents were aged 15 and younger, or older at their first date or coitus, they dated or had coitus with any type of female. The extensiveness of precoital contact among the coitally inexperienced respondents, although unrelated with their age at first date (Table 4.10, panel A) was dependent, however, upon the type of dating partner they ever had (Table 4.10, panel B). Specifically, those who ever dated girlfriends were likely to have more extensive precoital experience than those who had dated only friends. Some respondents who had dated girlfriends, however, had no extensive experience, while some who had dated only friends had extensive experience.

Respondents' ages at interview and length of their coital lifetimes bear no relation to the types of coital partner they had ever and mostly had, nor to their use or non-use of condoms (Tables 4.11 to 4.13). The types of coital partner respondents ever had had strongly predicted their general use of condoms - whether condoms were consistently, occasionally or never used. Results are shown in Table 4.13 (panel B); they suggest that respondents who had only ever had intercourse with girlfriends and/or friends (category B) were unlikely to have used condoms consistently, while respondents whose types of intercourse partners placed them in category C partners, were likely to have used condoms on an occasional basis. Those who had only ever had intercourse with paid and/or newly-met (category A) had used condoms in varying patterns. The overall conclusion is that greater proportions of respondents who had had intercourse with any category of coital partner were inconsistent condom users: two of every three coitally experienced respondents, in fact, fell in this category. The few consistent condom users were mostly respondents in partner type categories A and B, with those in the
Table 4.9 Results of the crosstabulation analyses of some aspects of first dating and coital experience among questionnaire survey respondents

<table>
<thead>
<tr>
<th>Dependent variables/categories</th>
<th>Independent variables/categories</th>
<th>Results and significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Age at first date</strong></td>
<td><strong>Total/Per cent</strong></td>
</tr>
<tr>
<td></td>
<td>15 &amp; under</td>
<td>16-17</td>
</tr>
<tr>
<td><strong>Type of first dating partner</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>girlfriend</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>friend</td>
<td>25</td>
<td>37</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>37(31.6)</td>
<td>50(42.7)</td>
</tr>
</tbody>
</table>

|                               | **Age at first coitus**          | **Total/Per cent**      |
|                               | 15 & under | 16-17 | 18 & over |                               |
| **Type of first coital partner** | | | | |
| category A (paid or newly-met)| 28    | 27    | 16        | 71 (56.8) | Chi-square: 6.89; Cramer's V: 0.23, degrees of freedom: 2, not significant |
| category B (girlfriend or friend) | 14    | 16    | 24        | 54 (43.2) |
| **Total/Per cent**            | 42(33.6) | 43(34.4) | 40(32.0) | 125 (100.0) |

a. Analysis based upon the two most dominant types of dating partners (n=119). Two cases were unreported. b. Based on 131 coitally active respondents, but unreported cases and other categories with very small number of cases were excluded.
Table 4.10 Results of the crosstabulation analyses between extensiveness of precoital contact and a) age at first date, and b) types of dating partner among coitally inexperienced questionnaire survey respondents

<table>
<thead>
<tr>
<th>Dependent variables/categories</th>
<th>Independent variables/categories</th>
<th>Results and significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age at first date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 &amp; under 16-17 18 &amp; over</td>
<td></td>
</tr>
<tr>
<td>Precoital contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none/not extensive</td>
<td>13 19 17</td>
<td>49 (38.3)</td>
</tr>
<tr>
<td>somewhat extensive</td>
<td>12 18 9</td>
<td>39 (30.5)</td>
</tr>
<tr>
<td>extensive/very extensive</td>
<td>17 16 7</td>
<td>40 (31.2)</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td><strong>42(32.8) 53(41.4) 33(25.8)</strong></td>
<td><strong>128 (100.0)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chi-square: 4.71; Cramer's V: 0.14, degrees of freedom: 4, not significant</td>
</tr>
<tr>
<td></td>
<td>Types of dating partner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>girlfriends friends</td>
<td></td>
</tr>
<tr>
<td>Precoital contact</td>
<td></td>
<td></td>
</tr>
<tr>
<td>none/not extensive</td>
<td>12 30</td>
<td>42 (37.8)</td>
</tr>
<tr>
<td>somewhat extensive</td>
<td>19 17</td>
<td>36 (32.5)</td>
</tr>
<tr>
<td>extensive/very extensive</td>
<td>20 13</td>
<td>33 (29.7)</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td><strong>51(45.9) 60(54.1)</strong></td>
<td><strong>111 (100.0)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chi-square: 8.85; Cramer's V: 0.28, degrees of freedom: 2, p&lt;0.01</td>
</tr>
</tbody>
</table>
Table 4.11 Results of the crosstabulation analyses between age at interview and variables pertaining to coital partnerships among coilally experienced questionnaire survey respondents (n=131)\(^a\)

<table>
<thead>
<tr>
<th>Dependent variables/categories</th>
<th>Independent variables/categories</th>
<th>Results and significance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Age at interview</strong></td>
<td><strong>Total/Per cent</strong></td>
</tr>
<tr>
<td></td>
<td>18 &amp; under 19 20 &amp; over</td>
<td></td>
</tr>
<tr>
<td><strong>Number of types of coital partner ever had</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>one partner type</td>
<td>27 20 39</td>
<td>86 (69.9) Chi-square: 6.15; Cramer's V: 0.22, degrees of freedom: 2, not significant</td>
</tr>
<tr>
<td>two or more types</td>
<td>5 15 17</td>
<td>37 (30.1)</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>32(26.0) 35(28.5) 56(45.5)</td>
<td>123 (100.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Types of coital partner ever had</strong></th>
<th><strong>Age at interview</strong></th>
<th><strong>Total/Per cent</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 &amp; under 19 20 &amp; over</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>category A (paid &amp;/or newly-met)</strong></td>
<td>16 11 18</td>
<td>45 (36.6)</td>
</tr>
<tr>
<td><strong>category B (girlfriends &amp;/or friends)</strong></td>
<td>13 15 26</td>
<td>54 (43.9)</td>
</tr>
<tr>
<td>category C(^b)</td>
<td>3 9 12</td>
<td>24 (19.5)</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>32(26.0) 35(28.5) 56(45.5)</td>
<td>123 (100.0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Types of coital partner mostly had</strong></th>
<th><strong>Age at interview</strong></th>
<th><strong>Total/Per cent</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>18 &amp; under 19 20 &amp; over</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>category A (paid &amp;/or newly-met)</strong></td>
<td>17 14 18</td>
<td>49 (45.4) Chi-square: 2.09; Cramer's V: 0.14, degrees of freedom: 2, not significant</td>
</tr>
<tr>
<td><strong>category B (girlfriends &amp;/or friends)</strong></td>
<td>14 16 29</td>
<td>59 (54.6)</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>31(28.7) 30(27.8) 47(43.5)</td>
<td>108 (100.0)</td>
</tr>
</tbody>
</table>

\(^a\) The number of valid cases is lower than the sample size of 131; cases with missing data, and variable categories with very small numbers of cases were excluded. \(^b\) Includes combinations of partner types other than those covered by the first two categories. \(^c\) Category C was excluded because of small number of cases.
Table 4.12 Results of the crosstabulation analyses between coital lifetime (in years) and a) lifetime coital partnerships and b) general use of condoms among coitally experienced questionnaire survey respondents (n=131)

<table>
<thead>
<tr>
<th>Dependent variables/categories</th>
<th>Independent variables/categories</th>
<th>Length of coital lifetime</th>
<th>Total/Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>two &amp; less</td>
<td>three-four</td>
<td>five and above</td>
</tr>
<tr>
<td><strong>Number of types of coital partner ever had</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>one partner type</td>
<td>41</td>
<td>27</td>
<td>21</td>
</tr>
<tr>
<td>two or more types</td>
<td>13</td>
<td>17</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>54 (42.9)</td>
<td>44 (34.9)</td>
<td>28 (22.2)</td>
</tr>
<tr>
<td>Chi-square: 2.75; Phi: 0.15, degrees of freedom: 2, not significant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of coital partner ever had</th>
<th>two &amp; less</th>
<th>Length of coital lifetime</th>
<th>Total/Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>category A</td>
<td>19</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>category B</td>
<td>28</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>category C</td>
<td>7</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>54 (42.9)</td>
<td>44 (34.9)</td>
<td>28 (22.2)</td>
</tr>
<tr>
<td>Chi-square: 5.21; Phi: 0.20, degrees of freedom: 4, not significant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Types of coital partner mostly had</th>
<th>two &amp; less</th>
<th>Length of coital lifetime</th>
<th>Total/Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>category A</td>
<td>19</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>category B</td>
<td>30</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>49 (44.6)</td>
<td>37 (33.6)</td>
<td>24 (21.8)</td>
</tr>
<tr>
<td>Chi-square: 1.99; Phi: 0.13, degrees of freedom: 2, not significant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General use of condoms</th>
<th>two &amp; less</th>
<th>Length of coital lifetime</th>
<th>Total/Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>always</td>
<td>13</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>sometimes</td>
<td>18</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>never</td>
<td>18</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total/Per cent</strong></td>
<td>49 (45.3)</td>
<td>37 (34.3)</td>
<td>22 (20.4)</td>
</tr>
<tr>
<td>Chi-square: 1.42; Phi: 0.12, degrees of freedom: 4, not significant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

a. Analysis was based upon 131 coitally experienced respondents, but valid cases are lower because unreported cases were excluded. b. Category C was excluded because of the small number of cases.
# Table 4.13: Results of the cross-tabulation analyses between general use of condoms and lifetime coital partnerships: coitally experienced questionnaire survey respondents (n=131)

<table>
<thead>
<tr>
<th>Dependent variables/categories</th>
<th>Independent variables/categories</th>
<th>Results and significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>General use of condoms</td>
<td>Category A</td>
<td>Chi-square: 64.3; Cramer's V: 0.23; degrees of freedom: 2; not significant</td>
</tr>
<tr>
<td>always</td>
<td>19</td>
<td>45(36.0) 54(43.9) 24(19.5)</td>
</tr>
<tr>
<td>sometimes</td>
<td>10</td>
<td>42(34.2) 36(33.3) 108(100.0)</td>
</tr>
<tr>
<td>never</td>
<td>16</td>
<td>38(30.7) 36(33.3) 108(100.0)</td>
</tr>
<tr>
<td>Total/Per cent</td>
<td>55(44.5) 61(47.3) 50(38.4)</td>
<td></td>
</tr>
<tr>
<td>Age at interview</td>
<td>19 &amp; under</td>
<td>33(26.4) 48(38.4) 44(33.5) 125(100.0)</td>
</tr>
<tr>
<td>19</td>
<td>17</td>
<td>33(26.4) 48(38.4) 44(33.5) 125(100.0)</td>
</tr>
<tr>
<td>20 &amp; over</td>
<td>16</td>
<td>33(26.4) 48(38.4) 44(33.5) 125(100.0)</td>
</tr>
<tr>
<td>Total/Per cent</td>
<td>34(27.2) 35(28.0) 56(44.8)</td>
<td></td>
</tr>
<tr>
<td>Types of coital partner ever had</td>
<td>Category A</td>
<td>Chi-square: 64.3; Cramer's V: 0.23; degrees of freedom: 2; not significant</td>
</tr>
<tr>
<td>always</td>
<td>19</td>
<td>45(36.0) 54(43.9) 24(19.5)</td>
</tr>
<tr>
<td>sometimes</td>
<td>10</td>
<td>42(34.2) 36(33.3) 108(100.0)</td>
</tr>
<tr>
<td>never</td>
<td>16</td>
<td>38(30.7) 36(33.3) 108(100.0)</td>
</tr>
<tr>
<td>Total/Per cent</td>
<td>55(44.5) 61(47.3) 50(38.4)</td>
<td></td>
</tr>
<tr>
<td>Types of coital partner mostly had</td>
<td>Category A</td>
<td>Chi-square: 64.3; Cramer's V: 0.23; degrees of freedom: 2; not significant</td>
</tr>
<tr>
<td>always</td>
<td>19</td>
<td>45(36.0) 54(43.9) 24(19.5)</td>
</tr>
<tr>
<td>sometimes</td>
<td>10</td>
<td>42(34.2) 36(33.3) 108(100.0)</td>
</tr>
<tr>
<td>never</td>
<td>16</td>
<td>38(30.7) 36(33.3) 108(100.0)</td>
</tr>
<tr>
<td>Total/Per cent</td>
<td>55(44.5) 61(47.3) 50(38.4)</td>
<td></td>
</tr>
</tbody>
</table>

# Notes
a. Analysis was based on 131 coitally active respondents, but valid cases are marginally lower than this number because unreported cases and variable categories with very small cases were excluded.

b. Category C was excluded because of the small number of cases.
first category the more likely to have used condoms consistently (Table 4.13, panel B).

4.4 Summary and Discussion

The sex industry and its tens of thousands of workers will remain a common feature of Metro Manila. Prostitution is deeply rooted in Philippine society (Ofreneo and Ofreneo, 1993). It is known to have already existed during the Spanish colonial period (1500-1900). Given the current campaign to attract foreign tourists into the country with paid sex as a prominent attraction (Xenos, 1989), and to massive poverty, unemployment and underemployment among the majority of Filipinos, and also to other social and political factors (Ofreneo and Ofreneo, 1993), the sex trade will continue to proliferate.

Metro Manila is not the only metropolis with a thriving sex industry. Many capital cities around the globe have red light districts that offer a range of sexual products and services, mostly to men. Bangkok has Patpong, London has Soho, Paris has Place Pigalle, while Sydney has King's Cross. Outside of the red light districts, paid sex may also be obtained. In Russia, for example, numbers of young girls, normally aged 11-16, sell their bodies for paltry sums, often at railway stations (Riordan, 1993). In Papua New Guinea, young sex workers may work in villages, rural stations or towns, but rarely have a pimp or a brothel or their own room in which to work (National Sex and Reproductive Research Team and Jenkins, 1994).

Along with the continuing existence of the sex industry in Metro Manila is the perception that increasing numbers of single young Filipino women nowadays are beginning to be coitally experienced in non-pecuniary contexts (Medina, 1991). No figures can be cited to support this perception, but there are reports that premaritally conceived births have increased in the past few
years, with the biggest number of such births registered among women in the younger age groups (Galang, 1983). In the focus group discussions, participants also thought that there were many more Filipino women now than before who engage in premarital coitus without financial or emotional commitment, but only for fun and sex. Raymundo (1984 cited in Medina, 1991: 102-103) attributes the increase in sexual activity among single young women to delay in the age at marriage to 24-25 years on average; increased female labour force participation; an improved level of education; modernity; and weaker family control. Except for the first one, these factors were thought to have contributed to giving adolescent females wider latitude for independent decision-making.

The observation that a growing proportion of young Filipino females engaging in unpaid coital activity when single is, by no means, a unique experience. Elsewhere, several researchers have observed that proportions of adolescent females with coital experience have increased in the US (Robinson et al., 1972; Bauman and Wilson, 1974; King et al., 1977; Zelnik and Kantner, 1977; Murstein et al., 1989), and in the United Kingdom (Farrell, 1978; Coleman and Hendry, 1990). The proportional increase tends to be significant enough that the gap between the genders is seen to be closing (Hendry et al., 1993), or in other words that the sexual behaviour of males and females is seen to be converging (Christensen and Gregg, 1970).

In the non-industrialised and predominantly Moslem countries of Indonesia, Malaysia and Turkey, single female respondents aged 20-24, albeit in small proportions, are also reported to have had engaged in premarital intercourse as evidenced by the proportions of their live births (between six and 13 per cent) premaritally conceived (United Nations, 1989). Whether these proportions differ from the past figures is difficult to determine because there
appear to be no data on which comparisons can be made. Nevertheless in
Malaysia, the government is concerned about coitally active Malay girls who
are commonly picked up by men in Kuala Lumpur's streets or night spots
(Asiaweek, 1994a). Similarly, the Indonesian government is seriously concerned
about some unmarried students in North Yogyakarta who were reported to be
cohabiting (Suara Karya, 1984). Premarital coital activity among adolescent
females in Moslem societies is attributed to several factors:

Modernisation has destroyed the basic regulatory
mechanisms of sexual behaviour in the Moslem

People say it's the result of the influx of the Western
media. It's also the result of fast development whose
social effects have been neglected (Ahmad Azam,
secretary-general of the Muslim Youth Movement
of Malaysia, quoted in Asiaweek, 1994a: 37)

That's the effect of sexual repression. In a way it's a
backlash against fundamentalist Islamic resurgence,
the authoritarian attitude about male and female
young people socialising (Norani Othman,
Sociology lecturer, quoted in Asiaweek, 1994a: 37)

The existence of paid and unpaid sexual opportunities appears to be
known to adolescent men. Among those involved in the focus group
discussions, awareness and knowledge of these opportunities were universal.
Because of the abundance of premarital coital opportunities and the fact that
adolescents were aware of them, it seems reasonable to expect that many
Filipino adolescent men would be coitally experienced. However, the data
derived from the thesis' questionnaire survey involving 308 university students
aged 17-25 which from hereon will be called the Student Questionnaire Survey
or SQS, do not support this expectation. Instead, the findings reveal that
premarital coitus was not universal among the students. In fact as many
students had never had intercourse as had ever had intercourse (44 versus 43 per cent). The survey data confirmed, however, that while many student respondents had had no intercourse experience, they nevertheless had dated, and only a small minority had had neither coital nor dating experience.

The coital incidence rate of 43 per cent agrees with the rate obtained by another sexuality study carried out in the Philippines in 1987, which covered 554 single adolescent males (Family Planning Organisation of the Philippines, 1987). Two other studies, with sample sizes ranging from 400 to 500, undertaken in comparable cultural settings also found that many of their male respondents were not coitally experienced. Only 34 per cent of male university students in Chiang Mai, Northern Thailand (VanLandingham et al., 1992), and 27 per cent of male respondents aged between 13 and 23 in Jakarta, Indonesia (Sarwono, 1981b) reported having intercourse experience. In another study among Thai males aged 15-19, involving a much larger sample size (n=917), a coital incidence rate of 60 per cent among 18-year-olds (Xenos et al., 1992), also shows that a considerable proportion lacked coital experience. Compared to findings of other studies in developing countries, the incidence rates just mentioned are considerably lower. For instance, in Jamaica and Brazil (Morris, 1988), the Gambia (Kane et al., 1993), Nigeria (Nichols et al., 1986) and Kenya (Ajayi et al., 1991), between 70 and 90 per cent of male respondents aged 14-24 interviewed in the late 1980s had coital experience.

The lack of strong influence of the availability of sexual opportunities on individuals' tendency to engage in coitus - at least in the case of the SQS respondents - implies that other factors need to be considered in seeking an explanation for this phenomenon. One of these factors is age. As indicated in the crosstabulation analysis, age had power in predicting the likelihood of a person having dating or intercourse experience on one hand, and not having
either experience on the other. Dornbusch et al. (1981) in their analysis of data collected from 6,710 non-institutionalised respondents aged 12-17 concluded that age more than sexual development affected the timing of first date. They added that the predictive power of age may be thought of as a reflection of institutionalised images of social and emotional maturity at each age level. The relevance of age in explaining the timing of coital debut also has overwhelming support in the research literature. Findings from studies in Guatemala (Herold et al., 1988), Thailand (Xenos et al., 1992), Zimbabwe (Boohene et al., 1991) and Jamaica (Warren et al., 1988), for example, confirm the explanatory power of age as being universal in varying cultural contexts.

Apart from identifying the positive influence of age on having or not having dating and coital experience, the SQS results also reveal various patterns of dating and sexual behaviour among student respondents; summaries are given in Figure 4.2. Before proceeding, discussion on types of dating and coital partners is made under one caveat. That is, the terms paid partners, newly-met partners, girlfriends and friends were not formally defined in the survey questionnaire. It was possible that among respondents who reported having dated girlfriends there could have been differing definitions of the term girlfriends. The data on dating and coital partnerships should therefore be regarded with caution.

Although the data on age at which respondents had first dated do not show a dominant modal age, they do indicate that the majority of the 134 coitally inexperienced students had first dated when aged 16 or younger. Their first dating partner was predominantly a friend. Most had dated in the four weeks before the survey. During this period, most respondents had dated only one female, either a friend or a girlfriend. Almost all daters had experienced physical contact with a female, with the majority having experienced non-
Figure 4.2 Summaries of the dating and coital behaviour of 308 self-completed questionnaire survey respondents
extensive or somewhat extensive contact, but others having experienced extensive or very extensive acts. How do these data, especially in respect of first date, compare with those found among young Filipino women? In the nationwide study of Raymundo and Ruiz (1985), the Metro Manila female respondents, in particular, were observed to have first dated when 18 years old on average, most commonly with a fiancee, but dating with a friend was also common.

The findings on dating behaviour from the SQS reflect some fundamental changes in adolescents' dating behaviour over the years. As reflected in the survey definition, dating was an activity between two persons. The traditional system of chaperonage (Medina, 1991) has been replaced by dyadic dating; at some stage though, dating is done in groups (Mendez and Jocano, 1979). Students' dating mainly friends initially, and friends or girlfriends subsequently implies that dating served not only as part of the courtship process, but also as a recreational and heterosocial activity - one which might not have had any existing or prospective romantic involvement. This contrasts with the situation in Taiwan in the 1960s and the 1970s, where to be seen together in a dyadic dating situation was enough to be defined as virtually engaged (Marsh and O'Hara, 1961). Dating was then perceived in Taiwanese society as a serious one-to-one relationship in which there is usually some degree of commitment between the couple (Tsu-K'uang, 1975).

Dating was also the accepted method of selecting a marriage partner in the US around the 1920s (Roche, 1986). However, Dornbusch et al. (1981) in their American study in the 1980s, noted that dating is synonymous with neither sexual intercourse nor courtship. Their observation is echoed in an investigation among a sample of American teenagers which stresses that dating was not perceived as a context for personal involvement (Jackson, 1975), and is further supported by Smith (1962) who opined that dating was not just part of
the courtship process. Crist (1975) also found in his high school student sample that dating basically served a socialisation function, but Peters (1973), again using a sample of high school students, observed that dating was primarily recreational. The tendency among the SQS respondents to have dated both on first and subsequent occasions in a friendly context could also be attributed to gender differences. Peters (1973: 116) in his literature review of dating behaviour concludes that

Males date more for recreation, females for a permanent mate; males are considered independent, while females base their social identities on association with a male.

The foregoing discussion indicates that dating may not necessarily lead to a love relationship in which the couple dates exclusively, or to engagement, where the couple commits themselves to future marriage. Regardless of whether or not change occurs in the quality of the relationship between a dating couple, several researchers concur that dating has evolved in its form and functions (Murstein, 1980; McCabe, 1984; Medina, 1991). Two of these researchers have singled out changes in the structure of dating, claiming that it is now more spontaneous (Medina, 1991) and less formal (Murstein, 1980). The lack of rigidity, and the fact that heterosocial interaction can now take place in a friendly and recreational context outside of a romantic commitment, could partly explain why youth dating tends to occur at younger ages. Among the SQS respondents, the majority had first dated before or at the age of 16 - at which time they were still either in high school or in their first year at the university. In the US, the median age at which adolescents began to date declined to 13 years in the 1970s (Moore and Rosenthal, 1993). In a youth study

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6Commonly, high school students are aged 12-15, and university students are aged 16-20. In the Philippines, it normally takes four years to complete high school or university.
in Singapore, in which the definition of dating was identical to that used in this thesis, the first date occurred for most male respondents at age 16 or 17, although some started younger, at age 14 or 15 (Saw and Wong, 1981).

The ages at which the SQS respondents commenced dating, young as they mostly were, had no significant influence on the extensiveness of their precoital contact. Early and late beginners either had extensive or non-extensive precoital experience. Age alone might not constitute an effective predictor of precoital experience. Miller et al. (1986a) found that early timing of first date was related to early coital experience, but their analysis was examined within the context of dating relationships. The nature and quality of the relationship between the dating couple thus appears to be a more important consideration in understanding precoital experience than the age at which dating begins.

Existing evidence strongly indicates that the prescribed and actual physical intimacy between the dating couple change as the dating relationship deepens emotionally (Bell, 1966; Collins, 1973; Roche, 1986; Moore and Rosenthal, 1993). McCabe and Collins (1990) in their investigation among 16 and 17-year-old Australians observe that the level of physical intimacy desired increased from first date to going steady. This observation is supported by findings from the crosstabulation of the SQS data, which showed that respondents who had dated girlfriends - females with whom they had a romantic relationship - tended to have had more extensive physical experience than respondents who had not dated girlfriends, but had dated friends. While this was so, attention also needs to be drawn to the fact that among respondents who had ever dated girlfriends, a considerable number also had not experienced extensive or very extensive precoital acts, while a sizeable number of respondents who had not dated girlfriends (but had dated friends) had experienced such extensive acts. What could possibly account for this?
The possibilities are varied. Among some respondents who had ever dated girlfriends, it was likely that the relationship was still in its formative stage, and therefore, the intimate acts of breast or genital fondling might have been thought to be inappropriate. Masters et al. (1994) note that young adolescents usually do not plunge abruptly into sex but instead spend a lot of time holding hands, snuggling together. Broderick and Rowe (1968:100), referring to a heterosexual continuum among adolescents, likewise stress that introduction into sexual intimacy is usually gradual, with an order of events. Necking precedes petting, petting precedes fellatio and cunnilingus, which then can precede intercourse. Moreover, some respondents' girlfriends may have defined and restricted the physical acts that occurred during dating. Women are socialised into restricting their male partners' sexual advances; their role typically is construed as being to set limits for male sexual advances (Howells, 1986). A number of respondents might also have wanted to show respect to their girlfriends and therefore limited physical contact with them. Bell (1966) points out that for some boys, going steady may mean a decrease in intimacy aspirations because of a commitment to the girl they did not feel during the early stages of dating. Furthermore, it could also be that guilt played a part in restricting precoital experience: in one study it was concluded that a proportion of respondents who had gone steady and who had petted had expressed guilt over their behaviour (Bell, 1966).

The extensive precoital experience of some respondents who had dated only friends might simply have meant that the dating couples desired physical intimacy without formalising their relationships as boyfriends and girlfriends. Or it could be that either member of the couple was as yet unprepared to commit themselves to a love relationship, but nevertheless wanted to be physically intimate with someone. This behaviour is not uncommon: some adolescents of both sexes regard sex as casual gratification outside of a love
relationship, as a more or less casual accompaniment to the use of illicit drugs, or as simply something to do which has no romantic significance (Masters et al., 1994: 440). In the study of Ford and Morgan (1989) in England, for example, 46 and 28 per cent of 18-year-old male and female respondents, respectively, had had oral sex with casual partners. In interviews undertaken in New York with adolescent clinic patients, it was also gathered that sexual involvement between partners was accompanied by a deliberate effort by both partners to suppress tender romantic feelings and intimacy (Cobliner, 1988).

While some females certainly tend to desire physical intimacy (Bell, 1966), study after study has shown that in dating relationships, males have a greater tendency than females to desire for intimate contact at all levels of dating (McCabe and Collins, 1990), and expect sexual intimacy earlier in the dating process (Knox and Wilson, 1981; Roche, 1986). Masters et al. (1994) assert that teenage boys do not think about love and intimacy in the same romanticised way girls do. McCabe (1984) states that males approach dating not only from an affectional, but also from a sexual orientation. They tend to seek intimacies during the early stages of dating relationships when they feel limited emotional responsibility for their dating partners (Bell, 1966). The expression of dating attitudes may be contingent upon the availability of opportunities (McCabe, 1984). The SQS data indicate that a number of respondents indeed had opportunities to express their dating attitudes when they experienced physical intimacy with dating friends. It is impossible to infer from the data whether respondents' close physical contact with friends would eventually result in boyfriend-girlfriend relationships. Suffice to say that extensive precoital experience did not only occur within the context of steady relationships.

Adolescents' physical contact with the opposite sex takes on an added dimension as it moves on to sexual intercourse. Not only are pregnancy and
STD infection risks potentially present, but the contexts in which coital relationships may be established are also broadened. Thus in addition to engaging in premarital coitus with a girlfriend, a friend or a newly-met but unpaid partner, young men may also have the option of having intercourse with paid partners. As will be discussed later, the types of coital partner respondents had had are associated with several factors.

The SQS data demonstrate that the ages at which the 131 coitally-experienced respondents first had intercourse varied. About one-third first had coitus when aged 15 or younger (when they were high school students), and similar proportions debuted at age 16 or 17 (when they were in the first two years in the university) and at ages 18 or older (at which age they were not only university students, but also legal adults). The lack of a normative age may be attributed to the varying contexts in which first coitus took place. Some respondents, for example, had first engaged in intercourse in a paid context, others in a love relationship, and others with a friend or a newly-met partner. These differing contexts could have affected the timing of first intercourse. However, results obtained from the crosstabulation of respondents' first coital partner types against the ages at which they first had coitus contradicted this proposition. Respondents aged 18 and older, on their first intercourse, were no more or less likely than the younger ones to have first engaged in intercourse with any type of partner, a finding that resembles that obtained among Guatemalan and Chilean young males (Herold et al., 1988; 1992).

In the analysis of data on ages at first intercourse, most studies report the mean and median ages. A few avoid employing these summary measures, because often they are misleading, being sensitive to the spread of the data distribution (Nachmias and Nachmias, 1981). As alternatives, some studies report the percentage of individuals who have experienced intercourse within
an age range or at a certain age, rather than providing a mean or median age at which first intercourse occurred. Both ways allow for an accurate description and interpretation of the data. Three studies parallel the findings derived from the SQS: among several samples of adolescents, there was no modal age at which first coital experience took place. Among male respondents in a US study, for example, 70 per cent first had coitus at ages 15-18 (Janus and Janus, 1993), while among Australian respondents, 80 per cent first had coitus at ages 14-19 (Goldman and Goldman, 1988). Among student respondents in the former Soviet Union, 44 per cent had first engaged in coitus between 19 and 21 years old, and 31 per cent between 16 and 18 (Kon and Riordan, 1993). In another study, about 75 per cent of young Nigerian males in urban centres had commenced intercourse between 16 and 20 (Makinwa-Adebusoye, 1992).

The lack of modality in the age at first coitus may mean that the transition from virginity to intercourse is dependent on several factors. Although teenage boys have a tendency to regard sex as a badge of manhood, a part of the process of achieving maturity and acquiring social status, they have to learn the ground rules and the art of sexual negotiation (Masters et al., 1994). Others may also have to overcome the anxiety usually associated with first sexual intercourse, which according to Wellings et al. (1994) remains an event of immense social and personal significance. The influences of social, familial and personal factors (Jessor et al., 1983; Day, 1992), varying in degrees and strengths across various groups of adolescents might likewise have contributed to the occurrence of first coitus across an age range, rather than at a specific, predominant age. Despite the absence of a dominant age pattern, most male respondents - in the present survey and in other studies mentioned in the previous paragraph - commenced coitus before reaching the age of 20. Some researchers have noted that over the decades, the age of commencing intercourse has been declining (Masters et al., 1994), especially in most Western
countries (Goldman and Goldman, 1988). But in predominantly traditional societies such as Papua New Guinea, the pattern of engaging in first coitus at early ages has also been noted (National Sex and Reproductive Research Team and Jenkins, 1994).

At first intercourse, a paid partner was the most common type of partner among the SQS respondents. In the research literature, there is little evidence that adolescent men from other countries mostly first had intercourse with paid partners. In the US, although Kinsey et al. (1948) documented the loss of virginity among a proportion of their teenage respondents in the 1940s with a paid partner, more recent studies have suggested that there is no similar tendency among young men today. Instead, first coitus now commonly happens with a female with whom adolescent men had a committed personal relationship (Jessor et al., 1983; Darling et al., 1992), with a casual dating partner (Simon et al., 1972) or with an acquaintance (Darling et al., 1992). Janus and Janus (1993: 22) regard the use of paid partner at first coitus as one old tradition that has become a popular myth of initiation, and comment that in the US at present, there is no formalised sexual initiation for young men. Similarly in a large-scale survey in Britain, young and old male interviewees alike had predominantly experienced first coitus with a steady partner; the use of a paid partner was reported by a very small proportion of respondents (Wellings et al., 1994). Also in several surveys in Latin America and the Caribbean, a friend and a steady girlfriend were the most commonly reported first partners (Warren et al., 1988; Useche et al., 1990; Herold et al., 1992). Among Frenchmen 20-24 years of age interviewed over the telephone in 1991-92, only two per cent had had first intercourse with a paid partner (Turner, 1993).

The few studies which have found that substantial proportions of male respondents had engaged in first intercourse with a paid partner include
studies conducted in Thailand (Nopkesorn et al., 1991), in Colombia (Alzate, 1984), and in Guatemala (Herold et al., 1988). In the Thai study, 73 per cent of soldier respondents had had their first coitus with a paid partner. The other two studies, while mentioning that first intercourse with a paid partner was common among their respondents, also noted that it was less common than having first intercourse with a steady girlfriend or with a friend. The use of paid partners suggests that there may be some existing perceptions and beliefs to warrant that practice. For some Thai men, having sex with a paid partner is an important rite of passage (VanLandingham et al., 1992). There is also a strong indication that the use of paid partners forms part of the cultural norm for the general Thai male population (Eddy and Walden, 1992). Perhaps reflective of this norm was the finding of VanLandingham et al. (1992) that among coitally experienced Thai university students, 82 per cent had ever had intercourse with a paid partner. In Guatemala and Ecuador, there is a practice of bringing young boys to paid partners as a form of initiation into manhood (Herold et al., 1992). Among Hong Kong adolescents, tolerance for such a tradition was echoed in a sexuality investigation in which respondents approved of the use of paid partners by unmarried males (Family Planning Association of Hong Kong, 1986). In stark contrast, paying for sex remains a stigmatised behaviour in contemporary Britain (Wellings et al., 1994). Regardless of whether or not there is a stigma attached to it, or whether it functions as a cultural tradition or a reflection of a personal preference, the use of paid partners constitutes one risky aspect of adolescent males' coital relationships. Engaging in intercourse with a paid partner carries a high risk of HIV infection (Ward et al., 1993), especially if no effective protection is used.

The various other contexts in which young men's first intercourse experiences take place are further revealed in the SQS data. These include
coital relationships with newly-met but unpaid partners, with girlfriends and with friends. The differing contexts in which respondents first had intercourse are the exact opposite of the pattern revealed for their female counterparts in a nationwide sample survey. In the investigation of Raymundo and Ruiz (1985), about three in every four female respondents from Metro Manila reported having had first coitus with a steady partner. This gender difference is not unusual; in the research literature several observations have been made to the effect that females are more likely than males to first engage in intercourse with a steady boyfriend or a fiancee (Morris et al., 1988; Boohene et al., 1991; Moore and Rosenthal, 1993). Nonetheless, the numerous contexts in which the SQS respondents first had coitus suggests that they were exposed to varying risks. Those who first had coitus with a newly-met partner were exposed particularly to STD infection; those who first had coitus with a girlfriend or with a friend mainly faced the risk of marriage from the potential pregnancy of their partner. To what extent their risk exposure at first coitus was indicative of the general risk they faced from engaging in intercourse could not be answered by considering the data on first intercourse alone.

The data on coital partners ever and mostly had present a better picture of respondents' coital relationships, and allow for a better assessment of their exposure to risks. The generalisation that can be drawn from this evidence is that over their lifetimes, most coitally experienced respondents had had intercourse exclusively with one partner type. The majority had had coitus only with girlfriends, but notably, a sizeable number of respondents also had had intercourse with paid partners, with newly-met partners or with friends. On the other hand, a minority of respondents had had coital relationships with two or more partner types, of which girlfriends were the most common. No dissimilarity was observed between the coital partners of respondents who first had coitus at young and old ages. In general, these findings confirm the
statement made earlier that the risks faced by respondents were varied because of differences in individuals' coital relationships. These findings further establish the validity of statements made by focus group discussants about the range of coital opportunities to which single young men have access in Metro Manila.

The SQS data on coital activity in the six months before the interview also reflect respondents’ coital relationships. In these data, the majority were also found to have engaged in intercourse with one partner type, others with two or more types. Girlfriends were the most common type of partner, but other partner types were also common. Overall, the data do not offer strong evidence of a high level of coital activity among respondents. Most had intercourse between one and five times which means that many had had no coital event in some months during the six-month period. This further implies that their coital activity followed an irregular schedule - consistent with the observation that the occurrence of premarital coitus is generally sporadic (Michael et al., 1994). For some respondents who had had six or more coital events during the reference period, their coital events regularly occurred once every month on average. The coital frequency of once every month or longer time period mirrors the norm among single adolescent men in Colombia (Useche et al., 1990), and in Kenya (Ajayi et al., 1991; Kiragu and Zabin, 1993). In Kenya more specifically, the highest percentage (25) of samples of male students aged 16-19 reported having had one coital event a month (Ajayi et al., 1991). The small number of coital partners that the SQS respondents had had in the past six months - most had had only one - also underscores their limited coital activity. A few respondents had two or more coital partners, indicating that a small subgroup were more coitally active than the majority.

Assessment of sex-related risks not only involves an examination of coital
behaviour, but along with it a consideration of patterns of condom use among respondents. The condom, as is widely known, represents one effective method against pregnancy and HIV infection (Hendry et al., 1993). The predominant pattern of inconsistent use or non-use of condoms among the SQS respondents mirrors a total lack or only partial concern about the personal risk involved in premarital intercourse. Whether the risk involved mainly a potential pregnancy (as in the case in coitus with girlfriends and friends), or HIV infection (as in the case in coitus with paid and newly-met partners), or both (as in the case in coitus with a mixture of paid partners, friends and girlfriends), respondents were generally clearly unconcerned, or just partially concerned of not using condoms consistently. Few - one in every three who were coitally experienced - were consistent users, and among them a slightly greater number were concerned about preventing STD infection than about preventing pregnancy.

The extensive absence of consistent condom use among the survey respondents strongly implies that there were factors that could have mitigated its use. This is not a remote possibility; the research evidence overwhelmingly points out the link of condom usage or non-usage with a number of factors (Urberg, 1982; Whitley and Schofield, 1985; Moore and Rosenthal, 1993; Browne and Minichiello, 1994) (see Chapter Six for a discussion of this subject). Care should be exercised in dealing with data on condom use because they could mask the possibility that some respondents who had had one coital partner over their lifetimes could have reported their use of condoms as being consistent. A better understanding of patterns of condom use would have been obtained if they were, for example, examined in relation to respondents' numbers of lifetime coital partners. Unfortunately, respondents were not asked about lifetime coital partners in the SQS survey. In spite of this limitation, the lack of consistent method use among coitally experienced adolescents is not
uncommon. There is an abundance of empirical facts showing that consistent condom use among this group is rare (Oswald et al., 1992; Rotheram-Borus et al., 1992) even among those whose behaviour entails the greatest risk of infection (Biglan et al., 1990).

Heterosexual interaction in the context either of dating or of intercourse was a common experience among the 308 student respondents. There were some diversities in dating and sexual behaviour among these respondents, despite the fact that they shared common characteristics with respect to economic status, age, and marital and residential statuses. This only implies that there were other factors that interplayed with individual dating and sexual experiences. The dating and coital experiences of 50 of the 308 students are further examined in more detail in the next chapter, but the focus of the analysis is comparative; that is, students’ experiences are compared with those of a low-income group.
Chapter Five

Dating and Coital Experiences Among University Students and Slum Dwellers: Personal Interview Findings

Having intercourse is part of growing up. Part of the experience that makes us grow and mature. But it is not a must.

It does not really bother me if I am not [coitally] experienced. It's something to be ashamed of for a person who is.

Responses of two personal interviewees

Fifty students among the 308 questionnaire survey respondents and 50 slum dwellers were randomly selected and interviewed face-to-face. Each group of 50 consisted equally of coitally inexperienced and coitally experienced respondents. They were asked about their dating and coital experiences respectively, and about their religious activities, sex role beliefs, sexual attitudes, knowledge of AIDS and peer groups. The coitally experienced respondents were further asked about steps taken to prevent pregnancy and STDs, and about their perceptions, beliefs and experiences concerning their use and non-use of preventive methods including condoms.

The aims in analysing the personal interview data were: 1) to examine whether the parameters of dating and sexual behaviour, and use of condoms
for preventing pregnancy and STDs differed between students and slum
dwellers, and 2) to determine whether those who were coitally inexperienced
were distinct from the coitally experienced with respect to their religiosity, sex
role identification, sexual attitudes, AIDS knowledge and peer group
identification.

This chapter discusses the findings on dating and sexual behaviour, and on
religiosity, sex role identification, sexual attitudes, AIDS knowledge and peer
group identification. Findings from the focus group discussions involving
students and slum dwellers conducted prior to the personal interviews, have
been integrated into the discussion. Data on respondents' preventive
behaviour are discussed in Chapter Six.

5.2 Dating Behaviour

Data were derived from interviews with 50 respondents (25 students and 25
slum dwellers) who had no coital experience but had dated, and were analysed
by constructing frequency distributions.

5.2.1 First date

Most students had first dated between 15 and 17 years old, while most
slum dwellers had done so at slightly older ages - between 16 and 18 (Figure
5.1). On their first date, most slum dwellers (19) had dated a girlfriend,
defined and agreed with respondents as someone with whom they had a
mutual romantic relationship; on the other hand, most students (20) had first
dated a friend, implying the lack of an existing and mutually explicit romantic
involvement. Upon probing the relationships of the 20 students who first
dated friends, it was gathered that 12 were courting their partners. In the
Philippines, *courtship* generally refers to a process whereby a male tries to win the heart of a female, usually in the hope that she will become his steady girlfriend. Courtship may or may not lead to engagement or marriage. Modern courtship practices usually involve the male sending love letters, flowers and chocolates to the female; visiting her, in most instances, in her parents' home; engaging her in regular and prolonged conversations over the telephone (Medina, 1991); and going out on dates with her. Courting refers to the act of performing these practices. The male will continue some of these practices even if he succeeds in establishing a steady relationship with her. He will, understandably, stop performing them if he fails. In contrast to traditional courtship practices, some females have been noted to court males (Medina, 1991).

The ages at which coitally inexperienced personal interviewees had first dated appear to resemble the ages at which focus group discussants believed young males in Metro Manila began to date. Although discussants - students and slum dwellers - stressed that the timing of first dating might vary from person to person, they generally agreed that many single young males in Metro
Manila commenced dyadic dating at the age of 17 or 18. Some mentioned that dating might also begin even earlier: in high school, for instance, when students were aged just 12-15. Regardless of whether dating commenced during or after high school, first date was not perceived merely as an enjoyable experience. Discussants pointed out that for a number of young men, dating for the first time, especially if it happened to be with a female to whom they had an attraction, could be daunting and might be filled with nervousness, fear and shyness. Adolescent men who experienced these feelings were thought to sometimes seek the assistance of intermediaries - male or female friends - who then helped arrange the dating event. On the whole, however, the male was clearly identified as the initiator of first dates.

Student and slum dweller discussants concurred that the first dating partner might not be a girlfriend. On the contrary, she might just be someone to whom they were physically attracted:

Anyone you’re interested in, like if you see this girl, oy/ I like to ... she looks like the ... as if you want to ask her to go out with you.

Or she might be someone they were courting, or a friend who they went out with to have fun, clean fun. Discussants also said that a series of dating events with a friend might eventually develop into a serious boyfriend-girlfriend relationship. One student discussant explained:

She is, at first, your friend. When you are already close and she trusts you, iyon/ you pursue [court] her.

5.2.2 Current dating activity

Discussants also perceived that it was common for adolescents of their own
ages (18-19) to have dated within the past month. How frequently they would
date was assessed differently, with some students citing four times every
month, and some slum dwellers nominating lesser frequencies. Data from
personal interviews reflect somewhat different patterns. Within the four weeks
prior to interview, only half of the 50 coitally inexperienced respondents had
dated, with a greater number of students than of slum dwellers (14 versus 10)
having gone out on a date (Table 5.1). Most students who had dated had dated
on two occasions during this period, and they indicated that this was below the
frequency with which they would usually date. The frequency with which
slum dwellers had dated in the past month varied: some had dated once while
others had dated twice or three times. Slum dwellers who had dated were
about equally divided between those who reported that the number of their
recent dating events was greater and those who reported that it was fewer than
they normally had. Both students and slum dwellers had mostly dated only
one female partner during this period; students mainly dating a friend, and
slum dwellers a girlfriend.

The lack of recent dating activity among many students and slum dwellers,
and the relatively low frequencies of dating among those who had dated in the
last four weeks, could be attributed to several factors. Some students in the
focus group discussions cited academic work and extra-curricular activities as
reasons that would prevent adolescents from dating, or from dating frequently.
For most slum-based discussants, the lack of financial resources was
overwhelmingly mentioned as the primary constraint on dating. Slum
dwellers elaborated that it was essential to have some resources, because in
almost all cases girlfriends, who generally were also from slum areas, expected
their boyfriends to shoulder the expenses incurred during dating. Student
discussants did not mention a similar problem, but they did indicate that if a
male invites a female to go out on a date, it is understood that he pays for the
Table 5.1 Various aspects of dating behaviour among coitally inexperienced personal interviewees

<table>
<thead>
<tr>
<th>Variables</th>
<th>Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of dating events in last four weeks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No dating</td>
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<td>15</td>
</tr>
<tr>
<td>One</td>
<td>2</td>
<td>5</td>
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<td>Two</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Three</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Above three</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Could not recall</td>
<td>2</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
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<td>25</td>
</tr>
<tr>
<td><strong>Number of females dated in last four weeks</strong></td>
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<td></td>
</tr>
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</tr>
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<td>Two</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Above two</td>
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<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td><strong>Types of female dated in last four weeks</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girlfriends</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Friends</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td><strong>Types of female dated over lifetime</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girlfriends</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>Friends</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Girlfriends and friends</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Others[a]</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td><strong>Specific precoital acts experienced</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not extensive</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Somewhat extensive</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Extensive</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Very extensive</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

[a. Others includes a combination of girlfriends, friends and newly-met partners as dating partners. b. Not extensive: holding hands, cheek kissing and hugging; somewhat extensive: lip kissing; extensive: breast fondling; and very extensive: genital fondling.]
costs. It was not, however, unusual for a couple to share expenses. Apart from the financial factor, discussants associated frequent or infrequent dating with the geographic proximity of the dating couple: if the couple were studying at the same university, for example, the likelihood of them dating frequently would be greater. In addition, the frequency of dating was also perceived to hinge on how much a young man liked his dating partner:

"It depends on how much you like the company of the girl. If you like her company, you're happy with her, you ask her again 'let's go out again tomorrow'. If you see that you don't enjoy yourself with her, your tendency is to find another, a substitute."

5.2.3 Lifetime dating partners and precoital experience

Data from personal interviews further show the types of female that students and slum dwellers had dated over their dating lifetimes - the difference between the age at interview and age at first date (Table 5.1). More than half of the students (16 of 25) and of the slum dwellers (15 of 25) had been dating approximately for more than a year (not shown in the table). Over the years they had been dating, most (17) slum dwellers had exclusively dated girlfriends. On the other hand, about half (12) of the students had dated both girlfriends and friends, while nine other students had exclusively dated friends. Going out on a date with a friend while having a girlfriend was regarded by student discussants as a common experience, but it was emphasised that greater priority was given to dating a girlfriend than to dating a friend. Slum-based discussants thought that males should date exclusively with their girlfriends, although they did not deny that there were some young males who dated females besides their girlfriends. The possibility that some respondents could have had more than one girlfriend at a given time was left unexplored in the personal interviews. However, the focus group discussants
indicated that some young men tended to have two or three girlfriends at the same time. Discussants described men having multiple girlfriends as playboys, two- or three-timers, or gwapings (physically attractive).

Student and slum dweller respondents had dated most commonly in cinemas, restaurants/food outlets and shopping malls, in that order (not shown in the table). In Singapore, going to movies, and strolling and shopping were also the most common forms of activities among dating couples (Saw and Wong, 1981). Cinemas were not only the most popular venues for dating, but in the focus group discussions were also identified as venues where many young men experienced heterosexual intimacy. Discussants further elaborated that when dating in cinemas, or at other venues such as in a room or inside a parked car, it was normally the male who initiated physical contact, but they did not discount the possibility that some females might also have made the first move. It seems that adolescent males had opportunities to engage in intimately with the opposite sex in cinemas or at other venues according to personal interview findings, but the extensiveness of their experience was limited. While all 25 students and 25 slum dwellers had had physical contact with the opposite sex, this contact was mostly non-extensive (holding hands, hugging, cheek kissing) and somewhat extensive (lip kissing). Only a handful of students and slum dwellers had experienced the extensive act of breast or genital fondling (Table 5.1).

That coitally inexperienced respondents had experienced non-extensive precoital acts suggests that their opportunities were not without limits. It could also be that there were other factors which mitigated against respondents'
experience of extensive precoital acts. From the focus group discussions, for instance, it emerged that the extensiveness of a young man’s precoital experience depended on the duration of his dating relationship with his female partner, the frequency with which he dated her, whether she was a friend or a girlfriend, her values, and the amount of respect he had for his partner.

5.3 Coital Behaviour

Twenty-five students and 25 slum dwellers were interviewed. The data obtained from these interviews were analysed using frequency distributions.

5.3.1 First intercourse

Except for 10 slum dwellers who had first experienced sexual intercourse at the age of 17, the rest of the slum dwellers, and the 25 students had first experienced intercourse at varying ages (Figure 5.2). More than half of the 25 students first had coitus with a paid partner. By contrast, about the same number of slum dwellers first had coitus with a girlfriend (Figure 5.3).

The contexts in which respondents first experienced intercourse followed a discernible pattern. Among the 25 students, half - in particular those whose first partner was paid - experienced first coitus in the context of peer-led or peer group-led activities. Typically, respondents, together with a friend or peer group, had first had a drinking spree, a party or had watched an x-rated video, and then had visited a sauna bath, night club or brothel. Among the 25 slum dwellers, first intercourse had occurred either during dating, or in a context similar to that in which many students first had intercourse. In referring to their first coitus, some students and slum dwellers used the phrases *niyaya ng barkada* (enjoined by my peers), and *bininyagan ng kaibigan o kabarkada*
Discussants pointed out that for some adolescent men, the first coital experience represented a very significant event. It was likely for these men to feel that they had become real men once they had experienced sexual intercourse. Discussants believed that there would be young males who engaged in intercourse just to show that they were not bakla (homosexuals). It was further stressed that the pressure to prove manhood through sexual intercourse often came from peers, and that the need to conform seemed to be so strong that some told their friends they were coitally experienced when in fact they were not, just to avoid being embarrassed. Slum-based discussants did not think that first intercourse mainly occurred with a girlfriend; they believed that first coitus was generally experienced either with a friend, a newly-met partner or a paid partner. In contrast, there was a consensus among student discussants that first coitus mostly took place with a paid partner. Some students offered explanations as to why this was so:
Figure 5.3 Types of first coital partner

students (n=25)

slum dwellers (n=25)
In your first experience, you just like to, eh, try, really, try ... you do not want different sex yet, you only wish to have experience. In a paid partner, that's what you can readily get, right?

At age 16, age 16, what are your options to have intercourse? Either prostitutes or if you have a girlfriend. But not with your girlfriend because it's sacred, necessary that, in other words, untouchable, it's different. Therefore, the only option is a prostitute. You also cannot flirt in the bars like what they have in the United States where you meet a girl, and then easily, you go out with her. Your only option, really, is a prostitute.

In our peer group, a prostitute, that's really it. Because there are many Catholic schools in our place. So rarely can you find females with whom you can have intercourse. So usually prostitute.

How quickly respondents had had their second intercourse after experiencing their first is not a question that can be answered from the personal interview data. The few suggestions offered in the group discussions tend to indicate that the timing of coital events following the first varied - some were perceived to have occurred a day after their first encounter, others a month later, and still others several years later. Discussants opined that the immediacy of the timing of the coitus following the first was contingent upon the personality of the individual, how he valued and regarded sexual intercourse, and how much access he had to coital opportunities that matched his preferences. Although the gap between respondents' first and second coital events was not explored in the personal interviews, the available data suggest that most students (20 of 25) and most slum dwellers (19 of 25) had continued having intercourse after experiencing their first.
5.3.2 Current coital activity and lifetime coital partners

Respondents' further engagement in premarital coitus was reflected in their coital activity in the six months prior to interview, during which period the overwhelming majority of both students and slum dwellers were found to have had intercourse (Table 5.2). The frequencies with which coitally active respondents had had intercourse in the past six months did not differ from students to slum dwellers. Variations in coital frequencies were evident, though, among respondents in each group. Both students and slum dwellers had had intercourse either with one, or two or more different partners in the last six months. Most students had had intercourse with one type of partner who was variously a girlfriend, friend, paid partner, or newly-met partner. Slum dwellers had had intercourse with either one or two partner types. Those who had had one partner type had had intercourse mainly with girlfriends; of those who had had two partner types, almost all had girlfriends as one of those partner types.

When respondents were asked whether or not the frequencies with which they had had coitus in the past six months were usual, responses were varied (not presented in Table 5.2). Ten of 18 students coitally active during this period, for example, assessed that their coital activity was not usual - with about equal numbers saying it was greater and lower than normal. Some students said their activity was normal, while others could not assess whether it was normal or not. Of the 19 coitally active slum dwellers, half regarded their coital frequency in the last six months as normal, while five said it was not. Five slum dwellers could not assess whether their coital frequency during the relevant period was normal or not.

Discussants regarded the occurrence of coital events among young men
Table 5.2 Various aspects of coital behaviour among coitally experienced personal interviewees

<table>
<thead>
<tr>
<th>Variables</th>
<th>Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of coital events in last six months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No intercourse</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>One</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Two</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Three</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Four</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Above four</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td><strong>Number of coital partners in last six months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Two</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Above two</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td><strong>Types of coital partner in last six months</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One partner type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>paid</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>newly-met but unpaid partner</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>girlfriends</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>friends</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Two partner types</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Three or four partner types</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td><strong>Number of lifetime coital partners</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Two</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Three</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Four</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Above four</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td><strong>Types of lifetime coital partner</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One partner type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>paid</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>newly-met but unpaid partner</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>girlfriends</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>friends</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Two partner types</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Three or four partner types</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>
aged 18-19 age group as being unpredictable and often unplanned, and they mentioned several explanations. Students and slum dwellers alike identified financial resources as important in determining the likelihood of having had intercourse in the past six months. They claimed that resources were required even if coitus were to take place with an unpaid partner (for example, with a friend or a girlfriend), because of incidental expenses relating to transport, hotel accommodation, food and drinks. The unpredictable timing of coital opportunities, especially in unpaid contexts, was also specified as a contributing factor; this unpredictability was appropriately described by a discussant: they [opportunities] just came your way, just like that. Other discussants attributed their access to unpaid coital opportunities having to do with luck [or lack of it], or with having or not having regular coital partners. Moreover, discussants - particularly students - believed that part of the reason why adolescents lacked or had had limited coital activity in the last six months was because that they did not normally think about sexual intercourse most of the time. They added that those young men who regularly had coitus were those who placed importance on it and consequently sought out opportunities to experience it.

Approximate lengths of respondents' coital lifetimes were also calculated. Expressed in years, they refer to the difference between the ages at which respondents first had coitus and the ages at which they were interviewed. Most (20 of 25 students, and 18 of 25 slum dwellers) had coital lifetimes of more than one year (not shown in the table). Over their lifetimes, most students and slum dwellers had had more than one coital partner. Students did not differ much from slum dwellers with respect to the number of their lifetime coital partners, but considerable numbers of respondents from both groups had had intercourse with more than four different partners (Table 5.2). An analysis of the types of coital partner respondents had ever had, indicates
that most students (16 of 25) and slum dwellers (16 of 25) had had intercourse with two or more partner types. The most common partner types among the 16 students were paid partners, and girlfriends. The 16 slum dwellers had had intercourse with a mixture of partner types. It must be noted that at some stage in their coital lifetime, 15 of the 25 students and 19 of the 25 slum dwellers had had a girlfriend for a coital partner.

5.4 Explanatory Variables of Coital Experience or Inexperience

Those who had ever had coitus (n=50) and those who had never had coitus but had dated (n=50) were compared with regard to their religiosity, sex role beliefs, sexual attitudes, peer groups and AIDS knowledge. These factors, as discussed in Chapter Two, have previously been examined either theoretically or empirically for their ability to explain premarital sexual behaviour.

5.4.1 Construction of indices

Based on responses derived from personal interviews, several indices were constructed: an index of religiosity, an index of sex role identification, an index of sexual attitudes, and an AIDS knowledge index. No index was constructed from the data on peer groups because the items asked of coitally inexperienced respondents differed from those asked of the coitally experienced. The primary benefit of using the index was that it increased the reliability of concept measurement: a score on an index was considered to be a more reliable indicator of the concept being measured than was a measure based on a response to one question or item alone (Nachmias and Nachmias, 1981: 391). The details of how the indices were developed are discussed below.
Religiosity index. The index was based on the number of religious activities that respondents commonly engaged in each week within the year preceding the interview. The most common activities were attending church mass and praying alone (Table 5.3). Each respondent was given a score corresponding to the number of weekly religious activities he undertook. Thus, those who reported having undertaken two activities - regardless of the frequency with which they were performed - were assigned a score of two, those with three activities were given a score of three, and so on. The higher the score, the more religious a respondent is considered to be. It must be noted that almost all (97) of the 100 personal interviewees were Catholics.

Index of sex role identification. This index is based on 12 statements regarding male sex role beliefs that were intended to measure respondents' agreement or disagreement with the general proposition that young men need to be coitally experienced (Table 5.4). To each statement, respondents were asked to reply strongly agree, agree, disagree, strongly disagree or no opinion. Because of small sample size, these categories were collapsed into three in the analysis: agree, no opinion and disagree. Each agree or disagree answer was assigned a score of either one or three, depending on the direction (positive or negative) in which the statement was worded. The no opinion option attracted a constant score of two.

The answers to these 12 items were subjected to the Reliability Test. The test was performed using the mainframe version of the SPSS, and it measured the extent to which responses to all statements were homogeneous or internally consistent. Based on the results from both tests, eight items were used to form the final index (Table 5.5). For each respondent, the scores for all answers on the eight items were summed to produce an index score. The higher the score, the stronger the respondent's identification with male sex role beliefs.
<table>
<thead>
<tr>
<th>Activities</th>
<th>COITALLY INEXPERIENCED Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
<th>COITALLY EXPERIENCED Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 None</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>1 Attended mass</td>
<td>20</td>
<td>15</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>2 Prayed alone</td>
<td>23</td>
<td>14</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>3 Read Bible and other religious materials</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>4 Attended group prayer</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>5 Attended Bible study and fellowship sessions</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>6 Assisted in celebration of church mass</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>7 Involved in teaching religion</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>

a. Multiple response.
Table 5.4 Items utilised in measuring sex role identification, sexual attitudes and AIDS knowledge

<table>
<thead>
<tr>
<th>Variables, items and codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex role</strong></td>
</tr>
<tr>
<td>1. Young men should not engage in sexual intercourse while they're single. (SINGLE)</td>
</tr>
<tr>
<td>2. A man is not a real man unless he experiences having intercourse with a woman. (NOTAMAN)</td>
</tr>
<tr>
<td>3. Nothing will be lost to a man no matter how many times he engages in intercourse. (NILLOST)</td>
</tr>
<tr>
<td>4. Most women do not expect men to have experience of sexual intercourse. (NOEXPECT)</td>
</tr>
<tr>
<td>5. A man lacks something if he has not had intercourse with a woman. (MANLACKS)</td>
</tr>
<tr>
<td>6. A young man should engage in intercourse at every opportunity. (SEXEVERY)</td>
</tr>
<tr>
<td>7. It is okay for a man to remain without a coital experience until he gets married. (UNTILWED)</td>
</tr>
<tr>
<td>8. A man should know about sex. (KNOWSEX)</td>
</tr>
<tr>
<td>9. A man loses something once he has sexual intercourse with a woman. (SEXLOSES)</td>
</tr>
<tr>
<td>10. Having intercourse with a woman is one of the many ways of proving your manhood. (PROOFMAN)</td>
</tr>
<tr>
<td>11. A young man must experience intercourse before he gets married. (MUSTSEX)</td>
</tr>
<tr>
<td>12. A man should not easily engage in intercourse with every willing woman who comes his way. (EVSEXNO)</td>
</tr>
<tr>
<td><strong>Sexual attitudes</strong></td>
</tr>
<tr>
<td>1. It is bad to have intercourse with a woman if you are not married. (BADSEX)</td>
</tr>
<tr>
<td>2. Every young man is free to have as many intercourse events as he desires. (FREESEX)</td>
</tr>
<tr>
<td>3. Sexual intercourse should only happen between steady partners. (SEXSTEAD)</td>
</tr>
<tr>
<td>4. Young men should limit the number of sexual intercourse acts they engage in. (LIMITNUM)</td>
</tr>
<tr>
<td>5. It is okay to have intercourse with a woman whom you do not love. (SEXNOLOV)</td>
</tr>
<tr>
<td>6. It is important among young men these days to have intercourse experience. (YOUTHSEX)</td>
</tr>
<tr>
<td>7. It is a sin against God to engage in intercourse outside marriage. (SEXGOD)</td>
</tr>
<tr>
<td>8. Sex is important to me. (SEXIMPT)</td>
</tr>
<tr>
<td><strong>Knowledge of AIDS</strong></td>
</tr>
<tr>
<td>1. Hugging a person with AIDS or the AIDS virus.</td>
</tr>
<tr>
<td>2. Shaking hands with someone who has AIDS or the AIDS virus.</td>
</tr>
<tr>
<td>3. Kissing a person who has AIDS or the AIDS virus on the lips using your tongue.</td>
</tr>
<tr>
<td>4. Having sexual intercourse with someone who has AIDS or the AIDS virus.</td>
</tr>
<tr>
<td>5. Kissing a person with AIDS or the AIDS virus on the cheek.</td>
</tr>
<tr>
<td>7. Sexual intercourse with someone whom you have just met and do not know well.</td>
</tr>
<tr>
<td>8. Using an uncleaned syringe or needle used by other people.</td>
</tr>
<tr>
<td>11. Drinking from a glass used by a person with AIDS or the AIDS virus.</td>
</tr>
</tbody>
</table>

a. Item codes are used in subsequent tables for reporting the results from the Reliability Test. Since the AIDS knowledge items were not subjected to this test, their codes are excluded here.
Table 5.5 Results of the Reliability Test of the items used in measuring sex role identification and sexual attitudes

<table>
<thead>
<tr>
<th>Variables and item codes</th>
<th>Item-total correlation (initial index)</th>
<th>Item-total correlation (final index)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex role (12 items)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SINGLE</td>
<td>0.32</td>
<td>0.31</td>
</tr>
<tr>
<td>NOTAMAN</td>
<td>0.47</td>
<td>0.54</td>
</tr>
<tr>
<td>NILLOST</td>
<td>0.44</td>
<td>0.41</td>
</tr>
<tr>
<td>NOEXPECT</td>
<td>-0.08</td>
<td>—</td>
</tr>
<tr>
<td>MANLACKS</td>
<td>0.39</td>
<td>0.49</td>
</tr>
<tr>
<td>SEXEVERY</td>
<td>0.45</td>
<td>0.48</td>
</tr>
<tr>
<td>UNTILWED</td>
<td>0.51</td>
<td>0.49</td>
</tr>
<tr>
<td>KNOWSEX</td>
<td>0.05</td>
<td>—</td>
</tr>
<tr>
<td>SEXLOSES</td>
<td>0.19</td>
<td>—</td>
</tr>
<tr>
<td>PROOFMAN</td>
<td>0.39</td>
<td>0.43</td>
</tr>
<tr>
<td>MUSTSEX</td>
<td>0.64</td>
<td>0.66</td>
</tr>
<tr>
<td>EVSEXNO</td>
<td>0.16</td>
<td>—</td>
</tr>
<tr>
<td>Alpha:</td>
<td>0.67</td>
<td>0.77</td>
</tr>
<tr>
<td>Sexual attitudes (eight items)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BADSEX</td>
<td>0.43</td>
<td>0.38</td>
</tr>
<tr>
<td>FREESEX</td>
<td>0.43</td>
<td>0.48</td>
</tr>
<tr>
<td>SEXSTEAD</td>
<td>0.25</td>
<td>0.27</td>
</tr>
<tr>
<td>LIMITNUM</td>
<td>0.01</td>
<td>—</td>
</tr>
<tr>
<td>SEXNOLOV</td>
<td>0.26</td>
<td>0.36</td>
</tr>
<tr>
<td>YOUTHSEX</td>
<td>0.37</td>
<td>0.36</td>
</tr>
<tr>
<td>SEXGOD</td>
<td>0.26</td>
<td>—</td>
</tr>
<tr>
<td>SEXIMPT</td>
<td>0.11</td>
<td>—</td>
</tr>
<tr>
<td>Alpha:</td>
<td>0.55</td>
<td>0.61</td>
</tr>
</tbody>
</table>

a. Dashed marks (—) indicate that items were excluded from the final index because their values on the test were low.
Conversely, the lower the score, the weaker his identification with such beliefs. The highest possible score was 24, and the lowest was eight.

*Index of sexual attitudes.* This index is based upon eight attitudinal statements regarding premarital sex. In general, they set out the varying conditions under which premarital coitus should or should not occur (Table 5.4). Respondents were asked to reply to each statement: *strongly agree, agree, disagree, strongly disagree* or *no opinion.* In the analysis, these options were reduced to *agree, no opinion* and *disagree.* Each *agree* or *disagree* answer had a corresponding score of either one or three, depending on whether a statement was positively or negatively stated; the *no opinion* answer was assigned a constant score of two. The responses to these eight items were examined for their internal consistency using the Reliability Test. From the test results, five of the eight items were included in the final index (Table 5.5). The scores for each respondent on these five items were added to yield his index score. The higher the score, the more liberal the respondent’s sexual attitudes were; a lower score suggests conservatism. Fifteen was the highest possible score, and five was the lowest.

*Index of AIDS knowledge.* The AIDS knowledge index was based on an 11-item knowledge test (Table 5.4) adopted from the World Health Organisation’s study on homosexual behaviour in the Philippines (Lee, 1993). The test required respondents to identify the risk involved in each activity-item as being *great, moderate, small* or *without any risk.* Responses were checked against correct answers: items four, six, seven and eight are high-risk behaviours, item three has moderate risk while others pose no risk. A score of one was given for every correct answer, a zero for an incorrect answer. The scores for each respondent in the test were added to produce an index score. The higher the score, the
higher the knowledge; the lower the score, the lower the knowledge. The highest possible score was 11, the lowest was zero.

5.4.2 Methods of analysis and findings

A. Religiosity, sex role identification, sexual attitudes and AIDS knowledge

The ability of the independent variables to distinguish the coitally experienced from the coitally inexperienced was tested by examining respondents' scores on the indices. It was hypothesised that if the coitally inexperienced differed in some respects from the coitally experienced, the difference in all likelihood should be reflected in their index scores. The t-test was used to assess the statistical significance of differences in mean scores between the two groups. In performing the test, the null (H₀) and alternative (H₁) hypotheses formulated for each independent variable were that the scores of the coitally experienced (μ₁) and coitally inexperienced (μ₂) were equal (μ₁ = μ₂) and not equal (μ₁ ≠ μ₂) respectively.

The alternative hypotheses predicted the coitally inexperienced to have lower sex role and sexual attitude scores than the coitally experienced (H₁: μ₁ < μ₂), but to have higher religiosity and AIDS test scores than their coitally experienced counterparts (H₁: μ₁ > μ₂). The t-values for the alternative hypotheses on sex role and sexual attitudes were thus expected to be negative (the low scores of the coitally inexperienced minus the high scores of the coitally experienced), and on religiosity and the AIDS knowledge test were expected to be positive (the high scores of the coitally inexperienced minus the low scores of the coitally experienced). Since it was known in each case which of the coitally inexperienced and experienced respondents were expected to have higher or lower scores, the one-tailed test of significance was used. The level of significance was set at 0.01.
Findings show that the null hypotheses were rejected in three out of four instances because their observed t-values were different from the expected. Their corresponding alternative hypotheses were therefore accepted. The variables for which the null hypothesis was disproved were religiosity, sex role identification and sexual attitudes. Relative to the scores of the coitally experienced, scores for the coitally inexperienced respondents were significantly higher on the religiosity index, and lower on the indices of sex role identification and sexual attitudes. However, differences between coitally inexperienced and experienced respondents in these respects were significant only among the slum dwellers, but not among the students (see Figures 5.4 to 5.11 with accompanying tables).

These results suggest that slum dwellers without coital experience were not only more religious, but also identified weakly with sex role beliefs and were conservative in their sexual attitudes. Their coitally experienced counterparts were less religious, were strongly identified with sex role beliefs and had liberal sexual attitudes. In specific terms, slum dwellers who had never had intercourse (n=25) differed in their level of religiosity from those who had ever had intercourse (n=25) in that as revealed in their mean scores, they undertook two religious activities per week against the latter's one activity (Table 5.6). If the group score is dispensed with, the data reveal that 14 among the 25 slum dwellers with coital experience, and four among those who had not had any experience engaged in no religious activity. Among those who engaged in religious activity, their predominant types of activity involved attending church mass and praying alone.

The strength of identification with sex role beliefs also varied between these two groups. As shown in the index scores in Table 5.7, coitally experienced slum dwellers had a mean score of 18 against a score of 15 for the
Figure 5.4 Students' scores on the index of religiosity

Scores

very religious

not religious

Figure 5.5 Slum dwellers' scores on the index of religiosity

Scores

very religious

not religious

Table 5.6 Results of the t-test analysis of religiosity scores

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>coitally inexperienced</td>
<td>25</td>
<td>3.28</td>
<td>1.65</td>
<td>25</td>
<td>2.00</td>
<td>1.44</td>
</tr>
<tr>
<td>coitally experienced</td>
<td>25</td>
<td>2.72</td>
<td>1.34</td>
<td>25</td>
<td>0.88</td>
<td>1.13</td>
</tr>
<tr>
<td>mean difference:</td>
<td>0.56</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.12</td>
</tr>
</tbody>
</table>

N refers to sample size, SD to standard deviation, and df to degrees of freedom.
Figure 5.6 Students' scores on the index of sex role identification

![Graph showing students' scores on the index of sex role identification, with scores categorized as strong or weak for coitally inexperienced and coitally experienced individuals.]

Figure 5.7 Slum dwellers' scores on the index of sex role identification

![Graph showing slum dwellers' scores on the index of sex role identification, with scores categorized as strong or weak for coitally inexperienced and coitally experienced individuals.]

Table 5.7 Results of the t-test analysis of sex role identification scores

<table>
<thead>
<tr>
<th>Groups</th>
<th>STUDENTS</th>
<th>SLUM DWELLERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>coitally inexperienced</td>
<td>25</td>
<td>10.6</td>
</tr>
<tr>
<td>coitally experienced</td>
<td>25</td>
<td>12.7</td>
</tr>
<tr>
<td>mean difference:</td>
<td></td>
<td>-2.10</td>
</tr>
<tr>
<td>t-value:</td>
<td></td>
<td>-2.10, df: 48</td>
</tr>
<tr>
<td>not significant</td>
<td></td>
<td>one-tailed sig: p&lt;0.01</td>
</tr>
</tbody>
</table>

N refers to sample size, SD to standard deviation, and df to degrees of freedom.
coitally inexperienced. Based upon the index scale where a score of 24 signifies the strongest sex role identification, this means that coitally experienced slum dwellers had a stronger identification than the coitally inexperienced. The strong sex role identification of the coitally experienced was most clear in their agreement with two of the eight statements constituting the index (Tables 5.8). Specifically, they agreed that having intercourse with a woman is one of the many ways of proving your manhood (19 of 25 slum dwellers concurred with this statement), and that a young man must experience sexual intercourse before he gets married (16 of 25 agreed).

The coitally inexperienced were equally divided in their opinions with reference to the two statements mentioned. However, on a few other items in the index, coitally inexperienced slum dwellers were found to have also strongly identified with sex role. For instance, of the 25 coitally inexperienced, a higher number agreed than disagreed (13 versus eight) that a man lacks something if he has not had intercourse with a woman. In another instance, almost half (11) of these 25 agreed with the majority (18) of the 25 coitally experienced slum dwellers that nothing will be lost to a man no matter how many times he engages in intercourse. The strong sex role identification of the coitally inexperienced on these two items was offset, however, by their weak position on other items. For example, they were overwhelmingly receptive towards the proposition that young men should not engage in sexual intercourse while they're single, and unaccepting of that stating that a man is not a real man unless he experiences having intercourse with a woman. On these two statements, the coitally experienced had no clear position. There was no instance where the coitally inexperienced and the coitally experienced were found to have opposing attitudes on a given statement. The difference in mean scores between these two groups was chiefly due to the varied ways in which they responded to varying statements.
<table>
<thead>
<tr>
<th>Items 1-6, response options</th>
<th>COITALLY INEXPERIENCED Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
<th>COITALLY EXPERIENCED Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Young men should not engage in sexual intercourse while they're single. (SINGLE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___1 Agree</td>
<td>18</td>
<td>16</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>___2 No opinion</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>___3 Disagree</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>2. A man is not a real man unless he experiences having intercourse with a woman. (NOTAMAN)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___3 Agree</td>
<td>-</td>
<td>3</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>___2 No opinion</td>
<td>-</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>___1 Disagree</td>
<td>25</td>
<td>18</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>3. Nothing will be lost to a man no matter how many times he engages in intercourse. (NILLOST)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___3 Agree</td>
<td>5</td>
<td>11</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>___2 No opinion</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>___1 Disagree</td>
<td>12</td>
<td>6</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>4. Most women do not expect men to have experience of sexual intercourse. (NOEXPECT)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___1 Agree</td>
<td>10</td>
<td>15</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>___2 No opinion</td>
<td>9</td>
<td>6</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>___3 Disagree</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>5. A man lacks something if he has not had intercourse with a woman. (MANLACKS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___3 Agree</td>
<td>4</td>
<td>13</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>___2 No opinion</td>
<td>-</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>___1 Disagree</td>
<td>21</td>
<td>8</td>
<td>17</td>
<td>9</td>
</tr>
<tr>
<td>6. A young man should engage in intercourse at every opportunity. (SEEVERY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___3 Agree</td>
<td>1</td>
<td>7</td>
<td>-</td>
<td>13</td>
</tr>
<tr>
<td>___2 No opinion</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>___1 Disagree</td>
<td>23</td>
<td>13</td>
<td>24</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 5.8 (continued) Frequency distribution of responses to items used in measuring sex role identification by type of respondent and extent of sexual exposure

<table>
<thead>
<tr>
<th>Items 7-12, B response options D and item codes</th>
<th>COITALLY INEXPERIENCED</th>
<th>COITALLY EXPERIENCED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students (n=25)</td>
<td>Slum dwellers (n=25)</td>
</tr>
<tr>
<td>7. It is okay for a man to remain without a coital experience until he gets married. (UNTILWED)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 1 Agree</td>
<td>24</td>
<td>16</td>
</tr>
<tr>
<td>___ 2 No opinion</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>___ 3 Disagree</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>8. A man should know about sex. (KNOWSEX)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 3 Agree</td>
<td>25</td>
<td>17</td>
</tr>
<tr>
<td>___ 2 No opinion</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>___ 1 Disagree</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>9. A man loses something once he has sexual intercourse with a woman. (SEXLOSES)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 1 Agree</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>___ 2 No opinion</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>___ 3 Disagree</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>10. Having intercourse with a woman is one of the many ways of proving your manhood. (PROOFMAN)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 3 Agree</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>___ 2 No opinion</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>___ 1 Disagree</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>11. A young man must experience sexual intercourse before he gets married. (MUSTSEX),</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 3 Agree</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>___ 2 No opinion</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>___ 1 Disagree</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>12. A man should not easily engage in intercourse with every willing woman who comes his way. (EVSEXNO)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ 1 Agree</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>___ 2 No opinion</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>___ 3 Disagree</td>
<td>3</td>
<td>-</td>
</tr>
</tbody>
</table>

a. Items with asterisk (*) were dropped in the final index.
The dissimilarity between slum dwellers with and without intercourse experience as far as their sexual attitudes were concerned was also statistically significant. On average, the coitally experienced scored 11 on the index, which indicates that they had more liberal attitudes than the coitally inexperienced who on average had scored nine (Table 5.9). The liberal attitudes of respondents who had ever had coitus were reflected in only two of the five statements which formed the index (Table 5.10). In particular, 15 of the 25 respondents subscribed to the idea that each young man is free to have as many intercourse events as he desires; similarly, 16 of them believed that sexual intercourse should only happen between steady partners. Because they had no definite position on the remaining three statements, their particularly strong stand on the other two items was affected. Thus although their overall position was only suggestive of some degree of sexual liberalism, they nevertheless exhibited more liberal attitudes than the coitally inexperienced. Interestingly, the 25 coitally experienced slum dwellers had varying opinions on whether premarital coitus was bad or unimportant.

While the majority of coitally inexperienced slum dwellers regarded premarital intercourse on two index statements as bad and unimportant - an indication of their conservatism - they had, on the whole, a mixed assessment of the one other condition under which premarital coitus should or should not occur. Specifically, this group was about uniformly halved into those who agreed or disagreed to the number two proposition (Table 5.10) that specifies sexual freedom for every young man. The liberal position that some coitally inexperienced respondents took in these instances obviously had partly affected the low (conservative) scores of others in the group; the overall effect is reflected in the group's mean score which more strongly suggests a conservative than a liberal sexual attitude. Again, the coitally experienced and
Figure 5.8 Students' scores on the index of sexual attitudes

Scores

liberal

conservative

Figure 5.9 Slum dwellers' scores on the index of sexual attitudes

Scores

liberal

conservative

Table 5.9 Results of the t-test analysis of sexual attitude scores

<table>
<thead>
<tr>
<th>Groups</th>
<th>STUDENTS</th>
<th>SLUM DWELLERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>coitally inexperienced</td>
<td>25</td>
<td>7.88</td>
</tr>
<tr>
<td>coitally experienced</td>
<td>25</td>
<td>9.36</td>
</tr>
<tr>
<td>mean difference:</td>
<td>-1.48</td>
<td></td>
</tr>
<tr>
<td>t-value:</td>
<td>-1.91, df: 48</td>
<td></td>
</tr>
<tr>
<td>not significant</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N refers to sample size, SD to standard deviation, and df to degrees of freedom.
<table>
<thead>
<tr>
<th>Items, (^a) response options(^b) and item codes</th>
<th>COITALLY INEXPERIENCED Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
<th>COITALLY EXPERIENCED Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is bad to have intercourse with a woman if you are not married. (BADSEX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_1 Agree</td>
<td>16</td>
<td>17</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>_3 Disagree</td>
<td>6</td>
<td>4</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>2. Every young man is free to have as many intercourse events as he desires. (FREESEX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_3 Agree</td>
<td>8</td>
<td>10</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>5</td>
<td>7</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>_1 Disagree</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>3. Sexual intercourse should only happen between steady partners. (SEXSTEAD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_3 Agree</td>
<td>8</td>
<td>12</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>2</td>
<td>11</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>_1 Disagree</td>
<td>15</td>
<td>2</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>4. Young men should limit the number of sexual intercourse acts they engage in. (LIMITNUM)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_1 Agree</td>
<td>12</td>
<td>15</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>_3 Disagree</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>5. It is okay to have intercourse with a woman whom you do not love. (SEXNOLOV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_3 Agree</td>
<td>5</td>
<td>9</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>_1 Disagree</td>
<td>19</td>
<td>13</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>6. It is important among young men these days to have intercourse experience. (YOUTHSEX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_3 Agree</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>1</td>
<td>8</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>_1 Disagree</td>
<td>21</td>
<td>12</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>7. It is a sin against God to engage in intercourse outside marriage. (SEXGOD)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_1 Agree</td>
<td>20</td>
<td>15</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>_3 Disagree</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>8. Sex is important to me. (SEXIMPT)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>_3 Agree</td>
<td>17</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>_2 No opinion</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>_1 Disagree</td>
<td>6</td>
<td>13</td>
<td>16</td>
<td>14</td>
</tr>
</tbody>
</table>

\(^a\) Items with asterisk (*) were dropped in the final index.
the coitally inexperienced were observed to have not differed markedly in opinion on any one statement contributing to the index.

The variable for which the null hypothesis was not rejected was knowledge of AIDS (Table 5.11). Knowledge scores did not vary significantly from the coitally inexperienced to the coitally experienced (Figures 5.10 to 5.11). Thus respondents, regardless of whether or not they had experience of sexual intercourse, had varying levels of knowledge. Both respondents who were less knowledgeable about AIDS and those who were more knowledgeable, mostly correctly identified the activities which carried great risks of HIV infection, such as having intercourse with someone who has AIDS or the AIDS virus or with a paid partner, and using an uncleaned syringe or needle used by other people (Table 5.12). Varying assessments were derived from respondents, particularly slum dwellers, as to the correct risk associated with such activities as using public toilets and swimming pools, or drinking from a glass used by a person with AIDS or the AIDS virus.

A cursory look at the mean scores on the indices reveals that slum dwellers, regardless of sexual exposure, had considerably higher sex role scores, but lower religiosity and AIDS knowledge scores than students. The sex role identification scores, in particular, of students were weaker than those of slum dwellers. With reference to religiosity scores, students were more religious than slum dwellers in that they averaged about three weekly activities against one or two for the slum dwellers. Students also scored higher than slum dwellers on the AIDS knowledge test. In the index of sexual attitudes, the scores of slum dwellers were also higher from those of students, but the variations were dependent upon sexual exposure. On this index, most of the 25 coitally experienced students had assessed premarital coitus as bad or unimportant, while, as mentioned earlier, their slum-based counterparts had a
Figure 5.10 Students' scores on the index of AIDS knowledge

Scores

Figure 5.11 Slum dwellers' scores on the index of AIDS knowledge

Scores

Table 5.11 Results of the t-test analysis of AIDS knowledge test scores

<table>
<thead>
<tr>
<th>Groups</th>
<th>STUDENTS</th>
<th>SLUM DWELLERS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>coitally inexperienced</td>
<td>25</td>
<td>8.12</td>
</tr>
<tr>
<td>coitally experienced</td>
<td>25</td>
<td>7.64</td>
</tr>
<tr>
<td>mean difference:</td>
<td>0.48</td>
<td></td>
</tr>
<tr>
<td>t-value: 0.88, df: 48</td>
<td>not significant</td>
<td>t-value: 1.73, df: 48</td>
</tr>
</tbody>
</table>

N refers to sample size, SD to standard deviation, and df to degrees of freedom.
Table 5.12 Frequency distribution of responses to activity-items used in measuring AIDS knowledge by type of respondent and extent of sexual exposure

<table>
<thead>
<tr>
<th>Items 1-6 and response options</th>
<th>COITALLY INEXPERIENCED</th>
<th>COITALLY EXPERIENCED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students (n=25)</td>
<td>Slum dwellers (n=25)</td>
</tr>
<tr>
<td></td>
<td>Students (n=25)</td>
<td>Slum dwellers (n=25)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Hugging a person with AIDS or the AIDS virus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—1 Great risk</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>—2 Moderate risk</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>—3 Small risk</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>—4 No risk</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>2. Shaking hands with someone who has AIDS or the AIDS virus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—1 Great risk</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>—2 Moderate risk</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>—3 Small risk</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>—4 No risk</td>
<td>23</td>
<td>16</td>
</tr>
<tr>
<td>3. Kissing a person who has AIDS or the AIDS virus on the lips using your tongue.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—1 Great risk</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>—2 Moderate risk</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>—3 Small risk</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>—4 No risk</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>4. Having sexual intercourse with someone who has AIDS or the AIDS virus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—1 Great risk</td>
<td>25</td>
<td>24</td>
</tr>
<tr>
<td>—2 Moderate risk</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>—3 Small risk</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>—4 No risk</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5. Kissing a person with AIDS or the AIDS virus on the cheek.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>—1 Great risk</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>—2 Moderate risk</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>—3 Small risk</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>—4 No risk</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>—1 Great risk</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>—2 Moderate risk</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>—3 Small risk</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>—4 No risk</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 5.12 (continued) Frequency distribution of responses to activity-items used in measuring AIDS knowledge by type of respondent and extent of sexual exposure

<table>
<thead>
<tr>
<th>Items 7-11 and response options</th>
<th>COITALLY INEXPERIENCED</th>
<th>COITALLY EXPERIENCED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students (n=25)</td>
<td>Slum dwellers (n=25)</td>
</tr>
<tr>
<td>7. Sexual intercourse with someone whom you have just met and do not know well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_1 Great risk</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>_2 Moderate risk</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>_3 Small risk</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>_4 No risk</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>8. Using an uncleaned syringe or needle used by other people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_1 Great risk</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>_2 Moderate risk</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>_3 Small risk</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>_4 No risk</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>_1 Great risk</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>_2 Moderate risk</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>_3 Small risk</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>_4 No risk</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>_1 Great risk</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>_2 Moderate risk</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>_3 Small risk</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>_4 No risk</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>11. Drinking from a glass used by a person with AIDS or the AIDS virus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>_1 Great risk</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>_2 Moderate risk</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>_3 Small risk</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>_4 No risk</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>
divided opinion. The conservative sexual attitudes among student interviewees also reflect the conservative position that university students from Ateneo de Manila, a Jesuit-run university, took on most issues related to sexual morality, according to one study. On one question which resembles one asked of the student respondents interviewed in the thesis, seven of every 10 Ateneo students had regarded premarital sexual relations between man and woman as always/mostly wrong (Abad and Sandoval, 1990).

B. Peer group identification

Coitally inexperienced respondents were presented with a series of six statements which were slightly different from the six statements presented to the coitally experienced respondents (Table 5.13). These statements were designed to measure the extent to which the sexual decisions and behaviour of respondents were related to or identical to those of their peer group. For each statement, respondents were asked to reply true, somewhat true, or not true. They also had the option to answer no opinion.

Data were analysed by frequency distribution. Table 5.13 shows the dominant response patterns. The direction of identification with peer group is indicated by a positive (+), negative (-), or a neither positive nor negative (±) sign. A positive sign denotes that respondents identified with their peer group, a negative that they did not, and a neither positive nor negative sign suggests that respondents were about equally divided into those who identified and those who did not identify with their peer group. The signs were then summarised to provide a general idea of whether coitally inexperienced or coitally experienced respondents, were identified more closely with their peers.

The coitally experienced had a closer identification with their peer group
Table 5.13 Results of the frequency distribution analysis of the items used in measuring peer group identification

<table>
<thead>
<tr>
<th>Items</th>
<th>RESPONSE OPTIONS AND FREQUENCIES</th>
<th>Direction of identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>True</td>
<td>Somewhat true</td>
</tr>
<tr>
<td>For coitaly inexperienced respondents (n=50):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Most of my close male friends do not have intercourse experience.</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>2. If my close male friends have intercourse, I will also have the same experience.</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>3. My close male friends have nothing to do with my being inexperienced as far as intercourse is concerned.</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>4. I am likely to be influenced by my close male friends to engage in sexual intercourse.</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>5. I do not follow whatever sexual things my close male friends do.</td>
<td>31</td>
<td>10</td>
</tr>
<tr>
<td>6. My close male friends are not important to me.</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of +</strong></td>
<td>2</td>
<td><strong>Total number of -</strong></td>
</tr>
<tr>
<td>For coitally experienced respondents (n=50):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Most of my close male friends have intercourse experience.</td>
<td>39</td>
<td>6</td>
</tr>
<tr>
<td>2. I engage in sexual intercourse because most of my close male friends do.</td>
<td>19(^c)</td>
<td>8</td>
</tr>
<tr>
<td>3. My close male friends have nothing to do with what I do sexually.</td>
<td>17(^d)</td>
<td>13</td>
</tr>
<tr>
<td>4. I was influenced by my close male friends at my first sexual intercourse.</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>5. I follow whatever sexual things my close male friends do.</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>6. My close male friends are not important to me.</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total number of +</strong></td>
<td>3</td>
<td><strong>Total number of -</strong></td>
</tr>
</tbody>
</table>

\(^a\) Highlighted figures represent dominant responses. \(^b\) Similar response patterns were obtained when the analysis was carried out separately for students and slum dwellers. \(^c\) Sixteen of those who answered not true were students; 16 of the 19 who answered true were slum dwellers. \(^d\) Thirteen of the not true responses were given by slum dwellers; of the 17 true responses, 11 were given by students.
than the coitally inexperienced (Table 5.13). As indicated by the total number of positive signs, the coitally experienced identified with their peer group in three out of six instances, the coitally inexperienced in two out of six instances. In the other four instances where the direct influence of peers on prospective coital behaviour was asked, the coitally inexperienced clearly did not identify with their peer group. In contrast, the coitally experienced did not identify with their peers in one instance, and in two others they were divided between those who did and those who did not identify. The two instances in which the coitally experienced respondents had differing perceptions were in response to the statements *I engage in sexual intercourse because most of my close male friends do* and *My close male friends have nothing to do with what I do sexually.* Additional analysis shows that the respondents who did not identify with their peers on these two items were mostly students, while those who identified with their friends were mostly slum dwellers. In sum, the coitally experienced slum dwellers were more closely identified with their peers than the students: among the six statements, they identified with their peers on five, as against three for their student counterparts.

The findings on peer group identification further imply that respondents tended to have friends who had the same sexual exposure. Thus, coitally inexperienced respondents had friends who were also inexperienced; the coitally experienced had friends who were also experienced. Moreover, the importance of close male friends in general was universally recognised by all respondents regardless of their type and sexual exposure.

5.5 Summary and Discussion

One shortcoming in the data is recognised: the dating behaviour among the coitally experienced respondents was not covered in the personal interviews. It
would have been better to know of the dating behaviour of the coitally experienced so that it could be compared with that of the coitally inexperienced. Notwithstanding this limitation, it could be presumed from the findings that most respondents with coital experience had also dated. Many of them had had intercourse with girlfriends, and their coitus was likely to have taken place as a consequence of dating. In the following discussion, the personal interviews undertaken in this thesis will be referred to as the Students/Slum Dwellers Interviews or SSDI.

Several parameters of dating and sexual behaviour were examined across two respondent groups - university students and slum dwellers. Across various indicators, the dating and sexual experiences of the 50 student respondents reflect the predominant experiences of the group from which they were selected - the self-completed questionnaire survey respondents. This is something to be expected because the students interviewed face-to-face were randomly selected from among the questionnaire survey respondents. Also across a number of indicators, students' reports in personal interviews, including those pertaining to dating and coital partner types are consistent with their questionnaire reports (see Chapter Three). That the personal interview data mirror, and are consistent with the data obtained in the questionnaires (which involved a relatively large sample), indicates that the personal interview findings concerning students' dating and sexual behaviour can be regarded with a certain degree of confidence. On the other hand, because the data for slum dwellers derive from only 50 cases, findings drawn from them are largely inconclusive.

The aspect of dating behaviour which differed most between coitally inexperienced students and slum dwellers interviewed in the SSDI was the context in which they had dated. Slum dwellers had dated mainly girlfriends,
students mainly girlfriends and/or friends. The difference between these groups in this regard may be explained by their economic backgrounds. Slum dwellers, because of their financial situation, might have perceived that having a girlfriend first, and dating her later, was a less financially burdensome approach to establishing heterosocial interaction than dating a friend or a female whom they were courting. In fact, across three reference events - first, current and lifetime - slum dwellers rarely reported having dated a female other than a girlfriend. Apart from the financial reason, Bell (1966) also contends that in most cases, lower-class adolescents follow a pattern of dating with girlfriends because they often need a significant other, who may be acquired through the arrangement of going steady. For slum dwellers, then, dating served only one function: as an activity with a girlfriend.

For students, who had relative financial freedom, dating, in contrast, served a number of functions: an activity with a girlfriend, a social interaction to court a girl, and an occasion to socialise with a female friend. In particular, the reported behaviour among some students of having dated friends while having had girlfriends could be indicative of liberal values. However, the lack of pertinent details about the dating relationships that these students had with friends (for example, the frequency with which they had dated friends relative to girlfriends, and their intentions when dating friends) does not permit an accurate assessment of this behaviour. It was not a distant possibility that a number of these students could have been courting the friends they dated while also having steady relationships. But another clear possibility was that some dated friends purely for fun, or to socialise. It was not farfetched either that dating could have been used as a means of attaining social status; dyadic dating for most youth remains an ego-gratifying activity (Ramu, 1979).
The context in which coitally inexperienced slum dwellers had predominantly dated - within a steady romantic relationship - resembles the context in which their coitally experienced counterparts had first had intercourse, or had had intercourse in the past six months. However, the general patterns of coital relationship among the coitally experienced slum dwellers do not suggest that they had had coitus mainly with girlfriends. On the contrary, slum dwellers had also had intercourse with non-girlfriends - one aspect of their coital behaviour that coincides with that of students interviewed in the SQS and SSDI. Although girlfriends were among the coital partners of respondents (students and slum dwellers), there were suggestions in the group discussions that some young men tended to avoid having intercourse with girlfriends on a regular basis, for fear that they might become pregnant and that the men would be forced into marrying (see Chapter Six on respondents' use of pregnancy prevention). Fear of this consequence could be one reason why respondents had also had intercourse with paid partners, newly-met partners and friends, in which the risk of being driven into an unplanned marriage was lower or non-existent.

Marriage was not an option for young men aged 18-19 if the findings from focus group discussions were any indication. The general opinion among discussants was that most would be unprepared to marry at these ages; a discussant observed:

Young men are incapable of taking the responsibility if their partner gets pregnant. They're still studying and they also have an obligation to their parents. Their future will be ruined if they engage in intercourse while single.

Adolescents, as students explained, tended to place greater emphasis and give greater attention to their studies and career plans than to marriage. Slum-based
discussants shared this opinion, but cited the lack of, or inadequate, financial means as the chief reason that would discourage young men from forming a formal union. That feeling of inadequacy was captured in a slum dweller's statement - *ano ang ipapakain mo sa mga anak mo?* (what will you feed your children?) - which incidentally is a familiar phrase among Filipinos living in poverty conditions.

The perception about young men not opting to marry at ages 18-19 is quite accurate; it corresponds with the statement of Furnham and Stacey (1991) that males relative to females, are less oriented towards marriage, but more oriented towards sex and employment. The facts are also clear: marriage either at very young ages (15 or earlier) or at moderately young ages (17-18) is becoming unpopular among Filipinos, as among other national populations in Southeast Asia. In 1990, the singulate mean age at marriage among Filipino males was 26.2 years as against 23.8 years among their female counterparts (de Guzman and Cruz, 1992). In 1980, the figures were 24.8 and 22.4 years among males and females, respectively (Xenos and Gultiano, 1992). The 1980 data are identical with those calculated for Thai males and females, but are considerably lower when compared to figures computed for both sexes in Singapore and Malaysia.

The trend towards later marriages will continue in the long term because of dramatic transformations in familial, educational and labour market structures in Asia (East-West Centre, 1992a), but it has without any effect on youth sexuality. Prolonged singlehood coupled with early biological maturation, which for most adolescents begins between ages nine and 16 (Moore and Rosenthal, 1993), tends to provide young people with ample time to engage in premarital sexual activities (Raymundo, 1984 cited in Medina, 1991: 102). This opportunity needs to be seen though, in relation to the ages at which young
men commence intercourse, as the timing of coital debut has an effect on the number of coital partners that sexually active youths are likely to have (Christopher and Roosa, 1991). In the case of the SSDI coitally experienced survey respondents, most had had quite lengthy coital lifetimes (of two years or more), having begun coitus at relatively young ages. Over their coital lifetimes respondents had had considerable sexual experiences: not only had they often had coitus with more than one partner, but their partner types were also varied.

Having had two or more lifetime coital partners tends to be the norm among other samples of coitally experienced adolescents in such countries as Canada (Netting, 1992), Kenya (Kiragu and Zabin, 1993), and the US (Delamater and MacCorquodale, 1979; Hass, 1979; Darling et al., 1992; Reinisch et al., 1992; Moore et al., 1993). Among a group of American teenagers aged 18-23, the average number of lifetime partners they reported having had was six (Reinisich et al., 1992); in another study in 1988, also among American youth aged between 18 and 25, male interviewees had had 11 partners on average. One reason for the multiplicity of partners among young men, among others, is that very few - in one American youth study in 1982, a mere five per cent of respondents (Moore and Rosenthal, 1993) - stopped from having intercourse once they experienced it. The tendency to have coitus with two or more partner types, which is referred to in the research literature as sexual networking (Dyson, 1992), has been observed among some adolescent samples as well, such as those interviewed by Xenos et al. (1992) in Thailand. But in general, the pattern that is strongly suggested by available evidence - mostly from developed countries - is that most young men in the 1980s and the 1990s are having intercourse with someone in an affectional context (McKinney et al., 1982; Ford and Morgan, 1989; Vennix et al., 1993; Michael et al., 1994). These relationships, while intense, are often short term, and may cause pain when
they end (Furnham and Stacey, 1991).

It is speculated that adolescent men in developed countries mainly have coitus within steady relationships, or according to Reiss (1967) *within an ideology of permissiveness with affection*, firstly because there is a lack of social and cultural pressure to marry the girl if she becomes pregnant, and secondly because pregnancy can readily be resolved through abortion. Aborting pregnancy is most common in the developed world, where the procedure is often legal and widely available (Senderowitz and Paxman, 1985). According to 1983 data compiled by the Population Council, the percentages of pregnancies terminated by abortion among females under 20 years old were 13 in France, 28 in England and Wales, 30 (Tietze, 1983) or 40 (Hayes, 1987) in the US, and over 20 in Brazil (Pinho, 1984). In the Philippines not only is abortion illegal, but probably due to the Catholic orientation of Filipinos, which extols the value of human life, it is rarely considered let alone taken as the first solution.\(^2\)

Marriage is the predominant solution to teenage pregnancy. Once a young man is identified and concedes he is the father of his girlfriend's baby, he is encouraged or forced into marriage either by his or the girl's family. The pressure to marry once premarital pregnancy occurs appears quite strong that premarital sexual relations are typically followed by marriage (East-West Centre, 1989). In a survey of married Filipino men and women, 60 per cent reported they had had intercourse with their spouses before marriage (Riley, Smith and Cabigon, 1983). It is not unreasonable to assume that in such cases marriages could have been precipitated by a premarital conception (United Nations, 1992b).

\(^2\)Induced abortion nevertheless appears to be a common phenomenon in the Philippines, but it is more prevalent among older and married women. Because abortion is illegal and punishable by imprisonment, no reliable incidence rates can be cited. Son (1991 cited in Bost, 1993: 221) estimates that between 11 and 12 per cent of yearly pregnancies are terminated by induced abortion. The ages and marital statuses of women who had abortions were not specified.
Most Filipino parents would choose marriage as the solution to a daughter's premarital pregnancy\(^3\) because of the stigma that would be attached to her once she bore a child without being wed. However, in such case, the illegitimate child is less stigmatised than the parent (Medina, 1991). Pregnant women's parents avoid losing face or reputation among friends and relatives as much as possible: *ano na lang ang sasabihin ng tao tungkol sa akin or sa ating angkan?* (what shall people be saying about me or about our clan?). Furthermore, owing to the closely-knit family ties among Filipinos, there is also a predisposition to believe that the pregnant woman and her child would be better off having a family of their own - established through legal marriage. However, it is contended that teenage marriages do not all succeed. De Guzman and Cruz (1992: 5) in their analysis of social and demographic data, note that the increasing incidence of failed adolescent marriages casts some doubts on the stability of early marriages.

Perhaps due to the realisation that marriage is not the only way to a successful family life, and maybe due also to increasing liberalism among Filipino women, that not all premarital conceptions are resolved through marriage, or through abortion. Students involved in the focus group discussions mentioned knowing a number of single pregnant women of similar economic status to them, who did not try to force their boyfriend or whoever was responsible for their pregnancies to marry them. These women were thought to have resolved to keep the child for themselves even without the benefit of marriage, and regardless of pressure exerted on them by friends and relatives. Examples of women falling into this category are some well-known

\(^3\)Where the responsible father is single; parental attitudes may differ if he is married. Overwhelming proportions of adolescent females aged 15-24, when asked in a nationwide survey in 1982 about the solution to a premarital conception, would opt to keep the baby herself rather than pressure the guy to marry her (Raymundo and Ruiz, 1985: 11). Because Filipino adolescents are generally dependent on their parents, especially in economic terms, it is usually the latter who make decisions concerning the appropriate solution to premarital pregnancies.
movie actresses in the Philippines who are unwed mothers.

Societal pressures to marry a pregnant girlfriend could have contributed to respondents' decisions to have intercourse with non-girlfriends. Having had coitus in non-romantic contexts, and with a number of different partners, were common behaviours shared by students and slum dwellers alike. With regard to other aspects of their dating and sexual experiences, such as the ages at which they first had dated or had intercourse, the frequencies with which they had recently dated or had intercourse, and the extensiveness of their precoital acts, these groups also had had similar experiences.

The absence of any discernible difference between students and slum dwellers across several indicators, but particularly with regard to coital experiences, is in direct contrast to the observations of students in the focus group discussions. Specifically, students contended that there would be differences between high- and low-income groups such as themselves and the slum dwellers with regard to the number of coital events and of coital partners. They anticipated that low-income groups would be engaging in intercourse more frequently than students because:

They don't care. What's that? It's a diversion. Often, they are always in the streets, drinking ... while here in school, you read a lot, there's sports.

They're fans of the mass media, then there's no parental control because they're concerned with survival. To them, sex is important.

The culture in the slum areas is that they have more time, more time to indulge in talking about that [referring to sex]. Then, they're not preoccupied, unlike the students who are busy doing many things ... thus your libido is directed towards sexual things like that.
Some discussants opined that although slum dwellers would be engaging in coitus more often, this was likely to be taking place with the same partner. University students, on the other hand, were perceived by student discussants to be likely to attract greater numbers of potential coital partners than their slum-based counterparts because of their economic status, and the fact that they were studying at the top universities in the Philippines. These opinions, while relevant to understanding sexual behavioural differences between high- and low-income groups, did not find support in the personal interview data. One study among American university students in the 1970s noted, however, that across a predefined socioeconomic status index, the proportion of respondents who had had intercourse with three or more partners increased with an increase in status (Simon et al., 1972). But in direct disagreement with students, and in sharp contrast to Simon et al.'s observation, slum dwellers in the group discussions did not think that there would be any difference between high- and low-income groups. They emphasised that it is in the nature of men, whether they are rich or not, to engage in intercourse if opportunities exist.

On a related theme, Moore and Rosenthal (1993) maintain that the influence social class has on sexual behaviour may be manifested in the timing of coital activity. They argue that poverty conditions may encourage early sexual activity through the impact of poor life satisfaction and even poorer prospects. They further explain that living in an environment characterised by poor and crowded housing and serious social disorganisation often exposes teenagers to many forms of deviant behaviour, as well as to sex, at very young ages. There may be truth in these observations, but the timing of first intercourse among the slum dwellers interviewed, who were low-income adolescents themselves, was not in any way distinct from that observed among the high-income students.
In the foregoing discussion, students and slum dwellers were compared with regard to their dating and sexual behaviour. At this point, the discussion focuses on differences between respondents who had had coitus and those who had not had coitus. The comparison of these two groups across a number of variables showed that the coitally experienced differed from the coitally inexperienced in terms of religiosity, sex role identification, sexual attitudes and peer group identification. The differentiation between these two groups on the first three variables was, however, significant only in the case of the slum dwellers. Peer group identification was a significant differentiating variable for both students and slum dwellers. Slum dwellers who had had no intercourse experience were more religious (that is, engaged in more religious activities) than those who had had experience. But the types of religious activities they undertook were restricted mainly to those which did not require considerable time and effort to perform - attending church mass and praying alone. Regular religious services are very common in Metro Manila. There are numerous Catholic churches strategically located around the metropolis - some of which are very big and can accommodate hundreds of churchgoers. Religious services are frequently held in these churches each day - once or more times - implying that most people could attend one at their convenience. While church mass is very accessible, so is the activity of praying alone.

The focus group participants pointed out that attending religious services and praying alone are norms among most Filipino youths at present. In a 1991 national survey in the Philippines, this was also the case: the majority of the 18-24 age group (sex composition was unspecified) reported having regularly attended religious services each week and prayed each day, but they did not report that they had ever or regularly taken part in church-based activities and organisations (Arroyo, 1992). The group discussants further pointed out that youth in the 1990s are generally not religious. However, compared to their
British counterparts, the SSDI respondents and those involved in the 1991 survey just cited would appear more religious. Furnham and Stacey (1991) report that among their sample of British adolescents, attendance at regular religious services and regular praying patterns were exceptions rather than norms, while King (1989) likewise observes that in Canada, there has been a steady decline in the proportion of young people who go to church regularly.

The religiosity of coitally inexperienced slum dwellers was also consistent with their weak identification with sex role beliefs and conservative sexual attitudes. In essence, they did not subscribe to the general belief that young males needed to have coital experience. Their coitally experienced counterparts, by having strongly identified with sex role, and having liberal attitudes, were in effect endorsing such a belief. Howells (1986) points out that in the human sexuality literature there are indications that beliefs and prescriptions derived from general sex role expectations affect sexual behaviour itself. Among the focus group participants, these beliefs were clarified:

If you have experience, you’re more of a man. They see themselves like that, it inflates their ego, machismo complex.

You should know how to please a woman. Because deep inside, you will be rejected by the woman if you cannot satisfy her sexually. You will be afraid to be rejected because it’s a blow to your ego.

It’s normal, normal ... because some guys see sex as a trophy. Oy, I was like that when I was younger ... and if you get married, of course, what will happen if you’re married, then both of you do not know anything about sex, how can you engage in something you do not know? At least, the guy who knows, he can initiate.
Men are accepted to engage in premarital sex. That's the culture. Some girls are surprised if they learn you're still a virgin.

The notion that young boys should be accorded sexual freedom is not only true in Filipino culture, but in Greek culture as well (Rosenthal et al., 1990). In the US, this tends also to be the case, as the majority of a sample of respondents composed of young and old alike regarded premarital sexual experience for the man as either important or very important (Janus and Janus, 1993). In Jamaica, parents - especially mothers - tend to treat the early sexual explorations of their sons with amused tolerance if not implicit encouragement (Brody, 1981). The Manila focus group discussants - the non-coitally experienced in particular - disagreed with such a general notion. They argued that not all young men would accept this belief because, as they explained, some fear STD infection and unwanted pregnancy, while others, because of their religious convictions and personal values, would choose to remain virgins.

Whether adolescents conform or do not conform to the expectation that unmarried young men should have coital experience depends not only on individual disposition and characteristics, but also on social influences. One of the most powerful influences stems from the peer group, a small collection of similarly aged, fairly close friends (Coleman and Hendry, 1990). In the personal interview data, it was found that the difference between the coitally experienced and the coitally inexperienced (in the case of both students and of slum dwellers) was mirrored in the ways they identified with close male friends. With regard to existing, past or prospective coital behaviour, those who had coital experience strongly identified with peers, while those who had no experience had identified weakly with their peers. In other words, peers played an important role in the coital experiences of the coitally experienced respondents. It was different in the case of the coitally inexperienced though.
They claimed that their close male friends would not, in general, exert strong influence on any prospective coital experience. It is, of course, difficult to determine how strongly the coitally inexperienced slum dwellers would adhere to their assessment that their friends would not exert influence on their future coital behaviour. Expressing one's position is one thing, but it is another thing actualising it. Moreover, while the influence of peer groups on individual members may be manifested in direct and explicit ways, there are also subtle ways peers can exert pressure on individual sexual behaviour.

Participants in the focus group discussions admitted that peers were important in understanding coital behaviour in adolescent men. Two discussants explained that

The base structure [of being sexually active] is the peer pressure. If it's a common thing [referring to sexual intercourse] in your peer group, it's very easy to do it, right?

What they do is that, once one member has sexual experience, he will tell it to the others. Eh, the others, perhaps they become inspired and will say 'so that's it, I wanna try it too', and so they will try it too. Even if he has no intentions, he will want it.

The pressure to conform to group norms seems to be so strong that it may not be unreasonable to expect homogeneity of sexual behaviour among close male friends. It was quite clear in the SSDI data that there was homogenisation of sexual experiences: the coitally inexperienced students and slum dwellers had peers who had no coital experience; the coitally experienced had friends who had had the same sexual exposure. This finding is identical to that observed by Billy and Udry (1985) whose white adolescent respondents mostly had friends with similar premarital sexual behaviour. Conformity to peer-group standards may be necessary for adolescents, because they do not wish to experience
feelings of rejection (Coleman and Hendry, 1990). Being liked within a peer group can be particularly important in adolescence, and therefore social acceptance, not rejection, is an urgent concern for most young people (Berscheid and Walster, 1972). Fine (1977) concludes that young males often become involved in premarital coital relationships to, among other reasons, gain peer approval. One discussant likened the lack of coital experience to being supot⁴ (uncircumcised), while referring to his coitally experienced friends as already circumcised. To experience intercourse thus becomes necessary because an individual wants to be ‘in’ in the group, according to another discussant. It is therefore not surprising to find from personal interview data that many of those with coital experience reported having peer groups in which most members had had similar experience.

The tendency to conform to collective norms may depend, however, on the individual. As explained by one discussant:

It depends on the personality of the adolescent. If you’re the type who easily gets swayed by what they [peers] say, the chance of you engaging in sexual intercourse is high. But if you have a strong personality, perhaps you would not be.

Conformity to group norms may also be dependent on whether the consequence of engaging in intercourse is good or bad. Group discussion participants observed that if the effect of coital experience was that a fellow group member had contracted a disease or had caused someone to become pregnant, the coitally inexperienced members of the group were unlikely to be persuaded to engage in intercourse by the coitally experienced ones. In general, however, both students and slum dwellers regarded close male friends

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⁴Circumcision is embedded in Filipino culture. A young man who is not circumcised may become a target of ridicule among his friends.
as important, showing that peers must have played a significant role in their lives. A number of researchers have indicated that peers represent a significant group on matters involving identity (Coleman and Hendry, 1990), leisure needs (Meeus, 1989) and other cultural lifestyles of adolescents (Hurrelmann, 1989).

Religiosity, sex role identification, and sexual attitudes had no significant predictive power in differentiating coitally experienced from coitally inexperienced respondents in the case of the SSDI student interviewees. Students were homogeneous in their religious activities, sex role beliefs and sexual attitudes. With reference to religiosity, most students reported having attended mass, prayed alone and read the Bible each week. The homogenisation of religious activities among this group was to be expected because most of them were studying at Catholic universities. At these universities, students were required to enlist in theology courses, encouraged to pray regularly, and sometimes compulsorily made to attend mass. While the university environment might have influenced their level of religiosity, the fact was that students were not religious in any special way. Their religious activities were not very dissimilar from those of coitally inexperienced slum dwellers, suggesting that, perhaps, religious activities do not form part of the priority activities among youth these days.

The sex role identification and sexual attitude scores were also fairly uniform among both coitally experienced and coitally inexperienced students. Their scores reflected weak identification with sex role beliefs and conservative attitudes, which could be interpreted as a rejection of the general proposition that males should be coitally experienced. In a way, it could be said that coitally experienced students had engaged in coitus without conforming to traditional sex role beliefs as strongly as their slum-based counterparts. What
could account for this? Possibly it has to do with the economic background of respondents. Students, having been born to high-income families, had access to wide-ranging life options and varied ideas and philosophies which could have influenced the ways in which they interpreted societal norms, including those pertaining to male sex role beliefs. Chilman (1980: 44) appropriately observes that adolescents from the top of the socioeconomic ladder are apt to be cultural innovators, because they have a basic security that allows them the freedom to be non-traditional. Slum dwellers, restricted in their activities and exposure to ideas by their financial situation, possibly were inclined to have adopted the beliefs set out by society more easily and less critically than students.

In another sense, the conservative sexual attitudes among students, and to some extent among slum dwellers, are difficult to reconcile with the fact that they had coital experience. On the one hand, they regarded premarital intercourse as bad and unimportant, but on the other, they had engaged in it. While premarital sexual attitudes and behaviour have been identified in several studies as significantly associated (Thornton and Camburn, 1980; Miller and Olson, 1988), their relationship has also been observed to be inconsistent in some instances (Christopher and Roosa, 1991). The research of Zabin et al. (1984) illustrates this inconsistency, 25 per cent of their premaritally sexually active teenagers regarding premarital sex as wrong. Christopher and Roosa (1991), while noting this inconsistency, did not further elaborate except to stress that the bivariate relationship is quite complex and requires additional research. However, Golod (1993: 140) provides one explanation:

The simple fact is that young people (more males than females) are prepared to overstep the traditional mark; they do so, without giving it a thought, as soon as the right opportunity presents itself.
The absence of significant association between respondents' knowledge of the ways in which the AIDS virus can be transmitted and their inclination to have or not to have coital experience is congruent with the finding of von Salisch and Oswald (1989). Among their German adolescent respondents, they found that those with and without coital experience had equal levels of knowledge of AIDS. The negative relationship between coital experience and AIDS knowledge might not be an unexpected finding. For one thing, half of the 11 activity-items used in the SSDI knowledge test were not related to sexual behaviour; for another, the desire and the pressure to experience coitus are probably so strong that lack of AIDS knowledge alone is insufficient to restrict young men from engaging in it. However, even in tests where risky sexual practices were covered and were correctly assessed by adolescents as being risky, knowledge was not translated into actual sexual behaviour (Kegeles et al., 1988; Turtle et al., 1989). In these cases though, the behaviour associated with AIDS knowledge was condom use rather than first coitus.

Despite the absence of association between knowledge of AIDS and coital experience and inexperience, the fact was that the SSDI respondents (students and slum dwellers) were knowledgeable of the risks involved in the most risky activities. With the increase in the volume of AIDS-related information in mass media and in universities in the past four years, this is not altogether a surprising result. Although respondents possessed some accurate knowledge of the ways the AIDS virus is transmitted, they also held a few misconceptions; this was particularly true among the slum dwellers. The misconceptions were,

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5The percentage of Filipinos who claimed to be aware of AIDS dramatically increased from 12 per cent to 86 per cent over the period 1992-93 (Larraga, 1993). Since 1992, the Ramos government has been pursuing a vigorous AIDS campaign, and public awareness about AIDS has become common. Some Filipino residents who have been infected with the AIDS virus have come out into the open to help in the government's drive to stem the spread of infection among the Filipino population (AIDS Health Promotion Exchange, 1993).
however, unrelated to sexual intercourse.

Overall, the personal interview data suggest that there were more similarities than differences between students and slum dwellers with respect to their dating and coital behaviour. While these groups of contrasting economic statuses had homogeneous experiences with regard to their dating and sexual behaviour, it is also worth noting that considerable variations in individual experiences, particularly with regard to coital relationships, were evident in each group. That coital relationships varied widely among adolescents is a strong indication that there are abundant and wide-ranging intercourse opportunities in Metro Manila. There is the sustained commercialisation and broadening of the sex industry on one hand, and the pattern of increasing premarital coital activity among single Filipino young women on the other. In their article dealing with AIDS in Thailand, Ford and Koetsawang (1991) noted that paid and unpaid coital opportunities are aspects of the same sexual culture.

In addition to comparing the dating and sexual behaviour of students and slum dwellers, distinctions between coitally experienced and coitally inexperienced respondents were also discussed. Indeed, as the data have shown, those with intercourse experience differed from those without experience in terms of religiosity, sexual attitudes, and identification with sex role and with peer groups. To what extent these factors would restrain coitally inexperienced respondents from engaging in intercourse is one question that cannot be addressed by existing evidence.

Detailed discussion has been given to dating and sexual experiences among personal interviewees in this chapter. In Chapter Six, their use of STD and pregnancy preventive measures, particularly condoms, is tackled. The
comparison between students and slum dwellers is, however, maintained.
Chapter Six

Condom Use Against Pregnancy and Sexually Transmitted Diseases: Personal Interview Findings

Many young people are sexually active at an early age, and many fail to use adequate - or indeed any - measures to avoid conception or sexually transmissible diseases.

Moore and Rosenthal (1993: 145)

Discussion of the data gathered from personal interviews or SSDI is continued in this chapter. Topics dealt with are respondents' condom use to prevent pregnancy and STDs; their prevention-related perceptions, beliefs and experiences; and their knowledge, experiences of, and attitudes towards condom use. The evidence presented was mainly obtained from the 50 coitally experienced respondents - 25 students and 25 slum dwellers. Data from focus group discussions are also presented.

6.2 Patterns of Condom Use

Coitally experienced respondents were queried about the precautions they had taken to prevent pregnancy and STDs at first coitus, and about their general
preventive behaviour. The questions were general and did not specifically focus on condom use because they were also intended to capture other precautionary measures used by respondents. The questions asked were direct and straightforward. For example, with reference to pregnancy prevention at first intercourse, the question was *what did you use to prevent your partner from getting pregnant?* A separate, but identical question was also asked in exploring respondents' preventive behaviour against STDs. Questions seeking to identify the preventive measures used at first coitus were asked immediately after the questions on first coitus itself; in the same way, questions on general preventive behaviour were posed right after respondents were queried about their lifetime coital partners. This approach was useful in that it helped establish for both the interviewer and respondent a clear and common frame of reference. The responses gathered were analysed by constructing frequency distributions.

6.2.1 First coital experience

At their first intercourse, the great majority of students and of slum dwellers did not use a condom as protection against causing pregnancy and contracting STDs. However, slum dwellers widely claimed to have used the withdrawal method to prevent pregnancy to their partners (Table 6.1). Respondents' use and non-use of preventive methods at first coitus may be better understood if it is viewed within the contexts in which their first intercourse took place. Students generally took no precautions against pregnancy at their first coitus because their partners were often paid females. Based on further data obtained from personal interviews, and also from focus group discussions, the overwhelming opinion was that students would not worry about causing pregnancy to females whom they paid in the first place, for sexual intercourse. On the other hand, slum dwellers most likely had used withdrawal to prevent pregnancy at first coitus because they were concerned
Table 6.1 Specific methods of pregnancy and STD prevention used by coitally experienced respondents

<table>
<thead>
<tr>
<th>Preventive measures</th>
<th>Students (n=25)</th>
<th>Slum dwellers (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First intercourse: against pregnancy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>1. Used withdrawal</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>2. Used condom</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>3. Asked partner to take an aspirin and softdrink before sex</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>First intercourse: against STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>1. Used condom</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>2. Took a shower after sex</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>3. Took an antibiotic after sex</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4. Took beer and urinated afterwards</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>5. Washed genitals with lemon juice after sex</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>6. Pressed lower abdomen of partner before sex</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>General pregnancy prevention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>1. Withdraws penis before orgasm</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>2. Uses condoms</td>
<td>13d</td>
<td>6^e</td>
</tr>
<tr>
<td>3. Uses calendar or rhythm method with girlfriend</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td><strong>General STD prevention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0. None</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>1. Uses condoms</td>
<td>13d</td>
<td>4^e</td>
</tr>
<tr>
<td>2. Takes antibiotic before and/or after sex</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Does not penetrate if partner is paid</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>4. Washes genitals with warm water or lemon juice after intercourse</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>5. Withdraws penis before orgasm</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>6. Chooses partners carefully</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Presses the lower abdomen of partner before sex</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Takes a shower after sex</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

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a. Multiple response. b. Respondents claimed that if their partners did not feel any pain during the pressing, the latter were free of STDs. c. Only include respondents who had at least two coital events over their lifetimes: 20 students and 19 slum dwellers. d. Five students were using condoms mainly for pregnancy prevention; five used condoms only as STD protection. The other eight students used the method both as pregnancy and STD prevention. e. Four slum dwellers used condoms both as pregnancy and STD prevention; two used the method only as pregnancy prevention. f. In choosing partners carefully, respondents checked the physical appearance of their partners such as in their manner of dressing (if neat or not), evidence of skin disease and colour of nipples; one respondent believed that if a female's nipples were black, she had a disease.
about partners with whom they reported having romantic relationships. Some doubts were expressed though, particularly among slum-based discussants, as to whether a coitally inexperienced man would be able, at his first intercourse, to withdraw his penis from the vagina before reaching orgasm. One discussant mentioned that withdrawal could not have been used by a first timer if he had already achieved sexual climax prior to vaginal penetration.

The apparent lack of STD prevention at first coitus, especially among students who had coitus with paid partners, was ascribed in the focus group discussions to lack of awareness:

Perhaps they [adolescents] were not aware about AIDS at that time so there was no fear about that yet. But if the present generation were to be asked, as I see it, there is a high percentage that are using condoms now.

Before I haven't heard about that. But now, I was told that there are two females in Quezon City who are infected with the AIDS virus. I guess, some guys want to be sure; that's why they're more cautious today than before.

and to their inability to consider the consequences of premarital sex the first time they had intercourse:

If you’re doing it first time ... the first time ... you just want to try how it tastes, how it feels, how to enter like this, like that. Therefore, only after you have done sexual intercourse for several times, then you start to think about putting on condoms because she might have a disease.

Among the 25 slum-based respondents, the majority most probably had not used a condom against STDs because they perceived that they could not contract a disease from their girlfriend. Their counterparts in the group
discussions believed that sex-related diseases were not a concern with girlfriends because this partner type was clean and free of disease. When asked how they could tell whether a girlfriend was clean and disease-free, discussants indicated that they just knew it. One slum dweller elaborated, however, that if he knew that no other man had visited or dated her, he would be certain that she could be trusted to be free of sexually transmissible diseases.

Non-use of pregnancy or STD prevention was not only thought to be associated with the types of coital partner adolescents had had, to their lack of awareness of AIDS, and to their inability to foresee ill-effects stemming from unprotected sexual intercourse. In the group discussions, it was further and strongly agreed that a major reason young men did not use prevention was because the timing of first coitus was difficult to predict:

I want to add that we ... we did not think about using condoms because it suddenly happened. (laughs) The opportunity was there and you have to grab it. You don't have to look and say, hey wait. The moment was ripe, the opportunity was ripe, no one was there, and I could not think of anything else but to do it.

Adolescents are not really prepared for this kind of situation as if they could foresee beforehand that oy, I might get lucky tonight like that ... and have to put condoms in their wallet.

6.2.2 Lifetime coital experience

The unpredictability of the timing of first intercourse along with the compounding influence of other factors probably contributed to the lack of use of condoms at first coitus among the interviewees. An analysis of the general level of pregnancy and STD prevention among this group presents a different result though, especially in the case of students. Only respondents who had had two or more lifetime coital events (20 students and 19 slum dwellers) were
included in the analysis of general preventive practices. It is important to mention again that among these respondents, 13 students and 10 slum dwellers had had coitus with girlfriends apart from having had coitus with other types of partner over their lifetimes; others had had intercourse only with non-girlfriends. Three slum dwellers among those included in the analysis exclusively had had intercourse with girlfriends.

Whereas students were characterised mainly as non-users of any pregnancy and STD preventive measure at first coitus, they were largely users of effective prevention in the general sense (Table 6.1). Condoms were the primary method of general prevention used against pregnancy and/or STDs by students: 18 of 20 had used the method. How often did students use condoms? From additional analysis of their self-reports in face-to-face interviews, most (12) were found to have used condoms only on some occasions, which is consistent with what they reported in the self-completed questionnaires. Apart from condoms, a number of students had used withdrawal or the rhythm method with girlfriends.

Among the 19 slum dwellers, a comparison of their patterns of precautionary behaviour at first coitus and over their lifetimes shows a negligible difference. Withdrawal remained the most commonly used general preventive method against pregnancy among this group, while the STD precautionary methods adopted at first coitus, such as taking an antibiotic or a shower, were also reported to have been used as general preventive measures (Table 6.1). Condoms - either as pregnancy or STD protection - were used slightly more by slum dwellers as general prevention than as prevention at first coitus. But overall, slum dwellers were far less likely than students to have used condoms. It must be stressed that both students and slum dwellers had mostly had more than one lifetime coital partner and partners of varying types.
Many of the measures reported to have been used by slum dwellers as their protection against STDs, such as choosing partners carefully or taking antibiotics, beer or a shower after intercourse, were assessed by the group discussion participants to be standard practices among their adolescent and adult friends. While on the subject of STD preventive methods, the study of Lee (1993) among homosexual men in Metro Manila provides confirmatory evidence that practices such as choosing and selecting partners carefully, and taking antibiotics after each coitus tended to be common among sexually active Filipino men.

Over their lifetimes, none of the 25 students reported having made a partner pregnant; in contrast, three of the 25 slum dwellers said that they had caused their partners to become pregnant. The incidence of STD infection was also negligible among these respondents - only two students and two slum dwellers admitted having contracted a disease.

6.3 Some Psychosocial Dimensions of Condom Use

Condoms represent a most effective preventive method against pregnancy and STDs. A pregnancy rate of less than three to five per cent per 100 woman-years has been reported to have resulted from condom use. Withdrawal or coitus interruptus, a less effective method against pregnancy, has a high failure rate of 35 pregnancies per 100 woman-years\(^1\) (Jones, 1986: 128). Condoms, in addition to being effective contraceptives, are also effective in blocking the transmission of STDs from an infected person to his/her coital partner (International

\(^1\)A man may emit a small amount of pre-ejaculatory fluid (which is stored in the prostate or penile urethra) that may contain sperm. This fluid contains more sperm after the man has recently ejaculated; one drop may contain millions of sperm. Furthermore, the man may lack the self-control to withdraw his penis before ejaculation, or he may delay withdrawal for too long and mistakenly ejaculate some semen near the vaginal opening. Sperm deposited here can live in the moist vaginal lips and make their way up the vagina to the uterus (McCammon et al., 1993: 763-764).
Planned Parenthood Federation, 1989a; 1989b; Heaven, 1994). Despite the method effectiveness, the overall pattern of condom use among coitally active young men is discouraging: it tends to be negligible, or inconsistent, unreliable and poor (Scales, 1977; Gordon and Gilgun, 1987; Masters et al., 1994).

A range of demographic, psychological, social and situational influences have been singled out as significant predictors of adolescents' use or non-use of condoms (Chilman, 1980; Gold and Berger, 1983; Turner et al., 1988; Ford, 1992; Mickler, 1993). In the SSDI, the precautionary behaviour of respondents was further explored from a psychosocial standpoint to gather additional evidence that may help clarify general tendencies to take or not take effective precautions. It was envisaged, from reading relevant studies and from findings derived from focus group discussions, that condom use among the SSDI interviewees would be negligible; the need to collect data that would offer possible explanations for this pattern was thus perceived to be of particular value. In seeking to explain their precautionary behaviour, respondents were asked about their prevention-related perceptions, beliefs, and experiences, and about their knowledge, experiences of, and their attitudes towards condom use.

6.3.1 Index of preventive-health behaviour

Respondents were given a series of 12 statements relevant to preventive-health behaviour (Table 6.2). These statements reflected some perceptions, beliefs and experiences which it was thought might, to some extent, have influenced respondents' general precautionary behaviour, and specifically their use of effective measures such as condoms. These 12 items were derived from other studies, and also from the focus group discussions. For each statement, respondents were asked to reply this is true, this is somewhat true, this is not true or no opinion. Each answer has a corresponding score of either zero, one, two or
Table 6.2 Items used in measuring preventive-health behaviour and results of the Reliability Test

<table>
<thead>
<tr>
<th>Items and item codes</th>
<th>RELIABILITY TEST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Item-total</td>
</tr>
<tr>
<td></td>
<td>correlation</td>
</tr>
<tr>
<td></td>
<td>(initial index)</td>
</tr>
<tr>
<td>1. Sexual intercourse does happen even if you don't plan it. (PLANLESS)</td>
<td>0.02</td>
</tr>
<tr>
<td>2. I really don't care if my partner gets pregnant. (NOCARE)</td>
<td>0.26</td>
</tr>
<tr>
<td>3. If I get a disease from having sexual intercourse, there is no one else to blame but myself. (BLAMEME)</td>
<td>0.24</td>
</tr>
<tr>
<td>4. In most of my coital episodes, I withdraw my penis from the vagina before I reach orgasm. (WITHDRAW)</td>
<td>0.08</td>
</tr>
<tr>
<td>5. Most of the women I have had sexual intercourse with used the pill. (MOSTPILL)</td>
<td>0.45</td>
</tr>
<tr>
<td>6. I am worried that my partner might get pregnant. (WORRIED)</td>
<td>0.24</td>
</tr>
<tr>
<td>7. Most young men these days don't think that they may contract a disease from having sexual intercourse. (NOTTHINK)</td>
<td>0.20</td>
</tr>
<tr>
<td>8. It is not my responsibility if my partner gets pregnant. (NORESPON)</td>
<td>0.23</td>
</tr>
<tr>
<td>9. If a man withdraws his penis from the vagina before he reaches orgasm, no pregnancy will occur. (NOPREG)</td>
<td>0.14</td>
</tr>
<tr>
<td>10. Opportunities to engage in intercourse just come even if you don't expect them. (SEXCOMES)</td>
<td>0.05</td>
</tr>
<tr>
<td>11. It is impossible for a woman to get pregnant at first intercourse. (IMPOSSIB)</td>
<td>0.06</td>
</tr>
<tr>
<td>12. I do not think much of the negative consequences of my coital activity; what is important is the pleasure I get from intercourse. (NOEFFECT)</td>
<td>0.46</td>
</tr>
<tr>
<td></td>
<td>0.51</td>
</tr>
</tbody>
</table>

a. Items with dashed marks (----) were excluded from the final index because their values on the test were low.
three depending on the direction of the statement. *Somewhat true* and *no opinion* answers received constant scores of two and zero, respectively. The *no opinion* response was given a score of zero. It is argued that respondents who had no knowledge or opinion about the condition specified in a statement - for example, in the statement *I really don't care if my partner gets pregnant* - were as unlikely to have considered using preventive measure as those respondents who answered *true*. Responses to the 12 items were subjected to the Reliability Test. Based on the results from this test, six items were used to constitute the final index (Table 6.2). Each respondent's scores on the six items were added to produce his index score. The higher the index score, the stronger the respondent's tendency to take precautions; the lower his score, the weaker the tendency. While the highest possible score on the index was 18 (six items multiplied by three), the lowest score possible was zero.

Using the t-test, the mean index scores of students ($\mu_1$) and slum dwellers ($\mu_2$) were examined. The null hypothesis was that both groups had the same mean score on the index ($H_0: \mu_1 = \mu_2$); the alternative hypothesis suggested that these two groups differed in their mean index scores ($H_1: \mu_1 \neq \mu_2$). In the alternative hypothesis, students were expected to have higher scores (that is, to have a greater tendency to take precautions) because they were more highly educated, and therefore probably more aware of the consequences of premarital coitus and possessed more knowledge about preventive measures and how to access them, than slum dwellers. Therefore, the t-value under the alternative hypothesis was expected to be positive: high scores of students minus low scores of slum dwellers. Since it was known which group would have high or low scores, this particular test represented the one-tailed test of significance at the 0.01 level.

The t-test results confirm the null hypothesis, showing that students were
the same as slum dwellers as far as their index scores were concerned (Figure 6.1; Table 6.3). The absence of difference in their mean scores suggests that both groups had similar perceptions, beliefs and experiences. This inclination was clearly reflected in their agreement with half of the six statements utilised in measuring their preventive-health behaviour (Table 6.4). For instance, with reference to three statements (item numbers 2, 6 and 8) which specified the potential for a coital partner to become pregnant, both students and slum dwellers indicated that they cared, were worried, and in a sense would take responsibility if their partner became pregnant.

Apart from concern over causing pregnancy, two other factors which could be gleaned from the index statements - recognition of the ill-effects of premarital coitus in general, and non-use of the pill by a coital partner - seemed also to have contributed to the strong tendency among personal interviewees to want to use an effective protection against pregnancy and STDs. However, in these two instances, students had a clearer position than slum dwellers. For example, students had clearly given more thought to the negative consequences that could arise from their premarital coitus than to the pleasure that it provided them; they also regarded the statement most of the women I have had sexual intercourse with used the pill as being untrue. Slum dwellers in these respects, were divided into those who thought and did not think about the ill-effects of premarital coitus, and into those who said that most of their coital partners used the pill and those who said that their partners did not use it (Table 6.4). On the statement which asked respondents to assess whether their coital partner used the pill, considerable numbers of students (11 of 25) and slum dwellers (eight of 25) gave no opinion answers. Further examination of the data reveals that most of the respondents who had replied no opinion did so because they had no knowledge of the contraceptive practices of some or all of their partners. Of the six final index statements, only in one did respondents'
Figure 6.1 Respondents' scores on the index of preventive-health behaviour

Table 6.3 Results of the t-test analysis of preventive-health behaviour scores

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>students</td>
<td>25</td>
<td>12.0</td>
<td>3.76</td>
</tr>
<tr>
<td>slum dwellers</td>
<td>25</td>
<td>12.9</td>
<td>2.29</td>
</tr>
</tbody>
</table>

mean difference: -0.90
t-value: -1.00, df: 48, not significant

N refers to sample size, SD to standard deviation, and df to degrees of freedom.
Table 6.4 Frequency distribution of responses to items used in measuring preventive-health behaviour

<table>
<thead>
<tr>
<th>Items* and response options</th>
<th>COITALLY EXPERIENCED</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students (n=25)</td>
<td>Slum dwellers (n=25)</td>
</tr>
<tr>
<td>1. Sexual intercourse does happen even if you don’t plan it.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>__1 True</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>2. I really don’t care if my partner gets pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>__1 True</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td>3. If I get a disease from having sexual intercourse, there is no one else to blame but myself.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>__1 True</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>4. In most of my coital episodes, I withdraw my penis from the vagina before I reach orgasm.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>__1 True</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>5. Most of the women I have had sexual intercourse with used the pill.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>__1 True</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>6. I am worried that my partner might get pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>__1 True</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>7. Most young men these days don’t think that they may contract a disease from having sexual intercourse.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>__1 True</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>8. It is not my responsibility if my partner gets pregnant.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>__1 True</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>11</td>
<td>17</td>
</tr>
<tr>
<td>9. If a man withdraws his penis from the vagina before he reaches orgasm, no pregnancy will occur.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>__1 True</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>10. Opportunities to engage in intercourse just come even if you don’t expect them.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>__1 True</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. It is impossible for a woman to get pregnant at first intercourse.*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>__1 True</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>12. I do not think much of the negative consequences arising of my coital activity; what is important is the pleasure I get from intercourse.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>__0 No opinion</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>__1 True</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>__2 Somewhat true</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>__3 Not true</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

a. Items with asterisk (*) were dropped in the final index.
inclination to take effective preventive measures seems to have been limited - that which indicates that they used withdrawal in most of their coital episodes.

6.3.2 Condoms: awareness, knowledge, experiences and attitudes

Coitally experienced respondents were also asked if they had heard about condoms, and where condoms could be obtained. Awareness of condoms was universal: all students and all slum dwellers had heard of the method. All students and almost all slum dwellers were able to correctly identify at least one source where condoms could be bought or obtained free. The drugstore was the commonest source of condoms known among these respondents. Aside from drugstores, a number of other sources were mentioned by slum dwellers, but only a handful were aware of them. In the same way, students knew a range of other sources, but only one besides the drugstore was commonly known: 7-11, a 24-hour chain of convenience stores in Metro Manila. Similar awareness patterns were also observed among the coitally inexperienced students and slum dwellers. With reference to condom sources, the group discussants expressed different views about buying condoms from the drugstore. Some indicated that they were, or would be, shy about buying condoms from a drugstore, especially if the salesclerk was a lady. Others said that buying condoms from drugstores would be fun if they were with their male friends, while others mentioned that it would be thrilling if the saleslady were to ask about the colours of condoms they preferred to buy. However, some maintained that condoms should be given free.

In examining condom-related knowledge, experiences and attitudes, a series of seven statements was put to all 50 coitally experienced respondents. Respondents who had ever used condoms (n=24: 18 students and six slum dwellers) were asked about their knowledge and experiences, and were requested to respond to each statement this is true, this is somewhat true, this is
not true or no opinion. Those with no experience of using condoms (n=26: seven students and 19 slum dwellers) were asked about their knowledge of, and attitudes towards condom use and to respond strongly agree, agree, no opinion, disagree or strongly disagree to a series of seven statements. (In the analysis, these five response options were reduced to agree, no opinion and disagree).

The responses gathered were analysed by frequency distribution, and the results are shown in Table 6.5. In the table, the most dominant response patterns are highlighted, and the direction of these patterns is indicated by a positive (+), a negative (−), or a neither positive nor negative (±) sign. A positive sign suggests that respondents perceived the use of condoms positively, a negative sign that they did not. A neither positive nor negative sign means that respondents were about equally divided into those whose perception of the method was positive and negative. In one case, neither sign means that the majority of respondents did not have an opinion on the statement. The signs were then summarised, providing an idea of the general direction of respondents’ perceptions of condom use.

In general, condom users and non-users alike had accurate knowledge, positive experiences of, or attitudes towards condom use. Condom users perceived the use of the method positively on five out of the seven statements put to them; non-users had positive attitudes on four of the seven statements. The condom was regarded as an appropriate method to use when engaging in coitus with paid or newly met partners, easy to use, and effective in preventing pregnancy and STDs. Among condom users, condoms were regarded as inexpensive. The method was assessed negatively by both users and non-users in one sense: that not wearing a condom enhances the pleasure from having sexual intercourse. Also in this respect, the FGD participants were unanimous in their agreement about the effect that condoms have on sexual pleasure:
Table 6.5 Results of the frequency distribution analysis of items pertaining to coitally experienced respondents' knowledge, experiences of, and attitudes towards condom use

<table>
<thead>
<tr>
<th>Items</th>
<th>Response options and patterns</th>
<th>Direction of response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>True</td>
<td>Somewhat true</td>
</tr>
<tr>
<td>For ever-users of condoms (n=24):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. I use condoms when I engage in sexual intercourse with paid females or with females whom I do not know well.</td>
<td>19</td>
<td>-</td>
</tr>
<tr>
<td>2. It is pleasurable to engage in sexual intercourse without condoms; you can really feel it.</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>3. I use condoms when I engage in sexual intercourse with a girlfriend.</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>4. Condoms are easy to use.</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>5. The price of condoms is expensive.</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>6. Condoms are effective in preventing pregnancy.</td>
<td>24</td>
<td>-</td>
</tr>
<tr>
<td>7. Condoms cannot protect me from getting a sexually transmitted disease.</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total number of +</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Total number of -</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total number of ±</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

For never-users of condoms (n=26):

<table>
<thead>
<tr>
<th>Items</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It is appropriate to use condoms if your sexual partner is a paid female or someone whom you do not know well.</td>
<td>19</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>2. It is pleasurable to engage in sexual intercourse without condoms; you can really feel it.</td>
<td>19</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>3. It is not appropriate to use condoms if your sexual partner is a girlfriend.</td>
<td>13</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>4. Condoms are easy to use.</td>
<td>15</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>5. The price of condoms is expensive.</td>
<td>4</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>6. Condoms are effective in preventing pregnancy.</td>
<td>22</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>7. Condoms cannot protect me from getting a sexually transmitted disease.</td>
<td>1</td>
<td>9</td>
<td>16</td>
</tr>
</tbody>
</table>

Total number of + 4 Total number of - 2 Total number of ± 1

a. Highlighted figures represent the most dominant response patterns.
You can feel the warmth of your partner’s body if you do not have it.

They can feel it more. Really, your feeling is like entering the gates of heaven, the gates of paradise. Let’s say like that ... when you enter you can feel it. If you have a condom, it is as if you’re inserting it into the toilet cubicle (laughs) ... into a plastic cup (laughs).

You can feel it as if you’re in paradise ... but if you’re using a condom, you do not know if the female is already reaching orgasm, like that.

Wearing condoms is just like eating a candy with its wrapper.

6.4 Summary and Discussion

First intercourse among students and slum dwellers was characterised by an absence of, or ineffective precautions against pregnancy and/or STDs, but in general, premarital coitus among students was distinguished from that among slum dwellers in that effective preventions, specifically condoms, were used. While condoms were utilised among students, the dominant pattern of usage can be best described only as inconsistent.

The lack of, or inconsistent condom use among students and slum dwellers (both at first coitus and over their coital lifetimes) is not atypical. In various other countries, industrialised and developing, non-use or occasional use of condoms also tends to be the prevailing norm among unmarried coitally experienced adolescent men. The review of studies in Chapter Two presented incidence rates of condom use at first and most recent intercourse, and general patterns of condom use obtained from interviews with numerous samples of adolescent males. Although the rates inevitably varied from one country to another, they all point to the same conclusions. Far greater proportions of
coitally experienced adolescents were non-users than users of condoms at first intercourse, and proportions of adolescents who had used condoms at most recent intercourse were overwhelmingly greater than those who had used the method at first intercourse. Also, as further suggested by evidence presented in Chapter Two, coitally experienced adolescent men tended to be inconsistent condom users over their coital lifetimes, in the past year and at their most recent coital events; this conclusion is supported by other studies (apart from those cited in the review) such as those undertaken in the US (Brown et al., 1992), in Zimbabwe (Wilson and Lavelle, 1992), in Brazil (Berquo and de Souza, 1991), and in Kenya (Kiragu, 1991). Schaalma et al. (1993) have also underscored the lack of acceptance of condoms among young people in the Netherlands.

Barriers to using condoms at first intercourse have been identified and examined in a number of studies; some of these were singled out in Chapter Two, and were also mentioned in the focus group discussions. Most commonly, non-use of condoms has been found to be associated with the unpredictability of the timing of first coitus: adolescents just did not expect (Morris, 1988; Morris et al., 1988; Warren et al., 1988; Herold et al., 1992), or did not plan to have intercourse (Darling et al., 1992; McLean and Flanigan, 1993). However, the British study of Wellings et al. (1994) noted that even among those who planned intercourse, contraceptive use was negligible. This result, while important, has received limited research attention. Although respondents' use of condoms was contingent upon the fact that they planned their first intercourse, planning was also, in turn, dependent upon alcohol use; that is, those who did not drink were much more likely to have planned to use the method (McLean and Flanigan, 1993).

A number of psychosocial explanations related to non-use of condoms at
first coitus have been explored as well. For example, condom non-users were characterised as those who believed that pregnancy was their partner's responsibility (Herold et al., 1988), or that first intercourse could not result in pregnancy (Makinwa-Adebusoye, 1992). Perhaps having known that their female partner was using the pill or the rhythm method also could have contributed to decisions of young men not to use condoms. Morris (1988) argues, however, that this may not be so, particularly in the case of rhythm use, because men usually are not familiar with their partner's menstrual cycle. Likewise, having used another male method such as withdrawal is not a plausible explanation of condom non-use among young males, as studies have not found significant proportions who claimed to have used this method at first coitus (Warren et al., 1988; Darling et al., 1992; Kane et al., 1993).

Having a lack of contraceptive information and knowledge (Nichols et al., 1986; Morris, 1988; Morris et al., 1988; Boohene et al., 1991), having difficulty in obtaining contraceptives (Ayaji et al., 1991) and having no available contraceptives (Brody, 1981; Darling et al., 1992) are other important considerations in attempting to understand condom use. One of these factors - contraceptive or family planning knowledge - does not always predict condom use. In the study of Kane et al. (1993), for example, knowledge was found to be unrelated to condom use. This is not an uncommon result, for while knowledge of either pregnancy or STD preventive methods represents a necessary precondition to condom use, it is insufficient to predict the occurrence of preventive behaviour (Moore and Rosenthal, 1993; Heaven, 1994). In a sociodemographic sense, condom users can be distinguished from condom non-users in that they tend to be older at first intercourse (Morris, 1988), have higher actual or desired education, and have close relationships with their partners (Pleck et al., 1991).
Another reason why young men tend not to use condoms at first intercourse probably because their coital experience sometimes is far from being complete (that is, no penile-vaginal penetration takes place). One participant in the focus group discussions mentioned that a young man experiencing his first coitus may easily reach orgasm before he inserts his penis into the vagina. In existing adolescent sexuality studies, particularly those published in scientific journals, there has been no mention of the possible incompleteness of first coital experience, perhaps because it was assumed that all first premarital sexual experiences involved penile-vaginal penetration. Also from Brody’s (1981:125) characterisation of first intercourse, one other reason for non-use of condoms can be gleaned. He explains:

The most striking aspect of first coitus is its immediacy, the lack of a period of preliminary experience with the tender, romantic or more diffuse caressing aspects of sex. For almost one-third [of respondents], the initial sexual contact was the act of intercourse itself.

As condom non-use at first coitus depends on several factors, so does the general pattern of inconsistent condom use. However, inconsistency of use is much more complex than non-use of condoms at first coitus. For one thing, the analysis of inconsistent use involves not just one, but several coital events within one or multiple coital relationships observed over a period of time (lifetime, previous year or months). Understandably, the number of factors associated with inconsistency of use also tends to be broader. One thing that needs to be mentioned is that, in most studies, the explanatory variables have been analysed using mainly univariate and bivariate analyses; the possibility that two or more of these variables could be interrelated has not been given adequate research attention.

Young men do not use condoms on a consistent basis, because over their
lifetimes, they tend to engage in premarital coitus with multiple partners. Often, they do not know when and with whom they will have intercourse. Kasen et al. (1992) noted that their respondents displayed an inability to refuse sex in the face of social pressures, especially a desirable partner, or after using drugs or alcohol. The irregular and sporadic occurrence of coital events was particularly evident in the coital experience of the SQS and SSDI respondents, among whom in a period of six months the numbers of coital events, and of types of coital partner varied. Other researchers have also described youth sex as sporadic and unplanned: Olsen et al. (1991), for example, emphasised that some young men were neither permanently nor continuously coitally active.

As to the relationship between number of coital partners and condom use, Binson et al. (1993) in their study among 18-25-year-old males found that as the number of respondents' partners increased, the consistency of their method use decreased. In another study, male university students were found to have had, on average, seven or more lifetime coital partners, but only a handful had used condoms at all times (Sawyer and Moss, 1993). The same conclusion can also be reached regarding the coital behaviour and condom usage patterns among the young males interviewed for this thesis.

It is not the number of coital partners *per se* that makes consistent use of condoms unlikely. Regular use of condoms may be deterred by the fact that circumstances in which coital events take place may vary; in some circumstances condoms may be unavailable (Chilman, 1980), or young men may be drunk (Biglan et al., 1990). In addition, adolescents appear inclined to associate condom use with certain types of coital partner. This was evident in the crosstabulations presented in Chapter Four, for instance, where the general pattern of condom use among SQS respondents was found to depend significantly on the types of coital partner they had had. It was also apparent in the SSDI data discussed in the present chapter, in which some condom users,
and most condom non-users alike assessed that condoms are more appropriate
to use with paid or less well-known partners than with steady girlfriends. Data
from the group discussions also tend to suggest that the use of condoms was
appropriate only for particular partner types. The perception seemed to be that
with paid partners or kaladkaring babae\(^2\) (easy-to-get females) condom use was
necessary, but with girlfriends and friends it was not. Girlfriends and friends
were believed to be clean and free of disease because they were known to
discussants; the others were considered risky partners because they had had
intercourse with several males. Binson et al. (1993) obtained an identical result:
consistent condom use was far more common in intercourse with secondary
partners than in that with primary partners.

Coital partnerships while they predict condom usage is far from being
simple, and in a few instances, the bivariate relationship does not always lead
to a single or clear direction. There are instances where young men have been
observed to have used condoms consistently with both steady and casual
partners; the investigation of Geringer et al. (1993) among American black
teenagers, for example, provides evidence on this matter. There also are cases
of adolescents having used condoms with their steady partners on a consistent
basis: the reports of some SQS and SSDI interviewees can be cited as evidence
to support this claim. The statement that can be appropriately deduced from
these results is that there are, sometimes, factors or situations that intervene in
the relationship between types of coital partnership and condom use.

A number of men use condoms on a regular basis with a steady partner
because they want to avoid causing pregnancy to their partners; avoidance of
pregnancy represents the most significant motivation to always using condoms
(Laraque et al., 1993; Vennix et al., 1993; Masters et al., 1994). This finding, and

\(^{2}\)Kaladkad in the local language means to drag; babae means female. Thus the phrase kaladkaring babae refers
to a female who can easily be dragged by a male to engage in sexual intercourse.
with the evidence from the SSDI offers proof that some young men are concerned with the potential pregnancy of their partners. However, not all of those who express concern for a partner's pregnancy would use condoms consistently; again, the data obtained from the SSDI need to be mentioned. They show that despite expressed care and concern for the risk of pregnancy faced by their partners, not many of them had consistently used condoms. The tendency to assume contraceptive responsibility does not just eventuate; regular use of condoms also depends on the degree of the male's belief in a normative male responsibility to prevent pregnancy (rather than in use for personal benefit); on the perception or knowledge that the pill is being used by a partner (Pleck et al., 1991; Edward, 1994); on the level of the male's commitment to the partner; and on having plans for the future that have social and familial support (Gordon and Gilgun, 1987). The utility of the partner appreciating condom use of the male partner was not a significant factor (Pleck et al., 1991). Moreover, where respondents had a more traditional conception of manhood, and where they tended to perceive making a girl pregnant as a means of validating their masculinity, there was also observed to be a corresponding decrease in the likelihood of regular condom use (Pleck et al., 1993b).

While avoidance of pregnancy seems to be the primary motivation for using condoms with regular partners, avoidance of STD infection such as HIV appears to be the reason for always using condoms in intercourse with casual partners. The motivation of use of STD protection is associated, however, with other variables. VanLandingham et al. (1993) have concluded in their multivariate analysis of Thai data that knowledge about the consequences of HIV infection; knowledge about the benefits of condom use in preventing infection; positive attitudes towards condoms; absence of heavy alcohol consumption; low general propensity toward risk-taking; and high
socioeconomic status were positively correlated with consistent condom use. In other studies though, fear and anxiety about HIV, and knowledge of AIDS and other STDs were found to be negatively related to consistency of method use (Brown et al., 1992; Geringer et al., 1993). In the SSDI in which students and slum dwellers also identified the risk associated with having intercourse with paid and newly-met partners, and recognised the potential risk of HIV infection from premarital coitus and the effectiveness of condoms as a measure against STDs, consistent condom use was also negligible.

Adolescent men are not motivated to use condoms for protecting themselves from STD infection because they tend to see themselves not being at risk of HIV infection, possibly because of a *it cannot happen to me* attitude (Masters et al., 1994), or perhaps due to a personal belief that *nothing bad or undesirable can happen to me* (Moore and Rosenthal, 1993). Moore and Rosenthal (1991b), and Mickler (1993) have documented in their studies the perceived invulnerability to AIDS risk of Australian and American teenage respondents, respectively. That young people do not see themselves being at risk of infection may stem from the fact that adolescence is a developmental phase that is rarely characterised by health concerns (St. Lawrence et al., 1994); in fact, they are the healthiest demographic group in the population (de Guzman and Cruz, 1992). Some teenage boys interviewed by Ruiz (1994) in Colombia, however, had assessed themselves to be at risk of infection, but had overwhelmingly rejected condom use.

While it is true that knowledge of AIDS and perceived risk of vulnerability are insufficient to cause effective and consistent use of protection (Moore and Rosenthal, 1993), these factors are, nonetheless, necessary for such behaviour to occur, but have to be viewed within the context of other related factors. In other words, knowledge of AIDS and perceived risk of infection may be
insignificant as far as being a predictor in a bivariate relationship, but it may exhibit a strong predictive ability if it is examined in a multivariate analysis, as in the research findings of VanLandingham et al. (1993). These researchers examined condom use intentions utilising the Health Belief Model and correlated the variable with other contextual factors such as socioeconomic status and alcohol intake. Other studies need to do the same, as decisions to use condoms are associated with other factors or conditions.

Although there has been mention of consistent condom use in coitus with casual partners because of HIV concerns, there appears to be a scant evidence specifying that condoms have been used with steady partners because of concern for the AIDS risk, rather than pregnancy concerns. Forrest et al. (1993) have reached the conclusion in a study among Hispanic men in California (including adolescents) that men who used condoms tended to use them with primary partners as contraceptives, and with paid partners as prophylaxis against STDs. Among Thai boys, there was a reluctance to use condoms with girlfriends for AIDS prevention (Thongkrajai et al., 1993). The study of DiClemente (1991) offers one of the few studies showing that, in some instances, young men had always used condoms with primary partners also because of concern about AIDS. However, it should be understood that DiClemente's investigation was undertaken in an uncommon setting - a juvenile detention facility. Nonetheless, he explains that adolescents who communicated with their sex partners about AIDS were more likely to be consistent condom users than those who did not communicate.

Communicating and negotiating with a sexual partner to use condoms as protection against HIV is, no doubt, important; it suggests that prevention is a dyadic rather than just an individual concern. But there are other considerations as well. For instance, adolescents are inclined to always use
condoms if they perceive that it is the norm of their peer group (DiClemente, 1991; VanLandingham et al., 1993); if they perceive that condom use as a method of STD prevention represents a positive social norm (Schaalma et al., 1993); or if they perceive there is normative pressure to use condoms (Fishbein et al., 1993). Also, the more strongly young men perceive that condom use decreases the pleasure derived from sexual intercourse, the less the likelihood that they will use the method on a consistent basis. It was perhaps because of this perception that many SSDI interviewees had never used or had only occasionally used condoms over their lifetimes. A more definite answer has been offered by Schaalma et al. (1993). In their study among Dutch secondary students, they concluded that consistent compared to less consistent condom users were less likely to focus on the unpleasant aspects of method use - be they related to decreased sexual stimulation or messiness. Pleck et al. (1993b) agreed with Schaalman et al.'s conclusion, and also observed that those who viewed condoms negatively as inhibiting sexual pleasure were unlikely to use condoms on a consistent basis. Age and length of coital lifetime as discussed in the crosstabulation analyses in Chapter Four, and also according to the findings of DiClemente et al. (1992), were not significantly associated with regular use of condoms.

Influences on non-use of condoms at first intercourse, and on general use of condoms are wide-ranging. The factors cited in this chapter are, by no means, complete and exhaustive, but nonetheless the discussion points to the complexity of use of effective prevention against pregnancy and STDs among unmarried young men. The patterns of condom use among the students and slum dwellers interviewed for this thesis were not, in any way, different from those found among their counterparts in other cultural settings: condoms are not used at first intercourse, and only irregularly used in the course of premarital coital lifetime. Despite the general absence of effective and
consistent protection, just a handful of the Manila respondents reported to having caused pregnancy to a partner, or having contracted STDs. Still, there is a cause for concern; the fact that a few had already experienced adverse consequences undoubtedly meant that others would face the same consequences if they continued engaging in intercourse without adequate protection. Even in situations where pregnancy cases and STD infections are few, it still is appropriate to address preventive behaviour. Preventing the ill-effects of premarital coitus is easier when they are still relatively well contained than when they are at an uncontrollable level.
Chapter Seven

Implications and Challenges for Population and AIDS Programs

Several health service and education agencies have realised that a significant factor in the lack of male involvement in reproductive health decisions is that males have been excluded when programs and services are planned.

International Clearinghouse on Adolescent Fertility (1990: 1)

The previous six chapters have been devoted to discussing the data derived from the thesis' field research and from other studies. Chapters Four, Five and Six have provided an understanding of the dating and coital experiences, and patterns of condom use among a sample of unmarried young men in Metro Manila. The methodologies and procedures employed in gathering these data, and the situations and contexts in which they were collected were also explained in Chapters One and Three, respectively. In Chapter Three more specifically, an indication of the quality of the thesis' survey data was provided. In Chapter Two, a review of theoretical and empirical evidence collected in various countries was undertaken. The review not only presented a general understanding of adolescent male sexuality in other cultural settings, but also provided additional and comparative contexts in which the Manila
field research findings were interpreted. As well, Chapter Two offered an understanding of the methods utilised in, and issues and concerns related to the conduct of sexuality research.

Utilising the arguments and findings presented in Chapters One to Six, the present chapter provides a perspective in which the coital behaviour among unmarried Filipino males can be viewed in the context of ongoing birth and AIDS control initiatives in the Philippines. The chapter begins by providing an overview of the trends in the growth of the adolescent population in the world and in the ASEAN region. It then broadly compares the Philippines and Thailand with reference to family planning and AIDS interventions. Societal responses to adolescent sexuality in the Philippines are also discussed; then the rationale of existing government initiatives in birth and AIDS control is examined, in the course of which the issue of the conflict between the government and the Catholic Church is covered. The last section of the chapter summarises the thesis' field survey findings; discusses the implications of these findings for population and AIDS programs and makes recommendations based on the findings; and identifies priorities for future research.

7.2 Growth Trends in the Adolescent Population: Global and ASEAN

The world's adolescent population - the 15-24 age group - has been steadily growing (Figure 7.1). It reached one billion in 1990, and its growth within the next 15 years will continue to be substantial. This pattern of sustained increase indicates that adolescents will remain a sizeable part of the global population: in 1985, they comprised 19 per cent of the world's 4.85 billion people, and in 2005, they will still comprise 17 per cent. Most of this youth population will be found in the developing countries because of prevailing high fertility and decreasing mortality rates (Table 7.1). The ASEAN region, composed
Figure 7.1 Estimated adolescent populations, global and ASEAN, 1985-2005 (in billions)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Global</th>
<th>ASEAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>0.941</td>
<td>0.06</td>
</tr>
<tr>
<td>1990</td>
<td>1.015</td>
<td>0.067</td>
</tr>
<tr>
<td>1995</td>
<td>1.032</td>
<td>0.071</td>
</tr>
<tr>
<td>2000</td>
<td>1.071</td>
<td>0.074</td>
</tr>
<tr>
<td>2005</td>
<td>1.159</td>
<td>0.076</td>
</tr>
</tbody>
</table>

ASEAN youth population: % of the global youth population

6.39 6.63 6.89 6.88 6.59

*Figures include both sexes. Both married and single adolescents are included. Source: United Nations (1993).
Table 7.1 Percentages of adolescents in the global population, 1985-2005

<table>
<thead>
<tr>
<th></th>
<th>1985</th>
<th>1995</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total global population</strong></td>
<td>4.85 billion</td>
<td>5.76 billion</td>
<td>6.69 billion</td>
</tr>
<tr>
<td>Per cent aged 15-24</td>
<td>19.4</td>
<td>17.9</td>
<td>17.3</td>
</tr>
<tr>
<td>Per cent found in less developed countries</td>
<td>15.6</td>
<td>14.8</td>
<td>14.7</td>
</tr>
<tr>
<td>Per cent found in more developed countries</td>
<td>3.8</td>
<td>3.1</td>
<td>2.6</td>
</tr>
</tbody>
</table>

a. Figures were calculated from the medium variant estimates of the United Nations (1993). Adolescent population includes both sexes, and all marital statuses.

predominantly of developing countries, will be the home of about seven per cent of all adolescents (Figure 7.1).

The population aged 15-24 will increase at a steady pace in the ASEAN region until 2005, when it will represent about a fifth of the national population of every country (Table 7.2). Singapore and Thailand will be the exceptions: these countries will see the sizes of their adolescent populations substantially reduced by 2005. Although Thailand will experience a significant decrease in its youth population within the next decade, it will remain one of the three countries in the region with the highest numbers of adolescents. Indonesia and the Philippines, in that order, are the other countries in this group (Table 7.2). The adolescent population in the region comprises similar numbers of males and females particularly in the case of Thailand and Indonesia. Using the 1995 medium variant estimates of the United Nations (1993), the sex ratios calculated for these two countries are 101 and 102 males, respectively, for every 100 females. Singapore has the highest adolescent sex ratio in the region at 108, followed by the Philippines at 105, Malaysia at 104 and Brunei at 103.
Table 7.2 Numbers and percentages of adolescents in national populations of ASEAN countries, 1985 and 2005\textsuperscript{a}

<table>
<thead>
<tr>
<th>Country</th>
<th>1985</th>
<th>2005</th>
<th>2005 (%)</th>
<th>1985 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total population ('000)</td>
<td>Aged 15-24 Number ('000)</td>
<td>Per cent</td>
<td>Total population ('000)</td>
</tr>
<tr>
<td>Brunei</td>
<td>226</td>
<td>43</td>
<td>19.0</td>
<td>344</td>
</tr>
<tr>
<td>Indonesia</td>
<td>167,332</td>
<td>33,714</td>
<td>20.1</td>
<td>232,367</td>
</tr>
<tr>
<td>Malaysia</td>
<td>15,677</td>
<td>3,226</td>
<td>20.6</td>
<td>24,270</td>
</tr>
<tr>
<td>Philippines</td>
<td>55,395</td>
<td>11,341</td>
<td>20.5</td>
<td>82,825</td>
</tr>
<tr>
<td>Singapore</td>
<td>2,558</td>
<td>521</td>
<td>20.4</td>
<td>3,078</td>
</tr>
<tr>
<td>Thailand</td>
<td>51,187</td>
<td>11,295</td>
<td>22.1</td>
<td>64,088</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>292,375</td>
<td>60,140</td>
<td>20.6</td>
<td>406,972</td>
</tr>
</tbody>
</table>

\textsuperscript{a} Figures were calculated from the medium variant estimates of the United Nations (1993) and cover both sexes, and all marital statuses.
The demographic phenomenon of having large numbers of young people in the national population - particularly in the case of developing countries - has social and health implications, especially given that premarital coitus among young people is common. The research findings gathered in several countries and discussed in Chapter Two have shown not only that substantial proportions of unmarried young men have coital experience, but that they commence intercourse at early ages and tend to have more than one coital partner over their premarital coital lifetimes. These behavioural patterns are also true in the case of Thailand and the Philippines. Filipino and Thai adolescents live in environments where opportunities for sexual contact, including paid sexual intercourse, abound. Prostitution is widely practised in these societies. Moreover, adolescents in the Philippines and Thailand tend to be free to make individual choices about marriage (Xenos, 1989), and with that comes the freedom to date without restriction. Civil liberties, including freedom of expression, are also generally safeguarded in these countries, and may include freedom of sexual expression. In Brunei, Indonesia, Malaysia and Singapore, in contrast, prostitution is greatly restricted, traditional norms and values continue to predominate, and governments exercise strong control over the collective behaviour of the people.

7.3 Family Planning and AIDS Interventions: The Philippines and Thailand Compared

The Philippines and Thailand, although sharing a similar experience as far as adolescent male coital activity is concerned, are in stark contrast with reference to their responses to addressing it. Both countries have official policy pronouncements which recognise youth sexuality as a government concern; and both likewise provide family life and sex education to all students regardless of marital statuses (Xenos, 1989). In Thailand, however,
contraceptives, including condoms, have been made available to all young people since 1970, while the Philippines only offers condoms to married adolescents regardless of age (Xenos, 1989). The implementation and outcomes of the family planning and AIDS programs in these countries also differ significantly.

Both countries have official family planning and AIDS prevention programs. Thailand is a success story known the world over for having reduced the growth of its population substantially: its annual population growth rate currently stands at only 1.4 per cent. The Philippines, on the other hand, has made no significant progress in curbing the rapid growth of its population. In 1995, as a decade ago, the country’s population - predominantly Catholic - was increasing at 2.3 per cent per annum (Economic and Social Commission for Asia and the Pacific, 1993) (see Table 7.3). Thailand is also more organised and advanced than the Philippines with regard to AIDS interventions. For example, Thailand had a surveillance program, at some stage, to track the diffusion of HIV in the Thai population (Muecke, 1990); it also has very active and effective non-government organisations, such as the Thai Red Cross Society, and the Population and Development Administration, whose efforts complement the government’s, and whose numerous studies on adolescent sexual behaviour have given policymakers and program managers ideas on how to influence behaviour. The Philippines did not have an active AIDS program until 1992, when Ramos was elected as president. Since then, the AIDS program has become very active in organising and implementing relevant activities and services. But despite initial gains the country lags behind Thailand with respect to AIDS testing, detection and surveillance; coordination and monitoring of relevant activities and services of non-government organisations; and research into human sexuality.
### Table 7.3: Annual population growth rates and estimates of HIV cases in the ASEAN region

<table>
<thead>
<tr>
<th>Country</th>
<th>Annual growth of population (per cent)</th>
<th>Number of HIV cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunei</td>
<td>2.7</td>
<td>-</td>
</tr>
<tr>
<td>Indonesia</td>
<td>1.6</td>
<td>20,000</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2.3</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>2.3</td>
<td>30,000-35,000</td>
</tr>
<tr>
<td>Singapore</td>
<td>1.8</td>
<td>-</td>
</tr>
<tr>
<td>Thailand</td>
<td>1.4</td>
<td>500,000</td>
</tr>
</tbody>
</table>

*Source: ESCAP (1993). b. Sources: Friedland (1994), and Philippine Collegian (1993). All data were recent as at 1992. Indonesian and Thai data were estimates derived from population aged 20-49. Data were not available from other countries.*

Thailand’s taking a strong interest in AIDS is understandable considering that it has the highest number of HIV infections in the ASEAN region: more than 400,000, or about seven of every 1,000 Thais are HIV infected (Im-Em, 1993: 2) (Table 7.3). But the impressive effort and resources the Kingdom is putting into its AIDS prevention have shown significant results: the reported number of total cases of STDs, for example, fell by 77 per cent between 1986 and 1993 (Merson, 1994). The Philippines can console itself in having a relatively low number of HIV infections, between 30,000 and 35,000 as of 1992 (Philippine Collegian, 1993: 5), but there are indications that it is likely to face a similar scenario to that in Thailand if an aggressive AIDS campaign is not pursued.

Thailand’s success in implementing its family planning program and its aggressiveness in campaigning against AIDS may be attributed to two factors: the government’s political willingness to address population growth and AIDS concerns, and lack of political or religious resistance. These two elements were non-existent in the Philippines during the administrations of Marcos (1965-85) and Aquino (1986-92) because of the close relationship between the
government and the Catholic Church. (In subsequent paragraphs, unless otherwise specified the term the church refers to the Catholic Church). The church’s opposition to any promotion of birth control in the country is public knowledge. It wielded considerable and personal influence on Marcos and Aquino, and this was mirrored in the limited extent to which family planning services and activities were provided in the Philippines. The AIDS program that began operating during the Aquino administration was also restricted and low-key, and it is not difficult to ascertain that the reason for the reluctance to promote condoms - one effective method against HIV infection - was religious opposition. As a result, Filipinos’ overall access to birth control methods and the percentage decline in the country’s total fertility rate were lower than for Thais and nationals of the other ASEAN countries (Figure 7.2).

As Thailand’s population and AIDS control programs further gather momentum and strength, similar efforts are being made in the Philippines. Ramos, elected to the presidency in 1992, has given these programs - both under the Health Department - a focused direction and renewed strength. In fact Ramos, the first Protestant national leader, has pursued the family planning issue more strongly than any of his predecessors (Asiaweek, 1994b). He appears to have a similar concern about the health implications of AIDS. The special relationship between the government and the church, central features of the Marcos and Aquino administrations, has been severed under the present government. The Ramos government has the political will to pursue large-scale family planning and AIDS programs across the country; this is, in fact, so strong and firm that despite vigorous religious opposition, it has continued implementing the programs. Amidst the opposition, the government has set a target: to reduce the current population growth rate of 2.3 per cent to 1.92 per cent by 1998 (Manila Bulletin, 1994: 11). As set out in the Philippines’ 1993-98 Medium Term Development Plan, this goal has been
7.2 Access to birth control and decline in total fertility rates in selected ASEAN countries

- Access scores were based on an index which measured three areas: access to a broad choice of birth control options, competence of family planning service providers, and the variety of channels of family planning information. The higher the score, the greater the access. Maximum score was 100. The period covered in the calculations of decline in the TFR were 1965-70 to 1990-95. Some rates were based on projection estimates. Source: Population Crisis Committee (1992).
established using the argument that *a large population impedes economic growth*. The goal is also consistent with the Cairo Conference’s aim to formulate a program that will stabilise the global population of approximately 5.7 billion in 1995, at 7.27 billion by 2015. Resources to achieve the goal are also in place: the United Nations Fund for Population Activities has approved A$44.0 million in assistance over a five-year period beginning 1995 for the country’s population program (*The Manila Chronicle*, 1995: 12), and the number of family planning workers has increased from 200 to more than 8,000 (*Asiaweek*, 1994b: 22).

The AIDS program, on the other hand, aims to create awareness about the disease and to promote the adoption of practices that will help prevent its spread. Central to the program’s goal is to encourage Filipino men to use condoms. To this end, condoms are being made widely available across the country through government channels, as well as through already existing commercial channels such as drugstores and supermarkets. Some local government councils have also introduced their own legislation, for example requiring hotels and pubs to dispense condoms (Remedios AIDS Foundation Inc., 1993a; 1993b). In support of the effort to promote condom use, advocacy campaigns with the help of HIV infected Filipinos (*AIDS Health Promotion Exchange*, 1993), and the mass media have been pursued. Moreover, in an effort to strengthen and coordinate the various activities and services of the public and private sectors, the Philippine National AIDS Council was established in 1993.

The Department of Education, Culture and Sports (DECS) has also taken a number of steps towards complementing the AIDS campaign efforts. In 1994, it included AIDS education in the elementary, secondary and tertiary curricula in such subjects as health and science, civic and culture, and home economics. Although the integration of AIDS education into curricula was implemented
only in the public school system, the DECS also planned to encourage private schools to adopt the scheme (Remedios AIDS Foundation, Inc., 1993c). As well, health and nutrition staff in public schools have been conducting AIDS prevention lectures and seminars during staff meetings (Philippine Newsletter, 1994).

7.4 Cultural Scenarios/Responses Related to Adolescent Sexuality

As defined in Chapter One, a cultural scenario refers to a set of behavioural guidelines that specify in general terms the parameters of sexual activity and related behaviours among adolescents. This section discusses some attempts of societal institutions to addressing premarital heterosexual relationships among Filipino adolescents. The government has recognised the importance of addressing adolescent sexuality and its potential to contribute to growth of population, and HIV and AIDS cases in the Philippines. Towards the later years of the Marcos administration, tentative steps were taken to deal with the phenomenon, although at that time it was only a population concern. The government introduced population education and information in elementary and secondary schools, but it did not provide birth control methods to adolescents. Under the Aquino government, there was virtually no change in efforts focused on adolescent sexuality despite many cases of teenage pregnancy - a number of which occurred to well-known Filipino actresses - and HIV infections being reported in the mass media. The present government has aggressive family planning and AIDS campaigns across the country. Condoms are openly advertised in the mass media and on the billboards, and have been made more accessible. AIDS has been included in school curricula at all levels in addition to other existing subjects pertaining to family life and sex education. The Ramos administration, like its predecessors, has no explicit policy of providing condoms to single adolescents for pregnancy and AIDS
prevention, but it has given tacit approval to young people using the method (Robles, 1993: 6). The lack of a pertinent public policy may not stem from marked religious opposition if such a policy is formulated, but from the government's apprehension that large-scale promotion and provision of condoms to coitally active but unmarried young men would encourage them to be sexually promiscuous.1 The absence of policy may also be due to the fact that the government has no adequate and accurate knowledge of the extent of coital activity among unmarried Filipino young males.

The effort of the government in promoting condoms is not without clear opposition. Not unexpectedly, this comes from the Catholic Church.2 The conflict between the government and the church is inevitable, as they view sexual expression among adolescents differently. Delamater's (1987) sociological theory recognises that social institutions - medicine, economy, religion, family and government - may have competing approaches to helping shape and constrain sexual expression among youth (see Chapter One for a discussion of the theory). The church seeks to constrain adolescents' sexual expression by offering them religious prescriptions: for example, that sex outside marriage is wrong and a sin against God. It also prescribes abstinence and monogamy3 as appropriate methods to prevent pregnancy and HIV infection (Robles, 1993: 6). It opposes the use of modern family planning methods such as condoms by married couples, let alone by single adolescents. Aligned with the government's perception, the church also argues, albeit more vocally, about the adverse effects condom provision may have on the coital behaviour of

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1The term sexual promiscuity has been used in discussions, in the mass media and by the Catholic Church, but it has not been defined. Loosely speaking, what it means is that if condoms are made accessible, and because of the effectiveness of the method in preventing pregnancy and HIV infection, young men may be encouraged to have intercourse with more females or more frequently with their steady partners, or the coitally inexperienced may be encouraged to become experienced.
2In contrast, other non-Catholic groups support the promotion of modern family planning methods, including Iglesia ni Cristo, the United Church of Christ in the Philippines, and the Philippine Independent Church (Cuadro, 1994: 8)
3Abstinence for single Filipinos until marriage, and monogamy after marriage.
unmarried young men. In the United States (Littlewood, 1977), India (Mathur, 1983), South Africa (Talbot, 1990) and Uganda (Musoke, 1991), religious groups express similar apprehensions.

The Catholic Church as guided by *Humanae Vitae* - the papal encyclical that contains the moral directives for birth regulation - argues against the use of these methods because they are external means of birth regulation (de la Rosa, 1994). The church is not against family planning *per se*, but against the use of artificial birth control methods. The Catholic Church encourages couples to space their children according to the demands of their family conditions by emphasising: inner human sexual control based on a stable commitment to marriage; a fundamental respect for human life; and reverence for the divinely ordained limits to active intervention in the process of conception (de la Rosa, 1994: 6). In these terms, it finds the use of natural means such as the calendar (rhythm) and withdrawal methods4 acceptable.

The typical Filipino family, where the husband and wife have an egalitarian relationship (Medina, 1991), has similar values to the Catholic Church in that it also regards premarital sex as wrong5 and values sex within marriage as important. However, the family is likely to convey this prescription more strongly to its daughters than to its sons because, at the societal level, behaviour is prescribed separately for males and females. Filipino women, in general, are expected to be chaste, pure and without any coital experience at the time of marriage (Medina, 1991: 100). Men are allowed greater sexual freedom before marriage; their premarital coital experience is accepted and even valued by their wives (Sevilla, 1982: 67 cited in Medina,

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4These are promoted by the church in a limited sense. The government also promotes natural family planning, but emphasises the use of modern methods.
5Individually, Filipinos were found to be tolerant of premarital sex according to a nationwide survey (Sandoval, 1992).
The family, in turn, expects its adolescent sons to have dating or coital experience at some stage. It also tolerates the dating activity of adolescent female children, but expects that they will resist sexual advances from their partner. If a daughter is unable to resist and becomes pregnant, the whole family regards the incident as *malaking kahihiyan sa buong pamilya!* (a big shame to the whole clan!). Most commonly, a marriage follows the pregnancy (East-West Centre, 1989). The family’s knowledge of its children’s sexual activity is limited because sex is not openly discussed in the household. However, the family usually knows the identities and backgrounds of its children’s romantic partners, especially those of its daughters.

With regard to provision of condoms to unmarried adolescents, the opinion of the Filipino family will most likely coincide with that of the church and the government. That is, the family will fear that access to condoms will bring about a promiscuous response among young men. One can also speculate that the family most likely would agree with the Catholic Church’s prescription that sexual abstinence and monogamy are the best solutions to AIDS problems. In relation to AIDS, the family, like the church, is likely to espouse the moral dimension of AIDS - for example, that *AIDS is a curse from heaven,* or *God’s punishment.* There exists only a small possibility that family heads will take on the role of discussing AIDS with an adolescent son in honest and direct terms; and the son is unlikely to approach his parents to discuss the subject. One study has shown, in fact, that on sex-related concerns, adolescent male and female children in Filipino families tend to approach their brothers and sisters, respectively, rather than their parents (Family Planning Organisation of the Philippines, 1987). Sex continues to be a taboo subject among family members,

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6The arrangement of marriage once a premarital pregnancy takes place must be a major reason why illegitimate births among Filipinos tends to be low: just under 100,000 in 1983, representing nine per cent of total live births (National Statistics Office, 1992: 19). It is estimated that more than half of these births occurred to females aged 15-24 (Raymundo, 1989).
especially between parents and children, probably because of religious upbringing, and maybe because parents feel they are unprepared to deal with their children's sexual concerns. The family may advise a son to be careful and may mention some general aspects of AIDS in casual conversation, but discussing the disease in detail, let alone tackling the issue of condom use, is likely to be difficult.

While the legal and medical systems support the government's efforts at promoting condoms, the business sector has responded positively because of pecuniary interest. Nowadays, condom companies aggressively promote the method in the broadcast and print media, and on billboards; one company has even established a 24-hour dial-a-condom door-to-door service in Metro Manila. These activities would not have taken place during the terms of Marcos and Aquino, which implies that the present administration has strategies in place to gain support from the commercial sector. In the long run, condom companies may benefit more as awareness and knowledge of AIDS reach a wider segment of the national population. Meanwhile, the sex industry is proliferating across the country as poverty conditions are sustained. The pressing need for money overrides the pressure on some Filipino women to conform to societal expectations of being pure and chaste at marriage. Even the government and the religious sector have been unable to restrain many Filipinos from working in the sex industry because of economic difficulties. The burgeoning sex industry thus further aggravates the task of addressing the AIDS problem. Amidst all of these coitus-related scenarios, the mass media continue to convey altered sexual values and mores to young people, and a fantasy view of the world in which sex occurs without responsibility (Senderowitz and Paxman, 1985: 20).
7.5 Rationale of the Government's Initiatives

This section discusses the rationale of the government's family planning and AIDS programs. It spells out the reasons why these efforts, especially that concerning birth control, are being pursued. It also presents a perspective in which the controversial issue on the conflict between the state and the Catholic Church can be viewed.

The decision of the Ramos administration to undertake a vigorous population program came at a time when social and economic conditions in the country badly needed improvement. The political instability under the Marcos and Aquino governments left the country's economic agenda largely unattended. As a consequence, the economy stagnated while other ASEAN economies experienced robust growth. Ramos, when he came to office in 1992, focused upon improving the nation's economy, and the results - although not as impressive as the economic growth of other ASEAN countries - have been encouraging. In 1994, the growth in gross domestic product was 5.5 per cent, and this was projected to increase to 6.5 per cent in 1995 (Asiaweek, 1995: 37). The improving economic outlook is only gathering momentum; it will take some time before it has a significant impact on the general living conditions of Filipinos.

A national economy that is being revived, with modest initial gains, cannot afford to experience sustained growth in population. Any new births require resources. If these grow continuously at rapid rates, the economy needs to produce very significant gains to keep up with the expanding demand for resources. Unfortunately, the resources of the public sector are already inadequate to meet the needs of the population. Hospitals have shortages of

7In 1994, Indonesia posted a growth rate of 6.7 per cent, Malaysia 8.6, Singapore 10.0, and Thailand 8.0 per cent. These countries will see marginally lower or higher growth rates in 1995 (Asiaweek, 1995: 36-37).
beds and medical doctors, classrooms are overcrowded, urban housing is scarce and household density is high, and employment opportunities are limited. For example, enrolment figures in the secondary schools increased by 60 per cent during the 21 years ending in 1991 (Asiaweek, 1994c: 13), while during the same period, the pupil per teacher ratio in the primary schools increased from 34 to 68 (Asiaweek, 1994d: 16). Access to sanitation facilities such as septic tanks and communal toilets decreased by three per cent over the decade 1980-90 (Asiaweek, 1994e: 11). The national unemployment rate stands at 8.6 per cent (National Statistical Coordination Board, 1993), but underemployment is very common among employed Filipinos. The overall consequence of the country's inadequate social and economic opportunities is reflected in the poor access of the majority of Filipinos to a quality life. Poverty is far-reaching (Asia-Pacific Economics Group, 1993; Locsin, 1993). Obtaining employment or other income-generating opportunities with adequate financial gains is still difficult.\(^8\) There is little doubt either that massive and continued degradation of the environment is partly due to the worsening poverty conditions among the majority of Filipinos. With the aim of rectifying these adverse situations, the government sees population control as an appropriate solution.

The effort to check the growth of population is also an attempt at addressing the quality of life of Filipinos (Cruz, 1992). There is already evidence that substantial numbers of Filipinos will have an uncertain future: the children of many low-income families, who are forced by their parents or by circumstances to work selling newspapers, cigarettes and candies, or to beg in the streets, or to engage in paid sex. The number of child sex workers alone across the Philippines is estimated at 100,000 (Philippine Free Press, 1994: 2). Many are forced to live in the streets for lack of a home. These children will

\(^8\)Rate of inflation was 9.2 per cent as at 1994 (Asiaweek, 1994f: 49).
have little chance of realising their full potential. They lack the emotional, physical and intellectual preparation necessary to become productive and fully functioning members of society. Thus their prospective contribution to national development is placed at risk. If the needs of many Filipino children today are unmet, the needs of those yet to be born into the society will likewise be unattended. While these children help themselves and their families to survive at present, in the long term their incomes will be insufficient to fulfill their greater need for resources as they reach adulthood. The costs to the person and to society will thus be very high. If this scenario prevails because of unwanted births and poverty conditions, the government will face a difficult task in realising its future national goals because one essential element will be lacking: a quality and competitive human resource.

There is also a need to contain the AIDS epidemic because the strength of the national economy also depends on a healthy labour force. Moreover, if the level of HIV infection among the Filipino population reaches epidemic proportions, further pressure will be placed upon the country's already scarce resources, which otherwise could be spent on improving existing health facilities and services. Condom use is justifiably a major feature of the government's effort to stem the spread of HIV.

7.5.1 The government-church conflict: a perspective

Consistent with the theoretical orientation of this thesis, the conflict between the state and the Catholic Church is viewed from an institutional perspective. In this perspective, the objectives and relative positions and functions of social institutions are considered. Contrary to popular belief, the Catholic Church is not oblivious to the worsening social and economic conditions in the country. It agrees with the government that *the very speedy increase in the population may be a contributing factor to poverty* (Teves, 1994: 7). It
also recognises AIDS as a serious health concern, and concurs with the government that behavioural change is necessary to prevent the spread of AIDS. The primary source of conflict between the religious group and the government is how to deal with these problems. The government has resolved that fertility and sexual behaviour can best be addressed through massive promotion of modern birth control methods and safe sex practices. Its efforts are being pursued under the principle of freedom of choice (Cruz, 1992); that is, that Filipinos should be given the freedom to choose among the various means of family planning and disease prevention. The government tends to be fixed about its position.

The Catholic Church is also firm about its stand: firstly, that natural, not artificial birth control methods should be used to space births, and secondly, that abstinence and monogamy should be adopted as the means of AIDS prevention. By prescribing sexual abstinence and monogamy, the church is also propagating moral uprightness as a solution. It does not believe that condom use can solve the problem of AIDS, and regards the promotion of this method as a step to encouraging sexual promiscuity. While the church accepts the use of natural birth control methods, it does not see fertility control as the solution to poverty, which explains its limited promotion of natural family planning in the country. Widespread poverty, according to the Catholic Church, stems from the unjust distribution of wealth in the country, the selfishness of many people (for example, in not paying taxes), and from the inefficiency, graft and corruption in the government (Teves, 1994: 7). In its view, the attention of the public sector should be focused on these three areas rather than on fertility regulation.

Conflict between the Catholic Church and the government is inevitable because of inherent differences in their institutional functions. It first must be
noted that there is constitutional provision for the separation of the powers of the church and the state. During the terms of Marcos and Aquino, the state’s relations with the church were close, where the Catholic sector influenced national policies, including setting the government’s position on population or AIDS matters. The manifest functions of the church revolve around religious concerns; the government’s centre on the administration of the country’s social, economic and political affairs. Both utilise arguments based on their respective functions; naturally, they cannot see and arrive at a common solution. The lack of agreement does not imply, however, that the church should follow the solution offered by the government or vice versa. It is rather a question of which of the two represents the central authority in the Philippines.

The government is the chief source of civil authority because it was elected into office by the people. Ramos has pursued the problems concerning population growth and AIDS in line with the plan of the government. He has shown that he is in charge of the entire nation. In official terms, it is his government, not the Catholic Church, that is responsible for the management of national affairs. As an elected entity, it has the responsibility to carry out programs that it believes will benefit the electorate, even if these are against the wishes of the church. The present government pursues its population and AIDS initiatives fully aware that even if 85 per cent of the Filipinos are Catholics, the church has no significant influence on their voting behaviour. In the 1992 presidential elections, for instance, Mitra - the Catholic-supported candidate - lost to Ramos (Tiglao, 1994); in the 1995 national elections, the church also campaigned against the election of Juan Flavier for senator, but

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9In 1898, the Philippines was the first country outside of the West to adopt the doctrine of the separation of the church and the state (Corpuz, 1994: 7).
failed. The government needs to pursue its aggressive response to fertility and AIDS problems as it sees fit and necessary. Filipinos will then evaluate, in the long term, whether these programs are useful and relevant.

The prescriptions of the religious lobby for dealing with poverty, for example - improved efficiency in the public sector, justice in the collection of taxes, elimination or diminution of graft and corruption, and greater sharing of resources by the rich with the poor (Teves, 1994: 7) - only provide indirect solutions to the population problem. Implementing these prescriptions will require considerable time, and by then, many more human lives will already have been placed at risk of having their futures foreclosed. These prescriptions will need to be considered, but more in the context of efforts at improving national administration than as measures to control fertility growth. The prescriptions of the Catholic Church also do not seem to be providing Filipinos with an opportunity to learn how they can gain control of their lives, and thus how to depart from fatalism - the belief that all events are influenced by fate and are therefore inevitable. By attributing the causes of poverty exclusively to structural factors, the church is suggesting that Filipinos cannot look to altering their own behaviour to address their economic conditions. Limiting the number of children by using effective methods of contraception represents one way of teaching people how to exercise control and power over their future; it is also one step toward alleviating poverty. According to one study, Filipino households with large numbers of children are at greatest risk of being poor (East-West Centre, 1992b).

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10The Catholic Church wages a continuing battle against Flavier because he was responsible for the aggressive implementation of population and AIDS programs in the country when he took office as secretary of the Health Department in 1992. When Flavier resigned in January 1995 to run for senator in the May 1995 national elections, the church campaigned against him. Nonetheless, Flavier won, placing fifth among the 12 senators elected (Arroyo, 1995). There is a variety of opinion among Filipino political analysts as to whether there exists a Catholic vote (Arroyo, 1995).
7.6 Adolescents' Responses to Sex-Related Societal Scenarios: Program Implications

Heterosexual coital relationships form part of the normal and common concerns in adolescence as unmarried young men mature and progress towards adulthood. Blair (1993) stresses that healthy adolescence is a period of transition from childhood asexuality to active sexuality in adulthood. There is social support in the larger society for young men to have premarital coital experience. Opportunities to engage in premarital intercourse abound in Metro Manila including, among others, the opportunity to have coitus within dating relationships. At the same time, there exists in the society discouragement of such behaviour; the church strongly conveys disapproval of premarital coitus to adolescents from a religious and moral standpoint.

The data gathered from field interviews and discussions with students and slum dwellers in Metro Manila somehow reflect the effects of these societal scenarios. On the one hand, there were coitally experienced respondents whose premarital coitus could be attributed to their sex role beliefs, sexual attitudes and peer groups; on the other, there were the coitally inexperienced whose lack of intercourse experience could be ascribed to their religiosity. The distinction between the coitally experienced and the coitally inexperienced across these dimensions was only valid in the case of the slum dwellers, which indicates that conformity to societal and peer group expectations was stronger among low- than among high-income respondents. The restricted life options available to slum dwellers, and their limited exposure to varied ideas and philosophies, might have given them few opportunities in which to interpret scenarios prescribed by society and by peers.

The scenario created by the government to disseminate accurate knowledge of the transmission routes of the AIDS virus was conveyed more successfully
among students than among slum dwellers. Students had a higher AIDS knowledge level and had fewer misconceptions than slum dwellers understandably because of their differential access to formal education. Condoms were markedly perceived as effective measures against STDs and pregnancies by both students and slum dwellers; in this sense it could be said that the government - in partnership with the business sector - has also been quite effective in creating awareness and knowledge about condoms. Respondents' knowledge of condoms' effectiveness was not, however, manifested in their actual use of condoms. Over their coital lifetimes during which they typically had had intercourse with more than one female of varying types, coitally experienced students and slum dwellers had either not used condoms or had used them only occasionally. This suggests that knowledge about condoms or about AIDS - no matter how accurate it is - is not a sufficient condition to increase adolescents' likelihood of using condoms (Morrison et al., 1993). The implication is that there is an urgent need for the government to complete its scenario of promoting and encouraging condom use among coitally active Filipino men to include not only married, but also single adolescents.

No significant inroads to encouraging condom use among single adolescent males can be made, however, if the government does not formulate a policy that will establish its legality. Such a policy will certainly create controversy, evoke varied emotions, and provoke heated discussion and debate. But the present and future governments must realise that not only are heterosexual dating and coital relationships integral parts of normal adolescent development; they also have cultural value and significance. Adolescent dating and coitus also tend to occur at early ages: among the Manila respondents, the majority had commenced dating and coitus before reaching the legal age of 18. Given that Filipino males marry at age 26 on average (de Guzman and Cruz,
1992), there thus exists ample time for premarital coitus to occur. It is therefore not a question of whether most young men will or will not engage in premarital coitus; rather, it is a question of whether their eventual coital experience will carry risks of causing unwanted pregnancies and of contracting HIV infection, and of how much the government can do to minimise their exposure to these risks. From the Manila field interviews, it was clear that respondents faced such risks because of the multiplicity and variety of their coital partners, and their lack of use, or inconsistent use of condoms.

The urgency to promote condoms to single adolescents should not be stymied by the prevailing perception that condoms will result in promiscuous behaviour, or by religious opposition. The AIDS virus has already incurred into the Filipino population. Analysts predict that the combination of poverty, ignorance, religious conservatism and a booming sex industry provide fertile soil for an AIDS epidemic (Friedland, 1994). Coitally active adolescents such as those interviewed for this thesis have the potential to contribute to the spread of the AIDS virus because they are engaged in sexual networking. The promotion of condoms to this group should therefore be based upon pragmatic rather than upon moral and religious considerations. Between the two alternative scenarios - not to provide condoms because of concern about promiscuity, and to provide condoms because they will help coitally active individuals avoid infection - the government should opt for the second. Its current efforts on condom promotion among married men should therefore include single adolescents. It should design culturally appropriate intervention strategies for adolescents. It should not expect that existing sex and AIDS education offered in schools or conveyed through the mass media, or the drift from the campaign geared towards married males, will be adequate to encourage single young men to use condoms.
What is the evidence for the alleged association between condoms and promiscuity? Unfortunately, there seem to be no direct and conclusive data that can be cited to clarify the relationship. One study in Switzerland concluded that a public education campaign promoting condom use can be effective without increasing the proportion of adolescents who are sexually active (Hausser and Michaud, 1992). However, since the other parameters of sexual promiscuity such as coital frequencies and number of coital partners were not explored, this study offers only a limited understanding of the association between condoms and sexual promiscuity. Some theoretical explanations have been offered in the research literature. Chilman (1980), for instance, believes that the availability of contraception could hardly be cited as the cause of premarital intercourse among young people. Instead, she attributes the rising incidences of premarital coitus in many parts of the world to the growing complexity, mobility, urbanisation and industrialisation of societies, and to early onset of puberty. Michael et al. (1994), on the other hand, indicates that the reason why most young people have more than one coital partner over their lifetimes is that they begin intercourse at early ages, and spend a long time coitally active, but unmarried.

Even if condom provision is found, in either a theoretical or an empirical sense, to have no adverse effects on coital behaviour, knowledge of this most probably will not create any appreciable immediate impact upon the present government’s prospective decision to promote condoms to unmarried young men, or upon the agreement of the church, the family and school authorities to such a decision. One reason for this is that the commonsense view of a positive link between condoms and promiscuity has remained unaddressed in empirical research for decades, that it will take considerable time to alter this widely-held perception. The impetus and justification for condom provision to single adolescents should therefore stem from pragmatic considerations; that is,
the need to use condoms to avoid causing unwanted pregnancies, and to avoid contracting HIV.

7.6.1 Program challenges

If ongoing and prospective birth and AIDS control efforts are to develop intervention programs to promote condom use among unmarried adolescent men, the following recommendations, based upon the survey findings of this thesis, may be worth considering. In addressing single young men as a target group in population and AIDS programs it must be recognised that economic class does not shape and constrain sexual behaviour. Students and slum dwellers of contrasting economic statuses faced the same risk factors - both groups had multiple coital partners and varying types of coital partner. The implication is that programs can regard adolescents as a homogeneous demographic group in these respects, and the need to design subgroup-specific intervention strategies thus becomes less necessary. With reference to their use of condoms, however, the major point that bears mention is that premarital coitus is a more problematic concern among slum dwellers than among students. The virtual absence of condom use among slum dwellers is the reason for concern, and requires attention. In particular, the challenge to programs lies in translating slum dwellers' positive preventive-health behaviour and attitudes towards condom use into practice. While the use of condoms needs to be encouraged among coitally experienced slum dwellers, sustained use of the method has also to be pursued among students. In recognising these differences, the programs have to devise varying strategies in which to promote condom use, as conditions that must be introduced to establish use would differ from conditions to sustain it.

The existing population and AIDS education taught among high school and university students in both public and private sectors is essential to impart
objective knowledge. In one sense it can be said that school-based AIDS education is successful in disseminating accurate knowledge among students. It will also be useful to tackle other topics in classrooms, such as those pertaining to male-female relationships, personal and psychosocial interpretations of dating and sexuality, and perceptions and beliefs about preventive measures. These topics are, without doubt, relevant within the contexts of population and AIDS concerns. At present, population and AIDS instruction in classrooms is limited by the fact that these topics are only a small part of existing courses. To be able to expand the coverage and treatment of these topics to encompass other essential elements, the programs should consider introducing a full regular course on human sexuality at the secondary and tertiary levels. To ensure that program goals, concerns and strategies are carefully integrated into classroom instruction, programs could offer special training courses to high school and university instructors tasked to teach this course. Appropriate legislation to support the introduction of a human sexuality course in schools and universities is essential.

High school students should be given the same importance in school-based population and AIDS education as their university counterparts, as some of them already have dating and premarital coital experience. Most high school students, aged 12-15, are experiencing the physical changes brought about by the onset of puberty; thus they require accurate knowledge and interpretation about bodily changes, and other sex-related concerns. Promoting accurate knowledge of the risks and effects of premarital intercourse, and of the use of condoms among this group - young as they are - may help them to develop early responsible sexual and preventive behaviour. It is also among this group that various sex- and prevention-related misconceptions and beliefs can be corrected and redirected.
Classroom-based education, while it has merits, has limitations. It often discourages students from divulging personal concerns, or from asking specific details about the topic; those who ask questions are readily assumed to be sexually active, and often are subjected to embarrassing remarks from classmates. It also does not allow for the fact that some concerns and issues that adolescents want clarified about are not raised during classes; often, they are thought out during class breaks or during a peer group activity. Classroom instruction also excludes adolescent groups such as slum dwellers who, because of poverty, cannot attend high school or university. It is therefore imperative to identify other means of reaching adolescents.

Health promotion research underscores the importance of social networks in adolescents' initiation and perpetuation of contraceptive use (Fisher, 1988). Among the young, the most common social network is the peer group. Peer groups represent a culturally appropriate and potentially effective channel for reaching some adolescent groups, particularly out-of-school groups. Peer groups are well-entrenched in the societal structure, and across economic classes, their existence is universal. To most adolescents, peers are a significant reference group: it is with them that they spend most of their time, and it is also with them that many of their personal concerns, including those about dating and sexual behaviour, are discussed. In fact, peer influence has been identified as contributing to adolescents' sexual attitudes and behaviour (Hopkins, 1983; Lloyd, 1985; Delamater, 1987).

The challenge to programs is how to utilise peer groups as an effective vehicle through which risk recognition among group members can be addressed, and through which the use of condoms as a new, acceptable norm among them based on accurate reproductive and AIDS knowledge can be established. In utilising the peer group approach, out-of-school youths aged
12-15 must be covered in addition to their older counterparts, for the same reasons that the needs of high school students must be addressed in the school-based population and AIDS education. Among slum-based adolescents, it is necessary to place a strong emphasis on knowledge dissemination - for instance, about AIDS - as this group has a low level of knowledge about this health concern. The use of peer groups will require programs to mobilise human resources, but there are a number of youth organisations in slum areas and on campuses which can be tapped to assist in organising group activities. Peer educators and counselors may be elected from among members of these youth organisations. Peer educators and counselors are a more reliable source of information than traditional, didactic prevention programs (DiClemente, 1993), because they speak the group’s language and communicate at the same level of understanding (Atwood, 1993).

The mass media can also be employed to reach Metro Manila’s general adolescent population, and more specifically the dating couples. Cinemas, of which there are hundreds in the metropolis, can be effective channels through which the family planning and AIDS programs can communicate pertinent messages. Adolescent couples go to cinemas to date; the programs thus have the opportunity in cinemas to convey appropriate messages to dating couples. Currently, some government campaigns are advertised in cinemas, free of charge under existing arrangements between local authorities and cinema owners. The family planning and AIDS programs, through appropriate channels, can explore the possibility of strengthening these arrangements.

Campaigns such as those concerning family planning and AIDS need not be limited to cinemas. Other types of mass media must also be utilised to create social realities consonant to program goals. The use of condoms, for instance, can be established as a social norm through the mass media. As the
media provide models for youth sexual behaviour (Moore and Rosenthal, 1993) so they can be used also to provide models for preventive behaviour. Knowing that there is social support for using condoms can exert normative pressure on young people to use the method; and knowing that significant other young and adult men use condoms can also provide models for other adolescents to follow. Conversely, knowing that condom use is not a normative behaviour, or knowing that very few use condoms is unlikely to encourage other men to become users. Consistent condom use can be integrated into male sex role beliefs as an additional standard of masculinity; for example, statements such as wearing a condom at all times is a sign of a sensitive new age guy, or I'm a real man because I always take responsibility for my behaviour can be used to this effect.

Sexual attitudes among the young could also be redirected so that consistent use of condoms in affectionate coital relationships will be perceived as necessary and desirable. As beliefs such as males should have coital experience before marriage, and attitudes such as premarital intercourse is bad have been shaped as societal standards, condom use can be shaped as an additional standard. Slum dwellers, being vulnerable to societal prescriptions, are more likely than high-income students to be influenced in this regard.

In establishing condom use as normative behaviour, programs need not develop a magazine, or produce a television show or a cinema advertisement. Existing local television shows, movies, magazine columns, and comic stories can be utilised to communicate relevant messages. For instance, in a movie, condom use can be conveyed through a line in an actor's dialogue, or by showing an actor taking a condom and placing it in his wallet, or by shooting a scene with a condom billboard in the background. The whole concept requires that the idea of condom use be blended into appropriate life situations depicted in the mass media. There is a wide range of other situations and possibilities in which condom use as normative behaviour can be conveyed to the young
through the media; some of these are specified in Table 7.4. To implement this recommendation, programs should establish and cultivate close and harmonious collaboration with media writers, entertainers, producers, publishers and directors. If implemented and used effectively, the suggestion will cost the government a minimal amount. Legislation is crucial to carry out this recommendation.

There are other entry points through which the family planning and AIDS programs can design messages to reach adolescents more effectively. For instance, among students, the idea of condom use can be integrated within the context of educational or career goals. Since there is a preponderance of coital relationships within relational contexts, the use of condoms can be conveyed as a couple's mutual decision. Essentially the whole idea is to relate condom use with young people's life concerns or situations. Although the aim is to persuade single adolescent males to use condoms, the programs must emphasise that the condom does not offer full protection from pregnancy and STD infection. Other precautionary measures should be promoted as well.

A strong impact can be made if, along with mass media campaigns to establish condom use as a social norm, there is an attempt to make condoms available on a large scale, and visibly in public places. The present condom distribution system in the metropolis, using a network of drugstores, supermarkets, convenience stores, and to some extent health clinics, has to be expanded to also include vending machines. The use of vending machines will not require young people to interact with a salesclerk or with a nurse; personal embarrassment - one potential barrier to utilising condoms - can thus be avoided. In conjunction with condom companies and cinema owners, the family planning and AIDS programs can arrange to have vending machines installed in cinema toilets.
Table 7.4 Creating condom use as a social norm: some situations and scenarios in which condom use can be conveyed through the mass media

<table>
<thead>
<tr>
<th>Situations and scenes</th>
<th>Media types</th>
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<tbody>
<tr>
<td>A steady heterosexual couple are kissing and petting passionately; suddenly the man stops:</td>
<td>movies, comic stories, television drama series</td>
</tr>
<tr>
<td><em>woman:</em> Why? Is there something wrong?</td>
<td></td>
</tr>
<tr>
<td><em>man:</em> No, nothing. I just have to get something, a condom.</td>
<td></td>
</tr>
<tr>
<td><em>is that okay with you?</em></td>
<td></td>
</tr>
<tr>
<td><em>woman:</em> Perfectly fine. It's nice of you to think about me.</td>
<td></td>
</tr>
<tr>
<td><em>Thanks. (kisses the man)</em></td>
<td></td>
</tr>
<tr>
<td><em>(the man exits from the scene, goes to a table and picks a condom).</em></td>
<td></td>
</tr>
</tbody>
</table>

| A peer group on a drinking spree. The conversation follows:                            | movies, comic stories, television drama series |
| *member #1:* Hey, why don't we go to a bar? I know one place.                          |                                           |
| The female strippers are really nice and beautiful! We can even have sex with some of them. |                                           |
| *member #2:* Okay, that's fine! Let's finish the drinks first.                         |                                           |
| *member #3:* I guess we have to be prepared. We better buy condoms first.              |                                           |
| *chorus:* That's cool!                                                                 |                                           |
| *(on the way to the bar, the group is seen buying condoms)*                            |                                           |

| An actor buying a condom from a vending machine or drugstore                           | movies, television drama series           |
| A friend passing on a condom to another friend                                         |                                           |
| A peer group tossing a condom to a member about to go out on a date                    | movies, television drama series           |
| A list, stories, confessions and experiences of actors, entertainers and famous personalities (young and old alike) who have used condoms | magazines, newspapers                     |

| A father with an adolescent son dressed for a date:                                    | movies, television drama series           |
| *father:* O, you have a date again.                                                    |                                           |
| *son:* I cannot help it, dad. Girls just run after me. You know, like father, like son. |                                           |
| *father: (goes near the son and hands him a condom).*                                   |                                           |
| Just in case. Don't take a chance.                                                     |                                           |
| *son:* Thanks, dad.                                                                     |                                           |
| *father:* Have a nice time.                                                             |                                           |

---

*a.* Dialogues should be in local language; the integration of condom use into situations should be made natural.
Cinema administrators can be encouraged to adopt this scheme because, firstly, it can be planned as a business arrangement, and secondly, it will require neither additional physical space nor intensive maintenance labour. Adolescents often go to cinemas to date, and having vending machines in the toilets will provide them greater access to condoms. Subsequently, the programs can explore other potential venues in which to install vending machines - universities being one of them. To reduce the risk of HIV infection among those who use paid partners, programs can also seek legislation to require sex industry establishments to dispense condoms to adolescent clients and enforce their use. As a strategy to provide slum dwellers with access to condoms, slum-based peer educators and counselors can be tapped to dispense condoms among this group. Apart from broadening condom sources, programs must also consider the pricing and designs of condoms. The cheaper the condoms, the wider the segment of the male population that will be able to afford to buy them. Programs also have to consider if free condoms will have to be provided to slum dwellers, as the cost of condoms may discourage them from using the method. Taking into account the fact that various individuals have varying needs and preferences, the provision of a wider variety of condom brands and designs will also help in attracting potential users.

Cultural sensitivity to condom provision in public places can be addressed by adequate and accurate communication to the general public of the seriousness of problems stemming from sustained growth of the population, and of HIV and AIDS cases. The mass media can be utilised to convey the facts and contexts which necessitate the using of condoms. Pragmatic considerations may overshadow social sensitivity to public provision of condoms, and may even help hasten the social acceptability of condoms. If the current level of public support for the government's family planning program is any indication (Chanco, 1994), then Filipinos have begun to view birth control methods in
pragmatic rather than in moral terms. In all of these scenarios, the Catholic Church also has a continuing significant role to undertake; that is, it can sustain its efforts to promote abstinence and monogamy among young people.

7.7 From Here to Where? Agenda for Future Research

Towards formulating a policy to promote condom use among unmarried young men, and towards greater and sustained use of condoms among them, the research community should take an active role in further extending the database on adolescent coital activity and condom use in the Philippines. Research-based knowledge is crucial to assessing the existing and potential contribution of young people’s premarital coital and preventive behaviour to the continuing growth of the national population, and to the spread of HIV infection. Policy makers and program managers require scientific data with which to assess the focus and direction of their initiatives, but other sectors such as schools and universities will also need appropriate information with which they can evaluate the relevance of wide-scale interventions among their students.

Research findings can also be made available to the strongest opponent of the family planning and AIDS programs - the Catholic Church. The church may be persuaded to soften its stand and ideology about condom provision if it can be shown definitive data that specify the seriousness of premarital coital activity. In these contexts, the research community can make an enormous contribution to ongoing efforts and debates on birth and AIDS control. Towards this end, it needs to plan and delineate its research agenda.

An accurate examination of coitus-related risk behaviours should be included in the agenda of future scientific investigations. Careful attention should be given to understanding the personal and social contexts in which these behaviours occur, as descriptive behaviours researchers may consider
risky may not be perceived as such by adolescents themselves. Brody (1981: 248) notes that

The views that policy makers consider important to national well-being may not always be shared or even understood by the population they hope to influence. This is especially true when the behaviour in question is private, affectively charged, conflictful, and involves strongly held cultural values.

Three specific risk behaviours - multiple and varying types of coital relationships, and inconsistent use or non-use of condoms - have been highlighted in this thesis, but there were some gaps in fieldwork. For example, with regard to their coital relationships, respondents were only asked about their specific partner types - girlfriends, friends, newly-met and paid partners. No attempt was made to clarify whether respondents' relationships with two or more partner types were serial or concurrent, or whether those who had had coitus with girlfriends had had more than one girlfriend serially or at a given time. The preponderance of coital relationship with girlfriends also provides a firm basis for continuing to explore dyadic relationships among teenage dating couples as they relate to premarital sexual decision making (Christopher and Roosa, 1991). The ages at which dating begins - one key item not asked among coitally experienced respondents in the thesis' survey - must be covered as they relate to onset of premarital coitus (Lewis, 1973; Miller et al., 1986a). The circumstances leading up to and surrounding first coitus represent one other area that must be investigated.

Coital experience or inexperience was explained in the thesis on the basis of religiosity, sex role beliefs, sexual attitudes and peer groups, but multiplicity and variety of coital partnerships were not. While peer groups or sexual attitudes may be used to explain multiple partnerships among adolescents,
there would still be other unanswered questions. What motivated adolescents to engage in coitus with many partners of varying types? In what contexts and situations had adolescents engaged in intercourse with their various partners? These questions must be explored because they can offer psychosocial and situational perspectives on young males' coital relationships. The exploration entails in part an examination of adolescents' sexual preferences and sexual scripts within the contexts of their subcultures (families and peer groups). There is some suggestion that sexual activity should be viewed as part of normal adolescent development (Kegebein et al., 1993). Although the impetus to having coitus with many partners of different types should undoubtedly be investigated, attention should also be paid to examining the effects of coital experiences on adolescents' personal development. For example, the sexual pleasure that adolescents derive from intercourse, and the effect that it has on their self-confidence and sense of general well-being which may encourage intercourse with multiple partners, should be understood.

The other risk factor - non-use or inconsistent use of condoms - was also inadequately investigated in the Manila survey. Condom awareness and attitudes, and general preventive behaviour were explored among respondents to understand their method use or non-use. Unfortunately, non-users and users of condoms could not be distinguished on these bases. In this respect, there is a necessity to tackle condom use not only as individually-dependent but also as interactionally-dependent behaviour, where the nature of the relationship between sexual partners is a focal concern. Condom use is also structurally-dependent on the broader social and political context and its influence on how people go about having sex (Browne and Minichello, 1994). But perhaps the challenge that future studies in the Philippines and in other countries need to deal with is finding a motivation strong enough to encourage adolescents to use condoms given their universal dislike for the method's capacity to reduce
sexual pleasure. What factors sustain condom use? Is it, for example, related to desire to complete studies to follow a chosen career, or to help families of origin? Sonnex et al. (1989) suggest that by using thinner materials, the reduced sensitivity and dislike of the feel of condom may be obviated. Although this suggestion may be useful, other obstacles must also be tackled. Browne and Minichello (1994) point out, for instance, that coitus with condoms is seen as different or other sex in that it involves some adjustment and action not previously required during intercourse. Understanding how adolescents can be persuaded to depart from this perception is essential to motivating them to use condoms, and is one area in which research is needed. Future research initiatives must also seek to examine young people's perceptions of the present condom distribution system in Metro Manila, and to explore suggestions on how it can be improved. In this respect, the potential role of peer groups should be studied.

The foregoing research priorities can be tackled in either quantitative or qualitative studies. Quantitative research is suitable for collecting data intended for rigorous statistical manipulation, but qualitative research is very useful for understanding the meanings, interpretations, motivations and experiences associated with adolescents' premarital coitus and condom use. Research efforts should recognise that limiting investigations to students will not necessarily provide a representative picture of Filipino adolescents' sexual and condom use experiences. There are other groups of young people, such as slum dwellers, which are out-of-school and which need adequate research attention, being condom non-users themselves. In examining explanations for having a multiplicity of coital partners, and for use or non-use of condoms, specific groups of coitally experienced young men can be compared. For example, men with one partner can be compared against those with multiple lifetime coital partners; condom users can be compared with condom non-
users; and among those with multiple coital partners, those who have used condoms can be compared against those who have not used condoms. Some other general considerations for future research were discussed in the last section of Chapter Two. There seems to be no point detailing them again.

7.8 A Long Road Ahead

The survey data collected for this thesis offer some understanding of the largely unexplored dating and sexual behaviour, and condom use among single young males in Metro Manila. Although these data are inconclusive, especially those gathered in personal interviews because they are derived from a small-scale exploratory study, they are congruent with existing theoretical and empirical evidence. Hence, the implications and recommendations offered in this chapter are potentially useful for the Philippines' family planning and AIDS programs.

The challenges spelled out in this chapter represent some major issues and concerns that programs need to consider. Certainly, these are not the only challenges that will be met towards involving single young men in the use of condoms. Condom use is not only a complex phenomenon, but is also a controversial issue in the Philippines. The complexity of condom use indicates that considerable research effort is required to further identify and understand the barriers to initial and regular use of condoms. The more knowledge there is about these barriers, the more effective programs would be in encouraging and enhancing condom use among the young. The sensitivity of condom use as an issue in the country implies that attempts at formulating public policy that will seek to provide condoms to unmarried young men, is likely to face resistance. It is reassuring, however, that the present government seems determined to take further steps to address its pressing population and AIDS
Both at the policy and research levels, there is a great deal of effort that is still required in the Philippines before the involvement of adolescent men can be established in the family planning and AIDS programs. The urgency of the need to control the growth of population and the spread of the AIDS virus and their serious repercussions requires, however, that the government should strive to work harder towards seeking the involvement of young men as soon as possible. Exactly how this can be achieved is a question that has no simple or straightforward answer. The tasks that lie ahead are indeed challenging.
Appendices: SURVEY INSTRUMENTS
<table>
<thead>
<tr>
<th>Research Site ID No.</th>
<th>Date/Time</th>
<th>Respondent No.</th>
</tr>
</thead>
</table>

Adolescent Male Sexual Behaviour in Metro Manila, the Philippines

National Centre for Development Studies
The Australian National University
Canberra, Australia
1993
I first would like to know some details about yourself. Please answer the following questions.

1. How old are you now? _____

2. When were you born?
   month__________
   date__________
   year__________

3. What is your marital status?
   ___ 1 I am single
   ___ 2 I am legally married
   ___ 3 I am a widower
   ___ 4 I am separated from my wife

4. Have you resided in Metro Manila in the past year?
   ___ 1 Yes  ___ 2 No

5. In your whole life, have you ever had sexual intercourse with a female? (By sexual intercourse, I mean, an act involving penile-vaginal penetration).
   ___ 1 Yes  ___ 2 No

6. Have you ever dated a female? (By dating, I mean, an activity where a male and a female without blood relations go out together all alone. For example, to watch a movie or to stroll.)
   ___ 1 Yes  ___ 2 No

7. Are you willing to participate in the research?
   ___ 1 Yes  ___ 2 No
Adolescent Male Sexual Behaviour in Metro Manila, the Philippines

National Centre for Development Studies
The Australian National University
Canberra, Australia
1993
QUESTIONNAIRE

There are six questions for you. I hope you will provide accurate answers. Please read each question carefully before you write or check your answer. Please remember that dating refers to an activity where a male and a female go out together all alone, for example, to watch a movie or to stroll.

1. How old were you when you first dated a female? ______

2. In which of the following categories was your first date?
   ____1 A female whom I had just met but was not paid
   ____2 A girlfriend
   ____3 A female whom I had known for some time, but was not a girlfriend
   ____4 Other (please specify) _____________________________

3. In the last four weeks, how many times have you dated?
   ____1 Once     ____4 Four times
   ____2 Twice    ____5 More than four times
   ____3 Three times

   If you have not had any dating activity in the past four weeks, please go to Question #6.

4. In the last four weeks, how many females have you dated?
   ____1 One     ____4 Four
   ____2 Two      ____5 More than four
   ____3 Three

5. In the last four weeks, which of the following categories of females have you dated? (Please check more than one category if necessary).
   ____1 I dated a female whom I had just met but was not paid
   ____2 I dated a girlfriend
   ____3 I dated a female friend whom I had known for some time, but was not a girlfriend
   ____4 I dated a female (please specify) _____________________________
6. On the whole, which of the following have you experienced with the opposite sex? (Please check more than one category if necessary).

   ____ 0. I have had no physical contact with a female
   ____ 1. I have held hands with a female
   ____ 2. I have embraced a female
   ____ 3. I have kissed a female on the cheek
   ____ 4. I have kissed a female on the lips
   ____ 5. I have fondled breast over a female's clothes
   ____ 6. I have fondled breast under, or without a female's clothes
   ____ 7. I have fondled a female sex organ
   ____ 8. I have had my sex organ fondled by a female
   ____ 9. I have reached orgasm when having physical contact with a female, but no penile-vaginal penetration
   ____10. The other physical contact I have experienced with a female includes (please specify)

Thank you.
Adolescent Male Sexual Behaviour in Metro Manila, the Philippines

National Centre for Development Studies
The Australian National University
Canberra, Australia
1993
QUESTIONNAIRE

There are eight questions for you. I hope you will provide accurate answers. Please read each question carefully before you write or check your answer. Please remember that sexual intercourse refers to an act involving penile-vaginal penetration.

1. How old were you when you first had sexual intercourse with a female?____

2. With which of the following categories of females did you first experience sexual intercourse?
   ____1 A female who was paid
   ____2 A female whom I had just met but was not paid
   ____3 A girlfriend
   ____4 A female whom I had known for some time, but was not a girlfriend
   ____5 Other (please specify)_________________________________

3. In the last six months, how many times have you had intercourse with a female?
   ____1 Once
   ____2 Twice
   ____3 Three times
   ____4 Four times
   ____5 Five times
   ____6 Six times
   ____7 More than six times

If you have not had any sexual intercourse in the past six months, please go to Question #6.

4. In the last six months, with how many females have you had sexual intercourse?
   ____1 One
   ____2 Two
   ____3 Three
   ____4 Four
   ____5 Five
   ____6 More than five
5. In the last six months, with which of the following categories of partners have you had sexual intercourse? (Please check more than one category if necessary).

___ 1 I had intercourse with a paid partner
___ 2 I had intercourse with a female whom I had just met but was not paid
___ 3 I had intercourse with a girlfriend
___ 4 I had intercourse with a female whom I had known for some time, but not a girlfriend
___ 5 I had intercourse with a female (please specify)

6. In general, to which of the following categories do your coital partners belong?

___ 1 Paid females
___ 2 Females whom I only meet but are not paid
___ 3 Girlfriends
___ 4 Females whom I have known for some time, but are not girlfriends
___ 5 Other types of female (please specify)

7. To which of the following categories do your coital partners mostly belong? (Please check more than one category if necessary).

___ 1 Paid females
___ 2 Females whom I only meet but are not paid
___ 3 Girlfriends
___ 4 Females whom I have known for some time, but are not girlfriends
___ 5 I could not say who my sexual partners mostly are
___ 6 Most of my sexual partners are (please specify)

8. In all of your sexual intercourse experiences, how often have you used condoms?

___ 1 Always
___ 2 Sometimes
___ 3 Never

Thank you.
Adolescent Male
Sexual Behaviour
in Metro Manila, the Philippines

National Centre for Development Studies
The Australian National University
Canberra, Australia
1993
PART I. RELIGION AND RELIGIOSITY

I would like to ask about your religion and your religious activities.

1. What is your religion? ______________________

2. Can you please tell me what activities you do every week that are related to your religion? (To the interviewer: if R's activities are not of weekly frequency, check the appropriate categories he mentions, but indicate the frequency with which he undertakes each activity).

  ____ 0 None
  ____ 1 Attend mass in the church
  ____ 2 Read the Bible and other religious materials
  ____ 3 Participate in discussions about religion
  ____ 4 Attend fellowship sessions
  ____ 5 Pray alone
  ____ 6 Pray with a family or other group
  ____ 7 Assist in church mass celebration as a reader or collector
  ____ 8 Make confession
  ____ 9 Others (please specify) ________________________________

PART II. BELIEFS AND BEHAVIOURS RELATED TO MANHOOD AND PREMARITAL SEX

A. Male Sex-Role Related Beliefs

Here are some statements which relate to the sexual intercourse experiences of young men with the opposite sex. (Give the guidesheet to R). I will read each statement, and for each statement please indicate if you strongly agree, agree, strongly disagree or disagree. If you have no opinion on a statement, please say so. I would like to stress that these statements pertain to the sexual intercourse experiences of young males with the opposite sex. There is no right or wrong answer. (To the interviewer: ask at some instance for an explanation of a given answer).

1. Young men should not engage in sexual intercourse while they're single.

  ____ 1 Strongly agree
  ____ 2 Agree
  ____ 3 No opinion
  ____ 4 Disagree
  ____ 5 Strongly disagree
2. A man is not a real man unless he experiences having intercourse with a woman.

   ___5 Strongly agree
   ___4 Agree
   ___3 No opinion
   ___2 Disagree
   ___1 Strongly disagree

3. Nothing will be lost to a man no matter how many times he engages in intercourse.

   ___5 Strongly agree
   ___4 Agree
   ___3 No opinion
   ___2 Disagree
   ___1 Strongly disagree

4. Most women do not expect men to have experience of sexual intercourse.

   ___1 Strongly agree
   ___2 Agree
   ___3 No opinion
   ___4 Disagree
   ___5 Strongly disagree

5. A man lacks something if he has not had intercourse with a woman.

   ___5 Strongly agree
   ___4 Agree
   ___3 No opinion
   ___2 Disagree
   ___1 Strongly disagree

6. A young man should engage in intercourse at every opportunity.

   ___5 Strongly agree
   ___4 Agree
   ___3 No opinion
   ___2 Disagree
   ___1 Strongly disagree

7. It is okay for a man to remain without a coital experience until he gets married.

   ___1 Strongly agree
   ___2 Agree
   ___3 No opinion
   ___4 Disagree
   ___5 Strongly disagree
8. A man should know about sex.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

9. A man loses something once he has sexual intercourse with a woman.

____1 Strongly agree
____2 Agree
____3 No opinion
____4 Disagree
____5 Strongly disagree

10. Having intercourse with a woman is one of the many ways of proving your manhood.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

11. A young man must experience sexual intercourse before he gets married.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

12. A man should not easily engage in intercourse with every willing woman who comes his way.

____1 Strongly agree
____2 Agree
____3 No opinion
____4 Disagree
____5 Strongly disagree

B. Attitudes Towards Premarital Sex

Now, we will be talking about your attitudes towards premarital sex. Here is a list of statements related to premarital sex. (Give the guidesheet to R). I will read each statement, and for each statement please indicate if you strongly agree, agree, strongly disagree or disagree. If you have no opinion on a statement, please say so. There
is no right or wrong answer. (To the interviewer: ask at some instance for an explanation of a given answer).

1. It is bad to engage in sexual intercourse with a woman if you are not married.
   ____1 Strongly agree
   ____2 Agree
   ____3 No opinion
   ____4 Disagree
   ____5 Strongly disagree

2. Every young man is free to have as many intercourse events as he desires.
   ____5 Strongly agree
   ____4 Agree
   ____3 No opinion
   ____2 Disagree
   ____1 Strongly disagree

3. Sexual intercourse should only happen between steady partners (that is, two individuals of the opposite sex who are in love with each other).
   ____5 Strongly agree
   ____4 Agree
   ____3 No opinion
   ____2 Disagree
   ____1 Strongly disagree

4. Young men should limit the number in sexual intercourse acts they engage in.
   ____1 Strongly agree
   ____2 Agree
   ____3 No opinion
   ____4 Disagree
   ____5 Strongly disagree

5. It is okay to have intercourse with a woman whom you do not love.
   ____5 Strongly agree
   ____4 Agree
   ____3 No opinion
   ____2 Disagree
   ____1 Strongly disagree
6. It is important among young men these days to have intercourse experience.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

7. It is a sin against God to engage in intercourse outside marriage.

____1 Strongly agree
____2 Agree
____3 No opinion
____4 Disagree
____5 Strongly disagree

8. Sex is important to me.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

PART III. PEER GROUP IDENTIFICATION

At this stage, I would like to ask you about your male friends who are close to you (To the interviewer: establish first that R has a group of male friends. If R has many groups of friends, ask with which group does he spend most of his time). Here are the statements about your close friends (Give guidesheet to R). I will read each statement, and based on your experiences with your close friends, please tell me if the statement is true, somewhat true or not true. If you think you have no opinion about the statement, please say so. (To the interviewer: at some instance, ask R to explain his answer).

1. Most of my close male friends do not have intercourse experience.

____1 This is true
____2 This is somewhat true
____3 This is not true
____0 No opinion
2. If my close male friends have intercourse, I will also have the same experience.

_____3 This is true  
_____2 This is somewhat true  
_____1 This is not true  
_____0 No opinion

3. My close male friends have nothing to do with my being inexperienced as far as intercourse is concerned.

_____1 This is true  
_____2 This is somewhat true  
_____3 This is not true  
_____0 No opinion

4. I am likely to be influenced by my close male friends to engage in sexual intercourse.

_____3 This is true  
_____2 This is somewhat true  
_____1 This is not true  
_____0 No opinion

5. I do not follow whatever sexual things my close male friends do.

_____1 This is true  
_____2 This is somewhat true  
_____3 This is not true  
_____0 No opinion

6. My close male friends are not important to me.

_____1 This is true  
_____2 This is somewhat true  
_____3 This is not true  
_____0 No opinion

PART IV. DATING AND PRECOITAL BEHAVIOUR

I am now going to ask you about your dating experience with the opposite sex. Dating is an activity where a male and a female go out together all alone, for example, to watch a movie or to stroll. Please bear this definition in mind as we talk about your dating experience.

1. How old were you when you first dated a female?
2. In which of the following categories was your first date? (Give guidesheet to R and check the reported category).

___1 A female whom I had just met but was not paid
___2 A girlfriend
___3 A female whom I had known for some time, but was not a girlfriend
___4 Other (please specify)________________________________

3. Where do you date in most instances? (Check more than one category if necessary).

___1 Moviehouse
___2 Eating places (restaurants, fastfoods)
___3 Park
___4 In a room
___5 Campus
___6 Party
___7 Stroll in shopping malls
___8 Others (please specify)________________________________

4. In the last four weeks, how many times have you dated?

___1 Once
___2 Twice
___3 Three times
___4 Four times
___5 More than four

If R has not had any dating activity in the past four weeks, go to Question #8.

5. You said you had dated(mention the dating frequency) times in the past four weeks. Does this usually happen to you?

___1 Yes, I would say it usually happens
___2 No, I would not say it usually happens

___2.1 The number of dating events I had in the past four weeks was greater than what I usually have
___2.2 The number of dating events I had in the past four weeks was lesser than what I usually have

6. In the last four weeks, how many females have you dated?

___1 One
___2 Two
___3 Three
___4 Four
___5 More than four
7. In the last four weeks, which of the following categories of females have you dated? (Give guidesheet to R and check each reported category. Clarify with R the relationship he has with his dating partners before checking the category).

   ___1 I dated a female whom I had just met but was not paid
   ___2 I dated a girlfriend
   ___3 I dated a female whom I had known for some time, but was not a girlfriend
   ___4 I dated a female (please specify)

8. On the whole, who are your dating partners? (Give guidesheet to R. Check the appropriate categories reported by R, but clarify his relationship with each category of female he mentions).

   ___1 Females whom I only meet but are not paid
   ___2 Girlfriends
   ___3 Females whom I have known for some time, but are not girlfriends
   ___4 Other types of female (please specify)

9. Here is a list of the physical contact that some young men have experienced with the opposite sex while dating. (Give guidesheet to R). On the whole, which of the following have you experienced with the opposite sex?

   ___0 I have had no physical contact with a female
   ___1 I have held hands with a female
   ___2 I have embraced a female
   ___3 I have kissed a female on the cheek
   ___4 I have kissed a female on the lips
   ___5 I have fondled breast over a female's clothes
   ___6 I have fondled breast under, or without a female's clothes
   ___7 I have fondled a female sex organ
   ___8 I have had my sex organ fondled by a female
   ___9 I have reached orgasm when having physical contact with a female, but no penile-vaginal penetration
   ___10 The other physical contact I have experienced with a female includes (please specify)

PART V. AWARENESS AND KNOWLEDGE OF CONDOMS

At this point, I would like to ask what you know about condoms.
1. Have you heard of condoms?

   ____1 Yes       ____2 No

   *If R has not heard of condoms, go to Part VI.*

2. Where can you obtain or buy condoms?

   ____________________________

   ____________________________

PART VI. KNOWLEDGE ABOUT AIDS

In this section, I would like to ask what you know about AIDS or the Acquired Immune Deficiency Syndrome.

1. Have you heard about AIDS?

   ____1 Yes       ____2 No

   *If R has not heard about AIDS, STOP here: it is the end of the interview. Ask R whether he has any question or concern related or not related to the interview. Carefully address any concern or question that he raises. Also probe how R feels towards the interview as a whole. Then thank R and offer the incentive.*

2. How risky is it to get AIDS in the following situations? (Give guidesheet to R). I will read each situation and please tell me if the risk associated with it is great, moderate, small or none.

   1. Hugging a person with AIDS or the AIDS virus.

      ____1 Great risk
      ____2 Moderate risk
      ____3 Small risk
      ____4 No risk

   2. Shaking hands with someone who has AIDS or the AIDS virus.

      ____1 Great risk
      ____2 Moderate risk
      ____3 Small risk
      ____4 No risk
3. Kissing a person who has AIDS or the AIDS virus on the lips using your tongue.

   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk

4. Having sexual intercourse with someone who has AIDS or the AIDS virus.

   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk

5. Kissing a person with AIDS or the AIDS virus on the cheek.

   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk


   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk

7. Sexual intercourse with someone whom you have just met and do not know well.

   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk

8. Using an uncleaned syringe or needle used by other people.

   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk


   ___1 Great risk
   ___2 Moderate risk
   ___3 Small risk
   ___4 No risk

___ 1 Great risk
___ 2 Moderate risk
___ 3 Small risk
___ 4 No risk

11. Drinking from a glass used by a person with AIDS or the AIDS virus.

___ 1 Great risk
___ 2 Moderate risk
___ 3 Small risk
___ 4 No risk

THIS IS THE END OF THE INTERVIEW: ask R if he has any concern or question related or not related to the interview. Carefully address any concern or question that he raises. Also probe how R feels towards the interview as a whole. Then thank R and offer the incentive.
PART VII. OBSERVATIONS BY THE INTERVIEWER

To the interviewer: please complete this section immediately after the interview is completed. R should not see any content of this material.

1. How did the respondent react to this interview?
   ____1 Seemed to enjoy it
   ____2 Did not seem to either enjoy or dislike it
   ____3 Seemed not to enjoy it

2. How long did the interview last? (in minutes)_______________

3. Did the respondent have any problems in understanding questions so that you had to repeat them or rephrase them a bit?
   ____1 No
   ____2 Yes with a few questions
   ____3 Yes with many questions
   ____4 Yes with most questions

4. To what were these difficulties mainly due?
   ____1 The difficulty of the questions
   ____2 Respondent's lack of education
   ____3 Respondent's lack of skill in the language of the interview
   ____4 Conditions under which the interview took place
   ____5 Your difficulty in understanding the respondent's language or responses
   ____6 Other (please specify)______________________________________

5. Was the respondent cooperative and willing to answer questions?
   ____1 Cooperative
   ____2 Somewhat cooperative
   ____3 Not cooperative

6. Which sections of the interview schedule posed most problems to this respondent?________________________________________________________

7. Other notes, please record here__________________________________

______________________________________________________________
E

(INTERVIEW SCHEDULE: COITALLY EXPERIENCED)

Adolescent Male Sexual Behaviour in Metro Manila, the Philippines

National Centre for Development Studies
The Australian National University
Canberra, Australia
1993
PART I. RELIGION AND RELIGIOSITY

I would like to ask about your religion and your religious activities.

1. What is your religion? ______________________

2. Can you please tell me what activities you do every week that are related to your religion? (To the interviewer: if R's activities are not of weekly frequency, check the appropriate categories he mentions, but indicate the frequency with which he undertakes each activity).

   ____0 None
   ____1 Attend mass in the church
   ____2 Read the Bible and other religious materials
   ____3 Participate in discussions about religion
   ____4 Attend fellowship sessions
   ____5 Pray alone
   ____6 Pray with a family or other group
   ____7 Assist in church mass celebration as a reader or collector
   ____8 Make confession
   ____9 Others (please specify) _________________________________

PART II. BELIEFS AND BEHAVIOURS RELATED TO MANHOOD AND PREMARITAL SEX

A. Male Sex-Role Related Beliefs

Here are some statements which relate to the sexual intercourse experiences of young men with the opposite sex. (Give the guidesheet to R). I will read each statement, and for each statement please indicate if you strongly agree, agree, strongly disagree or disagree. If you have no opinion on a statement, please say so. I would like to stress that these statements pertain to the sexual intercourse experiences of young males with the opposite sex. There is no right or wrong answer. (To the interviewer: ask at some instance for an explanation of a given answer).

1. Young men should not engage in sexual intercourse while they're single.

   ____1 Strongly agree
   ____2 Agree
   ____3 No opinion
   ____4 Disagree
   ____5 Strongly disagree
2. A man is not a real man unless he experiences having intercourse with a woman.

   ____5 Strongly agree  
   ____4 Agree  
   ____3 No opinion  
   ____2 Disagree  
   ____1 Strongly disagree

3. Nothing will be lost to a man no matter how many times he engages in intercourse.

   ____5 Strongly agree  
   ____4 Agree  
   ____3 No opinion  
   ____2 Disagree  
   ____1 Strongly disagree

4. Most women do not expect men to have experience of sexual intercourse.

   ____1 Strongly agree  
   ____2 Agree  
   ____3 No opinion  
   ____4 Disagree  
   ____5 Strongly disagree

5. A man lacks something if he has not had intercourse with a woman.

   ____5 Strongly agree  
   ____4 Agree  
   ____3 No opinion  
   ____2 Disagree  
   ____1 Strongly disagree

6. A young man should engage in intercourse at every opportunity.

   ____5 Strongly agree  
   ____4 Agree  
   ____3 No opinion  
   ____2 Disagree  
   ____1 Strongly disagree

7. It is okay for a man to remain without a coital experience until he gets married.

   ____1 Strongly agree  
   ____2 Agree  
   ____3 No opinion  
   ____4 Disagree  
   ____5 Strongly disagree
8. A man should know about sex.
   ___5 Strongly agree
   ___4 Agree
   ___3 No opinion
   ___2 Disagree
   ___1 Strongly disagree

9. A man loses something once he has sexual intercourse with a woman.
   ___1 Strongly agree
   ___2 Agree
   ___3 No opinion
   ___4 Disagree
   ___5 Strongly disagree

10. Having intercourse with a woman is one of the many ways of proving your manhood.
    ___5 Strongly agree
    ___4 Agree
    ___3 No opinion
    ___2 Disagree
    ___1 Strongly disagree

11. A young man must experience sexual intercourse before he gets married.
    ___5 Strongly agree
    ___4 Agree
    ___3 No opinion
    ___2 Disagree
    ___1 Strongly disagree

12. A man should not easily engage in intercourse with every willing woman who comes his way.
    ___1 Strongly agree
    ___2 Agree
    ___3 No opinion
    ___4 Disagree
    ___5 Strongly disagree

B. Attitudes Towards Premarital Sex

Now, we will be talking about your attitudes towards premarital sex. Here is a list of statements related to premarital sex. (Give the guidesheet to R). I will read each statement, and for each statement please indicate if you strongly agree, agree, strongly disagree or disagree. If you have no opinion on a statement, please say so. There
is no right or wrong answer. (To the interviewer: ask at some instance for an explanation of a given answer).

1. It is bad to engage in sexual intercourse with a woman if you are not married.
   ____1 Strongly agree
   ____2 Agree
   ____3 No opinion
   ____4 Disagree
   ____5 Strongly disagree

2. Every young man is free to have as many intercourse events as he desires.
   ____5 Strongly agree
   ____4 Agree
   ____3 No opinion
   ____2 Disagree
   ____1 Strongly disagree

3. Sexual intercourse should only happen between steady partners (that is, two individuals of the opposite sex who are in love with each other).
   ____5 Strongly agree
   ____4 Agree
   ____3 No opinion
   ____2 Disagree
   ____1 Strongly disagree

4. Young men should limit the number in sexual intercourse acts they engage in.
   ____1 Strongly agree
   ____2 Agree
   ____3 No opinion
   ____4 Disagree
   ____5 Strongly disagree

5. It is okay to have intercourse with a woman whom you do not love.
   ____5 Strongly agree
   ____4 Agree
   ____3 No opinion
   ____2 Disagree
   ____1 Strongly disagree
6. It is important among young men these days to have intercourse experience.

   ____5 Strongly agree  
   ____4 Agree  
   ____3 No opinion  
   ____2 Disagree  
   ____1 Strongly disagree

7. It is a sin against God to engage in intercourse outside marriage.

   ____1 Strongly agree  
   ____2 Agree  
   ____3 No opinion  
   ____4 Disagree  
   ____5 Strongly disagree

8. Sex is important to me.

   ____5 Strongly agree  
   ____4 Agree  
   ____3 No opinion  
   ____2 Disagree  
   ____1 Strongly disagree

PART III. PEER GROUP IDENTIFICATION

At this stage, I would like to ask you about your male friends who are close to you (To the interviewer: establish first that R has a group of male friends. If R has many groups of friends, ask with which group does he spend most of his time). Here are the statements about your close friends (Give guidesheet to R). I will read each statement and based on your experiences with your close friends, please tell me if the statement is true, somewhat true or not true. If you think you have no opinion about the statement, please say so. (To the interviewer: at some instance, ask R to explain his answer).

1. Most of my close male friends have intercourse experience.

   ____3 This is true  
   ____2 This is somewhat true  
   ____1 This is not true  
   ____0 No opinion
2. I engage in sexual intercourse because most of my close male friends do.

<table>
<thead>
<tr>
<th></th>
<th>3 This is true</th>
<th>2 This is somewhat true</th>
<th>1 This is not true</th>
<th>0 No opinion</th>
</tr>
</thead>
</table>

3. My close male friends have nothing to do with what I do sexually.

<table>
<thead>
<tr>
<th></th>
<th>1 This is true</th>
<th>2 This is somewhat true</th>
<th>3 This is not true</th>
<th>0 No opinion</th>
</tr>
</thead>
</table>

4. I was influenced by my close male friends at my first sexual intercourse.

<table>
<thead>
<tr>
<th></th>
<th>3 This is true</th>
<th>2 This is somewhat true</th>
<th>1 This is not true</th>
<th>0 No opinion</th>
</tr>
</thead>
</table>

5. I follow whatever sexual things my close male friends do.

<table>
<thead>
<tr>
<th></th>
<th>3 This is true</th>
<th>2 This is somewhat true</th>
<th>1 This is not true</th>
<th>0 No opinion</th>
</tr>
</thead>
</table>

6. My close male friends are not important to me.

<table>
<thead>
<tr>
<th></th>
<th>1 This is true</th>
<th>2 This is somewhat true</th>
<th>3 This is not true</th>
<th>0 No opinion</th>
</tr>
</thead>
</table>

**PART IV. SEXUAL BEHAVIOUR AND PREVENTION**

I am now going to ask you about your sexual intercourse experience with the opposite sex. Sexual intercourse refers to an act involving penile-vaginal penetration. Please bear this definition in mind as we talk about your intercourse experience. Let's start with your first coital experience.
A. First Intercourse

1. How old were you when you first had sexual intercourse with a female? (To the interviewer: ask R of any event that he could associate with his first coital experience). ____________________________

2. With which of the following categories of females did you first experience sexual intercourse? (Give guidesheet to R and check the reported category).
   __1  A female who was paid
   __2  A female whom I had just met but was not paid
   __3  A girlfriend
   __4  A female whom I had known for some time, but was not a girlfriend
   __5  Other (please specify)__________________________

3. In your first sexual intercourse, what did you use to prevent your partner from getting pregnant? ____________________________

4. In your first sexual intercourse, what did you use to prevent yourself from getting a sexually transmitted disease? _______

B. Sexual Intercourse Experience in the Last Six Months

Let's focus on your coital experience within the last six months. (To the interviewer: first establish with R the six-month time period and clarify with R that only his coital experience during such a period should be reported).

1. In the last six months, how many times have you had sexual intercourse with a female?
   __1  Once
   __2  Twice
   __3  Three times
   __4  Four times
   __5  Five times
   __6  Six times
   __7  More than six times

If R has not had any intercourse in the last six months, go to Section C.
2. You said you had had intercourse (mention the coital frequency) times in the past six months. Does this usually happen to you?

____1 Yes, I would say it usually happens
____2 No, I would not say it usually happens

↓

__2.1 The number of coital events I had in the past six months was greater than what I usually have

__2.2 The number of coital events I had in the past six months was lesser than what I usually have

3. In the last six months, with how many females have you had sexual intercourse?

____1 One
____2 Two
____3 Three
____4 Four
____5 Five
____6 More than five

4. In the last six months, with which of the following categories of partners have you had sexual intercourse? (Give guidesheet to R and check the reported categories. Clarify with R the relationship he had had with his coital partners before checking the categories).

____1 I had intercourse with a paid partner
____2 I had intercourse with a female whom I had just met but was not paid
____3 I had intercourse with a girlfriend
____4 I had intercourse with a female whom I had known for some time, but not a girlfriend
____5 I had intercourse with a female (please specify)

C. Sexual Intercourse Over Lifetime

In the following questions, I am interested in obtaining a general picture of your sexual intercourse experience. (To the interviewer: stress to R to take into account his coital experience from the time he first had intercourse until his most recent intercourse prior to the interview).

1. If you were to count all the females you have had intercourse with - from your first until the most recent time you had intercourse - how many are they?

____1 One
____2 Two
____3 Three
____4 Four
____5 Five
____6 More than five
2. In general, to which of the following categories do your coital partners belong? (Give guidesheet to R. Check the appropriate category reported by R, but clarify his relationship with each category of female he mentions).

1. Paid females
2. Females whom I only meet but are not paid
3. Girlfriends
4. Females whom I have known for some time, but are not girlfriends
5. Other types of female (please specify)

3. In general, what do you use to prevent your partner from getting pregnant? (Probe)

________________________

4. In general, what do you use to prevent yourself from getting a sexually transmitted disease? (Probe)

________________________

5. To your knowledge, how many females have you made pregnant?

0 None
1 One
2 Two
3 Three
4 Four
5 Five
6 More than five

6. Have you ever had a disease that you got from engaging in sexual intercourse?

1 No, I haven't had any
2 Yes, I have had a disease

2.1 Probe for the name of the disease, incidence and the steps taken by R in curing it

________________________

PART V. KNOWLEDGE, EXPERIENCES AND ATTITUDES RELATED TO CONDOM USE

The following questions and statements pertain to your knowledge and experience of, and your attitudes towards condom use.
A. Awareness and Knowledge of Condoms

1. Have you heard of condoms?
   ____1 Yes  ____2 No

   *If R has not heard of condoms, go to Part VI.*

2. Where can you obtain or buy condoms?

B. Experience in the Use of Condoms

(To the interviewer: this section should be asked only of Rs who have used condoms at some stage. Based on the foregoing reports of R, it should have been established by now if R has had any experience in using the method. If R has not used condoms at all, go to Section C). The following statements are based on some experiences of adolescent men in using condoms. (Give guidesheet to R). I wish to know of your own experience in using condoms. Please tell me if each statement is true, somewhat true or not true. If you have no opinion on one statement, please say so. (To the interviewer: at some instance, ask R to explain his answers).

1. I use condoms when I engage in sexual intercourse with paid females or with females whom I do not know well.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

2. It is pleasurable to engage in sexual intercourse without condoms, you can really feel it.
   ____3 This is true
   ____2 This is somewhat true
   ____1 This is not true
   ____0 No opinion

3. I use condoms when I engage in sexual intercourse with a girlfriend.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion
4. Condoms are easy to use.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

5. The price of condoms is expensive.
   ____3 This is true
   ____2 This is somewhat true
   ____1 This is not true
   ____0 No opinion

6. Condoms are effective in preventing pregnancy.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

7. Condoms cannot protect me from getting a sexually-transmitted disease.
   ____3 This is true
   ____2 This is somewhat true
   ____1 This is not true
   ____0 No opinion

C. Attitudes Toward the Use of Condoms

(To the interviewer: this section is only for Rs who have not had any experience in using condoms). Here is a list of statements regarding the use of condoms. (Give guidesheet to R). For each statement, please tell me if you strongly agree, agree, strongly disagree or disagree. If you have no opinion on one statement, please say so. There is no right or wrong answer. (To the interviewer: at some instance, ask R to explain his answer).

1. Condoms are easy to use.
   ____1 Strongly agree
   ____2 Agree
   ____3 No opinion
   ____4 Disagree
   ____5 Strongly disagree
2. It is not appropriate to use condoms if your sexual partner is a girlfriend.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

3. It is appropriate to use condoms if your sexual partner is a paid female or someone whom you do not know well.

____1 Strongly agree
____2 Agree
____3 No opinion
____4 Disagree
____5 Strongly disagree

4. It is pleasurable to engage in sexual intercourse without condoms, you can really feel it.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

5. Condoms cannot protect me from getting a sexually-transmitted disease.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

6. The price of condoms is expensive.

____5 Strongly agree
____4 Agree
____3 No opinion
____2 Disagree
____1 Strongly disagree

7. Condoms are effective in preventing pregnancy.

____1 Strongly agree
____2 Agree
____3 No opinion
____4 Disagree
____5 Strongly disagree
PART VI. STD AND PREGNANCY-RELATED BELIEFS, PERCEPTIONS AND EXPERIENCES

Here is a series of statements pertaining to some beliefs, perceptions and experiences related to the use of prevention against pregnancy and STDs among single young men. (Give guidesheet to R). Based on your own experience please tell me if each statement is true, somewhat true or not true. If you have no opinion on a statement, please say so.

1. Sexual intercourse does happen even if you don’t plan it.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

2. I really don’t care if my partner gets pregnant.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

3. If I get a disease from having sexual intercourse, there is no one else to blame but myself.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

4. In most of my coital episodes, I withdraw my penis from the vagina before I reach orgasm.
   ____1 This is true
   ____2 This is somewhat true
   ____3 This is not true
   ____0 No opinion

5. Most of the women I have had sexual intercourse with used the pill.
   ____3 This is true
   ____2 This is somewhat true
   ____1 This is not true
   ____0 No opinion
6. I am worried that my partner might get pregnant.
   ___3 This is true
   ___2 This is somewhat true
   ___1 This is not true
   ___0 No opinion

7. Most young men these days don't think that they may contract a
disease from having intercourse.
   ___1 This is true
   ___2 This is somewhat true
   ___3 This is not true
   ___0 No opinion

8. It is not my responsibility if my partner gets pregnant.
   ___1 This is true
   ___2 This is somewhat true
   ___3 This is not true
   ___0 No opinion

9. If a man withdraws his penis from the vagina before he reaches
   orgasm, no pregnancy will occur.
   ___1 This is true
   ___2 This is somewhat true
   ___3 This is not true
   ___0 No opinion

10. Opportunities to engage in intercourse just come even if
    you don't expect them.
    ___1 This is true
    ___2 This is somewhat true
    ___3 This is not true
    ___0 No opinion

11. It is impossible for a woman to get pregnant at first
    intercourse.
    ___1 This is true
    ___2 This is somewhat true
    ___3 This is not true
    ___0 No opinion
12. I don't think much about the negative consequences of my coital activity; what is important is the pleasure I get from intercourse.

____1 This is true
____2 This is somewhat true
____3 This is not true
____0 No opinion

PART VII. KNOWLEDGE ABOUT AIDS

In this section, I would like to ask of what you know about AIDS or Acquired Immune Deficiency Syndrome.

1. Have you heard about AIDS?

____1 Yes
____2 No

If R has not heard about AIDS, STOP here: it is the end of the interview. Ask R whether he has any question or concern related or not related to the interview. Carefully address any concern or question that he raises. Also probe how R feels towards the interview as a whole. Then thank R and offer the incentive.

2. How risky is it to get AIDS in the following situations? (Give guidesheet to R). I will read each situation and please tell me if the risk associated with it is great, moderate, small or none.

1. Hugging a person with AIDS or the AIDS virus.

____1 Great risk
____2 Moderate risk
____3 Small risk
____4 No risk

2. Shaking hands with someone who has AIDS or the AIDS virus.

____1 Great risk
____2 Moderate risk
____3 Small risk
____4 No risk
3. Kissing a person who has AIDS or the AIDS virus on the lips using your tongue.

   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk

4. Having sexual intercourse with someone who has AIDS or the AIDS virus.

   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk

5. Kissing a person with AIDS or the AIDS virus on the cheek.

   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk


   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk

7. Sexual intercourse with someone whom you have just met and do not know well.

   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk

8. Using an uncleaned syringe or needle used by other people.

   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk


   __1 Great risk
   __2 Moderate risk
   __3 Small risk
   __4 No risk

   ____ 1 Great risk
   ____ 2 Moderate risk
   ____ 3 Small risk
   ____ 4 No risk

11. Drinking from a glass used by a person with AIDS or the AIDS virus.

   ____ 1 Great risk
   ____ 2 Moderate risk
   ____ 3 Small risk
   ____ 4 No risk

THIS IS THE END OF THE INTERVIEW: ask R if he has any concern or question related or not related to the interview. Carefully address any concern or question that he raises. Also probe how R feels towards the interview as a whole. Then thank R and offer the incentive.
PART VIII. OBSERVATIONS BY THE INTERVIEWER

To the interviewer: please complete this section immediately after the interview is completed. R should not see any content of this material.

1. How did the respondent react to this interview?
   __1 Seemed to enjoy it
   __2 Did not seem to either enjoy or dislike it
   __3 Seemed not to enjoy it

2. How long did the interview last? (in minutes)____________________

3. Did the respondent have any problems in understanding questions so that you had to repeat them or rephrase them a bit?
   __1 No
   __2 Yes with a few questions
   __3 Yes with many questions
   __4 Yes with most questions

4. To what were these difficulties mainly due?
   __1 The difficulty of the questions
   __2 Respondent's lack of education
   __3 Respondent's lack of skill in the language of the interview
   __4 Conditions under which the interview took place
   __5 Your difficulty in understanding the respondent's language or responses
   __6 Other (please specify)________________________________________

5. Was the respondent cooperative and willing to answer questions?
   __1 Cooperative
   __2 Somewhat cooperative
   __3 Not cooperative

6. Which sections of the interview schedule posed most problems to this respondent?____________________________________________________

7. Other notes, please record here__________________________________

______________________________________________________________
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