

Sexual Attitudes and Behavior Among Young Adolescents in Jamaica

By Elizabeth Eggleston, Jean Jackson and Karen Hardee

Context: Jamaica has high levels of adolescent sexual activity and pregnancy: Forty percent of Jamaican women have been pregnant before the age of 20. Understanding the reproductive attitudes and behavior of adolescents aged 14 or younger may aid in the development of educational programs designed to combat teenage sexual activity and childbearing.

Methods: Data from a 1995 survey of 945 Jamaican students aged 11–14 and information from a set of focus-group discussions with a subset of survey respondents in 1996 are used to explore the reproductive behavior and attitudes of low-income Jamaican youth attending schools of poor academic caliber.

Results: Sixty-four percent of boys said they had experienced sexual intercourse, compared to 6% of girls. Both boys and girls had inaccurate knowledge about reproductive health and behavior. Clearly defined gender norms regarding sexual behavior were perceived by the 12-year-olds in the focus groups and suggested that boys perceive social encouragement and pressure to be sexually active. In contrast, girls who have sex, particularly if a pregnancy reveals their sexual activity, are branded as having inferior moral standards. These social norms probably influenced the dramatic differences between boys and girls in reported sexual experience.

Conclusions: The sexual attitudes and behavior of young adolescents in Jamaica have already been significantly shaped by sociocultural and gender norms that send mixed messages about sexuality and impose different standards of behavior for boys and girls. Gender-specific family life education should be introduced among younger children in Jamaica, not just those entering puberty. Young adolescents in this environment also need better access to family planning services. *International Family Planning Perspectives*, 1999, 25(2):78–84 & 91

In Jamaica, as elsewhere, adolescent pregnancy presents a serious social and public health problem.¹ Forty percent of Jamaican women have been pregnant at least once before they reach the age of 20, and more than 80% of adolescent pregnancies are unplanned. Sexual activity begins at an early age for many Jamaicans: Among young people aged 15–17 who were surveyed in the 1997 Reproductive Health Survey (the youngest age-group studied), 38% of females and 64% of males reported having had sexual intercourse. The younger adolescents are when they begin sexual activity, the less likely they are to practice contraception, thus increasing their risk of pregnancy.

Early childbearing is often associated with a young woman's failure to complete her education, thus limiting her future job prospects and her own and her child's economic well-being. Among adolescent females in Jamaica who gave birth before their fourth year of secondary school, fewer than one-third returned to school after the birth of their child.² Improving adolescent reproductive health and reducing teenage pregnancy rates are among Jamaica's top priorities resulting

from the 1994 International Conference on Population and Development (ICPD). The government plans to standardize and strengthen family life education programs and, among other activities, improve access to reproductive and family planning services for adolescents.³

Adolescent sexual activity and pregnancy in Jamaica have been thought to be associated with poverty, low educational levels, the absence of male role models in the home and a social context of conservative sexual ideals that coexist with tacit approval of early childbearing.⁴

Jamaica's education system may also contribute to early sexual activity and unintended pregnancy. All Jamaican children take a placement test at the end of elementary school. Youth who perform well on this exam (about 40% of Jamaican students) attend technical high schools or academically rigorous traditional high schools that prepare them for college. Students who do not score as well on the placement exam attend "all-age" and "new secondary" schools and have little chance of continuing their education beyond the secondary level. The type of school attended is associated with social

class, with children and adolescents from the lower socioeconomic strata far more likely than those from middle- and upper-class families to attend the all-age and new secondary schools. Students who attend these are also more likely than students at traditional high schools to suffer from low self-esteem, a trait that may be related to early sexual activity and pregnancy.⁵

The purpose of this article is to describe the attitudes and behavior regarding sexuality and reproduction among young, low-income adolescents attending schools of relatively poor academic caliber. This study is unique in its focus on such a young cohort of adolescents. While a number of studies have investigated pregnancy, sexual knowledge, attitudes and behavior among adolescents in the Caribbean,⁶ very few have included those younger than age 15 in their study population. Sexual activity in Jamaica often begins in the early teenage and even pre-teenage years, and attitudes about gender roles, sexual activity and family planning are likely to be formed during these early years. Thus, the research described here may provide important insights from young adolescents themselves for designing useful information, education and counseling programs for adolescents and for developing services that young teenagers will use.

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Methods

The adolescents surveyed were all participants in the Jamaica Adolescent Study, a longitudinal study of 945 young adolescents aged 11–14: 490 girls and 455 boys. When the study began in September 1995, their mean age was 12.2 years. All study participants came from low-income families (almost all their parents worked in the service sector or in unskilled or semi-skilled labor positions) and were seventh grade students at all-age and new secondary schools.

One objective of the Jamaica Adolescent Study was to evaluate a family life education program known as the Grade 7 Project,* and the selection of study participants grew out of this objective. The Grade 7 Project was implemented at 10 typical secondary and all-age schools across Jamaica. Approximately 60% of Jamaican youth aged 12–14 attend all-age or new secondary schools.⁷ About half of the Jamaica Adolescent Study participants attended five schools at which the Grade 7 Project was offered; we chose these schools because they were located in different parishes across Jamaica and represented both urban and rural locations. The rest of the study participants attended five schools that offered other family life education curricula. Each of these schools was geographically proximate to a Grade 7 Project school and similar in terms of academic caliber, size of student body and student demographics.

At each selected school, all seventh grade students were asked to participate in the study. No student refused, but approximately 3% were absent when the study survey was first conducted. There were no significant baseline differences between the two groups of schools in terms of adolescents' age, socioeconomic background, reproductive knowledge or sexual experience.

Participants were not randomly selected, and therefore cannot be considered representative of all Jamaican young adolescents. However, they are unlikely to differ in meaningful ways from the larger population of Jamaican youth aged 12–14 who attend all-age or new secondary schools. In addition, the selection of adolescents who were receiving family life education is unlikely to result in a highly biased study sample, as the large majority of Jamaican schools have family life education instruction.

This article draws on two sources of information from the Jamaica Adolescent Study:

• *Survey of students.* First, we present data from a survey administered to all study par-

ticipants aged 11–14 in September 1995, when they were starting seventh grade. The survey questionnaire asked students about their knowledge, attitudes and behavior regarding home life, relationships, sexual activity, family planning and pregnancy.

The questionnaire and methods of administering it were pretested twice, at two all-age schools in Kingston. In the first pretest, one group of students completed a self-administered questionnaire, while an interviewer guided a second group through the same questionnaire. The pretest revealed that a large proportion of seventh grade students could not read or write well enough to complete a self-administered questionnaire. Discussion sessions with small groups of these students also revealed that students did not understand the wording of some questions. Based on findings from the first pretest, the questionnaire was revised considerably; it was shortened, questions and response categories were simplified and skip patterns were omitted. The second pretest, conducted at a different Kingston school, resulted in only minor changes to the questionnaire.

Students completed the survey questionnaire in single-sex groups of 8–15, in a classroom setting. Due to the limited literacy skills of many students, an interviewer read aloud each question and its possible responses to students, who were asked to follow along as the questions were read. In addition, most of the survey questions were closed-ended and no skip patterns were used. These factors limited the questions that we could ask, particularly of sexually experienced respondents. Adolescents' privacy was maintained within the group setting: The survey was self-administered and respondents wrote their responses alone, without being observed by the interviewers or other students. Empty desks were left between respondents, who used a blank sheet of paper to cover their responses.

• *Focus groups.* The second source of information consists of eight single-sex focus-group discussions conducted with a subset of 64 survey respondents. The focus groups allowed us to collect richer and more detailed information from this group of young adolescents with limited reading and writing skills than could be collected in the survey. Moreover, as the limitations of self-reported data regarding adolescent sexual activity are well known,⁸ we felt that qualitative data could offer important insights into the context of young adolescents' sexual behavior.

The focus-group discussions were con-

ducted in February 1996 at four of the study schools, two in rural areas and two in urban areas. At each school, one focus-group discussion was held with eight girls and another with eight boys. At each school, a guidance counselor or teacher selected students to participate in the focus-group discussions from among volunteers. At most of the schools, virtually all of the students volunteered to participate (perhaps because the discussions were held during school hours). At the request of the researchers, participants in each focus group were generally acquainted with one another, at least by name, but were not close friends. A moderator of the same sex as the students led the focus-group discussions. An assistant moderator, also of the same sex as participants, took notes on the proceedings but did not participate in the discussion. Parents gave written consent for their child's participation, and students gave their verbal consent and were assured of the confidentiality of all that was said in the focus-group discussions.

The discussions centered on a story about "Nell" and "Ted," two fictional students in seventh grade, at a school of the same academic caliber as the schools attended by study participants. In the story, Nell and Ted become romantically involved and face decisions about sex, family planning, pregnancy and parenthood. The moderators asked participants to help develop the story about Nell and Ted—to elaborate on their lives, describe what they might be thinking and suggest how they might behave in a given situation. At several points, the moderators also asked the participants what they themselves would do in a similar situation.

Each focus-group discussion lasted 60–90 minutes and was tape-recorded. The moderator and assistant moderator worked together to transcribe the proceedings in verbatim form, and the written transcripts included comments on non-verbal communication and reactions in the groups. In this article, to retain the essence of the discussion, we present students' responses in the patois in which they spoke. Unless otherwise indicated, the themes reported below emerged in all of the focus-group discussions. However, adolescents' opinions varied on many topics, particu-

*The Grade 7 Project was an in-school family life education program implemented between 1994 and 1996 by the Women's Center of Jamaica Foundation. The Project used didactic teaching methods to convey two main messages: that young adolescents should wait until they are older to engage in sexual activity; and that when a young person decides to become sexually active, it is important for her or for him to use family planning to prevent unplanned pregnancy and sexually transmitted diseases.

Table 1. Percentage of adolescents aged 11–14 answering selected questions about reproduction correctly or agreeing with selected statements on sexual behavior, family planning and pregnancy, Jamaica, 1995 (n=945)

| Question or statement | Girls (n=490) | Boys (n=455) |
|---|---------------|--------------|
| Knowledge of reproduction | | |
| Time during menstrual cycle when pregnancy most likely to occur. | 4.3 | 9.3** |
| Pregnancy is not possible at first intercourse. | 27.4 | 32.7 |
| Condoms protect against STDs. | 52.5 | 77.7** |
| Birth control pills protect against STDs. | 14.7 | 16.1 |
| Having sex while standing prevents pregnancy. | 14.9 | 30.3** |
| Drinking Coke or Pepsi after sex prevents pregnancy. | 16.4 | 23.9** |
| Attitudes about sexual behavior | | |
| It is okay for a girl to have sexual intercourse with a boy who is not her steady boyfriend. | 3.5 | 17.8** |
| It is okay for a boy to have sexual intercourse with a girl who is not his steady girlfriend. | 5.1 | 28.4** |
| If you really love your boyfriend or girlfriend, you should have sex with him/her. | 32.0 | 69.2** |
| If a boy spends a lot of money on a girl, she should have sexual intercourse with him. | 29.8 | 57.6** |
| Attitudes about family planning | | |
| A girl who uses birth control pills is being responsible. | 64.7 | 67.3 |
| A boy who uses a condom is showing respect to his girlfriend. | 85.7 | 85.7 |
| Condoms are only for boys who have sex with more than one girl. | 53.9 | 71.4** |
| Birth control pills are only for girls who have sexual intercourse with more than one boy. | 42.5 | 58.9** |
| Attitudes about pregnancy | | |
| A girl my age is responsible enough to be a mother. | 9.2 | 22.2** |
| A boy my age is responsible enough to be a father. | 9.4 | 25.9** |
| At my age, being a mother/father would be a good thing. | 5.9 | 28.7** |
| A girl should have a baby when she is a teenager to prove she is not a mule.† | 28.9 | 40.0** |

**Difference is statistically significant at $p < .001$. †Meaning that she would want to prove her fertility.

larly by gender, and differences of opinion are identified throughout the paper.

Univariate and bivariate analyses of survey data were conducted using SAS 6.11. We performed chi-square tests to measure the significance of differences by gender between nominal variables and F-tests to test the significance of differences between means for continuous variables. The text analysis software DT Search was used to facilitate analysis of the focus-group data.

Results

Knowledge about Sex and Reproduction

In general, the students demonstrated a very low level of knowledge about reproductive matters (Table 1). For example, fewer than 10% could identify the point during the menstrual cycle when a girl is most likely to get pregnant, and only about one-third knew that pregnancy is possible at first sexual intercourse. Adolescents seemed most knowledgeable when it came to condom use: Seventy-eight percent of boys and 53% of girls agreed with the statement that "using a condom is a good way to avoid getting a sexually transmitted disease."

dom and the pill as appropriate methods for young people and volunteered that these contraceptives are available from doctors, health centers and pharmacies. In a Kingston group, a boy even specified: "from the shelf in the pharmacy where you get all the ointment and cream."

While adolescents were familiar with many modern contraceptive methods, there was evidence that their knowledge was incomplete or inaccurate. A girl in one focus group offered: "Some of them say when they have sex, they can drink a Pepsi or take an aspirin [to prevent pregnancy]." While many adolescents in the focus groups were aware that conception occurs at a particular time during the menstrual cycle, neither boys nor girls seemed to know when that time was. In a focus group at a rural school, a girl suggested that Nell got pregnant "because she had sex with the boy while she was seeing her period."

Sexual Mores

Adolescents' survey responses indicated that they disapprove of sexual activity among youth their age. Girls thought that

A significantly higher proportion of boys than girls answered most knowledge items correctly on the questionnaire. However, this sex difference was strongly influenced by the fact that girls were far more likely than boys to choose "I don't know" as their response to all knowledge items (data not shown). Thus, the fact that boys demonstrated higher knowledge than girls may be partly explained by their greater aversion, relative to girls, to admitting a lack of knowledge.

Although in the survey adolescents tended to answer knowledge questions incorrectly, in the focus-group discussions they seemed more aware of methods of preventing pregnancy and sexually transmitted diseases (STDs). They often spontaneously suggested that adolescents should use family planning if they decide to have sex. They frequently mentioned the con-

boys and girls should first experience sexual intercourse at, respectively, ages 21 and 22. Boys said that both boys and girls should wait until age 20 to have sex for the first time. Most survey respondents believed that an adolescent should not have sexual intercourse outside of an established romantic relationship (Table 1). For example, very few young adolescents (4% of girls and 18% of boys) thought that it was acceptable for a girl to have sex with someone other than her steady boyfriend. Similarly, 28% of boys and just 5% of girls agreed that it was "okay" for a boy to have sex with someone other than his steady girlfriend. Boys' attitudes were significantly more permissive than those of girls regarding all of the scenarios presented.

In the focus groups, boys and girls expressed differing attitudes about the acceptability of adolescent sexual activity. Boys in all groups were divided on the issue: Some felt that young people should wait until they are older and have finished school before having sex; many others did not disapprove of adolescent sex, but expressed concern about the risk of pregnancy. A boy in one focus group warned, "Him would feel big, but suppose him do it and the girl get pregnant? Him would be in a lot of trouble." Others warned about the risk of contracting HIV or an STD. A sizable proportion of boys, however, thought that a boy should have sex by age 12 or 13.

With few exceptions, girls in the focus-group discussions disapproved of a girl their age engaging in sexual intercourse, and they appeared to be well schooled about the potential negative consequences of sexual activity. Girls in all of the focus groups gave similar reasons to explain why girls their age should not have sex: Risk of pregnancy was the predominant reason in all groups. One girl warned, "My auntie say when it go in, it sweet, but when it come out, it bring sorrow—baby come." Like boys, many girls also cited the risk of STDs as a deterrent to engaging in sexual activity.

Girls cautioned that a girl risks acquiring a bad reputation if she has sex. A girl in one focus group warned that a boy is unlikely to be discreet if he has sex: "If Nell broke up with Ted, Ted gonna go about and tell him friends. He will disgrace her." Girls in all of the focus-group discussions made derogatory comments about girls their age who were sexually active, but no girls indicated disapproval of boys their age who have sex.

Sexual Activity and Attitudes

• *Sexual experience.* Reported sexual experience on the survey was vastly different between boys and girls, with 64% of boys

and 6% of girls saying they had experienced sexual intercourse (Table 2). Among adolescents reporting sexual experience, the mean age at first sex was 11.3 for girls and 9.4 for boys. On average, a girl was 3.2 years younger than her first partner and a boy was 1.2 years younger than his first partner. Forty-five percent of boys reporting sexual activity claimed they first had sexual intercourse at age nine or younger (data not shown). This unlikely finding suggests that boys overreported their sexual experience. Only four of the 28 girls who reported having had sex said they had intercourse prior to age 10.

Self-reported data regarding adolescent sexual behavior, particularly data collected from young adolescents, should be interpreted with caution, as their accuracy is difficult to validate. Previous research indicates that some adolescents, particularly those under age 16, report sexual behavior inconsistently.⁹ We took care to assure adolescents of the confidentiality of their responses. Nevertheless, given prevailing social norms regarding adolescent sexual activity, girls may have underreported and boys may have overreported their sexual experience. In addition, even though we tried to prevent respondents from viewing others' questionnaires, adolescents may have written responses they viewed as socially desirable in the expectation that classmates might catch sight of their responses.

Thus, we wondered if some boys were misrepresenting their actual experience, or if they had misunderstood the meaning of sexual intercourse.* Therefore, moderators specifically explored these issues in the focus groups. Boys in all focus groups clearly understood "having sex" to mean vaginal intercourse with penetration: "Him put his penis inside her pot. Him push it in and work it," specified a boy in one group. In each group, some boys insisted that a boy might have sex at age eight or nine or younger. A boy at a rural school related how sex at this age might occur: "A boy and a girl a play dolly house—the boy the father and the girl the mother. Them a sleep and things get outta hand. Him start feel her up, you know, them take off clothes, kissing go on...him push it in, she start cry."

•*Likelihood of having sex.* In general, students in the focus groups did not advocate sex for youth their age, but many, particularly boys, admitted that it was likely to happen. Most boys thought that if given the opportunity, few boys would decide not to have sex. When asked what he would do if faced with such a decision, one boy said,

"She want to have sex with me? Sir, me would a have sex!" Boys did not seem to question the conflict between their stated sexual mores and their actual or intended behavior. The same boys who said young adolescents should not have sex often admitted, minutes later, that they themselves would have sex if given the opportunity.

Boys disagreed over whether a girl their age would agree to have sex, but most doubted she would. Some boys said a girl would reject a boy's sexual advances outright, but most thought that a girl would decline sex politely, thus leaving open the possibility of sexual activity in the future or explaining her resistance in terms of her fear of pregnancy. "Maybe she would say she no want any pickney [child] yet," suggested one boy. Some boys in the focus-group discussions said a girl might at least consider having sex. One reflected, "Maybe she would say she would think about it...talk it over." In one rural school, a boy suggested, "Maybe she would say [yes] 'if you have a condom.'"

Girls were less likely than boys to concede that a young adolescent girl would have sexual intercourse, which may reflect their own limited sexual experience. When first asked, most girls in the focus groups insisted adamantly that Nell would not have sex with Ted. When moderators shifted the discussion toward the participants themselves, the girls became a little uneasy: Some remained silent, while others were quick to deny any suggestion of their own sexual activity. When the moderator asked, "What would you do if you were in Nell's place?" one girl retorted, "I wouldn't be in Nell's place in the first place....I wouldn't have sex with a boy." In each group, however, two or three girls said that although she shouldn't, Nell might eventually decide to have sex with Ted. In addition, some who initially said Nell would not have sex admitted later in the discussion that she might.

Motivations for Engaging in Intercourse

On the survey, when choosing among responses to a closed-ended question, the adolescents who said they had experienced sexual intercourse indicated that curiosity and love were common motivations for having sex. Among the boys and the few girls who reported sexual experience, about half (47% of boys and 51% of girls)

Table 2. Selected measures of sexual activity and contraceptive use at first sexual intercourse among adolescents aged 11–14

| Measure | Girls | | Boys | |
|--|-----------|-----|-----------|-----|
| | % or mean | n | % or mean | n |
| Percentage reporting intercourse** | 5.8 | 490 | 64.4 | 455 |
| Mean age at first intercourse | 11.3 | 28 | 9.4 | 284 |
| Mean difference (in years) between first partner's age and respondent's age* | 3.2 | 28 | 1.2 | 284 |
| Percentage who used contraceptive at first intercourse | 42.9 | 28 | 37.7 | 284 |

*Difference is statistically significant at $p < .05$. **Difference is statistically significant at $p < .001$.

said they had sex the first time to "see what it was like." "To show love" was the second most frequently cited reason for first sexual intercourse (data not shown).

However, responses to other survey items suggest more complex reasons for adolescents having intercourse. Sixty-nine percent of boys and 32% of girls agreed that "if you really love your boyfriend [or] girlfriend, you should have sexual intercourse with them." More than half (58%) of boys and 30% of girls said that if a boy "spends a lot of money on a girl," she should have sex with him (Table 1).

In the focus groups, adolescents suggested a variety of motivations for becoming sexually active: Girls thought that love would be the strongest impetus for having sex. One girl declared, "If she say yes, that mean she really love him and she will give him anything him want." Some boys and girls in the focus groups shared the perception that being in a relationship obligates a girl to have sex with her boyfriend. Girls were especially likely to say that a girl might have sex to please her boyfriend or to gain his love. A girl in one group suggested, "Maybe if she don't have sex with him, him dump her. Probably she wouldn't want to lose him."

Boys in the focus-group discussions suggested that boys have sex for physical pleasure and because they seek the elevated status among peers that accompanies sexual experience. One boy explained, "Him want to try it, to see how it feel—if it feel sweet, or what." A boy in another group related, "Him friends, them tell him that him gonna love it!" For boys who have not yet had sex, encouragement from friends to engage in sex may turn into pressure. "If him no do it, them a go call him chicken," explained a Kingston boy.

Having intercourse for the first time often signifies a passage into adulthood, and sex can be a way for an adolescent to

*Interviewers defined sexual intercourse aloud to surveyed students in simple terms to convey heterosexual vaginal intercourse.

assert that he or she is no longer a child. In the focus-group discussions, boys were particularly likely to view sexual initiation as an important sign of manhood. Some girls also viewed engaging in sexual intercourse as symbolic of adulthood and suggested that a teenage girl who becomes sexually active is no longer seen as a child. However, most girls thought a girl their age who had sexual intercourse was foolish and behaving immorally.

Peer and Parental Reactions

Girls said in the focus groups that a girl their age who has sex is unlikely to tell her friends or parents that she is sexually active because she would fear their disapproval and reproach. In every focus-group discussion, girls said that a mother would severely punish a daughter discovered to

experienced girls, 32% said their partner used a condom at first intercourse, and 11% (three girls) said they had been using oral contraceptives. Among boys claiming sexual experience, 33% said they used a condom at first intercourse, and small numbers claimed they or their partner used other methods, such as foam or cream, oral contraceptives, rhythm and withdrawal.

Both survey and focus-group findings shed some light on why some adolescents do not use family planning. On the survey, adolescents displayed mixed attitudes toward family planning. About two-thirds of survey respondents agreed that using oral contraceptives is responsible behavior, and 86% agreed that a boy who uses a condom is treating his girlfriend respectfully (Table 1). However, students also associated family planning with promiscuity. Fifty-four

percent of girls and 71% of boys agreed that “condoms are only for boys who have sex with more than one girl,” and 43% of girls and 59% of boys agreed that oral contraceptives are used only by girls who have multiple sexual partners.

In the focus groups, both boys and girls thought that young people their age should use

family planning if they have sex, often recommending the condom as the best method. While many participants insisted that youth their age were quite likely to practice contraception, others doubted that a 12- or 13-year-old would use family planning, for various reasons. Despite their own awareness of contraceptive methods, participants suggested that young people their age sometimes fail to use family planning due to lack of knowledge.

Institutional barriers may make it difficult for younger adolescents to access contraceptives. A girl in one focus-group discussion thought a girl her age would encounter difficulty in buying oral contraceptives: “They wouldn’t sell it to her because she too young.” The cost of contraceptives may also help explain why young adolescents don’t use them. When discussing Nell’s pregnancy, a boy suggested, “Maybe they didn’t have any money to buy any [condoms].”

Cultural values regarding adolescent sexuality contribute to nonuse of family planning among both boys and girls. Many boys had heard that sex was less pleasurable with a condom, and they also feared they would be perceived as un-

manly if they used a condom. Some thought that a boy who did use a condom would keep it a secret: “Him no tell nobody because them a go laugh after him and say him a little boy.”

A young adolescent girl may be hesitant to use family planning because if parents and friends learned of her contraceptive use, they would, by association, know she was sexually active. A girl in one focus group predicted that if a mother found her daughter’s pills or condoms, “[She] would curse her. She would think that she was having sex.” Girls in the focus-group discussions thought that girls their age would taunt and shun a friend whom they discovered was using family planning: “They would say she taking it [the pill] ‘cause she having sex a lot of time,” a girl predicted.

Only a few students, usually boys, thought that young adolescents would fail to use contraceptive methods because they desire pregnancy. One boy speculated that Ted would not use a condom because, “Him wanna get the girl pregnant.” In an inner-city school, a girl commented: “Maybe she wanted to have a baby with him, thinking he would stay.”

Attitudes on Pregnancy and Parenthood

Most of the young adolescents, particularly the girls, did not want to become a parent while still in their early teenage years. In the survey, fewer than one in 10 girls reported that a girl or boy their age was responsible enough to be a parent, compared to about one-quarter of boys (Table 1). About 6% of girls and 29% of boys agreed that becoming a parent at their current age would be a “good thing.” However, pregnancy a little later in the teenage years may be somewhat more acceptable. Twenty-nine percent of girls and 40% of boys in the survey agreed with the statement that a girl should have a baby while she is a teenager to prove her fertility (to prove she is not a “mule”).

The young adolescents in the focus groups, particularly girls, viewed adolescent pregnancy as unintended and unwelcome. Without any prompting, girls described what pregnancy would mean—financial burdens, family strife and potential abandonment by the baby’s father. “If she get pregnant, her mother a go kick her out, and the boy would a run left her,” predicted a girl in a rural school. Both girls and boys in the focus-group discussions placed a high value on education, and they viewed adolescent pregnancy and parenthood as major obstacles to completing one’s education.

In every focus group, girls mentioned

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be sexually active, and that a girl’s peers are likely to react with taunts. “Them would a call her sketel [slut],” a girl declared.

While girls are vilified for engaging in sexual intercourse, boys who have sex receive admiration and encouragement from their peers. A boy in one focus group said, “Him would feel good ‘cause him friends biggin’ him up.” When the moderator asked boys in a rural school if Ted would tell anyone that he had sex with Nell, the response was “Him a go tell him friend, big brother. Him tell him relative and cousin and friend and everybody!” This same sentiment was echoed in all of the focus-group discussions—with a few exceptions: “Him wouldn’t tell him mother,” a boy reminded the moderator, amidst laughter from other boys.

Family Planning Behavior and Attitudes

Survey findings indicated that among those reporting sexual experience, fewer than half of both girls (43%) and boys (38%) reported using a family planning method the first time they had sex (Table 2). Among both sexes, the condom was reported as the most frequently used method (data not shown). Among sexually expe-

that a young teenager who is pregnant might seek an abortion. "A girl that get pregnant when she 13 [might] dash it away," suggested one girl. "If I was in her position and I get pregnant, me no make nobody know. Me dash that away," a girl in another group stated firmly. Only in one focus-group discussion with boys was abortion mentioned as an option, suggesting that in Jamaica, abortion as a topic may be considered the domain of women.¹⁰

In all of the focus groups, girls brought up the fact that a pregnant girl must face disapproval and derision from her peers and community. "She would [be] afraid to walk with the big belly," a girl in one discussion stated, and a chorus of laughter arose from her classmates. Girls reported that young teenage girls are likely to chastise and ridicule a pregnant peer. "Them say, 'you pick up man before your time.' They a gwan start spreadin' the news," a girl said assuredly. Only a few girls suggested that girls might pity a pregnant friend and offer her support.

Most boys said that a boy would be unhappy and scared if he impregnated a girl. In addition, the pregnancy would evoke angry reactions from both his own and the girl's parents. "Him mother and father would throw him outta the house," a boy predicted. Boys in all of the focus groups suggested that a boy might try to absolve himself of blame by implying that the girl was involved with another boyfriend.

Although focus-group participants described adolescent pregnancy as an unplanned and largely unhappy event, both girls and boys acknowledged that a young teenager would probably have mixed feelings about an unexpected pregnancy. A few thought an adolescent might be excited about becoming a parent. "She would feel happy in a way and sad in a way," said a girl in one focus-group discussion. In another group, a girl presented several negative aspects of pregnancy but then qualified, "if he [her boyfriend] treatin' her good, well that different."

Boys were more likely than girls to express enthusiasm about an unexpected pregnancy. A boy who impregnates a girl may be subject to disapproval from some of his peers, but he is the object of admiration and envy from others. As a boy in a Kingston focus group observed, "The good ones would ask him why him do such a thing, him should've wait. But the bad ones would big him up and say 'gwan man, you get a son!' and them would want to try it."

Among working-class Jamaicans, it is common for children, particularly those born to adolescent mothers, to be raised

by the maternal grandmother or another relative.¹¹ Many adolescents in the focus groups, especially girls, felt that a teenage mother's own mother would play an important role in raising her daughter's child. Girls said that a pregnant teenager's mother would be horribly angry at first and would kick her daughter out of the house, but that eventually she would accept the pregnancy and help raise the baby. Many girls thought a mother would encourage her daughter to continue her education after the baby was born: "If I was the mother, I would a make she have [the baby] and then send her back to school," a girl recommended.

Both boys and girls viewed parenthood as a serious undertaking and were very informed about the specific responsibilities required of a new parent. Girls in particular were aware of the work involved in caring for a baby. In one focus group, a girl stated, "The baby would wake her in the night, and in the morning she goin' to want to sleep." Girls maintained that a young woman should have a child only when she has finished school and has a good job. Many expressed concern about the cost of raising a child, and their conversations suggested that they expect to financially support themselves and their children. No girls ever mentioned the role of a baby's father, suggesting that these girls view childbearing as something a woman does without assistance from a man. Only one girl (and no boys) mentioned marriage preceding childbearing.

Boys also voiced concerns in the focus groups about the financial burden that a child represents, but they gave males more credit than girls did about the role an adolescent father should and would play in trying to support his child. "Him would have to stop from school and work, so that him can be the best baby-father," stated one boy. Some boys thought the prospect of becoming a father would inspire a boy to behave more maturely and responsibly.

Discussion

Even before they enter the teenage years, the sexual attitudes and behaviors of young Jamaican adolescents have been significantly shaped by sociocultural and gender norms that send contradictory messages about sexuality and impose different standards of behavior for boys and girls.

Our focus-group findings reveal that boys perceive social encouragement and pressure to be sexually active, while girls who have sex, particularly if a pregnancy reveals their sexual activity, are labeled as having poor moral character. In our sur-

vey, girls were far less likely to report having had sexual intercourse than were boys. The prevalence of sexual experience among 12-year-old boys in this study is surprisingly high, and is the same as that seen among males aged 15–17 in the 1997 Jamaica Reproductive Health Survey.¹² Given the social rewards bestowed on sexually active boys and the stigma attached to sexually activity among girls, it is likely that boys exaggerated the extent of their sexual experience; likewise, girls may have hesitated to reveal their sexual experience. Nevertheless, the differences in reported behavior between the sexes in this study remain striking.

The seventh graders in the focus groups were highly aware of modern contraceptive methods and expressed generally positive attitudes toward family planning, although fewer than half of the young adolescents who reported sexual experience said they practiced contraception at first intercourse. However, given the likelihood that sexual activity was misreported, the survey findings regarding contraceptive use should be viewed with caution.

Both boys and girls expressed negative feelings about teenage pregnancy. However, in the focus groups, some boys noted that a boy who fathers a child is admired by many of his peers. Although they did not approve of teenage pregnancy, girls and boys noted that it was common, and they thought that grandparents would help care for a teenage parent's child. This familiarity with pregnancy at an early age and assumption of familial support may be associated with the prevalence of early motherhood in Jamaica.

The clearly defined gender norms regarding sexual behavior perceived by the 12-year-olds in the focus groups, the inaccurate knowledge revealed in both focus groups and survey findings, and the number of adolescents who reported having had sex suggests that family life education must be introduced among younger children, not just those entering puberty. Young people need to be informed before they first have sex about the risks inherent in engaging in sexual activity. Family life education teachers need to be aware of the strong influence of gender norms on the attitudes and behavior of boys and girls regarding relationships, sex and reproduction. Such programs should help adolescents develop the skills to make informed decisions about engaging in sexual intercourse and using contraceptives in a social context that sometimes encourages risky sexual behavior. A gender-specific approach to fam-

ily life education is probably needed, given the differences in attitudes and reported behavior between boys and girls. However, family life education programs are unlikely to significantly affect attitudes and behavior in the absence of broader changes in community norms.

In addition, family planning providers need to recognize that many adolescents, even some as young as age 12, are sexually active and in need of family planning services. A 1995 study among public-sector and nongovernmental family planning providers in Jamaica found that providers are reluctant to serve clients younger than 16 (the legal age of consent), and are more hesitant to provide contraceptives to young women than to young men.¹³ While both boys and girls are at risk of contracting STDs, it is young women in Jamaica who suffer the most serious consequences of teenage pregnancy.

Some limitations of our study should be noted. Participants were not randomly selected, and therefore are not representative of all Jamaican 12-year-olds. However, they are likely to be similar to the Jamaican youths in this age-group who attend all-age and new secondary schools, and the study findings may also be relevant to a wider population of young adolescents.

Furthermore, sexual experience and contraceptive use are likely to have been reported inaccurately in this study, as in all studies of adolescent sexual behavior, even though the study protocol ensured the confidentiality of adolescents' responses and reliability checks were built into the survey to assess the consistency of responses regarding sexual behavior. Respondents may have been uncomfortable revealing their sexual experience in a written format with other youths seated nearby. Even if adolescents felt sure that their questionnaire responses were confidential, social norms regarding young adolescent sexual behavior are likely to have biased reports of sexual activity. Both of these factors may have influenced adolescents to write responses they viewed as socially desirable.

Finally, the multiple-choice format of survey questionnaire responses, although necessitated by the limited literacy of this study population, may have restricted adolescents' ability to express their beliefs and opinion.

More research is needed to augment our knowledge of young Jamaican adolescents' sexual attitudes and the factors that motivate or deter them from having sexual intercourse and using contraceptives. While a 1997 survey included youth aged 15 and older in its sample,¹⁴ a national-

level survey of adolescents younger than 15 is needed to gather representative data from this age-group. With a large sample, inferences could be made about the behavior of sexually experienced girls, few of whom were surveyed in this study. However, the role of survey response errors should be carefully considered. Given the questionable reliability of self-reported data on sexual behavior, especially among adolescents, studies using qualitative methods may be particularly helpful in identifying the subgroups most at risk of risky sexual behaviors and in suggesting effective means of intervention.

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Resumen

Contexto: Los adolescentes de Jamaica presentan elevados niveles de actividad sexual y de embarazos: el 40% de las jamaicanas quedan embarazadas antes de cumplir los 20 años de edad. Comprender las actitudes reproductivas y el comportamiento de los adolescentes de 14 años y menos puede asistir en el desarrollo de programas educativos diseñados a reducir la actividad sexual y los embarazos entre los adolescentes.

Métodos: Se utilizaron datos de una encuesta realizada en 1995 en la que se entrevistó a 945 estudiantes jamaicanos de 11 a 14 años de edad e información recogida en 1996 de las discusiones de grupos focales con un subgrupo de jóvenes entrevistados, para explorar el comportamiento y las actitudes reproductivas de los jóvenes jamaicanos de bajos ingresos que asisten a centros de enseñanza de bajo calidad.

Resultados: El 64% de los varones indican que habían tenido relaciones sexuales, en comparación con el 6% de las jóvenes. Tanto los varones como las jóvenes tenían un conocimiento inadecuado de las cuestiones y la conducta relacionados con la salud reproductiva. Los participantes en los grupos focales, que tenían 12 años de edad, percibieron normas claramente definidas de acuerdo al género con relación a la conducta sexual, indicando que los varones perciben que la sociedad les fomenta y presiona para que tengan relaciones sexuales. En forma inversa, las jóvenes que tienen relaciones sexuales, especialmente si esta actividad sexual se revela a través de un embarazo, son catalogadas como personas de conducta moral inferior. Estas normas sociales probablemente influyeron en gran medida en las diferencias dramáticas registradas entre los varones y las jóvenes en cuanto a su experiencia sexual.

Conclusiones: Las actitudes y la conducta de los adolescentes en Jamaica ya han sido considerablemente formadas y fundamentadas en normas socioculturales y de género que transmiten mensajes diversos acerca de la sexualidad e imponen diferentes normas de comportamiento para los varones y para las jóvenes.

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Se debería introducir educación familiar específica con relación al género para todos los niños de Jamaica, y esta educación no debe estar dirigida únicamente a aquellos que comienzan la pubertad. En este entorno, los adolescentes también necesitan tener un mayor acceso a los servicios de planificación familiar.

Résumé

Contexte: La Jamaïque présente des taux d'activité sexuelle et de grossesse élevés parmi sa population adolescente: 40% des Jamaïcaines se sont trouvées enceintes avant l'âge de 20 ans. La compréhension des perceptions procréatrices et du comportement des adolescents jusqu'à l'âge de 14 ans pourrait contribuer au développement de programmes pédagogiques de lutte contre l'ac-

tivité sexuelle et la procréation des adolescents.

Méthodes: Les données d'une enquête menée en 1995 sur 945 écoliers jamaïcains de 11 à 14 ans et les informations tirées d'un ensemble de discussions de groupe avec un sous-ensemble des participants en 1996 servent de base à l'exploration du comportement procréateur et des perceptions des jeunes Jamaïcains de milieux défavorisés fréquentant des écoles de faible niveau académique.

Résultats: Soixante-quatre pour cent des garçons ont déclaré avoir eu des rapports sexuels, par rapport à 6% des filles. Les deux groupes avaient une connaissance inexacte des questions relatives aux comportements et à l'hygiène de la procréation. Les jeunes de 12 ans inclus dans les groupes de discussion percevaient des normes de comportement clairement définies suivant le sexe, laissant entendre que la pression sociale encourage les garçons à se montrer sexuellement

actifs. L'activité sexuelle des filles, telle que révélée par une grossesse surtout, est en revanche jugée comme reflétant des valeurs morales inférieures. Ces normes sociales ont probablement influencé l'énorme différence entre les déclarations d'activité sexuelle des garçons et des filles.

Conclusions: Les attitudes et comportements sexuels des jeunes adolescents de la Jamaïque reflètent déjà nettement les normes socioculturelles à l'origine de perceptions contraires, suivant le sexe de l'individu, des questions relatives à la sexualité et qui imposent des normes de comportement différentes pour les garçons et pour les filles. Une sensibilisation à la vie de famille adaptée à chaque sexe serait utile non seulement à l'aube de la puberté, mais encore parmi les populations enfantines plus jeunes de la Jamaïque. Il conviendrait également d'offrir aux jeunes adolescents du pays un meilleur accès aux prestations de planning familial.