

Original article

Perceptions of Sexual Abstinence among High-Risk Early and Middle Adolescents

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Abstract:

Purpose: Sexual abstinence has become the primary response to adolescent pregnancy and sexually transmitted infection (STI) prevention. However, most abstinence programs are based on adult ideas of abstinence, and little is known about how adolescents themselves conceptualize sexual abstinence.

Methods: In this qualitative study, we conducted semi-structured exploratory interviews with 42 adolescents aged 11–17 years recruited from primary care clinics.

Results: We observed marked confusion over the term “abstinence.” However, the concept of abstinence, or choosing not to have sex, was clear and relevant. Participants viewed sexual abstinence as part of a normal developmental continuum. All adolescents were abstinent for a period of time, and then transitioned to sexual activity when they were ready. Readiness was determined by (1) individual factors, such as age, life events, physical maturity and social maturity, (2) relationship factors such as being with the “right” person, or having a committed relationship, (3) moral and religious beliefs, and (4) the balance of health, social, and family risks and benefits. Sex was considered something powerful, and the transition to first sex a rite of passage in which adolescents took on what they perceived to be adult roles. We observed differences by age, gender, and sexual experience in how adolescents determined readiness.

Conclusions: Adolescents conceptualize sexual abstinence differently than adults, with differences by age, gender and sexual experience. Rather than a simple behavioral decision, our participants viewed abstinence as a broader part of normal development and viewed the transition to sex as an important rite of passage to adulthood. © 2006 Society for Adolescent Medicine. All rights reserved.

Keywords:

Sexual abstinence; Adolescence; Decision-making; Qualitative research; Sexual behavior; Adolescent development

Sexual abstinence is an important component of adolescent sexually transmitted infection (STI) and pregnancy prevention [1,2]. However, controversy arises over whether to teach abstinence as the sole approach to STI and pregnancy prevention (“abstinence-only”) or within the context of a comprehensive sexuality curricula [3–5]. To date, few data support an “abstinence-only” approach [6–8]. This lack of evidence may be due, in part, to deficiencies of abstinence *research*, including variable

definitions of abstinence, and limited data on contextual issues [6,9,10].

No consensus exists about whether sexual abstinence defines a health protective behavior or something more inclusive. Some take a public health approach, defining abstinence as refraining from specific types of sexual contact [4]. Others adopt a more inclusive definition, incorporating attitudes, moral and religious beliefs, and lifestyle choices [11–13]. Both federal legislation funding “abstinence-only” programs, as well as commonly used abstinence curricula, frame abstinence in terms of responsibility, commitment, character development, and morality [11–13].

Adolescents may understand sexual abstinence differently than adults. Research on middle and late adolescents

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suggests that adolescents consider abstinence as more than just not having sex, and concepts such as commitment, virginity and “doing the right thing” are important [14,15]. In one program evaluation, adults defined abstinence in behavioral terms (no vaginal, anal or oral intercourse), while youth additionally listed use of alcohol, cigarettes, drugs and pornography as incongruent with an abstinent lifestyle [15]. Moreover, there is no consensus on specific sexual behaviors that define abstinence. Many adolescents and young adults do not define oral sex and other noncoital behaviors as “sex” [16,17].

Finally, contextual and developmental issues influencing abstinence are poorly understood. Research shows that adolescents differ in beliefs, attitudes, and sexual behaviors by age, gender, and sexual experience [18–21]. Studies of intervention to delay sexual onset have found differences in outcomes between males and females, and between sexually experienced and inexperienced participants [12,22,23]. However, while documented epidemiologically, little is known about why and how these differences arise.

Despite high levels of public investment in “abstinence-only” interventions, research is needed to more clearly define sexual abstinence, as well as the factors that influence adolescent decision-making around abstinence. The purposes of this study are (1) to examine how early and middle adolescents conceptualize abstinence; (2) to identify developmental and contextual issues influencing abstinence decisions; and (3) to explore the roles of gender and behavioral experience.

Methods

Participants

After institutional review board approval, we recruited participants during routine visits at a community hospital pediatric clinic. The clinic serves a low-income community with high rates of early sexual onset. Most patients attend schools in a large Midwestern urban district teaching an abstinence-focused curriculum. We chose this population so that participants would be actively making decisions about sexual abstinence.

We recruited by (1) inviting 11–17-year-olds and parents to participate during routine clinic visits, and (2) placing signs in waiting areas, directing those interested to call. We made a specific attempt to recruit males and early adolescents. After parental permission and adolescent consent, adolescents were interviewed in a private room. Participants received \$10 gift cards and parents received \$5 gift cards.

Interviews

Because we did not wish to be limited to a priori assumptions about how participants conceptualized sex-

ual abstinence, we used an exploratory ethnographic interview [24,25]. Two-stage face-to-face interviews (lasting about 30 minutes) were tape-recorded for transcription. In the first stage, participants were asked a series of open-ended questions, starting with their understanding of the term “abstinence,” to explore concepts related to not having sex. Example questions included: (1) What is important about abstinence? (2) Why do teens decide to be abstinent? And (3) List some of the good (bad) things about abstinence. If participants were confused by the term, “abstinence,” the interviewer clarified abstinence as not having sex.

In the second stage, participants were asked to explain their responses to the first stage questions. The interviewer listened for organization in the explanations, and tested hypotheses during the interview. For example, several participants answered, “Their attitude” in response to a question about how abstinent teens differ from sexually experienced teens. Given this response, the interviewer asked questions such as, “How does a person’s attitude change when that person is no longer abstinent?” The interviewer wrote field notes after interviews.

We also collected information on demographics and sexual experience. We did not ask participants 13 years and younger directly about sexual experience because of state-mandated reporting laws.

Data analysis

We analyzed textual data using a technique for identifying shared concepts and models of social cognition held by social groups [26,27]. Transcribed interviews and field notes were first indexed based on a literature review and topics arising in interviews. Through close reading of the transcripts by indexed topics, conceptual categories were developed. Once a category was provisionally defined, additional examples were sought during subsequent readings. Examples of categories included the use of moral arguments, pregnancy and STI prevention, social capital, and sex as a rite of passage. Based on repeated comparisons, we determined the consistency of each category and developed a list of its properties. When instances of a category were infrequent, a category was dropped or merged with a similar category. Remaining categories were organized around a core category into tentative models. Interviewing and analysis were intertwined in an iterative process; investigators met frequently to discuss emerging concepts, and used subsequent interviews to explore these concepts. We assessed validity and reliability by (1) testing hypotheses against analysis of subsequent data, (2) having two authors (M.O. and E.P.) analyze transcripts and field notes, resolving differences by discussion, and (3) assessing the theoretical consistency of results [28,29].

Results

Participants

We interviewed 43 adolescents, aged 11–17 years, excluded one because of incomplete parental consent, leaving 42 interviews for analysis. Participants included 22 early adolescents (11–14 years), 20 middle adolescents (15–17 years), 29 females, and 17 with sexual experience. We did not ask 11 under-14-year-olds about sexual behavior, although context suggested that most had never had sex. Participants reported ethnicity as white (8/42), African American (30/42), and mixed (4/42).

Knowledge about abstinence

Participants knew that abstinence had something to do with sex, but many were unsure of its exact meaning. Twenty-four participants accurately defined “abstinence” as not having sexual intercourse. Of the remaining 18 participants, seven were unsure of the meaning, six had never heard of the term, three confused “abstinence” with having sex, and two confused “abstinence” with a similar sounding word. Many who first correctly defined “abstinence” expressed confusion about the term later in their interviews.

Even though the term “abstinence” was misunderstood, the concept of choosing not to have sex was clear and relevant. All but three participants had thought about abstinence and had discussed it with peers or family. Thirty-one viewed abstinence as all-or-nothing, using the terms “abstinence” and “virginity” interchangeably. Secondary abstinence, or choosing to be abstinent after having sex, was not considered true abstinence:

‘Cause the point [of] abstinence is to save yourself for your husband when you get married so it can be special. But if you already started, it’s already ruined it. You can’t take it back and start over. (female, 17 years)

Another 17-year-old female reinforced this view, “No sex means you can just not have it for a certain period of time. But abstinence, you just have no contact with it [sex], you don’t know nothing about it, you don’t do nothing.”

Beliefs and values: abstinence as a part of development

Participants viewed abstinence as a natural stage of development: people are abstinent for some time during their lives, and then transition to sexual activity when they feel “ready.” Twenty-seven participants identified a lack of “readiness” for sex as a key reason for abstinence. A 17-year-old female illustrated this concept,

Either you’re going to do it, or you’re not. You can’t just keep changing your mind. If you have that much doubt in your head, you might as well not do it, ‘cause you’re not ready.

Participants described a number of factors influencing “readiness,” and we constructed a model of sexual absti-

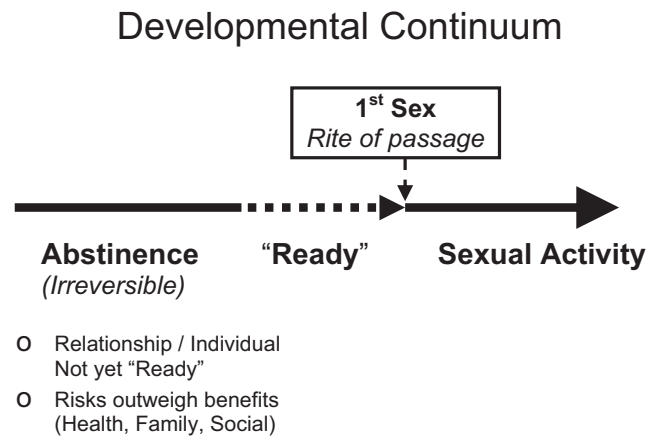


Figure 1. Developmental continuum.

nence decision-making around these concepts (Figure 1). Factors include individual characteristics, relationship characteristics, and a balance of health, family and social risks and benefits. Participants considered the transition from abstinence to sexual activity an irreversible, life-changing decision, “It’s [sex] going to change everything. The way people see you and look at you. Changes your personality” (female, 11 years).

Individual characteristics. Individual characteristics that influence abstinence decisions included age, life events (graduation, marriage, job), physical maturity, social maturity, and a sense of “readiness.” A 14-year-old sexually experienced female summarized: “You get ready when you think you ready, when your body has developed, and when you become mature about it [sex]—you don’t offer your body off, just to throw it off to ‘em [boys], you gotta be mature with it.” Fifteen participants listed a specific age (range 15–29 years) below which a person would not be prepared for the responsibility of sex. Only early adolescent participants listed physical immaturity, such as a lack of secondary sexual characteristics or menses, as a reason to remain abstinent. One 11-year-old female explained that a person can have sex when, “you have periods and you get hair under your arms. It’s the little things like that.”

All participants identified social immaturity as a reason for abstinence. However, we observed differences by age and sexual experience in descriptions of social maturity. Younger or sexually inexperienced participants gave concrete examples, such as the ability to provide monetary resources to a child, holding down a job, having a place to stay, or possessing skills like knowing, “how to treat a baby.” Older or sexually experienced participants included a sense of self-respect and self-assurance, less susceptibility to peer pressure, and less sensitivity to what people said about them. A 17-year-old male reflected on how his own perspective had changed:

When I was in middle school, everybody was talking about, ‘I had sex and blah blah blah.’ People that were virgins acted like they weren’t, so they wouldn’t get ragged on. But now people are older, they’re not as ashamed. It’s even a good thing, that people are virgins. Because people see it as not being scared of anybody and not wanting to fit in.

This older, experienced group saw abstinence as a more complex puzzle that required the elimination of any doubts pertaining to one’s social status:

‘I’m not going to get in trouble,’ ‘my friends might not like me no more,’ ‘this dude might leave me,’ ‘it might hurt,’ ‘I’m not sure if I like him’—none of that. If you’ve had any of those, don’t even worry about it [sex]. ‘Cause it’s not going to be ‘right’ then. (female, 17 years)

The socially mature adolescent could weigh the risks and benefits of abstinence against the risks and benefits of sex.

Relationship characteristics. Twenty-two participants identified relationship characteristics, such as not being with the “right person” or the relationship not being in the “right place,” as important to the decision to remain abstinent. Descriptions of the “right person” were vague and romantic. A 15-year-old female said that, with the right person, one would have “chemistry,” “connection,” and be able to get “real close.” Many participants said that an individual would have a “feeling” that this was the “right person,” or be “in love:” “A person who chooses not to be abstinent? Maybe . . . they really love the person and they think they’re ready” (female, 16 years). Others participants described a type of commitment within the relationship, using words such as “stable,” “exclusive,” “committed,” and “married,” in which transitioning from abstinence to sexual activity was acceptable.

Moral beliefs. A subset of participants (12/42) identified moral and religious reasons for remaining sexually abstinent. Some directly invoked religion saying, “the Bible says so,” or “it is against my religion.” These moral arguments were more common among sexually inexperienced and younger participants, and often were vague. A large group (29/42) simply identified abstinence as the “right thing” to do.

Health risks and benefits. All participants listed no risk of pregnancy or STIs as health benefits of abstinence. For the younger, likely sexually inexperienced participants, pregnancy was a sure thing with sex, and human immunodeficiency virus (HIV) risk loomed: “[A teen who has sex] will get pregnant. . . and for the rest of they life they gonna be someone’s mother” (female, 14 years). Sexually experienced and older participants more accurately perceived pregnancy and STI as less likely and less severe, and identified steps to reduce this risk, such as contraception or assessing a partner’s STI risk. This group often focused on the social ramifications of pregnancy and STIs, including stigma and reputation.

Family risks and benefits. Family approval was listed by 26 participants as important to abstinence decisions. Participants said that parents hoped that adolescents would remain abstinent until they finish school, get a job, and become financially secure. Family trust was an important benefit of abstinence. Again, we observed differences by age and sexual experience. Sexually inexperienced or early adolescent participants had increased spontaneous talk about the importance of family, weighed parental approval higher in their decision-making, and anticipated a more severe parental response to the news of sexual activity. One 11-year-old male said, “If I got a baby I’d probably be grounded for life.” In contrast, sexually experienced or older teens emphasized individual reasons for abstinence, and many said that their parents accepted that they were sexually active, even though their parents were not happy about it.

Social risks and benefits. All participants identified social risks and benefits, such as managing one’s reputation, gaining (or losing) social capital, maintaining relationships with boyfriends and girlfriends, taking on adult roles, and assuring school and career success. Again, we observed important gender, age, and sexual experience differences. Females viewed sexual abstinence as a balance of competing social reasons, such as protecting one’s reputation, maintaining a relationship, and taking on an “adult” role. A 16-year-old sexually experienced female explained that abstinence was socially safer:

They might say, ‘are you havin’ sex?’ And you say, ‘no.’ They really can’t ask you nothin’ else. But if you are [having sex], then they be like, ‘who you do it to,’ and ‘how was it?’”

In contrast, males reported sexual experience as social capital. Social reasons, such as improving their reputation and their standing among peers, pushed males away from abstinence:

Teens that have sex, they different because they don’t get talked about as much, and they’ll get what we say now is ‘cool points.’ And they’ll get invited to more parties. And hang out more. If a person doesn’t have sex, people might talk about them. They might not get invited to the big parties. People might not want to hang out with them that much. (male, 15 years, sexually experienced)

In a similar way, a 16-year-old sexually experienced male explained that the social consequences that would arise if you did not have sex far outweighed the potential risks of having sex:

Word gets around pretty quickly. So it’s just a point of you wanting to get it out of the way [and] people pressuring you. You know, you don’t want to do it, but it’s the point of people talking about you. . . ‘cause words nowadays do hurt. You don’t want to be the person that’s left out.

The ability to report sexual experiences to friends and peers was particularly important to male participants, al-

though reported by some females as well. A 16-year-old sexually experienced male said:

Well, they [abstinent teens] can't put themselves on the same level. If you talking to 'em about it [sex], and you'll try to tell 'em something, you know they wouldn't know about it cause they never done it before. . . Some people want to do it [sex] while they young so they get experience in. Because if you got less experience, they think you is a child.

As shown above, older and sexually experienced participants painted a mixed picture of abstinence. In contrast, younger or sexually inexperienced participants were more positive about abstinence and reported fewer social drawbacks. The one exception was that a few sexually inexperienced participants described a feeling that they were missing something important. A 14-year-old inexperienced female explained that abstinent adolescents sometimes, "feel like no one wants you. Sometimes if you don't have a boyfriend, you feel like an outcast. . . not wanted by anyone." We hypothesize that these participants may be moving towards the transition from abstinence to sex.

Transition behavior (rite of passage). The transition to first sex was viewed as a rite of passage, in which the experience would be reported to peers. A 15-year-old sexually experienced male described this process: "It's like to some dudes, it's a rule that you got to have sex. If it's a tight girl, you gotta howl at her, put the moves on her, and then run back and tell what happened." As part of this transition, a sexually experienced adolescent took on "adult" concerns and roles, which included monitoring partners for fidelity, taking care of the partner, child bearing, child rearing, and protecting oneself against STIs. Older and sexually experienced participants spoke about abstinence as a time of innocence, free of these "adult" worries:

Really, they don't gotta worry about nothing. They don't have to worry about catching no fucking diseases. You don't have to worry about if you do got one. . . have to go get checked to figure out what you got. Figure out what to take to get rid of it. Don't have to worry about being no parent at no young age, or how to support your child if you do got one. (male, 16 years)

Abstinent adolescents were seen as being able to enjoy "normal teen" activities such as going to the movies or shopping. The perspective was validated by younger and inexperienced participants:

Like me and my brother, the reason we wouldn't have sex as teens is because we skateboard, [I'm] getting ready to get me a snake, we watch South Park. We have all this other stuff to do—Why have sex? (male, 11 years)

Sex as irreversible, powerful, and life-changing. Participants described the transition from abstinence to sex as irreversible, powerful, and life-changing. A 16-year-old

sexually experienced female said that virginity, "is something God created for that special time, you only have once, and you can't really get it back." Both sexually experienced and inexperienced participants described sex as a powerful force, and expressed concerns about becoming "addicted" to sex, not being able to stop once they have experienced it. A 16-year-old sexually inexperienced male explained that he had heard that "you don't even think about it [sex] until you've had it, and then you just want it more and more and more."

This emphasis placed on first sexual experience made it particularly critical to accurately assess one's "readiness" for sex. Yet all groups of participants acknowledged that assessing readiness for the transition to sex is difficult. Two sexually experienced female participants realized in retrospect that they were not ready for sex. Nine participants speculated that other teens may feel this way, "Because, to a female it's [first sex] special. It means a lot to get your virginity taken, so. . . if you care a lot about yourself and you choose that right now is not the time, you wouldn't do it" (female, 15 years, sexually experienced).

Participants described fundamental life changes with the transition from abstinence to sex, including a loss of innocence, negative attitudes toward formerly important things (school, career, religion), and riskier behaviors (school failure, alcohol and drug use, defying parents, multiple sex partners). A sexually experienced 17-year-old female contrasted her sexually experienced friends with abstinent peers:

They [abstinent peers] always be energetic and happy, running around. . . they ain't lazy. They do more sports than we do. . . they have more fun than we do. We be at home chilling, watch T.V. Yeah. And they go home and they don't do drugs. Most of the people that's not abstinent, they do drugs.

Discussion

Knowledge about sexual abstinence

Confusing terminology. Although many advocate sexual abstinence because it seems unambiguous, we observed marked confusion over the term "abstinence." Although most participants came from the same school district, the degree of confusion observed across participants of different ages, grades and schools, suggests a more pervasive issue than a deficiency in school-based sexuality education. Adult program planners, policymakers, and clinicians may be using wording that is too vague when discussing sexual abstinence.

Beliefs and values about sexual abstinence

Differences by gender, age and sexual experience. Our findings of gender, age, and sexual experience differences are

consistent with the literature on adolescent sexual behavior [18–21,30]. The gender gap was most evident when participants discussed social risks and benefits of sexual abstinence, and suggests that males and females may need different messages and a different set of skills to negotiate abstinence.

If we consider age a proxy for developmental level, the observed age differences are consistent with developmental theories describing early and middle adolescence as a time of cognitive transitions, identity discovery, and improvements in decision-making and interpersonal competencies [31,32]. Younger participants were more concrete in their views of sexual abstinence, whereas older participants employed more social and contextual reasoning, consistent with theories of moral development, in which individuals shift from rule-based moral reasoning to incorporating contextual circumstances [33].

Sexually experienced participants differed from inexperienced participants. Research among adolescents has demonstrated that behavioral experience is not only a product of attitudes and beliefs, but can shape attitudes and beliefs, and the effect is likely bidirectional [34,35]. To effectively promote abstinence, programs may need to more specifically address an adolescent's gender, level of development and sexual experience.

Abstinence as a transition behavior. Participants viewed abstinence as a “waiting period” and the onset of sex as part of a natural developmental progression to adulthood. This view of sexual abstinence is consistent with empirical research and theories of adolescent transition behaviors [36,37]. Sexual Script Theory explicitly addresses this view of abstinence, describing transition periods in a person's sexual development, such as the onset of sex, in which a behavior (coitus) becomes laden with cultural significance [t]. Our participants signaled the cultural significance of this transition by the complexity of their decision-making around “readiness,” the sense of irreversibility, and their description of sex as powerful and addicting.

Limitations

Although our key-informant sampling technique enabled us to tap into a range of views on the topic as well as an in-depth understanding of those views, it also introduced the potential for bias. However, generalizability in qualitative research relies not on demographically representative samples, but instead on transparency of methods and analysis, and theoretical consistency of results [29,38]. A second limitation is that we did not systematically assess an adolescent's sources of information on sexual abstinence (health class, media, peers, parents, etc.). Finally, we did not ask about sexual experience in under-14-year-olds.

Implications

First, our findings of confusion around the definition of sexual abstinence underscore the need for a clear operational definition of abstinence in research and programs. Second, while surveys on health educational practices in the United States document an erosion of comprehensive sexuality education, and a shift toward presenting sexual abstinence as the sole health-protective option [39,40], our participants placed sexual abstinence within the context of overall sexual development. These adolescents are likely to be best served by placing abstinence education back within the framework of broader sexuality education. This would provide adolescents with the information and decision-making skills to evaluate relationships, develop communication within relationships, and accurately assess their own level of readiness.

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