

Sex, Lies, and Videos in Rural China: A Qualitative Study of Women's Sexual Debut and Risky Sexual Behavior

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[Abstract] This paper attempts to understand the sexual behaviors of young, unmarried women in rural China with a special focus on intercourse debut, sexual risk-taking behaviors, and reproductive health consequences. Data derived from forty in-depth interviews with young women who had undergone induced abortion were supplemented with information from focus groups and key informant interviews. Factors that prompt young women to engage in intercourse for the first time include pornographic videos and parents' tacit approval and even encouragement. Spontaneous sexual activity, lack of negotiation skills, and misconceptions about fertility and the effective use of contraceptives are factors that lead to unprotected intercourse. Risky sexual behavior and lack of protection often cause serious reproductive tract infections. The results indicate the importance of making reproductive health education more accessible to rural populations in China, a group usually considered to be more traditional and less likely to engage in premarital sex.

Key words: Sexual debut; risky sexual behavior; contraceptive use; Chinese adolescence; Parental influence; in-depth interviews

Introduction

China has witnessed an unprecedented decrease in fertility over the past three decades in line with its population policies. According to recent estimates presented by the United Nations, teen fertility rates have dropped from 5.7 per thousand births in 1970 to 3 in 2001. Fertility rates among young adults ages 20 to 24 have also declined dramatically from 278 in 1970 to 108 in 2001. Furthermore, the use of contraception in China is widespread. Over 83% of women currently in a union use modern contraceptive methods. Government policies on access to contraceptives have played a crucial role in modifying sexual behavior in China that helped to reduce teen pregnancy and extra-marital births. In 2001, the fertility level in China was rated "satisfactory" and the official dictate of China's population policy was to maintain the course (United Nations, 2004). With population policies in China being so successful, one might wonder why there might be a need to study youth sexual behavior further. The answer revealed itself in interviews with Chinese youth living in rural parts of China that were conducted as a part of a larger World Health Organization (WHO) project. The interviews revealed that young people in China who regularly engage in unprotected sex may simply turn to induced abortion when conception occurs. Thus, fertility rates are not the best indicator of the success of family planning programs. Even as fertility rates drop, young women may continue to be at risk of sexually transmitted diseases (STDs) including HIV/AIDS and reproductive disorders and be ill-equipped with the requisite

negotiation and refusal skills needed to deal with the changing sexual climate sweeping across Chinese cities and villages today. Research in other countries has demonstrated the tragic truth that most people who are currently diagnosed with HIV/AIDS probably contracted the disease in early adulthood. In Hong Kong, around 80% of all persons infected with AIDS/HIV were age 19 or younger at the time of reporting. This fact points to the urgent need to examine and understand the sexual behavior and contraceptive practices among youth in China.

The breakdown of traditional norms resulting from higher mobility and urbanization and the influence of western popular culture and mass media following China's opening to international markets in the early 1980s has created a unique environment that encourages risky and potentially harmful sexual behavior among sexually inexperienced youth. Many studies document the new liberal attitude to sexual behavior that has emerged among urban young people in China (Higgins, Zheng, Liu, & Sun, 2002; Zhang, Li, Li, & Beck, 1999). Arranged marriages were outlawed in 1950, but this did little to change Chinese attitudes toward sex at that time. Sex continued to be closely tied to reproduction and only sex within marriage was acceptable. Since the 1980s, strict norms regarding premarital sex have loosened up considerably, even while pronatalism and norms regarding the reproductive purpose of sex have been somewhat more resistant (Merli & Raftery, 2000). With the liberalization of norms regarding marriage and relationships, sexual debut now occurs at earlier ages. A study conducted in high schools in the city of Guangzhou reported rates of premarital sex of 23.5% for male senior high school students and 11.7% for female students (Li, 2002). This rate is substantially higher among young, engaged Chinese women in Shanghai (76%) (Cao, Wang, Wen, & Cao, 2000). And, as in many countries, the average age at first marriage has risen. The average Chinese woman is now 23.3 years old when she marries for the first time, up from 22.4 as in 1982.¹ Taken together, these trends speak for a situation in which Chinese youth, and in particular women, are spending longer periods of their lives being sexually active while single (Gao, Tu, & Lou, 2002).

Less attention has been paid to sexual behavior in rural areas, perhaps because of the greater inconvenience associated with sampling from more dispersed populations (but see Yan, 2003). Nevertheless, it comes as no great surprise that reproductive norms and sexual behavior operate quite differently in rural areas. Historically, family planning policies have been less strictly enforced and parity expectations tend to be higher in rural areas. In contrast to the one-child policy in operation in urban parts of China, in rural areas the one-son-two-child policy has been in place and serves to meet the unique family composition preferences of couples in rural parts (Merli & Smith, 2002). The population movement from rural to urban areas has notably affected traditional culture in rural China. Combined with the decline of the traditional Chinese extended family, rural China, like urban China, is experiencing the loss of social control over the younger generation at a time in which more liberal attitudes toward sexual behavior has promoted increased premarital sex (cf. also Higgins et al., 2002). Studies examining the sexual behavior of students in urban parts show that safe sex practices are largely uncommon (Wong & Tang, 2001). In rural settings, educational levels are lower as is contraceptive use. Consequently, unmarried women in rural areas are less familiar with the health risks associated with unprotected

¹ Men's average age has remained unchanged at 25.1 years of age.

intercourse and have much higher rates of unwanted pregnancies and induced abortion relative to those living in urban areas (Tu, Lou, Tao, & Gao, 1998).

Unique cultural norms in operation in rural parts of China make it considerably easier for young couples to engage in premarital sex there. Although premarital sex was an absolute social taboo prior to the 1970s, these norms began to loosen up thereafter when a new social practice among young engaged couples emerged that opened the door to premarital sex. Beginning in the 1970s, it became customary for young, soon-to-be-married couples to travel to nearby cities to take their engagement photos and to make the requisite purchases in preparation for their new households. Young couples usually stayed in hotel rooms for several days without any normative sanction, free to experiment with sexual activity prior to their wedding night (Yan, 2003). This practice represents a radical change from the 1950s and 1960s when young couples were only allowed to visit each other a few times before their wedding day and only under the watchful eyes of their elders. Since the 1990s, most young couples have been able to engage in premarital sex right at home provided the young couple is engaged. While bridal virginity was highly prized prior to the 1970s, Chinese villagers now have a more liberal attitude toward sex and sexuality. This remarkable shift away from traditional custom led to a surge in premarital sex among engaged couples. A survey conducted in a south-west rural area of China shows that young couples living in the homes of their parents in a marriage-like relationship may simply be responding to legal restrictions mandating the minimum age at marriage (Luo, Wu, Chen, & Li, 1999). In China, the legal age at marriage is 20 for women and 22 for men. Viewed in this light, the rise in cohabitation may represent a replacement of 'early marriage' necessitated by marriage laws that drive unmarried young people to live together while they wait to reach the legal age for marriage.

The increased prevalence of cohabitation is has important social consequences. Young cohabiting women are often too embarrassed to obtain contraceptives and may otherwise have no access to modern contraceptive methods. It can be expected that pregnancy and subsequent abortions are unavoidable since having a child out-of-marriage is unacceptable. Abortion is often the only solution to premarital pregnancy since Chinese family planning policy not only mandates the legal ages at which young people can marry and but also when women can give birth. Women getting pregnant under the age of 20 are restricted from getting married and therefore have little choice but to terminate the pregnancy. As a result, higher rates of premarital sex and low rates of contraceptive use leads to an increase in induced abortion among the unmarried in China in particular in rural areas (Zheng, Zhou, Zheng, Yang, Zhao, Lou, & Zhao, 2001). In addition to increased rates of induced abortion, there is an upsurge in the incidence of sexually transmitted diseases (STDs) in China and HIV infection is spreading rapidly (Gill, 1994; Chen, Gong, Liang, & Zhang, 2000; Kaufman & Jing, 2002). The sexual behaviors of young rural residents place them at risk of infection. More research is needed to understand this behavior and the normative context driving it. This paper aims at addressing this research gap.

Adolescent sexual behavior and its determinants is very much an under-researched area in China (Mundigo & Indriso, 1999). This is most likely attributable to the fact that prior to the 1980s, any discussion of sexuality was publicly taboo. Prior to the 1980s, contraceptive information was only provided to married women and sex education was largely limited to official government pamphlets. After 1984, the year in which the first HIV diagnosis was

confirmed, sex education began to receive strong state support. While massive information campaigns, particularly in urban centers, were launched to alter sexual behavior and to contain the spread of AIDS, prevention efforts have been complicated by a number of factors. Impeded by social norms on sexuality, sex education literature does not always provide the necessary information for informed sexual behavior nor does it consistently reach the population groups most in need of the material. Improvements to such campaigns are hampered by the persistent view that too much sex education might encourage sexual permissiveness (cf. also Higgins et al., 2002). Studies addressing sexual knowledge, attitudes, and practices of young people in China have shown that increasingly more Chinese adolescents approve of premarital sex and engage in sexual activities, but that they lack basic sex and contraceptive knowledge and self-protection skills (cf. also Zhang et al., 1999; Zhang, 1997). Studies examining the effectiveness of school-based sex education programs have found that they have succeeded in increasing students' knowledge about sexual and reproductive health both at the high school (Chen & Ye, 1997; Zheng, Yi, & Yang, 2002) and college (Gao, Lu, Shi, Sun, & Cai, 2001) level of education. However, few studies (but see Lou, Wang, Shen, & Gao, 2004) measure the efficacy of sex education program in influencing sexual behavior patterns in China and even fewer studies to date speak to the causes of sexual initiation among Chinese adolescents.

Pornography in the form of pornographic videos, books, and magazines plays an important role in shaping teen sexuality in China. China's increased openness to Western culture has resulted in the influx of pornographic videos and materials whose consumers include young and old alike. While this trend has been examined recently (Wang, Huang, & Wang, 2000; Li, Li, Zhang, & Wang, 1999), quantifying the availability and increased consumption of pornographic materials is not the same as knowing how Chinese youth use or make sense of this form of media. Pornography and other forms of mass media becoming increasingly available to Chinese youth constitute a "tool kit" of sexual scripts that youth may rely on to navigate their emerging sexuality (Steele, 1999). The influx and increased penetration of pornography in Chinese markets combined with low levels of education and less effective sex education programs in rural areas harbor the risk of encouraging risky sexual behaviors among unknowing adolescents. According to one study, approximately 70% of students learned about sex mostly from books and magazines, while only 7% gained knowledge from school sex education classes (Zheng, 1997). Easy to read and possibly more entertaining, pornographic materials easily fill the vacuum in accurate information on sex and sexual hygiene, particularly in rural settings where literacy and educational levels are lower.

This article contributes to our understanding of reasons for engaging in first intercourse and in risky sexual behavior among Chinese youths in rural settings.² We address the following questions: What are the factors that affect the decision to either delay or hasten the initiation of sexual intercourse among young unmarried Chinese women living in a rural district in China? What forms of birth control do they use and what are the determinants of

² The interviews took place in one of the six rural districts outside of Shanghai (Songjiang district). While Songjiang is officially classified as a rural district, due to its proximity to Shanghai, it is not as rural as other districts in China. The results presented here may not be representative of areas in China that are notably more rural.

their use? What level of awareness do sexually active women in rural parts of China have about their fertility and risk of STDs? What reproductive health problems have they had? We use in-depth interviews and focus group discussions to explore personal behavioral patterns and cognitive justifications and to identify prevailing norms, attitudes and general observations regarding sexual behavior and reproductive choices.

Methods

Subjects

As a part of a World Health Organization (WHO) project, qualitative research methods were applied to gather information on premarital sexual behaviors, social norms, and traditional customs among young, rural Chinese women.³ In-depth interviews were conducted with forty young women aged 17 to 23 living in two townships in the district of Songjiang located forty kilometers outside of downtown Shanghai. The majority of the women interviewed only have a high school education and only a quarter of them completed a technical school degree. While most research on Chinese sexual behavior is based on educated populations living in urban areas such as on students living in Hong Kong or Beijing, the research presented here draws on a sample of minimally educated women living in a rural district southwest of Shanghai. Songjiang district was originally categorized as a rural county but changed its designation to become a district in February 1998 due to its proximity to Shanghai and related social and economical development. According to the Shanghai Fifth Annual Population Census, approximately 500,000 people reside in this area. Of these, 67% register their household as agricultural, but most actually work in non-agricultural occupations. The majority of population have a primary school or high school-level education, and about 7% population are literate or semi-literate. Government family planning policy is strictly enforced here. The total fertility rate (TFR) of Songjiang district was 0.87 in 2002.

Because of the difficulty of identifying sexually active women, it was decided to draw on a sample of women who had experienced an unwanted pregnancy and had terminated that pregnancy.⁴ It was hoped that this sample of women would be the source of particularly rich information on premarital sexual behavior. A convenience sample of young women who had previously undergone induced abortion was compiled with the help of a baseline survey⁵ and key informants including local health service providers. The baseline survey was conducted in May 2000 as a part of a separate community-based intervention study in which 2,227 singles ages 15 to 24 living in two separate townships in a rural district outside

³ The project was entitled "A Community-based Intervention Study on Sex/Reproductive Health Education and Services among Unmarried Young Adults in Shanghai Aged 15-24".

⁴ Initial attempts to compile a co-ed sample met resistance when potential male subjects appeared to lack the necessary cooperation. Some of the male youths did not admit to having had premarital sex despite available information about their girlfriend's induced abortion. Some of them even said they had 20 girlfriends. Restricting the analysis to women is not a loss of information, however, since by interviewing females we can also get some information on their partner's sexual behaviors.

⁵ Previous research relying on data on the baseline survey has reported a high level of accuracy in reporting abortion among respondents (Merli & Raftery, 2000). This accuracy reduces the level of selection bias in the sample of women with a history of abortion recruited through the baseline survey.

of Shanghai responded to a survey on sex education and reproductive services. Information gathered in the survey was used to locate twenty female program participants who had experienced induced abortion sometime in the previous three years. Twelve health service providers at the village and township level helped to identify twenty-two additional adolescent women on a rolling basis. For twelve months beginning in December 2000, health service providers were asked every three months to identify local women who had undergone induced abortion over the past few months. They had access to this information since parents of the adolescent women usually consulted local health service providers before bringing their daughters in to have an abortion in local hospitals. In order to gain access to the forty-two identified women, interviewers attended peer group discussions and approached the women to request their participation in in-depth interviews. Health service providers organized the meetings to facilitate the delivery of information on the risks of unprotected intercourse. They personally invited the forty-two women known to have had a recent abortion. Once at the peer group discussion, participants were invited by a research assistant to participate in this study. We initially enrolled 42 young women and 40 completed the interview.

Caution must be exercised in making generalizations from the results of the qualitative interviews since the research draws on a small, convenience sample of women in on rural district in China. Our choice of qualitative data-collection methods was based on earlier work that suggested that these issues were too subtle and complicated to be adequately explored using standard survey techniques (Wang, Lou, Shen, Gao, & Tu, 2002). It should be noted that this research does not attempt to determine precise population prevalence of particular attitudes and behaviors, but rather to attempt to probe them in some depth. We allowed the participants to explain matters from their own perspectives by adapting probes to the particular line of conversation rather than using a predetermined format.

Interview Methods

Once the women were identified, in-depth, semi-structured interviews were scheduled to take place in the two towns in which the baseline interview was conducted. All interviews took place in the counseling rooms of the family planning clinics in these towns. To facilitate cooperation, program participants were paid the equivalent of US \$10 upon completion of the interview. Most questions were open-ended to allow participants to speak freely and at length about intercourse initiation and subsequent sexual behaviors. At the start of the interview, the interviewer explained how the project fit into the larger research program and emphasized its exploratory nature. All women were asked the same core set of questions, but not all questions were asked in the same order. The detailed accounts of the respondents allowed us to collect a wealth of data rich in subjective interpretations and experiences. While respondents were encouraged to speak freely, care was taken to ensure that every interview solicited information about the same categories of their sexual histories. The interview schedule used to interview the women gathered general information such as age, education, occupation, and income, and probed retrospective information on sexual activity including first intercourse, subsequent sexual activity, use of contraception, risky sexual practices, reproductive health consequences, and the use of sexual health services. A list of the questions used in the interview can be found in the Appendix. Interviews averaged between 90 to 120 minutes. After the interview, interviewees completed a semi-structured questionnaire. Two participants refused to provide information in the

private face-to-face interviews and did not complete the questionnaire.⁶ The interviews were professionally transcribed yielding over 100 pages of interview transcripts. All participants were assigned pseudonyms to maintain confidentiality.

Additional information on general socio-cultural issues, traditional customs, reproductive health problems, and reproductive health services was gathered through interviews with six key informants and from individuals participating in six focus groups. The key informants included two local family planning leaders from the community and four family planning workers selected for their prominent role in the provision of health care in the community. Six focus group discussions (three for males and three for females) comprising of seven participants each were conducted among sexually active, out-of-school youths who had been residing in the area for more than one year. These discussions were useful in gathering general information on attitudes towards premarital sex, cohabitation, marriage, and abortion.

We had initially anticipated that some individuals in the focus groups would have difficulty expressing their views on sexuality with relative strangers. We were surprised to discover that very few actually expressed any such discomfort, and that women as well as men appeared to be at ease with interviewers. Background differences had little impact on their willingness to express personal opinions on sexual behavior. Opinions within the group were quite heterogeneous on some issues, but the participants were careful not to condemn others with whom they disagreed even when strong and contrary views were aired.

Results

Sexual Debut

One focus of the study is on the context in which young women in rural China engage in premarital sex for the first time. All of the young women in the sample were selected because of known sexual activity as indicated by a history of induced abortion. Given that all of the women experienced an unwanted pregnancy, a second focus is on the reasons for engaging in unprotected sex. Most of the young, Chinese women taking part in the study were unprepared for their first sexual encounter and, as a result, engaged in unprotected sex. Interviews with young, unmarried Chinese women living in rural settings outside of Shanghai who had undergone induced abortion reveal that their sexual debut typically occurred between the ages of 17 and 20 (Table 1). Most of the sampled women (35 of the 40) indicated that their first sexual encounter took place in the privacy of their parents' homes or in their partners' homes. The event was usually one of mutual consent since 70% said that both they and their partners had been equally willing. Only 7.5% reported that first intercourse had been forced. Despite mutual consent, 32.5% said they regret having had first intercourse with their partners at that time. In the interviews, many women expressed regret stating that they had lost their virginity to someone who did not deserve it. Moreover, women's first sexual encounter was usually unplanned with most women (83%) reporting that first intercourse happened unexpectedly. First sexual encounters were usually casual with only 15% of the sampled women stating that they had marriage in mind at the time and

⁶ These women denied their experience of induced abortion, which is inconsistent with the information provided by our informants, and refused to participate. Despite their unwillingness to cooperate, they did provide information on sex knowledge source.

with more than half describing their first intercourse as a matter of a casual friendship. Nevertheless, male sexual partners tend to be older and employed, that is they tend to have profiles consistent with that typically sought in a spouse (cf. also Higgins et al., 2002). Only two women had their first encounter with a married man.

The use of contraceptives at sexual debut is infrequent, a pattern that persists even after first intercourse (Table 2). Only 28% of sampled females used contraceptive measures during their first sexual experience and, of those, about half used less effective methods such as the withdrawal or rhythm methods. Unsafe sexual practices appear not to be attributable to the lack of knowledge about contraceptives, however, since most of the women (85%) reported having used contraceptives at least once. Nevertheless, contraceptive use is uncommon among these women with only 13% reporting its use on a regular basis. Despite infrequent use of contraceptives and, in particular, of the condom, 68% of sampled women indicated that they were unconcerned about contracting HIV/AIDS or other sexually transmitted diseases through sexual intercourse.

Based on our interviews, it was discovered that there are expected as well as unexpected factors influencing the decision to engage in sex for the first time. Among the expected factors are curiosity and women's desire to prove their love to their boyfriends. Unexpected was the important role that pornographic videos and parents play in encouraging sexual initiation. There has been some research demonstrating the proliferation of pornographic videos in China (cf. also Wang et al., 2000; Li et al., 1999). Nevertheless, this literature does not consider the role that this market penetration has on promoting sexual initiation and unsafe sexual practices among Chinese youth. While unexpected, the results on pornographic videos are hardly surprising. In contrast, parents, and in particular, mothers often play the opposite role than expected. Contrary to the literature that emphasizes the positive role that parents play in delaying sexual initiation and educating youth about methods of contraception and safe sexual practices, our interviews reveal that parents in rural settings often encourage their unmarried daughters to engage in premarital sex in their homes. They do this by encouraging their daughters' boyfriends to stay overnight and by permitting and encouraging premarital cohabitation in their home. Mothers help set the stage for their daughters' first sexual encounter, without, however providing their daughters with the requisite information to make an informed decision or to take precautions to avoid a pregnancy or STDs.

1) Pornographic Movies and First Sexual Experiences

To gain information on the opposite sex and sexual intercourse more specifically, many Chinese youth turn to pornographic magazines and videos. Pornographic films represent an increasingly popular form of entertainment among Chinese youth living in rural settings. A study conducted in Shanghai showed 41.5% of college students have watched porn videos and movies (cf. also Wang et al., 2000). Another study conducted in Beijing indicated that pornographic publications and videos are salient factors that influence adolescent premarital sex (cf. also Li et al., 1999). Our research revealed that young women frequently view pornographic videos in the company of their boyfriends and are eager to "try out" what they observe. This eagerness was expressed during the interviews with the sampled women on numerous occasions. In fact, 33 of the 40 women interviewed indicated that they either viewed pornographic videos or read pornographic magazines with classmates,

friends, or boyfriends. Viewing was often followed up by sexual experimentation.

“Zhang”, a 20-year old unemployed woman with a high school education, reported:

I started to watch porn magazines and videos when I was 15... After seeing these movies, I started thinking more and more about sex ...and started to imagine what sexual intercourse may feel like... When I was 15 and in the second year of my junior high school, I met a young businessman who was 20 years old. He was a tenant in my house. We dated each other for a month, and then, one midnight after we watched a porn video we had sex and that was my first time.

“Cui”, a 21 years old quality examiner with a polytechnical degree, reported a similar experience, watching her first pornographic video at age 15:

I found a [pornographic] video in my home, which I guess my parents watched. There were a lot of pornographic pictures of sexual intercourse when I viewed it. I couldn't help but watch it and then finally turned it off. Since I had boyfriend, we started watching porn videos together. I had my first intercourse after we finished a porn video in my room. ...Since then, we watch porn videos 2 to 3 times every month. They have pictures of oral sex, anal sex and sexual intercourse with several partners at a time. And after the video, we usually have sex. We actually learned different postures from the videos and have tried them out during sexual intercourse, to achieve full pleasure.

Pornographic videos also set the scene for sexual encounters between “Gao”, a nineteen years old blue-collar worker in an electronic factory, and her boyfriend.

My boyfriend borrowed porn videos from his friends and we watched them together at his room for about ten times. There were scenes with foreigners and Chinese having sex, and two men having oral sex and anal sex with one woman... We usually have sex when we watch porn videos. Actually, we like to imitate their sexual activities. We like to masturbate each other, have oral sex, anal sex and vaginal sex. We have a harmonious relationship. I don't care about how other people think about my sexual activities.

2) Tacit Approval and Active Encouragement: Parents' Role in Sexual Debut

Some parents suggested that their children's boyfriends or girlfriends should stay at their home overnight after they had been dating for a certain period of time. It is possible that parents thought the relationship would be formalized once the young couples slept together and that premarital sex would promote marriage. In interviews with family planning leaders, it was determined that it is not uncommon for parents to “push” young couples together by either overtly inviting dating partners to stay overnight or by discreetly turning a “blind eye” away from sexual activity in the home. In doing so, parents attempt to encourage their children to have a monogamous relationship with a person whom the parent hopes that their children will eventually marry. This behavior seemed to be quite common among our sample of women as well. Two out of every three (27 of the 40) women stated that their parents or their boyfriend's parents either encouraged or tacitly approved of their first sexual encounter. Others said they chose the time when their parents were not at home to initiate their first sexual experience or that they had their first sex when they were

traveling with their boyfriend. Regardless of where the first sexual encounter took place, most (35 of the 40) women indicated that they had cohabited with their boyfriend either at their parents' home or in their boyfriend's home sometime thereafter. The remaining five women indicated that while they did not cohabit, they regularly and freely engaged in sexual activity at their parents' or boyfriend's parents' home once to three times per week.

“Lei”, a twenty-three year old blue-collar worker with a polytechnic degree recalled:

One day, my boyfriend's parents invited me to dinner. It was very late when dinner was finished. It was snowing and the weather was very cold. His parents asked me to stay at their home over night. I came to my boyfriend's room. Naturally, it happened between us. At first, we were very embarrassed to go in the bed, and we stayed up very late that night. At the midnight, he began to encourage me to have sex with him. I worried about pregnancy, but since I was in his room all night, it happened naturally.

“Chen” was also encouraged by her boyfriend's family to stay overnight and, based on her description of the experience, could express her affections quite openly there. She had only begun dating her boyfriend two weeks earlier. She recalled:

One day I was visiting him in his home. Suddenly it began to rain heavily. His parents asked me to stay, and I agreed. Naturally, I had sexual intercourse with my boyfriend. It began with my boyfriend touching my breast and my private part. I was really stimulated by his heavy petting and I just couldn't help but kiss him and touch his private part. We took off our clothes and had intimate contact on the sofa.... Finally, we moved to the bed and my boyfriend used a condom before he penetrated... We had sex for a second time in my room one week later. My parents asked my boyfriend to stay overnight... I think cohabitation among young people is a very normal phenomenon today.

One month later, the young couple began to live together in both families' homes.

Many of the young women interviewed provided detailed accounts of how they felt pushed into have sexual intercourse by a parent. The parent could be the boyfriend's mother, but more frequently, it was the young woman's own mother. Nineteen-year-old “Fang”, a blue-collar worker at a local electronic company was seventeen at the time of her sexual debut and had just recently began dating her boyfriend only three weeks earlier:

One day, my boyfriend was visiting me at my house. My mom told me to persuade him to stay overnight. I was curious about sex and wanted to try sex out. Later it happened naturally. You know, all my family was satisfied with my boyfriend. But I felt like I had lost something afterwards. I worried that he only wanted to have sex with me, but didn't really love me. I felt he would treat me bad in the future because he may think that I am a cheap girl.

“Zhai”, a twenty-two year old blue-collar worker with a technical degree had a similar experience. She had first boyfriend when she was nineteen and six months later she had sexual intercourse with him for the first time:

One evening, my boyfriend was visiting me in my home. My parents asked him to stay overnight. They said, "it is too late, you need to stay here for the night." Initially, I did not agree with my parents. But my parents said, "let your boyfriend make the decision. If he wants stay, he can stay. If he does not, he can just go." Then my boyfriend watched TV in my room, and he approached me and touched and fondled me. I could anticipate what would happen, so I tried to stop him. But he did not listen to me. Later I was obedient to him, and it just happened. I was hesitating because I thought this is not the right time and we did not have a solid relationship at that time...I worried about getting pregnant, and asked him to buy contraceptives. But he said that sex one time couldn't make your get pregnant. Two weeks later, we started to live together in my room.

Even when parents do not "arrange" the first sexual encounter, they often have their hand in encouraging future sexual encounters by allowing members of the opposite sex to stay overnight and by permitting cohabitation.

"Liu" had her first sexual encounter when she was sixteen after she and her boyfriend had been dating for three months. She recalled:

We were just friends when it happened. My boyfriend brought me to his parents' house one day. His parents were away at his grandmother's house. He asked me to stay with him. I was curious about sex and somewhat expected what was going to happen to me. I felt very nervous at the beginning since I knew nothing about sex...I thought kissing could make women pregnant. One week later, we had sex a second time and started to cohabit at my family's house. Three months after living together, I had an abortion and the doctor installed an IUD to prevent another pregnancy. We broke up after living together for two years because his parents opposed our marriage.

The unexpected, but important role that parents' play in encouraging their children to engage in premarital sex points to the need to include not only China's youth but also their parents into programs promoting sex education and safe sex. Further research is needed to investigate whether this phenomenon is more typical in rural areas where the emphasis on reproductive roles is more pronounced. It is possible that these parents very clearly recognize the dilemma they face. On the one hand, premarital sex has become increasingly commonplace and parents assume that they cannot stop their children's early sexual behavior. On the other hand, parents worry that this sexual behavior will not lead to marriage, but rather to multiple sex partners and 'promiscuous' sexual activity. Under these circumstances, parents may promote cohabitation among young people once they are satisfied with their children's mates in the hopes that the relationship will stabilize and lead to marriage. Cohabitation is more common in rural Shanghai due to the custom of engagement (cf. also Tu et al., 1998). In the rural parts of Shanghai, formal engagement universally precedes marriage. Most engaged couples are under the legal age for marriage, which in China is age 22 for males and age 20 for females. Not yet "of age", young, engaged couples frequently find themselves living in their parents' homes with the blessings of relatives and friends. Because this arrangement is expressly condoned, persons who have cohabited are more likely to speak freely about the experience. This practice may have the benefit of reducing the number of sexual partners despite earlier sexual initiation.

Unfortunately, however, many of the young women who enter into a sexual relationship in this manner are then unprepared and at greater risk of pregnancy or contracting STDs. Induced abortion and negative health outcomes are then the natural consequences. And many of these relationships do not lead to marriage.

3) Sexual Compliance and Coercion: The Need for Negotiation Skills and Preparation

Female youths often lack basic negotiation skills to refuse their boyfriends' sexual advances and end up pandering to their boyfriends by having sexual intercourse. Very often women are simply sexually "compliant" in that they consciously put their boyfriend's sexual desires ahead of their own and willingly engage in unwanted sex (Impett & Peplau, 2003). Many of the young Chinese women who were interviewed described how they had felt worried that their boyfriends would waver in their affections if they did not have sex. Women described how sexual intercourse was a sign of their love, of another level of maturity that their relationships had reached, and as a kind of insurance to keep their boyfriends. They seemed to think that their relationship would be solidified once they had sexual intercourse with their boyfriends.⁷

"Sun", a twenty-one year old seamstress fell in love with her boyfriend when she was 18, and had sex with him for the first time at her parent's home after dating him for six months.

It was like a natural process. My boyfriend started to stay in my room overnight after we had been dating for several months. My parents knew about this, and told me to use condoms. On the first night, I felt very embarrassed and we did not have sex. On the second night we watched a porn video. We were stimulated by the film, and my boyfriend wanted to have sex with me. He kept saying sweet words to me. Finally we had sex that night...I liked him and thought we could be a perfect match. I hoped to marry him in the future. In addition, I thought the possibility of marriage would become bigger once I had sex with him...Several days later, we had sex for a second time and then we started to live together in my parents home, sometimes at his parents' home.

"Zhao" was not as interested in marriage as Sun at the time she decided to engage in sex for the first time, but felt that sex would improve the relationship.

I was visiting him at his house that day. We watched television for a while. Then we kissed, embraced and began to get into heavy petting. Finally we got into sex---I did not think I would marry him at that time. I only thought he had been my boyfriend for half a year, it would influence our affection if there was no sexual relation between us." ...No reasons for first sex--- I just liked him and it happened naturally.

A few of the young women reported that they had been more forcibly coerced into sexual

⁷ Women who in the unstructured interviews described behaviors indicative of sexual compliance indicated in the semi-structured questionnaire that both they and their partners had been equally willing and that the experience was based on mutual consent. Thus, the in-depth interviews provided women the opportunity to express a range of understanding about sexual compliance during first coitus that could not be captured by the closed-ended classification provided by the written questionnaire.

intercourse, that is, that their boyfriends had used pressure to convince or force them into having sexual contact with them against their will.

“Gong”, a twenty-one year old blue-collar worker gave this account:

Because my boyfriend was not born in Shanghai, my parents opposed our relationship. They asked somebody to introduce me to a new boyfriend. My boyfriend was worried and thought I would leave him. He wanted me to have sex with him to prove I loved him. Under this circumstance, I decided to give up my virginity to him to express my faithful love.

At her first sexual encounter, “Huang”, now a twenty-one year old electronics factory worker, felt forced into sex and later regretted the encounter:

My boyfriend asked me for sex. But I felt conflicted in my own mind. On the one hand, I love him and wanted to have sex with him. On the other hand, we had only known each other for three weeks, so our relationship was not solid. Finally, he persuaded me and forced me a little into sex. After that, we had sexual intercourse every two or three days in his room or in my room. We maintained our relationship for about a year, and then we broke up because of a big difference in our personalities...Now, I think that my first sexual intercourse was too early. I regret having given up my virginity to him. It was worthless.

“Shen” had sex for the first time two years previously when she was eighteen and also felt unable to refuse her boyfriend’s sexual advances.

At the beginning, I was very shy. But he persuaded me and said he would marry me, and I felt it did not matter to have sex. What is more, he was very strong; I couldn’t stop him. After that, I told him that I was worried about getting pregnant. He said ‘you could just have an abortion in the hospital if you are pregnant.’ I was sad with his answer. He just thought about his own pleasure, and did not care much about me.

In sum, most of the young Chinese women we interviewed clearly lacked negotiation and refusal skills for a truly consensual first sexual encounter. Faced with persuasive boyfriends and well-meaning parents who sought to prod them into their bedroom chambers, many young, unmarried Chinese women feel that they had no choice but to comply and to engage in sex with their boyfriends, even after only short dating periods. As a result, young women engaging in sex for the first time may not be emotionally prepared and very often fail to take measures to prevent pregnancy or to avoid STDs. Western pornography often precedes the event, and helps the couple to “loosen up” a bit, but brings with it its own dangers. Practicing sex under the stimulation of pornographic videos and magazines, young Chinese couples simulate risky sexual behaviors they observe. Although many of the women interviewed worried about premarital pregnancy, the use of contraceptives is sporadic at best. None of the women worried about contracting STDs from their boyfriends and none of the women seemed to be aware of the reproductive health risks associated with certain sexual behaviors emulated from the videos. Risky behavior practiced at first intercourse continued at subsequent sexual encounters. After

approximately two months, dating turned into cohabitation, but with little change in sexual practices or contraceptive use. Resulting pregnancies were terminated. Even couples that had planned to get married in the event of an “unexpected” pregnancy ended up terminating the pregnancy. And when cohabiting youths break up, they often quickly begin sexual relations with a new boyfriend or girlfriend. These sexual behaviors do not bode well from a public health perspective.

While rural Chinese parents seem to play a determining role in launching the sexual debut of their offspring, they provide little to no accurate information about safe sexual practices. Most of the women interviewed reported being too embarrassed to speak with their parents about sex. When parents did take the lead, there was no guarantee that the information would be accurate or useful. For example, one woman reported that her mother instructed her to use a condom and not to engage in too much sex with her boyfriend. In a rapidly changing normative environment in which there is a pronounced greater acceptance of premarital sexual activities but an information void on safe sex practices, many young couples turn to pornography to learn techniques and positions and scoff the sex education courses they had in school that focused on developing body parts.

Contraceptive use

General sex education for adolescent has been put in place in Shanghai since 1986. It remains ineffectual in changing sexual behaviors, however since it focuses on sexual development in adolescence and is devoid of any discussion of contraceptive use and safe sex practices. Likewise, contraceptive services in the Chinese family planning (FP) program do not reach the unmarried, including those in the rural areas of China, where unmarried couples may be more likely to cohabit. As a result, sexually active youth and cohabiting couples do not have access to the information and contraceptive services they need to prevent unwanted pregnancies and abortions (cf. also Tu et al., 1998). Discussions with the various focus groups also confirmed that sex education courses offered in school clearly do not fill the information void. There was an overwhelming consensus that these courses focus on the physiological aspects of sexual development and do not cover contraceptive choices or dating relationships. Young people, who cannot get the sex-related knowledge they need from textbooks, turn to pornographic videos. In focus group discussion, many young Chinese indicated that pornographic videos were their main source of sex education.

Given the absence of accurate information on safe sex practices, it is not surprising that of the forty women interviewed, less than one third (11 of the forty) had taken some precaution to avoid getting pregnancy and that only one-sixth (6 of 40) had used a modern contraceptive measure (condom or pill) the first time they engaged in sex (Table 2). Subsequent risky sexual behaviors continued throughout the course of relationships. Only five of the women interviewed reported the regular use of contraceptives. When contraceptives are used, condoms have the widest use (74%). But unfortunately, while the method of choice, condoms are used only sporadically. Sexually active youth also express a preference for more traditional methods, such as the withdrawal (42%) and rhythm (23%) methods which tend to be used instead of condoms, such as when male partners express a dislike for this form of birth control. Not surprisingly, sporadic contraceptive use and ineffective contraceptive preferences are the main reasons for unwanted pregnancy among unmarried youths in China. Nevertheless, relatively few think they are at risk of unwanted

pregnancy and few even consider STDs. Awareness of safe sex practices seems to be superficial, and misinformation regarding the risks and consequences of unsafe sex is widespread. Common misconceptions include, “First sexual intercourse can not lead to pregnancy” or “Using contraceptives can cause diseases.” Some of the young women insisted that it was “just bad luck” to get pregnant. There is a clear disdain for condoms that were thought to reduce sexual pleasure. And the Pill is thought to cause freckling or weight gain.

The lack of preparation and inability to negotiate sexual activity and contraceptive use are notable barriers to contraceptive use. From the focus group discussions and in-depth interviews, it became clear that for many Chinese youth, getting contraceptives was not as difficult as actually using contraceptives. Condoms appear to be freely available from the local family planning clinic and pharmacies. Condoms are available from friends and classmates. Fifteen of the women interviewed stated that their mother had provided them with condoms. Despite the availability of contraceptives, behavior patterns and situational constraints prevent their use. Sexual initiation is usually unplanned and spontaneous. Sexual encounters thereafter continue without the use of contraceptives with many young women wanting to please partners who do not want to use contraceptives. Many women only start to use contraceptives after they experience an induced abortion. The form of birth control favored after an abortion is the IUD, a method that may be most successful because it does not rely on the negotiation skills of young women. Of the forty women interviewed, thirteen had an IUD installed subsequent to an abortion. As will be discussed later, while IUDs provide highly effective protection from pregnancy, they carry with them serious side effects and do little to protect women from STDs. These results suggest the importance of building refusal and negotiation skills in sex education curricula with an emphasis on how to refuse unwanted sex, insist on condom use, and assert oneself in decisions on sexual initiation, contraceptive use, and pregnancy.

“Cui” did not use contraceptives at her first sexual intercourse due to misconceptions about her ability to get pregnant. To please her boyfriend, she continued to use contraceptives only irregularly in subsequent sexual encounters switching between condoms, withdrawal and the rhythm method. After her abortion, the doctor installed an IUD to prevent future unplanned pregnancies. She explained.

It happened unexpectedly, and we never thought of using contraceptives. Even though we had condoms on hand at the time, we did not use them because my boyfriend told me that you couldn't get pregnant the first time you have sex.

“Lei's” contraceptive practices were also influenced by misconceptions and false hopes. She did not use any contraceptives at her first sexual intercourse and continued not to use birth control thereafter, even after she began to live together with her boyfriend. She got pregnant after three months of cohabitation. She justified her behavior by arguing:

In most cases, people do not use contraceptives the first time they have sex because it happens unexpectedly. No one will take the time to prepare a condom when they are having sex the first time. Also, I thought that you cannot get pregnant the first time you have sex, and that you can not

be that lucky to get pregnant so easily... My friend told me that using the Pill will make you sick, and that using condoms reduces sexual pleasure. Anyway, if I get pregnant, my boyfriend and I thought we could go to the marriage registration office and get married.

But Lei had miscalculated. Both she and her boyfriend were under the legal age to get married. She was compelled to have an abortion, despite a strong desire to carry the baby to term. After the abortion, the doctor installed an IUD and she continued to live with her boyfriend in her bedroom of her parents' house.

To please her boyfriend, "Zhang" was reluctant to insist on the use of condoms and relied on less effective methods instead. After only three months, she had an abortion. She explained:

I only used condom two or three times during the one year that I lived with my boyfriend...The main reason I was so inconsistent is because condoms reduce sexual pleasure. So, sometimes we had sexual intercourse when it was safe to do so [rhythm method]. My boyfriend thinks using a condom is inconvenient and he is too lazy to use it.

Like most of the women interviewed, "Lin", a twenty-two year old office worker did not favor condom use because how it "felt", and was reluctant to rely on other measures because of possible side effects.

I've used condom sometimes. I never use the Pill because they have bad side effects like causing freckles in my face and making me gain weight. But using condom makes me feel like there is a diaphragm in between. It really affects the feeling...Sometimes I'm cool-headed and ask my boyfriend to use condom when he is just about to come.

"Sun" faced a similar dilemma, not wanting to use condoms because of her boyfriend, but also not wanting to use other methods because of their presumed side effects. She turned to more "creative" methods to prevent a pregnancy. They were ineffective and she had an induced abortion after living with my boyfriend for about 4 months.

I used the Pill for two or three months when I first started dating my boyfriend. But my friend told me that contraceptives have bad side effects, so I stopped using them and shifted to condoms and the withdrawal method. However, my boyfriend does not like condoms, so we had to use the withdrawal method most of the time. Also, my colleagues told me to squat on the toilet bowl immediately after sexual intercourse, so that the semen could flow out, and this would prevent pregnancy.

In all of the interviews, the critical role that male partners play in determining the use of effective birth control measures was readily apparent. In case after case, condom use was not introduced and pregnancy ensued shortly thereafter due to women's willingness to comply with their boyfriends' desire not to use condoms and misconceptions about other forms of birth control. This suggests the crucial role that young, unmarried males play in altering current contraceptive practices in rural China. Contraceptive knowledge should also be delivered to males when conducting sex education programs, to encourage them to

be responsible in their sexual relationships.

Consequences of unsafe sexual activity

As a result of unsafe sexual practices, young women not only got pregnant and had induced abortions, but many also developed symptoms of reproductive tract infections, such as pelvic and vaginal infection. Over half (22 of the 40) of the women interviewed described symptoms of reproductive tract infections, including foul smelling, sticky discharge, spotting, lower abdomen pains, and vaginal itching. Some of these cases may have developed as a result of unsafe sexual practices. Young women such as “Chen”, “Lin”, and others indicated that they regularly engaged in vaginal and anal sex simultaneously without precautionary cleansings. Unfortunately, these couples were simply imitating what they had observed in pornographic videos.

Another consequence of unsafe sex was less expected. The installation of the IUD after an abortion appears to be quite common in China and is an additional source of discomfort among many of the women interviewed.⁸ Studies have shown that the IUD is contraindicated in adolescents and in women who have never given birth, because of the possibilities of pelvic inflammation and related risks to fertility. Because of these risks, Western doctors do not typically recommend the IUD to women who have not had children. Instead, doctors usually view the condom or the diaphragm combined with spermicides as quite effective methods if used correctly. They have no deleterious side effects and provide protection against STDs making them optimal for adolescents (Sivin & Schmidt, 1987; Zhang, Feldblum, Chi, & Farr, 1992; Robertson, 1988; Graham & Simcock, 1982). In China, however, there appears to be very little discussion between doctor and patient about the side effects of IUDs. The women interviewed often describe having poor relationships with their gynecologists, many of whom look down on these women for having abortions and feel free to openly express these sentiments. Many of the women we interviewed complained of caused excessive bleeding during menstruation and irregular periods presumably due to the IUD they had inserted after their abortion. Because of poor communication, however, many of the symptoms go unchecked and untreated, thereby increasing the risk of infertility and infecundity in the future. All this points to the necessity of safe sex education for sexually active youths, especially, contraception and STD/HIV prevention, and help them to realize the serious health consequence of unprotected sexual behavior.

Discussion

In China today, a dramatic shift in sexual behaviors among adolescents coincides with the rapid spread of sexually transmitted diseases (STDs) including HIV/AIDS. Through in-depth interviews with women living in a rural district near Shanghai, our study demonstrated that sexually active youth in rural settings are particularly at risk because they are vulnerable to the misinformation propagated by pornographic materials, yet lack accurate information and the necessary skills to prevent unwanted pregnancies and STDs.

⁸ The use of IUDs in China has a long history. Yan (2003) reports that rural doctors regularly installed IUDs after the birth of the first child in women who still wished to have a second child under the less rigid one-child policy that allows families to have a second child after a designated waiting period if the first child is a girl (one-son-two-child policy).

The forty women who were interviewed as a part of this study demonstrated a general lack of understanding about STDs including HIV/AIDS and effective birth control measures to avoid unintended pregnancies and to protect themselves from diseases. Furthermore, even among women with a general understanding of basic birth control methods, their effective use was impeded by women's inability to assert their needs and wishes to their sexual partners. One of twelve women interviewed reported that their partners forced their sexual debut. Many others described their sexual debut in terms of a type of acquiescence in which they simply gave in to their boyfriends' desires, often regretting having done so later. To explore reasons for premarital sexual activity and to better understand this behavior socio-culturally, this study focused on sexual initiation among unmarried women, the context of coital and risk-taking behavior, and perceptions of risk vulnerability. In addition, consequences of unsafe sexual activities among unmarried youth who had induced abortion were also studied.

The study shows that many young women view pornographic videos in the company of their boyfriends or classmates to learn about sexual techniques before engaging in sex for the first time. The reliance on pornographic videos by Chinese adolescents reflects the failure of current school sex education program to emphasize contraceptive use and safe sex practices, including proper sexual hygiene. Relying on pornographic materials to gain sex-related knowledge can have detrimental consequences. Some women imitated risky and unsanitary sexual behaviors viewed in pornographic videos and contracted serious reproductive health problems. Watching these videos with friends often encouraged women to behave impulsively and to engage in sex for the first time without taking the appropriate precautions to prevent unwanted pregnancies and STDs. Finally, the pornographic videos that these youth view often presently highly stylized portrayals of women and men that encourage coercive sexual practices that demean and disempower women.

The home was the location of sexual debut for the overwhelming majority of unmarried youths in the study. Their subsequent sexual activities also primarily took place in parents' homes. This implies parents' attitudes to premarital sex have also become more liberal, with many parents tolerating their children's premarital sex and cohabitation in their homes. Parents' attitudes towards their children's premarital sex show a range of variation in approval levels. Some parents (in particular, mothers) encourage their daughters' boyfriends or their sons' girlfriends to stay overnight, permitting and even encouraging premarital cohabitation in their home, while others oppose it. The large number of women reporting their parents' encouragement of premarital sex was, at first unsettling, particularly because this behavior contradicts previous research on the positive effect of sexual communication between parents and adolescents on delaying sexual initiation (Clawson & Reese-Weber, 2003; Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003; DiClemente, Wingood, Crosby, Cobb, Harrington, & Davies, 2001) and on the highly conservative sexual attitudes of Asian immigrant parents living in Western countries (Okaszaki, 2002).

Parents who express tacit approval or who actively encourage their offspring to engage in sexual intercourse in their homes may do so because they face a dilemma surrounding youth sexual behavior. On the one hand, premarital sex has become an increasingly common practice and, given a situation of decreased social control, parents cannot stop their children's early sexual behavior. On the other hand, parents worry about the marriage

prospects and fertility of their offspring. Under these circumstances, parents may permit and even encourage their adolescent children to cohabit as a type of “trial marriage.” From the parents’ perspective, this arrangement has the convenience of decreasing the number of sex partners for their offspring. It also allows their children to “test” the virility and fertility of their partners to ensure continuation of the family lineage. This attitude was captured in the statements of the young women who were interviewed, all of whom described having been unconcerned about getting pregnant since they had felt that they could simply marry in the event of an “unexpected” pregnancy. While these are the attitudes of a biased sample of women living on one rural district whose unplanned pregnancies were terminated, its generalizability to rural China in general is corroborated by other research. In their demographic study of birth rates in 192 villages in four rural counties of China, Merli and Raftery (2002) found a high prevalence of births occurring only nine months after marriage. They explained this demographic anomaly by the tendency for births to be initiated premaritally.

Our biased sample of women with a history of induced abortion shows what can go wrong with this strategy and that practice can have serious implications for the spread of HIV/AIDS and other STDs. Cohabitation is no insurance for marriage and many cohabiting young couples break up after living together for a while. Shortly after breaking up, young couples go their separate ways, quickly forging new sexual relationships. Thus, parents’ approval regarding their children’s sexual behavior and cohabitation is problematic, suggesting the need to incorporate parents into sex education programs. Parents, especially mothers need to improve their knowledge of the health consequences of unsafe sexual activity and adolescent cohabitation so as to enable them more effectively communicate these risks to their adolescent children.

As demonstrated in the sex education literature, effective programs to reduce adolescent pregnancy and to increase effective contraceptive use must first determine the reasons for sexual risk-taking behaviors in order to select the appropriate program (Kirby, 2002). Among the forty rural women interviewed as a part of this study, there appears to be two basic reasons. First, a large part of the reason for risky sexual behavior is the general lack of knowledge about fertility, basic hygiene, and STDs among sexually active adolescent females. Second, among those women who have the requisite knowledge, the motivation to implement responsible and safer sexual practices is thwarted by external social factors. Women who feel coerced into having sex lack the appropriate negotiation and refusal skills necessary to prevent unwanted sexual advances and to avoid unprotected sexual intercourse. Well-meaning parents may also place women in a situation in which adolescents comply and engage in sex without being properly prepared. This tendency points to the need to design and implement family-based approaches to improve parent-adolescent sexual risk communication as one means of reducing sexual risk behaviors. All this speaks for the relevance of a multi-faceted sex-education curriculum. First, sex education courses must address the lack of sex-related knowledge by providing youth with accurate and uncensored information about sexual hygiene, birth control, and STD prevention. Second, sex education programs must solicit the participation of parents with the aim of increasing parents’ sex-related knowledge and motivation to discourage or stall their adolescent children from engaging in premarital sex. Programs strengthening family communication about sexual issues and behaviors to help prevent adolescent

pregnancy, HIV/AIDS, and other STDs should be especially promoted (Lederman & Mian, 2003). Third, sex education courses must address issues of coercion and other pressure tactics that lead youth to engage in sexual intercourse against their will. Finally, it is important that sex education programs enhance adolescents' negotiation and refusal skills by modeling situations requiring adolescents' decision-making, refusal, and resistance skills.

In general, the results of this study reveal that misconceptions and misinformation impair knowledge about pregnancy prevention and STDs in China, implying an urgent need to develop sex education programs about contraception and STD prevention among unmarried Chinese youth. Sex education programs should not, however, simply provide information, but should also focus on building decision-making and refusal skills among young women and on promoting male participation in contraceptive use and responsibility. To be effective, sex education programs should emphasize the risks of unwanted pregnancies including the possible complications of induced abortion. Parents should be invited to participate to enhance parent-adolescent sexual risk communication. Not implementing such a program could have serious consequences, not just for adolescents living in rural areas, but for urban dwellers as well. Since 1989, China has relaxed regulations on where people can seek employment and relocate. This has resulted in the influx of masses of peasants from rural areas. Relocating rural emigrants potentially pose a two-fold problem if appropriate sex education measures are not engaged. First, their erratic safe sex behaviors in settings with a higher prevalence of HIV/AIDS and other STDs expose them to greater risks after arriving in urban centers. Second, their sexual practices may actually help to accelerate HIV transmissions as HIV-infected persons from rural setting continue to engage in risky sexual practices in their destination urban centers. Therefore, emphasis must be placed on providing adolescents and their families the knowledge and skills they need to negotiate responsible sexual behavior.

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Appendix: Qualitative Interview Questions

In-depth interviews were conducted with forty young women aged 17 to 23 living in two rural townships outside of Shanghai. All interviews took place in counseling rooms of family planning clinics. At the start of the interview, the interviewer provided some general information about the project and the exploratory nature of the research. The list of core questions is listed below and served as a guideline to provide some structure to the open interview process. All women were asked the same questions, but not all questions were asked in the same order. While respondents were encouraged to speak freely, care was taken to ensure that every interview solicited information about the same categories of their sexual histories. The detailed accounts of the respondents were meticulously recorded and iteratively recoded for purposes of analysis.

Key questions:

1. Can you describe the experience of your first sexual intercourse? Describe the details of experience such as when it took place, where, why then, with whom, and how?
2. Why did you decide to engage in first intercourse with that particular partner? How did you feel about the relationship?
3. Did you use any method of contraception at your first sexual intercourse? How did you decide for or against using contraception?
4. How would you evaluate your first experience of sexual intercourse (then and later, emotionally and physically)? Did you give or receive any gifts afterwards?
5. Can you give a detailed account of your sexual history? Use of a time line indicating when relationships started, ended, their duration, their type, and feelings about them. What activities did you engage in or do you normally engage in? Oral sex? Anal sex? Vaginal sex? Masturbation?
6. Which forms of protection against pregnancy and STDs have you used - what, why, when and how was its use or non-use decided?
7. Have you ever pressured anyone into sexual intercourse? Have you ever been pressured by anyone into sexual intercourse?
8. In what proportion of episodes of sex have you used condoms and / or some other form of contraception? Reasons for engaging in unprotected sex?
9. To what extent do you worry about any risks involved with sex? Are you worried about getting pregnant? Are you worried about HIV specifically? Are you worried about other STDs?
10. Have you ever paid someone for sex? Have you ever been paid for sex?
11. How did you get pregnant? What happened? What did you do? How did you feel? How did other people react? Has it changed your behavior?
12. Have you ever had an STD or symptom (e.g., foul smelling or discolored discharge)? What happened? What did you do? How did you feel? Has it changed your behavior?

Table 1. Characteristics of First Sexual Intercourse Among a Sample of Unmarried Forty Women in Rural China

Characteristics of first sexual intercourse	n	%
Age at the first sexual intercourse (year)		
15 to 16	4	10.0
17 to 18	12	30.0
19 to 20	18	45.0
21 to 23	6	15.0
First partner		
Boyfriend	35	87.5
Stranger/relative/other (person who forced me)	3	7.5
One night stand	2	5.0
Age of sexual partner at first sexual intercourse		
20 or below	17	42.5
21 to 22	11	27.5
23 or older	10	25.0
Don't know	2	5.0
Location of first sexual intercourse		
Partner or own home	35	87.5
Others (dancing hall, rented room, etc)	5	12.5
First partner's marital status at start of relationship		
Single	38	95.0
Married	2	5.0
First partner's employment status at start of relationship		
Full time student	8	20.0
Working	30	75.0
Neither	2	5.0
Respondent was dating someone else simultaneously		
Yes	6	15.0
No	34	85.0
Nature of first relationship		
A casual friendship	22	55.0
A serious relationship but with no intention of marriage	12	30.0
An important relationship that might lead to marriage	6	15.0
Impetus of first sexual intercourse with penetration.		
I forced my partner to have intercourse against her/his will	0	0.0
I persuaded my partner to have intercourse	2	5.0
My partner persuaded me to have intercourse	7	17.5
My partner forced me to have intercourse	3	7.5
We were both equally willing	28	70.0
First intercourse was planned or unexpected		
Planned	7	17.5
Unexpected	33	82.5
Respondent regreted having intercourse on that first time		
Yes	13	32.5
No	27	67.5

Table 2 Contraceptive use and decision making among 40 unmarried female youth

Contraceptive use	No	%
Use of contraception during first sexual intercourse?		
Yes	11	27.5
No	29	72.5
Method used		
Condom	4	36.4
Pill	2	18.2
Withdrawal	3	27.3
Rhythm	2	18.2
Frequency of use of contraception		
Always	5	12.5
Sometimes	29	72.5
Never	6	15.0
Method usually used (multi-choice)		
Condom	26	76.5
Pill	6	17.6
Withdrawal	15	44.1
Safe period	8	23.5
Other (traditional, squat in bathroom)	4	11.8
Source of most frequently used form of contraception (multi-choice)		
Shop	3	8.8
Pharmacy	22	64.7
Family planning clinic/Health Center/Hospital	18	52.9
Private doctor/nurse/clinic	3	8.8
Friend	7	20.6
Mother	14	41.2
Whose decision to use contraception always/sometimes/never		
Female's decision	10	29.4
Partner's decision	4	11.8
Joint decision	26	76.5
How concerned about getting AIDS or other STD from partner		
Very concerned	7	17.5
Somewhat concerned	6	15.0
Not concerned	27	67.5