

# Distribution and Determinants of Sexuality among School Adolescents in the West Region of Cameroon

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## Abstract

**Objectives:** Adolescent sexuality is a growing public health concern. This study aimed to identify the determinants of the sexuality of adolescents attending school. **Materials and Methods:** Between April and September 2024, a cross-sectional and analytical study was conducted among adolescents aged 15 to 19 years enrolled in the third to final year of secondary school in six secondary schools in the West Cameroon region. A three-stage sampling method was used. Statistical analysis was performed using SPSS 23.0 software. Binary stepwise logistic regression was used to search for independent determinants associated with the sexuality of these adolescents. The significance level was 5%. **Results:** Out of 1776 pupils included, the prevalence of adolescent sexuality was 20.3%. The independent risk factors for this sexuality were age greater than or equal to 17 years (aOR: 1.84 [1.26 - 2.70]; p = 0.002) and male sex (aOR: 1.44 [1.01 - 2.04]; p = 0.042) in biological terms. At the behavioural level, it was frequenting bars/snack bars (aOR: 4.60 [3.05 - 6.93]; p < 0.001), nightclubs (aOR: 3.32 [2.20 - 5.02]; p < 0.001) and watching erotic television programmes (aOR: 2.90 [1.99 - 4.22]; p < 0.001). Socially speaking, this sexuality was favoured by living alone (aOR: 7.31 [2.61 - 20.48]; p < 0.001) and having a boyfriend (aOR: 10.10 [6.82 - 14.94]; p < 0.001). Among the economic determinants, adolescents who received family advice on sexuality (aOR: 0.63 [0.43 - 0.92]; p = 0.019) as well as those with parental control of their relationships with the opposite sex (aOR: 0.68 [0.47 - 0.96]; p = 0.033), were less likely to initiate sexual activity, while adolescents who discussed sexuality with their opposite-sex peers were at greater risk (aOR: 2.16 [1.49 - 3.12]; p < 0.001). **Conclusion:** Adolescents attending school in the West Cameroon region are frequently sexually active. This sexuality is influenced by biological, behav-

ournal, social and economic factors.

## Keywords

Distribution, Determinants, Sexuality, Adolescents, Cameroon

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## 1. Introduction

Adolescence is the period found between childhood and adulthood, ideally between ages 10 and 19, according to the World Health Organisation (WHO) [1]. It is when personality development is complete and young people seek to create their identity by exploring new areas, including the sexual world [1]. Sexuality remains a taboo subject in our societies, yet there has been an increase in the rate of early sexuality and risky behaviour, even among young people at school, secondary to the growth and omnipresence of the phenomenon of sexualisation among young people, encouraged by images often borrowed from erotic scenes and disseminated through magazines, advertisements, music videos and television programmes [2]-[4]. Seduced by the pictures, concepts and products therein, teenagers force themselves to adopt sexualised behaviour borrowed from adult sexuality, even though they do not have the necessary maturity to deal with the resulting situations [4], exposing them to sexually transmitted infections (STIs), unwanted pregnancies and psychological problems [5]. This popularisation of sexual mores has led to a renewal of sexual health education standards aimed at reducing the increase in early sexuality (sexual intercourse before the 16<sup>th</sup> birthday according to Cameroonian law, but before the age of 15 according to the WHO) and risky sexual behaviour among adolescents and young people [6]. In Cameroon, as in many other African countries, sexual intercourse among adolescents and young people is considered premarital according to our culture, especially in the case of girls, who should be virgins at the time of marriage. However, premarital sex is becoming increasingly common, even among adolescents who engage in this activity for reasons of pleasure and curiosity in the majority of cases [7]. Controlling the factors that can influence adolescent sexuality would also be beneficial in combating this rise in deviant character. Schools, which are full of teenagers, are, therefore, the ideal setting for understanding this phenomenon and preventing its spread. This study aimed to identify the determinants of sexuality among teenagers at school.

## 2. Materials and Methods

This was a cross-sectional, analytical study of adolescents aged 15 to 19, from the third to the final year of secondary school, in six secondary schools in the West Cameroon region, one in each of the main towns of six of the eight divisions in the region, between April and September 2024. We carried out three-stage sampling, with a minimum of 100 adolescents per school selected, obtained after ap-

plying the following formula for descriptive studies:

$$n = \delta Z^2 P(1 - P) / e^2.$$

The West region comprises eight departments. At the first sampling level, we selected the capital cities (arrondissements) of each of these departments, because they share a certain number of urbanisation characteristics (higher education schools, nightclubs, etc.). As data collection began in May when the technical secondary schools had begun their preparatory examinations for the official examinations, only a few classes were invited to the school, which consequently did not allow us to include these secondary schools. To this end, we selected bilingual secondary schools (French and English sections) with a minimum of 1000 students. Once on site, classrooms from Form 3 to the final year of secondary school were selected by randomisation. Prior to the study, we obtained authorisation from the Delegation of Secondary Education for the West Region (Ref: N° 0464/L/F/DRES/SDAG/IMS/23-24 of 03 May 2024); and ethical clearance from the West Regional Ethical Committee for Human Research (Ref: N° 762/24/04/2024/CE/CRERSH-0U/VP of 24 April 2024) and the Institutional Ethics Research Committee of the FMBS of the UY I (Ref: N° 1030/UY1/FMSB/VDRC/DAASR/CSD of 10 June 2024). Similarly, an agreement was obtained from the guidance counsellors or the presidents of the parents' associations, who acted as representatives for the parents. Once the students had given their consent, smartphones were given to each of them and, under supervision, the survey form on the Google Form platform was completed (see appendix). The participation rate was 97.95% (1776 students selected out of 1813 approached). The data were stored in Microsoft® Excel format and then exported to SPSS version 23.0 for analysis. A top-down stepwise binary logistic regression was performed to search for independent determinants associated with adolescent sexuality. The level of significance was 5%.

### 3. Results

Out of 1,776 students selected. 361 had already had sexual intercourse, giving a prevalence of adolescent sexuality of 20.3%. The average age of sexually active adolescents was  $17.73 \pm 1.25$  years, and the sex ratio was 1.01 (**Table 1**).

**Table 1.** Breakdown of the sexually active population by age and gender.

Variables	Number	Frequency (%)
<b>Age groups (years)</b>		
15 - 16	64	17.7
17 - 19	297	82.3
<b>Gender</b>		
Male	181	50.1
Female	180	49.9

The average age at sexual initiation was  $16.51 \pm 2.28$  years, with extremes of 7 and 19 years. Sexual initiation took place before the age of 16 in 26.6% of cases (early sexuality). Condoms were not used during the initial act in 27.7% of adolescents. The family home was the main place of first sexual intercourse (62.3%). The main reasons for engaging in sexual activity were either pleasure (59.0%) or curiosity (21.1%). (**Table 2**)

**Table 2.** Primary characteristics of sexual encounters in sexually active adolescents.

Variables	Number	Frequency (%)
<b>Age at first sexual intercourse (years)</b>		
<10	4	1.1
10 - 15	92	25.5
16 - 19	265	73.4
<b>Use of a condom</b>		
Yes	261	72.3
No	100	27.7
<b>Place of first sexual intercourse</b>		
Family home	225	62.3
Student city	64	17.7
Motel/Auberge/Hotel	16	4.4
School	16	4.4
Other	40	11.1
<b>Reasons of first sexual intercourse</b>		
Pleasure	213	59.0
Curiosity	76	21.1
Preserving the relationship	44	12.2
Financial reasons	12	3.3
Use of psychoactive substances	8	2.2
Likeness to members of the group	4	1.1
Sexual assault	4	1.1

The majority of these sexually active adolescents had already had at least two sexual partners (51.0%) and that, currently, 10.0% of them have several sexual partners (**Table 3**).

Every month, these sexually active adolescents had one or two sexual encounters in most cases (42.4%). Consistent use of condoms during sex was frequent in 56.8% of cases. As for their sexual practices, which were confined to the family home in most cases (67.9%), vaginal sex was dominant in 94.5% of cases. Risky practices such as oral sex and anal sex were described in 22.2% and 5.5% of cases, respectively (**Table 4**).

**Table 3.** Cumulative and current number of sexual partners since sexual initiation.

Variables	Number	Frequency (%)
<b>Cumulative number of sexual partners</b>		
1	177	49.0
2	100	27.7
≥3	84	23.3
<b>Number of current sexual partners</b>		
0	68	18.9
1	253	70.1
≥2	40	11.0

**Table 4.** Characteristics of the current sexuality of sexually active adolescents.

Variables	Number	Frequency (%)
<b>Monthly frequency of sexual intercourse</b>		
No sexual partners	68	18.9
Less than once a month	64	17.7
Once or twice a month	153	42.4
Three to four times a month	76	17.5
More than 4 times a month	13	3.6
<b>Frequency of condom use</b>		
Always	205	56.8
Often	51	14.1
Sometimes	45	12.5
Rarely	20	5.5
Never	40	11.1
<b>Practices during sexual intercourse</b>		
Vaginal sex	341	94.5
Oral sex	80	22.2
Anal sex	20	5.5
Use of sex toys	4	1.1
<b>Usual places of sexual intercourse</b>		
Family home	245	67.9
Student hostels	76	21.1
Motels/Rented apartments/Hotel	56	15.5
Nightclubs	20	5.5
Other	4	1.1

In univariate analysis, we found 16 determinants associated with adolescent sexuality at a significance level of 5%. Ten of these were retained in the 6<sup>th</sup> step of binary stepwise logistic regression, with a reliability of the predictive model of 54% and a Hosmer-Lemeshow p statistic of 0.257. As independent biological and behavioural risk factors for adolescent sexuality, we identified age greater than or equal to 17 (aOR: 1.84), male sex (aOR: 1.44), regulars at bars/pubs (aOR: 4.60) or nightclubs (aOR: 3.32) and consumption of erotic television programmes (aOR: 2.90). In social terms, the independent risk factors were living alone (aOR: 7.31) and having a boyfriend (aOR: 10.10). In economic terms, discussing sexuality with peers of the opposite sex was a risk factor for adolescent sexuality (aOR: 2.16), while discussing sexuality within the family (aOR: 0.63) or having parental control over their relationships with the opposite sex (aOR: 0.68) were protective (**Table 5**).

**Table 5.** Independent determinants associated with adolescent sexuality.

Variables	Sexually active (N = 361) n (%)	Univariate analysis		Binary logistic regression	
		p	OR [95% CI]	Adjusted p	aOR [95% CI]
<b>Biological and behavioural determinants</b>					
Age ≥ 17 years	297 (27.3)	<0.001	3.66 [2.74 - 4.89]	0.002	1.84 [1.26 - 2.0]
Male sex	181 (26.6)	<0.001	1.84 [1.46 - 2.33]	0.042	1.44 [1.01 - 2.04]
Snack bar visits	189 (60.6)	<0.001	4.60 [3.05 - 6.93]	<0.001	4.60 [3.05 - 6.93]
Nightclub regulars	184 (56.1)	<0.001	3.32 [2.20 - 5.02]	<0.001	3.32 [2.20 - 5.02]
Erotic television programmes	281 (31.6)	<0.001	2.90 [1.99 - 4.22]	<0.001	2.90 [1.99 - 4.22]
Drug use	93 (32.0)	<0.001	2.13 [1.61 - 2.82]	/	/
Masturbation	77 (42.8)	<0.001	3.45 [2.50 - 4.76]	/	/
Smartphone ownership	265 (24.8)	<0.001	2.09 [1.62 - 2.71]	/	/
Consumption of pornographic sites*	77 (42.8)	<0.001	3.45 [2.50 - 4.76]	/	/
<b>Social determinants</b>					
Living alone	16 (57.1)	<0.001	7.26 [3.36 - 15.65]	<0.001	7.31 [2.61 - 20.48]
Boyfriend	305 (38.9)	<0.001	10.64 [7.84 - 14.44]	<0.001	10.10 [6.82 - 14.94]
Belonging to a school group of friends*	148 (28.0)	<0.001	1.89 [1.48 - 2.40]	/	/
<b>Economic factors</b>					
Family counselling on sexuality	236 (19.0)	0.018	0.76 [0.59 - 0.97]	0.019	0.63 [0.43 - 0.92]
Parental control of relationships with the opposite sex	124 (17.4)	0.007	0.73 [0.57 - 0.93]	0.033	0.68 [0.47 - 0.96]
Discussing sexuality with friends of the opposite sex	277 (30.6)	<0.001	2.16 [1.49 - 3.12]	<0.001	2.16 [1.49 - 3.12]
Discussing sexuality with friends of the same sex*.	260 (26.9)	<0.001	2.57 [1.99 - 3.30]	/	/

\*Excluded from the regression equation during stepwise top-down analysis.

## 4. Discussion

The aim of this study, conducted in six secondary schools in the West Cameroon region, was to identify the determinants of adolescent sexuality. The search for these determinants was carried out using questions identifying lifestyle habits and educational methods whose temporality in relation to the sexual event was not defined. Further qualitative research with these adolescents would be beneficial to understand the interaction between these results and their perception of sexuality. The prevalence of sexuality in our study population was 20.3%. A 2013 study in Yaoundé, Cameroon, found a similar result among adolescents attending school, *i.e.* 21.3% [8]. On the other hand, another study in 2019 in the same town in the community found a higher level of sexuality at 30.7% [9]. This difference could be explained by the fact that this study was carried out in a community setting, including adolescents not attending school. However, school attendance has been described as a protective factor for sexual activity among adolescents [10]. Studies around the world in school-going adolescents found a variable prevalence of sexuality, *i.e.*, 43.5% (22.2% - 55.9%) in a systematic review including 5 sub-Saharan African countries in 2019 [11], 31.3% in Lithuania in Europe in 2022 [12], and 41.2% in a study including 29 states in the United States in 2018 [13]. All these results show that sexual activity among adolescents varies from one region of the world to another, depending on societal mores and cultures. In our series, the mean age at first sexual intercourse was  $16.51 \pm 2.28$  years. Studies in Douala and Yaoundé (Cameroon) in 2015 and 2022 found an average age of 15 years [8] [9] [14]. In Congo, the average age at sexual initiation was  $14.6 \pm 1.7$  years [15]. These results show that the age of sexual initiation is rising. Condoms had not been used at first intercourse in 27.7% of cases. Since their sexual initiation, 51.0% of adolescents had already had at least two sexual partners, and 11.0% had had multiple sexual partners. 43.2% of the sample did not regularly use a condom. Lack of regular condom use and multiple sexual partners since initiation have been described by many authors in Cameroon and elsewhere [10] [11] [16] [17] [18] [19]. These poor practices expose adolescents to unwanted pregnancies and sexually transmitted infections, which can lead to infertility.

Additionally, the fact that the family home is the main place where sexual relations take place, from the time of initiation (62.3%) to the time of the survey (67.9%), indicates an absence or inadequacy of parental control over these adolescents. Adolescents aged 17 and over were significantly more likely to engage in sexual activities (aOR: 1.84; adjusted  $p = 0.002$ ). Other authors have found results similar to ours [19] [20]. In fact, the closer adolescents get to adulthood, the more they tend to identify themselves as being like them and, therefore, more likely to become sexually active than younger adolescents. Male adolescents were more likely to be sexual than girls (aOR: 1.44; adjusted  $p = 0.042$ ). For at least two decades, the male sex had already been identified as being at risk of sexuality among adolescents in Malaysia [10], as had a study in Indonesia in 2015 [20]. These results could be explained by the fact that boys are more likely to have positive ex-

pectations about sex, *i.e.* pleasure, unlike girls who seem to have emotional reasons for having sex, such as the need for love, self-esteem and self-affirmation [7] [21]. On the other hand, qualitative research among Cameroonian parents to understand their perceptions of the sexuality of adolescents and young people found that the majority of parents tolerate the premarital sexuality of boys over that of girls, justifying the fact that their child has become a man [7]. In the same study, the boys interviewed pointed out that girls' clothing, which was considered indecent but popular in the community (mini-skirts, low-cut tops), or their perverse language even when they were dressed decently, influenced their capacity for abstinence, increasing their desire for the sexual act already described as pleasurable by their peers [7]. The behavioural determinants at risk of adolescent sexuality were bar exposure (aOR: 4.60; adjusted  $p < 0.001$ ) and nightclub visits (aOR: 3.32; adjusted  $p < 0.001$ ). Nightclubbing is strongly correlated with drug use (alcohol, hookah tobacco and others), which, according to several studies around the world, was independently associated with adolescent sexuality, as well as with poor sexual practices such as not using contraceptives during sex [20] [22] [23]. In fact, drug use is thought to increase cognitive inhibition and impaired behavioural judgment and may also stimulate feelings of sexual arousal and pleasure [24] [25], preceded by touching the private parts during the dances found in these environments. The absence of drug use would therefore be protective against sexual activity among adolescents, as found in our series (OR: 0.46;  $p < 0.001$ ) (not significant in logistic regression). However, according to the law in Cameroon, the sale of alcohol or other drugs is forbidden to minors, as is their presence in nightclubs. But these laws are not enforced, exposing these teenagers to behaviour that is truncated to that of adults, when they do not have the capacity to understand their behaviour, nor to assume the consequences. This reflects the lack of government measures to ensure compliance with these laws. Masturbation (not significant in regression), smartphone ownership (not significant in regression), pornographic websites (not significant in regression) and erotic television programmes (aOR: 2.90; adjusted  $p < 0.001$ ) increased the risk of sexual activity in adolescents. These different practices stimulate early sexual activity because these images and videos contribute to a truncated construction of the sexual and amorous imagination. Some adolescents are therefore afraid of not being able to reproduce what they see, which can lead to early carnal desires and experiences [26]. European standards are increasingly common, such as the widespread use of smartphones in families. Two out of three teenagers in our study had a smartphone with little parental control. Similarly, television is commonplace in almost all households, and many TV channels show videos exposing the private parts of singers and/or dancers. The content of some programmes, which are not recommended for children under the age of 10 or 12, have sexual characteristics aimed at an adult population and do not always fit in with the education that parents would like to pass on to their children. We found that living alone increased the risk of adolescent sexuality (aOR: 7.31; adjusted  $p < 0.001$ ). In Malaysia in 2000, a study found that living away from parents

increased the risk of adolescent sexuality [10]. These results could be explained by the absence of parental control. Having a partner increased the risk of sexual activity among adolescents (aOR: 10.10; adjusted  $p < 0.001$ ), as did belonging to a school group of friends (not significant in regression). In fact, the presence of a partner makes it easier to carry out a sexual act stimulated by the consumption of erotic programmes or influenced by peer groups. A study conducted in Canada in 2020 showed that relationships with peers were highly conducive to sexual activity among teenagers, as [27], peers were a source of emotional support and self-identification for teenagers, as also described in research conducted in France in 2004 on the family climate and the network of friends among teenagers [28]. From an educational point of view, discussion of sexuality within the family (OR: 0.63;  $p = 0.019$ ) and parental control of these teenagers' relationships with the opposite sex (OR: 0.68;  $p = 0.033$ ) were factors that reduced the risk of adolescent sexuality. A meta-analysis in 2015 found that parental supervision and enforcement of rules were significantly associated with postponing sexual intercourse. Similarly, these parental practices were significantly associated with increased contraceptive use, even when young people were sexually active [29]. In 2020 in Indonesia, a study also found parental supervision to be a protective factor for adolescent sexuality. In fact, the social environment offers meaningful relationships, encourages self-expression and provides a structure that can help adolescents delay sexual relations [30]. Parents are known to be agents of health-promoting socialisation when it comes to information about norms and behaviours that are likely to encourage their children to delay the onset of sexual relations or to practise them healthily. However, for this to happen, they must have the proper knowledge and attitudes to facilitate communication with their children. However, discussing sexuality with friends of the opposite sex increased the risk of adolescent sexuality by a factor of 2 (adjusted  $p < 0.001$ ). A study conducted in Canada in 2020 corroborates our results, showing that peer relationships, including discussions about sexuality, have the potential to promote sexual activity and risky sexual behaviour in adolescents since peers are a source of emotional support and self-identification for these adolescents [27].

## 5. Conclusion

One in five teenagers attending school in the West Cameroon region has already had sexual intercourse, with almost half without consistent use of protection. The determinants of these sexual activities were male sex, exposure to bars/pubs or nightclubs, consumption of erotic television programmes, having a partner and living alone. These results underpin the value of interventions aimed at adolescents, such as parental supervision, on the one hand, and, on the other, the implementation of home-based educational talks on sexuality, depending on the level of knowledge and age of these adolescents.

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## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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## Abbreviation

Ref	Reference
FMBS	Faculty of Medicine and Biomedical Sciences UYI: University of Yaoundé 1
VDRC	Vice Dean for Research and Cooperation
DAARC	Division of Academic Affairs, Research and Cooperation
CSD	Head of Diplomas Department
WHO	World Health Organisation OR: Odd Ratio
aOR	Adjusted Odd Ratio
SPSS	Statistical Package for the Social Sciences

## Appendix: Survey Questionnaire

### A. IDENTIFICATION

Department of study |\_\_\_\_\_|: 1 = Mifi; 2 = Bamboutos; 3 = Menoua; 4 = Koung-Khi; 5 = Hauts-Plateaux; 6 = Haut- Nkam; 7 = Ndé; 8 = Noun

School: .....

### B. SOCIO-DEMOGRAPHIC CHARACTERISTICS

- 1) What is your age (in years)?: ..... (date of birth: .....)
- 2) What is your gender? |\_\_\_\_\_|: 1 = Male; 2 = Female
- 3) Class attended |\_\_\_\_\_|: 1 = Form 3; 2 = Form 4; Form 5; Lower sixth; Upper sixth
- 4) What is your region of origin |\_\_\_\_\_|: 1 = West; 2 = Littoral; 3 = Centre; 4 = South; 5 = East; 6 = Grand-Nord; 7 = Nord-Ouest; 8 = Sud-Ouest
- 5) What is your religion? |\_\_\_\_\_|: 1 = Christian; 2 = Muslim; 3 = Animist; 4 = Atheist
- 6) Who do you live with? |\_\_\_\_\_|: 1 = Both parents; 2 = Father; 3 = Mother; 4 = Grandparents; 5 = Tutors; 6 = Lives alone; 7 = Other
- 7) Pocket money received daily (in FCFA): .....
- 8) Number of brothers and sisters: .....
- 9) Do you have a boyfriend/girlfriend? |\_\_\_\_\_|: 1 = Yes; 2 = No  
If yes, how old is he/she: .....
- 10) Do you belong to a school group (sports, newspaper club, etc.)? |\_\_\_\_\_|: 1 = Yes; 2 = No
- 11) Do you belong to a group of friends at school? |\_\_\_\_\_|: 1 = Yes; 2 = No

### C. BEHAVIOURAL CHARACTERISTICS

- 1) What sex do you consider yourself to be (self-esteem)? |\_\_\_\_\_|: 1 = Same sex as my genitals (cisgender); 2 = Opposite sex to my genitals (transgender)
- 2) What is your sexual orientation (which sex are you naturally attracted to)? |\_\_\_\_\_|: 1 = Sexually attracted to the opposite sex (heterosexual); 2 = Sexually attracted to the same sex; 3 = Sexually attracted to both sexes

#### D. LIFESTYLE

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- 1) Do you currently have a boyfriend/girlfriend? [\_\_\_\_\_]: 1 = Yes; 2 = No  
If yes, how old is he/she: .....
- 2) Do you currently belong to a school group (sports, newspaper club, etc.)? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 3) Do you currently belong to a group of friends at school? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 4) Do you currently have a smartphone? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 5) Are there any parental controls on the use of your smartphone ? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 6) Do you have access to the internet? [\_\_\_\_\_]: 1 = Yes; 2 = No  
If yes, do you consult pornographic sites [\_\_\_\_\_]: 1 = Yes; 2 = No
- 7) Do you have a television at home? [\_\_\_\_\_]: 1 = Yes; 2 = No  
If yes, do you watch television programmes with erotic scenes (kissing, view of private parts, etc.)? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 8) Are there parental controls on the television programmes you watch ? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 9) Do you receive advice about sex from your parents or older brothers/sisters? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 10) Do you discuss sexuality with your friends of the opposite sex? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 11) Do you discuss sexuality with your friends of the same sex as you? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 12) Do you have parental/guardian control over your relationships with the opposite sex? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 13) Do you go to bars / snack bars [\_\_\_\_\_]: 1 = Yes; 2 = No
- 14) Do you go to dance clubs at night [\_\_\_\_\_]: 1 = Yes; 2 = No

#### D. CHARACTERISTICS OF PRIMARY SEXUALITY

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- 1) Have you ever had sexual intercourse? [\_\_\_\_\_]: 1 = Yes; 2 = No  
If yes, how old were you (in years): .....
- 2) Was the sexual intercourse consensual? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 3) What was the reason for this first sexual intercourse ? [\_\_\_\_\_]: 1 = Curiosity; 2 = To be like the other members of my group; 3 = Substance abuse (alcohol, chicha, tobacco, etc.); 4 = So as not to lose my boyfriend; 5 = Financial reasons; 6 = It was an assault; 7 = Other:.....
- 4) Did you use a condom during this 1<sup>st</sup> sexual intercourse? [\_\_\_\_\_]: 1 = Yes; 2 = No
- 5) What gender was your sexual partner ? [\_\_\_\_\_]: 1 = Opposite gender; 2 = Same gender; 3 = Both
- 6) How old was your sexual partner (in years): .....
- 7) What was the nature of your relationship with your sexual partner ? [\_\_\_\_\_]: 1 = Boyfriend; 2 = Friend; 3 = Adult; 4 = Related person (family member); 5 = Aggressor; 6 = Other.....
- 8) Where did you have sexual intercourse for the first time? [\_\_\_\_\_]: 1 = Home/family room; 2 = School; 3 = Public places; 4 = Motel/Hotel; 5 = Other
- 9) Use of psychoactive substances (alcohol, chicha, other drugs) prior to this 1<sup>st</sup> sexual intercourse [\_\_\_\_\_]: 1 = Yes; 2 = No

#### E. CURRENT SEXUAL PRACTICES

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- 1) Number of sexual partners since the start of sexual activity?: .....
  - 2) Number of current sexual partners?: .....
  - 3) How often do you have sex per month?: .....
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4) **How often do you use condoms during sexual intercourse ?** |\_\_\_\_\_|: 1 = Always; 2 = Often (regular frequency); 3 = Sometimes (irregular frequency); 4 = Rarely; 5 = Never

5) **What are your sexual practices?**

- a) Vaginal sex |\_\_\_\_\_|: 1 = Yes; 2 = No
- b) Oral sex |\_\_\_\_\_|: 1 = Yes; 2 = No
- c) Anal sex |\_\_\_\_\_|: 1 = Yes; 2 = No
- d) Use of sex toys |\_\_\_\_\_|: 1 = Yes; 2 = No
- e) Other: .....

6) **Where do you usually have sex?**

- a) Home/family room |\_\_\_\_\_|: 1 = Yes; 2 = No
  - b) Motel/Hotel |\_\_\_\_\_|: 1 = Yes; 2 = No
  - c) Nightclubs |\_\_\_\_\_|: 1 = Yes; 2 = No
  - d) Other: .....
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