Sexual conduct of secondary school students in Mongolia and their sexual health information needs

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ABSTRACT

Young people in Mongolia are growing up in an era of profound political, economic and cultural changes. The period of adolescence is also lengthening as biological maturity is reached earlier but the social and economic independence necessary for marriage is reached later. Sexual activity among adolescents is probably becoming more common though rather little secure evidence is available.

The aim of the study was to develop a body of knowledge that will assist to: (i) identify the main sexual health information needs of secondary school students; (ii) create the necessary knowledge base for appropriate policies and programmes, with particular attention to in-school sexuality education.

The study combines quantitative and qualitative approaches to examine the sexual conduct of secondary school students in Ulaanbaatar. Data were collected on: i) sexual beliefs and practices that are common among young people, ii) their perceived concerns and needs, and iii) views of relevant 'stakeholders' - teachers, doctors, and parents - with regard to sexuality of young people and their sexual information needs. A sample of 2,028 students aged 14-18 years was drawn from 22 schools in the capital city. A self-administered questionnaire was used to elicit knowledge, attitudes and behaviours. In addition, 41 in-depth interviews and 13 focus group discussions were conducted.

The results show that young people are exposed to health hazards through their sexual behaviour, and that they would welcome and benefit from school-based sexuality education. Most 'stakeholders' had limited knowledge about the sexuality of adolescents but a large majority considered that sex education should be included in school curricula.

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INTRODUCTION

The thesis examines the sexual conduct of secondary school students in Ulaanbaatar in their social and cultural context with the key aim of assessing sexual health information needs and ways to improve the situation. The thesis consists of eleven chapters. Chapter 1 provides background information about the country together with descriptions of its health and education systems. It also: explores how traditional culture and recent developments have shaped adolescence; reviews the limited evidence on the sexuality of young people; and discusses major obstacles to sexual health care for adolescents. Chapter 2 reviews the sexual conduct of young people with specific reference to countries similar to Mongolia in terms of socio-economic and cultural characteristics; describes sexuality education in general and its impact on sexual behaviour of students. The next chapter presents a framework for the study. The study design and methods are explained in chapter 4. Chapter 5 presents the socio-demographic profile and scholastic characteristics of the study participants. The next chapter highlights sources from which young people learn about sex. The views of students and their parents on discussion of sexual issues and barriers to communication are explored. Beliefs of parents and students about emerging sexuality of adolescents and their perceptions about values attached to different sexual activity are examined in chapter 7 and the sexual behaviour of students with specific focus on first coitus is analysed in chapter 8. Chapter 9 describes contraceptive knowledge and its use at first coitus and explains reasons for the lack of condom use. Reproductive decision-making is also assessed. Chapter 10 examines the self-perceived sexual health information needs of young people. The last chapter summarises the main findings of the study and recommends possible ways of achieving improvements in the sexual health of young people.

CHAPTER 1. THE CONTEXT OF THE STUDY: BACKGROUND INFORMATION ON MONGOLIA

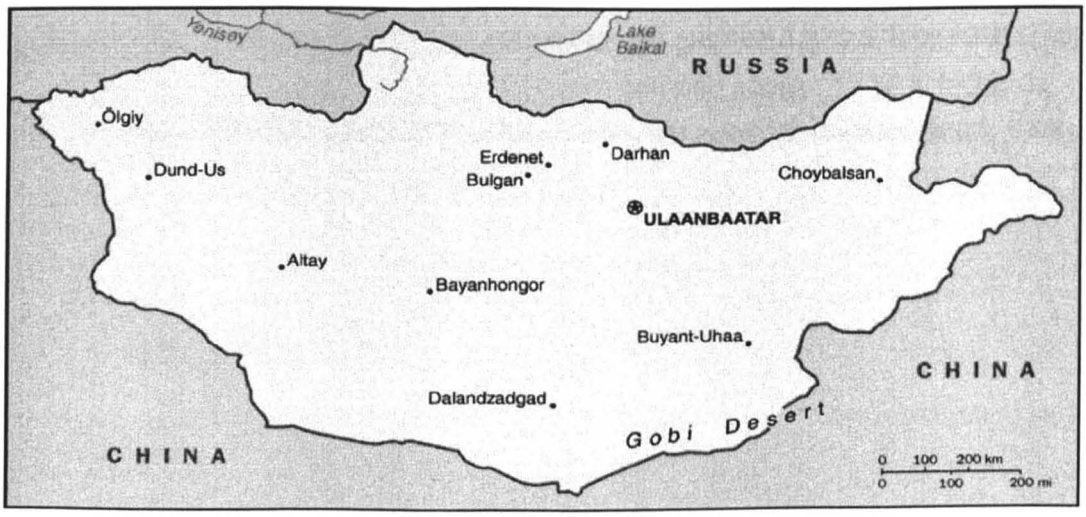
Introduction

This chapter provides a brief description of Mongolia, covering its geography, its historical, cultural and economic background, population and demography, together with more detailed surveys of its health and education systems. It also explores how development and traditional culture have shaped adolescence, presents available information on the sexuality of young people and discusses major obstacles to sexual health care for adolescents. This material provides a rationale for a study on the sexuality of young people.

1.1. The country

Mongolia is a large landlocked country with an area of 1.5 million square kilometers situated in the northern part of Central Asia between China and Russia (See Figure 1.1). It is 2400 kilometers long from east to west and a maximum of 1200 kilometers from north to south.

Figure 1.1. Map of Mongolia



The land rises gradually from the southeast of the country to the northwest, encompassing zones of desert, steppe and mountains. At an average height of 1600

meters above sea level, it has a semi-arid continental climate. Average temperatures in the long severe winters range from -35C in the north to -10C in the south. Average July temperatures range from 18C to 25 C.

Nearly 90% of the population are Mongols, among whom the *Khalkha-Mongols* comprise the largest sub-group (about 75% of the total). The next largest group is Kazakhs (5.3%), who live predominantly in the far west. There are smaller numbers of Tuvins, Uzbeks, Uighurs, Russians, Chinese and others. The official language is Mongolian.

For administrative purposes the country has been divided into 22 provinces, each known as an *'aimag'*. According to the latest census (1998), 57% of the population lives in the urban areas, with major concentrations in three cities: Ulaanbaatar, the capital, and the two industrial cities of Darhan and Erdenet. Cities range in size from a population of 50,000 to 655,000, and are divided into several districts of varying size (there are six districts in Ulaanbaatar). *Aimags* range from populations of 43,000 to 106,000 and are divided into *aimag* centres and 12 to 26 surrounding rural *sums* (rural districts). The population of *sums* is divided into the *sum* centre and an average of about four *bags*; the *bag* is the lowest rural administrative unit. There are totals of 324 *sums* and 1,590 *bags*.

1.2. Population and Demography

The population of Mongolia has experienced steady rates of growth for several decades; from a total of 652,000 in 1925, the population had reached 2,379,576 by 1998 (Table 1.1). In 1998, there were 537,299 adolescents between ages of 10-19 in Mongolia, comprising 25% of the population; of these, 53% are aged 10-14 years (NSO, 1998).

Table 1.1. Country Profile: Mongolia

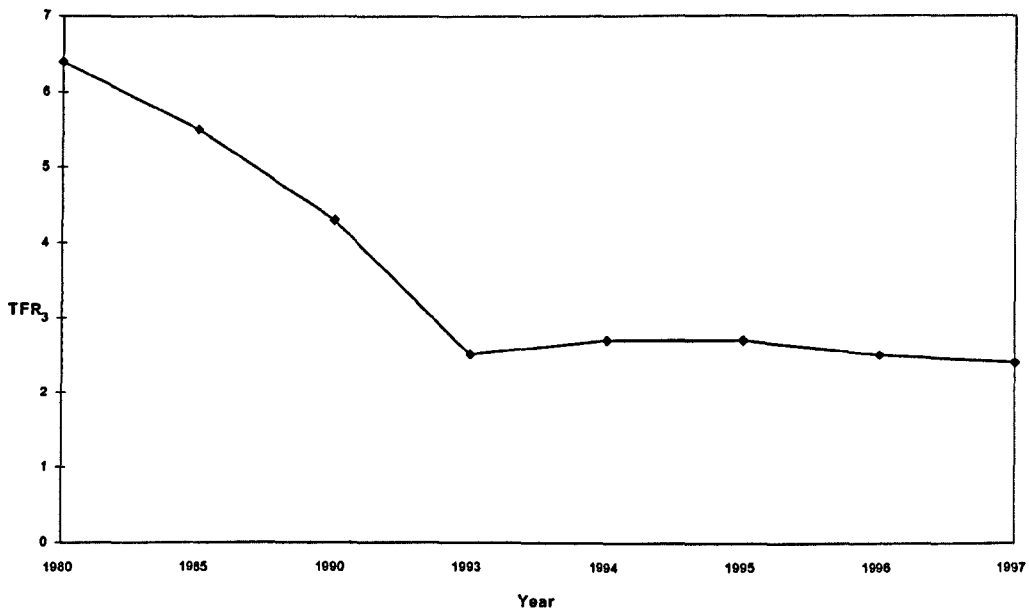
Territory	1.5 million square kilometers		
Population density	1.45 persons per sq.km (1995)		
Total Population	2.37 million (1998)		
Sex ratio	98.5		
Urban	54.63(%)		
Rural	45.37(%)		
Age structure (1998) (%)			
0 - 9	23.6		
10-14	12.8		
15-19	11.0		
20-24	10.2		
25-29	9.0		
30-34	8.0		
35-39	7.0		
40-44	4.7		
45-49	3.3		
50+	10.5		
Fertility	**1985**	**1995**	**1997**
Crude Birth Rate	38.20	23.7	20.9
Total Fertility Rate	5.48	2.7	2.4
Mortality			
Crude Death Rate	10.25	8.46	7.23
Infant Mortality Rate	75.9	44.4	39.6
Maternal Mortality Ratio (per 100,000 live births)	-	230	164

Expectation of Life at Birth			
	Male	62.1	
	Female	63.0	
Annual average growth rates		(%)	
1920-30		1.0	
1930-40		0.2	
1940-50		0.3	
1950-60		2.1	
1960-70		2.8	
1970-80		2.9	
1980-90		2.5	
Marriages and Divorces per 1000 population over 18 years			
	1990	1995	1997
Marriages	16.5	12.0	10.7
Divorces	1.0	0.7	0.8
Literacy rate	Male	95.7%	
	Female	98.2%	

Source: National Statistical Office, 1998

Before the 1950s recorded fertility in Mongolia remained low, probably due to under-registration; more reliable data are available only since 1963 (SSO, 1992). By the end of the late 1960s and early 1970s fertility reached its highest levels. The Crude Birth Rate reached 38 to 40 and the Total Fertility Rate (TFR) fluctuated between 7 and 8 children per women. Fertility followed a slowly declining trend in the 1980s and towards the end of the decade it dropped rapidly (Figure 1.2); the TFR fell to 4.3 by 1990 and it fell further to 2.4 in 1993 but stabilised thereafter (NSO, 1998).

Figure 1.2. Total Fertility Rate of Mongolia, 1980-1997

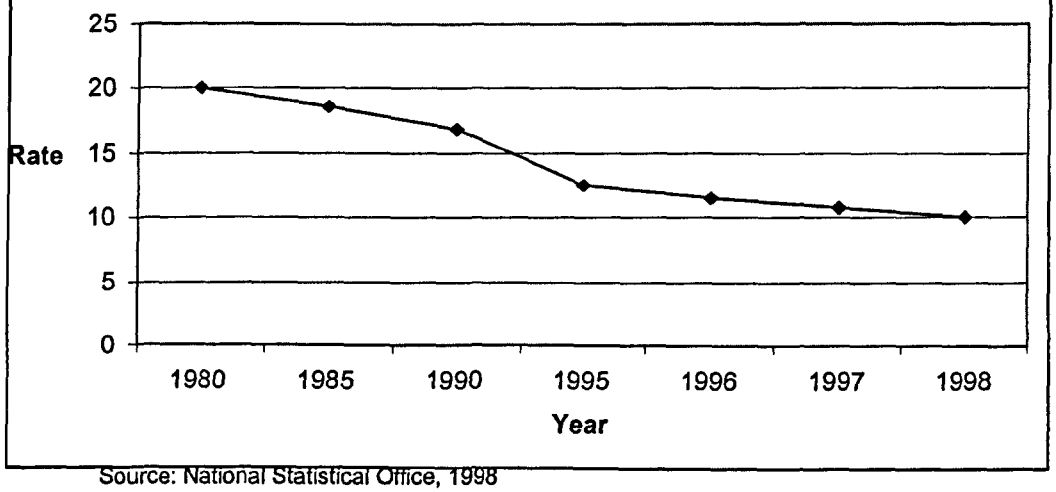


Source: National Statistical Office, 1998

The main factors that brought about the fertility decline in Mongolia are still a matter for speculation. All the following 'demand-side' factors may have played a part: industrialisation, sedentarisation of the population in the urban sector, higher school attendance of females, declining mortality and the recent economic constraints on families. Legalisation of abortion in 1989 and increased availability of modern contraceptives in the early 1990s may also have facilitated the later phase of decline.

Marriage is nearly universal in Mongolia, although changes in marriage patterns are occurring. In 1979 the 'singulate' mean age at marriage was 24.07 years for male and 18.53 years for females, with no significant urban and rural differences in marriage rates. Since 1979 mean marriage ages showed a slight upward trend, increasing to 24.23 years for males and 19.65 years for females in 1989 (SSO, 1996). From 1989 to 1994 the 'singulate' mean age at marriage for females increased by 3.65 years to 23.3. In addition, the number of registered marriages, which increased from 16,817 in 1980 to 21,940 in 1991, dropped drastically to 13,807 in 1993, a fall of 37% in two years. The general marriage rate per 1000 of population over 18 years old declined from 16.5 in 1990 to 10.1 by 1998 (Figure 1.3).

Figure 1.3. Marriage Trends:General Marriage Rate per 1000 Population aged 18 and over



Source: National Statistical Office, 1998

1.3. History, culture and religion

The nation can be traced back to the year of 1206 when Genghis Khan united Mongolian tribes into the first Mongolian state and began the process of conquest (Yan, 1989). He crossed the Ural Mountains, invaded the countries of Eastern Europe, and pressed on to Austria and the Adriatic and through south-west Asia to the eastern Mediterranean to form what later became a huge empire encompassing half the known world of the 13th and 14th centuries (Worden and Matles, 1991; Yakovlevich, 1957). Much that the Western world of time knew about the Mongols and Asia was the result of the famous missions to Mongolia of a Venetian trading family, Niccol'o and Maffeo Polo and Nicollo's son Marco Polo (Yakovlevich, 1957).

After losing their powerful position under Genghis Khan and his immediate descendants in internal wars, the Mongols had little choice but to accept a Chinese takeover in 1691(Murphy, 1966). The Chinese Manchu rulers directly controlled the southern quarter of the original state of Mongolia (which is now the Inner Mongolian Autonomous Region of the People's Republic of China). The northern three-quarters (Outer Mongolia) had more autonomy but was also under Manchu political and economic control until 1911. The main strategy of the Chinese was firstly to diminish the unity of Mongolian princes by forming a new government structure. Secondly, they wanted to keep Mongolia untouched and unchanged except by trade, keeping Mongols pacified socially, so rendering them useless as troops (Lattimore, 1934).

No major development in the country's socio-economic life as a whole occurred until the beginning of the 20th century. Mongolia drifted along, changing very little and very slowly, while the world around it was changing much faster (Lattimore, 1934).

Historically, almost every aspect of Mongolian society has been shaped by pastoralist livestock owners, who value mobility and cope with difficult circumstances by moving away from threats towards resources. Owing to the specific natural and climatic conditions of the region to which the human community had to adapt itself, nomadic livestock breeding dominated economic activity. The nomadic ethos eschews permanent settlement, cultivation of the earth and the accumulation of objects (Worden and Matles, 1991). The burden of cattle breeding was accomplished by the daily hard work of all members of the *hot ail* - a moving camp composed of two to six households - that manages its flocks as a single integrated economic unit. In the past, the members of a *hot ail* were usually, though not necessarily, patrilineal kinsmen (Maidrag, 1997).

The country's political and social lives were greatly affected during the centuries by Buddhism. Traditionally Mongols worshipped Heaven ('the clear blue sky'). In 1578 Shamanist Buddhism was introduced into Mongolia by Altan Khan, a Mongol military leader, and since then the Yellow Sect spread throughout the country, serving the Mongol aristocracy's wishes to win religious sanction and mass support for their ultimately unsuccessful efforts to unite all Mongols in a single state (Badamhatan, 1985). Later on, Buddhist monks carried out a protracted struggle with the indigenous shamans and succeeded, to some extent, in taking over their functions and fees as healers and diviners, and in pushing the shamans to the religious and cultural fringes of Mongolian culture (Worden and Matles, 1991). Many secular Mongols had deep loyalties toward religious leaders; all important occasions and decisions would be referred either to the representatives of Lamaism or to its rules and precedents (Maiskii, 1921).

Despite the large number of lamas, illiteracy was the norm at this time. As Maiskii admitted, "the Mongol at the beginning of 20th century has forgotten his past, and does not have any idea about the history of his people... He does not have any imagination about existence of other countries beyond Urga (the capital city), as Urga itself seems to be in the unreachable far distance" (Maiskii, 1921, p.120).

Independence from China was declared in 1911 and, following ten years of monarchy (1911-1924), nominally headed by a Buddhist leader, the Soviet Union guided the

revolution of 1921. The Mongolian People's Republic was founded in 1924 as a one party state (Nadmid, 1974).

For more than seventy years Soviet influence predominated in all spheres of Mongolian life in the form of political guidance and economic aid. The years from independence to the end of World War II were marked by political instability and civil unrest, as well as by sudden shifts from a market-oriented economy, in which the private sector played a leading role (1924-1928), to one in which all productive assets were nationalised (1928), then to a reversal of this policy (1934), and once again to a slow re-establishment of state ownership that was completed by the late 1950s. Coincidentally, the Lamaist establishment was sequentially tolerated, persecuted, encouraged, and finally eliminated in 1938-1939 (Neupert et al., 1994).

The shift towards a centrally planned economy through five-year Plans was approved in 1948, with the emphasis on industrilisation and collectivisation of the agricultural sector. The process of industrilisation depended heavily on Soviet investments in the form of joint ventures or direct development loans.

Social change in modern Mongolia has consisted of the enrollment of previously self-sufficient herders into bureaucratically structured and economically specialised production units, such as herding collectives or state factories and mines. During the 1940s and 1950s most Mongolians have become wage-earners, subject to labour discipline and to the supervision of a new class of managers and administrators, most of whom belong to the ruling Mongolian People's Revolutionary Party (MPRP). Social progress has been striking. Towards the end of the 1950s the literacy problem was basically solved. The country developed a modern and comprehensive social security system with pensions granted to men who had reached the age of 60 and women who had turned 55, provided that they had a service record of not fewer than 25 and 20 years, respectively.

By the 1960s, the country had a well-established health infrastructure which extended to the community level and, in general, seemed well adapted to the needs of the country. With the exception of drugs prescribed for children over three years of age and adults not in hospitals, health care was free of charge.

Mongolia's economic development in the 1970s and 1980s produced a population increasingly divided along occupational, educational, and regional lines. According to the 1979 census, Mongolia's class structure consisted of 40% workers (in manufacturing, mining and light industry), 39% herders in cooperatives, and 21% intelligentsia (SSO, 1979).

In 1989 Mongolia began to experience the transformation of its economy from a centrally controlled one to a market-oriented system and the consequent opening up of the country to international socio-economic and political forces. The country has also experienced changes in political leadership, a drastic revision of its economic, social and political ideology, and a deep economic crisis characterised by a substantial decline in the standard of living, high unemployment rates, inflation, and poverty which have led to a deteriorating quality of life.

1.4. Education system

As the country has undergone radical urbanisation and modernisation, parallel changes have taken place in the social life of the population especially in the field of education. When basic education became compulsory in the 1950s, elementary schools (up to grade 3) were established in every remote settlement (*bag*) with more than 40 households. Furthermore, junior high and high schools were established in every *sum* with more than 200 households. In order to continue their education, children have to go to *aimag* or *sum* centres. All schools have dormitories where students were provided with accommodation and meals free of charge. The school also provided students with free transport during their term and holidays. Therefore, the achievement of comparatively high literacy rate of Mongolia is due to the policy of state-subsidized education.

Education expanded extensively throughout the 1940s and 1950s. In 1941 the traditional Mongol script - Uighur- was replaced by Cyrillic. Universal adult literacy had been achieved by 1968. In terms of basic reading and writing skills, Mongolia has a highly educated population in comparison with other developing countries. In fact, Mongolia's achievements in the education sector in 1950-1990 matches many middle-to-high-income countries (Human Development Report, 1997). In 1981 education consumed 20% of the state budget, and by 1985, 27% of the country's population was enrolled in educational institutions from primary through to university levels (Ministry of Education, 1990).

The Mongolian education system was based on the Soviet model with pre-school education provided through kindergartens for 3-7 years olds. In 1994 the Soviet model of education structure was replaced by a new one. Currently there is 10-year school system. The first six years are a basic education, which is compulsory for all. The next two years are intermediate secondary education (alternatively called junior high school); and the last two years complete secondary education (high school). Currently, there are 645 secondary schools in Mongolia of which 117 are in the capital city -Ulaanbaatar.

The first university was founded in 1942 with three departments: education, medicine and veterinary medicine. Currently, about 22,000 students are studying in six universities, 30,000 students in 23 public and 57 private colleges and higher learning institutions, and a further 12,000 in vocational training schools (NSO, 1998). By 1989, about 40% of the population had completed at least secondary education and about 15% of the population were graduates of tertiary education.

Women make up 63% of all students in higher education, and comprise 67% of all teachers in secondary schools, 50% of teachers in vocational training schools and junior colleges, and 33% of teachers at a higher education level (Ministry of Education, 1997).

Although literacy and education levels in Mongolia continue to be relatively high, there is evidence that the process of transition, particularly in its early stages, has damaged the education of children. The Ministry of Science and Education, in its 1993 Education and Human resource 'Masterplan of Mongolia', stated that the basic education system was in a state of crisis, with enrollments declining dramatically, dropout rates rising, teachers leaving, and schools deteriorating, and that the educational crisis was most serious in rural areas (Ministry of Education, 1993). From the time the country went through political and economic transition, the school enrollment rate had dropped from 87.5 in 1990 to 75% in 1998. By then, only 87% of children aged 8-15 enrolled in various schools, leaving 60,500 others non-enrolled. Among those aged 16-17, only 23.5% or half of the 1990 level were enrolled (Table 1.2). Beginning with the transition of 1990, about 150,000 children, 37% of whom were girls, left school. As of 1997, the school dropouts comprised 53.4% boys and 46.6% girls. Although school dropout rates fell since 1996, the rates for girls did not decrease as rapidly as for boys. Two-thirds of children, 70% of whom are boys, dropped out of school at grades 1-4. Of those children who left school about 45% worked in livestock breeding and factories and 26% ceased study for non-stated reasons.

Dropout rates are linked to urban unemployment and poverty in cities, but, overall, rural areas have been affected more severely than urban areas (Monhoo, 1997), and more remote *aimags* have been affected more than the *aimags* closer to the major cities and railway line, with boarding schools affected more severely than other schools. The main reasons for the rise of school-drop-outs are, firstly, that most rural schools are no longer able to provide students with free meals or free transport and, secondly, the introduction of a fee system. This fee system is not affordable for families with a large number of children (it is not unusual to have four or five children from one family in a dormitory). Thirdly, the number of wealthy cattle breeders has increased in rural areas, and these demand a heavy labour input. Fourthly, parents in today's liberal society are free to express a preference not to send their children to school (previously the system made it compulsory).

The cumulative effect of this education disruption will be to create waves of less literate cohorts to pass over the next 70 years and many children will enter adulthood with only a partial education (Human Development Report, 1997). Understanding the relative importance of these factors is vital. The first two exclude children of poor households, the third excludes children of richer herder households, and the fourth refers to demand for schools and community schooling.

Table 1.2. Student Enrollments (at the beginning of the Academic Year (1990-1998)

Parameters	1990	1995	1997	1998
Number of schools	**634**	**664**	**645**	**630**
Primary	96	83	89	96
Junior high school (8 year)	271	232	219	214
High (10 year)	267	349	337	320
School enrollment (000s)	**440.9**	**403.8**	**435.1**	**447.1**
Grades 1 through 3	166.3	176.0	189.3	195.0
Grades 4 through 8	233.0	187.9	189.9	218.0
Grades 9 through 10	41.6	39.9	35.8	34.1
Enrollment rate (%)	**87.5**	**73.7**	**75.8**	**75.0**
8 to 15 year olds	98.6	84.3	82.3	87.0
16 to 17 year olds	41.9	34.4	28.3	23.5
Graduates (000s)	**64.3**	**48.9**	**49.8**	**54.1**
Grade 8	45.2	32.0	29.8	19.6
Grade 10	19.1	16.9	20.0	34.5

Source: National Statistical Office, 1998

Two-thirds of students leave secondary school after 8 years. Some of them continue their education in vocational/technical training schools or junior colleges and some of them enter into employment. In rural areas, irrespective of their sex, most students stay at

home and help their parents in cattle breading or farming after junior high school. Few of them return to education once they enter into such a lifestyle.

One-third of students continue their education in high school in grades 9-10. On completion of high school and the successful passing of a national level examination, students are eligible to apply for admission to universities for five years (medical university 7-8 years) or college for four years.

1.5. Reproductive and Sexual Health

Health service structure

Modern health services have been developed since 1921. From the 1940s, the health infrastructure expanded rapidly throughout Mongolia modeled on a strong central planning process. Mongolia's achievements in the field of health care are as outstanding as those in education particularly in extending coverage to the scattered, remote nomadic population (UNDP, 1994).

Unlike many developing countries, Mongolia's past strategy towards health care emphasised primary health care, with widespread access to preventive care. The immunisation programme grew steadily from 1989 to 1991 (UNICEF, 1993).
Free antenatal care and delivery services were also provided, with most births taking place in maternity hospitals.

The system of health care delivery in rural areas rests to a great extent on *feldshers,* paramedical rural health workers with two years' training at medical colleges. Each *bag,* consisting of 50-100 families, has one *feldsher,* who is responsible for making periodic visits to each family in the *bag,* for providing routine preventive care, including immunisation and health education, and for simple curative care. *Feldshgers* usually have a horse or, less often, a motorcycle, for transportation (Ministry of Health, 1993).

At *sum* level, there are 10-15 bed hospitals with up to three physicians, two to four *feldshers,* three to four nurses and one pharmacist. Near the hospitals are maternity rest homes where women can stay for two weeks prior to their expected delivery in order to ensure that delivery takes place in a hospital.

Larger *inter-sum* hospitals (40-60 beds) provide services for two or three districts, and have more specialists than are available at *sum* level.

In *aimag* and *city* centres primary level care is provided by clinics with an intern, a pediatrician and obstetrics and gynaecology specialist, as well as doctors of various other specialisations. Each *aimag* has a general hospital with 250-400 beds, which serves both urban and rural populations. In addition, the *aimag* hospitals provide specialised outpatient clinics (e.g. dental care, treatment of venereal disease) and emergency services.

During the transition period, serious deterioration has taken place in the health service delivery system. The number of hospital admissions fell from 584,000 in 1988 to 493,000 in 1991, and outpatient consultations fell from 16.4 million in 1988 to 12 million in 1991. Doctor consultations per person fell from 8.0 in 1988 to 4.79 in 1992. These reductions may reflect the shortages of drugs in medical institutions and the decreased sickness allowance given to all employed people from the social insurance fund (Ministry of Health, 1993).

Contraception

Until 1989 the government had a pronatalist policy and denied access to modern family planning methods. With UNFPA assistance, a family planning programme was initiated in the early 1990s with the purpose of reducing maternal and infant mortality rates. Over the last five years the contraceptive method - mix included IUDs, oral pills and condoms which were made available throughout the country and Norplant and Depo-Provera which were made available in small quantities at selected provinces and health centres.

The results of the 1994 *Contraceptive Knowledge, Attitude and Practice Survey,* 1996 *Demographic Survey* and 1998 *Reproductive Health Survey* indicated a wide gap between the knowledge of different methods and their actual use. The first survey was conducted among 10,000 women aged 15-50 in 1994 (86% of all women interviewed were married) and the second among 1,800 women aged 15-49 in 1996 (56% of all women interviewed were married). The Reproductive Health Survey (RHS) was conducted for the first time in Mongolia in 1998 among 7,461 women aged between 15 and 49 in urban and rural Mongolia (65.6% were married).

Table 1.3 presents the comparison of the extent of contraceptive knowledge of currently married women in these surveys. The most commonly known methods reported by the respondents of the 1994, 1996 and 1998 surveys were IUD (90%, 88% and 98%), condom (75%, 76% and 91%), and pills (59%, 70% and 98%) respectively. The results showed steady increase in contraceptive knowledge of women. Substantial increase was observed for pill, injections, male and female sterilisation and Norplant. The main reason for the initially low knowledge of Norplant was that it became available in Mongolia from only 1995.

Table 1.3. Percentage of currently married women who know specific contraceptive methods

Contraceptive method	1994 (%)	1996 (%)	1998 (%)
Any method	-	-	**99.3**
Any modern method	-	-	**99.2**
Pills	59.3	70.1	93.0
IUD	90.9	88.2	98.4
Injections	31.0	53.8	87.4
Norplant/Implant	0.0	2.5	41.1
Diaphragm/Foam/Jelly	25.4	30.8	29.8
Condom	75.9	76.4	91.4
Female sterilisation	-	41.8	54.7
Male sterilisation	-	15.9	21.0
Any traditional method	-	-	**91.7**
Periodic Abstinence	77.6	80.9	90.6
Withdrawal	43.4	31.9	54.2
Other methods	-	-	**12.1**
Number of women	1046	1136	4899

Current use data among currently married women are published only from the 1994 and 1998 surveys. As may be seen in Table 1.4, 57% of the women in the 1994 survey reported that they were using some contraceptive methods at the time of the survey. This percentage slightly increased in the 1998 survey to 60%. The percentage of those who were currently using pills and female sterilisation doubled in 1998 compared with 1994.

Table 1.4. Percent distribution of currently married women by specific contraceptive method currently used

Contraceptive method	1994 (%)	1998 (%)
Using any method	57.3	59.9
Using any modern method	41.2	45.7
Pills	2.5	4.2
IUD	33.1	32.2
Injections	1.15	3.1
Norplant/Implant	0.3	0.2
Diaphragm/Foam/Jelly	-	0.1
Condom	3.4	3.5
Female sterilisation	0.9	2.4
Male sterilisation	-	-
Using any traditional method	16.1	13.1
Periodic Abstinence	13.1	12.5
Withdrawal	0.6	0.7
Other methods	2.4	1.1
	-	
Not currently using	42.7	40.1
Total	100	100.0
Number of women	1046	4899

Considering contraception generally, IUD among the modern contraceptives and periodic abstinence among traditional contraceptives were the most commonly used contraceptive methods. The family planning programme in Mongolia appears to be basically an IUD programme; this method accounted for 32% of the total 45% for modern contraceptives according to the 1998 Reproductive Health Survey.

The Reproductive Health Survey in 1998 shows current use of contraception among all women by specific contraceptive method currently used, by age of women (Table 1.5). About 44% of all women were using any method of contraception, of whom 33% were using a modern contraceptive method, 10% were using a traditional method, and 0.8% are using some other method. The current use of both modern and traditional methods differs with the age of women. The level of current use of contraception is lower for women aged 15-19, and 20-24 than for older age groups reflecting the fact that many of these women have not yet married (Table 1.5).

Table 1.5. Percent distribution of all women by specific contraceptive method currently used, according to age, 1998

Contraceptive Methods	Current Age							
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	All
Any method	3.9	33.3	55.2	64.2	66.5	55.4	29.0	44.2
Any modern Method	2.1	25.3	43.8	49.1	50.4	38.9	20.8	33.4
Pill	0.4	3.1	4.3	4.7	3.7	2.3	1.4	3.0
IUD	1.0	16.6	32.1	33.9	35.3	27.1	15.0	23.3
Injections	0.2	2.2	2.6	3.7	3.6	2.1	0.5	2.3
Norplant	0.0	0.1	0.1	0.3	0.4	0.1	0.0	0.1
Diagram/ Foam/Gel	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.0
Condom	0.5	3.1	3.3	4.0	3.8	2.6	1.2	2.8
F.sterilis	0.0	0.3	1.3	2.4	3.6	4.5	2.7	1.8
Any traditional Method	1.8	7.7	10.7	14.1	14.4	15.0	8.0	10.0
Abstinence	1.7	6.6	10.1	13.6	13.8	14.7	7.5	9.5
Withdrawal	0.1	1.0	0.6	0.5	0.6	0.3	0.5	0.5
Using other Methods	0.0	0.3	0.7	1.0	1.7	1.6	0.2	0.8
Not currently Using	96.1	66.7	44.8	35.8	33.5	44.6	71.0	55.8
No.of women	1273	1343	1351	1182	1124	774	414	7461

Source: Reproductive Health Survey, 1998

Though reasons for the low contraceptive uptake were not addressed in these surveys, physical inaccessibility to services, non-availability of contraceptives in sufficient quantities, lack of postpartum and post-abortion method provision, and provider misperceptions and bias could be some of the reasons for this situation.

The current situation in Mongolia is that the availability of modern contraception has considerably improved, but that uptake continues to be rather low. Several agencies such as UNFPA and WHO are providing contraceptives, especially condoms, through their programmes and projects. At the same time, condoms have become available in many private shops, kiosks and pharmacies at a low subsidised price. Nevertheless, availability and accessibility are thought to be key constraints on the increased use of reliable contraceptive methods in the country.

Abortion

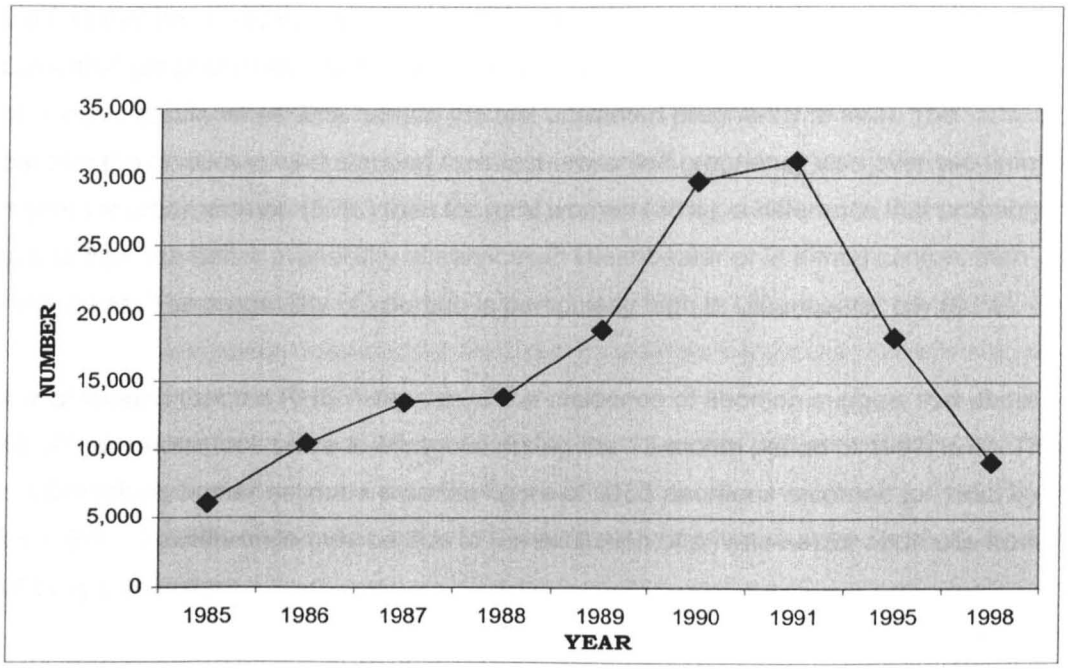
Induced abortion was not legalised in Mongolia until a few years back. Previously, access to abortion was granted in case of physical health problems of mothers. During the period

of centralised planning, especially since the 1950s, the government encouraged high fertility among Mongolian women by bestowing honours and financial and early retirement benefits on women who had more than four children. Mothers were entitled to 45 days of antenatal leave and 56 days of postnatal leave with full pay, and also two years of maternity leave with job security. Nursery care was available free of charge up to the age of three years. Moreover, a tax had been levied on unmarried adults and childless couples. Access to contraceptive methods, including sterilization, was restricted.

However, after 1985 access to abortion was expanded to women having more than 5 children, in case of pregnancy less than one year after the previous birth, women who had 3 or more children if her husband was either disabled or in prison, women who were in prison or in an orphanage and women who are heads of the households and who had three children and wanted an abortion due to various factors mentioned previously. The policy was further liberalised in 1989 to allow every woman the right to have an induced abortion if she does not want to continue with the pregnancy. With the liberal laws of 1985 and 1989, the reported number of induced abortions increased from 6,173 in 1985 to 11,234 (82%) in 1986 and again from 18,800 in 1989 to 29,635 (58%) in 1990.

However, it is unlikely that the increase in induced abortions was as sharp as the reported figures suggest. In official publications statistics are provided for miscarriages. According to the Ministry of Health the number of spontaneous abortions per thousand births fell from 168.6 in 1985 to 95.3 in 1990. This sharp decline over the period when abortion was legalised suggests that many of the previous spontaneous abortions were actually illegally induced ones. This interpretation is supported by the drastic decline in the number of miscarriages after change in the abortion law. For example, in 1989, the number of abortions and miscarriages were 18,800 and 13,887, respectively. These changed to 29,635 and 7,329 respectively, in 1990. Further, in 1995 only 4,457 miscarriages were reported compared with 18,335 abortions.

Figure 1.4. Trends in number of reported induced abortions in Mongolia (1985-1998)



Source: National Statistical Office, 1998, Mongolia

It thus seems probable that abortion was the most important proximate determinant of Mongolia's fertility decline in the 1980s but that contraception played an increasingly important role in the 1990s. According to the statistics of the Ministry of Health and Social Welfare (MOHSW), the number of abortions declined since 1991 (Figure 1.4). In 1998, 9135 abortions were reported, representing a ratio of one abortion per 5 live births. This decline in the 1990s may plausibly be attributed to increases in IUD use. At the same time the continuing high abortion rates testify to a widespread unmet demand for contraception. The Reproductive Health Survey (RHS) of 1998 gathered detailed information on unwanted pregnancy and abortion from 7,461 women of reproductive age. Each woman was asked whether she had had an unwanted pregnancy at any time, when she had the last unwanted pregnancy, whether she did something to stop it, who helped her to stop it, and whether she had any health problems in trying to terminate the pregnancy. The survey showed that one out of every five women had experienced an unwanted pregnancy. Table 1.6 shows that this percentage increases with age, reaching 30% among women aged 35-49. The prevalence of unwanted pregnancy was two times higher among women with higher or vocational education than among those with incomplete secondary or less education. This pattern may be associated with the fact that women with higher education normally want fewer children. About 45% of women who

had ever had an unwanted pregnancy last experienced the event over five or more years ago, 41% one to four years ago, and 14% within the last year. This decline may reflect the fact that contraceptive use increased in the 1990s. About 65% of women with an unwanted pregnancy took action to stop the last unwanted pregnancy, either successfully or unsuccessfully while 35% carried the last unwanted pregnancy to term. The percentage of women who stopped their last unwanted pregnancy was over two times higher for urban women (80%) than for rural women (36%), a difference that probably stems from the better availability of services in Ulaanbaatar or in aimag centres than in rural areas. The probability of abortion is particularly high in Ulaanbaatar city (86%).

It is of interest that the RHS estimates of the incidence of abortion suggest that about 13,000 abortions took place in Mongolia during the 12-month period of 1997/1998. This is a substantially higher estimate than the figure of 9135 abortions recorded for 1998 by the MOHSW. The difference may be due to the exclusion of private-sector abortions from the Ministry's statistics.

Although it is difficult to obtain information about abortions performed in private clinics, impressions are that women are increasingly seeking private sector abortions, at least in part because of the testing requirements for public sector abortions that result in delays in receiving the service. Public abortion services require women to make repeated trips to the hospitals for blood tests and vaginal smears, to await results of the tests, and, if indicated, to receive treatment prior to the abortion procedure.

Table 1.6 Percentage of women who experienced unwanted pregnancies by time since last pregnancy and action to terminate it by socio-economic characteristics

Background Characteristics	Ever had unwanted pregnancy		Time since last unwanted pregnancy			Action to terminate last unwanted pregnancy			
	Yes	N	Less than 1 year	1-4 years	5 or more years	Terminated pregnancy	Attempted but failed	Carried pregnancy to term	N
Current age									
15-24	5.7	2616	26.7	69.3	4.0	46.0	0.0	54.0	150
25-29	18.5	1351	23.6	54.8	21.6	62.0	2.8	35.2	250
30-34	25.5	1182	17.9	43.9	38.2	66.4	2.7	30.9	301
35-39	30.9	1124	10.1	37.5	42.4	67.7	0.6	31.7	347
40-49	29.1	1188	2.9	21.1	76.0	66.2	1.2	32.7	346
Residence									
Urban	22.5	3904	14.7	40.5	39.7	80.3	1.3	18.5	878
Rural	14.5	3557	13.4	42.6	44.0	35.5	1.9	62.6	516
Region									
Central	15.6	2576	14.4	40.0	45.7	58.6	1.5	40.0	403
East	22.9	678	9.7	41.9	48.4	52.9	0.0	47.1	155
West	14.8	1569	15.1	40.5	44.4	30.2	5.6	64.2	232
South	14.7	462	19.1	44.1	36.8	58.8	0.0	41.2	68
Ulaanbaatar	24.6	2176	14.4	42.2	43.5	85.8	0.4	13.8	536
Education level									
Incomplete secondary	12.6	2648	12.0	44.7	43.2	31.8	1.8	66.4	333
Complete secondary	16.2	2215	18.2	40.2	41.6	63.7	2.0	34.4	358
More than secondary	27.1	2598	13.2	40.3	46.5	78.8	1.1	20.1	703
Total	**18.7**	**7461**	**14.2**	**41.3**	**44.5**	**63.7**	**1.5**	**34.8**	**1394**

Source: Reproductive Health Survey, NSO, Mongolia, 1998

No data are available about the quality of abortion services in the private sector. Evidence suggests that the quality of clinical abortion practices in the public sector needs improvement. Currently the traditional method of Dilation and Curettage is used for abortion. There is repeated reference in the country to a high rate of post-abortion infections and other complications, but data are lacking regarding specific complications and their causes (MOH, 1996). Much concern has been expressed about the negative attitudes of many service providers towards women who seek abortions. Since properly performed abortions carry relatively low health risks, these concerns imply unsafe practices may be being used (UNFPA, 1997). Post- abortion family planning counseling and method provision are also lacking.

Sexually Transmitted Diseases and HIV/AIDS

Economic and political transition has resulted in a deterioration of government services, rising unemployment, increased school dropouts, higher rates of alcoholism, and increased crime and prostitution (MOHSW; UNICEF, 2000). Restrictions on travel and on personal liberties have been removed, facilitating commerce, overseas travel for business purposes, and travel for personal leisure. Given the crisis in government financing due to the loss of Soviet economic subsidies, STD control programmes have deteriorated. This deterioration has resulted in a reduction in resources for the STD surveillance system that, before 1990, actively used the police for contact-tracing and partner-notification.

Table 1.7. STD surveillance data in Mongolia (cases notified per 100,000 population)

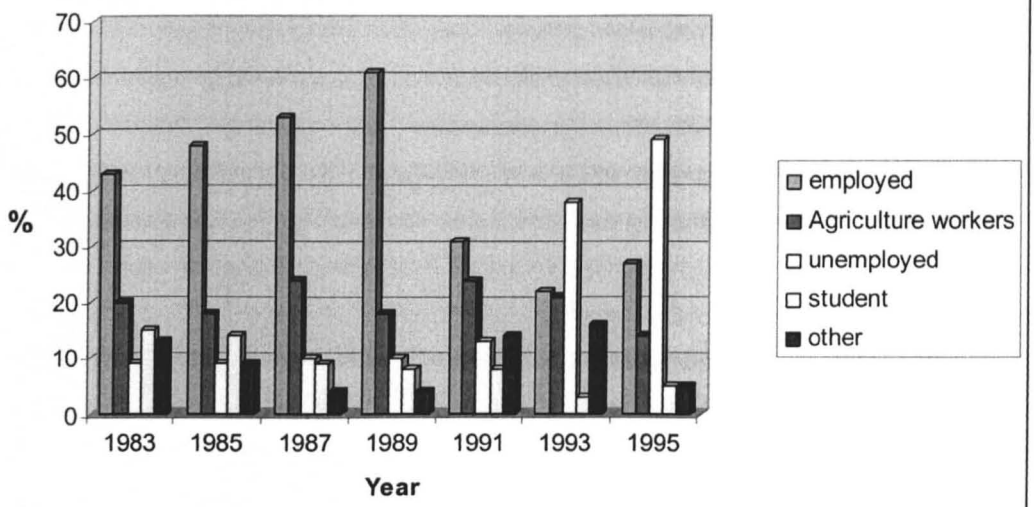
STDs	Years		
	1983-1989	1990-1992	1993-1995
Syphilis	57	34	23
Gonorrhoea	64	92	142
Trichomonas	75	147	149

Source: Purevdawa et al., 1997

Table 1.7 indicates that between 1983 and 1995 reported syphilis cases declined by half from 57 in 1983 to 23 per 100,000 population in 1995. In contrast gonorrhoea and trichomonas infections doubled during this period of time. Changes in business and social circumstances in Mongolia have resulted in increasing STD risk behaviours and in creating new core groups at risk for these diseases. Those now considered at risk for HIV/STD include prostitutes, runaway adolescents, the unemployed, truck drivers traveling within the country as well as those transporting goods to and from Russia, Eastern Europe and China, those with a previous history of STDs and drug users (Purevdawa et al., 1997).

Of the reported syphilis cases, nearly half occurred among employed workers such as textile workers, fabric makers, miners, and truck drivers between 1983 and 1989, but this proportion started to decline in the 1990s (Figure 1.5). This was accompanied by sharp rise in the proportion of reported syphilis cases among the unemployed from 10% in 1989 to nearly 50% in 1995. Unemployment also increased sharply during this period of time.

Figure 1.5. Reported syphilis cases, by employment status, 1983-1995 (Source: Purevdawa, et al., 1997)



Mongolia has remained nearly free from HIV over the past two decades, as evidenced by the fact that only three HIV/AIDS cases had been reported as of July 2001. The first HIV infection in the country was reported in 1992 in a male homosexual who acquired his infection abroad and died in 1992. The second case was detected through screening of Female Sex Workers (FSWs) in December 1997. The third case was diagnosed as an AIDS case in a woman at the National Centre of Communicable Diseases. It is estimated that, in the year 2000, there were fewer than 100 HIV infections in Mongolia (WHO, 2001). Though the HIV/AIDS incidence is low, the Government has joined the international community in addressing the problem. Thus, in response to the worldwide HIV/AIDS pandemic, a National AIDS Committee was established in 1992 along with National Programme on AIDS (Patel and Amarsanaa, 2000). In 1994, a Law on the prevention of AIDS was passed. This 'AIDS Law' is primarily concerned with detection, requiring the Ministry of Health to identify people at risk and to report confirmed cases of HIV/AIDS. Under the law, those in high risk groups, such as 'homosexuals, sex workers, persons with multiple partners, persons with STIs... intravenous drug users and persons with multiple blood transfusion, mentally retarded adolescents and youths.. may "voluntarily" have an examination and HIV test once a year' (ibid., p.17). Persons subject to six-monthly testing include, among others, students of colleges and universities and year 7-10 secondary school students. The Law goes on to state that those who refuse such

voluntary testing 'shall be forced by the local administration'. People can be forced to undergo examination and treatment if they do not co-operate voluntarily, and those who are 'unable to control themselves' can be held in isolation. Penalties for breach of these provisions include fines from 10,000 - 80,000 tugriks (10 – 80 USD) and, in the case of concealment of an STI or refusal to have treatment, imprisonment for up to two years (ibid p.17). In 1997, following fear about spread of AIDS infection, the Ulaanbaatar City Mayor issued a decree that all female residents of the city aged 15 to 40 years should be tested compulsorily for STIs, including HIV, over a two week period in October 1997. After criticism these measures were dropped in favour of voluntary testing (ibid, p.18).

HIV screening has been widespread since 1987 using ELISA for screening and Western blot for confirmation. Both active and passive surveillance has been used for HIV detection and reporting. Since 1987, more than 176,000 HIV tests have been done with only three confirmed positive results (one in 1989 and other two in 1997) as of July 2001, but rising rates of other STDs imply that the actual incidence of HIV infection is probably higher.

Faced with a difficult challenge, the Ministry of Health is collaborating with the WHO and with the Fogarty International Centre-sponsored project, conducted by the University of Alabama at Birmingham (UAB), aimed at providing a series of STD/HIV training programmes (MOH, 1997). WHO and UAB consultants have conducted behavioural science, laboratory, and training needs assessments. Efforts have been made to improve HIV/STD education and surveillance among specialists and general practitioners as well as efforts to strengthen laboratory and blood transfusion services (MOH, 1997).

National protocols for the diagnosis and management of STDs do exist but providers are not yet oriented to these protocols. Both active and passive surveillance are used for syphilis, gonorrhoea and trichomonas with VDRL, Gram stain, and wet prep diagnosis, respectively (Ouyn, Personal communication, 1998). Appropriate drugs to treat infections are not always available and incomplete treatment is reportedly common. Penicillin is used for gonorrhoea as a cheap and available treatment despite clinical evidence of widespread resistance (MOHSW, 1998).

1.6. How social and economic development has shaped adolescence

Mongolian society differs greatly from many other countries of Asia in terms of its social life, culture and tradition, especially in the treatment of women and adolescents girls. The influences of socio-economic factors, of traditional culture and of the older generation on today's adolescents in Mongolia require explanation.

From an early age boys helped their fathers handle outdoor job for cattle breeding, and girls undertook domestic work and food preparation with their mothers. During the 18th century early marriage prevailed, especially among wealthy people, a reflection perhaps of the importance attached to the continuation of aristocratic dynasty. The marriage age among the lower class was slightly later, averaging 14-16 years old (Maiskii, 1921). In general girls entered marriage soon after their puberty (Nadmid, 1974). Polygamy was not common, but, if there were no male children, it was considered (Gilmour, 1891).

From a very young age, boys would take great responsibility for family matters in the absence of their father or older brothers. A boy in a female-headed household was regarded as head of the family and treated as an adult. Many became monks from the age of seven or eight, as monks were considered the most educated and respected people. Surviving the harsh continental climate (long cold winters followed by dry windy springs) was possible only because of hard work of all family members whatever their age. Thus girls and boys had no adolescence in traditional Mongolian society; childhood ended suddenly with early marriage for girls, and early responsibility for boys. Adolescence was rarely recognised as a distinct phase of life.

Parents retained firm control of young people, especially of their marriages. Parental power lay in the possession of the only means of income and employment, the livestock, and in the possession of the home in which the young couple would live immediately after marriage. It was the custom that a married son lived in the same moving camp as his father, whereas a daughter had to leave her father's home once she married. Although caste has never been as strong in Mongolia as in some other Asian countries, parents were able to deliberately seek out families with similar social status and livestock holdings.

Economic development, together with the cultural revolution in social life, fanned by the Soviet reform movement that extolled the virtues of education, led to a rapid spread of

schooling for both boys and girls. Adolescence now certainly exists in Mongolia. By the end of the 1970s, women's age at marriage averaged 18.5 years, the highest level among Asian developing countries except Sri Lanka, and the average for men's marriages was 24.1 years. Almost all Mongolian young people (irrespective of their residence, urban and rural) were engaged in full time education even after puberty (Ministry of Education, 1990).

Girls, in contrast to their counterparts in other Asian developing countries such as India and Bangladesh, are encouraged to continue their education at school beyond puberty. This is partly because Mongolian women have traditionally had relatively higher social positions and greater autonomy than women have in the Islamic societies of Inner Asia or in China and Korea (Worden and Matles, 1991).

Thousands of young people had the opportunity to be educated in higher learning institutions in the capital city of Ulaanbaatar, as well as in Eastern European countries. In 1926 a few students were sent to Soviet Union and Germany for university education. By 1989 10% cent of young people aged 16-23 were studying in universities and colleges of Eastern European countries including the Soviet Union (Ministry of Education, 1990).

Educated young people have increasingly adopted boyfriend and girlfriend relationships as a result of greater exposure to Russian and Eastern European influenced media and information flows on romantic love, social life at school, and economic independence of both male and female young people from their parents.

So nowadays there is a long adolescent and post-adolescent interval between puberty and marriage among Mongolian young people. The prolonged dependency of young people is related to the extended family culture. It is very common even today to see unmarried young people aged 20 years or more living in the parental home. Both parents enjoy having their daughters and sons helping them in domestic duties.

Since late marriage is the norm in Mongolia, the sexual behaviour of young unmarried people is a governmental concern because of the risks it carries for their reproductive health and life opportunities. Although, traditionally, society does not approve of premarital sexual intercourse Mongolian adolescents enjoy more freedom in sexual matters than their peers in the other Asian countries.

1.7. Adolescence in today's Mongolia

Girls in Mongolia experience early menstruation with an average age at menarche of 12.82 (±3.95). Urban girls experience menarche earlier than their rural counterparts (MOHSW and UNFPA, 1996). Evidence suggests that appreciable numbers of young, unmarried persons are becoming sexually active, and becoming so at younger age. A recent survey on *Adolescent Reproductive Health (ARHS)* conducted in 1996 among 4,674 young people aged 13-20 indicated that 30.6% of all participants had experienced sexual intercourse with 29.3% of males and 19.0% of females. Among secondary school students, 13.9% reported to have had sexual intercourse.

The ARHS revealed that 6.3% of all females involved in the survey had experienced pregnancies, of whom 80.9% of them were married. Of 178 pregnant women, most pregnancies (51.1%) ended with childbirth, 17.4% ended with abortion and the remainder (28.7%) was still pregnant at the time of the survey. But these indicators differ radically according to marital status. For instance, while 63.7% of the married women gave birth and 4.9% had abortion, 34.2% of single women gave birth and 34.2% had an abortion. A large majority of the total abortion cases were to single women and the average age of these women having an abortion was 17.8±1.2.

An illegitimate birth is not stigmatised by the society. It is usually the girl's family who supports the baby and mother unless the girl marries. But it is very unlikely that a teen pregnancy would lead to marriage as girls' sexual partners tend to be of similar age. Although there is a law that fathers should support their children until the age of 18, it is impossible to expect such support from fathers who are not yet financially established.

As sexual activity increases, contraceptive use is likely to increase. The ARHS showed that 73.2% of adolescents participating in the survey had heard of contraceptive methods, and they considered the condom as the main method to prevent pregnancy; 52.2% knew that it could be used to prevent STDs as well. Ignorance of contraceptive methods was highest among students: 35.8% (MOH and UNFPA, 1996).

With regard to the actual use of contraceptive methods by young people, the 1996 Second Demographic Survey indicated a wide gap between knowledge and use. For instance, the actual use of both modern and traditional contraceptives in the entire age group of 15-19 including virgins was less than 5% compared with their reported

knowledge of different methods: condom (62%), IUD (63%) and rhythm (56%) respectively (Data not shown).

STDs and HIV/AIDS

Changes in social circumstances in Mongolia have resulted in increasing STD risk behaviours and creation of new core risk groups, including adolescents. Between 48-52 percent of sexually transmitted infections now occur among young people younger than 25 (MOHSW, 1998; Purevdawa et al., 1997). The ARHS documented that 84% of adolescents reported having heard of STDs, out of whom 25% know the signs of STDs and 1% had had previous STDs.

Initiatives addressing adolescents' needs

Mongolia is gradually coming to terms with an adolescent population that is growing both in absolute terms and relative to other age groups. There appears to be an increasing recognition among policy-makers of the need to address the needs of adolescents beyond the family planning framework. Recent Mongolian population policy promulgated adolescents' health and health-related behaviour as an important area to be studied and appealed to government organisations to carry out concrete actions.

In June 1997 the first ever Adolescent's Reproductive Health Programme was approved in which the study of sexual behaviour of adolescents, development of an appropriate school sex education programme and the extension of family planning programmes to urban and rural areas are considered to be priority activities (Resolution of Government of Mongolia, 1997). In accordance with this programme, several UN specialised agencies, international and local government and non-governmental organisations such as UNFPA, WHO, Margaret Sanger International, Marie Stopes (UK), IPPF, German Technical Assistance, Save the Children Fund (UK) are at the planning stage of their programmes and project activities in the field of adolescent's reproductive health. There are two major areas to be considered: attitudes and behaviour and practical obstacles. Adolescents are very reluctant to use existing health services owing to lack of confidentiality and privacy, inappropriate location of service units and hours of opening, lack of knowledge of where to go in case they need services and fear of approaching medical personnel.

The attitudes of health service providers are also problematic. Owing to their limited knowledge, many health service providers ignore the importance of sexual health issues of adolescents and are reluctant to serve them. Moreover, they are not sensitive to adolescents' special needs, and are unable to provide them with the required information and counseling when they approach (Centre for Reproductive Law and Policy, 1999). As mentioned earlier, reproductive health services in the public health sector are normally provided by MCH, STD clinics and Family Planning Centers and they are not planned for use by adolescents. Currently very limited services are provided by the "Adolescent Cabinet" in urban areas and then only for girls. These cabinets have a gynaecologist who provides regular clinical examinations for adolescent girls in her catchment area. These cabinets also organise school health visits to secondary schools when students receive health education and a limited number of physical examinations. Unfortunately, owing to limited budgets, these cabinets lack trained counselors, laboratory test equipment, and appropriate drugs for treatment and teaching materials.

The Ministry of Science, Technology, Education and Culture together with UNFPA designed a school-based sex education programme. Teaching of this programme is underway. One practical obstacle is lack of educators including teachers, health service providers and parents. If they have adequate knowledge about the sexuality of young people, teachers, health service providers and parents are the best placed to substantially influence the process of behavioural change among adolescents. Unfortunately, most have very limited knowledge and the fear of adult recrimination frequently prevents adolescents from asking questions or seeking help from parents or older adults. Because of fear, most information on sexual matters comes either from their peers, who may be equally uninformed or incorrectly informed and are likely to be relatively inexperienced themselves, or from the media which tend to represent either sexual and gender stereotype or extremes.

Planning and implementation of sex education programmes addressed to in-school young people requires detailed information on the nature and magnitude of the problem of young people's sexual health, their perceptions and needs, the social context in which their sexual behaviour occurs, their knowledge and attitudes towards their own sexuality and so on. But much of this information is not available.

1. 8. Need for a study on sexual behaviour of in-school adolescents

School sex education programmes are of an early stage in the country. Lack of contraceptive knowledge and low acceptance of modern contraceptive methods are some of the factors responsible for high risk taking behaviours among young people in Mongolia. In addition, family planning services do not target adolescents at all and there is a lack of trained medical personnel to handle adolescents' sexual issues properly.

Therefore, young people need to be made aware of the potential risks of unprotected sexual intercourse such as becoming pregnant and being exposed to STDs, and to be helped to develop the skills and resources to avoid them. In this respect, information, values, and skills conveyed in schools through a sex education program could have a considerable impact on their lives. Moreover, family planning services need to be available to both urban and rural adolescents in order to protect them from teenage pregnancy and STDs.

Large gaps exist in the understanding of factors that affect adolescent sexual behaviour and use of reproductive health services. Previous surveys conducted in the field of adolescents' sexual health do not provide comprehensive information and understanding of in-school young people's sexual behaviour. In this respect, reliable quantitative and qualitative data are essential for understanding patterns of sexual conduct of students, their contraceptive use and demand, and the epidemiology of sexually transmitted diseases, and are fundamental to informed debate about the timing and content of sex education in schools.

CHAPTER 2. LITERATURE REVIEW

Introduction

This chapter reviews the literature on the sexual conduct of young people with specific reference to countries in Central and East Asia. It also reviews the health risks experienced by young people as a result of their sexual conduct. Furthermore, the chapter explores the need for sex education for young people and highlights experience with such programmes in selected countries. For the review electronic searches of several databases were carried out. These included Psychlit, Sociofile, Enbase, Cochrane Library, Pub-Med, and Social Sciresearch. A manual search of both published and unpublished literature and relevant references on the subject was also undertaken. The number of published studies on the subject, relevant to the Mongolian setting, was limited. However, several published and unpublished reports on neighbouring countries in Asia were found and are discussed in this review.

Throughout most of the developing world, teenagers and young people constitute a large proportion of the population, and their absolute numbers are increasing. Financially, they are the most expensive age group with regard to national investment in their training and education, and socially they are the most important since patterns of behaviour established in adolescence are likely to continue into adulthood (Gunn, 1975).

Adolescence is defined as the stage of development between childhood and adulthood. It is usually heralded by physical changes as well as a variety of emotional and developmental challenges. Some, such as the WHO, define adolescents by chronological age; others define it by a stage of development of maturity. In general, there is no clear definition of adolescence because of cultural variations in different societies (WHO 1979).

The term 'adolescent' is often used to denote a population segment that is at risk, but as Aggleton and Warwick (1996) have pointed out, the age boundaries implied by this term are imprecise and thus serve to confuse rather then clarify. The approach of this review is to define the domain of interest as young people, in the period from puberty up to the point of entry into marriage or stable union. This spans the key transitional events of

'adolescence' and captures the period of highest sexual health risk and distinctive service needs.

In traditional cultures, adolescence in this social rather than age-related sense tends to be very brief. Children may become "instant adults" by virtue of rites of passage at, or around, the time of puberty. But, with modernisation, improved standards of living, and prolongation of education, "adolescence" is becoming more evident as a life-period throughout the world (Bennett, 1982).

In many countries the "bio-social gap" between age at menarche and marriage is widening (Alan Guttmacher Institute, 1994; Brooks-Gunn & Paikoff, 1997; Cover, 1995; Singh & Wolf, 1990;). This trend results in large increases in the number of sexually mature but unmarried adolescent girls (Senderwitz and Paxman, 1985).

2.1. Sexual conduct of young people

A brief overview of research findings on the timing and prevalence of key demographic events, experiences and associated risks affecting adolescents is provided below. Obviously, the potential scope and ramifications of this topic are very wide and diverse and thus this review of evidence is mostly restricted to countries in Asia. As mentioned in the previous chapter, Mongolia was one of the communist countries that relied heavily on the financial support of and ideological domination by the former Soviet Union for more than 70 years. Since the demise of the Soviet Union and Soviet Bloc in Eastern Europe, economic, political and social changes have made these societies less isolated and more exposed to Western culture and mass media. These changes have affected norms that relate to reproductive health, sexual behaviours and family values. The sexual conduct of young people in these countries is thus of considerable interest.

First sexual experience and age at first coitus

There is considerable variation across countries in the initiation of sexual activity; it appears that the majority of young people will become sexually active, either within or outside marriage during their teenage years. Although social customs usually discourage sexual relations before marriage in the most Asian countries, evidence suggests that premarital sex is common in many countries of the region and similar trends towards an earlier age for the first intercourse, as in developed countries, have been noted (Carballo et al., 1991; Ingham, 1992; Xenos 1997).

Sexual experience among young people has been estimated in a number of Soviet states. At ages 15-19 years, 49% of single females in Russia, 30% in Ukraine and 17% in Kazakhstan but only 1% in Georgia has experienced intercourse (DHSK 1999; RHSG 1999; RWRHS, 1999; URHS 1999;). The WHO survey conducted among young unmarried people aged 15-19 in five South-East Asian countries in 1997 estimated the percentage of sexually experienced among unmarried young people as follows (Table 2.1): 23% males and 10% females in Republic of Korea, 49% of males and 9% females in the Philippines; 14% of males and 2% of females in Vietnam. The recent study conducted among young people in rural Thailand concluded that 50% of males and 2% of females were sexually active.

By the age of 20-24 years, the percentage of females who are sexually active increased up to 90% in Russia, 73% in Ukraine, and 70% in Kazakhstan. Georgia's proportions are outliers and evidently represent a very conservative society in that the percentage of sexually active women increased only up to 3%. Although an increase in premarital sexual experience has been documented in these former Soviet states, it is plausible to suggest that the effect of institutional changes on sexual norms has not occurred in Georgia yet. Among young people of both sexes in Thailand and Malaysia, 79% and 40% respectively had already had sexual intercourse by age of 20-24.

Table 2.1. Percentage of unmarried teenagers who are sexually active, by country and year/author of study

Country	Year of study and source	Sexually active young people aged 15-19	
		Males	Females
Russia	1999, RWRHS		49.3
Ukraine	1999, URHS		30.3
Kazakhstan	1999, DHSK		17.4
Georgia	1999 (GWRHS)		1.0
Korea. Republic of	1997, WHO	23.0	10.0
Philippines	1997, WHO	49.5	14.5
Thailand (rural)	2000, Isarabhakdi	50.0	2.1
Vietnam	1997, Belanger et al	14.8	2.4
Mongolia	1996, ARHS	36.3	18.8

The reported age of sexual debut varied between countries. It was relatively high among females at an average of 21.5 years in Georgia (RHSG, 1999), 19.5 for both sexes in Vietnam (Belanger et al.,1997) and 18.0 for both sexes in Korea (WHO, 1997). The age of sexual debut of young people was similar in Nepal, Mongolia, Philippines and Thailand (Table 2.2).

Table 2.2. Median age at sexual debut of young people by country and year/author of study

Country	Year/Author	Median age at sexual debut	
		Males	Females
Georgia	1999, GWRHS		21.5
Korea. Republic of	1997, WHO	18.0	18.0
Philippines	1997, WHO	16.8	18.9
Thailand (rural)	1995, Isarabhakdi	16.6	17.6
Thailand	1997, WHO	16.5	18.4
Vietnam	1997, Belanger et al	19.5	19.5
Nepal	2001, DHS	16.7	18.8
Mongolia	1996, ARHS	16.9	18.4

There are considerable differences between males and females in the reporting of sexual experience in each country. Teenage males for the most part have been found to be far more likely to be engaged in sexual intercourse at a younger age, and to have more positive attitudes toward premarital sex, than females (Alexander et al., 1989; Miller & Olson, 1988). For example, as shown in Table 2.1, of those who had not married, 50% of which Thai males reported that they had had sexual intercourse, while only 2% of rural females reported similarly. A similar difference is observed especially in East and South-East Asian countries where a sexual double standard is still evident. Among males, the median age of sexual debut in this part of the world is only 16 years except in Korea and Vietnam whereas the median ages for females range from 18.0 to 21.5. Males also tend to have multiple partners. Two out of three sexually active males and one in three sexually active females in a survey of 849 school and university students between 15-23 years in the Kwangju metropolitan area of Korea claimed to have had more than one partner (Lim, 1995). First intercourse by young men is likely to occur with a non-regular or uncommitted person (e.g. prostitute) (WHO, 1997). For example, more than 60 percent of Thai males reported experiencing their first sexual intercourse with a prostitute, as prostitution is a major component of sexual culture for young men (Isarabhakdi, 2000).

In Asia data on contraceptive use are mainly available for married adolescents. Analysis of Demographic and Health Surveys shows consistently high levels of knowledge about contraceptive methods among married teenagers in Asia, but low levels of actual contraceptive use relative to older women (Curtis and Neitzel; 1996 UN, 1989). Unmarried adolescents have rarely been interviewed about their contraceptive use. The limited information available reveals the following: in rural Thailand, 71% of never married males and 91% of females knew about pills and more than half of them knew of condoms, but 30% of males reported not using any contraceptive methods at the time of their first sexual intercourse (Isarabhakdi, 2000). In Malaysia, 70% of young people reported

knowing of pills, and 48% of condoms, but only 37% used any form of contraception (UNESCO, 2002). Condoms are used as a method protecting both from STDs and unwanted pregnancies in most East and South – East Asian countries. More males than females use condoms in these countries. Condoms were mainly used with sex workers and occasional partners, but seldom with regular partners (Mahuttano, 1996). For example, a survey among Thai male students found that, while 75% of the youths had, on occasion, used condoms, only 11% always used them.

In general, the pill and condom are the most widely known modern methods among adolescents whilst methods like the diaphragm, jellies and Norplant are least known. Periodic abstinence is the most widely traditional method used among adolescents in Asia (Singh, 1995).

However the picture in Mongolia and in the former Marxist states is different from other Asian countries in terms of contraceptive use. Primary reliance on the IUD, together with abortion, is typical of former Marxist states, which usually discouraged supply-based methods, reflecting both an indifference to consumer choice and an inability to afford these methods, or to keep tight reins on their distribution and use. After the collapse of the former Soviet Union, the governments in these countries liberalised their policy on family planning and started intensive family planning education. The private sector also became involved in marketing contraceptives and injectables. As a result, reliance on abortion is diminishing, as use of contraceptive methods becomes more widespread (Westoff, 2000). For example, among unmarried sexually active women in Kazakhstan aged 15-19, 60% were found to be current users of some form of contraception; of these, 49% reported current use of a modern method and 10% a traditional method (KDHS, 1999). Similar trends are observed in the other states (RWRHS, 1999; URHS, 1999).

2.2. Health risks

The risk posed by unprotected sex in young people is reflected in disproportionately high rates of unwanted pregnancy (Jejeebhoy, 1996) and STD and HIV infection (UNFPA, 1999). Nearly half of the 333 million new cases of STIs each year are in people under the age of 25 and one-half of all new infections each year are among young people (Sadik, 1998). The WHO estimates that globally one in twenty teenagers is infected with a sexually transmitted disease before they reach the age of 21 (UNAIDS/WHO, 2000).

Unwanted pregnancy

In most of Asia, strong social sanctions exist against unmarried mothers and thus many unwanted pregnancies result in abortions which maybe unsafe and expose young women to great health risks (Jejeebhoy, 1996). Abortion is legal in many Asian countries, but is still highly restricted in Philippines, Thailand and Indonesia and some other smaller states. But, despite the law, abortion is probably still widespread in these latter countries. Direct collection of abortion data is problematic, and the information obtained is usually greatly under-reported, because both woman and providers are reluctant to discuss the subject (Barreto et al., 1992). For instance, a study in Vietnam shows that only one-quarter of women aged 15-24 who underwent an abortion confided in a friend, and only 13% in a family member (Belanger et al., 1997). Nevertheless, more is known about abortion in this country than in most Asian countries. The abortion rate in Vietnam has dramatically increased since 1992 among unmarried young people. The total abortion rate reached 2.5 abortions per woman, the highest rate in Asia and one of the highest in the world (Goodkind, 1994). Belanger et al (1997) concluded that one of the reasons for such a rapid increase in the abortion rate might be the changing sexual behaviour of unmarried people. If premarital sex is on the rise, and access to effective contraception problematic for unmarried people, premarital pregnancies are likely to increase and hence the demand for abortion is also increased.

In other Asian countries, a rise in the age of marriage has been accompanied by an increase in premarital sex (Xenos, 1990). According to the 1990 National Survey of the Korean Institute of Health and Social Affairs, 32.9% of induced abortions were performed on unmarried women (IPPF, 1997). It is estimated that about 400,000-500,000 illegal abortions are carried out on teenagers in the Philippines per year and in Thailand estimates range from 155,000 to 750,000 respectively (IPPF, 1997). Thailand has a high rate of teenage pregnancies and abortion. Some 300,000 abortions taking place every year, a ratio of one abortion to three live births, and about half of these are on adolescent pregnancies (UNESCO, 2002).

As noted in many studies from India adolescents who become pregnant are considerably more likely than older women to delay seeking abortion and hence undergo more hazardous second trimester abortions (Chhabra, 1992; Solapurkar & Sangam, 1985). The delay in seeking abortion is largely related to a lack of awareness of pregnancy, and cost, as well as ignorance of services and fear of social stigmatisation (Jejeebhoy, 1996).

Not only do a large number of adolescent abortion-seekers die every year in the Asian region, but another large proportion suffer from to abortion complications; these include haemorrhage, septicemia, cervical and vaginal lacerations, and secondary sterility (Centre for Population Options, 1990).

Exposure to STDs and HIV/AIDS

To illustrate the enormity of the HIV/AIDS problem as it pertains to young people, one-third of the estimated 30 million people living with HIV in 1998 were between ages 10-24 years (CRPL, 1999).

Sexually transmitted disease is a major health problem among youth in much of Asia. Upper genital tract infection, known syndromically as pelvic inflammatory disease (PID) has a special importance for adolescents (Berger & Westrom, 1992). PID typically results from untreated lower genital tract infection from chlamydia or gonorrhoea. These infections are more prevalent than other STDs among sexually active adolescent females. Young women are at greater risk than young men of serious complications; because symptoms are less obvious in women, their treatment is more likely to be delayed (WHO, 1989).

The problem is even worse for street children whose numbers are growing in the Philippines, Mongolia, China, Vietnam, and Nepal and who may be involved in sex work. According to Mongolia's National AIDS Centre, for example, 39% of sex workers began at the age of 14-16 (AFXB, 2002). In 1997, among 49 girl prostitutes in Ulaanbaatar aged 13 to 20, one-third had been infected with STDs and their awareness of STDs and the methods of preventing them were very limited. Similarly, half of the prostitutes in Cambodia are Vietnamese under the age of 16. Such sex workers were found to have a limited knowledge of safe sex practice and rarely use condoms. In Nepal, about 5,000-7,000 girls of aged 10-20 years are lured into the sex trade in different brothels in India and other South East Asian countries per year (UNESCO, 2002).

Increased pre-marital sexual activity and low use of condoms result in more adolescents being exposed to sexually transmitted diseases, which facilitates HIV transmission, according to studies commissioned by UNESCO. For example, the high incidence of both HIV/AIDS and STDs in Nepal is linked to prostitution which in turn is linked to poverty and traditional customs among some ethnic groups that 'offer their daughters to the temples'.

In the Katmandu valley alone it was found that 45% of the commercial sex workers were under age of twenty (UNESCO, 2002).

In 1997, in the Russian Federation there were over 62,000 reported cases of syphilis, out of which 0.8% were children under the age of 14, 6% were teenagers between 15 and 17 years, and 9.2% were teenagers of 18-19 years (CRLP, 1999). In May 1996 a five-year programme for prevention of spread of AIDS was approved.

In Mongolia, it is estimated that every year about 7,000-8,000 people become infected with STDs. About half of STD patients are unemployed and 49%-58% are youth. Of 490 males aged 15-25 who participated in a KAB survey in 2000, 20% had sexual intercourse with strangers, and 7% were infected with STDs (Amarsanaa and Patel, 2000).

Countries such as Cambodia, Thailand, Indonesia, Nepal and Vietnam show high levels of STDs, implying a strong possibility for an extensive spread of HIV (AIDSCAP, 1996). As of 2000, the countries with the highest estimated levels of HIV infection among the adult population were Cambodia (4.04%), Thailand (2.15%) and Myanmar (1.99%) (UNAIDS, 1997). The next highest level was reported in Malaysia with less than a half of one-percent (0.42%). Countries with the lowest levels (less than 0.1%) included China, Indonesia, Laos and the Philippines (see Table 2.3).

Table 2.3. Percent of adult population with HIV by country and mode of transmission

Country	Adult population with HIV (%)	Primary mode of transmission
Cambodia	4.04	Heterosexual
China	0.07	IDU
Indonesia	0.05	IDU; Heterosexual
Malaysia	0.42	IDU
Mongolia	<0.01	No significant epidemic
Myanmar	1.99	IDU; Heterosexual
Philippines	0.07	Heterosexual
Thailand	2.15	Heterosexual
Vietnam	0.24	IDU; Heterosexual

These figures are based upon the epidemiological fact sheets on HIV/AIDS and sexually transmitted disease. Fact sheets are available at (http://www.unaids.org/hivaidsinfo/statistics/june00/facts_sheets/index.html)

Heterosexual transmission is reported as being the dominant or a significant mode of transmission in all countries except China, Mongolia and Malaysia.

In 1999, 17,316 cases of HIV/AIDS were reported in China and 8.7% of these patients were in the 16-19 year-old age group (Sun, 2000). While it is estimated that 70% of the

half million HIV/AIDS carriers today in China are injecting drug users, a resurgence in prostitution is often cited as the avenue through which HIV/AIDS is rapidly being spread. It is estimated that there could be 10 million people affected by 2010 unless aggressive and effective action is taken by the Government soon (UNESCO, 2002). Prostitution in China is illegal. Therefore, being poorly educated and afraid of being arrested, these women are vulnerable to HIV infection and other sexually transmitted diseases and are difficult to target for prevention (Sun,2000).

In Thailand, a total of nearly one million people have been infected with HIV, with nearly 300,000 of them having died from AIDS. About 14% of total AIDS cases occur in the group aged 15-24 (UNESCO, 2002). In 1996, the National Statistical Office reported that there were more adolescent females with full-blown AIDS than adolescent males by a 125 to 87 margin (Thai working group, 2001). Thailand's comprehensive multi-sectoral efforts to curb its enormous HIV/AIDS problem, and especially efforts to promote the use of condoms, have been successful in reducing infections spread by sex work. The number of new HIV infections each year has dropped from nearly 143,000 in 1991 to under 30,000 in 2000. Today, only about 16% of new cases are attributed to sex work, while in the early 1990s the figure was 80% (Thai Working Group, 2001).

According to UNAIDS, Mongolia is currently one of the few countries in the world to remain minimally affected by the HIV/AIDS pandemic. However, many news reports have mentioned that a possible epidemic might be much worse than expected due to the rapid socio-economic changes in the country, the breakdown of the public health system, the increasing rates of prostitution among children, the alarming increase in sexually transmitted disease in young people, and the proximity to known high prevalence HIV areas in China and Russia. The fact that the majority of Mongolians still consider HIV to be an exclusively foreign disease represents another factor which will inevitably contribute to the silent spread of HIV amongst the most vulnerable segments of population, as has occurred in other parts of the world such as in sub-Saharan Africa (Association Francois-Havier Bagnoud, 2002). On the instigation of the Mongolian government, the Association Francois-Havier Bagnoud is developing a project to prevent the spread of HIV/AIDS. At the same time, Marie Stopes International (MSI) is offering advice on family planning and safe sex, as well as treatment, to those of the capital's street youth who are subjected to abuse, high levels of sexually transmitted disease and unwanted pregnancy (MSI, 2000).

The current low level of the HIV epidemic in most Asian countries provides a window of opportunity for early targeted interventions to prevent the further spread of infection. One type of intervention is sexuality education for young people. The next section reviews the nature of, and experiences with sexuality education in East and South East Asian countries.

2.3. The context for sexuality education

Since the subject of adolescent sexuality remains taboo in many Asian societies, there is widespread ignorance among young people of the risks associated with unprotected sexual activities (Senanayake, 1994). Furthermore, in many parts of the world, changes in familial and societal patterns and values have also resulted in a relaxation of social constraints on non-marital sexual activity, and are being supplanted by the influence of the mass media and peer group interaction (Ford, 1992; Gueye et al., 2001). Many young people receive information through the mass media, but the information is often incorrect or glamorises unsafe behaviour (Population Reports, 1995). Sources of reliable information and contraceptive advice are rarely available and in some countries cultural norms prevent parents from having open discussion with young people about sexual matters (Paikoff, 1992; WHO, 1996). Moreover, parents tend to leave the responsibility for sex education to schools and teachers due to their insufficient knowledge. Therefore, school-based sexual education has a potentially important role in meeting the emerging needs of young people in their sexual health.

Many Asian countries have great experience of population education programmes. The earlier population education programmes were concerned primarily with national demographic and developmental goals. In recent years there has been a shift of political concern in some countries away from classically defined population education towards family life education that addresses the real needs of young people (Senanayake, 1994). Several factors led to this shift. First, most Asian countries now have attained a low fertility level and population policies in these countries have been reformulated. Second, many of the Asian countries have undergone a rapid social and economic change in recent years. Due to this trend, traditional sexual cultures of Asian youth are changing towards a more open pattern of sexual interaction (Ford, 1992). This behavioural change has led to growing reproductive and sexual health problems of young people. Third, recent concerns about the HIV pandemic and adolescent sexual behaviour have emerged, pressuring governments to formulate new policies and to consider new

approaches to sex-related education. Skills-based education is being progressively introduced.

In this regard, as of 2000, Mongolia, Indonesia, the Philippines, Thailand and China have developed policies on sex-related education. Cambodia and Vietnam have prepared draft versions of policies relating to HIV/AIDS and sexual and reproductive health education though the existence of policies and curriculum does not necessarily imply implementation. Conversely, Malaysia and Myanmar reported having no specific policies on HIV/AIDS and sexual health in schools (Smith et al., 2000). Several innovative pilot projects are currently underway in Myanmar, Cambodia, Indonesia, Mongolia, China, Nepal and Vietnam, but data are not available on the coverage of these projects. For example, in Vietnam, a UNFPA supported project in Hanoi and Ninh Binh renovated and equipped 18 community health centres in 2000 and distributed over 8,000 'parent bags' with 'It's no secret' materials to encourage better communication between parents and adolescents about reproductive health. In Nepal, where close to a third of the population is between the ages 10-24, reproductive and sexual health services designed specifically for young people were initiated for the first time in September 2000. Peer groups have been formed in 72 villages, and youth-friendly information centres have been established with the support and assistance of the community (UNFPA, 2000). In a few countries such as Indonesia, Cambodia, Thailand, Malaysia and Philippines health education has been taught as compulsory or non-compulsory element of the curricula in primary and secondary school level (Smith et al., 2000). Although health education is taught as a part of the curriculum in these countries, there is no requirement that students should be examined at the end of the term or year. Therefore students tend to focus more on those core subjects that are linked to formal qualifications (UNAIDS, 2000).

Curricula

A consensus on what the core values and content of sex education should be has not yet been achieved (Massey, 1992). Massey argued that the aim of sex education is not simply to reduce unplanned pregnancy rates or sexually transmitted diseases. Nor can it be, as some have suggested, simply about advocating abstinence, although that, of course, is a choice which may be an outcome of sex education.

Sex education as a cross-curricular theme can help to give young people not only the knowledge, but also the skills and sensitivity necessary to handle relationships and the

very strong personal feelings which come with adolescence. In this respect Lloyd (1992) claimed that teachers, parents and governors generally agree that, besides good examination results, young people need to leave school able to: think critically; express their own opinions confidently; be self-reliant, motivated and disciplined; take responsibility; make choices within a moral context; have clear values and attitudes; cooperate with others; make and sustain good relationships; and have healthy life styles. Therefore sex education must be seen in this context as having a crucial place in young people's personal development (National Curriculum Council, UK, 1990).

The National Centre of HIV Social Research (NCHSR) compiled reports on HIV and Sexual Health Education in primary and secondary schools in selected Asia-Pacific countries in 2000 (Smith et al., 2000). In countries where sex education is not part of the accepted curriculum, great sensitivity has to be exercised to allow for public opinion and cultural and religious attitudes (Ford et al., 1992). As sexual issues are still regarded as taboo in many Asian countries, the word 'sex' is not used in programme titles. Instead programmes are given more neutral titles such as Life and Family Education in Thailand, Population Education in Vietnam, Family Health Education in Malaysia, and Adolescent Reproductive Health in Mongolia and Indonesia. In most countries the relative risk of different sexual practices is not mentioned in any programme curriculum; sex in any form is evaluated as risky and is equated with vaginal intercourse (Smith et al., 2000). Sexual activity is typically framed as something that should occur between husband and wife and extra-marital sex is nearly always discussed as a 'problem'.

While most governments seem keen to emphasise health and morality in the policy frameworks they offer for school-based education, details of risk reduction and harm minimisation are typically absent. All countries have developed skills-based curricula that include HIV/AIDS education and stress sexual abstinence as the primary strategy to prevent HIV transmission. In several countries such as in Mongolia, Thailand and Cambodia the curriculum urges students to use condoms if they engage in sexual intercourse. With regards to the timing of sexuality education, NCHSR findings suggest that most Asian countries consider explicit talk about sex to primary school students to be inappropriate. In general, secondary school is regarded as the appropriate time begins to discuss sex in some detail. Moreover, it is important to note that not all adolescents become sexually active while at school. The majority of them may not need any services. Instead they require only information. Thus, it is important to provide all adolescents with accurate and appropriate information that would enable them to develop responsible

decision-making skills. As the experience of sexuality education clearly shows that didactic teaching does not help to change behaviour, there is a tendency to shift into skill-related teaching methods which improve assertiveness of students and teach them communication skills. WHO has defined life-skills education as dealing with human 'abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life' (Smith et al., 2000). It aims to promote the 'healthy psychological development of the child' and emphasise interactive learning through role playing, games, debates, small group work and brainstorming. The main advantage of this model over the didactic approach is that it creates a space for sensitive issues to be raised that might otherwise not be. Where rigidity in the classroom context does not lend itself to an exploration of controversial subject matter, peer education may be a more appropriate avenue. It is a technique that has been adapted to a greater and lesser extent in many countries (Malaysia, Indonesia, China and Thailand), and is typically skills based. Nonetheless it is important to recognise that adoption of life-skills and interactive learning within classroom creates a space for innovation and allows differences to be expressed.

2.4. Impact of HIV and sexual health education on sexual behaviour of young people

As mentioned earlier new initiatives to stop in-school adolescents engaging in risky behaviour are underway in many East and South-East Asian countries. As most of these programmes are in their infancy it is too early to assess their effectiveness. But studies carried out in Thailand (1988 and 1989) and in Vietnam (1990) provided support for the notion that effectively implemented family life and sex education programmes can be very effective in improving students' levels of knowledge about sexual and contraceptive matters. All three studies involved a pre- and post-test intervention design (Ford et al.,1992). As there are limited data available on the impact of sexuality education on the sexual behaviour of young people in Asian countries concerned in this review, it is helpful to refer to the experiences of the other countries.

Although knowledge acquisition and attitude change have been examined in many programme evaluations, very few studies have evaluated the impact of programmes on actual sexual behaviour (Dawson, 1986; Furstenberg et al., 1985; Kirby, 1984; Marsiglio et al., 1986; Zelnik et al., 1982). In a review of these evaluations, Stout and Rivara (1989) concluded that programmes had little effect on sexual activity, contraceptive use, or pregnancy rates. But, a recent UNAIDS review on the impact of HIV and sexual health

education on sexual behaviour of young people indicated that fourteen studies reported reductions in sexual activity, pregnancies, births, or abortions (UNAIDS, 1997).

A growing body of literature documents that sexuality education can contribute toward better health outcomes, including HIV prevention (Kirby 2001; Grunseit 1997). School sex education is a controversial topic among parents. Some parents are concerned that teaching sex education disturbs children emotionally, distracts them from their more academic studies and may encourage sexual experimentation. But a review carried out by the Global Programme on AIDS (GPA) of the WHO showed no evidence, in 35 surveys, that sex education leads to earlier or increased sexual activity among adolescents (WHO, 1993). The 35 studies reviewed showed that:

- Sex education resulted in either delayed sexual activity or decreases in overall sexual activity (six studies).
- Access to counseling and contraceptive services did not encourage earlier or increased sexual activity (two studies).
- The remaining studies showed neither an increase nor a decrease in the levels of sexual activity.
- Sex education increased adoption of safer sexual practices among the sexually active youth (ten studies).

From an extensive review of American sex education programmes, it is known that programmes that explicitly include value clarification methods of experimential and participatory learning are generally most effective on an attitudinal and behavioural level (Policy Statement, 1988). These methods include learning to talk about sexual issues, and personal sexual feelings, learning to negotiate about ways of making love, and learning to buy and use condoms in real life. Also, some studies in the United States of America have shown that sex education can delay initiation of sexual intercourse, and that contraceptive information, when provided prior to the onset of sexual activity, may have a greater influence on the decision to contracept, than information provided after the onset of sexual activity (Frost et al., 1995).

The separate methodological review of effectiveness of sexual health education of young people conducted by Oakley showed that there is no evidence that providing practical information and contraception leads to sexual risk taking behaviour, but there is evidence that chastity education may encourage sexual experimentation (Oakley et al., 1995).

The development of effective sex education requires an open and safe environment in which young people can frankly discuss their own ideas, feelings and behaviour with respect to relationships and sexual activity in an atmosphere of trust, respect and non-discrimination. This requires an understanding and acceptance of young people's sexual feelings and preferences and of their sexual behaviour, regardless of one's private opinion (Spira, 1994). Therefore, the absence of tolerance is a major handicap for an effective sex education programme in many countries (Senanayake, 1994). The elements of effective sexuality education adapted from Hedgepeth and Helmich (1996) is presented below:

1. The programme presents a positive, accurate, and comprehensive view of human sexuality.
2. The programme respects and empowers students.
3. The programme respects cultural and sexual pluralism and promotes universal values.
4. The programme addresses a diversity of learning styles and abilities.
5. The programme addresses all three learning domains: cognitive, affective, and behavioural.
6. The programme is interdisciplinary and integrated across the curriculum.
7. The curriculum is comprehensive in scope, age-and experience-appropriate, and logically sequential.
8. The programme is supported and reinforced by the family, peers, religious groups, reproductive health clinics, and local media.
9. The teachers are willing to teach, comfortable with the subject, and well-trained.
10. The programme promotes lifelong learning.

As mentioned earlier, the sexual behaviour and reproductive patterns of young people are highly susceptible to social influences and are related to their own sense of psychological well-being (Kirby, 1984). For this reason there is great benefit in strengthening the knowledge, skills and sensitivity of groups who are in position to influence them. Key groups include parents and teachers and policy makers who determine, for example, the extent and the content of sex education in school, and the provision of accessible services for young people.

Conclusion

Substantial evidence indicates that young people are increasingly exposed to risks of unwanted pregnancy, STDs and HIV/AIDS due to their sexual behaviour. The need for action is clear, but interventions need to be developed from a solid evidence base, with serious attention being paid to the most effective means of removing barriers to implementation. Despite many initiatives and interventions, little is known regarding what works in particular contexts and with which particular groups of young people. An underlying assumption of any programme should be to study variations across different settings, and to ensure that planned interventions to improve reproductive sexual health are culturally relevant and sensitive, in particularly in developing countries such as Mongolia. Therefore the forthcoming chapters explore these issues in Mongolia.

CHAPTER 3. STUDY FRAMEWORK

Introduction

This chapter describes the aim and objectives of the study. Operational definitions of concepts and meanings of terms used in adolescents' sexuality are provided at the end.

3.1. Main aim

The main aim of the present research is to develop a body of knowledge that will assist to identify the main sexual health information needs of secondary school students and create the necessary knowledge base for appropriate policies and programmes with particular attention to in-school sexuality education. Thus the study is motivated by a practical and applied goal, rather than seeking to test a specific theory or set of hypotheses.

3.2. The specific objectives of the study are:

- To document the sexual conduct of young boys and girls with particular focus on risks of pregnancy and STDs;
- To measure knowledge and beliefs of young people concerning sexual conduct and associated norms and risks;
- To identify the perceived needs and priorities of young people in terms of knowledge about sexual health issues;
- To describe the views of 'gatekeepers' on the needs of young people and on how these needs might be addressed in a sex education programme in school.

3.3. The research approach

The AIDS pandemic gives a new impetus to the research agenda on human sexuality. Now it becomes essential to develop a comprehensive understanding of human sexuality, putting together the behaviour, the contexts and the ideologies. Only such an understanding can provide clear guidelines for policies and programmes to improve the situation. In designing the study, the approach of the International Development Research Centre is followed (Choinard and Albert, 1990). This emphasises the human

rather than the technological approach to contain the spread of HIV, through promoting the concept of sexual health. Such an approach recognises that the "AIDS epidemic is as much a social and behavioural phenomenon as it is a biological one" (p.87). It focuses upon HIV as a STD and acknowledges that "the myriad nuances of sexuality need to be better understood if HIV and other STDs are to be effectively controlled" (p.29).

The topics for this research were chosen on the basis of a literature review, local knowledge (particularly of media and customs), and a pilot study conducted in a couple of schools in Ulaanbaatar in 1998. In view of the dual nature of the study (to explore sexual conduct as well as outlining a possible school-based intervention), it was highly desirable for students to be involved in the study because any effective sexuality-education curriculum must respond to the concerns and priorities of the people who will benefited by the sexuality- education programme. Imposing concerns and imagined needs from the outside would have been a far less appropriate strategy.

3.4. Focus on Adolescents

Sexual behaviour is a sensitive and intimate issue about which very little is known in Mongolia. Sexual behaviour needs to be understood in a holistic manner rather than simply in terms of indicators such as numbers of sex partners or acts of intercourse over a period of time. Such understanding becomes even more important in the context of a campaign for prevention of HIV. Behaviour change, particularly in sexual matters, is not easy to achieve, as has been seen in the era of family planning, which is also a sex-related issue. The answer lies in dealing with sexuality in totality instead of specific aspects in isolation, as was often done in case of family planning and now HIV/AIDS. A holistic approach places HIV in specific socio-cultural contexts and attempts to deal with all sexuality-related problems to effectively combat its further spread. In other words, an education campaign on sexuality-related matters, with HIV as one of the components, should be more effective and sustainable than an isolated HIV education campaign or programme. Thus if HIV education campaigns recognise and want to address HIV as a STD, then it is better to focus upon STDs in general; if STDs are to be addressed effectively it is better to start with information on sex, because information about STDs is unlikely to change behaviour without broader information on sex and sexuality. Moreover, mere biomedical knowledge of either sex or STDs will not help unless it is placed in a social context as well. Such a holistic approach should help adolescents to make

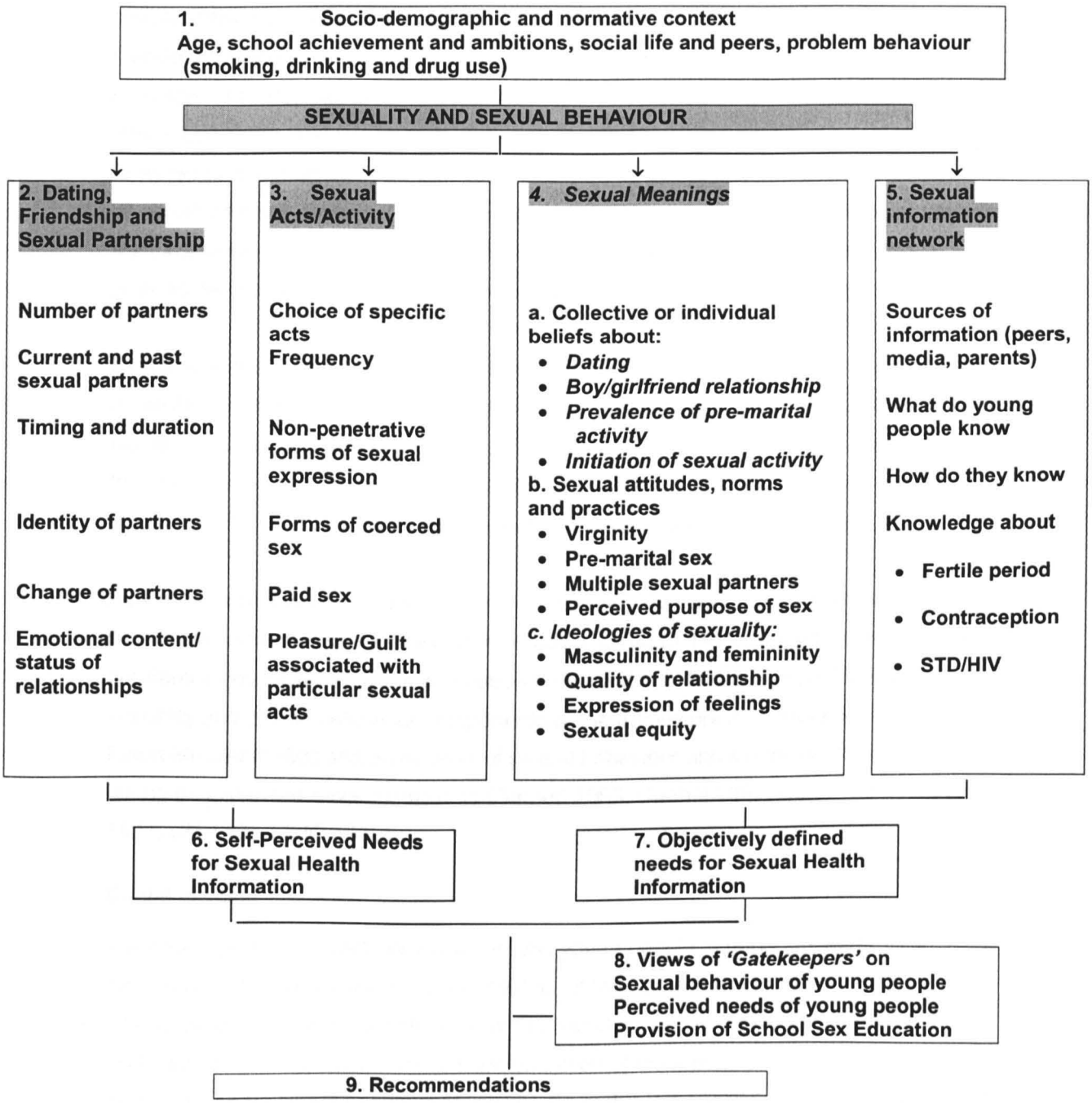
responsible decisions and protect themselves and their partners from HIV and other sex-related problems.

In the Mongolian context few data are available on the sexual behaviour of adolescents, especially in-school ones. To develop comprehensive sexuality- education programmes, it is crucial to understand adolescents' problems, needs and priorities and the ideologies that create and perpetuate them. In this respect specific focus will be given to explore beliefs-what they think is true; perceived needs - what they say they want; and their behaviour-what they say they do. It is also imperative to understand what is adolescent sexuality in totality, what is the context in which it is taking shape, and how the individual adolescent needs to be equipped for a future free from problems that include unwanted pregnancy, STDs and HIV. The following is an attempt to make progress towards this goal.

3.5. Study Framework

A grand 'theory' of health behaviour among adolescents does not exist (Nutbeam, 1989) and the study has not been restricted to the concepts or framework of any specific theoretical model. The diagram, shown below, summarises the main domains of interest for the study. To meet the objectives of the study, information is needed both from students and from adults who are in the position to influence the design and content of any school curriculum such as teachers, parents and health service providers.

STUDY FRAMEWORK



As mentioned above, very little research has been done to obtain valid information about sexual attitudes, beliefs, and experiences of Mongolian adolescents. Aside from the standard questionnaire approach used by studies reported in Chapter One, qualitative research methods, especially focus group discussions and in-depth interviews, are newly introduced in this field (Reilly et al., 1999; SCF, 1998a). Conventional surveys offer little information about sexuality aside from the ubiquitous age at first intercourse and number of sexual partners. Clearly, more innovative approaches are needed to gather information from adolescents, especially about the multifaceted aspects of sexuality and gender in order to develop an education programme to meet their sexual health needs.

Sexuality and sexual behaviour have different meanings for different societies in different contexts. Examination of the definitions of behaviour that have been proposed in different studies reveals that sexual behaviour is defined according to criteria which vary according to context and time period (Maines, 1999) and the variability of sexual behaviour means that it is unlikely to fit into an over-specified framework (Van Campenhoudt, 1997).

As the domain of adolescent sexuality is very broad, it is very important to spell out what part of sexuality or sexual behaviour the study is going to define or explore. In this regard the framework shown above is proposed for the study. It should be noted that the sexuality and sexual behaviour components of the framework are based on the work of Dixon-Mueller (1993) and on reviews of sexual behaviour and sexual health needs of young people in the developing world (Barnett 1993; Carmel 1991; Court 1994; Hawkins 1994; UN 1989; WHO 1989).

Social context

The development of health behaviour among young people in general, and the dimensions of sexuality and sexual behaviour of the framework specifically cannot be fully understood without consideration of the social context of behaviour. Focusing on social influences, the study includes consideration of the family, peers, the school and organisations for young people in Mongolia. From this it is possible to examine the social groups, social networks and social norms of young people in this study. As Chilman (1983) pointed out most teens do not consciously plan to become sexually active and they often do not foresee their first sexual experience. Sexual debut is frequently not experienced as a decision but rather as something that "happened". Therefore, as mentioned earlier, it is important to identify social processes and pressures underlying teenage sexual behaviour.

As little information is available in Mongolia, guidance had to be sought from studies conducted in other countries. Studies on the antecedents of sexual activity in adolescence show that close relationships with parents including communication seem to be associated with later onset of intercourse (Inazu and Fox, 1980; Jessor and Jessor, 1997). Teenagers who are not doing well in school and who have lower educational aspirations are more likely to have sexual intercourse during adolescence than those faring better in school (Hofferth & Hayes, 1987). The findings may reflect lack of self-esteem and assertiveness of adolescents who do not have close relationships with parents and who fail at school.

In addition, association of early dating and early intercourse with smoking and drinking behaviour is well-documented in the developed world (Brooks Gun, 1989; Jessor and Jessor, 1997). For instance, young boys and girls in Mongolia expressed their concern about excessive drinking among school girls and boys and 31% of those students who have ever had sexual intercourse reported that they consume alcohol often compared with 8% among the sexually inexperienced (SCF, 1998a). Accordingly, the study assesses the prevalence of alcohol consumption and its relationship to sexual behaviour of young people and health outcomes. The above mentioned information was mainly collected by the survey and in-depth interviews.

Dimensions of sexual behaviour

The study framework consists of four dimensions of sexuality and sexual behaviour that are socially organised along gender lines. The study views **sexual behaviour** as comprising actions that are empirically observable, in principle at least: what people do sexually with others or with themselves, how they present themselves sexually, how they talk and act (Dixon-Mueller, 1993). In contrast, **sexuality** is a more comprehensive concept that encompasses the physical capacity for sexual libido-sexual arousal and pleasure as well as personalised and shared social meanings attached both to sexual behaviour and the formation of sexual and gender identities (Dixon-Mueller, 1993).

Sexual partnerships and sexual acts are the first two dimensions of sexuality and they are primarily behavioural and objective. The other two dimensions are physiological and cultural and they are subjective (Dixon-Mueller, 1993). Each dimension of sexuality intersects with and is shaped by the experience of gender; thus, gender differences (and commonalties) in sexual behaviours, meanings, and drives can be analysed

systematically for particular age groups. Brief explanations of each dimension of sexuality and sexual behaviour are given below.

Dating, Friendship and Sexual Partnership

This section addresses: the number of each person's sexual partners, including both current and past; the timing and duration of sexual partnerships; socio-demographic and economic characteristics of partners, their relationship, and change of their partners.

Dyson (1992) pointed out that numbers and identities of partners are commonly incorporated into models of sexual networking and disease transmission. As sexual relationships happen in dyads, it is important to describe the range of young people's sexual partnerships and practices. It is important to know how different types of partnership influence desire and ability to engage in safe sex.

In addition, it is important to find out whether partners are cooperative in matters of contraception and disease prevention, and if not, the main problems they encounter (eg barriers to service provision, including provider's attitude, or lack of knowledge or ignorance). Such information will provide a clear understanding about the ways in which sexuality interacts with the social organisation of gender, including power dynamics of early sexual relations. This will enable the researcher to identify what knowledge and skills are needed for young people to be able to make informed decisions at the right time.

The survey conducted in 1996 among 4674 young people in Mongolia aged 13-20 showed that 31% of all unmarried youth have either a boyfriend/girlfriend and this proportion is higher in males than females. Over half (54%) of all participants had 'loved a person' and the average age of their first love affair was 15.77 ± 1.62 (MOHSW and UNFPA, 1996). Thus information about boy/girlfriend relationships, including current and past boy/girlfriends, and their socio-demographic characteristics will be collected equally from sexually active and inactive students through the same instruments. These data will shed light on the following questions: Do females and males differ in their assessment of their relationship as a whole – or of particular sexual practices? What is the emotional content and status of boy and girlfriend relationships? This information will be collected from all students through the survey and in-depth interviews.

Sexual acts and sexual activity

This part of the study framework encompasses the nature of sexual activity, frequency, and conditions of choice of specific sexual practices, for instance, whether young people engage in various forms of sexual activity such as mutual and solitary masturbation, paid and coerced sex, and how frequently, and in what circumstances. These data are of particular importance as it has been shown that sex education programmes do not in fact promote or increase early sexual activity but in some cases may in fact encourage young people to delay penetrative sex (Grunseit et al., 1993). At the same time, this type of information will help to identify consequences of pre-marital sex, preference for contraceptive methods, taboos about coerced sex and disclose the extent of sexual abuse.

Sexual meanings

The study not only includes measures of sexual behaviour and other related behavioural patterns, but also collective and individual beliefs, attitudes and ideologies of sexuality. These areas form the third dimension of the framework:

Collective or individual beliefs of students about dating, boy/girlfriend relationship, prevalence of sexual activity among their peers and initiation of sexual activity (who makes the decision) are documented. The issues and dimensions of sexuality and sexual behaviour are both culturally and contextually specific. Therefore this information provides an understanding of the current situation and context of sexual activity of young people in Ulaanbaatar, which will contribute to the development of a culturally appropriate sex education programme.

Sexual Attitudes, Norms and Practices: Attitudes are generally defined as favourable or unfavourable evaluative reactions or dispositions towards something, a situation, a person, or a group, exhibited in a person's beliefs, feelings, or intended behaviour (Fishbein and Ajzen, 1975). Social psychologists assume that attitudes are reinforced by beliefs and often attract strong feelings that will lead to particular forms of behaviour. With regard to the relationship between sexual attitude and sexual behaviour, Wellings et al., (1994) pointed out that attitudes may influence behaviour but is equally plausible that those with experience of a particular pattern of behaviour will adopt an attitude in keeping with their experience. It is sometimes assumed that a change in attitudes is a necessary prerequisite to any modification in behaviour. Whether or not this is the case, there is a more important sense in which knowledge of sexual attitudes can aid sexual health

promotion (Wellings et al.,1994). Because health promotion involves two-way communication and a 'bottom-up' approach, it is crucial to understand the health attitudes, beliefs, and perceptions of the subjects. Only then can programmes be made appropriate and relevant to perceived needs (Downie et al.,1996).

In addition, attitudes are characteristics of individuals, but they are influenced and determined by many societal and situational (as well as personal) factors. Perceptions about what one's peers are doing and what is normative in one's peer group are more strongly associated with sexual behaviour (Cvetkovich & Grote, 1980; Hoffeth & Hayes, 1987). Younger adolescents may be more susceptible to peer pressure, and thus age may mediate peer effects. An understanding of the range of factors, which influence attitudes, and how these interact, is central to the development and delivery of effective health promotion action (Downie et al.,1996).

In view of the foregoing, information was collected on the attitudes of Mongolian secondary school students towards their sexual behaviour, especially social norms and practices on pre/extra marital sex, multiple partners, virginity, early pregnancy, and perceived purpose of sexual intercourse.

Ideologies of Sexuality

Ideologies of sexuality in some cultures stress male aggression, female resistance, and mutual antagonism in the sex act, whereas in others they stress reciprocity and mutual pleasure (Standing and Kisekka, 1989). It is very important to understand what ideologies are relevant in the Mongolian context as no data are available so far. Among key questions to be addressed are the following: How do young people perceive masculinity and femininity and the nature and quality of their relationship? How do these factors influence decisions to engage in sexual acts and partnerships? Do girls have the power to determine their sexual lives and feelings (even in a boy/girlfriend relationship)? Girls and boys need to learn how to negotiate their sexual rights, that is to protect themselves from STDs and unwanted consequences of pre-marital sex, and to assert their right to caring and responsible relationships. In this regard data on these topics will guide educators to develop a culturally appropriate training programme.

Sexual Information network

Data on sexual information networks - where and how and from whom young people learn about sex, contraceptive methods, STD and HIV - are of obvious relevance for developing an educational programme. Students' knowledge about the fertile period, contraception, STD/HIV and consequences of pre-marital sexual activity, and misinformation and misconceptions about sexual conduct are documented from all participants irrespective of their sexual experiences. Also, knowledge of associated health risks and its relationship with behaviour are examined. The survey, focus group discussions and in-depth interviews contribute equally to the collection of the required data.

Self-perceived needs for Sexual Health Information

As mentioned in Chapter 2, sex education is long development process, which requires active participation of students themselves at every stage. In general, there is little involvement of young people in educational programmes or services that are provided for their age group, neither in contributing to an understanding of their needs nor in assessing and expanding the effectiveness and scope of those services (WHO, UNFPA and UNICEF, 1989).

Many sexual health promotion campaigns for young people have collapsed because they have failed to take account the needs of young people spelled out by themselves as their needs always have been pre-determined by someone else (Downie et al., 1996; IPPF 1996). Therefore, great attention was given to the involvement of young people in the design of a school based programme and opportunity was provided for them to express what they want for their own sexual health.

Objectively defined needs for sexual health information

Based on inferences from what students say and from how they behave on one hand and on analysis of the socio-demographic and normative context within which sexual behaviour of young people occurs on the other hand, the sexual health needs and priority of students are defined.

Views of Gatekeepers

Different methods to build community participation and support for school-based Reproductive Health Programmes have been developed successfully in developing countries by drawing upon the opinions, support and recommendations of "Gatekeepers". Parents, teachers and health service providers are regarded as gatekeepers. As mentioned earlier, parental influence and supportiveness may positively influence the sexual behaviour of adolescents. At the same time, several evaluations of school sex education programmes that detected changes in attitude, increases in knowledge, and a relative decrease in sexual activity of students within broad-based sex education programmes received support from education and health authorities, school teachers, governing bodies, and students themselves (e.g. Mellanby et al., 1995). In this study, interest lies in identifying the main perceptions of gatekeepers towards sexual activity of adolescents, how they perceive the needs of young people and their views on provision of a school sex education programme. Focus group discussions were held with all relevant categories-parents, teachers and health service providers.

Recommendations for improved sex education

Based on the above information and as well as basic principles of sexual health education and experiences from other countries appropriate recommendations for sex education are outlined.

3.6. Operational definitions

Issues of adolescence and sexual health constitute a new area in Mongolia in terms of language to be used. There are no common understandings and definitions among research groups in Mongolia about concepts and meanings of terms used in this field such as 'sexuality', 'sexual behaviour', 'sexual activity', 'boy/girlfriend relationship' and 'sexual partnerships'.

The framework provided operational definitions for the study itself and may contribute to the common understanding of concepts of adolescent sexuality and sexual behaviour in the country. The following definitions were developed based on a literature review of studies conducted among young people in the developed world, as well as East Asian

countries such as Philippine, Indonesia, and Singapore. They have been fully discussed and clarified with Mongolian students during the pilot study in 1998.

A date - going out together of a couple (without other persons accompanying) with the intent to enjoying each other's company, whether or not on a pretext of other intentions.

Boyfriend and girlfriend – a couple attracted to each other or have a affection toward each other who date and may or may not practice non-penetrative sexual activities but who have not yet experienced penetrative sexual intercourse with each other.

Sexual partner - the one with whom a person is having penetrative sexual intercourse irrespective of their background, age and sex.

Sexual intercourse- is defined as sexual union of a male and a female, in which the penis is inserted into the vagina. Local term used for intercourse is – 'sleep with someone'.

Oral sex – stimulation of a partner's genitals by mouth.

Anal sex- sexual union of a male and a female or people of same sex, in which penis is inserted into the anus.

Non-penetrative sexual activity/practice - physical contacts such as touching, holding hands, hugging, fondling and kissing but not including sexual intercourse.

Fondling - sexually stimulating behaviour more intimate than kissing and simple hugging.

Masturbation - self-stimulation of the genitals through manipulation. Both male and female can masturbate. Masturbation can be done mutually involving both partners or singly.

Ejaculation- partners can reach orgasm through solitary or mutual stimulation of genitals with or without having penetrative sex.

CHAPTER 4. STUDY DESIGN AND METHODS

Introduction

This chapter describes the study design and methods that were employed in the study. It consists of two parts; i) a report on preparatory work which explains how the study instruments were developed and pre-tested; ii) the design for the main study and a report on field work administration.

Decisions about the methods of data collection took into account the breadth and complexity of the information sought, and its sensitive and personal nature (Wellings et al., 1990). As the multi-method approach has been proven to be most effective to explore fully the sexual activities of young people (Catania, 1990; Jaswal and George 1990; Zeller, 1990), it was decided to employ both quantitative and qualitative methods in the study. The relationship between qualitative and quantitative methods is characterised as complementary rather than exclusive (Pope, 1995). In this study, qualitative methods will be used as supplement to quantitative work and as a complement to it. As a supplement, qualitative methods can be used as a preliminary exploration prior to decisions about the content of the quantitative component. More importantly, they can be used in conjunction with survey results to achieve a rounded, multilayered understanding of the research topic. They can also be part of the validation process, by means of 'triangulation' (Denzin, 1978). For instance, the study involves gathering data from various sources (e.g. adolescents, parents, teachers and health service providers) by different methods (e.g. participatory approach, self-completed questionnaire, in-depth interviews, focus group discussions and semi-structured interviews). The results of each method will be compared for convergence.

4.1. Report on preparatory work

In 1998, the author was commissioned to undertake a study on adolescent sexuality and sexual conduct by Save the Children Fund (SCF). This study also fulfilled the function of an unusually large-scale pilot enquiry for the main study that forms the basis of this report. Specifically the investigator was asked to conduct a Needs Assessment Survey on the sexual behaviour of young people (in and out-of-school and street youth) aged 14-18 in Mongolia by SCF, during a three week period in September-October 1998. As the pilot study objectives and time period overlapped with the SCF request, both tasks were

combined; specifically the research instruments were tested in the SCF survey. SCF arranged all administrative matters such as obtaining permission from Ministry of Education, negotiating school visits and time schedules for SAQ and FGDs at different schools.

4.1.1. Quantitative work

For the main survey of adolescents it was decided to use self-administered questionnaires (SAQ) in preference to face-to-face structured interviews as several studies in UK and elsewhere show that students have a firm preference for the privacy of an anonymous questionnaire over a face-to- face approach (Knox et al., 1993). The validity of data should be enhanced by use of this method. The main purpose of conducting a survey using self-administered questionnaires is to elicit from students their knowledge of and beliefs about sexuality and sexual activity of their peers, details of their own sexual conduct, their perceptions of social norms and experiences, and views on their own priority needs, for information and services.
The boxes below summarise the main advantages and disadvantages of SAQ.

Advantages
• Simple and straight forward • Easily adaptable to classroom situation • Provide privacy and anonymity • More complete reporting of sensitive behaviour • Cheap

Disadvantages
• Lack of researcher's involvement • Anonymity may lead to spurious responses • Lack of opportunity to explore social interactions, motives and networks • Layout and questions need to be simple • Instrument must be short

Development of the Questionnaire

As a starting point, different survey questionnaires used in studies in East and South-East Asian countries (eg., Adolescent Sexuality Study, 1986, Hong Kong; Young Adult Fertility Survey-II, 1994, Philippines; Young People's Sexual Behaviour Survey, 1994, Singapore) were studied extensively for reference. This literature review was supplemented by pilot work in Ulaanbaatar in 1998.

Through informal interviews with young people, the investigator learnt a great deal about the terms and vocabulary that young people use when discussing sexual matters. Based

on this experience, a questionnaire was developed in the Mongolian language and then was translated into English.

The first draft questionnaire consisted of 46 questions. It started with questions on the socio-demographic background of students, and moved on to school ambitions and relationships. Then it led to questions about students' interpretations and opinions about the prevalence of heterosexual relationships and sexual activity, and smoking and drinking behaviours among their friends. Subsequently, more personal questions about individual student's experiences were asked. Questions on attitudes were placed towards the end. Only one version of the questionnaire was prepared and it was designed to be appropriate for all male and female students in the age range of 15-18 years irrespective of their sexual experiences.

The SAQ was printed in the form of a six-page leaflet (half A4 size), with a very brief and simple explanation of the purpose of the study on the cover page. The layout of the questionnaire was simple, easy to read and follow. A multiple-answer format was selected and simple instructions (e.g. 'tick one box' or 'tick all boxes that apply') were printed after each question.

Wording the Questions and Pre-testing

Of crucial importance to the acceptability and validity of the survey is the way in which questions are phrased and posed. Therefore it was decided to conduct Participatory Rapid Assessment (PRA) exercises as an essential preliminary step to the design of the SAQ to provide a description and understanding of a situation and dynamics of sexual behaviour, and to discover appropriate terms and phrasing for the pre-prepared questionnaire.

One class from grade nine (8 male and 12 female students) in a pre-selected school in Ulaanbaatar was invited for the pre-test. The purpose of the study and its importance was explained clearly and precisely. The following PRA exercises were employed:

Task One. In order to generate discussion and break the ice, a picture was shown of a teenage girl and a boy having a chat in summer evening looking at the sunset. Then students were asked to think about these young people. What are their ages and what are they chatting about? After a short discussion on these matters students were asked

to form single-sex pairs. Girls were instructed to use their imagination and write down 'girl's thoughts and narrative', and similarly, the boys were to write down their thoughts. The reply slips were collected and dropped into envelopes labelled 'Girls' and 'Boys' respectively.

Task Two. Students were asked what these young people would probably be doing afterwards. The following three statements were posted in different corners of the room: 'They will have sex'; 'They will go home and nothing will happen'; and 'They will go for a more intimate relationship without sex'. Students were asked to go to the statement which best described the most likely outcome. Most of the students joined the statement One. Two joined the statement Two and five joined the last one.

Task Three. Each group was asked to explain their opinion and there ensued a very lively, natural and smooth discussion on these issues. These PRAs enabled the investigator to collect general information on, and understanding of, adolescents' perceptions of their sexuality, their fears and wishes, and terms and language that they use.

The draft SAQ was modified and then pre-tested with the same students the next day. Upon the completion of the questionnaire, responses were checked and further informal discussions with students were held. Each question was discussed in great detail, especially the content, meaning of the phrases, words, the ease of understanding and length. In addition, the appropriateness of the draft introductory message and verbal explanation about the study purpose given by the researcher were discussed.

Since the subjects of interest are extremely sensitive, a principal aim of the pre-test was to develop methods of asking questions and eliciting information that put informants at ease, minimised embarrassment, and thus facilitated the collection of high quality data. Informal interviewing was also conducted with a school social worker throughout the pilot study in order to build greater rapport and uncover new topics of interest that might have been overlooked. The pretest enabled the questionnaire to be refined in readiness for the feasibility survey and facilitated the finalisation of the guidelines for focus groups and in-depth interviews to be employed at a later stage.

Pre - testing the Self-Completed Questionnaire

Entirely confidential and anonymous self-completion questionnaires were administered to 301 students spanning three different grades (8-10) in eight participating schools in the study areas, Ulaanbaatar (the capital city) and two other provinces (Selenge and Dornod).

Areas and schools for the study were selected appropriately based on the project activities of Save the Children Fund (SCF) who provided financial support for the fieldwork.

One class from each grade (8-10) was randomly selected for SAQ. For the first two classes a teacher and a school social worker were invited to be present. The investigator wanted to assess whether or not teachers should be invited as assistants for the SAQ during the main study.

Consent to participate in the study was obtained from all students prior to the pre-test. The duration of a school lesson is 45 minutes, and this effectively defined the length of time available for data collection. The investigator spent about 10 minutes introducing the team and explaining the purpose of the study. As part of the introduction, together with students, a simple calculation was done to demonstrate how false responses would disadvantage the outcome of the study. It is a school regulation in Mongolia that students are not allowed to be released early before class finishes for whatever reason in order not to disturb others. Therefore, students were expected to remain in the classroom, regardless of whether they took a long or short time to complete the SAQ. Typically, the completion of 46 questions took about 30-35 minutes. Two students each shared one long table and were seated at the edge of the table. This arrangement provided sufficient privacy. Students were instructed not look at each other's paper and not to talk.

The survey data was entered into the statistical package ISSA and data were converted to STATA package for descriptive analysis. A detailed report for SCF was produced (SCF, 1998a).

4.1.2. Qualitative work

As noted earlier, focus group discussions and in-depth interviews would be used as a supplement to the quantitative work and also as a means of validating the survey results based on the principles of triangulation. At the same time, a combination of these

methods would allow the researcher to examine sexual activity and the sexual behaviour of students at societal and individual level in order to get a wider picture of the whole community.

Focus Group Discussions

The main purpose of conducting FGDs is to elicit from students their shared and common knowledge of and beliefs about sexuality and sexual activity of their peers, their perceptions of social norms and experiences, and views on their own priority needs for information and services. An equally important purpose is to examine the state of knowledge and attitude of relevant adults (eg. parents, teachers) towards the sexual behaviour of young people and their needs; and, in addition, their views on the provision of a sex education programme in the school, especially regarding its content and teaching methods.

FGDs are suitable to explore particular types of question. Because the questioning is so flexible in focus groups, researchers may discover attitudes and opinions that might not be revealed in structured approaches and at the same time it permits the exploration of how those opinions are constructed within the socio-cultural context. Also, gaps between knowledge and actual practice documented in surveys may be explained by the results of focus groups.

Advantages	Disadvantages
• Group interaction used as a part of the method • Presence of the researcher allows follow-up responses if required • Relatively cheap • Can generate massive information within short period of time • Well accepted by community as a form of communication • Provides clues to the range of variation of certain opinions or characteristics	• Participants often ally with fellow group members • Numerical frequencies of views and opinions about the wider community cannot be generated • Poorly trained moderator can easily force participants into answering in certain ways • Data can be cumbersome and complex • Unsuitable to gather information about personal behaviour

Focus groups with students

Design of methods

The piloting of FGDs with students was initially planned to comprise twelve sessions with female and male students. Two groups from each grade (8-10) were to be invited for FGDs, in order to take into account age-related differences in their sexuality and sexual

behaviour. In practice eight focus groups were conducted with both male and female student groups from different grades. Four FGDs were conducted with students of both sexes from the same class, two single-sex FGDs with students from the different classes within the same grade and school and two single-sex FGDs with friends of students (using the snowball sampling technique).

FGDs with single-sex students from the same class and FGDs with groups of friends went very well. However those with students from different classes within the same grade did not work well. Students were nervous and did not feel comfortable enough to speak up. Only one mixed-sex FGD was organised with rather a large number of students (of the same class) and it was noticed that boys and girls were happy to discuss together their sexual matters and share their opinions freely.

As the survey was conducted at the beginning of the study this phase enabled the researcher to gain direct contact with students through whom she selected participants of focus group discussions and in-depth interviews. Some of the FGD members had participated in the survey and some of them had not.

All focus groups took place at the school classroom, late in the afternoon. The focus groups were led by three moderators, one male and two females. As the research group had only one male member, the principal investigator moderated a discussion with male students. From a practical standpoint, the moderator and note-taker reversed roles each time for the ensuing discussions. Once the participants of the FGDs reached a consensus and no new information was generated, sessions were stopped.

Focus groups with Gatekeepers

Six FGDs were planned with gatekeepers, with two focus groups from each group (teachers, health service providers and parents) respectively. The FGD guidelines for each gatekeeper's group included questions on: i) the perceptions of adults about premarital sexual activity of young people and their behaviour; ii) communication between adults and young people on sexual issues, and cultural taboos on the discussion of such matters; iii) the needs of young people as perceived by adults of different groups; iv) and views on the provision of sex education in schools, its content, teaching approaches and methods.

Only four focus groups were actually held with gatekeepers - two with teachers, one with health service providers, and one with parents, respectively. The parent's and teacher's groups were organised through the school authority and FGDs with them went smoothly. On average, there were about eight to ten participants and discussions lasted between one and a half to two hours.

Participants in the health service providers' group were selected after close consultation with the Head of the Health Centre of the district. All of them were doctors and were working in the same Health Centre. The FGD with health service providers was not a success. Discussion did not go smoothly despite much effort. Most probably due to considerations of professional prestige, health service providers found it very difficult to speak up and generate discussion.

As the focus groups with health service providers failed, the participants were invited for an informal group discussion as an alternative method to obtain information from them. Different PRA exercises were used during the informal group discussion. After citing a research result about the prevalence of premarital sex among young people in the country and obtaining a consensus from the participants, the investigator asked 'Who is responsible for educating young people about their sexuality and why?' and placed in different parts of the room four different statements: 'Doctor', 'Teacher', 'Parent' and 'Not agree with all three statements'. Participants were asked to form groups based on their opinions and to explain why they thought that way. A very lively session ensued. Then chain questions were asked such as: What questions should form the content of sexuality education? Who should teach? In what ways? At what age? etc.

Another PRA exercise was organised with the parents' group which repeated exactly the same exercise previously used with students during the pre-test. The same tasks were posed. The majority of parents joined the statement 'They will go home and nothing will happen' and each group explained 'why they think this way'. As a result, participants opened up and other issues on the needs of young people including sexuality education were discussed simultaneously.

During the above exercises it was observed that participants were generating their own questions and ideas and were also developing their own analysis of common experiences. It was very useful to figure out the state of health service providers' and parents'

knowledge and their perceptions about the sexual issues of young people and their needs.

All focus group discussions (except two) were tape-recorded and transcribed, and analysed manually. Owing to limited time, focus group transcriptions were not translated into English.

In-depth Interviews

FGDs have a limited value in exploring the behaviour and beliefs of individuals. In-depth interviews are a more appropriate method for this purpose. Accordingly, the main purpose of in-depth interviews was to explore the sexual experience and behaviour of individual students and to identify contextual factors that drive their sexual behaviour. The in-depth-interview guideline included questions on the socio-demographic background of students, their school ambitions and family atmosphere and relationships, experiences with puberty, heterosexual activity and relationships, pre-marital sexual conduct (including involvement in forced sex, rape, sexual abuse, paid sex), sexual negotiation, sexual partner, pregnancy, childbirth, contraception, especially condom use, and exposure to STDs. In addition, participants were asked questions about their social activities, main interests, needs and priorities, about their peers and their influence, smoking and drinking behaviour and provision of sexuality education in the schools.

In relation to the objectives of the feasibility study, it was planned to conduct in-depth interviews with a total of 18 students with equal numbers from both sexes, six of whom would be sexually active. In practice, 14 in-depth interviews were held with students. Initially it was planned to select students randomly from the class record book from three different grades. But only the first six students were selected randomly. While the team was working in the schools the researcher established close contact with some students who later acted as key informants. For example, some of them disclosed about relationship and sexual status of their close friends and peers. Based on the information provided by these students, the rest of the in-depth interview participants were selected purposively.

The researcher interviewed 10 students (four males and six females). The remaining four interviews were conducted by two other members of the team. In order to break the ice and generate discussion the researcher sometimes used pictures of her sons (almost the

same age as the students) and told some funny stories about their friends, social life (some imaginary stories about their dating and girlfriends) and about her own adolescent experiences as well.

Most of the students selected for the in-depth interviews agreed to participate, except for one female student in a suburban school. Most of the interviews were conducted in one session that lasted about one to two hours. Interviews were conducted in school during class time in a private room. A few interviews of students were also held in the hotel room where the team stayed. Only eight interviews were tape-recorded owing to technical problems. Transcriptions were done by the interviewers immediately after the discussion.

4.1.3. Lessons learnt

Survey

Students felt that the introductory message, layout of the questionnaire and instructions on how to answer the questions were easy to understand and simple to follow. Terms and languages, and definitions used in the questionnaire were considered to be clear. The length was appropriate.

Most students said they felt comfortable and sincere in their response, as it was self-completed and anonymous. There were no refusals. The response rate to individual items was high, but about 3% of the questionnaires had to be discarded owing to missing answers. By remaining in the classroom, the researcher was able to help students quietly in cases where clarification was needed and this factor undoubtedly contributed to the high response rate. It was apparent that students were not comfortable and relaxed in the presence of the teacher-assistant during the SAQ. Therefore teachers are not recommended to assist data collection especially during the survey. Examining the frequency distribution of responses in the feasibility study revealed a number of problems that needed to be addressed in the main study. Specifically, questions that were answered in the same way by a large majority of respondents were eliminated on the grounds that they would not be analytically useful.

Focus groups

The feasibility study showed that FGDs are a useful tool to explore thoroughly the perceived needs for a school-based programme. Therefore, since the survey covers the main aspects of the sexual conduct of students, it was decided that the FGDs should

address specific questions on the knowledge of students on the risks associated with premarital sex, the current norms and attitudes of students, the perceived needs of a school-based education programme, its content, and methods to deliver the appropriate message.

Data from FGDs and in-depth interviews showed the importance of including some particular issues, such as gender - power relationships, and the fear of adult recrimination affecting use of available services; these factors must be included in the survey for the main study. Also it is thought to be important to add few more questions into the survey on the sexual knowledge and attitudes of the students.

Another important finding of the qualitative work was the existence of non-consenting first sexual intercourse for girls and intercourse with relatives. Although only a small number of girls reported having forced sex with a close relative, it is important to find out how common such abuse is among students in general. Therefore, the contents of the survey questionnaire were amended to find out about the first sexual experience of students, whether it was voluntary, whether it was repeated, and whether it occurred under the influence of alcohol.

More detailed information will be elicited through in-depth interviews on the main obstacles for disclosing such abuse, in what circumstances such abuse happens, whether girls can counteract it, if not, why not, and what information and skills young people would need in order to avoid forced sex.

The majority of FGD participants admitted that they enjoyed having such a discussion as they had never had one before on the subject of sexuality. FGD guidelines were relevant to the objectives.

Choosing about eight individuals for each group discussion is consistent with research experience which indicates that such numbers facilitate free and open discussion especially when, as in the preliminary study, the research goal is not to test hypotheses, but to learn about others' experiences and perspectives (Morgan, 1993). Therefore the number of the FGD participants should be about eight.

With regard to focus groups with gatekeepers, teacher and parent's groups, participants should be selected from the schools/classes, which had already participated in the survey. In this respect, close cooperation of school authorities and class tutors is required.

In-depth interviews

The great majority of students did not feel embarrassment when they discussed their intimate sexual matters as had been feared. They were very eager to share their experiences. No strong preference between male and female researchers was observed but boys who were willing to be interviewed by a female interviewer. Girls on the other hand refused to be interviewed by a male researcher. Since student-informants served as a valuable way of selecting participants for in-depth interview, it was decided to use this method for the main study.

Overall, study participants noted the need for such a study in the country and were positive about the study aims and methodology. They were very supportive and actively assisted the study process and were anxious to know about its outcome. Head teachers of all participating schools were supportive. Students were the most willingly interested group to take part in the study and most of them were very proud to be selected to represent their peers. They were very eager to share their experiences and knowledge about sexual matters.

Recruitment of the research team members

Initially it was planned to form the research team from graduate students. But the time of the study was not good for students' busy schedules due to the summer examinations. Lecturers of the Population Teaching and Research Centre (established with UNFPA support) expressed their interest in participating in the study. Some were already participating in another survey which was carried out by Margaret Sanger International among secondary school students in Mongolia on HIV/AIDS and contraceptive knowledge.

Three lecturers of the Centre were selected as facilitators for the study. All were trained as statisticians, had a fairly good knowledge and experience in the field of social research inquiry methods, especially quantitative ones.

They were trained for three days through an introductory course which explained the background and purpose of the research, gave precise definitions, the phrasing and vocabulary needed for each question. The need for discretion, sensitivity and confidentiality during the questionnaire administration was emphasised.

4.2. Design of the Main Study

Study area and study population

Considering cost and feasibility it was decided to conduct the study only in Ulaanbaatar, the capital city, where almost half of the population resides. A justification for this restriction is that urban adolescents are increasingly exposed to new lifestyles, mass media and extensive travel which have the potential to put them at greater risk of unsafe behaviour than their counterparts in rural areas.

Mongolia achieved approximately the same standard of living for all population sectors during the socialist period of development. Therefore, residential areas in the capital are relatively homogeneous: Soviet-model high rise apartments lie throughout the city. Recent changes in the political leadership and drastic revision of the country's economy have led to a deteriorating quality of life by the great majority of the population. Although new classes of rich and poor people emerged as a result of the economic transformation, they still live together in the same apartment blocks regardless of their economic background. Schools are located in the densely populated areas in the city and cover children of that particular area. As mentioned earlier, all schools are public and heavily subsidised. Currently there are not sex-specific or private secondary schools in the country, which means that all children, regardless of their family background, study together. As mentioned in the first chapter there are six districts in Ulaanbaatar and each district has about 20-25 schools administered by its educational department.

In 1997 there were 219,285 young people aged 15 -18 in the country, and 70,024, or 32 %, of them were enrolled in secondary schools out of which 25,182 or 35.9% were studying in 117 schools in Ulaanbaatar (NSO, 1997). The study population comprises school students in grades 8-10 who are aged 15-18. The main reason for the selecting the 15-18 age groups are that the onset of sex activity is likely to occur among an appreciable minority at these ages. Another reason for selecting this age group is that the Ministry of Science and Education of Mongolia officially agreed to conduct the study only

among those students who are in grades between 8 and 10. In this regard, the team anticipated difficulties in obtaining the consent of parents and school authorities, as the involvement of younger adolescents in sexual issues is still regarded as too sensitive to investigate.

4.2.1. Design of data collection instruments

4.2.2. Quantitative work

Sample size and sampling frame

Since this is a descriptive study, which does not test any specific hypothesis, there is no rigorous method of fixing a sample size. Instead, a judgment was made on the basis of cost and feasibility. Accordingly, a sample of 2,028 students was drawn from the 20 schools in 6 different clusters in the city and one class (with approximately 35-40 students) from each grade (between 8-10 grades) was randomly chosen within already selected schools. This sample size was expected to yield about 300 respondents who would report experience of sexual intercourse. The number would be sufficient to analysis of condom and contraceptive use. The sample design that was adopted for the study is a multi-stage, clustered probability sample of school students.

As there are no lists of school children in the city, a list of the schools within each of the six districts of Ulaanbaatar was obtained and three schools from each district were randomly selected. An additional two schools, each in two larger districts were selected, making a total of 20. Finally, a list of all classes between grades 8-10 at each of the selected schools was prepared and one class from each grade was randomly selected from each selected school for the study. A random selection of schools and classes ensures that the sample has a similar structure to that of the general student population in terms of key demographic variables such as age, sex, and social class. Random selection of the schools and classes enables the attainment of unbiased effect-estimates and valid confidence intervals (Hayes et al., 1995). An advantage of this sampling method is that it minimises selection bias, as every school and child has an equal opportunity of being allocated into the study. Owing to reforms of the education system, a mixture of different age groups was observed. For instance, there were few 13-year-olds and 18-year-olds. As an entire class was selected for the study, all students were automatically included in the self-administered questionnaire. Therefore, the only inclusion criterion for the survey was that students must be studying in grades 8-10 of secondary schools in Ulaanbaatar. The sampling procedure is explained below:

The official school list was used as a sampling frame. An approved list of all the schools that were operating in the 1998-1999 academic year was obtained from the Ulaanbaatar City Education Department. Schools in Mongolia are identified by numbers. The list contained the school number, structure (whether it is 10 year or 8 year school or primary), the total number of students enrolled at the beginning of the year together with the total number of female and male students in each grade between 1 to 10. In the academic year of 1998-1999 a total of 36406 students in grades 8-10 were enrolled in the 89 schools (excluding those in the special schools) in the capital city as follows (Table 4.1):

Table 4.1. Number of students by grade and sex

Number of schools	Number of students by grade and sex					
	Grade 8		Grade 9		Grade 10	
	Male	Female	Male	Female	Male	Female
89	5062	6050	1702	2524	3222	4636
Total	11112		4226		7858	

Schools recruit an almost equal number of students of both sexes at the primary level. But in the above table girls in each grade outnumber boys. In accordance with education reform, schooling up to grade six is now compulsory in the country, whereas it was up to eighth grade before. As a result, more boys tend to leave school after grade 6, aged 13. Parents motivate girls from a young age to get a good education in order to be able to look after themselves in case they fail to marry 'a good husband'. Therefore, girls have greater educational ambitions and are more focused then boys as they progress into higher levels of education.

A total of 13 special schools were excluded from the sampling frame. Special schools include two schools for gifted children, two schools for deaf and blind, one school for mentally disabled, three schools for children with learning difficulties, a one international school and two schools where all the subjects are taught in foreign languages rather than in Mongolian. In addition, the two schools where the self-administered questionnaire was pre-tested were excluded. These schools were excluded for the following reasons:

- small number of students representative of the target group
- subjects taught in different languages other than Mongolian
- the likelihood of having a large number of foreign students in the class
- difficult access
- difficulties that students may encounter in completing the questionnaire
- prior exposure to content of the questionnaire

Selection of schools

All together 76 schools in six districts were included in the sampling frame. At first all the schools in the each district were listed as follows:

Chingeltei	10 schools
Sukhbaatar	15 schools
Bayanzurkh	11 schools
Bayangol	16 schools
Songino-Hairhan	15 schools
Han-uul	9 schools

It was decided to select a total number of 20 schools with at least 2 schools from each district depending on the number of the student population of the target grades. In other words more schools were selected in the larger districts in order to have a proportionate number of students from each district. Also, the same number of schools (10 from each) was selected from the centre and the outskirts of the city (Table 4.2). Systematic random sampling was used to select 20 schools out of 76 as it was much easier and more economical to do. For systematic random sampling, a random start and a fixed sampling interval were used.

The sampling interval depends on the size of the population and the number of units in the sample.

Random selection unit – school
Sampling interval - 20/76 =3.8 ($\approx$4)

In order to ensure that every school has an equal chance of being chosen, in the first instance, a random number between 1-4 in the list was chosen as a starting point, and then every fourth school was picked from the sampling frame. The selected schools are shown in bolded font style in table 4.2.

Table 4.2. Sampling frame and selection of schools

Districts	Total schools	Schools
Chingeltei	10	7, 39, **50**, 24, 61, 23, **49**, 37, 57, 72
Sukhbaatar	15	**2**, 1, 3, 4, **5**, 6, 11, 16, **35**, 31, 45, 58, **104**, OZBT, Ecolog, 03
Bayanzurkh	11	**14**, 21, 33, 34, **48**, Amgalan, 92, 97, **53**, 27, Shavi
Bayangol	16	13, **28**, 47, 38, 40, **43**, 96, 56, 46, **51**, 67, 73, 93, **54**,107, 22
Songino- Hairhan	15	9, **12**, 42, 19, 62, **65**, 79, 67, 74, **105**, 81, 80, 82, **83**, 86
Han-uul	9	10, 15, **26**, **18**, 32, 52, 60, **41**, 75

Questionnaire

The questionnaire contains a total of 53 questions covering the following themes: socio-demographic background, school ambitions, relationships, interpretations and opinions of students about heterosexual relationships, sexual activity, smoking and drinking behaviours of their friends as well as their own personal experiences. Only one version of the SAQ was prepared and it was designed to be appropriate for all male and female students in the age range of 15-18 years irrespective of their sexual experiences.

The SAQ was printed in the form of a six-page leaflet (a half A4 size), with a very brief and simple explanation of the purpose of the study on the cover page. The questionnaire (in English) is shown in Annex 4.1. Additional explanatory notes to the questions were included in the introduction in order to minimise misunderstanding and misinterpreting some questions.

The SAQ was prepared initially in the Mongolian language. The researcher had prepared her own version in English earlier. This version was given to three different professionals who speak fluent English and Mongolian. Three of them translated the SAQ separately. Once the translation was completed the researcher sat with them together and checked the accuracy of the translated version. As a result of the extensive discussion the best possible Mongolian version of the questionnaire was agreed and extensively pre-tested (see page 73).

Arrangements at the schools and census taking

The main study was conducted in May and June 2000 in Ulaanbaatar. Altogether 2028 students from 20 schools participated in the survey. At the team's request, the Department of Education of Ulaanbaatar allocated an office at every school. Having a separate room gave an opportunity to talk with the students, teachers, and school administrators (including school doctors and social workers if they were employed) and to answer queries as well as asking questions. As many students and teachers came around it was a great opportunity to obtain information and hints that should be considered for data collection.

In addition, the researcher's personal contacts helped the smooth implementation of the study. A list of teachers was obtained from the Department for Education and meetings with them were arranged prior to the study. Two head teachers and two language teachers at four different schools were personally known to the researcher. Although

selected schools were officially informed by the Ministry of Education and Department for Education, it was important to know people in the study site. All offered their support and through them the researcher became acquainted with many other teachers and officials of other schools who later on provided a comfortable environment for the study.

Prior to the study an introductory meeting was arranged which was attended by school administrators, class tutors of 8 -10 grades, doctors, social workers and teachers who were participating in a health education teaching project. During these meetings participants asked questions like: Who sent you? Why are you conducting this study? Why have you not picked a different school? Who is funding you? How long will you be here? Are you going to publish a report on our school? How would the school benefit? Are there any incentives that teachers would receive? Would you pay the rent for the room? Are you going to disclose information about our school? ... and many more. A brief self-explanatory one page document about the study was prepared and distributed to the participants to gain rapport in every school.

Overall, the school administrator was responsible for arranging classrooms. The team was allowed to use morning registration time to explain the consent form to all students in the grades 8 -10. The purpose of the study was explained in a very detailed way and it was made clear that participation was voluntary and it would not affect their study in any adverse way. Once the forms were returned one class from each grade was randomly selected as explained earlier.

The high school class schedule is from 8 am to 1.30 pm from Mondays to Fridays. Therefore, the questionnaire was administered to one class from each of three different grades at one school during the class hours on the same day. An introduction was given by the researcher to each class before the completion of the Self-Administered Questionnaire. The researcher checked the completeness of the data on the same day before leaving the site in order to detect any points or biases to be considered or be avoided in the future. The researcher supervised the data collection. There were no refusals.

Survey data management and analysis

A student assistant entered data into the computer using SPSS. Another assistant double-entered the data and inconsistencies were reconciled. The questionnaires were

labelled and kept in the computerised file under a different code. Only the researcher had access to the file and she was responsible for the confidentiality of the data. The investigator was fully responsible for the appropriate analytical methodology to be used in the study.

Data were analysed by frequency distribution, cross-tabulations and logistic regression, using STATA version 7.0. Chi-squared tests were applied to assess statistical significance of differences. The results of logistic regressions are shown in terms of Odds Ratios (ORs) and 95% Confidence Intervals (CIs).

4.2.3. Qualitative data components

Selection of the key informants

Key informants were purposively chosen based on their characteristics, willingness and competence rather than on considerations of representativeness. From interviews with school administrators the team was convinced that these staff are the most knowledgeable about every aspect of school life, about teachers, and overall interaction between teachers and students. Their working experience at the same school varied between 3 - 9 years. The team spent considerable time with each school administrator every day and he/she was the main person who facilitated the study at the school. The school administrator assisted the team to select teachers and conduct focus group discussions and interview the school doctor and social worker (where available).

Student key informants formed naturally at each school. These students showed great interest in the study and were eager to learn about the team's activities. They visited the team several times a day and openly shared their experiences, opinions and wishes in terms of their study, social life and future dreams. Some of these enthusiastic girls and boys volunteered to help the team with arrangements of many different activities. During discussions with student key informants the team explored the nature of gossip about boys and girls' interaction at each school, and the interaction between teachers and students.

Sample size and selection of participants

Focus group discussions with students

The main purpose of conducting FGDs was to explore the students' shared and common knowledge of and beliefs about premarital sexual activity of their friends, with a specific

focus on their knowledge of risks related to premarital sex, their sexual health needs and priority and the perceived needs of a school based sex education programme. The focus group discussion guides for student groups included questions on beliefs and opinions of students on the sexual activity of their friends, and knowledge about risks associated with premarital sex. A further major topic of FGDs was a school-based sex education programme. Its explicit purpose (aim and objectives) and specific focus on its content, teaching strategy, methods and environment were explored (Guideline for FGD with students is given in Annex 4.2).

The value of the qualitative data depends partly on the adequacy of the sample - - not in terms of size but in terms of its ability to supply all the information needed for a comprehensive analysis (Yardley, 1999). In this regard, there is no fixed sample design or size and the sample for the qualitative work was not chosen for generalisability or representativeness (Ingham et al., 1996). Initially, the number of interviewees for focus group discussions and in-depth interviews was determined based on the results of the pre-test study and consultation with other researchers. Then, during the process of analysis it became clear whether to proceed or conclude. Interviews were conducted until new themes were no longer emerging and information begun to be repeated by the participants (see Ingham et al., 1996).

A total of nine focus group discussions with students were conducted, five female and four male groups (single sex). Four groups from each grade (8 -10) were invited for an FGD in order to take into account age-related differences in their understanding of sexual health needs, risks of premarital sex and the provision of a sex education programme (Figure 4.1).

Figure 4.1. Focus group study design with students

		Grade 8	Grade 9	Grade 10
9 FGDs	5 Female groups	1+1	1	1+1
	4 Male groups	1	1+1	1

Students for FGDs were selected from those who participated in the survey. In accordance with the pilot study recommendations, students were invited from the same

school and same classes. This selection provided greater comfort and more open discussion. The size of the FGD groups ranged from 7-10 students.

The survey data was collected in the morning and focus group discussions were held in the afternoons. The purpose and procedure of the FGD was explained briefly in the class right after the survey.

Focus group discussions with gatekeepers

Four focus groups were conducted with gatekeepers, two from each group (teachers and parents). Teachers for FGDs were selected in close consultation with school head teachers irrespective of their age and sex. Each school administrator assisted with the selection of teachers for FGDs. The majority of teachers did not know each other personally. The principal investigator conducted two FGDs with the teachers group. The age of the teachers varied between the late twenties and mid forties. There were no particular selection criteria for teachers.

The parents of those students who participated in the study were invited to attend the FGDs in order to have a full account of both parents' and children's views. The class tutor assisted the team to arrange focus groups with parents. Parents were selected based on students' file which contained full information about their parents and their careers as well as on the advice of the class tutor. The class tutor served as an intermediate person to contact all the possible candidates and an invitation letter was sent to the selected parents by the researcher. Overall, the team conducted two focus group discussions with parents. Both groups consisted of men and women and their age ranged from the late thirties to the late fifties. Parents had varied backgrounds and professions.

Focus group discussions with gate-keepers were conducted in accordance with the pre-prepared guideline, which is attached in annex 4.3. All focus groups took place in the school classroom and, the researcher led the focus groups. A team member acted as a note-taker. All focus group discussions were tape-recorded and detailed notes were taken in the local language. Note-takers were asked to pay a particular attention to non-verbal communication. Refreshment was served after FGDs.

Semi-structured interviews were conducted with two school and two 'Adolescent cabinet' doctors respectively. Only five schools had doctors at the time of the survey. Only two of them were available for interview as the others were on leave. Each doctor had a small

room, equipped with the required first aid and materials for other medical services. Both doctors had been trained as gynaecologists and made their career as school doctors. Both of them were of retirement age. As a part of a family planning programme, the City Health Department was piloting an 'Adolescent cabinet' in two districts at the time of the study. Therefore, in addition to school doctors, two 'adolescent cabinet' doctors who were working at the district hospital were interviewed. Their participation in semi-structured interviews was arranged by the City Health Department. Both of them were trained as gynaecologists and received three weeks training on family planning. Interviews were conducted in doctors' rooms.

In-depth interviews with students

The participants in the in-depth interviews were selected purposively in schools and in after-school clubs. During informal discussions with students, the researcher looked for individuals with different personalities, characteristics, views and opinions. The selection was made after explaining the objective of the research and considering their willingness to participate. Students gave their consent for the discussions to be recorded to assist in the analysis of the research data. The criteria for selection included the interests of individual students in the study, their approachability, their willingness to talk, and the need to include a broadly representative cross-section. Experience during the feasibility study showed that, over the course of five days spent at each school, it is relatively easy to select informants in a way that best meets the aims of the study. After obtaining the students' informed consent, a time and place of interview was agreed with them. In-depth interviews were conducted until no more new information was generated. This way overall 41 in-depth interviews were conducted with students. In-depth interviews were conducted in accordance with the attached guideline in the annex 4.4.

Data management and analysis

As the team spent several days in each school, the investigator ensured that the team completed the data processing of all qualitative work (transcription, translation and data entering into computer) done in that particular school before moving to another site. All FGDs and in-depth interviews conducted throughout all the phases were tape-recorded and transcribed. Transcriptions of the FGDs were made right after the focus group discussion before leaving the school. Translation of the focus group discussions and in-depth interviews was very time consuming and it was very difficult to hire someone with

good English. Due to a family obligation the principal investigator had to return to London as soon as the field study was finished. It was logistically not convenient then to arrange for someone to do the translation and it was impossible to translate entire transcriptions of all qualitative data. Instead, the researcher chose to translate short versions of them in order to obtain feedback from the supervisor. As the researcher had all the original notes in Mongolian she was able to refer them anytime if she needed.

The analysis of the FGDs was performed during the course of the study manually in Mongolian. During the course of the FGDs the researcher made detailed notes of the questions to be clarified or followed up during the next FGD. Once all FGDs were finished the researcher prepared a report in Mongolian which was translated into English later on. A provisional list of themes was developed prior to field work based on the research questions, key variable and interested areas. This provisional list was improved by going through the transcripts with purpose of identifying units with coherent themes, then dividing those into topics and subtopics while keeping the relations between the parts intact. These identical themes that reoccurred with some regularity were marked with shorthand label (a code). In-depth interviews were coded in accordance with this pre-prepared code-book using Ethnograph software (attached in annex 4.5). Firstly, matrix analysis and analysis of consistency and inconsistency were done manually. Then, all data were entered into the Ethnograph and analysed. During this process great attention was paid to 'expected' and 'unexpected' patterns and phenomena both from the researcher's and respondent's side. As explained at the beginning of this chapter the qualitative data were used as a supplement to confirm results and findings of the survey; thus they served as a part of the validation process. In addition, the results of the survey, FGDs and in-depth interviews were compared for convergence.

4.3. Limitations of the study

The disadvantage of the study was that the "out-of-school" young people were specifically excluded. Sexual knowledge and practice may actually be higher among out-of-school young people than among students. Of course it would be an advantage to find out how different are the sexual behaviour and needs of out-of-school young people from their in-school counterparts. Such information could provide more insights of the interaction of in-school students with out of school young people in social mixing. However, budgetary and time constraints prevented any widening of the scope of the study to include out-of-school teenagers.

4.4. Reliability and Validity

As we are dealing with complex aspects of human behaviour, reliability and validity of the data obtained through the research instruments is of critical importance (Carael, 1995). Although the quantitative work relied heavily on self-reports, there were opportunities for checking information obtained against that from qualitative sources. Reassurance of anonymity and confidentiality of the self-completed questionnaire maximised veracity. Also, understanding of the need of the study and the importance of each respondent's contribution by the participants helped to overcome the limitations of the self-reported questionnaire.

On the other hand, qualitative methods were valuable to obtain a more thorough understanding of sexual behaviour of young people within its social and cultural context. Research scholars (Ingham, 1992; Pope et al, 1995) claim that issues of reliability and validity of data collected through qualitative methods are still under question owing to the judgment and interpretation of the researchers and the ambiguities of the topics discussed and the terminology used. But by applying the skills required to obtain the trust of participants and by conducting interviews and focus groups in relaxed situations, it was possible to collect information of optical quality. Respondents claimed that they were truthful in their answers and they believed others were equally honest because such a study is needed urgently in the country.

Information may be inaccurate not only because of deliberate misreporting, but also because of memory lapse. The problem of accuracy of recall is not exclusive to sexual behaviour research and by restricting the time period the study was able to minimise such difficulties. Since the main study population was teenagers (and only a minority of them were sexually active), the recall process was less demanding than for older people.

Checks for internal consistency and external validity were carried out. Internal consistency checks were made between responses to different questions in the questionnaire. Results of the study data were compared with other available data sources in the country including those on sexual behaviour. In this way the external validity of data was checked.

Internal and external validity checks, and comparison of the results of self-completion questionnaire, focus groups and in-depth interviews to convergence were used to assess the overall consistency of findings. This facilitated a methodologically strong study.

4.5. Ethical issues

Considering the sensitivity of the issue, the required permission to conduct such a survey among school adolescents already had been officially received from the Ministries of Education and Health. The Ministry of Science, Technology, Education and Culture officially informed the district educational department and school authorities beforehand. Then the team visited all participating schools and in the meantime a study schedule was agreed.

At the same time, in order to protect the rights of the participants, the informed consent of all study participants was obtained through a signed form. The consent process has provided detailed information that can be understood by the potential respondents. The researchers made it clear that individuals were not obliged to participate, and could terminate their participation at any time, or refuse to answer any specific information to which they object.

The consent form contains a clear explanation of the objectives of the study and the participant's rights. A sample consent form is given in annex 4.6, which was distributed to all participants for their reference and agreement. Then the signed forms were collected. As our research design calls for a two-phase approach, all participants were informed about the possibility of being interviewed for focus group discussion and/or in-depth interview.

CHAPTER 5. CHARACTERISTICS OF RESPONDENTS

Introduction

This chapter describes the socio-demographic profile and educational characteristics of the study participants. The study also measured the prevalence of 'experimental behaviours' such as smoking and drinking among secondary school students that may be associated with sexual risk behaviour. These results are also presented.

5.1. Socio-demographic characteristics

A total of 2028 students between the ages of 14 and 18 from 20 different secondary schools in Ulaanbaatar participated in the survey using Self-Administered Questionnaires (SAQs). Among the survey participants, 43% were males and 57% were females. In addition, 106 students participated in the qualitative part of the study: 41 students (19 males and 22 females) in the in-depth interviews and 65 (32 males and 33 females) in the focus group discussions.

Table 5.1 shows the socio-demographic characteristics of the SAQ sample, separately for males and females. All participants were single and lived either with both their parents or one of them. The sample was designed to obtain approximately equal numbers of students aged 16, 17 and 18 from grades 8, 9 and 10. However, the distribution of participants was highly concentrated on those aged 15 or 16 years. The majority of the students were aged 15 (39%) or 16 (42%); 14 and 17-year-olds each comprised 9% of the sample and there were very few 18-year-olds. The reason for the small number of respondents aged less than 15 or over 16 stemmed from changes in the regulations for accepting children of different ages into schools. The Mongolian education system is based on the Soviet model. There is a 10-year school system with pre-school education provided through kindergartens for three to seven-years-olds. The first six years comprise basic education, which is compulsory for all. The next two years are intermediate secondary education alternatively called the junior high school; and the last two years complete secondary education (high school). Previously students used to be enrolled into the school strictly at the age of 8 and finish at the age of 18. However, the school reform in 1990 adopted a flexible system which allows students to start school as young as six and seven years old. At the same time it allows talented students to advance to upper grades once they have passed the required examinations. In accordance with the new

system the majority of students are likely to finish their school at age of 16 with a minority aged 14 or over 16.

Table 5.1. Socio-demographic Profile of Respondents

Characteristics of respondents	Male (%)	Female (%)	Total (%)
Age			
14	9.6	8.9	9.2
15	41.8	37.6	39.0
16	39.2	44.6	42.3
17	9.9	8.9	9.1
18	0.3	0.3	0.3
School grades			
Grade 8	38.4	31.5	34.5
Grade 9	33.3	36.6	35.2
Grade 10	28.2	31.8	30.2
School performance(self-rated)			
Very good	1.3	0.8	1.3
Good	26.8	33.8	30.8
Average	64.3	59.8	61.7
Not good	7.5	5.3	6.3
Chance of studying in further education college			
Above average	39.2	34.6	36.6
Average	47.3	51.9	49.9
Below average	13.5	13.4	13.4
Father's education status			
Primary	2.8	3.4	3.2
Secondary	10.0	14.2	10.9
Vocational	38.9	42.3	40.8
Higher	48.2	42.5	44.9
Mother's education status			
Primary	1.3	1.8	1.6
Secondary	8.2	9.3	8.8
Vocational	39.7	47.8	44.3
Higher	50.7	40.9	45.1
Economic standard			
Above average	50.2	51.2	49.3
Average	48.1	45.2	46.9
Below average	1.6	3.5	3.7
N	873	1154	2028

The majority (62%) of students described their school performance as average, with 31% rating it as above average, and 6% as below average. Only 1% reported that they are doing very well at their school. Females were slightly more likely than males to assess their performance as good.

Students sit for the national examination at the end of grade 8 (equal to GCSE in England). Those who successfully pass their GCSE progress into grade 9 – high school (equal to AS-level in England). As explained in Chapter 1, one-third of students usually progress into the high school every year, out of which 37% were from Ulaanbaatar in 2000. On the completion of high school and successfully passing of the national

examination for higher education, students are eligible to apply for admission to universities for five years. One in five high school graduates progress into the university in every year.

Two-thirds of students leave secondary school with a GCSE certificate after eight years. Some of them continue their education in vocational training schools for one to two years (equal to GNVQ level 2 in England), which leads to skilled jobs, or in junior college for three to four years (equal to NVQ4 level in England), which opens doors to administrative and managerial occupations. Successful graduates of these educational institutions have the opportunity to progress into various universities if that is what they want, or enter directly into employment.

Almost half of the students who participated in the survey rated their chances of getting into their planned college for further education as average; 37% rated them as above average and only 14% rated them as below average. The result was similar for both male and female respondents. It thus appears that students take a more positive view about their scholastic future than about their current performance.

Almost half of the students (45%) stated that their parents have had a university education; followed by vocational education (26%), secondary (17%) and primary (9%). Reported education levels for both father and mother were similar. More females (48%) than males (40%) reported that their mother has a vocational education, whereas more males (51%) than females (41%) repeated that their mother has a higher education.

Respondents were asked to classify the economic standard of their family into above average, average or below average. Very few rated their family as below average. The majority were equally divided into the two other responses.

5.2. Experimental behaviours

Smoking

The government has reduced the import tax on tobacco and a law prohibiting sales of tobacco to children under 16 years of age was repealed in 1998, and has not been reintroduced despite appeals from the Ministry of Health and Social Welfare. This situation increases the availability and affordability of tobacco.

The survey participants were asked about their smoking behaviour and answers were categorised according to: regular smoker, occasional smoker and non-smoker. Those who reported smoking 'always' were categorised as regular smokers; those who smoke sometimes as occasional smokers; and those who answered that they do not smoke at all were categorised as non-smokers. Table 5.2 shows clear age and sex differences in smoking. Nearly one-third of all participants reported smoking at least once, but this figure is much higher for males (41%) than for females (20%). The sex difference is even greater for regular smoking: 16% of the males and 4% of females reported smoking regularly. For occasional smokers, the figures are distributed more evenly, being 25% for males and 16% for females.

Table 5.2. Smoking status by sex and age

Characteristics	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Smoking status										
Regular	8.3	1.9	12.8	2.5	16.3	6.0	32.2	4.1	15.7	4.1
Occasional	22.6	10.6	28.2	13.3	23.6	19.4	24.1	20.6	25.4	16.3
Never	69.0	87.3	58.8	84.1	60.0	74.5	44.2	76.4	58.8	79.4
N	**84**	**103**	**357**	**435**	**343**	**515**	**90**	**101**	**874**	**1154**
Consumption in the past week(ever smokers)										
None	69.2	76.9	34.6	49.2	27.7	49.6	14.7	41.6	31.6	50.2
Less than 1 packet	26.9	15.3	51.0	44.9	53.2	45.8	51.0	58.3	50.0	45.1
2-3 packets	3.8	7.6	12.2	5.8	18.2	3.8	26.5	0.0	15.8	4.2
3 or more packets	0.0	0.0	2.0	0.0	0.7	0.7	10.0	0.0	2.5	0.4
N	**26**	**13**	**147**	**69**	**137**	**131**	**50**	**24**	**360**	**237**

For both sexes, as might be expected, tobacco use increased with age as shown in the Table 5.2. The results indicate that a higher proportion of males than females report smoking, both regularly and occasionally, at all ages. The proportion of regular smokers among 14-year-olds was 8% for males and 2% for females; this proportion almost quadrupled by age 17 for males, reaching 32% and doubled for females up to 4%. More detailed examination of age trends shows that, for females, a large increase in occasional smoking occurs, from 11% among 14-year-olds to 21% among 17-year-olds. Among males, in contrast, the prevalence of occasional smoking is rather constant by age but, as noted above, a large increase in regular smoking takes place.

Half of the female and 32% of the male smokers reported that they had not smoked in the past week. Almost half of the remaining males and females reported smoking less than one packet in the past week. The combined data in table 5.2 for regular and occasional

smokers on the frequency of smoking in the past week is consistent with the age pattern for regular and occasional smoking. For males who have started smoking, a steady increase in smoking more than a packet per week can be seen, from 4% among 14-year-olds to 26% among 17-year-olds. For girls, however, no increase in such heavy smoking occurs, but there is a rise in the percentage who smoke less than one packet per week, from 15% among 14-year-olds to 58% among 17-year-olds.

The detailed examination of the frequency of smoking among regular and occasional smokers revealed the following findings. Half of male and two-thirds of female occasional smokers reported not smoking in the past week compared with a very small percentage (5%) of male and female regular smokers (Table 5.3). Among regular smokers almost 80% of females reported smoking less than one packet in the past week compared with half of the males. However, the percentage of male regular smokers who smoked one to three packets (38%) in the past week was much higher than for females (14%). Among occasional smokers half of males and 36% of females reported smoking less than one packet in the past week.

Table 5.3. Number of cigarettes smoked in the past week, by smoking status

Consumption in the past week	Smoking status					
	Regular		Occasional		Total	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
None	5.0	4.1	48.2	61.9	31.6	50.2
Less than 1 packet	50.0	79.1	50.0	36.5	50.0	45.1
2-3 packets	38.4	14.5	1.8	1.5	15.9	4.2
packets	6.6	2.0	-	-	2.5	0.4
N	138	48	222	189	360	237

As identifying the risk factors for smoking was not the primary aim of the study, detailed questions were not asked about whether parents, siblings or friends of the respondents smoke. However, in-depth interview participants mentioned some risk factors to which they were exposed within their family and peer environment. The majority of the participants revealed that almost all of their friends smoke and therefore it is difficult to resist the habit. Most male students reported that their parents, especially fathers and brothers, smoke thus enabling them to have easy access to cigarettes.

> *I do (smoke). I started to smoke when I was 13. Both my parents knew about it. Mum tells me to stop. But I can't. She gives me pocket money every morning that is enough for my lunch and cigarettes. I think I am a heavy smoker. As my dad smokes I can easily sneak out some at my home. All my friends smoke, so there is no way I would stop. You can't avoid your friends just because of their smoking. The last stupid person would do that.*
>
> IDI, Ouynbold, sexually active male, grade 9

It is clear that males are more likely to smoke than females, especially in their friends' company. According to the results of the FGDs and in-depth interviews with students, the main factors influencing smoking among males were the pursuit of a 'cool' image; peer pressure and the desire to appear mature. Access and affordability also came into the equation.

> *I do (smoke). I started my smoking when I was in the sixth grade. I smoke about seven or eight cigarettes a day. I think it is too many. I tried several times to quit. But, it did not work. One time, I was clean for about a month. It is difficult to quit as all my friends smoke. Whenever we get together we smoke. Even if I do not have any cigarettes, some way we manage to get them. I do smoke with my friends if I am outside with them. When I smoke I feel being grown up and it gives me self-satisfaction. Girls, I believe, like cool boys, I mean those who smoke.*
>
> IDI, Bathy, sexually active male, 15 years old, grade 8

Among those males who rated their school performance as above average nearly two thirds of them were non-smokers (Table 5.4). One quarter of the remainder was occasional smokers and the rest were regular smokers (9%). A similar pattern was observed among those who rated their performance as average. However, the small number who rated their performance as below average was much more likely to be regular or occasional smokers and this difference is statistically significant. Among females there is no link between school performance and smoking.

Table 5.4. Performance at school, by smoking status

School performance	Smoking status				
	Regular (%)	Occasional (%)	Never (%)	Total (N)	P-value
Males					
Above average	8.5	25.6	65.8	246	P=0.00
Average	8.5	23.8	58.5	562	
Below average	17.6	37.8	44.6	66	
Females					
Above average	2.5	13.3	84.2	401	P=0.70
Average	4.9	17.9	77.2	691	
Below average	6.4	19.3	74.3	62	

The study did not show any significant associations between the economic status or parental education and the likelihood of smoking (results not shown). Similarly, there was no association between the perceived chance of progressing to higher education and smoking (results not shown).

Drinking

One of the country's most serious health problems is alcoholism and there is a high level of consumption among the population of all ages (MOHSW and UNICEF, 2000). A 1999 assessment on Alcoholism in Mongolia found that 52% of the population regularly drinks spirits (UNDP, 1999). There is also a growing tendency of teenagers to start drinking as a part of their social life. The consumption of alcohol, beginning at some stage of adolescence, is part of normal expected behaviour in Mongolian society. This expectation is reinforced by teenagers' observation of the behaviour of youngsters slightly older than they are, and by images they see, for example, on television programmes and advertising slots. Role models and images together imply that consumption of alcohol in moderate quantities is a pleasurable, socially desirable activity. Among men, it is a point of honour to see how much they can drink, and social gatherings without alcohol are considered to be an insult, while giving alcohol to gain a favour in business is the norm.

In addition, in recent years there has been a proliferation of bars and cafes where alcohol can be purchased practically all day without any age restriction. Cheap and often illegally imported alcohol is available which aggravates the situation. In this regard, almost all parents expressed their concerns about excessive drinking among school students and their partying habits which encourage more young people to accept drinking as a social norm.

> *Every corner of the street has a bar, hotel or disco club where young people get in easily and get served with alcohol. These sales people do not care whom they serve. They only care about their profit.*
>
> FGD, participant No 4, female, parent's group 1

> *Sometimes I visit bars in the company of my friends to have a few pints of beer. I have seen many young adolescents aged 13 and 14 in bars and disco clubs. I have seen them being drunk. They don't care about older people. I mean they can simply sit down next to older people and have a drink. Bar people serve these young people instead of chasing them away.*
>
> FGD, participant No 6, male, parent's group 1

The survey results showed that nearly half (45%) of the students had drunk alcohol at least once. This figure is higher among males than females (54% to 37%) (Table 5.5).

Table 5.5. Selected indicators of alcohol drinking, by sex and age

Characteristics	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Ever consumed alcohol										
Yes	32.1	22.3	47.9	27.8	60.3	47.5	71.1	43.5	53.6	37.5
No	67.8	77.6	52.1	72.1	39.6	52.4	29.8	56.4	46.3	62.4
N	**84**	**103**	**357**	**435**	**343**	**514**	**90**	**101**	**874**	**1154**
Past month drinking(ever-drinkers)										
Not at all	66.6	56.5	64.3	63.4	53.4	58.4	39.2	51.2	56.2	59.0
Once	25.9	30.4	25.1	19.8	24.9	29.0	34.3	31.3	26.4	26.4
2-4 times	7.5	13.0	9.5	16.3	18.7	11.0	21.8	16.2	15.0	13.5
5 times or more	0.0	0.0	1.1	0.4	2.9	1.6	4.7	1.3	2.4	1.1
Drinking places (ever-drinkers)										
Home	11.1	13.0	8.1	13.2	1.9	3.6	3.1	4.6	4.9	6.9
School	7.4	8.7	1.1	3.3	0.4	2.0	3.2	0.0	1.5	2.5
Friend's house	11.1	4.3	9.9	4.9	4.8	6.9	11.4	2.3	7.9	5.7
Entrance hall	7.4	4.3	8.1	7.4	9.7	3.2	9.8	0.0	8.9	4.2
Bar/Disco club	0.0	0.0	14.6	12.4	16.5	18.7	37.5	36.3	17.7	17.7
Street/Park	11.1	4.3	11.1	7.4	10.6	4.4	6.5	2.3	10.2	5.0
Picnic	18.5	26.0	16.3	13.2	20.3	13.4	7.8	9.3	17.0	13.6
Party	25.9	39.1	27.4	35.5	30.5	44.9	22.9	41.8	27.9	41.5
Summer camp	7.4	0.0	2.9	2.4	4.8	2.4	0.0	4.6	3.6	2.5
N	**27**	**23**	**171**	**121**	**206**	**245**	**64**	**44**	**468**	**433**

For both sexes, alcohol use increased markedly with age. The proportion of those having tried alcohol was 32% for males and 22% for females among the 14-year-olds. In the 15-year-old group, this proportion increased by 16% for males to reach 48%, and by 6% for females to reach 28%. By the time they had reached 17 years of age, 71% of the males and 44% of the females reported alcohol consumption.

Among those who had tried alcohol, more than half of both sexes reported not having consumed alcohol in the past month. One quarter reported drinking only once. Twice as many females than males among younger adolescents consumed alcohol two to four times in the last month. This unexpected pattern may reflect a tendency for young girls to socialise with older boys. However, the percentage of those who reported drinking twice or more often in the past month increased for males by age but not for females. A minimal percentage of males and females had alcohol five or more times in the past month.

It is important in this study to establish the social context in which drinking takes place. Accordingly, respondents were asked about the places where students usually drink.

Students reported having consumed alcohol in many different places. The most common places were parties, bar/disco clubs and picnics (Table 5.5). Twice as many girls (41%) than boys (28%) reported drinking at parties and the percentage was higher for females across all age groups. Nearly one-fifth of males and females reported drinking at bar/disco clubs. A slightly higher proportion of males (17%) than females (14%) drink at picnics. Moreover, twice as many males than females reported drinking in the entrance halls of apartments. This percentage was higher for males at all age groups. A slightly higher proportion of females than males reported drinking often at home whereas a higher proportion of males cited their friends' houses.

From discussions with FGD and IDI participants, it was apparent that children become aware of alcohol at an early age. Many have their first alcoholic drink between 10 and 13 years of age. This first drink is usually at home with their parents' permission. However, some children start experimenting without their parents' knowledge - they might help themselves from the family's drinks cupboard or on family gatherings, for example. They see alcohol on sale all around them, in supermarkets, off-licenses, pubs and restaurants. They might also see their parents and other responsible adults drinking, which is likely to exert a powerful influence on their behaviour. Almost all young people who participated in the IDIs said that their fathers drink and smoke. This can make it difficult for them to understand that misusing alcohol is dangerous. For example, 15-year-old Altan told us the following:

> *I guess my mom does not imagine me drinking and being drunk. Poor her...Many moms do not think that their daughters are capable of drinking.*
> *If mom found out she would ask me not to drink. It is difficult not to drink. Everyone around us is drinking no matter how old they are including my parents, professionals, politicians, celebrities and young people as young as aged only 12 and 13. If this is the reality, what else then do you expect us to do? We are following this trend of drinking. We are not the ones who set the trend. We are just followers of the trend.*
>
> IDI, Altan, virgin female, 15 years old, grade 8

Many young people, including girls, may start drinking in groups, in a park or in parties or during camping, for example. The group may pass round cans or bottles and may drink quickly because they are afraid of being found out or because they want to get drunk.

> *I do drink sometimes with my classmates. Usually I drink with my friends who live nearby especially with those who live in the same apartment. We do get together in one of our friends homes. We buy a couple of bottles of vodka and sip it while we are talking. My friend's parents would be in the other room and they would not notice what we are doing. They would not think that we are drinking. Maybe they think that we poor girls are just talking and having a good time in each other's*

PRAKASH VAGHELA - Database Sessions - Term 2

From: John Eyers
To: #ALL_DRPHSTUDENTS; #ALL_MSC04; #ALL_RESEARCHSTUDENTS
Date: 20/01/2005 11:23
Subject: Database Sessions - Term 2
CC: AAS_LIBRARY

The following database/Internet sessions have been scheduled this term. All sessions will be held in 99/2 Gower St, except for 2nd Feb (Embase) which will be held in 99/1 Gower St. There is no need to book your place: just turn up:

Wed 26th Jan 5.30-6.30pm - Pubmed
Thurs 27th Jan 1pm-2pm - Web of Knowledge
Tues 1st Feb 5.30-6.30pm - CAB Direct/African Healthline/Eldis
Wed 2nd Feb 1pm-2pm - Embase (99/1 Gower St)
Thurs 3rd Feb 1pm-2pm - Cochrane Library
Tues 8th Feb 1pm-2pm - Pubmed
Wed 9th Feb 5.30-6.30pm - Social Science Databases
Thurs 10th Feb 1pm-2pm - Web of Knowledge
Tues 22nd Feb 5.30-6.30pm - Databases for the Developing World
Thurs 3rd Mar 1pm-2pm - Pubmed
Tues 8th Mar 5.30-6.30pm - Internet for Health
Wed 9th Mar 1pm-2pm - TBA
Thurs 10th Mar 1pm-2pm - TBA

The last 2 dates have been left open for other suggested topics such as How to do a literature search etc?

John

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company. But, we poor girls are drinking. Some of us get 'tasarchixdag'- (drunk) fairly quickly.

IDI, Altan, virgin female, 15 years old, grade 8

As children get older, what their friends think, do and say, becomes more important. Therefore it becomes more difficult to resist peer pressures. Young people are likely to extend the range of drinking first to parties, then to clubs and discos and lastly to pubs. Certainly by the age of 15 years they seem to prefer drinking with friends of their own age. If the young person has friends who are already drinking heavily, he or she is more likely to do the same.

I started to drink when I was 14. The first time I drank about four shots of vodka. I did not get drunk on it. I was feeling completely OK, with a little bit of a high kind of feeling. Everybody was telling me that I am doing well. After that, I had a few friends whom I drink with regularly ... those girls with whom I was hanging around drink a lot. Once you are with your friends you feel kind of excited and it makes you want to drink. You do not think about the consequences of drinking before you start it. Some of these girls used to get completely drunk and act in whatever way they wanted. If you drink on an empty stomach you get boozed up fairly quickly.

IDI, Densma, sexually active female, 15 years old, grade 8

Drinking with friends is more likely to be unrestrained when there is an expectation of high consumption and rowdy behaviour. Peer influence is, therefore, of major importance in the development of a drinking habit. It seems that young people develop "positive" attitudes to drinking alcohol and are unconcerned about its negative effects.
Thus the majority of young people consider drinking to be natural component of a social gathering and gain prestige from drinking in front of others.

Yeah, they do. I think drinking is a common thing for young people; it is like a social gathering. Whenever we gather together we drink. It is like a rule. You've got to have a drink and there you go, otherwise you do not feel right. Also, it is a cool thing to drink. If you can't drink, and then you are kind of mum's boy or girl.

IDI, Odno, sexually active female, 15 years old, grade 8

Peer pressure to drink can become coercive. Several students shared their experiences as follows:

When we have a party there are always plenty of drinks. Friends would encourage us to drink. Sometimes those who usually bully force us to drink. If we do not drink, once they got drunk they will ask for a fight. So, it is better to drink with them. I usually try not to be noticed by accepting the offer of drink. I drink when these bully guys are looking at me. It is difficult to explain. I don't like drinking. But, when you are in these kinds of circumstances you drink no matter whether you like it or not. I would call it like forced drinking. Once you are forced you do not enjoy. I am not sure whether girls experience such thing during parties.

IDI, Uugana, virgin male, 15 years old, grade 8

I tried alcohol first when I was in the 6th grade aged 14 years old during a birthday party. It is a custom to drink during the parties. Everybody has to drink 100 gram of vodka no matter whether you like it or not. One will pour (serve with) vodka and other will look at you until you finish it. It is like forced drinking.

IDI, Deegii, sexually active male 17 years old, grade 9

This 'forced drinking' reflects Mongolia's traditional drinking culture. It is a tradition in Mongolia to serve vodka during gatherings starting from a birthday party for a one-year-old child to a government reception. One person is nominated as a drink-server whose main role is to make sure that everybody drinks. The server pours vodka (equal to two shots or 150mg) into a special glass (a 'dugaraanii hundaga') and hands it out to each of the guests individually. Guests should return the glass empty otherwise the server will refuse to take it back. Once the glass is returned empty the next person will be served under the watchful eyes of other guests. Each guest should drink three rounds and after that the rule is relaxed. In most cases, the majority of the guests would not need any forceful serving after three rounds of vodka. This tradition is greatly appreciated by the adult population as it enables all guests to become at least mildly inebriated and get into 'the party mood'. Guests will be excused from drinking only for medical reasons. Therefore, it is no surprise that young people follow this tradition when they drink.

Analysis of the survey data revealed a significant association between self-rated school performance and drinking behaviour (Table 5.6). Males with a lower educational achievement were more likely than others to drink (p=0.01). For example, more than forty percent of males who had never had alcohol (43%) rated their school performance as above average followed by those who had tried alcohol but not in the past month (38%). This percentage decreased sharply among frequent drinkers (11% and 7%). A similar pattern was observed among those males who rated their school performance as average. However the small number who rated their performance as below average was more likely to be frequent drinkers. A similar pattern was observed among females, but no statistically significant link was established between school performance and drinking.

Table 5.6. School performance, by drinking status

School performance	Drinking status					
	More than once in past month (%)	Once in past month (%)	Not in past month (%)	Never had alcohol at all (%)	N	Pvalue
Males						
Above average	7.3	11.4	37.9	43.4	246	0.01
Average	8.9	14.7	27.9	48.4	562	
Below average	19.7	18.2	21.2	40.9	66	
Females						
Above average	4.2	7.5	24.2	64.0	401	0.09
Average	5.8	10.7	21.3	62.2	691	
Below average	9.7	16.1	19.3	54.8	62	

Discussion

The survey result showed that students took a positive view about their scholastic performance and had an even more optimistic view about their educational future. While optimism about the future may reflect the flexible and relaxed policy of entrance examinations into the higher learning institutions, it also illustrates the considerable self-confidence of these young people. Almost half of young people stated that their parents have had a university education. However, measurement of parents' education based on students' answers is problematic both because they may be unaware of the truth and because of the temptation to exaggerate. Results must be interpreted with caution.

Very few students rated their family's economic situation as below average. Given the current economic situation in the country this is somewhat surprising but again reflects the confidence of the students.

Smoking cigarettes and drinking alcohol are an accepted part of the social life among the adult population in Mongolia. The survey revealed that an appreciable minority of young males reported smoking and drinking regularly. It was evident that boys smoke and drink, on average, more than girls, and older teenagers more than younger ones. As young people move into mid-teenage they are more likely to consume both cigarettes and alcohol with peers in their friends' homes and at parties, in bars and disco clubs. The majority of the study participants have positive attitudes towards alcohol and tobacco consumption and were little concerned about the negative effects. In addition, it is important to mention the lack of government regulations in import, sales and consumption restrictions that creates easy access and affordability of tobacco and alcohol.

The study showed that male students who reported below average performance at school were more likely to smoke and drink than other male students. A recent survey conducted in the UK (Barton, 1997) also identified low educational achievement as one of several factors associated with the likelihood of smoking among children. Among females, low educational performance is associated with drinking (though not as strongly as for males) but is not associated with smoking.

CHAPTER 6. SEXUAL INFORMATION NETWORK

Introduction

> *Today's children are in a real dilemma. Parents and teachers are not able to help them in their sexual matters. We are not able to speak up. We do not have the elementary knowledge about what is going on with our children's bodies or their mentality. Most of them I am sure are going through pains of rejections. What do they hear from their teachers and parents? "You do not, you can not, you should not" etc. which ignores their points of view. Therefore, they get information from their friends. I don't think these children are well informed. All of them are ill informed and mislead each other.*
>
> FGD, participant No 5, female, parents' group 2

Mongolia is a conservative society in terms of communication about sexual issues, though perceptible changes are occurring to promote safer sex. In the absence of sex education in institutions, it becomes important to examine the sources of knowledge about sex and their reliability. This chapter describes perceptions of students and their parents about how and from where young people learn about sexual matters. It examines channels of information and types of communication that exist between different generations and among young people of same generation with reference to the transfer of knowledge of reproductive health and sexual behaviour.

The following key questions guided the study analysis in this chapter: Where do young people obtain their knowledge on sexuality? To whom do adolescents turn in the search for advice and support in sexual matters? These questions are addressed using survey data. The survey question was *'Whom do you learn about sexual issues from?'* Students had an opportunity to select one or more sources from a pre-coded list. In addition, several broad themes emerged during FGDs and IDIs concerning sources of information about sex and sexual activity, such as parents, peers, electronic and print media. Detailed assessment of each source of information and its nature is given and the order in which the various categories are presented below does not imply any ranking of their relative importance.

Both parents and young people cited films and television as a main source through which young people learn about sex. Most parents cited these electronic media as a key source but also viewed their influence as harmful, because they promote 'western' ways of living that convey 'technical knowledge of sex' to young people but have little moral content.

Other sources of information on sexual matters in contemporary life perceived by the parents were peers, printed materials and school. Almost half of young people (42%) who participated in the survey obtained sexual information from TV/Radio and one third (29%) from books/journals. One quarter of survey participants stated that they receive sexual information from their friends and usually turned to their peers for advice and support in sexual matters (Table 6.1). Other sources of information they mentioned were the health education sessions at school, school doctors and some of them mentioned direct observation of adult sexual conduct at home. In this chapter each channel and type of information will be examined in detail together with the nature of communication.

Table 6.1. Percentage of respondents who cited specific information sources, by age and sex

Reported Sources	Current Age									
	14		15		16		17		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Friend	25.0	23.3	27.7	21.6	32.0	26.4	19.5	26.7	28.6	24.3
Teacher	7.1	1.9	3.0	1.8	4.6	3.3	3.4	6.2	4.1	2.8
Parents	1.2	3.8	1.1	4.3	0.5	3.3	1.1	2.0	0.9	3.7
TV/Radio	47.6	45.6	42.8	46.4	39.0	38.4	41.1	40.5	41.6	42.2
Book/Journal	17.8	25.2	24.6	27.8	27.9	36.3	28.7	33.6	25.6	31.8
Siblings	4.7	2.9	2.8	2.9	0.5	1.9	-	3.0	1.8	2.5
School sex education	15.4	9.7	16.5	17.0	15.1	17.8	14.9	21.7	15.6	17.1
School doctor	8.3	8.7	6.1	7.6	5.5	11.2	6.9	10.8	6.1	9.6
Other	4.7	1.9	1.9	0.6	3.2	0.9	5.7	1.0	3.0	0.9
N	84	103	375	435	343	515	90	101	874	1154

6.1. Learning about sex within the family environment

Young people are influenced in their behaviour primarily by what they see and hear around them and, with regard to sexuality, they learn from adults - parents, neighbours and grown up siblings. Social attitudes are initially formed at home under the direct influence of the parents. Therefore, parents are regarded as the primary socialisers of their children, with influence over a variety of beliefs and behaviours including their sexuality.

One of the sources about sexual matters that FGD and IDI students mentioned was direct observation of the family environment and adult conduct, especially that of their parents. It is important to mention that cities including Ulaanbaatar are surrounded by encampments of *gers*, the traditional Mongolian dwelling tent. In a sense, they resemble a typical "shanty-town" so common in other third world cities (Neupert, 1994). However, the position of their residents in the social and economic fabric of the city is somewhat

different in the sense that most of them have full access to most available facilities. The *ger* has been the traditional dwelling of Mongolians from ancient times so it is natural for people to use it also in an urban environment. Almost half of Ulaanbaatar's population lives in ger districts where gers are pitched within a private fenced area. In ger areas there may be electricity, but neither running water or nor toilets are available for private household use. In layout a Ger is similar to a studio flat in the west, which has sleeping, dining, sitting and cooking areas all in one. As an extended family system still exists, it is common to see three generations (up to 10 family members) living together in one ger.

The other half of the population in Ulaanbaatar lives in modern high rise apartments that should enable parents to have their own bedroom and privacy from their children and other family members. But because of the small number of bedrooms, younger children are often obliged to share the same sleeping space as their parents. At the same time, having young children (up to age of 10) in their own bed is considered to be a normal for parents. Thus, both in gers and apartments, children see and hear their parents' sexual activity and therefore some of them become sexually aware at a young age. There was a consensus that this type of exposure is common for young people and it may lead to early initiation of sexual activities such as masturbation.

> *Initially, I learnt about sex from my parents. I was very young like 9 or 10 years old. First I did not understand, but later on I knew what was going on. I used to watch and hear their sex a lot, and it made me to masturbate. I heard same thing from my friends about their parents sex story. We used to share it with each other. It is kind of weird. As your parents do it, children think it is all right to do the same thing.*
>
> IDI, Saingerel, sexually active female, 17 years old, grade10

A few of the in-depth interview participants claimed that such experience facilitated an early sexual debut.

> *I was curious about what he is going to do next. I used to watch and listen how my parents were playing sex. It made me very curious. So, I liked the way he cuddled. We had sex and I was happy that I learnt what sex is and how it works.*
>
> IDI, Zaya, sexually active female, 15 years old, grade 8

From these statements it is clear that parents may influence their children through their example, but it is, in general, reportedly rare for them to talk openly about sex with their children. Below the views of students as well as of their parents are analysed regarding intergeneration communication on sexual matters.

Communication between parents and young people

Views of parents

Parent-adolescent communication regarding sexuality is often viewed as desirable and is perceived by many as necessary for the adoption of responsible sexual behaviours (Moore et al., 1993). Unfortunately this was not the case for Mongolian parents and young people. Almost all parents said that the norms of Mongolian society prevent parents as well as children from talking openly about sexual issues and even about every day events. Traditionally, in the patriarchal and nomadic Mongolian society, young people were not allowed to initiate discussion with, or question, adults or to talk in a loud voice in their presence. It was a norm for young people that they should not argue with older people, especially with their parents, or criticise them; instead they should obey them without comment or judgement. Fathers were highly respected breadwinners, heads of the family and rulers who provided a secure future for their children, but who hardly talked to their children unless it was absolutely necessary. The mother's main role in the family was to nurture children, look after the household, take care of parents-in-law, and the husband. A wife was not allowed to address her husband, the head of the family by his name. Instead she had to address her husband with title of 'guai', a term of respect used when people address older or higher status people. Mothers played a mediating role between children and their father. Only after children reached adulthood and had their own family, was it acceptable to establish greater intimacy with their parents and to exchange points of view.

Although new social developments have softened this culture of restricted inter-generation communication and provided a friendlier atmosphere both for parents and children, tradition still prevents free discussion about many issues, especially sex-related topics. In in-depth interviews, all but two parents claimed that they do not discuss sexual matters with their children because they felt uncomfortable and embarrassed. The children's reactions were also ones of embarrassment and in most cases silence.

> *To be honest I don't talk about such issues with them at all.*
> FGD, participant No 5, male, parents' group 1

> *I've never had one. It is so difficult, y'know*
> FGD, participant No 3, male, parents' group 1

Facilitator: Can you tell me why you do not talk?

In my culture we do not talk about sex openly, especially with our children. This used to be a taboo and it is very difficult to break the ice.

FGD, participant No 5, female, parents' group 1

Maybe it is a very Mongolian way of thinking. For instance, I could initiate a discussion about sexual issues with my son who's just turned 16. But I know he would not say a word.

FGD, participant No 4, male, parents' group 1

FGD parents agreed that, in former days, parents used to teach both girls and boys behavioural standards. The father's role was to instill fear and exert control while mothers passed knowledge in the form of behavioural rules on to their children, especially to their daughters. These teachings were part of general life education and children were expected to learn things by following the guidance of adults. For instance, mothers said: *'bie zov avch yav'* ('watch what you are doing'); *'aash zangaa tat'* ('behave yourself'); *'evtei nairtai, hyleetstei bai'* ('be peaceful and patient'). Today, the majority of mothers still hold on to their traditional role of imparting only behavioural rules, with the exception of a few who pass limited information about sexual matters to their daughters. Fathers feel that they depend on women for imparting information about sexual issues, and they tend to hold mothers responsible for bringing up their children.

Parents of today's adolescents grew up in a more conservative era with little tradition of parental – child communication about sex. Accordingly, many parents thought that it was unnecessary to inform children about sex as they themselves had never received information in this way.

We were never told about it (sex) and how to handle these issues. We learnt it from our friends, siblings and through stories.

FGD, participant No 5, female, parents' group 1

The cultural impediments to having open discussion between the old and young generation were also clearly evident among young people. Young people themselves affirmed that talking openly to elderly people, especially about sexual issues, would be regarded as disrespectful and likely to upset the older ones.

There is a kind of barrier that stops me talking to my parents about my personal life, I mean, I do not feel comfortable talking to them about my feeling for someone or about my date. They will think I am going crazy or they may feel that they are not well respected, something like that. Because young people are not expected to talk to older people about their hang-ups like love, relationships and dating.

IDI, Sarnai, sexually active female, 16 years old, grade 8

It is difficult to ask parents about these issues. I am sure they would try to help us as much as they could. But there is a kind of barrier. Maybe it is something to do with our culture, in that, as we should respect older people, we can not talk about it.

FGD, student participant No 2, grade 9, male, students' group 1

The reluctance of parents to talk to their teenage children about issues of sexuality is accompanied by insufficient knowledge and poor communication skills. Many women of the older generations are also not properly informed, as they themselves were never taught about sexual matters. On the other hand, the increased accessibility and availability of information on sexual matters place today's parents under considerable pressure to transfer 'technical' and 'practical' knowledge of sexual matters to their adolescent children. At the same time, adolescent sexual activity and its consequences are new social phenomena in the country that became a priority concern only in the last decade. The family planning programme which started in the country at the beginning of the 1990s addresses mothers of childbearing age. Therefore these mothers are now regarded as new channels of information, not only by professionals but also by husbands and by the adolescents themselves. However this newly acquired role encounters the culturally accepted silence that used to exclude mothers from assuming responsibility for the consequences of adolescent sex. Nor does knowledge about contraception help much in talking about sexuality. Many mothers are still reluctant to break this silence.

Of course not, I do not talk about sexual issues. I do not have much education in this subject so I can't advise my children. It is embarrassing and it requires a lot of courage from parents to talk about it.

FGD, participant No 4, female, parents' group 2

My son is 12. I haven't touched this subject yet. I am thinking about telling him about it, but the big questions are WHAT and HOW am I going to tell him?

FGD, participant No 7, male, parents' group 1

When mothers do talk to children, some tend to give false information because of lack of confidence (or insufficient knowledge) to avoid conversation about sexual issues. For example:

Facilitator: Are you able to help if adolescents should approach you on this matter?

They would not ask about sexual issues. While they are young, they are naïve. Therefore they ask about where babies come from. To be honest I was not able to give a true answer when my son asked me this question. It is very hard to answer. Instead I pretended to feel sick, avoiding any further discussion. At that time I thought how clever I was and I saved myself by having such an excuse. I do feel sorry for him and for myself. Because I have no idea how to explain such things.

FGD, participant No 5, female, parents group 2

In addition to poor knowledge, some parents cited their busy workload as a barrier to open discussion with their children. Although being busy appears to be implausible excuse, some mothers insisted that it was the case. It could be explained in the light of changes in the division of work within the household. The new market economy system was introduced at the beginning of the 1990s, and presented many opportunities and challenges. As government wages no longer were enough to support the family, many men had to look for different ways of maintaining their lifestyle and they formed a new army of traders. Re-export trade was open for those who had savings to start such businesses (transporting and selling goods between China and Russia) and such traders were away from their families for between one to five months per year. Those who had not enough savings opened up local trading businesses (such as market stalls), which bring a far better income than a government job. The majority had no choice but to stick to their government post, but soon many of them were made redundant.

Under the former socialist regime women's status and ability were undervalued in all spheres of life including employment. Women were more able than men to adapt themselves to these market changes that required flexibility, new skills and knowledge. New skills and rapid advancement enabled many women to have more privileged jobs and to earn more than men. Women started to take financial responsibility for their family and gradually some of them began to take over roles which men had monopolised for centuries. Some men lost status as the bread - winner and head of the family. As men gradually lost their authority over women and other family members, some chose drinking as a solution. If mothers are busy in employment, ideally fathers should be looking after their children; but from what FGD mothers said this was not the case. Thus the claim by mothers that they were too busy to discuss matters such as sex with their children is not simply an implausible excuse. Rather it reflects the large pressures placed on women to act simultaneously as breadwinners and housekeepers in a rapidly changing society. The mothers explained this as follows:

> *Only mothers are working very hard for life. Most of men/fathers are not working, as they are too busy with their drinking and socialising activity. Men used to support the family financially enabling women to take a good care of their children. So, women in today's Mongolia are bearing a heavy burden of family life, both economically and morally. Children can see and understand this situation and*
>
> *fathers are losing their reputation as the head of the family.*
>
> FGD, participant No 2, female, parents' group 2

I don't think many parents talk about this subject with their children no matter how old are they. Most parents simply do not have the time to spend with their children.

FGD, participant No 2, female, parents' group 1

Mother- to- daughter communication

With the exception of two mothers, who used to talk with their own mothers, and then only superficially, about menstruation, almost all the adult women stated that when they were young they had no dialogue with their parents or relatives on sexual matters because sex was considered a taboo. It seems that this taboo continues until today.

In my generation, sex was a taboo subject and unfortunately, it still is for me.

FGD, participant No 2, female, parents' group

When asked about dialogue with their children, some (mothers) women acknowledged speaking with them only superficially or in a 'joking tone'. Some left printed materials in their adolescent children's room in the hope that they would read and learn. Though all participants of the FGD expressed their wishes to discuss sexual issues with their teenage children, especially with their daughters, in fact few mothers said that they had such talks. The content of these limited conversations goes little beyond menstruation as the following quotation describes:

It is difficult to initiate discussion on these topics. I have a daughter aged 12. I did mention about periods and she was very embarrassed. It was not comfortable for me either to discuss it with her, to be honest.

FGD, participant No 5, female, parents' group 1

Mothers talk about menstruation to their daughters, nothing more than that, I think. We were the same. My mum mentioned about the period once, that is all.

FGD, participant No 7, female, parents' group 1

From discussion with parents, especially with mothers, it was apparent that girls were more likely to receive information than boys for the following reasons. First, mothers generally are considered the agents of sexual socialisation within families, as mentioned above, and it is easier for them to talk to daughters than to sons. Second, physical changes and physiological process such as menstruation offer an opportunity to discuss broader aspects of sexuality with daughters, whereas there is no such obvious signal of the onset of puberty in males. Finally, adolescent females are more at risk than males of the reproductive consequences of premarital or unprotected sexual intercourse, pregnancy and sexually transmitted diseases. Therefore mothers are more likely to talk more to daughters than sons may in an attempt to prevent these outcomes.

Father- to- son communication

None of the fathers who participated in the FGD said that they discuss sexual issues with their adolescent children. Some mothers were concerned that boys are getting no information compared with girls and considered it important for fathers to initiate discussion about sexual issues with their teenage sons. But this idea was strongly opposed by most mothers who cited the falling reputation of fathers in the society as the reason. Fathers who participated in the FGD, surprisingly, did not argue with mothers and agreed with this comment.

> *When we were young, the father was the most respectable and admired person. But today I think that very few can make their sons and daughters listen to them. As fathers drink and smoke a lot and have a very passive role in the family life they do not have the face to say do not drink or do not smoke to their children. Do they?*
>
> FGD, participant No 3, female, parents' group 1

Views of young people

As an initial step, the reported relationship of the respondents with their parents was studied, on the assumption that a good relationship is essential for good communication. In general, almost all boys and girls who participated in the survey reported having a closer relationship with their mother than with their father (Table 6.2). Boys have a better relationship with both of their parents compared with girls; about a third of all boys and girls reported having a good relationship with their mother and more than half of boys but only one quarter of girls reported a good relationship with their father. The reported nature of the relationship with parents varied little by age.

Table 6.2. Percent distribution of students according to their reported relationship with their parents, by age and sex

Relationship to parents	Current Age									
	14		15		16		17		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Mother										
Good	69.5	66.0	74.2	65.7	75.5	61.1	77.7	64.3	74.6	63.6
Average	28.5	33.0	21.8	30.5	21.8	33.7	18.8	29.9	22.2	32.0
Bad	1.1	0.9	2.8	2.5	0.5	4.0	3.4	2.0	1.8	3.0
Died	1.2	-	1.1	1.1	2.0	0.9	-	5.1	1.3	1.3
Father										
Good	55.9	33.0	49.5	31.2	52.4	28.3	53.3	21.7	51.7	29.2
Average	35.7	52.4	36.6	48.7	36.4	52.6	36.6	56.4	36.5	51.4
Bad	3.5	9.7	5.8	13.1	4.9	13.2	5.7	17.5	5.2	13.1
Died	4.7	4.8	7.8	6.9	6.1	5.8	4.6	5.1	6.5	6.0
N	84	103	357	435	343	515	87	97	874	1154

Although more males and females reported having a good relationship with their mother than with their father, only one in ten survey respondents reported discussing sexual issues with their mother, with many more females (13%) than males (2%) (Table 6.3). Also, it was evident that discussion about sexual issues with fathers is very rare both for male and female adolescents. No girls reported such discussion and less than one percent of boys.

The participants of the FGD and IDIs verified these survey results. Most said they did not speak about these issues at all. Only four IDI girls spoke openly with their mother, three of whom were virgins. All the others stated that there was embarrassment on both sides when these topics were dealt with at home. This was especially true when discussing their own sexual experiences.

It was evident that not only do parents feel that it is difficult to discuss such issues with their children, but also young people themselves think it is impossible to talk to their parents. Apart from cultural restrictions that were mentioned by parents, students claimed that several factors discourage them from talking to their parents about sex and related topics. The majority of the FGD and IDI participants thought that it was not worth it to talk to their parents, as they are so old fashioned that they would not understand them. Some students were afraid of talking to their parents as questions may be interpreted as a sign of rudeness or knowing too much. Moreover, some thought that parents do not have enough knowledge to advise them. Some young people said that most parents have a blaming mentality and tend to overreact if teenagers initiate such discussion.

> *Parents do not understand us. If we mention something about relationships, love or sex they would go crazy and start to shout at us. They would tell us 'You are too young to talk about such things'. They would blame us instead of understanding or supporting.*
>
> FGD, participant No 3, female, grade 9, students' group 2

> *I've never talked about this subject with my parents and I think it is very sensitive thing to talk about. I do not think my parents have all the right answers for my questions.*
>
> FGD, participant No 9, male, grade 9, students' group 1

A few of the girls said that they would like to have a more open discussion; some girls admitted that, although, in general, they could discuss things openly with their mothers, they preferred not to talk to them about their personal sexual experiences because they feared that they might be judgmental.

I am close enough to my mother. But I do not talk to her about it. It is kind of weird to talk to older people about such things. I don't think mum would appreciate it if I ask her about this kind of stuff. I think it is same for all young people.

IDI, Odno, sexually active female, 15 years old, grade 8

In addition to what parents say, the way in which they say it can influence teenagers' attitudes. For example, a discussion that consists solely of a parent's demanding that a child refrain from having sex may send a message that everything about sex is to be avoided, and may thus suppress the teenager's desire to discuss sexual issues with their parents.

My father usually says "you should not date with girls, do not talk with them and do not sleep with girls. It is too early to have a girlfriend etc". Of course I do not have any desire talk about sexual issues with my parents.

IDI, Bathu, sexually active male, 15 years old, grade 8

Sometimes I ask my mother questions about sexual issues, I don't think she knows much about this subject. For instance, I asked, "If someone is masturbating frequently would it harm him or her?" She was surprised, or I could say she was shocked by my question and she asked, "Why?" I said, "Nothing, my friends were chatting about it and I am curious to find out. That is all." Then she said 'Don't ask me such a question. I am not fond of discussing such dirty things'. I said 'Fair enough I just wanted to know'. This was the end of our discussion.

IDI, Zaya, sexually active female, 15 years old, grade 8

An analysis of the answers of both sexes and generations makes it clear that the messages transmitted from parents to adolescents on how to deal with sexuality and contraception basically consist of behavioural standards, that is, rules and warnings. The content of the parent-adolescent conversations seemed to focus more on the negative outcomes of sexual intercourse and sexuality and less on what adolescents should know to more completely understand how they are growing and developing. The primary message of parents in regard to pre-marital sexual involvement may reflect their fear that their adolescent children will contract disease or become pregnant at a young age.

If my parents saw me walking with a boy after 7pm they would moan like you can't even imagine. They would tell me like 'You are gonna to get heavy with babies soon unless you stop behaving like this'. They would blame me as if it had already happened.

FGD, participant No 5, female, grade 9, students' group 2

It seems that parents do not give a straightforward message or elaborate the meaning of what they are saying which consequently confuses teenage girls.

That is true. They make such a fuss out of nothing. If a boy telephones me they would start nagging. They would tell me exactly same thing like 'Careful otherwise you'll get heavy with baby'. It is sometimes difficult to understand whether they are teasing us or saying it seriously. It is confusing.

FGD, participant No 7, female, students' group 2

The girls mentioned that they needed help not only with obtaining more knowledge, but also personal counselling. Boys in the study seemed eager to obtain more precise information especially concerning access to contraceptives. With the exception of a few sexually active boys, most of them did not know whom to turn to for advice and support in sexual matters. They were uncertain whether their parents could help them.

Communication with siblings

Nearly five percent of both males and females of the survey participants reported discussing sex with their siblings (Table 6.3). Surprisingly, the proportion was lower among older than younger respondents. For example, 5% of 14- and 15-year-olds had discussed sexual issues with a sibling but only 2% among 16- and 17- year- olds. Similarly, only a few boys and girls in FGDs and IDIs reported discussing sexual matters with their brothers and sisters. This lack of discussion reflects the cultural norm of 'silence' that stops youngsters talking freely, even among siblings.

6.2. Learning about sex from peers

The study found that Mongolian parents are not in the position to provide information about sexual issues for reasons discussed above. Thus young people are left with no option but to learn from their peers who play a unique role in the acquisition and transmission of information and values about sexuality. This study extends the literature by exploring the nature and content of the discussions about sexuality that adolescents have with their friends. It is common knowledge that young people learn as much about sex, if not more, from their friends than from anyone else. At the same time they turn to their friends for advice and support in sexual matters. In the survey students were asked to answer the question *"With whom do you discuss sexual issues most?"*. They were asked to give only one answer from the pre-coded list of sources (Table 6.3).

As noted earlier one quarter of the survey participants stated friends as a main source for learning about sexual issues. As Table 6.3 shows almost half reported discussing sexual matters with their friends and males were significantly more likely than females to talk to

their friends (53% to 40%; p<. 01). The proportion of respondents who reported discussing sexual issues with friends rose with age. For example, 49% of males aged 14 discussed such issues with friends compared with 62% of those aged 17. Females followed a similar pattern – 32% among 15 year olds and 49% among those aged 17.

Table 6.3. Percentage of students who cited specific types of person with whom they mostly discuss sexual issues, by age and sex

Reported types	Current Age									
	14		15		16		17		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Doctor	10.7	8.7	13.4	8.7	12.2	9.5	14.4	10.8	12.8	9.3
Teacher	4.7	1.9	2.2	1.1	1.7	1.1	1.1	2.0	2.1	1.3
Father	-	-	0.5	0.2	1.4	-	-	-	0.8	0.0
Mother	2.4	14.5	3.0	16.3	0.8	10.4	3.4	11.8	2.1	13.2
Siblings	2.5	7.7	4.2	5.9	2.9	3.6	-	5.1	3.0	5.0
Friend	48.8	32.0	48.1	33.7	58.0	44.2	61.0	49.4	53.4	39.5
Nobody	30.9	33.0	27.7	33.1	21.2	30.1	18.8	22.7	24.6	30.8
Other	-	1.9	0.5	0.6	1.3	0.7	1.1	-	0.9	0.7
N	84	103	357	435	343	515	90	101	874	1154

Friends take an active role in each other's sex education through sharing their knowledge and transmitting their attitudes to each other. Young people obtain support from each other. It is easier to talk about an embarrassing or awkward topic with someone, if you know they are facing the same problems. However it is clear that what teenagers learn from their friends contains much false or misleading information and myths about sexuality, as illustrated by the quotations below.

> *It is true that if a virgin boy sleeps with a virgin girl the growth of the girl stops and boy gets taller.*
>
> IDI, Tuul, sexually active female, 16 years old, grade 9

> *Also I have heard that if one has sex in the cold winter, he or she could contract chlamydia.*
>
> IDI, Densma, sexually active female, 15 years old, grade 8

The focus group and in-depth interview data provide details on the nature and content of the discussion topics. The main topics cited by the FGD and IDI participants were dating, boy/girlfriend relationships, sex, sexual acts, contraception, pregnancy and masturbation. The nature, content and language of communication are different for males and females. Similarities and differences between boys and girls are outlined below.

Male students

The main topics discussed among males were reported to be sex, sexual acts, avoidance of a 'belen bor'- 'loose woman' and sharing experiences of 'oxin nairax'-'chasing girls with a view to sexual intercourse'. In discussions they talk more about the physical appearance of girls describing them in terms of such as 'xoorxon oxin'- 'pretty girl'; 'goe bietei'-'nice figure' rather than referring to other non-physical qualities. It was interesting to note that much learning about sex, among boys, takes place, not only by listening or talking, but by interacting with others, and discovering what works and what does not. Furthermore, they talk openly to each other mainly in large groups as a way of showing off or boasting about their experiences. Sexually experienced and virgin boys mix together and they learn from each other.

> *I do get information mostly from my friends. We do share our experiences and it is the best way to learn how 'things' work. Those who are sexually experienced teach others do 'things' in the right and best ways. So, friends are the best source of information.*
>
> IDI, Boldbatar, sexually active male, 16 years old, grade 9

In addition, boys learn about puberty issues like wet dreams and body development from their friends as well.

Interviewer: Have you ever experienced wet dreams?

> *Sure. It happened a lot especially when I was 14 and 15. It was a bit embarrassing and gave me a tingle. I worried at first. But later on I ignored it as found out that some of my friends experienced the same thing as I did.*
>
> IDI, Bayar, sexually active male, 16 years old, grade 10

It was apparent that males use 'hard language' that is specifically used only by them. The most frequently used word was 'pizda' which has a similar meaning to 'fuck or fucking' in English. But the literal meaning of this word in Mongolian language is a short name for a female genital part and it is used in its very direct meaning.

> *Most of them (girls) say 'No' at first, but gradually boys got what they wanted. Boys try in many different ways. There are some tough girls. My friends usually say that 'I'll dump that fucking girl before I spend all my savings on her'. It means he treated her in many different ways in order to have sex with her. He could not succeed what he wanted. It is common to hear such a discussion among boys. I am sorry for using such bad language in our discussion. You would not believe how frequently boys use bad language in their discussion. For instance, I do not like bad language. But, when I am with my friends I have to use all these words like fucking, fuck you and arsehole etc. There are thousands of them. I am too*

embarrassed to say them in front of you. I am sure you did not have such bad experience as we do have today. Society was different in your time. But the whole of society's got changed and even language has changed so much. If I don't talk with my friends in the same language they'd start to swear. They come out with things like 'You mother fucker, do not try to be gentle'. Once you are in our fucking community we will speak in same fucking language'. This is one example of how frequently we use this word in one sentence. This is a very mild expression I would say.

IDI, Aruinjargal, sexually active male, 17 years old, grade 10

The author established very close relationships with two male and female students who acted as key informants at the schools. The male key informant reported that such coarse language among boys was regarded as a norm but restricted to male-only groups.

Female students

The nature and content of discussion by female students is very different from that of males. They mainly talk in smaller groups or on a 'best friend' to 'best friend' basis. Girls reported talking more about relationships, love, sex, contraception and marriage. Girls talk about boys, mainly referring to their inner strength like 'gentlemen', and 'very understanding' rather than referring to their looks or physical appearance. Girls sounded more protective of each other when it comes to sex and they refer to negative experiences of others through warnings, just as their own mothers did. Girls pass warning messages to each other such as: *'bitgii ashigluul'* 'not to be sexually used by boys '; *'eregtei hynii hyyramch ygend byy itge'* 'do not trust boy's promises'; *'Ygyi gej hel'* 'be firm sayng 'No to sex'; *'baga yy'* 'watch that your drinking does not let you down'. Although some girls reported talking about puberty issues with their sister and mother, most girls learn about it from their friends.

There was a clear distinction between virgins and non-virgins. Unlike boys, they form distinct groups, based on sexual status. Sexually experienced ones share their own experiences and strategies on how to handle boys, whereas virgins pass around all the information that they hear from others. It seems that girls do have very open conversations and offer emotional support to each other.

We talk about sex a lot amongst ourselves and try to support each other. For instance, I chat about my sexual life with my close female friends. I know very well with whom they had sex, and all their stories.

IDI, Odno, sexually active female, 15 years old, grade 8

One subject that girls do not talk about among themselves is masturbation. Girls claim it as 'too embarrassing' and 'weird' and difficult to get information.

There are certain issues that we girls do not share with one other. Masturbation is too weird to share or ask about. It is difficult to find this kind of information. You can't find out from others. I am curious to know about it.

IDI, Densma, sexually active female, 15 years old, grade 8

6.3. Learning about sex in relationships

It was clear that boys and girls rarely speak to each other about sexual issues as boys use a coarse anatomical vocabulary whereas girls use more a soft and romantic language. This situation prevents them talking freely about sex. Only one girl reported discussing very intimate sexual issues with her male classmate, who was her short-term boyfriend.

We did not have a long relationship. It lasted for about two months. My classmates consider me to have a good knowledge of sexual health issues. I share all the information I get with my friends. I am an outgoing person and therefore it was easy for him to talk to me. We used to talk about all different things. For instance, as he grew up in countryside it was difficult for him to catch up with his classmates. He told me he gets frequent desire to have sex with girls. Sometimes it is difficult for him to abstain and he masturbates a lot. He was very concerned about his excessive masturbation. Also he told me that he has wet dreams. We used to have open discussions about sexual health. Somehow it was much easier for me to speak to him than to other boys. Although we had open discussions about sex, he never attempted to seduce me to have sex with me. He never asked me to have it.

IDI, Saingerel, sexually active female, 17 years old, grade 10

In general, it was evident from IDIs that young people in relationships find it difficult to talk to each other about sex. Even in intimate situations like cuddling, kissing and having sex, they do not talk to each other. As they do not talk or ask each other, they do not know what their partner thinks, or whether she or he approves the other's action. Young people, it appears, do not learn much from their boyfriends or girlfriends.

It is difficult to understand my feelings. I could not say 'No' to Suhke when he wanted to have sex.... But, later on I was blaming myself that I should not have done it again.... It is so difficult to communicate on this matter. I am not confident enough to say what I really want and do not want to do. Also, it is difficult to find out... or understand what he thinks about me, about all this stuff like our relationship, sex and future life.... We do not talk about these matters at all... I do not know why we do not talk. I do not ask him...

IDI, Tuya, sexually active female, 17 years old, grade 10

When I started to kiss her she did not object. She did not say a word. We did not talk about sex at all. So, I kissed her, touched her and as it was my first

experience I was not sure what to do and how to have sex. I did not realise what was going on and it was finished.

IDI, Bathu, sexually active male, 15 years old, grade 8

6.4. Learning about sex from media

TV and films

Besides interpersonal relationships with friends or family members, the electronic media also provide information on sexuality to young people. Parents agreed that today's young people get much of their sexual knowledge from the media. As mentioned earlier, most parents thought that the influence of the media was bad because it provided images of a western way of living that undermined traditional morality. Therefore, they urged the government to control the media by banning explicit sex scenes and imposing a strict age limit on entry to evening shows.

Now films depicting sex are shown in the public cinemas, and sex adverts are on television at all times. Business people import the cheapest films, which are of dubious quality. These people get the worst ones, which promote violence, murder, drugs and prostitution. HIV/AIDS is not news for the country any more. These young people are the future of our country. It is so worrying. Don't you think? It is going to be too late or the government takes immediate action.

FGD, participant No 1, female, parents' group 1

At the same time some parents considered the media as a useful source through which young people can be educated. They mentioned Chinese and Japanese television serials which were showing at the time of the study called 'Huanju Geg' and 'I love you'. They thought that such films teach young people about morality, boy/girlfriend relationship, and the importance of developing trust and respect for each other. They said that such films raised awareness of the consequences of having multiple sexual partners, AIDS and the importance of practising safer sex and using contraception. These parents saw the younger generation as fortunate in being able to attain knowledge through the media and seemed relieved that they needed to take less responsibility. They felt that young people were reluctant to discuss such matters with them and that it was much easier for them to learn from the mass media.

Almost half (42%) of young people participated in the survey cited television or radio as a source of learning about sex. Unfortunately, the potentially important role of the media is under-scored by the fact that about one third of both male and female survey participants stated that they do not discuss sexual issues with any one. This large minority

presumably learns about sex exclusively through the media. Young people of both sexes cited television films with sex scenes as a source of learning about sex. However, learning about sex at home from television is problematic. Some FGD participants reported that, if the television shows a sexually explicit scene, parents either change channels or leave the room and in some cases young people themselves had to leave the room. From the FGDs with young people and parents it was apparent that television viewing represents a good opportunity for both parents and children to initiate discussion about sexual matters. Regrettably, it seems both parents and teenagers find it difficult and embarrassing to watch sex-related scenes or programmes together as the following quotation indicates:

> *Whenever there is sex scene on television, I usually get out of the room. It is easier instead of asking them to go out. It is a bit embarrassing to watch the kind of stuff with my children.*
>
> FGD, participant No 6, female, parents' group 1

Pornography

Magazines, pornographic photographs, and pornographic videos emerge as another source of learning about sex and sexual acts. A significant proportion of Mongolia's wide-ranging media is to some degree sexually oriented, most of which is imported from Western countries. Watching pornography appears to be surprisingly common among study participants regardless of their sex and sexual status. They reported watching such material with their best friends in single sex company or with boy/girlfriends. As some parents stated 'young people experiment with what they learn or watch from the media'. Several boys said that they learnt about masturbation and practised it with their friends when they were watching pornographic videos. Also, very few sexually active boys and girls reported watching pornographic videos with their boy/girlfriend before sexual intercourse.

Pornographic photographs, magazines and videos portray sex in a way that is alien to traditional Mongolian culture. Parents expressed considerable concern that such uncontrolled media can create 'problems' and may negatively influence the development of young people's views and values concerning sex.

Printed materials

Students mentioned that they were given safe sex and contraceptive messages through pamphlets and leaflets obtained either during activities or workshops organised by local

health institutions on AIDS day or from guest speakers at the school or at the clinics such as 'Marie Stopes'. Such activities for young people, however, are rare and therefore there is limited opportunity for them to obtain reliable, detailed information. Although it is desirable to equip young people with adequate copies of printed material with frequent sexual health messages, marketing of health information is lagging behind the ever-growing needs. It is difficult for the Health and Education authorities to meet the printing costs and logistical expenses of such printed materials.

One third of young people who participated in the survey cited magazines as another important source of learning about sex. As mentioned earlier, adolescent health issues are fairly new areas for the government policy agenda and initiatives tackling this matter have been carried out mainly by UN agencies, especially by UNFPA. Some UNFPA projects have included publications of newspapers for secondary school students as a part of information, education and communication (IEC) package but only in limited quantities owing to the high cost of printing and logistics. The lack of an established postal system in the country creates difficulties and raises costs both for service providers and customers. The responsibility for distribution of mail lies with agencies and the high cost of fuel adds to already high printing costs. Owing to a poor banking system, subscriptions to such newspapers are difficult for students. Currently tutors collect money for newspapers from each student in cash and pay the amount into the account of the concerned agency. This situation does not of course encourage schools or tutors to subscribe to such newspapers for their students. There are certain kiosks or spots in the centre of the city where newsmen sell some of the newspapers but it is impossible to make frequent visits to buy for those who live in the suburbs. IDI and FGD participants mentioned that they receive information about friendship, relationship and love rather than sex and contraceptives through these magazines: 'Boys and Girls', 'You and Me', 'Your photo', 'Love' and 'Relationship'. Students expressed their wishes to have more such newspapers and have more information about young peoples' lives, problems and sexual issues.

Interviewer: Where do you get sexual health information?

> *There are a few newspapers like 'Love' and 'Relationship'. But they are not published in a desirable quantity. We buy them and pass them on to each other. That is the only way that we can access them. I wish we have more newspapers or journals which discuss our lives, problems and especially sexual issues.*
>
> IDI, Tsend, virgin female, 16 years old, grade 10

6.5. Learning about sex and sexual issues from health services

About 10% of all respondents reported that they had discussed sexual issues with a doctor. A slightly higher proportion of males than females reported doing this. As explained in chapter 1, some schools in Mongolia still keep their own doctor. It might be assumed that having a doctor at the school enables easy access for young people to information or advice on sexual matters. However, the majority of IDI participants went to doctors at clinics rather than to school doctors. Boys and girls mentioned the name of the Marie Stopes clinic quite frequently. Several sexually active boys and girls reported visiting this clinic to have STD tests; one couple was diagnosed as positive and received treatment. Such visits are likely to be initiated by boys and might explain why more boys than girls reported discussing sexual issues with a doctor. Only one girl who experienced a delayed period after unprotected sex reported being taken to a clinic by her boyfriend (who previously received STD treatment there). Very few boys and girls visited a clinic to get information about contraception together with their girl/boyfriend. Those who had visited the Marie Stopes clinic were very happy with the confidentiality and welcoming attitude of the service providers. However, the majority of the study participants were not aware of the existence of such clinics. All young people stressed the importance of the availability and accessibility of such clinics for young people. Those who had visited said that they only discovered the existence of these clinics because of pressing sexual health problems. From discussion with young people, it was evident they see doctors as professionals and have little fear of talking openly to them.

It was clear that study participants do not feel as comfortable with school doctors as with outside clinic ones. Confidentiality is one reason for this difference. None of the IDI and FGD boys mentioned a school doctor as a source of information or advice. Several non-virgin girls mentioned school doctors, but in a negative frightened way. Traditionally, every school used to have a female doctor (based at the school) who looked after the general hygiene of the school and well-being of the students. Once girls reach puberty, they had to undergo a compulsory gynaecologist's checkup once or twice in every year. The school doctor organised such check ups and reported the results to the school administration. All girls of the class had to queue in front of the medical unit at the school on the day of the check-up. The school doctor was present during the checkup, which was carried out by two gynaecologists (or one with a nurse).

Although girls hated this check up, all tried hard not to miss it. If a girl did not turn up, the school doctor would become suspicious about her sexual status and friends might spread gossip that she is not a virgin or has a disease. If a girl was detected to be pregnant she would be excluded from the school straightaway and her reputation would be destroyed. This tradition continues, although many schools no longer have their own doctors. If there is not an adequate facility at the schools then such checkups are arranged in different clinics and hospitals. The main purpose of the school checkup is to make sure of girls' well-being and at the same time to check their virginity status and for any symptoms of STDs. Today girls are going through exactly the same agonizing and humiliating checkup. Virginity is still strongly valued by the older generation, especially among school authorities and teachers. They expect all girls to remain virgins up until the time they finish their 10th grade. Teachers associate students' achievement with virginity. There is a common consensus that 'good girls –virgin ones' should do well at school. Subject teachers in the schools have decision making power over students' grades. For example, there are four semesters in a year. Students would be tested for each subject throughout each semester and at the end of each semester they receive grades for all subjects. Then year-end examinations for each subject should be taken. All subjects are taught and assessed by a subject teacher only. Therefore, students' grades and future education are in the hands of subject teachers. Girls found to be non-virgin during a medical checkup are likely to be classified as ' bad girls' and may receive lower grades from those teachers who are biased towards a pure virgin status. In this regard, some IDI female participants, especially those in the grade 10, and who had lost their virginity were frightened and nervous because of the forthcoming checkup. As they had lost their virginity they feared losing their reputation among their classmates and teachers who may negatively influence their final examination result.

> *Now I realise it was an intercourse. I still dread being found out by others, especially by the school authority. For instance, tomorrow all girls of year 10 must go the 'Girls' clinic' at the Centre of Maternal and Child Health. What will doctors do if they discover me to be 'not-virgin'? I've heard that they usually put a mark in front of the names of those who are not virgins. Then what will happen? How will the school authority react to it? I have a good reputation among our teachers and students. If they find out about me I will be ashamed and lose my reputation. There are just a few months left before I finish my school. Teachers can easily downgrade my results. I have all sorts of thoughts in my mind.*
>
> IDI, Ouyna, sexually active female, 17 years old, grade 10

6.6. Other sources

Among other sources that young people learn about sex and sexual matters were school health education and a 'Hotline'-telephone service. Some study participants mentioned the school-based health education as one of the most important sources of information about sex and sexual issues. School health education programmes are still in their infancy. A few hours of lessons a month have been piloted in selected schools in Ulaanbaatar. The subjects included in the health education lessons ranged from oral hygiene and body development to STDs and contraceptives. School sex education will be discussed in more detail in chapter 10. A few young people mentioned the guest speakers organised by the school but they received conflicting messages from them, as illustrated below:

> *The school health education programme has very limited hours of teaching and it is really not enough for us to learn about our sexual health. I think it is important to teach every student about sexual health starting from the 7th grade. Sometimes we get guest speakers, and they may well talk about different things, but some of them seem to contradicting each other's statement. For instance, one of the guest speakers told us that 'it is fantastic to fall in love' and 'if you have sex, go for safe sex and use a condom'. But the other one whom I mentioned before, from the religious organisation told that we should not play sex until we marry. So I have chosen not to have it until I marry.*
>
> IDI, Aruina, virgin female, 16 years old, grade 10

A hotline service was established in April 1998 under the WHO sponsorship as a pilot project and proved to be very useful. This service is confidential and run by professionals, medical doctors, counsellors and beauty specialists. Calls are charged at the local rate. The purpose of this service is to provide young people with information on any topics that they might like to know about. Most students had heard of the 'hotline' service and some of them referred to their friend's experiences. Only a few IDI and FGD participants reported calling the 'Hotline'. They reported making inquiries about puberty, pregnancy, STDs and contraception.

Discussion

This chapter has described an attempt to elicit information from secondary school students about how, and from where, they learn about sex. Overall, the survey results about the sources of sex information for young people in Mongolia show overwhelmingly that peers are a major influence in this area, with parents only playing a minor role in the sex education of their children. These findings were consistent with the results of several

other studies in a variety of settings (Davis and Harris 1982; Libby and Carlson 1973; Miller 1976; Shipman 1968; Thornburg 1981).

Although parents' roles in the sex education of their children were negligible, some study participants reported becoming sexually aware at a young age by seeing and hearing their parents' sexual activity at home. A similar finding was found in Kinsman's study in Uganda (Kinsman, 2000) and may reflect the similarity of living space both in Uganda and Mongolia.
At the same time, the study attempted to explore the types and nature of the communication between different generations, and also among young people of the same generation with reference to the gaining of knowledge of reproductive health and sexual behaviour.

Analysis of the answers of both sexes and generations makes it clear that the knowledge passed from parents to adolescents on how to deal with sexuality and contraception basically consists of behavioural standards, that is, rules and warnings.
In general, the fear of adult recrimination frequently prevents Mongolian adolescents from asking questions or seeking help from parents or adults older than themselves. Owing to a cultural norm and insufficient knowledge about sexual issues, parents agreed that they were in a weak situation to educate their adolescent children in sexual matters.
Dilorio et al., (1996) and Nolin et al., (1992) reported similar findings that most parents feel uncomfortable and embarrassed about talking to their children freely about sexual matters.

Mothers were likely to talk more to their daughters than sons to prevent them from the unwanted reproductive consequences of premarital or unprotected sexual intercourse, pregnancy and sexually transmitted diseases. This preference for mother-daughter sex-based discussions by the female respondents supports the findings of previous studies (Fox et al., 1980; Lefkowitz et al., 1996; Nolin et al., 1992). In fact, however, very few mothers said that they had had conversations that went beyond menstruation. Fox and Inazu (1980) found that menstruation and contraception are among the first sex-related topics that mothers discuss with their daughters. It was evident that mothers who participated in the study are most likely to pass on what they have heard or learnt from their own mothers to their daughters and in a three –generational study of sexual discussions, Tucker (1989) obtained similar results. The survey result showed that discussion about sexual matters with fathers was rare both for male and female students,

which was also consistent with the results of many other studies (Dilorio et al., 1996; Fox et al., 1980; Gebhard, 1977).

The majority of young people think that it is not worth talking to their parents, as they are so old-fashioned that they would not understand them or questions may be interpreted as a sign of rudeness or knowing too much. Therefore, most information on sexual matters comes from their peers, who may be equally uninformed or incorrectly informed and are likely to be relatively inexperienced themselves, as was pointed out by Hofferth and Hayes (1987) and Moore and Rosenthal (1993). It was apparent that boys and girls develop their own gender-specific value system about their sexuality. In this regard, the nature, content and language of communication were different for male and female students. Boys, mainly in large groups, discuss sexual acts, and share experiences of 'chasing girls with a view to sexual intercourse'; whereas girls talk on a 'best friend' to 'best friend' basis about relationships, love, sex, contraception and marriage. Furthermore, in discussions boys talk more about the physical appearance of girls describing them in terms of a '*xoorxon oxin*' –pretty girl'; or a '*goe bietei*'-'nice figure'. Girls were more inclined to discuss the personality of boys. In general, it was clear that a sexual culture of reticence by girls and a coarse anatomical vocabulary used by boys in sexual matters prevent boys and girls talking freely, even between those who are in a relationship. Therefore they do not learn from each other and do not know what their partner thinks or whether he or she approves the other's action, which in turn may lead to unwanted sexual activity.

It was evident that young people share a culture based on television, videos, magazines and advertising. Today's young people have a clear advantage over their parents in terms of the information about sex that is available to them. When they were young, their parents would have had to rely far more on word of mouth, and would not have had access to the educational materials currently available through the media and at school. This is partly because they would have been less likely to be able to read or to have attended school, but also, because such sources of information simply did not exist 20 years or so ago. Promotion of family planning and the ever-increasing prevalence of STDs have, of course, been the major catalysts for producing these materials. Furthermore, other changes in Mongolian society have also contributed to an overall improvement in the quality and accessibility of general sex education messages as compared to the situation just one generation ago.

By contrast, peer pressure to engage in sexual activity at a young age is probably far stronger than it was for their parents, precisely because they are at school and have more opportunities to engage in different social gatherings and are more exposed to the media. In other words, the whole social context in which decisions about sex are made has changed, as has the balance of power between men and women. Parents are vulnerable in terms of access to the best and most available advice about the emerging sexuality of young people. Much of the information that parents receive about raising teenagers is conflicting and confusing. Parents need to be aware of sexual matters relating to young people, how to communicate with them, and how to get help when problems arise. At the same time, it is important to examine the unintentional and erroneous messages about adolescence that are communicated through the mass media. Finally there is a need to change the ways teenagers and parents view themselves and each other's role in adolescents' development and counter the misleading claims that parents are a worthless sources of advice on sexual matters.

A major strength of this study was the use of a representative sample of secondary school students. The diversity of this sample with regard to age distribution and grades in school is another strength. As the survey was confidential, it is believed that students are more likely to provide accurate and honest responses. Although the qualitative findings are more detailed, they should not be over –generalised due to the small qualitative sample size that was used, as well as the fact that the qualitative study participants were initially identified specifically on the basis of their likely enthusiasm to take part in the study. Furthermore, the context in which the data collection took place was made as conducive as possible to the unimpeded and open discussion of sex, so some exaggeration may have occurred. The comments of these young people should therefore be seen as broad indicators of the general themes that may be experienced by secondary school students in Ulaanbaatar rather than as representative of all students in Mongolia.

Conclusions

Adolescents learn about sex from a wide range of sources but most often from the media, and their friends. Cultural restrictions prevent both young people and their parents from talking freely about sex. One significant barrier to discussing sensitive topics with their parents is youth embarrassment and discomfort. Therefore young people have no choice but to turn to their peer's for support and advice in sexual matters, but they may well be

equally ill informed and are likely to be relatively inexperienced themselves, or, possibly, from the media which tend to represent either sexual and gender stereotypes or extremes. Most importantly, discussion about sexual matters in heavily influenced by gender. Both conceptualisation and vocabulary are strikingly different for young males and females and thus discussion between the sexes is extremely problematic.

CHAPTER 7. BELIEFS AND PERCEPTIONS OF STUDENTS AND PARENTS ABOUT SEXUALITY OF YOUNG PEOPLE

Introduction

This chapter examines the beliefs of parents and students about emerging sexuality of adolescents with particular attention to dating, romantic relationships and initiation of sexual activity. These issues are analysed through the perspectives of gender and generation.

As sexual activity is to a large extent socially constructed it is important to understand the social context in which young people's values concerning sex develop, as well as the influences that contribute to their decisions to participate in or delay sexual activity (WHO, 1993). During the study insights were gained by observing boys and girls in school settings. Girls were more outspoken and enthusiastic than boys. It seemed that they play leading roles in most aspects of the school. More girls than boys were in charge of organising different activities, from class meetings to social events. They were doing academically better than boys at school and sounded more confident. But when it comes to sexual matters are they confident enough and able to keep a leading role when challenged by male advances? In order to assess this issue, it is important, first of all, to explain culturally defined sex roles, development of sexual scripts and socially accepted gender- specific norms of sexuality.

7.1. Gender roles

Gender roles are characteristics, behaviours and interests defined by a society or culture as appropriate for members of each sex (Moore et al., 1993). Traditionally males in Mongolia were expected to be hunters, breadwinners, and protectors and have strong wills. They tended to solve problems with physical power and aggression. Females were expected to be passive, submissive peace-keepers. They were also subordinate to men and had to respect their wishes.

From an early age boys helped their fathers handle the outdoor tasks of cattle breeding, and they would take great responsibility for family matters in the absence of their father or older brothers. A boy in a female-headed household was regarded as the head of the family and treated as an adult. Girls undertook domestic work and food preparation with

their mothers. Young people had no adolescence in traditional Mongolian society; childhood ended suddenly with early marriage for girls, and early responsibility for boys. Adolescence was rarely recognised as a distinct phase of life. But today, as explained in Chapter 1, adolescence now certainly exists in Mongolia. By the end of the 1970s female age at marriage averaged 18.5 years, the highest level among other Asian developing countries except Sri Lanka, and the average age at marriage for men was 24.1 years. Between 1989 and 2000, the mean age at first marriage for women increased from 21.1 to 23.7 years; the mean age for men rose from 23.3 to 25.7 years (NSO and UNFPA 2001). By 1990 almost all Mongolian young people (irrespective of their residence) were engaged in full-time education even after puberty (Ministry of Education, 1990). Girls, in contrast to their counterparts in other Asian countries such as India and Bangladesh, are encouraged to continue their education at school beyond puberty. At the same time, Mongolian women have traditionally had relatively higher social positions and greater autonomy than women in the Islamic societies of Inner Asia or in China and Korea or in South Asia (Worden and Matles, 1991).

The privatisation of the economy in 1990 has extended to larger entities, such as the large-scale herds, farms, and industries. The dismantling of the collective farm has had an impact on education and gender roles. Families need their sons to help with herding. A strong cultural pride is attached to boys' ability to survive and take care of themselves through their physical labour, so that now many boys leave school by early adolescence. Girls are seen as relatively expendable from an economy and daily life organised around herding; they are considered to be more in need of an education than boys in order to become productive and self-sufficient. As mentioned in Chapter 5, girls tend to perform better academically, and therefore they advance to university level in greater numbers than boys. As a result, since 1990 Mongolia has had an unusual gender disparity in terms of education. Whereas primary-school classrooms have an almost equal number of girls and boys, among 15-19-year-olds, girls comprise 57% of the student body. The discrepancy increases with years of schooling, so that young women make up 60% of college graduates each year (NSO and UNFPA, 2002; Lhagvasuren 2002). As a result, the woman is the more educated partner in many marriages (NSO and UNFPA, 2002).

Women have traditionally been involved in productive activities in Mongolia and it is not surprising that, since the start of the process of modernisation, they have had a high degree of participation in the labour force. During the past four decades, the percentage of women of working age who are actually working fluctuated at around 80% of the total.

More than 90% of the female population aged 10 years or more are literate; 33% have completed secondary education (NSO, 2001). As explained in Chapter 6, the collapse of the communist regime and shift to a new market economy system enabled women to further advance their skills and achieve better paid employment, thus allowing some of them to acquire financial superiority over men. However, despite the fact that women's status has much improved, deep-seated values of male superiority and authority still persist.

Gender-role expectations and structural conditions are generally acknowledged to exert strong influences on how power is conceptualised, sanctioned and played out in relationships (Gage, 1998). The ideology of sexuality has a close link with socially accepted gender roles. Although in modern Mongolia both boys and girls are treated equally at a social and family level, young women were traditionally regarded as essentially weak-willed whereas males were regarded as essentially sexual and not to be blamed for making sexual advances. In the context of this cultural tradition the question of how much these traditional sex roles influence the sexual expression of boys and girls in modern society certainly requires exploration.

Any understanding must focus on the socialisation process of adolescents. Socialisation is the process by which individuals learn the values and norms of their society (Wilmot, 1985). Nevertheless, similar external stimuli affect different people in different ways according to their biological and psychological predisposition (Hewitt, 1986) and people act differently within the same culture, partly because they follow different 'scripts' (Gagnon et al., 1973).

Boys and girls develop sexual scripts of 'what is appropriate and what is not appropriate' at an early age by listening to others, especially their friends, and by observing the prevailing culture through media and reading. As mentioned in Chapter 6, young people are socialised according to gender-specific sexual scripts. This chapter attempts to analyse the sexual scripts, beliefs and cultural norms and attitudes of students with regard to their sexuality: dating, boy/girlfriend relationship, pre-marital sexual activity, extra boy/girlfriend relationship, virginity and marriage.

7.2. Beliefs about crushes, dating and romantic relationships

The FGDs generated detailed information about existing norms of initiation of dating, emotional content of crushes and boy/girlfriend relationships. Both boys and girls were likely to have several crushes before having a relationship. A crush was defined as intense but short-lived passion for someone. Crushes started as young as age 10 and 11. It seems, at these young ages, that both girls and boys value the physical appearance of a young person of the opposite sex rather than other qualities. For example, they described their first crushes as '*xoorxon nydtei oxin*' - girl with nice eyes, '*egdyytei oxin*' - cute girl or ' *tsarailag banid*' – good-looking boy. These early crushes were unlikely to be disclosed to the objects of desire or to their best friends. The majority of boys explained that they could not approach a girl, as they were embarrassed, whereas girls said a good girl should not ask a boy for a date.

As boys and girls get older their interest in the opposite sex increases and the intention to have a boy/girlfriend becomes more serious. At the same time their communication skills improve and both boys and girls learn how to handle relationships. In the meantime boys and girls develop their own gender-specific value systems about relationships and sexual activity. For example, girls look for a '*oxin oilgodog*'- understanding, '*eildeg*' -gentle or soft-hearted boy, '*zov xaritsaatai*' – boy with a good manner, as their ideal man whereas boys consider personality, figure and appearance as desired qualities in girls. It was apparent that the majority of these relationships do not last beyond a few weeks or months, when they are replaced by a new one.

There was a consensus among the students that the first date is usually organised by a close friend of a boy who acts as a messenger and a witness. The first date is also chaperoned by a close friend of both the girl and the boy. The main role of these friends is to break the ice between the couple. In presence of their friends the couple meets and arranges the next date for themselves.

> *We were innocent and young. I remember one of her friends chaperoned her for the first date. I also had one of my best friends. This is kind of thing that boys and girls do. Friends give lots of comfort and confidence. They help to break the ice. After then things are bit easier. I think this is very common for boys and girls to have their own friends during their first date.*
>
> IDI, Boldbator, sexually active male, 16 years old, grade 9

While these formulations are common, a few girls seem to prefer or appreciate boys who act in a 'mature' manner by not having a messenger for their first date.

It was evident that the vast majority of the girls and boys strongly believe in the 'stereotype' that the boy should make the first move in any sexual activity. It was generally agreed that girls need to be coaxed into every stage of sexual activity such as hand-holding and kissing. According to this discourse, girls believe that showing an interest in a boy or accepting a proposal for a date quickly or eagerly may give them the reputation of a *'belen bor'* - loose woman or *'turshlagatai gar'* - too experienced.

> *Sure. First I had a crush on a boy who was year younger than I am and he was very sporty. He was tall, handsome and played basketball. He fancied me as well and asked me to go out. This is kind of thing that we do. If one would like to ask a girl or a boy for a date, then he sends his best friend to talk to the boy or girl. So, he sent to me his best friend and he told me that 'Greg likes you and he fancies you a lot. He wants you to have a date with him if possible, on this date and this time'. I was kind of happy, but did not say 'Yes' right away. Instead I said 'I am not sure and I'll think about it'. The reason I said 'I'll think about it' was that I did not want to be a 'belen bor' – loose woman. I mean.... If one says or agrees at the very first moment then the boy would think that she is easy, or 'turshlagatai gar'- too experienced, y'know. Boys torture girls in many different ways. It is difficult to know whether the boy is really serious or not. Greg kept sending his friend but at last he called himself. So I agreed. I wanted to be tough...and I did it, y'know.*
>
> IDI, Aruina, virgin female, 16 years old, grade 10

In this culture, girls do not have the freedom to disclose or express their feelings towards the opposite sex, apart from sharing their thoughts with their close female friends. If the boy does not make the first move the girl experiences a painful rejection and has to find a way of handling the situation.

> *I was 15 and had a big crush on a boy who was studying in my class. I fell in love with him. After that, I couldn't concentrate on my study and it really affected my education. He was a tall and handsome boy and he had a great sense of humour. He knew that I was in love with him. But he did not make any move to respond to my feeling towards him. Everybody in my class knew that I was in love with him. A friend of mine told the others about my feelings, unfortunately. I could not ask him to go out or be my boyfriend. It is too embarrassing and culturally not accepted. I hate it. I missed him and cried a lot. It was a big love for me and I didn't think I would ever have another one again.*
>
> IDI, Tuya, sexually active female, grade 10

A minority of girls held the view that girls can initiate a date. However, this behaviour requires courage and is accompanied by doubt and embarrassment as the following excerpt shows:

> *As I fancied him I decided to let him know about my feeling and myself. My friend tried to stop me. She was telling that modern boys are expected to do first move. If you initiate the whole thing will go wrong. Your friends will laugh at you and the boy will make a fun of you'. It is strange I needed to tell him, otherwise I thought I would go crazy. I think there is nothing wrong if girls do the first move. We are*

equal, aren't we? Despite my friend's persuasion, I got his home telephone number and called him. After two months of telephone call, I asked him for a date and he has agreed. I was shaken a lot and was ready to sneak away. You can't imagine, it was kind of embarrassing situation. I asked him for a date and I am sure he told about it to his friends. Although I thought it is all right for girls to initiate date, I felt like my skin was peeling out... Y'know... Oh, gosh!

IDI, Gerel, virgin female, 16 years old, grade 8

The above quotation suggests that friends influence the choice of a date and timing, and put pressure on each other. It was also evident that boys are more likely to experience pressure from their friends than girls are.

The problem was that everybody had a girlfriend. My friends were telling me get a girl and have a fun. There was not any girl for me to go ahead with. My friends were saying that pick someone and time will tell you how well you two can go. So, I picked Alima on kind of random ground. She was OK girl. Once I started to see her, I wanted to have sex with her.

IDI, Lhagva, sexually active male, grade 8

The emotional content of relationships, and the ways in which they were described were different for boys and girls. For example, when girls who participated in the qualitative phase of the study talked about their crushes and boyfriends they showed an emotional attachment, using terms such as 'I fell in love with him'. But all boys, except one, referred to their dates as 'that girl' or 'I flirted with her for two months' and majority of them did not show much affection.

The survey found that one-third of all respondents believed that having a boy/girlfriend is very common among boys and girls of their age; 43% considered such relationships to be somewhat common, 21% not common at all and 4% thought young people do not have any relationships (Table 7.1). At ages 14, 15 and 16 higher proportions of females (39%, 30%, 36%) believed that boy/girlfriend relationships were very common than males (26%, 27%, 29%). Among 17-year-olds, this difference was smaller.

More than half of the study participants (56%) reported having a boy or girlfriend at the time of the survey. A slightly higher percentage of females (59%) than males (55%) reported positively (Table 7.1). The percentage of young people who have a boy or girlfriend increased with age for both sexes. Nevertheless even among 14-year-olds, nearly half report a boy or girlfriend. Thus romantic relationships start at an early age, shortly after puberty.

Table 7.1. Perceived and actual prevalence of relationships, by age and sex

Indicators	Current age									
	14		15		16		17		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
How common is boy/girl Relationship?	26.2	38.6	28.0	30.3	29.4	36.0	45.5	41.6	30.1	34.6
Very common	31.0	43.0	45.0	43.6	45.0	42.0	37.7	37.7	42.8	42.4
Somewhat common	35.7	17.5	22.0	21.4	21.3	20.0	15.5	18.8	22.4	20.0
Not common	7.1	0.9	5.0	4.6	4.3	2.0	1.3	1.9	4.7	3.0
Not at all										
Do you have a girl/boyfriend?	48.8	47.5	56.0	52.8	60.0	56.5	72.2	62.3	58.7	54.8
Yes	**84**	**103**	**357**	**435**	**343**	**515**	**90**	**101**	**874**	**1154**

FGD and IDI participants' views were consistent with the survey result. It was evident that a boy/girlfriend relationship is widely accepted among young people and they have relaxed attitudes towards courting in front of their friends on the school premises as the following quotation shows:

> *Boy and girlfriend relationship is very common among students. They do not hide their relationship. It is common to see these young people hold their hands in the school. They are not embarrassed to be seen by others.*
>
> FGD, participant No 4, female, students' group 1

But some girls stated that relationships do not go beyond the exchange of letters and some of them try not to disclose the details of their relationship to others in order to avoid teasing or gossiping.

> *Our relationship, I mean boy and girlfriend, does not go beyond exchanging letters. Boys send letters to all the girls whom they think are pretty or they like. But girls do not act like boys.*
>
> FGD, participant No 9, female, grade 8, student group

> *If others will find out about the relationship of a girl and a boy they tease a lot. Therefore young people try to keep it as a secret.*
>
> FGD, participant No 8, female, grade 8, student group

It is apparent that relationships of young people were likely to be short-lived, between two and six months, and some of them were much shorter. The majority of in-depth interview participants said that their relationships did not last long.

7.3. Beliefs about virginity and pre-marital sexual intercourse

The study sample displayed a great diversity of opinion about the values attached to virginity. While a few were adamantly determined to retain their virginity - apparently for reasons of health and reputation more than a lack of interest - the majority of them felt that sex benefits them, both in terms of the pleasure they derive from it, and also from the status and authority that it confers upon them within their peer group.

Several statements related to virginity and pre-marital sex were included in the survey and respondents were asked to indicate whether they agreed, were not sure or disagreed. Much higher proportions of females (53%) than males (37%) across all age groups agreed that young people should not engage in sex before marriage, but much higher proportions of males than females were not sure about it, except among 14-years-olds (Table 7.2). Fewer males than females attached importance to female virginity: more than half of females (53%) considered that 'it is important for a girl to remain a virgin until she marries' compared with 34% of males. A much higher proportion of males among younger ones were not sure whether it is important for a girl to retain virginity. Thus males displayed a more relaxed attitude towards pre-marital sex and attached less importance to virginity than their female counterparts. In general terms, age differences are not pronounced. Any expectation that attitudes became more relaxed with increasing age is not confirmed. Indeed the support of males for female virginity appears to increase rather than decrease with age. It is also surprising that the proportion of uncertain responses does not decline with age.

Table 7.2. Percent distribution of responses to statements on pre-marital sexual intercourse and virginity, by age and sex

Indicators	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Young people should not have premarital sex										
Agree	46.4	56.3	36.9	52.1	36.5	53.9	35.5	54.4	37.5	53.5
Not sure	35.7	34.2	41.4	28.2	36.8	29.9	33.3	25.7	38.2	29.4
Disagree	17.7	8.7	21.6	19.5	26.6	16.1	31.2	19.8	24.1	17.1
It is important for a girl to keep her virginity until she marries										
Agree	27.3	49.5	32.8	50.8	40.3	53.5	61.3	34.4	34.4	52.8
Not sure	55.9	32.0	46.3	27.2	33.9	22.7	18.7	40.3	40.3	24.9
Disagree	16.6	18.4	21.3	22.0	25.7	23.7	19.8	25.2	25.2	22.3
N	**84**	**103**	**355**	**435**	**342**	**515**	**90**	**101**	**871**	**1154**

Some girls who declared that they were virgins did not argue that the state of virginity is in itself a good thing. Rather, they looked at the issue from the opposite, and perhaps more practical point of view, stating that premarital sex can damage a girl's reputation and it can also ultimately bring about marital discord. Virginity was felt to be a good thing, therefore, because it is a state in which certain undesirable events cannot occur, not because its proponents have an inherent dislike of, or lack of interest in, sex. For these girls, denying themselves the pleasure and excitement of sex was clearly worth the sacrifice.

> *I've heard that if girls are not virgins when they marry, their husbands get upset and try to put them down. So it is better to be virgin.*
> IDI, Odno, sexually active female, 15 years old, grade 8

However, completely contrary views were expressed by other girls. Non-virgins believe that men would not value women who were virgins when they marry as the following quotations show:

> *Let me start with the advantages of having sex at early age. I heard that if a girl is still a virgin when she marries, it might disappoint her man, as he would think that no one was ever interested in her before. So, if man thinks this way then it is not good reputation for a girl. Therefore, it is better to experience sex earlier.*
> IDI, Tuul, sexually active female, 16 years old, grade 9

In general, virgin girls appeared to be confident with their status. It was apparent that they do not attach a particularly high value to sexual intercourse at this point of their lives, and they seemed relatively immune from the peer pressure to initiate sex.
Attitudes of young women to virginity of males were in sharp contrast. The majority of the girls believe that boys should have plenty of sexual experiences and, therefore, were under the impression that there are not many virgin boys left nowadays. It seemed that girls do not attach much importance to the virginity status of the boys.

Some girls believed that boys value virgin girls. These girls believed therefore they should be virgin for their boyfriend and have sex with them. The following quotations show that these girls associate virginity with their reputation as well.

> *I was too drunk and I lost my virginity and reputation forever. No one would respect me any more. My boyfriend believed in me. I am sure that boys respect virgin girls. But, now I am not virgin anymore. I would not regret so much if I had slept with my loved person. For instance, I could have done it with Lhagva. Somehow I did not want to have sex at early age, say while I am in the secondary school.*
> IDI, Saruul, sexually active female, 16 years old, grade 8

Although I did not want to have sex with him, I wanted him to touch me. I had a kind of mixed feeling of wanting to be touched, cuddled and hugged by him. On the other hand, my boyfriend was at the back of my mind and I had the kind of thoughts that I should keep myself as a virgin for my boyfriend. I mean, be faithful to him. It is difficult to explain my feeling at that time. I have a good reputation among our teachers and students. But now I lost my virginity and my reputation. If they find out about me I will be ashamed and loose my reputation.

IDI, Ouyna, sexually active female, 17 years old, grade 10

Data showed that boys' attitude towards virginity of girls' was different from girls' attitude. The majority of the boys had more liberal attitudes than girls towards girls' virginity. They thought that girls will experience sexual intercourse sooner or later in their life anyway. These boys believed that it is common for young people to practise sex and there is nothing wrong if girls are engaged in pre-marital sex. They thought that girls worry too much about their reputation and therefore they believed that sexually active girls are under pressure to pretend to be virgins and, therefore, tend not to discuss their sexual experiences if they were sexually active.

It is very common. Young people especially girls think that boys must have had sexual intercourse at age of 14 and 15. If not boys are teased badly and labelled like 'immature', therefore most of the boys are keen to have sex. There are many girls who are engaged in pre-marital sex too. Girls pretend to be a virgin or sexually inexperienced. They do worry about their reputation too much. I think, nothing wrong with being sexually experienced. Later or sooner one will experience it.

IDI, Bathu, sexually active male, 15 years old, grade 8

However, a few boys attached importance to girls' virginity especially in relation to their girlfriends. These boys believed having a virgin girl is a matter of pride and therefore they would value her more.

As any other man I would want her to be a virgin when I have her. I will be her first man and I will value her more.

IDI, Ouynbold, sexually active male, 17 years old, grade 9

It was clear from their statements that they value sexually inexperienced girls more than experienced ones, considering them to be '*daryy*'- modest with good manner.

It was obvious to me that she had had sex before. Because she did not complain about pain and she seemed to enjoy sex. Also, it seemed to me that she was seeing several guys at that time. So, I stopped seeing her. She used to call me and ask for going out. I think she liked me and therefore, she was chasing me up. I did not respond to her calls and always finding the excuses not to see her. Girls should be 'daryy'- modest, not too experienced. I would rather have my girlfriend to be 'a good girl'.

IDI, Aruinjargal, sexually experienced male, 15 years old, grade 8

With regards to virginity of boys, the majority of boys believed it is 'cool' for boys to be sexually experienced. They believed the girls are in favour of sexually experienced boys more than virgin ones as they treat girls better.

> *It is also cool to be sexually experienced and sexually active. I think girls fancy sexually active boys more than virgin ones. Main reason is that sexually active ones know how to treat girls better than foolish naïve ones. At least the ways you talk to girls make very much difference. Every girl likes to be told that she is pretty, good looking and they love to be treated like princess and be cared for even little things like offering a seat or give away etc.*
>
> IDI, Lhagva, sexually active male, 16 years old, grade 8

Boys who refused to engage in sexual activity or who could not succeed in their attempts to find a sexual partner tend to be stigmatised by the larger group and labelled with terms such as '*zandan*' – 'name of rare wood used for virgin' male or *'patsaan'* - immature (underweight). The pressure from peers to become sexually active can be so strong that determined and publicly acknowledged virgins require substantial reserves of inner strength to overcome the demand to conform. Alternatively they falsely claim sexual experience. For example:

> Interviewer: Have you ever had sexual intercourse?
>
> *No, not yet. It is kind of frightening. I do not have enough courage to ask a girl for sex. It is funny that once I turned into 15 I started to think about sex a lot. My friends, of course male ones, always ask whether I experienced sex yet, if not when am I going to have one. Boys talk about sex a lot and it gives lots of hints and temptation. We always tease each other in sense of sexual terms or meaning. All what we say have double meaning associated with sex, easily label us 'zandan' or immature etc . It is sometimes difficult and embarrassing to admit that I haven't had sex yet. There were times I had to tell lies, you people do not understand, people like me do have real hard time to prove that I am a man now.*
>
> IDI, Duuree, virgin male, 16 years old, grade 9

> *'My friend did it when he was 14. He said 'How come you haven't had it. You are men! Oh you got to do it!'. It was so embarrassing, and I had to do it or I wasn't in with him. I used to make up stories that I did it. Sometimes, it is hard to believe in my own lies. What else can I do. Unfortunately I haven't had it yet'.*
>
> IDI, Bator, virgin male, 16 years old, grade 9

Both boys and girls believed that virgin girls should have pain and bleed after the first sexual intercourse. If girls do not experience both signs, girls automatically were considered sexually experienced. Furthermore, boys seem to believe that if a girl is enjoying sexual intercourse then she must be sexually experienced.

It just happened simultaneously. I told her 'I've never had sexual intercourse' and asked her 'Can we sleep together?' She did not refuse. So we lay down on the bed and had sex. I had an orgasm and so did she. It seemed to me that she had had sex before. I didn't ask her. But somehow I had a feeling that she had experience. She did not bleed or had pain. She seemed to enjoyed it.

IDI, Bayar, sexually active male, 16 years old, grade 10

Students were asked for their opinion on how many boys and girls of their age have had sexual intercourse. Overall, more than half of the males (54%) and nearly two-thirds of females (62%) believed that none of the boys and girls of their age have had sexual intercourse. This proportion for females was much higher than for males at all ages. Similarly, more males than females across all age groups believed that most of young people have had sexual intercourse. Among 17- and 18- year-olds, boys were three times more likely than girls to believe that most had sexual experience (21% versus 7%) (Table 7.3).

Table 7.3. Students' beliefs about prevalence of sexual intercourse among young people, by sex and age

Indicators	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
How many girls and boys of your age have sex?										
Most	1.2	4.8	5.8	3.2	9.0	6.9	21.1	7.0	8.2	5.4
Some	7.1	8.7	15.1	14.0	25.3	22.9	33.3	24.7	20.2	18.4
Few	19.0	18.4	16.5	12.4	18.9	15.1	14.4	8.9	17.5	13.8
None	72.6	67.9	62.4	70.3	46.5	54.9	31.1	59.4	54.0	62.3
N	84	103	357	435	343	515	90	1019	874	1154

As might be expected, responses were related to age. Among 14- and 15-year-olds of both sexes, about two-thirds believed that none had experience of intercourse. Among males, this proportion falls to 46% at age 16 years and further to 31% at 17 years. For females, the age gradient in responses is less marked.

Parents and young people who participated in the FGDs had different views on prevalence of sexual activity among students of secondary schools. The majority of parents stated that sexual intimacy is not considered as taboo anymore among secondary school students and many of them engage in premarital sexual activity at an early age. Some students agreed with this statement but others, especially girls, strongly opposed this belief explaining that parents exaggerate all issues related to sexuality and tend to overreact.

The majority of parents had an antagonistic view towards premarital sexual activity among young people. Parents agreed that adolescents and youth, in particular, suffer from social changes as the traditional well-defined roles within the family and community are progressively being challenged, and that this is a source of substantial social concern in the country. Concerns that parents widely believed to be associated with premarital sex include: sexual abuse, unwanted pregnancies, abortions, rising incidence of sexually transmitted diseases (STDs), increasing risks of HIV/AIDS, tobacco and alcohol abuse. Parents believed that the main contributing factors to early sexual activity among secondary school students are: i) a dramatic change in lifestyle because of the influence of Western values; ii) an uncontrolled media with explicit sex scenes and adult themes; iii) poverty and prostitution; iv) partying and excessive drinking habits as well as early onset of puberty.

> *There is no question about it (premarital sex). It is happening even among young students. I mean students who are only in grades seven and eight. Today's young people are so different compared to my generation's teenage period. Such a thing did not happen to us. I think it is very much related to the social context of the country. Due to the system change now country is open for many influences, especially western culture. Uncontrolled media is promoting sex. Another issue is drinking. Young people drink too much. They reach biological maturity at very early age.*
>
> FGD, participant No 1, female, parents' group 1

In addition some parents stated that the number of *'tom tolgoitoi xyyxdyyd'* – big-headed children - is increasing. Such children had little respect for their elders and rejected any guidance from them. Some parents mentioned the benefits of norms and regulations of the socialist system, which had strict rules on young people's behaviour: in their views such restrictions on the behaviour of young people should be restored.

> *We all know that the majority of young people do not care whatever their teachers and parents may say. We had a fear of being rude to our teachers and parents when we were young. We would not even say a word to them even if we wanted to. But these kids today have changed so much. The number of ' Big Headed' children has increased dramatically.*
>
> FGD, participant No 5, female, parents' group 1

> *It was very strict for young people before. Children under the age of 17 were not allowed to any activities conducted after 7pm, even for concerts. It worked very well. Now there are no rules, no norms of what are right, and what is bad. It means we need to be strong-minded to remedy this situation.*
>
> FGD, participant No 3, female, parents' group 1

Compared with their parents some students had a relaxed attitude towards early sexual experience and believed that it is all right to have sex in the context of a loving relationship. They agreed that pre-marital sex is common among their friends.

> *I've seen many boys and girls who had very close relationship for a long time, they look like a real husband and wife. I mean 15- and 16-years-old ones at our school. As long as a girl really loves her boyfriend it is OK to have sex. I think it is OK to have sex at age of 16. I heard it is not good to delay sex.*
>
> FGD, participant No 7, female, grade 9, students' group

> *I think majority of young people experience sex at age of 16 and 17. I don't see any problem with this. We talk among ourselves there is nothing wrong to have sex unless you get disease.*
>
> FGD, participant No 3, female, grade 9, students' group

Suburban school students, especially girls, considered that they drink more alcohol and are more sexually active than those who study in the city centre. They explained the difference in terms of the availability of different facilities in the centre of the city where young people could spend their free time in more productive and varied ways. In addition the city centre schools involve students in various after-school clubs and classes. But suburban areas lack such facilities and students' study and household jobs do not keep them busy enough. Therefore they get together more frequently than their inner city counterparts and spend time drinking. As they live close to each other in the same neighborhoods, it is difficult to resist peer pressure at social gatherings.

> *It is very common. Young people engage in sex at a very early age and do not mind having extra boy and girlfriend relationships. All my friends have boyfriends and they sleep like a married couple. I don't think sex is regarded as taboo among us especially in the suburban schools. Suburban school students do have sex more than city centre ones. Girls and boys drink a lot, and then have sex.*
>
> IDI, Densma, sexually active female, 15 years old, grade 8

Some students believed that rural students are more sexually active and enter pre-marital sexual relationships earlier than urban ones as they live in mixed sex dormitories without proper supervision. Students stated that partying and drinking contribute greatly to the increasing premarital sexual activity and they believe that most young people experience sex during parties and under influence of alcohol.

> *I guess rural students at boarding school are more sexually active then city ones. There are no parents around to supervise them. I think most young people have sex under the influence of alcohol especially during the farewell party given at the end of 8th grade..*
>
> FGD, participant No 4, female, students' group

7.4. Further explorations of gender issues

Responses of survey participants indicated that young people have more relaxed attitudes towards sexual intercourse before marriage for males than for females. In addition more males than females approved pre-marital sex for both sexes (Table 7.4). For example, 39% of males and 32% of females agreed that 'Girls can have pre-marital sex', but this percentage differed greatly when boys were considered. More than half of males expressed their agreement with the statement 'Boys can have pre-marital sex' compared with 38% of females. This percentage of agreement was higher for males in all age groups and became particularly pronounced among 17-year-olds. The percentage of females (46%) who were not sure about this statement was much higher than males (30%) across all age groups. The sharpest gender differential relates to disapproval of premarital sex among girls. One-third of females disapproved of pre-marital sex for girls but only 15 percent disapproved of it for boys.

Table 7.4. Percent distribution of responses to statements on pre-marital sexual intercourse, by age and sex

Indicators	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
It is all right for a girl to have premarital sex										
Agree	44.0	32.0	34.1	27.8	39.9	35.1	54.4	31.6	39.3	31.8
Not sure	36.9	46.6	42.3	36.3	32.0	33.2	24.2	28.8	35.8	35.1
Disagree	19.0	21.3	23.8	35.8	27.8	31.6	22.9	40.5	24.8	33.1
It is all right for a boy to have premarital sex										
Agree	53.5	28.1	45.5	35.1	58.3	42.9	75.5	42.5	54.4	38.6
Not sure	35.7	58.2	37.6	47.6	25.3	44.8	16.9	38.6	30.3	46.5
Disagree	10.7	13.6	16.7	17.2	12.2	9.2	9.2	18.8	15.2	14.8
N	84	103	355	435	342	515	90	101	871	1154

From discussion with boys and girls there was a clear confirmation of existing double standards among young people in Mongolia. The majority of young people in the study sample believe that the sexual standards for boys were different from those for girls. The sexual double standard tends to favour men by allowing them to have plenty of sexual experiences. In addition, local gender norms establish that the man should make the first move. Therefore they are expected to initiate sexual activity, lead, direct and teach girls.

Girls tend to stick to one boyfriend, but boys want to have sex with as many girls as possible. I think it is something to do with their power. Boys are in a much better situation than we are. Because they can approach any girl and tell her what they want to do with her. If girls refuse their proposal for a date or sex, they would not bother asking her again. They will try a few times and if girl does not co-operate then boys approach another girl. It is simple as it is... Girls are vulnerable in terms of expressing their feelings to boys or selecting them etc. Boys are expected to have first move.

IDI, Saingerel, sexually active female, 17 years old

This "double-standard" was endorsed by girls and as well as boys. The majority of the boys were under the impression that girls 'consciously or unconsciously' put pressure on boys to be sexually active by teasing or seducing them.

Girls are not angels. They do put pressure on us. It is obvious that every girl wanted to have attention from boys in many different ways. They, for some reasons, count on boys, I mean they expect us to be mature –sexually experienced, responsive, caring and even please them if necessary. If a girl is seeking attention in this way, we boys need to respond. I mean they put pressure on us to act as a man and, sometimes I personally do pretend to be not virgin. As I have not experienced sex yet, I get into funny situation. You see what I mean.

IDI, Sukhe, virgin male, 16 years old, grade 10

Girls said that they expect boys to be more knowledgeable and responsible in sexual matters and more sexually experienced so that they should be able to take care of girls. Obviously for these girls sexual experience for boys was regarded as a sign of maturity.

Girls could be doing well at school and bossing around boys. In reality, girls need care and love. We are very soft and vulnerable compared with boys. At the end of the day girls are girls. They need protection, attention and support from boys. This is nature. Boys should have more responsibility than girls. They should be mature and able to take care of girls. Girls value mature boys of course.

IDI, Gerel, virgin female, 16 years old, grade 9

Although a few boys were strongly opposed to pre-marital and extra-marital sex, the broad consensus was that early experience of intercourse is important, not only for its own enjoyment but also because it permits membership into a sort of informal boys' peer group, or 'club'. Within the club, members share knowledge and experiences, and they develop a mutually supportive value system. Few girls who participated in the FGDs believed also that having sexual experience before marriage is beneficial for themselves in terms of learning how to handle sexual issues within marriage. Some girls see sexual intercourse at least partly as a physical activity and therefore they think they should practise it and gain satisfaction from it.

I've heard that if a woman is not able to satisfy men sexually then they leave her for another woman. So, it is important to get experience before marriage.

FGD, participant No 2, female, grade 10, student group

Young people get sexually urged at age of 16 and 17 and they practise sex in order to get satisfaction.

FGD, participant No 4, female, students' group 1

Majority of girls strongly believe that, by initiating sexual activity, girls would lose their reputation and allow boys to take advantage of them.

Interviewer: Do girls initiate a sexual activity?

Very few girls do. I don't think it is a good idea. If a girl were to propose a date or sex she would be shamed, I guess.

FGD, participant No 2, female, grade 10, students' group 1

Very few. It is not normal, I would say.

FGD, participant No 6, female, grade 10, students' group 1

It is not women's thing to do. I do not think girls should do it. Everything has own limit. So we've got to be careful how we talk today. If girls ask for a date, boys will take advantage of it. The day after, boys will ask the girl to have sex. Then there is not much the girl can do. She has to agree with whatever the boy asks. Therefore, it is too dangerous.

FGD, participant No 7, female, grade 10, students' group *1*

In addition, the majority of the girls who were in a relationship seem to feel insecure about their relationship and, therefore, have little power to negotiate or decide whether or not to engage in sexual activity. Therefore, some girls put the needs or desires of their boyfriend before their own wishes. In this vein a girl said:

I must say that Sukhe was leading me at all the time. He was the one who says what he wants to do and got what he wanted. I didn't ask him. You know why? 'cos I think it is not a good idea for girls to initiate such discussions. I feel very insecure about myself.... Although I think I did not want to have sex with him, I had it. I could not say 'No'... Everything is foggy.

IDI, Tuya, sexually active female, 17 years old

Twice as many males (19%) as females (8%) in the survey considered that sexual intercourse makes a relationship stronger (Table 7. 5). This proportion was higher for males at all ages. More than half of females (52%) and nearly 40% of males disagreed with this statement. This idea was supported by a few girls and boys who participated in the qualitative study who said that it helps couples to know each other better and thus they can have a long lasting relationship.

Table 7.5. Percent distribution of responses to statements on pre-marital sexual intercourse, by age and sex

Statement	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Sex makes boy and Girlfriend relationship stronger										
Agree	17.8	6.8	16.5	8.0	21.0	8.5	26.6	15.4	19.5	8.7
Not sure	45.2	36.8	49.7	40.2	36.2	39.2	41.1	32.6	43.1	38.8
Disagree	36.9	56.3	33.7	51.7	42.6	52.1	32.2	52.4	37.3	52.4
N	84	103	355	435	342	515	90	101	871	1154

Boys are also more likely to see sexual activity as a way of achieving maturity and social status. Reputation among young people of both sexes seems to be a major issue and achieved in different ways. Boys are encouraged to be as active as they like and tend to detach love from sex and, therefore, are likely to enhance their reputation by achieving more sexual encounters.

> *I do not have a girlfriend and never had long lasting relationship before. I think it is OK. Being a girl and boyfriend is not like in marriage. You do not have commitment to each other. So, it is OK with me. I am not pro lasting relationship. It is better to have different girls and it is fun to have lots of sexual experience.*
>
> IDI, Bathu, sexually active male, 15 years old, grade 8

Girls see sexual desire as a way of expressing their love and achieving emotional intimacy to preserve their reputation by having a stable relationship. Therefore they focus on having one partner and on pleasing him sexually. Such idealisation of sex, while appropriate for certain relationships, is less appropriate for casual and short-term encounters as it renders girls vulnerable to harm and disappointment.

> *I think girls usually enter into sexual relations with boys to prove their love. Girls are more for stable relationship and are faithful to their boyfriend.*
>
> FGD, participant No 6, female, grade 9, students' group 1

Some boys and girls believe that sexually experienced girls are under pressure to have more sexual partners and boys tend to approach them with sex proposals as the following quotations show:

> *If the girl sleeps with one guy and he tells about her to his friends, then others will try to sleep with her. Boys will approach the girl in many different ways in order to succeed with sex.*
>
> FGD, participant No 7, female, grade 9, students group 1

'Boys do not bother a girl whom they love with proposal for sex. They do have fear of asking such thing. Instead they take advantage of sexually experienced ones and use them for their sexual pleasure.

IDI, Ouynbold, sexually active male, 17 years old, grade 9

Although the majority of young people in the FGD and in-depth interviews seem to have a relaxed attitude towards premarital sexual activity, they agreed that it is ideal to have first sex at ages of 18-19 as, at that age, students should be able to make an informed decision. Also they have reached physical maturity and think that it is ideal to marry at ages of 20-22, once their university education has been completed and economic independence from parents achieved.

7.5. Beliefs about coercive sex

Sexual relationships often incorporate power disparities based on age, gender and experiences and socialisation patterns. Culturally-based gender roles that reinforce male rights over sexual and reproductive decision making, therefore, can contribute in important ways to female adolescents' powerlessness to make decisions and to their vulnerability to the negative consequences of unprotected sexual intercourse.

The study showed that males are far more likely to take the initiative in sexual encounters while girls remain passive or even apprehensive. In this regard, it was apparent that boys make decisions for girls whether or not to have sexual intercourse. Boys strongly believed that girls 'should not' refuse their sexual advances and there are many ways of sexual pursuit, even using force if it is needed. Sexual pursuit by males takes different forms, from romantic flattery and gifts to threats to terminate the relationship. The majority of the girls admitted that girls find it difficult to refuse boys' advances or pressure especially if a girl loves a boy. They believe that sooner or later she will 'give in'. They explained it in terms of lack of self-esteem, self-confidence and lack of knowledge of how to handle such situation. Girls who are in a fear of losing their boyfriends are not in the position to say 'No' to sexual advances.

Oh, yeah, it is a common thing among boys. If a boy is aware that a girl fancies him then he will demand to have sex asking her to prove her love to him. Or he would say that he would leave her in case she would not have sex with him. Because sex is one of the ways to prove someone's love. Some smart girls will refuse their sex proposal. But, if the girl fancies the boy then that is it. Most of the girls are in fear of losing their boyfriend. I think it is common. Therefore they would accept their boyfriend's proposal for sex.

IDI, Haluina, virgin female, 17 years old, grade 10

In the survey, respondents were asked their opinion on how common it is that for boys to force girls into sexual activity. The survey result showed that the majority does not know how common coercion is. Only one in ten students of both sexes believed it is very common for boys to force girls to have sex (Table 7.6). The percentage believing that coercion is very common or somewhat common rises steeply with age. Among 17-year-olds, nearly 40% of both boys and girls thought that it was common.

Table 7.6. Percent distribution of respondents according to perceived prevalence of coercion

Perceived prevalence	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
How common is it for boys to force girls to have sex?										
Very common	3.5	1.9	8.4	11.7	11.9	15.7	21.2	14.8	10.6	12.9
Somewhat common	5.9	9.7	11.7	10.3	16.3	12.2	16.7	24.4	13.5	12.1
Not common	10.7	13.5	13.5	16.2	16.9	15.9	17.7	16.6	16.1	13.7
Do not know	79.7	74.7	63.5	66.9	54.8	56.1	44.4	53.3	59.7	61.1
N	84	103	357	435	343	515	90	101	874	1154

The use of sexual coercion and the various justifications for unwanted and unsought behaviour appear to be already established among many young men by the time of adolescence. Whether or not such behaviour is prevailing among young people in Mongolia will be investigated in Chapter 8.

> *They do. They will insist (or force) that girls declare their love by sleeping with them. If girls reject them, boys will frighten them. Mainly boys go for sex to get pleasure. There is no other way to escape sex whether you like it or not. It is not fair. Boys take advantage of those girls.*
>
> IDI, Densma, sexually active female, 15 years old, grade 8

Some girls stated that boys use alcohol as a weapon in their sexual advances as the following quotation:

> *Boys are smart to get what they want. They share all their experiences among themselves and choose the best ever way to make girls to say 'Yes'. Sometimes they force girls. Some of them offer to drink alcohol and pretend to be very drunk.*
>
> FGD, participant No 8, female, grade 9, students' group

7.6. Beliefs about extra-boy/girlfriend relationships

Respondents were asked in the study how common it is for girls and boys of their age to have concurrent relationships with more than one person. One in 10 survey participants believed that it is very common among their friends and about 20 percent think that it is

only somewhat common. There was not much difference in the opinion of males and females in this regard (Table 7.7).

Table 7.7. Percent distribution of respondents according to perceived prevalence of concurrent relationships

Perceived prevalence	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
How common are extra boyfriend relationships?										
Very common	9.5	4.8	7.5	8.2	13.1	13.4	11.1	7.9	10.2	10.2
Somewhat common	11.9	19.4	14.2	17.7	18.6	20.5	33.3	21.7	17.7	19.5
Not common	21.4	22.3	19.6	17.4	18.6	18.2	13.2	22.7	18.7	18.7
Do not know	57.1	53.4	58.4	56.5	49.5	47.7	42.2	47.5	53.2	51.5
N	84	103	357	435	343	515	90	101	874	1154

A sexually active girl said the following in regards to extra boy/girlfriend relationships:

> *It does exist. There are just a few people who are really faithful to their partners. My mother is one of those very few. The majority of the population cheats on each other regardless of their age and sex. Most young people that I know have an extra boy or girlfriend relationship. I loved my first boyfriend and I did not have any other man apart from him. I was also a bit jealous if he talked to other girls. If people love each other then faithfulness works, but I am not sure. As I said, I do not really fancy my last boyfriend, he was like machine or equipment that I badly needed sexually. There was not any emotion on my part. Those men that I had sex with were just like him. I got what I wanted and turned them away. I was seeing them occasionally when I wanted to. So, I am not the type of person who values faithfulness. You met someone, and he or she is nice, and you had sex, and that is all. Nothing wrong with that, I think. You will not lose anything. Would you? Because you pleased each other, had fun, and you would not bother each other again. Having different partners also is fun. One man sex must be boring.*
>
> IDI, Zaya, sexually active female, 15 years old, grade 8

But almost all girls who participated in the qualitative phase of the study expected themselves and their partners to be faithful in a relationship, with this pattern consistent across all age groups. Among the boys, most expected their partners to be faithful, but expectations for their own behaviour were far less stringent and varied quite markedly from the girls. About one-third of all males who participated in the qualitative phase of the study said they would try to be monogamous in a steady relationship. Male participants, while easier on themselves in terms of standards of fidelity, were more likely to take an aggressive approach to partners who strayed. Males said they would call off the relationship at once or leave their partners if they found out about it, whereas most females adopted a stereotyped passive role, replying that they would 'do nothing' or 'hope it would not happen again' or 'beg him not to do it again'. This suggests either a

greater tolerance for partners' lapses than was evident for boys or (and possibly more likely) an acceptance of the lesser power that girls hold in these sexual relationships. Whatever the underlying dynamics, it is clear that the meaning of fidelity in steady relationships differs for girls and boys, with the norms of behaviour or intention being viewed less stringently among boys for themselves than for their partners.

Discussion

The study sample displayed a great diversity of opinion about crushes, dates, boy/girlfriend relationships and sexual intercourse. One of the more striking features of what has been presented is the wide range of influences to which young people were subjected to, which become more complex as they grow up. Although traditionally in Mongolia premarital sexual involvement, especially sexual intercourse, was strongly disapproved, Mongolian adolescents enjoy more freedom in sexual matters than their peers in the other Asian countries, for example those of the Indian sub-continent (Caldwell et al., 1989). Since the 1920s, educated young people have increasingly engaged in romantic relationships, perhaps as a result of greater exposure to Russian and Eastern European media and information flows on romantic love. Nowadays there is a long adolescent and post-adolescent interval between puberty and marriage among Mongolian young people. Adolescents in urban areas and even in some rural areas are no longer tied down by perpetual farm and domestic work. As a result, they form peer groups, important as an alternative form of socialisation to the family. A distinct youth culture has emerged, involving mixed-sex parties, picnics and so on, all of which imply an increased exposure to the possibility of pre-marital sexual activity. In combination with young people's predispositions, these various influences will shape value system of young people, and to some extent determine at which point they may decide to become sexually active.

The study found that girls seem to play the leading role in most aspects of the school and social lives, but they were much less confident when challenged by male romantic and sexual advances. This could be explained in the context of existing gender roles, already predefined sexual scripts and gender-specific norms of sexuality which are different for boys and girls; especially they allow boys to be sexually experienced but not girls. The Mongolian discourse on adolescent sexuality is still overwhelmingly characterised by a double standard (see Hornick 1978; Lees 1986 and Moore and Rosenthal 1992). In accordance with the existing social and gender norms adolescent boys have more liberal

attitudes than girls to all forms of sexual activity such as dating, a girl/boyfriend relationship, non-penetrative and penetrative sexual intimacy.

The study found that boy/girlfriend relationships are widely accepted among young people and the first date is usually organised and chaperoned by a close friend who acts as a messenger and a witness to break the ice between couple. Such courtship rituals were recorded in a similar study done among young people in the Philippines (Xenos,1990).

Males displayed a more relaxed attitude towards pre-marital sexual intercourse among young people and attached less importance to virginity for girls than their female counterparts. Much higher proportions of females (53%) than males (37%) across all age groups agreed that young people should not engage in pre-marital sexual intercourse before marriage, but much higher proportions of males than females were not sure about it. Girls were uncertain about virginity of girls. Their opinion was divided equally. One-third of all female participants of the survey thought it is important for girls to keep their virginity until they marry, another third was not sure, while the rest disagreed with this statement.

Thus the study participants displayed a great diversity of opinion about the values of virginity. While some girls were adamant that they wished to retain their virginity, the majority felt that sexual activity benefits them, both in terms of the pleasure and also from the status and authority that it confers upon them within their peer group. Some virgin girls considered that the preservation of virginity was important to preserve a good reputation and a sound basis for successful marriage. However, completely contrary views were expressed by other girls. Some girls believed that females must experience sexual intercourse before marriage in order to be able to satisfy their future husband. Also, they believed that men would not value women who were virgins when they marry. This is consistent with the findings of the studies of Kisekka (1976) and Southwold (1973). This diversity can be explained in the light of social norms that do not place an extreme emphasis on woman's purity as exists in other Asian countries such as India and Bangladesh (Worden and Matles, 1991). The study participants had relaxed attitude towards men's virginity and sexual experience was considered as a sign of maturity. Students and parents held different views on the prevalence of sexual activity among students of secondary schools. The majority of parents stated that sex is not considered as taboo anymore among young people and many of them engage in pre-marital sexual activity at an early age. But some girls noted that parents tend to overreact on issues

related to sexuality. They believed that parents are still trying to instill behavioural norms to 'abstain from sexual intercourse' as they did when they were young without realising that changes have taken place. Parents and students believed that exposure to sexually explicit media and excessive drinking are the main contributing factors to early sexual activity among secondary school students.

There is a clear belief among young people that their friends are more sexually active that they actually are, as was found by McCabe and Collins (1990). Such a belief is likely to affect the behaviours of many young people and it may, as Thornburg suggests, thrust them into heterosexual involvement before they are physically and emotionally ready to deal with it (Thornburg, 1975).

The study result showed that males are far more likely to take the initiative in sexual encounters while girls remain passive or even apprehensive. Similar findings were outlined by Bergland et al., (1997); Orubuloye et al., (1992) and Pleck et al., (1993) (1992). In this regard, it was apparent that boys make decisions for girls whether or not to have sex. Boys strongly believed that girls 'should not refuse' their sexual advances and there are many ways of sexual pursuit even using force. The majority of the girls admitted that girls find it difficult to refuse boys' romantic and sexual advances or pressure. In addition to the existing norm of 'silence' for girls in sexual matters, this could be explained in terms of lack of self- esteem, self-confidence and lack of knowledge of girls on how to handle a situation when approached sexually by their male counterparts for sexual advancements .

Conclusions

There was clear conflict between the mores and norms of parents and young people with regards to sexual activity of young people. While parents value virginity until marriage and deplore permissiveness, the younger generation values experimentation and liberalism. Sexual scripts, stereotypes and discourses cover many aspects of young people's sexuality, and they include young people's beliefs and actions concerning the sexual 'double standard', beliefs about social norms and gender roles, beliefs about sexual experimentation and communication patterns with the opposite sex. These, also, include the reasons why they choose to engage in sex, their attitudes to permissiveness, exploitation, intimacy and commitment and their actions with respect to these areas of sexuality. In each of these dimensions of sexuality, similarities and differences exist

among young women and men and their sexual behaviour is discussed in the next chapter.

CHAPTER 8. SEXUAL CONDUCT

Introduction

> *Yeah, I should admit that I was a bit drunk. He was a bit drunk as well. We ended up talking in one of my friend's bedrooms. We were just alone. We were talking about our relationship, why things are not working well for us; whether it is he or I...He started to kiss me and asked me to sleep with him. When I refused he said very persuasively 'You said that you love me. But it is not true as you always refuse me.' Then he said:*
> *'I can't believe in your love for me. If you really love me you should not refuse my proposal'. I could not say anything, as I desperately wanted to keep our relationship.... Bloody nerve... I could not move either, you see.*
> IDI, Densma, sexually active female, 15 years old, grade 8

The main purpose of this chapter is to describe and analyse the sexual behaviour of secondary school students in its social and cultural context. A greater knowledge of sexual behaviour and its context should have important implications for designing educational efforts to encourage self-protective behaviours among young people. In general, and specifically in case of Mongolia, little information is available on adolescents' sexual behaviour. Therefore, the study sought information concerning patterns of sexual behaviour such as the age at first sexual intercourse and the number of partners. At the same time the study explored the circumstances in which first coitus takes place, the relationship with the first partner, feelings that young people experienced after intercourse and the perceived purpose of sexual intimacy.

Research in the developing world indicates that increases in the age when marrying are occurring in many urban areas along with a decline in age at the first intercourse (Smith et al., 2000). Most teens do not consciously plan to become sexually active, and they often do not foresee their first sexual experience (Chilman, 1983). They are unlikely to use contraception. The initiation of sexual intercourse early in life is associated with increased sexual networking later in life and thus with enhanced risk of HIV and STD (White, Cleland and Carael, 2000). Of all the risk factors for sexually transmitted disease, including HIV, the number of recent sexual partners has proved, in epidemiological research, to be consistently one of the most important, at least in contexts where unprotected sex is widely practised, although other powerful co-factors may obscure this relationship in some studies (Anderson, 1992). Measurement of the numbers of partners, particularly those of a non-regular nature, was thus a high priority.

Information about early sexual activity is of obvious value in defining the onset of potential exposure to various types of risk, such as sexually transmitted diseases and unwanted pregnancies. Measurement of the proportion of males and females who have started having sexual intercourse is highly dependent upon the definition of sexual experience or sexual activity. In the study a clear distinction was drawn between penetrative vaginal sexual intercourse and non-penetrative sexual activities such as kissing, fondling, touching and masturbation. The study also attempted to measure how soon young people progress from one to another sexual activity. Not all adolescents and youths are sexually active. Thus the meaning and immediate value of sexual expression and related behaviour may well vary between individuals. In this regard, similarities and differences in the characteristics of sexually active and virgin students of both sexes are examined. Those students who reported having sexual intercourse (vaginal) at least once some time in their life are regarded as sexually active.

8.1. Masturbation

Some students, especially boys who participated in the in-depth interview, reported masturbation. The majority of the participants said that they experienced sexual urges at a young age while they were listening and watching sexual activity of their parents. Such exposure made them curious about sex and their bodies, which later led to sexual fantasy and masturbation.

> *Besides that, our summer home is small and there is not a room for everybody. So I used to sleep in my parents' bedroom. I was 11. I learnt about sex by watching my parents and listening to their action. They thought I was sleeping. I masturbated a lot. It was a natural thing that I started to do since I watched my parents.*
>
> IDI, Idere, sexually active male, 15 years old, grade 8

Although students explained it as a part of growing up, it was apparent that masturbation is a taboo issue among them. Films with explicit sex scenes were mentioned by girls and boys as another source of learning about such behaviour as the following quotation shows:

Interviewer: Do you get a sexual urge?

> *Sometimes, yes, I do. Sex is advertised everywhere. When I watch movies with a sex scene, I do get a sexual urge. I masturbate in the bed if I really want to. I touch my clitoris and it works. Nobody told me how to do it. It is a kind of natural thing that comes and goes. I saw how people masturbated from porno movies. There was one time when I watched a porno movie with some of my friends. At that time I thought it was awful. But, later on when I pleased myself, it was OK.*
>
> IDI, Densma, sexually active female, 16 years old, grade 9

Similarly, a 17-year-old boy said the following:

Interviewer: Have you ever masturbated?

Yeah, about three times. First I did it when I was 16. I did it when I was alone in the bathroom. The second time I rented porno movie with one of my friends. He is about three years older than I am. He had good knowledge about sex. He told me that German porno movies are best followed by French. We had a German made movie called 'Ekaterina'. When we watched my underwear got wet and it was difficult to resist. He started to masturbate himself and I did the same thing. As we are close friends we are open to each other.

IDI, Aruinjargal, sexually active male, 17 years old, grade 10

Students reported that little information is available about this subject. Therefore they had mixed feelings about it and expressed their concern that masturbation may harm their health. Some of the boys were concerned that frequent masturbation may lead to impotence and make them infertile later in their life whereas a few girls believed such exploration could make them too sexually active or too weak.

It is a weird kind of thing, but I must admit that I do masturbate sometimes, but not very often. I heard excessive masturbation leads to infertility and badly affects sexual performance

IDI, Aruinjargal, sexually active male, 17 years old, grade 10

8.2. From kissing to coitus

The survey results suggest that relationships between young people tend to progress through a sequence of increasingly intimate practices leading ultimately in some cases to penetrative intercourse. Most sexual activity takes place within the context of casual associations rather than committed relationships. The survey respondents were asked whether they have a boy/girlfriend and which sexual activities they engage in with their boy/girlfriend. More than half of the study participants (56%) reported having a boy or girlfriend at the time of the survey (see Chapter 7). A slightly higher percentage of females (59%) than males (55%) reported positively. The percentage of young people who have a boy or girlfriend increased with age for both sexes. Thus romantic relationships start at an early age, shortly after puberty.

Table 8.1. Percentage of respondents with a current boy/girlfriend who engaged in different sexual activities, by sex and age

Indicators	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
With your boy/girlfriend do you:										
Hold hands	73.2	83.6	81.0	90.0	83.9	90.0	86.1	90.3	82.2	89.5
Kiss	24.4	40.8	46.7	42.1	61.7	54.3	75.3	64.5	54.6	49.8
Fondle	37.5	59.1	53.2	60.8	67.2	72.5	80.0	70.9	60.0	67.0
Have sex	2.5	0.00	8.0	5.2	11.4	6.6	30.7	8.3	11.8	5.7
N	40	49	199	230	201	289	65	62	505	630

Among those with girl/boyfriends a slightly higher percentage of females than males reported holding hands with and fondling their boyfriend across most age groups. Many fewer males (25%) than females (41%) among 14-year-olds reported kissing their girl/boyfriend. This difference may reflect on age difference between partners. This percentage increased with age for both sexes and the percentage was higher for males than females across all other age groups (Table 8.1).

In accordance with the existing norms, boys should initiate everything, starting from a proposal for a date and girls should be begged and persuaded by them. The majority of the boys and girls described their first date as a 'big thing'. They described it as very exciting and at the same time very embarrassing. This awkwardness is often alleviated by the presence of chaperones. Some adolescents, especially at younger ages, do not engage in any sexual activities other than holding each other's hands.

> *It was nice to be in her presence. I was the one who would initiate everything. I asked her to be my girlfriend and she said 'yes'. She was a very gentle, polite and sweet girl. Because seeing a girl for the first time during the single date is a big thing. It is very embarrassing and most young people would not feel comfortable to be alone with their date during the first date. We hold our hands a lot, nothing else.*
>
> IDI, Boldbator, sexually active male, 16 years old, grade 9

It was apparent that the majority of boys and girls experienced their first kiss from the opposite sex during the card game 'Queen's kiss' which is popular among young people in the country. Equal numbers of boys and girls play cards in alternate positions around a circle and losers give a kiss to their counterpart winner. Those boys and girls who gave or received the first kiss from a person of opposite sex during the game described their

experience as alright but not exciting. Some boys and girls take advantage of the game and kiss their fancied ones.

> *She did not have any idea about my feelings until we were in the sixth grade. Then I asked her to go out and we dated for about two months. She was a nice girl and we had a good time together. We used to walk a lot and talk. The first time I kissed her was during one of the card games. It was OK. Soon after we hugged and kissed each other and this kiss was different from the other kiss.*
>
> IDI, Bathu, sexually active male, 15 years old, grade 8

As explained in Chapter 7 the majority of the study participants had a liberal attitude towards pre-marital sexual conduct and believed that it is normal for those who are in a relationship to practise such activities. In accordance with this perception, the majority of young people who were in a romantic relationship reported holding their partner's hands within first few days of their dating and progressing into kissing and petting within the first week or two. The majority of the young people described their first kissing and petting experience as exciting, pleasurable and at the same time embarrassing.

> *I was only 13. It was summer. I was in year 6. I had a crush on a boy. Now he is my boyfriend. He is same age as I am. He is in a different school. He is very modest and easy going. We are very close to each other. He kissed me a week after our first date. He kissed me on my lips. He did not ask or tell me what he was up to. It was nice and pleasant, to be honest. I did not kiss him back. Of course I felt embarrassed.*
>
> IDI, Zolo, female, 15 years old, grade 8

The majority of girls said they enjoy being kissed, cuddled and touched by their boyfriend whereas boys mentioned kissing as the most enjoyable activity.

> *I kissed her the first time after about three months. I didn't ask her, just kissed on her lips. It was such a pleasure. But she does not like it when I kiss on her lips.*
>
> IDI, Ouynbold, sexually active male, 17 year old, grade 9

> *I was only 14 and I had a crush on one of the girls in my class. She was very pretty and we used to go out for about five months. As we were in the same class I told her that I fancy her and would like to go out with her. We did not use any middle person to arrange our date as others did. We used to spend our time just talking and talking. She was very nice girl. We used to hold each other's hands soon after we started going out. I kissed her and it was a good experience for me. I did not ask her whether I could kiss her or not. I loved the kissing bit of it very much.*
>
> IDI, Lhagva, sexually active male, 16 year old, grade 9

It was evident that the majority of young people who are in a relationship have group dates and engage in different sexual activities such as holding hands, hugging and kissing quite often without progressing to sexual intercourse.

> *I was very close to my boyfriend. He kissed me three to four days after we started to see each other. I fancied him a lot. I liked him so much and I enjoyed it when he*

kissed and hugged me. We used to hold hands and hug each other in front of all our school students and friends. He used to ask me to have sex with him. Somehow, there was no opportunity for us to be just the two of us. We used to go out in the company of our friends.

IDI, Dendma, sexually active female, 15 years old, grade 8

While most teenage relationships stop before penetrative intercourse, some young people who have the opportunity for privacy at their home can spend more time by themselves and may became more intimate by touching breasts and genitals which obviously can lead to sexual intercourse.

When I was 13, I started to go out with a boy from my class. He first invited me to his home 2 months after we started dating, and he kissed me. ... It usually happened at his home as his parents come back after 5pm. Soon, after a week from his first kiss he asked me whether we could have sex? ... It was a kind of surprise.... I was a bit scared and at the same time I was curious about it. A month later, after New Year, he asked me to come to his house again.... He kissed me a lot and touched my breast... I had very tiny ones. I was scared at that time, but he said it should be OK. Lovers do it often. He took my clothes off and kissed me, touched my vagina and inserted his finger into it. I could not say anything and I could not move. I had kind of mixed feelings. I was a bit anxious about whether it 'd hurt me on one hand, but it was nice to be touched and I was curious about what he is going to do next. We had sex after that.

IDI, Zaya, sexually active female, 16 years old, grade 8

At the same time, it was evident that only small percentage of those who were in a relationship engage in pre-marital sexual intercourse compared with other non-penetrative sexual activities such as holding hands, kissing and fondling. Overall, twice as many males (12%) as females (6%) reported having sexual intercourse with their current boy/girlfriend. This percentage increased with age for both sexes and the percentage of males was higher than females at all ages. The percentage of those males who reported having sexual intercourse with their girlfriends was 2% among the 14-year-olds. This percentage increased fifteen-fold to 31% by the age of 17 whereas this percentage for females increased less steeply from 5% among 15 year olds to 8% among 17-year-olds.

From discussion with students, it was apparent that those who were in a longer-term relationship were more likely to move gradually towards sexual intimacy than those who were in a short-term one. It was also obvious that partners do not communicate within each other about their sexual intentions, wishes, likes or dislikes. As the quotation above suggests, boys do not seek the agreement or approval of girls before the initiation of

intimate acts. It seems that sexual activities such as kissing and petting are very much male-led with girls remaining silent in accordance with traditional norms.

8.3. First sexual intercourse

While males and females in romantic relationships differed little in regards to sexual behaviours such as holding hands, kissing and fondling, there was a notable difference in the reporting of sexual intercourse. The survey showed that 13% of all survey respondents reported having sexual intercourse at least once in their lifetime: 6% of the females and 22% of the males (p<. 01). The percentage with experience of sexual intercourse increased with age for both sexes. There was a three-fold increase in the percentage of males who reported having sexual intercourse from 16% among 15-year-olds to nearly half (46%) among 17-year-olds, whereas the percentage of girls who had sexual intercourse among 15-year-olds (5%) doubled by the age of 17 (13%).

Table 8.2. Percentage of students who reported having had sexual intercourse, by age and sex

Experience of intercourse	Current Age									
	14		15		16		17+		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Have you ever had a sexual intercourse?										
Yes	1.2	2.0	16.0	5.0	27.4	7.7	46.6	12.8	22.2	6.7
No	98.8	98.0	84.0	95.0	72.6	93.3	53.4	87.2	77.8	93.3
N	84	103	357	435	343	515	90	101	874	1154

This big contrast requires careful explanation. Some males regard intercourse as a sign of bravado and prestige among their peers and such males, and therefore, possibly exaggerate their experience. Although exaggeration is possible, the survey results are consistent with the results of a previous study which was conducted in Mongolia in 1996 (MOHSW and UNFPA, 1996) as well as with those of the extensive pilot study (SCF, 1998). Some, but clearly not all, of the difference in reported levels of premarital intercourse in this study could be attributed to the males' experience with commercial sex workers and casual sexual partners as the following quotation explains:

> *He asked me 'Have you ever had sex?' I said 'No'. Then he said 'You are too weak to be a man'. He told me his experience. This discussion urged my sexual desire. Then Bold said 'shall we go and get a hooker?' I said why not. It took so long for us to get a chick...We did offer them 8,000 tugs, but they refused. Bold was initiating all the discussions and I only accompanied him.*
> *Eventually Bold found a woman who was aged about 18 or 19. At first she was not keen to go with us. She said she does not like to go with two men and does not want to be paid by the hour. Instead she would like to go for a night for a much*

better price. We did not want to spend a lot of money. .. She suggested going to a small hotel in Sansar. We paid about 800 tugs for taxi. We rented a small room with two beds. The girl was a well known visitor in that hotel. Three of us went into the room. I had sex with her. I enjoyed it very much. As I've seen sex scenes in movies, I thought I was doing well.

IDI, Aruinjargal, sexually active male, 17 years old, grade 9

There was a consensus among both male and female students who participated in the qualitative phase that boys were more likely to be sexually active than girls. On the contrary girls should be passive, less sexually active and be faithful. It is likely, therefore, that girls have under-reported their sexual experience. This tendency might be attributed to societal pressures on Mongolian girls to keep up their reputation of 'a good girl' and to remain a virgin until they marry or have a regular (serious) boyfriend, whereas, for males, experience of sexual intercourse is more or less condoned as the following quotation describes;

No, I do not have (a girlfriend). I do not want to stick to only one girl. Maybe I haven't met the right one yet. So far, I am seeing different girls. It is fun I would say.

IDI, Bathu, sexually active, 17 years old, grade 8

Because the overwhelming majority of the students were aged 15 (39%) and 16 (42%), these data confirm that pre-marital sexual intercourse occurs among young people in Mongolia, a pattern that has been quantified only on a very few occasions prior to this study. The reported levels of premarital intercourse among secondary school students are lower than many have assumed, but this could be explained in the context of a recent reform of the school system in Mongolia which means that students finish high school almost two years earlier than previously.

8.3.1. First sexual partner

Sexually active survey respondents were asked about the characteristics of their first sexual partner. The results revealed a large difference between males and females in their descriptions of their sexual partners (Table 8.3). Two-thirds of all sexually active females (68%) but less than one-third of males (29%) described their first sexual partner as a boy/girlfriend. This percentage was twice as high for females as males at all ages and it increased for both sexes with age at first intercourse. Overall, males were more likely than females to describe their first sexual partner as an acquaintance or a stranger (implying a lack of commitment). Acquaintance was defined in the survey questionnaire as a person whom students knew slightly but not more than his or her name or school or home location.

Table 8.3. Nature of first sexual partner, by age at first sexual intercourse

Relationship with the 1st sexual partner	Age at first sexual intercourse					
	Males			Females		
	<16 (%)	16+ (%)	All (%)	<16 (%)	16+ (%)	All (%)
Girl/Boyfriend	25.2	41.2	29.4	58.3	82.7	67.5
Acquaintance	40.5	39.2	40.2	10.4	10.3	10.4
Relative	0.7	-	0.5	8.3	3.4	6.5
Teacher	1.4	-	0.1	4.1	-	2.6
Stranger	26.5	13.7	23.2	16.6	3.4	11.7
Prostitute	4.9	3.9	4.6	-	-	-
Stepfather	-	1.9	0.5	2.0	-	1.3
Other	0.7	-	0.5	-	-	-
N	143	51	194	48	29	77

Almost four times more sexually active males (40%) than females (10%) described their first sexual partner as an acquaintance. Twice as many males (23%) as females (12%) reported that their first sexual intercourse occurred with a stranger and this percentage decreased sharply with age at sexual debut for both sexes. This pattern clearly shows that both males and females whose sexual debut occurred at a young age are likely to have experienced sex with a little known person or with a complete stranger, perhaps because they would have had little opportunity to form a stable relationship at that age. More males than females are engaged in such activities, no doubt due partly to peer pressure. At the same time, it seems that older adolescents, especially girls, are more likely to have their first sexual intercourse within a more stable relationship. To some extent, these differences in response between males and females reflect differences in sexual values and the labelling of partners. For example, girls are more likely than boys to attach emotional value to a sexual relationship even if they had dated only a few times. Even if they were not in a committed relationship, girls might describe their partner as their boyfriend, whereas boys might describe similar sexual partner as an acquaintance. Also, the terms 'stranger' and 'acquaintance' may have been used interchangeably.

A small percentage of females described their first partner as a relative and such intercourse was more likely to occur among younger adolescents. Even smaller proportions of girls who had first intercourse before the age of 16 years described their partner as a teacher or stepfather. A small percentage of males (5%) described their first sexual partner as a prostitute.

Length of acquaintance with the first sexual partner

Asking about the length of time that respondents knew their first sexual partners will shed some light on how quickly young people progress from non-penetrative sexual activity to sexual intercourse, their motivation for sex and the meaning attached to it. Students were asked to give the length of time in months they had known their sexual partners. One-third of young people, with a much higher percentage of females (43%) than males (23%), reported knowing their sexual partners for more than six months (Table 8.4). At the other end of the spectrum, one-quarter of all sexually active students did not know their partners at all, with twice as many males (29%) as females giving their response (10%). The following quotations provide illustrations:

> *I liked one of the girls who was with us. I did not know her at all. It was the first time I'd seen her. She arrived with one of my friends. She was pretty and had nice figure. She was older than I am, I guess for almost two years older. We had several dances together. During the party she was looking at me with a seducing smile. I thought, I should ask her to meet me. Then we had sex.*
>
> *IDI, Bathu, sexually active male, 15 years old, grade 8*

> *In the summer after when we finished 7th grade I went to see my friends with my girlfriend. My friend was not there. Instead we met 3 boys who also came to see my friend. We got to know these boys and they introduced themselves as students of the 8th grade. Two of them were studying in the school. One of them was unemployed and one of them was from the rural area. One of them introduced himself as Tumro. He was the one from rural area. After few days, I had sex with him during a party. I was drunk. I did not know him at all.*
>
> *IDI, Anu, sexually active female, 15 years old, grade 8*

These narratives support the validity of survey data on reported first sexual partners, of whom 23% of males and 11% of females described as a stranger. The percentage of those who reported knowing their partners for less than one month was similar to this. These figures underline the greater likelihood of males losing their virginity in a casual sexual encounter than females.

Table 8.4. Length of acquaintance with first sexual partner

Length of known sexual partners (months)	Respondents' sex		
	Male (%)	Female (%)	All (%)
Not known before	28.8	10.3	23.6
Less than 1 month	20.1	9.0	16.9
1	11.3	14.2	12.1
2	5.1	5.1	5.2
3	6.1	6.4	6.2
4	2.0	3.8	2.6
5	3.6	6.4	4.4
6+	23.0	44.8	29.0
N	194	77	271

From discussion with in-depth interview participants who were currently in a boy/girlfriend relationship, it was apparent that many young people tend to have sex within the first two months of their relationship. Girls appear more likely to wait for the right time in order not to give the impression of being a 'loose woman', whereas boys are likely to "go all the way" as soon as they can.

Table 8.5. Length of acquaintance with first sexual partner, by type of partner

Type of 1st sexual partner	Respondents' sex									
	Males					Females				
	Have known first sexual partner for									
	N	Not at all	1 month	2 months	3+ months	N	Not at all	1 month	2 months	3+ months
Boy/Girlfriend	57	10.5	10.5	5.2	73.6	52	1.9	13.5	5.7	78.8
Acquaintance	78	15.3	14.1	8.9	61.5	8	-	25.0	-	75.0
Stranger	45	66.6	11.1	0.0	22.2	9	66.6	11.1	11.1	11.1

Table 8.5 assesses the main types of the first sexual partner by the length of their prior acquaintance. There is rather little difference between boy/girlfriends and acquaintances, thus supporting the earlier suggestion that the distinction is blurred and subjective. The fact that 10% of boys claimed that their first partner was a girlfriend but nevertheless had not known them prior to intercourse may reflect response inconsistency. Alternatively the intercourse may have initiated a more stable romantic relationship. Similarly, there is some inconsistency for those who described their first sexual partner as a stranger.

Age difference between respondent and partner

Table 8.6 analyses participants' responses to the question 'What was the age of your first sexual partner at that time?' The table indicates that one-quarter of sexually active students, with higher percentage of males (28%) than females (20%), were the same age as their first sexual partner. Similarly one-quarter of males and females was a year older or younger than their sexual partners. As expected male partners are nearly all older than female partners. However age differences are not extreme. Only 9% of females reported that their first partner was five or more years older. Similarly only 6% of males said that their first partner was five or more years younger. Clearly the vast majority of young people have sex with partners of a similar age.

Table 8.6. Reported age difference between respondent and first sexual partner

Sex of Respondents	Age difference of sexual partners											
	5+	+4	+3	+2	+1	0	-1	-2	-3	-4	-5+	N
Males	6.1	7.2	10.3	15.4	23.2	28.8	7.7	0.5	-	-	-	194
Females	-	-	-	-	2.6	20.7	27.7	24.6	11.7	3.9	9.0	77
All	4.4	5.2	7.4	11.0	17.3	26.5	13.4	7.3	3.5	1.3	2.5	271

(-) indicates younger than sexual partner
(+) indicates older than sexual partner

8.4. Sexual meanings and motivations for first coitus

As explained in Chapter 7, girls and boys have different views and motivations about sexual relationships. Girls often rationalise their sexual behaviour by invoking love and desire to please their partners sexually whereas male scripts are completely different, emphasising satisfaction of their sexual urge and needs (Gagnon, 1973). With that in mind, both sexually active and virgin respondents were asked which of the following reasons for sexual intercourse was the most important for them, namely to be in love, to get physical satisfaction, to gain experience, curiosity, to earn money or make a relationship stronger. The results are presented in the Table 8.7 by sexual status of the students. The results of the survey and as well as the in-depth interview shed light on the two different worlds of men and women. Twice as many males as females considered physical satisfaction as the most important reason for having sexual intercourse whereas to be 'in love' was the most cited motivation for females. A similar proportion of sexually active males (29%) and virgin students of both sexes (34% and 30%) shared the view that 'curiosity' is the most important reason for having sex, but sexually active females were less likely to give this reason.

Table 8.7. Main reason for having sexual intercourse, by sexual activity status

Stated reasons for sex	Sexual status of respondents					
	Sexually active		Sexually not active		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Be in love	16.4	44.1	33.6	49.1	29.8	48.8
Physical satisfaction	42.7	20.8	19.7	9.6	24.8	10.4
Gain experience	2.5	3.9	1.3	1.3	1.6	1.7
Curiosity	29.3	19.4	33.7	29.3	32.8	28.6
Earn money	2.0	-	2.3	2.1	2.3	1.9
Make relationship stronger	6.7	11.7	9.1	8.4	8.5	8.6
N	194	77	680	1077	874	1154

Nearly 10% of both sexually active and virgin students considered 'to make a relationship stronger' as the most important reason. The percentage of females giving this response was twice that of males among sexually active students. However, this difference disappears among virgins. Some sexually active females who participated in in-depth interviews said that they had intercourse with their boyfriends in order to keep their relationship as the following quotation shows:

Interviewer: Did sex help to keep your relationship?

No. I thought that sex would help me to maintain my relationship with Hurle. My only reason for agreeing with his proposal for sex was just to be with him and keep our relationship. Our relationship only lasted for another two weeks after what had happened. He left me. I would not feel sorry for myself for having sex at an early age if our relationship had worked. But it wounds and it hurts me (she was crying during the interview a lot). Unfortunately, it did not help much. So it gets on my wick and it makes me ill when I recall the bad memory of that day. So, Hurle humiliated me and used me sexually taking advantage of my feelings. So, now I don't trust guys and I am not going to have sex until I get mature enough. I hate boys especially those who look at the girls as a sex object and use them.

IDI, Densma, sexually active female, 15 years old, grade 8

The least important reasons mentioned by both sexually active and non-active respondents were 'to gain experience' and 'to make money'. Students who participated in the qualitative phase of the study corroborated this pattern.

8.5. Circumstances in which the first coitus occurred

The study gathered data about the place, the circumstances of the first intercourse, and the feelings after intercourse, in order to provide some indications as to the significance of the activities to the young people concerned. Data were analysed by age at their first intercourse.

Location

The most common places, as one might expect, both for males and females, that young people experienced their first sexual intercourse were their friends' and their own houses, across both age groups at first intercourse. Hotels and summer camps were the second most common places among males to experience first coitus (Table 8.8).

Table 8.8. Location of the first sexual intercourse, by age at first sexual intercourse

Location	Age at first sexual intercourse					
	Males			Females		
	<16 (%)	16+ (%)	All (%)	<16 (%)	16+ (%)	All (%)
At home	8.5	15.6	10.3	25.0	27.6	25.9
Friend's home	32.4	29.4	31.6	41.6	41.3	41.5
Hotel	16.2	21.5	17.6	4.1	3.4	3.9
Summer camp	25.3	29.4	26.4	8.3	13.8	10.4
In the street	3.5	1.9	3.1	6.2	6.9	6.5
Entrance hall	4.2	1.9	3.6	10.4	-	6.5
School	2.8	-	2.0	2.0	6.9	1.3
Other	7.0	-	5.2	2.0	6.9	3.9
N	58	136	194	24	53	77

Friends' house

It seems that friends can be great facilitating agents of sexual activity for young people of both sexes. They act not just in the role of confidante, but with a pro-active facilitating capacity, such as the organising of parties or fixing-up dates at their own homes, which in due course may, or may not, lead to sexual intimacy. Nearly half of the sexually active female respondents (41%) and one-third of males (32%) reported having had their first sexual intercourse at their friends' home. This is verified by the results of the in-depth interviews and FGDs.

> *I had sex first time when I was in grade 8, aged 14. The girl's name was Tuya and we used to live in the same apartment. Although she was 15, we were in the same grade in different schools. She seemed a well-behaved, shy and quiet girl. But my friends were gossiping about her, saying that she had had sexual intercourse. We knew each other from our childhood. It was a winter afternoon after school. As it was cold outside, a few of us gathered in one of our friend's place and this girl was with us. At first I did not have any intention to do anything with her what so ever. We were just talking to each other. My friend gave me a hint to go ahead with her and Okayed his bedroom. I took her to my friend's room and then I kissed her. I still do not understand how it has happened. She kissed me back. We hugged each other. It just happened spontaneously.*
>
> IDI, Bayar, sexually active male, 16 years old, grade 10

Own house

It might be expected that girls feel more relaxed or secure having sexual intercourse at their own home. In this regard, twice as many sexually active female students as males (26% versus 10%) had their first intercourse in their own home. Among those whose sexual debut occurred before the age of 16, this proportion was almost three-fold higher for females at 25% compared with similar males at only 8%.

Hotel

A much higher proportion of males than females reported having lost their virginity at a hotel, males being almost four times more likely to report this (18%) than females (4%). Among those with an early sexual debut, 16% of males compared with only one female (4%) had their first intercourse at a hotel. This proportion increased to 21% among males who first experienced intercourse at the age of 16 or higher. One might surmise that the majority of males would have sexual intercourse with prostitutes at a hotel as it is common practice in today's Mongolia, but, when the status of the reported sexual partners is considered, only about 5% of all sexually active males said that they had experienced their first sexual intercourse with a prostitute and 23% with a stranger (Table 8.3). Those who reported having sexual intercourse with a stranger may have used hotels for their first intercourse. They are likely to be used mainly by males for casual sex.

> *I had sex with two prostitutes. I was 16 years old and I used to hang around with my girlfriend of course at that time. A friend of mine is the same age as I am and he had had sexual intercourse before. My friend suggested finding a hooker and have sex with her in July 1999. I was certainly interested in his idea, as I had dreamed about sex at that time. So, we went to the Ulan-Bator hotel and looked for chicks. So, I pulled a big blond girl who was a year older than I am and my friend got a skinny petite girl at about 9 PM on that night.*
>
> Degi, sexually active male, 17 years old, grade 9

Very few females reported that their sexual debut took place in a hotel. A severe social stigma attaches to girls who visit hotels as it is assumed that only prostitutes or '*belen bor*' - loose women-would go there. Therefore, it is no surprise that venues such as friends' house or own house were more popular for females than males.

Summer camp

The next most common place where males reported having had their first sexual intercourse was at a summer camp. Summer camps are very popular for Mongolian young people being situated in the nicest outskirts of the city or in the country. Summer camps are heavily subsidised by the government and students only pay one-fifth of the cost. Students stay there for a week with a possible extension for another week. They have abundant opportunities to spend their time together with their peers participating in different sports and adventurous activities during their stay. Each team has up to 30 students of mixed sex and of a similar age and they are supervised by a teacher. Although the camp schedule keeps them busy with different activities from morning till evening, it is apparent that young people, especially boys, exercise their freedom in more adult ways by experiencing sexual intercourse. Among all the sexually experienced

respondents, many more males (26%) than females (10 %) reported losing their virginity at a summer camp.

> *I spent my summer holiday at a summer camp when I was 14. I stayed there for about two weeks. My roommates were much older than I was and they were aged 17 and 18. We had a party in one of the evening where we had lots of drinks. I was the youngest of all of them. There were several girls with us. I liked one of the girls. She was pretty and had nice figure. She was older than I was, I guess for almost two years older. We had several dances together. So, I told her that I would be waiting for her in the fitness room in 15 minutes.*
> *The party was almost over and when I came to the fitness room, she was waiting for me. We talked for a while and I told her that I fancy her a lot. But, it was not true. I did not fancy her a lot. She was just a nice girl. I met her only in the summer camp about 10 days ago. I kissed her and had sex afterwards.*
> IDI, Bathu, sexually active male, 15 years old, grade 8

At the same time, some girls seem to experience unwanted or forced sexual intercourse at a summer camp and it is likely not to be reported or disclosed as the following quotation reveals,

> *I was raped.... and.. I was only 13 and I was having my holiday at the summer camp. I did not know that stupid man. He was staying in the next house at the camp. I saw him several times. During the summer holiday some young people go and stay in the camp. He was one of them. Girls stay separately from boys although the area is for mixed sexes. I mean... like small houses with odd numbers for boys and the others for girls, ... something like that. He was, I think, 17 or 18. He was tall and I did not even notice him.... On that very day I was sick in my bed with a high temperature. I was alone in my room. My roommates had gone to a disco. The door was not locked. We only lock it at night. I was sleeping, and someone's touching woke me up. I saw a tall man who was sitting next to me. I guessed he was drunk. He did not say a word and pulled my underwear down. I cried and tried to stop him. He said 'shut your mouth' and put his penis into my vagina. It was so painful and I cried a lot.... (cried). When he finished he said 'Don't cry now. Don't you ever tell to any one if you want to be alive? If you do tell others I will send my friends and they will beat you up to death. So, the choice is yours'. I was scared so much and did not really understand what was going on and what I should do. I started to bleed right after he left me. I hadn't started my menstruation yet at that time. I did not tell anyone about it to for a long time, but eventually I told my boyfriend when I was 16.*
> IDI, Odno, sexually active female, 15 years old, grade 8

Finally, a few respondents reported having lost their virginity in the stairwell of the apartment block, in the street, at school and while away on holiday.

8.6. The role of pressure and coercion

The survey participants were asked to state in which situation their first coitus occurred, namely whether it was with full consent of both partners, or under pressure, or was it in a forced situation or whether they were drunk.

It was evident that sexual intercourse among students does not always proceed from a decision in which both partners give full assent or arrive at a compromise. The majority of survey respondents, with more males (91%) than females (68%), reported that their first coitus occurred of their own free will. The percentage of males who reported having their first sexual intercourse willingly was constant at all ages whereas the percentage of females increased markedly from 60% among younger adolescents to 82% among those whose sexual debut was at 16 years or more though this difference is not statistically significant (P=.23). A much higher percentage of females reported that their first sexual intercourse involved pressure as well as the influence of alcohol (Table 8.9). This striking result certainly requires detailed investigation and explanation.

Table 8.9. Volitional nature of first sexual intercourse, by age at first intercourse

Volitional nature	Age at first sexual intercourse					
	Males			Females		
	<16 (%)	16+ (%)	All (%)	<16 (%)	16+ (%)	All (%)
Wanted	91.6	90.2	91.2	60.4	82.7	68.8
Pressurised	1.4	-	1.0	6.2	3.4	5.2
Drunk	6.3	9.8	7.2	16.6	6.9	12.3
Forced	0.7	-	0.5	16.8	7.0	13.7
N	143	51	194	48	29	77

Ideologies of sexuality in some cultures stress female resistance, male aggression, and mutual antagonism in the sex act, whereas others stress reciprocity and mutual pleasure (Standing and Kisekka, 1989). Among boys, there was clear evidence of exploitative views about sexual relationships as well as aggression towards girls who were not prepared to be sexually accommodating. The survey showed that more females than males reported having their first sexual intercourse under pressure and force. The study team made sure that the respondents understood what was meant by our definition of 'pressured'. Pressure in this context means that, although physical force was not involved, it becomes difficult to resist due to social, psychological or biological reasons/barriers. Pressure also includes persuasion when a person is actually not sure that he/she wants to go all the way. In this situation, the motives for giving into pressure include desire to make the partner happy or to be accepted by peers. The status of the sexual partners of those who reported having had intercourse in a pressured situation was examined carefully. Two boys reported that their sexual debut was pressured and both were aged 16 years, and had intercourse with a casual partner at a friend's house. With regard to the girls, two of them reported having pressured sexual intercourse with their boyfriends

and two of them with a casual acquaintance. One of them reported having intercourse in the stairwell of the apartments; while others, similar to the males, reported having had first coitus at their friend's house. It seems that sexual intercourse under pressure is likely to occur among younger adolescents. Although the reported number is too small to draw any valid conclusion, it is plausible to infer that, since most instances of intercourse under pressure took place in friends' houses, both males and females might have been pressured by their friends to go ahead with sexual intercourse.

More than ten percent (13%) of all the sexually active females who participated in the survey reported having lost their virginity in a forced situation and against their wishes. Forced sex is intercourse that has occurred against the wishes of one of the sexual partners, and where physical force might be involved. When the sexual partners of these ten females were investigated, two of them reported having forced sex by a relative and a stepfather at the age of 10 in their own home. Another two said they had been forced to have intercourse by their boyfriends at their own homes. The remaining six said they had been coerced by casual encounters; four in an entrance hall of the apartment and the other two at their friend's house.

Among qualitative study participants, one female participant of the in-depth interview reported being raped at a summer camp by an older male when she was only 13 and another five females out of eleven reported having forced sex. It seems that young girls are vulnerable to being forced into having sex with their own relatives at their own homes. Females are likely to be less cautious with people whom they know well or are related to and would not expect such sexual advances from them. Furthermore, these considerations provide a good opportunity for males to abuse the trust and exploit the vulnerability of girls. Moreover, they typically remain undetected, due to the social stigma of reporting such occurrences to the authorities. As explained in chapter 6 the current social norm of 'silence as a sign of respect' prevents young people talking to their parents freely. In this circumstance it is unrealistic to expect that girls will report such matters to their parents or authorities. Of course police will prosecute the man if an official complaint is made, but the girl and her family will lose their reputation among the community. It is thus not surprising that serious sexual abuse of young girls is likely to be kept as a secret between those involved as described in the following plea:

> *I lost my virginity. No one would respect me any more. I was so stupid and it is me who let it happen. I have to live with it.*
>
> IDI, Anu, sexually active female, 15 years old, grade 8

Interviewer: Did you report it to the police?

> *What?... No way!.... I knew what will happen afterwards. The police would investigate it, and that means that everybody who was at that party would be questioned and parents would be notified. Then the matter would be taken up to the court. It is not good. Everybody including my neighbors would find out and people would laugh at me. It is much better not to make a big thing of it. Telling my parents about it would be just like suicide, you see. I don't want to see my parents suffering. Nothing will take away what I've experienced. I've made a mess and I paid for it. It makes me feel sick to my stomach.*
>
> IDI, Saruul, sexually active female, 16 years old, grade 8

The majority of girls are shy, were not involved in men's talk and jokes and do not respond to their sexual advances. But those girls who were perceived to be sexually liberated, in that they engaged in the same activities as their male peers, were the frequent targets of aggressive attitudes of their male counterparts. Some males believed that these liberated girls would not object if they suggested 'going all the way'.

> *Sex is common. Boys are the ones who initiate sex and other stuff. They make the decisions for girls. Girls say "No" to sex. But boys usually 'nairch panaalddag' – get them. I don't think many girls can counteract it, even open -minded ones. These girls usually tease boys in return of their suggestive attitudes. Some boys are stupid, they think if girls are talking dirty with them they are open for sex. Boys always target open-minded girls or sexually experienced ones.*
>
> FGD, participant No 1, male, grade 10, students' group

On the other hand, refusal of the suggestion of sex is perceived differently by boys and girls. The majority of female participants of the FGD and in-depth interviews clearly said that when they refuse the sexual advances of males they say 'no' and they mean it. However, it seems, many males believe that when a girl says 'no' to sex she does not mean it seriously. Therefore, male partners do not see it as a true refusal and may continue their advances. Such a conflict of perception may lead to unintentionally forced sexual intercourse. But some girls thought saying 'No' does not mean that girls do not want sexual intercourse. Even they are willing they should say 'No' as the following quotation:

> *I am sure, girls usually say 'NO' the first time. They even say NO to sex, when they want it. I think it is pretty much a 'hen and cock' story, which means, when a hen is chased by cock she begs him to 'get me now, get me now".*
>
> FGD, participant No 4, female, grade 10, students' group

Drunkenness is a contributing factor in many instances of unwanted sexual intercourse, including rapes and forced sex of adolescent girls by males. This is alluded to by the female participants of the in-depth interviews:

I realised someone undressed me and had sex with me while I was sleeping. I was so drunk and I could not remember anything. It was such a shock for me and I started to cry. I was blaming myself a lot and I knew who did it. Dugar was the one who is a capable of doing such a silly thing.

IDI, Saruul, sexually active female, 16 years old, grade 8

An important factor in determining risk is alcohol and drug usage. In this regard, the majority of parents consider that drinking is one of the major factors of ever increasing pre-marital sexual activity among young people in the country. For example, a parent said the following:

Of course this situation (drinking) leads to pre-marital sexual activities. Once these kids are drunk, can they control their behaviour and activities? They can't, that is what I am sure about.

FGD, participant No 3, female, parents' group

The survey respondents were asked whether they or their partners had drunk alcohol before their very first sexual intercourse took place. About twice as many females (32%) than males (19%) reported that their partners consumed alcohol. Similarly a higher proportion of females than males (27% to 14%) said that they themselves had consumed alcohol (Table 8.10).

Table 8. 10. Consumption of alcohol by respondent and first sexual partner, by age at first sexual intercourse

Consumption of alcohol	Age at first sexual intercourse					
	Males			Females		
	<16 (%)	16+ (%)	All (%)	<16 (%)	16+ (%)	All (%)
Partner had consumed alcohol	15.3	27.4	18.5	33.3	31.0	32.4
Respondent had consumed alcohol	12.6	17.6	13.9	31.2	20.6	24.3
N	**58**	**136**	**194**	**24**	**53**	**77**

Alcohol drinking can be viewed from different perspectives, and the viewpoint and motivation of boys may well be very different from girls. Boys tend to use alcohol in order to *'zorig orox'* - get confidence-with a hidden agenda as a means of *'panaaaldax'* - of getting girls to go all the way easily.

Girls drink alcohol also to have a bit of fun only in girls' company to be *'gaigyi'*-advanced- or *'saihan bolox'* - feel high. At the same time, they drink during parties under peer pressure especially from boys. Thus there is a growing tendency for girls to accept alcohol as a way of socialising. Some females admitted that it is difficult for girls to resist their friends' pressure to make them drink alcohol. They also believe that boys tend to

force or persuade girls to drink with them as a prelude to sexual intercourse as the following quotation shows:

> *It is my understanding that boys tend to pressure girls to drink. You know why? Boys want to use girls sexually once they've got drunk. When girls got drunken boys will try to seduce them and have sex with them.*
> IDI, Odno, sexually active female, 15 years old, grade 8

At the same time it is understandable that first coitus is a nerve-wracking experience which requires great courage both from a girl and a boy. One contribution of alcohol is to soothe the situation and put the participants at ease.

Interviewer: Were you drunk?

> *I was not that much drunk. I knew what I was doing. It was embarrassing to be with her alone and have sex. I intended having sex with her; therefore I had few drinks to give myself courage. As far as I know alcohol puts you at your ease. She also had few drinks too.*
> IDI, Bathu, sexually active male, 15 years old, grade 8

In-depth interviews revealed a striking finding that the majority of sexually active males and females tend to associate alcohol with a sexual urge or desire. For example,

Interviewer: Do you get a sexual urge?

> *I do get an urge when my boyfriend kisses and touches me. Otherwise I don't get excited about sex or dream about it. But, my understanding was that Hurle gets very excited about it. He is always trying to kiss touch or me or cuddle in many different ways. Part of the truth is that he always wants to have sex especially if he is a bit drunk... but I could be wrong. Maybe this is a very male way of acting.*
> IDI, Densma, sexually active female, 15 years old, grade 8

Interviewer: Do you think or dream about sex?

> *I do get a sexual urge especially when I drink alcohol. I do not drink alone. I usually drink during the parties. So, if I really want to have sex I do look for girls.*
> IDI, Bathu, sexually active male, 15 years old, grade 8

The question of whether experimental behaviours such as smoking and drinking are interrelated to sexual intercourse will be explored later in this chapter.

8.7. Emotional reaction to first coitus

The survey respondents were asked about their feelings after first coitus (Table 8.11). For males, nearly 40% reported feeling pleasure, one-third disappointment, one-sixth embarrassment. The rest reported fear and regret. Among females, almost one third reported feeling fear after the first sex followed by those who reported disappointment and regret. Nearly three times more males (34%) than females (13%) felt pleasure and a much higher percent of females (21%) than males (6%) reported regret. Also, twice as

many females (27%) as males (13%) reported feeling fear after their first sexual intercourse.

Table 8.11. Feelings after the first sexual intercourse, by age at first sexual intercourse

Feelings after first sex	Age at first sex					
	Males			Females		
	<16 (%)	16+ (%)	All (%0	<16 (%)	16+ (%)	All (%)
Pleasure	32.1	39.2	34.0	8.3	20.6	12.9
Regret	4.9	7.8	5.6	25.0	13.7	20.7
Embarrassment	22.3	15.6	20.6	22.9	10.3	18.1
Fear	11.2	19.6	13.4	22.9	34.4	27.2
Nothing much/disappointment	29.3	17.6	26.2	20.8	20.6	20.7
Had sex again with 1st partner						
Yes	30.0	23.5	28.3	56.2	62.0	58.4
N	143	51	194	48	29	77

Among all respondents the percentage of females who reported feeling pleasure after the first sexual intercourse increased almost three-fold among those whose sexual debut occurred at age 16 or higher (21%) compared with those of younger age (8%) whereas this percentage among males increased slightly from 32% to 39%.
Among both males and females, those whose sexual debut occurred before the age of 16 were more likely to report embarrassment and less likely to report fear. But those of either sex who experienced first coitus at the age of 16 or higher were more likely to report fear for. Furthermore, one-quarter of females whose sexual debut occurred before the age of 16 reported regret and this percentage sharply decreased (14%) at older ages whereas among males not much difference is noticed.

The participants of the qualitative phase explained that feeling fear is understood differently by different sexes. The majority of males said they feared detection by someone, especially by their parents, and feared that they would not be able to perform the act of coitus successfully. Girls feared for their reputation, and being caught by parents and teachers. They also feared getting pregnant and being expelled from school, and they were also uncertain about sexually transmitted diseases.
Very similar percentages of sexually active males and females reported having sexual intercourse again with their sexual partner. However, the percentage of males (30%) among those who experienced their first coitus before the age of 16 was higher than females (23%) whereas this percentage for males (56%) was similar to that for females (62%) among those who experienced their sexual debut at a later age.

Table 8.12. Reported feelings after the first sexual intercourse, by type of partner

Feelings	Respondents' sex							
	Males				Females			
	Girl Friend	Acquaint ance	Stranger	Other	Boy Friend	Acquaint ance	Stranger	Other
Pleasure	28.0	34.6	35.5	66.6	19.2	-	-	-
Regret	5.2	7.6	4.3	-	17.3	50.0	33.3	-
Embarrassment	24.5	17.9	17.7	33.3	24.5	12.5	22.2	62.5
Fear	17.5	11.5	15.5	-	17.5	12.5	33.3	12.5
Disappointment	24.6	28.2	26.6	-	24.6	25.0	11.1	25.0
N	57	78	45	14	52	8	9	8

The statistical relationship between type of partner and feelings after intercourse is examined in Table 8.12. For males, these relationships are not pronounced. Those whose first partner was a girlfriend were slightly more likely to report embarrassment and less likely to report pleasure than those whose first partner was described as a stranger or acquaintance but these differences are not significant (p=.20). Among females, the small numbers preclude confident interpretation but there is a suggestion that feelings of pleasure were usually confined to a sexual debut that involved a boyfriend and that regret was more common with other types of partner.

During the in-depth interviews it was revealed that the majority of girls were surprised about the possibility that girls can enjoy sex and have an orgasm. Some of them did not even understand the meaning of orgasm. Most of the girls said that they liked being touched, cuddled and enjoyed being close to their boyfriend but not the actual act of intercourse.

> *No, I still do not know what is... what the word is ...I mean ... orgasm. I've never experienced it. I like his touching and cuddling. To be honest I am not keen actual sexual acts.*
>
> IDI, Tuya, sexually active female, 17 years old, grade 10

Boys were not sure whether girls should equally have pleasure out of sex. Some boys believed that sexual pleasure may be restricted to men and clearly do not recognise the same potential outcome for girls as the following quotation shows:

> *Sex is a part of life. One gets pleasure out of it especially boys. I am not sure what girls get out of it. Maybe some of them enjoy it. At first, the main reason for boys to have sex is to find out what it is first, and then once you've experience it, you just can't quit it. Also, sex is fun and it makes people feel good and close to each other. Having an orgasm is a kind of relief, you see.*
>
> IDI, Lhagva, sexually active male, 16 years old, grade 8

8.8. Sex in exchange for money or gifts

The survey participants were asked whether they have ever received or paid money or gifts in exchange for sex. An appreciable minority of males (14%) who have had actually experienced sexual intercourse reported that they had paid money or given gifts in exchange for sex and it was more common among those with an early sexual debut (Table 8.13). This percentage seems relatively high compared with the four percent of males who reported that they had had sex with a prostitute. The explanation could be that males have paid money or provided gifts to 'ever ready girls' who are not really regarded as commercial sex workers but nevertheless are ready to accept some small material incentives in exchange for sex. Another reason could be the vagueness of the question itself. Although facilitators made an effort to explain how this question should be understood, it could conceivably be confused with gifts given to their girlfriends. Therefore, the result needs to be interpreted cautiously. Only 8% of female respondents reported having received money or gifts in exchange for sex. However, this figure is higher among those with an early rather than a later sexual debut. The characteristics of the sexual partners of these females were examined but there was no indication that these girls were involved with mature self-supporting male adults.

Table 8.13. Percentage of sexually active students who received/paid money or gifts in exchange for sex, by age at first sexual intercourse

Engagement in paid sex	Age at first sexual intercourse					
	Males			Females		
	<16 (%)	16+ (%)	All (%)	<16 (%)	16+ (%)	All (%)
Have you ever received/paid money or gifts in exchange for sex						
Yes	16.0	8.0	13.9	10.4	3.4	7.8
N	142	52	194	48	29	77

8.9. Fidelity in relationships

Almost all girls expected themselves and their partners to be faithful in their relationship. They do consider themselves to be more faithful than males to their partners and committed to their relationship. Most boys expected their girlfriends to be faithful, but expectations of their own behaviour were far less stringent. It was interesting to contrast the views of boys and girls about fidelity. In accordance with existing norms boys were more likely to be accepted if they had more than one sexual encounter.

I am sure, my girlfriend would be upset if she found out that I was having sex with other girls. It is not the right thing to do when one has a girlfriend. But as far as I understand from our friends' discussion it is very common among boys.

IDI, Ouynbold, sexually active male, 17 years old, grade 9

Yes, I have had it other than with my girlfriend. There were many opportunities for us to be alone and have sex. I do sometimes want to have sex with her and feel her. But, I haven't had it with her yet. I had sex with two prostitutes. I was 16 years old and I used to hang around with my girlfriend of course at that time. I think it is OK.

IDI, Degi, sexually active male, 17 years old, grade 9

Girls have less power in relationships and, in line with 'a stereotyped passive role', they had the attitude that they can do nothing about the fidelity of boyfriends. For example,

Then he told me that both of us had got a disease and we would have to be treated for that. It took many days to get rid of it. I was told that it was a really bad disease. My boyfriend assured me that everything would be OK... But, in a way I was hurt... Of course it is not good and it is not right to have another person besides your relationship. I was not happy with him and did not feel good for sometime. But, I love him and what can I do.... Pity. Girls are the ones who suffer a lot especially if we love the guy. I can't stop seeing him just because of this. If we split up, I'll go crazy anyway. He told me that he would not have another girl any more. I hope he can keep his word. Although he assured me a lot, I still don't think I can trust him 100 per cent.

IDI, Odno, sexually active female, 15 years old, grade 8

8.10. Number of sexual partners

All survey respondents were asked to state the number of sexual partners they have ever had in their life. Nearly nine out of ten (87%) survey respondents reported having no sexual partners in their life. Six percent of the respondents, with twice as many males than females, reported having only one sexual partner. While specific percentages may be imprecise, the survey findings strongly suggested that males, far more often than females, are involved in sexual networks. Among sexually active males, the majority had two or more partners, whereas, among counterpart girls, the majority reported only one partner.

Table 8.14. Percent distribution of respondents by number of sexual partners

No. of sexual partners	Respondents' sex		
	Male (%)	Female (%)	All (%)
None	77.8	93.3	86.6
1	8.8	4.0	6.0
2	5.1	1.7	3.2
3	2.5	0.5	1.3
4	1.9	0.2	0.9
5+	3.8	0.3	1.8
N	874	1154	2028

8.11. Correlates of sexual activity

Sexually active and virgin students tend to vary greatly in terms of their behaviour. It is expected that sexual status of young people is linked to their socio-demographic and lifestyle characteristics. So, how different are sexually active and non-sexually active students?

The unadjusted associations between each of the outcomes and sexual status of students are presented in Table 8.15. Sexual experience of students is significantly associated with age, smoking and drinking for both sexes.

As would be expected, the older students are more likely than younger students to be engaged in premarital sexual activity. Sexual experience of students of both sexes rises sharply with age. For example, 13% of 14-15-year-olds were sexually active, and this proportion has a three-fold increase among those who were aged 17. A similar trend is observed among females.

Table 8.15. Percentage of students who are sexually active, by characteristics and sex

Scholastic characteristics	Respondents' sex			
	Male		Female	
	%	p-value	%	p-value
Current age				
14-15	13.1		4.5	
16	27.4		7.7	
17+	46.6	0.00	12.9	0.00
School performance				
Very good/good	26.0		5.2	
Average/not good	20.7	0.08	7.4	0.15
Mother's education				
High	25.5		6.9	
Low	18.8	0.01	6.4	0.72
Father's education				
High	23.7		5.9	
Low	20.7	0.28	7.2	0.37
Economic standard				
Above average	24.5		5.9	
Average or below	19.5	0.07	7.2	0.38
Smoking				
Non-smoker	13.8		3.4	
Occasional	16.6		10.0	
Regular	42.3	0.00	27.9	0.00
Alcohol				
Never consumed	7.8		2.5	
Ever, but not in last month	25.7		11.7	
1+ times in last month	46.0	0.00	16.4	0.00

As also expected, sexual experience of students is strongly related to smoking and drinking status both for boys and girls. It is clear that non-smokers are less likely to be sexually active compared with regular smokers for both sexes. For example, only 13% of non-smoking males were sexually active compared with 16% of occasional and 42% regular smokers. A similar trend was observed among females. The percentage of sexually active females among non-smokers was minimal (3%), but this percentage increased nearly 10 fold among regular smokers (27%).

With regards to drinking behaviour, nearly half of males (46%) who had more than one drinks in the last month reported to be sexually active compared with one quarter (25%) among those of who ever had had drinks but not in the last month. The percentage of sexually active males was relatively small among those who never had alcohol (7%). 16% of females who had more than one drinks in the last month and 11% of those who ever had alcohol but not in the last month were sexually active compared with only 2% of those who never had alcohol. There were no pronounced links between the outcome and socio-economic characteristics such as academic achievement and father's education level for both sexes. However, mother's education and perhaps economic status seem to be important for males but not for females.

To investigate further relationship between sexual status and socio-demographic characteristics a second set of analysis was conducted using logistic regression to estimate the effect on sexual status of smoking and drinking after adjustment for possible confounding factors (Table 8.16).

Table 8.16. Adjusted odds ratios for the probability of students being sexually active by characteristics and sex

Scholastic characteristics	Respondents' sex			
	Males		Females	
	Odds ratio	95% CI	Odds ratio	95% CI
Current age				
14-15	1.00		1.00	
16	10.9	1.46-81.3	2.02	0.45-8.97
17+	19.0	2.56-140.8	2.18	0.50-9.47
School performance				
Very good/good	1.00		1.00	
Average/not good	0.74	0.53-1.05	1.45	0.87-2.44
Mother's education				
High	1.00		1.00	
Low	0.67	0.46-0.98	1.06	0.63-1.77
Father's education				
High	1.00		1.00	
Low	0.82	0.57-1.19	1.34	0.80-2.26
Economic standard				
Above average	1.00		1.00	
Average or below	0.82	0.57-1.20	1.13	0.68-1.89
Smoking				
Non-smoker	1.00		1.00	
Occasional smoker	0.91	0.50-1.67	1.75	0.82-3.70
Regular smoker	2.38	1.59-3.56	5.64	3.06-10.41
Alcohol				
Never consumed	1.00		1.00	
Ever, but not in last month	3.08	1.90-4.99	3.30	1.70-6.40
1+ times in last month	5.94	3.61-9.76	3.40	1.65-7.02

Adjusted effects of age are strikingly large for males than females, and age is the one of the strongest contributing factor to their sexual activity. For males, log odds of being sexually active among 16-year-olds were 10.9 and among 17-year-olds were 19.0 times more than 14-15 year-olds, but these effects were much less for females.

It was evident that smoking and drinking behaviours were the strongest correlates of sexual debut of respondents. The association between smoking status and sexual experience is much larger for females than males. For example, female occasional and regular smokers are 1.75 and 5.64 times are more likely to be sexually active than non-smokers. For males occasional smokers are unrelated to sexual status, but regular smokers are 2.4 times more likely to be sexually active than non-smokers.

Drinking status of students has the expected effect of increasing the likelihood of being sexually active for both males and females. Those males and female who reported drinking more than once in the last month are 5.94 and 3.40 times more likely to be sexually active compared with those who had never drink. A similar effect was obtained

for those males and females who reported drinking ever, but not in the last month compared with those who do not drink. In comparison, academic achievement, parental education and economic status had no effect on sexual experience for male or female respondents.

Discussion

The study suggests that the majority of young people enter into a romantic relationship while they are in secondary school and a minority experience intimate practices which progress from kissing to coitus.

Differences between males and females in their understanding about sexuality, modes of relating sexually to each other, and perceived motives for sex have been documented in the study. Males were persuasive, demanding and some of them were threatening. In the context of a society where 'silence' about sexual matters is the norm and where a double standard about sexual matters still pervades, whereas girls need to project an image of sexual inexperience even when they may in reality have considerable experience. In addition, boys and girls have completely different perceptions about sexual intimacy. Boys detach love from sex whereas girls associate sex with love and commitment. This is consistent with other study results (Cassell 1984; Zelnick and Shah 1983). In this regard, the majority of males described their first sexual partner as an acquaintance or stranger whereas it was a boyfriend for most of the females. The relationship between age at first sex, type of partner and feelings after intercourse is examined and these relationships are much more pronounced for females. It was evident that feelings of pleasure were usually confined to a sexual debut that involved a boyfriend and that regret is more common with other types of partner. Those who experienced their first sexual intercourse at an older age were more likely to report feelings of pleasure and less likely to regret.

At the same time almost all males reported having their first sexual intercourse with pleasure whereas an appreciable minority of females reported being forced into sexual intercourse. Such a gendered situation makes the majority of girls vulnerable in terms of emotional and physical well-being and furthermore leads to their not being able to take responsibility for their sexual life. It seems that shy individuals are less likely to engage in social interactions leading up to sex; the opposite surely holds for those who are socially mature. The majority of students said that their first coitus was not planned as such, that they did not know where and when it was going to take a place and had very short period

of time under their control. It is apparent that young people are afraid of being caught by someone who could turn up anytime. An important factor in determining risk is alcohol usage. In some studies, adolescents' use of alcohol and other drugs has been associated with certain sexual risk behaviours. The relationship between alcohol and first sexual intercourse is well established; longitudinal studies have shown that prior alcohol use increases the probability that an adolescent will initiate sexual activity (see Mott et al., 1988 and Rosenbaum et al., 1990). Young people of both sexes (but with a higher percentage of girls) reported having their first sexual intercourse under the influence of alcohol. In this regard alcohol appears to calm the situation both for males and females and put them at their ease. Male socialisation is extremely competitive and, in many social situations, alcohol plays an important role (Keijzer, 1994). Alcohol in the Mongolian social context seems to be almost indispensable if men are to relax and interact with others, especially with women. It was evident that young people drink alcohol during parties or gatherings under tremendous pressure from their peers. One could assume that such a drunken situation lessens inhibitions of young people and therefore could lead into unplanned and unintended sexual intercourse for the majority of the boys.

The study showed that a macho attitude is still prevailing among male students and that females are vulnerable to forced sex. Young girls especially who were perceived to be sexually liberated, in that they engaged in the same activities as their male peers, were the frequent targets of aggressive attitudes of their male counterparts. Unfortunately due to the tendency for society to 'blame the victim' in cases of forced sex, it appeared not to be raised by the victims either. There was a common mythology about forced sex. It was believed that sexually active girls are always willing to consent to sex or that they forfeit their right of choice.

Conclusion

Sex roles and sexual scripts indicate that there is big difference between males and females. Young men and women differ in the ways in which they deal with issues of relationships, specifically intimacy and commitment. Males interpret their initial sexual experiences as learning and experimentation, and developing maturity, rather than as a way to become emotionally close to a partner. Females, on the other hand, usually assume that commitment will accompany physical intimacy and that sex and love automatically go together. Females are still likely to be more reluctant than their male counterparts to admit to their sexual behaviours, given that more social disapproval attaches to sexually adventurous females.

CHAPTER 9. CONTRACEPTIVES: AWARENESS, ATTITUDES AND USE

Introduction

> *No. We did not talk about it. I did not think about contraception. If he had mentioned it or proposed to use it, I would not have objected. But, he did not say anything. It is funny.... To be honest, it was so embarrassing for me to have sex. I could not even look at him. I knew it was dangerous to have sex without protection. I always thought that if I had sex I would ask the man to use a condom. In reality it is so different. I did not think about protection at that time. I have no idea what I was thinking about. It is as though you were acting like someone else. I mean, I was watching someone having sex, not myself...He was in a way.. very controlling, I could not move or say anything....*
>
> IDI, Sarnai, sexually active female, 16 years old, grade 8

Demographic and Health Surveys show consistently high levels of knowledge about contraceptive methods, especially of the condom, among young people in developing countries, but relatively low levels of use (Curtis and Neitzel, 1996). Understanding the way in which adolescents make choices and decisions about contraceptive protection will enable health professionals to design better intervention strategies including sexual health education programmes that target key components of adolescent sexual behaviour.

In this study students' contraceptive knowledge and use were assessed through the survey. The qualitative, exploratory component of the study was motivated by the need for insights into the intermediate variables that influence the translation of knowledge into behaviour. It was hoped that the insights provided by this component would assist explanation and interpretation of the survey results. The specific focus of the study was to explore the circumstances in which young people make decisions whether or not to use contraception during their first coitus.

Introduction

Condoms as a contraceptive method are a new phenomenon for Mongolian people, especially for adolescents. Although condoms have a long history as an effective means of STD and pregnancy prevention (Finch et al, 1963), young people in Mongolia still experience difficulties in gaining access to condoms despite their availability and affordability. These difficulties reflect the social context of the condom market.

Firstly, condom use, in Mongolia as in many other countries, is associated with commercial and illicit sex. Owing to the economic crises, prostitution became a way of living for some economically disadvantaged Mongolian women at the beginning of the 1990s which coincided with a soaring prevalence of STDs among all age groups at that time (Purevdava et al.,1997). Furthermore, the condom was not promoted as an effective contraceptive method at the early stage of the family planning programme, but as a preventive method against STDs and HIV. Therefore the condom and those who intend to use this method are stigmatised by this image.

Secondly, there is a linguistic barrier to use of the word 'condom'. Condom in the local language means 'penis cup' and there is no other simple term to describe it in a less explicit and more 'user-friendly' way, as in the west. Both condom and penis in Mongolian language are nouns and have same root, *beleg erhten.* This literal description of the word 'penis cup' makes it embarrassing to verbalise and furthermore difficult to purchase as discussion of sex is still regarded as taboo in Mongolia.

Thirdly, the purchase of condoms is difficult for young people. Condoms can be bought in kiosks in the street, pharmacies and family planning clinics. Some kiosks are open for 24 hours a day and sell cheaper condoms. But most kiosks and pharmacies are owned and run by middle aged people who tend to have negative attitudes towards young people's sexual activity. These facts limit adolescents' access to condoms.

Lastly, promotion of condoms conflicts with the interests of policy makers and public opinion leaders. The Mongolian government is known for its strong pro-natalist population policy that encourages reproduction in order to increase the small population size of the country through restrictions on contraceptives and even abortion. Although legal barriers to abortion as well as to the import, distribution and use of contraceptives were removed in 1989, only IUDs and pills became available. Moreover these methods were intended for married couples only on medical prescription. Owing to the increasing incidence of STDs and further risks of HIV/AIDS in the country, UNFPA initiated a condom promotion campaign as a part of its family planning programme in the country in 1996. Unfortunately, the campaign has been hindered by the government through bureaucratic obstacles on the grounds that public discussion of condoms may encourage sexual promiscuity and threatens the traditional culture of silence on sexual matters. For example, despite the well-established contraception delivery system in the country even at 'sum' level (administrative unit), women still experience difficulties in obtaining the required

contraception, especially condoms, without giving their name and address (Myagmartseren, personal communication, 2002).

9.1. Contraceptive knowledge

In the survey all participants were asked whether they had ever heard the word 'condom', and, if so, whether they had ever seen one. The majority (95%) of respondents of both sexes reported having heard of a condom. Among those who had heard of it, a much higher proportion of males (87%) than females (72%) reported having seen a condom and this difference was maintained at all ages. In a separate question, respondents were also asked to record all the contraceptive methods they have heard of (spontaneous knowledge). The results are presented in Table 9.1 contraceptive awareness was high among respondents, especially of the condom. In the survey, the questions related to condom awareness were asked prior to the question on contraception in general, and this order may have inflated the estimate of condom knowledge relative to other methods. The contraceptive methods most commonly known by males and females were condoms, pills and the rhythm method. The least heard of methods by both sexes were injections, IUDs and douching.

Table 9.1. Selected indicators of contraceptive knowledge, by age and sex

Indicators	Current Age									
	14		15		16		17		All ages	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Have you ever heard the word 'condom'?										
Yes	92.8	97.0	93.0	91.7	95.9	97.2	98.8	97.0	94.7	95.1
No	7.2	3.0	7.0	8.3	4.1	2.8	1.2	3.0	5.3	4.9
N	84	103	357	435	343	515	90	101	874	1154
Have you ever seen it?										
Yes	82.0	64.0	80.8	66.0	91.2	79.4	97.7	71.1	86.9	72.4
No	18.0	36.0	19.2	34.0	8.8	20.6	2.3	28.9	13.1	27.6
N	78	100	334	400	332	502	89	97	833	1099
Which of the following contraceptives do you know?										
Pills	28.5	41.7	33.6	43.6	34.1	46.4	36.6	55.4	33.6	45.7
IUD	9.5	4.8	5.0	11.7	13.8	18.8	21.1	20.7	10.6	15.0
Injection	15.4	13.5	15.1	20.0	15.7	19.2	14.4	27.7	15.3	19.7
Condom	82.0	64.0	80.8	66.0	91.2	79.4	97.7	71.1	86.9	72.4
Rhythm	20.2	29.1	13.7	31.4	20.4	35.1	22.2	43.5	17.8	33.9
Douching	7.1	4.8	7.8	7.1	5.5	11.0	12.2	18.8	7.2	9.7
Withdrawal	20.2	6.8	26.8	11.0	30.3	19.2	30.0	25.7	27.9	15.6
N	84	103	357	435	343	515	90	101	874	1154

More females than males reported that they had heard of pills and rhythm method in all age groups. Knowledge, specifically among females, steadily increased with age. The proportion of females who had heard of the rhythm method rose from 29% among the 14-year-olds to 43% among the 17-year-old age group. More females than males claimed knowledge of this method in all age groups, and among the 15-year-olds, the percentage of females who have heard of this method was double (31%) that of males (14%). Knowledge of the fertile period is a prerequisite to successfully prevent pregnancy through periodic abstinence. As part of this survey, the respondents' knowledge of the fertile period in the menstrual cycle was assessed.

The respondents were asked to answer the question 'Given that a woman is having sexual intercourse regularly, when during her monthly menstrual cycle do you think pregnancy is most likely to occur?'. The following pre-printed answers were offered from which they were instructed to choose only one: seven days before menses, during menstruation, seven days after the menses, two weeks prior to the next menses, anytime during the month and do not know. Only 11% answered correctly, with more females (12%) than males (7%). One quarter of them answered incorrectly and the rest answered that they 'do not know' (data not shown).

Twice as many males (28%) as females (15%) cited the withdrawal method (coitus interruptus); this proportion was higher for males than females at all age groups. In the younger age groups there was a particularly big gap between males and females in their reported knowledge of this method; for example, there were almost three times more knowledgeable males (20%) than females (7%) among 14-year-olds and over twice as many males (27%) than females (11%) among the 15-year-olds. This gap narrowed at older age groups. The proportion of males who reported having heard of withdrawal was 30% among the 16- and 17-year-old group, compared with 19% among the 16-year-old females and 26% among the 17-year-old females.

Table 9.2. Number of contraceptive methods known, by age, sex and sexual status

Age/Sex/ Status	Number of contraceptive methods known							
	0	1	2	3	4	5+	N	Mean No
Males								
14	-	57.1	14.3	17.8	5.9	4.7	84	1.8
15	1.9	54.0	17.9	12.6	8.9	4.5	357	1.8
16	0.8	51.6	13.7	17.2	9.0	7.6	343	2.0
17+	2.3	49.4	13.8	17.3	16.0	7.7	90	2.0
All	1.3	53.7	15.4	15.1	9.3	6.0	874	1.9
Females								
14	0.9	42.7	31.1	14.5	9.7	0.9	103	1.9
15	1.4	45.1	20.9	17.7	9.2	5.7	435	2.0
16	1.5	39.6	17.3	19.2	13.2	9.1	515	2.3
17+	-	35.6	13.8	18.8	13.4	18.8	101	2.6
All	1.3	42.5	19.6	18.2	11.3	7.9	1154	2.2
Males								
Sexually active	1.5	45.3	19.0	14.9	10.3	8.7	194	1.7
Not sexually active	1.3	54.8	14.4	15.1	8.9	5.3	680	1.9
Females								
Sexually active	1.3	36.3	11.7	9.0	19.5	22.0	77	1.9
Not sexually active	1.3	41.9	20.1	18.8	10.7	6.9	1077	2.2

Table 9.2 shows the number of contraceptive methods spontaneously known by respondents. A little over half of males knew one method, 15% two methods, 15% three methods and 15% four or more methods. Only one percent of males claimed to know no method. Females were more knowledgeable about family planning methods than males. For instance, about one-fifth reported that they knew four or more methods. The mean number of reported contraceptive methods by males was 1.9 and 2.2 for females.

Among males a small increase in the reported contraceptive knowledge with age was observed. The mean number of reported contraceptive methods rose from 1.8 for 14- and 15-year-olds to 2.0 among older ones. Contraceptive knowledge increased more sharply with age among females. For example, the mean number of reported contraceptive methods was 1.9 among 14-year-olds and increased to 2.6 for the 17 years and over age group.

Among males, sexually active respondents were more knowledgeable about contraceptives than virgins, but differences were modest. The mean number of reported contraceptive methods by sexually active males was 1.7 whereas it was a little higher at 1.9 among virgin males. Among females, the difference by sexual status was more marked. The percentage of sexually active females who claimed to know four or five methods was nearly 40%, compared with only 18% among virgins. The mean number of

reported contraceptive methods was 1.9 among sexually active females and 2.2 for virgin ones.

9.2. Access to contraceptives

The majority of those aware of condoms were also knowledgeable about the potential supply sources. Many respondents referred to kiosks where condoms can be bought, and a few mentioned pharmacies. Some of the FGD participants said that condoms are cheap in the kiosks, but they thought kiosks sold unreliable or expired condoms, and therefore they preferred to buy supplies in the pharmacies for a slightly higher price.
It seems that the cost of condoms varies greatly, between 100 and 500 tugriks. It would cost them 100 tugriks in the kiosks, 150 in the pharmacies, 200 in the hotels or even up to 500 when a condom is provided by a prostitute. Although a few students said condoms are expensive, in general, it seems that students can easily afford them. One of the in-depth interview participants said that sex usually occurs during parties. They usually have money for parties, and therefore, they can easily afford the cost of the condom if they wanted to use one. However, embarrassment at buying condoms in the kiosks or in the pharmacies and the reportedly antagonistic attitudes of cashiers, particularly to teenagers, discouraged students. In this regard, several FGD participants cited the many problems with buying condoms. Many get extremely embarrassed pronouncing the word 'condom' itself. Several males mentioned that occasionally the elderly kiosk owners will not sell to them or look at them with a 'scrutinising and teasing look' and therefore they had to look for younger cashiers.

> *I bought a condom and it cost me 100 tugs. Hotel people sell it for 200 tugs. It is very difficult to buy a condom from a female sales assistant..... The word itself is so embarrassing... If we need condom we usually look for male sales assistants. Older ones are more difficult to approach than younger ones.*
> IDI, Degi, sexually active male, 17 years old, grade 9

> *I wanted to use a condom at that time, as I knew I was going to have sex with her. But, it was very difficult to buy condom in the kiosks. I approached several kiosks, but it was so embarrassing to ask for it. There is a kind of barrier. I can't tell you what it is. There is a barrier. I could not even open my mouth. It is such an embarrassing thing. Therefore, I did not use it.*
> IDI, Lhagva, sexually active male, 16 years old, grade 8

Most of the in-depth interview participants agreed that it is embarrassing to buy a condom, but some of them said that it is not that difficult to buy it as long as they can avoid local kiosks as the following quotation describes:

Once I was sent to buy a condom by one of the older men in my neighbouring flat. It was a bit shameful. I bought it in the kiosk that was a long way from my place. The sales people of the local kiosks know us well. So it is too close to home. When I bought it I did not have any difficulties. I am sure they laugh when young fellows buy it.

IDI, Ouynbold, sexually active male, 17 years old, grade 9

Another barrier stems from the lack of knowledge that condoms are available free of charge at some hospitals and family planning clinics. Clearly awareness of the method does not necessarily imply awareness of a source. Several in-depth interview participants, who knew or heard about this source of contraceptive methods, commented that they would subject themselves to gossip and negative attitudes from health personnel if they attempted to procure contraceptives. They explained this fear in terms of overt social disapproval of premarital sexual activity and the general lack of privacy at these clinics or hospitals. For example a girl said,

I had heard that there are clinics where people can get free contraception. But, who would go there? I would not go to such places unless the attitude of doctors and nurses changed dramatically. They are so horrible, they will look at us as dirty people or as though we have done something terrible. Say I go there, it would be just my luck, I'd bump into one of my neighbours, or relatives or friends, whoever. It means they would gossip about me or inform my parents and the whole thing would be just in a mess. So, it is better to avoid such a 'gai' barrier and go for sex, hoping for the best.

IDI, Tsatsral, non-sexually active, 17 years old, grade 10

A few students claimed that they shared their parents' condoms when they needed to.

No, I did not know what contraception was. I did not even know about condoms. After our first sex we became very close. We used to have sex once or twice a week. One day Bold told me that we should use a condom; otherwise I could easily get pregnant. We were using his parents' condoms. There were loads of them.

IDI, Zaya, sexually active female, 15 years old, grade 8

9.3. Context for the use of contraception

Do young people plan for sex and how do they communicate about it?

Decisions on the use of contraception ideally require negotiation and commitment from both partners. It was interesting therefore to find out how young people come to decisions on whether or not to engage in sexual intercourse, whether they plan their first coitus and what level of communication they have prior to their intercourse. These issues were examined in the in-depth interviews with sexually active students. It was apparent that young people do not plan exactly when and where they will have sex and therefore they do not usually talk about it prior to sexual intercourse. It was common among young

people that they do not say anything but one thing leads to another without any talk at all. For example, a boy said:

> *It was not planned at all. I was there, she happened to be there. We were playing cards. She was sitting next to me. By accident I touched her hand, it was like an electric shock. I felt kinda strange. I liked her smell. Then, when we finished I was up in one of the bedrooms. She suddenly came in. I wanted to talk to her. We were just talking about school, study and our friends. Again I touched her hand by accident. I felt again kinda wave. My whole body was trembling. I kissed her, then we had sex. It was over. We did not exchange a word about it. It was over. It happened just like that.*
>
> IDI, Hurel, sexually active male, 16 years old, grade 8

When intercourse is preceded by verbalisation, suggestions or hints for having sex are given usually by boys in the form of 'begging' that he would like to have sex with her or 'demanding' that a girl should prove her love by having sex with him or 'persuasion' that it is normal for couples in love to have sexual intercourse.

> *Soon, after a week from his first kiss he asked me whether we could have sex? ... It was kind of a surprise....I was bit scared and at the same time I was curious about it. It was kind of strange...you see. But, I did not feel comfortable with his idea... I did not say anything, embarrassed. Then, a month later, after New Year, he asked me to come to his house again.... He told me that he loved me, and therefore we should have sex. If we had sex it would deepen our relationship, Funny? Isn't it? .... I was scared at that time, but he said it should be OK.*
>
> IDI, Zaya, sexually active female, 15 years old, grade 8

> *He started to kiss me and asked me to sleep with him. I was silent. He said very persuasively 'You said that you love me. But it is not true as you always refuse me.' Then he said: 'I can't believe in your love for me. If you really love me you should not refuse my suggestion.*
>
> IDI, Densma, sexually active female, 16 years old, grade 8

It was apparent that the majority of girls remain silent when boys propose sexual intercourse. Silence was explained by many of the girls in terms of embarrassment and not knowing what to do or how to reply. Silence, in return, confuses boys but is perceived as agreement.

> *When I started to kiss her she did not object. She did not say a word. So I thought she is OK with it. We did not talk about sex at all. So, I kissed her, touched her and we had sex.*
>
> IDI, Dorj, sexually active male, 16 years old, grade 9

Some young people who were in a longer-term relationship stated that they had some discussion which gave them an understanding that sex will occur sometime in the future. For those couples who reached an agreement to have sexual intercourse sometime (for instance, when the first opportunity comes), were more likely to raise the issue of

protection against unwanted pregnancy and STDs, but the number of these couples was small. For example, nine out of the 19 sexually active boys and girls who participated in in-depth interviews reported having a long-term girl or boyfriend. Only two boys and four girls had some sort of communication before they initiated sexual intercourse. One of the boys said he knew in advance when sexual intercourse was likely to happen and therefore used a condom and the other boy practised withdrawal in order not to make his girlfriend pregnant. None of the girls used any form of protection as they expected their partners to take the initiative or be responsible for it.

> *Yes. I had sex with my current girlfriend in the 9th grade. I asked her to have sex and I initiated it. As we had long lasting relationship, I thought it is OK to have sex with her. Also, whenever we cuddled each other I got a sexual urge and I was dreaming about sex. I was at home alone and I asked her to come over. I then initiated to have sex and she did not refuse. I think she was curious about it and wanted to experience it. Both of us had no experience at all. But we managed it. We used a condom. I bought it in the kiosk before-hand. It costs 100 tugs, which is not expensive. I didn't want to make her pregnant.*
>
> IDI, Boldbator, sexually active male, 16 years old, grade 9

Most couples, however, reached some kind of agreement to engage in intercourse but only moments before the act itself. Therefore, they simply did not have time or opportunity to arrange protection by condoms. Similarly, those who were not in a relationship and those who had a casual partner were very unlikely to use contraception. Some of them preferred to face the risk rather than stop. The majority of boys who experienced their first coitus with a casual partner considered 'grabbing the opportunity for sex' more important than risking their health or a pregnancy. Although some sort of talk or hint takes place before sexual intercourse, the majority of young people said that sex just happened unexpectedly, and as they desired sexual intimacy, use of contraception did not occur.

> *At first I did not have any intention to do anything with her what so ever. We were just talking to each other. Then I kissed her. I still do not understand exactly how it happened. We hugged each other. It just happened spontaneously. She did not refuse. So we lay down on the bed and had sex.*
>
> IDI, Ouynbold, sexually active male, 17 years old, grade 9

Interviewer: Did you use any contraception during your sexual intercourse?

> *No. I did not think about using contraception during that time at all. Just to make love. That is all I thought about. I've heard that pregnancy does not happen during the first sexual intercourse. Even this idea did not come through my mind.*
>
> IDI, Bayar, sexually active male, 16 years old, grade 9

It is important to bear in mind that first coitus often occurs under pressures of limited time combined with embarrassment, excitement and a physical urge (mainly for males). It is thus perhaps not surprising that the majority of young people are more concerned about their sexual performance than about contraception.

Interviewer: Have you ever had sexual intercourse?

> *Yes. Soon after our first date we became very close. We first slept together after one month from when we started to go out. I was at his home on that day. His family knew about our relationship well. His brothers and sisters were all out playing. We were alone and he kissed me. Then he asked 'do you know what sex is? Shall we have sex'? Simply I was lost. I did not know what to say and how to act. So, I said OK. It was funny to recall it. We did not take our clothes off. He did not kiss me at all. He rolled up my skirt.. It was so painful. But, soon his brother knocked on the door and we could not finish it.*
>
> IDI, Sarnai, sexually active female, 17 years old, grade 9

The first coitus for those with a casual partner tends to happen in an unexpected place, under pressure of time and, in most cases, under the influence of alcohol. Therefore the majority of young people who experienced their first coitus in such a situation did not even think about contraception. Two out of 11 sexually active female participants in in-depth interviews said that they experienced their first coitus in such a drunken state that they did not know what happened, as the following quotation illustrates;

> *It was not planned to go for this party at all. It was very late and everybody was drinking like hell. My girlfriend was drunk and I was too. I remember that the boy who kissed me first time he was there. I knew that he fancied me and I liked him. I was drunk and I remember that he was kissing and cuddling me. We slept there. I really don't remember what happened. He was sleeping next to me. Only in the morning I realised that I had slept with him. I had no idea what happened, whether it was painful for me or not. But, the boy, his name is Bayar, he did not show me any affection towards me. He acted like nothing happened between us. I know that he was avoiding me. It was stupid of me to have drinks and get drunk.*
>
> IDI, Saruul, sexually active female, 16 years old, grade 8

Young people may use pornographic films as a way of communicating a proposal for sex. In such a case they do not verbally discuss or question each other. Such form of communication was mentioned by one girl and one boy who were in a long-term relationship.

In view of the paucity of communication between boy/girlfriends, pornography may serve as a signal of intention to the partner by the initiator of sex.

> *Three months after our date we had sex at his home. His parents were away for two nights. I cooked for him. After dinner he proposed to watch 'PO'-pornographic video. It is strange; I saw many similar films at his home. I am not sure why he keeps them. It was very painful. It was my first sex. We did not talk about sex....*

We were watching video and he turned off the lights and started to kiss me. I could not say a word.

IDI, Tuul, sexually active female, 16 years old, grade 9

It was evident that communication between partners about contraceptives is not common, because of embarrassment, defensiveness, fear of rejection, or the desire to exploit. If there is little or no communication about contraceptive use, the question of who initiates contraception and how the decision is made need exploration.

Initiating the use of contraceptives

Willingness to raise issues of contraception during sexual intercourse is related to social norms, gender roles and sexual scripts of men and women. As discussed earlier a "good woman" is defined as one who is ignorant about sex and passive sexually. Therefore, a young woman may be unwilling to raise sexual matters with her partner, because she runs the risk of being labelled a loose woman or a prostitute. It was evident that young people, especially girls, widely believed that their requesting the use of a condom either implies their own promiscuity or invites an accusation of promiscuity by their partners.

That is what I hear from my friends. My friends say that it is very embarrassing and if a girl suggests use of contraception then she will be regarded as sexually experienced or so called 'belen bor'- loose woman. There is a saying that 'proposing condom is not girl's thing. Girls should be feminine. Therefore it is too much for girls. Boys should take care of it'.

IDI, Enerel, virgin female, aged 17, grade 10

Some girls would get upset if their partner suggests using a condom. They may well say: 'I am not the kind of person that you think. I am clean and I do not have disease as you think'. So it is complicated. You never know (all nodded).

FGD, participant No 6, male, grade 9, students' group

A pronounced double standard was evident among young people with regard to initiating the use of a condom. The majority of the girls considered it normal for boys to carry or suggest condoms, whereas it was 'a very embarrassing thing' for girls to do.

I don't think girls should offer a condom. If girls carry condoms every body would be surprised and would badmouth her, whereas with boys it would be treated as normal. Girls would be shamed as a matter of course. It is true that if a girl offers it boys would interpret it as if she is experienced. It is understandable.

FGD, participant No 5, female, grade 9, students' group 1

Boys expected girls to be sexually inexperienced, naive, and to be easily led on.

I would think that the girl is not clean or that she is seeing someone else. Why would she suggest using a condom? It is out of question for girls. I presume that sexually experienced ones would talk about condoms or protection. I prefer naïve girls. Girls should be vulnerable and innocent. I don't like it when girls try to be dominant.

IDI, Dorj, virgin male, aged 17, grade 10

The in-depth interviews showed that girls have little control over safe sex due to pervasive social and cultural norms that prevent them from raising the subject of the use of condoms with their partners. Furthermore, the weak negotiating power of girls, and under-developed communication /negotiation skills, further reduces the probability that girls will confront the issue of using condoms. The majority expressed fatalistic attitudes, feeling powerless and unable to change the course of life's events. These factors definitely increase the vulnerability of girls to the risks of unwanted pregnancy and STDs and HIV/AIDS. One of the girls, aged 17 who had not experienced sexual intercourse yet and who were in the most senior grade (10), stated the following:

> *I don't know. I know it is important to use protection. But I will not be able to suggest it. I will be embarrassed...asking for a condom. It is better to take a chance of having STD or get pregnant. I am sure all my girlfriends would feel the same way that I do.*
>
> IDI, Enerel, virgin female, 17 years old, grade 10

The association of condoms with illicit sex was mentioned at the beginning of this chapter. This association still strongly persists among females.

> *I think it should not be difficult for boys to carry a condom as I've seen many of them. As for the girls, it is so embarrassing to offer it for boys. If someone suggested using a condom, I would think he has STD or some other disease.*
>
> FGD, participant No 1, female, grade 9, students' group

Given the non-existent or limited nature of negotiation or discussion prior to sexual intercourse among study students and the dominance of men, girls seemed unable to counteract boys' sexual advances and make decisions on whether or not to use a condom or even be part of a negotiation. These features are clearly described in the following quotation:

> *To be honest, I did think about a condom. But, I couldn't tell him. I did not have it with me anyway. I was embarrassed to talk about a condom, I suppose. I had no idea what to do and how to handle this kind of situation at that time. I was very much against his intention. I was forced to have it.... He was big.... and he did not let me make any move. ... I wonder whether young people use contraception.... I don't know.*
>
> IDI, Saingerel, sexually active female, 17 years old, grade 10

Who makes decisions?

Understanding how adolescents make decisions about sexual involvement and using contraceptives involves analysis of the complex interaction of individual, social, family, and peer factors. The question of who is able to make such decisions within a partnership is also an important issue, given that sexual activity, condom use, and, to a lesser extent, contraceptive use requires simultaneous commitment from two partners. The attempt to

understand who in a relationship among secondary school students should take responsibility for contraception yielded very interesting findings.

Over half of all survey respondents (60% of males and 57% of females) considered that contraceptive use should be a joint responsibility of both boys and girls (Table 9.3). Males were slightly more likely to think that they, rather than females, should take responsibility, whereas among female respondents, equal proportions thought that males and females should take responsibility. Over 20% of both sexes were unsure who shall take responsibility for contraception.

Table 9.3. Beliefs about condoms and contraceptives, by age and sex

Beliefs of students	Current age									
	14		15		16		17		Total	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Who should be responsibility for contraceptive use?										
Girl	7.1	10.6	6.1	6.6	7.0	10.8	5.7	11.3	6.5	9.2
Boy	8.3	9.7	11.4	7.1	11.9	8.9	13.7	11.3	11.5	8.5
Both	53.5	49.5	55.4	55.6	65.0	59.8	60.6	59.4	60.1	57.2
Do not know	30.9	30.1	26.8	30.5	16.0	20.3	19.5	21.7	21.7	24.9
N	84	103	345	435	344	515	101	101	874	1154

In-depth interview participants, especially girls, believed it should be the man's responsibility. In the survey, it is likely that participants expressed their ideal wishes but, during in-depth interviews, sexually experienced girls shared their experiences and reasoned why boys rather than girls should be responsible. They explained that boys always initiate sexual activity and make decisions for girls whether or not to have sexual intercourse. They believed that boys have more sexual knowledge and experiences than girls. In terms of social norms girls expect boys to take a care of them including initiating the use of condom. They also said that they would not object if their partners offered the condom or other contraceptive methods.

> *No, not at all. We never discussed condoms. I did not think about it. I am not sure whether he had much idea about it. I don't know much about it. He is older than I am, so I think he should know more than I do. I mean he should be responsible for it. But, I am not sure.*
>
> IDI, Tuya, sexually active female, 17 years old, grade 10

9.4. Perceived prevalence of condom use

The survey participants were asked their opinion on how commonly condoms are used during sexual intercourse by young people. One in ten respondents believed that condom use is very common, one in three somewhat common and one in five thought it is not common. Almost half responded that they do not know.

Table 9.4. Beliefs about condom use, by age, sex and sexual status

Beliefs of students	Current age									
	14		15		16		17		Total	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
How common is it for young people to use condom?										
Very common	12.5	6.3	13.6	7.3	13.9	8.8	18.6	10.3	14.1	8.1
Somewhat common	15.0	13.6	21.9	18.8	27.3	24.6	31.4	28.5	24.4	21.7
Not common	16.2	20.0	15.7	18.8	17.2	16.0	13.9	12.1	16.1	16.9
Do not know	56.2	60.0	48.6	55.4	41.5	50.8	35.9	49.4	45.1	53.2
N	84	103	345	435	344	515	101	101	874	1154
Sexually active										
Very common	3.1	-	22.6	19.0	29.0	15.4	35.2	25.0	24.3	17.3
Somewhat common	-	-	30.1	23.8	37.2	35.8	44.1	41.6	30.7	32.0
Not common	40.6	50.0	18.8	14.2	24.4	17.9	17.6	8.3	24.3	16.0
Do not know	56.2	50.0	28.3	42.8	9.3	30.7	12.9	33.3	20.4	34.6
N	32	9	50	21	81	39	31	10	194	77
Not sexually active										
Very common	11.3	6.4	12.0	6.6	26.8	0.2	8.3	7.6	0.1	7.4
Somewhat common	15.1	13.9	20.6	18.6	34.4	23.2	27.0	26.9	17.4	20.9
Not common	16.4	19.3	15.3	18.6	22.5	15.8	12.5	12.8	12.5	17.0
Do not know	56.9	60.2	51.9	56.1	16.1	52.5	52.0	52.5	35.0	54.6
N	52	94	295	414	263	476	70	91	680	1077

Beliefs about condom use among young people differed by age and sex; almost twice as many males (14%) as females (8%) believed that condom use is 'very common' among young people (Table 9.4). When the sexual status of respondents was taken into consideration many more of the males and females who were sexually active believed that condom use is common among young people, when compared with those who had not had sex. This pattern was observed at all age groups except among the 16-year-old males. The percentage of those who said that they did not know about the use of condoms was much higher among virgin students than sexually active ones, especially among females.

For obvious reasons, more interpretative weight can be placed on the answers of the sexually active, though even in this group, 20% of boys and 35% of girls were unprepared to record an opinion. Among those with an opinion, over two-thirds of both sexes thought that condom use was very or somewhat common.

These survey results are consistent with the FGD material. Some participants believed that condom use is very common among young people. Approximately half of the 16-17 - year-olds of the FGD participants believed that the use of condoms during sexual activity is somewhat common among their peers. Males sounded more confident than the females. In contrast, most 14- and 15-year-olds were not so clear about whether adolescents used condoms or not.

Most participants of both sexes in the FGDs and in-depth interviews stated that condoms are used more frequently than other contraceptive methods, because they are reliable, cheap and available.

9.5. Contraceptive use at first intercourse

All sexually active survey respondents were asked whether they had used a condom during their first sexual intercourse. Although participants demonstrated considerable knowledge about contraception, and attitudes were positive, the level of actual use was relatively low. Only one-third of all sexually active participants reported using contraception at their first sexual intercourse: use was higher among males (33%) than females (22%). It appears that knowledge is a necessary but insufficient determinant of effective contraceptive use. For both males and females, higher use of contraceptives was found among those who do not have their first intercourse until they were aged 16 years or more.

Table 9.5. Contraceptive methods used at first coitus, by sex and age at first intercourse.

Age at 1st sex	Contraceptive methods					
	Condom (%)	Withdrawal (%)	Pill (%)	Jumps 3 times (%)	None (%)	N
Males						
<16	30.1	-	-	-	69.9	143
16+	39.2	1.9	-	-	58.8	51
All	32.4	0.5	-	-	67.0	194
Females						
<16	2.1	-	-	16.6	81.2	48
16+	3.4	-	3.4	20.7	75.8	29
All	2.7	-	1.3	18.1	78.0	77
Both sexes						
<16	23.0	-	-	4.2	72.7	191
16+	26.2	1.2	1.2	7.5	63.7	80
All	23.9	0.3	0.3	5.1	70.1	271

It was apparent that contraceptive methods used by males and females were gender-specific. The condom was reported to be the most popular contraceptive method for males. Almost one-third of sexually active males reported using it during their first intercourse, whereas only 3% of females did (Table 9.5). Use of condoms was higher among boys whose sexual debut was at 16 years or more than in the other group, but this difference was not statistically significant (p=.14).

The only other method reported by males was withdrawal, but very few reported using this method. Several FGD and in-depth interview male participants talked about withdrawal, whereas none of the female participants mentioned it. Sexually active female in-depth interview participants who appeared to have experienced withdrawal, admitted that they did not know about this method and did not understand when their partner mentioned it. For example:

> *It was very painful. It was my first sex. We did not talk about sex.... When I asked if I would get pregnant, he said I would not as he would withdraw. I could not understand what he was implying.*
>
> IDI, Tuul, sexually active female, 16 years old, grade 9

> *Then we made love. He got on me..... asked me whether it hurt me. Then he took it out... to ejaculate. I did not understand why he did it. But, later on he said that he did not want me to get pregnant, therefore he withdrew it. I did not understand what it was all about ..... And did not bother to ask.*
>
> IDI, Odno, sexually active female, 15 years old, grade 8

The most common contraceptive method used by female survey participants during their first sexual intercourse was to 'jump three times after sex'. One-fifth of girls reported that they used this method and this percentage slightly was higher among those with older age at sexual debut. This method was strongly supported by the FGD and In-depth interview findings. Some girls who participated in the FGDs considered that 'jumping three times backwards' is one of the most popular contraceptive methods among girls. One girl said:

> *I think there are many other contraceptive methods. For instance, all my friends say that if a girl jumps three times backwards then pregnancy does not happen.*
> (All other participants nodded their heads in agreement)
>
> FGD participant No 2, female, 16 years old, student's group

The differences in method-specific use between males and females are very striking. The condom was the dominant method reported by males but was reported by very few females. To some extent, the difference may be attributed to unawareness among females that their partner used a condom, but a more important reason is probably that

females consider condoms to be a method exclusively used by men and not by women and thus do not report its use. Similarly, men may consider 'jumping three times' to be an exclusively female method.

9.6. Reasons for non-use of contraception at first sexual intercourse

Evidence of reasons for non-use of contraception at first intercourse comes from the survey and the qualitative component, particularly the in-depth interviews.

Condoms are not there when needed

Most teenagers do not consciously plan to become sexually active, and they often do not foresee their first sexual experience. As a consequence, their sexual debut is frequently not preceded by a positive decision but rather as something that 'happened' (Chilman, 1983). The following quotation of a girl serves as a clear example of Chilman's classic generalisation.

> *No, we did not (use condom). There was no time to think about it, I mean, condom. Sex just happened, if you see what I mean. After a few minutes everything was over. I had heard about contraception before, but I did not think about it at that time. My boyfriend did not mention it.*
>
> IDI, Densma, sexually active female, 15 years old, grade 8

More than half (60%) of the sexually active respondents in the survey reported that the main reason for the non-use of contraception during their first sexual intercourse was that sex was not planned. There was little difference between the reporting of males and females (Table 9.6). One girl said:

> *I don't think they do (use contraceptives) as sex is not always planned and it is not predictable when and with whom you're going to have sex. Sometimes sex happens just spontaneously. So, once you are switched on, who will bother to go out and buy condoms.*
>
> IDI, Zaya, sexually active female, 15 years old, grade 8

This quotation suggests that opportunities to have intercourse may present themselves at unexpected times when no condom is available. It was not considered possible or reasonable to resist sex just because a condom was not available. For example a girl said:

> *No, I did not (use condom). It was over soon. Sex just happened. I had heard about contraception before. When we are into it, how we can stop. I did not think of contraception at all. Also there is no way we stop it just because we do not have condom.*
>
> IDI, Densma, sexually active female, 15 years old, grade 8

Table 9.6. Reasons for non-use of contraception during the first sexual intercourse, by sex

Stated reasons	Sex		
	Male (%)	Female (%)	All (%)
Not planned	58.4	63.3	60.0
Bad for health	0.7	0.0	0.5
Did not know any method	7.7	6.7	7.4
Would not get pregnant	10.7	6.6	9.5
Did not want myself	6.9	5.0	6.3
Partner objected	6.1	6.6	6.3
Too shameful to ask	6.1	6.6	6.3
Other	3.0	5.0	3.6
N	130	60	190

Low risk perception

At the same time, young people may have perceptions of low vulnerability to risks of unwanted pregnancy, STDs and HIV/AIDS, and thereby underestimate these risks. One in ten survey respondents said they did not think that pregnancy would happen, with slightly more males (11%) than of females (7%) giving this response. Girls who participated in the FGD and IDI shared the same perception towards the risk of pregnancy - 'it would not happen to me'. A girl made the following statement even after she had contracted a STD:

Interviewer: Would you use protection next time when you have sex?

> *I do not know. It depends, if my boyfriend suggests using it, I'll use it, no problem. If not, that is OK. Maybe it is very stupid. ...Sometimes I think pregnancy will not happen to me. It does happen to some girls, but not to me. I don't know why I have such stupid thoughts about it. Also, I might get a sexual disease again, but he promised me not to mess around.*
>
> IDI, Odno, sexually active female, 15 years old, grade 8

Barrier to sexual pleasure

Due to lack of knowledge students commonly believe what their friends say. For instance, 'A condom does not give pleasure' was one of the common beliefs of students. Table 9.6 shows that 12% of all survey respondents reported dislike of, or objections to contraception by their partners or themselves as the main reason for non-use. Thus students admitted that they are reluctant to use condoms. For example, a boy confidently said the following:

> *We did not use any protection. I did not have it with me. All my friends say that sex with condom does not work. I think it is true. The main reason for having sex is to get pleasure. You can not get this pleasure with a condom. It is very understandable; plastic is separating couple's intimate parts.*
>
> IDI, Bathy, sexually active male, 15 years old, grade 8

I don't enjoy sex when we use a condom. It is of course nice to have sex without using any barrier like a condom. Previously I had heard from my friends that sex is not sex with a condom. It was true. I did not like it at all. You can't feel each other with it.

IDI, Tuul, sexually active female, 16 years old, grade 9

Misconceptions

Adolescents may differ from adults in terms of their understanding of the risks of engaging in certain behaviours. Although many participants of the FGD and in-depth interviews were able to name the common contraceptives, erroneous beliefs about contraceptives and condoms were widely held among boys and girls. Some boys and girls strongly believed that if either of the partners or a girl does not get excited or fails to reach orgasm during sexual intercourse, then pregnancy does not occur. Anecdotal accounts of this belief were quoted as follows:

I had an orgasm. But, I am not sure about her. I don't think she had orgasm. My friends say that if one of the partners does not get orgasm or get excited then pregnancy does not occur. So, I hoped since I had an orgasm inside her but she did not, she would not get pregnant. I think it took about 7-8 minutes. Pregnancy did not happen on these two occasions. So I believe what is my friends were saying is true.

IDI, Lhagva, sexually active male, 16 years old, grade 8

The following quotations by the girls supported this boy's belief;

Have you ever heard that if a girl does not have an orgasm then pregnancy does not occur? I think it is true. (Four other members of the group agreed).

FGD, participant No 6, female, 16 years old, grade 9

Yeah, I heard about it a lot. I heard that when people sleep together the one who is really gets excited has an orgasm. If they do not really get excited, they do not have an orgasm. It means that, if girls do not get excited during sexual intercourse they do not get pregnant. (Three other members agreed with her belief).

FGD, participant No 1, female, 15 years old, grade 9

Another classic misconception is that 'pregnancy does not occur during the first sex', and was one of the common beliefs of study participants of both sexes.

Yeah, I heard about it. Also we all know that a girl does not get pregnant during the first sexual intercourse. There are many girls who have already proved it.

FGD, participant No 4, female, 15 years old, students' group

Interviewer: Did you use any contraception?

No. I did not think about it. I thought I would not get pregnant as I was having sex with him for the first time.

IDI, Odno, sexually active female, 15 years old, students' group

Clearly, such misconceptions are likely to distort girls' perceptions of their probability of becoming pregnant due to unprotected sex. Such misconceptions undoubtedly have a

strong influence on decisions about whether to engage in sexual activity or to use a condom. Similarly, a few boys admitted having several different sexual partners and they believe by doing so they can avoid risks of making the girls pregnant.

Interviewer: Have you had sexual intercourse?

> *I used to go out with Ouyn. She was not really my girlfriend and we never discussed about our relationship. So after this party I did not want to see her again, as I was afraid of making her pregnant. I heard that girls get pregnant due to frequent sex with one person. It is strange; I wanted to sleep with a different girl as well. So, I stopped seeing her. She did not complain and this was the end of our relationship. After several days I met another girl during one of the musical shows. She was 17. I hung around with her for about two weeks and we slept together.*
>
> IDI, Bayer, sexually active male, 15 years old, grade 8

Although most of the participants of the FGDs and in-depth interviews knew the importance of using contraception, especially condoms, during sexual intercourse, some of them were not sure whether they would use it or not. For example, one of the in-depth interview participants said,

> *Some of them use a condom and, but some of them don't, just as I don't. I think the majority of them are same as I am. Although I know about consequences of unprotected sex, and protection methods, I've never used a condom. Why? I do not know. Even I am not sure whether I am going to use it when I have sex next time. I do not know why? There is not an answer.*
>
> IDI, Bagi, sexually active male, 18 years old, grade 10

9.7. Contraceptive use after sexual initiation

Low use of protective means at first coitus does not necessarily imply that subsequent use is also low. All sexually active participants were asked the question 'How often do you have sex without protection? The preprinted response codes were: always, often, sometimes, rarely, or never. Respondents were asked to circle only one answer.

Approximately one in ten sexually active young people of both sexes of all age groups said that they often or always engage in sexual intercourse without protection. More than one-third (36%) and 27% of them claimed that they rarely or never had sexual intercourse without protection (Table 9.7).

More than one-third of males of both age groups claimed that they never engage in intercourse without protection. Among them the percentage of older students was higher

(28%) than younger ones (24%). Ten percent of males of both age groups reported always engaging in sexual intercourse without any protection, out of which the percentage of students in older age group was twice as higher than those of in younger age group.

Table 9.7. Reported frequency of sex without protection, by age and sex

Non-use of contraception	Current age								
	Males			Females			Total		
	<16 (%)	16+ (%)	Both (%)	<16 (%)	16+ (%)	Both (%)	<16 (%)	16+ (%)	All (%)
Always	15.5	8.8	10.8	4.2	9.4	7.8	12.2	8.9	9.9
Often	13.7	12.5	13.9	12.5	15.0	14.3	13.4	13.2	13.3
Sometimes	15.5	15.4	15.4	8.3	15.1	13.9	13.4	15.3	14.7
Rarely	31.0	35.3	15.4	37.5	36.5	36.4	33.3	35.4	35.8
Never	24.1	28.4	26.8	37.5	24.5	28.5	28.0	27.8	27.3
N	58	136	194	24	53	77	82	189	271

Among both sexes, nearly a third (28%) said that they never engage in sexual intercourse without contraception. For males there is little difference in this proportion by current age. For females, surprisingly, the proportion is higher among younger than older respondents. Moreover, twice as many females in the older age group (9%) reported "always" having sexual intercourse without any means of protection compared with younger ones (4%). Similarly, twice as many females in the older age group (15%) than in younger age group (8%) reported "sometimes" engaging in sex without protection. The percentage of those who reported having sex "often" without protection was rather higher among older ones (15%) than younger females (12%).

However, these age differences were not statistically significant. Findings of the FGDs and in-depth interviews indicated that inconsistent use of condom was common among students due to prevailing misconceptions about contraceptives, limited access and difficulties of planning sexual intercourse.

9.8. Risk assessment

Pregnancy

Almost all students mentioned pregnancy and sexually transmitted diseases as the main risk after pre-marital sex. It was not an aim of the study to measure the incidence of pregnancy among teenage girls but to identify the common perceptions and beliefs of

young people with regards to pregnancy and abortion. Premarital teenage pregnancy, like premarital sex, is traditionally regarded as immoral.

As explained in Chapter 1, if girls are discovered to have become pregnant, an attempt will be made to minimise harm to their future life and educational opportunities. Abortion may be arranged by parents or siblings with the consent of girl, but, in most cases, if it is the first pregnancy for a girl, parents are reluctant to approve abortion, considering that it has negative health consequences for the daughter (Personal communication, Myagmartseren, 2002). Illegitimate births are prevalent (Amarsanaa and Patel, 2000). Out-of-wedlock children are not ignored and are taken care of by grandparents until the mother marries. If a girl gets pregnant, it is usual for the girl and her family to look after the baby. The girl and father of the child are not forced to marry. Although by law the partner is obliged to support the child, the law is rarely enforced. It is impossible to apply the law to young men who still have not acquired financial independence.

Girls have a fear of getting pregnant as school authorities and society have hostile attitudes towards evidence of 'immorality'. Therefore adolescent girls seek to prevent premarital pregnancies and births because of shame and ignominy. Moreover, a premarital birth will force them to terminate their education and perhaps to marry and have more children, thereby being condemned to being a traditional housewife. In the past, experts at each clinic or hospital approved abortions after appropriate medical tests had been carried out. Each abortion was reported to the Ministry of Health and Social Welfare and Civil Registration and Information Bureau in the previous system. But such regulations are not strictly followed by some of the private clinics that mushroomed at the beginning of 1990s. These clinics do not ask for identification cards or the consent of adults for under-aged clients; nor do they provide accurate reports of teenage pregnancies terminated. It has been documented that almost half of abortions were performed by private clinics in the capital city in 1996 (Personal communication, Ouyn, 1996). The deregulation enables young girls to have easier access than in the past to abortion without the consent of their parents. There is good reason for these girls not to seek approval of their parents.

Both boys and girls who participated in the study believe that pregnancy does occur among secondary school girls and some of them had witnessed such occurrences. As explained earlier there was a broad consensus among boys and girls that if a girl gets

pregnant she is not likely to inform her parents and would arrange an abortion in the clinic accompanied by her boyfriend or her female friends as the following quotations illustrate;

> *I think most girls go for an abortion if they get pregnant. There are so many private clinics where women can have an abortion within a day. I am sure some of them arrange an abortion without the knowledge of their parents.*
>
> FGD, participant No 3, female, students' group

> *There was a girl in our school who was pregnant. I saw students were picking on her all the time at the school, she was really having a bad time. I felt sorry for her. I think she had an abortion in the end and she completed her high school with a bad reputation. Even teachers were telling us about her. I remember one of the teachers said 'if you want to follow THAT girl who got pregnant, continue flirting with your so called boyfriends'.*
>
> FGD, participant No 1, female, students' group

STDs and HIV/AIDS

Scientific terms of STDs were used in the questionnaire as young people were familiar with them. Students were asked to mark as many as STDs they knew or heard of from the pre-printed list of answers. Overall, knowledge of HIV/AIDS and STDs is quite high among both males and females. Almost all of the respondents (97%) reported having heard of AIDS, 76% had heard of syphilis, 67% had heard about gonorrhoea and 34% of trichomoniasis (Table 9.8). Among sexually active students more males reported knowledge of gonorrhoea (78%) and trichomoniasis (52%) than females (69% and 42%). However knowledge differed little between sexually active and inactive respondents.

Table 9.8. Reported knowledge about STDs, by sex and sexual status

Awareness of STDs	Sexual status					
	Sexually active		Sexually not active		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Gonorrhea						
Yes	78.3	68.8	67.0	64.2	69.5	64.5
No	21.6	31.1	32.9	35.7	30.4	35.4
Syphilis						
Yes	76.8	79.2	77.2	74.5	77.1	74.8
No	23.2	20.8	22.8	25.5	22.8	25.2
AIDS						
Yes	93.3	93.5	97.3	97.6	96.4	97.3
No	6.5	6.5	2.7	2.4	3.5	2.6
Trichomoniasis						
Yes	52.5	42.6	28.6	34.1	33.9	34.7
No	47.4	57.1	71.4	65.9	67.1	65.2
Other						
Yes	1.0	2.6	1.7	0.8	1.6	1.0
No	98.9	97.4	98.3	99.2	98.4	99.0
N	194	77	680	1077	874	1154

Survey respondents were asked 'How can one avoid getting STDs?'. Possible answers (abstain, maintain one sexual partner, use a condom, avoid casual sex) were pre-printed in the questionnaire. Overall, nearly 70% of the study participants responded that they would use condoms, 46% would avoid casual sex, and 36% maintain one partner. Among sexually active respondents almost twice as many females (33%) as males (17%) stated that they would abstain from sex whereas this proportion was similar for both sexually inactive males and females (Table 9.9). Similarly a higher proportion of sexually active females (50%) and males (32%) said they would maintain one sexual partner to avoid STDs. However, opinion between sexually inactive males and females differed little.

Table 9.9. Opinion about means of avoidance of STDs, by sex and sexual status

Avoidance of STDs	Respondents' sexual status					
	Sexually active		Sexually not active		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
Abstain						
Yes	17.5	33.7	35.4	40.3	31.4	39.8
No	82.5	66.2	64.5	59.7	68.5	60.1
Maintain one sexual partner						
Yes	32.4	50.6	32.9	38.9	32.8	39.6
No	67.5	49.4	67.0	61.1	67.1	60.4
Use condom						
Yes	69.0	72.7	69.4	72.7	69.3	64.5
No	30.9	27.3	30.6	36.0	30.6	35.4
Avoid casual sex						
Yes	39.6	51.9	37.3	52.0	37.8	51.9
No	60.3	48.1	62.7	48.0	62.1	48.1
N	194	77	680	1077	874	1154

The overall impression from the qualitative evidence was that study participants did not really worry about STDs, especially about HIV/AIDS. They did not consider themselves to be at risk, as the majority of them thought that only prostitutes or those with promiscuous behaviour are likely to contract STDs. Sexually active students, especially girls, believed that having sex only with a steady partner would not put them at risk of getting STDs or HIV/AIDS. Even those girls who contracted STD from their boyfriends did not realise the potential seriousness of the consequences.

> *I did not realize that I get disease from my boyfriend. He is an attractive guy... Girls call him a lot.... Mm...y' know.... What happened? ... He... I mean my boyfriend, I was a bit jealous about him and I mentioned my suspicion. Also... I had a very bad smell and lots of discharge.... When I told him about it he became very pale.... He was sorry and he told me that he had had casual sex with another girl.*
>
> IDI, Odno, sexually active female, 15 years old, grade 8

Assessment of partner's sexual behaviour

Decisions to use contraceptives or condoms may also be based on judgements of young people about their personal risks and the risks that their partners present. It seems that the majority of young people in the study did not give much importance to the sexual history of their partner nor to his or her present behaviour. For example,

> *I would have sex with him. Although he's got a girlfriend, I love him and I miss him a lot. Of course I know that he has sex with his girlfriend. Once you love someone you are eager to do whatever he or she asks. I can't forget him. I've heard from my friends that he already slept with so and so on. It does not matter to me.*
> IDI, Densma, sexually active female, 15 years old, grade 8

Many of the study participants appear to justify their non-use of condoms by the belief that condoms are unnecessary if they are in a steady relationship. Their beliefs were strongly associated with love and trust, which was a significant element in making decisions about using condoms. One-fifth of all survey respondents with more males (25%) than females (13%) agreed with the statement that 'It is all right for young people to be engaged in sex without a condom if they know each other well'. Nearly half (46%) disagreed with more females than males expressing this view. About 35% were not sure whether it is right thing to do or not (Table 9.10). A much higher proportions of sexually active students than sexually inactive ones expressed their agreement with the statement. In addition sexually active boys were more likely to agree with the proposition than similar girls.

Table 9.10. Percent distribution according to opinions about risk assessment, by sex and sexual status

Statements	Sexual status					
	Sexually active		Sexually not active		All	
	M (%)	F (%)	M (%)	F (%)	M (%)	F (%)
It is all right for young people to have sex Without a condom if they know each other						
Agree	38.1	18.2	22.3	12.5	25.8	12.9
Not sure	21.6	31.1	38.2	35.7	34.5	35.4
Disagree	40.2	50.6	39.4	51.7	39.6	51.6
Young people should realise that if they do not protect themselves, they could get infected with STD/HIV						
Agree	76.6	70.1	72.0	77.4	73.0	76.9
Not sure	17.1	23.3	23.2	18.5	21.7	18.8
Disagree	6.2	6.5	4.8	3.9	5.1	4.1
N	194	77	680	1077	874	1154

Nearly 80% of all survey participants expressed their agreement with the statement that 'Young people should realise that if they do not protect themselves, they could get infected with STD and HIV'. This result suggests that young people may acknowledge the

risks of STDs (and unwanted pregnancy) in casual encounters, but may not realise that intercourse in a regular relationship may also entail a high level of risk. Girls seem more vulnerable than boys, as they are influenced by illusions of romantic love and trust.

> *Not everyone would think the same way as you do (about a condom offer). Most of them would think that she is experienced. I think it is important to use a condom if you do not know the partner. It is not necessary to suggest the use of a condom if you know the person well and love him or her.*
>
> FGD, participant No 1, female, students' group

It is of concern that most boys seem to believe that the outward appearance of a girl gives reliable information about her past sexual behaviour. They make their own judgment of risk by looking at a girl, and then decide whether they will use condoms or not.

Interviewer: Did you use any contraception?

> *Even if I had I would not have bothered to use it. I do not like the idea of using a condom. She seemed to me to be a clean girl. She did not look like one who'd got disease. I can sense about girls just by looking at them. Girls who flirt with many boys usually have diseases.....*

The same boy with a different sexual partner said the following:

> *Although I did not ask, I thought she had had sex before too. It was very obvious from the way she was behaving. I am sure she'd slept with many blokes. She must have understood about our intentions when we met her. I was bit suspicious about her and I decided to use condom so as not to catch diseases. I had a couple of condoms and I used them.*
>
> IDI, Saruul, sexually active male, 15 years old, grade 8

Discussion

Awareness of family planning methods especially of condoms was high among study participants of both sexes whereas knowledge about pills and rhythm was moderate especially among girls. But detailed information on how to use contraceptive methods is almost absent. As there is no sex education in schools, opportunities for learning about practical use of contraceptive methods are obviously limited. Not surprisingly knowledge about IUDs and injection was low as these methods are usually offered only to married women.

Some decisions regarding sexual activity and contraceptive use appear to be derived from insufficient knowledge and misconceptions rather than from a rational consideration of alternatives. Some study participants, especially girls, believed that jumping three

times backwards after intercourse, absence of an orgasm or excitement protect them from unwanted pregnancy. Some girls and boys believed that girls do not get pregnant during their first sexual intercourse. Kiragu and Zabin's (1995) study gave similar findings that many adolescents believed that they could avoid pregnancy by such measures as washing their genitals or jumping up and down after sex. This situation obviously puts girls in a vulnerable situation of contracting STDs and the danger of an unwanted pregnancy. In addition, the current family planning programme does not accommodate single adolescents. Again, the knowledge of study participants appeared to be high: for example HIV/AIDS and STDs are known by all. But the correct knowledge of ways of transmission and consequences was minimal due to lack of systematic learning about the epidemiology of such diseases.

It was clear that awareness of methods does not necessarily imply awareness of a source. There are severe barriers to accessing reproductive health services and family planning clinics. Youth-friendly clinics of course would be ideal, but until now no dedicated service is available for young people. The perception that 'premarital sex is immoral' still prevails in the country despite its prevalence. Condoms from kiosks are well known, but again young people experience barriers because of embarrassment.

It is important to note that subsequent use was measured solely in terms of overall pregnancy with nothing on specific methods. The striking gap between knowledge and contraceptive use at the first coitus is consistent with Abbott's findings (Abbott, 1988). Girls, in general, believe that boys should take responsibility for contraception but perhaps boys do not worry too much. Reasons for non-use of condoms vary: for some teenagers, lack of knowing how and where to obtain condom, and lacking the courage to purchase and insist on using them. Others have negative attitudes towards the use of condoms and are concerned with their reputation for being a "loose" or diseased person. The unplanned nature of first sexual intercourse is a major impediment, as Buzwell also found (Buzwell et al., 2002). But subsequent use of contraceptive methods seems rather higher.

Studies indicate that teenagers are more likely to have casual sex and less likely to use condoms when they are under the influence of alcohol and drug substances (Strunin L and Hingson R, 1987). Excessive drinking habits and positive attitude towards drinking were found among study participants and several girls reported having experienced unwanted sexual intercourse under influence of alcohol (see Chapter 8).

Researchers suggest several reasons why so many girls fail to use contraception and get pregnant. Some of them explained pregnancy as a planned strategy for young girls in order to gain welfare payments or subsidised housing (Phoenix, 1991) or to avoid sex in marriage (Hudson et al.,1991) but, in Mongolia there is no such a welfare system that enables young girls to benefit, as in the Western world, and it is very unlikely that pregnancy will end up in marriage. Once a girl gets pregnant, it is her or her family's responsibility to look after the baby as Mongolians value fertility over virginity and do not share the obsessive concern with female purity found in much of Southwest, South, and East Asia (Worden and Matles, 1991). Therefore, it appears that teenage pregnancy among school students in Mongolia is the unwanted outcome of incompetent or non-use of contraception, and that is consistent with Furstenberg and Zelnick study results (Furstenberg,1976 and Zelnnick et al., 1980).

Conclusions

It is nearly impossible for adolescent women to protect themselves from HIV infection and unwanted pregnancies if they are not able to negotiate mutually agreed-upon terms under which sexual intercourse may occur. Therefore, a health education programme should address issues related to self-esteem and self-confidence of young people, especially girls, to handle relationship issues in more rational ways and equip them with skills to make informed decisions independently. At the same time, service provision targeted at young people and access to contraceptive methods, especially condoms, should be reconsidered at policy level.

CHAPTER 10. SEXUAL HEALTH EDUCATION NEEDS AND PRIORITIES

Introduction

> *I think school should provide lessons on sexual education. We should treat this subject the same as maths and the Mongolian language. As all young people want to know about it they will pay attention and make an effort to learn. For instance, I heard that people should not practice sex while a girl is menstruating. It is really bad for the girl's health as she can bleed. But I have no idea whether it is true or not. Information on sexual relationship, the norms of sexual behaviour is needed, y'know.*
>
> FGD, participant No 2, male, student's group

The importance of providing sexual education to adolescents is unquestionable. Such information helps adolescents understand how their bodies work and what the consequences of their actions are likely to be. It dispels myths and corrects inaccuracies. Many young people in Mongolia have no tradition of open discussion about feelings and emotions. Social and peer group pressure make it difficult for young people to ask questions and talk freely. Sexual issues will need to be addressed by schools if a comprehensive programme of sex education is to be established. A review of evaluations of the effectiveness of school-based sex education concluded that programmes of sex education did not increase sexual activity. Rather, they delayed the onset of intercourse or had no effect; some succeeded in increasing the use of condoms and other contraceptives (Kirby, 1994; Wellings et al., 1995). In addition, approaches which develop the skills of assertiveness in resisting pressures have been shown to help young people postpone sexual intercourse until they are ready for it (Massey, 1992). At the same time research from a variety of sources shows that the contribution of young people, especially their ideas and concerns, is an important input into the development of sexuality education. Accordingly, the study aimed to explore interests and perceived needs of students and key stakeholders in terms of school sexual health education. This chapter describes the opinions of young people, parents and teachers about the need for sex education for secondary school students, channels of delivery, teaching methods and curriculum content. In addition, their opinions about the need for, and availability of reproductive health services for young people are presented at the end. The results are mainly derived from the focus group discussions and in-depth interviews with students, parents and teachers.

The place of sex education in the school curriculum has been the subject of discussion in Mongolia for some time, and new innovative projects are under way as mentioned in Chapter 2. In partnership with the WHO, the Mongolian government identified ten thematic areas to include in a comprehensive health education curriculum; one of these areas was reproductive health. The goal of the reproductive health curriculum was to enable adolescents to reduce sexual risk-taking behaviour, with the ultimate objectives of reducing rates of adolescent pregnancy, sexually transmitted diseases, physical abuse and abortion. In 1997, the Ministry of Health and Ministry of Education established a joint initiative to implement the country's new commitment to a preventive approach to public health. A key part of the initiative was to design a primary and secondary school health-education programme that would address the most pressing public health concerns facing young Mongolians. With financial and technical support of the Mongolian Foundation for an Open Society, a working group of about twenty teachers and researchers was formed. The group developed and distributed a draft curriculum for basic reproductive health-education for primary and secondary school teachers. UNFPA collaborated in the implementation of the curriculum focusing especially on the design of a sexuality education programme and on a newspaper for teenagers which have been the most innovative and successful elements of the project. The sex education curriculum that was developed by the project includes the following:

Figure 10.1. Contents of draft curriculum

Age	Grade	Topics
9-10	3	Gender roles; anatomy and physiology
10-11	4	Feelings; puberty changes (physical and emotional); menstruation, wet dreams
11-12	5	Friendships; peer pressure and decision-making; self-esteem
12-13	6	Society and messages about sexuality; communication basics; assertive communication; values
13-14	7	Diversity; love; communication and consent; managing stress; rape; date rape
14-15	8	Anatomy and physiology; conception and pregnancy; abstinence; condoms; contraception; breast/testicular self exams
15-16	9	Communication about safer sex and condom use; refusal skills; sexual identity and orientation; sexual relationships and behaviour; risk assessment; safer sex and alcohol
16-17	10	Marriage, commitments, and rearing children; goal setting; pre-natal care and child birth; sexuality through life cycle; STIs HIV/AIDS

Total classroom hours: 36

In addition, a two-week teacher-training course was devised. This includes a dual focus on the sexuality-education curriculum and on participatory teaching. Within the framework

of this project four master trainers conducted the first teacher-training for 25 teachers from the 12 pilot schools. Sexual education is now provided at pilot schools where trained teachers are provided. Apart this initiative school administration or tutors organise different activities, for example inviting speakers from different organisations such as health service, medical college and missionary groups. As explained in chapter 6, female students visit gyneacological clinics for check-ups twice in a year. Schools participate in health promotional activities such as 'World AIDS Day', 'World Population Day' when students mainly learn about condoms and other contraceptives.

Information about the needs of young people for sexual information and education is scarce in the country. One survey conducted in 1999 assessed the popularity of a telephone hotline service among young people in the country. As explained in the Chapter 6, 'Hope' hotline service was established in April 1998 under WHO sponsorship as a pilot project and proved to be very useful. This service is confidential and is run by medical doctors, counselors and beauty specialists. The purpose of this service is to provide young people with information and advice on all topics requested. The survey showed that, within the first six months of its establishment, 17,000 calls were received by Hotline professionals. More than half of the calls were made by young people aged 17-20, and the rest by those aged 12-16 years. The most commonly raised topics were STDs, pregnancy, love and relationships, sexual activity and acts, physical development, contraception and skin and beauty care. More than half of young people asked about puberty, specifically about wet dreams and menstruation, symptoms of STDs, how to find out whether or not one is pregnant. One in twenty girls asked about termination procedures for pregnancy. One in ten young people asked whether pre-marital sex affects growth of young people and a few young people asked about masturbation, orgasm and impotence. Also, concerns were raised about loneliness, attempted suicide and unwanted pregnancy (MOHSW and WHO, 1998). Most students who participated in the qualitative phase of this present study had heard of 'Hope' hotline service and some of them referred to their friend's experiences. Only a few of them, however, reported calling a 'Hotline'.

10.1. School Sexual Health Education Content and Teaching Methodology

All students, teachers and parents who participated in focus group discussions unanimously agreed that there is a tremendous demand for information on sexual matters for young people. Their opinions are presented below.

Views of students

Some students suggested the possibility of delivering sex education through FM radio, television, books and journals, but the majority were in favour of teaching it at school as a part of the compulsory curriculum. Most students thought that teaching sex education at school would provide students with systematic and accurate information, and clarify confusions caused by contradictory word-of-mouth based information. Moreover, sex education would instill and develop appropriate attitudes and behaviour to avoid possible health risks. In-school teaching would provide training and education to thousands of adolescents. Students also mentioned the importance of introducing assessment tests in this subject. The majority thought that systematic training would be extremely important in strengthening knowledge of sexual matters and applying it to daily life. Therefore, the majority of males and females who participated in FGDs stated that such lessons should be taught for at least one hour a week and a few even suggested two hours a week.

> *I think it is better to teach it (sex education) at the school as any other subjects. Such lessons would help us to have answers to thousands of questions we have about our sexuality. Our knowledge should be tested and marked, otherwise students would not take it seriously. At least one hour lesson should be taught in a week.*
>
> FGD, participant No 7, male, student's group

The respondents, however, had different opinions about the age at which lessons should begin. For example, a majority of the boys and girls thought that it is important to start such education at the ages of 11 and 12 (4th & 5th grades), prior to puberty. They thought that starting the lessons in junior grades would decrease teasing and serve as a catalyst for appropriate behaviour in the future. This opinion is reflected in the following quotations;

> *If this lesson is consistently taught as a matter of course then gradually it will become as routine as Mongolian Language and Literature class.*
>
> IDI, Tulga, virgin male, 16 years old, grade 9

> *I think it is best to deliver sexual education through a school programme. I mean this education has to be systematic starting from the age of 11. The younger the students start, they will take it for granted as other normal lesson. No such teasing and embarrassment that we have today.*
>
> FGD, participant No 9, male, student's group

Some students, especially girls, thought that sexual education should be delayed until the 7th grade at the age of 14. These students were concerned that sexual health lessons may encourage curiosity and early sexual activity. A very few girls suggested starting such lesson at ages 9-10 and a few boys at ages 13-14. Despite different opinions, the

majority of respondents suggested developing specific topics appropriate for the age and physiological characteristics of students.

Common topics suggested by both boys and girls to include in the sexuality education curriculum were body development, puberty, hygiene, feelings, boy and girlfriend relationship issues, and consequences of premarital sexual activity. But other opinions on content were very gender-specific. The girls were concerned about three different issues: (i) appearance and self-presentation that includes beauty regime, skin care, menstruation (painful menstruation), body growth (height and loosing weight) especially breast development and bra fitting; (ii) communication with boys including maintenance of relationship with boys, resistance to boys' unwanted advances and sound decision making; (iii) protection from unwanted pregnancy.

The majority of the boys considered it is important to have information about friendship issues between girls and boys, love and flirting (differences between them), sexual relationships, consequences of pre-marital sex and contraceptives. The second important concern was issues of self-respect, self-esteem, self-confidence and assertiveness. Some boys mentioned the importance of acquiring self-esteem and assertiveness skills especially for girls. These boys considered girls to be vulnerable and easily led by males. Therefore they thought such skills will help girls to stand up for themselves. For example,

> *It sounds really good. Self-esteem and assertiveness are very important for girls to learn. Girls are vulnerable and are always led by boys. Not all boys have good motives. Most of them take love issues as a game. They use girls (sexually) and leave them. I have a younger sister; and I do worry about her.*
>
> FGD, participant No 3, male, student's group

As sexual issues are still considered taboo and too sensitive for open discussion within mixed sex groups, most respondents were in favour of sex-segregated lessons. The majority of the girls were concerned that boys would laugh at them and tease them during such lessons, whereas boys said that they may not feel relaxed and forthcoming. They also thought that, due to embarrassment, they would not be able to benefit fully from the lessons.

> *I think it would be better to split girls and boys for classes, otherwise they would not be relaxed due to embarrassment.*
>
> FGD, participant No 5, male, student's group, grade 9

Our knowledge is so limited and we do need education. But when it is discussed publicly, it is so embarrassing. Young people do not feel comfortable to have an open discussion on this subject.

FGD, participant No 10, male, student's group, grade 8

However, some boys and girls endorsed the concept of mixed-sex lessons as both boys and girls should have a shared understanding about complex issues of sexuality and develop the same values. They suggested that it would be beneficial to have mixed-sex lessons about basic sexual matters, and have separate lessons for topics specifically related to a single sex. But students were not able to advise what subjects should be taught for single-sex and mixed-sex classes.

During in-depth discussions, comments and suggestions were gathered from respondents with regards to who should teach lessons and what forms of teaching need to be applied. The majority of the boys and girls (13-14 year olds who were in 7^{th}-8^{th} grades) thought that teachers in anatomy, ecology and chemistry should teach these classes while some 16-17 year olds (9^{th}-10^{th} grade) suggested doctors. Others preferred specially trained professional teachers if possible from outside.

It is better to have lessons on this (sex education) subject. I mean a proper teaching subject. Last year we had very few classes on reproductive health. It was really bad. We turned this lesson into some kind of joke. I felt that it is wrong to behave like that. Everybody knows we need knowledge about sexual matters. When we had a little opportunity to get some knowledge it did not work. It was very disappointing. Our ecology teacher could not explain what she was trying to say. She got red like a tomato and she was very nervous. It is better to have a trained professional teachers.

FGD, participant No 8, female, student's group

Some girls opposed doctors and teachers delivering such lessons. They thought that doctors would use medical terms, and therefore it would be difficult to understand. A few girls said that teachers could not be trusted as they do not respect the opinions of students, and tend to verbally abuse and humiliate students in front of the whole class as the following quotation illustrates:

I believe that doctors would be too technical and I don't think students will trust teachers. As this matter is sensitive, professionals whom students can trust should teach it. Because teachers insult us instead of giving advice. They say what love you are talking about. You'd better do your lessons unless you want to be heavy with child. (All nodded).

FGD, participant No 1, female, student's group

These girls also feared that teachers would inform their parents if they found out about the sexual experience of the students. Some girls suggested that younger teachers should deliver such lessons as they are more understanding than older teachers. They thought that there would be less embarrassment with younger teachers. A few girls thought that it would be preferable to have a male teacher for male students and female for female students avoiding possible embarrassment, but this idea was opposed by the majority.

All respondents agreed that lessons should be taught in an active and interesting ways, rather than in conventional didactic ways. They suggested that different ways of teaching, such as lectures, discussions, debates and games, should be used.

> *Of course it would be boring to use chalk and board as other subjects. It got to be inventive and interesting for students to learn. Different teaching innovations like debate, discussion or interactive games should be explored. Otherwise, it would not be successful.*
>
> FGD, participant No 5, female, student's group

Views of parents and teachers

Parents and teachers unanimously agreed that sexual activity commonly begins between ages of 13 and 16. The majority of parents and teachers thought this stemmed from adverse influences from mass media, friends, the living environment and a lack of systematic training to provide correct and realistic information as was mentioned in chapter 6. A few parents and teachers associated early sexual activity with accelerated physical growth and sexual maturity, whereas some put it down to immorality, coercion by males and the need of young women to sell sexual favours.

All parents and teachers emphasised the extreme importance of sexuality information, education and communication for adolescents. Most of them admitted that they could not openly talk or exchange views with their adolescent children and students.

> *Face to face talk is very rare - 'tun xetsyy' - and sometimes we give newspapers and magazines with articles concerned with sex to read. Our advice doesn't go beyond simply asking children and students not to be engaged in sexual intercourse until they finish their school.*
>
> FGD, participant No 3, female, parent's group

They explained this by their inadequate knowledge and lack of experience of communicating with children and the traditional prohibition on discussion of sensitive

issues with either younger or older people. A few teachers believed that, if they were more knowledgeable, students would ask them for advice and information.

> *I teach maths, but as a class tutor I try to bring up the behaviour of young people. There were a few times that we did have this kind of discussion, but it is very difficult to talk to young people. I know my knowledge was not good enough to give all the answers right away. So I understand that if teachers have more knowledge and skills students would approach them. Because they are thirsty for knowledge and information, I mean accurate and true information.*
>
> FGD, participant No 2, female, teacher's group

One father mentioned that there was no need to have sex education classes because children are already fully informed about sexuality. However, all teachers and most parents believed that the inclusion of sexuality education classes into the compulsory list of subjects at secondary schools would provide children with systematic and realistic information and make them aware of potential health risks.

> *The most important way of teaching sexual education is through a secondary school programme. Only school can provide a student with systematic knowledge about this complicated issue.*
>
> FGD, participant No 3, female, parent's group

The views of parents and teachers differed about what topics should be included in the sex education curriculum and what age would be appropriate for such lessons to start at school. Parents were less knowledgeable than teachers, and it seemed that parents were not able to express themselves fully compared with teachers.

Parents agreed that they were uncertain about physiological and psychological changes and needs of young people and information that would be appropriate to meet these changes. The majority held traditional views about sexuality and some of them were in favour of abstinence especially for girls until they marry. Some of them limited their answers to vague comments such as 'it is important to teach about moral values - what is right and what is wrong' but were not able to clarify what they mean. Parents held different views about at what age sexuality education should be given. The majority thought that sexuality education should start no later than the age of 10 or 11, as this would encourage students to take the subject seriously. They believed that it is important to educate young people during the time when puberty starts. Also they believed that young people have crushes and relationships as young as at ages of 10-11. In contrast, one group argued that at younger ages it is better to restrict the curriculum to hygiene,

health issues and physiological development. At later ages (15-16) the range of topics could be expanded to sexuality, relationships and consequences of premarital sex. But the views of this group were categorically rejected by the majority. A few parents specifically mentioned the need to enhance social skills such as assertiveness, self-confidence and ability to resist friends' pressure. The main topics on which parents were agreed were:

- issues about friendship, forms of relationship, appreciation and assessment of quality of various characters and personality of their friends or individuals, grade 4 and 5 (aged 11-12);
- puberty issues including menstruation, wet dreams, communication skills and love issues, consequences of drinking and smoking behaviour, grade 6 and 7 (aged 13-14);
- reproductive health issues, roles of reproductive organs, difference between men and women, moral values, grade 8 and 9 (aged 15-16);
- sexual relationships including abstinence, consequences of premarital sex, marriage, family, grade 9 and 10 (aged 16-17);

Parents were uncertain when the topic of contraception was raised during the focus group discussions. The majority of the parents were concerned that an open approach would encourage sexual promiscuity among students.

Teachers seemed to have more liberal views than parents about what to teach through sexuality education to students. It appears that, although teachers have the same difficulties of communicating about sexual issues with their students, their role makes it easier to provide guidance and they also have more opportunities to initiate such talks with students:

> *As a class teacher I have more opportunities to talk to my students. At the same time it is my responsibility to educate them. There were times that we did have discussion about sexual issues. But it is very difficult to talk to young people.*
> FGD, participant No 3, teacher's group.

It is important to mention that two teachers who took part in the pilot project on sexuality education participated in the focus group discussions. The views of these two tended to dominate the discussion.

The majority of the teachers agreed that sexuality education in school should start at the ages of 10 and 11. Most teachers thought that topics such as wet dreams and menstruation are too advanced for students in 4th grade (11 years old) and they are more

appropriate for students in 5th-6th grades (12-13 years old). Half of the teachers were in favour of having these puberty topics in 3rd and 4th grades, while the other half thought 4th and 5th grades. Those thinking it should be taught earlier assumed that the students

would not laugh at each other and would accept sexuality education classes if they started at ages 9-10. Those who chose 4th and 5th grades claimed that talking about sexuality at too early a stage would lead to confusion among students.

In addition to the topics suggested by parents for sexuality education curriculum, teachers recommended the following:

- issues of gender differentials, friendship, forms of relationship;
- contraception with focus on condom use, consequences of premarital sex, unwanted pregnancy and sexually transmitted diseases;
- sexual orientation, sexual practices including penetrative and non-penetrative sexual activity, safe sex;

Parents and teachers thought that a one-hour lesson a week should be enough to give systematic education in this field. They thought too few hours of sexuality classes ran the risk of embarking on very broad subjects but failing to meet expectations. At the same time, many parents were fully aware of the difficulties involved.

> *It is very important to educate young people on this issue. This can be taught in secondary schools. But how? Our custom does not allow us to speak about this issue in public. How can a teacher (an adult) have an open discussion about sex with young people when the traditional question and answer about how babies are delivered still exist? Are we going to tell them that babies are delivered through a women's vagina or through the cord? It is a very sensitive issue. We have got to be careful what to teach and what approach to use? A tactless approach could harm young people's attitudes and behaviour to sex and sexuality.*
>
> FGD, participant No 3, female, parent's group

All respondents agreed that specially trained medical and biology teachers should teach these lessons. They preferred younger teachers to make students feel more comfortable.

> *Teachers should be trained at a professional level. First teachers have to be educated, and then they can do a good job. Students feel more relaxed with younger teachers not with older ones like us. Age gap does matter in such issues.*
>
> FGD, participant No 5, female, parent's group

The majority of parents and teachers said that teaching this subject to mixed sex classes would help to overcome problems of embarrassment and frivolity. To make the lessons productive and useful, and to promote the students' interest, debates, games, role-playing and dialogues should be incorporated into lesson-planning.

Teachers and parents agreed that that whoever is responsible for teaching should receive comprehensive training. Some teachers thought that it is important to provide teachers of sexuality education with more detailed and self-explanatory guidance on how to teach each topic because sexuality classes are different from the rest of the school curriculum. The two biology teachers running sexual health education classes as a part of pilot project were confident that they could talk about sexuality with their students. However, they admitted that the course was short-term, that they had not gained enough experience in teaching methods and were not sufficiently prepared. Moreover, these teachers said that any teacher can teach sexual education lessons provided there are a clear-cut curriculum and detailed teaching methods. All parents mentioned a great demand for training and handouts to fill the gap in their knowledge of sexuality.

One father suggested that a trained student of the same age should lead the instruction. According to most parents and teachers, many students do not receive sexuality information from their parents, but from magazines, television and films as discussed in chapter 6. Therefore, in addition to formal education, some parents and teachers considered that mass media and printed materials could be used to share information better.

> *The newspaper "Love" lives up the expectation of the readers, if this newspaper is made available then we could read it and discuss with our children.*
> FGD, participant No 6, female, teacher's group

Two parents recommended using FM radio to promote awareness because it is so popular among adolescents. Some parents suggested that running short public service announcements on television on a daily basis would be helpful.

10.2. Reproductive Healthcare Services: Availability & Needs

All students, parents and teachers who participated in the FGDs gave their opinions and experiences related to currently available reproductive health services for young people in the country. During the discussion they expressed their wishes about services appropriate to young people and ideal attitudes of service providers in this field. The

opinions of students and adults (parents and teachers) related to these issues are presented below.

Views of students

None of the respondents had heard of health service units specifically for adolescents nor knew of their existence, and very few females had heard of the existence of gynaecologists for adolescents.

> *I've never been to any clinics or hospital. I've never heard about health centres or units opened for young people. If there were one I'd love to go and visit. I heard about gynecologists for adolescents once.*
>
> FGD, participant No 5, female, student's group, grade 10

> *Though designed and named as for children, the hospitals are the same as for adults.*
>
> IDI, Uranbileg, virgin male, 15 years old, grade 8

Since the males and females had no information at all about any health service centres for them, their opinion was limited to what services they would like to get. All students shared a concern about their peers who had insufficient information on sexuality, who become sexually active at an early age, and then ran into health and psychological problems. When mentioning the need for the establishment of health service centres for adolescents, half of the respondents named district hospitals as suitable places where such centres could be set up. According to most respondents, these hospitals will be easily accessible to adolescents residing in the respective districts. However, visiting health service centres at district hospitals will result in rumours or unwanted information reaching the ears of their parents. Bearing this negative impact in mind, a few respondents suggested having such centres at schools, between schools or in the centre of the city.

Most respondents said health services centres should be open in the evening after the school day has ended. They listed the following priority services:

- Counselling (individual, group and school)
- Information
- Diagnosis
- Treatment

Many respondents associated diagnosis and treatment with sexually transmitted diseases. They mentioned the importance of extending services in separate areas for males and

females and offering free services. Services delivered in comfortable, confidential conditions will contribute to increased interest from adolescents. Respondents felt that doctors and medical staff at these units should build a friendly environment where the visitors are understood and encouraged to talk openly and with assured confidentiality. Even though the respondents were inexperienced in accessing sexual health services, some of them expressed their dissatisfaction about careless, bureaucratic and rude behaviour of doctors and medical staff.

> *I don't dare to visit doctors. I step backwards right away from the doorstep of doctor's room.*
>
> FGD, participant No 3, male, student's group, grade 8

Many respondents would ask their friends and a few would ask their mothers for advice on reproductive health. Even though many respondents were critical of doctors and medical staff, some of them said they would visit doctors, especially private doctors, for reproductive healthcare services and advice. While half the respondents believed that private hospitals, though expensive, retain confidentiality, the other half preferred to public hospitals where they assume doctors are more competent. It should be noted that one respondent mentioned the Marie Stopes Clinic and "Hope" hotline.

> *I have heard about the Marie Stopes clinics. I do not know what these clinics do exactly. I never heard of any other services.*
>
> FGD, participant No 5, female, student's group, grade 10

Views of parents and teachers

All agreed there should be an adolescent healthcare counselling and service centre since sexual activity among adolescents has become common. A few parents knew about gynaecologists who specialised in services for young people, but nothing else. The majority of teachers and parents agreed that the centres should be set up in close vicinity to schools in each district and should provide a range of services.

> *Young people need a clinic or centre that they can visit. If possible it would be good to have one in each district. This place should be able to hand out manuals and some educational materials. A room for private consultations would be required. I think students are more interested when having a discussion with strangers. Since there is a need young people would go there. Make it known to the people and they will come for advice.*
>
> FGD, participant No 3, female, teachers' group

One mother suggested restoring medical check-ups for girls at schools. She thought that the results of this check-up should be discussed with parents and this way it would help

parents to understand needs of their adolescent daughters. She also thought that such check-up service would help to detect sexual health problems of young girls and it should refer girls to specialised clinics if needed.

All parents and teachers said that the centre should provide counseling services and diagnosis, and most staff should be young women. While some teachers suggested providing hygiene products and contraception as a part of the services, others argued that this would encourage sexual activity.

Discussion

In general, sexuality education curriculum is a controversial subject. The right age to start such lessons is uncertain. In particular should it be taught before puberty or only after? The majority of studies stress the importance of initiating sexuality lessons before puberty starts. What topics should be taught for younger adolescents as well as for older ones? These issues still spark disagreement. Such controversies prevented a free conversational flow in FGDs with parents. It was also obvious that some parents and teachers want adolescents to learn more about sexual issues as they see information as a powerful means of preventing risky behaviour. These adults were happy to hand the responsibility of such education to school authorities. But a considerable number of parents was cautious about early exposure to sex education as they thought that it may lead to precocious sexual activity. They still considered sex as a taboo that should not be discussed publicly or learnt through official channels. Obviously many parents do not agree with explicit detailed information being delivered to young people through school sex education.

It was disappointing that almost all parents and some teachers were not certain what topics should be included in the school curricula. Although the facilitator probed them in different ways, not much information was revealed about young people's needs for sexuality information and topics to be included in the school curriculum. In general, parents hold more traditional views than teachers. Teachers were keener than parents to include safe sex practice and contraceptives into the curriculum whereas parents were uncertain about these issues. Parents thought inclusion of such topics would confuse young people as it conflicts with existing norms. They rather preferred to encourage abstinence.

Opinions of the boys and girls about what to include into the sexual education curriculum were quite different. For example, boys were more concerned about self-esteem and assertiveness skills for young people, especially for girls, to enable girls to make informed decisions. None of the girls mentioned these issues. Boys also seemed keener than girls to learn about contraceptives and consequences of premarital sexual activity, implying that they have a sense of responsibility and consideration. Girls were keener to know about skin care, beauty regime, how to maintain relationship and how to counteract sexually assertive approaches by boys.

The majority of students and adults thought that it is important to have at least one hour lesson in a week and students' knowledge should be examined as for other academic subjects. The majority of students and teachers thought it is important to start sexuality lessons for students prior to puberty.

Allen and Wellings stated that most people first acquire information on sexual matters from school and pupils want sex education from teachers whom they trust and whom they perceive to be unembarrassed (Allen 1987; Wellings et al., 1995). In this regard, there is agreement among students and adults on the need to add age- and gender-sensitive sexual health classes into the curriculum of secondary schools, taught by specially trained teachers. Peer-led education was suggested by one informant but evoked little enthusiasm from the majority of student or adults.

Students agreed that teachers are in the best position to deliver sexuality education, but they must have adequate training. Students emphasised the importance of using new forms of teaching rather than chalk and board. Evidence suggests that active learning helps pupils to personalise information (Kirby et al, 1994). Many young people want practical information and help in avoiding unwanted pregnancy and sexually transmitted diseases rather than didactive approaches emphasising anatomical or moral aspects of sexual behaviour (Wight, 1992; Woodcock et al., 1993) and they want this within a context which is sensitive to the real material and other constraints of young people's lives (Hofferth, 1991).

Wight and colleagues stated that the use of same-sex student groups to reflect the gendered construction of sexuality may be problematic. Materials must be tailored to recipients' circumstances, which may require substituting for limited experience with the use of detailed scripts and scenario (Wight et al., 2000). The main concern of students of

both sexes about sex education lessons was how to overcome anticipated embarrassment during these lessons. Owing to the sensitivity of the sexual issues and embarrassment that they cause, students, especially girls, suggested having single-sex lessons rather than mixed-sex ones. They thought that students of both sexes could have mixed sex lessons about general topics of sexuality, but when gender-specific issues are discussed they should have separate lessons for same-sex students. These students were not certain about what topics should be taught for mixed-sex and single-sex lessons. Teachers and parents were uncertain about both mixed-sex and single-sex lessons and therefore could not comment.

Parents and teachers, who could have significant influences on the sexuality of adolescents, are not able to provide specific advice to their children and students, mainly because of their poor knowledge of sexuality and existing norms. Teachers are in a position to advise young people in sexual matters provided they have access to accurate and user-friendly information. Unfortunately, such a favourable situation is not established yet. At the same time, it seems important to change the way parents view themselves and their roles in their adolescent children's sexual development and counter existing claims among people that parents are too old-fashioned or not worth talking to.

Conclusion

In general adults view adolescent sexuality as problematic. As a result adolescents have been left largely unguided. This study has shown that some adolescents are sexually active and in need of sex education to be taught at school in which to receive advice regarding sexual matters. The results of the study also suggest that teachers are in a good position, and if properly trained, can provide adolescents with such an education. Such initiatives are likely to be successful in school settings because students are motivated and teachers are provided with support in terms of concrete teaching materials and on-going training.

CHAPTER 11. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter summarises the key findings of the study and makes suggestions for improved sexual health education programmes in Mongolia. The study was motivated by an urgent need for comprehensive information on, and understanding of, secondary school students' sexuality and sexual behaviour as a necessary first step in making policy and programme recommendations.

Specifically, the aim of the study was to develop a body of knowledge that will assist to identify the main sexual health information needs of secondary school students and create the necessary knowledge base for appropriate policies and programmes with particular attention to in-school sexuality education.

The four main objectives of the study were:

1. To document the sexual conduct of secondary school students with particular focus on risks of pregnancy and STDs;
2. To measure knowledge and beliefs of young people about sexual conduct and associated norms and risks;
3. To describe the views of 'gatekeepers' on the needs of young people and on how these needs could be addressed in a sex education programme in school;
4. To identify the perceived needs and priorities of young people in terms of knowledge about sexual health issues.

A total of 2134 secondary school students of the capital city, Ulaanbaatar, aged 14 -18 (grades 8-10) participated in the study. In addition 39 adults (parents, teachers and school doctors) took part in the study. Of the students 43% were males and 57% were females. All student participants were single and lived either with both or one parents. The sample was designed to obtain approximately equal numbers from grades 8, 9 and 10. However, the age distribution of participants was highly concentrated at ages 15 and 16 due to changes in the regulations concerning age-related school admissions. The majority (81%) of the students were aged 15 (39%) and 16 (42%). The remaining 18% were aged 14 and 17, each comprising 9% of the sample. Only 1% was 18-year-olds.

This narrow age range limits the opportunities to make broad generalisations about adolescence and young people. Nevertheless it captured successfully the onset of the sexual activity in Ulaanbaatar.

The sample design for the main survey of students was based on multi-stage probability principle. At first, a total of 22 schools were randomly chosen from six different districts of Ulaanbaatar. Then one class from each grade was randomly selected from each selected school, making a total of 2028 students for the quantitative component of the study. Data were collected by self-administered anonymous questionnaires in order to provide maximum privacy for students. This sample design effectively guarantees that the results are representative of all students in grades 8-10 of the capital city.

A total of 106 students and 39 adults took part in the qualitative component of the study. This part comprised focus group discussions (65 students and 37 adults), in-depth interviews (41 students) and semi-structured interviews (2 school doctors) where participants were selected purposively.

Use of qualitative methods is relatively new among Mongolian researchers and training of university staff in this field is underway. A few previous studies employed both quantitative and qualitative methods, but results were reported separately to answer specific research question. In this study, qualitative methods were used as a supplement to quantitative work. As a supplement the qualitative method was used as a preliminary exploration prior to decisions about content of the survey. At the same time, the results of the survey were integrated with the findings from the in-depth interviews and focus group discussions. The qualitative findings were elaborated to explain the existing social and sexual cultures and context in which secondary school students' sexual behaviour is forming, while the survey results provided information on the numerical distribution of beliefs and behaviour.

The study generated interesting and new findings about circumstances in which first sexual intercourse of secondary school students took place. It identified where they had their first sexual intercourse and under which circumstances, who initiated sexual intercourse, who makes the decision whether or not to engage in sex and use of contraception, whether their sexual activity is planned and whether boys and girls talk to each other before having sex. The in-depth interviews and focus group discussions revealed further insights into these circumstances, which had not been reported by earlier

studies conducted in Mongolia. In addition, the study explored the sexual socialisation of young people. For example, it found how, when and where young people learn about sex, how do they communicate about their sexual matters with their parents, friends and sexual partners, what kind of sexual discourse boys and girls follow and who influences their decisions in sexual matters. The key findings are briefly explained below in terms of existing gender roles, and social and sexual cultures.

Key findings

Sexual conduct

Mongolia is a conservative society in terms of communication about sexual issues and traditional norms and values are still strong. There is clear conflict between the mores and norms of parents and teenagers with regards to sexual activity of young people. While parents value virginity until marriage and deplore permissiveness, the younger generation values experimentation and liberalism. In terms of sexual culture and behaviour of school-going teenagers, Mongolia seems to lie half way between Western Europe and South Asian countries. Girls and boys in Mongolia mix freely and romantic relationships are the norm as in the Western countries. There is no segregation by sex as in many traditional and religious countries in South Asia. However, Mongolia is not similar to Western European countries where any value attached to virginity has almost disappeared and nearly all young people experience pre-marital sexual intercourse by the age of 19. The study found that Mongolian teenage girls have very little sexual experience compared with European and American studies, while adolescent Mongolian boys had considerably more experience than girls but not as much as their American and European counterparts (Kirby, 2001; Wellings et al., 1994).

Overall, gender inequality is relatively moderate compared with any other Asian countries. Moreover, Mongolian women are generally more educated than men and, therefore, have acquired a high earning power during economic liberalisation as have their Western counterparts. Similarly girls are articulate and assertive in many domains of life. The emancipation of women conflicts with pre-existing gender roles and norms, which expect the man to be the head of the family and women to be subordinate to men. The socialisation process produces young women who are more submissive and less able to hold responsibility than men, but yet are expected to be responsible for the consequences of their sexuality.

The findings showed that relationships with the opposite sex start at an early age, shortly after puberty. It was also found that adolescent males and females have different criteria for selecting romantic partners. Males, for example, favoured the physical appearance of girls referring their beautiful faces, nice figures and eyes while girls valued emotional and moral qualities of boys. More than half of the survey participants were in romantic relationships and the majority of them reported engaging in sexual activities such as holding hands, fondling and kissing.

Commonly first sexual experiences for boys were wet dreams or masturbation while masturbation was uncommon for girls and viewed negatively. Boys reported beginning premarital sexual activity earlier than girls did. The pressure and values of the peer group exert a more important influence on sexual experience among boys than girls. Thus boys are under pressure to initiate sexual intercourse as virgin ones are regarded as immature and are ridiculed by their peers. Pre-marital sexual intercourse, therefore, is accepted and expected for young men. The main subjective rationales for boys' first sexual intercourse were curiosity, enjoyment and the demands of sexual drive. In contrast, sexual behaviour of girls was justified in terms of emotional commitment such as pleasing the partner and sustaining the relationship. These gender differences, of course, are not unusual. Indeed, they appear to be almost universal features of adolescence.

There was a notable difference in reporting of sexual intercourse among survey participants: 6% of all female survey respondents reported having sexual intercourse compared with 22% of boys ($p<.01$). This finding was consistent with Adolescent Reproductive Health Survey conducted in 1996. It is probable that underreporting has occurred among females, though over-reporting by males cannot be ruled out. These problems of the validity of self-reported sexual behaviour among young people are a common feature of this type of research (Ingham, 1992). A further contributing factor is the use of sex workers by males.

The sexual experience of students increased with age for both sexes, which was also consistent with results of other studies conducted in Mongolia (MOH and UNFPA 1996; Reilly et al., 1999). For example, 16% of boys aged 15 were sexually active compared with 46% of those aged 17 while these proportions for girls were 5% and 13%, respectively.

The findings of this study suggest that the sexual tendency of secondary school students is towards premarital sex with a non-commercial partner. Overall, males were more likely than females to describe their first sexual partner as an acquaintance or a stranger, whereas a much higher percent of girls than boys described their first sexual partner as a romantic partner. Two-thirds of all sexually active females (68%) but only one-third of males (29%) described their first sexual partner as a boy/girlfriend. The pattern of sexual partners clearly showed that both males and females who experienced sexual intercourse at a young age are likely than others to experience sex with a little known person or with a complete stranger. It seems that older adolescents, especially girls, are more likely to have first sexual intercourse within a more stable relationship.

As mentioned earlier, the study revealed new insights about circumstances in which young people's first sexual intercourse occurred. Accordingly, friends acted not just in the role of confidante, but with a pro-active facilitating capacity, such as organising parties or fixing-up dates at their own homes, which in due course may lead to sexual intimacy. The most common places that young people experienced their first sexual intercourse were their friends' and own houses; hotels and summer camps were the second most commonly mentioned places among males to experience first coitus.

It was also evident that males play a domineering and initiating role in sexual relationships. Although the vast majority of young people reported that their first coitus occurred of their own free will, girls were much more likely to report that they were persuaded or coerced. Conflicts of perception between girls and boys, in some circumstances, seem to lead to unintentionally forced sexual intimacy. Owing to embarrassment the majority of girls acquiesces by silence or muted protests when boys propose sex. This silence, in return, confuses boys but is perceived as agreement that they may continue their advances. These differences in gender-specific sexual scripts, and their consequences in terms of poor communication, have been reported commonly in other studies of young people (Jejeebhoy, 1996; Kinsman et al., 2000; and Mahuttano, 1996). At the same time, there is a growing tendency among boys and girls to use alcohol as a way of socialising. Drinking strongly correlated with the occurrence of premarital sexual experiences. One in ten students reported having their first sexual intercourse under the influence of alcohol. Nearly twice as many females (32%) as males (19%) reported that their partners consumed alcohol. The role of alcohol and other drugs in sexual initiation has been documented in other societies (Barton 1997; Jessor et al., 1977; Mott 1988; Rosenbaum et al., 1990).

Twice as many males (34%) as females (13%) reported feeling pleasure after their first sexual intercourse. Moreover, a much higher percentage of females (20%) than males (5%) reported regret. Those females whose sexual debut occurred at younger ages were more likely to report regret after their first sexual intercourse (22%) than those whose sexual debut occurred after age 15 (14%). This link between age of first intercourse and subsequent regret has been frequently reported in other countries (Ingham, 1992; Kinsman et al., 1997; Moore, 1993).

Another new finding of the study concerned the timing and planning of first sexual intercourse of young people. It was apparent that young people do not plan exactly when and where they will have sex. Those who are in a longer-term relationship are more likely to have some sort of discussion about the possibility of having sexual intercourse beforehand and therefore are more likely to raise the issues of protection. But this did not guarantee the desired outcome of ultimate use of protection. Most couples, however, reached some kind of agreement to engage in intercourse but only moments before the act itself, which did not leave much time to consider protection. The first coitus for those with a casual partner tends to happen in unexpected places, under pressure of time and, in most cases, under the influence of alcohol. Therefore, they are very unlikely to use contraception and do not even think about protection.

Two-thirds of male respondents and almost all females did not use any contraception during their first sexual intercourse. The condom was perceived as a male contraceptive and therefore, males solely used it. Some females believed that 'jumping 3 times backwards' after sexual intercourse prevents pregnancy. One in five females reported to have practised this method.

Choosing to have or not to have sex or to use condoms has social meanings, consequences and implications for public and private identity (Hallway, 1984). The majority of girls expected their partners to take the initiative and be responsible for protection. Generally, girls do not consider seeking or requesting contraception as they fear being stigmatised as sexually active. Boys were slightly more likely to think that they, rather than females, should take responsibility for condom use.

Nevertheless, most males and females were well informed about contraception, especially condoms. However, they encounter many problems buying condoms, initiating

the use of a condom during sexual activity and mutually deciding whether to use a condom or not. Non-use of contraception is attributed largely to unplanned nature of first sexual intercourse, gender inequalities in negotiating rights for safe sex and the difficulty of buying condoms.

Due to their weak negotiating power and ill-developed communication skills the majority of the girls expressed fatalistic attitudes, feeling powerless and unable to change the course of life's event. Sexual education lessons should give emphasis to these skills.

Knowledge, beliefs and norms

This study assessed where young people learn about sex and sexual matters and how they communicate about these topics. The study documented that young people learn about sex from different sources such as parents, peers, romantic partners and media, but there were many barriers to open communication. Young people are influenced in their behaviour primarily by what they see and hear around them. With regard to sexuality, in-depth interview participants reported that they learnt about sex from their parents at young age by observing their sexual conduct. In the current environment, sex is regarded as a mysterious and unquestionable issue, which brings shame and embarrassment, and therefore it is forbidden to discuss the topic with their parents. An appreciable number of girls reported receiving limited information about menstruation from their mothers whereas none of the males ever discussed or received information from their parents. Such a culture of 'silence' in sexual matters passed from generation to generation, which left parents powerless, ignorant and discouraging children from approaching them about sexual matters. Those who wished to educate their adolescent children lack knowledge and skills to communicate or advise.

In such a situation young people turn to their peers for information and advice. It was clear that boys and girls do not discuss sexual matters in mixed sex settings. Boys mainly talk in larger groups using 'hard language' that is specifically used only by them, whereas girls talk in smaller groups or on 'best friend' to 'best friend' basis. The main topics discussed among males were sex, sexual acts, sharing experience of '*oxin nairax*'- 'chasing girls with a view to sexual intercourse'. Girls were more protective to each other passing warning message referring to negative experiences. Also topics were different for virgins and non-virgins of both sexes.

The study also looked at whether young people learn about sex in relationships. Young men and women should be able to make an informed decision whether or not to have sexual intercourse, and to engage in intercourse when they are physically and emotionally ready. In addition they should be able to negotiate and express their own wishes, and understand partner's likes and dislikes. But, in reality, young people fail to communicate with their sexual partners about sexual intercourse and contraception and feel embarrassed to talk. The existing norm of a 'good girl' inhibits girls from expressing their wishes and dislikes freely in sexual intimacy and makes them vulnerable to men's advances. Boys, at the same time, follow certain mores and sexual scripts, which make them equally incompetent when it comes to establishing open communication.

In addition, young people are bombarded with explicit sex message via mass media that conflict with their cultural norms and the already predefined sexual discourse for boys and girls. Accurate information is scarce and not easily available. Most information comes from either their friends who are equally ill-informed or from media which sensationalise sexuality.

However, overall knowledge of STD and HIV/AIDS was high among study participants; sexually active males demonstrated more knowledge than females. Almost all of the respondents (97%) reported having heard of AIDS, 76% heard of syphilis, 67% had heard about gonorrhoea and 34% of trichomoniasis. Although their knowledge about HIV/AIDS was high, they seemed to have perceptions of low vulnerability to risks of unwanted pregnancy, STDs and including HIV/AIDS and thereby underestimate these risks. Many other studies have also documented this sense of invulnerability among the young (Lim, 1995; Mahutanno, 1996; Moore, 1993).

Obviously there are misconceptions about sexuality and contraceptive methods among students but most of the respondents are aware of contraceptive methods. Almost all boys and girls (95%) reported having heard of a condom. Among those who had heard, 87% of males and 72% of females reported having seen a condom and this difference is maintained at all ages. Most commonly known contraceptive methods by males and females were condoms, pills and the rhythm method. The least heard of methods by both sexes were injections, IUDs and douching. High-level knowledge of contraceptive methods was not followed by same level of practice during their first coitus as mentioned above.

A single standard of sexual conduct seems does not exist among secondary school students. The study displayed great diversity of opinions, beliefs and attitudes of students towards premarital sexual activity. The study showed that young people, in general, have relatively relaxed attitudes towards pre-marital sexual activity but girls remained conservative. However, students' opinions about premarital sexual activity are diverse and divided by gender and within gender. Young people, especially girls, were uncertain about whether virginity is still valued by males or by the society at large, and therefore were not sure whether it is worth keeping their virginity. However the majority of boys did not attach importance to virginity.

A clear double standard in regard to premarital sexual relationships still exists. The majority of boys and girls see premarital sexual activities as legitimate behaviour for boys but not for girls. However, among girls, premarital sex was generally approved of only if it occurred with a long-term 'steady' or serious partner. But some students do not approve pre-marital sexual intercourse at all. Girls were more disapproving of "one-night-stands" than boys and somewhat less approving of infidelity within a steady relationship than their male peers. In contrast boys were likely to be more adventurous than girls in exploring their sexuality to prove their masculinity and maturity. Female students revealed that a girl risks acquiring a bad reputation if she is sexually active. Girls stated that they were afraid of gossip if their sexual experience is disclosed to their classmates, parents and school authority. The majority of the girls believed that if girls get pregnant they might be dismissed from the school, which would curtail their future education and life.

In the western countries girls can get pills on prescription from general practitioners, which protect them only from unwanted pregnancy, but not from STDs and HIV/AIDS. But in Mongolia, the current family planning programme is designed only for married couples, which promotes IUD as the dominant method. Although pills and injections are well known to young people these methods are not available for single girls. This situation offers an opportunity to present condoms as a best method to protect from pregnancy and sexually transmitted diseases.

Views of students about sex education

The majority of students were in favour of school sex education as a compulsory part of the curriculum. In view of obtaining systematic knowledge about sexual matters, most students of both sexes wished to have at least one hourly lesson every week. Opinions of

the students were divided concerning the age at which sex education should be started. Some girls and boys thought sex education should be delayed until the age of 13 -14. They were concerned that lessons before this age may encourage sexual activity. A few girls suggested starting lessons at the ages 9-10, but the vast majority agreed it is important to start sex education at the ages of 11 and 12. These students thought lessons before puberty would help them to overcome embarrassment of talking about this subject among themselves. They said it would help young people to have a positive attitude and behaviour in their sexual life. There were gender-specific opinions on content of sex education. Girls were mainly concerned about appearance and self-presentation, body change especially height and weight, communication with the opposite sex and unwanted pregnancy. The majority of boys considered that it is important to have information about friendship between girls and boys, sexual relationships, consequences of unprotected sex and contraceptives.

The majority of the girls were in favour of sex-segregated lessons in view of embarrassment. Some boys and girls endorsed the concept of mixed-sex lessons. They thought boys and girls should have a shared understanding about sexuality. They suggested single sex lessons can be considered for gender-specific matters. But they were not sure what subjects should be taught for single-sex and mixed-sex classes.

One group of students thought subject teachers should teach sex education and the other group suggested doctors. Some preferred professionally trained teachers from outside to deliver sex education message. Some girls opposed teachers in view of lack of trust and considered doctors to be too technical. A few girls suggested having a male teacher for male students and female teacher for females, but this idea was opposed by the majority.

Views of gatekeepers about sex education

Focus group discussions were conducted with gate keepers to explore the views of Mongolian parents and teachers on the needs of young people, provision of sex education and as well as the appropriate age for providing sex education, and the most appropriate content and mode of delivery of this education.

Parents are clearly concerned about the well being of their unmarried children and are willing to support school-based sexuality education and appropriate services to enable their children to protect themselves from unwanted pregnancy, abortion and sexually

transmitted disease. In general, parents recognised that sexual norms are changing and that premarital sex has become common and are now unavoidable among young people. However, in focus group discussions it became clear that parents were torn between their desire to adhere to traditional norms and the need to protect the health and well-being of their adolescent children. At the same time, they recognised their own limitations in communicating with their adolescent children about sex, safe sex and contraception. The result was a deeply felt ambivalence about the best way forward.

Parents unanimously endorsed the need for sound biological information on sex, although some argued that information for adolescents should not be as explicit as for married couples. A few expressed concerns that sex education might encourage sexual activity among young people. Aware of their inability to communicate effectively with their adolescent children about safe sex and contraception, many parents suggested that schools would be best equipped to provide comprehensive sexual education. They think that this will ensure that adolescents receive and absorb systematic and accurate information and avoid making mistakes in their future.

Parents held different views about the age at which sexual education should be given. Most parents maintained that it should start at ages of 10 –11 as puberty starts early. The other group suggested it is preferable to start at ages of 15 -16, once children are mature enough.

Parents claimed that they were uncertain about physiological and psychological changes and needs of young people and information that would be appropriate to meet these changes. The majority held traditional views about sexuality and some of them were in favour of abstinence, especially for girls, until they marry. The other group mentioned the importance of teaching about moral values but with no clear understanding about what should be included. Parents suggested that it is important to restrict the curriculum at younger age to hygiene, health issues and physiological development. Once students reached age of 16-17, issues of sexuality, relationships, premarital sex and consequences could be discussed.

Teachers shared similar views with parents regarding the age at which sex education should start. But views differed far more sharply on whether contraception should be included in sexual education and whether such services should be provided to unmarried youth. Concern about further loosening of traditional norms and the need to prevent

unwanted pregnancy, abortion and sexually transmitted diseases was evident in both teachers' and parents' focus group discussions, but two distinct views were expressed in discussions.

Parents were uncertain about introduction of contraception or about services to be offered to young people. The majority saw such services as being immoral, contrary to traditional values, and feared that they may encourage sexual promiscuity among students. In contrast, teachers suggested including contraception with a focus on condom use and safe sex issues in sexual education lessons.

Both parents and teachers thought that specially trained teachers should teach sex education. They also thought that school doctors or biology/anatomy teachers should be able to teach sexual education once they have been trained to a professional level. Both parents and teachers preferred participatory methods of teaching to be used in the sex education classes rather than didactic methods.

Another new finding of the study was that both students and gate-keepers had similar views on provision of reproductive health service tailored for young people which provide information, counselling, diagnosis and treatment. The study showed that a wide range of barriers inhibits youth from attending the few available clinics. These barriers include concerns about privacy and confidentiality, fear and embarrassment, staff member's attitudes and actions (including scolding and moralising, cost of services and laws and policies that make serving youth difficult).

The school doctor-reproductive health service link has traditionally been well accepted among secondary schools because it is on-site and easily accessible. The gynaecologist's check-up is one of few services available for female students and it is organised by the school with district health authority every year. This service is organised either at Women's clinics or sometimes at the school medical unit with assistance of a school doctor. Most of female participants of the study had negative attitudes towards gynaecologist's check-up visits and expressed their dislikes of such service. They did not approve the school doctor's involvement in this activity either. They were concerned about lack of confidentiality that may damage their reputation and future education. They thought teachers and school authority have moralistic attitudes and stigmatise students based on results of the check-ups.

Suggestions for improvement

This study has generated useful information about the social and cultural contexts in which young people's sexual lives take place, and has shown the ways in which these lives are defined by gendered relationships. Therefore it is important to provide appropriate packages of integrated services that holistically respond to sexual health needs and socially constructed attitudes and behaviours of young people. Such a package should include a school-based sex education programme and multifaceted sexual and reproductive health services.

1. School-based sex education programme

One long-term strategy for sexual health education is to incorporate health-related messages into a person's value system during primary socialisation. In view of the large number of young people enrolled in schools, a school-based sex education programme seems to be the best way of delivering sexual health messages to young people. The Ministry of Science, Technology, Education and Culture and Ministry of Health and Social Welfare should encourage full-scale teaching of school-based sex education at all schools in the country and provide resources for teacher training and curriculum development.

With regards to training of teachers of sex education, a new cadre of social workers has been trained at the Teacher's University since 1998 and the first graduates are currently working in some schools in Ulaanbaatar. Their main responsibility is to address welfare issues of the students, especially of vulnerable groups and to provide appropriate financial and moral support. They are trained to deal with sensitive issues and are regarded as appropriate links between students, parents, school and district authorities. They are young graduates aged 21 and over. Their skills, youthfulness and already established position within schools, should make it easy for social workers to gain the trust of young people. Sex education should be included in Social Worker's Training curriculum as a part of the compulsory courses. The growing demand for trained teachers of sex education could be met in this cost-effective way.

Sex education, its timing, content and teaching methods, is still a controversial issue. As open discussion of sexual issues is still regarded as taboo in the country, the topic requires a careful approach. As mentioned earlier, sex education has already started in

some schools in Ulaanbaatar. The current pilot sex education programme covers a broad area of sexual health of adolescents, including personal hygiene, physical and emotional development, gender roles, friendship, relationships and sexual identity and orientation issues, contraception, abstinence and safe sex, pregnancy, STDs, marriage and child rearing. The more explicit components of this package can and should be defended with international evidence that timely information helps young people to postpone their first sexual intercourse rather than to encourage precocious sexual activity.

The following issues should be considered for further improvement of the current sex education programme:

1. Information about sexual intercourse, contraception and condom use should be included in the curriculum and given before young people engage in sexual intercourse.

2. The diverse opinions of students about virginity, premarital sex, pregnancy and abortion should be considered carefully. The moral component of the sex education needs to take account of these diverse views and attitudes of young people. The advocacy of pre-marital abstinence is unlikely to be effective. On the other hand, endorsement of sexual activity before marriage should be avoided.

3. Sex education should aim to equip young people with important skills such as self-esteem, assertiveness and communication skills which help them to make informed decisions.

4. There is no consensus at what age sex education should be started. The current sex education lessons are proposed to be taught in grade 3 in secondary schools for children aged 9 and 10. Several factors support this timing of sex education lessons. Firstly, young people need to be made aware of physical and emotional changes that they will experience during their puberty and to be equipped to deal with the situation before this phase. The majority of the qualitative study participants stated that they experienced their puberty signs at ages of 11 and 12 (grade 5 and 6). Secondly, it seems that young people are likely to become highly self-conscious with regards to the opposite sex at older ages. Therefore it is preferable to deliver sex education messages at younger ages when boys and girls are still mixing and communicating freely without gender-specific concerns. It is, of course, important to deliver general information about human body development, physical and emotional changes, and acceptable gender norms that equally concern boys

and girls at these younger ages. However, it seems appropriate to deliver gender-specific messages in single-sex classes when needed as boys' and girls' interests and needs are likely to diverge when they get older.

The findings showed that young people possess reasonable knowledge about sexual issues, but lack of communication between boys and girls and with family members increases their vulnerability. Owing to existing cultural and gender norms, articulate and outspoken girls are not able to express their likes and dislikes to boys when it comes to sexual intimacy. Similarly boys take girls' 'silent refusal' towards their sexual advances as agreement. Therefore, sex education should focus on helping young people to clarify their own values at a young age. At the same time, sex education should aim to help young people to develop social skills, most importantly communication skills that enable them to talk freely to each other. Good communication skills would help young people of both sexes to have better relationships, based on mutual participation in their sexual conduct and eventually these should lead to more contraceptive use.

2. Access to reproductive health and contraception service

Sexual and reproductive behaviours are profoundly interrelated. The study showed that adolescents in Mongolia are socially and biologically a vulnerable group for STI/HIV infection and unwanted pregnancy, yet little is done to prevent these risks. Currently the lack of targeted sexual and reproductive health services for young people denies effective access to appropriate information, knowledge and services. Therefore it is important for the Ministry of Health and Social Welfare to consider holistic provision of STI/HIV services within the Family Planning/Maternal and Child Health programme (FP/MCH) as a sexual and reproductive health package rather than a separate programme. As the current FP/MCH programme has good coverage in both urban and rural areas in Mongolia the incorporation of a STI/HIV component is a cost-effective strategy. The sexual and reproductive health services need to be appropriately designed for different groups of population, especially for young people, recognising that their needs are different from those of married, child-bearing women and sexually active adult men.

Sexual and reproductive health services for young people should include the following components:

- Education, awareness raising, counseling, skills building, communication skills focused on attitude and behaviour change
- Sexual health: STI and HIV diagnosis and treatment
- Contraception and condom: quality, free supply, easy access
- Access to safe abortion, post abortion care

Condoms should be promoted among young people as a dual method effectively protecting from unwanted pregnancy and STIs and from further risks of HIV/AIDS. In this regard, extensive condom promotion and social marketing is required through a wide range of outlets which make condoms more accessible and affordable to various segments of the society, not just young people alone. Social marketing programmes can act as a bridge between the public and private sectors. Programmes should be developed in collaboration with the Ministry of Health and Social Welfare to complement existing services and distribution systems with active participation of youth and women's organisations. For example, by providing low cost condoms outside of the health clinics, they serve young people who shun systems they perceive as lacking privacy or who are unable to make frequent visits to clinics. Social marketing can also increase overall demand, segmenting markets and paving the way for greater commercial participation. Dependence on government - UN supplied free condoms can be lessened through cost recovery from those who can afford to pay.

The school doctor-reproductive health service link has traditionally been well accepted among secondary schools because it is on site and easily accessible. Linking schools with clinics means that students would have access to a more complete package of services, including STI diagnosis and treatment, rather than through pharmacists and community-based distributors. Therefore, this service should be re-established and jointly supported by the Ministry of Science, Technology, Education and Culture and the Ministry of Health and Social Welfare attracting funds from UN specialised agencies.

The job description and responsibilities of the school doctors and school authorities should be updated and approved by the above mentioned organisations in view of the need for confidentiality, efficiency and impartiality.

The recruitment of young doctors is desirable considering cultural norms and the age-gap that inhibit young people from talking freely to older ones. Once school doctors have obtained the trust of students they would be able to provide professional services and education in the field of sexual and reproductive health of students. Most importantly they would contribute professional support to the social workers for delivering sex education lessons to young people.

3. Reconsideration of certain rules and regulations

The findings showed that an appreciable minority of young people used tobacco and alcohol and that these behaviours were strongly associated with premarital sexual experience. Also, there is a growing concern about promotion of sexual issues through mass media. Therefore the following rules and regulations should be reinforced by concerned government authorities.

The minimum age of selling tobacco and alcohol to young people should be restricted to at least 18 years of age. Purchase should be allowed only after provision of evidence of age. At the same time, the minimum entrance age into bars, discos and night-clubs should be restricted to at least 18 years of age, and entrance should be allowed only to those able to prove their age.

The age criteria for summer camps should be reconsidered in view of the need to limit possible exposure of younger adolescents to early age sexual activity and under-age drinking.

4. Universal sexual education for adults and parents

The Ministry of Science, Technology, Education and Culture and the Ministry of Health and Social Welfare should organise campaigns on universal sex education for adults through mass media, short-term courses, seminars and organised activities and events. Such campaigns should provide appropriate information for adults and parents in understanding of sexual matters of young people and provision of information and services. These activities should assist adults to overcoming inhibitions about communicating with their adolescent children on sexual matters including contraception.

Annex 4.1

STUDY ON SEXUAL HEALTH ASSESSMENT OF SECONDARY SCHOOL STUDENTS IN MONGOLIA (1999-2000) THE IN-SCHOOL QUESTIONNAIRE FOR SELF COMPLETION

No	Questions	Code difference	Skip
PERSONAL AND FAMILY CHARACTERISTICS INCLUDING SCHOOL AMBITION			
100	What is your age? **Circle one answer.**	14 years old 1 15 years old 2 16 years old 3 17 years old 4	
101	Are you male or female? **Circle one answer.**	Male 1 Female 2	
102	What grade are you in? **Circle one answer.**	Grade 8 1 Grade 9 2 Grade 10 3	
103	How well do you perform at your school compared to others in your class? **Circle one answer.**	Excellent 1 Above average 2 Average 3 Below average 4	
104	How would you rate your chance of getting into your planned school? **Circle one answer.**	Above average 1 Average 2 Below average 3	
105	How would you rate your relationship to your parents? **Circle one answer for each of your parents.**	Mother / Father Good 1 / 1 Average 2 / 2 Bad 3 / 3	
106	What is the economic standard of your family? **Circle one answer.**	Above average 1 Average 2 Below average 3	
107	What is the maximum level of your parents' education? **Circle one answer for each of your parents.**	Mother / Father Primary 1 / 1 Secondary 2 / 2 Vocational 3 / 3 Higher ed 4 / 4	
108	With whom do you talk easily about things bother you? **Circle one answer.**	Father 1 Mother 2 Brother 3 Sister 4 Grandparents 5 Friend 6	
RISK BEHAVIOURS			
109	Do you smoke cigarettes? **Circle one answer.**	Often 1 Sometimes 2 Not at all 3	→ 111
110	During the past week, about how many cigarettes have you smoked? **Circle one answer.**	None 1 1-19 cigarettes 2 20-59 cigarettes 3 60 and more 4	

111	Have you ever drunk beer or spirits? **Circle one answer.**	Yes No	1 2	 → 115
112	Have you drunk in the last month? **Circle one answer.**	Yes No	1 2	 → 114
113	About how many times did you drink beer or spirits in the last month? **Circle one answer.**	1 time 2-4 times 5-9 times 10 times and more	1 2 3 4	
114	Where do you often go to drink? **Circle one answer.**	Home School premises Friend's home Entrance hall Bar/disco club Park/Street Camping Party Other	1 2 3 4 5 6 7 8 9	
FRIENDSHIP, DATING AND SEXUAL ACTIVITY				
115	Who are your friends? **Circle one answer.**	Classmate Neighbor Summer camp Street Different school Other	1 2 3 4 5 6	
116	Are your friends mostly male or female? **Circle one answer.**	Male Female	1 2	
117	What do your friends do?	Study Employed Dropped out	1 2 3	
118	How common is it for girls and boys of your age to have a boy or girlfriend? **Circle one answer.**	Very common Somewhat common Not common Do not know	1 2 3 4	
119	How many girls and boys of your age do you think have had sexual intercourse? **Circle one answer.**	Most Some Few None	1 2 3 4	
120	How common is it for boys to force girls to have sex? **Circle one answer.**	Very common Somewhat common Not common Do not know	1 2 3 4	
121	Is it common for girls and boys of your age to have sexual relationships with more than one person? **Circle one answer.**	Very common Somewhat common Not common Do not know	1 2 3 4	
122	Do you have a boyfriend or girlfriend? **Circle one answer.**	Yes No	1 2	 → 125
123	At what age did you first have a boy/girlfriend? **Example 18**	Age □□		

124	With your boy/girlfriend, do you ... **Circle one answer for each item.**		Yes	No	
		Hold hands	1	2	
		Kiss	1	2	
		Fondle	1	2	
		Have sex	1	2	
125	Have you ever had sexual intercourse? **Circle one answer.**	Yes No		1 2	 → 143
126	At what age did you have your first sexual intercourse? **Example 18**	Age □□			
127	What was the age of your first partner at that time? **Example 18**	Age □□			
128	Who was your first sexual partner? **Circle one answer.**	Boy/girlfriend Acquaintance Relative Teacher Stranger Stepfather Prostitute Wealthy person Other		1 2 3 4 5 6 7 8 9	
129	Did you know your first sexual partner before? **Circle one answer.**	Yes No		1 2	
130	How long have you known your first sexual partner before sexual intercourse? **Example 18**	Month □□			
131	In which circumstances did you have your sexual intercourse? **Circle one answer.**	Wanted Pressurised Drunk Forced		1 2 3 4	
132	When you had sex the first time, had your partner consumed alcohol before hand? **Circle one answer.**	Yes No		1 2	
133	When you had sex the first time, had you consumed any alcohol before hand? **Circle one answer.**	Yes No		1 2	
134	Where did your first sexual experience take place? **Circle one answer.**	At home Friend's home Hotel Summer camp In the street Entrance hall School premises Other		1 2 3 4 5 6 7 8	
135	What did you feel after your first sexual intercourse? **Circle one answer.**	Pleasure Regret Embarrassment Frightness Disappointment		1 2 3 4 5	
136	Did you use any contraceptives during your first sexual intercourse? **Circle one answer.**	Yes No		1 2	 → 138

137	Which method did you use?	Please write_____	
138	Please tell why you did not use any contraceptives? **Circle one answer.**	Unplanned 1 Bad for health 2 Did not know any method 3 Would not get pregnant 4 Did not want myself 5 Partner objected 6 Too shameful to offer 7 Other 8	
139	Did you have sex again with the same partner after the first time? **Circle one answer.**	Yes 1 No 2	
140	How many sexual partners have you had so far? Example □	Number □	
141	Have you ever received/paid money or gifts in exchange for sex? **Circle one answer.**	Yes 1 No 2	
142	How often do you have sexual intercourse without using any contraceptives? **Circle one answer.**	Always 1 Very often 2 Sometimes 3 Rare 4 Never 5	
143	Which of the following reasons for having sex are important to you? **Circle one answer.**	Be in love 1 Physical satisfaction 2 Gain experience 3 Find out what is about 4 Make money 5 Keep stronger relationship 6	
144	Have you ever heard the word 'condom'? **Circle one answer.**	Yes 1 No 2	→ 148
145	Have you ever seen a condom? **Circle one answer.**	Yes 1 No 2	→ 148
146	Have you ever used a condom? **Circle one answer.**	Yes 1 No 2	
147	How common do you think girls and boys of your age use condom during sexual intercourse? **Circle all appropriate ones.**	Very common 1 Somewhat common 2 Not common 3 Do not know 4	
148	Which of the following contraceptives do you know or heard of? **Circle all appropriate ones.**	Pills 1 IUD 2 Injection 3 Condom 4 Rhythm 5 Douching 6 Withdraw 7	
149	Who do you think should be responsible for contraceptive use? **Circle one answer.**	Girl 1 Boy 2 Both 3 Do not know 4	

150	Whose opinion do you think carries more weight in girl and boyfriend relationship in case they have disagreement? **Circle one answer.**	Girl's 1 Boy's 2 Both 3 Do not know 4	
REPRODUCTIVE HEALTH KNOWLEDGE			
151	Given that woman is having sexual intercourse regularly, when during her monthly menstrual cycle do you think pregnancy is most likely to occur? **Circle one answer.**	7 days before her menses 1 During menstruation 2 7 days after menses 3 Two weeks prior to the next 4 Anytime during the month 5 Do not know 6	
152	Do you agree with the following statements? If you do not know the answer, just say so, please do not guess. **Circle one answer for each statement.** **A.** Girls won't get pregnant the first time she has sex. **B.** If a boy has sex with a virgin girl, he grows faster. **C.** The growth of a girl stops after the first sexual intercourse. **D.** A girl does not get pregnant if she jumps back three times right after the intercourse.	Agree / Not sure / Don't know 1 2 3 1 2 3 1 2 3 1 2 3	
153	Which of the following STDs have you ever heard? **Circle all that you know or heard.**	Gonorrhea 1 Syphilis 2 AIDS 3 Trihomoniasis 4 Other 5	
154	How one can avoid getting STDs? **Circle all that appropriate.**	Abstain 1 Maintain one sexual partner 2 Use condom 3 Avoid casual sex 4	
155	Whom do you discuss sexual issues with? **Circle one answer.**	Doctor 1 Teacher 2 Father 3 Mother 4 Siblings 5 Friend 6 Nobody 7 Other 8	
156	Whom do you learn about sexual issues from? **Circle that all apply.**	Friend 1 Teacher 2 Parents 3 TV/Radio 4 Book/Journal 5 Siblings 6 Sex education 7 Doctor 8 Other 9	

SEXUAL ATTITUDES, NORMS AND PRACTICE					
157	Read each statement, and circle A if you agree, NS if you are not sure or circle D if you disagree.	Agree A	Not sure NS	Disagree D	
	A. Young people should not engage in sex before marriage.	A	NS	D	
	B. It is all right for a girl to be engaged in sex before marriage.	A	NS	D	
	C. It is all right for a boy to be engaged in sex before marriage.	A	NS	D	
	D. It is important for a girl to keep her virginity until she marries.	A	NS	D	
	E. It is all right for young people to be engaged in sex without a condom if they know each other well.	A	NS	D	
	F. Sex makes boy and girlfriend relationship stronger.	A	NS	D	
	G. Young people should realise that if they do not protect themselves, they could get infected with HIV.	A	NS	D	
	H. I would be too embarrassed to buy a condom.	A	NS	D	
	I. I would be too embarrassed to use a condom.	A	NS	D	
	J. It is all right to accept/give gifts or presents in return for sex.	A	NS	D	
	K. If I wanted, I could easily abstain from having sexual intercourse.	A	NS	D	

Thank you very much for your participation and wish you success in your future education!

Annex 4.2.

Focus Group Discussion Guidelines (For student group)

First, I am interested to know about puberty experiences of your friends.

1. Do girls/boys have open discussion about puberty among themselves?
What are the main signs of puberty for boys/girls? What are the main concerns of young people during their puberty? (emotional and physical changes, attraction to a person of opposite sex, lack of parental guidance, lack of information)

2. At what age do boys and girls start to attract to each other?
What happens if a boy and girl are attracted to each other? Who does approach/initiate first? Why? Why not? Does society approve if a girl approaches the boy and asks him for a date first? What qualities of boys/girls do girls/boys value most in general? Why? Why not?

Now I would like to know about boy and girlfriend relationship of your friends.

3. What would people (your friends) will say if they see boys and girls holding hands during their dates? Why? Why not? What other non-penetrative sexual acts do these young people practise? Is it normal to do such things (fondling, hugging, kissing)? Is it common among girls' and boys' relationships?

Can you tell us a bit more about sexual behaviour of your friends.

4. Do you know whether boys and girls engage in sexual intercourse during their date? At what age do girls and boys engage in sex? Is it normal to have sex before marriage? Why? Why not? What do people think if a girl gets pregnant before marriage?

5. Have you ever heard about contraceptives/condoms? Do you have any idea whether young people use any contraceptives? What contraceptives are more commonly used among your friends/young people in general? Why? Where do they get them? Can they afford to buy them if they are needed or wanted? Are they available to buy any time? Where do boys/girls get information on contraceptives?

6. Does having had sex harm the health of young people? In which ways?
What are the gender-specific risks that boys and girls may experience?
Whom do boys and girls approach first in case they have inquiry? Can they get needed assistance? Why? Why not?

We discussed about risks that may associated with premarital sex. Now I would like to know how young people can avoid such an unpleasant situation.

7. Do young people have enough knowledge about their sexual matters? Where do they get most information? What types of information and skills students need to reinforce responsible sexual attitudes and behaviours?

8.What do you think about provision of Sex Education in schools?
What would you suggest to be included under sex education? At what age should it start?
Who should be involved in teaching/communicating?
If you were asked to design a sexuality education programme, how you will do it? (Is there a need for a school based or school-linked clinics?)

Annex 4.3

Focus Group Discussion Guidelines (For gatekeepers)

Very little is known about premarital sexual activities of school adolescents in this country. In this regard I would like to know your opinions and knowledge about it.

1. Do you think young people are engaging in pre-marital sex? Is it happening in your society (community) or not? Is it normal? Why/why not? Why do you think it is happening? (bio-social gap, change of extended family pattern, use of alcohol, peer pressure, media (image), lack of sex education in the schools, lack of knowledge about the consequences of premarital sex).

2. How do you think young people learn about sex?
From parents and married siblings living together in crowded accommodation, from friends, from media (movies, erotic videos, magasines). Whom do you think young people have sex with?

We talked a bit about the sexual activity of young people. We all know that there are serious risks associated with premarital sexual activity of young people. Therefore I would like to know your opinions on how we can help young people to practise a responsible sexual attitude and behaviour.

3. What do you think of the provision of school based sex education programme?
What do you think should be included in a sex education curriculum?
At what age should sex education be taught?
Should it be taught both to girls and boys together or separately?

4. Whom do you think should be involved in the teaching of a sex education programme?
Do they have adequate knowledge on this subject?
What ways can they be involved in sex education?
What is the actual and potential role of the teacher (parent, school doctor) in relation to a sex education programme?

5. What teaching approaches do you think are most effective in increasing knowledge (changing attitudes/sexual behaviour)?
Sex education to be taught in the school as part of curriculum (infusion or supplement).
What media channels can be used?
What are the most appropriate ways to help young people in their sexual matters?

We discussed a sex education programme, its content, teaching approaches and people to be involved in it. Now I would like to know your opinions about services that could be offered to young people.

6. Do you think it is appropriate to provide contraceptive services to unmarried young people especially students? Why? Why not? Do you think adolescents should visit a Health Centre if they needed RH service? What do you think about school based or school linked clinics?

Annex 4.4

In-depth interview guidelines

A. Family characteristics

Could you tell me whom do you live with? It is important to find out family environment, parental influence, smoking and drinking habits).
Probe: Parents, siblings, grandparents;
Who is the closest person and why?
What is the family relationship between family members?
Who are his/her parents? Do his/her parents quarrel? What are the main reasons for quarrel? Do his/her parents drink, use drugs? Does he/she quarrel with his/her parents? If yes, why?
What does he/she think about their family budget?
What is the parents' influence?
Does he/she seek any permission from his/her parents before socialising or going out with his/her friends?
Does he/she smoke, drink and use drugs? If yes, how often, at what age did he/she start to use? Do their parents know about these habits? Where did he/she get money to pay for drinks, cigarettes and drugs?

B. School achievement

How well do you perform at the school compared to your friends in the class?
Probe: What does he/she thinks about his/her academic achievement and future schooling plan?
How does he/she rate his/her chance to enter into the planned school?
Attitude to schooling (in general).

C. Social life and friends

What do you do in your free time?
Probe: Who are his/her friends? Do they study? Which school, how many male and female friends (find out peer interaction, influence)?
How much time do they spend together? What do they enjoy doing? How difficult is it to resist peer influence and why it is difficult?
Does he/she enjoy his/her friends' company?
What he/she thinks about his/her reputation in the group?

D. Puberty experiences

At what age did you have nocturnal emission 'wet dream'/ menstruation?
Probe: Did he/she have any idea about these signs of physical maturity?
Whether he/she had already been told about it? If yes by whom?
What was the feeling, scared?
Has he/she ever experienced masturbation? How often does he/she do it, in which circumstances?
Does he/she discuss his/her sexual problems and issues at home? with whom, if not, whom would he/she discuss this matter with?, why and why not?
Where does he/she get information about sexuality?

Have you ever been attracted to a person of the opposite sex?
Probe: What was the feeling? Has he/she ever dated? With whom and at what age? Did he/she experience any sexual activity during his/her first date like holding hands, kissing, petting, and sexual intercourse?, If he/she had sexual intercourse, did it happened on the first date?
Was it with her/his consent? (Find out about masturbation experience, mutual or solitary).

Do you have a boyfriend/girlfriend at present?
Probe:Who is that boy/girl, age, how many boyfriends/girlfriends does he/she have so far? How often do they meet? What do they do during their dating? Who settles the bills for going out and eating? Do parents know about his/her relationship? Do they need to seek their parents' permission? Is it accepted to be in boy/girlfriend relationship while you are in school? When girls and boys have an argument or misunderstanding, who usually takes the initiative to restore peace?
Who's voice is most valued?

E. Sexual experiences
Have you ever had sexual intercourse? (information on first sexual intercourse)
Probe: Was it with your full consent (for girls)? Who was the partner? How old he/she was at this time, age of the partner? What was his/her feeling about first sex (scared, enjoyed, regret)? Where did he/she have sex? Did he/she use any contraceptives during the first sexual intercourse? In boyfriend and girlfriend relationship, who has more influence? Is it acceptable to have sexual intercourse before marriage? Have you ever had any other sexual partners?

How many sexual partners have you had so far?
Probe: Who were/are they? How often did he/she have sex with them? Has he/she ever used contraceptives, what kind of, (if not using why not)? Where does he/she get contraceptives? Whether he/she uses condoms, if not why? Is it difficult to ask your partner to use a condom, how easy/cheap is it to buy condoms? Have you ever had sex under pressure against your wish? How often does it happen? In the case that it happens do you discuss it with anybody else? Whom do you discuss it with?
Have you ever refused to have sex with your partner? What were the main reasons? What was the reaction of your partner at that time?

Has he/she ever had sex when he/she has been drunk? How often does that happen?

Have you ever been attracted to a person of your sex (to a boy/man or to a girl/woman)?

Have you ever had sex with a person of your sex?
Have you ever engaged in paid sex (for girls) or have you ever paid money in exchange for sex?
Probe: Who was the partner, age, background? How much did he pay or did she receive? How often does it happen, why?
For boys: Has he ever had sex with prostitutes?, when, where, why? Where does he get money to pay?

Have you ever been pregnant (for girls) or made a girl pregnant?
Probe: What was the outcome (abortion, still birth, baby born), aborted - when it has happened? How she felt at that time, from whom did she get pregnant did her partner and parents know about it? Was it discussed beforehand? Who paid all the costs involved in

abortion? Where did it take place? What was the attitude of service providers (caring, ignoring), Was there any complication during the abortion?
Is she currently pregnant? What is going to happen to this pregnancy and why? Was it planned or not? Does your partner know about it? Do your parents know about it?

F. Channels of information
Where do you get information on sexual issues?
Probe: Have they ever discussed their sexual problems at home? If not why not? At school, why not?
If he/she wanted some instruction or information on sex, whom does he/she approach most, why? What kind of information does he/she need most? What issues bother him/her? What are the main worries, fears, and wishes?
Is there any place that he/she can go for advice on sexual issues? Where is it? What kind of place is it? How far is it? Has he/she ever needed any medical service/counselling about his/her sexual issues/problems? Did he/she receive the needed help or not? What was the attitude of health service providers? Is he/she going there again if need be, if not, why not?
Are there any papers, journals, and radio, TV programmes tailored for adolescents'? Are they helpful? Which source is most informative?

J. STD, HIV/AIDS
Have you ever heard about HIV/AIDS?
Probe: What is it, transmission routes, consequences? Where does he/she go in the event that he/she got STDs?
Has he/she ever got any STDs? What happened, how it was treated, who treated it, from whom he/she got it?

Annex 4.5

List of codes (in-depth interviews)

General categories & individual codes	Code to search		Definitions of codes
1. Social Context	SC	1.1	
Family Relationship	SC-FAMILY	1.1.4	Reported statement about relationship with family members whether communication related to onset of sexual activity takes place
Smoking	SC-SMOKING	1.1.4	Any statement related to smoking, age of 1st smoking, friends' influence, reasons for smoking, image of smoking, health risks of smoking
Drinking	SC-ALCOHOL	1.1.4	Any statement related to drinking , age of first alcohol drink, how often do they drink, where, reasons for, peer pressure, health risks of drinking
2. Dating & sexual partnership	SP	1.2, 2.2	
	SP-DATE	1.2.6	Statements related to date: age of first crush or attraction, age of 1st date, whether 1st date was chaperoned or not, number of people whom dated so far, duration of the relationship with the 1st date, social identities of dates, emotional content and status of dates and sexual partners, who initiates/proposes date, who's view or decision has more weight
3. Sexual acts/activity	SA	1.3	
Non-penetrative sexual activities	SA-NONPENET	1.3	Who initiates and how soon girls and boys progress into non-penetrative sexual activity-holding hands, kissing, fondling, touching, reported age of first kiss, feeling about non-penetrative sexual activities involved in
Masturbation	SA-MASTURB	1.3	Reported age of solitary and mutual masturbation, frequency, circumstances, feeling, do they talk about it among themselves, yes, no, why/ why not
Sexual urge	SA-SEXURGE	1.3	Statements related to whether they have sexual urge or dream about sex, how do they handle when it occurs, feelings about it
First sex	SA-FIRSTSEX	1.3	Any statements related to first sex:

			reported age of first penetrative sex, age of the first sexual partner, social identity of the 1st partner, feelings before and after the 1st sex, place where 1st sex took place and circumstances (drunk, planned, consented, forced, paid), any discussion took place before or after sex, reasons for sex, taboos about coerced sex, choice of specific sexual acts, number of sexual partners, frequency of sex.
Sexual experience of a partner	SA-PARTNEXP	1.3	Information about sexual experiences of a sexual partner, whether he or she had relationship before or during the course of their date, feelings about it, values attached to it, whether they talk about it openly, why/why not
Other sexual experiences	SA-EXPERIEN	1.3	Statement related to any other (repeated) sexual intercourse, sexual partners, circumstances, reasons, feelings about
Contraception	SA-CONTRCEP	1.3	Statement about any discussion of contraception, especially during the 1st sex, use of it, preference, who initiated, reasons did not use, access and availability
Misbelieves about sex, contraception and pregnancy	SA-MISBELIEV	1.3	Any misbelieve or misconceptions about sex, pregnancy and contraception
Reasons sex occurred yet	SA-WHYNOSEX	1.3	Statements about reasons that sex occurred yet
Virginity	SA-VIRGIN	1.3	Statements related to virginity
5. Sexual information network	SN	1.5	
Beliefs about appropriate age for sex and marriage	SN-RIGHTAGE	1.5	Beliefs about right age for sex and marriage
Sources of information	SN-INFO	1.5	Reported sources of information about sex, relationship and sexual health issues

Consequences of pre-marital sex	SN-CONSEQS	1.5	Reported consequences of pre-marital sexual activity, any statements related to pregnancy
6. Self-perceived needs for sexual health information	NSH	1.6	
Information needs	NSH-INFONEED	1.6	Stated needs and channels in Sexual Health information
Service need	NSN-SERVICE	1.6	Need for health service delivery to young people, any experience with health service, attitude of providers, fear of students from visiting doctors

Annex 4.6.

INFORMED CONSENT FORM

Statement of the Study

Purpose of the study

We invite you to participate in the study on the 'Sexual health needs of secondary school students in Mongolia'. The objective of the study is to examine the needs of young people with regard to sexual health, contraceptive use, with particular regard to STDs/HIV.

Procedures

Specifically, we are going to ask you to complete a self-administered questionnaire for information about your knowledge, attitudes and needs in terms of sexual health, as well as background characteristics. Should you agree to take part in the study there is a chance that we will contact you again for focus group discussions and in-depth interviews in a more detailed way. The self-administered questionnaire will take about 45 minutes and you may find some of the questions asked are sensitive in nature.The information that you provide during the study will be kept confidential. Only the interviewer and researchers will have access to the questionnaire. This information will be destroyed on completion of the study.

Benefits of the study

By participating in this study and answering our questions, you will help to increase our understanding of the needs of secondary school students in terms of sexual health, and we hope that the results of the study will contribute to the development of a school-based sex education programme.

Your participation in this study is voluntary and you have the right to refuse to participate or answer any questions that you feel uncomfortable with. If you change your mind about participating during the course of the study, you have the right to withdraw at any time. If there is anything that is unclear or you need further information, we shall be delighted to provide it.

[Interviewer asks if the respondent has any questions and provide the necessary clarifications].

Declaration of the Volunteer:

I have understood that the purpose of the study is to examine the sexual health needs of secondary school students. I realise that I might be contacted again in a more detailed way. I have read the above information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate as a subject in this study and understand that I have the right to withdraw from the study at any time without in any way affecting my further schooling.

Signature of volunteer: Signature of investigator:

Date: Date:

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