RURAL ADOLESCENT SEXUALITY AND THE DETERMINANTS OF PROVINCIAL URBAN PREMARITAL ADOLESCENT SEX

พฤติกรรมทางเพศก่อนแต่งงานของวัยรุ่นในเขตเมืองและชนบท

Pramote Prasartkul
ปราโมทย์ ประสาทกุล

Aphichat Chamratrithirong
อภิชาติ จำรัสฤทธิรงค์

Anthony Bennett
แอนโทนี เบนเนตต์

Ladda Jitwatanapataya*
ลัดดา จิตรวัฒนแพทย์

Pimonpan Isarabhakdi
พิมลพรรณ อิศรภักดี

The Institute for Population and Social Research, Mahidol University
สถาบันวิจัยประชากรและสังคม มหาวิทยาลัยมหิดล

ABSTRACT

A sexual behavior questionnaire form consisting of 34 items was given to 384 male and female youths aged 13 to 24 in provincial urban and rural areas of north and northeast Thailand and successfully completed by 361. Approximately 100 interviews per day could be easily managed by a team of four staff but the questionnaires were administered only on weekend to improve attendance rates. To minimize non-response

*Family Life Education Section, The Planned Parenthood Association of Thailand (PPAT)

for sensitive items, an approach which gave a detailed explanation of each question to a group to 12 individuals seemed optimal based on the experience of this study. At least 66% of male and 9% of female adolescents were found sexually active. Ignorance of the risk of conception was greater among rural adolescents than urban; but knowledge levels were low for all groups. The most predisposing factors to premarital sex among female adolescents were older age, living away from parents and relatives and residing in urbanized areas. This survey was a purposive selection of youth in the provincial urban and rural environment and therefore the data do not represent Thai adolescents. A larger, nationally representative sample of non-Bangkok youth was recommended to verify the findings on contraceptive awareness and risk behavior. Only then could accurate recommendations be made to the relevant government and private agencies concerning special educational programs and services for Thai adolescents.

บทคัดย่อ

รายงานวิจัยนี้เป็นการศึกษาทดลองเก็บข้อมูลเกี่ยวกับพฤติกรรมทางเพศ เพื่อดูว่าข้อมูลพฤติกรรมทางเพศที่สมบูรณ์และเชื่อถือได้นั้น จะสามารถรวบรวมคำตอบได้จากการให้วัยรุ่นตอบแบบสอบถามเอง หรือได้จากการนำกลุ่มสนทนาและให้ความรู้ก่อนตอบแบบสอบถาม ทั้งนี้เพื่อการคาดการณ์พฤติกรรมทางเพศก่อนการแต่งงานของเด็กวัยรุ่น การเก็บข้อมูลใช้การสุ่มตัวอย่างแบบเจาะจงวัยรุ่นชายหญิงในเขตเมืองและเขตชนบท จำนวน 384 คน อายุระหว่าง 13-24 ปี ทำการทดสอบเฉพาะในวันหยุด กลุ่มตัวอย่างประมาณ 100 คน/วัน จัดแบ่งเป็นกลุ่ม กลุ่มละ 12 คน ใช้แบบทดสอบจำนวน 34 หัวข้อ เวลาทดสอบประมาณ 1 ชม. และเพื่อให้มีอัตราการไม่ตอบแบบสอบถามน้อยที่สุด จึงใช้การอธิบายแบบสอบถามอย่างละเอียดก่อนการทดสอบ ผลปรากฏว่าวัยรุ่นชายร้อยละ 66 และวัยรุ่นหญิงร้อยละ 9 เคยมีเพศสัมพันธ์ ปัจจัยสำคัญที่มีผลต่อการมีเพศสัมพันธ์ก่อนแต่งงานของหญิงวัยรุ่นที่มีอายุตั้งแต่ 18 ปีขึ้นไป คือ การไม่ได้เรียนหนังสือ การอยู่อาศัยตามลำพัง และเป็นอิสระจากพ่อแม่ รวมทั้งการอาศัยอยู่ในเขตเมือง นอกจากนี้ยังพบว่าความรู้เกี่ยวกับการเสี่ยงต่อการตั้งครรภ์ในกลุ่มวัยรุ่นหญิงในเขตชนบทมีน้อยกว่าในเขตเมืองมาก แต่ในทุก ๆ กลุ่มนั้นจำนวนร้อยละของผู้ที่มีความรู้เกี่ยวกับการคุมกำเนิดอย่างถูกต้องก็มีน้อยมาก คือ ระหว่างร้อยละ 20.0 ถึงร้อยละ 35.1 เท่านั้น ข้อมูลที่ได้นี้มิได้แสดงพฤติกรรมของเด็กวัยรุ่นทั่วประเทศ ดังนั้นจึงควรจะมีการสุ่มตัวอย่างวัยรุ่นทั่วประเทศ โดยเฉพาะกลุ่มวัยรุ่นนอกโรงเรียน เพื่อจะได้ทราบถึงความรู้และพฤติกรรมเกี่ยวกับการมีเพศสัมพันธ์ของวัยรุ่นเหล่านั้นอย่างถูกต้อง ทั้งนี้เพื่อให้การศึกษาและให้บริการวางแผนครอบครัวแก่เยาวชนไทย

INTRODUCTION

Thailand's sixth five-year development plan (1987-1991) clearly states the need to increase health and social service programs for the mounting number of Thai adolescents. Projections from the 1980 census indicate that by 1991 there will be at least 12 million Thai male and female youths aged 15 to 24 and that 72% of this group will be single.[1, 4]

Meeting adolescent health needs presents one of the greatest challenges of the coming years. Single adolescents are of particular concern because of the existing vacuum in a service infrastructure that caters to young children and adults. The most obvious service gap is in the area of contraceptives and family planning. Thus, sexually active youths must rely on drug stores for contraception or use nothing at all.

In Thailand, adolescent pregnancy places the health and social consequences overwhelmingly on the single female. Maternal mortality is greater in the 15 to 19 age group than among women aged 20 to 30.[3] If abortion is resorted to, it may be performed by an unqualified practitioner which may result in sepsis and death. In a 1984 national survey of 3,700 incomplete abortion cases in provincial hospitals, 15% of the cases were single while 30% of the deaths were among single women.[2] The teenage pregnant female, if in school, can rarely stay in school. If no marriage takes place, her eligibility for marriage in the future is dim, not to mention the disgrace for her and her family. Finally, she and her family usually bear the greatest financial responsibility for the out-of-wedlock child.

In order to find the best ways to minimize the health and social damage to Thai female youths that results from unwanted pregnancy, information needs to be gathered on the extent of premarital sexual intercourse and use of contraception.

The most useful information on adolescent sex will be gained if non-response regarding female PMS (premarital sex) is minimized or eliminated, and that response of single females who are sexually active is maximized. Because there is no penalty for over-estimating the problem and serious consequences of underestimation, the highest level of PMS among female adolescents is assumed to be the most sensitive indicator of the level of adolescent sex. Contraceptive use and knowledge among sexually active females determines the extent of potential health problems related to pregnancy.

This research set out to test whether complete and credible information on sexual behavior could be gathered from single adolescents using a self-administered questionnaire (SAQ). Secondly, three different approaches : premarital sexual behavior, attitudes and knowledge were used to administer the questionnaire to determine whether detailed and personalized briefings could increase the response rate to sensitive items. Finally, the study intended to explore likely predictors of premarital sex among single adolescents.

METHODOLOGY

One-hour self-administered questionnaires consisting of 34 items were given to 384 male and female youths aged 13 to 24 in provincial urban and rural areas of north and northeast Thailand. The samples were randomly assigned to either treatment or control groups.

	Male		Female	
Urban	**Experimental**	**Control**	**Experimental**	**Control**
High school student	12	12	12	12
Vocational school student	8	8	8	8
Wage earner	16	16	16	16
Dormitory resident	8	8	8	8
Service worker	4	4	4	4
Total	48	48	48	48

	Male		Female	
Rural	**Experimental**	**Control**	**Experimental**	**Control**
High school student	12	12	12	12
Retail saler	12	12	12	12
Villager (farmer)	16	16	16	16
Villager (unemployed)	8	8	8	8
Total	48	48	48	48

The samples were stratified for urban-rural residence because it is felt that urban youths, while generally more educated than their rural counterparts, are at greater risk of PMS because of independent living quarters, the presence of entertainment establishments and lack of close social control by the community. Occupation and type of school student were stratified because they determine educational level, living quarters and exposure to the opportunity for PMS. Also, it was the intention to explore a range of Thai youths to expose the SAQ to a variety of responses.

Approximately 100 interviews per day could be easily managed by a team of four persons but the questionnaires were administered only on weekends to improve attendance rates. To minimize non-response for sensitive items, an approach which gave a detailed explanation of each question to a group of 12 individuals seemed optimal based on the experience of this study. The 361 (94%) filled up questionnaires were obtained.

Target number	384
Filled up questionnaires	361
- did not attend	9
- age over 24	9
- unusable questionnaires	5

After numerous pretests and revisions, a questionnaire of 34 items was completed. Contacts were established with the Provincial Development Officers in Khon Kaen and Phrae and the District Development Officers in Kalasin and Phrae to assist in the location of adolescents. On a pre-arranged date the research team met the youths at a secondary school in the provincial urban areas while in the rural areas the location was a youth development center in one province and a secondary school in another province.

The meetings occurred on weekends, female participated in morning sessions while males attended afternoon sessions. Then the assembled youths were randomly allocated into one of two treatments groups and a control one. Treatment A consisted of a detailed pre-SAQ briefing by an experienced moderator. In this session a 20-minute informal talk was given on adolescent development and sexuality, then the moderator read and explained each item in the SAQ. The moderator also answered individual questions while the questionnaires were being filled out by the attendants and were screened for non-response before the respondents had left. Treatment B consisted of a less detailed discussion of adolescent development and sexuality with no description of the SAQ items and no individual instructions or screening. Both treatments used the same flip charts to aid in the discussion. Both emphasized the confidentiality of the information and both made a direct appeal for complete and honest response. In the control group, the questionnaires were passed out with no briefing of any kind.

The youths in all three groups were required to sit apart from each other when filling out the questionnaire to preserve privacy and reduce shared response. The two moderators in the study were females and always conducted the same type of briefing. The respondents in all three groups were given refreshments while filling out the SAQ and were paid token compensation when the questionnaire was filled up. No names or addresses were required on the questionnaire to ensure confidentiality. The field work required one day for each group of 48 males and 48 females.

RESULTS

A completion rate of 94% (361 questionnaires) in most surveys was very acceptable, however it is important to note that substitutes were recruited in the case of some no-shows and that recruitment of respondents was carried out by local officials.

The methodological objective of recruiting youths from a range of occupations

and living arrangements was successful (Table 1). The majority of the samples were in school while the next largest group was that of farmers. More male youths were wage earners while twice the number of females worked in commercial services.

Half of the respondents received one of two treatments (short or long pre-SAQ briefings) and the other half was assigned to be the control except when the total number of youths was less than the assigned number, in that case the control samples were reduced. This factor and the rejection of filling in questionnaires resulted in the slightly unequal proportions shown in Table 2. Figure 1 shows that the age distributions for males and females were nearly identical though urban females aged 18 and 20 were proportionally more represented. Most of the samples were between the ages of 15 and 20.

The first section of the questionnaire consisted of neutral, easy-to-answer questions about family characteristics, schooling and employment in order to prepare the respondents for more personal questions. With whom the youths lived might be an important determinant of how much behavioral freedom they had. It is clear from Table 3 that many more urban youths, male and female, lived away from parents whereas approximately 3/4 of rural youths lived at home with their parents. Most noteworthy thing was the large proportion of urban females and males who rent their living quarters (21.3 and 18.8%, respectively).

The youth attitudes seemed rather conservative (Table 4). Almost all respondents condemned the use of hard drugs, marijuana and gambling. Soft drugs such as cigarettes and liquors are viewed as sinful by 3/4 of rural women but urban women seemed to be adopting values close to rural and urban males and, thus, only half disapproved of smoking and drinking. The opinion that premarital sex is sinful was three times as prevalent among females than males and higher among rural respondents than their urban counterparts.

Differentials between males and females for actual risk behavior were much more pronounced than their attitudes (Table 5). Among males there was not much difference in past behavior between those living in rural and urban areas. However, urban females engaged in much more risk behavior than rural females and this is inconsistent with their similar and conservative attitude as reported in Table 4. The image this gives was of an increasingly adventurous provincial urban female who, removed from the confines of parental and community restrictions, was emulating the behavior of urban male youths.

The questionnaire began to steer the respondents to the topic of their personal sexual experience through indirect probes. Is premarital sex with a lover acceptable to these adolescents? Seventy-five percent of males think so compared to 40% of females (Table 6). However the stipulation that the couple be engaged to be married first was an important condition for PMS in both groups of adolescents. When the respondents were asked whether they themselves would have sex before marriage, a double standard emerged, reflecting a more conservative self-opinion (Table 7). Less than 10% of females

and less than 40% of males expect to have sex before marriage.

As a further "warm-up" question to more sensitive issues the next item on the questionnaire asked if the respondent ever had a boyfriend (in the case of girls), a girlfriend (in the case of boys). This item had no analytical purpose but did imply exposure to the possibility of premarital sex among the female samples. Although the questionnaire did not probe to see how intimate the relationship was, having a boyfriend was commonplace (75%) among both urban and rural female adolescents (Table 8).

The research was to determine the ability of different questionnaire methodologies to elicit high response rates for the most sensitive items on the questionnaire. Assuming that the sample was large enough to approximate actual ratès of premarital intercourse in the general population, responses to the two questionnaire items on history of premarital sex (PMS) could be used as an indicator of the relative effectiveness of the two experimental methodologies (long and short briefings) and the control. Table 10 shows that non-response was virtually non-existent in Models A and B but becomes noticeable in the control for questionnaire which asked the respondent's age at first intercourse.

If the long briefing with close attention to respondents was effective then history of sexual intercourse should be greater in Model A followed by Model B. (short briefings) and the control (no briefing before the questionnaire). For females this was indeed the case. The rate of PMS among females in Model A was twice that of respondents in Model B and the control (15.2% vs. an unweighted average of 7.5%).

Although the entire sample of 361 adolescents was small; and the number having sexual intercourse, even smaller, it was still interesting to explore what characteristics seemed to be associated with premarital intercourse because, female adolescents suffered the most from unwanted pregnancy it was important to look more carefully at the 17 cases who said they were sexually active.

Table 10 explored some variables among the 17 adolescent females who answered that they ever had sexual intercourse. These cases were compared with the entire females sample.

Understandably age was the most important differential among the six variables : girls age 18 and older were four times as likely to be sexually active than those under 18. Increased sexual drive, combined with greater independence and cumulative number of boyfriends probably explained this finding.

Similarly, adolescent females who did not live with parents or relatives were four times as likely to have had sexual intercourse than those who lived with close relatives. This finding was also expected given that young women who lived in apartments or dormitories experience little of the social control that was so powerful in the household setting. Furthermore, independent living quarters provided a private environment for sex.

Less striking though important differentials are observed for northeastern vs. northern, urban vs. rural, and out-of-school vs. in-school adolescents. It is surprising

that urban women were only twice as likely to have had PMS than their rural counterparts. If accurate, this finding suggested that rural female sexual activity was increasing when compared with earlier research into rural adolescent sexuality. Similarly, out-of-school females were twice as likely as students to be sexually experienced; but, again, this difference was lower than anticipated based on the findings from other surveys. Admittedly, there was considerable overlap between schooling and employment and this might tend to blur the distinction between the categories.

Finally, vocational school students were no more sexually active than other types of school students (e.g. high school, commercial college). This variable was investigated because of the extraordinarily high rate of PMS found in the Khon Kaen research cited earlier.[3]

In sum, based on 17 cases of female adolescents with a history of PMS, certain predictors of sexual behavior could be identified. In order of importance these were older age, independent living quarters, urban residence, and not being a fulltime school student. Larger studies should include these and other variables which might more precisely describe the characteristics of these adolescents who were at risk of the consequences of premarital sex.

Table 11 shows the percent of males and females who answered the questions correctly about knowledge of the risk of getting pregnant in different situation by residence. In general, urban females were most knowledgeable and rural males were least knowledgeable about when a girl could get pregnant. Nevertheless, no more than a third of any group knew when fertilization was most likely to occur during the menstrual cycle and half of the adolescents placed false confidence in withdrawal as an effective means of contraception. The highest correct knowledge ratings were for the item which asked whether a girl could be impregnated at first intercourse.

CONCLUSIONS AND RECOMMENDATIONS

The study found that at least 66% of male and 9% of female adolescents were sexually active. Ignorance of the risk of conception was greater among rural adolescents than urban but knowledge levels were low for all groups. Based on attitude and behavior measures it would appear that single provincial urban females were increasingly engaging in health risk behavior (e.g. sex and drugs) when compared to their rural counterparts.

The most predisposing factors to premarital sex among female adolescents were older age, living away from parents and relatives and residing in urbanized areas.

This survey was a purposive selection of youths in the provincial urban and rural environment and therefore the data did not represent all Thai adolescents. A larger, nationally representative sample of non-Bangkok youths was recommended to verify the

findings on conceptive awareness and risk behavior. Only then could accurate recommendations be made to the relevant government and private agencies concerning special educational programs and services for Thai adolescents.

ACKNOWLEDGEMENTS

The authors would like to express their thanks and gratitudes to the Family Health Division, Department of Health, Ministry of Public Health for supporting this research project and to the Provincial and District Youth Development Officers in Khon Kaen, Kalasin and Phrae provinces. Also to the governors of those three provinces for allowing and facilitating the research.

Finally, the authors were grateful to the two research assistants : Khun Koramas Wuttisuk and Khun Saengkae Panasamphon, and also to the Thai rural and provincial urban youths for participating in the survey.

REFERENCES

1. Human Resources Planning Division, NESDB. Population Projection for Thailand : 1980-2015. Bangkok, October, 1985.
2. Koetsawang, S. Morbidity and Mortality Consequences of Illegal Abortion. Family Planning Research Unit. Siriraj Hospital, Bangkok. (in press)
3. Maine, D. Family Planning : Its Impact on the Health of Women and Children. Center for Population and Family Health. Columbia University, New York, 1981.
4. National Statistical Office. Census of Thailand, Bangkok, 1980.

Table 1. Education-employment* status by sex and residence

Employment category	% Males		% Females	
	Urban	Rural	Urban	Rural
In school*	57.6	27.8	56.4	26.1
Farmer	1.2	41.1	1.1	38.0
Skilled wage earner	7.0	2.2	2.1	3.3
Unskilled wage earner	14.1	1.1	13.8	5.4
Salaried employer	2.3	–	8.5	1.1
Commercial services	9.4	–	6.4	7.6
Unemployed and not in school	5.9	27.8	8.5	16.3
Others unknown	2.3	–	3.2	2.2
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

*Some respondents reported that they were in school and employed. These cases were listed as school students.

Table 2. Questionnaire briefing model by sex and residence

	% Males		% Females	
	Urban	Rural	Urban	Rural
Model A (long briefing ; with group reading of questionnaire) (N)	25.9 (22)	25.6 (23)	25.5 (24)	23.9 (22)
Model B (short briefing ; no group reading) (N)	25.9 (22)	24.4 (22)	25.5 (24)	26.1 (24)
Control (basic instruction ; no briefing) (N)	48.2 (41)	50.0 (45)	49.0 (46)	50.0 (46)
Total (N)	100.0 (85)	100.0 (90)	100.0 (94)	100.0 (92)

Table 3. Living arrangements by sex and residence

	% Males		% Females	
	Urban	Rural	Urban	Rural
Living with parents or relatives :				
Father and mother	49.4	74.4	41.5	77.2
Father	1.2	2.2	2.1	4.3
Mother	12.9	14.4	16.0	12.2
Relatives	8.2	5.6	17.0	4.3
Not living with relatives :				
Friend	3.5	–	1.1	1.1
Rent a room	18.8	2.2	21.3	1.1
Place of work	4.7	1.1	1.1	–
No response	1.2	–	–	–
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 4. Attitude toward selected risk behavior by sex and residence

Behavior	% of those who think engaging in this behavior is wrong			
	Males		Females	
	Urban	Rural	Urban	Rural
Smoking cigarettes	57.6	57.8	63.8	75.0
Drinking whisky	52.9	53.3	55.3	70.7
Gambling	87.1	82.2	86.2	90.2
Pawning goods	55.3	76.7	47.9	75.0
Smoking marijuana	91.8	94.4	96.8	91.3
Sniffing thinner	95.3	92.2	96.8	92.4
Use of hard drugs	97.6	95.6	97.9	95.7
Premarital sex	17.6	30.0	72.3	80.4
Total respondents	85	90	94	92

Table 5. Percentage of those who have engaged in selected risk behavior by sex and residence

Behavior	% Males		% Females	
	Urban	Rural	Urban	Rural
Smoked cigarettes	78.8	78.9	37.2	23.9
Drank whisky	82.4	83.3	63.8	48.9
Gambled	83.5	77.8	48.9	38.0
Smoked marijuana	30.6	28.9	6.4	2.2
Sniffed thinner	15.3	8.9	1.1	3.3
Used hard drugs	2.4	–	–	–
Had sexual intercourse	70.6	68.2	12.8	5.4
Total respondents	85	90	94	92

Table 6. Response to the question : "Is premarital sex acceptable by sex and residence?"

	% Males		% Females	
	Urban	Rural	Urban	Rural
Yes, any circumstance	43.5	31.1	12.8	5.4
Yes, if with finance	41.2	41.1	26.6	33.7
No, any circumstances	15.3	26.7	60.6	60.9
No response	–	1.1	–	–
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 7. Response to the question : "Do you think you will have premarital sex?" by sex and residence

	% Males		% Females	
	Urban	Rural	Urban	Rural
Yes	38.8	35.6	8.5	2.2
No	12.9	18.9	45.7	55.4
Don't know	48.3	45.5	45.7	42.4
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 8. Percentage of those who ever had a girlfriend (males) or a boyfriend (females) by sex and residence

	% Males		% Females	
	Urban	Rural	Urban	Rural
Yes	85.9	75.6	76.6	75.0
No	14.1	23.3	23.4	25.0
No response	–	1.1	–	–
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)

Table 9. History of sexual intercourse by questionnaire briefing model and sex

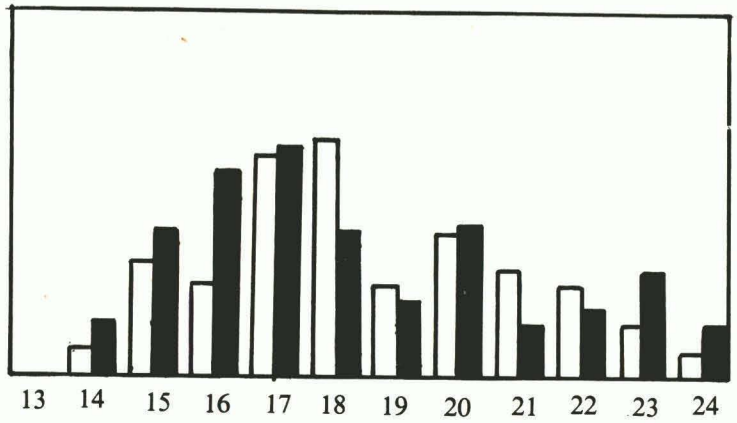
Questionnaire item	Experimental				Control	
	Model A (Long, detailed briefing)		Model B (Short briefing)		Model C (No briefing)	
	Male %	Female %	Male %	Female %	Male %	Female %
Q.22 ("Age at first intercourse")						
Ever had intercourse	57.8	15.2	68.2	10.4	69.8	5.4
Never had intercourse	42.2	84.8	29.5	89.6	30.2	93.5
No response	0.0	0.0	2.3	0.0	0.0	1.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(46)	(44)	(48)	(86)	(92)
Q. 32.8 ("Have you ever had sexual intercourse?")						
Ever had intercourse	55.6	15.2	65.9	6.3	67.4	8.7
Never had intercourse	44.4	84.8	34.1	93.8	29.1	91.3
No response	0.0	0.0	0.0	0.0	3.5	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(45)	(46)	(44)	(48)	(86)	(92)

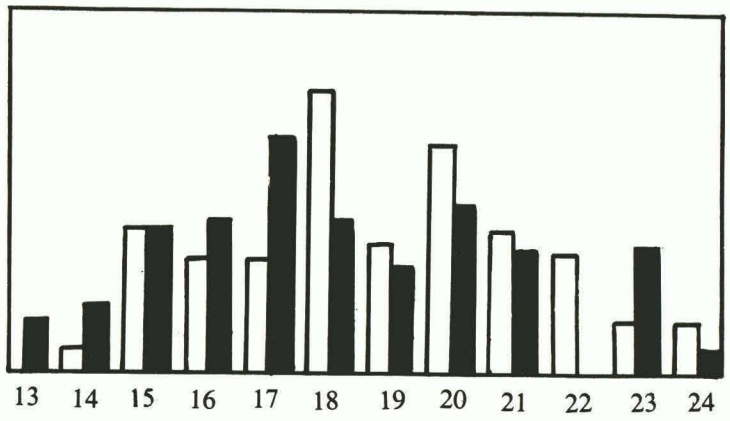
Table 10. Comparison of characteristics of sexually active females with the entire females adolescent sample

Characteristic	Ratio among the entire female sample	Ratio among the sexually active females
> 18 yrs. : < 18 yrs.	1 : 1	4.3 : 1
not living with parents or relatives : living with parents or relatives	0.9 : 1	4.0 : 1
northeast sample : north sample	1 : 1	2.4 : 1
urban : rural	1 : 1	2.4 : 1
out-of-school : in-school	1.2 : 1	2.4 : 1
vocational school : non-vocational school (current students only)	0.9 : 1	0.6 : 1

Table 11. Knowledge of the risk of conception by sex and residence

Response to questions	% Males		% Females	
	Urban	Rural	Urban	Rural
Q.13 : "At what time during a girls' menstrual cycle is the probability of conception highest?"				
- 14 days after the start of the cycle (correct)	30.6	20.0	35.1	25.0
- other times, don't know	69.4	80.0	64.9	75.0
Total	100.0	100.0	100.0	100.0
Q.34.3 : "A girl can get pregnant even though the boy practices withdrawal."				
- True (correct)	42.4	36.7	52.1	51.1
- False, don't know	57.6	63.3	47.9	48.9
Total	100.0	100.0	100.0	100.0
Q.34.1 : "A girl can get pregnant at first intercourse."				
- True (correct)	78.8	53.3	76.6	68.5
- False, don't know	21.2	46.7	23.4	31.6
Total	100.0	100.0	100.0	100.0
(N)	(85)	(90)	(94)	(92)





Males

	urban □	■ rural
	urban	rural	total
under 19	56.4	57.8	57.1
19 and over	43.5	42.2	42.9
Total	100.0	100.0	100.0
(N)	(85)	(90)	(175)

Females

	urban □	■ rural
	urban	rural	total
under 19	48.4	62.0	55.1
19 and over	51.6	38.0	44.9
Total	100.0	100.0	100.0
(N)	(94)	(92)	(186)

Note : Data on age is missing for 1 female and 2 males but is presumed to be within the range of 13-24 as age was part of the screening criteria.

Fig. 1 Age distribution by sex and residence