

# Too young to have sex: Conversations with very young adolescents about sex, dating and related decision-making

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**Background.** Very young adolescents receive little research and pragmatic attention regarding their sexual and reproductive health (SRH) needs. As a result, their experiences are often overlooked. Furthermore, when this age group is included in SRH education, the dominant public health lens tends to focus on health risks associated with sex, with less emphasis on a holistic approach that considers the socio-cultural and relational contexts in which adolescents' decision-making about sex and dating occurs.

**Objectives.** To explore the beliefs, perceptions and decision-making pathways of adolescents about heterosexual sex, dating and relationships.

**Methods.** The sample included 33 girls and 30 boys aged 10 - 14 years attending schools in rural Mpumalanga Province, South Africa. Data collection entailed participatory methodologies of group-based activities and individual interviews. Data were recorded and transcribed verbatim. Transcripts were coded and analysed using thematic analysis.

**Results.** The findings focused on three themes: timing of dating, relationships and sex; gendered depictions of first sex; and agency in sexual decision-making. These themes shed light on the relational context in which adolescents' decision-making takes place and highlight the pervasive influence of wider gendered norms.

**Conclusion.** Very young adolescents are not sexually naive and instead are faced with complex decisions regarding sex and dating. This age group is not, however, fully supported in developing a healthy, positive sexuality when emphasis is on the negative outcomes of sex. The paper concludes with recommendations for adolescent SRH programmes to provide a supportive environment for younger adolescents to make informed choices and develop positive, healthy sexualities.

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Adolescence is generally considered as the age period from 10 to 19 years.<sup>[1]</sup> During this phase of sexual transitioning, new territories of puberty and the onset of sexual activity are navigated.<sup>[2]</sup> Research agendas about adolescent sexuality and related decision-making have predominantly assumed a public health focus.<sup>[3]</sup> Such an approach emphasises bio-medical models of risks and protective factors, without necessarily situating living bodies in broader structural systems of power.<sup>[4]</sup> Consequently, much of adolescent-focused research concerns (legitimate) challenges of growing human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) prevalence for girls and young women, substance use, gender-based violence and unwanted or unsupported pregnancy, thereby positioning South African adolescents as a vulnerable category.<sup>[5]</sup>

This focus on sexual risk – termed a 'danger, damage and disease' narrative by feminist scholars – is commonly employed in public health awareness raising and informs adolescent-centered initiatives, such as school-based comprehensive sexuality education (CSE).<sup>[6,7]</sup> This narrative implicitly focuses on controlling adolescent sexuality, in order to protect them from the dangers of engaging in sexual activities.<sup>[3]</sup> In this vein, current scholarship depicts adolescent sexuality as experimental, inept and dangerous.<sup>[8]</sup> Emphasising negative aspects of adolescent sexuality reinforces the idea that adolescents are incapable of making safe and informed decisions. Their sexuality is therefore seen as risky and as needing to be controlled by adults. Few studies explore how adolescents may be guided in forming healthy dating relationships and related sexual decision-making.<sup>[9,10,11,12]</sup> While a public health lens is important, considering the sexual and reproductive health (SRH) challenges that adolescents face, improved understanding of adolescent sexual decision-making

benefits from considering the interplay of biological, sociological and psychological factors. Adolescents engage in sexual decision-making within socio-cultural and relational contexts. Focusing on sexual risk ironically 'withholds sexuality information that can protect young people from potential dangers', by overlooking the social significance of the onset of this phase and relational context within which sexual decision-making takes place.<sup>[13,14]</sup>

Younger adolescents (aged 10 - 14 years) are typically overlooked in current research about adolescent SRH, and particularly so in low- and middle-income countries.<sup>[15]</sup> This period marks a fundamental shift from childhood to older adolescence and adulthood through the onset of puberty, socialisation into prevailing sexual and gender norms, and the transition into sexual and reproductive activities and their consequences.<sup>[15]</sup> Considering that puberty typically precedes the onset of sexual activity, this phase is an opportune time for health-related interventions aimed at younger adolescents.<sup>[16]</sup> Furthermore, studies in African contexts report a low age of sexual debut, such that a small but not insignificant number of young adolescents are sexually active.<sup>[17]</sup> Interventions should target younger adolescents to assist their transition into late adolescence and lay foundations for healthy relationships and positive SRH outcomes.<sup>[15]</sup>

Against this background, the present paper explores the beliefs, perceptions and decision-making pathways of younger adolescents in order to examine sexual decision-making through an integrated perspective that takes context as paramount in shaping young adolescents' choices.

## Methods Design

The study's qualitative design is geared towards unearthing rich,

contextualised accounts of participants' experiences<sup>[18,19]</sup> and was therefore appropriate for exploring the meaning that adolescents associate with sex, dating and related decision-making. Data collection entailed participant-centered methodologies comprising group-based activities and individual interviews with young adolescents in order to foreground their voices about them.

### Study setting

The study took place in Gert Sibande, one of the three districts in Mpumalanga Province, South Africa. This rural low-socio-economic district is identified as a national health insurance (NHI) pilot site.<sup>[20]</sup> Youth in Gert Sibande are faced with various social challenges including high rates of unemployment, violence, HIV/AIDS and unplanned pregnancy. Similar to other South African contexts, girls in this district generally experience early sexual debut associated with inability to negotiate sex owing to male partners' age or other power differences.<sup>[21]</sup>

### Sampling

A youth development centre in Gert Sibande assisted with access to schools and data collection. A convenient-purposive sampling strategy was used to select schools and participants. The sample comprised 33 girls and 30 boys aged 10-14 years from primary, secondary and combined schools. Groups were separated by gender (girls and boys) and age (10-11 years and 12-14 years), with each group comprising 6-8 participants.

### Data collection

Individual interviews and four group-based activities were conducted. The first activity was a community mapping exercise, which was used to visually map resources, capacities and barriers in the community for adolescents' SRH-related needs. Second, during a 'myths and facts' activity, a facilitator read SRH statements and probed various topics (e.g. puberty, menstruation, ejaculation, circumcision and abortion), with the aim of exploring participants' contextualised sexual and reproductive health rights (SRHR) experiences and beliefs.<sup>[22]</sup> Third, using a vignette, the facilitator encouraged participants to co-create a story based on fictional characters (a girl called Zanele and a boy called Themba) to explore perceptions about dating, relationships, sex and decision-making. During the last activity, participants were asked to generate SRH messages for adults in their community, to highlight different SRH-related issues, and request support and information.

### Ethical considerations

Ethical clearance was obtained from the Research Ethics Committee of the Human Sciences Research Council (HSRC) (ref. no. 4/19/10/16). The study adhered to the principles of ethical conduct including protection from harm, informed consent, confidentiality and the right to privacy. Permission to conduct the study was sought and obtained from the Mpumalanga Department of Education. Prior to data collection, parental consent was sought and participants signed an assent form.

### Data analysis

All interviews and group-based activities were digitally recorded and transcribed verbatim. Transcriptions were coded using qualitative data analysis software (ATLAS.ti), and a thematic analysis was used to identify themes.

### Results

The results indicate that much of the information that adolescents receive, either informally or formally, is defined through the danger, damage and disease narrative referred to above; that information functions to regulate and restrain their sexuality. In what follows, we present findings on three themes: timing of dating relationships and

sex; gendered depictions of first sex; and agency in sexual decision-making.

### Timing of dating relationships and sex

Participants' perceptions of dating in romantic relationships generally focused on positive descriptions of mutual love, care and companionship, albeit described more naively by younger participants. Participants indicated involvement in romantic relationships and awareness of peers who are in romantic relationships, yet maintained that dating was for older people. For instance, participants shared that a good age to start dating was between 18 and 25 years. In some ways, it seemed that participants were reflecting the messaging they receive during sexuality education and more broadly from other adults that, despite their lived realities, only adults are emotionally and sexually ready for dating and romantic relationships. In the excerpt below, participants respond to an interviewer asking what indicates readiness to start dating:

Participant 1: *'When you guys connect or when a boy shows interest or buys you things or winks at you.'*

Participant 2: *'After school or after lobola.'* (girls group, 11 - 12)

Participant 1: *'We shouldn't be kissing on street corners; we should only start relationships when we are older.'* (boys group, 11 - 12)

Participants' discussion of decision-making about age of first sex revealed similarly prohibitive views, aligning with societal beliefs that adolescents should not be engaging in early or pre-marital sex. Some participants, however, acknowledged that while sex should be postponed, some of their peers are sexually active. Interestingly, none of the participants gave reasons why sex should be postponed, other than that of age.

Interviewer: *'At what age do youth your age decide to have sex?'*

Participant 1: *'At age 14-15 upwards, although they shouldn't, they do this because they experiment.'*

Participant 2: *'Some at a very young age before this age.'* (girls group, 13-14)

Interviewer: *'When do boys your age decide to have sex?'*

Participant 1: *'When one is in grade 8 or 9 ...because now I'm still at a young age.'* (boys group, 11-12)

Interviewer: *'What do you think Zanele did [when considering having sex with Themba]?''*

Participant 1: *'She can go at age 18 because she has an identity document.'*

Participant 2: *'I think she said no because she is still young and in school.'*

Participant 3: *'She's too young to have sex and she isn't ready for the challenges that come with it.'* (girls group, 13-14)

### Gendered depictions of first sex

While adolescents found themselves contemplating the age of first sex, it was associated with a prohibitive perception that sex is always only dangerous and linked to disease. Peers were identified as the primary influencing agents in decision-making on first sex. Yet their peers' guidance was also framed through a 'danger, damage and disease' narrative. The discussion below illustrates common responses:

Interviewer: *'How would you advise a friend who is considering having sex?'*

Participant 1: *'[I would tell her] not to have sex with him.'*

Participant 2: *'She's too young to have sex and she isn't ready for the challenges that come with it.'*

Participant 3: *'If she falls pregnant, she is going to regret it.'* (girls group, 13-14)

Participant 1: *'I would tell her not to [have sex] because she might fall pregnant.'*

Participant 2: *'I would tell her that she shouldn't because once she is ill with STIs and pregnancy, she will be alone.'*

Participant 3: *'I would tell her to use a condom.'*  
(boys group, 11 - 12)

Discussion about the pleasures associated with sex was strictly related to boys. For instance, when asked what they thought happened after the fictional characters Zanele and Themba had sex, participants again reiterated the risks involved in (assumed) unprotected sex – such as unintended pregnancy – and a lack of positive perspectives on female sexual pleasure, stating that Zanele 'didn't enjoy it because it was sore' (girls group, 13 - 14). The excerpt below is illustrative of such responses:

Interviewer: *'How do you think Zanele feels [after she had sex with Themba]?'*

Participant 1: *'Remorseful.'*

Participant 2: *'Cross and confused.'*

Interviewer: *'Why does she feel remorseful?'*

Participant 1: *'She could've said no and avoided this.'*

Participant 2: *'She didn't want to have sex in the first place and she was scared.'*

Interviewer: *'Why does she feel cross and confused?'*

Participant 2: *'She doesn't know her status, whether Themba loves her or whether she is pregnant.'*

Interviewer: *'How does Themba feel?'*

Participant 1: *'Happy.'*

(girls group, 13 - 14)

Participants' responses indicate ambivalence and even disdain for young girls having sex, while this perception is reversed in relation to boys. An underlying assumption is that girls need to be persuaded or even forced into sex, which they then regret, while boys' sexual activity is associated with sexual pleasure. In this sense, participants' responses reflect the manner in which societal monitoring and controlling of sexuality is predominantly directed to girls, underscored by the belief that boys enjoy sex more than girls. Within prevailing patriarchal societies, women are often perceived to be in 'service' of men and their sexual needs, and hence the perception that sex is something that is not enjoyed by girls and women. These perceptions indicate an absence of affirming narratives for girls' choices to engage in sex, and thus compromising their development of a healthy, positive sexuality.

### Agency in sexual decision-making

Agency in sexual decision-making was complex. Although young people shared awareness about the 'dangers' associated with sex, they are nevertheless faced with advances to engage in sex, as well as their own curiosity and desire. Participants explained that a girl's refusal to have sex, especially if she simply did not want to, was not readily accepted, and she therefore had to lie or offer excuses. This creates a double bind for girls, where on the one hand they are expected to avoid showing interest in sex (as outlined in the previous theme) while, on the other hand, their refusal to have sex is not considered as legitimate in its own right. The excerpts below illustrate these notions:

Participant 1: *'I would lie and say I was raped and I'm not comfortable.'*

Participant 2: *'I would tell him I have HIV and I can't have sex with him, and I don't want to use a condom – so that I scare him.'*

Participant 3: *'I would say I'm scared of my parents, or lie about the reason.'* (girls group, 13 - 14)

In the extract below, girls further describe potential consequences that a sexual refusal might elicit:

Participant 1: *'Themba would've hit her.'*

Participant 2: *'Themba would've accepted that she doesn't want to have sex.'*

Participant 3: *'Themba would've asked his friend's girlfriend to convince Zanele to have sex with him.'*

Participant 4: *'He would've forced himself upon her.'*  
(girls group, 13 - 14)

However, some girls talked about making deliberate choices to pursue relationships and negotiate boundaries within these relationships. When asked how they would respond if their partner wanted to have sex, their responses indicate agency on their part:

Participant 1: *'I would tell him that I am not ready or else dump him if he gives me an ultimatum.'*

Participant 2: *'I would get up and leave, but then would later on talk to him and ask him what exactly he was thinking.'*

(girls group, 13 - 14)

Finally, both boys and girls described how pressure for girls to be in a relationship might create coercive conditions for girls' sexual decision-making. A common societal requirement for girls to have and 'keep' a boyfriend is guided by patriarchal norms, dictating that having a boyfriend is an important part of girls 'performing' successful femininity. In this manner, girls exercise agency when choosing to have sex, but this agency is also constrained by anxiety about needing to secure their relationship through pleasing the needs of their partner. Not doing so may cause a girl to lose her boyfriend to a girl who is willing to have sex, or as suggested earlier and reiterated below, elicit violence:

Participant 1: *'Do it [have sex] if she doesn't want to lose him.'*

Participant 2: *'Do it to avoid losing him to the girls that want him.'*

Participant 3: *'Do it to avoid making Themba angry.'*

(boys group, 11 - 12)

### Discussion

The present study explored the beliefs, perceptions and decision-making pathways about heterosexual sex, dating and relationships among young adolescents aged 10 - 14 years. It revealed that young adolescents, whether sexually active or not, are often curious and conflicted about sex and related decision-making. The findings focus on three themes, with the first theme centering on the timing of sex, dating and relationships.

Relationships were predominantly described in positive ways (in relation to companionship, care and love). Sex and dating are associated with adulthood, despite participants' knowledge of sexual activity among their peer group. The second theme highlights how young adolescents' sexual decision-making is shaped in gendered ways, with a stark contrast between how girls' and boys' sexuality is described. The findings echo existing research that girls are often positioned as sexually passive, while boys are positioned in relation to sexual desire, pleasure and agency.<sup>[23]</sup> The final theme further unpacks agency in sexual decision-making and provides insights into the complexity of girls' agency in particular. While girls are largely considered as lacking agency in sexual decision-making, girls are depicted as both active agents (who can make choices to pursue dating relationships), as well as constrained in their agency (in that they make decisions in a context regulated by patriarchal norms about female sexuality and widespread sexual violence).<sup>[24]</sup>

Significantly, the themes identified in the data overlap and provide the relational context in which young adolescents make decisions about timing and circumstances of having sex. The findings emphasise the importance of wider gendered norms shaping young adolescents' sexual decision-making. Sexuality education remains predominantly guided by a 'danger, damage and disease' narrative, focusing on the need for adolescents to avoid sex, which is seen as risky. Such an approach may neglect important aspects of sexuality, such as relationships and sexual pleasure. Although adolescents may demonstrate the need to talk to their partners about sexual pleasure,

they lack the skill to drive such conversations.<sup>[12]</sup> Our findings indicate that within a context where policy and programmatic emphasis is largely on the SRH of older adolescents, young adolescents require similar guidance, thus challenging perceptions that they are 'too young' to engage with such content.

Also notable is how sexual coercion and violence run through participants' accounts. Interventions with this age group need to consider the ubiquitous nature of gender-based violence and to meaningfully engage with rigid and harmful gendered norms that underpin such violence. These norms largely override girls' agency in sexual and relationship decision-making, and reinforce masculinity as expressed through sexual aggression and dominance. Sexuality education and related interventions need to support young adolescents in navigating unequal gender relations, while simultaneously avoiding reinforcing gender stereotypes and assisting young adolescents in developing a healthy, positive view of their sexuality.

## Conclusion

While the use of purposive convenient sampling might have limited the generalisability of the study findings, it offered the opportunity for an in-depth focus on this overlooked age group within an under-resourced rural community. Additionally, the participatory approach helped to facilitate structured conversations between researchers and participants in an engaging way.

The findings have implications for policy and practice. SRH initiatives cannot be postponed until older adolescence or young adulthood; instead, it needs to start in early adolescence, where young adolescents' beliefs about sex and dating are shaped. Public health approaches to adolescent SRH can be broadened to include an explicit focus on interrogating harmful gendered norms that limit girls' agency and depict boys in disparaging ways. Moreover, SRH initiatives can benefit from engaging the relational context in which sexual decision-making occurs and representing a more comprehensive view of sexuality that extends beyond a focus on the negative outcomes of sex; this includes conveying a balanced, non-judgemental approach that acknowledges younger adolescents' sexuality and their ability to make decisions about their SRH, in order to craft responses that are not only age appropriate but also relevant to their lived experiences. In doing so, young adolescents can be provided with a supportive environment for this age group to make informed choices and develop positive, healthy sexualities.

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