

CIRCUMSTANCES SURROUNDING FIRST SEXUAL INTERCOURSE AND BIRTH CONTROL BEHAVIOUR OF PREGNANT WOMEN AND MOTHERS UNDER THE AGE OF 20¹⁾

RENÁTA KYZLINKOVÁ^{*)}

Abstract: The author of this article examines the reasons for the 'responsible' or the 'irresponsible' sexual behaviour of young women who become mothers while still in their teens. The emphasis is placed on partner communication connected with first sexual intercourse and the increased risk of sexual abuse among the observed population.

Sexuality in adolescence as an important factor in the transition from childhood to adulthood

In connection with the life strategies and reproductive behaviour that researchers studying the issue of adolescent mothers usually focus on, it is important that they also examine the sexual behaviour and the timing of the first sexual intercourse of these women. The circumstances of sexual activity are significant predictors of demographic events such as fertility and abortion among teenagers. During adolescence, sexuality, sexual behaviour, and related decisions become a very important part of life, mainly owing to physical changes, pressure from society and the media, attempts to conform to peer values, personal curiosity, and finally also the longing for independence from one's own family.

The start of sexual activity represents a certain turning point in the physical and mental development of men and women in every society. The age at which people first become sexually active and the circumstances of a first sexual intercourse can have temporary or long-term consequences for the individual going through the experience. Once women become sexually active there are health and social consequences to this behaviour, especially if the woman becomes pregnant and the pregnancy leads to unplanned parenthood or to an induced abortion. In some cases, sexual intercourse at an early age occur involuntarily – e.g. as a result of rape, incest, or prostitution for financial or other reasons. In addition, from the moment of the very first sexual intercourse an individual is exposed to risks connected with sexually transmitted diseases (*Alan* 1989). In the light of these facts, the sexual behaviour of adolescent mothers is generally described as risky behaviour.

For this reason we were interested in learning how teenage mothers evaluate not just their sexual life in the past but also in the present, and how they view their first sexual intercourse in retrospect and what their views are on birth control behaviour. It is the failure to use or the inconsistent use of birth control that has sent their lives in a different direction than what the girls would once have imagined.

¹⁾ The article is based on the doctoral thesis the author has wrote in the Department of Geography and Geodemography, Faculty of Science, Charles University. The research was supported by the Research Institute for Labour and Social Affairs, Prague.

This article was published in *Demografie*, 2008, 50 (2), p. 99–108. The contents of the journal are published on the website of the Czech Statistical Office at: <http://www.czso.cz/csu/redakce.nsf/i/demografie>

^{*)} Direct all correspondence to: Mgr. Renáta Kyzlinková, Research Institute for Labour and Social Affairs, Palackého nám. 4, 128 01 Praha 2, Czech Republic, renata.vaskova@vupsv.cz

The theme of sexual and birth control behaviour of pregnant teenage women and mothers was part of a wider qualitative study of such a group of women, which was conducted between March and June 2004. As part of this study, 58 semi-standardised in-depth interviews were carried out with women who were pregnant or gave birth to their first child before the age of 20²⁾. With a view to our topic, the methodology used in the qualitative survey followed an interpretative approach, with the objective of describing the phenomenon in the words of the teenagers themselves and thus of taking into account their perspective of the issue.

The circumstances surrounding the first sexual intercourse of pregnant teenagers and teenage mothers

From a health perspective, the ideal first sexual intercourse should be a planned (not a shock), desired (by both partners), protected (against unwanted pregnancy and sexually transmitted diseases) intercourse that gives both partners enjoyment and makes both of them happy (*Mitchel and Wellings 1998*). It is difficult to determine the ideal age at which the first sexual intercourse should occur and it depends on the situation of each individual. It is necessary to consider the asynchronous nature of the process of growing up, i.e. people mature biologically faster than they do socially or psychologically. However, with regard to the population of teenage mothers, their description of their first sexual intercourse is usually little like the ideal described above:

It was at a party... we were celebrating someone's birthday, and I was really drunk. And then I don't know, I just started something with this guy, I didn't even know him. When I saw him after I realised that I didn't even like him. (Kristýna, age 19, one daughter aged 2 months)³⁾.

Age at the time of first sexual intercourse

According to available data, the observed population becomes sexually active at a much younger age than the average in the Czech Republic. In the sample in our study, the average age of girls at the time of their first sexual intercourse was 15.2 years. Currently the average age of first sexual intercourse for the population of the Czech Republic, for both males and females, is 18 (*Weiss and Zvěřina 2004*)⁴⁾.

The fact that women who become mothers as teenagers begin to be sexually active at a younger age than their peers has been confirmed in a number of foreign studies. However, they usually invert the relationship, i.e. girls who become sexually active at a younger age than their peers are more likely to become pregnant by the age of 20 (*Hofferth et al. 1987; Harvey and Springer 1995*). Twelve girls (21%) in our sample had even become sexually active before the age of 15, which according to legislation currently in effect in the Czech Republic⁵⁾ is the legal age limit for sexual intercourse. A shared feature of this group of girls was that the majority were Roma. Out of the twelve Roma girls in the sample exactly one-half had become sexually active before the age of 15.

²⁾ To ensure the data were current, the maximum age of the respondent's first child was set at 3 years; so the respondents should have been no older than 23. The screening of pregnant teenagers and teenage mothers was conducted by contacted staff at health facilities, staff of various social centres, civic associations, and charities. The interviews were conducted throughout the country and took between 35 minutes and 1 hour and 35 minutes. However, considering the issue, the sample is not and cannot be representative.

³⁾ The names of the girls have been changed to preserve the anonymity of the respondents.

⁴⁾ The figures are the average for the whole population of the Czech Republic aged 16 and over.

⁵⁾ According to § 242 of the Penal Code it is a criminal offence to have sexual intercourse with or in any way sexually abuse a person under the age of 15.

Sexual abuse

Sexual abuse unfortunately not infrequently comes up as a factor connected with early parenthood and the girls affected will most likely have to come to terms with the consequences of this abuse for the rest of their lives. Five of the girls in our sample were sexually abused at a young age by their own father or step-father. Two of these girls suffered the abuse after their father had obtained custody of them following their parents' divorce.

I⁶⁾: It must have been really bad, you moved a lot and then from age 14 you were sent to a children's home, and someone figured out that you'd been beaten at home?

R: No, that wasn't the reason. My dad raped me, then I went to tell the cops and my mom didn't believe me, so they put me in a children's home... They investigated it, but then I took it back and said it wasn't true. It was getting to me, on my nerves. The constant interrogations and stuff... (Nela, age 19, one daughter aged 6 months)

R: ...I was already grown, but dad was alone, so it started to be kind of hard... It was that I was getting big, and he was a guy and I was a girl... I didn't understand it then, I don't know if he tried to explain it to me, but it was intimate, it wasn't nice.

I: Did he abuse you in some way?

R: Yes... I was in the sixth grade.

I: And did you tell anyone?

R: And if I told someone, then, of course, who's going to believe a little girl, right? (Patricie, age 19, four months pregnant).

For all the girls who had been abused or raped the memory of it was still very vivid, even though most of them were talking about it several years after it had happened. Our finding that teenage mothers often grow up in a home environment where rape and abuse has occurred conforms to findings in foreign studies (Boyer and Fine 1992; Swenson 1992), which indicate that there is a close relationship between teenage pregnancy or motherhood and a history of sexual abuse. Sexual abuse is also associated with becoming sexually active at an early age. Women who had become sexually active at a very young age, i.e. before the age of 15, indicated more often than others that they had been raped, that their first sexual intercourse had been involuntary, or that it had occurred outside a long-term relationship (Elo et al. 1999).

In addition to sexual abuse in the family, another three girls described their first sexual intercourse as rape (Lenka, Tereza, Erika). Romana, another girl, did not describe her first sexual intercourse as rape, but according to her it was involuntary and forced, even though it was with a partner she was in a relationship with.

The vulnerability of the girls in the study was caused by the background family, in which the mother had frequently changed partners over time and that increased the risk of possible abuse. In cases where the mother's partner had committed such abuse and the girl dared to tell her mother, in an effort to save her relationship the mother refused to believe the girl and either ignored what she said or, worse, accused the girl of being responsible for what had happened because of her provocative behaviour.

Then it got worse, he [the mother's partner] started taking advantage of me in front of my friends, he'd like come and touch my underpants, so I told mom... Even her family [the mother's parents and grandparents] were saying that I'd been doing everything to get him into bed, that I was jealous that mom had him (Romana, age 17, one son age 1 month).

In the observed population sexual abuse or harassment in the family often made the girls worried about or afraid of being intimate in the future.

⁶⁾ I: Interviewer, R: Respondent.

First sexual intercourse: anticipated or accidental?

If we go back to the circumstances of the first sexual intercourse and focus on girls who were not sexually abused, we find that only very few of them evaluate their first sexual intercourse as an event that was planned and anticipated, even though more than one-half of them had their first intercourse with a partner they were in a steady relationship with.

Many of the girls' narratives about their first sexual intercourse made characteristic use of the word 'mistake'. Also, 21 girls described their first sexual experience as 'a one-night stand'. Only two girls prepared with their partner for their first sexual experience beforehand. Both of these girls had their first sexual experience with partners for whom it was also their first time. Although the observed sample contains girls who had their first sexual experience with a steady partner they were in a relationship with, except for the two just mentioned none of them talked about the experience with their partners beforehand. The timing of their first sexual experience was described as 'it happened suddenly', 'it just happened', 'it occurred all of a sudden', etc.

The data show that it is very difficult for inexperienced adolescents to talk to each other about first intercourse. The lack of communication about sexual life is then reflected in a failure to make adequate use of protection during intercourse, which can have far-reaching consequences (see the chapter 'Birth control behaviour of adolescent mothers: attitudes towards protected sex'). The silence that surrounds first sexual intercourse may be the result of ambivalent feelings on the part of the girls. These feelings may derive from the disparate expectations of each partner.

The casuistries are confirmed by other empirical findings indicating that men are more perceptive than women of the stimuli and situations conducive to sexual intercourse (Moore *et al.* 1993; Mitchel and Wellings 1998), and this is both biologically and socially determined. Characteristics ascribed to men like being goal- and success-oriented and self-confident can also become apparent in sexual self-expression. It is not rare for the expectations of men to be fulfilled to the detriment of the expectations of their female partner, and the girls are pushed into something that they themselves do not yet want or are not yet sure about. Male dominance is most evident when the girls are unable, embarrassed, or afraid to talk openly about sexual intercourse with their partner. These circumstances can ultimately lead the girls to feel confused and unhappy about the act of sex. Male dominance in a relationship is all the more present in the case of teenage mothers, as they become sexually active at a very young age.

I: When did you first make love with someone? How old were you?

R: Hmm, I was, I think, something like fifteen, I guess.

I: And who was it with? Was it someone you had been seeing for some time?

R: No, I mean I knew him for some time, and then I used to see him sometimes for a while, but, I don't know, it wasn't like we were going together or anything... So he, I don't know, he ran into me, he had some ideas, and I liked him too, so we just like... and so it just somehow...

I: How did you like your first sexual intercourse?

R: Well it was nothing really. It was just sort of smack bam and then nothing. (Aneta, age 18, five months pregnant).

Based on available data, it is apparent that the majority of girls had similar feelings about their first sexual intercourse. Only four girls explicitly said that they liked their first sexual experience and enjoyed it. The others assessed it either in neutral terms or in the majority of cases they indicated feelings of pain or disappointment. In the discourse of contemporary adolescents pain is an essential part of the first sexual intercourse. Many girls indicated that they were afraid of their first sexual intercourse based on information they got from their girlfriends.

R: *I was afraid of the first time, but then I liked it.*

I: *But you were afraid of it?*

R: *Yeah, I was.*

I: *Why?*

R: *Well, the girls, I was a virgin, they were experienced, so they told me that it doesn't hurt much, then one girl told me that it really hurts, that you bleed* (Veronika, age 16, three months pregnant).

Some voiced the opinion that the first sexual intercourse is essentially a necessary evil and it is best to get it over with.

The first time definitely no [she didn't like it]. *I guess I felt good that I finally got it over with.* (Lydie, age 19, one son aged 1 year)

Promiscuous sexual behaviour and steady relationships

In the sample, 21 girls, or one-third of the sample, had their first sexual intercourse with the father of their child, and 16 (28%) of the teenage mothers had only one sexual partner in life, i.e. the father of their child. The research sample is of course very diverse, and it contains both girls who favoured long-term relationships and girls who had had several partners and brief acquaintances. Given the age range in the sample it would be inaccurate to observe the average number of sexual partners the girls had. What is interesting, however, is that some of the girls were unable to say how many sexual partners they had had, and that to some extent the sample divided into two groups. The first group contained those girls who had only had one partner, the second contained girls who had had multiple partners (usually around 5 or 6). Only one of the girls (Nela) was unsure who the father of her child was. To generalise on the basis of the data, the girls with a more promiscuous sex life usually came from more socially at risk families or grew up in an institution and generally were more inclined to engage in risky behaviour (running away from home, drug use, parties, alcohol, etc.). Foreign studies have also demonstrated the links between risky behaviour and the start of sex life at a younger age, alternating partners, and more frequent sexual encounters (Hockaday *et al.* 2000; Harvey and Springer 1995; Gillmore 1992).

I: *Karel is listed as the father?*

R: *I didn't list anyone because I was going with this one guy and then I met Karel and I didn't know who's it was. I was going with Karel, but I had someone on the side because I didn't know if Karel was serious about me.*

I: *How did you find out that the child is Karel's?*

R: *Well she looks like him now, everyone says it.*

I: *You're still not sure?*

R: *Well, no, I'm not sure.* (Nela, age 19, one daughter aged 6 months)

Birth control behaviour of adolescent mothers: attitudes towards protected sex

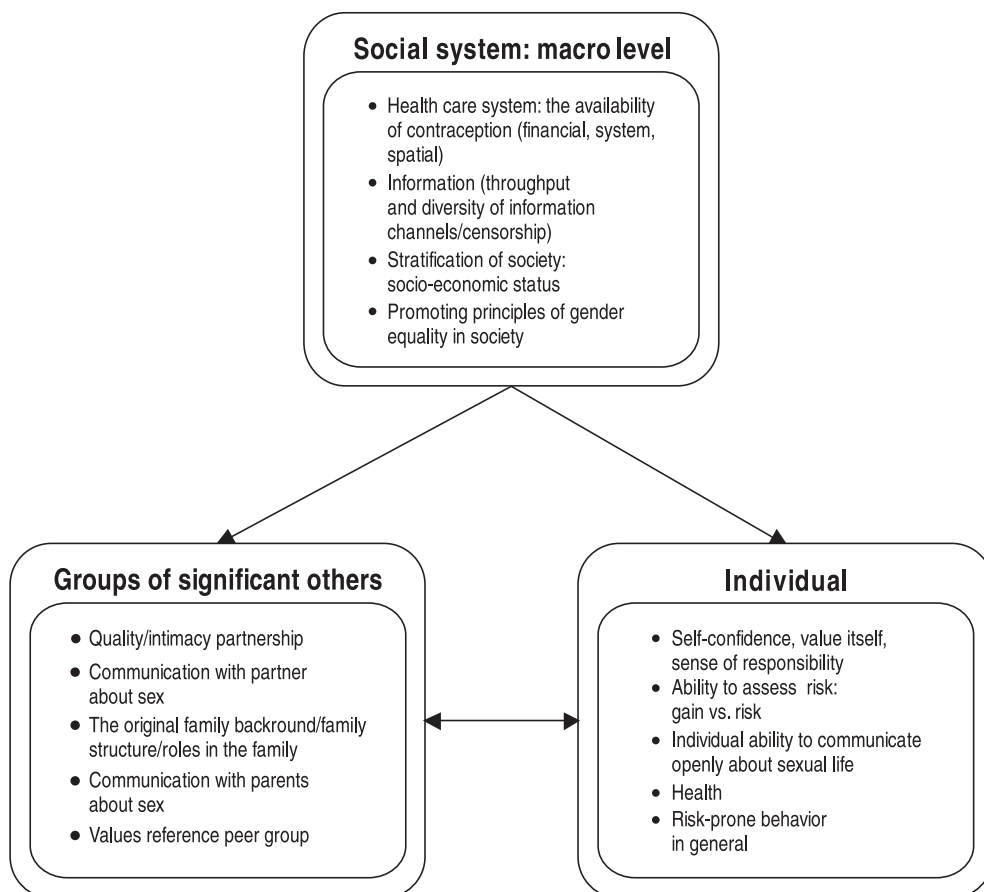
In Czech society, once an individual reaches the age of 15 he or she can freely make their own decisions about their sexual life. This freedom then also applies to choosing a method of birth control. While the system places almost no obstacles in the way of people who choose to use a condom during sex, the decision to use an IUD or birth control pills requires a visit to the doctor for a physical examination. Minors from the age of 15 do not however need their parents' approval to use any contraceptive method⁷⁾.

Sexual activity at a young age is typically very irregular and thus also hard to predict. A responsible approach to sexual life thus requires more discipline and self-control from adoles-

⁷⁾ Unlike induced abortion, where, if the woman seeking the induced abortion is under the age of 16, parental consent is required.

cents than it does from people who have a regular sex life. The problems with unreliable birth control behaviour are amplified by the lack of experience and the immaturity of adolescents. Although young people may possess theoretical knowledge, they lack the practical experience to properly use different types of birth control. Moreover, what also comes into play are certain characteristics and feelings that are typical for that stage in life when the identity of an individual is still forming, i.e. characteristics like a lack of confidence in one's self, indecisiveness, confusion, etc., which, for instance, make the entire process of physically getting access to a certain contraceptive device insurmountable because the individual may be too shy or embarrassed about it. The novelty of relying entirely on one's self can also lead to the responsibility being passed off on the partner. The close connection between the specific factors that influence the use of birth control during sex is illustrated in Schema 1.

Schema 1 Factors influencing the use of birth control methods in individual social systems



These factors are significantly responsible for the fact that even though the level of information is high and modern birth control is relatively widely available unplanned pregnancy among teenagers is still occurring. Therefore, studying birth control among young women also requires that their thoughts on sexuality and reproductive strategies as a whole also be

studied. Not all the women who became pregnant practised unprotected sex. Conversely, not all the women who did not use birth control during sex felt that becoming pregnant would be a big obstacle in life. However, the research work on this subject usually focuses just on how preventive measures failed and resulted in early parenthood and researchers rarely acknowledge that some girls may view parenthood in a positive light and may not do anything to prevent it (cf. Vašková 2006; Forrest and Singh 1990).

Protection during first sexual intercourse

To study birth control behaviour it is necessary to distinguish between protection during first sexual intercourse and protection when adolescents continue to be sexually active. As for methods of birth control, in this article we are focusing mainly on access to condoms and birth control pills, the two modern birth control methods used most widely among young people.

As indicated above, most of the girls did not plan their first sexual intercourse. This unpredictability means, for instance, that the likelihood that a girl will use birth control pills as protection against pregnancy is decreased.

In the sample of pregnant teenagers and teenage mothers 28 (48%) used a reliable method of birth control during their first sexual intercourse. Those girls who used protection most often used a condom (18 girls). However, the popularity of condoms decreases as young women continue to be sexually active. There were 10 girls who used birth control during their first sexual intercourse, a figure that seems relatively high. This fact can be explained by the relatively large number of girls in the sample who had been raised in institutions where, according to the girls, they are automatically prescribed birth control pills once they turn 15.

If we generally compare the population of teenage mothers with their peers we find that the rate of protection against unwanted pregnancy during first sexual intercourse does not differ much between this population and the other girls. According to the study 'Biographical Study of the Young Generation' dating from 2002 (BVMG02) 57%⁸⁾ of respondents⁹⁾ used birth control during their first intercourse. No statistically significant differences between men and women were found. A condom was the most commonly used method, just as it was in the population of teenage mothers¹⁰⁾. Another relatively interesting finding can be gleaned from the study, which is that birth control use during first intercourse depends on the age at which first intercourse occurs. Respondents who indicated that they did not use any contraception during their first sexual intercourse had sex for the first time at a younger age than those who indicated that they had used some form of protection (Tab. 1).

Table 1 Circumstances relating to the average age at the time of first sexual intercourse and the use of birth control during first sexual intercourse

	Sex	Used contraception	Did not use contraception	F- stat.	Sign.
Average age at the time of first sexual intercourse	Males	17.6	16.6	21.08	0.000
	Females	17.7	16.9	20.88	0.000
	Total	17.7	16.7	42.98	0.000

Source: BVMG02.

⁸⁾ The question read: 'Did you and your partner at that time use any birth control?' Even those respondents who had practised coitus interruptus or used the calendar method could answer in the affirmative. However, these birth control methods are not considered reliable and thus are not included in the category of responsible sexual behaviour.

⁹⁾ 895 respondents aged 25–34. The research was conducted in three regions: Prague (50% of respondents), North-Bohemian Region (30% of respondents), and the South-Bohemian Region (20% of respondents) using representative quota sample selection method for the indicated regions.

¹⁰⁾ Condoms were used by a full two-thirds of young people who did use some form of birth control during first intercourse. Hormonal birth control was used by 18% of couples and the morning-after pill by 4% of respondents.

There are many reasons why birth control is not used during first sexual intercourse. A key one is the inability of partners to talk about the act and circumstances of intercourse, the submissiveness of women to their partner and his views on birth control, and even a certain sense of invulnerability.

Gender stereotypes and communication between partners: factors influencing the use of modern birth control methods

With regard to long-term birth control, girls usually look for methods that are reliable, easy to use, that do not reduce sexual enjoyment, and have no negative side effects.

Condoms are a method of birth control that not only protects against unwanted pregnancy but also against sexually transmitted diseases and in the case of adolescent sexual activity would seem to be an ideal solution. However, the research shows that the use of condoms during intercourse after the first time was sporadic among the girls who became pregnant, because the male partner refused to use a condom. Partners often complained to the girls that sex wearing a condom was unpleasant or they simply refused outright to wear one. It is evident from the girls' statements that in most cases they did not resist their partners' objections and gave in to their wishes.

I: And when you slept together did you use some form of birth control?

R: No, never. We never had enough money for the pills. And he was careful. He said he'd once worn a condom and that it was horrible.

I: And weren't you afraid of becoming pregnant?

R: I don't know, I just trusted him, it worked for three years. (Dana, age 19, nine months pregnant)

I: Didn't you want to use a condom or some other method?

R: He wouldn't have liked that. He wouldn't have enjoyed it... (Zlata, age 19, one son aged 1 year 6 months, and currently five months pregnant)

Few of the girls who met with such an attitude from their partner then decided to use birth control pills and themselves take on the responsibility for protecting themselves against unwanted pregnancy. The usual scenario was to rely on coitus interruptus as a method of protection, which means leaving the responsibility entirely up to their partner. This reliance on the partner, that he will be careful, is to some degree typical for pregnant teenage girls.

I: And it didn't occur to you that you could become pregnant?

R: No, it never did.

I: Why not?

R: I don't know. He said he'd be careful, so I just trusted him, you know? (Andrea, age 20, one son age 1 year 6 months)

Clearly, the sexual activity of the studied population exhibits relatively distinct signs of relationship inequality. Although it might have seemed that women's submissiveness in sexual life is something that had largely been overcome already, this does not apply to adolescent mothers. Inequality in a sexual relationship leaves girls incapable of realising that they primarily need to rely on themselves. However, it is not just the inability to communicate about sex that leads women to make concessions to their partners; it is also their fears for their relationship. Many teenage girls are very unsure about their relationship with a man and fear losing their partner, and that forces them to take ill-considered steps that negatively impact their reproductive health. They put their emotional relationship with their partner before their own reproductive health. Asking a partner to use a condom may even be seen as a sign of distrust in the partner.

If we can say that people gain confidence as they grow older, then teenage mothers, having begun their sexual life at an earlier age, are to some extent at a disadvantage. Their ability to assert themselves in the relationship in the sense of being able to communicate their ideas and expectations to their partner is usually very weak.

R: I was afraid of that [pregnancy] happening, so I knew it could happen, but...

I: Were you afraid to say to your partner that you should buy a condom?

R: I was embarrassed to say it. It seemed kind of dumb.

I: And he didn't suggest it himself?

R: No. (Lucie, age 15, eight months pregnant)

Alongside obstacles caused by the lack of communication between partners, irresponsible sexual behaviour also stems from a widespread 'sense of invulnerability'. Very young girls especially believed that they were not at risk of pregnancy even though they were usually very well-informed about the risks of unprotected sex.

While we did find evidence of a lack of knowledge or information about reproductive health, there were only four such cases.

I: Didn't you use any birth control?

R: No.

I: And didn't you even consider it?

R: No.

I: It never occurred to you that you could become pregnant?

R: No, it didn't.

I: Weren't you concerned about catching any sexually transmitted diseases?

R: It never occurred to me. (Líba, age 19, eight months pregnant)

Birth control pills were used most consistently in the case of permanent relationships. As mentioned in the introduction, many of the girls used birth control for at least some period of time. However, the biggest problem was being disciplined about taking the pills regularly. Consequently, when the girls were asked whether they were using some form of birth control when they became pregnant, most of the girls would probably have answered affirmatively.

Another apparent problem was a lack of knowledge about and familiarity with the instructions for taking birth control pills. In two cases pregnancy occurred when the women were switching to a different type (brand) of birth control pills, and in one case when prescription renewal was delayed while the woman changed doctors. All three girls believed that taking birth control pills throughout their cycle would afford them some protection against pregnancy for a certain period even after they stopped taking them.

Well, half a year later, I was on the pill...we were arguing a lot, and I really love him, and since I was so stressed out I forgot to take my pills and after I forgot I wanted to make up for it and so I took them normally but it didn't work because I'd forgotten some pills, so I ended up like this. (Helena, age 17, eight months pregnant)

Girls who stopped using birth control pills or never started using them even though they had seriously considered it was significantly influenced by how expensive this form of birth control is. Those girls who stopped to take their pills were more often girls who had been raised in institutions or children's homes until they reached adulthood. Here again we find a reduced level of communication between partners. The majority of girls were unable to talk about the expense of birth control pills with their partner. Only two girls in the sample received some assistance in paying for birth control pills from their partners.

Conclusion

The discussion in this article focused on the circumstances surrounding first sexual encounter and on selected factors influencing the use of birth control among pregnant teenagers and teenage mothers. In the observed population first sexual intercourse is usually unplanned and unexpected and partners do not discuss it in advance. Adolescent mothers are also at relatively strong risk of sexual abuse because they tend to come from an unstable background family and have mothers who frequently changed partners.

The women who had become mothers or pregnant before the age of 20 also became sexu-

ally active at an earlier age than the average population. One-fifth of the girls in the sample had sexual intercourse for the first time before the age of 15. This very early start to sexual life has a significant influence on relationship inequality. It was apparent that many young girls, still unsure of themselves, were unable to talk effectively with their partners about intimate life. Submissive behaviour towards the partner had a significant impact on responsible sexual behaviour. Total reliance on the partners was one of the main reasons why unplanned pregnancies occurred. Many of the respondents' partners refused to wear a condom because they claimed it was unpleasant during sex. The girls then put blind trust in the method of coitus interruptus. Not all the girls were able by themselves to assume the responsibility of protecting themselves by taking birth control pills. Some of them for health reasons were unable to use birth control pills. However, other reasons that ruled out the use of birth control pills were their high cost, the need to see a doctor in order to obtain hormonal contraceptives, or concerns about side effects like weight gain. However, the biggest problem with this form of birth control proved to be inconsistent use. Few of the girls in the sample suffered from a lack of knowledge or information about different methods of protection during sex. Rather than a lack of knowledge, what was found was a certain sense of invulnerability on the part of the girls or the belief that they would not get pregnant.

It was beyond the limited scope of this article to discuss the other factors that have a significant influence on the use of birth control methods. These include the influence of the school, various interest organisations, cultural environment, and especially the opinions of one's peers. Another theme that should not be overlooked with regard to the sexual and birth control behaviour of adolescents is the role of the family, especially the mother, in the process of sexual socialisation.

References

- Alan, J. 1989. *Etapy života očima sociologie*. Praha: Panorama.
- Boyer, D. and D. Fine. 1992. 'Sexual Abuse as a Factor in Adolescent Pregnancy and Child Maltreatment.' *Family Planning Perspectives*, 24, p. 4–11.
- Elo, I. T., R. Berkowitz-King and F. Furstenburg Jr. 1999. Adolescent Females: Their Sexual Partners and the Fathers of Their Children. *Journal of Marriage and Family*, 61 (1), p. 74–84.
- Forrest, J. D. and S. Singh. 1990. 'The Sexual and Reproductive Behavior of American Women, 1982–1988.' *Family Planning Perspectives*, 22, p. 206–214.
- Gillmore, M. R., S. S. Butler, M. J. Lohr and L. Gilchrist. 1992. 'Substance Abuse and Other Factors Associated with Risky Sexual Behaviour among Pregnant Adolescents.' *Family Planning Perspectives*, 24, p. 255–268.
- Harvey, S. M. and C. Springer. 1995. 'Factors Associated with Last Sexual Behavior among Adolescents: A Multivariate Analysis.' *Adolescence*, 30, p. 253–264.
- Hockaday, C., S. J. Crase, M. C. Shelley and D. F. Stockdale. 2000. 'A Prospective Study of Adolescent Pregnancy.' *Journal of Adolescence*, 23, p. 423–438.
- Hofferth, S. L., J. R. Kahn and W. Baldwin. 1987. 'Premarital Sexual Activity among U.S. Teenage Women over the Last Three Decades.' *Family Planning Perspectives*, 19 (2), p. 46–53.
- Mitchel, K. and K. Wellings. 1998. 'First Sexual Intercourse: Anticipation and Communication. Interviews with Young People in England.' *Journal of Adolescence*, 21, p. 717–726.
- Moore, S. and D. Rosenthal. 1993. *Sexuality in Adolescence*. London and New York: Routledge.
- Swenson, E. 1992. 'A Profile of Young Adolescents Attending a Teen Family Planning Clinic.' *Adolescence*, 27, p. 647–654.
- Vašková, R. 2006. 'Rozhodovací procesy –náctiletých těhotných dívek vedoucích k volbě časného rodičovství.' In Hamplová, D., P. Šalamounová, and G. Šamanová (eds.) *Životní cyklus sociologické a demografické perspektivy*. Praha: Sociologický ústav AV ČR.
- Weiss, P. and J. Zvěřina. 2004. *Závěrečná zpráva z výzkumu: Sexuální chování obyvatel ČR (srovnání let 1993, 1998 a 2003)*. Praha: DEMA and Sociologický ústav, I. lékařská fakulta UK a FVN.

RENÁTA KYZLINKOVÁ (Vašková) studied sociology at the Faculty of Arts, Charles University in Prague, and demography at the Faculty of Science, Charles University in Prague. She is currently a doctoral student in the Department of Demography and Geodemography at the Faculty of Science and a senior researcher at the Research Institute for Labour and Social Affairs, where she has been working since 2000. Her thesis is focused on the issue of teenage pregnancy and parenthood. As a senior researcher her interest lies in the area of working conditions, gender, and family policy.