The Effect of Parental Mediation and Peer Group on Adolescents Sexual Initiation

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Abstract- Increased sexual interaction and early initiation of adolescents into sexual activities have led to irresponsible and risky sexual behaviors among the adolescents. This paper examines the effects of parenting mediation, peer group influence as correlates of risky sexual behaviour among undergraduate adolescents. Parents and peers are central to adolescents' lives and extensive research shows that parents can influence adolescent and young adults' sexual decision-making. Early sexual initiation (before age 16) is likely to involve sexual risk-taking and expose young people to unwanted sex, sexually transmitted infections, and teenage pregnancy. Research has revealed that early sexual behaviour is manifested in the youth's high incidence of pregnancies, abortions, stress and sexually transmitted diseases, including HIV/AIDS. It is recommended among others that there should be implementation of a well planned sexual and reproductive health education at different levels of educational institution.

Keywords- parental mediation, peer group, sexual initiation, adolescents

1.Introduction

Adolescence can be a confusing and unsettling time for young adults. Changes to their bodies, their interests, and their social relationships cause them to question who they are and how they fit into the dynamic and confusing world around them. They question their place in their family, with their friends, with their teachers, and with others around them. This is a time of increased self-awareness, self-identity, self-consciousness, preoccupation with image, and concern with social acceptance. Adolescents are trying to discover and solidify their sense of self and their roles in society (Moffit, 1993) Young people's decisions about whether and when to engage in sexual activity and how to do so safely are influenced by many factors. Family values, religious beliefs and affiliations, parental monitoring, social and cultural background, self image, media, peer influence, and education all play major roles. For adolescents who make a decision to abstain or postpone sexual activity, the support of family, health professionals and educators is important to counteract peer pressure and other societal influences. Adolescents who perceive themselves as having such support usually exhibit healthier decision making (Massachusetts Department of Education, 2010). Practicing abstinence or using contraceptives is less influenced by education and information than by cognitive developmental stage, personal beliefs, lifestyle, social and cultural background, opinions and practices of peers, and external support systems. Values involving choice of partner, selfimage, peers or family and even pregnancy may have a powerful influence on decisions about contraceptive use. Information about practicing abstinence and the proper use of each method of contraception, in addition to recognition of emotional, cultural, psychological, or economic issues, is critical to reducing and preventing adolescent pregnancy and sexually transmitted diseases (STDs) and HIV infection (Massachusetts Department of Education, 2010).

Paunchaud (2000) postulated that sex is the greatest troublesome question when the subject of adolescence is discussed. He further added that sexuality is one of the key issues of adolescent development. It is clear that sexuality related issues in general and sexual issues in particular consume the thoughts of adolescents as they anticipate and worry about their development and behavior. Likewise the sexual behavior of the adolescents is a constant source of concern for parents who are interested in their children's well being and sexuality. Sugar (1990) articulated that the complex nature of adolescents' sexuality is like an evolving complex kaleidoscope jigsaw puzzle in which the pieces, the clues, the questions and struggles, explorations and the answers may change shape and color before a full pattern is formed. It is also to a larger extent affected by the influence of their peers who by the virtue of their proximity to the adolescent greatly influence the course taken by one's sexual behavior.

As these devastating consequences of uninformed and irresponsible sexual behavior continue to take its toll on adolescents, there is probably no better intervention than to create an insight into the effect of peer influence on the adopted sexual behavior of the adolescent. The insight would be on creating an awareness of the movers and shakers involved in the formation of sexual behavior by adolescents.

1.1Statement of the Problem

The increase in irresponsible sexual behavior among adolescents has given rise to a worrying trend in increasing unexpected pregnancies, abortion and its concomitant trauma, sexually transmitted infections and more worrying increasing prevalence of HIV/AIDS among the school

going age. There is a general agreement that peers and family influence greatly the formation of sexual behavior among others through their social proximity to the adolescents. What is not known is whether these influences have an effect on the sexual behavior among students and this was the concern of this paper.

1.2 Purpose of the Study

This paper sought to investigate the effect of family and peers influence on the sexual behavior among adolescents.

1.3 Objective of the Study

The objective of this paper was: To determine the effects of peer influence on the sexual behaviors of students in secondary schools.

1.4 Significance of the Study

At no other time in history, had the implications of negative sexual behavior been so adversely felt in our society than it is now. The need to shape and develop socially acceptable sexual behavior was thus necessary and a wish for many stakeholders in education sector. It was expected that the outcome of this study would serve an assessment role in the evaluation of the contributions by peers and parents in the child's adopted sexual behavior. This would assist parents, teachers, guardians, and the government in giving contributions to determine the changes that are required in the school syllabus. This would stem acquisition of unacceptable sexual behaviors. This would assist in communicating to the adolescents' message targeting positive sexual behavior. The study would also shed new light on the effect of peers and parents influence on sexual behaviors among secondary school students. This study would serve as a basis for further research in future.

The paper will provide young people with age-appropriate, culturally relevant and scientifically accurate information to manage relationships with their peers, parents and other adults and their communities. It will also equip young people in secondary schools with knowledge and skills to make responsible choices in their lives, particularly in a context where they have greater exposure to sexually explicit materials through the internet and other media.

2. Theoretical Framework

This study employed Freud's psychosexual theory of development. According to Freud (1966), a person goes through five stages of psychosexual development and at each stage of development we experience pleasure in one part of the body more than in others. He noted that the experiences of the phallic stage that is Oedipal and Electra complexes are relived during adolescence stage of 13-18 years. He therefore postulated that the adult personality is determined by the way conflict between early sources of pleasure, the mouth, the anus and then the genitals and the demands of reality are resolved. He concludes that an individual may become fixated at a particular stage of development. According to Freud (1966) the genital stage is a time of sexual awakening. As the child grows the source of sexual pleasure becomes someone outside the family, mostly a person of the opposite sex. However, unresolved conflicts with parents re-emerge during adolescence since parents and adolescents are constantly at odds. If these conflicts are resolved he says the individual is capable of developing love relationships and functioning independently as an adult. During adolescence adult sexuality asserts itself. Freud viewed the genital stage as a time in which the libido, hidden during latency phase, reappears. The physical drives are strong and

cannot be easily repressed. Therefore adolescents turn their attention to heterosexual relationship (Freud, 1966).

Values involving choice of partner, self image, peers or family, and even pregnancy may have a powerful influence on decisions about contraceptive use. Knowing the factors that influence this act and how they operate, will not only help to target those youths who are at greatest risk for negative health outcomes but also help in reducing the scourge of

HIV, sexually transmitted infections and teenage pregnancy. Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender. Reported sexual activity among adolescents in developing countries is generally high, although there is considerable variation between countries, and data validity is often poor. There are many settings globally where young people are becoming sexually mature and active at an earlier age without any knowledge or skills that will enable them to live a healthy life and thus become a victim of premarital sex.

Adolescence is a time of extreme introspection. More than their male counterparts, females look to media to help them define and explain the world around them (Polce-Lynch, Myers, Kliewer, and Kilmartin, 2001). Females seeking information about their current developmental tasks will take that information from any available source (Granello, 1997). Adolescence can be a period marked by severe psychological and emotional stress (Durham, 1999). It is during this time that gender identities, values of self-worth and sexual attitudes become topics of relentless and serious contemplation. Adolescents are moving from childhood into adulthood. They want to understand their new roles, their new ideas and their new feelings. This exploration of self and new found independence can result in feelings of anxiety and uncertainty. While these changes are occurring in both males andfemales, it has been found that females experience a more difficult time with this transition than males (Block and Robins, 1993). Adolescent girls are more apt to experience decreased feeling of attractiveness and self-esteem. Girls are more likely to feel ashamed and distressed by the changes in their body and appearance. They become more insecure and self-aware of the changes that occur. Boys however find the progression of adolescence to be a more positive and reassuring time. They tend to experience improved feelings of body satisfaction and self-assurance. While both are increasing in size and changing in shape, boys welcome this change and girls dread it (Durham, 1999).

3. Conceptual Framework

The theoretical framework was based on the Freud's psychosexual theory of development. It shows the relationship between independent variable, extraneous variables and dependent variable. The illustration in Figure 1 is a pictorial presentation of the interaction between variables. The conceptual framework was based on the premises that a relationship existed between the input variable which was the effects of peer influence as depicted using the directional arrows. The presentation shows sexual behavior as being attributed to effect of peer influence.

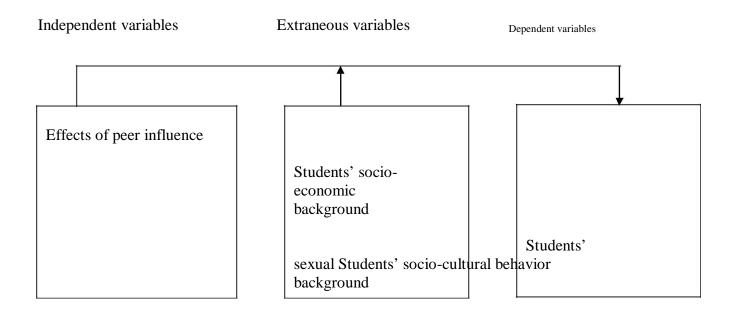


Fig. 1: Determinants of adolescent students' sexual behaviors

4. Discussion

During this stage, adolescents experience intense sexual desires and anxieties and are very much influenced by their peers to engage in sexual activities. All this happens when majority of them generally lack cognitive and emotional maturity, information and resources to protect themselves from exploitation, pregnancy, and sexually transmitted infections/diseases. Therefore, peer influence greatly determines whether one will develop safe (good) sexual behavior or risky (bad) sexual behavior. In the study, the respondents were asked whether their peers encouraged them to engage in premarital sex.

The media

The family is the first institution that the child comes in contact with. It is also an intimate social setting where the child first experiences love, care and attention that eventually help in launching him/her into the larger society (Viatonu, 2004). Parents also may be important in influencing young people's use of contraceptives. Direct discussions about sexual behaviour between teenagers and their mothers were found to be most effective in high school years and beyond where peer approval was quite more influential (Treboux and Bush-Rossnagel, 1995). This suggests that parental influence may be particularly significant through indirect means and, to a lesser extent, through direct communication. The relevance of these findings is not clear but studies have found little association between teenage sexual experience and parental relationships (Cubis and Raphael, 1985). Parental attitudes and views may influence adolescents but the available research evidence suggests that this is very limited. Moore and Chase-Lansdale

(1999), found that parents who held strong traditional views about premarital sex and communicated these to their daughters were the only group able to influence their children's sexual behavior. Relationships within the family are also significant. It has been suggested that there is a link between the young people's satisfaction with their child-mother relationship and the likelihood of them being sexually experienced (Jaccard, Dittus and Gordan 1996; Moore and Rosenthal, 1993).

The lack of attentive and nurturing parents was linked to early sexual activity while a stable family environment was associated with later initiation of sexual intercourse (Whitebeck, Hoyt, Miller and Kao, 1992). Family control variables are a measure of the pervasiveness of the parental influence on adolescent behavior. Parents, especially mothers, exert a great influence on the child's attitudes, norms, values and standards of right or wrong.

Performance of socially accepted behaviour is rewarded while performance of socially undesirable behaviour is punished. Parenting style is measured in terms of the youth's perception of their parent's level of strictness; perceived parental attitude towards smoking, drinking and early marriage as well as whether the family prays together. It is safe to assume that adolescents who see their parents to hold conservative attitudes regarding these matters are more likely to have been reared in a more conservative family setting and thus are expected to refrain from engaging in risk behaviors. On the other hand, those who view their parents to be more permissive are expected to eventually adopt a more liberal attitude and thus are more likely to engage in risk behaviors as well (Panopio and Rolda, 2000). Adolescents who perceived their parents to frown upon such practices are more likely to restrain from engaging in such behaviours even as teenagers from divorced single-mother homes are significantly more likely than teens in never-married single-mother homes to become pregnant (Go, 1993).

However, while parental remarriage seems to offer little protection regarding teen sexual activity, a recent study on remarriage's effect on teen pregnancy points in a different direction. It found that young women whose parents remarry after divorce have lower rates of teen pregnancy than do young women in single-parent homes-rates that are similar to those of young women raised by their own married parents. (Centre for Marriage and Families, 2005) involvement in adolescent television viewing could moderate the relationship between viewing and initiating intercourse. Adolescents who do not discuss television with their parents have higher rates of intercourse compared to those who do discuss television content with their parents. Family communication patterns (concept orientation versus social orientation) seem to influence the way adolescents make inferences and draw connections about sexual media (Moore and Chase-Lansdale, 1999). Teenagers from non-intact families are more likely to be sexually active. There appear to be no significant differences in sexual behavior between adolescents from stepfamilies and those from single-parent families. The similarity of sexual behaviour among these two groups of adolescents suggests that remarriage presents some risks with regard to monitoring adolescent behaviors effectively and transmitting values that deter early sexual relationships. Teenagers from divorced single-mother homes are significantly more likely than teens in never-married single-mother homes to become pregnant (Centre for Marriage and Families, 2005).

5. Conclusion, and recommendations

Adolescence is a universal experience in the transition to adulthood, and a life stage with distinct physiological, sexual and psychological characteristics. It is associated not only with sexual maturation but also with profound changes as part of psychosocial development. School and community influences begin to compete with the home environment as key factors in young

people's lives. Broader community influences, such as the media, have an increasingly important effect on attitudes and behaviours. The settings in which adolescents live, learn, work, play and worship provide opportunities for them to strengthen both their sense of identity and their social, emotional and intellectual skills. Adolescent health programmes in developing countries need to acknowledge these diverse developmental needs and realities.

Rather than integrating adolescent services with adult or child health services, the focus on integration should be to ensure that all adolescent concerns can be dealt with under the same roof. Furthermore, services should be delivered in accessible settings where adolescents will feel comfortable, i.e. schools for school-going adolescents rather than clinics. These services must be designed to provide information, education and counselling in an atmosphere of confidentiality and trust. It is important to provide gender-sensitive information, preferably involving youth in designing and imparting information. It is essential to recognise that the majority of adolescents will continue to live with their own parents, and as the age at marriage rises in most countries, this will only increase. It is thus important to incorporate partnerships with parents to ensure that adolescent needs and concerns can be adequately addressed in a culturally sensitive manner. Creating a space for parents, teachers and adolescents to interact, catering for the needs of all of them, would be ideal.

REFERENCES

- Block, J. and Robins, R. W. (1993). A longitudinal study of consistency and chance in self- esteem form early adolescence to early adulthood. Child Development, 64(3), 909 – 923
- Cubis, J., L.T. and Raphael, B. (1985). "Correlates of Pregnancy and Sexual Experience in Australian Adolescents" Journal of Psychosomatic Obstetrics and Gynaecology, vol. 4, 237-254.
- Centre for Marriage and Families (2005). Family Structure and Children's Educational OutcomesResearch Brief No. 1
- Durham, M.G.(1999). Girls, media and the negotiation of sexuality: A study of race, class and gender in adolescent peer groups. Journalism and Mass Communication Quarterly, 76(2), 193 216
- Freud, A. (1966). Instinctual Anxiety during publicity: The writing of Ann Freud: The ego and its mechanisms of defense. New York: International University Press.
- Granello, D. H. (1997). Using Beverly Hills explore developmental issues in female adolescents. Youth and Society, 29(1), 24 54. Jaccard, J; Dittus, P.and Gordan, V. (1996). "Maternal correlates of adolescent sexual and contraceptive bahaviour" Family Planning Perspective vol. 28, 159-165
- Jaccard, J; Dittus, P.and Gordan, V. (1996). "Maternal correlates of adolescent sexual and contraceptive bahaviour" Family Planning Perspective vol. 28, 159-165.
- Kilmartin, C. (2001). Adolescent self esteem and gender: Exploring relations to sexual harassment, body image, media influence, and emotional expression. Journal of Youth and Adolescence, 30(2), 225 245.
- Massachusetts Department of Education (2010). Sexuality and reproductive health. Online. Available at http://www.doe.mass.edu Retrieved on 01/11/2011

• Moffit, T. E.(1993). Adolesence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. Psychological Review 100:674-701.

- Moore, M.R., Chase-Lansdale, P.L.(1999). Sexual intercourse and pregnancy among African—American adolescent girls in high-poverty neighborhoods: the role of family and perceived community environment. JCPR Working Paper 117, Northwestern
- Paunchaud, C. Sigh, S. F & Jacqueline, D. (2000). Sexually transmitted diseases among adolescents in developed countries. New York: Wiley.
- Polce-Lynch; M.Myers, B. J; Kliewer, W. and Kilmartin, C. (2001). Adolescent self esteem and gender: Exploring relations to sexual harassment, body image, media influence, and emotional expression. Journal of Youth and Adolescence, 30(2), 225 245. Polce-Lynch; M.Myers, B. J; Kliewer, W. and
- Panopio, I.and Realidad, R. (2000). Society and Culture. Quezon City: JMC Press, Inc.
- Sugar, M. (1990). A typical Adolescents life experiences. California: Brooks Publishing Company.
- Treboux, D. and Busch-Rossnagel, N. (1995). "Age differences in parent and peer influences on female sexual behaviour" Research in Adolescence vol. 5, 469-487.
- Viatonu, O. (2004). Sociology of Education: An Introduction. Ijebu-Ode: Tunsgraphics press
- Whiteback, L. Hoyt, D.Miller, M. Kao, M. (1992) "Parental support, depressed effect, and sexual experience among adolescents" Youth Society vol. 24, 166-177