

# Sexual risk behaviors of female adolescents



**ASSIGN  
BUSTER**

## Sexual risk behaviors of female adolescents

“ Although all sexually active persons are at risk for negative sexual outcomes, or sexual risk, adolescents are a group at great risk” (Hutchinson, 1999. p. 238). Adolescents account for one-fourth of all STDs (American Social Health Association [ASHA], 1998) and a significant proportion of new HIV infections (Centers for Disease Control and Prevention [CDC], 1999, cited in Hutchinson, 2002. p. 238). These sexual risk behaviors include any activity that brings a person in contact with blood, semen and vaginal secretion of an infected individual, thereby exposing the other person (Biglan, et al., 1990). Also, engaging in sexual activity with somebody whose HIV status is unknown and having multiple sexual partners also predisposes one to risk (Biglan et al., 1990).

“ Teenage girls are more likely to be unmarried, have multiple sexual partners, and have unprotected sex compared to adult women” (CDC, 2000; Panchaud et al., 2000 cited by Hutchinson, 2002, p. 238). Some adolescents have multiple sexual partners, yet, do not recognize the fact that they are at risk for STDs including HIV, and do not use condoms (Hutchinson, 2002).

Many of the adolescents who engage in this do not see serial monogamy as having multiple sexual partners, and so may not view their sexual behavior as “ risky” (Alan Guttmacher Institute, 1994. cited in Hutchinson, 2002. p. 239). Due to biological vulnerability of female adolescent, they exhibit some of the highest STD rates of any age group (CDC, 2000). Women face more severe long term outcome from STD infections than men. Women with STDs who are undiagnosed and untreated may develop pelvic inflammatory disease, infertility, congenital infections in infants born to infected women,

increased risk for ectopic pregnancy (Hutchinson & Sandall, 1995), Institute of Medicine [IOM], 1997). These STDs infection increases the risk for HIV infection. According to Hutchinson (2002), girls (13-19 years old) account for 61% of new HIV cases, exceeding the number for boys among this age group. Females accounted for 43.7% of new HIV cases in the 20-24-year olds (CDC, 1999). Sexual activity appears to be the primary mode of transmission because only 4% of cases among 13- to 19-year-old women and 7% among 20- to 24-year-old women were attributed to injection drug use (CDC, 1999), (Hutchinson, 2002). Factors influencing sexual risk behaviors

Study by Zulu et al. 2002; have shown the association between socio-economic status and sexual behavior. Due to economic deprivation in Nigeria, adolescents hardly negotiate for safer sex with their partners who are usually older and richer, so as not to lose the economic benefits that comes from the relationship (Nwoji, 2011). Peer pressure also influences sexual risk taking behaviors of adolescents. The study by Ankomah et al. (2011), shows that peer pressure influences sexual risk taking among Nigerian adolescents. This pressure plays a big role in adolescents' experiences of initial sexual relationships, and this pressure could involve name calling or physical harassment by peers.

Sexual risk communication According to a study by Jaccard & Dittus (2000), parents' sexual values and sexual communication with their children have significant influence on the way adolescents deal with sexual issues including their initiation of sex, participation in sexual activity, and use of contraceptives including condoms. A recent study by Rhucharoenpornpanich et al., 2013 also showed that parents providing information about sexual

<https://assignbuster.com/sexual-risk-behaviors-of-female-adolescents/>

issues to their adolescents influence their teen's sexual behavior in a positive way, and that waiting for their children to initiate sex before providing these information is risky. Also, a research conducted by Hadley et al. (2009. p. 1002) proves that “ adolescents Who report discussing condoms with their parents were significantly more likely to use condoms consistently”

Therefore, there is great need for mothers to discuss sexuality issues like condom use, and other safe sexual practices with their daughters. It is necessary for mothers to anticipate their daughter's engagement in sexual activities, in order to ensure that the adolescents have the right information regarding the consequences of unsafe sexual practices and ways of practicing safer sex or abstinence (Jaccard et al., 1998).

Several Researches have demonstrated that adolescents complain about their working mother's inability to spend time with their families (e. g., Hetherington & Parke, 1993). This shows that maternal employment is associated with less adolescent's supervision. This decreased monitoring however is related to more involvement of peers and adolescent's early involvement in sexual activity (Dornbusch et al., 1983). Communication between parent and child on risky sexual behaviors has been linked with more conservative sexual values and later onset of adolescent's sexual initiation (Hutchinson, 2002). Study by Atienzo et al. (2009) Showed that adolescents who discussed with their parents about sexual risk and prevention used condom at first sexual intercourse.

Mothers by virtue of their position in the family are in a better position to advise their adolescent daughters on sexual issues. This helps equip the daughters in their decisions concerning sexual issues. This goes to show that talking to one's daughter about sex will lead to minimizing the effect of peer/social pressure on these adolescents. Mothers have a critical role to play in moderating/regulating their adolescent's sexual risk taking behaviors. According to Jaccard et al. (1991p. 249), "teen perception of the maternal orientation toward the teen engaging in premarital sex was an important predictor of teen sexual behavior, such that the more disapproving mothers were perceived as being, the less likely the teen was to engage in sex".

Based on the theory of planned behavior by Ajzen 1985, it posits that personal attitudes, subjective norms( which deal with the belief of a person about the way people who are important to him/her will feel if he/she should engage in a certain behavior), and self efficacy are the main determinants of people's behavioral intents. Any effect which is exerted by other factors or external influences, such as mother- daughter sexual risk communication about sexual risk, would be mediated through one or more of these constructs.

### Hypothesis

I hypothesize that female adolescents who receive sex education from their mothers will be less likely to indulge in risky sexual behavior than adolescents who do not receive sex education from their mothers. This is supported by previous research work done by Hutchinson (2002), which shows that the communication between parent and child is related to

conservative sexual behavior of adolescents. Also, Jaccard et al. (2000), found that sexual values of parents and it's communication to their children exert significant influence on the attitudes of adolescents toward sexuality.

The second hypothesis is that mother's disapproval of sexual risk taking behaviors of the daughter will be positively related to reduction in sexual risk behaviors. This prediction is supported by the subjective norms of theory of planned behavior, which posits that a person will not engage in a behavior, if he/she feels that a person of importance will disapprove of such behavior (Ajzen, 1991). The work by Jaccard et al. (1991), shows that the more disapproving mothers were perceived as being, the less likely the teen was to engage in sex. This also supports the hypothesis

Socio-economic status would be negatively correlated with adolescents' sexual risk behaviors. The study by Nwoji (2011) proved that because young women usually have sexual partners who are often older and richer, they may not be able to effectively negotiate for safer sex so as not to lose the economic benefits associated with the relationship. This means that the lower the socio-economic status, the more adolescents will engage in risky sexual behavior.

## REFERENCES

Ajzen I., (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*. 50, 179 -211.

Ajzen I. (1985). From intentions to actions: A theory of planned behavior. In Kuhl, J., Beckmann, J., (eds). Action-control: From Cognition to Behavior. Heidelberg: Springer, : 11-39.

Alan Guttmacher Institute. (1994). Sex and America's teenagers. New York: Author.

cited by Hutchinson, 2002. p. 238

American Social Health Association (ASHA). (1998). Sexually transmitted diseases in America: How many cases and at what cost? Menlo Park, CA: Kaiser Family Foundation.

Ankomah, A., Mamman-Daura, F., Omoregie, G., & Anyanti, J. (2011). Reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*, 2, 75-84

Atienzo, E. E., Walker, D. M., Campero, L., Lamadrid-Figueroa, H., & Gutierrez, J. (2009). Parent-adolescent communication about sex in Morelos, Mexico: does it impact sexual behaviour?. *European Journal Of Contraception & Reproductive Health Care*, 14 (2), 111-119. doi: 10.

1080/13625180802691848

Biglan, A., Metzler, C. W., Wirt, R., Ary, D., Noell, J., Ochs, L., & Hood, D. (1990). Social and behavioral factors associated with high-risk sexual behavior among adolescents. *Journal of Behavioral Medicine*, 13 (3), 245-261.

Centers for Disease Control and Prevention (CDC). (2000). Tracking the hidden epidemics: Trends in STDs in the United States. Atlanta, GA: CDC.

Centers for Disease Control and Prevention (CDC). (1999). HIV/AIDS Surveillance Report, 11(1), 1-42. Atlanta, GA: CDC.

Crouter, A. C., & MacDermid, S. M. (1991). A longitudinal study of parental monitoring in dual and single career families. Paper presented at the meetings of the Society for Research in Child Development, Seattle.

Donovan, P. (1997). Confronting a hidden epidemic: The Institute of Medicine's report on sexually transmitted diseases. *Family Planning Perspectives*, 29(2), 87-8.

Dornbusch, S. M., Carlsmith, J. M., Bushwall, S. J., Ritter, P. L., Leiderman, H., Hastorf, A. H., & Gross, R. T. (1985). Single parents, extended households, and the control of adolescents. *Child development*, 326-341.

Hadley, W., Brown, L. K., Lescano, C. M., Kell, H., Spalding, K., DiClemente, R., & Donenberg, G. (2009). Parent-adolescent sexual communication: Associations of condom use with condom discussions. *AIDS And Behavior*, 13 (5), p. 1002. doi: 10.1007/s10461-008-9468-z

Hetherington, M., & Parke, R. (1993). *Child psychology: A contemporary new point*. New York McGraw-Hill.

Hutchinson, M. (2002). The influence of sexual risk communication between parents and daughters on sexual risk behaviors. *Family Relations: An*



*Interdisciplinary Journal of Applied Family Studies* , 51(3), 283-247. Doi: 10.1111/j. 1741-3729. 2002 00238. x

Hutchinson, M. K., & Sandall, S. (1995). Congenital TORCH infections in infants and young children: Neurodevelopmental sequelae and implications for intervention. *Topics in Early Childhood Special Education*, 15, 65-82.

Institute of Medicine (IOM). (1997). *The hidden epidemic: Confronting sexually transmitted diseases*. Washington, DC: National Academy Press.

Jaccard, J., & Dittus, P. (2000). Adolescent perceptions of maternal approval of birth control and sexual risk behavior. *American Journal of Public Health*, 90, 1426-1430.

Jaccard, J., Dittus, P. J., & Gordon, V. V. (1998). Parent-adolescent congruency in reports of adolescent sexual behavior and in communications about sexual behavior. *Child Development* , 69 (1), 247-261.

Jaccard, J., & Dittus, P. (1991). *Parent-teen communication: Toward the prevention of unintended pregnancies* . New York: Springer-Verlag.

Nwoji, U. B., (2011). Factors affecting adolescent sexual risk behavior in Nigeria and gaps for programming. Paper presented at the University of north Carolina.

Panchaud, C., Singh, S., Feivelson, D., & Darroch, J. (2000). Sexually transmitted diseases among adolescents in developed countries. *Family Planning Perspectives*, 32(1), 24-45.

Rhucharoenpornpanich, O., Chamrathirong, A., Fongkaew, W., Miller, B., Cupp, P., Rosati, M., & ... Chookhare, W. (2012). Parent-teen communication about sex in urban Thai families. *Journal Of Health Communication* , 17 (4), 380-396. doi: 10. 1080/10810730. 2011. 626668

Zulu, E. M., Dadoo, F. N., Ezeh, . AC., (2002) Sexual risk taking in the slums of Nairobi Kenya, *Population Studies*, (56)3, 311-323.