

Does peers' sexual behaviors affect adolescents' sexual behaviors?

S. Joshi

Nursing Campus Maharajgunj.

Correspondence to: Dr. Sarala Joshi, Associate Professor, Nursing Campus, Maharajgunj

Abstract

This study is aimed to determine female adolescents' reproductive and sexual health behaviors in order to promote healthy reproductive behaviors. A descriptive correlation design was used to identify the main predictor of female adolescents' reproductive and sexual health behaviors. Four hundred samples were selected from urban government schools of Lalitpur; findings revealed that more than half of respondents (56%) felt very comfortable to communicate with their peer than others. There were statistically significant relationships between female adolescents' with their peers' reproductive and sexual health behaviors ($r = 0.646$; $p < 0.05$). Further analysis revealed that peers' reproductive and sexual health behaviors were the main predictor of female adolescents' reproductive health behaviors ($B = 646$, $t = 15.91$ $p < 0.05$). Perhaps, to tackle the developmental needs, female adolescents took help of their peers than with others. If concerned authorities desire for responsible reproductive health behaviors among female adolescents, the trained peer groups need to be involved in health delivery system while rendering services to this vulnerable group.

Introduction

Adolescence stage is considered to be the most critical period, as it brings both exciting as well as disturbing situations. During this phase, adolescents are acquiring sexual maturity, which is accompanied with physical, cognitive, emotional, and social changes. They also ask questions concerning autonomy and identity of self worth; moreover, due to this developmental process, they extend their social relationships from being in the family to the external environment. Moreover, in this stage the significant peer groups play a greater role, especially in relation to behavior formation, where peer groups replace the family especially in socialization and leisure activities. Furthermore, they have peer relationships, which confront multiple "peer culture" that has remarkable different norms and values¹.

The state of art revealed that peers' reproductive and sexual health behaviors were found to be most influential in shaping adolescents reproductive and sexual health behaviors in European context. In relation to peers' influence during adolescent's stage, sexual attitudes of female collage students were highly correlated with their peers than those of their parents², suggesting that female adolescents were more susceptible to outside environment in the area of sexuality. In connection with approaches on how the peer groups influence on adolescents, a school-based study (Add Health, Nationally Representative Health Survey) among 90,000 adolescents (7-9 grades) from different settings in 41 schools (private/public, urban/rural, religious) revealed that

adolescents were influenced by their peers through the process of modeling behaviors and setting social norms within their circles³. In regards to training programs to promote protective social norms among adolescents, some of the important approaches were to train peer groups to bring change in decision-making skills and values among adolescents^{4, 5}. However, there was no database to reveal the impact of peers' influence on adolescents' reproductive and sexual health behaviors in Nepalese context.

Materials and Methods

It was a school-based study conducted among unmarried female adolescents (15-19 years) from urban government secondary and higher secondary school (9th 12th grades) at Lalitpur district, Nepal. By adopting stratified random sampling technique, 400 respondents were drawn from two strata i.e. coeducation schools and girl schools. The pre-tested self-responed semi-structured questionnaire was used to collect data. The internal consistency reliability test of the instrument ranged from 0.72 to 0.85.

Findings and Discussion

In response to the question related to the Perceived Self-Comfort Level (PSC), to communicate with others, adolescents revealed that they were more comfortable in discussing issues related to reproductive and sexual health problem with their friends (56%) than with their mothers (54%), health personnel (45%) and teachers (18%) respectively.

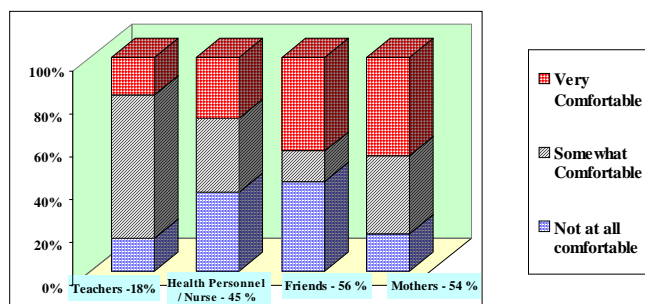


Figure 1 Perceived Self-Comfort Level to Communicate with others

Previous research reference also reported similar types of findings, as female adolescents found it very difficult to communicate with their parents regarding the issues on reproductive and sexual health problems; therefore, they consulted with their peers who understands and shared similar characteristics⁶. Although, in this study, majority of female adolescents received help of their mothers in case of information related to general health issues, majority of them took help of their peers in case of reproductive and sexual health issues.

There were associations between female adolescents' and their peers' reproductive and sexual health behaviors; during analysis (Pearson's correlation coefficient matrix) it was revealed that female adolescent reproductive health behaviors were strongly correlated with their peer's reproductive and sexual health behaviors ($r = 0.646$, $p < 0.05$); indicating that peers' reproductive and sexual health behaviors might influence female adolescents' reproductive and sexual health behaviors.

Further analysis (multiple regression) revealed that one of the most significant predictor among all the Individual Factors, Family Factors and Peer Factors (detail date not shown), peers' reproductive and sexual health behaviors were statistically significant (Adjusted $R^2 = .415$, $F(354) 25.13$, $P < 0.05$) and has a moderately high magnitude of standardized coefficient ($B = .646$, $t = 15.91$, $p < 0.05$)

Table 2 Summary of Multiple Regression Analysis (Stepwise Method)(n = 354)

Variables	B	SEB	b	t	p
Peer's Reproductive and Sexual Health Behaviors	.445	.028	.646	15.91	<0.05
Adjusted $R^2 = .415$; $F(354) = 25.13$; $p < 0.05$					

In this study, female adolescents' reproductive health behaviors were determined by their immediate peers' reproductive and sexual health behaviors, than done by their family environment as well as their own individual potentialities. It could be due to untimely and inadequate communication processes with their mothers regarding

responsible reproductive and sexual health issues; female adolescents were highly influenced by their immediate peers' behaviors. Presumably, in order to tackle the developmental reproductive and sexual health needs, female adolescents took help of their peers. If female adolescents get adequate education regarding prevention of infections and promotion of reproductive and sexual health behaviors before they face these problems, they would be mature enough to make independent decisions by themselves. Although, it is one of the characteristics of adolescents to adhere with their peers' culture, if female adolescents are equipped with accurate and update information regarding reproductive and sexual health behaviors, they would have better choice to make and will not blindly follow their peers' guidance.

The concerned authorities (health planners and parents) need to ensure for the responsible reproductive and sexual health behaviors among female adolescents, so the peer groups need to be trained with adequate and accurate information of reproductive and sexual health behaviors. Moreover, families and communities need to work together to establish socially acceptable norms to adolescents, because it "takes a whole village to raise a child."

Conclusion

Female adolescents do listen to their mothers in connection to the issues related to general health issues, but rely most on their peers' in relation to information regarding reproductive and sexual health behaviors, as peers' reproductive and sexual health behaviors were the most influencing factor in determining adolescents' reproductive and sexual health behaviors. Hence, peer groups need to be involved while providing services (in terms of counseling, and providing services) especially to female adolescents, so that they can advocate healthy reproductive and sexual health behaviors within their groups.

References

1. Lingren, G (1995). Adolescence and Peer Pressure. Retrieved from electronic version issued on December 1995. <http://www.etr.org/recap/research/journa.html>.
2. Miller, R. & Bigham, R. (1989). Family configuration in relation to the sexual behavior of female adolescents. *Journal of Marriage and Family*, **51** (5), 499-506
3. Bearman, P., & Bruckner, H. (2001) Peer effects on adolescent sexual debut and pregnancy: An analysis of a national survey of adolescent girls. Resource Center for adolescent pregnancy prevention. Retrieved September 15, 2001, from <http://www.etr.org/recap/research/journal200109.html>.
4. Bearman, P., Bruckner, H. (1999) Power in Numbers: Peer Effects and Adolescent Girl's Sexual Debut and Pregnancy. *Washington DC: National Campaign to Prevent Teen Pregnancy*.
5. Wolf, L., & Tawfik, L. (2000). Peer promotion programs and social net workings in Ghana: Methods for monitoring and evaluating aids prevention and reproductive health programs among adolescents and young adults. *Journal of Health Communication*. **5** (1): 61-80
6. Fisher, T.D. (1987). Family Configuration and Sexual Behaviors and Attitudes of Collage. *Journal of youth and Adolescence*; **16** (5): 481, 495.

7. Ackard, D. & Neumark-Sztainer, D. (2001) Health Care Information Sources for Adolescents: Age and Gender Differences on use, concerns and Needs. *Journal of Adolescent Health*, **29(3)**: 170-176.
8. Chandeying, V., Sutthijumroon, S., Tungphisal, S., etal. (1992). Report on "Assessment of the Effect of Group Education and Peer Counselor on Improving Knowledge, Attitudes among Vocational Students', Thailand