

Sexual Debut among Incarcerated Female Adolescents: Influence of Peers and Family Support¹

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Although many factors have been linked to sexual debut, this study focuses specifically on whether family support or peer influence has a greater impact on incarcerated female adolescents' sexual debut. Using survey data collected from adolescent females in a state reformatory facility (N = 328), we examined family support and peer influence in relation to the age of sexual debut among the incarcerated adolescents. We found that experiencing sexual debut is associated with family support of only African American incarcerated female adolescents. Furthermore, we found that incarcerated female adolescents were not influenced by their peers in relation to their own sexual debut.

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Introduction

Early adolescence is an important developmental period for sexual decision making (Michels et al., 2005). Interest about the comparative impact of individual predictors, social support, and peer influences on female adolescent sexual debut has consistently garnered attention and research (Armour & Haynie, 2006). In part, this interest has resulted from the steadily declining age that adolescents begin having sex and the finding that most adolescents report having had sex by the time they graduate high school (Singh & Darroch, 2000). It is currently estimated that 30% of female adolescents in the United States have had vaginal intercourse by the time they reach the ninth grade (Michels et al., 2005).

According to the Allen Guttmacher Institute, the average age of sexual debut for adolescent females is 17 years old (2002) with 70% of females having experienced sexual debut by the age of 18 (Mosher, Chandra, & Jones, 2005). Upchurch et. al., found variation in the average age of sexual debut based on race; white (16.7 years old), black (15.8), and all others (17.5) (1998). Previous efforts to study the influences of sexual debut for female adolescents' have been made (Rink et. al., 2007), however, there has not been a particular study that focuses on the influence of social factors of incarcerated female adolescent's sexual debut. Although there has been much research on the influences of sexual debut, to our knowledge, there is no other study that specifically focuses on the greater impact of family support or peer influence in relation to the sexual debut of incarcerated female adolescents. Therefore, the purpose of this research is to examine the association between sexual debut and determinates that influence it; specifically focusing on

family support and peer influence of adolescents who are incarcerated.

Prior research in large part, has limited itself to a focus on adolescents from the general population, rather than examining incarcerated female adolescents and high risks populations. Our research will better address the real experiences of this specific population of adolescents, in hopes of creating awareness to this specific population's lifestyle and needs. Incarcerated female adolescents vastly differ from the general population and therefore, current public campaigns that aim toward adolescents in general should be modified for this high-risk group and campaigns should start earlier.

Family Support

"Family is considered a main conduit of socialization, including sexual socialization" (Davis & Friel, 2001). There has been a long standing argument over the association between sexual debut and family support. The findings concerning the effect of parental communication on adolescent sexual behaviors have been mixed (Davis & Friel, 2001). Pick and Palos (1995) argued that communication is perceived as the principal method through which sexual knowledge and attitudes are transmitted. Parental communication about sexual issues has been a key measure of familial involvement in adolescent's lives (Davis & Friel, 2001). Newcomer and Udry (1983), for example, claim that parental values are more likely to be transmitted in interactive families, and Thornton (1991) claims the ability of the parent to influence and control adolescent behavior is mediated by the parental relationship.

Other measures of familial involvement include the quality or closeness of the parent-child relationship. Parent-child communication about sex-related themes can shape adolescents'

attitudes and beliefs, and have the potential to contribute to their decision either to engage or abstain from sexual activity (Boyas & Stauss, 2012). Hofferth (1987) argues that adolescents, particularly females, who have a close relationship with their mother, are less likely to be sexually active. In support of Hofferth, Rink et. al., (2007) also found that the mother-daughter relationship is a protective quality that may delay a female adolescent from having sex. Rink et. al., also argued that if a father and daughter felt close, female adolescents were less likely to engage in sexual intercourse (2007). Ream and Savin-Williams (2005) noted that parental closeness were strong protective factors against engaging in sexual intercourse, whereas Somers and Paulson (2000) reported the opposite. They argued that the greater parent-child communication had an association to increased sexual activity, whereas closeness, attachment, and warmth were unrelated (Somers & Paulson, 2000).

According to Whitbeck et al., the parent-child relationships are more likely to create the context for early sexual activity by influencing adolescent's mood and other behaviors associated with the initiation of coitus than to influence sexual behaviors directly (1992). Although there is evidence that warm, supportive, and communicative parents delay sexual experience among their offspring (Inazu & Fox, 1981), there is also evidence that levels of closeness and communication with parents have little to no effect on adolescent's sexual activity (Newcomer & Udry, 1983; Buhi & Goodson, 2007). Some research suggests that the lack of supportive parental relationships leads adolescent females to compensate those emotions by establishing intimate relationships outside the family (Whitbeck et al., 1992).

Other existing evidence suggests that there is a positive association between increased positive communication about sex and

decreased sexual behavior (Blake et al., 2001). In support, Chilman (1978) identifies the quality of the parent-child relationship as a major predictor of adolescent sexual activity. Hutchison and Cooney (1998) concluded that in general, sex education at home by parents was related to later age of sexual activity, and Rodgers (1999) found that sexually active adolescents who talked with their parents about sexually-related issues were associated with lower sexual-risk taking (e.g. early onset of sexual intercourse, the number of sexual partners, the type of contraceptive use, and the frequency of contraceptive use). In contrast to other findings on the impact of family support and the sexual debut of adolescents, Huebner and Howell (2003) noted that their lack of direct findings between parent-child communications supports the contention of mixed results for this variable.

Peer Influence

Sexual behaviors tend to occur within an overall peer context and may increase opportunities for adolescents to socialize with other youth in unstructured activities; resulting in a corresponding shift from parental orientation to a peer one (Corsaro & Eder, 1990). According to Whitbeck et al., adolescents whose peers hold sexually permissive attitudes and are sexually active, influence their peer's sexual decision-making (1999). There is abundant evidence that adolescents are affected by the sexual attitudes and behaviors of their friends (Whitbeck et al., 1999). Cvetkovich and Grote (1980) found a strong association suggesting that adolescents were more likely to engage in sexual activity if they perceived their friends were sexually active. This suggests that the mere perception that peers are having sex can influence an adolescents own sexual activity (Cvetkovich & Grote, 1980). In support, Buhi and Goodson (2007) found that believing most peers have had sex is associated with

intention to have sex, early sexual onset, and subsequent sexual behaviors or intercourse. Buhi and Goodson also found that adolescents who perceived that friends held less favorable attitudes/views towards adolescents having sex were more likely to be sexually abstinent (2007).

In a study by Rink et. al., (2007) they found the majority of female adolescents reported a strong connection to their peers and that these strong peer interactions were a protective factor in preventing female adolescents from having sex. Similarly, in a later study by Billy and Udry (1985a), they argued that a basic assumption is that during adolescence close friends become increasingly important as reference points in guiding various behaviors, including sexual behavior (Reiss as cited in Billy & Udry, 1985a). It has become a commonplace in lay thinking and scholarly research on adolescent sexual behavior that adolescents are influenced by the sexual attitudes and behaviors of their friends (Billy & Udry, 1985a). Many put a high value on the opinions of their friends, and it has been argued that those who value their friends' opinions more than their parents' are more sexually active (Newcomer, et. al., 1983). Friends can be similar because they influence one another, because friends are selected on the basis of initial similarity, or because friends are dropped when dissimilarity occurs (or is discovered) (Billy & Udry, 1985a).

In a study by Billy and Udry, they examined the influence of male and female best friends on adolescent sexual behavior (1985b). They found that white females were influenced by their male and female best friends' sexual behavior while white males, black males, and black females were not (1985b). Billy and Udry suggests that a white female virgin who had sexually experienced best friends of both sexes, was almost certain to make the transition to intercourse

during the two years of their study (1985b). Further, that both white males and white females acquired same-sex friends whose sexual behavior was similar to their own, however, for black males and black females it was irrelevant to the same-sex friendship process (Billy & Udry, 1985b). Billy and Udry's findings indicate that a female friend can influence a white female to have intercourse by example, persuasion, or structuring opportunities (1985b). However, Costanzo and Shaw's findings (as cited in Billy & Udry, 1985b) argue that all females are more subject to social influence than males, whereas Billy and Udry suggest that it is only white females (1985b).

Hypothesis

From the forgoing reviews, we hypothesized that family support, in relation to parent-child relationships, will have little to no effect on the timing of sexual debut. Second, we hypothesized that peer influence will have a significant effect on the timing of sexual debut.

Methods & Data

From September 2004 through June 2006, 328 adolescent females in a state reformatory facility were recruited into the study. There was no missing data on variables of interest, thus the final sample is 328 females.

Participants completed a survey on alcohol and other drug use, sexual behavior, condom use, and psychosocial correlates of STI (sexually transmitted infection) risk behavior. To accommodate the low literacy rates that are typical for this population, the information was collected in a private location using audio computer-administered interview technology. Use of this survey method has been shown to result in higher reporting rates for sensitive sexual and drug-use behavior compared to face-to-face interviews. The

protocol for this study was approved by the Mississippi State University Institutional Review Board and by the Federal Office of Human Research Protection Panel on Prisoners.

Dependent Variable

In our study of 328 female incarcerated adolescents we asked: "Have you ever had vaginal sex? (a boy or man puts his penis in your vagina) Some people call it 'regular' sex." The respondents answered 1 = yes or 2 = no. Of those who reported having had vaginal sexual intercourse, they were then asked: "How old were you the first time you had vaginal sex? (Lost your virginity)." Because the mean average age of sexual debut for our sample was 13.46 years old (SD = 1.35), and the respondents' ages ranged from 9 to 18 years old, the timing of sexual debut was recoded from age of sexual debut into 1= "early" (9-12 years old), 2= "average" (13-14 years old), and 3= "late" (15 years or older). Any respondent who reported never experiencing sexual debut at the time of the survey, were categorized as late sexual debut in this study.

To calculate whether respondents experienced sexual debut early, average, or late, we compared respondent's reported age of sexual debut to that of their peers in the reformatory facility. By calculating the mean age of sexual debut, for this high-risk population (incarcerated female adolescents), the respondents will be compared to their own peers rather than an arbitrary age deemed early, or a global mean age.

Independent Variable

We created two independent variables for the analyses that follow; family support and peer influence. First, we measured family support by creating a scale that consisted of four items adapted from measures developed by Zimet and colleagues (1988). The items are:

“My family really tries to help me.” “I get emotional help and support I need from my family.” “I can talk about my problem with my family.” “My family is willing to help me make decisions.” Response choices were on a 5-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree. All items are summed, creating an index that ranges from 4 to 20, with a mean of 15.45 (SD=4.53) and no missing data. With higher values representing higher perceptions of family support ($\alpha = .93$). From the index, respondent’s with responses that ranged from 4 to 14 were coded as having low family support and those with responses from 15 to 20 were coded as having high family support. The low and high family support ranges were based around the mean of the responses. The responses were then recoded as 1= “low family support” (4 to 14) and 2= “high family support” (15 to 20), with a mean of 1.68 (SD=.47) and no missing data.

To measure peer influence, respondents were asked: “How many of your friends have sex for fun?” In this way the perception that their friends are sexually active and had favorable attitudes were measured. The answers then ranged from 4 = all of them, 3 = most of them, 2 = some of them, 1 = few of them, and 0 = none, with a mean of 1.48 (SD=1.38). Respondents who reported answers that ranged from 0 to 1 were considered to have low or average peer influence and respondents whose answers ranged from 2 to 4 were considered to have high peer influence. Determining low peer influence and high peer influence was scored around the mean of 0.39 (SD=.49) of the responses. Responses were then recoded into 0= “low or average peer influence” and 1= “high peer influence.”

Control Variables

We include in our analyses a control variable of race. In order to measure for race, respondents were asked: “What is your race?”

We recoded race into two self-reported racial categories; 1 = African American/Black, 0 = Non-African American/Non-Black.

Statistical Method

For the purposes of this study we employed both bivariate analysis and cross tabulations to test our hypotheses. The Chi square statistic was used in order to determine level of significance among variables to test our hypotheses.

Results

Our research found that on average incarcerated female adolescents experience timing of sexual debut at the age of 13.46. In regards to family support, on average respondents reported having high family support (1.68). Our results also found that incarcerated female adolescents reported low peer influence (0.39). One third (33.5%) of respondent's reported their race as Non-African American/Non-Black, while two-thirds (66.5%) of respondents reported their race as African American/Black. The descriptive statistics for all variables are included in Table 1.

Table 1: Description of the Sample (N=328)

	N	Mean (SD)/Percent
Age of Sexual Debut	328	13.46 (1.35)
Timing of Sexual Debut	328	2.11 (.67)
Family Support	328	1.68 (.47)
Peer Influence	328	0.39 (0.49)
African American/Black	218	66.5%
Non-African American/Non-Black	110	33.5%

To address our first research question, family support, in relation to parent-child relationships, will have little to no effect on the sexual debut of adolescent females, we turn to bivariate analysis and cross tabulation results described in Table 2. In this sample we found that African American/Black incarcerated female adolescents, who reported having low family support, 14% experienced early sexual debut (9-12 years old), while 64.9% experienced average sexual debut (13-14 years old), and 21.1% experienced sexual debut late (15 years or older). Among African American/Black incarcerated female adolescents who reported having high family support, 19.9% experienced sexual debut early (9-12 years old), while 45.3% experienced average sexual debut (13-14 years old), and 34.8% experienced sexual debut late (15 years or older)

Table 2: Crosstabulation between Family Support and Sexual Debut of Incarcerated Female Adolescents (N = 328)

	African American/Black		Non-African American/Non-Black	
	Low Family Support	High Family Support	Low Family Support	High Family Support
Early Sexual Debut (9-12 years old)	8 (14.0%)	32 (19.9%)	10 (20.4%)	14 (23%)
Average Sexual Debut (13-14 years old)	37 (64.9%)	73 (45.3%)	22 (44.9%)	32 (52.5%)

Late Sexual Debut (15 years or older)	12 (21.1%)	56 (34.8%)	17 (34.7%)	15 (24.6%)
Totals	57 (100%)	161 (100%)	49 (100%)	61 (100%)
	X ² = 6.522 (df=2) p = .038*		X ² = 1.350 (df=2) p = .509	

*p = <.05; **p = < .01; ***p = <.001

In regards to Non-African American/Non-Black incarcerated female adolescents who reported having low family support, we found that 20.4% of respondents who experienced early sexual debut (9-12 years old), while 44.9% experienced average sexual debut (13-14 years old), and 34.7% experienced sexual debut late (15 years or older). Non-African American/Non-Black incarcerated female adolescents who reported high having high family support, 23% experienced early sexual debut (9-12 years old), while 52.5% experienced average sexual debut (13-14 years old), and 24.6% experienced late sexual debut (15 years or older).

Of most importance, results reported in Table 2 indicated that there is a significant effect on the sexual debut of incarcerated African American female adolescents in relation to their family support ($p = .038$). Non-African American incarcerated female adolescents do not show a relationship between family support and sexual debut. Thus, our hypothesis was partially supported. Overall, when controlling for race, this suggests that sexual debut is associated with race in relation to the impact of family support on incarcerated female adolescents. Our findings are consistent with

prior research on African American family influence. According to Hill (2003), kinship relations, whereby adherence to expectations, tend to be stronger among black than white families (MacLeod, 2009).

Next, we asked if peer influence will have a significant effect on sexual debut in adolescents. For African American/Black incarcerated female adolescents who reported having low peer influence, 16.2% experienced early sexual debut (9-12 years old), while 52% experienced average sexual debut (13-14 years old), and 31.8% experienced late sexual debut (15 years or older). Among African American/Black incarcerated female adolescents who reported having high peer influence, 23% experienced sexual debut early (9-12 years old), while 47.1% experienced average sexual debut (13-14 years old), and 30% experienced sexual debut late (15 years or older).

In this sample, for Non-African American/Non-Black incarcerated female adolescents who reported having low peer influence, 13.2% experienced early sexual debut (9-12 years old), while 52.8% experienced average sexual debut (13-14 years old), and 34% experienced sexual debut late (15 years or older). Non-African American/Non-Black incarcerated female adolescents who reported high having high peer influence, 29.8% experienced early sexual debut (9-12 years old), while 45.6% experienced average sexual debut (13-14 years old), and 24.6% experienced late sexual debut (15 years or older). Results for these analyses are described in Table 3.

Table 3: Crosstabulation between Peer Influence and Sexual Debut of Incarcerated Female Adolescents (N = 328)

	African American/Black		Non-African American/Non-Black	
	Low Peer Influence	High Peer Influence	Low Peer Influence	High Peer Influence
Early Sexual Debut (9-12 years old)	24 (16.2%)	16 (23%)	7 (13.2%)	17 (29.8%)
Average Sexual Debut (13-14 years old)	77 (52.0%)	33 (47.1%)	28 (52.8%)	26 (45.6%)
Late Sexual Debut (15 years or older)	47 (31.8%)	21 (30.0%)	18 (34.0%)	14 (24.6%)
Totals	148 (100%)	70 (100%)	53 (100%)	57 (100%)
	$X^2 = 1.414$ (df=2) p = .493		$X^2 = 4.601$ (df=2) p = .100	

Inconsistent with our hypothesis, findings indicate that peer influence has no effect on the timing of sexual debut for incarcerated female adolescents. Specifically, we found that neither African Americans nor Non-African Americans were significantly impacted by their peers influence or peer's having sex for fun. These results suggest that sexual intercourse may be considered normative among this high risk population.

Discussion and Conclusion

Despite a very public campaign promoting the benefits of sexual abstinence for adolescents, prior research in large part has limited itself to a focus on adolescents from the general population rather than examining incarcerated female adolescents and high risk populations. The purpose of our research was to examine whether sexual debut among incarcerated female adolescents was the result of family support or peer influence. In addition, we placed particular importance on the role of timing of sexual debut and examined whether experiencing "early," "average," or "late" sexual debut was affected by high or low levels of family support or peer influence.

Overall, one key finding emerged from our study. Our results indicate that controlling for the race of incarcerated female adolescents; show the significant relationship between sexual debut and family support of African Americans. Although our study is not designed to evaluate the mechanisms underlying the association between family support and race, our findings are consistent with the idea that family support does have effect on sexual debut, specifically, African American female adolescents. The association of race in comparison to sexual debut and family support may be the result of different values and priorities different races place on

family and kinship ties (Hill, 2003). Specifically, adherence to expectations conferred in kin relationships (MacLeod, 2009).

Our findings of this high risk population may be quite different from the general population, as female adolescents from the general population may not be as sexually active. An overwhelming majority of our population (89%) reported having experienced sexual intercourse prior to our study such results lead us to believe these behaviors are normative and consistent among this specific population. As the vast majority of these incarcerated female adolescents are partaking in sexual intercourse, the likelihood that their peers would have any influence on the timing of sexual debut greatly diminishes.

An important measurement that should be taken into consideration with our study is the use of an incarcerated female adolescent population. The average age of sexual debut for our population of incarcerated female adolescents was 13.46 years old (SD=1.35), compared to the national average age of the sexual debut of female adolescents which was 17 years old. As we determined that late sexual debut for the high risk population was experiencing sexual intercourse for the first time at 15 years old or later, creates a wide variation in the sexual debut of incarcerated female adolescents compared to the sexual debut of female adolescents in general. If we would have determined early, average, and late sexual debut of female adolescents according to the national average, the majority, 89%, of the females in our sample would have been categorized as having had early sexual debut; thus signifying the fact that the large majority of incarcerated female adolescents are engaging in sexual intercourse at an early age.

Such high-risk sexual behavior may be considered normative among this group. Robert Merton's, Strain Theory, acknowledges when an

individual has less of a stake in conformity, there is little from keeping them to engage in high risks behaviors (Agnew, 1992). Due to the incarceration of these female adolescents, their stake in conformity is considerably less than the general population's suggesting that our specific population may be engaging in more high risks behaviors (such as sexual intercourse), resulting in sex being normative.

As a result of our study, our findings lend weight to the growing concern over the decreasing age of sexual debut among female adolescents. These results also indicated that there is a strong need to establish more efficient ways to address sexual issues for this population. As current public campaigns may be sufficient for the general population, these methods of education would not be appropriate for this high risk population. In order to meet the needs of this high risk population, the timing of sexual education campaigns must change. As the results of this study have suggested, implementing sexual education campaigns in elementary schools could prove substantially more effective than waiting until adolescents begin puberty, as a majority of this sample was participating in early sexual intercourse.

Furthermore, there needs to be development of a program that is specifically designed for incarcerated female adolescents in which the focus is heavy on establishing good self-esteem. There has been a great deal of research done concerning the damaging effects of incarceration and its influence on the development of the inmate's life after release from prison. The labeling approach (H.S. Becker, as cited in Greve et. al., 2001) argues that the changes in the person's identity during incarceration provide a key to the determinants of the likelihood that the inmate will reoffend after release (Greve et. al., 2001). The "damaging influence exerted on the development of

personal identity by an onerous, restrictive, environment can be expected to be particularly strong for juveniles and adolescents because establishing a stable, integrative identity certainly is a central task of juvenile development” (Greve et. al., 2001).

Unlike many programs that currently exist for the general juvenile population, this program needs to avoid the typical, “stay in school”, “don’t do drugs”, and “don’t have sex” programs that are already readily accessible to adolescents. Although education, drug abuse, and responsible sex are subjects that are vitally important, in the case of this high risk population, giving these incarcerated female adolescents the tools to develop good self-esteem could potentially benefit them in all aspects of their lives. Empowering them with the confidence to say no to peer pressure, the belief that they can continue their education and the power to make choices in their life that are best for them. Intervening in these adolescents lives during this stage in their development can have immense results for not only individuals but the community as a whole.

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