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INFLUENCES OF ALCOHOL, MARIJUANA, PEER PRESSURE,
PARENTAL OR ADULT SUPERVISION, KNOWLEDGE OF
STDs/HIV AND PREGNANCY ON THE INITIATION
OF SEXUAL ACTIVITY

A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
in
Nursing

by
Beatrice Ihegharauche Okonkwo
Marissa Louise Sitz
December 2004

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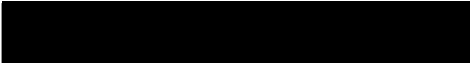
by
Beatrice Ihegharauche Okonkwo
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December 2004

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11/9/04
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ABSTRACT

The initiation of sexual activities by adolescents may be influenced by many factors. The purpose of the study was to describe the use of alcohol, marijuana, peer pressure, the presence of an adult in the home, knowledge of sexually transmitted diseases and pregnancy risk, at the initiation of sexual activities during adolescence.

Two hundred six adult participants completed a survey asking questions about their first sexual experience. An analysis of the survey responses revealed that the average age of first intercourse was 16 years old. Of those 10-15 years old participants who initiated sexual activity, 52 percent had consumed alcohol and two percent had consumed marijuana prior to their first sexual experience. Forty six percent had parental or adult presence after school. Of the surveyed participants 76 percent had knowledge of pregnancy, 63 percent had knowledge of sexually transmitted diseases, 44 percent had knowledge of risk of HIV infection from sexual activity, and 32 percent had an influence of peer pressure to have sex. The study did not support the use of marijuana, presence of an adult, and peer pressure as having an effect on the initiation of sexual activities.

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A special thank you to the Fontana Unified School District for allowing us to conduct our survey on the school campus. We would like to take this opportunity to thank our families, friends, and colleagues who provided us with ideas, encouragement and support during this enormous venture.

DEDICATION

To our loving families for their patience and support, and the loving memory of my mother, father and brother.

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CHAPTER ONE

BACKGROUND

Adolescence is a time when physical and emotional changes occur in the body. Adolescents are transitioning from a simple and structured environment to a more complex adult society (Blondell, Foster, & Dave, 1999). Puberty generally occurs in both sexes between the ages of nine to 14 years old (Neinstein, 1996). Puberty leads to hormonal changes that may contribute to risky sexual behavior. According to Decarvalho (1991), adolescents assume that they are indestructible and cannot be hurt. Due to an egocentric way of thinking, they may be more vulnerable to negative influences which possibly jeopardize their health. Adolescents' social development could be crucial to their overall development. Teenagers tend to model their peers to become socially accepted. Peer pressure tends to out weigh parental influences. During adolescent years, alcohol and marijuana usage, peer pressure, lack of parental supervision and involvement may lead to risky sexual activities.

Statement of the Problem

Sexual behavior among adolescents has increased dramatically. According to Youth Risk Behavior

Surveillance System, approximately 50% of teens have had sexual intercourse by the time they graduate from high school (Grunbaum, Kann, Kinchen, Ross, Hawkins, Lowry, Harris, McManus, Chyen, & Collins, 2004). The average age of sexual encounter is between 14-16 years (Neinstein et al., 1996). Sexual activities by adolescents expose them to a vast number of potential consequences including, sexually transmitted diseases, (STDs), pregnancy, and HIV/AIDS. Factors that may contribute to sexual activities are linked to problems such as alcohol and marijuana usage, peer pressure, and lack of parental supervision.

The American Social Health Association (1998) estimates that the total number of people living in the United States with incurable sexually transmitted diseases is over 65 million. There are approximately 15 million new cases of STDs every year and two-thirds of all STD infections occur in teenagers. The Centers for Disease Control and Prevention (2001) reports that 40,000 new cases of HIV infection that occur in the United States each year come from persons under the age of 22, and women account for 56 percent of the adolescents aged 13-19 years who were reported with HIV.

Adolescent pregnancies continue to be a major issue in America today. According to Klerman (2002) the rate of

adolescent pregnancies and birth in the United States is higher than those in most other industrialized nations. The teenage pregnancy rate in 1999 was 86.7 per 1000 adolescents' aged 15-19 years (Ventura, Abma, Mosher, & Henshaw, 2003).

The leading cause of death among persons aged 10-24 years result from motor-vehicle crashes, other unintentional injuries, homicide, and suicide (Neistein et al., 1996). A survey from the National Youth Risk Behavior Survey indicated that 44.9 percent of adolescents had consumed alcohol and 22.4 percent had used marijuana. The use of these products can also lead to risky sexual activities by teens resulting in unintended pregnancies and STDs, including HIV infection (Grunbaum et al., 2004). A study by Stanton, Li, Cottrell, and Kaljee (2001) indicated that early initiation of sex by adolescents was more likely to be involved in drug use.

A meta-analysis by Romer, Stanton, Galbrararith, Feigelman, Black, and Li (1999) indicated adolescents are more likely to be sexually active when they lack parental or adult supervision. The time frame in which most sexual activities occur among adolescents are between the hours of three and six PM. Children who reported high levels of parental monitoring were less likely to report the

initiation of sex in pre-adolescence, and reported lower rates of sexual initiation as they aged. Also, youths who reported receiving both greater monitoring and communication concerning sexual risks were also less likely to have engaged in anal sex.

Purpose of the Study

The variables that influence adolescents' sexual activities have not been well defined. What leads adolescents to be more sexually active than previous generations? This question has not been well researched. The CDC (2001) indicated that the present adolescent generation has had an increased pregnancy rate, and the HIV/AIDS rates are highest among those 25 years and younger. The number of parents who work outside of the home has increased due to the poor economy (Ehrenhalt, 1993). By identifying and understanding the variables that influences adolescents' sexual activities, recommendations can be provided to school districts, parents and communities. These recommendations may enable or assist the management of risky adolescent sexual behavior. Through these recommendations changes that reduce risky sexual behaviors may emerge among our youth.

The purpose of this study is to examine the prevalence of alcohol and marijuana use, peer pressure, presence of an adult in the home, and knowledge of STD/HIV and pregnancy risk and the initiation of sexual activities during adolescence.

Theoretical Framework

Adolescents transition through puberty between the ages of nine through 14 (Neinstein et al., 1996). Most lack knowledge about what is happening to their bodies. Adolescent boys and girls experience unknown sensations and impulses, like strong sexual urges, or sexual fantasies involving other people (Rodriguez-Tome, 1993). Adolescents tend to imitate what they see or hear from their peers. Erik Erikson (1968) developed eight stages of moral development. Adolescents fall into the fifth stage, which is defined as Identity vs. Role Confusion. Peer relationships are the most important to accomplish the goal of Identity. During this stage, adolescents are in search of an identity that will lead them to adulthood. The question of "Who Am I?" is frequently asked by the adolescent. According to Erickson, adolescents at this stage, attempt to establish their own identities and see themselves as separate from their parents. If teens cannot

make deliberate decisions and choices about sexual orientation and life in general, role confusion becomes a threat and may lead to difficulties in adulthood.

According to Maslow's Hierarchy of Needs (DeCarvalho, 1991), adolescents fall into the third layer, that of Love and Belonging. They must successfully achieve this stage in order to progress to the next level. In the love and belonging stage adolescents develop the need for friends, sweethearts, affectionate relationships and a sense of belonging to a community. If this level of the hierarchy of needs is not achieved, the adolescent becomes increasingly susceptible to loneliness and social anxieties.

Observation and modeling of behavior, attitudes and emotional reactions of others is the basis of social learning. Social Learning Theory (Bandura, 1977) focuses on the learning that occurs within a social context. It proposes that people learn from one another by observational learning, imitation and modeling. It explains human behaviors in terms of continuous reciprocal interactions between cognitive, behavioral and environmental influences. This theory pertains to why adolescents choose to be sexually active and model their peers.

Sexual activities by adolescents may be related to several factors, such as the use of alcohol, marijuana, peer pressure and lack of parental or adult supervision. Several theories attempt to integrate the causes for increase adolescents' sexual behavior. Epidemiologically, the literature has shown that sexually transmitted diseases among this group are on the rise.

Petraitis and Flay (1995) reviewed different theories of substance abuse, concluding that social learning theory can explain the usage of substances such as alcohol and marijuana in adolescence. Adolescents acquire their beliefs about substance usage and other deviant behaviors from role models, peers and especially their parents. It is imperative that adolescents are provided with role models and refusal skills that enable them to make healthier decision about their lives.

Theory Application

The framework that explains this phenomenon of the adolescent's sexual behavior is the Social Learning Theory (Bandura, 1977). This theoretical framework integrates cognitive, behavioral, and environmental influences to explain the adolescence sexual behaviors.

The core of the initiation of sexual activity is described by a circular process by which peer pressure, alcohol and marijuana use, lack of adult supervision and lack of knowledge about STDs, HIV/AIDS may lead to initiation of sexual activity and pose the risk of acquiring STDs, HIV/AIDS and pregnancy. If adolescents had knowledge about STDs, HIV/AIDS and received more parental supervision, these factors might lead to a delay in sexual activity which may result in preventing pregnancy and sexually transmitted diseases.

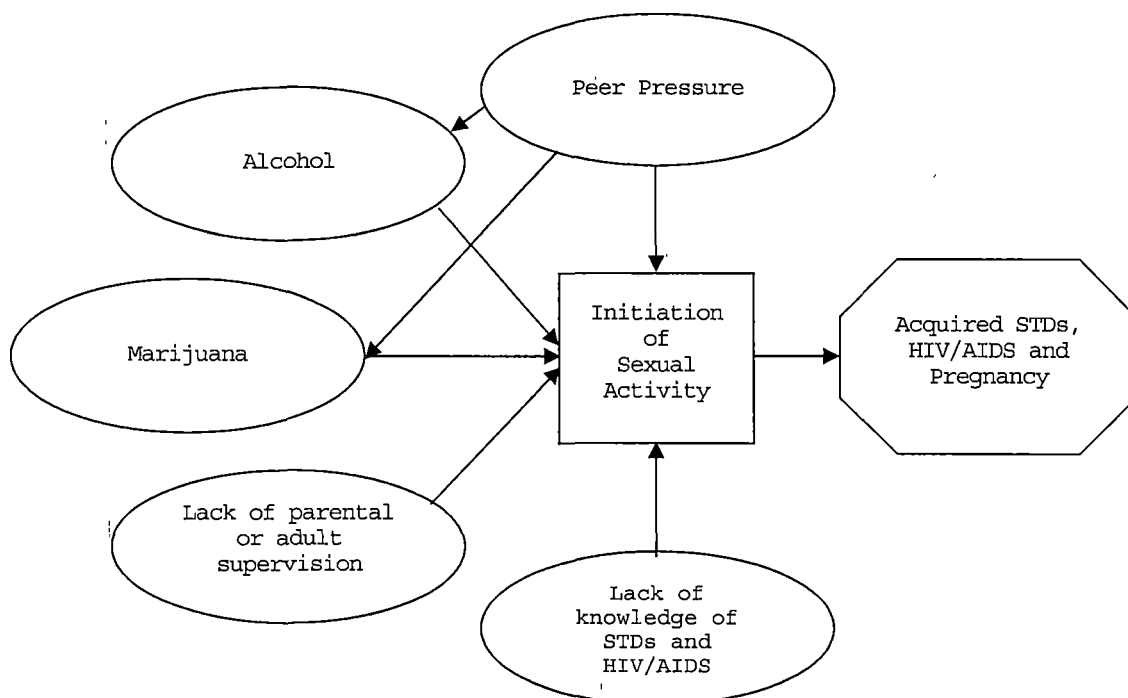


Figure 1. Alcohol, Marijuana, Peer Pressure, Lack of Parental or Adult Supervision and Lack of Knowledge of Sexual Transmitted Diseases including HIV/AIDS Influences the Initiation of Sexual Activities by Adolescents which May Lead to Acquiring Sexual Transmitted Diseases, HIV/AIDS and Pregnancy

Limitations of the Study

There are three primary limitations to this study. The participants in this study were selected on the basis of convenience rather than from using a probability sampling technique and thus may not be representative of the population at large. All generations prior to the 1970's had more stay at home parents/adults due to

societal or economic factors. The changes in the economy after the 1970's led to more households requiring dual incomes to sustain a standard of living (Ehrenhalt, 1993). Two working parent households may have resulted in a lack of parental or an adult supervision after school. There was an under sampling of certain ethnic groups. The possible cause of the under representation may have been due to cultural limitations on discussing sexual activities. For example, the majority of the potential Asian participants that were approached were unwilling to participate in the survey.

The findings from this study may be limited by the nature or context of the questions. HIV/AIDS awareness was not prevalent until the early 1980's. The question regarding HIV/AIDS knowledge would be most relevant to individuals that initiated sexual activities post 1980's. Lastly, the question, "have you ever had sexual intercourse?" did not discriminate between consensual intercourse, rape, or molestation.

Definition of Terms

Adolescents - Defined as young men or women between the ages of 10-17 years.

Alcohol Usage - was defined as the consumption of beer, wine, or champagne within three hours of sexual activity.

Marijuana - Usage was defined as the inhalation of marijuana within three hours of sexual activity.

Parental Stay at Home - defined as the presence of a parent or an adult supervision after school hours.

Sexual Activity - Defined as sexual activity between a male and a female or between persons of same sex to include intercourse, oral or anal sex, or masturbation.

Sexually Transmitted Diseases - Defined as disease acquired as a result of sexual intercourse with an infected individual. It includes conditions such as syphilis, gonorrhea, AIDS, lymphogranuloma, venereum, chancroid, granuloma inguinale, chlamydiosis, pelvic inflammatory disease, and other conditions such as trichomoniasis, genital candidiasis, genital herpes, genital warts, and bacterial vaginitis.

CHAPTER TWO

REVIEW OF THE LITERATURE

Decades of concern have been mounting in the United States concerning adolescent sexual behavior. Puberty is occurring at earlier ages and delays in marriage are rising (Neinstein et al., 1996). These factors contribute to a longer time period in which unmarried youth have the opportunity for sexual activity. History of sexual intercourse among 15-19 years old adolescents has increased dramatically. Studies demonstrate that sexual intercourse among adolescent females living in metropolitan areas had increased significantly in the 1970's, from seven percent to 43 percent in 1976, to 50 percent in 1979 (Zelnik & Kantner, 1980). Sexual activity among adolescent males has been more dramatic. The rate of 17-19 years olds males living in metropolitan area who reported having sexual intercourse increased from 66 percent in 1979, to 76 percent in 1988 (Sonenstein, Pleck, & Ku, 1989). Studies demonstrated that although adolescent males have had higher rates of sexual intercourse than adolescent females throughout most of the past two decades, approximately 50 percent of high school students

of both sexes now report having sexual intercourse (Grunbaum et al., 2004).

During the adolescent years, sexual behaviors are linked to other problems such as alcohol and marijuana usage, peer pressure, and lack of parental communication and involvement. Early initiation of sexual activities exposes adolescents to a vast number of potential consequences including sexually transmitted diseases (STDs), HIV/AIDS, and pregnancy. Risk and resiliency factors affecting the likelihood of adolescent's initiating sexual activities at young ages will be examined.

Alcohol use among adolescents has increased. One-third of all ninth to 12th graders engage in episodic heavy drinking (Ramisetty-Mikler, Caetano, Goebert, & Nishimura, 2004). The goal of Healthy People 2010 is to promote responsible sexual behavior among adolescents. There have been several strategies employed to decrease sexual behavior among adolescent that includes sex education in school settings and stressing abstinence base education. The question arises, is there a correlation between alcohol use and increased sexual activity among adolescents?

Marijuana and peer pressure has influenced adolescent sexual behaviors. According to Substance Abuse and Mental Health Services Administration survey done in 2000, over 3 million youth age 12 to 17 used marijuana at least once. Peer pressure may tend to out weigh parental pressure. It has been an assumption that teenagers tend to model their peers to become socially accepted. Peer pressure has been often thought to be an influencing factor to the initiation of sexual activity. Research finding have shown that most sexual activity among teens occurs during the hours of three to six pm (Romer, et al., 1999). During this time most adults are working or on their way home.

Alcohol Effect on the Initiation of Sexual Activity

Bailey, Pollock, and Martin (1999) conducted a study comparing several measures of risky sexual behaviors between adolescents with Diagnostic and Statistical Manual of Mental Disorder and Alcohol Use Disorder. There were 371 adolescents who participated in the study, 172 were females and 199 were males. Participants' ages ranged from 14-19 years of age. Subjects participated in daylong assessments by clinically trained assessors and self-reported questionnaires. The study findings indicate that adolescents with alcohol disorders were more likely

to be more sexually active and have more partners than regular drinkers. Adolescents with alcohol disorders were more than four times likely to initiate sexual activity an average of six months younger. Because of the early initiation of sexual activity, adolescents were then more at risk for HIV/AIDS and other sexually transmitted diseases (STDs).

Flanigan and Hitch (1986) conducted a descriptive study on 125 unmarried White women ranging from 18-21 years old, to examine the association of first sexual experiences, alcohol, drug use and contraception. The sample was obtained from a United States family planning clinic. The results indicated that 69 percent of the participants had had their first sexual experience by the age of 17 years old, and 43 percent reported using alcohol before the first sexual activity. Seven percent reported the use of marijuana before their first sexual activity. Forty-one percent of participants planned their first sexual activity and 59 percent did not plan their first sexual activity. Fifty-four percent of those who did not plan their sexual activity used alcohol. Forty-four percent of the women who consumed alcohol and participated in unplanned intercourse had been drinking for four hours prior to sexual activity. This study supports the

observation that alcohol use is associated with risky sexual behaviors.

A study done by Santelli, Robin, Brener, and Lowry (2004) studied 7,441 unmarried young people aged 14-22 years old from the 1992 Youth Risk Behavior Survey. Their findings revealed that alcohol and other drug use had a significant relationship with sexual activity. Of the participants who used alcohol at their last intercourse, 61% had had multiple partners, compared with only 32% percent of those who did not use alcohol the last time they had sexual intercourse.

Alcohol use has been associated with central nervous system depression. A study conducted by Peugh and Belenko (2001) found that alcohol consumption in small doses has little or no impact on the sexual responses of men. It suggests that alcohol in higher doses causes men to have impaired erection, the ability to ejaculate and decrease sexual arousal. Safety associated with alcohol use by teens is a major health risk. Alcohol impairs decision capabilities.

Ethnic variation in drinking, drug use and sexual behavior among adolescents in Hawaii was studied by Ramisetty-Minkler, Cretano, Goebert, and Nishimura (2004). They examined 1997 and 1999 Youth Risk Behavior

Surveillance (YRBS) data, which revealed approximately one third of ninth through 12th graders had engaged in episodic heavy drinking during the past 30 days. The study confirmed the association between substance use and risky sexual behavior such as multiple partners, substance use, the consequences of behaviors related to HIV infection and unintended pregnancies. Adolescents who used alcohol were more likely to be sexually active than abstainers and potentially engage in unsafe practices such as having multiple sex partners and engaging in a cluster of behaviors including substance use during sex and contracting sexual transmitted infections.

Advertisements of alcohol on television, in the newspaper, and in the movies make it a daily substance for the adolescent to observe. These visual images as portrayed by media relate positive messages to teens that it is acceptable to consume alcohol. Even though, the purchase age of alcohol requires one to be 21 years old, adolescents still manage to purchase this substance and may consume it. Alcohol consumption may lead to risky sexual behavior by adolescents. A cohort study conducted by Stanton, Leukefeld, Logan, Zimmerman, Lynam, Milich, Martin, McClanahan, and Clayton (1999) examined drug use over time and the effect on risky sexual behavior. The

initial sample for this study was 2,071 children enrolled in the Lexington, Kentucky, school system. The students completed a questionnaire, which measured drug use and other variables, in sixth, seventh, eighth, ninth, and tenth grades. Surveys included 952 participants, which measured the initiating sexual activity and were based on retrospective reports at the current ages of 19-21. The results indicated that early involvement with drugs and alcohol is related to earlier initiation of sexual activity. The finding also indicated that 50% of the participants used condoms during sexual activity.

Culture bias has always assumed that males are more sexual active than females. Cultures have placed the male gender in the more dominated role than the female gender. Males are expected to be the initiators of sexual passage, while female are expected to be the receivers. Rawson, Washton, Domier, and Reiber, (2002) explored the role of substance use between genders. Participants consisted of 464 male and female alcohol, opiate, cocaine and methamphetamine users enrolled in an outpatient treatment program. A self-reported survey was given to the participant to inquire as to specific sexual thoughts and feelings while under the influence of their primary drug dependence. The results indicated that gender differences

in sexual behavior exist. The difference was due to the type of substance used. The research found that males were more sexually aggressive than females while under the influence.

Alcohol misuse may place adolescents at greater risk of initiating early onset of sexual intercourse. It has been reported that 11.6 million teens in the United States between the ages of 13 - 19 years have had sexual intercourse. According to Jacobson, Aldana and Beaty (1994) more adolescents are having sexual intercourse at younger ages. They surveyed adolescents about their gender, grade, number of partners, contraceptive use, alcohol consumption and smoking. Out of 568 ninth to 12th grade students, 57% of the participants reported having sexual intercourse. Of these 57% participants, 25% reported using alcohol during the last sexual intercourse. Jacobson et al. concluded that sexually active adolescents were more than likely to consume alcohol before sexual activity.

Research has suggested that there is a correlation between the use of alcohol or drugs and sexual intercourse. A study by Scivoletto, Tsuji, Abdo, De, and Gattaz (2002) examined the relationship between the use of alcohol, drugs and sexual risk-behavior in 689 students

aged 14-21 years at a public high school in Sao Paulo. A questionnaire revealed that 80% of alcohol and drug users had a high frequency of sexual intercourse compared to 54% of the non-users. The data revealed that sexual risk-behavior increased with the number of drugs used, and that alcohol and marijuana use were associated with the highest sexual risk behavior. Adolescents misuse alcohol and participate in sexual activity and risk taking behaviors. Data was collected during a 16-year longitudinal study of a cohort of 953 New Zealand children (Fergusson & Lynsky, 1996). They found measures of early onset sexual activity before 16 years old. Their findings indicated adolescents who reported misusing alcohol had a substantially higher rate of sexual activity than those of adolescents who did not use alcohol.

Marijuana Effect on the Initiation of Sexual Activity

Marijuana (Cannabis) is a mind-altering drug. It effects on the brain influence pleasure, memory, thought, and sensory perception. It can impair a person's judgment. An individual may make a decision that may not necessary be in his/her best interest (Rob, Reyronolds, & Finlayson, 1990). Marijuana is the most commonly used illicit drug in the United States. According to National Institute of

Health (2004) marijuana use among adolescents has increased. In 1990 there were 1.6 million marijuana users, a decade later in 2001 there were 2.6 million marijuana users, and in year 2002, it increased to 3.1 million people using marijuana on a daily basis. In 1998, the average age for first use of marijuana among 12-17 year olds was 13.7 and in sixth grade, one in 13 kids had tried marijuana. By seventh grade the number jumped to one in five. In 2003, the YRBS reported 22.4% of youth had used marijuana (Grunbaum et al., 2004).

Does marijuana use among teenagers enhance sexual pleasure? A study by Halikas, Weller, and Morse (1982) found that over 70% of marijuana users reported marijuana to be an aphrodisiac, and 81% reported that it enhanced feelings of sexual pleasure and satisfaction. There is a relationship between marijuana use and risky sexual behaviors. A study conducted by Graves and Leigh (1995) indicated that adolescents who used marijuana in the past year were more likely than others to be sexually active and have had more than one sexual partner. The use of marijuana by teens is associated with family variables. Adolescents who were not satisfied with their relationships with either their father or mother and those who were less closely monitored were more likely to be

the age of 25 (Neinstein et al., 1996). Not only is HIV/AIDS a problem in United States, it is also a problem globally. According to the Population Reference Bureau (2000) 1.7 million people aged ten to 24 years are infected with HIV annually in Africa. Are adolescents not aware of risk of unprotected sexual activities or do they just assume they are indestructible? In a study done by Lema and Hassan (1994) participants revealed being aware of only three STDs gonorrhea, syphilis, and AIDS. Even though adolescents were aware of HIV, 75.9% of the participants still practiced sexual intercourse without any form of contraception including condom use. This study underscores the necessity for comprehensive sexual education for adolescents.

Research conducted by Shapiro, Radecki, Charchian, and Josephson (1999) found that HIV knowledge does not confer a protective effect against high-risk behavior among college students. According to Centers for Disease Control surveillance report half (46.7%) of all high school students have initiated sexual intercourse (Grunbaum et al., 2004). Sexual activity coupled with multiple partners and poor condom utilization has resulted in the increased occurrence of STDs in this age group. By age 21, approximately one in five young people have

acquired a sexually transmitted infection. It is estimated that there are about 15 million Americans that become newly infected with an STD annually (Neinstein et al., 1996).

Stay Home Parent/Adult Presence after School on the Initiation of Sexual Activity

There was difficulty in finding research focused on the initiation of sexual activity by adolescents and its correlation to adults at home or the presence of an adult after school. Researchers have determined that the time frame most adolescents engage in sexual activities is between three to six PM (Romer et al., 1999). There is little research on the effect of communication between adolescents and parents and the initiation of sexual activities. Research conducted by Karofsky, Zeng, and Kosorok (2001) examined longitudinally the effect of communication between parents and adolescents, and the initiation of first intercourse by adolescents. Two hundred and three participants between the ages of 12 - 21 years old from a pediatrician's practice panel in Middleton, Wisconsin participated in the study. The author surveyed participants about their grades and activities in school, relationship with siblings and parents at home, and risk-taking behaviors involving drugs and sex with

peers. The study concluded that adolescents who perceived that they had better level of communication with their parents were less likely to engage in sexual activities during their adolescent years.

Is there a cultural difference in the effect of an adolescent sexual behavior and communication with their parent? Adolph, Ramos, Linton, and Grimes (1995) investigated whether good parental communication is a deterrent for Hispanic teenagers from becoming pregnant. The study concluded that pregnant Hispanic teenagers have poorer communication with their parents than do other Hispanic teens that are not pregnant.

Peer Pressure on the Initiation of Sexual Activity

Peer pressure has often been thought to be an influencing factor to the initiation of sexual activity. Teenagers tend to model their peers to promote social acceptance. Even though adolescents are aware of the consequences of early initiation of sexual activity, they still have been found to practice unsafe sexual intercourse. According to CDC (2001), sexually transmitted diseases (STDs)/HIV among those 25 years and younger continue to be on the rise. The consequences of sexual activity by adolescents include acquiring STDs/HIV,

pregnancy and possible early parenting. How much influence does peer pressure have on adolescent to persuade them to become sexually active? A study by Kinsman, Romer, Furstenberg and Schwartz (1998) concluded that adolescents who believed that most of their peers have had sex were 2.5 times more likely to report having a high intention to initiate sexual activity in the upcoming year. Kirby (2001) contends that norms and behavior of peers affect adolescent's sexual behavior. Kirby states that if teenagers believe that their peers have permissive attitudes toward premarital sex or actually engage in sex, then the adolescent will be more likely to engage in sexual activity, and have frequent and more sexual partners.

Summary of Literature Review

The literature review consistently demonstrates a strong association between alcohol and marijuana usage and the initiation of sexual activity by adolescents. Research on the knowledge of STDs, HIV/AIDS, pregnancy, and the lack of parental or adult supervision after school hours also has a strong correlation to the early initiation of sexual activities among adolescents. Peer pressure also plays a vital role in the decision to use alcohol and

initiate sexual activity. This early initiation of sexual activity by adolescents creates much risk.

Hypotheses

The study will address the following hypothesis

1. Participants between the ages of 10-15 will report alcohol use before the initiation of sexual activity. At least fifty percent of the participants will have used alcohol within three hours of their first sexual activity.
2. Participants between the ages of 10-15 will report marijuana use before the initiation of sexual activity. At least fifty percent of the participants will have used marijuana within three hours of their first sexual activity.
3. Participants between the ages of 10-15 will report knowledge regarding the risk of STDs/HIV and pregnancy. At least fifty percent of the participants will report knowledge, and will abstain from the initiation of sexual activity.
4. At least fifty percent of the participants between the ages of 10-15 will report having at least one stay home parent or adult presence after school.

5. At least fifty percent of the participants will report peer pressure to initiate sexual activity.

CHAPTER THREE

METHODOLOGY

Study Design

This study used descriptive methodological survey techniques using a questionnaire developed by the researchers. The descriptive approach was utilized to explore the incidence of alcohol use, marijuana use, peer pressure, presence of an adult in the home, and knowledge of STDs/HIV and pregnancy at the initiation of sexual activities during adolescent.

Setting

The data was collected in public places in San Bernardino, California. Surveys were distributed at three locations including: California State University San Bernardino, St. George Catholic Church in Ontario California and Fontana Unified School District in Fontana California. The surveys were distributed during the first two days of the summer session at California State University. The bookstore and Bursar's office were selected due to the high volumes of students attempting to purchase books and pay any outstanding fees. California State University San Bernardino is the sole public, comprehensive, University serving the Riverside and San

Bernardino counties of Southern California. The campus serves a diverse ethnic population estimated at 17,000 students. Surveys distribution at St. George Catholic Church occurred after an adult bible study group. Survey distribution at the Fontana Unified School District location targeted classified, certificated, and administrative personnel.

Sampling

The convenience sample for this study included male and female adults over the age of 18 years old who had experienced sexual activity. Exclusion criteria included any individuals who were under the age of 18 years old, individuals who had not had sexual activity and individuals who were unable to complete the questionnaire due to diminished capacities, or who were blind or illiterate.

Instrument and Data Collection

A questionnaire survey designed by the researchers was used to collect the data (see Appendix A). The questionnaire consisted of four demographic items and 16 questions. Demographic data included age in years, gender, ethnicity, and age of first sexual activity. Data collection inquired whether the participant consumed

alcohol (beer, wine, or champagne) and whether alcohol was used within three hours of first sexual activity; marijuana usage now and the use of marijuana within three hours of first sexual activity; whether the participants were informed about the risks associated with early initiation of sexual activities such as pregnancy, STDs, HIV/AIDS, and who informed the participant of such risks; knowledge in the form of "yes" or "no" questions regarding the benefits of delaying sexual activity; and understanding the benefits and who informed them regarding such matters were explored. The questionnaire also inquired whether the influence of peer pressure affected the participant's decision to have sexual activity the first time. The last section of the questionnaire addressed why the subject started having sexual activity at the age they did. A comment space was provided for the subject to add any comments he/she desired.

Three doctoral prepared faculty members of the Department of Nursing at California State University San Bernardino reviewed the questionnaire for face and content validity. The questionnaire was tested by the investigators on five nursing students to determine reliability prior to data collection. The students were given the questionnaire to complete twice, ten minutes

apart. All responded with exactly the same answers for both administrations.

Protection of Human Subjects

After obtaining approval from the Institutional Review Board at California State University San Bernardino (see Appendix B), and Fontana Unified School District Comprehensive Health Department (see Appendix C), the data collection process was initiated. The potential participants were screened by first asking whether they have had sexual activity as an adolescent. If they answered yes, they were verbally invited to participate in the study and provided with an informed consent to read. After the informed consent was read, those who agreed to participate were provided with the questionnaire to complete. Participants were all volunteers and each participant had the opportunity to stop at their own discretion. Each participant was asked not to write his or her name on the survey. Privacy was provided for the completion of the questionnaire. After completion of the questionnaire, the participant was asked to drop the questionnaire into a sealed box provided by the researchers. The researchers did not know which participant provided which answers. Questionnaires were

color-coded to identify at which site the survey was conducted.

CHAPTER FOUR
RESULTS AND DISCUSSION

Data Analysis

Data collected for this study included the responses to a 20 item questionnaire distributed at three locations. For sample questionnaire refer to Appendix A. The software program Statistical Packages for the Social Sciences (SPSS) 11.5 version was utilized for the computation of all data. The demographic data of the participants is presented in Table 1.

Table 1. Participant Demographic Data

	Frequency N = 206	Percent
Ethnicity		
African American	35	17.0
American Indian	12	5.8
Caucasian	69	33.5
Filipino	8	3.9
Hispanic	52	25.2
Pacific Islander	11	5.3
Other	19	9.2
Gender		
Male	65	31.6
Female	141	68.4

The hypothesis predicted the presence of alcohol and marijuana use, peer pressure, presences of an adult in the home and knowledge of STD/HIV and pregnancy risk at the initiation of sexual activities during adolescence. The

researchers imply that if adolescents had knowledge about the risks associated with STDs/HIV and pregnancy, then, at least 50 percent of the participants would abstain from sexual activity.

Presentation of Findings

The survey included 206 participants with 54 of those individuals between the ages of 10-15 years of age. See Table 2 for the age of first intercourse for all participants.

Table 2. Age of First Intercourse

Age	Frequency N=206	Percent
10	2	1.0
11	1	0.5
12	6	2.9
13	7	3.4
14	14	6.8
15	24	11.7
16	33	16.0
17	19	9.2
18	32	15.5
19	18	8.7
20	12	5.8
21	8	3.9
22	9	4.4
23	2	1.0
24	4	1.9
25	4	1.9
26	1	0.5
27	3	1.5
28	2	1.0
29	1	0.5
30	2	1.0
31	1	0.5
36	1	0.5
Mean	17.89	
Standard Deviation	3.974	
Range (Magnitude)	10-36 (26)	

The results of the questionnaire are presented in Table 3.

Table 3. Alcohol and Marijuana Usage, Knowledge of Pregnancy, STD's, HIV, Influence of Peer Pressure and the Reasons for Initiating Sexual Activity

N = 206		Yes	No	Percent
Alcohol consumed within 3 hours before sexual activity?		110	96	53.4
Marijuana consumed within 3 hours before sexual activity?		6	200	0.03
Stay home parent/adult present after school?		113	93	54.9
Informed about the risks of pregnancy		158	48	76.7
Informed about the risks of sexually transmitted diseases?		142	64	69.0
Informed of the risks of HIV/AIDS?		103	103	50.0
Peer pressure influence whether or not you had sexual activity?		52	154	25.2
	Love	Peer Pressure		Other
Reason for initiating first time sexual activity?	81	33		92

Demographic data of sub group who initiated sexual activities between the ages of 10 to 15 is contained in Table 4.

Table 4. Demographic Data Sub Group (10-15 Year Old Sexually Active Participants)

	Frequency n = 54	Percent
Ethnicity		
African American	14	25.9
American Indian	6	11.1
Caucasian	13	24.1
Hispanic	10	18.5
Pacific Islander	3	5.6
Other	8	14.8
Gender		
Male	17	31.5
Female	37	68.5

For the age of first intercourse distribution for the sub group of 10-15 years olds see Table 5. Sub group results of the questionnaire are presented in Table 6.

Table 5. Age at First Intercourse Sub Group (10-15 Year Old Sexually Active Participants)

Age	Frequency n = 54	Percent
10	2	3.7
11	1	1.9
12	6	11.1
13	7	13.0
14	14	25.9
15	24	44.4
Mean	13.89	
Standard Deviation	1.341	
Range	5	

Table 6. Sub-Group Analysis (10-15 Year Old Sexual Active Participants)

n = 54	Yes	No	Percent
Alcohol consumed within 3 hours before sexual activity?	28	26	51.9
Marijuana consumed within 3 hours before sexual activity?	1	53	1.9
Stay home parent/adult present after school?	25	29	46.3
Informed about the risks of pregnancy	41	13	75.9
Informed about the risks of sexually transmitted diseases?	34	20	63.0
Informed of the risks of HIV/AIDS?	24	30	44.4
Peer pressure influence whether or not you had sexual activity?	17	37	31.5
	Love	Peer Pressure	Other
Reason for initiating first time sexual activity?	18	11	25

Hypothesis 1 predicted that at least 50% of the participants who had sexual activity between the ages of 10-15 will have used alcohol within three hours of their first sexual activity. The data supported the hypothesis that alcohol may have influenced sexual activity by adolescents. Fifty-two percent of the adolescents used alcohol before sexual activity.

Hypothesis 2 predicted that at least 50% of the participants who had sexual activity between the ages of 10-15 were predicted to have used marijuana within three

hours of their first sexual activity. The data did not support the findings that marijuana may influence sexual activity among adolescents. Only 1.9% of the participants used marijuana within three hours of sexual activity.

Hypothesis 3 predicted that 50% of the participants between the ages of 10-15 will have had knowledge of STDs. The data supported the hypothesis that 50% of the participants had knowledge regarding STDs and pregnancy. Seventy three percent of the participants had knowledge about pregnancy and 63% had knowledge regarding STDs. This knowledge did not seem to prevent them from having sexual activity.

Hypothesis 4 predicted that at least 50% of the participants between the ages of 10-15 will have at least one stay home parent or adult presence after school. The findings indicated that 46.3% did not have at least one stay home parent which did not support the hypothesis.

Hypothesis 5 predicated that at least 50% of the participants will report peer pressure to influence the initiation of sexual activity. The data indicated that 31.5% of the participants were influenced by peer pressure, which did not support the hypothesis.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The purpose of this study was to describe the use of alcohol, marijuana use, peer pressure, the presence of an adult in the home, and knowledge of STDs, and pregnancy risk at the initiation of sexual activities during adolescences. Data was collected from 206 adults who had had sexual activity during adolescence. The findings of this study supported the hypotheses that alcohol usage, and knowledge of pregnancy and sexually transmitted diseases may have influenced sexual initiation behaviors among adolescents 10-15 years of age. This study did not provide evidence to support the hypotheses that marijuana, having at least one adult presence, and peer pressure influenced adolescents decision to initiate sexual activity. While it is normal for teens to want to begin to experiment with physical intimacy, most lack the maturity to understand the serious consequences associated with sexual activities for themselves and their partners.

The study found that information pertaining to pregnancy, STDs/HIV was acquired outside of the family structures. The percentage of participants who reported

that they acquired knowledge from the family about pregnancy and STDs/HIV was 14.6%, while 85.4% of the participants acquired their knowledge from outside of the family. These results indicate that the family was not the primary source for this knowledge further supporting the importance for sexual education programs in the schools.

Recommendations

All practices are guided by theoretical framework, the study indeed supported the theoretical framework that was used in this research. The theoretical framework developed for this study predicted a circular process by which adolescents initiated sexual activity based on the influence of peer pressure, alcohol and marijuana usage, lack of adult supervision, and lack of knowledge regarding STDs which may lead to acquiring sexually transmitted diseases and pregnancy. It is recommended that in future study of adolescents' sexual activities the sample size be broader range in demographics and be obtained from a variety of settings. Thus, by expanding the sample size and diversity, hopefully more knowledge would be gained and understood. This knowledge may lead to a specific structured educational program designed for youths. Furthermore, the study should address gender identities

and cultural differences regarding their perspective on sexual activities. Cultural differences may exist regarding sexual behaviors. Some cultures may not discuss sexual practices with adolescents; hence, this could enable the adolescent to be more curious about sexual practices and may lead them into experimentation.

An adolescent's life may be characterized by respect, good health, and an avenue for learning and hope for the future. Pregnancies and sexually transmitted diseases (STDs) may rob youth of these opportunities. Furthermore, children under the age of eighteen are required by law to attend school; therefore, schools provide an avenue for teaching about STDs and their preventions.

A large group of adolescents might be infected with sexually transmitted diseases (STDs/HIV) and be involved in high risk behaviors. Adolescents are our future; therefore, this group is a high priority target group for preventative behaviors to prevent acquisition of sexually transmitted diseases. Communication and education on the risks of unprotected sexual activity are urgently needed in this population of sexually active youths, who may remain ignorant about STDs/HIV and pregnancy. Nurses can be instrumental in reducing STDs prevalence and pregnancy rates through screening interventions, prevention

counseling, and health education. Nurses that work for schools districts can provide and implement a STD prevention program that would include comprehensive health education. This program would emphasize the use of barrier protection and contraceptives for individuals that are involved in sexual activities. This program will address and implement negotiation and refusal skill sessions to help with the temptations of peer pressures, alcohol and drug usage. Through this program, it is possible to encourage the formation of healthy sexual activities and practices. The vulnerable adolescents' population indicates the necessity of a serious program of prevention and sexual education that will allow young people to live with more consciousness and safety regarding their sexual practices.

The theme that developed from this study was that knowledge about STDs/HIV and pregnancy was acquired outside of the family structure. This indicates a need for increase parental communication with their children, due to the fact that information received by adolescents from peers may not always be accurate. School districts have an obligation to identify ways to increase parental awareness and knowledge related to discussion of sexual activities with their children. Schools should implement parental

workshops to achieve this goal. Overall, the goal of the parental workshop would be to increase parental/adult knowledge and comfort in discussing sexual activity. Should adolescents continue to practice unsafe sexual activity, the consequences could lead to an increase of sexually transmitted diseases/HIV and pregnancy. Hence, if school districts do not get involved in a comprehensive program, it could lead to a decline in school attendance and enrollment.

By taking it slowly, getting reliable information and delaying sexual activities until adolescents are mature; these factors could reinforce a healthy, positive aspect of their lives. If these recommendations would be adhered to, acquisition of sexually transmitted diseases and pregnancies could be avoided.

APPENDIX A
SEXUAL ACTIVITY SURVEY

Sexual Activity Survey

- 1) How old are you now? _____
- 2) Are you Male _____ Female _____
- 3) What is your ethnicity? _____
- 4) Age when you first became sexually active? _____
- 5) Do you drink alcohol now such as (Beer, Wine, champagne)?
Yes _____ No _____
- 6) Did you drink alcohol within 3 hours before your first sexual activity?
Yes _____ No _____
- 7) Do you smoke marijuana now?
Yes _____ No _____
- 8) Did you smoke marijuana within 3 hours before your first sexual activity?
Yes _____ No _____
- 9) In the year before your first sexual activity, did you live in a home with at least one “stay at home” parent or adult after school hours?
Yes _____ No _____
- 10) Were you informed about the risks associated with early initiation of sexual activities such as Pregnancy?
Yes _____ No _____
If yes, by whom? _____
- 11) Were you informed about the risks associated with early initiation of sexual activity such as STDs? (Sexually Transmitted Diseases)
Yes _____ No _____
If yes, by whom? _____
- 12) Were you informed about the risks associated with early initiation of sexual activity such as HIV?
Yes _____ No _____
If yes, by whom? _____
- 13) Were you informed about the benefits of delaying the onset of sexual activity such as being free from STDs?
Yes _____ No _____
If yes, by whom? _____

14) Did you understand the benefits of delaying sexual activities such as being free from STDs/HIV?

Yes _____ No _____

15) Did peer pressure influence whether or not you had sexual activity the first time?

Yes _____ No _____

16) Why did you start having sexual activity at the age you did?

Comments: _____

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL
FROM CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO



**CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO**

5500 University Parkway, San Bernardino, CA 92407-2397

May 14, 2004

Ms. Beatrice Okonkwo and Ms. Marissa Sitz
c/o: Prof. Ellen Daroszewski
Department of Nursing
California State University
5500 University Parkway
San Bernardino, California 92407

**CSUSB
INSTITUTIONAL
REVIEW BOARD**

Exempt Review

IRB# 03123

Status

APPROVED

Dear Ms. OkonKwo and Ms. Sitz:

Your application to use human subjects, titled, "Influences on the Initiation of Sexual Activity" has been reviewed and approved by the Chair of the Institutional Review Board (IRB) of California State University, San Bernardino and concurs that your application meets the requirements for exemption from IRB review Federal requirements under 45 CFR 46. As the researcher under the exempt category you do not have to follow the requirements under 45 CFR 46 which requires annual renewal, and documentation of written informed consent are not required for exempt research.

Although exempt from federal regulatory requirements under 45 CFR 46 the CSUSB Federal Wide Assurance does commit all research conducted by members of CSUSB to adhere to the Belmont Commission's ethical principles of respect, beneficence and justice. You must, therefore, still assure that a process of informing consent takes place, that the benefits of doing the research outweigh the risks, that risks are minimized, and that the burden, risks, and benefits of your research have been justly distributed.

You are required to notify the IRB if any substantive changes are made in your research prospectus/protocol, if any adverse events are experienced by subjects during your research, and when your project has ended. Failure to notify the IRB of the above may result in disciplinary action. You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, IRB Secretary. Mr. Gillespie can be reached by phone at (909) 880-5027, by fax at (909) 880-7028, or by email at mgillesp@csusb.edu. Please include your application identification number (above) in all correspondence.

Best of luck with your research.

Sincerely,

Joseph Lovett, Chair
Institutional Review Board

JL/mg

cc: Prof. Ellen Daroszewski, Department of Nursing

APPENDIX C

APPROVAL FROM FONTANA UNIFIED SCHOOL DISTRICT

COMPREHENSIVE DEPARTMENT



Fontana Unified School District

9680 Citrus Avenue · P.O. Box 5090 · Fontana · CA 92334-5090 (909) 357-5000

June 9, 2004

TO: Committee on the Protection of Human Subjects
California State University, San Bernardino

Dear Sirs:

Please be advised that Beatrice Okonkwo has obtained permission from Fontana Unified School District to conduct her survey of "Influences of alcohol, marijuana, peer pressure, parental/adult supervision after school knowledge about STD's/HIV and pregnancy on the initiation of "sexual activity." The survey would be conducted in FUSD during June 2004 to December 2004.

Sincerely,

Leslie Woodman-Moore
Assistant Director
Comprehensive Health

LWM:def

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Associate Superintendent, Administrative Services
(909) 357-5000 ext. 7003 Fax (909) 357-5084

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below:

1. Data Collection:

Team Effort: Beatrice Okonkwo & Marissa Sitz

2. Data Entry and Analysis:

Team Effort: Beatrice Okonkwo & Marissa Sitz

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Beatrice Okonkwo &
Marissa Sitz

b. Methods

Team Effort: Beatrice Okonkwo &
Marissa Sitz

c. Results

Team Effort: Beatrice Okonkwo &
Marissa Sitz

d. Discussion

Team Effort: Beatrice Okonkwo &
Marissa Sitz