

Impact of Self-Esteem and Peer Conformity in the Initiation of Coitus in Early Adolescence

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Abstract

The study investigated the impact of self-esteem and peer conformity in the initiation of coitus in early adolescence among secondary school students. The sample included 173 boys and 141 girls aged 13-16 years of whom 58.9 of the participants reported that they had initiated sexual intercourse. Data was obtained using Rosenberg Self-esteem scale, Conformity Subscale of the Peer pressure Inventory, and 3-items measuring coital status developed by the researchers. Results of a 2x2 Chi-square indicated that self-esteem was not significantly associated with initiation of coitus, $X^2 = 3.01$, $p > .05$ whereas peer conformity predicted imitation of coitus in early adolescence, $X^2 = 155.46$, $P < .001$. Early initiation of coitus was also related to other factors like age and preferred sex. The researchers concluded that self-esteem was not related to initiation of coitus, whereas adolescents who largely conform to peer norms are more likely to initiate sex at a younger age than those who do not conform to peer norms.

Sexuality is an aspect of human development across the lifespan and sexual motivation is assumed to emerge during early adolescence. Coitus also known as sexual intercourse may refer to any sexual activities between peoples. Adolescence is ushered in by the monumental physical changes of puberty through which the person who was a child only yesterday becomes sexually capable of being the parent of a child. The adolescent period is marked by rapid physical growth, change and by a heightening of sexual and romantic interest in others. There is no clear-cut demarcation of the end of adolescence in the society, rather than at any specific age individuals pass from adolescence to adulthood when they establish adult social relationships and adult patterns of work. The rapid biological and psychosocial changes that occur during adolescence enhance the importance of sexuality during this period. During puberty, hormones increase and enable the body to reproduce. Psychosocial development enhances teen's abilities to negotiate sexual relationships and to

realize that their physical mature bodies encourage adult-like interactions including romantic relationships and a greater autonomy from parents.

A wide range of factors influence and are affected by the timing and frequency of adolescent sexual activity (Kirby, 2001). Neighborhood characteristics, psychosocial factors, socioeconomic status, parent's marital status, sibling characteristics, sexual abuse and biological factors all have been shown to be related to teenage sexual behaviour (Miller, Benson & Galbraith, 2001). High socioeconomic status of parents most often has been found to be associated with lower risk of having had intercourse and later sexual debut for adolescents (Taris & Semin, 1997; Upchurch, Aneshensel, Sucoff & Levi-Storms, 1999). From a socialization perspective, lower class adolescents may have greater exposure to behavioural models of early intercourse or to permissive sexual norms. Lower class adolescents may anticipate an early transition to adulthood and may engage in "adult" behaviours such as sex, as a way to initiate this transition.

Several biological factors predict adolescent sexual behaviour, including young age of menarche (early matures), high androgen levels in males and females, early pubertal development, and higher free testosterone levels (Miller & Calbraith, 2001). Psychological and social processes are also involved in early initiation of coitus. Socialization for instance, is an important influence on adolescent sexual behaviour (Di-Blasio & Benda, 1990; Philliber, 1980). According to the social learning perspective, the presence of behavioural modes for early or extra-marital intercourse along with exposure to permissive sexual norms increases the likelihood of adolescent intercourse. Miller et al (2001), reported that in most studies, living in other than a two-parent home (e.g. single parent, divorced or other non traditional family setting) is associated with increased risk of adolescent sexual intercourse. Also, having sexually active, pregnant or parenting older siblings was found to be related to younger sibling's more risky sexual behaviour (East, 1996; Whitbeck, 1999). The finding that adolescents in mother-only families are more likely to be sexually active reflects a less parental supervision and monitoring. Parental rules, control and monitoring were generally found to be related to decreased probability of sexual intercourse among teenagers (Miller, et al 2001; Whitbeck, 1999).

Psychosocially, early intercourse in a way reflects an attempt to compensate for inadequate social relationships or to counteract feelings of low self-esteem (Miller & Fox, 1987). Bingham, Miller & Adams (1990; Jessor & Jessor, 1977), observed that adolescent sexual activity was found to be associated with lower religiosity. Several other studies have found that adolescents who never or infrequently attend religious services, or who consider religion to be relatively unimportant in their lives, report the least restrictive attitudes regarding premarital sex and are the more likely to have had sex (Sucoff & Up church,

1998). Adolescence is a turbulent time charged with conflict and mood swings. Given this perspective, it is not hard to recognize that self-esteem plays a big part in the developing adolescent. Branden (1994) observed that self-esteem is the experience of being competent to cope with the basic challenges of life and of being worthy of happiness. Self-esteem, during adolescence, develops largely in the context of relationship with peers, particularly those of the same sex. In line with Gilligan (1987) observed that male self-esteem seems to be linked with striving for individual achievement, whereas female self-esteem depends more on connection with others. In one longitudinal study, 84 mostly white, socio-economically diverse young adults, whose self-esteem had been measured at age 14 and 18, described memories about important experiences with others. Men who had high self-esteem during adolescence tended to recall wanting to assert themselves with male friends, whereas women who had high self-esteem recalled efforts to help female friends who were involved asserting themselves in a collaborative rather than a competitive way (Thorne & Michaelleu, 1996). A recent analysis of hundreds of studies involving nearly, 150, 000 respondents concluded that males do have higher self-esteem than females especially at late adolescence (Brown & Gilligan 1990).

In their studies (Harter, 1999, Hirsch & Dubois, 1991) observed that adolescents have varying levels of self-esteem, which appears to be influenced by such factors as gender, ethnicity and social class. It can also vary with an individual; as an adolescent may have different levels of self-esteem in different domains such as social, scholastics, athletics, appearance, general conduct and actions. Studies have found that one-third to one-half of adolescents struggle with low-self-esteem especially in early adolescent. The results of low self-esteem can be temporary, but in serious cases can lead to various problems including depression, anorexia nervosa, delinquency, self-inflicted injuries and even suicide. Adolescents with low self-esteem are more likely to do poorly in school, to become pregnant or to impregnate a partner. It is important to note that researchers are not sure if having low self-esteem causes youth to engage in problem behaviour or the other way round. Research has found that satisfaction with physical appearance is a large component of self-esteem, and adolescent girls have greater dissatisfaction with physical appearance than do boys (Barter, 1999).

As earlier stated, neighbourhood and social class are important factors that influence adolescent self-esteem. In general, middle-class adolescents have higher self-esteem than less affluent adolescents. This discrepancy increases into older adolescence. One common explanation is simply that higher socio-economic status adolescents generally attend higher quality schools and/ or perform better in school. Also if higher socio-economic status youth have

individual difficulties or special needs in school, their parents more often have the resources to assist. So, resources can both augment individual skills and alleviate difficulties that would reduce self-esteem.

Peer conformity is another important issue in the adolescent's life and they show marked changes in their peer social relationships and it becomes increasingly important at the onset of puberty when peers often become the most important people in an individual's life. The onset of puberty particularly brings a distancing from parents (Arnett, 1999; Galambos, 1992). The shift in orientation from parents to peers can be seen in the dramatic increase in conformity to the ideas and judgments of the peer group at the beginning of puberty (age 11 to 13) but declines from age 15 on.

Becoming a member of a peer group is one of the primary developmental tasks of adolescence (Bourne, 1978; Coleman & Hendry, 1990; Erickson, 1968). Peer groups influence adolescent socialization and identity by allowing young persons to explore individual interests and uncertainties while retaining a sense of belonging and continuity within a group of friends (Steinberg & Silverberg, 1987). Although a key aspect of normal adolescent development, there may be costs associated with becoming a member of a group. Some have considered peer pressure as the "Price of group membership" (Clasen & Brown, 1985), which research has linked to a variety of potential problems, including substance abuse, cultism, risk taking behaviour, delinquency, dating attitudes and sexual promiscuity (Bauman & Anneth, 1996; Nwoke, 2005). Belonging to a group requires conformity to group interests and desires, which may not be strictly a matter of individual preference. For many young persons, substance use, risk taking behaviour, and sexual activity may represent efforts to conform to the norms of the group and to demonstrate commitment and loyalty to other group members (Newman & Newman, 1996). Peer conformity according to Brown, Lohr and McChleanahan (1986) is the degree to which individuals feel pressured to act. They tried to differentiate peer pressure from peer conformity. For Brown and his colleagues, peer pressure represents an attitude or perception, whereas peer conformity represents a behavioural disposition.

The problem of early initiation of coitus in adolescents has generated a lot of problems in the society. This is because of its adverse consequences on the growing adolescent and the society at large. Adolescent sexuality continues to be an important social concern because of its connection to adolescent pregnancy and sexually transmitted diseases, leading to teenage and unprepared marriages and an end to the future and career of the adolescent.

The purpose of this study was to investigate the impact of self-esteem and peer conformity in the initiation of coitus in a population of early adolescents. It was

hypothesized that self-esteem would have significant impact in the initiation of coitus in early adolescence. Also that peer conformity would play significant impact in the initiation of coitus in early adolescence. This study will shed clear insight on the impact of self-esteem and peer conformity on the initiation of coitus in early adolescence.

Method

Participants

The participants were 314 secondary school students from three (3) different secondary schools. They were drawn through a random sampling from JSS2, SS1 and SS2 classes in the different schools. Among the participants, 55.1% (173) were males while 44.9% (141) were females. The participants aged from 13-16 years, with a mean age of 14.5 years. All the participants were adolescents and lived in the rural area.

Instruments

The instruments used in data collection were Rosenberg (1965) Self-Esteem Scale and Conformity Subscale of the Peer Pressure Inventory (Clasen & Brown, 1955) and 3-items measuring coital status and sexual orientation of participants developed by the researchers.

The Rosenberg self-esteem scale is a 10-item measure of global self-worth or self-regard in adolescents. The original sample for which the scale was developed in the 1960s consisted of 5,024 high school juniors and seniors from 10 randomly selected schools in New York State. Respondents express their degree of agreement on a 4-point likert type scale of Strongly Agree=4, Agree=3, Disagree=2, strongly Disagree=1 to items such as "On the whole, I am satisfied with myself". The scale generally has high reliability: test-retest correlations are typically in the range of .77 to .88 (Rosenberg 1965) Cross validation of the scale among high school students in Nigeria, using a principal factor analysis with varimax rotation yielded two factors: self confidence and self-depreciation (Olley, 2008). The extracted factors are in line with that reported by Rosenberg (1965). All items had a factor loading of .4 Eigen value. Coefficient alpha was .94. It has a test retest reliability of $r=0.74$ (Olley 2008). The peer pressure inventory was developed by Brown and Clasen, (1985). Because the peer pressure inventory was designed to assess peer pressure in different domains, the measure is somewhat long-53 items, The different domains or subscale include conformity, popularity, school involvement, family involvement and misconduct; which each subscale or domain has the capability

to be adopted and used alone. Estimates of internal consistency of the scale are adequate: Cronbach's alpha ranges from 0.55 to 0.69 for the subscales and 0.91 for the whole scale. In addition, pilot testing conducted by the present researcher for the conformity subscale showed an internal consistency of the scale, Cronbach's alpha: = .57.

3-items were developed and validated by the researchers to collect data about participants' coital status. These include, "Have you ever engaged in sex "yes" "No", was used to know the participant who will fall into the category of virgins or no virgins; "Age at first sexual intercourse", was used to make sure participants fall into the researchers' age bracket of interest; and for preferred sex partner: "Same sex or opposite sex", was used to check for participants who are lesbians or homosexuals that may report being virgin or not.

Procedure

The researchers visited six (6) secondary schools in the rural area and were denied permission to use students in 3 out of the 6 schools. The researchers however obtained permission from the principal in the other three schools where they were accepted with the help of a letter of identification from the department. The questionnaires were distributed to students by the researchers with the help of the school counsellor in each of the schools, but were collected by the researchers themselves in the various classes. Three hundred and thirty (330) questionnaires were distributed to students in the three different schools; comprising, 117, 58 and 155 respectively and were all collected.

In the first and second schools all the questionnaires were properly filled and returned. In the third school, sixteen (16) out of the 155 questionnaires were discarded due to improper filling of data by the participants. Thus, three hundred and fourteen (314) questionnaires were eventually used.

Design/Statistic

The design of the study was a cross-sectional survey design and 2x2 Chi-square test of association was used to analyze data collected.

Results

Chi-square was used to determine whether self-esteem and peer conformity are associated with initiation of coitus and also to determine whether the demographic variables and sexual orientation of participant that could confound the results were actually related to the initiation of coitus behaviour.

Table 1: Chi-Square Test on Association of Self-Esteem Level and Initiation of Coitus

| Self-Esteem | Coital Status | | Df | X ² | Lambda |
|-------------|---------------------------|-----------------------|-----|----------------|--------|
| | Have not Initiated coitus | Have Initiated coitus | | | |
| low | 59(36.4%) | 103(63.6%) | 1 | 3.01 | .00 |
| high | 129(46.1%) | 82(53.9%) | | | |
| total | 129 | 185 | 314 | | |

*:p = .083 (p>.05, not significant)

Table 1 show that 36.4% of adolescents with low self-esteem had not initiated coitus, compared to 63.6% of those with low self-esteem that had initiated coitus. On the other hand, 46.1% of adolescents with high self-esteem had not initiated coitus compared to 53.9% with high self-esteem that had initiated coitus. A 2x2 chi-square test of association showed that there was no significant association between self-esteem and initiation of coitus: X²(1) = 3.01, n=314.

The lambda coefficient of prediction shows that self-esteem has an infinitesimal value of prediction on initiation of coitus, L=.00.

Table 2: Chi-Square Test on Association of Peer Conformity and Initiation of Coitus

| Self-Esteem | Coital Status | | Df | X ² | Lambda |
|-------------|---------------------------|-----------------------|-----|----------------|--------|
| | Have not Initiated coitus | Have Initiated coitus | | | |
| low | 106(82.8%) | 22(17.2%) | 1 | 155.46* | .65* |
| high | 23(12.4%) | 163(87.6%) | | | |
| total | 129 | 185 | 314 | | |

*: p<.001.

Table 2 shows that 83.8% of adolescents with low peer conformity had not initiated coitus, compared to 17.2% of those with low peer conformity that had initiated coitus. On the other hand, 12.4% of adolescents with high peer conformity had not initiated coitus compared to 87.6% of adolescents with high peer conformity that had initiated coitus. A 2x2 Chi-square test of association shows that there was a significant association of peer conformity and initiation of coitus, X²(1) =155.46, n=314, p<.001. The lambda coefficient of prediction showed that peer conformity has a high and significant value of prediction on initiation of coitus: L=.65, P<.001.

Below are the results of posthoc analysis on the demographic variables and sexual orientation of the participants that could actually be related to initiation of coitus behaviour.

Table 3: Chi-Square Test on Association of Age and Initiation of Coitus

| Age | Coital Status | | Df | X ² |
|-----------|---------------------------|-----------------------|----|----------------|
| | Have not Initiated coitus | Have Initiated coitus | | |
| 13 yr old | 8(17.4%) | 32(82.6%) | 3 | 12.91* |
| 14 yr old | 22(48.9%) | 23(51.1%) | | |
| 15 yr old | 45(43.3%) | 59(56.7%) | | |
| 16 yr old | 54(45.4%) | 65(54.6%) | | |
| Total | 129 | 185 | | |

*:p<.01.

Table 3 shows that 17.4% of adolescents that are 13 years old had not initiated coitus, compared to 82.6% of those of the same age who had initiated coitus 48.9% of adolescents that are 14 years old had not initiated coitus, compared to 51.1% of those of the same age that had initiated coitus 43.3% of adolescents that are 15 years old had not initiated coitus whereas 56.7% of adolescents of the same had initiated coitus. Furthermore, 45.4% of adolescent that are 16 years old had not initiated coitus compared to 54.6% of those of the same age that had initiated coitus.

2x2 chi-square test of association showed that age was significantly associated with initiation of coitus, $X^2(3) = 12.91$, $n = 314$, $p < .01$. Therefore, adolescents who are younger are more likely to initiate intercourse earlier than are older adolescents.

Table 4: Chi-Square Test on the Relationship between Gender and Initiation of Coitus

| Age | Coital Status | | Df | X ² |
|--------|---------------------------|-----------------------|----|----------------|
| | Have not Initiated coitus | Have Initiated coitus | | |
| Male | 78(45.1%) | 95(54.9%) | 3 | 2.55* |
| Female | 51(36.2%) | 90(63.8%) | | |
| Total | 129 | 185 | | |

*:p=110 (p>.05, not significant)

Table 4 shows that 45.1% of adolescent males had not initiated coitus compared to 54.9% of those who had initiated coitus. On the other hand, 36.2% of participant who females had not initiated coitus compared to 63.8% of those who had initiated coitus.

Table 5: Chi-Square on Association of Preferred Sex and Initiation of Coitus

| Preferred sex | Coital Status | | Df | X ² |
|---------------|---------------------------|-----------------------|-----|----------------|
| | Have not Initiated coitus | Have Initiated coitus | | |
| Same Sex | 27(90.0%) | 3(10.0%) | 1 | 32.40* |
| Opposite Sex | 102(36.2%) | 180(63.8%) | | |
| Total | 129 | 183 | 312 | |

*p<.001.

Table 5 shows that 90.0% of adolescents who preferred sexual intercourse with someone of the same gender had not initiated coitus compared to 10.0% of adolescents who had initiated coitus. On the other hand, 36.2% of adolescents who are sexually oriented towards someone of the opposite sex had not initiated coitus compared to 63.8% of adolescents who had initiated coitus. A 2x2 chi-square analysis showed that there was a significant association between preferred sex and initiation of coitus, $X^2=32.40$, $p<.001$. Thus, adolescents who preferred coitus with someone of the opposite gender are more likely to initiate coitus earlier than adolescent who preferred sexual intercourse with someone of the same gender.

Discussion

Based on the findings of this present study the first hypothesis which stated that self-esteem would not be a significant on the initiation of coitus in early adolescence was accepted: $X^2(1)=3.01$, $p>.05$. This suggests that self-esteem was not related to initiation of coitus. The lambda coefficient of prediction also showed that self-esteem was not a significant predictor of initiation of coitus. This finding is in line with the findings of Robinson and Frank (1994) which discovered no significant relationship between gender, self-esteem and coital status. The present study found slight differences in the sexual orientations of the boys and girls. This finding is supported by (Spencer, Zimet & Aalsma, 2001) who found that self-esteem difference exists in boys and girls and that this significantly predicted initiation of coitus. The current finding rejected the second hypothesis, which stated that peer conformity would not have significant impact on the initiation of coitus in early adolescence: $X^2(1) = 155.46$, $p<.001$. This finding seems to suggest that peer conformity has a key impact on the initiation of coitus in early adolescence as shown by high value of the lambda coefficient of prediction. This present finding is buttressed by the finding of Brown et al (1986) who discovered that peer conformity is associated with antisocial behaviours in adolescents including early sexual initiation. Posthoc analysis conducted to determine whether demographic variables and sexual orientations were actually related to initiation of coitus showed that age and sexual orientation were significantly related to initiation: $X^2(3) = 12.91$, $p<.01$.

From table 3 it is seen that adolescents who were 13 years old had the highest percentage of those who had initiated coitus. This implied that younger age is strongly related to initiation of coitus. Thus, adolescents who have not initiated coitus at a younger age may be, before the age of 13 are more likely to delay initiation of coitus.

Finally, preferred sex was found to be significantly associated with initiation of coitus, $X^2(1) = 32.40$ $p < .001$. As shown in table 5, adolescents who are sexually oriented toward the same gender are more likely not to initiate coitus than those that are sexually oriented toward the opposite gender. This seemed to suggest that sexual orientation towards someone of the opposite sex is significantly related to initiation of coitus. Thus, adolescents who preferred sex with someone of the opposite gender are more likely to initiate coitus earlier than those who preferred sex with someone of the same gender.

Conclusion

The major conclusion of this study is that peer conformity has a significant impact on the coitus initiation in early adolescence, while self-esteem is not. Coitus is sexual intercourse and it refers to any type of sexual activities between people. Parental rules and monitoring are necessary to act as check and balances on adolescence sexual behaviours. It was recommended that for further studies, variables such as gender, family structure, economic-status, religiosity, attitudes, values and norms and peer influences should be considered in relation to initiation to coitus in Nigeria. Also multiple casual factors should simultaneously be considered in order to understand adolescent sexuality and intervene appropriately.

References

- Arnett, J.J. (1999). Adolescent storm and stress reconsidered. *Journal of American Psychologist*, 54, 317-326.
- Bauman, K.E. & Arnett, S.T. (1996). On the importance of peer influence for adolescent drug use: Common neglected considerations. *Addiction*, 91, 185-198.
- Bingham, C.R., Miller, B.C., & Adams, G.R. (1990). Correlates of age at first sexual intercourse in a national sample of young women. *Journal of Adolescence Research*, 5, 18-33.

- Bourne, E. (1978). *Delinquency: A sociological view*. Lexington, MA: Health Publisher.
- Branden, N. (1994). *The six pillars of self-esteem*. New York: Bantam Books.
- Brown, 13.13. Lohr, M.J., & McClenahan, E.L (1986). Early adolescents' perception of peer pressure. *Journal of Early Adolescence, 6*,139-154.
- Brown, L.M., & Gilligan, C (1990). *The psychology of women and the development of girls*. Paper presented at the Laurel-Harvard conference on the psychology of women and the education of girls. Cleveland, off.
- Clasen. Diblasio, F.A. & Brown, B.B. (1985). The multidimensionality of peer pressure in adolescence. *Journal of Youth and Adolescence, 14*, 451- 468.
- Coleman, S. & Hendry, L. (1990). *The nature of adolescence*. London: Routledge.
- Diblasio, F.A. & Benda, B.B.(1990) Adolescent sexual behaviour: Multivariate analysis of a social learning model. *Journal of Adolescence Research, 5*, 449-466.
- East, P.L. (1996). The younger sisters of childbearing adolescents: Their attitudes, expectations and behaviours. *Journal of Child Development, 67*,267-282.
- Erikson, L. (1968). *Identity youth and crisis*. New York: Norton.
- Fox, C.L. (1987). The family's role in adolescent sexual behaviour. In L. Doms (ed), *Teenage pregnancy in a family context: Implications for policy*. Philadelphia: PA Temple University Press.
- Galambos, N .J. (1992). Parent-adolescent relations. *Current Directions in Psychological Science 1*, 147-155.
- Hirsch, B., & DuBois, D. (1991). Self-esteem in early adolescence: The identification and prediction of contracting longitudinal trajectories. *Journal of Youth and Adolescent, 20*, 53-72.
- Jessor, R. & Jessor, S.L. (1977). *Problem behaviour and psychological development: A Longitudinal Study of Youth*. New York: Academic Press.
- Kirby. D. (2001). *Emerging answers: Research findings on programs to reduce teen pregnancy (summary)*. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- Miller, B.C., & Bingham, C.R (1989). Family configuration in relation to the sexual behaviour of female adolescents. *Journal of Marriage and Family, 51*,499-506.

- Miller, B.C., Benson, B., & Galbraith, K.A. (2001). *Family relationship and adolescent pregnancy risk: A research synthesis. Developmental Review, 21*, 1-28.
- Newcomer, S., & Udry, J.R. (1987). Parental marital status effects on adolescents sexual behaviour. *Journal of Marriage and Family, 49*, 236-240.
- Newman, P.R., & Newman, B.M. (1976). Early adolescence and its conflict: Group identify versus alienation. *Journal of Adolescence, 11*, 261-274.
- Nwoke, M.B. (2005). Storm and stress of adolescent transitional period. *International Journal of Forum for African Women Educationalist Nigeria, 1*, 90-97.
- Olley, B.O. (2008). Child sexual abuse, harmful alcohol use and age as determinants of sexual risk behaviours among freshmen in a Nigerian university. *African Journal of Reproductive Health, 2*, 75-88.
- Philliber, S.G. (1980). Socialization for childbearing. *Journal of Social Issues, 36*, 30-44. Robinson, R.E., & Frank, D. (1994). The relation between self-esteem, sexual activity and pregnancy. *Journal of Adolescence, 29*, 27-35.
- Rosenberg, M. (1965). *Society and the adolescent's self-image*. Princeton, NJ: Princeton University Press
- Spencer, J.M., Zimet, G.D., Aalsma, M.C., & Orr, D.P. (2001). Self-esteem as a predictor of initiation of coitus in early adolescents. *Pediatrics Journal, 66*, 918-929.
- Steinberg, L., & Silverberg, S.B. (1987). The vicissitudes of autonomy in early adolescence. *Journal of Child Development, 57*, 841-851.
- Suoff, C.A., & Upchurch, D.M. (1998). Neighbourhood context and risk of childbearing among metropolitan area black adolescents. *American Sociological Review, 63*, 571-585.
- Taris, T.W., & Semin, G.R. (1997). Parent-child interaction during adolescence and the adolescent's sexual experience: Control, closeness and conflict. *Journal of Youth and Adolescence, 26*, 373-398.
- Thorne, A., & Michaellieu, S. (1996). Situation adolescent gender and self-esteem with personal memories. *Journal of Child Development, 67*, 1370-1390.

Upchurch, D.M. Aneshensel, C.S., Sucoff, C.A., & Levi-Storms, L. (1999). Neighborhood and family context of adolescent sexual activity. *Journal of Marriage and Family, Sterilization, 43*, 90-94.

Whitebeck, L.B. (1999). Early adolescent sexual activity: A developmental study. *Journal of Marriage and Family, 61*, 934-969.