

Influence of Self-Esteem, Parenting Style and Parental Monitoring on Sexual Risk Behaviour of Adolescents in Ibadan

Okhakhume Aide Sylvester (Ph.D)

Department of Psychology
University of Ibadan, Ibadan
Email: okhasly2004@yahoo.com

The consequences of high sexual risk-taking behavior can be negative and lifelong and evaluating sexual risk-taking in adolescents as the problem (rather than sexual initiation as the problem) is a relatively new research orientation especially in the Nigeria context. Based on this, this study was set out to investigate the influence of self esteem, parental monitoring and parenting styles on adolescents' risky sexual behavior in Ibadan. Cross-sectional research design was used. A total number of 194 adolescents selected from three secondary schools participated in the study. Questionnaires were administered to randomly sampled adolescents that comprised of scale to measure self esteem, parental monitoring and parenting styles. Six hypotheses were tested in the study using independent sample t-test and regression analysis. The result indicated that low self esteem significantly reported higher risky sexual behavior than the those with high self esteem [$t(192)=7.01, p<.001$]. Additionally, adolescents with low parental monitoring significantly reported higher risky sexual behavior than the those with high parental monitoring [$t(192)=2.86, p<.001$]. Furthermore, the result show that adolescents with low authoritative parenting style significantly reported higher risky sexual behavior than those with high authoritative parenting style [$t(192)=4.99, p<.001$]; authoritarian parenting style has no significant effect on adolescents' risky sexual behavior [$t(192)=-0.856, p>.05$]; while adolescents with high permissive parenting style significantly reported higher risky sexual behavior than those with low permissive parenting style [$t(192)=-4.65, p<.001$]. The result further indicated that self esteem, parental monitoring and parenting styles jointly predicted adolescents' risky sexual behavior [$F(3,189)=18.54; R^2=0.24; p<0.001$]. There was no gender effect on adolescents' risky sexual behavior [$t(192)=0.311, p>.05$]. Finally, adolescents from polygamous home significantly reported higher risky sexual behavior than those from monogamous [$t(192)=-3.61, p<.001$]. Based on the findings, it was concluded that self esteem, parental monitoring and parenting styles were predictors of adolescents' risky sexual behavior. Therefore it was recommended that therapists have both prevention and intervention opportunities to educate young clients about the problems associated with sexual risk-taking behaviors. Also parents could benefit from knowledge of the differences between males and females related to the effectiveness of parenting processes.

Keywords: Self esteem, Adolescents, Parenting style, Parenting monitoring, Sexual Risk Behavior

Risky sexual behavior is a problem of high magnitude among adolescents in Nigeria. Adolescents are predisposed to a lot of risk sexual behavior. Some of the risky sexual behaviors are: early intercourse, unprotected intercourse or sex with multiple sexual partners who contribute to unwanted pregnancy and sexually transmitted diseases. These risky behaviors have devastating effects on the teenagers. Dropping out of school is a

known consequence to adolescents' risky sexual behavior in Nigeria. There is the need to tackle these effectively and is good time to forestall their consequences.

Sexual risk behavior among youth, defined as early sexual initiation, unprotected intercourse, or sex with multiple partners, is a major area of concern given the many associated negative consequences (Center for Disease Control & Prevention, 2008); however, parental

influence is one of the primary protective factors for at-risk adolescents (Kotchick, Dorsey, Miller & Forehand, 2001; Zimmer-Gembeck & Helfand, 2008).

Risky sexual behaviour has a lot of consequences because teens from single parent homes are more likely to commit school crimes than teens from intact homes (Taylor and Hicks, 2000). One of the consequences of the involvement of young persons in risky sexual activities is that this group is disproportionately affected by reproductive morbidity including STI/HIV, unwanted pregnancies and their complications (Archibong, 1991; Brabin, Kemp, Obunge, Ikimalo, Dolimore, Odu, Hart, Briggs, 1995; Ekweozor, Olaleye, Tomori, Saliu, Essien, Bakare, Oni, Oyewo, Okesola and Oyemenen, 1995; Bello, Awopetu and Timileyin, 1997; Arowojolu, Ilesanmi, Roberts, and Okunola, 2002). For example, the age group 20-24 years had the highest prevalence of HIV in the national HIV sero-prevalence sentinel survey of 2003 (FMOH, 2004). Forty-two percent of adolescent girls in a rural community in Rivers state had had induced abortion or STI including gonorrhoea (Brabin et al, 1995). In Jos, 24% of patients attending an STI clinic are aged less than 25 years (Bello et al, 1997). In Calabar, 72% of patients admitted for complications of abortion are aged between 12-20 years (Archibong, 1991).

Adolescence is a time of transformation in many areas of an individual's life. The first stage is the early adolescence, which covers the period of 11-14 years. The second is middle adolescence from 15-18 years, and the third is late adolescence, from 18-21 years. In the midst of these rapid physical, emotional, and social changes, youth begin to question adult standards and the need for parental guidance. It is also a time for individuals to make important decisions about their commitment to academics, family, and perhaps sexual behaviour. For many youth, adolescence marks the onset of sexual activity and experimentation. Although this is a normal transition, sexual activity during adolescence can serve as a risk factor for an array of problematic behaviors (Archibong, 1991). Perhaps most obviously,

it can have immediate health consequences such as sexually transmitted diseases and pregnancy (FMOH, 2003). Research has also noted a linkage between risky sexual behavior and other deleterious outcomes such as delinquency (Barnes & Farrell, 2006) and sexual victimization.

In Nigeria, variables like adolescents' self esteem, parental monitoring, parenting styles and type of parental care affect sexual behaviour of in-school adolescents (Archibong, 1991). If teens feel parental style, feel a parental monitoring, and are aptly supervised by good teachers, they are less likely to have early sexual exposure and become pregnant. If parents model sexual risk taking behaviour, such as early child bearing, or permissive attitude towards pre-marital sex, adolescents from such environment could engage in early sexual intercourse (Archibong, 1991).

Adolescence is a critical period for the development of healthy behaviors and lifestyles. Findings from numerous studies over the past 20 years suggest that the quality of the parent-adolescent relationship has significant impact on the development or prevention of risky adolescent health behaviors (Barnes & Farrell, 2006). Although there are many behaviors that might be considered risky, the Centers for Disease Control and Prevention (CDC) has identified six health risk behaviors as being particularly salient for the development of optimal health. These six risk behaviors include: (a) behaviors that contribute to unintentional injuries and violence; (b) tobacco use; (c) alcohol and other drug use; (d) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases; (e) unhealthy dietary behaviors; and (f) physical inactivity. These behaviors are often established in early childhood and may continue and intensify through the adolescent period.

There are many dimensions of the adolescent parent relationship that might influence adolescent health and developmental outcomes, as well as the development of risky health behaviors. Such components include parental warmth versus coldness, acceptance versus rejection, structure versus chaos,

autonomy versus control, involvement versus detachment or neglect, strictness versus permissiveness, consistent versus inconsistent discipline, and connection versus distance (Chilcoat & Anthony, 1996).

Specific parenting behaviors that have been found to influence adolescent health and risky health behaviors include type of discipline (consistent versus inconsistent), level of parental involvement, level of parental monitoring, type of communication, and parenting style (Chilcoat & Anthony, 1996). In a study (Barnes & Farrell, 2006), parenting style was defined encompassing both contextual and individual aspects of a parent's child rearing, and distinguished this concept from more content- and goal-specific parenting practices and behaviors. The study of (Barnes & Farrell, 2006) proposed that parenting styles vary along two separate dimensions: demandingness (control) and responsiveness (acceptance), and that crossing these dimensions yields separate categories of parenting styles.

Also, recent decades have witnessed an unprecedented increase in the popularity of the self-esteem construct. Public health professionals and sexuality educators have touted children and adolescents' positive self-esteem as a vital protective factor for various risk behaviors. Despite such widespread recognition, evidence in support of self-esteem as a protective factor is inconclusive, and within academic circles considerable debate and lack of consensus envelop the construct. Questions linger regarding dimensions of self-esteem, the trait's stability, its operationalization, measurement and its applicability in health promotion. The rationale for conducting this review, therefore, stems from the contrast between self-esteem's extreme popularity within mainstream American culture and prevalent academic debates coupled with ambiguous research findings supporting its role in adolescents' sexual health.

In recent years, researchers have increasingly turned their attention to the risks and problems associated with adolescent sexual behavior (Zimmer-Gembeck & Helfand, 2008). Within this study, the term "adolescence" refers to an age span between 10 and 18 years,

encompassing early and middle adolescence (Zimmer-Gembeck & Helfand, 2008). Late adolescence typically extends from high school to young adulthood; however, this period of development is not as relevant to the current review, given the late adolescent's greater separation from parental authority.

There is some debate over whether youth sexual behavior is best conceptualized as "risky deviance" or a "positive developmental task" (Zimmer-Gembeck & Helfand, 2008). From the latter perspective, youth sexual behavior is viewed as part of normal development. Unlike delinquent behavior, youth sexual behavior has been described by some as a normative adolescent activity that almost every individual will engage in by young adulthood. From a biopsychosocial model (Zimmer-Gembeck & Helfand, 2008), researchers emphasize that the normative biological (e.g., hormones, physical maturation) and relational (e.g., dating) aspects of sexuality promote the onset and patterns of sexual behavior during adolescence.

Alternatively, others emphasize several biological, social and psychological mechanisms that increase the level of risk associated with sexual behavior during this period. Although the formation of a sexual identity is a normative developmental milestone (Dada, Olaseha & Ajuwon, 1998), it is also true that the establishment of a sexual identity does not depend on the initiation of sexual activity during adolescence. From a neurobiological perspective, adolescence is a unique developmental period during which the structures comprising the socio-emotional network (e.g., subcortical regions including the amygdale and ventral stratum) are developing rapidly whereas the structures comprising the cognitive control network (e.g., the prefrontal cortex) are slower to mature (Dada, Olaseha & Ajuwon, 1998). The accelerated development of the socio-emotional network, therefore, leads to a heightened responsiveness to emotional cues (e.g., sexual attraction) while the capacity to engage in cognitive and emotional regulation is still relatively immature (Dada, Olaseha & Ajuwon, 1998).

The prefrontal cortex, the area of the brain responsible for decision-making, reasoning and planning, is the last area of the brain to develop and does not reach full maturation until early adulthood. As a result, the youth cognitive control network is less effective at imposing regulatory control over impulsive and risky behavior during the heightened states of arousal (Dada, Olaseha & Ajuwon, 1998).

The combination of increased sensitivity to emotional and social stimuli (e.g., accelerated reactivity to physical attraction, etc.) and immature cognitive control heightens the propensity for sexual behavior during adolescence. Zimmer-Gembeck and Helfand (2008) maintain that adolescents display a “functionally imbalanced pattern of neural activity that may be related to behavioral deficits in successfully inhibiting emotional responses”. Furthermore, adolescents’ emotion regulation skills are disproportionately developed in comparison to their enhanced sensitivity to social and emotional cues. Accordingly, adolescents are far less equipped than adults to deal with the complex emotional processes that are often associated with relationship intimacy and sexual intercourse (Rose, Baker, Leonhardt, Kollar, Succop, Burklow & Biro, 2005).

In adolescence, many young persons are still developing a stable sense of self and a repertoire of coping strategies to deal with the often-intense emotions that accompany the positive and negative aspects of sexual intimacy. In one study utilizing retrospective reports to examine adolescents’ attitudes toward early sexual encounters, younger adolescents (ages 12–14) were more likely to report that they wish they had waited to have sexual intercourse (Brooks-Gunn & Paikoff, 2003). For many, sexual behavior at an early age can take a serious toll on both psychological and physiological well-being.

Whereas normative adolescent development is characterized by the aforementioned vulnerabilities in regard to sexual risk behavior, there are also theories that explain sexual risk behavior as a marker of adolescent deviancy more broadly, clustering with other delinquent behaviors.

Problem Behavior Theory for example, emphasizes unconventional attitudes, traits and social bonds as precursors of deviant behaviors, including sexual risk behavior (Kandel, 1996). According to this perspective, the likelihood of sexual intercourse is greater among youth who are lacking in social bonds and may have unconventional dispositions.

As Zimmer-Gembeck and Helfand (2008) suggest in their review of adolescent sexual behavior, there may be multiple pathways that are associated with sexual intercourse in adolescence, ranging on a spectrum of behaviors that reflect “risky deviance” or “normative development.” Nonetheless, the multiple risks associated with sexual behavior in adolescence cannot be understated. Given the vulnerabilities and consequences associated with adolescent sexual behavior, there is a clear need to elucidate the antecedents and correlates as well as moderators of these associations.

Parents play important roles in preventing early sexual activity through both the nature and quality of their relationships with their children and through their specific behavior toward them (Miller, 2001). They can provide their children with necessary information and values as well as directly limit or control their opportunities for sexual relations. More generally, healthy psychological development appears to be facilitated when parents foster a close relationship with their children while at the same time setting limits and providing discipline (Stevens-Simon & McAnarney, 1995).

Objectives

The general objective of this study is to examine the influence of self esteem, parental monitoring and parenting styles on sexual behaviour of adolescents in selected secondary schools. This general aim is expressed in the following specific objectives which are to:

1. Examine the influence of self esteem on adolescents’ risky sexual behavior.
2. Examine the influence of parental monitoring on adolescents’ risky sexual behavior.
3. Examine the influence of parenting styles on adolescents’ risky sexual behavior.

4. Examine the joint and independent influence of self esteem, parental monitoring and parenting styles on adolescents' risky sexual behavior.
5. Examine the joint and independent influence of demographic factors on adolescents' risky sexual behavior.

Hypotheses

1. Adolescents with low self esteem will be more engaged in adolescents' risky sexual behavior than those with high self esteem.
2. Adolescents with low parental monitoring will be more engaged in adolescents' risky sexual behavior than those with high parental monitoring.
3. Adolescents whose parents engaged authoritative and permissive parenting style will report higher risky sexual behavior than those whose parents engaged in authoritarian parenting styles.
4. There will be joint and independent influence of self esteem, parental monitoring and parenting styles on adolescents' risky sexual behavior.
5. Male adolescents will engage more in risky sexual behavior than their female counterpart.
6. Adolescents from polygamous homes will be more involved in risky sexual behavior than those from monogamous homes.

Method

Research Design

This research was designed to look at the influence of self esteem; parental monitoring and parenting styles on adolescents risk sexual behavior using selected secondary schools in Ibadan (Ibadan – Immanuel College Secondary School, Ibadan North LGA; Oke-Bola Comprehensive High School, NTC Road Ibadan South-West LGA; and Peoples Girls Grammar School Molete, Ibadan South-West LGA). The study utilized survey design with the use of questionnaires where no variable was manipulated. The study only undertook a descriptive analysis of the influence of the independent variables on the dependent variable. Self esteem,

parental monitoring and parenting styles were independent variables, while adolescents risk sexual behavior was the dependent variable.

Setting

The sample population was selected from three secondary schools in Ibadan – Immanuel College Secondary School, Ibadan North LGA; Oke-Bola Comprehensive High School, NTC Road Ibadan South-West LGA; and Peoples Girls Grammar School Molete, Ibadan South-West LGA. Three hundred (300) questionnaires (100 questionnaires each) were administered to the participants in the three selected secondary schools.

Instrument

Students' self-esteem was measured using the Rosenberg (1965) Self-esteem Scale (RSES). The RSES is a well-established measure with high reliability and construct validity. The scale contains five positively-worded items, such as "I feel that I have a number of good qualities"; and five negatively-worded items, for example "At times I think that I am no good at all", measured on a five-point Likert scale (1=*Strongly disagree*; 5=*Strongly agree*). The negatively-worded items were reverse coded so that for each of the 10 items a higher score indicated higher self-esteem. By summing responses, a total self-esteem score is calculated for each student. The scores range from 10, low self-esteem, to 40, high self-esteem. Rosenberg (1979) summarizes the research on the scale's reliability and validity. Two small college samples had two-week test-retest reliability coefficients of $r = .85$ and $.88$. Along with face validity, the scale has also demonstrated convergent validity with the Coopersmith Self-Esteem Inventory, with the scales correlated at $r = .60$.

A 30-item scale that measures the parenting styles adolescents which is based on Robinson, Mandelco, Olsen, & Hart (1995) with three types of parenting styles namely - authoritative, authoritarian, and permissive parenting practices. The parents were asked to rate how often you engage in the different parenting practices, listed below. The scores range from "Never"

to “Always” on a 5-point scale. At the end of each section, add up the scores and divide it by the number of questions in that section. The calculated score is your total score for that category. The highest score indicates your preferred parenting style.

The Parental Monitoring Scale is a nine-item Parental Monitoring Scale (Silverberg & Small, 1991). The teens were asked how much the nine items were true for them. Students chose from out of five possible responses: 5 = All of time; 4 = Most times; 3 = Sometimes; 2 = Hardly ever; 1 = Never. Cronbach's alpha for the nine-item scale was .84. The scale has been shown to have construct validity: "The Parental Monitoring Scale has been used in at least three studies involving nearly 6,000 adolescents...higher levels of parental monitoring have been related to lower levels of adolescent risk-taking including sexual activity, delinquency, and drug use".

The 16 item scale developed by Mishra and Lalumiere (2008) was used to measure the adolescents' exposure to risky sexual behaviour. The items measured in a 5-point likert format with response ranging from 1 (strongly disagree) to 5 (strongly agree). The scale has internal consistency reliability estimates of 0.85. Participants

were expected to express their degree of agreement or disagreement with each of the statement.

Procedure

The participants were given the questionnaire in their schools. Instruction on how to fill the questionnaire was given. Confidential treatment of information was assured. With regard to the scoring of responses, the first section of the questionnaire needs no score attached to it, since the information required are bio-data of the subject.

Statistical Analysis

The statistical tools used in testing the hypotheses were Pearson Product Moment Correlation, independent sample t-test, multiple regression analysis and one-way ANOVA.

Results

Hypothesis one which states that adolescents with low self esteem will be more engaged in adolescents' risky sexual behavior than those with high self esteem was tested using an independent sample t-test. The result is presented in table 1.

Table 1 Summary table of independent sample t-test showing the significance effect of self esteem on risky sexual behavior

DV	Self esteem	N	Mean	Std	Df	t-value	Sig
Risky Sexual behavior	Low	103	40.71	14.30	192	7.01	<.001
	High	91	28.11	10.65			

Table 1 shows that adolescents with low self esteem significantly reported higher risky sexual behavior than the those with high self esteem [t(192)=7.01, p<.001]. From the table above, adolescents with low self esteem reported higher (\bar{X} =40.71) on risky sexual behavior, while those with high self esteem scored (\bar{X} =28.11) with a mean

difference of 12.60. Therefore, the hypothesis was confirmed.

Hypothesis two which states that adolescents with low parental monitoring will be more engaged in risky sexual behavior than those with high parental monitoring was tested using an independent sample t-test. The result is presented in table 2.

Table 2: Summary table of independent sample t-test showing the significance effect of parental monitoring on risky sexual behavior

DV	Parental monitoring	N	Mean	Std	Df	t-value	Sig
Risky Sexual behavior	Low	91	37.86	16.03	192	2.86	<.01
	High	102	32.02	11.75			

Table 2 shows that adolescents with low parental monitoring significantly reported higher risky sexual behavior than the those with high parental monitoring [t(192)=2.86, p<.001]. From the table above, adolescents with low parental monitoring reported higher (\bar{X} =37.86) risky sexual behavior, while those with high parental monitoring scored (\bar{X} =32.02) with a mean difference of

5.84. Therefore, the hypothesis was confirmed.

Hypothesis three which states that adolescents whose parents engaged authoritative and permissive parenting style will report higher risky sexual behavior than those whose parents engaged in authoritarian parenting styles was tested using independent sample t-test analysis. The result is presented in table 3.

Table 3: Summary table of independent sample t-test showing the significance effect of parenting styles on risky sexual behavior

Authoritative	N	Mean	Std	Df	t-value	Sig
Low	98	39.54	12.54	192	4.99	<.001
High	96	29.96	14.15			
Authoritarian						
Low	85	34.62	12.46	192	-0.86	>.05
High	93	36.42	15.49			
Permissive						
Low	105	30.58	11.62	192	-4.65	<.001
High	89	39.78	15.31			

Table 3 shows that adolescents with low authoritative parenting style significantly reported higher risky sexual behavior than those with high authoritative parenting style [t(192)=4.99, p<.001]. From the table above, adolescents with low authoritative parenting style reported higher (\bar{X} =39.54) risky sexual behavior, while those with high authoritative parenting style scored (\bar{X} =29.96) with a mean difference of 9.58.

The table however shows that authoritarian parenting style has no significant effect on adolescents risky sexual behavior [t(192)=-0.856, p>.05]. From the table above, adolescents with low authoritarian parenting style reported a mean of (\bar{X} =34.62) on risky sexual behavior, while those with high authoritarian parenting style scored (\bar{X} =36.42) with a mean difference of 1.80.

Finally, the table shows that adolescents with high permissive parenting style significantly reported higher risky sexual behavior than those with low permissive parenting style [t(192)=-4.65, p<.001]. From the table above, adolescents with high permissive parenting style reported higher (\bar{X} =39.78) risky sexual behavior, while those with low permissive parenting style scored (\bar{X} =30.68) with a mean difference of 9.19. Therefore, the hypothesis was confirmed.

Hypothesis four which states that there will be joint and independent influence of self esteem, parental monitoring and parenting styles on adolescents' risky sexual behavior was tested using multiple regression analysis. This is presented in Table 4.4.

Table 4: Relative contributions of self esteem, parental monitoring and parenting styles to the prediction of adolescents' risky sexual behavior

Predictor	Beta (β)	t-value	Sig	R	R ²	F	P
Self esteem	-0.448	-6.881	<.001	0.477	0.227	18.54	<.001
Parental monitoring	-0.286	-3.551	<.001				
Parenting styles	-0.033	-0.508	>.05				

Table 4 shows that self esteem, parental monitoring and parenting styles yielded a coefficient of multiple correlation (R) of 0.477 and multiple correlation square of 0.227. This shows that 23% of the total variance of adolescents' risky sexual behavior was accounted for by the linear combination of the three independent variables. This table also indicated that the independent variables had significant joint influence on the dependent variable [F(3,189)=18.54; p<0.001].

However, table 4 shows that self esteem and parental monitoring made significant independent contribution to adolescents' risky sexual behavior ($\beta=-0.448$, $p<.001$ & $\beta=-0.286$, $p<.001$) respectively. Therefore, the hypothesis was partially confirmed.

Hypothesis five which states that male adolescents will be more engaged in risky sexual behavior than their female counterpart was tested using an independent sample t-test. The result is presented in table 5.

Table 5: Summary table of independent sample t-test showing the significance effect of gender on risky sexual behavior

DV	Gender	N	Mean	Std	Df	t-value	Sig
Risky Sexual behavior	Male	23	35.70	14.82	192	0.311	>.05
	Female	171	34.68	14.12			

Table 5 shows that gender has no significant influence on adolescents risky sexual behavior [t(192)=0.311, p>.05]. From the table above, male adolescents reported a mean of (\bar{X} =35.70) risky sexual behavior, while the female adolescents scored (\bar{X} =34.68) with a mean difference of

1.02. Therefore, the hypothesis was not confirmed.

Hypothesis six which states that adolescents from polygamous home will be more engaged in risky sexual behavior than those from monogamous home was tested using an independent sample t-test. The result is presented in table 6.

Table 6: Summary table of independent sample t-test showing the significance effect of family type on risky sexual behavior

DV	Family type	N	Mean	Std	Df	t-value	Sig
Risky Sexual behavior	Monogamous	137	32.33	12.83	192	-3.61	<.001
	Polygamous	57	40.74	15.53			

Table 6 shows that adolescents from polygamous home significantly reported higher risky sexual behavior than those from monogamous [t(192)=-3.61, p<.001]. From the table above, adolescents from polygamous home reported higher (\bar{X} =40.74) on risky sexual behavior, while those from monogamous home scored (\bar{X} =32.33) with a mean difference of 8.41. Therefore, the hypothesis was confirmed.

Discussion

Hypothesis one which tested the influence of self esteem on risky sexual behavior of adolescents was confirmed. The results indicated that adolescents with low self esteem significantly reported higher risky sexual behaviour than those with high self

esteem. This result is supported by Brooks-Gunn & Paikoff (2003) who reported that students with low self-esteem consumed more alcohol, had more sexual partners, and had more HIV risk-taking behaviors than those with high self esteem. Also Zimmer-Gembeck and Helfand (2008) found the association of concurrency with non-monogamous sexual partners and substance use suggests the existence of extensive sexual networks that link people at higher risk for HIV infection with increased opportunities for disseminating infection (source). Associations between low self-esteem and heavy drinking in college females and high risk of sexual behavior have also been demonstrated in various studies (Zimmer-Gembeck and Helfand, 2008). Studies have been done to look at

the relationships between self-esteem and risk behaviors (Brooks-Gunn & Paikoff, 2003). They reported that self esteem is a factor that may be instrumental in an individual's willingness to engage in risk-taking behaviors.

Hypothesis two which tested the influence of parental monitoring on risky sexual behavior of adolescents was confirmed. The results indicated that adolescents with low parental monitoring significantly reported higher risky sexual behaviour than those with high parental monitoring. This result is supported by Brooks-Gunn & Paikoff (2003) which indicated that adolescents who perceive a strong mutual trust with their parents are less likely to engage in high-risk behaviors such as delinquency. However, much less is known about the relationship between perceived trust and other risk behaviors such as sexual activity or substance use. Thus, as an important foundation for parenting practices (Barnes & Farrell, 2006), monitoring should be examined in the context of the other dimensions of parenting to determine its relative contribution in explaining adolescent risk behavior (Barnes & Farrell, 2006).

Also, research has suggested that open lines of communication and knowledge of an adolescent's whereabouts (i.e., parental monitoring) are important in reducing high-sexual risk behaviors (Chilcoat & Anthony, 1996). Behavior management approaches are also used by parents of older adolescents as part of their general supervisory practices (Chilcoat & Anthony, 1996). However, the relationship between parental monitoring and risky sexual behavior may differ by gender, based on the literature that suggests that parents monitor and supervise their daughters differently than their sons (Barnes & Farrell, 2006).

Hypothesis three which tested the influence of parenting styles (authoritative, authoritarian and permissive styles) on risky sexual behavior of adolescents was partially confirmed. The result indicated that adolescents with low authoritative parenting style significantly reported higher risky sexual behavior than those with high authoritative parenting style; authoritarian

parenting style has no significant effect on adolescents' risky sexual behavior; while adolescents with high permissive parenting style significantly reported higher risky sexual behavior than those with low permissive parenting style. This result is corroborated with various studies (Brooks-Gunn & Paikoff, 2003) which have found that both authoritarian and permissive/neglectful styles of parenting have negative effects on family relations. On the other hand, authoritative parenting styles with flexibility and encouragement of adolescent self-expression are likely to create a collaborative environment that fosters productive communication between parents and their adolescents (Brooks-Gunn & Paikoff, 2003). Authoritative parenting requires adolescents to be responsive to parental rules and requests while also assuming the parental responsibility of responsiveness to adolescents needs and points of view (Brooks-Gunn & Paikoff, 2003).

Also, Barnes & Farrell (2006) suggested that the influence of parenting style on adolescent behavior modification would also depend on whether or not the adolescent perceives their parents to be permissive, negligent, or attentive. As such, many studies rely on self-report of adolescents regarding parenting processes.

Hypothesis four which tested the joint influence of self esteem, parental monitoring and parenting styles on risky sexual behavior was partially confirmed. The result indicated a joint influence on the three independent variables on risky sexual behavior; but only self esteem and parental monitoring independently influenced risky sexual behavior contributing 23% to the variation. This result is corroborated with DiClemente, Wingood & Crosby (2001) who reported that adolescents with low self esteem significantly reported higher risky sexual behaviour than those with high self esteem. DiClemente, Wingood & Crosby (2001) found that both authoritarian and permissive/neglectful styles of parenting have negative effects on family relations. On the other hand, authoritative parenting styles with flexibility and encouragement of adolescent self-expression are likely to create a collaborative environment that

fosters productive communication between parents and their adolescents. Also, Dittus & Jaccard (2000) indicated that adolescents who perceive a strong mutual trust with their parents are less likely to engage in high-risk behaviors such as delinquency; however, much less is known about the relationship between perceived trust and other risk behaviors such as sexual activity or substance use.

Hypothesis five which states that male adolescents will be more engaged in risky sexual behavior than their female counterpart was not confirmed. The result indicated that gender has no significant effect on adolescents' risky sexual behavior. This result is contrary to previous research on gender difference of adolescents' risky sexual behavior. For example, Dittus & Jaccard (2000) found that females expect and desire sexual relations to adolescents whereas males are more accepting of non-committed sexual relations. In a survey on forming romantic relationships female respondents indicated more relationship interest following casual sex in comparison to males, 48% of women and 36% of men reported desiring a relationship (Dittus & Jaccard, 2000). Previous research has also shown men have more permissive attitudes towards sex and desire more sex partners (DiClemente, Wingood & Crosby, 2001). During their lifetime women reported they would prefer to have five sex partners in comparison to men's preference of 18. Males were also found to be more likely to agree to casual sex with a stranger than women (DiClemente, Wingood & Crosby, 2001).

Hypothesis six which states that adolescents from polygamous home will be more engaged in risky sexual behavior than those from monogamous home was confirmed. The result indicated that adolescents from polygamous home significantly reported higher risky sexual behavior than those from monogamous. This is corroborated with the research findings of Archibong (1991) who reported that adolescents from intact families were less likely to be sexually active than teens from other family structures; however, the differences were not uniform across family structures. For example, adolescents from

no-parent/other households were the most likely to be sexually active, followed by adolescents living with a single parent. The likelihood of sexual activity among those living with stepparents, however, differed by gender. Girls living in a stepfamily were considerably more likely than girls living with their biological parents to have ever had sex, whereas boys from intact and stepparent families were equally likely to have ever had sexual relations. The right two panels of Figure 1 also suggest that family structure had a stronger effect on the sexual behaviors of young teens (less than age 15) than it had on the sexual behaviors of older teens (ages 15–19).

Also, after controlling for neighborhood characteristics, religious affiliation and attendance (Hutchinson, 2002), and other family background factors (Hutchinson, 2002), adolescents residing with two biological parents at age 14 were less likely to have ever had sexual intercourse when compared to adolescents residing in other family structures.

Conclusion

Based on the findings of the study, the following conclusions are made:

1. Adolescents with low self esteem significantly reported higher risky sexual behaviour than those with high self esteem.
2. Adolescents with low parental monitoring significantly reported higher risky sexual behavior than those with high parental monitoring.
3. Adolescents with low authoritative parenting style significantly reported higher risky sexual behavior than those with high authoritative parenting style; authoritarian parenting style has no significant effect on adolescents' risky sexual behavior; while adolescents with high permissive parenting style significantly reported higher risky sexual behavior than those with low permissive parenting style.
4. There was a joint influence on the three independent variables on risky sexual behavior; but only self esteem and parental monitoring independently influenced risky

sexual behavior contributing 23% to the variation.

5. Gender has no significant effect on adolescents' risky sexual behavior.
6. Polygamous home significantly reported higher risky sexual behavior than those from monogamous.

Recommendations

Based on the findings of the study, the following recommendations are made:

First, overemphasis on self-esteem improvement should be discouraged because programs focusing on factors that have a demonstrated absence of effect waste valuable resources and opportunities to target effective variables (such as self-efficacy, self-control, youth development). Also, the results from this study provide clinicians with important information about the sheer numbers of adolescents who are engaging in sexually risky behaviors. Therapists have both prevention and intervention opportunities to educate young clients about the problems associated with sexual risk-taking behaviors.

Second, the results of this study vary by gender. Both male and female adolescents are engaging in sexual risk-taking behaviors, but apparently, the factors that influence those behaviors are quite different. Parents could benefit from knowledge of the differences between males and females related to the effectiveness of parenting processes.

Clinicians are informed by this study primarily on the topic of parental monitoring. Therapists working with adolescents and their families need to know the importance of teaching parents about monitoring, specifically the skill of monitoring an adolescent without being intrusive or authoritarian. For female clients, this study's results suggest that therapists should particularly encourage the parents to monitor the girl's after-school whereabouts. For male clients, results suggest that therapists should encourage parents to know who their male adolescent is with when he goes out. For males, it is likely that peer influence relates strongly to sexual risk-taking behaviors.

Clinicians working with parents of adolescents should get into the habit of formulating a line of questioning to assess for monitoring, communication, and parenting style habits in the home. Questions, inherent in their nature, are suggestions. For instance, clinicians might ask: "So, what aspects of your teen's life do you know the most about? Is it typical for you to know where your teen is most of the time? Is it typical for you to know who the adolescent is with? Who does your adolescent spend time with after-school? What are they doing after-school and where are they? Do you ask your teen to call you throughout the afternoon/night if s/he is changing locations?" This line of questioning suggests the importance of monitoring and would allow the clinician to point out areas of parenting strengths or areas where the teen may be finding time for risk-taking. As for communication, therapy is the perfect arena to find out how parents and teens are talking and what topics are discussed or neglected. The quality of the communication and the degree of openness between parent and teen is an area to strengthen should parents and adolescents seek therapy. Communication skills are in-session topics that clinicians can encourage and model. A line of questioning about parenting processes (like those questions given above) will provide a therapist with in-session information, both factual and process-oriented, as to style of parenting. Authoritative parenting would present itself in-session as a balanced combination of limitations and rules set for the adolescent as well as a willingness to encourage independence.

The findings related to interaction effects suggest that parenting processes enhance one another. In other words, parental monitoring and parenting styles within the context of authoritative parenting styles is likely to inhibit the sexual risk-taking of adolescents whereas parental monitoring perceived as an intrusive action by an authoritarian parent may increase sexual risk-taking behaviors. Monitoring and style of parenting are all important processes to gather information about in a clinical setting.

Difficulties in these areas of parenting would most likely be evident should an adolescent and parent seek therapy for problematic behavior. Therapists should point out these essential interactions and encourage parents and adolescents to nurture well-connected, well-informed, respectful, responsive, disciplined, loving relationships.

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