



Original article

Adolescent Sexual Risk Taking: The Distribution of Youth Behaviors and Perceived Peer Attitudes Across Neighborhood Contexts

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 A B S T R A C T

Purpose: Sexual activity is a normative part of adolescent development, yet early sexual debut and sex with multiple partners undermine health and well-being. Both structural (e.g., poverty) and social (e.g., norms) characteristics of neighborhoods shape sexual risk taking, yet scholarship remains focused on urban areas. Thus, this study explores sexually permissive attitudes and sexual risk taking across a wider expanse of neighborhood types.

Methods: Among 8,337 nonsexually active respondents in Wave I (1994–1995 [ages 11–18]) of the National Longitudinal Study of Adolescent to Adult Health (Add Health), a hierarchical linear model and a hierarchical generalized linear model were used to estimate the effect of neighborhood type and permissive sexual climate on youths' sexual debut, age at debut, and lifetime number of sexual partners by Wave III (2001–2002 [ages 18–26]), controlling for individual, familial, and peer factors.

Results: Sexual climates varied in overall permissiveness and internal consistency both across and within neighborhood types and were linked to increased sexual risk taking. Compared with youth from upper middle class white suburbs, the odds of sexual debut and the number of partners were highest among youth from rural (black and white) neighborhoods; youth from almost all other neighborhood types initiated sex earlier.

Conclusions: Early sexual debut in adolescence is a public health issue with immediate and long-term implications. Adolescence unfolds in neighborhood environments, the characteristics of which may spur youth into such risk taking. Continued scholarship on sexual risks should consider further variations in the geographic distributions of such risks to investigate more fully their consequences.

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 IMPLICATIONS AND
 CONTRIBUTION

Neighborhoods influence adolescent sexual risk taking, but the geographic distribution of such risks across an array of places has yet to be fully identified. Given the health implications of sexual risk taking, this study highlights the various neighborhood contexts of sexually permissive attitudes and risky behaviors.

Entry into sexual activity is a developmental stepping stone in adolescents' trajectories of interpersonal and romantic relationship formation. Indeed, by age 19, many teenagers have had sexual intercourse, with sexual debut between ages 15 and 19 now generally considered "normative" [1]. Data from the Na-

tional Survey of Sexual Health and Behavior (NSSHB) show that among 18- to 19-year-olds, 63% of males and 64% of females reported having intercourse [2].¹ Yet research on adolescent sexual behavior often approaches the topic from a risk framework, focusing on the *early* onset of sexual activity and activity with

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¹ Data from the 2015 Youth Risk Behavior Survey report a lower percentage of sexually active youth (e.g., 41% of high school students reported having had sex); however, this finding may be because the Youth Risk Behavior Survey is a school-based sample.

multiple partners, both of which have negative consequences for adolescents' well-being, including risk of sexually transmitted infection, mental health, and academic outcomes [3,4].

As described in social ecological models of adolescent development [5–7], factors that spur youth into risky sexual activity arise from multiple domains in which adolescent development is embedded and unfolds. Extensive research focuses on proximal contexts, highlighting individual (e.g., pubertal development, depression, and delinquency), familial (e.g., parent-child relationships), and peer (e.g., friends' sexual activity) risk factors [8–10]. However, youths' sexual risk taking can also be considered within the broader, more distal contexts, such as neighborhoods, in which adolescent development occurs, contexts that become increasingly important during this period of the life course [11]. In disadvantaged (i.e., socioeconomically impoverished) neighborhoods, youths have sex earlier, have more partners, and use contraceptives less often than peers in more advantaged neighborhoods [12–14]. Neighborhood-level socioeconomic characteristics, opportunity structures (e.g., access to employment, education) [15], community and institutional resources (e.g., family planning services, parks and recreation, and leisure activities), social disorganization (e.g., crime), and racial/ethnic composition are all associated with sexual debut [16,17].

In addition to structural characteristics, models prominent in the social disorganization literature have been attuned to neighborhood *processes*, illustrating how the emergence, maintenance, and transmission of social norms influence preferences for and meanings of sexual behaviors, such as the appropriate age of sexual debut or the acceptable number of sex partners [12,18,19]. In his qualitative account of black inner city youth, Anderson [20] documented a “sex code” among young male peer groups that encouraged early and frequent sexual activity as a sign of manhood and a source of respect, that is, a “player” identity. These youths' neighborhoods expose them to risk-taking peers who facilitate the transmission of attitudes and values that condone such behaviors [21]. Neighborhood peers act as role models, providing encouragement and opportunities for other youth to engage in similar behaviors [19,21,22]. Such alternative values and sources of status attainment develop in response to isolation from conventional/mainstream standards [18] and/or blocked access to legitimate opportunities for attaining adult status via economic and social advancement (e.g., employment, education, or other material success) [23].

Scholarship on concepts such as cultural frames and scripts illustrates how, even within a single neighborhood, there can exist multiple, often competing, sets of expectations for and understandings of the consequences of certain behaviors (for extended discussions of culture, see Harding and Kirk and Papachristos [24,25]). Such “cultural heterogeneity”—combined with the increasing significance of peer acceptance and social status during adolescence [26]—means that the “player culture” can significantly influence behavior, even if it is neither the dominant standard nor the standard subscribed to by the majority of individuals. Neighborhood culture shapes the behavior by providing the values to which action is oriented, and by providing the frames through which individuals understand how a given context (i.e., their neighborhood) operates [23]. Thus, neighborhood-level sexual permissiveness affects adolescent sexual risk taking both directly (a contextual effect independent of individual-level frames) and indirectly (via its effect on individual-level frames) [23].

Other works [24,27] find that permissive sexual attitudes may be neither universal in disadvantaged groups nor limited to urban

places. Although evidence suggests that black youth hold more favorable attitudes toward sexual activity [18], and Anderson's sex code was observed among urban, black youth, such sexually permissive climates are not limited to one particular racial/ethnic group or one geography [27]. For instance, Kogan et al. [28] linked such sex codes (which they termed “reputational masculinity”) to sexual risk taking among rural, black, male youth. Adding to this complexity are the experiences of Hispanic youth, who often tread tensions between traditional cultural values (e.g., gender role socialization, virginity, and family responsibility and honor) and assimilation into dominant cultural norms [29,30].

Despite attention to the neighborhood context of adolescent sexual risk, a key limitation persists: overwhelmingly, these studies have been grounded in urban areas. Thus, much remains unknown about variations in (1) attitudes toward and (2) patterns of sexual activity across other neighborhood contexts (e.g., rural and suburban areas and Hispanic, immigrant, or mixed race neighborhoods). This is a noteworthy omission, as other neighborhood types confront many similar structural constraints observed in the urban areas that have served as the foundation for much research on neighborhoods and sexual risk. For instance, youth in rural areas are similarly isolated from the same middle-class, mainstream expectations implicated in research on urban social isolation and sexually permissive climates [16]. Rural youth also may face a lack of parental supervision and limited prosocial opportunities (e.g., recreational opportunities and school-based extracurricular activities), further exacerbating their risks of sexual activity [16]. The current study thus addresses these gaps, extending key research on neighborhood structural effects on youth sexual activity [7,15,23,31] to examine sexual risk across a range of neighborhood contexts. The study also extends research on neighborhood cultural (e.g., attitudinal) factors [18,22–24] by illustrating how permissive normative climates about sex are differentially distributed across types of neighborhoods.

Methods

The present study uses data from the National Longitudinal Study of Adolescent to Adult Health (Add Health), a nationally representative sample of adolescents in schools, grades 7–12, that began in 1994 [32]. The sampling frame included 80 representative high schools and associated middle schools, stratified by region, urbanicity, school type, size, and racial/ethnic composition. A core sample of 20,745 adolescents was randomly selected from school rosters for in-home interviews. Respondents were surveyed 1 year (1996 [Wave II, $n = 14,738$]) and 6 years later (2001–2002 [Wave III, $n = 15,197$]). Respondents' home addresses were geocoded and contextual (e.g., census) data were appended. This research utilized secondary data and was approved by the University of Nebraska-Lincoln Institutional Review Board, and an “Agreement for the Use of Restricted-Use Data” and a “Pledge of Confidentiality” were provided to the Interuniversity Consortium for Political and Social Research at the University of Michigan where the Add Health data are stored.

The analytic sample was derived via several steps. First, the sample was limited to respondents not yet sexually active at Wave I ($n = 12,421$ [59.9%]); those already sexually active were excluded. One method of dealing with selection bias that may result from this exclusion is via the Heckman two-step estimator; however, since the focal dependent variable (sexual activity) is the same as the dependent variable in a selection equation (being sexually active before Wave I), this correction could introduce

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