Chapter 1

INTRODUCTION

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1.1. THE CONTEXT OF THE STUDY

An estimated 190 million adolescents in India are poised on the brink of a new millennium awaiting their crucial, albeit vulnerable, transition to adulthood (Bansal RK, 2008). Adolescents are rarely considered a distinct group and therefore their reproductive health needs, sexuality, reproductive morbidity, abortion seeking and reproductive choice etc., are poorly understood and ill served (Jejeebhoy S, 1998). Increasing rate of teen-age pregnancies and child birth; large family size; STIs; (Bang RA, Bang AT, Baitule M. choudhary Y, Sarmukaddam S, Tale O , 1989); obstacles to contraceptive use (Bansal RK, et al., 2008); legal and delayed abortions (Bhatt RV, 1978); high rate of medical and social complications during adolescence, abuse/exploitation, violence including rape and inability to negotiate use of contraception (Bansal RK, Arya RK, 1993); cultural norms and sex: unmet need for family planning; inadequate improper knowledge of sexuality (Sharma V, 2000) etc. point to an unsatisfactory state of sexual and reproductive health prevailing among adolescents and that too in the land of kamasutras and erotic temple scriptures, where sexual symbols are routinely worshipped. This indeed is baffling.

1.1.1. The Nature of Adolescence

Adolescence (Latin adolescere = (to) grow) is a transitional stage of physical and mental human development that occurs between childhood and adulthood. This transition involves biological (i.e. pubertal), social, and psychological changes, though the biological or physiological ones are the easiest to measure objectively. Historically, puberty has been heavily associated with teenagers and the onset of adolescent development. In recent years, however, the start of puberty has seen an increase in preadolescence and extension beyond the teenage years, making adolescence less simple to discern. The end of adolescence and the beginning of adulthood varies by country as well as by function, as even within a single country there will be different ages at which an individual is considered mature enough to be entrusted with particular tasks, such as driving a vehicle, having sexual relations, serving in the armed forces, voting, or marrying.
Adolescence gained acceptance as a distinct developmental period during the 20th century. G. Stanley Hall (1904), American psychologist and father of the child study movement, identified adolescence as a unique growth stage. Hall’s study of adolescence captured the interest of scholars and the public (Arnett, 2001). Decades later, the work of other notable psychologists and theorists (Flavell, 1963; Havighurst, 1968; Piaget, 1952, 1960) advanced the credibility of early adolescence and other developmental stages. Researchers and academics (Kagan & Coles, 1972; Tanner, 1973; Thornburg, 1983) further heightened awareness of early adolescence through dissemination of research articles and books. Donald Eichhorn (1966), considered a founding father of the middle school movement, called upon educators to consider young adolescents’ developmental characteristics when planning curriculum, instruction, and assessment and when structuring the environment of the middle school. Professional organizations (Association for Supervision and Curriculum Development, 1975; National Association of Secondary School Principals, 1989; National Middle School Association, 1982, 1995, 2003) articulated position statements and recommendations about educational programs and practices to address young adolescents' developmental needs. Joan Lipsitz (1984), a distinguished middle grades researcher, also asserted that schools for young adolescents must be responsive to their developmental needs.

Before examining the developmental characteristics of adolescents, two cautions are important to note. First, while the developmental characteristics of adolescents include physical, intellectual, emotional/psychological, moral/ethical, and social domains, these characteristics are interrelated and overlap. Depending on who is writing about young adolescents, the categories can vary and be somewhat arbitrary. Second, although educators, academics, and researchers often use these categories to portray youth ages 13 to 19, they need to be mindful of generalities and oversimplification (Kellough & Kellough, 2008). Cognizant of these cautions, a summary of each of the developmental characteristics follows.

### 1.1.1.1. Physical Developmental Characteristics

Physical development encompasses bodily changes including growth, improved gross and fine motor skills, and biological maturity. During early adolescence, the body undergoes more
development than at any other time, except the first two years of life. Young adolescents' growth is accelerated and uneven (California State Department of Education, 1987; Kellough & Kellough, 2008; Manning, 2002; Scales, 1991, 2003; Wiles, Bondi, & Wiles, 2006), with growth spurts occurring about two years earlier in girls than boys (Tanner, 1973). Developmental growth includes significant increases in height, weight, and internal organ size as well as changes in skeletal and muscular systems (Kellough & Kellough et al., 2008). Since bones are growing faster than muscles, young adolescents may experience coordination issues. Actual growing pains result when muscles and tendons do not adequately protect bones (Kellough & Kellough; Wiles, Bondi, & Wiles et al 2008, 2006). Fluctuations in basal metabolism cause these youth to experience periods of restlessness and lassitude (Kellough & Kellough et al., 2008). Additionally, young adolescents tend to “have ravenous appetites and peculiar tastes” (Kellough & Kellough et al., 2008) and have a propensity for improper nutrition. They are often physically vulnerable due to poor physical fitness, poor health habits, (Scales et al., 2003) and high-risk behaviors including the use of alcohol or illicit drugs (National Institute on Drug Abuse, 2005) and experimentation with sexual activity.

Puberty, a phase of physiological changes includes the development of sexual reproductive systems, begins in early adolescence (Manning & Bucher, 2005). Triggered by the release of hormones, the onset of puberty is an intense developmental period. A cascade of hormones signals the development of primary sex characteristics (genitalia) and secondary sex characteristics (e.g., breast development in girls; facial hair in boys) during this period. Girls tend to mature one to two years earlier than boys do (Caissy, 1994). Increased production of adrenal hormones affects skeletal growth, hair production, and skin changes (Dahl, 2004). These highly visible changes and disparate rates of maturity cause many young adolescents to feel uncomfortable about differences in physical development (Simmons & Blyth, 1987).

Puberty is defined as a period of transformation from a stage of reproductive immaturity to a stage of full reproductive competence. Adolescence is the period in the life span of a person when he or she assumes the ability for reproduction. Definitions of puberty are particularly difficult. The term puberty has been defined in a dictionary as “the period when sexual maturity is reached”. But this definition does not bring out the comprehensive characteristics of this period. Puberty means
the first external sign of sexual maturation, menarche in females and the first seminal emission in males. Prior to this phase, children go through a brief period known as pubescence, which encompasses the physical changes that lead to puberty. A portion of the brain, namely hypothalamus, controls pituitary glands. A sudden increase in the activity of these glands starts production of sex hormones, which are known as progesterone and estrogen in females and testosterone in males. These hormonal changes result in the development of secondary sexual characteristics among both male and female children. However, the order of physical growth and changes arising from hormonal changes is not uniform in all children. Yet there is some sequence of physical changes for both male and female, which may be viewed in the mode of the Body Clock, both male and female.

The brain also undergoes remarkable development during young adolescence. Though brain size remains relatively unchanged, researchers (e.g., Blakemore & Choudhury, 2006; Casey, Giedd, & Thomas, 2000; Dahl, 2004) report significant changes within the brain. The advent of neuroimaging technology allows researchers to examine the structures and functions of the young adolescent brain without invasive procedures. For example, researchers observe that the prefrontal cortex, the area of the brain that handles executive functions including planning, reasoning, anticipating consequences, sustaining attention, and making decisions, is not fully developed in young adolescents. They also note gender-specific differences in young adolescent brains (Caskey & Ruben, 2007).

1.1.1.2. Intellectual Developmental Characteristics

Intellectual development refers to the increased ability of people to understand and reason. In adolescents, intellectual development is not as visible as physical development, but it is just as intense (Stevenson, 2002; Van Hoose, Strahan, & L'Esperance, 2001). During early adolescence, youth exhibit a wide range of individual intellectual development (California State Department of Education, 1987; Kellough & Kellough, 2008; Manning, 2002; Scales, 2003), metacognition (the ability to think about one’s own thinking), and independent thought (Kellough & Kellough et al., 2008). They tend to be highly curious and display a broad array of interests—though few are sustained (Kellough & Kellough et al., 2008). Typically, adolescents are eager to learn about topics
they find interesting and useful, favor active over passive learning experiences, and prefer interactions with peers during educational activities (Kellough & Kellough et al., 2008).

Adolescents develop the capacity for abstract thought processes (Elkind, 1974; Flavell, 1963; Piaget, 1952, 1960); however, this transition to higher levels of cognitive function varies significantly across individuals as well as across and within content areas. During early adolescence, youth typically progress from concrete logical operations and problem solving to acquiring the ability to develop and test hypotheses, analyze and synthesize data, grapple with complex concepts, and think reflectively (Manning, 2002). As they mature, young adolescents start to understand the nuances of metaphors, derive meaning from traditional wisdom, and experience metacognition (Kellough & Kellough et al., 2008). Similarly, they are increasingly able to consider ideological topics, argue a position, question adult authority, and appreciate sophisticated levels of humor.

Adolescents, as learners, build upon their individual experiences and prior knowledge to make sense of the world around them (Piaget, 1960). Experience plays a central role in developing the brain and induces learners to construct meaning based on what they already believe and understand (Bransford, Brown, & Cocking, 1999). During adolescence, youth are most interested in real-life experiences and authentic learning opportunities; they are often less interested in conventional academic subjects (Kellough & Kellough et al., 2008). Young adolescents tend to be inquisitive about adults and are often keen observers of adult behavior (Scales et al., 2003). They also develop an improved ability to think about the future, anticipate needs, and develop personal goals (Kellough & Kellough et al., 2008).

1.1.1.3. Moral/Ethical Developmental Characteristics

Moral/ethical development is associated with a person's growing ability to make principled choices. Young adolescents tend to be idealistic and possess a strong sense of fairness in human relations (Kellough & Kellough et al., 2008; Scales, 2003). Their increased capacity for analytical thought, reflection, and introspection exemplifies the connection between young adolescents' moral and intellectual development. Young adolescents begin to reconcile their understanding of people who care about them with their own egocentricity (Roney, 2005), as they progress into the
interpersonal conformity stage of moral development (Kohlberg, 1983). They transition from a self-centered perspective to having consideration for the rights and feelings of others (Scales et al., 2003). Young adolescents are often keenly aware of flaws in others, but are reticent to acknowledge their own (Scales et al., 2003). They pose broad, unanswerable questions about life and refuse to accept trivial responses from adults (Kellough & Kellough et al., 2008). During early adolescence, youth move from blanket acceptance of adult moral judgment to the development of their own personal values; however, they usually embrace the values of their parents or key adults (Scales et al., 2003). Young adolescents start to view moral issues in shades of grey rather than strictly in black and white. They start to consider complex moral and ethical questions, yet are unprepared to cope with them. Consequently, young adolescents are at risk when it comes to making sound moral and ethical choices (Kellough & Kellough et al., 2008).

1.1.1.4. Emotional/Psychological Developmental Characteristics

During early adolescence, emotional and psychological development is characterized by the quest for independence and identity formation. It is a time when young adolescents seek their own sense of individuality and uniqueness (Knowles & Brown, 2000). They are searching for an adult identity as well as adult acceptance, while striving to maintain peer approval (Kellough & Kellough, 2008). As young adolescents' affiliation base expands to include family and peers, feelings of conflict arise because of competing allegiances (Wiles, Bondi, & Wiles, 2006). Their search for identity and self-discovery may exacerbate feelings of vulnerability as they become increasingly attuned to the differences between self and others (Scales, 2003). Typically, the period of early adolescence is intense and unpredictable (Scales et al., 2003). Young adolescents have a tendency to be moody, restless, and may exhibit erratic and inconsistent behavior including anxiety, bravado, and fluctuations between superiority and inferiority (Kellough & Kellough; Scales; Wiles, Bondi, & Wiles et al., 2008, 2003). They are also often self-conscious, prone to lack self-esteem, and are highly sensitive to criticism of their perceived personal shortcomings (Scales et al., 2003). Emotionally-charged situations may trigger young adolescents to resort to childish behavior patterns, exaggeration of simple occurrences, and vocalization of naive opinions or one-sided arguments. Their
emotional variability also puts young adolescents at risk for making decisions with negative consequences (Milgram, 1992). Furthermore, young adolescents are apt to believe that their experiences, feelings, and problems are unique (Scales et al., 2003).

1.1.1.5. Social Developmental Characteristics

Social development refers to a person's capacity for more mature interactions with individuals and groups. Adolescents have a strong need to belong to a group—with peer approval becoming more important as adult approval decreases in importance (Scales, 2003). This need often results in fierce loyalty to peer groups (Kellough & Kellough et al., 2008). "Friendships, positive peer relationships, and social interactions can boost young adolescents' self-esteem." (Manning et al., 2002). As young adolescents mature socially, they often experience opposing loyalties to peer group and family (Wiles, Bondi, & Wiles et al., 2006). As they search for a social position within their peer group, young adolescents may experiment with slang and alternative behaviors. Adolescents tend to emulate esteemed peers or non-parent adults and prefer to make their own choices, yet the family remains a critical factor in final decision-making (Kellough & Kellough et al., 2008). Though young adolescents may be rebellious to parents and adults, they still depend on them. Young adolescents also tend to test the limits of acceptable behavior and often challenge adult authority. Feelings of adult rejection can drive young adolescents into the somewhat secure social environment of their peer group (Kellough & Kellough et al., 2008). Social maturity often lags behind physical and intellectual development. Consequently, young adolescents may overreact to social situations, ridicule others, and feel embarrassment. Young adolescents are also socially vulnerable due to influences of media and negative interactions with adults (Kellough & Kellough et al., 2008).

Adolescence is a critical period during which significant personality reorganization occurs. The suddenness and rapid pace, with which the changes take place in the body and mind of adolescents, generate a number of problems. Although they experience the changes occurring in them, they are mostly unable to understand these developments. Since they need information regarding the changes and development in them, they fall back upon the peer group of cheap
literature, which provide wrong information. Being misinformed they fall prey to myths and misconception which adversely affect the process of personality development in them.

In the search for a unique social identity for themselves, adolescents are frequently confused about what is 'right' and what is 'wrong.' G. Stanley Hall (Bansal RK et al., 1993) denoted this period as one of "Storm and Stress" and, according to him, conflict at this developmental stage is normal and not unusual. Margaret Mead, (Jejeebhoy S et al., 1998) on the other hand, attributed the behavior of adolescents to their culture and upbringing. However, Piaget, attributed this stage in development with greatly increased cognitive abilities; at this stage of life the individual's thoughts start taking more of an abstract form and the egocentric thoughts decrease, hence the individual is able to think and reason in a wider perspective.

Adolescents confront problems because of their inability to properly manage the sudden development of their interest in the opposite sex. The tendency to distance themselves from their parents and to become deeply involved with the peer group creates apprehension and anxiety among them. In the absence of any adult intervention to help them understand and appreciate the problems and issues, they turn towards the peer group. Generally adolescents are vulnerable to peer group pressure. A number of them are pushed into an action without giving any thought to its consequences. They are found experimenting with smoking, alcohol or drug for various reasons including peer group pressures.

About half of the world's population is under age 20. Adolescents are at the highest risk of sexual and reproductive health problems. More than 15 million girls age 15 to 19 give birth every year. Many of their pregnancies are unwanted and many result in abortion, yet only 17 per cent of sexually active adolescents use any form of contraception (Bang RA, Bang AT, Baitule M, choudhary Y, Sarmukaddam S, Tale O, 1999).

Estimates are that 1 in 20 adolescents contract a sexually transmitted disease each year. In many developing countries, more than half all new HIV infections are among young people 15 to 24; rates among girls 15 to 19 are five or six times higher than among boys the same age. About 5 million girls aged 15 to 19 have abortions every year, 40 per cent of which are performed under unsafe conditions that lead to high rates of mortality. Two million girls undergo female genital
cutting every year, also with high rates of mortality. Girls and young women are especially vulnerable to rape, sexual abuse, harassment and sexual exploitation (Bang RA et al., 1999).

In India, many people experience critical and defining life events—first marriage, first sexual intercourse and parenthood—during adolescence (Saroj Pachauri and K.G. Santhya, 2002). These life events were once considered inseparable, but this is no longer true for many young people. Adolescents are staying in school longer, marrying later and are increasingly becoming sexually active before marriage. Young people now experience puberty at earlier ages than did previous generations, with girls entering puberty between the ages of 8 and 13 and boys between 9 and 14 (Senanayake P, 1990). Because the time between puberty and marriage has increased, many young people experience first sexual intercourse and childbearing in a different personal and social context than did previous generations (McCaulley AP and Salter C, 1995). These changes can have profound consequences for the reproductive and sexual health of adolescents.

Adolescence—a period between sexual maturity and the assumption of adult roles and responsibilities—is a recent innovation. In pre-industrial societies early marriage and childbearing were the norm. Typically, girls were married soon after menarche or even before. Husbands were usually older than their brides, more experienced with the world outside their immediate family, and socialized to demand and expect deference from their mates. Girls were prepared early for their future roles as mothers.

Today, throughout the world, earlier sexual maturity, later marriage and emphasis on education have contributed to the acceptance of adolescence as a distinct phase of life. These same three factors also produce a much longer period of time between the onset of sexual maturity and marriage. The longer this period extends—no longer months but years—the more likely it is that unmarried adolescents will become sexually active and that unmarried girls will become pregnant.
1.1.2. An Overview of Adolescent's Sexual Behavior

Adolescent sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality. Sexuality and sexual desire usually begins to appear along with the onset of puberty. The expression of sexual desire among adolescents (or anyone, for that matter), might be influenced by family values and influences, the culture and religion they have grown up in (or as a backlash to such), social engineering, social control, taboos, and other kinds of social mores. The risks of adolescent sexual activity is sometimes associated with: emotional distress (fear of abuse or exploitation), sexually transmitted diseases (including HIV/AIDS) and pregnancy through failure or non-use of contraceptives.

Theories as Social Comparison Theory (Sules & Wills, 1991) and Social Inoculation (Evens et al., 1984 & 1991) illustrate the different types of social influences which make the adolescents perform unhealthy sexual behaviors such as: 1. Conformity: although they believe that not having safe sex can cause serious problems for themselves and/or their families they act at odds with their beliefs or perceptions and perform unhealthy sexual behaviors because their associates behave similarly. 2. Modeling: They are influenced by the unhealthy sexual behaviors of significant others. This might make them believe that nothing will happen to them if they also indulge in un-protected sex. 3. Social Pressure: Adolescents belong to a specific culture with particular types of sexual behaviors and have to comply with the norms and values of that culture. Any deviation might result in unfavorable outcomes as, stigmatization or isolation or even punishment.

Bandura's (1986) Social Learning Theory can help us to understand why adolescents believe that they are unable to perform the recommended sexual behaviors. The situation gets worse when they do not find any chance to learn about other’s success in adopting recommended behaviors. This happens because of lack of observational learning/enactive learning, owing to insufficient social support while following recommended healthy behaviors.

Since the change from self efficacy to behavioral change is not marked by a sharp line, therefore, some identical theories in these two steps may be applied it has been mentioned that the lack of "Enactive Learning" followed by "Positive Feedback" may obstruct the process of behavioral
changes in adolescents. In this context, we can make use of some specific theories such as Locke’s (1991) Theory of Goal Setting and Zimbardo & Leippe’s (1991) Theory.

For example, Goal Setting Theory illustrates that adolescents would not make an attempt to change their unhealthy sexual behaviors, if they presume that changing them is too difficult and implausible. Referring to Zimbardo & Leippe’s theory (1991) we may consider that prevailing health education programmes have not been successful because they have never helped adolescents to find the most appropriate place for the so-called prompts to adopt the recommended sexual behaviors.

Theories of Attributions (Hewstone, 1989), Reattributions (Forsterling, 1988), and Relapse Prevention (Marlatt & Gordon, 1986) can be useful to explain why adolescents are not able to get along with the adopted healthy sexual behaviors, and relapse in their former sexual behaviors. These theories explain that adolescents showing new sexual behaviors receive negative feedbacks or find themselves in so-called high risk situations [e.g., being ridiculed/stigmatized/isolated by the others], therefore they take the risk of relapse. Those who have already relapsed into their former behaviors and have attributed their failures to stable causes will develop low self-efficacy and feel helpless.

1.1.2.1. Sexually Risky Behaviors in adolescence.

Early age at sexual initiation has been associated with more sexual partners during adolescence and lack of consistent condom use (Hutchison, 2002). Half of new HIV cases occur in those younger than 25 years of age; one quarter occur in people younger than age 21 (Centre for Disease Control, 2005), and the primary route of HIV infection among young people is through sexual contact. Kamuss (2003) identified factors that have been associated with risky sexual behaviors and pregnancy, including race, ethnicity, social influences; attitudes toward contraception, condoms and pregnancy; and safe sex behavioral skills. The Center for Disease Control (2001) reports, that the risk of acquiring a sexually transmitted infection is higher for adolescents than adults. Abma (2001) reports those adolescents’ overall rates of sexual activity, pregnancy, childbearing are decreasing, and the use of contraceptive and condom use is increasing. Terry and Manlove (2000) report that the proportion of adolescents who have had sex at an early age has
increased, female adolescents' contraceptive use at the initial sexual experience is rising, yet their contraceptive use for recent sexual experiences is falling.

The rates of unprotected sexual activity, sexually transmitted infection (STIs), pregnancy, and childbearing continue to be higher among adolescents in the United States (US) than those young people in comparable industrialized countries (Singh & Darroch, 2000). Parental socialization of children's behavior might be the single most important influence in the lives of the children and adolescents, because behavior is influenced by social context, with parent-child relationship contributing to the shaping of adolescent sexual behaviors; parents exert significant influence on sexual risk-related beliefs, attitudes, and behaviors of adolescents (Szapocznik & Coatsworth, 1999). Studies found greater incidence of risk-taking behaviors among adolescents where there were low levels of parental monitoring (DiClement, Wingood, & Crosby, 2001; Donenberg, Wilson, & Emerson, 2002; Rai & Wu, 2003). In addition, more sexual activity is reported among adolescents whose parents have not completed high school than among those of college graduates (Santelli, Lowry, & Brener, 2000).

Socio-economic status is related to adolescents' sexually risky behaviors. Among the socioeconomic indicators that significantly predict sexual-risk behaviors and pregnancy are the adolescent’s having a parent with low educational attainment and living in a single parent family (Lynch, 2001). Miller and associates (1997) studied family influence on adolescents’ sexual behaviors and found that young people’s social influences affect their sexually risky behaviors. Family influence, especially mother’s behaviors, may also affect the adolescent girl's own sexual behaviors (Miller, 1997). Adolescents who perceived their mothers’ disapproval of their having sex or who talked with their mothers about contraception before first intercourse are less likely than others to become sexually active or to fail to use condoms (Miller et al, 1997). The family’s involvement with religion may also affect adolescents’ sexuality. Adolescents who are more actively involved in religious activity and those who avoid general nonsexual high-risk behaviors tend to initiate in sex later, compared to other teenagers (Moore, 1998). Adolescents who had higher religious scores were more likely to have initiated sex at a later age (Mc Cree, 2003).
Family living arrangements appeared to have an effect on female adolescents’ sexuality. Those adolescents who were living in one-parent households were more likely to engage in sexual activity and related risk behaviors (Miller et al, 1997). A study exploring living arrangements found fewer behavioral problems among children living with married, biological parents, than among those living with cohabiting or blended families (Nelson et al, 2004). Wang (2006) found that female adolescents who live with both biological parents reported less sexual activity than those not living with both biological parents, 55% versus 77%. Female adolescents’ own level of academic achievement was positively related to age at sexual debut (Wang, Simoni, & Wu, 2006).

1.1.2.2. Social Control and Strain Theories.

Social Control and Strain Theories are a form of social construction theories that are classed as social disorganization models. Social disorganization models assert that the causes of deviance reside in the community’s inability to realize the common values of its residents (Bursik, 1988; Sampson, 1992; Social Forces, 1994), and assume a basic normative consensus in society regarding values or the desirability of coitus among adolescents (Social Forces, 1994). Social disorganization models look for explanations of deviance in the relative lack of articulation of values between culture and social structure (Kornhauser, 1978; Social Forces, 1994). Adolescent sexual activity is viewed as risk behavior and as such, sexual activity is frequently studied with other risk behaviors.

In these models, although related to risk behaviors, the perceived deviancy of sexual activity is implied but may differ by gender. For example, the potential costs or benefits of an action, specifically sexual activity, varies according to one’s gender. Females may perceive more potential or actual costs for engaging in sexual activity, such as the risk of pregnancy and its resultant consequences. On the other hand, males may perceive more benefits associated with coitus, which is supported in society. Society generally values and accepts male sexual activity as a significant measure of maleness or masculinity (Forste and Haas, 2002; Kalmuss, 2003; Martin, 1996; Rucibwa, 2003). Consequently, when compared with female sexual activity, male sexual activity may not be
perceived as a deviant act. Because social disorganization models fail to make this gender-specific distinction, these lack usefulness in explanation, specifically for males (Social Forces, 1994).

Teenagers who participate in delinquent behaviors of alcohol and marijuana use are at increased risk for engaging in sexual activity (Kowaleski-Jones and Mott, 1998; Santelli, 1998; Tubman, 1996). Other delinquent behaviors such as truancy, assault, smoking, and weapon use generally are not associated with adolescent male coitus but have been associated with the number of sexual partners reported by males (Valois, 1997, 1999). In addition, males who have not engaged in other risky behaviors or acts of delinquency still may be sexually active (Ensminger, 1990; Small and Luster, 1994). The temporal ordering of risk behaviors is not clear. For example, do teenagers engage in sexual activity when they are under the influence of mind-altering drugs, or do they experiment with sexual activity after experimenting with other risky behaviors? Because most of the studies utilized cross-sectional designs, causality cannot be assumed.

1.1.2.3. Sexual Issues for Adolescents with Low Cognitive Abilities

The notion that mentally retarded males are sexually aggressive and females promiscuous have been challenged (Fegan and Rauch, 1993; Szollos and McCabe, 1995). Some suggest that adolescents with mild or moderate retardation develop the same sexual drives as the average at the same chronological ages (Simonds, 1980), and women mostly have regular menstruation, fertility, and pregnancy (Hakim-Elahi, 1982). However, their psycho-sexual development is delayed due to cognitive limitations (Berstein, 1985; Tenbrinck, 1975; West, 1978). The gap between their poor mental discrimination of situations and their normal physical sexual impulses might lead to socially inappropriate sexual expressions (e.g., public disrobing and masturbation) (Griffiths, 1989). With deficits in cognitive reasoning, sexual identity and morality issues are harder for them to grasp (Simonds, 1980). With lower abilities to empathize with others, they may be confused about sexual feelings and identity, and at times behave unfeelingly towards the opposite sex (West, 1978).

Much discussion centers on their being victims of sexual abuses, assaults, and other exploitations (Carmody, 1991; Goldman, 1994; Sobsey et al., 1991). The sexual vulnerability of mentally
retarded adolescents causes parental concern (Wilgosh, 1990). Since they tend to be dependent on adults for intimate care, socially more isolated from peers (Guralnick, 1999), and eager for approval (Rowitz, 1988; Schor, 1987), they are vulnerable to sexual exploitation. Research suggests that they have a higher risk of sexual abuse and assault (Carmody, 1991; Chamberlain et al., 1984; Sobsey et al., 1994). Others reported individual cases’ sexual maladjustments, whether as victims or as offenders (Gilby et al., 1989). Homosexual behaviors among institutionalized mentally retarded men have also been cited (Fidone, 1987; Gebhard, 1973; Painsky et al., 1986). However, such behaviors are seen as results of institutionalization, or an inability to discriminate appropriate sexual partners, rather than as reflections of homosexual orientation. Psychiatric clinical research shows that, compared with other adolescent patients, mentally retarded patients display more inappropriate sexual behaviors and are less discriminate in the biological sex of their sexual partners (Gilby et al., 1989). Some researchers attribute these confusions and maladjustments to the lack of privacy and inconsistent handling of Sexual Experiences of Low Cognitive Ability Adolescents 157 sexual behaviors by their care-givers in group-homes or residential facilities (Craft and Craft, 1978). Existing studies suggest that many people with low cognitive abilities are sexually active, although perhaps to a lesser extent than others. A clinical study reported that, while less than one-tenth of severely retarded women were sexually experienced, one-half of the mildly retarded and one-third of the moderately retarded had had sexual intercourse (Chamberlain et al., 1984). Another recent non-representative survey found that mentally retarded men and women had fewer experiences of sexual intimacy and intercourse, but higher incidences of sexual abuse, than did the mentally average (McCabe and Cummins, 1996; Szollos and McCabe, 1995).

1.1.2.4. Ecological Perspectives

In recent years, researchers have given more weight to the contributions of family and everyday surroundings to adolescents’ social construction of self. Particular aspects of adolescent ecology include broader contextual factors such as one’s school, neighborhood, economic situation, and the media, as well as more proximate factors such as family, peers, and behavioral characteristics
Behavior, including sexual activity, is influenced by these intrapersonal, interpersonal, and extra personal factors that are likely to interact. These multiple levels of interaction are relevant for understanding human behavior, including sexual activity (Sallis and Owen et al., 1997). Families have been frequently studied as an influence on adolescent behavior, including sexual activity. Families are the first context in which adolescents are socialized into gender roles, including sexuality, masculinity, and ethnicity (Harter, 1999). Numerous studies have demonstrated that family and familial factors strongly influence adolescent sexual behavior and sexual activity. Family variables include family structure and family functioning (Bearman and Bruckner, 2001; Davis and Friel, 2001; Hovell, 1994; Huerto-Franco and Malacara, 1999; Miller et al., 1987; Rucibwa et al., 2003; Upchurch et al., 1999).

Although extensively studied, family structure appears to be least understood, for adolescents (Davis and Friel, 2001; Mott et al., 1996; Rucibwa et al., 2003; Smith, 1997; Social Forces, 1994; Udry and Billy, 1987). The impact of family structure on adolescent sexual activity is not conclusive and may not be predictive of sexual activity, especially for African-American males (Mott et al., 1996; Smith, 1997; Social Forces, 1994). Conversely, findings from numerous studies suggest that family functioning is essential to understanding adolescent sexual activity. Various aspects of family functioning have been studied, including attitudes and values of parents toward adolescent sexuality (Dittus and Jaccard, 2000; Hovell et al., 1994; Sieving et al., 2000; Adolescent Male Sexual Being 369 Zall-Crawford, 2001), family strengths and transitions (Capaldi et al., 1996; Heights and Werner-Wilson, 1998), parental control and monitoring (Capaldi et al., 1996; Dittus and Jaccard, 2000; Ensminger, 1990; Forste and Haas, 2002; Rucibwa et al., 2003), and family communication (Boyce-Rogers, 1999; Coker et al., 1994; Darling and Hicks, 1982; DeGaston et al., 1996; Diiorio et al., 1999). In addition, parental values frequently are studied because they are thought to influence adolescent sexual activity.

Though findings appear to hold true for actual parental values as reported by parents and perceived parental values as reported by adolescents (Dittus and Jaccard, 2000; Miller et al., 2000), there are several limitations associated with parental values related to sexual activities. First, most
studies included only mother or mother-figure parental measures even when the father or father-figure was available (Hovell et al., 1994; Miller et al., 2000; Moore et al., 1986; Newcomber and Udry et al., 1985). Further, fathers and mothers may not agree about sexual values and attitudes (Miller et al., 2000). Finally, parental values frequently are measured by asking the adolescent about these values (DeGaston et al., 1996; Rucibwa et al., 2003; Small and Luster, 1994). This is problematic given that several researchers (Dittus and Jaccard et al., 2000; Miller et al., 2000) have found a discord between adolescent perceptions of parental values and actual parental values. A final theme is that these studies assumed that parents held conservative values on adolescent coitus and thus would discourage such behavior in their offspring. This assumption may not hold true, especially for males. Males are socialized to engage in sexual activity as a part of their masculinity (Forste and Haas, 2002; Martin, 1996).

In addition to family, extra-familial factors such as peers, school affiliation, ethnicity, and one's neighborhood influence adolescent males' sexual activity (Kirby, 2002; Lerner and Galambos, 1998; Upchurch et al., 1998). Peers are an important social network that has an impact on adolescents and adolescent sexual activity. Peers provide adolescents with support, mentoring, modeling and a network for dating and dating behaviors. In addition, normative peer pressures among friends influence adolescent behavior, values, and attitudes (Bearman and Bruckner, 2001; Cooksey et al., 2002; Kalmuss et al., 2003; Kirby, 2002; Lear, 1997; Lerner and Galambos, 1998; Rucibwa et al., 2003; Whitbeck, 1999). Through peer relationships and interactions, teenagers seek to fulfill several developmental needs including physical, emotional, and sexual intimacy (Fiering and Furman, 2000). However, the temporal ordering of peer intimacy remains unknown. For example, whether teenagers choose friends who share similar sexual experiences, or whether they model the sexual activities of their friends remains unclear.

The contextual and situational circumstances that influence teenage friendships behaviors remain understudied (Cooksey et al., 2002; Kirby, 2002). Not all sexual experiences are entirely voluntary, especially for younger adolescents (Kaiser Family Foundation, 1999). Adolescents generally are the perpetrators of unwanted sexual contact; however, studies generally have relied on self-report as a means of obtaining data (Poitras and Lavoie, 1995). Researchers have found links in the
development of aggressive, antisocial boys over a long period of time. Capaldi and Gorman-Smith (2003) found that aggressive boys were likely to become men who engaged in violent romantic relationships. In turn, aggressive men tended to find partners who were aggressive thus continuing the cycle of abuse (Capaldi and Gorman-Smith, 2003). The research on adolescent aggressive behaviors is plagued by many methodological issues. First, terms such as aggression, abuse, violence, and battering are used interchangeably; many studies focused only on acts of physical aggression (Capaldi and Gorman-Smith et al., 2003).

In addition, racial and ethnic differences have been noted in reported sexual behaviors. Caucasian males have been found to progress to coitus in a more predictable manner, with more precoital behaviors, while African-American males progressed to coitus more quickly and with fewer precoital behaviors (Forste and Haas, 2002; Ku et al., 1998; Miller and Moore, 1990; Murphy and Boggess, 1998; Smith and Udry et al., 1985). For African-American males, no predictive progression in precoital activity may exist. The normative transition of Hispanic and Asian males is even less clear because they are least studied (Villarruel and Rodriguez, 2003). Because most studies have focused on peer influences using mainly Caucasian samples, peer influences on African-American and Hispanic males’ sexual activity remains poorly understood, resulting in the need to develop more racial/ethnic specific studies to fully understand and predict sexual activity (Ku et al., 1998; Miller et al., 1998; Mott et al., 1996; Villarruel and Rodriguez, 2003). These racial-specific models are especially needed for Indian adolescents since the sexual activity of this subgroup remains so poorly understood.

The influence of school and school affiliation increasingly is being recognized as a possible factor in understanding adolescent sexual activity. The results are mixed, especially concerning academic performance and sexual activity. Some studies seem to indicate that academic performance is not a significant predictor of adolescent male sexual activity but may be significant for females (Tubman et al., 1996; Whitbeck et al., 1999). However, another more recent study has found that academic performance is significant for males (Forste and Haas, 2002). The temporal ordering of school performance or dropout and sexual activity also is not understood. Initiating sex may increase the odds of dropping out of school (Dorius et al., 1993), or dropping out of school may increase the
odds of engaging in sexual activities. Most studies are unable to predict temporal ordering because of their cross-sectional, retrospective designs; therefore, more longitudinal studies are needed.

The environmental context of the school, specifically the cast, color composition, may be another important factor for adolescents (Furstenberg et al., 1987; Rosenbaum and Kandell, 1990). What remains unclear is how to differentiate the influence of the school context from school norms. Many studies focus solely on school performance but fail to fully explore the school context itself such as the sense of affiliation or connectedness to a school. Males involved in school activities and with a sense of affiliation to teachers may be more motivated to perform well, remain in the school, and develop educational aspirations beyond high school. Teachers also serve as mentors and role models as well as provide sexual knowledge. Consequently, adolescents may delay sexual activity due to perceived risks and costs in the hopes of remaining in the school environment.

The community and neighborhood context also has been found to influence adolescent sexuality and sexual activity (Kirby, 2002; Lerner and Galambos, 1998). Among both African-American and Caucasian adolescents, living in a socially disorganized, low-income community is associated with the initiation of coitus (Hollander, 2003; Lerner and Galambos, 1998). Most adolescents of color included in studies were from disadvantaged neighborhood settings. Consequently, findings regarding ethnic differences were only representative of disadvantaged males of color. Multiple, overlapping factors seem to function within the neighborhood or community of boys that influence their behavior. The risk of becoming sexually active is not solely due to socioeconomic status or the ethnic composition of the neighborhood, but rather the social conditions that cover with these structural attributes (Kirby, 2002; Upchurch et al., 1999).

Additional studies are needed to further disentangle the multiple influences found within neighborhoods and communities. The disentanglement of factors such as ethnicity, income, and perceived safety is necessary in order to understand the relative influence of each factor and its relationship to the neighborhood and to adolescent sexual activity. Studies are needed that analyze neighborhood factors over time, rather than those that employ a cross-sectional design. Studies and models are needed that consider the relative impact of one’s neighborhood compared to other
factors such as ethnicity, family, and friends in order to fully understand the contexts that have the most powerful impact.

Ethnic group membership affords the individual a cultural identity that tends to influence how one views the world and fulfils gender roles, including sexual roles (Spencer, 1991). Ethnicity provides a richness and meaning to one’s life, customs, and traditions. Ethnicity and ethnic differences frequently are measured using racial categories (Miller, 1999; Miller and Moore, 1990; Porter et al., 1996; Smith, 1997; Upchurch et al., 1999). Additionally, even though ethnic differences of sexual activity have long been recognized, the meaning or causes of these ethnic differences are poorly understood. Studies of ethnic groups from varying socioeconomic and educational backgrounds are needed to further understand the true impact of ethnicity on adolescent sexual activity.

Today’s teenagers spend several hours a day either watching television, playing video games, listening to music, or surfing the Internet (Dreisbach, 2000). Consequently, the majority of youth are processing multiple media messages about sexuality, sexual behavior, and sexual risks and basing sexual decision-making in part on these messages (Kaiser Family Foundation, 1999). Studies that have tracked sexual content in television, movies, music, and videos agree that the number and explicitness of sexual references have dramatically increased over the years and that sexual behavior is portrayed as a recreational activity with an emphasis on physical attraction (Huston et al., 1998; Remez, 2000). More research is needed to gauge the impact of various media messages. Media outlets may differ in their relative impact on adolescents. Visual versus vocal images may not be equal in their relative impact or influence. Male adolescent realities may differ from female adolescent and adult perceptions. For example, just because adults worry about how the media portrays sexuality does not mean that adolescents perceive that same content as sexual or those males may perceive the content differently than their female peers (Huston et al., 1998; Remez, 2000). Furthermore, the media may be imitating the reality of teenagers’ lives rather than determining that reality (Arnett, 1995). Although the interaction between youth and the media is well accepted, greater understanding is needed.
1.1.3. **Substance use and risky sexual behavior**

Empirical research has demonstrated relationships among adolescent problem behaviors, including alcohol, cigarette, and marijuana use, and precocious and unsafe sexual practice (Biglan, 1990; Newcomb and Bentler, 1988). One hypothesis for the strong interrelationships among such adolescent behaviors is that they have common causes or influences (Donovan and Jessor, 1985; Jessor and Jessor, 1977). Jessor and Jessor et al., (1977) hypothesized that a single factor of unconventional behavior underlies adolescent problem behaviors. These results appear to hold for both males and females (Donovan and Jessor, 1985) and across varying ethnicities and income levels (Farrell, 1992). Research has demonstrated relationships between substance use and other problem behaviors at a given point in time, although only a few studies have investigated the extent to which certain adolescent problem behaviors are interrelated over time (Duncan and Duncan, 1994, 1996; Duncan et al., 1995, 1998).

Results of these studies have shown that adolescents who use one substance are more likely to use other substances, and those who develop rapidly in the use of one substance are also likely to develop more quickly in their use of other substances. Less is known about how the development of substance use is related to other problem or health-risk behaviors, such as sexual behavior. Like substance use, adolescent sexual behavior is cause for concern from both a social and health perspective. The age of sexual initiation has decreased along with an increase in a wider range of sexual behaviors in adolescence (De Gaston et al., 1995). Ensminger (1987) suggests that early sexual intercourse affects the timing of the normal course of transition into adulthood and may hinder the psychological and social well-being of the mother and child. More immediately troublesome is the health impact and life threat of risky sexual behavior in adolescence.

The trend toward a younger age at first intercourse and later age at first marriage translates to a longer period during which adolescents may have multiple sexual partners and may not be adequately protecting themselves against HIV and sexually transmitted diseases (STDs) (Leigh et al., 1994). This behavior has led to an increase in the incidence of STDs among adolescents (Ketterlinus
et al., 1994). Research has not yet examined associations between the development of risky sexual behavior and development of substance use over time.

In general, studies indicate that adolescent substance use is associated with early onset of sexual activity, frequency of sexual activity, and sexual risk-taking in general, at any given time (Biglan et al., 1990; Donovan and Jessor, 1985; Epstein and Tamir, 1984; Flora and Thoresen, 1988; Zabin, 1984). Research has often focused on the relationship of alcohol use, specifically, to risky sexual behavior in adolescence (e.g., Leigh and Schafer, 1993). For many teens, both males and females, sexual contact appears to occur after drinking, and the use of alcohol reduces the likelihood of engaging in safer sexual practices (Hingson et al., 1990). Studies also indicate that substance use in general relates to risky sexual behavior. In a study involving two adolescent samples, Biglan et al., (1990) found that adolescents were more likely to engage in high-risk sexual behavior when they were also engaging in other forms of problem behavior, such as alcohol, cigarette, and illicit drug use. Cigarette use was an independent and particularly strong predictor of high-risk sexual behavior.

1.2. THE NEED AND SIGNIFICANCE OF THE STUDY

Though it has taken several years to arrive, the sexual revolution is taking its scrupulous progression in India. It shudders the traditional notion about sex. The scripts of sexual behavior are most powerful during adolescence as they are first learning to be sexual. On this very fact, many of the adolescents are victims of sexual abuse. The Impact of modernization, the access to Internet and predisposed media culture tend to make the adolescents less bothered about the taboos of parents and religion. Augment in homosexuality, lesbianism, masturbation, pornographic exposures and sexual deviations are very much visible among them.

It is unquestionably true that the older attitude to sex is under attack today. The situation is expressed as the ‘sex revolution’, ‘sexplosion’ etc by various writers. The roots of this commotion have come from various sources. One is the prosperity, affluence and technological advancement achieved today. There is a frenzy of attempts to make developmental schedule for the children to
make them little 'men and women'. They live in a world full of competition and they are expected to 'mature soon' to compete with others. There is a heavy emphasis on social skills and a 'going steady' crazes sweeps through the high schools and junior colleges. Peers may be a powerful source of the adolescent’s sexual behavior. Because they lack experience and rely on the media for the information, adolescent peers tend to support sexual stereotypes. They conceal their sexual ignorance, which leads to greater misinformation.

The acceptance of the masculine and feminine role in the childhood is a prelude to the puberty and that is accelerated by the growth and emotional upshot. Adolescents dramatize sexuality turbulent from the first encounters with pornography and masturbation. The sexual encounter is often tentatively sought in order to gain self-assurance. The access to the media is enormous in the urban life setting. The advertisement world is characterized by the promotion of sexuality and erotic feelings. There is easy access to the Internet in the urban life setting and consequently to the vast world of sexuality. Unfortunately, as we look about, there often seem to be more negative than positive forces operating to influence the sexual behavior.

The period of adolescence is a period of sexual explosion and nothing else is subjected to a more searching look than the sexual morality and they will brilliantly demand logical reasons for any restrictions on sexual activity. Parents may not become much help for the adolescents who try to understand their emerging sexuality. Many parents are reluctant or shy to share the sexual feelings with the children and they teach only little about sexuality to their adolescent children. Adolescent’s thoughts, perceptions, associations and learned responses play a major role in their sexual behavior. As an individual, behavior is hardly ever a series of secluded and unrelated act. It has a consistent and cohesive pattern based on totality. The total phases of personality are reflected in the sexual behavior. Questionable sexual behavior will be unusual in a person who is aware and responsible of the family and community obligations.

The portrayal of sex in today’s fiction and movies in the mask of being ‘sociable’ persuade the attraction of the self-centered sensualists. Their glamorous depiction involves an inherent contradiction of the real meaning of the concept called ‘sociable’. The sociable person has a concern for the rules of the society and the welfare of others. Those sensualists revert the sex life in to the
laws of the jungle and in fact that turns to make antisocial behavior in adolescent's sexuality. In the media, women are generally presented in terms of their relation with men or their families and there is no independency with own rights. Sex tends to be more recreational and casual than centered on love or marital relationship. The adolescents who take the media figures than the parents and sex educators as models may develop more permissiveness to sexuality.

The formation of sexual natures of the young men and women are enormously similar. But the expression of their sexual need is diverse. With a male adolescent, sexuality is some thing that tends to speak in loud and certain language, calling for expression. For a female adolescent, sexuality is something that is obscured deep within her being during her early years and is brought to the surface for self expression only in the appropriate setting of confidence, trust, and love making and after a rather extended and relaxed period of sufficient stimulation. When she observe the strong overt manifestation of young men's sexual natures and note how different it appears from her own sexual behavior, she often falsely conclude that there is something wrong with them sexually or that she must be under sexed, or that she ought to pretend to display a sexual interest equal to that of them. These ideas are not only false, but they create confusion, and they often cause inner frustration and guilt. It is important for the young people growing through adolescence towards adult maturity and towards marriage, to develop gradually a healthy sexual identity. They need to understand and accept the reality, the nature and the purpose of the sexuality. They must not develop a distorted sexual behavior. They must be assisted to have self-confidence and a firm positive sexual behavior.

Many children, especially adolescents ends up in sexual abuse by the elders because, curiosity makes adolescents vulnerable for the experiments with sex. Sexual abuse is defined in many ways, as there are many kinds of sexual abuse. The common definition could be any inappropriate suggestion or actual sexual exposing or touching between adult and child. It is forcing, manipulating or tricking someone into sexual contact. It consists of contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of that adult or of another person. The sexual abuse would have manipulation on the sexual behavior of the adolescents.
There may be an influence of life setting in the sexual behavior of the adolescents. The sexual life in a city may differ significantly from the village. The metropolitan cities are influenced by the modernization and westernization and it tend to make people less crazy about imparting sexual information. Women can be talked with face to face and there is no taboo on the direct conversation with them. This may not be true with the village setup, where talking with the opposite sex in public is a forbidden thing. It could be observed from the villages that anyone who talks with the opposite sex in public is felt to have an ulterior motive. Keeping these things in the milieu, a study on the ecological correlates of sexual behaviour in adolescence is intended to find out the real nature of sexuality among the adolescents in the concerned locale.

1.3. STATEMENT OF THE PROBLEM

The study aim to identify the specific ecological correlates of adolescent’s sexual behaviour and thus the problem for investigation is entitled: "Sexual behaviour in adolescents: a study on the ecological correlates".

1.4. DEFINITION OF THE CONCEPTS

1.4.1. ADOLESCENCE:

The word adolescence comes from a Latin verb *adolescere*, means to grow to maturity. It typically refers to the socially defined period during which a person adjusts to the physical, emotional, and social changes associated with the transition from childhood to adulthood. This period is generally considered as the age from 12/13 to 18/19. It closes with the manhood or womanhood. The criterion for the completion of adolescence is problematic as some consider the sexual function as the mark of adulthood when for others it is the arbitrary age criterion such as relating to the possession of voting right or some legal responsibilities.
1.4.2. SEXUAL BEHAVIOUR:

One of the common understandings of sexual behavior is that it is a type of physical intimacy that may be directed to reproduction and/or to the enjoyment of any activity involving sexual gratification. It can refer to any behavior that involves a "sexual response" of the body, to all actions and responses that make fertilization possible, and all actions and responses related to pleasure seeking. Present study considers four measures of sexual behaviour. They are: The behaviour of masturbation; behaviour of Engaging in sexual feelings by reading pornographic books, watching pornographic television programs and frequent visit to the internet sex sites; the behaviour of engaging in sexual feelings by talking sex with the opposite sex, touching and fondling the sexual organs of the opposite sex; and behaviour of engaging in sex by intercourse with the same sex people and with the opposite sex.

1.4.3. ADOLESCENT ECOLOGY:

Historically, adolescent sexual behavior has been viewed through one of two fairly limited approaches: the theory of biological unfoldment or the social-learning paradigm. The theory of biological unfoldment views adolescent sexuality through a physiological and developmental lens, explaining sexual behaviour in terms of bio-chemical drives, hormonal urges, and pubertal stages (Udry, Talbert, & Morris, 1986). The social-learning perspective, on the other hand, sees sexual behaviour as learned through influences such as cultural indoctrination and parental modelling (Werner-Wilson, et. al, 1998). However, each of these paradigms tends to take one side of the classic nature vs. nurture debate and ignore the other (Miller & Fox, 1987).

More recently, researchers have begun to see the merit of using a broader approach to understanding adolescent sexual behaviour. The ecological risk-factor approach considers factors from both biological and environmental realms to form a more complete picture of adolescent behaviour (Bronfenbrenner, 1989; Schweiger & O’Brien, 2005). According to Bronfenbrenner’s et.al,
Ecological Systems Theory, risk factors that contribute to increased likelihood of maladaptive outcomes can come from many places in a child’s environment, both proximal and distal. The most specific and proximal level of environmental influence is that of the microsystem, or the factors present in an individual, both physically and psychologically (Bronfenbrenner, et.al., 1989). Examples of microsystem influences include personal beliefs and cognitions, or physical conditions.

The next system level is the mesosystem which involves immediate contextual factors present in the individual’s environment and includes examples such as parental levels of education, growing up in a single-parent or two-parent home, and peer influence and educational aspirations. The most distal level is the macrosystem, which includes the most broad-reaching factors, such as cultural practices and beliefs (Bronfenbrenner, et.al., 1989). Examples of macrosystem variables include socio-economic status, the nation in which one lives, and cultural views on violence. Grasping the interplay among these multiple environmental risk factors can help to provide more comprehensive understanding of youth adjustment. For example, more proximal factors may mediate relations among more distal influences and individual behavior. More proximal factors are also more easily influenced, changed, and are more amenable to treatment. Finally, as proximal factors are frequently fairly constant and present in everyday life, they can have powerful, more immediate influences than distal factors, as a general rule.

Recently, the ecological systems framework has been applied to understanding youth sexual behavior (Small & Luster, et.al., 1994). The microsystem is the level of the individual, and includes factors such as adolescent sexual beliefs and history of sexual abuse. The next level is that representing the adolescent’s familial environment and includes factors such as quality of parent-child relationship and parental communication. Finally, the macrosystem or extra-familial level includes factors from school, the adolescent’s peers, and cultural factors. This differs somewhat from Bronfenbrenner’s et.al., (1989) model in that the mesosystem level is limited to family influences. Other factors which Bronfenbrenner’s model includes in the mesosystem (e.g. peers) are moved to the macrosystem level in Small and Luster’s conceptualization.

This ecological systems framework can be useful in organizing theory and literature on adolescent risky sexual behavior. Additionally, all of the factors empirically found to correlate with an
increased risk of adolescent sexual behavior can be combined to present the most complete conceptual framework for understanding this area of interest. Furthermore, conceptually placing the existing literature in such a clear framework can help revealing gaps in the literature and areas that need more research (Small & Luster, et.al., 1994; Corcoran, 1999).

1.4.4. CORRELATION

Correlational research is a method of scientific investigation that observes the relationship between variables. In this method, psychologists investigate whether one kind of behavior is related to or correlated with another. When a high score in one variable impacts to make a high score in the other variable, it will be called as ‘positive correlation’. ‘Negative correlation’ is a relationship between two variables in which one variable increases as the other variable decreases. ‘Correlation coefficient’ is a number ranging from +1.00 to -1.00 that expresses the strength and direction of the relationship between two variables. Factors considered for the study in this respect are: The correlation of parenting style with the four measures of sexual behavior; The correlation of religious adherence with the four measures of sexual behavior in adolescence; The correlation of the exposure to media with the four measures of sexual behavior in adolescents; The correlation of the academic interest with the four measures of sexual behavior in adolescents; and the correlation of the peer group influence with the four measures of sexual behavior in adolescents.

1.5. OBJECTIVES OF THE STUDY

The study is undertaken with an aim to investigate the ecological correlates of sexual behavior in adolescence. In order to accomplish this aim, the following specific objectives are framed:

1.5.1. To identify the nature of sexual behavior in adolescents.

1.5.2. To find out the relationship between the urban and rural life setting in the sexual behavior of adolescents.
1.5.3. To find out the relationship between the male and female adolescents in their sexual behavior.

1.5.4. To find out the relationship between occupation of parents and sexual behaviour of adolescents.

1.5.5. To find out the relationship between education of father and sexual behaviour of adolescents.

1.5.6. To find out the relationship between education of mother and sexual behaviour of adolescents.

1.5.7. To find out the Correlation of sexual abuse in childhood with sexual behavior in adolescence.

1.5.8. To find out the Correlation of religious adherence with sexual behavior in adolescence.

1.5.9. To find out the Correlation of parenting style with sexual behavior in adolescence.

1.5.10. To find out the Correlation of exposure to media with sexual behavior in adolescence.

1.5.11. To find out the correlation of academic interest with sexual behavior in adolescence.

1.5.12. To find out the Correlation of peer influence with sexual behavior in adolescence.

1.5.13. To find out the counseling themes (needs) as emerging from the study.

1.6. **HYPOTHESES**

Based on the review of literature, design and objective of the study, the following hypotheses are formulated:

1.6.1. There is no significant difference between the male and female adolescents in their four measures of sexual behavior.

1.6.2. There is no significant difference between the urban and rural adolescents in their four measures of sexual behavior.

1.6.3. There is no significant relation between education of father and sexual behaviour in adolescence.
1.6.4. There is no significant relation between education of mother and sexual behaviour in adolescence.

1.6.5. There is no significant relation between occupation of parents and sexual behaviour in adolescence.

1.6.6. There is no significant correlation between academic interest and sexual behaviour in adolescence.

1.6.7. There is no significant correlation between sexual abuse in childhood and sexual behaviour in adolescence.

1.6.8. There is no significant correlation between parenting style and sexual behavior in adolescence.

1.6.9. There is no significant correlation between religious adherence and sexual behavior in adolescence.

1.6.10. There is no significant correlation between the exposure to media and sexual behavior in adolescents.

1.6.11. There is no significant correlation between the peer influence and sexual behavior in adolescents.

1.7. **SCOPE OF THE STUDY**

1.7.1. The study will help the psychologists and counselors to understand the sexual behavior of adolescents more perfectly.

1.7.2. The understanding of the sexual behavior, its correlates would work as a solid foundation for the adolescents in their sexual growth. Therefore the findings of the study are intended to serve as an eye opener to the vast number of adolescents in their transition to adulthood.

1.7.3. The study will also bring in to light the need of sexual education in the present context and will turn to be a great help in parenting.
1.7.4. The study would also identify the specific counseling needs of the adolescents and it would enhance the quality of service extended by the counselors to a more appropriate, rational and personalized level.

1.8. LIMITATIONS OF THE STUDY

The adolescent sexuality is a very vast area of study. The researcher takes only a limited area out of it namely the ecological correlates.

The sexual behaviour includes a vast variety of behaviours but the study limits the sexual behaviour in to four measures. They are: The behavior of masturbation; the behavior of enjoyment of sexual feelings by reading pornographic books, watching pornographic television programmes and frequent visit to the internet sex sites; the Behavior of flirting with the opposite sex; and Enjoyment of sex by actual intercourse with the opposite sex.

The limitation also applies to the universe of study. The present study takes the adolescents from the central kerala only, namely Pathanamthitta, Kottayam and Allappuzha districts only.

1.9. CHAPTERISATION

There are five chapters in the study. The first chapter is introduction. It deals with the context and need of the study, statement of the problem, objectives, definitions, hypotheses, scope, limitation and format of the report. The second chapter is the review of literature. It brings into light the previous researches and studies done in the related fields. The third chapter is designed to deal with the methodology in which the design of the study, locale, sampling procedure, tools and the administration of tools, scoring and processing of the data, statistical techniques, etc are dealt elaborately. Fourth chapter is the analysis of the data collected and the discussions. The plan of analysis, results etc are described with adequate figures and tables. The last chapter is the summary and conclusions in which the summary of the findings and tenability of the hypotheses are dealt with. The observations, important conclusions, suggestions etc also are discussed in the last chapter.