

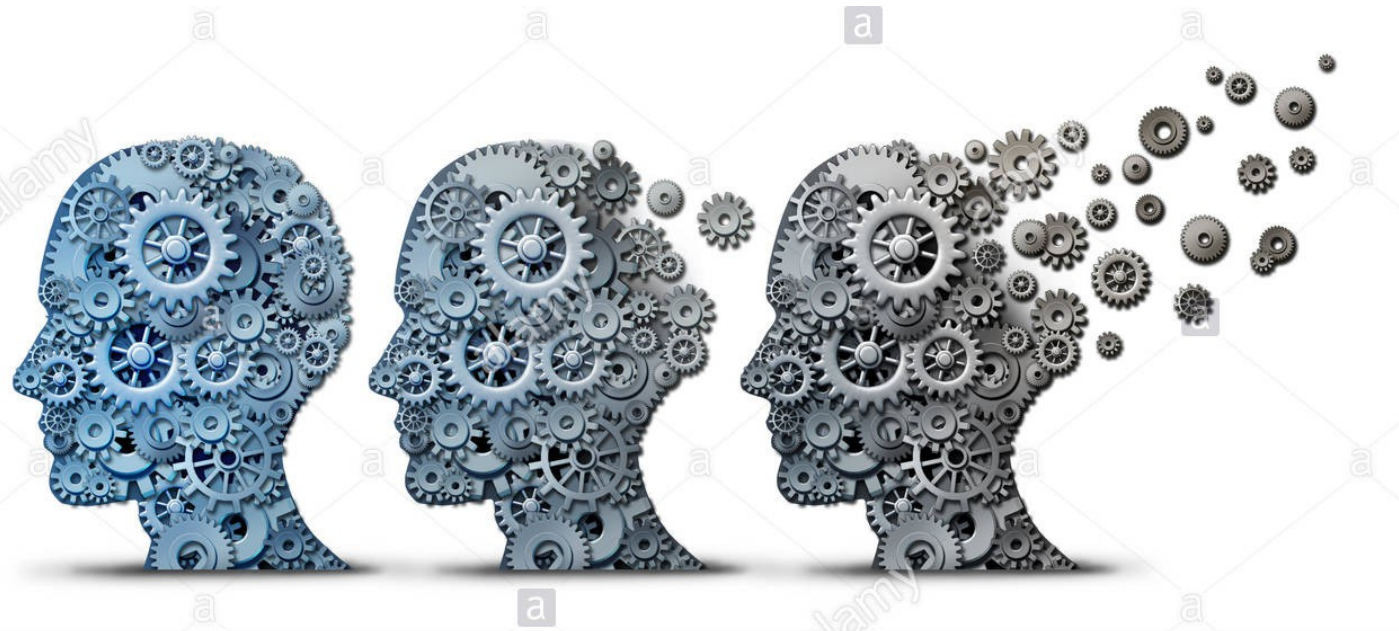
UNDERSTANDING AND COPING WITH SEXUAL BEHAVIOUR PROBLEMS IN TEENS

Karen Carpenter

Clinical Sexologist; Lecturer Gender & Development Studies



Sexual Behaviour Problems in Teens



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THE
PROBLEM
WITH
ADOLESCENT
SEXUALITY IS
ADULT
MEMORY
LOSS

Outline

- Adolescent Sexual Practices
- Role of :
 - the Jamaican Family
 - Peer Group
 - Music & Economy
- Recent Research
- Social Emotional Intelligence
- Today's Jamaican Adolescent & Sexuality
- Summary
- References

“... all adolescents have sex lives, whether they are sexually active with others, with themselves, or seemingly not at all.

The question is whether they are going to have healthy experiences, at any or every level of sexual activity”

(Ponton, 2001a, p. 2).

Adolescent sexuality is of concern when their physical capacity for sexual behaviour develops before their social and psychological ability to cope with sexual outcomes (Ponton, 2001b).

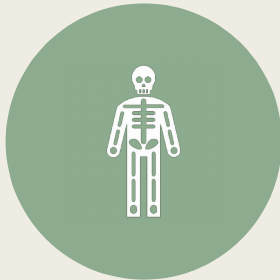
The sexual practices of Jamaican adolescents are influenced by:



1. Biological: sexual maturation; increased sexual desire; natural curiosity; reproductive drive; cognitive development



2. Social Factors: Family; Peers; Culture; Music; Economy; Violence



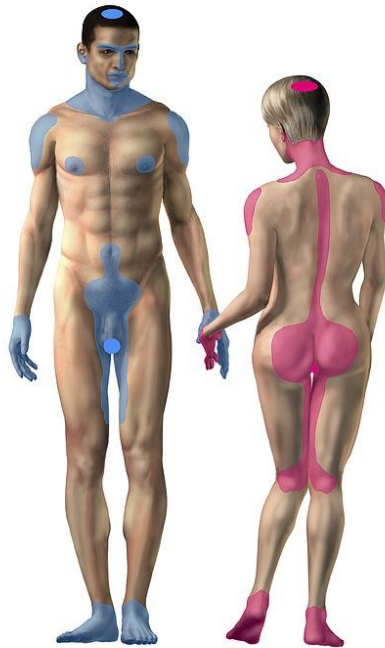
3. Psychosexual Factors: Genital stage of sexual development;



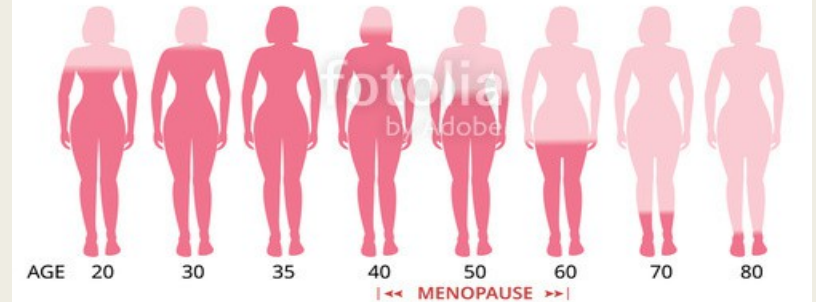
4. Psychosocial Factors : Identity vs. role confusion

Medicine Vs Myth

- Disease Orientation
- Pleasure as Deviant
- Sex as Reproduction
- Sex as Pleasure (1,000 sex acts /1 birth)
- Sex as natural, in tune with organ development

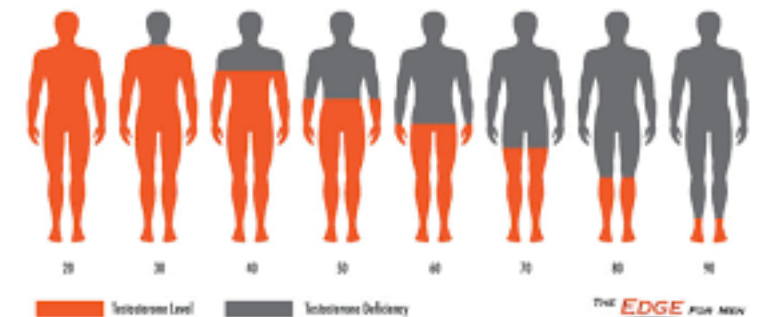


ESTROGEN HORMONE LEVEL



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Male Testosterone Production with Age





A. The Family

- A poor parent-child relationship has been found to be associated with early sexual initiation. (Wyatt, Durvasula, Guthrie, Lefranc, & Forge, 1999).
- The Jamaican family operates with a double standard, based on gender, in the way adolescents are treated. (Chevannes, 1993)
- Encourages girls to have sexual relations with men who can help them financially. (Kempadoo & Dunn, 2001)
- Jamaican parents generally do not discuss sexual issues with their children. “I love you” opens the door to sex (Chevannes, 1993).
- Peers act as the primary source for the adolescent’s sexual knowledge (Moore & Rosenthal, 1995). Internet additional source.

B. The influence of the peer group

- Boys become sexually active to prove their sexual orientation and dominance to their peers (Kempadoo & Dunn, 2001).
- Girls choose to lose their virginity as a means of fitting in with their peers, to become popular or to prove that they love their boyfriend. (Kempadoo & Dunn, 2001)
- Social factors Affecting Adolescent Sexuality in Jamaica: Culture Sexual activity is viewed as being a natural and healthy activity (Chevannes, 1993; De Bruin, 2002)
- Society encourages young girls to prove their fertility (sign of adulthood). Boys are expected to be sexually active at an early age and their self-image is tied to their sexual prowess.
- Religion tends to influence sexual attitudes but not sexual behaviours (DeLamater, 1981).

C. Music & The Economy

- Sexually explicit lyrics, 'slackness', permeates dancehall music and influences the adolescents' language, attire and even their world view (Cooper, 2004) Mordecai & Mordecai, 2001).
- Sexual roles are clearly defined within dancehall music:
- Males ➡ aggressors; Females ➡ conquests (Kempadoo & Dunn, 2001).
- A large percentage of the Jamaican population lives in poverty (Leo-Rhynie, 1993).
- Girls are encouraged to participate in Transactional sex to facilitate economic survival (Kempadoo & Dunn, 2001).
- Males usually hold the financial power in relationships and sex is sometimes achieved by force.

Emotional- Social Intelligence (ESI) consists of four components:



1. Intrapersonal (understanding self)
2. Interpersonal (relating to others)
3. Adaptability and (how the self adjusts to the environment)
4. Stress management (emotional regulation)

INTELLIGENCE AND ADOLESCENT SEXUALITY

Samantha Longman Mills, 2011

- A study of 500 adolescents, ages 14-17 yrs from 9 government owned secondary schools identified that an adolescent's emotional-social intelligence (ESI) determined their sexual practices.
- Emotional –social intelligence is the intelligence that is associated with Emotional (psychological) and Social issues.
- Emotional- Social Intelligence (ESI): Refers to emotional and social skills that determine how effectively we understand and express ourselves, understand others and relate to them, and cope with daily demands (Bar-On, 2006).

Adolescent Sense of Identity

- Adolescents try to gain self-awareness and an understanding of themselves (Erikson & Erikson, 1997), Moshman, 1999). It is a time period of sexual experimentation.
- An important part of acquiring this sense of identity is gaining a sexual identity (Moore & Rosenthal, 1995).
- Sexual maturity occurs at the end of adolescence and true sexual intimacy is believed to be achieved in adulthood (Erikson & Erikson, 1997).
- A major deterrent to condom use is the actual buying of and access to condoms.
- **Students with good emotional regulation skills tend to participate more in transactional sex.**
- **Students with good intrapersonal skills are less likely to participate in risky sexual behaviours.**
- **The better the adolescents stress management skills the more likely they will participate in risky sexual behaviours (as condom use is based on fear).**



SOCIAL & PSYCHOLOGICAL FACTORS AFFECTING ADOLESCENT SEXUALITY – DR. LONGMAN-MILLS

Profile :

- Average interpersonal and intrapersonal skills
- Average Social – emotional Intelligence
- Ages 14 – 15 yrs – 58.4% sexually active
- Ages 15-17 yrs – 77% sexually active
- More than half agree with 2 or more statements supporting Transactional Sex
- A majority agree that a girl should give her boyfriend sex if he wants it

SEXUAL PRACTICES OF JAMAICAN ADOLESCENTS

1. 1/3 of the adolescents were not aware that a condom could stop them from catching an STI
2. 1 in every 4 adolescents believed that they could not get pregnant the first time they had sex.
3. High risk sexual behaviours were reported by 42.2% of the sexually active students (multiple partners, inconsistent condom use).
4. 10% thought they were responsible enough to be a mother/father.
5. 17.4% of the adolescents thought that condoms were only for males who had multiple partners.
6. 1 in every 5 adolescents, believed that a girl who was sexually active with only one partner, did not need birth control pills.
7. 3 in every 4 adolescents, agreed with at least one statement that encouraged transactional sex.
8. 34.6% believed that sometimes a person will have to have sex simply to avoid hurting their partner's feeling.

SEXUAL PRACTICES OF JAMAICAN ADOLESCENTS

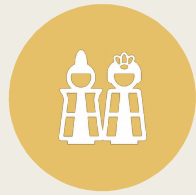
- Most adolescents are sexually active.
- The more emotionally well adjusted and intelligent the adolescent, the more likely they are participating in risky sexual behaviours.
- The fostering of an adolescent's interpersonal and adaptability skills may result in less risky sexual practices.
- Telling an adolescent to abstain from risky sexual behaviours will not be effective, instead practitioners need to focus on facilitating healthy sexual practices.
- National campaigns focused on educating adolescents about STIs as a means of reducing HIV/ AIDS and other STI's will continue to demonstrate limited success (as sexual knowledge was not found to be associated with sexual behaviours, but rather their ability to manage social and psychological factors: - their Emotional-Social Intelligence).



MINISTRY OF HEALTH CAMPAIGNS

<https://www.moh.gov.jm/national-hiv-sti-tb-programme/>

SUMMARY: Contributing Factors to Jamaican Adolescent Sexual Issues



Socio-economic practices of transactional sex (supported by some parents & students)



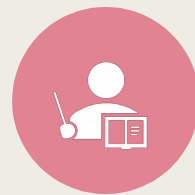
Age of Initiation 15 yrs/
Consent 16yrs/Recent changes in law = 4 yr gap not carnal abuse



MOH messaging to youth inconsistent with both laws and HIV/STI Prevention & Control messaging – “Hold on Hold Off” – Abstinence = failed program worldwide



Lack of comprehensive sex education



Socio-religious-political message denies reality



Society in denial about biological & psychosexual changes

SUMMARY: Barriers to Healthy Adolescent Sexuality



Parents not keeping pace with
Adolescent Sexuality



Parents not educated on the facts
themselves



Schools unwilling/unable to provide
factual sexual information



Religious barriers to discussing sexuality
factually in schools/churches/socializing
agents



INFORMATION
& EDUCATION
NOT DENIAL

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