

Long-Term Influence of Sexual Norms and Attitudes on Timing of Sexual Initiation Among Urban Minority Youth

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ABSTRACT: This study assessed whether sexual norms and attitudes expressed during early adolescence by minority youth from economically disadvantaged urban areas produce a sustained influence on the timing of sexual initiation. African American and Latino youth attending three middle schools were enrolled in the Reach for Health study in seventh grade and followed from an average age of 12.2 to 16.1 years. Some 849 respondents answered the question, "Have you ever had sexual intercourse" at four time points: fall seventh, spring seventh, spring eighth, and spring 10th grade. Culturally tailored scales assessed sex norms and outcome expectancies, sexual responsibility, and refusal attitudes at fall seventh grade. Influence of these norms and attitudes in early adolescence on timing of first reported sexual intercourse was examined using ANOVA controlling for gender. At fall seventh grade, 30.7% of boys and 7.7% of girls reported sexual intercourse; by spring 10th grade, the figures were 74.8% and 56.4%, respectively. Those reporting greater peer involvement in sex and more positive sex outcome expectancies were more likely to have initiated sex by fall seventh grade. Through 10th grade, the higher the scores on peer norms ($f = 41.08, p < .0001$) and outcome expectancies ($f = 5.87, p = .002$) at entry into seventh grade, the earlier the timing of initiation. Higher scores on sex responsibility at baseline were associated with delayed sexual intercourse ($f = 7.36, p < .001$), as are refusal attitudes ($f = 15.62, p < .0001$). Despite significant gender differences in timing of initiation and mean scale scores, these relationships were similar for males and females. Findings suggest the importance of addressing sexual norms and attitudes of minority youth in interventions to delay early sexual initiation in urban environments where this risk is high. Given their sustained influence on timing of sexual initiation, such interventions must begin prior to middle school and continue through mid-adolescence, years when early sexual experience can lead to negative health and social outcomes. (*J Sch Health.* 2003;73(2):68-75)

Early initiation of sexual activity has been linked with increased risk for negative health outcomes including HIV, other sexually transmitted diseases, and unintended pregnancy.^{1,4} This link may exist because adolescents who have sex at a young age are prone to have unprotected sex, more frequent sexual encounters, and sex with multiple partners. They also are more likely than their peers to have initiated other risk behaviors including alcohol, drug, and tobacco use.^{1,5}

While the proportion of adolescents reporting sexual intercourse held steady in recent years, rates of early sexual initiation among African American and Latino youth remain high. According to the 2001 Youth Risk Behavior Survey conducted by the Centers for Disease Control and Prevention (CDC), 25.7% of African American and 11.4% of Latino male high school students had sexual intercourse before age 13 compared to 6.2% of their White counterparts.⁶ Differences are similar among female students, with 7.6% of African American and 4.1% of Latina respondents reporting having engaged in sexual intercourse before 13, compared to 3.3% of White females.

Ethnic and racial disparities in the timing of sexual initiation are disturbing given that minority youth and young

adults are disproportionately at risk for negative health outcomes associated with early and unprotected sex. According to CDC, African Americans and Hispanics were significantly over-represented in the number of new AIDS cases reported in 1999, accounting for 47% and 19% of these cases, respectively.^{7,8} African American youth of both genders account for 56% of HIV cases reported in the 13 to 24 age group.⁹ In New York City, where this study was conducted, almost 90% of new cases of HIV infection, and 70% of newly diagnosed AIDS cases, occur among African American and Latino communities.¹⁰ Reported rates of STDs, including gonorrhea, syphilis, and chlamydia, as well as unintended pregnancies, also are higher when compared to Whites.^{4,11}

Despite health risks associated with early sexual initiation, little empirical evidence exists on factors that influence sexual behavior among minority youth. Even less is known about a particularly vulnerable group – those who reside in economically disadvantaged urban settings. Data are especially scarce on adolescents who have not reached their teen years, despite the fact that a substantial proportion of minority boys and a smaller number of girls report sexual intercourse before age 15.^{5,12} This lack is due in part to difficulties of conducting research on sexuality with younger adolescents.¹³ The CDC Youth Risk Behavior Survey, the National Survey of Adolescent Males, and the National Survey of Family Growth focused on youth aged 15 or older. These studies relied on retrospective accounts of sexual activity. The National Longitudinal Survey of Adolescent Health includes younger participants and oversamples minorities, yet given its broad scope, the numbers of African American and Latino youth from urban environ-

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ments – where early initiation and the consequences of risky sex are so high – are still relatively small.

The need for additional data on younger adolescents is bolstered by several studies that suggest many of the factors that affect sexual behavior, particularly sexual norms and attitudes about sex, may be shaped before youth reach their teen years.¹⁴⁻¹⁷ However, because most of these studies were cross-sectional or had brief longitudinal follow up (over the school year), they provide limited information on causal effects, including whether attitudes and expectations held in early adolescence influence behaviors over the longer-term, into and during the high school years.

Evidence of whether sexual norms and attitudes influence patterns of future sexual behavior can inform prevention programs in several ways. First, it can identify developmental stages when interventions are needed for different populations. Programs offered after students have already formed opinions about or made decisions to engage in sex come too late to promote abstinence, while programs offered too early may not be relevant or influence decision making when students are presented with risky opportunities. Second, data on early sexual decision making and behavior can inform the content of educational programs by focusing on factors most likely to influence whether or not students engage in or delay early sexual initiation.

The Reach for Health (RFH) study has followed a large sample of urban males and females who were surveyed about sexual attitudes and behavior at multiple points from the seventh through 10th grades. Based on a social-cognitive behavioral model, and on studies that confirmed sexual norms and attitudes as important correlates and predictors of sexual behavior,^{14,18-20} this study examined four potential predictors of early sexual initiation: peer sex norms, sex outcome expectancies related to sexual behavior, attitudes about sexual responsibility, and refusal skills. The study also examined the influence of these factors on timing of sexual initiation through the 10th grade. Data analyses focused on four questions: What are the sexual norms and attitudes expressed by urban minority youth at an age when many initiate sexual intercourse? Are there gender differences in these norms and attitudes? How are these norms and attitudes related to concurrent reports of sexual behavior? How are these norms and attitudes related to future reports of sexual behavior?

METHODS

The Reach for Health (RFH) Study

All seventh graders attending three large middle schools in Brooklyn, NY, during two consecutive school years (1994-1995 and 1995-1996) were eligible to participate in the RFH study. At four assessment points (fall seventh grade, spring seventh grade, spring eighth grade, and spring 10th grade), youth provided information on issues related to the major causes of disproportionate morbidity and mortality among young urban minority men and women: early and unprotected sex, violence, and substance use. Young adolescents completed their first survey at an average age of 12.2 years and were followed for almost four years, to an average age of 16.1.

Middle schools that provided access to youth were located in economically disadvantaged areas of the city where health statistics indicated high rates of teen pregnancy, HIV/STD infection, violence-related injuries, and

other sources of morbidity. Schools had >80% of students eligible for free lunch programs; below grade-level and city averages on standardized test scores; and comparatively low high school graduation rates. Recruitment sites and field procedures for obtaining written permission, survey administration, and initial survey completion rates are described elsewhere.^{21,22}

The RFH sample used in these analyses includes 849 youth in general education classes who provided information about sexual initiation at the three middle school surveys and 10th grade spring follow up. Of those who completed a baseline survey and remained in the school settings, 87.5% completed surveys at each of the three middle school time points. Despite the need to track youth from the three middle schools to more than 120 high schools across all five boroughs in New York City, 76% of those completing middle school surveys also were surveyed during spring 10th grade. Fuller reports of sampling, attrition, and potential biases are discussed elsewhere.²³

At study entry, the sample was 52% female, 80% non-Latino African American, and 19.5% Hispanic/Latino. The proportion of females was somewhat higher at high school follow up than at baseline seventh grade (56%). Ethnic composition remained the same. At seventh grade study entry, 86% of the sample reported always living with their mother (or person like a mother); 38.7% always lived with their father (or person like a father). The average age of females was 12.2 years and of males was 12.3 years.

To assess potential biases caused by sample attrition from middle to high school, middle school reports of lifetime and recent sex among youth who completed the high school survey, and those who did not complete the survey were compared. No significant differences occurred; youth who were sexually active in middle school were not significantly more likely to drop out of the study. Similarly, no significant baseline differences existed between the two samples on other indices, including expectation to complete high school or living in a household with a mother and/or father. Because the RFH study included some students in intervention components at two of the middle schools, the impact of intervention assignment on attrition was examined. Again, no significant differences in attrition by initial assignment were found.

Survey Administration

During middle school, youth received a pencil-paper questionnaire containing approximately 250 items during a block of two class periods. The 10th grade surveys took place after school hours and during study hall blocks in the high schools students were attending, as well as during non-school hours at the former middle schools and other community locations where privacy could be assured. Youth who came to school regularly as well as chronic truants were invited to complete surveys, making it important to provide nonschool locations.

Measures and Data Analyses

One item assessed first report of sexual intercourse at each of the four time periods: (1) Have you ever had sexual intercourse? This item is sometimes called “going all the way.” (No, I have never had sexual intercourse; yes). A five-point scale was created to represent timing of sexual initiation; the points represent first report at sexual intercourse

at: fall seventh grade, spring seventh grade, spring eighth grade, spring 10th grade, and no intercourse reported at any time point through 10th spring. Four scales were constructed that assessed different aspects of sexual norms and attitudes drawn from an integrated theoretical model of gender roles and social influences on behavior, including peer sex norms, sex outcome expectancies, sex refusal attitudes, and attitudes about sexual responsibility.

Items were pilot tested to assess appropriateness of reading level and relevancy, and scales were examined for internal reliability. The individual items composing scales are presented in Tables 2, 3, and 4. The peer sex norms scale consists of four items assessing perceived peer sexual experience and readiness for sex (mean score = 7.97, SD 3.00, range 4 - 20). The sex outcome expectancies scale contains the paired items assessing expectancies by gender related to four factors: love, respect, readiness for sex, and sex as proof of adult status (mean score = 20.27, SD 8.27, range 10 - 50). The sex refusal scale contains two items assessing the extent to which respondents could say no to sex with someone they were going out with or a steady partner (mean score 6.53; SD 2.05, range 2 - 8). The sexual responsibility scale contains eight items in which respondents assess reasons for waiting to have sex responsibility (mean score = 35.25, SD 6.36, range 8 - 40).

Correlation analysis indicated the four scales are correlated, with R ranging from .11 to .34 ($p < .001$). Influence of these norms and attitudes in early adolescence on timing of first reported sexual intercourse was examined using ANOVA that controls for gender. In addition, because some students were exposed to RFH interventions, intervention status also was controlled.

RESULTS

By spring 10th grade, 63.3% of the sample reported having sexual intercourse. Table 1 provides figures of males and females reporting sexual intercourse for the first time at each survey time point, with cumulative percentages of those who are sexually initiated. At seventh grade baseline, 30.7% of boys and 7.7% of girls reported intercourse; by

Table 1
**First Reports of Sexual Intercourse
 in a Sample of Minority Urban Adolescents
 Assessed at Four Time Points
 from Fall Seventh Grade Through Spring 10th Grade**

	Males	Females	Total Sample
N	366	483	849
Intercourse first reported at:			
Fall Seventh Grade	30.7	7.7	17.6
Spring Seventh Grade	12.7	7.5	9.7
Spring Eighth Grade	13.3	12.9	13.1
Spring 10th Grade	17.1	27.3	22.9
No intercourse through Spring 10th Grade	26.2	44.6	36.7

spring 10th grade, these figures rise to 73.8% of males and 55.4% of females. Gender differences in the proportion of youth who have initiated sex are significant at $p < .001$ at each time point. Ethnic differences in timing of initiation reports also are significant, with differences greatest among females: 8.8% of Latinas reported intercourse before spring eighth grade, compared to 31.2% of African American females. This finding compares with 49.4% of Latino males and 58.2% of African American males.

Table 2 provides responses of seventh-grade males and females to items assessing peer sex norms. As shown, 37.8% of females reported that no boys their age have ever had sexual intercourse, compared with 23.7% of boys. About the same proportions of males and females reported girls their age have not had sex (26% and 21%, respectively). Nearly one-third of both boys and girls are not sure whether their peers have had sex. Most boys and girls feel that young people their age are not ready to have sex; a minority (almost 10%), however, say they are ready.

Table 2
**Peer Sex Norms Reported
 by Male and Female Minority Urban Adolescents
 at Fall Seventh Grade Assessment**

Item	% Males	% Females	P value*
How many boys your age have ever had sexual intercourse?			< .001
None	23.7	37.8	
≤ Half	31.3	21.3	
Most to all	15.6	11.6	
Not sure	28.9	29.2	
How many boys your age are ready to take on the responsibilities that go with having sexual intercourse?			n.s.
None	31.9	36.6	
≤ Half	24.1	25.5	
Most to all	15.1	14.3	
Not sure	24.5	24.9	
How many girls your age have ever had sexual intercourse?			.04
None	26.0	21.0	
≤ Half	19.5	39.7	
Most to all	9.6	9.1	
Not sure	34.9	30.1	
How many girls your age are ready to take on the responsibilities that go with having sexual intercourse?			n.s.
None	36.5	39.1	
≤ Half	26.3	32.0	
Most to all	7.5	6.9	
Not sure	29.8	22.0	

* Chi-square analysis of significance of differences across full response categories by gender.

Table 3
Sexual Outcome Expectancies
of Male and Female Minority Adolescents
at Fall Seventh Grade Assessment

Item	% Males	% Females	P value*
A Boy My Age Who Has Sex:			
Proves he is a man.			.006
Disagree	67.6	74.4	
Agree	16.1	12.3	
Not sure	13.6	13.2	
Gets respect from other boys.			n.s.
Disagree	39.6	33.3	
Agree	17.8	20.9	
Not sure	42.5	45.8	
Shows a girl how much he loves her.			< .001
Disagree	56.9	74.6	
Agree	23.9	15.2	
Not sure	19.1	10.2	
Gets a girl to show how much she loves him.			< .001
Disagree	50.6	72.3	
Agree	25.9	16.9	
Not sure	23.4	10.8	
Is ready to have a baby.			n.s.
Disagree	80.9	84.2	
Agree	13.2	10.5	
Not sure	5.8	5.2	
A Girl My Age Who Has Sex:			
Proves she is a woman.			< .001
Disagree	69.7	81.5	
Agree	19.2	8.8	
Not sure	11.3	10.7	
Gets respect from other girls.			.001
Disagree	44.4	57.4	
Agree	24.8	19.8	
Not sure	30.8	22.8	
Shows a boy how much she loves him.			< .001
Disagree	53.7	71.6	
Agree	27.5	18.2	
Not sure	18.7	6.4	
Gets a boy to show how much he loves her.			< .001
Disagree	56.3	75.2	
Agree	26.2	18.2	
Not sure	17.4	6.4	
Is ready to have a baby.			n.s.
Disagree	76.0	78.8	
Agree	17.5	13.1	
Not sure	6.6	8.0	

* Chi-square analysis of significance of differences by gender.

Boys report consistently more positive sex outcome expectancies for male peers who have sex (Table 3). For example, males are less likely than females to disagree with such statements as "a boy my age who has sex proves he is a man" (67.6% compared to 74.4%); "a boy my age who has sex shows a girl how much he loves her" (56.9% compared to 74.6%). Boys also are more likely to see positive outcome expectancies for girls who have sex. Fewer males disagree that a girl who has sex "proves she is a woman" (69.7% compared to 81.5%) or "shows a boy how much she loves him" (53.7% compared to 71.6%). Boys are more likely to agree that girls who have sex get respect from other girls (24.8% compared to 19.8%). While general agreement exists that neither male nor female peers "are ready to take care of a baby," about equal proportions of boys (16.1%) and girls (12.3%) agreed that a boy who has sex "gets respect from other boys."

Table 4 shows gender differences in sexual responsibility and sex refusal attitudes as expressed at entry into middle school. Differences by gender are striking, with girls more likely to express agreement with each of the reasons presented for delaying sex (at $p < .001$). Percent agreement among females ranges from 76.6% ("I should be sure I'm respecting my values or religion") to 92.1% ("I should be sure my partner or I won't get pregnant or a disease"). Among males, agreement ranges from 65.5% to 81.1%. Fewer boys (67.6%) than girls (88.9%) agree that "before I decide to have sex, I should wait until I am older." Large differences emerged in refusal attitudes: less than one-half the males (46.3%) but fully 78.6% of females say they "definitely could" say no if somebody they wanted to go out with wanted to have sex, but they didn't want to. Smaller proportions of both genders say they could refuse if the person who wanted to have sex was someone they had been "going out with for a while."

One-way analysis of variance indicates that male-female differences in scale scores are significant at $p < .05$ for all scales except peer sex norms. Consistent with responses to single items, boys are more likely to score higher on positive outcome expectancies (21.93 vs. 19.05), and lower on refusal attitudes (5.71 vs. 7.16) and sexual responsibility (32.92 vs. 33.62). Differences by ethnicity are significant for peer sex norms, with African Americans more likely than Latinos to agree that peers are having sex or ready to have sex (8.30 vs. 7.27).

Table 5 presents results of ANOVA examining the relationship of each scale on timing of first report of sexual intercourse, controlling for gender. Scores are significantly associated with timing of initiation over the follow-up period from fall seventh to spring 10th grade. For example, those who report the greatest peer involvement in sex at entry into middle school (high peer sex norms) are most likely to report sexual initiation at each of the time points. Further, the stronger the norms for peer sex involvement at fall seventh grade, the earlier the report of first intercourse over the follow-up period [model $f = 20.19$, $p < .0001$]; $f(\text{timing of initiation}) = 41.08$, $p < .0001$; $f(\text{gender}) = 6.59$, $p = .006$. Similarly, those who report the most positive sex expectancies are most likely to have initiated sex at baseline; the more positive the expectancies, the earlier the report of sexual intercourse [model $f = 5.87$, $p < .0001$]; $f(\text{timing of initiation}) = 5.87$, $p = .002$; $f(\text{gender}) = 8.90$, $p = .003$].

A near monotonic relationship also existed between sex responsibility and timing of intercourse; the higher the score on this scale, the longer sex is delayed [model $f = 14.37$, $p < .0001$; $f(\text{timing of initiation}) = 7.36$, $p < .001$; $f(\text{gender}) = 40.09$, $p < .0001$]. This same pattern is evident for refusal attitudes; those seventh graders who report they can refuse sex are more likely to postpone sexual intercourse through spring 10th grade [model $f = 22.72$, $p < .0001$, $f(\text{timing of initiation}) = 15.62$, $p < .0001$, $f(\text{gender}) = 60.67$, $p < .0001$].

Gender contributes significantly to variations in scale means. However, the interaction of gender by timing of first reported intercourse is significant only for the one scale of peer sex norms. In addition, there is little difference in

baseline assessments on the four predictor scales between those who report initiation at spring 10th and those who remain virgins. While further follow-up will help determine whether these groups remain similar over a more extended time, this finding could reflect the fact that by spring 10th grade sexual initiation has become the norm: only 26.2% of males and 44.6% of females have not reported intercourse. Intervention status did not affect the relationships between timing of sexual initiation and scores on any of the four norms/attitudes scales. Regardless of intervention status, youth who expressed norms and attitudes regarding the importance of waiting to have sex at entry into seventh grade were less likely to have initiated sex by 10th grade.

Table 4
Attitudes About Sexual Responsibility and Sex Refusal Skills
of Male and Female Minority Adolescents at Fall Seventh Grade Assessment

Item	% Males	% Females	P value*
Before I decide to have sex, I should:			
Wait until I am older.			< .001
Disagree	21.0	6.2	
Not sure	11.4	4.8	
Agree	67.6	88.9	
Be sure I'm respecting my values or religion.			< .001
Disagree	16.0	9.1	
Not sure	18.5	14.1	
Agree	65.5	76.7	
Be sure I won't lose respect for myself.			< .001
Disagree	15.0	5.7	
Not sure	14.4	5.3	
Agree	70.1	89.1	
Have a partner I will continue to care about.			< .001
Disagree	11.6	5.4	
Not sure	16.3	9.3	
Agree	72.2	86.2	
Be sure my partner doesn't feel forced by me			< .001
Disagree	8.2	5.0	
Not sure	17.6	7.9	
Agree	74.2	87.1	
Be sure I don't feel pressured by my partner.			< .001
Disagree	12.8	3.5	
Not sure	13.4	6.6	
Agree	73.7	89.8	
Be sure my partner or I won't get pregnant/disease.			< .001
Disagree	9.0	4.0	
Not sure	9.8	4.0	
Agree	81.8	92.1	
Be sure I am ready to deal with a pregnancy, if it happens.			< .001
Disagree	15.9	5.4	
Not sure	13.3	7.1	
Agree	70.8	87.6	
Could you say no if:			
Somebody you wanted to go out with wanted to have sex, but you didn't want to.			< .001
Definitely could not	19.9	9.2	
Probably could not	14.1	2.9	
Probably could	19.7	9.4	
Definitely could	46.3	78.6	
Somebody you had been going out with a while wanted to have sex, but you didn't want to.			< .001
Definitely could not	22.8	6.6	
Probably could not	18.4	5.2	
Probably could	19.2	14.0	
Definitely could	39.6	72.4	

Table 5
**Analyses of Variance of Means for Peer Sex Norms,
 Sex Outcome Expectancies, Sexual Responsibility,
 and Refusal Attitudes Scales by Timing of First Report
 of Sexual Intercourse and Gender**

Scale	Total	Males	Females
Peer Sex Norms			
<i>First report of sexual intercourse:</i>			
Fall Seventh Grade	10.73	10.38	11.74
Spring Seventh Grade	7.86	8.07	7.60
Spring Eighth Grade	7.55	6.95	8.00
Spring 10th Grade	7.33	6.84	7.57
Virgins	7.32	7.17	7.41
f(model) = 20.19 (p < .0001)			
f(timing of initiation) = 41.08, p < .0001			
f(gender) = 6.59, p = .006			
Sex Outcome Expectancies			
<i>First report of sexual intercourse:</i>			
Fall Seventh Grade	23.74	24.77	21.00
Spring Seventh Grade	21.77	22.74	20.69
Spring Eighth Grade	20.20	19.85	20.43
Spring 10th Grade	18.85	17.75	21.13
Virgins	19.14	20.23	18.67
f(model) = 5.87 (p < .0001)			
f(timing of initiation) = 5.87, p = .002			
f(gender) = 8.90, p = .003*			
Sexual Responsibility			
<i>First report of sexual intercourse:</i>			
Fall Seventh Grade	31.17	30.09	34.65
Spring Seventh Grade	34.97	33.90	36.33
Spring Eighth Grade	35.11	32.53	36.83
Spring 10th Grade	36.52	35.32	37.13
Virgins	36.82	35.37	37.30
f(model) = 14.37 (p < .0001)			
f(timing of initiation) = 7.36, p < .001			
f(gender) = 40.09, p < .0001*			
Refusal Attitudes			
<i>First report of sexual intercourse:</i>			
Fall Seventh Grade	23.74	24.77	21.00
Spring Seventh Grade	21.77	22.74	20.69
Spring Eighth Grade	20.20	19.85	20.43
Spring 10th Grade	18.85	21.13	17.85
Virgins	19.14	20.23	18.67
f(model) = 22.72 (p < .0001)			
f(timing of initiation) = 15.62, p < .0001			
f(gender) = 60.67, p = .0001*			

* interaction of gender by timing of initiation is not significant.

The results underscore the importance of addressing sexual attitudes and norms to promote delayed sexual initiation among youth in communities where a large percentage of adolescents are having sexual intercourse by age 13. It provides empirical evidence of a need to target young people at an earlier age than often considered appropriate or politically acceptable for discussion of sexuality – that is, during upper elementary and early middle school.^{24,25}

Findings demonstrate the long-term influence of sexual norms and attitudes. Those seventh graders who express positive statements about sexual norms, expectancies, responsibilities, and refusal attitudes are more likely to delay sexual initiation throughout the first two years of high school. By contrast, those who express attitudes supportive of early sex are significantly more likely to engage in such risky behavior. It is striking that all four of the theoretically derived factors that were assessed during the fall of students' seventh grade year are correlated with the timing of sexual initiation over the entire follow-up period of almost four years after their initial endorsement. Addressing these factors in sexuality education programs as well as in parent-child discussions about sexuality and sexual values might yield substantial benefits in terms of delaying sexual initiation through the critical period when youngsters should be concentrating on school performance and avoiding the cumulative health risks of early sexual activity.⁵

In this sample, up to 40% of young males and almost 15% of females report having sexual intercourse by the end of seventh grade. Clearly, a need exists for earlier prevention programs that address the norms and expectations youth hold about sex before these, in turn, lead to risky behavior. Few disagree that a focus on delaying sex throughout middle and early high school is appropriate not only for keeping young people healthy, but for assuring both their educational success and social and economic futures. Yet, as a report on the state of sexuality education in school suggests, the current political and funding climate are making it more difficult for communities to respond to this need, even for children at heightened risk. While many sexuality education programs address sexual norms and attitudes within their curricula, these often are not delivered until the end of middle school or even later. This timing may be appropriate for some, yet clearly is too late for youngsters at risk of engaging in early sexual activity. As the analyses suggest, it also is too late to prevent potentially harmful norms and attitudes from taking shape and exerting influence on sexual decisions.

Schools are not the only institution facing barriers to effective prevention; families, as well, are often stymied in their efforts to address early sexual activity and reinforce the importance of abstinence. Though sexuality educators, school groups, and parents agree that primary responsibility for sexuality education falls to the family, parents are often reluctant to acknowledge their children are at an age when they may be faced with difficult sexual choices. Even if they do feel that such discussions are developmentally appropriate, they may feel unprepared to engage youngsters in sexual discussions that reinforce family values. Indeed, barriers to addressing early sexual initiation cut across school and family boundaries and include the belief that students at this age are too young to begin discussing

sexual issues and the concern that bringing up sex will precipitate rather than prevent behavior. Despite evidence that these concerns are unfounded, they unfortunately continue to limit the advice and guidance young people receive, either at home or in school.²⁶

To bridge what is learned at school with what is stressed at home or in the community, it is important for interventions to integrate positive social norms and attitudes that are culturally relevant. Literature on female gender roles, for example, reveals that African American girls are often socialized to have higher levels of self-esteem and positive body image than their White counterparts; culturally relevant interventions can build on these strengths.²⁷ Similarly, interventions targeted to young Latino adolescents might address issues related to familism and gender-role expectations in Latino culture, including expectations that females postpone sex until marriage and that males respect and support such intentions.²⁸ Thus, interventions would focus not only on negative behaviors and their consequences, but on positive social norms. This focus does not exclude the need to address other underlying risk and protective factors that contribute to early sexual initiation in economically disadvantaged urban populations. These factors include identifying opportunities for adolescents to demonstrate maturity and gain the respect of their peers in ways other than having sex, and building upon community strengths, such as strong family and religious attachments, to promote the importance of abstinence throughout early and mid-adolescence.

The wide range of ages at which students initiate sex (as well as gender differences that are reported in timing of initiation) complicates delivery of programs in schools as well as guidance offered to parents about what and when discussions are appropriate. This study suggests that if the focus of earlier education is on attitudes and norms, it can appeal to a wide range of youth, and be appropriate for discussions both across and within genders. While differences exist by gender in what boys and girls endorse by early middle school (as well as in levels of self-reported sexual activity) the relationship between norms and attitudes that support delay of onset is similar for both genders. Thus, the factors identified here are appropriate for addressing with both boys and girls – and can potentially lead to discussion of how both genders can feel supported by peers and adults to abstain from early sexual involvement.

CONCLUSIONS

Like other accounts of self-reported sexual behaviors, the data indicate substantial differences in the proportions of girls and boys who report sexual experience. To some extent, this may be due to gender-biased reporting of sex (with males more likely to endorse such behavior). Because of the relatively limited questions that could be asked about sex in the middle school setting, it is not possible to shed light on the sexual partners and types of relationships typical during this period. In addition, it was not possible to collect data on forced sexual intercourse or sexual abuse, factors that have been associated with an increased risk of intercourse by age 15.²⁹ This information would help inform prevention efforts, but has been difficult for researchers to obtain without running into difficulties with mandatory reporting that preclude using such survey techniques or assuring participants' confidentiality. Even with these limi-

tations, however, it is clear that for both boys and girls, identifiable factors lead to early sexual initiation. If these are addressed at developmentally appropriate levels in school and at home, it may be possible to reduce the number of youngsters who are at risk. In schools where early initiation is normative – or where, as indicated here, there is normative support for having sex early – it is important for both parents and teachers to acknowledge and address this risk. Ignoring evidence such as that presented here only contributes to an ongoing sexual silence that fuels growing health disparities related to HIV and other sexually transmitted infections in urban African American and Latino communities. ■

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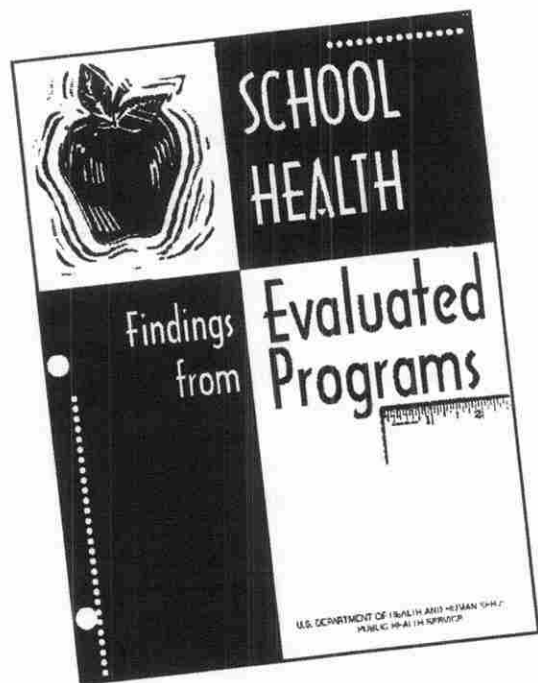
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