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Wczesna inicjacja seksualna w grupie nieletnich matek

Early sexual initiation in a group of juvenile mothers

Streszczenie

Wstęp. Na przestrzeni ostatnich kilku dziesiątków lat wiek inicjacji seksualnej, nie tylko w Polsce, znacznie się obniżył.

Cel. Celem pracy było sprawdzenie, jakie są uwarunkowania wczesnej inicjacji seksualnej wśród współczesnych, nieletnich matek.

Material i metody. Badaniami objęto 73 matki, które przed ukończeniem 19. roku życia urodziły dziecko. Jako narzędzie badawcze zastosowano opracowany dla celów pracy, kwestionariusz. Etap przygotowania narzędzia badawczego zakończyły badania pilotażowe, w których wzięło udział 11 młodocianych matek. Zebrany materiał poddano analizie opisowej i statystycznej.

Wyniki. Badana grupa była zróżnicowana pod względem wieku, miejsca zamieszkania i struktury rodziny, z jakiej pochodziły. Współżycie płciowe w wieku 15-16 lat rozpoczęła ponad połowa badanych (39; 53,4%). W wieku 17-18 lat uczyniło to dalszych 27 osób (37,0%), a pozostałych 7 badanych (9,6%) w wieku 13-14 lat. Stosowanie sposobów regulacji poczęć podczas pierwszego stosunku deklarowało 58 osób (79,4%), w tym najczęściej była to prezerwatywa. Swoją wiedzę z zakresu seksualności człowieka i planowania rodziny połowa badanych określiła jako niewystarczającą dla ich potrzeb.

Wnioski. Wiek młodocianych matek podczas porodu, miejsce ich zamieszkania i struktura rodziny, z której pochodzą, są istotnie związane z wiekiem inicjacji seksualnej. Źródłem wiedzy nastolatków z zakresu seksualności człowieka i planowania rodziny są w dużej mierze środki masowego przekazu i rówieśnicy, co może mieć związek z kształtowaniem się u nich ryzykownych zachowań seksualnych.

Abstract

Introduction. Not only in Poland, has the age of sexual initiation decreased significantly over the past few decades.

Aim. The aim of this study is to verify what the determinants of early sexual initiation among contemporary juvenile mothers are.

Material and methods. The study involved 73 mothers who gave birth before the age of 19. A questionnaire specially designed for the purpose of the study was applied as a research tool. The preparation stage of research tool was concluded by a pilot study attended by 11 young mothers. Then, the collected material was subjected to descriptive and statistical analysis.

Results. The examined group was diverse in age, place of residence and family structure. More than half of respondents (39, 53.4%) started intercourse at the age of 15-16, 27 mothers (37.0%) of them at the age of 17-18 and the remaining seven respondents (9.6%) at the age of 13-14. The use of conception control methods, most often condoms, during their first intercourse was reported by 58 mothers (79.4%). Half of them described their knowledge on human sexuality and family planning as insufficient for their needs.

Conclusions. The age of juvenile mothers at delivery, their place of residence and family structure are significantly related to the age of sexual initiation. The teenagers' knowledge on human sexuality and family planning comes largely from the media and peers, which may be related to the development of risky sexual behaviour.

Słowa kluczowe: inicjacja seksualna, przedwczesne macierzyństwo, regulacja poczęć.

Keywords: sexual initiation, premature maternity, conception control.

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INTRODUCTION

Over the past few decades, the age of sexual initiation has decreased significantly. As a result, the number of juvenile pregnancies has grown [1,2]. It is estimated that among the 450 million of currently living teenagers at the age of 15-19, 15 million give birth, which accounts for 6 to 18% of all women within this age range [2,3]. In some countries, e.g. Latin American, African (where about 20% of girls become pregnant) or Arab (where the problem affects about 26% of girls), giving birth to a child by a teenage girl is not surprising [2,4]. In Poland, as in many developed countries, the incidence of teenage pregnancy is slightly lower and amounts to 3.4-7% of the total number of all pregnancies [2,5].

In the literature of the subject, many studies concerning the undertaking of premature sexual activity by girls can be found. The causes for this phenomenon are believed, among other things, to lie in accelerated development and changing morals [1,4,6,7]. Various mass media, promoting the so-called 'relaxed' lifestyle, and even the home and upbringing environments are conducive to this phenomenon [7,8].

AIM

The aim of this study was to verify what the determinants of early sexual initiation among contemporary juvenile mothers are.

MATERIAL AND METHODS

The study included two phases – a pilot study and the main study. Pilot studies were carried out in March 2010 among 11 young mothers in the Samodzielny Publiczny Szpital Wojewódzki im. Jana Bożego in Lublin. Then, from early April to late June the same year, the major studies were performed. In total, at the Obstetric Unit and via the Internet, 126 questionnaires were distributed of which 73 (57.9%) were returned. It is worth noting that all of them had been filled in correctly.

For the purpose of this study, a special questionnaire was designed that included questions on demographic data, such as the age at delivery, the place of residence and family structure as well as the object of the research, i.e. the age of sexual initiation, the use and type of protection against unwanted pregnancy during the first sexual intercourse, the fact of planning the pregnancy and an evaluation of sources of knowledge on family planning and human sexual life. The preconditions to including a juvenile mother in the study were giving birth before the age of 19 and her consent to participate in the research.

The collected material was subjected to descriptive and statistical analysis. The values of the analysed parameters, measured in nominal scale, were characterized with the use of numbers and percentage. For assessing the existence of differences and correlations between the analysed parameters, the χ^2 test of homogeneity and independence was used. For small numbers (below 5) in the subgroups, Yates' corrections were introduced. The significance level $p < 0.05$ was adopted, which means that the probability of error, which consists in rejecting a true hypothesis, does not exceed 5%. The statistical analysis was performed on the basis of the STATISTICA v. 7.1. software.

RESULTS

The examined group was diverse in age, place of residence and family structure. The largest faction consisted of juvenile mothers who gave birth at the age of 18 (42; 57.5%), followed by the group of 17-year-olds (24; 32.9%) and 16 year-olds (7; 9.6%). Most respondents lived in urban areas (54; 74.0%) and the remaining part in rural areas (19; 26.0%). 42 (57.5%) respondents came from complete and 31 (42.5%) from incomplete families.

More than half of respondents (39, 53.4%) started intercourse at the age of 15-16 and 27 (37.0%) of them at the age of 17-18 while the remaining seven (9.6%) at the age of 13-14. The correlation between the age of juvenile mothers at the time of delivery, their place of residence, their families' structure and the age of the sexual initiation is shown in Table 1.

TABLE 1. The age at delivery, place of residence, family structure and the age of sexual initiation of juvenile mothers.

Examined features	Age of sexual initiation						Relevance	
	13-14 n=7; 9.6%		15-16 n=39; 53.4%		17-18 n=27; 37.0%			
	n	%	n	%	n	%		
Mother's age at delivery	16 n=7; 9.6%	3	42.9	4	19.3	0	0.0	$\chi^2=18.87322$ p=0.00087
	17 n=24; 32.9%	3	42.9	16	41.0	5	18.5	
	18 n=42; 57.5%	1	14.2	19	48.7	22	81.5	
Place of residence	country n=19; 26.0%	0	0.0	15	38.5	4	14.8	$\chi^2=7.35785$ p=0.02525
	city n=54; 74.0%	7	100.0	24	61.5	23	85.2	
Family	complete n=42; 57.5%	2	28.6	19	48.7	21	77.8	$\chi^2=8.17272$ p=0.0168
	incomplete n=31; 42.5%	5	71.4	20	51.3	6	22.2	

All examined features were associated in a significant way ($p < 0.05$) with the age of sexual initiation. The vast majority of juvenile mothers (59, 80.8%) stated that the reason for starting sexual intercourse was the love for their partners. Less frequently, curiosity (7, 9.6%), desire to impress peers (3, 4.1%), persuasion by the partner (2, 2.7%), pressure from the partner (1, 1.4%) or the influence of alcohol (1, 1.4%). The use of conception control methods during the first intercourse was reported by 58 (79.4%) respondents. The remaining (20.6%) stated that they did not use any method. It is worth noting that this was associated ($p = 0.0007$) in a significant way with the place of residence, in favour of the residents of the cities.

Among the conception control methods most frequently mentioned by respondents was the condom (49, 54.5% of the group). Then, coitus interruptus (8, 13.8%) and unspecified natural methods (1, 1.7%). The majority of respondents (67, 91.7%) said that their pregnancy was unplanned and accidental while the other (6, 8.3%) believed the opposite. The respondents' knowledge on sexual life came from various sources; in total, 180 were mentioned. Due to the fact that these recurred repeatedly, the collected material has been arranged, grouped and presented in Figure 1 together with numerical data.

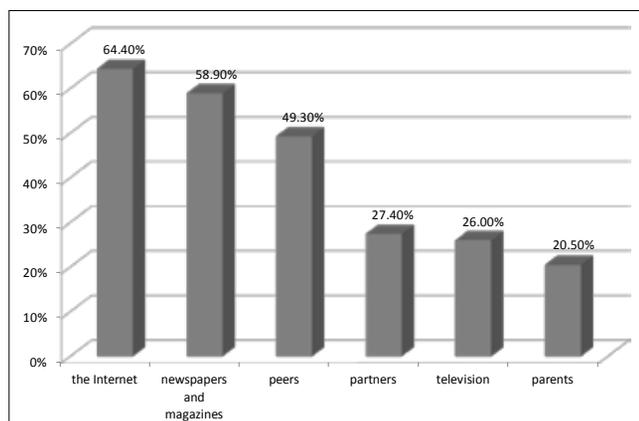


FIGURE 1. Sources of knowledge on sexual life.

The examined girls most frequently derived their knowledge on sexual life from the Internet (47, 64.4%), youth newspapers and magazines (43, 58.9%) and peers (36, 49.3%). Less commonly, their sexual partner (20, 27.4%), television (19, 26.0%) and parents (15, 20.5%).

The respondents replied in various ways to the question whether their knowledge on family planning and human sexual life was sufficient for their needs. The majority of them, however, used the term „probably yes” (30, 41.1%) or „probably not” (29, 39.7%), followed by „I cannot say” (7, 9.6%), „definitely yes” (6, 8.2%) and „definitely not” (1, 1.4%).

DISCUSSION

During puberty, when girls reevaluate their world in some way, the needs of the cognitive, worldview, religious and moral nature become very important. In general, however, these are not very stable and contain strongly emotional components. It is only the pregnancy and motherhood that modify their shaping of hierarchy of needs and values significantly [3,9].

The age at which a young person starts intercourse as well as the motives that prompt him or her to do so, have for years been of interest to researchers. The presented results are only partially consistent with the reports of other authors; young maternal age at delivery, the place of residence and family structure remain in a relation to the age of sexual initiation [6-8]. It is motives that differentiate them. In Bidzan's studies [6] starting intercourse by teenagers was most often caused by peer pressure (51%), followed by curiosity (14%), the belief that everyone is doing it (14%), or an emotional involvement (11%). Within the examined group, it was quite different. The most common reason for starting sexual intercourse was the love for the partner (80.8%), other motives were much less frequent. Probably the majority of respondents needed a strong emotional relationship to initiate sexual contacts. Such attitudes are confirmed by the literature [3,9,10].

An important problem during sexual initiation is to guard oneself against unwanted pregnancy. Both the literature [6, 10] and own studies show that many girls (30%) did not do that. Those that are trying to avoid pregnancy (more often living in urban than rural areas), choose the simplest and the least effective methods of conception control, e.g. condoms or coitus interruptus. It is disturbing that among the 73 surveyed young girls who decided to start sexual intercourse, none tried to consciously control her fertility. Probably they relied entirely on their partner in this matter.

Adolescent pregnancy is not always accidental and unplanned; some teenagers see it as an escape from a bad family situation [3,4,11,12]. Most frequently, they come from poor background and pathological or incomplete families [12]. This may be associated with the overall socio-economic situation of the family as it is difficult for a parent without a partner (usually the husband) to both rear children and work in order to support the family. Since such a load makes it difficult to find the time to talk to the children and control them, teenagers may perceive the situation as a lack of concern for them. By starting the intercourse, they „provoke” the parent to take an interest in their lives. Such behaviour could also be an expression of rebellion against the rigors and standards imposed by the family [12,13]. Within the group, only six young people claimed that the pregnancy was not planned, but all of them came from broken families. It is also worth noting that adolescents from single-parent families began having sexual intercourse significantly earlier ($p < 0.05$) than those from complete ones.

Sex education, both in Polish families and Polish schools, is not good. Some researchers [14] raise another issue – the theoretical knowledge gained in school does not translate into young people's behaviour. Therefore, it is ineffective. In addition, half of teenagers do not talk about sex to their parents due to the fact that it is a taboo subject in their homes. In the presented material, only every fifth respondent derived her knowledge on sex from parents, which might confirm this fact.

Studies conducted by the Public Opinion Research Center (CBOS) [15] on the attitudes and sexual behaviour of young Poles show that these people usually derive their knowledge on the sexual life (including conception control methods) from peers (55.4%), the Internet, (43.9%), teachers (34.9%)

and/or youth magazines (32.6%). The knowledge on these matters that young people currently receive at school, however, is referred to as insufficient for their needs by over a half of them (51.7%). Within the group of young mothers under discussion the situation was slightly different. Most of them drew the knowledge from the Internet (64.4%) and youth magazines (58.9%), peers on third place, TV on the fourth and, only on the fifth, parents. In assessing the overall knowledge they possessed on the subject, half of the respondents declared that it was unsatisfactory or that they were unable to assess it at that point.

The presented results clearly demonstrate a need for continuous improvement of the ways to prepare young people for conscious and responsible behaviour associated with the sexual sphere. It is hoped that though this will not lower much the age of sexual initiation, it would protect adolescents against numerous personal and social problems associated with premature pregnancy and parenthood.

CONCLUSIONS

1. The age of juvenile mothers at the time of delivery, their place of residence and family structure are significantly related to the age of sexual initiation.
2. The teenagers' knowledge on human sexuality and family planning comes largely from the media and peers, which may be related to the development of risky sexual behaviour.

REFERENCES:

1. Harden A, Brunton G, Fletcher A, Oakley A. Teenage pregnancy and social disadvantage: systematic review integrating controlled trials and qualitative studies. *BMJ*. 2009;339:b4254.
2. WHO. Facts and figures from the World Health Report 2005. Geneva. World Health Organisation 2005 [http://WWW.who.int/whr/2005/media_centre/facts_en.pdf], Accessed 18.12.2008.
3. Holgate HS, Evans R, Yuen FKO. Teenage pregnancy and parenthood: global perspectives, issues and interventions. Routledge; 2006.
4. Acharya DR, Bhattarai R, Poobalan A, Van TE, Chapman G. Factors associated with teenage pregnancy in South Asia: a systematic review. *Health Sci J*. 2010;4:1–13.
5. Rocznik Demograficzny GUS.2008:276.
6. Bidzan M. Inicjacja seksualna. Nastoletnie matki. Psychologiczne aspekty ciąży, porodu, położu. Kraków: Oficyna Wydawnicza Impuls; 2007. p. 27.
7. Fenczyn J. Wiek i wpływy środowiskowe a emocjonalne ustosunkowanie do macierzyństwa dziewcząt w okresie dojrzewania. *Pediatr Pol*. 2003;78(2):117-22.
8. Haque MA, Sayem AM. Socioeconomic determinants of age at first birth in rural areas of Bangladesh. *Asia-Pacific J Public Health*. 2009;21:104-11.
9. Kościółek A, Cuber T, Girzelska J. Zachowania seksualne wśród młodzieży ponadgimnazjalnej a system moralności seksualnej. *Zdr Publ*. 2011;121(1):16-21.
10. Jakimiuk AJ, Nowicka M. Antykoncepcja młodocianych. *Ginekol Prakt*. 1998;2:45-7.
11. Sayem AM, Begum HA. Socio-cultural determinants of contraceptive use among rural women aged 15-29 years from marriage to first live birth. *Ibrahim Medical College J*. 2008;2:49–54.
12. Zarzecka-Baran M, Balkowska B. Matki nastoletnie i ich rodzice – charakterystyka ogólna. *Ann Acad Med Gedan*. 2001;31:103.
13. Łuczak-Wawrzyniak J. Trudne macierzyństwo – na podstawie analizy psychologicznej sytuacji kobiet w ciąży przed ukończeniem 18 i po 35 roku życia. *Ginekol Prakt*. 2001;7:115-8.
14. Starowicz-Lew Z, Długolecka A. Edukacja seksualna. Warszawa: Wydawnictwo Świat Książki; 2006. p.130.
15. [http://www.swiadomerodzicielstwo.com/?page=Badania CBOS](http://www.swiadomerodzicielstwo.com/?page=Badania%20CBOS) (08.08.2010 r.).

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