The Effects of Familial Variables and Self-Esteem on the Sexual Risk Taking Behaviors of Late Adolescent Girls in Turkey

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ABSTRACT

The Effects of Familial Variables and Self-Esteem on the Sexual Risk Taking Behaviors of Late Adolescent Girls in Turkey

by

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The aim of the present study was to investigate the effects of familial variables and self-esteem on the sexual risk raking behaviors of late adolescent girls in Turkey. Familial variables that were investigated included; family structure, perceived parental support, perceived parental control and communication with the mother about sexual issues. The participants were 166 Turkish female undergraduate students from Istanbul Bilgi University and Boğaziçi University who were enrolled in Introduction to Psychology courses. The scales used were Demographic Information Questionnaire, Sexual Risk Taking Inventory, Communication With the Mother about Sexual Issues Inventory, two sub-scales of McMaster Family Assessment Device and Coopersmith Self-Esteem Scale. Contrary to the expectations, the results revealed that there were no differences between girls from intact and non-intact families in terms of sexual risk taking behaviors. Girls who engaged in sexual risk taking behaviors did not rate their parents as less supportive than girls who did not engage in sexual risk taking behaviors. Perceived parental control was found to have an effect only on the type of contraception used by the participants but it did not have an effect on other sexual risk taking behaviors. Lastly, the results indicated that participants who had a sexual intercourse experience had

lower levels of self-esteem than those who did not have such an experience. The main reason for failing to find relationships between familial variables and sexual risk taking behaviors of the adolescents were mostly related to the low rate of participants who had a sexual intercourse experience and the characteristics of the Turkish culture.

KISA ÖZET

Ailevi Değişkenlerin ve Kendilik Değeri'nin Türkiye'deki Geç Ergen Kızların Cinsel Risk Alma Davranışları Üzerindeki Etkileri

Başak Efe

Bu araştırmanın amacı ailevi değişkenlerin ve kendilik değerinin Türkiye'deki geç ergen kızların cinsel risk alma davranışı üzerinde etkilerini incelemektir. Çalışmada incelenen ailevi değişkenler; ailenin yapısı, algılanan ebeveyn desteği, algılanan ebeveyn kontrolü ve anneyle ergen arasındaki cinsel konularla ilgili yapılan konuşmaları içermektedir. Katılımcılar, İstanbul Bilgi Üniversitesi ve Boğaziçi Üniversitesi'nde okuyan ve Psikolojiye Giriş dersine kayıtlı olan 166 bayan öğrenciydi. Araştırmada kullanılan ölçekler, Demografik Bilgi Formu, Cinsel Risk Alma Davranışları Ölçeği, Anneyle Cinsel Konularda Konuşma Ölçeği, McMaster Aile Değerlendirme Ölçeği ve Coopersmith Kendilik Değeri Ölçeği'dir. Sonuçlar, aile yapısının ve aile desteğinin katılımcıların cinsel risk alma davranışları üzerinde bir etkisi olmadığını göstermiştir. Bunun yanısıra, ailenin kontrolcü olup olmamasının katılımcıların hangi korunma yöntemlerini seçtikleri üzerinde bir etkisi olduğu fakat diğer risk alma davranışlarını etkilemediği bulunmuştur. Bunların dışında, cinsel ilişki deneyimi olan katılımcıların, bu tip bir deneyimi olmayan katılımcılara göre kendilik değerlerinin daha az olduğu da bulgular arasındadır. Genel anlamıyla ailevi değerlerle katılımcıların cinsel risk alma davranışları arasında bir ilişki bulunamamasının sebebi, cinsel ilişki deneyimi olan katılımcılarının sayısının düşük olmasına ve Türk kültürünün çeşitli özelliklerine bağlanmıştır.

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INTRODUCTION

All theories about adolescent development emphasize sexuality as an important aspect that should be dealt with in transition from childhood to adulthood. Sexual activity in adolescence period can have both positive and negative consequences depending on the risks taken by the adolescent in experiencing his/her sexuality. Therefore the major aim of the current study was to explore the factors contributing to the emergence and escalation of sexual risk taking behaviors. The relations between familial variables, self-esteem and the sexual risk taking behaviors of Turkish late adolescent girls were examined. Familial variables that were investigated included; perceived parental support, perceived parental control and communication with the mother about sexual issues.

Adolescence Period:

Adolescence is a period which starts in the second decade of life during when the individual experiences changes in his/her biological, psychological and social spheres. Biological changes at the adolescence period can be named as pubertal changes. These changes transform the physically immature child to a state where he/she is capable of reproduction. Even though the timing of puberty may change from person to person in relation to several factors such as nutrition, it is experienced universally. Every teenager with varying degrees of rates of change (some may grow taller at an earlier age or some may experience menarche at a later age), experience these biological changes. But adolescence is different from and more than puberty in the sense that it involves more cultural and personal meanings. As suggested by Apter "puberty is derived from words meaning to grow hairy, referring to the growth of pubic hair, as one of the secondary features of sexual

maturity, whereas adolescence is derived from the term adolescere, to grow up" (1990, p.22). Therefore, adolescence is considered to be a transitional stage from childhood into adulthood. The person is no longer a child but has not yet achieved adult status either, and adolescence is thought to last until the person achieves an adult identity (Apter, 1990). Even though adolescence is not considered as a separate period of development in every culture, there is usually a period of preparation for adulthood that is similar to adolescence (Crockett, 1999). However, as stated by Blos (1962), the age at which the person reaches a stage of adulthood changes from time to time and place to place. For example in the 1960s becoming an adult in Australia meant "getting a job, a car, establishing a career, getting married and buying a home" (Wyn & White, 1997, p.15). However, this is not a universally accepted criteria. In years of economical problems, young people could not held long lasting jobs in Australia, but this did not mean that they were not able to achieve adult status. Therefore, adolescence is more bound to cultural and historical contexts (Crockett, 1999).

For long years, adolescence was regarded as a period of storm and stress where the adolescent experiences instability, turmoil, decline in self-esteem and conflict with the parents. It was considered to pose difficulties for both the adolescent and his/her family. This view was chiefly held by G. Stanley Hall who proposed that due to hormonal changes that take place during puberty, the adolescent experiences an inevitable turmoil which causes stress for both the adolescent himself and the people around him (as cited in Steinberg, 2001). Anna Freud also agreed with the idea that adolescence is a period of crisis and stated that physiological changes of puberty give way to an increase in the sexual drive which "threatens to upset the balance of the psychic institutions" (1968, p.60). She also added that

adolescents, being unable to deal with the anxiety created by the escalation of drives, show "open revolt" and "hostile reactions" against their parents (Freud, 1949/1998). Blos (1962, p.11) also stated that adolescence is a period of regression and the person is struggling to "regain or retain a psychic equilibrium which has been jolted by the crisis of puberty".

But recent research indicated that rather than being stormy, it is a challenging and difficult period (Harper & Marshall, 1991). The fact that it is a period of change and the adolescent has to adopt him/herself to those changes renders difficulties for the adolescent. But unless social circumstances prevent it, adolescence results in positive consequences such as increased autonomy, increased self-esteem and better relationships (Peterson and Leffert, 1995). Recent studies indicated that most of the adolescents experience positive relations with their parents and their peers (Barber & Olsen, 1997; Glendinning, 1998). The study of Block & Robbins (1993) revealed that individuals do not experience changes in their self-esteem in the adolescence period indicating that this is not a period where individuals necessarily experience a decline in their self-esteem as stated by the previous theories. So, if enhancing social contexts are provided, adolescent development is in a positive direction. However, the fact that not every adolescent experiences that stage in a positive way makes it important to try to understand which factors contribute to adolescents' engaging in problem behaviors. Sexual risk taking behaviors, which is the major subject of this study is also among those problem behaviors.

Before examining the sexual risk taking behaviors, we should examine the changes that take place in the adolescence period since they are thought to have a role in the occurrence of the problem behaviors if the adolescent has difficulties adapting to those changes.

Biological changes : Initially biological changes take place in primary sex organs. Enlargement of the primary sex organs is experienced, which results in the person being capable of mature sexual functioning (Cole & Cole, 1996). In girls "ovaries begin to release mature ova into the fallopian tubes" (Cole & Cole, 1996, p.631) and menstruation takes place, whereas in boys the "testes begin to produce sperm cells and the prostates begin to produce semen (the fluid that carries the sperm)" (Cole and Cole, 1996, p.631). In terms of the secondary sex characteristics girls experience the development of their breasts whereas boys experience enlargement of their testes and their penis, "thickening and reddening of the skin of the scortum" (Cole & Cole, 1996, p.631). In addition, the growth of underarm hair and pubic hair appears for both sexes and besides that boys experience facial hair development.

During puberty there is also an increased level of hormonal production (Alsaker, 1995). Through activation of the pituitary gland by the hypothalamus, the growth hormones and gonad stimulating hormone are produced. Growth hormone is influential in the attainment of normal and healthy body size while gonadothrophic hormones are influential in the manufacturing of estrogen and progesterone for the girls and testosterone for the boys (Cole & Cole, 1996). Although both testosterone and estrogen hormones are present in both sexes, with the advent of puberty the testosterone levels increase by 10-20 times in boys while estrogen hormones increase by 8 times in girls and the increase of those sex hormones play significant roles in the physical development of adolescents (Cole & Cole, 1996; Christopher, 2001).

Cognitive changes: In terms of cognitive changes, first comes the ability of abstract reasoning and considering possible future consequences of behaviors (Peterson & Leffert, 1995). According to Piaget (1970/1997) adolescents develop a new logical

organization that he calls "formal operations". Different than the preadolescent, the adolescent "acquires the ability to think systematically about all logical relations within a problem" (Cole & Cole, 1996, p.668). By doing so, adolescents can think about things that they cannot sense, which in turn gives them the ability to think about abstract and hypothetical terms such as morality, politics and philosophy (Cole & Cole, 1996, p.667; Steinberg, 2001). They can make future plans and while making those plans they can consider possible alternatives and their possible consequences. They can also consider possible risks and the possible consequences of those risky behaviors in their decision making processes (Lewis, 1981). In addition to these they acquire the ability of "second order thinking" that is "they develop rules about rules and hold competing rules in mind while mulling them over" (Cole & Cole, 1996, p.667).

Relational Changes: In terms of the changes that take place in the relational realm, adolescents are more ready to take on adult roles and they start to get more autonomous. In the family, they are negotiating for their new roles while "seeking greater independence and autonomy in determining and regulating their own behavior" (Graber, Brooks-Gunn, & Galen, 1998, p.282).

Even though the importance of parents continues to exist in the lives of the adolescents, teenagers start to express a shift from the family towards their peers in terms of reliance and intimacy. Although seeking intimacy with peers can also be seen in childhood, seeking intimacy in romantic relationships and sexuality greatly increases in adolescence (Graber, Brooks-Gunn, & Galen, 1998).

According to Anna Freud (1968) gaining autonomy from the parents is not enough to explain why adolescents seek intimacy in sexual relationships rather than

non-sexual ones. She claims that the reappearance of the repressed conflicts of childhood in adolescence create conflicts in the family and it is not enough for the adolescent to seek intimacy outside the family but also he/she has "to do something with the revived sexual energy" (as cited in Gray & Steinberg, 1999, p.240). So the adolescent turns to his/her peers, especially opposite sex peers, to fulfill his/her sexual energy. In that sense, romantic relations provide the adolescent the ground to deal with the revived conflicts and express his/her sexual desire outside the family context (Gray & Steinberg, 1999).

Similar to Anna Freud, Sullivan also supported the idea that the intimacy needs that are first lived between the parent and the child give way to its experimentation between close relations with same sex friends in the preadolescent period. But as the sexual needs revive in the adolescence years, coupled with preexisting intimacy needs, they give way to fulfillment of those needs in romantic relationships (as cited in Connolly & Goldberg, 1999).

Sexuality in Adolescence:

Although sexuality is thought to be with us from the first years of our lives, adolescence is a period that is critical in terms of sexuality. Adolescents, in the process of identity formation, experiment with different behaviors including sexual behaviors (Porter, Oakley, Guthrie, & Killion, 1999).

Increased sexual behavior at adolescence has both biological and non-biological reasons. Among the biological reasons increased hormonal production, especially that of androgenic hormones, that results in increased arousal for both sexes and increased libido can be stated (Miller & Benson, 1999). The heightened sexual impulses at puberty results in adolescents' need to explore their sexuality.

According to Anna Freud (1968), it is a period when the instinctual energy rises and adolescents start to initiate sexual behaviors. In that period genitality takes over pregenitality and the sexual instinct finds a sexual object (Freud, 1968; Freud, 1905). In agreement with Anna Freud, Blos (1962) also stated that with the advent of adolescence, sexuality takes the form of genitality and a search for heterosexual love object. Laufer and Laufer (1984) also claim that adolescence is "the establishment of the final sexual organization, which from the point of view of the body must now include the physically mature genitals" (as cited in Frankel, 1998, p.29).

The biological development can also have indirect effects on the sexual behaviors of adolescents in the sense that these biological changes signal to the adolescent himself/herself and to other people that this person is becoming sexually mature (DeLamater & Friedrich, 2002) and therefore "a potential sex partner" (Smith, Udry & Morris, 1985).

Other than biological reasons, Selverstone (1989) states that sexual behaviors may constitute one way of satisfying socialization needs in the sense that through sexual contact, which is an activity that is associated with pleasure, the adolescent feels connected to another person which makes him/her feel that he/she is loved and cared for. In addition to that Collins and Sroufe (1999, p.140) indicate that adolescents may engage in sexuality for reasons such as being perceived as more mature, "to compensate for a lack of intimacy in their lives" or to investigate their sexual identity.

Whatever the reasons for initiation "the way we resolve our needs, desires, values and social expectations" in our sexual lives, lead us to outcomes ranging from "great personal satisfaction to considerable conflict and pain" (Moore & Rosenthal, 1995, p.x). Therefore, in order for the adolescent to deal with the resulting issues

effectively sexual urges have to be channeled adaptively (Moore and Rosenthal, 1995).

According to Selverstone (1989) adolescent sexuality is healthy when it fosters healthy self-esteem and a coherent self-identity and does not interfere with the teenagers' developmental tasks. If the adolescent cannot deal with those sexual urges effectively it is inevitable for him/her to engage in sexual risk taking behaviors.

Sexual Risk Taking Behaviors:

Risk taking behaviors in general are defined as behaviors that may negatively affect one's "well being, health and life course" and they are thought to have personal, social and developmental undesirable outcomes (Jessor, 1998). Drug abuse, violence, delinquency are some examples of risk behaviors.

Sexuality is also a concept that is studied among the risk behaviors. Sexual activity is defined by Diamond, Williams and Dubé (1999, p.179) as "a continuum of behaviors motivated by sexual desire and oriented towards sexual pleasure even if those activities do not culminate in sexual release".

Adolescent sexuality that is non-exploitative and safe is not considered to be problematic and can even have positive effects for the adolescent by increasing independence, social competence and self-esteem (Moore and Rosenthal, 1995). But sexual activities that end in unhealthy results such as unplanned and unwanted pregnancy, abortion or catching sexually transmitted diseases (STDs) are considered to be problematic and are included in the area of sexual risk taking behaviors. Behaviors that are considered as sexual risk behaviors are sexual debut at earlier ages, having multiple sexual partners, non-use or irregular use of contraceptives.

Early debut of sexuality is considered to be a risk factor because according to "stage termination hypothesis" making a transition to a next stage earlier than the normative would place the individual at risk due to the fact that the individual may lack the necessary coping skills or abilities to deal with that transition (Graber, Brooks-Gunn, & Galen, 1998, p.286). In line with that hypothesis, studies indicate that those girls who initiate sexual activity earlier than their peers are more likely to have multiple sexual partners (Graber, Britto & Brooks-Gunn, 1999) which might be considered as an unhealthy way of trying to deal with that early transition. In addition to that they might be less effective in using contraceptive methods which put them at higher risks for unintended pregnancy (Crockett, Bingham, Chopak & Vicary, 1996). White and De Blassie (1992) also reported that having early sexual experience results in changes in the adolescent's social environment which might further make the adolescent to engage in other risky behaviors.

Having multiple partners is also considered among sexual risk taking behaviors since it increases the possibility of the adolescent's having a sexual relationship with a partner who has a STD and thus increases the probability of the adolescent to be infected by a STD.

Using contraceptives, on the other hand, is a very important part of adolescent sexuality. It implies that the responsibility is being taken by the adolescent and it protects him/her from unwanted pregnancy and catching STDs.

Why Study Adolescent Sexuality and Sexual Risk Taking Behaviors?

It is a widely accepted fact that adolescent sexuality is becoming more pervasive and more socially acceptable. Before the 60's sexual intercourse was restricted to married couples, premarital sexual activity was not that pervasive and adolescents were expected to keep their virginity until the time that they were married. But after the 60's there happened to be greater acceptance of premarital sexuality and a decrease in the age of debut of sexual intercourse, especially in the Western cultures (Jessor, 1977). Brooks-Gunn and Furstenberg (1989) reported that the number of American girls who reported having had sex by 16 was 7% in 1950 compared to 44% in 1982 in USA. Also before the 60's premarital sexual activity was perceived more acceptable for boys but something forbidden for girls. With the "sexual revolution" of the 60's people not only held more permissive attitudes towards premarital sexuality but also the gap between the standards held for different sexes declined (Sherwin & Corbett, 1985, p.259). Sherwin and Corbett (1985) in their longitudinal study examined the sexual norms at the campus life in USA and they found out that there were liberalizing trends for premarital sexual relationships and sexual activity which was under the hegemony of males in 60's became a part of females' lives in 80's and, the sexual difference among the sexes almost diminished. Therefore after the 80's having sexual intercourse has been a normative experience for both sexes in American culture (Graber, Brooks-Gunn, & Galen, 1998). Ketting (1983) also indicated that to be true for Netherlands. It was indicated that the frequency of adolescents (aged 16-20) who have experienced sexual intercourse was 19% in 1968 which rose to 42 % in 1974. In a study which was conducted in developing countries also point to high rates of sexual intercourse experience among adolescent girls (age 15-19); for example, in Nigeria 54%, in Brazil 23%, in

Tanzania 50%, in Paraguay 30%, in Uganda 62 % of the adolescent girls have been reported to have a sexual experience (Blanc & Way, 1998). Not so much data in terms of adolescent sexual intercourse experience is available from Turkey but one of the few studies conducted on that issue indicated that 37% of the university student participants were sexually experienced, of which females constituted only 19% (Gökengin et al., 2003).

Regarding these liberalizing attitudes toward premarital sexual activity worldwide, "forming a sexual identity and navigating the emotional and physical challenges of sexual behavior have clearly become part of series of events that occur during the transitional periods of adolescence" (Graber, Brooks-Gunn, & Galen, 1998, p.271). Therefore, adolescent sexuality has become an important aspect of adolescents' life that deserves studying.

Considering the increasing number of adolescents who engage in premarital sexuality, sexual risk taking behaviors are getting more and more important as a focus of study. First of all, in terms of the negative consequences they might cause for adolescents it is of great significance to examine the factors leading to those risky behaviors. Review of literature shows that worldwide, 20 per cent of the adolescents catch a sexually transmitted disease every year and most of the population with HIV infection is composed of adolescents between the age of 15 and 24 (Gupta, 1998; Weinstock, Berman, & Cates, 2004). Morbidity and Mortality Weekly Report (2004) also indicates that females are at greater risk for heterosexually transmitted HIV infections and they account for 89% of the adolescents aged 13-19 who have HIV. In addition to sexually transmitted diseases UNICEF also points out that "pregnancy-related deaths" that might result from abortion, infection or haemorrhage are "the leading cause of mortality for girls age 15 to 19 worldwide" (Gupta, 1998, p.23).

Secondly, the fact that sexual risk taking highly correlates with other problem behaviors (like using alcohol or drugs, smoking cigarettes) renders it more important. Studies indicate a significant relationship between experiencing sexual intercourse and using marijuana or alcohol for adolescent girls (Jessor, 1977; Harvey & Clarence, 1995; Dorius, Heaton & Steffen, 1993; Whitaker, Miller, & Clark, 2000; Perkins, Luster, Villarruel & Small, 1998). Luster and Small (1994) also proposed that female adolescents who have multiple partners and who use contraception ineffectively are more likely to have lower GPA's, use alcohol and think about suicide more than those who do have only one sexual partner and who always use contraception. Whitaker, Miller & Clark (2000) also indicated that adolescents who had multiple sexual partners are more likely to have been in jail or in a detention center or more likely to have friends who have been in jail or detention center than girls who had single sexual partner.

There are also correlations between the sexual risk taking behaviors themselves. The study of Luster and Small (1994) found that those teenagers who had multiple partners were less likely to use contraception than those with fewer partners. Furthermore, adolescent girls who initiate sexual intercourse earlier than their peers are more likely to change their partners and move to a second one quicker than those adolescents who initiate sexual intercourse later (Graber, Britto & Brooks-Gunn, 1999).

In conclusion, as sexuality is an important part of adolescents' lives, it seems important to understand factors that serve as barriers to healthy sexual development and that lead adolescents to engage in sexual risk taking behaviors.

Factors Affecting Adolescent Sexual Risk Taking Behaviors:

In order to understand adolescents' sexual risk taking behaviors, those factors that are affecting sexual risk taking behaviors need to be explored. Research conducted on the issue of sexual risk taking behaviors indicates that there are multiple factors influencing adolescents' risky sexual behaviors.

There are factors that are related to the self such as biological factors, race, gender, self-efficacy, self-esteem, academic performance, history of physical or sexual abuse, attitudes towards sex, religiosity and sexual knowledge. In addition to self-related factors, family also has been found to have an effect on the sexual risk taking of adolescents. Those familial factors can be stated as structure of the family (intact vs. single parenting), SES, education of the parents, parental monitoring, communication between the adolescent and his/her family and the quality of the relationship between the parent and the adolescent. Lastly, there are extra familial factors such as the influence of peers and the effect of the neighborhood in which the adolescent lives.

Familial Factors:

1) Family Structure:

Family structure is defined as whether the adolescent is living in an intact two-parent family or not (Calhoun & Friel, 2001). In the literature intact family usually refers to a family structure where two parents are present and share the responsibilities of the household (Sokol-Katz, & Dunham, 1997). Single headed families, which may result from occurrences such as divorce, death of one parent or "long-term absence of a parent" (Flewelling & Bauman, 1990) where all the

responsibility is carried out by one parent are considered non-intact (Calhoun & Friel, 2001).

Since the family structure can be seen as the first developmental context that the adolescent grows up, many researchers have examined the association between the structure of the family and the risk taking behaviors of the adolescents (Miller, 2002). The literature regarding the effects of family structure on the sexual behaviors of adolescents in general points to the negative effects of single parent households. First of all, studies indicate that adolescents coming from intact two-parent families are less likely to have had sexual intercourse than adolescents coming from single-parent families (Young & Jensen, 1991; Forste & Heaton, 1988; Flewelling & Bauman, 1990; Turner, Irwin, Tschann & Millstein, 1993). Most of the studies reviewed indicate that of the adolescents who have a sexual intercourse experience, those who are living with single parents have their sexual debut at younger ages and are less likely to use contraception than those living with both parents (Hardy, 1991; Christopher, 2001; Forste & Heaton, 1988; Turner et al., 1993).

The finding that adolescents from single parent families are more likely to engage in risky sexual behaviors is usually associated with more permissive sexual attitudes of single or divorced parents, less parental supervision or the effects of parents' own dating activities. It is also assumed that the presence of at least one parent serves as a protector against risky behaviors, the presence of the two together has a further protective effect (Kotchick, Shaffer, Forehand & Miller, 2001). Other than these effects, single parenting also calls for the parent to work which inevitably results in decreased parental supervision, less time spent with the child or the adolescent and financial losses, (Amato & Keith, 1991; Galambos & Ehrenberg,

1999) which in turn may lead the adolescent to engage in sexual risk taking behaviors.

2) Parental support:

Support is defined as the "quality of interaction which is perceived by the self as the significant others establishing a positive affective relationship with him/her" (Thomas, Gecas, Weigert, & Rooney, 1974, p.10). Therefore, parental support makes the child feel that he/she has inherent worth, and that he/she is loved by his/her parents. In addition to feeling dimension, parental support also involves a motivating dimension. The parents who are considered to be supportive are those who "approve the child's efforts to produce an effect on the environment and simultaneously let the child know they are there if she/he needs them" (Thomas et al., 1974, p.11).

In general, parental support has been found to be correlated with high self-esteem, having academic and occupational goals and conforming to adult standards (Miller, Benson & Galbraith, 2001; Otto & Atkinson, 1997). Lack of parental support, on the other hand, is found to be associated with low self-esteem and a variety of problem behaviors like delinquency (Gecas & Seff, 1990).

In terms of sexual risk taking, studies indicate that in families where there is parental warmth, support and parent/child closeness, the adolescent is more likely to postpone intercourse, have fewer sexual partners and use contraception more consistently (Turner et al., 1993; Luster & Small, 1994). Being unable to get support from their families, adolescents turn to maladaptive ways of receiving it, such as engaging in early sexual relations (Martin & Martin, 2000). Studies also indicate an indirect effect of parental support by providing a social context of risk taking in the sense that those adolescents who perceive their parents as less supportive may

establish relations with friend who use drugs, or who engage in delinquent acts (Metzler et al., 1994 as cited in Kotchick et al., 2001) which put them at higher risks for engaging in problem behaviors themselves. Whitbeck, Hoyt, Miller and Kao (1992) (as cited in Miller et al., 2001) stated that lack of parental support was indirectly related to delinquency in the sense that it is related to depression for teen males and females but the association between depressive symptoms and sexual activity was much stronger for females than for males. That is low support from families leads to depressive symptoms in both sexes but it influences sexual behavior in females and use of alcohol in males.

3) Parental Control:

Control is defined as "the quality of interaction which is perceived by the ego as constraining him to do what the significant other wants" (Thomas et al., 1974, p.10). As the child is a member of both the family system and the sociocultural system, he/ she has to "conform in varying degrees to the expectations placed upon him" (Thomas et al., 1974, p.10). In that sense, parental control helps the child to learn what is expected of him/her and what are the appropriate and inappropriate behaviors with respect to the social systems that the child is a member of. But in addition to demands of the social systems, reasonable parental control also respects the autonomy of the child. Therefore, parental control helps the adolescent to regulate his/her behavioral autonomy by giving him/her the opportunities to explore surrounding environment (Galambos & Ehrenberg, 1999). A lack of or too little control may lead to problem behaviors like delinquency, poor school performance. In terms of parents' control, most of the studies reviewed by Miller et al. (2001, p.7) suggested that " parents' supervision and monitoring is related to adolescents' sexual

behaviors in ways that would lower their risk of pregnancy" like: not having intercourse, starting to have sexual relationships at a later age and having fewer sexual partners. Although parental control leads to positive outcomes it can turn out to negative ones if it is excessive and coercive. Most of the studies indicated that intrusiveness is associated with adolescent behavior problems. In a study conducted by Miller, McCoy, Olson and Wallace (1986), it was found that adolescents who perceived their parents as moderately strict were less likely to have had sexual intercourse than those who perceived their parents as very strict or not strict at all. The study of Upchurch, Aneshensel, Sucoff and Levy-Storms (1999) also indicated that adolescent girls who perceive their parents as highly controlling are more likely to have had sexual experience than girls who perceive their parents as less controlling. In conclusion, it appears that adolescents whose parents exercise very low or high control on them are at greater risk for risky sexual behaviors.

According to Steinberg (1990) (as cited in Barber, 1992) adolescents both need freedom and some behavioral control from their parents. If their parents do not exercise any control, adolescents lack the adequate guidance and it becomes harder for them to figure out the limits of tolerable behavior, which increases their risk for certain developmental problems, especially externalized problems like sexual precocity. On the other hand, if parents exercise too much control, this time the adolescent can be psychosocially less stable and less confident and it interferes with the self discovery of the adolescent and places him/her at risk for withdrawal or internalized problems. Adolescents whose parents expect their children to obey their rules and to make them do so by exercising their power in a punitive way are indicated to be less likely to internalize those rules so they either comply to them in

the short run (but not in the long run) or they break those rules (Miller et al., 1986; Martin & Martin, 2000).

What turns out to be a healthier way of exercising control is in moderate levels. Parents of this kind usually give explanations and reasons behind their rules, they ask their child's opinions while making decisions regarding their families and they are more flexible, thus adolescents who are coming from moderately strict families are more likely to internalize parental standards and act accordingly. When parents exercise moderate levels of control, the adolescent is given some freedom "to experiment with dating" while at the same time his/her parents structure his/her behavior by expecting him/ her to comply with their rules (Gray & Steinberg, 1999, p. 253)

As stated by Brooks-Gunn and Furstenberg (1989) authoritative parenting styles have positive effects on the social cognitive abilities of the adolescents in the sense that they develop as people with stronger egos who are more autonomous who are more able to make their decisions more effectively by considering possible different perspectives. Thus they are more able to delay the debut of their sexual intercourse and use contraception more efficiently.

4) Parent/ Child Communication about Sexual Issues:

In terms of parent/child communication, it was shown that "open, positive and frequent parent/child communication about sex is associated with adolescents not having sexual intercourse, postponing their sexual debut and having fewer sexual partners" (Miller et al., 2001, p.13). In terms of sexually active adolescents positive communication was found to be related to higher use of contraceptives (Dyk et al., 2001). The study of Luster and Small (1994) pointed out that adolescent females who

have multiple sexual partners and who use contraception rarely or never use it are less likely to communicate about birth control with their mothers than those adolescents who have only one sexual partner and who always use contraception. The study of Forste and Heaton (1988) revealed that adolescent girls whose mothers inform them about menstruation and reproduction are less likely to experience sexual intercourse than those who did not have that kind of an instruction. But their study indicated the reverse to be true when the subject of the instruction is birth control. That is, the adolescent girls who have talked with their mothers about birth control are more likely to have a sexual experience than those who did not. The study of DiIorio, Williams and Dubé (1999) revealed that adolescents who speak with their parents more than their peers about topics related to sexuality are more likely to hold "conservative" values related to adolescent sexuality than those who prefer to speak with their peers. And those adolescents who hold more conservative values are less likely to initiate sexual intercourse at earlier ages than those who hold more liberal attitudes. The study of Moore, Peterson & Furstenberg (1986) indicated that the effect of parental communication depends on both the parental beliefs and attitudes regarding marriage and the family life and on the gender of the adolescent. The results of their study which they conducted with adolescents who are 15-16 years old indicated that the adolescent girls whose parents discussed sex with them are less likely to initiate sexual activity if only their parents held more conservative and traditional values. The effect of communication on the initiation of sexual activity among adolescent girls disappeared if their families held more liberal attitudes. Secondly, contradictory results appeared for the boys in the sense that adolescent boys whose parents discuss sex with them are more likely to be sexually active if

their parents held traditional values. Again the effect of communication vanished if the parents held more liberal attitudes.

The contradictory findings related to sexual communication with the parents can be related to the timing of the communication. Those studies that indicate a positive correlation between experiencing sexual intercourse and communication with the parents about sexual issues, cannot put forward whether those adolescents whose parents talk to them more about sexuality engage in sexual intercourse earlier or whether the parents talk with their adolescents more about sexuality who are already sexually active.

In order for the adolescent to have a control over his/her behavior, he/she must have an idea about the possible choices and possible consequences. As suggested by Brooks-Gunn & Paikoff (1999, p.199), for the adolescent to be able to have control over their sexual behavior, they must "anticipate, plan for, and recognize sexual situations in advance". Therefore it is hypothesized that the communication between the parent and the adolescent will be informing for the adolescent about the possible choices (like to say yes or no to a sexual invitation or to say yes or no to having sexual intercourse without contraception) and the possible outcomes (like pregnancy) and therefore those adolescents who communicate with their parents more about sexuality will be less likely to engage in sexual risk taking behaviors. The results of the study of Anderson and Kann (1990) indicated that adolescents who know more about the transmission of HIV are less likely to have multiple sexual partners and more likely to use contraception regularly, which points out the importance of knowledge in terms of being able to keep oneself away from sexual risks.

As sexual education is part of socialization process and as mothers are the primary agents of socialization, in general mothers are seen as more responsible for sexual education. Mothers are seen as playing the role of a person who deals with relational, interpersonal and emotional issues in the family thus it is not surprising that they are perceived as the primary sex educators (Feldman & Rosenthal, 2000). Therefore this study aims to investigate the communication between daughters and their mothers about sexual issues.

F. Scott Christopher's Model:

F. Scott Christopher (2001) proposes a theoretical model of how those familial factors influence adolescent sexuality. In his model he proposes socialization as the mediator between the parents and the adolescent. He suggests that parents have their own values and attitudes related to sexuality and they are passed onto the next generation through the process of socialization. First of all he implies that adolescents of single mothers who are dating are more likely to have a sexual debut at earlier ages than daughters of mothers who do not date. He associates this with the fact that those mothers provide "sex role models" for their children and give cues related to the perspective that sexuality does not necessarily take place in a marital relationship. Secondly, he emphasizes the relationship between the adolescent and her parents. He states that authoritative parents, unlike the strict ones, establish a positive relation between their children because of both giving them freedom and decision making choice and at the same time not forcing them to conform to their rules immediately. According to Christopher, adolescents whose parents maintain a positive and close relationship with them are more likely to internalize the values of their parents and are more likely conform to their rules while at the same time

maintaining their autonomy. In addition he calls attention to the importance of parental monitoring and parental control. He states that parents who establish close relationships with their children will have moderate levels of control that he defines as "explaining the reason behind parental decisions" (Christopher, 2001, p.67). Parental monitoring is going hand in hand with parental control according to him, in the sense that by monitoring their child the parents will have knowledge about her friends, the places where he/she is going and what he/she is doing and therefore will be able to decide when to intervene and take the control into their hands. Additionally, the adolescent who is aware that he/she is being monitored will be more likely to evaluate the parents' reactions when engaging in sexual behaviors.

As a result, Christopher declares that the adolescent who has a positive relationship with her parents will identify with them and will "choose his/her parents' attitudes and values as his/her own" and parental monitoring that goes with moderate levels of control will allow the adolescent to "explore different sexual role behaviors" whereas at the same time taking into account the perspective of his/her parents (Christopher, 2001, p.68)

Self-Esteem:

When the risk factors that affect adolescents' engagement in risky behaviors are examined self-esteem appears to be one of the important factors. Self-esteem is defined by Rosenberg (1965) as "self-judgements of personal worth and global feelings of competence and self-acceptance" (as cited in Arbona & Power, 2003). The effect of self-esteem on problem behaviors like substance abuse, drinking alcohol has not been explored intensively. Most of the studies conducted on the self-esteem of adolescents, examined its relationship with depression but its effect on

externalizing problems were mostly neglected. Dekovic (1999) examined the effects of self-esteem, familial and extrafamilial factors (such as peers) on the internalizing and externalizing problems of the adolescents. The results indicated that individual factors such as low self-esteem and low academic achievement were more effective in predicting internalizing problems such as depression whereas familial and extrafamilial factors were more effective in predicting externalizing problems.

The effect of self-esteem on sexual risk behaviors has also been one of the neglected areas. Spencer, Zimet, Aalsma and Orr (2002) conducted one of the few studies on that subject. The study of Spencer et al. (2002) indicated that girls with lower self-esteem are more likely to initiate sexual intercourse whereas boys with higher self-esteem are more likely to initiate sexual intercourse. They explain this difference between boys and girls in terms of the double standard that exists for different sexes in terms of sexuality. Sexual intercourse is perceived as something inappropriate for girls, therefore higher levels of self-esteem acts a protecting factor for girls. But as sexuality is considered as something to be proud of for boys, boys with higher self-esteem are more likely to search for sexual partners. Belgrave, Marin and Chambers (2000) also conducted a study to examine the influences of self-esteem on the risky sexual attitudes of adolescent girls. Their results revealed a significant relationship between behavioral self-esteem and risky sexual attitudes, that is adolescents with lower self-esteem are more likely to have risky sexual attitudes than those with higher self-esteem. Jessor, Van Den Bos, Vanderryn, Costa and Turbin (1995) also considered low self-esteem as a risk factor for problem behaviors. Their study indicated a significant positive correlation among risk factors and problem behaviors even though they did not specify the unique contribution of low self-esteem.

Using contraception methods is an important way to decrease the risks brought up the risky sexual behaviors. Based on previous studies Leary, Tchividijan and Kraxberger (1999, p.183) stated that in general adolescents do not use condoms or contraception not because of lack of knowledge but because of their "self presentational concerns". Using condoms or communicating about protection with the partner worries adolescents about being seen as a person who is ready to have sex or being perceived by their partners as sexually experienced or having a sexually transmitted disease. So it turns out that those adolescents who are "highly concerned about others' impressions about them are less likely to discuss contraception with their partners before having a sexual intercourse" (Leary et al., 1999, p.184). The study of Inelmen (1996) which was conducted with university students in Turkey also revealed that even though men and women do not differ in terms of self-esteem levels, women put more emphasis on being liked by others and being in a close relationship more than men. Therefore women's self-esteem might be more effected from their relations with other people.

Campbell and Lavallee (1993) propose that even though all individuals are more pleased by positive feedback than negative feedback from the environment, those with low self-esteem feel more threatened by negative feedback and they feel more pleased by positive feedback. It can be inferred that those adolescents who are more susceptible to feedback from the environment are the ones who are also more vulnerable about their impressions on others. Thus, as they are more afraid of getting negative feedback, it becomes more difficult for them to communicate the use of condoms with their partners. So it turns out that those with low self-esteem are more prone to taking risks in their sexual life.

There are also some researchers who oppose the idea that people with low self-esteem are more risk takers. Tice (1993) states that low-self esteem is not just the opposite of high self-esteem. The fact that people with high self-esteem have positive views about themselves, does not mean that people with low self-esteem perceive themselves negatively. Tice (1993, p.41) states that "low self-esteem... is not self-hatred, but rather it is typically a matter of regarding and presenting oneself in a neutral and noncommittal fashion". According to that view, she proposes that people with low self-esteem are not losers but instead they have limited sources of self-esteem and they try to "protect their sense of self-esteem". Thus, they do not put themselves into risky situations fearing that they might loose their sense of self-esteem. On the other hand, those with high self-esteem try to enhance their sense self-esteem, thus it will be easier for them to take risks that might result in the improvement of their self-esteem.

Why is it valuable to study sexual risk taking in Turkish culture?

As socialization is defined as a process by which the child is molded into the culture of his group, it is inevitable to take into account the cultural context where the child is socialized in order to understand what is normal and what is not normal in that culture. For example in cultures like USA where autonomy of the child is more stressed, strict parental control is not considered normal (Kağıtçıbaşı, 1996) whereas in Japan strong parental disciple is a normative way of child rearing. Regarding different normative child rearing systems, how the children or adolescents perceive their parents' behavior may also change. For example in Japan, adolescents whose parents exercise little control on them may feel rejected (Kağıtçıbaşı, 1996). So in order for us to predict the effects of the family system on the risk taking

behaviors of the adolescents we must be familiar with the normative child rearing practices in that culture.

Most of the studies conducted on the issue of sexual risk taking behavior were carried out in Western cultures. Even though not all the Western families fit that stereotype, most of the Western families are composed of "independent relationships" (Kağıtçıbaşı, 1996, p.74). There are clear and "well-defined boundaries" between the members of the family (Fişek, 1991). The ultimate aim of socialization is to raise autonomous children, therefore control of the child is not so much stressed as part of the child rearing practices. In terms of the Turkish family, members are "emotionally interdependent" (Kağıtçıbaşı, 1996). Together with the importance of autonomy, family bonds are also of great value. Aside from being independent, individuals are expected to remain loyal to their families therefore moderate levels of control is emphasized as part of the parenting process (Kağıtçıbaşı, 1996). There is still the effect of parents' authority on children and the children are expected to obey the authority of their parents to show their loyalty to them. In addition to control, there is "a great deal of warmth and affection" between the members of the Turkish family (Sunar, 2002, p.225). As the members of the Turkish family are more related to each other than the members of the Western family, the effects of family on the adolescents' sexual risk taking behaviors are hypothesized to be very effective.

In addition to close family relations, through rapid changes in the Turkish culture, we see a differentiation in the status of the women in the urban cities. There is an increase in the number of women who work and number of girls who go to schools (Sunar & Fişek, 2003). Even though in the rural side of Turkey the subordination of women still remains especially in the area of sexuality, in the urban,

educated class, this subordination is less clearly seen and female sexuality, virginity has started to be openly discussed (Sunar & Fişek, 2003). There are also increased numbers of people who date before decision of marriage. So the issue of adolescent sexuality becoming more important in Western cultures holds partly true for the Turkish culture. In Turkey, one of the few studies about adolescents' sexual behaviors was conducted by Gökengin et al. (2003). The results of their study indicated that premarital sexuality is not seen as frequently in Turkish culture as in Western cultures. Among the university students who participated in their study, 53 % reported not to have a sexual intercourse experience. But most of the participants who are sexually experienced had their sexual debut at ages 15-19, which renders adolescence years important in terms of sexual activity.

Considering more liberal attitudes towards female sexuality and Western types of dating and regarding the importance of the familial bonds, it is valuable to study the effects of family on the sexual risk-taking behaviors of adolescents in the Turkish culture.

Hypotheses

1. Girls from intact families are expected to be less likely to engage in risky sexual behaviors than girls from single or no parent families.

2. Girls who engage in risky sexual behaviors are expected to perceive their parents as being less supportive than girls who do not engage in sexual risk taking behaviors.

3. Girls who perceive their parents to be moderately strict are expected to be less likely to engage in risky sexual behaviors than girls who perceive their parents to be very strict and permissive.

4. Girls whose mothers talk to them more about sexual issues are expected to be more likely to postpone sexual intercourse and use effective methods of contraception than those whose mothers talk less.

5. Girls with higher self-esteem are expected to be less likely to engage in sexual risk taking behaviors than girls with lower self-esteem.

Sexual risk taking behavior will be explored on the following factors:

- experiencing sexual intercourse
- number of sexual partners
- age at debut of sexual intercourse
- frequency of contraception use
- type of contraception used

METHOD

Participants:

The participants of the current study were of 166 Turkish females in their late adolescence. Due to different socialization experiences for the two sexes, it would not be appropriate to consider both sexes as a uniform group, and the fact that sexual risk taking behaviors cause more problems for girls than for boys, only adolescent girls were taken as a sample in this study. The participants were undergraduate students from Istanbul Bilgi University (n=134) and Boğaziçi University (n=32) enrolled in Introduction to Psychology courses. Only those students who were enrolled in Introduction to Psychology courses were selected with the idea that as this was a first year course, students would be generally in their late adolescence years. The age of the participants ranged from 18 to 22 years with a mean of 19.95. Nearly all participants were single (n=165) and only one was married. Other sample characteristics are presented in Table 1.

Table 1

The Frequencies and Percentages of Sample Characteristics (N= 166)

		n	%
Marital Status	Single	165	99 %
	Married	1	1 %
Type of High School	Boarding	7	6 %
	Day	104	64 %
University	Boğaziçi	32	19 %
	Bilgi	134	81 %
Year at the University	1st year	133	80 %
	2nd and 3rd years	27	20 %
Living Arrangement at High School	With both parents	141	85 %
	Other	25	15 %
Current Living Arrangement	Alone	12	7 %
	In dormitory / With friends	46	28 %
	With both parents	85	51 %
	With one parent	13	8 %
	With a relative	9	5 %
Mother's Education	Not educated / Elementary school	25	15 %
	High school	79	48 %
	University / Masters /Doctorate	61	36 %
Father's Education	Not educated / Elementary school	13	8 %
	High school	63	38 %
	University / Masters / Doctorate	89	54 %

Procedure:

Questionnaires were given to groups of 50-70 in classroom settings outside the class hours. Each participant signed a consent form explaining the purposes of the current study and they were ensured about anonymity. All of the participants were given extra course credit for their contribution to the study.

Measures:

Demographic Information Questionnaire:

In this questionnaire, basic demographic characteristics of the participants, such as year of birth, marital status, type of high school they attended, their year at the university, with whom they were living in high school years and at the time of the study were assessed.

In addition to demographic information about the participants, their parents' characteristics, such as their marital status and their education level were also explored. An example of the demographic information questionnaire is displayed in Appendix A.

Sexual Risk Taking Inventory:

This inventory, prepared by the author for this study assessed whether participants engaged in sexual risk taking behaviors or not. Below is the description of the items included in the inventory.

Sexual intercourse:

This variable was measured by the adolescent's answer to the question "Have you ever experienced sexual intercourse?". In addition to pointing out the experience of sexual intercourse, the answers to that question also determined whether the sexual intercourse was a wanted or an unwanted experience.

Since the current study did not examine the sexual experiences of participants (such as petting) other than the sexual intercourse experience, those participants who did not have a sexual intercourse experience will be referred to as "sexually inexperienced" in the current study.

Those who have experienced sexual intercourse were asked four more questions to assess their sexual risk taking behaviors but the ones who did not have a sexual experience skipped those four questions.

1) Number of Sexual Partners:

This variable was assessed by directly asking the number of sexual partners the participant had had in the previous year. The possible range of answers was from 1 to more than 5.

2) Use of Contraceptives:

This variable included both the frequency and the method of contraception the adolescent used and the subject was to answer the questions:

- "If you had experienced sexual intercourse or if you are having a sexual intercourse, how often you and your partner use contraception methods?"
- "The last time you had sexual intercourse, which contraception method did you use?". The possible answers were; none, withdrawal, pills, condom or other.

3) Age at Sexual Debut:

The adolescent was asked "How old were you when you first experienced sexual intercourse?" . The possible range of answers was from less than 11 to more than 18 years of age.

An example of the Sexual Risk Taking Inventory is displayed in Appendix B.

Communication With the Mother About Sexual Issues Inventory:

A short inventory was designed for this study by the author to gather information about sexual communication between mothers and adolescents. It included eight questions that examined the frequency of communication between the mother and the child related to the sexual matter in question. The participants were

asked to rate the extent to which they have talked with their mothers about different sexual issues, such as; menstruation, bodily changes during adolescence, when all the it is ok to have a sexual intercourse, birth control, sexually transmitted diseases, sexual life of the adolescent, sexual life of the mother and the importance of sexuality in a relationship (1= never, 2= once, 3=several times, 4=a lot of times). Score for each question was added and then they were divided by the number of the questions (that is 8) to receive a final communication with the mother about sexual issues score. For the current study the range of scores was from 1 to 3.86, (with a mean of 1.94) higher scores indicating more communication between the mother and the adolescent girl. The percentages of the ratings for each item of the Communication with the Mother about Sexual Issues Inventory are presented in Table 2.

The Alpha Coefficient for Communication with the Mother about Sexual Issues Inventory is indicated as 0.89. An example of the Communication with the Mother about Sexual Issues Inventory is displayed in Appendix C.

Table 2

Percentages of Ratings for Each Item of the Communication with the Mother about Sexual Issues Inventory

	Never	Once	Several Times	A lot of Times
Menstruation	26 %	14 %	36 %	24 %
Bodily changes	21 %	13 %	42 %	24 %
When to have sex. int.	47 %	10 %	28 %	14 %
Birth control	57 %	9 %	24 %	10 %
STDs	54 %	5 %	28 %	13 %
Sexual exp. of the adol.	66 %	7 %	10 %	5 %
Sex. life of the mother	72 %	8 %	16 %	2 %
Importance of sexuality	57 %	8 %	25 %	8 %

McMaster Family Assessment Device:

McMaster Family Assessment Device was used to assess perceived parental control and perceived parental support of the participants. The original McMaster Family Assessment Device was translated and adapted to Turkish by Bulut (1980) to assess the functioning of the family system by getting the information directly from the family members. Family Assessment Device consisted of 7 sub-scales but for the purposes of this study only two sub-scales; the Affective Involvement (7 items) and the Behavior Control (9 items) were used. Affective Involvement sub-scale was used to assess perceived parental support and Behavior Control sub-scale was used to assess perceived parental control. The subjects were asked to judge the degree to which each statement suited their family. The possible answers were; 1=totally agree,

2=agree for the most part, 3= slightly agree, 4= do not agree at all. The Alpha Coefficient for the Affective Involvement subscale for the current study is indicated as 0. 46, and for the Behavior Control subscale is indicated as 0.50. An example of Affective Involvement and Behavior Control sub-scales of Family Assessment Device is displayed in Appendix D.

For parental support, each score was added and then they were divided by the number of questions in the parental support sub-scale (that is 6) to receive a final parental support score, that could range from 1-4, higher scores indicating lower parental support. But for the current study the lowest parental support score is 1,14 and the highest parental support score is 3,71.

For parental control, the scores were categorized into 3 levels as low, moderate and high parental control. For categorization, the scores for parental control sub-scale were added and then divided by the number of questions in the sub-scale, that is 7. Originally the subjects with a score of 1 would be categorized as having high parental control, 2 or 3 as moderate level of parental control and 4 as low level of parental control. However, since there were no cases who received a score of 4, subjects who got a final score of 3 were categorized as having low level of parental control.

Coopersmith Self-Esteem Scale:

To assess the self-esteem level of adolescent girls the Coopersmith Self-Esteem Scale was used (Inelmen, 1996). The original form of the scale that consisted of 58 items was adapted and translated to Turkish by Onur (1981). In the present study a shorter version of this scale was used which was arranged by Sunar (1994). This version consisted of 36 items of the original. The subjects were asked to judge whether each statement suited them or not.

For scoring, the items for which the subject answered as "it suits me" received a score of 1 and for items which the subject answered as " it does not suit me" received a score of 2. Then the items were recoded so that 1 always indicated high self-esteem. Each score was added to find the final self-esteem score that could range from 36 to 72, lower scores indicating higher levels of self-esteem. The Alpha Coefficient for Coopersmith Self-Esteem Scale for the current study is indicated as 0.83. An example of the Self-Esteem Scale is displayed in Appendix E.

RESULTS

In the present study the relationships between perceived parental support, perceived parental control, and communication with the mother about sexual issues, self-esteem and sexual risk taking behaviors have been investigated. The results are discussed by reviewing each hypothesis and the related findings.

Descriptive Statistics on Sexual Risk Taking Behaviors

a) Experience of sexual intercourse

Of the adolescent girls who participated in the current study 26 % (n=43) had a sexual intercourse experience and 74% (n=122) did not have a sexual intercourse experience. The "not experienced" group will be included in the analysis only when the issue concerns examining the effects of parental variables on whether the adolescents have experienced sexual intercourse or not. Chi-Square tests were carried out to compare those adolescents who are sexually experienced and those who are not sexually experienced. No significant differences were found between sexually experienced and sexually inexperienced participants in terms of the type of high school they attended, the university they are attending, their living arrangements at high school and at the time of the study and their mother's and father's education. The results are presented in Table 3.

Table 3

Frequencies and Percentages of Demographic Characteristics of Sexually Experienced and Sexually Not-Experienced Adolescents and Chi-Square Results (N=166)

		Sexual Intercourse Experience		χ^2	p
		Experienced	Not-Experienced		(sig.)
Type of High School	Boarding %	2 7 %	5 6 %	0.009	.924
	Day %	1 93 %	0 94 %		
University	Boğaziçi %	9 21 %	23 19 %	.088	.767
	Bilgi %	34 79 %	99 81 %		
Living Arrangement At High School	With both parents %	35 81 %	105 86 %	.539	.463
	Other %	8 19 %	17 14 %		
Current Living Arrangement	Alone	5 12 %	7 6 %	2.892	.576
	In dormitory / With friends	10 24 %	36 30 %		
	With both parents	23 55 %	61 50 %		
	With one parent	2 5 %	11 9 %		
	With a relative	2 5 %	7 6 %		
Mother's Education	Not educated / Elementary school	5 12 %	20 16 %	1.899	.387
	High school	18 43 %	61 50 %		
	University / Masters / Doctorate	19 45 %	41 34 %		
Father's Education	Not educated / Elementary school	3 7 %	10 8 %	1.578	.454
	High school	13 31 %	50 41%		
	University / Masters / Doctorate	26 62 %	62 51 %		

Since the data were highly skewed (the majority of the adolescents did not have a sexual experience) the sexual risk taking scores were recoded into dichotomies reflecting "risky" behaviors and "not risky" behaviors based on the criteria stated at each sexual risk taking behavior.

b) Age at sexual debut

Since people are legally considered to have responsibility over their behaviors at the age of 18, those adolescents who started to have a sexual experience before the age of 18 were considered as the "risky" group and those adolescents who have a sexual debut at the age of 18 and after was considered as the "not risky" group.

c) Number of sexual partners

Since having multiple sexual partners increase the risk of meeting someone who might have a sexually transmitted disease, therefore increases the probability of catching a STD, during the analysis, those adolescents who had one sexual partner were considered as the "not risky" group and those adolescents who had two or more sexual partners were considered the "risky" group.

c) Use of contraception

- Frequency of contraception use

Since those adolescents who are not using contraception most of the time increase their risk of catching an STD or having an unwanted pregnancy, they can be considered as taking risks. During the analysis, those adolescents who use contraception methods "mostly" and "always" were considered as the "not risky" group and the rest was considered as the "risky" group.

- Type of contraception

Since use of pills and condoms are the most secure ways to prevent sexual transmitted diseases and unwanted pregnancy, they were considered as "not risky"

and the use of withdrawal and not using any type of contraception were considered as "risky".

The descriptive statistics of sexual risk taking behaviors of participants who are sexually experienced are presented in Table 4.

Table 4

The Frequencies and Percentages of Sexual Risk Taking Behaviors (N=43)

		n	%
Age at sexual debut	≥ 18	29	67
	< 18	14	33
Number of Sexual Partners	= 1	25	58
	2 or 3	13	30
	≥ 4	5	12
Frequency of Contraceptive Use	Never	4	9
	Rarely	6	14
	Half and half	4	9
	Most of the time	12	28
	Always	16	37
Type of Contraception	No contraception	6	14
	Withdrawal	10	23
	Pills	1	2
	Condom	25	58

Preliminary Analysis

Pearson Product-Moment correlations between the familial variables were examined. The results indicated that parental control, parental support and communication with the mother about sexual issues are significantly correlated with each other. The correlations are presented in Table 5.

Table 5
Intercorrelations among Parental Control, Parental Support and Communication with the Mother About Sexual Issues

		Parental Control	Parental Support	Communication
Parental Control	r	1		
	N	155		
Parental Support	r	.235**	1	
	N	154	164	
Communication	r	-.181*	-.204**	1
	N	155	164	166

* p<.05
** p<.01

The results indicated that parental support scores are positively correlated with parental control scores. Communication with the mother about sexual issues scores were found to be negatively correlated with parental support and parental control scores because higher scores on the communication with the mother about sexual issues inventory indicate greater communication whereas higher scores on both parental support and parental control scales indicate lower support and lower control.

In addition to parental variables, the relations between sexual risk taking behaviors were examined by using Chi Square tests. The results revealed significant relations between number of sexual partners and age at first sexual intercourse [χ^2=9.952, df=1, p< .05], that is those adolescent girls who initiate sexual intercourse earlier than the age of 18 are more likely to have multiple sexual partners than girls who initiate sexual intercourse at or after the age of 18. Significant relations were also found between the frequency of contraception use and the type of contraception used by the adolescent girls, [χ^2=15.200, df=1, p< .05], meaning that adolescent girls who are using safe methods of contraception are likely to use contraception more frequently than girls who are using unsafe methods of contraception. The results failed to find a relation between age at first sexual intercourse and type or frequency of contraception use [χ^2 .283, df 1, p · .05], [χ^2 2.876, df 1, p · .05] and number of sexual partners and frequency or type or contraception use [χ^2=1.413, df=1, p> .05], [χ^2=1.504, df=1, p> .05]. The results of Chi Square analysis for significant findings are presented in Table 6 and Table 7.

Table 6

Frequency Distribution of Number of Sexual Partners with respect to Age at First Sexual Intercourse

		Age at first sexual intercourse		χ^2	p (sig)
		Risky (<18)	Not risky (≥18)		
Number of sexual partners	Risky (=1)	11	8	9.952*	.002
	%	79 %	28 %		
	Not risky (≥ 2)	3	21		
	%	21 %	72 %		
Total		14	29		
	%	100 %	100 %		

* p< .01

Table 7

Frequency Distribution of Frequency of Contraceptive Use with respect to Type of Contraception Used

		Type of Contraception		χ^2	p (sig)
		Risky	Not risky		
Frequency of Contraceptive Use	Risky	11	3	15.200*	.000
	%	69 %	11 %		
	Not risky	5	24		
	%	31 %	89 %		
Total		16	27		
	%	100 %	100 %		

*p< .001

Hypotheses and Related Findings

Hypothesis 1

Girls from intact families are less likely to engage in sexual risk taking behaviors than girls from non-intact families.

As it is hard to reach an agreement in terms of whether the families where both parents are present but not married are intact or non-intact, adolescents in that condition (1%) were removed from the data while examining the effects of family structure. The frequency distribution of parents' marital status is displayed in Table 8.

Table 8

Frequency Distribution of Parents' Marital Status (N=166)

		n	%
Parents' Marital Status	Married	140	84 %
	Living together but not married	2	1 %
	Living apart or Divorced	16	10 %
	One parent died	8	5 %

Chi-Square analysis were conducted to test the hypothesis and the results indicated no significant differences between adolescents from intact and non-intact families in terms of having had sexual intercourse [χ^2=.701, df=1, p> .05], age at first sexual intercourse [χ^2 = .109, df=1, p> .05], the number of sexual partners [χ^2 = .135, df=1, p> .05], the frequency of contraception use [χ^2=1.362, df=1, p>.05] and the type of contraception methods used [χ^2= .688, df=1, p>.05]. The results of the Chi-Square Analysis are presented in Table 9.

Table 9

The Frequency Distribution of Sexual Intercourse Experience and Sexual Risk Taking Behaviors with Respect to Parents' Marital Status and Chi-Square Results

		Parents' Marital Status		χ^2	p (sig.)
		intact	non-intact		
Sexual Intercourse (n= 166)	exp.	35	8	.701	.403
	%	25 %	33 %		
	not-exp	104	16		
	%	75 %	67 %		
Age at First Sexual Intercourse (n=43)	age < 18	11	3	.109	.741
	%	31 %	37 %		
	age ≥ 18	24	5		
	%	69 %	63 %		
Number of Sexual Partners (n=43)	n ≥ 2	20	4	.135	.714
	%	57 %	50 %		
	n =1	15	4		
	%	43 %	50 %		
Frequency of Contraception Use (n=43)	less than most of the time	10	4	1.362	.243
	%	29 %	50 %		
	most of the time / always	25	4		
	%	71 %	50 %		
Type of Contraception (n=43)	none / withdrawal	12	4	.688	.407
	%	34 %	50 %		
	pills / condom	23	4		
	%	66 %	50 %		

Hypothesis 2

Girls who rated their parents as more supportive will engage in less risky sexual behaviors than girls who rated their parents as less supportive.

Affective Involvement sub-scale of the McMaster Family Assessment Device provided information about perceived parental support of the participants. Parental support scores ranged from 1.14 to 3.71 (with a mean of 1.81 and a standard deviation of .35), higher scores indicating lower perceived parental support.

Independent-samples t-tests were conducted to test the hypothesis and the results indicated no significant differences between the parental support scores of adolescents who did and who did not have a sexual experience [$t(161)=1.170$, $p> .05$, two-tailed], who engaged in sexual intercourse before the age of 18 and at or after the age of 18, [$t(41)= .550$, $p> .05$, two-tailed], who had 2 or more partners and who had 1 sexual partner [$t(41)= -.388$, $p>.05$, two-tailed], who used contraception most of the time or always and girls who used contraception less than most of the time [$t(41)= 1.316$, $p>.05$, two-tailed] and who used more secure methods of contraception (condom, pills) and girls who used less secure methods of contraception (no contraception and withdrawal), [$t (41)= 1.246$, $p>.05$, two-tailed]. The means of parental support scores and t-test results for two groups (risk-takers and not risk-takers) are presented in Table 10.

Table 10

The Means of Parental Support Scores and t-test Results with respect to Sexual Risk Taking Behaviors

		N	parental support		t	p (sig.)
			Mean	SD		
sexual experience	experienced	43	1.86	.31	1. 170	.244
	not experienced	120	1.79	.37		
age at first sexual intercourse	age < 18	14	1.90	.28	.550	.585
	age ≥ 18	29	1.85	.33		
number of sexual partners	# of partners = 1	24	1.89	.33	-.388	.700
	# of partners ≥ 2	19	1.85	.30		
frequency of contraception use	less than most of the time	14	1.96	.31	1.316	.195
	most of the time or always	29	1.83	.31		
type of contraception used	no contraception or withdrawal	16	1.95	.36	1.246	.220
	condom or pills	27	1.83	.27		

Hypothesis 3

Girls who perceive their parents to be moderately strict will be less likely to engage in sexual risk taking behaviors than girls who perceive their parents to be very strict or not strict at all.

Behavior Control sub-scale of the McMaster Family Assessment Device provided information about perceived parental control of the participants. The frequency distributions of perceived parental control levels are presented in Table 11.

Table 11

Frequency Distribution of Parental Control Levels (N=166)

		n	%	Minimum	Maximum	Mean	St. Dev.
Parental Control Levels	High	27	16 %	1.00	1.44	1.34	.13
	Moderate	118	71 %	1.56	2.44	1.89	.26
	Low	9	5 %	2.56	3.22	2.78	.25

Chi-Square analysis were conducted to examine the differences between adolescent females who are coming from very strict, moderately strict and permissive families in terms of experiencing sexual intercourse. The results indicated that family control did not have an effect on the sexual experience of adolescent girls, [χ^2= 2.854, df=2, p> .05], on the age of the adolescents at their sexual debut [χ^2=1.00, df=2, p> .05], on the number of their sexual partners they had [χ^2=0.643, df=2, p> .05] and on the frequency of their contraception use [χ^2=2.815, df=2, p> .05]. However, Chi-square analysis indicated that there were significant differences between girls from high, moderate and low controlling families in terms of the type

of contraception use, [χ^2= 6.192, df=2, p< .05]. By examining the frequency distribution it is clear that girls who perceived their parents as highly controlling are more likely to use less secure types of contraception than girls who perceive their parents as moderately or less controlling. The frequency distribution of sexual risk taking behaviors according to level of parents' control and Chi-Square results presented in Table 12.

Table 12

The Frequency Distribution of Sexual Risk Taking Behaviors According to the Level of Parental Control and Chi-Square Results

		Parental Control			χ^2	p(sig.)
		high	moderate	low		
Sexual Intercourse (n=166)	exp.	9	27	4	2.854	.240
	%	33 %	23 %	44 %		
	not-exp	18	90	5		
	%	67 %	77 %	56 %		
Age at First Sexual Intercourse (n=43)	age < 18	2	9	2	1.000	.606
	%	22 %	33 %	50 %		
	age ≥ 18	7	18	2		
	%	78 %	67 %	50 %		
Number of Sexual Partners (n=43)	n = 1	4	16	2	0.643	.725
	%	44 %	59 %	50 %		
	n ≥ 2	5	11	2		
	%	56 %	41 %	50 %		
Frequency of Contraception Use (n=43)	less than most of the time	5	7	1	2.815	.245
	%	56 %	26 %	25 %		
	most of the time/always	4	20	3		
	%	44 %	74 %	75 %		
Type of Contraception (n=43)	none / withdrawal	6	6	1	6.192 *	.045
	%	67 %	22 %	25 %		
	pills / condom	3	21	3		
	%	33 %	78 %	75 %		

Note: * p< .05

Hypothesis 4

Girls whose mothers talk to them more about sexual issues are less likely to engage in sexual risk taking behaviors than girls whose mothers talk to them less about sexual issues.

Communication with the Mother About Sexual Issues Inventory provided information about the frequency of communication about sexual issues between the adolescent and her mother. The communication with the mother about sexual issues scores ranged from 1.00 to 3.86 (with a mean of 1.93 and a standard deviation of .79), higher scores indicating greater communication with the mother about sexual issues.

In order to test hypothesis 4 independent-samples t-tests were conducted and the results indicated no significant differences between the reported frequency of sexual communication between the adolescent and her mother of those adolescents who had a sexual intercourse and those who did not [$t(163)=.398$, $p> .05$, two-tailed], those who had their debut of sexual intercourse before the age of 18 and at or after the age of 18 [$t(41)=1.228$, $p> .05$, two-tailed], those who had one sexual partner and two or more sexual partners [$t(41)=.835$, $p> .05$, two-tailed], those who use contraception less than most of the time and girls who use contraception most of the time or always [$t(40)=1.350$, $p> .05$, two-tailed], those who used secure and non-secure types of contraception, [$t(40)=.362$, $p>.05$, two-tailed]. The means of communication with the mother about sexual issues scores and t-test results are presented separately for groups who are sexual risk-takers and who are not sexual risk-takers in Table 13.

Table 13

Means of Communication with the Mother About Sexual Issues Scores and t-test results with Respect to Sexual Risk Taking Behaviors

		N	Communication with the Mother		t	p (sig.)
			Mean	SD		
sexual experience	experienced	43	1.89	.79	-.398	.691
	not experienced	122	1.95	.80		
age at first sexual intercourse	age < 18	14	2.12	.83	1.228	.226
	age ≥ 18	29	1.80	.78		
number of sexual partners	# of partners = 1	24	1.82	.77	.835	.409
	# of partners ≥ 2	19	2.02	.84		
frequency of contraception use	less than most of the time	14	2.14	.83	1.350	.184
	most of the time or always	28	1.79	.77		
type of contraception used	no contraception or withdrawal	16	1.96	.75	.362	.719
	condom or pills	27	1.87	.84		

Cumulative risky behavior:

Since the adolescents used in this sample had low rates of risky behaviors and since the studied variables did not yield significant differences between the studied groups, the dependent variables were combined to examine the cumulative risk effect.

In order to be able to test the effects of familial variables on the cumulative risky sexual behaviors of adolescent girls a cumulative risk score was computed. For each risky sexual behavior, subjects who did not have a sexual experience received a

score of 0, those who behaved in a non-risky manner related to the behavior in question got a score of 1, and those who behaved in a risky way related to the sexual matter received a score of 2. For each subject, the scores for each sexual behavior were added to get a total risk score. Those who are inexperienced received a score of 0 since they did not engage in any sexual behaviors and for the rest of the sample the total risk score ranged from 4 to 8; 4 indicating no risky sexual behaviors, 8 indicating risky sexual behaviors in all of the items. Then the scores from 4 to 8 were recoded such that for sexually experienced subjects 1 indicated no risky sexual behavior and 5 indicated risky sexual behavior in all items.

The frequency distribution of total risk scores are presented in Table 14.

Table 14

The frequency distribution of cumulative risk scores

		Frequency	Percent
Total risk score	0	122	73.5
	1	15	9.0
	2	9	5.4
	3	9	5.4
	4	8	4.8
	5	2	1.2

Because the majority of the sample did not engage in sexual intercourse, there is a skewed distribution which made it necessary to group the scores in a way that those who did not engage in any sexual risk behaviors (those who received a score of

1) were grouped as "not risky" and the others who behaved in a risky way at least for one of the items (those who received a score of 2, 3, 4 or 5) were grouped as "risky". The results turned out that of the sexually experienced participants 65 % (n=28) engaged in risky sexual behaviors, whereas 35 % (n=15) did not engage any risky sexual behaviors.

To examine how cumulative risk scores differed with respect to parental variables, Chi- Square analysis (for categorical variables) and independent samples t-tests (for continuous variables) were carried out. The results turned out to be non-significant indicating there are no differences between parental support, parental control and communication with the mother about sexual issues scores of adolescents who took risks and who did not take risks in their sexual experiences. The frequencies of cumulative risky behaviors with respect to parents' marital status is presented in Table 15.

Table 15

Distribution of Cumulative Risky Behaviors With Respect to Parents' Marital Status

		Cumulative risk		χ^2	p (sig.)
		risky	not risky		
Parent's marital status	Intact %	22 79 %	13 87 %	.423	.516
	Not-intact %	6 22 %	2 13 %		

The means, standard deviations of parental support scores of risky and not-risky groups in terms of the cumulative risk scores and t-test results are presented in

Table 16.

Table 16

Means, Standard Deviations of Parental Support Scores of Cumulative Risky and Not-Risky Groups and T-Test Results

		Cumulative Risk		t	p (sig.)
		Risky	Not Risky		
Parental Support	Mean	1.90	.30	-.644	.523
	Std. Deviation	1.83	.33		
N		28	15		

The frequencies and percentages of cumulative risky and not-risky groups with respect to their perceived parental control levels and Chi-Square results are presented in Table 17.

Table 17

Frequencies and Percentages of Cumulative Risky and Not-Risky Groups With Respect to Their Perceived Parental Control Levels and Chi-Square Results

		Cumulative risk		χ^2	p (sig.)
		risky	not risky		
Parental Control	Low	7	2	1.284	.526
	%	28 %	13 %		
	Moderate	16	11		
	%	64 %	73 %		
	High	2	2		
	%	8 %	13 %		

The means, standard deviations of communication with the mother about sexual issues scores of risky and not-risky groups in terms of the cumulative risk scores and t-test results are presented in Table 18.

Table 18

Means, Standard Deviations of Communication with the Mother About Sexual Issues Scores of Cumulative Risky and Not-Risky Groups and T-Test Results

		Cumulative Risk		t	p (sig.)
		Risky	Not Risky		
Communication with the Mother	Mean	2.00	1.73	-1.040	.304
	Std. Deviation	.80	.79		
N		28	15		

To be able to further test if there were differences between the cumulative risk scores as a function of the level of perceived parental control levels, one way analysis of variance (ANOVA) was applied. The results yielded no significant differences in the cumulative risk scores of participants who perceived their parents as having low, moderate or high levels of control ($F = (2, 40) = 1.130$, $p>.05$).

Hypothesis 5

Girls with high self-esteem are less likely to engage in sexual risk taking behaviors than girls with low self-esteem

Shorter version of Coopersmith Self-Esteem Scale provided information about self-esteem levels of the participants. The self-esteem scores of the participants

ranged from 37 to 65 (with a mean of 44.74 and a standard deviation of 5.508), higher scores indicating lower levels of self-esteem.

Independent-samples t-tests were carried out to test the hypothesis and the results indicated that girls who were sexually experienced had lower levels of self-esteem than girls who were sexually inexperienced [$t(148)=2.090$, $p<.05$, two-tailed]. However, no significant differences were found between the self-esteem levels of participants who had their first sexual intercourse experience before the age of 18 and at or after the age of 18 [$t(35)=.241$, $p>.05$, two-tailed], who had one sexual partner and who had two or more sexual partners [$t(35)=1.039$, $p>.05$, two-tailed], who use contraception less than most of the time and girls who use contraception most of the time or always [$t(35)=-1.189$, $p>.05$, two-tailed], who use secure methods of contraception (like pills or condom) and who use insecure methods (like withdrawal) or who do not use contraception at all [$t(35)=-.225$, $p>.05$, two-tailed]. The means, standard deviations of self-esteem scores of the participants with respect to their sexual risk taking behaviors and t-test results are presented in Table 19.

Table 19

Means, Standard Deviations of Self-Esteem Scores with Respect to Sexual Risk Taking Behaviors and T-Test Results

		N	Self-Esteem		t	p (sig.)
			Mean	SD		
sexual intercourse	experienced	37	46.30	6.32	2.090*	0.038
	not experienced	113	44.15	5.10		
age at first sexual intercourse	age < 18	12	46.75	5.05	.242	.810
	age ≥ 18	25	46.20	7.03		
number of sexual partners	# of partners = 1	21	45.19	5.79	1.039	.199
	# of partners ≥ 2	16	47.94	6.98		
frequency of contraception use	less than most of the time	13	44.69	4.64	-1.189	.243
	most of the time or always	24	47.29	7.08		
type of contraception	no contraception or withdrawal	14	46.07	6.93	-.225	.823
	condom or pills	23	46.57	6.19		

* p< .05

In order to examine if there were differences in the cumulative risk scores of subjects with respect to self-esteem scores, an independent-samples t-test was carried out. The results indicated no differences between the self-esteem scores of those who take risks and those who don't (t(35)=-.468, p>05, two-tailed]. The means, standard deviations of self-esteem scores of risky and not-risky groups in terms of the cumulative risk scores and t-test results are presented in Table 20.

Table 20

Means, Standard Deviations of Self-Esteem Scores of Cumulative Risky and Not-Risky Groups and T-Test Results

		Cumulative Risk		t	p (sig.)
		Risky	Not Risky		
Self-Esteem	Mean	46.89	45.89	-.468	.643
	Std. Deviation	6.57	6.35		
N		18	19		

DISCUSSION

The purpose of the current study was to investigate the effects of familial variables and self-esteem on the sexual risk taking behaviors of Turkish late adolescent girls. Sexual risk taking variables were conceptualized as having sexual intercourse, having sexual intercourse before the age of 18, not using contraception regularly and using unsafe contraception methods like withdrawal.

Demographic Variables

In the present study, the majority of the participants (74%) reported that they did not have a sexual intercourse experience. A high rate of being sexually inexperienced among late adolescent girls in Turkey is also seen in the study of Gökengin et al. (2003). 81 % percent of the female participants in their study also reported not having had a sexual intercourse experience. In the current study, results revealed no significant differences between sexually experienced girls and sexually inexperienced girls in terms of the type of high school they attended, the university they were attending, with whom they were living in high school and at the time of the study and, the education of their mother and their father. Part of this finding is contradictory to previous studies which indicated a relationship between parents' education and sexual experience of adolescents. For example the study of Casper (1990) indicated that adolescents whose mothers are more educated are less likely to initiate sexual intercourse. The studies reviewed by Miller et al. (2002) have also pointed out that adolescents whose parents had higher education and income were more likely to postpone sexual intercourse and to use contraception.

Sexual Risk Taking Behaviors

In the current study, sexual risk taking behaviors were defined as the age at sexual intercourse (before and at or after the age of 18), the number of sexual partners (one or more), type of contraception methods used (safe or unsafe) and the frequency of contraceptive use (always or mostly and not regularly). The frequencies indicated that most of the adolescents (67%) initiate sexual intercourse at or after the age of 18, had one sexual partner (58 %), use safe contraception methods (60%) and use them regularly (65 %). When the risk behaviors are combined to see the cumulative sexual risk behaviors of adolescents, it turned out that of the sexually experienced adolescents 35 % percent are not taking sexual risks and 5% are taking all sexual risks; that is they initiate sexual intercourse earlier than the age of 18, have multiple sexual partners, do not use safe methods of contraception regularly. The study of Gökengin et al. (2003) which was conducted with university students in one of the big cities of Turkey revealed similar rates of risk taking behaviors with the current study. Their results pointed out that the majority of the female university students (68%) had their sexual debut at ages 15-19 (they did not specifically give the percentages of those who initiate their sexual debuts before or after the age of 18), 21 % of the female participants never used condom and 40 % used it only sometimes.

The participants of the current study are less likely to take risks in terms of contraception use than the participants of the study of Koç and Ünalan (2000) which was conducted nation-wide in Turkey. The results of their study indicated that the majority of adolescent girls (age 15-19) are aware of modern contraceptive methods but most of them (nearly two-thirds) do not use any contraception method and half of

those who are using contraception choose to use traditional methods (traditional methods were not specified in the study). But they also pointed out that despite the low frequency of contraceptive use, the percentage of induced abortions was 6 % in 1998. The fact that the participants of the current study are university students who are living in Istanbul, they might have more chance to reach contraceptive methods. The results of Koç & Ünalan (2000) also support this idea in the sense that women who are more educated or women who live in the west of Turkey are less likely to give birth during adolescence years.

The rates of contraceptive methods in other developing countries are also lower than the rates of the current study. The study of Blanc and Way (1998) indicated that the percentages of using contraceptives among adolescent girls (both married and unmarried) range from 2% to 23 in Sub-Saharan African countries, 1% to 34% in Asian countries, 5 % to 24 % in Near Eastern countries and 3 % to 11 % in Latin American countries. They also indicated that among all adolescent girls aged 15 to 19, the percentage of those who are using any kind of contraception method is 23% in Turkey, but no data is available for Turkey in terms of the rates of using modern contraceptive methods (like condoms or pills).

Interrelations Among Variables Regarding Sexual Risk Taking Behaviors

The results of the current study indicated that adolescent girls who initiate sexual intercourse earlier than the age of 18, are more likely to have multiple sexual partners than girls who initiate sexual intercourse at or later than the age of 18. In addition to that, those adolescent girls who use unsafe methods of contraception are found to be less likely to use contraceptive methods regularly. These findings are in agreement with the previous literature which suggests correlations between sexual

risk taking behaviors. For example, the study of Luster & Small (1994) indicated that adolescents who had multiple sexual partners are less likely to use contraception. Graber, Britto and Brooks-Gunn (1999) also reported that girls who have their sexual debuts at earlier ages are more likely to have multiple sexual partners than those who have their sexual debut at later ages.

Lower rates of risk taking behaviors might be related to perceived parental styles of the participants. When the perceived parental support and perceived parental control scores are examined together, it turns out that participants rated their parents as moderately controlling and highly supportive. This type of parenting is known as authoritative parenting and it is usually associated with healthy child and youth development. Authoritative parents usually approve their child's autonomy, and treat their child as an individual with his/her own life. At the same time, they also structure their child's behaviors by establishing rules in a democratic environment and expecting the child to obey those rules (Gray & Steinberg, 1999) As stated by Brooks-Gunn and Furstenberg (1989) authoritative parenting styles have positive effects on the social cognitive abilities of the adolescents in the sense that they develop as people with stronger egos who are more autonomous who are more able to make their decisions more effectively by considering possible different perspectives. Thus they are more able to delay the debut of their sexual intercourse and use contraception more efficiently. Since the participants of the current study have rated their parents as highly supportive and moderately controlling, they might be coming from authoritative families which might have resulted in postponement of their sexual experiences.

Familial Variables

In terms of familial variables, this study investigated the effects of family structure, perceived parental control, perceived parental support and communication with the mother about sexual issues in particular. Preliminary analyses indicated significant relations between parental variables, in the sense that girls who perceive their parents as highly supportive also perceive their parents as controlling and they report high levels of communication about sexual issues with their mothers. Girls who perceive their parents as highly controlling also report high levels of communication about sexual issues with their mothers. These correlations are compatible with previous research. For example, the study of Rogers (1999) indicated a significant interaction between parental support and communication about sexual issues between the parent and the child.

The results in general indicated no differences in terms of the familial variables of sexual risk takers and sexual non-risk takers. The only significant difference was found between the perceived parental control levels of those adolescent girls who are using safe methods of contraception and those who are using unsafe methods of contraception. The results pointed out that adolescent girls who perceive their parents as highly controlling are more likely to use unsafe methods of contraception than girls who perceive their parents as moderately or less controlling.

Examining the possible reasons of failing to find significant differences between the familial variables of sexual risk takers and sexual non risk takers, the low percentage of sexually experienced participants seems to be the major factor. Most of the adolescents who participated in the study reported not having

experienced sexual intercourse and the sample size got even smaller when we further divided the sexually experienced group into risky and not risky groups. Social desirability might have played a role on this finding. Since in Turkish society, the sexuality of women has traditionally been under the control of men and the sexual life of women tends to be perceived as an expression of honor of the family, premarital sexuality is still considered as something illegitimate for girls and as a loss of honor in Turkish society (Sunar & Fisek, 2003). The study of Gökengin et al. (2003) revealed significant differences between males and females in terms of experiencing sexual intercourse, that is females reported having sexual intercourse much less than males in their study and they connect this also to the value put on the virginity of females in Turkish society. Therefore, even though the subjects in the current study were assured of anonymity, they might have resisted declaring their sexual experiences.

Family Structure

In terms of family structure, contrary to the expectations, participants from intact and non-intact families did not differ in terms of experiencing sexual intercourse and in terms of sexual risk taking behaviors. Among the possible reasons of failing to find a difference, the characteristics of the sample may be important. The majority of the adolescent girls (84%) come from intact families which made it hard to detect the differences between two groups; sexual risk takers and sexual not risk-takers. In the literature, the study of Young and Jenson (1991) indicated that adolescent girls from intact families are less likely to have experienced sexual intercourse than girls from non-intact families but when the issue is about the frequency of sexual intercourse the family structure did not have any effect. This

might suggest that in the current study since most of the adolescents came from intact families and since most of the adolescents did not have a sexual intercourse experience, family structure might have had a delaying effect on the sexual intercourse experience of the adolescent girls but did not differentiate those who take risks and who do not take risks sexually. But even though the results did not give support for the effects of family structure on other risk taking behaviors, it might have been missed due to limited sample size. Sokol-Katz & Dunham (1997) indicated that the effect of family structure on the risk taking behaviors is indirect, rather than direct. Their results pointed out that the structure of the family has an effect on deviant behavior only through affecting family attachment. They suggest that even though intact families are able to provide better control and support for the children, non-intact families that can provide adequate control and support can prevent the child from engaging in deviant behaviors. Since the majority of the participants of the current study rated their parents as highly supportive and controlling, family structure might have played no significant effect on the sexual risk taking behaviors of adolescent girls.

Perceived Parental Support

In terms of perceived parental support, no differences were found between sexually experienced and sexually inexperienced adolescents, and sexually risk taking adolescents and not risk taking ones. Parental support scores could have ranged from 1-4, higher scores indicating lower parental support. When we take 2 as the mid-point, it appeared that 82% of the subjects had scores that were equal to or lower than 2, that is the majority of the subjects reported perceiving their parents as highly supportive. This skewed distribution also made it harder to detect possible

relations between adolescents' perception of their parents' support levels and their sexual risk taking behaviors. The result that subjects reported their parents as highly supportive might be related to social desirability effect as well as cultural effects. Sunar (2002) based on the studies she has conducted with urban middle class families, indicated that there is a warmth based relationship between the members of the Turkish family where the mother is highly involved, and the parents value and support their child's effort. Sunar & Fisek (2003) also point out that interdependence and intimacy between the family members of Turkish society is much more than those in Western cultures. Therefore participants in the current study might be perceiving their parents as highly supportive which might be a reflection of the Turkish family system.

This result partially contradicts with the literature. For example, even though the results of the study of Calhoun and Friel (2001) indicated that adolescent girls who have higher quality relations with their mothers are less likely to initiate sexual intercourse earlier than those girls who have lower quality relations with their mothers, they could not find the effect of the quality of mother-adolescent interaction on the number of sexual partners of adolescents similar to the current study.

Perceived Parental Control

Perceived parental control level seems to be effective only on the type of contraception the adolescent girls used. The finding that parental control did not differ among other sexual risk taking behaviors might be due to the fact that none of the subjects reported perceiving their parents as having low levels of control. Therefore scores that were initially considered to indicate moderate levels of control were taken as low levels of control which probably lessened the differences between

control levels and made it harder to detect the differences. The finding that none of the subjects reported perceiving their parents as having low levels of control might be related to child raising patterns in Turkey. Sunar & Fisek (2003) reported that in the traditional Turkish family, parents expect obedience from their children and children are expected to obey the rules of their parents, especially that of their fathers'. Even though the general child raising pattern of the traditional Turkish family is based on control, "younger people tend to favor a more individualistic, independent and egalitarian approach to family life" (Fisek, 1982, p.297). Due to those different approaches between two generations, it might be possible that adolescents perceive their parents as more controlling when compared to their own values.

The finding that sexually risk taking adolescents and sexually not risk taking adolescents did not differ in terms of perceived parental control might be due to the specific scale used. The items in the scale measure the amount of behavior control in general, but they do not measure the amount of control related to the specific issues, such as the amount of control on the choice of the adolescent's friends, the hours the adolescent can spend outside the home, or whether he/she should inform his/her parents about where and with whom he/she is going. Therefore, a different scale that specifically focuses on parental control over such matters might be able to detect the differences.

There are also other studies in the literature that indicated no relationship between parental control levels and sexual experiences of adolescents. For example, the study of Inazu & Fox (1980) revealed that mothers' monitoring activities were not related to adolescents' sexual intercourse experiences. The study of Perkins, Luster, Villaruel and Small (1998) also indicated that presence of a parent in the

home is significantly correlated with sexual intercourse experience of the adolescent but no such relation exists for parental monitoring.

The finding that girls who perceive their parents as moderately controlling are more likely to use safe methods of contraception than those who perceive their parents as highly controlling or permissive, is in accordance with the literature. Research usually indicates that girls from moderately controlling families are less likely to take sexual risks (Luster & Small, 1994). Therefore it is not surprising that they choose safer methods of contraception as a way of getting away from risky situations.

When the perceived parental support and perceived parental control scores are examined together, it turns out that the majority of the participants rated their parents as moderately controlling and moderately to highly supportive. This type of parenting is known as authoritative parenting and it is usually associated with healthy child and youth development. Authoritative parents usually approve of their child's autonomy, and treat their child as an individual with his/her own life. At the same time, they also structure their child's behaviors by establishing rules in a democratic environment and expecting the child to obey those rules (Gray & Steinberg, 1999) As stated by Brooks-Gunn and Furstenberg (1989) authoritative parenting styles have positive effects on the social cognitive abilities of the adolescents in the sense that they develop as people with stronger egos who are more autonomous who are more able to make their decisions more effectively by considering possible different perspectives. Thus they are more able to delay the debut of their sexual intercourse and use contraception more efficiently. Since the participants of the current study have rated their parents a highly supportive and moderately controlling, they might

be coming from authoritative families which resulted in the postponement of their sexual experiences.

Communication with the Mother About Sexual Issues

In terms of communication with the mother about sexual issues, no differences were found between those adolescents who are sexually experienced and who are sexually inexperienced and those who take risks sexually and those who do not take risks sexually. In the literature, the effects of communication about sexual issues on the sexual risk taking behaviors yielded contradictory results; some studies supported the protective effect of communication whereas others indicated that as parents talk more about sex to their adolescents, they are more likely to initiate sexuality earlier. For example, the study of Casper (1990) indicated that adolescents whose parents talk to them more about birth control are more likely to use contraceptives whereas, the study of Calhoun & Friel (2001) reported that adolescent girls are more likely to initiate sexual intercourse earlier if their mothers talk to them more about sex. But the current study failed to find any effect of mother-adolescent girl communication about sexual issues and sexual risk taking behaviors. This finding might be explained by the low percentage of girls who are sexually experienced and the low percentage of those who are taking risks sexually. When the overall sexual risk taking scores are examined it turns out that of 26% of the participants have a sexual intercourse experience, 9% are sexually experienced but do not take risks sexually (initiate sexuality at or later than the age of 18, have one sexual partner, use safe contraception methods regularly). Therefore there is a skewed distribution towards not taking sexual risks which might have made it

difficult to find the effects of mother-adolescent communication about sexual issues on the sexual risk taking behaviors of adolescent girls.

When the scores of the questions in the communication with the mother about sexual issues scale are examined separately, it turns out that adolescents talk with their mothers mostly about changes taking place in their bodies in the adolescence period. But the issues that are less communicated are sexual experiences of the adolescents, birth control and the sexual experiences of the mothers. For example, 57% of the participants reported that they have never talked about birth control with their mothers, or 54% reported that they have never talked about sexually transmitted diseases with their mothers. So it can be said that behaviors that are more related to sexual experiences are less communicated between mothers and adolescent girls which might have lessened the effect of communication on the sexual risk taking behaviors of adolescent girls.

Self-Esteem

In terms of self-esteem, the results pointed out that girls who are sexually experienced are more likely to have lower levels of self-esteem than girls who are not sexually experienced. But adolescent girls who are taking sexual risks did not differ in terms of self-esteem levels from those who are not taking risks sexually. Schwalbe (1991) stated that the sources of self-esteem usually arise from how we think other people perceive us. Other people's comments about approving or disapproving of our behaviors, our beliefs about whether our behaviors reflect moral worth in the eyes of other people constitute the sources of our self-esteem. What is morally right, which behaviors are approved in a society is usually shared by the members of the community and transmitted through generations with some changes

through years. Throughout the socialization process, we learn what is expected from us, how we should behave morally and which behaviors get approval or disapproval form other people.

In Turkey, the traditional values about women's sexuality usually point to the "restriction of female behavior" (Sunar & Fisek, 2003). Sexuality before marriage is not approved for women and women's sexuality is under the control of a male: under the control of the father before marriage and under the control of the husband after marriage (Sunar & Fişek, 2003). In the urban side of Turkey, the traditional values do not fade away fully but we see some changes. Women's sexuality and virginity can be discussed more openly, sexuality before marriage is perceived as slightly more acceptable (Sunar & Fişek, 2003). Despite those changes sexuality before marriage, especially in adolescence is still not approved by most of the adults. Based on this value system in Turkey, those adolescent girls who are sexually experienced may still feel disapproved and may take negative reactions from other people, which might have a negative effect on their self-esteem level. The results of the longitudinal study of Spencer, Zimmet, Aalsma and Orr (2002) also seem to correspond with this. The results of their study indicated that boys with high self-esteem are more likely to initiate sexual intercourse than boys with low self-esteem whereas girls with high self-esteem are less likely to initiate sexual intercourse than girls with low self-esteem. Since sexuality is constructed in society as something to be proud of for boys but something to be ashamed of for girls, self-esteem appears as a protective factor for girls in terms of earlier sexual experience.

Chassin and Stager (1984) reveled that for people to get affected by the appraisals of society, first they should be aware of those negative appraisals, and secondly they themselves should also hold negative evaluations for their behaviors.

In addition to these one's self-esteem is more affected from others' appraisals if he/she puts more value and emphasis on other people's opinions. By stating these they point out to the importance of "self-labeling" in explaining the effects of social labeling on self-esteem. The study of Miller, Christen & Olson (1987) also revealed that for sexually experienced adolescents those who believe that sexual intercourse is right, self-esteem is positively correlated with sexual experience but negatively related for those who believe that it is wrong. By looking at the findings we might suggest that the sexually experienced participants of the current study may also perceive their sexual experience as not approved and they might not be approving their behavior either, which might have lowered their self-esteem.

Limitations of the Study

First of all, the present study was conducted with university students and since the majority of the sample is composed of Istanbul Bilgi University students, it can be assumed that the majority of the sample are from high SES families. Therefore, the results cannot be generalized to all the adolescent girls in Turkey. Secondly, there can be problems with underreporting, especially for the sexual intercourse experiences of the participants. As discussed before, due to several cultural reasons, participants might not be willing to declare their sexual experiences. In relation to that, since the data was completely based on self-report measures, the confidence in the results of the study might be limited. Lastly, the scales used for perceived parental support and perceived parental control had relatively low reliabilities, which might have affected the results.

Contributions of the Study

Adolescent sexuality is a concept that is not studied extensively in the Turkish culture. Therefore examining the sexual experiences of adolescent girls and having some ideas about their sexual experiences is one of the contributions of this study. Secondly, the present study brings out the fact that virginity of women is still emphasized in Turkish culture, even among the university students.

Future Suggestions

In the current study, the sample consisted of only female university students. Therefore, this study does not provide information about the sexual experiences and the risk taking behaviors of male university students. In the future, male university students may also be added to the sample to be able to make comparisons between the sexual experiences of each gender. In addition to that, the majority of the participants of the current study were in their first year at the university. In the future, those students who are at their third or fourth years at the university may be added to the sample to be able to see if there happens to be some changes with age and with years spent at the university.

In addition to sample characteristics, as discussed before, the scale used for perceived parental control assessed general control in the household of the participant. For future research, a scale that includes questions related to the parents' control over adolescent's private life, like knowing about his/her friends, where he/she spend time and with whom, might be used.

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APPENDICES

APPENDIX A

Demographic Information Questionnaire

(Turkish Version)

1. Doğum Yılınız: .....

2. Medeni Durumunuz:

a) Bekar b) Evli c) Ayrı veya boşanmış d) Sözlü / Nişanlı

3. Okuduğunuz Lisenin Türü:

a) Yatılı b) Gündüzlü

4. Okuduğunuz Üniversitenin Adı:

5. Kaçıncı sınıftasınız?

6. İlk adet gördüğünüzde kaç yaşındaydınız?

7. Ailenizin medeni durumu:

a) Annem ve babam resmi olarak evli
b) Annem ve babam resmi olarak evli değil fakat birlikte yaşıyorlar
c) Annem ve babam ayrı yaşıyor/ boşanmış
d) Annem /babam vefat etti (Kim olduğunu belirtiniz).....
e) Diğer (belirtiniz.....)

8. Ailenizin Eğitim Derecesi: (Lütfen aşağıdaki tabloya işaretleyerek belirtiniz)

	ANNENİZ	BABANIZ
Okuma yazma biliyor		
Öğrenimi Yok		
İlkokul Mezunu		
Ortaokul Terk		
Ortaokul Mezunu		
Lise Terk		
Lise Mezunu		
Üniversite Mezunu		
Yüksek Lisans Mezunu		
Diğer		

10. Lise döneminde kimlerle yaşıyordunuz?

a) Annem ve babamla yaşıyorum

b) Annem ve üvey babamla yaşıyorum

c) Babam ve üvey annemle yaşıyorum

d) Sadece annemle yaşıyorum

e) Sadece babamla yaşıyorum

f) Yarı annemle yarı babamla yaşıyorum

g) Bir akrabamla yaşıyorum

h) Yalnız başıma yaşıyorum

ı) Yurtta yaşıyorum

j) Arkadaşımla/ Arkadaşlarımla evde yaşıyorum

11. Şu anda kimlerle yaşıyorsunuz?

a) Annem ve babamla yaşıyorum

b) Annem ve üvey babamla yaşıyorum

c) Babam ve üvey annemle yaşıyorum

d) Sadece annemle yaşıyorum

e) Sadece babamla yaşıyorum

f) Yarı annemle yarı babamla yaşıyorum

g) Bir akrabamla yaşıyorum

h) Yalnız başıma yaşıyorum

ı) Yurtta yaşıyorum

j) Arkadaşımla/ Arkadaşlarımla evde yaşıyorum

APPENDIX B

Sexual Risk Taking Inventory

(Turkish Version)

Aşağıda cinsel hayatınızla ilgili sorular bulunmaktadır. Lütfen her soruyu dikkatle okuduktan sonra size en uygun olan şıkkı işaretleyiniz.

1. Hiç cinsel birleşme yaşadınız mı?

a- Evet, kendi isteğimle yaşadım

b- Evet, kendi isteğim dışında yaşadım

c- Hayır yaşamadım.

(1. soruda "c" şıkkını işaretlediyseniz 7. soruya geçiniz.)

2. İlk cinsel birleşme yaşadığınızda kaç yaşındaydınız? (Tam olarak hatırlayamıyorsanız tahmini yaşınızı işaretleyiniz)

a- 11' den önce

b-11

c-12

d-13

e-14

f-15

g-16

h-17

ı-18

j- 18'in üstü

3. Şimdiye kadar kaç tane değişik cinsel partneriniz oldu?

a- 1 kişi

b- 2 kişi

c- 3 kişi

d- 4 kişi

e- 5 ya da daha çok kişi

5. Eğer cinsel birleşme yaşadıysanız (yaşıyorsanız), siz ya da partneriniz ne sıklıkla korunma yöntemlerini kullanırdınız (kullanıyorsunuz)?

a- Hiç Kullanmadık

b- Nadiren

c- Yarı yarıya

d- Çoğunlukla

e- Her zaman

6. En son yaşadığınız cinsel birleşmede hangi korunma yöntemini kullandınız?

a- Hiçbir korunma yöntemini kullanmadık

b- Doğum kontrol hapları

c- Prezervatif

d- Geri çekilme

e- Diğer (Belirtiniz .....)

APPENDIX C

Communication with the Mother about Sexual Issues Inventory

(Turkish Version)

Aşağıda annenizle yapmış olabileceğiniz cinsellik üzerine konuşmalarla ilgili 8 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, size ne derece uyduğuna karar veriniz.

Her cümle için dört seçenek söz konusudur:

Hiç Bu konuyla ilgili annenizle hiç konuşmadıysanız işaretleyiniz.

Bir kere Bu konuyla ilgili annenizle bir kere konuştuysanız işaretleyiniz.

Birkaç kez Bu konuyla ilgili annenizle bir kaç kez konuştuysanız işaretleyiniz.

Çok defa Annenizle bu konuyu çok defa konuştuysanız işaretleyiniz.

Her cümle için 4 seçenek ayrılmıştır. Size uyan seçeneğe (X) işareti koyunuz.

	Hiç	Bir kere	Birkaç kez	Çok defa
1) Annemle adet görmeden önce, buna hazırlayıcı nitelikte bir konuşma yaptık.	.....	.....	.....	.....
2) Annemle ergenlik döneminde vücutta olan değişimlerle ilgili bir konuşma yaptık.	.....	.....	.....	.....
3) Annemle cinsel ilişkiye girmenin ne zaman doğru olacağıyla ilgili konuştuk.	.....	.....	.....	.....
4) Annemle doğum kontrolüyle ilgili konuştuk.	.....	.....	.....	.....
5) Annemle AİDS'le ya da cinsel yolla bulaşan diğer hastalıklarla ilgili konuştuk.	.....	.....	.....	.....

	Hiç	Bir kere	Birkaç kez	Çok defa
6) Annemle erkeklerle yaşadığım cinsel içerikli hayatımla (cinsel birleşme, öpüşme, gibi) ilgili konuştuk.	.....	.....	.....	.....
(Hiç bu tip bir deneyiminiz olmadıysa bu soruyu geçiniz)				
7) Annemle kendi cinsel yaşamı hakkında konuştuk.	.....	.....	.....	.....
8) Annemle cinselliğin ilişkideki yeri hakkında konuştuk.	.....	.....	.....	.....

APPENDIX D

McMaster Family Assessment Device

(Turkish Version)

İlişikte aileler hakkında 16 cümle bulunmaktadır. Lütfen her cümleyi dikkatlice okuduktan sonra, sizin ailenize ne derece uyduğuna karar veriniz. Önemli olan, sizin ailenizi nasıl gördüğünüzdür.

Her cümle için 4 seçenek söz konusudur.

Aynen Katılıyorum	Eğer cümle sizin ailenize tamamen uyuyorsa işaretleyiniz.
Büyük ölçüde katılıyorum	Eğer cümle sizin ailenize çoğunlukla uyuyorsa işaretleyiniz.
Biraz Katılıyorum	Eğer cümle sizin ailenize çoğunlukla uymuyorsa işaretleyiniz.
Hiç Katılmıyorum	Eğer cümle sizin ailenize hiç uymuyorsa işaretleyiniz.

Her cümlenin yanında 4 seçenek için de ayrı yerler ayrılmıştır. Size uyan seçeneğe (X) işareti koyunuz. Her cümle için uzun uzun düşünmeyiniz. Mümkün olduğu kadar çabuk ve samimi cevaplar veriniz. Karasızlığa düşerseniz ilk akılınıza gelen cevap doğrultusunda hareket ediniz. Lütfen her cümleyi cevapladığınızdan emin olunuz.

	Aynen Katılıyorum	Büyük Ölçüde Katılıyorum	Biraz Katılıyorum	Hiç Katılmıyorum
1. Evde birinin başı derde girdiğinde, diğerleri de bunu kendilerine fazlasıyla dert ederler.	.....	.....	.....	.....
2. Ailemizde acil bir durum olsa, şaşırıp kalırız.	.....	.....	.....	.....
3. Evde herkes, başına buyruktur.	.....	.....	.....	.....
4. Bizim evdekiler, ancak onların hoşuna giden şeyler söylediğinizde sizi dinlerler.	.....	.....	.....	.....
5. Evimizde banyo ve tuvalet (yüznumara) bir türlü temiz durmaz.	.....	.....	.....	.....
6. Bizi ailede herkes kendini düşünür.	.....	.....	.....	.....
7. Ailemizde hiçbir kural yoktur.	.....	.....	.....	.....
8. Bizim evde aklınıza gelen her şey olabilir.	.....	.....	.....	.....
9. Ancak hepimizi ilgilendiren bir durum olduğu zaman birbirimizin işine karışırız.	.....	.....	.....	.....
10. Acil bir durumda ne yapacağımızı biliriz.	.....	.....	.....	.....

	Aynen Katılıyorum	Büyük Ölçüde Katılıyorum	Biraz Katılıyorum	Hiç Katılmıyorum
11. Evde kurallara uyulmadığı zaman ne olacağını bilemeyiz.	.....	.....	.....	.....
12. Kötü bir niyette olmasa da evde birbirimizin hayatına çok karışıyoruz.	.....	.....	.....	.....
13. Ailemizde sert-kötü davranışlar ancak belli durumlarda gösterilir.	.....	.....	.....	.....
14. Bizim evdekiler sadece bir çıkarları olduğu zaman birbirlerine ilgi gösterirler.	.....	.....	.....	.....
15. Ailemizde kişiler herhangi bir tehlike karşısında (yangın, kaza gibi) ne yapacaklarını bilirler, çünkü böyle durumlarda ne yapılacağı, aramızda konuşulmuş ve belirlenmiştir.	.....	.....	.....	.....
16. Evde birbirimize, ancak sonunda kişisel bir yarar sağlayacaksak ilgi gösteririz.	.....	.....	.....	.....

APPENDIX E

Coopersmith Self-Esteem Scale

(Turkish Version)

Aşağıda bazı cümleler göreceksiniz. Bu cümlelerin bazılarını kendinize uygun bulacak, bazılarını ise bulmayacaksınız. Kendinize uygun bulduğunuz cümleler için "Bana Uygun" şıkkına, kendinize uygun bulmadığınız cümleler için "Bana Uygun Değil" şıkkına bir ' X ' işareti koyarak cevaplayınız.

	Bana Uygun	Bana Uygun Değil
1. Kendime güvenirim	_____	_____
2. Sık sık kendimden başka birisi olmak isterim.	_____	_____
3. Başkalarının önünde konuşmak çok zor gelir.	_____	_____
4. Daha küçük bir yaşta olmak isterdim.	_____	_____
5. Elimde olsaydı pek çok yanımı değiştirirdim.	_____	_____
6. Fazla zorluk çekmeden karar verebilirim.	_____	_____
7. Başkaları benimle olmaktan hoşlanır.	_____	_____
8. Evde kolayca üzülür, kırılırım.	_____	_____
9. Okuldaki çalışmalarımdan gurur duyarım.	_____	_____
10. Yeni bir şeye alışmak benim için uzun sürer.	_____	_____
11. Sık sık yaptığım şeylerden pişmanlık duyarım.	_____	_____
12. Arkadaşlarım arasında sevilirim.	_____	_____
13. Çocukken, annem babam çoğu zaman ne hissettiğime önem verirlerdi.	_____	_____
14. Fikrimden kolayca cayıp başkalarına uyarım.	_____	_____
15. Genellikle mutluyumdur.	_____	_____
16. Annem babam hep benden çok fazla şey beklediler.	_____	_____
17. Tanıdığım çoğu kişiden hoşlanırım.	_____	_____
18. Kendimi iyi tanırım.	_____	_____

	Bana Uygun	Bana Uygun Değil
19. Hayatımda herşey karmaşıktır.	_____	_____
20. Arkadaşlarım genellikle benim fikrime uyar.	_____	_____
21. Okulda istediğim kadar başarılı değilim.	_____	_____
22. Kararlı bir insanım.	_____	_____
23. Aslında kız/erkek olmaktan hoşlanmıyorum.	_____	_____
24. Kendimi küçük görürüm.	_____	_____
25. Çocukken, evi terk etmek istediğim çok olmuştur.	_____	_____
26. Utangaç değilimdir.	_____	_____
27. Sık sık mahçup hissederim.	_____	_____
28. Başkalarını kendimden daha güzel buluyorum.	_____	_____
29. Söylenecek bir sözüm varsa genellikle söylerim.	_____	_____
30. Etrafımdakiler sık sık bana takılıp kızdırırlar.	_____	_____
31. Annem babam beni anlarlar.	_____	_____
32. Ben başarısız bir kişiyim.	_____	_____
33. Çoğu kimse benden daha çok sevilir.	_____	_____
34. Çocukken, çoğu zaman, annemle babamın beni zorladıklarını hissederdim.	_____	_____
35. Sık sık umudum kırılır.	_____	_____
36. Genellikle olup bitenlere sıkılmam.	_____	_____