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Publisher: Asosiasi Pendidikan Kebidanan Indonesia (AIPKIND)

<http://aipkind.org>



Risky Sexual Behavior From A Cultural Perspective Among Youth: Systematic Review

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ABSTRACT

Background : Adolescence is an important stage for starting high-risk behavior, including in the realm of sexuality. Race or ethnicity is an important factor related to sexual behavior.

Purpose: to evaluate the behavior of adolescents in engaging in high-risk sex from the perspective of their respective ethnic cultures.

Methods : This systematic review followed the 2020 version of the PRISMA guidelines. The initial search was conducted from April to June 2023. Search sources from 4 databases used included PubMed, Science Direct, JSTOR, and Wiley Online Library, using 5 keywords: adolescent, sexual behaviour, high-risk behaviour, sexual risk, and reproductive behaviour. Criteria: observational study, using English, 2000 to 2023, school adolescent population. There were 1,492 papers found after searching the database. The systematic review contained the final 11 research following screening and eligibility determination.

Results : Overall, high-risk sexual behavior appears to demonstrate no significant differences among Latino, Hispanic, European, and American adolescents. However, in Asia, pre-marital sex remains highly stigmatized in contrast to its acceptance in Europe and America. Acculturation emerges as a critical predictor contributing to increased high-risk sexual behavior. In Latin adolescents, a lack of compliance with family ties (Familismo) strongly correlates with high-risk sexual behavior. Moreover, in Hispanic adolescents, paternal discipline seems to have a greater association with high-risk sexual behavior compared to maternal discipline. Notably, there were no discernible differences among ethnicities concerning gender, indicating that males across these groups were more prone to engaging in high-risk sexual behavior.

Conclusion. Sex education is a prevalent topic among Western societies, primarily aimed at curbing unsafe sexual behavior to prevent venereal diseases. In contrast, Asian cultures still regard sex education as taboo, placing emphasis on preventing extramarital sexual activity.

Keywords: *High-risk sexual behavior, culture, race, ethnicity, adolescent*

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Submitted: 16 April 2024; Accepted: 29 June 2024; Published: 30 October 2024

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ISSN: 2775-4448

DOI: <https://doi.org/10.36749/wmm.4.3.8-25.2024>

BACKGROUND

Risky sexual behaviour is unprotected vaginal, oral, or anal sex (Chawla & Sarkar, 2019). The risk of poor sexual health occurs with the onset of dangerous sexual activity, mainly among adolescents, and continues as long as The risky activity occurs. HIV remains a significant global public health problem, having claimed 40.1 million [33.6–48.6 million] lives so far, with ongoing transmission in all countries globally, with some countries reporting an increasing trend of new infections when previously declining (WHO, 2023). As a transitional period from childhood to adulthood, adolescence is the beginning of physical, mental, and social development that will affect its function in adulthood (Sawyer et al., 2018). This period is full of changes, challenges, developments, and opportunities. Adolescents, in particular, are exposed to risky behaviours, and many such behaviours are discovered in this period, which will impact their future health and well-being (Garrido et al., 2018). Due to selfishness and lack of proper understanding of consequences, adolescence is an important stage for initiating high-risk behaviour. High-risk behaviour can harm the development and health of adolescents or can hinder their future success and development (Asgari et al., 2020). Involvement in sexual relations is a high-risk behaviour that can be accompanied by physical and psychosocial harm (McCormack & Koons, 2019). High-risk sexual behaviour puts people at risk for sexually transmitted infections (STIs), including the Human Immunodeficiency Virus (HIV), unplanned pregnancies, and having sexual intercourse before being old enough to know what makes for a healthy relationship. Compared with adults, adolescents' physical, cognitive, and emotional immaturity may increase their risk and severity of adverse reproductive and sexual consequences (O'Rourke et al., 2020).

Sexual relations outside of marriage, particularly before age 15, increase the prevalence of adverse health outcomes. Previous research on adolescent sexuality has been directed at identifying risk factors such as peer influence, parental involvement, history of abuse, and drug use, which are associated with risky sexual behaviour. However, culture as a possible risk or protective factor is almost ignored (Kazdough et al., 2019). In addition, research related to adolescent culture and risky sexual behaviour is inadequate. However, previous research findings have shown that race or ethnicity is an essential factor associated with sexual behaviour (Mehra et al., 2018).

Studies also show that risky sexual behaviour among adolescents can lead to dismal health consequences such as sexually transmitted diseases (STDs), teenage pregnancy, and Human Immunodeficiency Virus (HIV) infection. Previous researchers have found that unprotected sexual behaviour can lead to harmful physical, emotional, and social outcomes, especially for girls (Abajobir et al., 2018). Even the proportion of girls who have sexual intercourse before marriage is higher than boys (Moilanen et al., 2018).

Compared to adults, adolescents lack of physical, cognitive, and emotional maturity can lead to additional risks and severity of harmful sexual and reproductive consequences (Sawyer et al., 2018). In many developing countries, adolescents are at serious risk of

STIs, HIV, and unwanted pregnancies. Hence, adolescents aged 15-19 years account for almost half of the 19 million new STIs each year; half of the new HIV cases worldwide occur in adolescents aged 15- 24 years old. Most of the Acquired Victims of Immunodeficiency Syndrome (AIDS) have contracted this disease in their teens because most of the adolescent population has high-risk behaviours that put them at risk of contracting it (Namukisa et al., 2023).

Several systematic review studies have been conducted that focus on the factors that play a role in high-risk sexual behaviour in adolescents (Abdo et al., 2019; Alimoradi et al., 2017; Amare et al., 2019; Arabi-Mianrood et al., 2017). However, no review addresses high-risk sexual behaviour in school-age adolescents from an ethnic-cultural perspective. For this reason, this systematic review aims to evaluate the behaviour of adolescents engaging in high-risk sex from the perspective of their ethnic cultures.

OBJECTIVE

To evaluate the behavior of adolescents in engaging in high-risk sex from the perspective of their respective ethnic cultures..

METHODS

Review Protocol

This systematic review uses the Preferred Reporting Items for Systematic Review and Meta-analyses (PRISMA) statement 2020 (Page et al., 2021). The PRISMA method consists of five stages: 1) defining eligibility criteria, 2) determining information sources, 3) data selection, 4) data collection, and 5) data retrieval. This study analyzes high-risk sexual behaviour in school-age adolescents based on the ethnic-cultural perspective that applies to each.

The participant, comparison, outcome, and study design (PICOS) criteria outlined in Table 1 were used to select studies for inclusion in this review

Table 1. PICOS or PECOS statement

Kriteria	Statement
Population	school-age adolescents (youth)
Intervention/exposures	Negative Cultural perspective of risky sexual behaviour
Comparisons	Positive Cultural perspective of risky sexual behaviour
Outcomes	High risk sexual behavior in adolescents
Study Design	All observational studies

Search strategy

The initial search was conducted from April to June 2023. Several databases, such as PubMed, Science Direct, JSTOR, and Wiley Online Library, were used to conduct the literature search. Searches in each database cover articles published on 2000 to 2023 using keywords such as "sexual, adolescent," and then continue using other keywords such as

"sexual behaviour, high-risk behaviour, sexual risk, and reproductive behaviour" individually and in combination.

Eligibility Criteria

Studies were included in this review if: (a) were original research articles with a qualitative or quantitative approach; (b) written in English; (c) they were published in a peer-reviewed reputable journal; (d) they focus on youth; (e) participants aged fifteen to nineteen years as a target age group with specific outcomes from this group when combined with other age groups; and (f) they investigated race or ethnicity for high-risk sexual behaviour in adolescents. (g) Also, among studies that had adolescent girls and boys as the target group, those that presented different results for different sexes were included in the review. Studies are excluded from this review if: (a) are other forms of articles, including review articles and letters to the editor; (b) non-adolescent research participants; and (c) they did not report adolescent age-group specific outcomes when they were one of the study target groups. Also, reference lists of the studies searched were reviewed for additional publication.

Data Extraction

All researchers independently extracted information for each article into a spreadsheet. Data that was examined and adjusted for the following factors: (a) Author, year, country; (b) study design; (c) setting; (d) sample size; (e) race/culture; (f) sexual experience; (g) high-risk sexual behaviour; and (h) main results. Reviewers examine articles and provide comments in the table.

Study quality assessment

The authors independently evaluated the methodological quality of the eligible studies using the NIH Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (National Heart, Lung, and Blood Institute) instrument. The instrument consists of 15 questions which are criteria for categorizing the quality of the study, which focuses on the core concept of internal validity. The categorization of study quality consists of three, namely Good (90-100%), Fair (70-89%), and Poor ($\leq 69\%$). Each author evaluates the articles that are declared eligible. the results of the assessment of each author are then collected and if there are differences, then discussions are held and decisions are taken by consensus.

Table 2. The Fifteen Criteria from the NIH

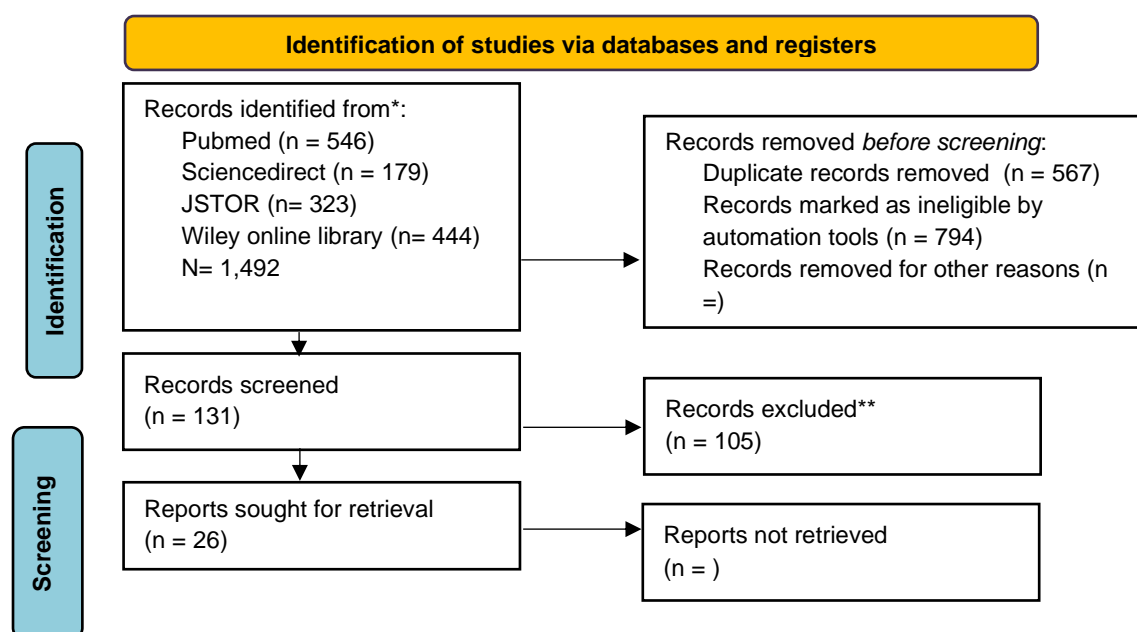
1. Was the research question or objective in this paper clearly stated?
2. Was the study population specified and defined?
3. Was there a minimum of 50% participation rate among the eligible people?
4. Were all the subjects selected or recruited from the same or similar populations (including the same period)?

5.	Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?
6.	Was a sample size justification, power description, or variance and effect estimates provided?
7.	Were the exposure(s) of interest quantified for the analyses in this research before the outcome(s) were measured?
8.	Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?
9.	For exposures that can vary in amount or level, did the study examine different levels of exposure as related to the outcome (e.g., categories of exposure or exposure measured as a continuous variable)?
10.	Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
11.	Was the exposure(s) assessed more than once over time?
12.	Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?
13.	Were the outcome assessors blinded to the exposure status of participants?
14.	Was the loss to follow-up after baseline 20% or less?
15.	Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?

RESULTS

Study selection

A search on the database resulted in 1,492 articles, including those for hand searching. After eliminating duplicates and screening titles and abstracts, 131 articles were selected for screening. Among the 131 papers, 120 were excluded because of the following variables: population-related research, non-English articles, irrelevant studies, and articles based on hospital data. The systematic review finished with the remaining 11 studies.



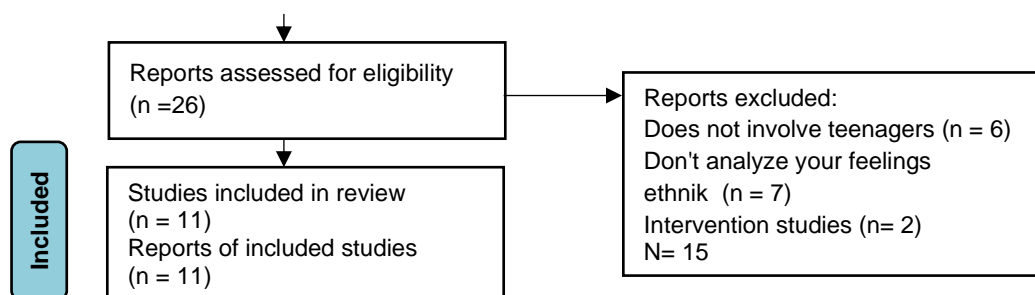


Table 3. Data Extraction of Eligible Studies

Author, Year	Country	Study design	Setting population	Sample size	Race/culture	Sexual experienced	High-risk sexual behavior	Main findings
Becker et al., 2015	California	Longitudinal study	Public school	995 youth	Latino, Hispanic, U.S Practices	- Consumed alcohol or used drugs before last sex	- Sexual debut at young age - Multiple sex - Unprotected intercourse	- Males reported riskier sexual behaviors than females - Latino cultural practices were negatively associated with participants' odds of reporting alcohol or drug use before last sex and multiple sex partners
Dave et al., 2013	India	Cross-sectional	Community	450 college student	Indian-western acculturation	- Pre-marital sex - Homosexual	- Multiple sex - Sexual debut at young age - Unprotected intercourse	- Use of condom at first sexual exposure was on a decreasing trend from the upper to the lower class. - There is a shift in Indian culture to western culture, especially for students who live in boarding houses
Guilamo-ramos et al., 2009	US	Cohort	School-based	702 Latino eighth grade students	Latino: Mexican, Puerto Rican, Dominican	- Vaginal sexual intercourse - Anal sex - Oral sex	- Unprotected intercourse	- Boys being more likely to engage in sexual risk behavior than girls - Vaginal sexual intercourse was more common than oral sex and anal sex. - Anal sex was uncommon among Latina girls but was close to 10% among Puerto Rican and Dominican boys - Dominican girls tended to show a pattern of elevated risk activity relative to Puerto Rican and Mexican girls on most behaviors.

Jeltova et al., 2005	US	Cross-sectional	Public high-school	103 immigrant adolescent girls	American and Russian cultures	<ul style="list-style-type: none"> - Sexual intercourse - Sexual encounter - used alcohol or other drugs during last intercourse 	<ul style="list-style-type: none"> - Sexual debut at young age - Unprotected intercourse 	<ul style="list-style-type: none"> - Participating in culture-specific activities was negatively related to risky sexual behavior - A greater acculturation discrepancy will be related to greater degree of engagement in risky sexual behaviors.
Killoren & Deutsch, 2013	US	Longitudinal	community	1,899 adolescent	Hispanic, Latino	<ul style="list-style-type: none"> - sexual intercourse 	<ul style="list-style-type: none"> - sexual risk 	<ul style="list-style-type: none"> - US-born youth reported higher sexual risk than foreign-born youth
Lam et al., 2001	Hongkong	Cross-sectional	Community	964 unmarried young adults	Asian	<ul style="list-style-type: none"> - Sexual intercourse 	<ul style="list-style-type: none"> - Multiple sexual partners - Unprotected intercourse 	<ul style="list-style-type: none"> - Males were more likely than females to have experienced intercourse, to have had multiple sexual partners, and to have had sexual intercourse in casual relationships. - Males were also more likely to report intercourse without a condom.
Le & Kato, 2006	California	Cross-sectional	Community	179 Cambodian and Lao/Mien	Cambodian and Lao/Mien	<ul style="list-style-type: none"> - Sexual intercourse 	<ul style="list-style-type: none"> - Risky sexual behavior: not mentioned 	<ul style="list-style-type: none"> - Acculturation was correlated positively with risky sexual behavior in Lao/Miens. - Age (being older) was a significant predictor of risky sexual behavior
Odimegwu & Somefun, 2017	Nigeria	Cross-sectional	Community	7,853 youth based on NDHS	Nigerian	<ul style="list-style-type: none"> - Sexual intercourse 	<ul style="list-style-type: none"> - Unprotected intercourse - Early age sexual debut 	<ul style="list-style-type: none"> - Female using a condom at last sex was lowest among the Hausa/Fulanis - Igbo female youth were most engage in multiple sexual partnerships
Sharma & Vishwakarma, 2020	India	Cross-sectional	National Survey data	15,732 adolescent	Indian	<ul style="list-style-type: none"> - Sexual intercourse 	<ul style="list-style-type: none"> - Multi-partner sexual 	<ul style="list-style-type: none"> - Residing in rural are having more multiple sexual partners than the urban

							- Unprotected sexual intercourse	- Residing in the urban are significantly two times more prone to engage in high-risk sexual behaviour
Trejos-Castillo & Vazsonyi, 2009	US	Longitudinal	National survey	3,525 adolescent	Hispanic	Sexual intercourse	- Unprotected sexual intercourse	- Maternal support and communication about sex were significantly associated with risky sexual behaviors - no main effects were found for acculturation and risky sexual behaviors
Warren et al., 2008, US	US	Cross-sectional	Community	189 youth	African American, Hispanic, and White	Homosexual (Gay, bisexual), anal sex, oral sex	- Multi-partner sexual - Younger sexual debut - Unprotected sexual	- In African Americans, unprotected sex was associated with: being in a long-term relationship, kicked out of their home, and younger age at initiation of sexual behavior - Unprotected sex was associated with more ethnic identity and older age at initiation of sexual behavior

Characteristics of eligible studies

The studies that were declared eligible and extracted in this study came from several countries, including the US (n=5), California (n=2), India (n=2), and one each in Hong Kong and Nigeria, with the period from 2005 to 2020. The participants were 31,591 school-age youth from different racial and cultural backgrounds, including Latino, Hispanic, African American, Indian, Asian, Russian, Nigerian, and White. Participants were taken directly from schools, communities, and national survey data. Overall, these eligible studies were observational with cross-sectional (n=7), longitudinal (n=3), and cohort (n=1) approaches (Singh et al., 2020).

Results of Assessing the Quality of eligible studies

Based on the study quality assessment results using the NIH Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies, which focuses on 14 criteria. Table 4 shows that there are five studies with "FAIR" quality (Jah et al., 2022) and four other studies are in the "GOOD" category (Becker et al., 2015; Chulach et al., 2016).

Table 4. Summary of study quality assessment based on 15 NIH criteria

Author, year, country	Fifteen Criteria														
	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q1 0	Q1 1	Q1 2	Q1 3	Q1 4	Q1 5
Becker et al., 2014	Y	Y	Y	Y	Y	Y	Y	Y	N R	Y	Y	NA	Y	Y	Y
Dave et al., 2013	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	NR
Guilam- ramos et al., 2009	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y
Jeltova et al., 2005	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	NA	Y	Y	Y
Killoren & Deutsch, 2013	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y
Lam et al., 2001	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR
Le & Kato, 2006	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NA	Y	Y	Y
Odimegwu & Somefun, 2017	Y	Y	Y	Y	Y	Y	Y	Y	N R	Y	Y	Y	Y	Y	NR
Sharma & Vishwakarma, 2020	Y	Y	Y	Y	Y	Y	Y	Y	N R	Y	Y	Y	Y	Y	NR
Trejos-Castillo & Vazsonyi, 2009	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	NA	Y	Y	Y
Warren et al., 2008	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	NA	Y	NR	Y

Becker et al., 2014	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	NR	Y
Dave et al., 2013	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	NR	Y	Y	Y	Y	Y

*Y=Yes; NR=Not Reported; NA=Not Applicable

Table 5. Theme, subthemes, and cultures identified in High-risk sexual behavior

Sexual experiences	Sexual behavior across races and cultures	Family involvement
<ul style="list-style-type: none"> • Safe or risk-free sex experiences • Sex for the first time at a young age, multiple sexual partners, unprotected intercourse, and unprotected anal sex. 	<ul style="list-style-type: none"> • Alcohol or drugs consumption before sex • Number of sex partners • Different sex habits among races • Geographical differences in sexual topics • The influence of Acculturation 	<ul style="list-style-type: none"> • Parental role in sex education

Past Sexual Experience

Most of the study participants included in this study included school-age adolescents with sexual experiences, not just intercourse. In the table, the data extracted on sexual experience items are included in safe or risk-free sex experiences. Sexual experiences found in these eligible studies included premarital sex, homosexual/lesbian sex, consuming alcohol before sex, oral sex, anal sex with protection, and sexual encounters. Sexual experiences classified as high risk from eligible studies in this study include having sex for the first time at a young age, multiple sexual partners, unprotected intercourse, and unprotected anal sex.

High-risk sexual behavior of various races and adolescent cultures.

In Latina adolescents, a study conducted by Becker and colleagues (2015) found that in their cultural practices, fewer had sex before drinking alcohol or taking drugs. Related to the number of partners, Latino adolescents tend to have fewer partners, including few sexual partners. In contrast, in US adolescent cultural practices, it is stated that adolescents tend to have had sexual intercourse at least once at a young age (Becker et al., 2014). In another study, it was stated that Latina teenagers who were born in the US tend to have high-risk sex, especially in the male sex. However, the behavior is associated with parenting type (Lansford, Zietz, Al-Hassan, Bacchini, Bornstein, Chang, Deater-Deckard, Giunta, et al., 2021; Marlow et al., 2010). Meanwhile, if we look in more detail, a study comparing Latino teenagers from three different countries, Mexican,

Puerto Rican, and Dominican, found that anal sex, both with and without protection, is more likely to be performed by teenage boys from Puerto Rica and Dominica. For Latino girls, both Mexican, Puerto Rican, and Dominican, anal sex is something that is not common for them (Abajobir et al., 2018; Adebola, 2020; Nguyen et al., 2021).

Among school-aged adolescents in India, high-risk sexual behavior was found, including multiple sex partners, sexual debut at a young age, and unprotected intercourse. Studies conducted in India stated that there were differences in the sexual behavior of upper-class and lower-class adolescents, including adolescents living in urban and rural areas. Teenagers who belong to the upper class and live in urban areas tend to adopt Western culture related to sexual behavior excessively. There has been a downward trend in the use of condoms in sexual intercourse in both rural and urban adolescents (Cabral et al., 2023; Garrido et al., 2018). In another study, it was stated that adolescents who live in urban areas are more likely to have multiple sexual partners. However, concerning other high-risk sexual behaviors in general, adolescents in rural areas have more potential to do so (Khubchandani et al., 2014).

Excessive acculturation with Western culture is also stated as one of the predictors of a shift in risky sexual behavior in Cambodian and Lao/Mien youths who live in California. Older age is the most significant predictor of high-risk sexual behavior in Cambodian youth that both men and women can carry out. Meanwhile, the influence of disciplined parenting is a strong influence on the behavior of Lao/Mien adolescents.

In Nigeria, more than half of adolescents did not use a condom the last time they had sexual intercourse, but this is higher for girls (84%) than boys (57%). Over a third (35%) of girls and around four-fifths of boys (81%) have multiple sexual partners. This study in Nigeria compared three different tribes in Nigeria, namely Yoruba, Igbo, and Hausa. Hausa men have a much lower risk of first sex, and a lower risk of early sexual activity was also seen among Igbo men compared to young Yoruba men. Igbo youth and Yoruba men reported the highest number of multiple sexual partners (87%), while Hausa had the lowest (35%) among the ethnic groups (Ariandini & Rahmadini, 2020).

Hispanic adolescents who are younger, male, born in the US, and who report having had sex have a higher risk of risky sexual behavior. Acculturation with culture in the US is not the main predictor of high-risk sexual behavior among Hispanic adolescents. Maternal support and communication about sex are significantly associated with risky sexual behavior. No main effect was found for acculturation to risky sexual behavior; no significant interaction effect was found on acculturation. Another study compared three-race cultures, including Hispanic, African-American, and White, in which African-American adolescents were more likely than Whites to have ever had vaginal sex and less likely than Whites to have ever had vaginal sex. Sexual activities they do not want to have because of alcohol or drug use. African-American adolescents are also less likely than Hispanics to have had receptive anal sex.

Culture differences on high-risk sexual and Family involvement

For Latino youth, respect for parents was inversely associated with age at sexual debut and lifetime number of partners. Familism also was inversely associated with lifetime number of partners. Subjugation and submission are the proper terms to describe the aspect of familismo and believe that the subscale may be more reflective of respect for one's family, respect for parents and parental authority, and the value of being a good person not only for oneself, but also for the sake of the family (Kazdough et al., 2019).

Research analyzing Russian adolescents indicates a positive correlation between the level of acculturation and the likelihood of engaging in high-risk sexual behavior. Moreover, disobedience to parents has been linked to an increased tendency toward high-risk sexual behavior

Adolescents' gender, however, did moderate the relationship between maternal strictness and sexual risk, such that the negative relationship between mothers' strictness and adolescents' sexual risk was stronger for girls than for boys. Adolescents' gender also moderated the relationship between paternal monitoring and sexual risk, such that the negative association between paternal monitoring and adolescents' sexual risk was stronger for girls than for boys.

DISCUSSION

This systematic review focuses on the behavior of school-age adolescents concerning high-risk sex. It collects eleven articles from various countries that represent cultural races worldwide. Some high-risk sexual behaviors include unprotected intercourse without condom use, unprotected mouth-to-genital contact, starting sexual activity at a young age, having multiple sex partners, and having unprotected anal sex (Alimoradi et al., 2017). Based on the information obtained from the studies reviewed, there is a tendency for today's youth to generally have sex outside of marriage and have the potential to engage in high-risk sexual behavior. In several ethnicities and cultures, it has been recognized that acculturation to Western practices has sparked this cultural shift, especially in the Asian race (Chulach et al., 2016; Zangmo et al., 2020). However, among Hispanics, acculturation does not appear to predict high-risk sexual behavior.

The results of the current systematic review show that western culture has a major contribution to high-risk adolescent sexual behavior. This is supported by previous research which found that there was a significant influence of adaptation to western culture on adolescent behavior, including patterns of sexuality which tended to be at risk so that HIV prevalence increased in this age category. A qualitative study revealed that while sexual exploration and experimentation are considered a part of adolescence and are almost encouraged in Western cultures, they are approached with great caution and discouraged in more traditional cultures. With the easier access to sexual content on the internet, it makes teenagers tend to adopt the behavior they see, this will increase in certain situations where a meta-analytic study mentions several factors that support high-risk adolescent sexual behavior, including the use of substances as a coping mechanism

for seeking relief from their symptoms, or to experience emotions, changes in cognitive functioning associated with depression (e.g., inhibitory control and reward processing) may result in engaging in higher risk behaviors, presence of cognitive biases such as low self-esteem, avoidance, rumination, and hopelessness may. While depressed individuals are more prone to engage in risky behavior, environmental factors – such as affiliation with drug use or deviant peer groups – can trigger depression and make adolescents more vulnerable to engaging in risky behavior. The factors are not mutually exclusive, and thus they may be a combination of the four. So, it can be concluded that western culture is not fully responsible for high-risk sexual behavior in adolescents.

We decided to be more careful in discussing acculturation because focusing on one culture or practice in everyday life is quite risky. In their research, this issue was also the concern of Becker and Colleagues, where it was found that acculturation with US cultural practices was positively related to some risky sexual behavior. However, this is not the case for all behaviors. Stronger US cultural practices were not associated with earlier age at sexual debut, with unprotected sex at last sexual intercourse, or with alcohol or drug use before the last sex. In addition, US and Latino cultural practices are associated with the number of lifetime sex partners. It shows the importance of measuring acculturation using bidimensional measures, not unidimensional ones. Other studies that have used a two-dimensional measure of acculturation have found that US cultural practices and Latin cultural practices are associated with risky sexual behavior.

Migration plays an important role in the experiences of many Latino families. Processes related to migration, such as acculturation, are important concepts for understanding Latina/o health and health risk behavior. Acculturation is usually associated with when individuals or families arrive in the US and occurs as a process of changing cultural patterns resulting from continued direct contact between people of different cultures. In 2013, more than half of Latina/o youth had at least one parent born outside the US. The acculturation process can contribute to challenges Latino families face, including language barriers, depleted social resources, experiences of discrimination, and cultural conflicts. Generations of immigrants do not seem to provide an index of acculturation, especially when some families remain in ethnic groups for generations before moving to more diverse neighborhoods.

In the information age, the younger generation is experiencing early puberty but without psychological maturity. The age of sexual debut also decreased to 12-15 years. This condition also occurs in India, where most students who live in dormitories are more likely to be sexually active. Other students tend to have fear because of parental supervision. The issue of adolescent sexuality in India has changed in the last five decades, whereby teenagers are now reaching physical maturity earlier and getting married later. In modern India, live-in relationships are becoming more common among young people. Indian urban youth have more open minds and obvious Western influences. As students leave their homes early, house-to-house relationships become more prevalent. Sexuality education for adolescents is a subject that is highly doubted in India because it

is seen as contrary to the customs in India and fears that it can trigger dangerous and reckless sexual behavior. As a result, young people in India do not receive sexual training as thoroughly. Indeed, even between partners, conversations around sex and sexuality are rare due to taboos (Marlow et al., 2010).

In peer group theory and social learning theory, peers tend to influence significantly adolescent beliefs, attitudes, and behaviours about appropriate sexual behaviour. In particular, delinquent peers are more likely to engage in and promote maladaptive practices, including risky sexual behaviour, and adolescents who associate with such peer groups may be influenced or pressured to behave similarly. Developmentally, older adolescents are expected to have more opportunities and time to engage in various behaviours, including risky sex.

Individualism is related to seeing oneself as distinct, separate, and unique from others. In contrast, collectivism deemphasizes self-interest and places other interests, such as family, above one's personal needs and desires. The self is considered to exist concerning others (Lansford, Zietz, Al-Hassan, Bacchini, Bornstein, Chang, Deater-Deckard, Di Giunta, et al., 2021). Previous research has shown that in the United States, European-Americans tend to be individualistic, while minority groups such as Hispanics and Asians tend to be more collectivistic. However, it is recognized that individualism/collectivism can be used as a variable for individual differences. In other words, there is potential for variation in favor of individualism/collectivism among individuals within a group. For example, Chinese people may be more individualistic than collectivistic, while Americans may be more collectivistic than individualistic (Barimani et al., 2017).

Adolescent boys aged 15-24 in Nigeria tend to use their masculinity by engaging in early sexual debuts. It is also supported by the perception of young women in Nigeria who assume that engaging in early sexual activity confirms their femininity. In addition, it could also result from high sexual abuse of girls, sexual violence against women and a patriarchal culture that encourages child brides.

Mothers who communicate formal standards to their children about how they are expected to behave and orient themselves to the different familismo dimensions are more likely to have children who orient toward those dimensions in ways that the mother expects the mere fact of immigrant Russian parents being close to their children and the children's peers in acculturation levels is protective. Parents do not have to be highly acculturated to American culture (i.e., speak the language well) to reduce the incidence of risky sexual behaviors in their daughters. They need to protect and share with their daughters what they already have their native culture.

CONCLUSION

Research has proven that school-age adolescents are vulnerable to deviant sexual behavior from a health standpoint and the local cultural side where they live. Acculturation does not appear to significantly affect high-risk sexual behavior in Latino

immigrant adolescents in the US. However, teenagers in other countries outside the US show the opposite, where there is a cultural shift from local to Western culture. The influence of local culture, which directly impacts high-risk sexual behavior, is most evident in adolescents in Nigeria, where patriarchy harms sexual violence behavior in women and children. The culture of individualism and collectivism also gives a clear pattern to the sexual behavior of adolescents from several ethnicities.

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