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# The Nexus between Social Networks and Sexual Practices among Female University Students

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**Abstract:** The study was conducted among college students in Addis Ababa University, Ethiopia. The objective of the study was to understand whether social networks influence students to make decisions on sexual practices. A total of 130 female students between 18-24 years participated in the study. Among them, 122 participated in the survey and eight in the case studies. The study revealed female students joined various types of social networks, which influence the decision making processes and outcomes of their sexual practices. The study has implications for women empowerment activities.

**Key words:** Social networks, sexual practices, women empowerment, Ethiopia.

# 1. Background and Introduction

Social networks are part of the general support system without which the emotional, physical, mental, and psychological wellbeing of individuals may be adversely affected. On one hand, a "perceived social support specifically for [intimate] relationships predict mental or physical wellbeing" [1]. On the other hand, a sexual network is a solidified connection established mainly by sex swingers with projected, or bona fide sexual affairs, or love making process [2]. In augmenting the connections between social networks and sexual practices, there is evidence romantic relationships develop because the connections are embedded within and are supported by the larger social networks [3]. The assertion is supported by authors who state "individuals tend to marry others who are [homophily] similar in terms of age, education, and socio-economic status." [4]. The above statements connote the attributes lead individuals to join preferred social networks.

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#### 1.1 Social Networks

Social networks are defined as forms of relationships and processes of learning which individuals acquire through their interaction with others. In dealing with SNA (social network analysis), authors argued that SNA is not a formal theory but rather a strategy for investigating social structures [5]. On the contrary, other authors affirmed social network analysis is a modern theory which has peculiarity from other social sciences in that "...it focuses in the social context and behaviour of relationships between actors rather than on the rationale choices individual actors make...." [6].

A social network is a source that enables members to access certain resources and denies such resources for those who are not members. Each network involves some demands and provides certain rewards. Members of a social network can provide approval or disapproval to individuals to use resources in the network [7]. In some cases, social networks operate along gender lines. There are indications that social networks reflect the gendered nature of power relations between men and women. Men and women frequently belong to different networks [8]. The

networks to which men belong predominantly have economic power, privilege and measures of popularity. In contrast, women join social networks to protect them from gender influence explained by physical, sexual or emotional abuse and harassment; and to get support for their household responsibilities. Women also use their social networks to build information sharing mechanisms and decision-making capacity [9].

Network studies conducted on young people that describe the strength of their connections have direct influence on substance use, academic performance, sexual practice, alcohol consumptions, and other day to day practices. Studies suggest that adolescent and young peoples' social networks are dynamic in structure and organization. "To clarify the dynamics of social influence, reciprocity, and change, techniques are required which identify the actual relationships that young people form" [10].

#### 1.2 Sexual Practices

There are good reasons to claim the study of health issues, including sexualities of young people that are inseparable from studying social networks. Some researchers argue "those with meaningful and reciprocal relations with families and friends live longer, healthier lives than their less socially connected peers" [11]. Others asserted the existence of evidence that people who have weak social networks and who lack social support are more likely than others to experience poor physical and emotional health [12]. Further, it is suggested by Kisler and Christopher (2008) social network satisfaction precedes sexual connections and the subsequent arrangement for sexual activities [13].

# 1.3 Theoretical Framework

The theory of homophily guided this study. Homophily is a tendency of individuals to associate and create bonding with others who have similar attributes and interests [14]. Other authors described

homophily as "Similarity breeds connection.... homophily principle structures network ties of every type, including marriage, friendship, work, advice, support, information transfer, exchange, co-membership, and other types of relationships" [15]. This study targets participants with common characteristics.

# 1.4 Objective and Research Questions

The objective of the study was to understand how social networks of female university students influence their sexual practices. Authors noted that, one purpose of "... doing a ... research is to gather information for decision making" [16]. This kind of decision making, involves attempting to answer research questions that makes findings more reliable and scientific. In line with this, the following research questions were established and data gathered to respond to them: (a) what are the specific types of social networks participants are involved, (b) how are the size and structure of the networks defined and (c) how do social networks affect their sexual practices?

# 1.5 Operational Definitions

A social network is operationally defined as connections established by female university students with their peers, relatives, families and others. Sexual activity is similarly defined as any actual or potential involvement in sexual activities in overt or covert ways which in the long run can initiate emotional attachments and penetrated sex.

#### 2. Methods

# 2.1 Study Design

A MMA (mixed method analysis) that combined quantitative and qualitative designs as data collection, analysis, and presentation techniques were used in this study. We applied questionnaires and in-depth interviews to collect quantitative and qualitative data, respectively. Scholars proposed MMA enriches researchers' understanding of the experiences of

participants in a full context [17]. The use of MMA helped us not to constrain ourselves from applying only a quantitative or qualitative approach as a means to generate data on the social networks and sexual practices of the study's respondents [18].

# 2.2 The Quantitative Approach

#### 2.1.1 Population and Sampling

We draw the sample from female students at Addis Ababa University, CSS (College of Social Sciences). The population of female students in the CSS during the study was 297, which distributed among five departments. Table 1 presents sample distribution.

We draw a proportional sample size from each department consistent with the size of the stratified population. We applied a sample calculation technique from a stratified population,  $n = \sum_{h=1}^{H} nh$ , where H is population strata and nh is sample size within each stratum. We get stratified sample from each population by applying nh = n \* Nh / N, where Nh is a population of each stratum and N, the total population. Our interest was to draw a sample size of 122 students.

#### 2.2.2 Sample Selection Steps and Techniques

On the basis of the list of female students in the CSS, a departmental level sorting of the list was made first which served to build stratified sample-frame. Before drawing each sample element, we made a decision on the number of students to participate in the survey. From each stratum, we draw sample elements using simple random selection technique.

#### 2.2.3 Data Collection Instrument

We designed questionnaire and pre-tested prior to

the survey. The questionnaire consisted of three sections: section 1 on socio-demographic data with 25 items, section 2 on social network data with 44 items and section 3 on sexual practices with 27 items. The first section is sub-divided into four sub-components. The first sub-component has eight items on personal information including age, religion, ethnicity, marital status, and place of birth. The second sub-section comprises six items on family information such as parents' living status, occupation and monthly income. The third sub-section consists of fiveitems on the intensity, frequency and quality of relationships between the respondents and their family members. The last sub-section in section 1 has five items on academic information of respondents including field of study, grade achievement, and study levels.

In section 2 of the questionnaire, we included 44 items with subcomponents that comprised of questions on formation and types of social networks (37 items), level and strength of social network interaction (5 items), and social network benefits (2 items). The third section of the questionnaire with 27 items is dedicated to gather information reproductive health and sexual practices respondents. Main questions included in this section are related to source of information, availability of sexual partner, status of engagement in sexual practices, use of contraceptives, and concerns over pregnancy and sexually transmittable diseases.

#### 2.2.4 Data Analysis

The unit of analysis was individual respondents. Responses gathered from 96 question items were coded and entered into a computer. Data analysis was made using SPSS version 22.

Table 1 Distribution of respondents stratified by department.

Department	Population	Sample	%	
Sociology & Social Anthropology	82	46	56	_
Political Sciences & International Relations	25	13	52	
Geography & Environmental Studies	94	24	26	
Philosophy	52	17	33	
History & Heritage Management	44	22	50	
Total	297	122	41	

### 2.3 Qualitative Approach

#### 2.3.1 The Case Study

Social network analysis is developed with a structured procedure and work with well-established computations "...to mathematical examine information exchange and diffusion" [19]. However, others asserted "whereas the network concept is relational, focusing on the structure of relationships between actors, qualitative research is actor oriented focusing particularly on these individuals' perceptions, interpretations, actions, and sense making practices" [20]. This implies although the orientation of network analysis is quantitative, since we are studying the quality of relationships that affects sexual practices, the choice we made to apply qualitative analysis parallel with the quantitative one is convincing. We chose case study technique to solicit deeper emotional aspects of participants on their networks and sexual practices [21].

Eight cases participated in the interviews based on two pre-set criteria. The criteria include active interaction with intimate friends and willingness to participant in the interview. Two guiding questions for the interviews were related to issues of social networks and sexual practices. Under the first main issue that were included, defining social networks, explaining existing network members, level of intimacy, purpose of connectedness and criteria to choose a close network member. On the sexual practice matters, discussions were made about defining sexual practice in context, issues of use, source of knowledge contraception contraceptive methods, pregnancy, and interviewees own sexual understanding, experiences, and decision making.

# 2.3.2 Data Analysis

A narrative analysis was made to the qualitative data after all conventional activities (transcription, coding, theme development and categorization) were performed.

#### 2.4 Data Integration

Data from the quantitative and qualitative analysis were integrated using techniques suggested by Mason. Mason suggested following similar themes in order for the different data sets to link; and linking both data to address a particular topic rather than remaining at the conceptual theme level [22]. Therefore, relational spaces were created for data generated quantitatively with qualitative data as narrated by participants on two important accounts (social networks and sexual practices). In the process of data integration care was taken to link the data with the research questions presented earlier.

#### 3. Results

# 3.1 Socio-Demographic Data

In Table 2, age, living arrangements before and after joining the University, place of birth, and parents' means of income are summarized.

Table 2 indicates 76% of respondents were within the ages of 20-24 years. Data on place of birth demonstrated, 67% came from Addis Ababa, where the University is located. Living arrangements prior joining the University indicate, 66% lived with biological parents. For other living arrangements can be seen in Table 2. About 49% and 40%, respectively, were living on the University campus and with their parents during their study years. Only 11% lived by their own or with relatives. The types of parents' occupations/means of income are considered as one of the factors that influence young females' social connections and sexual practices. From the valid responses, 46% reported their mothers are housewives. Eight-five percent reported their fathers are main earners of family income.

# 3.2 Findings from Questions Related to Social Networks

The focus of this section is first to analyse social networks and then examine how networks influence sexual practices.

#### 3 3 Role Models

According to some researchers [23, 24] our adulthood connection is influenced by the person who holds a role model position during our childhood. In order to verify this assumption, we raised a question which asked "who is your role model?" Diverse responses were documented.

For 56% and 39% of respondents, respectively, parents in general and mothers in particular were

found to be main role models. One can assume gender that may augment closeness to mothers. One interesting data on this particular topic is that university teachers are less chosen as models by the study participants. All the Cases from the qualitative study reflected, due to limited number of female instructors in the University, male instructors are not considered as role models to them.

### 3.3.1 Types of Social Networks and Membership

The types of networks may range from friendship, gender, kinship, neighbourhood, and workplace to

Table 2 Socio-demographic profiles and means of parents' income.

Category	Frequency*	%
Age		
15-19 years	29	27.6
20-24 years	76	72.4
Total	105	100
Living arrangements before joining university		
With both parents	76	65.7
With mothers only	20	17.3
With fathers only	6	5.5
Immediate relatives (siblings, aunts/uncles)	13	11.4
Institutions/orphanage	1	0.1
Total	116	100
Living arrangements during university study		
On university campus	59	48.8
With parents	48	39.6
With relatives	8	6.6
Alone (in rented rooms)	6	5.0
Total	121	100
Place of birth		
Addis Ababa	81	66.9
Out of Addis Ababa	40	33.1
Total	121	100
Fathers' means of income		
Farming	14	13.5
Trading/business	30	28.8
Employment	45	43.3
Pension	8	7.7
Miscellaneous activities	7	6.7
Total	104	100
Mothers' means of income		
Farming	5	4.3
Trading/business	14	12.1

<sup>\*</sup> The total of frequencies in this column varies and all of them are less than the sample size. This is due to existence of non-responses to questions related to the variables.

business networks [25]. Our study revealed 67% of respondents and five of the Cases belong to two network types. Multiple memberships, mainly in three or more networks are rare. Friendship is a source of choice to join a particular type of network as demonstrated by the respondents. For campus-based network membership, religion attracts many respondents to join a particular network group.

### 3.3.2 Social Network Closeness and Functions

students' Studying networks provides the understanding on the closeness of membership as well as the different functions exist in networks. Closeness is a function of intimacy in terms of sharing information. As reported by 32% of the respondents, from the potential function that network could provide, academic support is mainly the main reason why someone joins a given social network. Social support is another reason to join a social network. Other additional purposes include interests on gender, peer influence, religious affiliation, family influence, and interests to share information on sex related issues and a combination of these and other reasons. Academic issues, religious, and sexual matters are primary discussion agendas among network members.

As noted by some Case Study participants, social networks have multiple purposes. Case 1, for example, stated "I have a male friend outside of the campus with whom I occasionally make contacts and hold discussions particularly on academic and reproductive health issues." Case 5 also stated that whenever she has trouble with her academic performance, she shares her concern first with what she called "best friends" who are members of her on-campus network. She also hangs-out together with her network members around town during week-ends and other times.

# 3.4 Findings from Questions Related to Sexual Practices

Sexual practice is contextually defined by Case 1 as "...a mere absence or presence of sexual intercourse

with someone else who is opposite gender." Theoretically speaking, sexual practice can be defined as those things we do which we consider as sexual. These practices include, kissing, erotic touch, masturbation, intercourse, oral sex, anal sex, and manual sexual stimulations [26]. We gathered data on sources of information from where female students receive about sexual practices. Study participants listed combination of sources from where they know about sex. However, the three most sources of information about sexual practices are friends, parents and media.

Friends and parents are the primary source of information for 28% and 19% of respondents, respectively. Thirty-nine percent of respondents receive information from various sources. This is an indication that sources of information on the sex related matters are many and the quality of information received may differ from one source to another.

#### 3.4.1 Initiation of Discussion on Sexual Practices

We asked a question "do you initiate discussion on issues related to sexual practices?" Sixty-seven percent reported, yes they do. Those who did say "no" to the above question have their own views why they did not do so. Forty-one percent of them assumed that they do not have adequate knowledge to initiate discussion on sexual matters. The remaining 59% believed that if they initiate discussions on sex, others would assume them as sex swingers.

Case study participants have mixed views about initiating discussions on sexual topics. Case 4 stated "although I love my boyfriend, I did not talk to him about sex until he initiated the first discussion on the subject." On the other hand, Case 8 has different experience regarding initiation of discussion on sexual matters. She said:

"My boyfriend and I were together in the same class in grade 12. One day I wrote a note which said 'I love you! And I put it in his exercise book.' He put the reply in my exercise book during a class break. His

note said the same as I wrote. This was how I initiated discussion on our sexual relationship."

We also asked the respondents "if you would like to discuss on issues of sexuality whom do you prefer to talk first?" Forty-eight percent prefer to share with friends whatever issue they have in relation to sexual practices. Other 20% replied they first discuss with parents. This seems fascinating given that in Ethiopia parent-child communication on sexual matters is assumed as a taboo.

#### 3.4.2 Engagements in Sexual Activities

To understand the sexual engagement, we put a list of sexual activities, which study participants can confirm "engaged" or "not engaged." Eighty-two percent of respondents and six Cases engaged in intercourse sex. Fifty-seven percent of those who are sexually active reported they committed sex with multiple partners. Three of the Cases have the same status. It is so fascinating compared to the mainstream Ethiopian culture which put women as subjects of sex to get the data that 87% who are sexually active reported they initiated the first sex. Only a single Case reported she initiated the first sex. It may be assumed that personal interviews did not work well to give the courage for young students to say "yes, I did initiate sex."

# 3.4.3 Use of Contraceptives and Consultation on Sex Related Risk Factors

Forty respondents of the 55, who reported they were sexually active, have ever used birth control pills as contraceptives. None of them reported the use of condoms by their partners. All the case participants, who were sexually active, preferred to use pills or other birth control methods taken in a form of injections than using condoms. The sources of knowledge to thirty-six of those who use birth control pills were their mothers. Other two got information from health professionals and still other two from media. These data are in contradiction with the fact that majority of the respondents reported their primary source of informants on sexual practices were their

friends. The Cases reported they got the knowledge to use contraceptives from their mothers' lived experiences. They know mothers use pills or other forms of contraceptives, not condoms. They believe condoms "reduce sexual satisfaction."

#### 4. Discussion

The focus of this study was to explore the nature and characteristics of social networks of university female students and the connection such networks might have with sexual practices. Specifically, the study posed three sets of research questions which guided the study process. We tried to look for answers to the research questions and explored how social networks and other socio-demographic factors influence the sexual practices.

The study revealed respondents who have their parents earning better monthly income reported to engage less in sexual practices. A low socio-economic status is one of the factors affecting early sexual engagements by young people. Low income families have influence on young people to start sex at their earlier age "as lower income parents experience more barriers to controlling [and supporting] adolescents' sexual behaviour due to competing problems" [27]. The general argument may hold true that if young females are not supported economically they may engage in transactional sex. Other factors that contribute to sexual practices of students are their social networks. The focus of this study was to make inquiries whether social networks influence sexual practices of female students. Different dimensions of social networks such as type, size, strength of interaction, closeness, etc., influence the sexual practices.

Role models, as part of social connections, dictate the personalities developed at early childhood. Mothers become influential group chosen as role models. All the Cases confirmed the existence of close attachments to their mothers. The two Cases who reported they delayed initiating sexual activities witnessed it was because of their mothers' advice and positive enforcements against early sex. This is confirmed by some studies, those adolescents with positive and supportive communication from parents delay initiating sex [28]. Friends were found to be the other groups being chosen as role models next to parents. According to some studies, female students in higher institutions follow female instructors as their role models for various actions [29]. Since there are only few female instructors in the University where the study was conducted, there was a rare chance for participants to follow them as models.

Students involved in this study have applied different criteria to join their friendship network. A generic criterion mentioned by many participants was "belongingness." Some of the attributes belongingness include similar field of study, religion, language, gender, and place of origin. More than any other criteria, religious affiliation is found to be the single important attribute to select network membership. Participants seem to believe in the "best choice" philosophy. Many of them had five or less persons in their social networks. When the size of a network is less, closeness and frequency of interaction among members get higher. When the frequency of interaction gets higher, the possibility to become intimate friends is also higher. This kind of tie has good quality in information sharing within group members; but is problematic to bring information and resources beyond those available in their own social circles [30].

Findings of the study showed participants use their social network interactions to solve personal and group level problems. Focus of discussion among network members is primarily on academic, sexual, political and religious matters. It is uncommon among youngsters to discuss on issues of sexuality, religion and politics with their parents or other family members. "...discussing sex-related issues with unmarried children like the ones involved in this study is considered as taboo in many African societies", [31]

where Ethiopia is not exceptional.

It becomes evident when students are concerned about sexual matters mainly the issue of pregnancy, sexually transmitted diseases, partner selection and abstinence, the primary group to discuss with, is their friends in the University. Common interest and reciprocity are main criteria why students prefer one source of information about sexual issues on top of the other. Peer discussion among network members become significant in the students' sexual life. There are indicators which show peer pressure; mainly pressure from close friends, contributes to sexual debut. On the other hand, those students who established strong bondage with parents develop negative attitude towards initiating sex. This finding is consistent with data from previous studies conducted elsewhere where there is "consistent negative correlations between family connectedness and sexual activity..." [32].

The choices made to use birth control pills and other contraceptives rather than condoms indicate female students have either less decision making power on the choices of contraceptives or are less concerned about diseases that would come as a result of unprotected sex. Risk taking seems a universal character among the study participants as confirmed by other studies too. Some authors [33] in their study of the Russian adolescents stated that "a large proportion of adolescents did not associate safer sex with condom use and most sexually experienced youths did not report condom use." Although there was no a single participant who reported about sexually transmitted infections, the sexual practice they were involved would lead us to suspect some of the participants might suffer from sexually transmitted diseases.

# 5. Implications

The study draws important implications in the area of empowerment. The study looked empowerment in two areas: academic and sexual decision making empowerment. As recommended by some scholars, students' empowerment should be seen from the perspectives that it is needed as means to achieve changes in their academic success, reproductive health, and independent decision making [34]. It has been found that social network variables influence sexual decision making. Students learn about sex and practice it mainly upon recommendations and influences from their social network members. Our study documented network members should establish a sense of confidence and reciprocity among themselves to share information on sensitive issues such abstinence, partnership. contraception. pregnancy. transmitted diseases and emotional support when encountered problems. This shows that a network relationship becomes an important tool for members to decide about sex. It is necessary to note that for any interested institution that wants to equip female students with the necessary negotiation skills on reproductive health issues in general and sexual practices in particular; they need to look into existing networks. Social networks are assets which enhance the power to decide on own sexual life for young females.

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