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メタデータ	言語: eng 出版者: 公開日: 2019-09-10 キーワード (Ja): キーワード (En): 作成者: NAGAMATSU, Miyuki メールアドレス: 所属:
URL	<a href="https://jrckicn.repo.nii.ac.jp/records/622">https://jrckicn.repo.nii.ac.jp/records/622</a>

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# Family, School, and Social Factors Associated With Sexual Experience and Attitudes to Sexual Intercourse among Japanese Adolescents Aged 14 to 15 Years

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**Synopsis:** Objective: To determine factors related to family, teachers, partners, and friends that influence Japanese adolescents' sexual experience and their attitudes toward sexual intercourse.

Sample: A total of 776 (378 females and 398 males) junior high school students aged 14-15 years old, and their parents or guardians who completed questionnaires.

Measurements: The variables assessed were sexual experience, attitudes toward sexual intercourse, family workforce participation, family monitoring, family function, presence of counseling teachers, presence of dating partners (boyfriend/girlfriend), and presence of friends with sexual experience.

Results: The presence/absence of sexual experience and acceptance of sexual intercourse showed no significant differences for both females and males in terms of relation to family employment. Sexual experience and acceptance of sexual intercourse among male and female adolescents were positively related to the presence of friends with sexual experience, but little related to family monitoring. There were gender differences in some other factors. The type of family function was related to sexual experience for males, and the presence of same-age dating partners was associated with acceptance of sexual intercourse for males. The absence of counseling teachers and the presence of older dating partners were related to sexual experience and acceptance of sexual intercourse for females.

Conclusion: It is suggested to promote sex education and gender-sensitive individual counseling for adolescents, taking into account their family, school teachers, friends, and partners.

**Key words:** adolescent, sexual experience, family, school, partner, friend.

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## Introduction

The percentage of students who have experienced sexual intercourse increases significantly between the third year of junior high school (14 to 15 years old) and the third year of junior high school (17 to 18 years old) from 5.8% to 34.8% for boys and from 4.5% to 36.8% for girls<sup>1)</sup>. Commencement of sexual intercourse leads to the risk of problems such as teenage pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection. One of the most serious health outcomes related to early

sexual activity among the youth of Japan is acquired immune deficiency syndrome (AIDS), and Japan has the most rapidly increasing number of AIDS patients among developed countries. According to the Ministry of Health, Labor and Welfare AIDS Trend Committee (2008), the total number of people with HIV and/or AIDS in Japan (including adolescents and young adults) increased from 1,680 in 1998 to 13,894 at the end of 2007. In addition, the annual number of young people under 25 years old with new HIV infection has risen from 47 in 1998 to 131 in 2007<sup>2)</sup>. Sexual behavior of adolescents is influenced by age, gender,

race/ethnicity, socioeconomic status, religious factors, and the relationship with parents<sup>3)</sup>. In Japan, however, no studies have been published in which both parents and adolescents were investigated to assess adolescent sexual behavior because of the reluctance of individuals to discuss sexual activity, as well as because schools and parents are hesitant to explore issues outside the cultural norm<sup>4)</sup>.

Parents are essential as educators for healthy adolescent development. The influence of parent-adolescent processes in the home on sexual behavior has been a focus of research in the U.S. for the past decade<sup>5)</sup>. Adolescent sexual behavior seems to be related to family factors. One study showed that African-American adolescent males who were unsupervised for more than 5 hours per week after school were twice as likely to have gonorrhea or another STD than boys who were unsupervised for 5 hours or less<sup>6)</sup>. Adolescents who spent time alone at home were more likely to be sexually active<sup>6)</sup>. We have previously reported that delay of the first experience of sexual intercourse was related to parental monitoring in the case of female high school students<sup>7)</sup>. Thus, parental monitoring is an important variable to consider when examining sexual risk factors among adolescents. However, a study has shown that adolescent females who feel excessively psychologically controlled by their parents were more likely to engage in risky sexual behavior<sup>8)</sup>. Other studies have shown that families classified in the extreme group showed a higher rate of antisocial adolescent behavior than families classified in the balanced group on the Family Adaptability and Cohesion Evaluation Scales (FACES)<sup>9, 10)</sup>. Another study on the relationship between sexual activity and behavioral problems indicated that impaired family relationships significantly prompted sexual activity in adolescents<sup>11)</sup>. These studies suggest that many adolescent problems are related to family monitoring and family function.

Jaccard et al. reported a relationship between parental disapproval of adolescent sexual behavior and the first sexual experience<sup>12)</sup>. In addition, it has been

reported that the fathers' disapproval of adolescent sexual behavior was the main reason for delaying the commencement of intercourse among African-American teenagers<sup>13)</sup>. Furthermore, we have found that delaying sexual intercourse was related to parental disapproval of adolescent sexual behavior among male high school students<sup>7)</sup>. Therefore, parental values seem to be related to the delaying the first experience of intercourse.

A study of Korean college students revealed that premarital sexual attitudes, self-efficacy of abstinence, and referent group norms were significant predictors of intentions about premarital sex for male students. In contrast, only attitudes and norms predicted the intentions about premarital sex for female students<sup>14)</sup>. In Japan, engaging in sexual intercourse was related to the parent-child relationship and the relationship between the parents among female high school students. In addition, engaging in sexual intercourse by both sexes was related to meal habits, smoking, drinking, the existence of a boyfriend or girlfriend, and the existence of friends with sexual experience<sup>15)</sup>. These studies suggest that the timing of an adolescent's first experience of intercourse is influenced by the attitude of the family, the referent peer group, and dating partners.

We hypothesized that sexual experience and the attitude toward sexual intercourse would be associated with the family workforce participation, family function, family monitoring, presence of counseling teachers, presence of dating partners (boyfriend or girlfriend), and presence of friends with sexual experience in their social circle. The purpose of the present study was to determine the gender differences and the factors related to family, teachers, partners, and friends that influenced the timing of the first experience of sexual intercourse and the attitude toward sexual intercourse among early Japanese adolescents.

## Methods

### 1. Procedure

We delivered self-administered questionnaires to

students and parents/guardians from May to July 2006. This anonymous survey was performed at school. We asked the classroom teachers to distribute and collect each questionnaire in a sealed envelope. Using standardized instructions, the students completed the requested procedures and the questionnaires remained confidential. Students were required to give the questionnaire and an information letter to their parents/guardians, and students submitted the questionnaire in a sealed envelope in a collection bag. The information letter detailed the purpose of the study, the confidentiality of the data, the right to withdraw, and the researcher's contact information. Unique identification numbers for the students and parents/guardians were assigned to each questionnaire.

## 2. Sample

The participants in this study were junior high school students and their parents or guardians from eight junior high schools in Japan. They lived in a city with a population of 866,000 and an area of 2,439 km<sup>2</sup>. The participating junior high schools were selected at random from the telephone directory of the Saga area. Eight junior high schools agreed to participate in the study. There were 1,215 grade three students aged 14–15 years old in these schools. Joint participation in the study by students and their parent(s) or guardian(s) was required because some students lived with only one or neither of their parents. All participating students and the parents/guardians gave informed consent. The school health committees at each participating junior high school approved the study protocol, and the principals of each school gave permission for collection of the data. This analysis was limited to participants who provided answers about gender, sexual behavior, and sexual attitudes for a complete student-parent/guardian set. A total of 776 complete sets of data on students and their family members were obtained, accounting for 63.9% of the target students. They included an approximately equal numbers of male students with their parents/guardians (n=398 sets) and female students with their

parents/guardians (n=378 sets). The percentage of male students (51.3%) was similar to that of female students (48.7%). All the parent/guardians were adults, and they comprised mothers (91.1%) fathers (6.4%), and other family members (2.5%) such as grandmothers, aunts, or older sisters.

## 3. Measurements

### (1) Family workforce participation.

The students answered questions about their family's workforce participation, i.e., if both parents worked, if only the father worked, if only the mother worked, or if neither parent worked.

### (2) Family function.

Both the students and the parents/guardians were asked the same questions. Family function was measured by using the Family Adaptability and Cohesion Evaluation Scales (FACES)<sup>9</sup>, which consists of ten items from the family adaptability scale and ten items from the family cohesion scale that measure family function based on interactions between the parent and adolescent. We used the Japanese translation of FACES by Kusada and Okadou<sup>16</sup>. Each question was scored on a 5-point scale ranging from 1 (never) to 5 (always). The ten-item scale for family adaptability was .74 and the ten-items for family cohesion were .88 among Japanese<sup>17</sup>. We classified each reply into four stages allowing for the standard deviation of both adaptability and cohesion. We then classified the families into a well-balanced group, an intermediate group, and an extreme-balanced group using Olson's Circumplex Model. Furthermore, we classified the respondents as being in balanced families, intermediate families, or extreme families using the same model. According to Olson's model, the extremes (disengaged or enmeshed) are generally seen as problematic, and many relationship problems occur if a family always functions at either extreme of the model (rigid and chaotic).

### (3) Family monitoring.

We asked both students and their parents/guardians about family monitoring. Four simple items derived from the Strictness/Supervision Scale<sup>18</sup> were used to

assess monitoring by the parents/guardians. 'To what extent does your parent know where you go at night?', 'To what extent does your parent know what you do with your free time?', 'To what extent does your parent know where you go most afternoons?', and 'To what extent does your parent know who your friends are?' This scale has been used for general adolescents and parents/guardians<sup>19</sup>. It has been translated into Japanese and tested to ensure that the items were clear and appropriately worded for high school students in Japan. We confirmed that it has a high level of reliability as a measure of parental monitoring (mothers: .79)<sup>20</sup>. With this scale, higher scores indicate better monitoring. The questions were scored on a 4-point scale ranging from 1 (never) to 4 (always), and the total score was determined by summing the responses for each item.

#### (4) Attitude toward sexual intercourse.

We also asked the students and parents/guardians a question that we had devised ourselves: 'What do you think about sexual intercourse for junior high school students? Do you see no problems with it, or do you think it is not good?' Students and parents/guardians could choose whether to accept or disapprove of students engaging in sexual intercourse.

#### (5) Presence of counseling teachers.

We asked students about the presence of counseling teachers at their schools.

#### (6) Presence of dating partners(boyfriend/girlfriend).

We asked students about the presence of dating partners and we categorized these partners as those of the same age and those who were older. 'Are there dating partners? If you answer in the affirmative, select the category that applies. (Junior high school student/high school student/university student/adult)'

#### (7) Presence of friends with sexual experience.

We also asked students whether or not their peers had sexual experience. 'Do you think the friends in your peer group are sexually experienced?'

#### (8) Sexual experience of students.

We asked the students if they had ever engaged in

sexual intercourse. 'Have you ever had vaginal sex?'

#### 4. Analyses

We used the chi-square test to identify significant differences of family workforce participation, family function, counseling teachers, dating partners of the same age, older dating partners, and sexually experienced friends. We also analyzed the data for males and females separately.

The influence of family monitoring was compared between three groups by using analysis of variance (ANOVA) and a post-hoc t-test (with Bonferroni's correction). Fisher's exact test was also used. We analyzed the data with Statistical Package for the Social Sciences (SPSS 19.0) software, and statistical significance was set at  $p < 0.05$  for independent variables.

#### Results

There were 14 males (3.5%) who had experienced sexual intercourse among the 398 male adolescents, while 19 (5.0%) of the 378 females had engaged in sexual intercourse. Among the 384 males without sexual experience, 164 males (42.7%) accepted the idea of sexual intercourse as did 119 (33.1%) of the 359 females without sexual experience. We compared the characteristics of the family, teachers, partners, and friends between a conservative group (adolescents without sexual experience and who disapproved of sexual intercourse : males = 220 ; female = 240) and two liberal groups (adolescents without sexual experience who accepted sexual intercourse : males = 164 ; female = 119, and adolescents with sexual experience who accepted sexual intercourse : males = 14 ; female = 19). **Table 1** shows the results of analysis using the chi-square test to compare characteristics between the conservative group and the two liberal groups as defined by the family members and adolescents. The presence/absence of sexual experience and acceptance of sexual intercourse showed no significant differences for both females and males in relation to family employment. Also, based on the answers provided by the parent or guardian, male and female adolescents'

**Table 1 Comparison of variables between the conservative group and the two liberal groups**

	Males			Females		
	Conservative	Liberal	Liberal	Conservative	Liberal	Liberal
Experience of sexual intercourse	Sex (-)	Sex (-)	Sex (+)	Sex (-)	Sex (-)	Sex (+)
Attitude to sexual intercourse	Disapprove	Accept	Accept	Disapprove	Accept	Accept
	N=220	N=164	N=14	N=240	N=119	N=19
	%	%	%	%	%	%
<b>Family workforce participation</b>						
Both parents work	66.4	67.1	57.1	67.1	71.6	50.0
Father only works	25.5	23.0	35.7	26.5	19.0	33.3
Mother only works	6.4	8.1	7.1	6.0	4.3	16.7
Both parents don't work	0.5	1.2	0	0.4	0.9	0
<b>Family member answers</b>						
Extreme family	22.7	25.9	18.2	27.4	22.5	31.3
Acceptance of sexual intercourse	1.5	2.0	0	0.4	0	0
<b>Adolescent answers</b>						
Extreme family	25.5	21.8	66.6	32.5	31.1	16.6
Presence of counseling teachers	38.5	33.1	40.0	46.2	33.9	31.6
Presence of same-age dating partner	7.7	17.9	42.9	9.3	13.9	31.6
Presence of older dating partner	0.9	0	14.3	0	2.6	31.6
Presence of friends with sexual experience	5.0	19.0	92.9	9.6	25.4	68.4

Sex (-): adolescents who have not had sexual intercourse

Sex (+): adolescents who have had sexual intercourse

Disapprove: adolescents who disapprove of adolescent sexual intercourse

Accept: adolescents who accept adolescent sexual intercourse

Significant difference between the two liberal groups and the conservative group (chi-square test)

\* $p < .05$  \*\*  $p < .01$  \*\*\*  $p < .001$

sexual experience and acceptance of sexual intercourse were unrelated to either extreme family function or parental acceptance of adolescent sexual intercourse.

Based on answers provided by the adolescents, extreme families were significantly related to sexual experience for males ( $p < .01$ ). The presence of counseling teachers was more significantly associated with sexual experience among females ( $p < .05$ ) than males. The presence of older dating partners was more significantly related to sexual experience among females ( $p < .001$ ) than males ( $p < .05$ ). For both male and female adolescents, sexual experience was significantly related to having same-age dating partners (males:  $p < .001$ ; females:  $p < .01$ ), older dating partners (males:  $p < .05$ ; females:  $p < .001$ ), and sexually experienced

friends (both  $p < .001$ ).

In addition, there was a significant association between females accepting sexual intercourse and the absence of counseling teachers ( $p < .05$ ). The presence of older dating partners was more significantly related to the acceptance of sexual experience among females ( $p < .05$ ) than males, while the presence of same-age dating partners was significantly associated with acceptance of sexual intercourse among males ( $p < .01$ ). Acceptance of adolescent sexual intercourse by both females and males was significantly related to the presence of friends with sexual experience ( $p < .001$ ).

**Table 2** shows the differences of family monitoring between the three groups as assessed by analysis of variance (ANOVA) with a post-hoc t-test and Bon-

**Table 2 Comparison of family monitoring between the conservative group and the two liberal groups**

	Males			ANOVA	Females			ANOVA
	Conservative groups	Liberal group			Conservative Liberal	Liberal groups		
	Sex (-) Disapprove	Sex (-) Accept	Sex (+) Accept		Sex (-) Disapprove	Sex (-) Accept	Sex (+) Accept	
	N=220	N=164	N=14		N=240	N=119	N=19	
	M ±SD	M±SD	M±SD	F	M±SD	M±SD	M±SD	F
Family member answers	14.7 ±1.7	14.5 ±2.2	12.7 ±3.9	6.5**	15.1 ±1.7	14.9 ±2.31	15.0 ±3.0	0.2
Adolescent answers	12.1 ±2.8	11.2 ±2.9	10.1 ±2.7	7.4**	12.9 ±2.6	11.6 ±2.9	10.9 ±2.7	12.1***

Sex (-): adolescents who have not had sexual intercourse  
 Sex (+): adolescents who have had sexual intercourse  
 Disapprove: adolescents who disapprove of adolescent sexual intercourse  
 Accept: adolescents who accept adolescent sexual intercourse  
 Significant difference among the three groups by analysis of variance with a post-hoc t-test  
 \**p*<.05 \*\**p*<.01 \*\*\**p*<.001

ferroni’s correction. Based on answers provided by the parent or guardian, ANOVA revealed a significant difference between the three groups of family monitoring for males (*F*=6.5, *p*<.01), i.e., families with sexually experienced males performed significantly less monitoring (*p*<.01). Based on answers provided by the adolescents, ANOVA revealed a significant difference between the three groups in relation to monitoring of female and male students (males: *F*=7.4, *p*<.01; females: *F*=12.1, *p*<.001). The post-hoc t-test showed that less family monitoring was significantly related to sexual experience for both female and male adolescents (males: *p*<.05; females: *p*<.01), as well as to acceptance of sexual intercourse (males: *p*<.01; females: *p*<.001).

**Discussion**

**1) Common factors for males and females.**

Our study showed that having friends with sexual experience was significantly related to both sexual experience and acceptance of sexual intercourse among Japanese male and female adolescents. A study of Korean college students previously revealed that attitudes to premarital sex and referent group norms pre-

dicted the intentions of both female and male students with respect to premarital sex<sup>14</sup>. Our results correspond with those of a study of Japanese high school students of both sexes, which showed that sexual experience was related to the existence of friends with sexual experience<sup>15</sup>. This suggests that adolescents are more influenced by their friends during adolescence and often want to share the values of their friends.

Lower levels of family monitoring were significantly related to the sexual experience of male and female adolescents and also to acceptance of adolescent sexual intercourse. U.S. studies have reported that adolescents who frequently eat dinner with the family have a lower incidence of sexual intercourse<sup>20</sup>. Thus, it can be suggested that frequent family monitoring is an important variable for prevention of sexual activity among adolescents.

**2) Factors for male adolescents.**

Our study showed that an extreme-balanced family was significantly related to the sexual experience of male adolescents. Velez-Pastrana et al. reported a relationship between early sexual intercourse and family function, including parental supervision, discipline,

and support<sup>21)</sup>. Miller et al. showed that adolescent participants who reported a more permissive parenting style expressed more intense negative reactions toward hypothetical situations that can provoke conflict. Male adolescents expressed more intense reactions than females to the same situations<sup>22)</sup>. Overall, children tended to perform antisocial behavior when there was an overprotective family. The present study suggested that there was a tendency for males with an extreme family to be disruptive, which facilitates behavior that leads to sexual activity. We think it was effective to measure family function with this scale because it is difficult to assess function from outside the family. It is also important to provide information to parents about bringing up adolescent males. It seems important to conduct individual counseling for students and their parents/guardians with a focus on those who approve of sexual intercourse and who already have sexual experience.

### 3) Factors for female adolescents.

For adolescent females, acceptance of sexual intercourse and sexual experience was significantly related to the presence of older dating partners, suggesting that adolescent females were more affected by their older dating partners. Furthermore, accepting sexual intercourse by females was significantly associated with the absence of counseling teachers at school. Individual counseling by teachers who listened to an adolescent's opinions and troubles was a strong predictor of a conservative sexual attitude. Thus, female students need individual counseling about sex that includes the older dating partner because Japanese parents have difficulty discussing sexual matters with their children. Realizing this objective for female adolescents will require collaboration between school teachers, psychiatrists, counselors, obstetricians, midwives, and public health nurses.

### Limitations and clinical implications.

This study had several limitations. First, the sample size was quite small for a questionnaire survey. Since

we did not extract data randomly throughout the country, there might be bias related to the geographical area and our study was limited to Japanese participants. In the future, we need to obtain more data from other areas in Japan.

We recommend that programs be developed to support adolescent sexual health, as well as the promoting health education. We also need to develop culturally specific sex education programs that account for gender differences and the developmental stages of adolescence. We suggest that it is important to promote sex education and individual counseling that take into allowance the gender of adolescents, as well as the influence of family, school teachers, friends, and partners. Development of such programs will require school-based intervention for adolescents and their families, partners, and friends. Future studies should include carefully controlled intervention trials to test the effect of supervised activities on risk-taking behavior such as sexual activity. In conclusion, we suggest that it is important to promote sex education and individual counseling that takes into account the gender of adolescents as well as the influence of the family, school teachers, friends, and partners. Furthermore, it is important to continue to implement and evaluate sex education programs.

### Acknowledgments

The authors wish to thank the students, family members, and teachers of the participating junior high schools for permitting collection of the data.

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( 受付 : 平成 23 年 3 月 17 日 )  
( 受理 : 平成 24 年 5 月 11 日 )