



SCIENTIFIC ARTICLES

Family culture and adolescent sexuality

Manuela Ferreira^{*,a}, Paula Nelas^a, João Duarte^a, Carlos Albuquerque^a,
Célia Grilo^a, Filipe Nave^b

^aHealth School-Polytechnic Institute of Viseu, CI&DETS-FCT, Portugal

^bHealth School - University of Algarve

KEYWORDS

Adolescents;
Family;
Sexuality

Abstract

Background: Adolescence is characterized by an increase in autonomy and the transformation of family relationships. Their experience has different meanings in future quality of life.

Objectives: To analyze the relationship between the sociodemographic variables, of Sexual context and attitudes adopted by teenagers facing sexuality with the organizational culture of the family.

Methods: Observational descriptive and correlational, transversal study. The non-probabilistic convenience sample consists of 1216 adolescents attending the 9th year of study in Portuguese Public Schools and is part of the project PTDC/CPE-CED/103313/2008, the questionnaire applied was family organizational culture of Nave (2007) and attitudes towards sexuality of Nelas et al (2010).

Results: The majority lives in a village (47.5% of boys and 50.0% girls) .12.9%of boys do not use condoms in all relationships, and the same applies to 17.8% of girls. They belong mostly (55.8% boys and 49.5% girls) to a family with poor interpersonal relationships culture. The majority (51.8% males and (58.9%) females have a family with moderate heuristic culture. Boys and girls (33.6% and 36.9%) both demonstrate a predominantly moderate hierarchy family culture and a moderate social goals family culture as well. Adolescents who have a bad attitude towards sexuality, mostly (43.2%) present a weak interpersonal relationships family culture with statistical significance ($\chi^2 = 32,092$, $p = 0.000$) and have moderate hierarchy family culture and also moderate social goals family culture, without statistical significance.

Conclusion: The family that loves, welcomes and cares is the same that educates and informs about sexuality, promoting youth empowerment making them safer, healthier and happier

© 2013 Elsevier España, S.L. Open access under [CC BY-NC-ND license](#).

MISIJ project funded by FCT- Monitoring health indicators in children and adolescents: Impact of health education- Reference PTDC/CPE-CED/103313/2008- and CI&DETS FCT- PEstOE/CED/UI4016/2011

*Correspondence author.

E-mail: mmcferreira@gmail.com (M. Ferreira).

Background

The family, as a structure, is considered a universal phenomenon, transversal, present in all types of society, and it is upon that that the social order is based. It is characterized as a kinship system that defines symbolic places and presupposes an accepted standard that organizes those same places, which are occupied by people not necessarily related by blood.¹ As a consequence of the evolution of family institution also the relations between parents and children have changed, gradually abandoning the relationship based on authority to give way to the valuation of a more open relationship, available for dialogue which is considered a key aspect in the family context. Several authors^{2,3} refer to a study by the University of Lancaster, about teenagers and their parents, which reveals that parents and young people have strong ideas about democratic relations of equality, based on negotiated and open communication, and also that “friendship” is constantly invoked as representing the foundation on which rests the ideal family relationship. The children do value the fact that there is openness on behalf of the parents to talk and communicate with them. However and according to the results, it is essentially the mothers who reach this level, it seems that the father has the disciplinary role of the family.³

Among the functions of families we essentially found the response to meet basic needs of its members, to reproduce, create and socialize with the children, providing a space for the couple’s sexuality and support to its members in times of crisis.⁴ Opportunities for appropriate development for a child are above all dependent on the family context in which she was born. To the author the family contribution to the development of the full psychic potential of the child must be to generate love, foster hope, hold the mental suffering and teach the child to think.

The family is then a privileged place of affection in which intimate relationships, expressing emotions and feelings essential to the development of individuals take place and the acquisition of physical and mental abilities that allow them to reach each stage of their psychological development.² It is an open system in interaction with other systems (school, work, neighbourhood, etc.) and contains over their life cycle predictable critical events (birth, adolescence, marriage, children, etc.) and critical events not predictable.⁵

The harmony, the quality of family relationships and marital relationship quality are factors that directly influence the development of children and their poor quality can affect the appearance of deficits and psycho-affective disorders.² The main vertex of the functionality of the family consists of the interpersonal relationships among its members, and that the affection and feelings of belonging and identity play the primary roles; the types of organizational culture that families adopt are predictors of family satisfaction and positive perception of family functioning for children and adolescents that integrate these families.⁶

The adolescence, which is described by many authors as a prominent crisis in the family context² shows some specific tasks involving all members of the family. It is marked by intense and rapid evolutionary changes in biological, psychological as well as social systems. It is

the biopsychosocial maturation process, during which acquires its definitive body image, as well as the substantial structure of his personality. It is a period of discovery of the individual limits, a period of questioning the values and norms of family and a strong commitment to the values and norms of the group of friends and peers, the demand for autonomy and independence as a person and the definition of sexual identity² it is also during this period that the genital maturity, psycho-affective balance, the maturation of sexuality, the formation of a positive self-image, and finally, the creation of future projects which are based on a vocational goal occur.⁷

Sexuality is build and learned and is an integral part of personality development, which may interfere with the learning process, the mental and physical health of the individual.⁸ The approach to the opposite sex together with the maturation of the sexual system provides the appearance of the first romantic relationships, which can follow up the first sexual experiences.⁹

A study published by Silva,¹⁰ held in Porto with a sample of 177 adolescents, states that in teenagers living in the most disadvantaged conditions concerning social, personal and cultural areas, occurs among others, early onset of sexual activity, which is often accompanied by a lack of knowledge about sexuality and infrequent use of contraception.

The teenager, as the child must grow in a vigilant freedom, as to avoid internalizing distorted beliefs about sexuality. Sex education and received in the family is very important for the harmonious development of the child and adolescent. A family that loves, that welcomes and cares is the same that educates and informs about sexuality, making her young safer, healthier and happier.

However some families take another very common model of sex education that is the complete omission of these themes in conversations between parents and children, possibly because they themselves do not feel comfortable discussing such matters.

Parents and educators should respect the developmental stages of children and adolescents; answer their questions without advance but sincerely making them more empowered and able to make decisions that promote their sexual and reproductive health.

Materials and methods

Descriptive observational study, correlational, non-experimental and cross-sectional, conducted under the project MISIJ -FCTF-PTDC/CPE-CED/103313/2008. A questionnaire was administered to 1216 adolescents attending the 9th year of schooling. The evaluation protocol includes three parts, the first is to obtain data on sociodemographic and characterization of the context and sexual behaviour variables, which has 12 questions. The second part seeks to obtain data on the attitudes of teenagers towards sexuality and consists of 28 questions.¹¹ The third level consists of the organizational culture of the family.⁶

In analyzing the results we used the SPSS-Statistical Package for Social Sciences (Version 21.0 for Windows). For the descriptive analysis we used measures of central tendency and dispersion, for analysis and inferential measures the Chi-Square test and T test of Student.

Results

Sociodemographic characterization of the sample

The age of the adolescent respondents varies between 14 and 18 years old, corresponding to an average of 14.69 years. For the boys who represent 45.23% of the sample and girls (54.77%) the minimum and maximum ages are also 14 to 18 years old but the boys are older than girls (average = 14.76 years \pm 0.875 SD) and (average = 14.63 \pm 0.798) which was statistically significant ($t = 2.725$, $p = 0.007$).

The majority of the adolescents reside in a village with percentages of 47.5% in boys and 50.0% in girls. The Chi-square ($\chi^2 = 1.769$; $p = 0.413$.) and those adjusted residuals indicate the lack of statistical significance. Of teens who date ($n = 308$), 32.4% are male and have been dating for 1-6 months (29.6%). In girls, the majority has been dating between 1-6 months (39.2%) and 21.1% between 6 months to 1 year. Among the groups there was no statistical significance ($\chi^2 = 8.643$; $p = 0.071$). It was found that 49.3% talk about sexuality with their mothers, 45% with their father, 42.1% with the brother (sister), but mostly (53.3%) with friends. The girls speak more with friends (53.8%) and the mother (49.5%). The boys are the ones who speak with the father (50%), with the brother (sister) (45.6%), with their girlfriend (41.6%), teachers (40.9%) and the doctor / nurse (42.0%). The study revealed that 15.1% of boys and 10.5% girls had sex.

For the initiation of sexual activity, by age group, we found that 93.9% of adolescents aged 14 did not initiate sexual activity. Among adolescents aged 15, 86.6% did not initiate sexual activity. Concerning the group with 16 or more years old, 32.8% have initiated sexual activity. They had their first intercourse between 10 and 18 years of age, accounting for an average of 13.83 years, standard deviation(s) of 1.508 and a coefficient of variation of 10.90%, which shows a weak dispersion, statistically significant differences were not observed ($t = 1.722$, $p = 0.087$).

Of the adolescents who use contraception 60.6% are male and 39.4% female. It is the group of boys with 16 years old or more that there is an increased use of contraception, and this difference is significant ($\chi^2 = 27.215$; $p = 0.000$). We found that 62.8% of adolescents use condoms and 37.2%, the birth control pill but only 5.5% of girls use condoms and other (94.5%) the birth control pill.

Among the groups there was no statistical significance ($\chi^2 = 4.237$; $p = 0.120$). We found that 12.9% of male adolescents and 17.8% of female adolescents do not use condoms in all sexual relations, with no statistical significance ($\chi^2 = 4.237$; $p = 0.101$).

Concerning the study of the relationship between the attitudes of teenagers towards sexuality and gender to which they belong, we ascertained that adolescents who have a bad attitude towards sexuality are mostly female (66.7%) and only 33.3% male, as far as teenagers who have a good attitude towards sexuality are concerned, it was observed that 53.7% are male and 46.3% female, with significant differences ($\chi^2 = 36.348$; $p = 0.000$) showing the residues that lie in the set of with good attitude towards sexuality in boys and poor attitude towards sexuality in girls.

Regarding the attitude towards adolescent sexuality and dating status, it was observed that the majority of teenagers who have a bad attitude towards sexuality do not date (69.6%). Those who have a good attitude towards sexuality mostly also do not date (74.7%). The results of the chi-square ($\chi^2 = 5.411$; $p = 0.067$) indicate no statistical significance.

Adolescents who have a poor attitude towards sexuality speak mostly (55.8%) with friends and 34.3% with the teachers, differences with statistical significance. Of those who have a moderate attitude towards sexuality more than half (51.8%) speak with friends and 36.6% with the teachers. Those who show a good attitude towards sexuality speak with friends (52.8%), and 41.7% with their girlfriend.

It was found that of the adolescents who show a poor attitude towards sexuality 83.2% did not have sexual relations. Similar percentages were obtained for those who have a moderate attitude (87.8%) or a good attitude towards sexuality (89.4%). The differences are significant as shown by the chi-square test ($\chi^2 = 7.113$; $p = 0.029$), which are located between adolescents who have a bad attitude towards sexuality and have had sexual relations and adolescents who have a good attitude towards sexuality and haven't had sexual relations.

Analyzing the attitudes of teenagers towards sexuality who have started sex and age of first intercourse we found that of those who have a bad attitude towards sexuality 37.3% started their sexual life with 13 or less years old. Of the classified with a moderate attitude towards sexuality (35.0%) started their sexual life at 15 years old, and of those classified with a good attitude towards sexuality 38.7% started their sexual life with 13 or less years old and 9.7% with 16 or more years of age, but the differences between groups are not statistically significant.

Regarding the attitude of teenagers towards sexuality and the use of contraception we found that of the adolescents with a poor attitude towards sexuality 75.2% do not use contraception while the ones who have a good attitude towards sexuality 82.1% use contraception. These differences reveal significance ($\chi^2 = 9475$; $p = 0.009$) that lies in the adolescents who do not use contraception and have a bad attitude towards sexuality.

We studied further the relationship between the organizational culture subscales in their family -culture of interpersonal relationships, culture heuristics, hierarchical culture and culture of social objectives- with the adolescents' attitudes towards sexuality, using the Family Organizational Culture Inventory (ICOF9). This survey aims to measure the kind of culture adopted by each family and its functionality is composed of four subscales.⁶ The culture scale of interpersonal relationships, which seeks to understand the level of cohesion and conflict, communication, affection and belonging in the family; the scale of heuristic culture, which measures factors such as the identity and autonomy, self-organization, creativity and adaptability of the family; the scale of hierarchy culture that seeks to understand the power relations and control, roles and boundaries, rules and norms within the family; and finally, the scale of the culture of social objectives which measures the way the family promotes their status, their image, their social participation and also their integration.

We compared the scores obtained on each of the subscales with the attitudes of the teenagers towards sexuality as showed in Table 2.

Regarding the relationships that exist between attitudes of teenagers towards sexuality and the culture of interpersonal relationships we ascertained that adolescents who have a bad attitude towards sexuality, are mostly (43.2%) from a family culture of weak interpersonal relationships, 5.0% of a family culture with poor interpersonal relations and 24.4% from a family with strong interpersonal culture.

Of the adolescents with a relatively moderate attitude towards sexuality, 48.2% have a family culture of weak interpersonal relationships, 4.3% have a family culture of precarious interpersonal relationships and 24.1% have a

family culture of strong interpersonal relationships. Of the adolescents who have a good attitude towards sexuality mostly (59.5%) belong to a family with weak culture of interpersonal relationships, 3.9% to a family culture of precarious interpersonal relationships and 13.1% to a family culture of strong interpersonal relationships. Such differences have statistical significance, as shown by the chi-square ($\chi^2 = 32.092$; $p = 0.000$) located in adolescents who have a good attitude towards sexuality and have a family with weak culture of interpersonal relationships, and the adolescents who have a bad or moderate attitude to sexuality and whose families have a culture of strong interpersonal relationships.

Regarding the attitudes towards adolescent sexuality and the organizational culture of their families in relation to

Table 1 Distribution of the sample according to age by gender

Gender	Masculine (1)		Feminine (2)		Total		Adjusted Residuals	
	N	%	N	%	N	%	1	2
Age								
14 Years	256	46.5	354	53.2	610	50.2	-2.3	2.3
15 Years	198	36.0	228	34.2	426	35.0	0.6	-0.6
≥ 16 Years	96	17.5	84	12.6	180	14.8	2.4	-2.4
Total	550	100.0	666	100.0	1216	100.0		

Table 2 Culture of interpersonal relationships, heuristic culture, hierarchical culture, culture of social objectives and attitudes of teenagers towards sexuality

Attitudes towards sexuality	Bad (1)		Moderate (2)		Good (3)		Total		Residuals			χ^2	p
	Nº	%	Nº	%	Nº	%	Nº	%	1	2	3		
Family Total													
< 80	131	43.2	158	48.2	348	59.5	637	52.4	-3.7	-1.8	4.8	32.092	0.000
80-82	15	5.0	14	4.3	23	3.9	52	4.3	0.7	0.0	-0.6		
82-89	83	27.4	77	23.5	135	23.1	295	24.3	1.5	-0.4	-0.9		
> 89	74	24.4	79	24.1	79	13.5	232	19.1	2.7	2.7	-4.8		
Total	303	100.0	328	100.0	585	100.0	1216	100.0					
Family Total													
< 80	85	28.1	101	30.8	222	37.9	408	33.6	-2.3	-1.2	3.1	16.166	0.003
80-82	25	8.3	37	11.3	69	11.8	131	10.8	-1.6	0.3	1.1		
82-88	193	63.7	190	57.9	294	50.3	677	55.7	3.2	1.0	-3.7		
Total	303	100.0	328	100.0	585	100.0	1216	100.0					
Family Total													
< 68	62	20.5	74	22.6	144	24.6	280	23.0	-1.2	-0.2	1.3	3.414	0.755
68-73	48	15.8	48	14.6	94	16.1	190	15.6	0.1	-0.6	0.4		
73-84	116	38.3	120	36.6	195	33.3	431	35.4	1.2	0.5	-1.5		
> 84	77	25.4	86	26.2	152	26.0	315	25.9	-0.2	0.2	0.1		
Total	303	100.0	328	100.0	585	100.0	1216	100.0					
Family Total													
< 73	74	24.4	76	23.2	149	25.5	299	24.6	-0.1	-0.7	0.7	4.622	0.593
73-80	47	15.5	57	17.4	118	20.2	222	18.3	-1.4	-0.5	1.7		
80-90	124	40.9	131	39.9	214	36.6	469	38.6	1.0	0.6	-1.4		
> 90	58	19.1	64	19.5	104	17.8	226	18.6	0.3	0.5	-0.7		
Total	303	100.0	328	100.0	585	100.0	1216	100.0					

culture heuristics it was observed that 63.7% of adolescents who have a bad attitude towards sexuality have a family culture with a moderate heuristic, 8.3% a family culture with precarious heuristic and 28.1% a family culture with weak heuristic. Of the adolescents who have a moderate attitude towards sexuality 57.9% are from a family culture with moderate heuristic, 11.3% from a family with precarious heuristic culture and 30.8% from a family with poor heuristic culture. Of the adolescents with a good attitude towards sexuality mostly (50.3%) have a family culture with moderate heuristic, although 11.8% have a family culture with precarious heuristic, and 37.9% have a family with weak heuristic culture. We did not find any results showing families with strong heuristic culture. We found statistical significance between groups ($\chi^2 = 16.166$; $p = 0.003$) that are located in adolescents who have a good attitude towards sexuality and have a family with weak heuristic culture, and adolescents with a bad attitude towards sexuality and families that have a strong culture heuristics.

Regarding the attitude of teenagers towards sexuality and the organizational culture family facing hierarchical culture it was found that teens who have a bad attitude towards sexuality, 38.3%, came from a family with moderate hierarchical culture and 15.8% from a family with precarious hierarchical culture. Yet, 25.4% of adolescents have a family with a strong hierarchical culture. Adolescents that have a moderate attitude towards sexuality, 36.6%, have a family with a moderate hierarchical culture, and 14.6% a family with precarious hierarchical culture, 22.6% have a family with weak hierarchical culture and 26.2% a family with a strong hierarchical culture. Regarding teenagers who have a good attitude towards sexuality, 33.3%, have a family with a moderate hierarchical culture and 16.1% have a family with precarious hierarchical culture. In about 25.0% of adolescents the family has a weak hierarchical culture, and 26.0% have a family with a strong hierarchical culture. Yet the differences have no statistical significance.

Finally we describe the relationship between the attitudes towards adolescent sexuality and family organizational culture on the culture of social objectives. Of the adolescents who have a bad attitude towards sexuality 40.9% have a family with a moderate culture of social objectives and 15.5% a precarious one. In 24.4% we found a family with a weak culture of social objectives and 19.1% in a family with a moderate culture of social objectives. In adolescents who have a moderate attitude towards sexuality 39.9% have a family culture with moderate social objectives and 17.4% a family culture of weak social objectives. Moreover, 25.5% have a family with a weak culture of social objectives and 17.8% a family culture with strong social objectives. Of the adolescents with a good attitude towards sexuality 36.6% have a family culture with moderate social objectives, 17.8% with strong social objectives and 25.5% with weak social objectives. The differences between groups are not significant.

Discussion and conclusion

The new experiences of adolescence can trigger feelings of fear and insecurity with sex being something unknown

in the world of adolescents, they may be tempted to start increasingly early in sexual intercourse, often because of the peer and group pressure in which they are inserted.¹²

In our study we found that young people started sexual activity with an average 13.83 years, slightly below the published work by Silva,¹⁰ pointing to an early sexual activity of 14.68 years old. Studies by the Portuguese Association of Family show that 23% of young people started having sexual intercourse with less than 16 years old. On the other hand, authors as Dias¹³ and Ramos¹⁴ relate in their study that 14.5% of adolescents had already initiated sexual intercourse. In our study we establish that 32.8% of respondents allude to have started their sexual life after 16 or more years of age, results similar to those of Silva¹⁰ and Dias.¹³

Also concerning the difference between boys and girls was found that similar to other studies,^{10,14} boys have their first sexual intercourse earlier than girls 13.64 to 14.06 years, respectively, which points to the existence of a sexual double standard that says that there are differences between the ways in which young women and men experience their adolescence in regards to their sexual behaviours.¹⁵

It's the boys over 16 years old that use more contraception ($p = 0.000$). Some studies like Silva¹⁰ and Ramos¹⁴ relate that the use of methods of contraception is present in most of sexually active adolescents and that the condom is the most used method, which is in agreement with the results of our study.

We found that 12.9% of males and 17.8% of women do not use condoms in all sexual relations. These results are in agreement with other studies^{10,13,14} in mentioning that there is a significant percentage of sexually active adolescents that do not use contraceptives in a consistent manner.

The point of view of health shows a contradiction between the effort in training intervention in the context of adolescent sexuality and the results actually achieved in relation to sexual attitudes and behaviours of this age group. The increasing degree of permissiveness of modern society and the lack of authentic and appropriate support from parents, teachers and health professionals has allowed the adoption of risk behaviours by adolescents when meeting their sexual needs.¹³ We found in our study that girls often have a bad attitude towards sexuality and that boys mostly show a good attitude towards sexuality ($p = 0.000$).

Teenagers dialogue about sexuality with different people. In our sample adolescents dialogue about sexuality more often, with friends, with the mother and the father. All adolescents regardless of their attitude towards sexuality mostly talk with friends about it. Also in the study Dias¹³ we found that the family as a source of knowledge about sexuality is sidelined against the peer group referring friends to have a major role in the sex education of teenagers.

Our study allowed us to also note that the majority of teens who have a bad attitude towards sexuality had already had a sexual intercourse ($p = 0.029$) and do not use contraception ($p = 0.009$) and that adolescents who have a good attitude towards sexuality did not have sexual intercourse ($p = 0.029$) and use contraception ($p = 0.009$). The study Silva¹⁰ also concludes on the early age of onset of sexual activity as one of the factors responsible for an uncertain attitude towards sexuality in adolescents and

recommends the acquisition of correct knowledge about sexuality and contraception as factors influencing the attitudes of teenagers facing sexuality.

The organizational culture characteristic of the family dynamic results between the different dimensions that comprise it: culture of interpersonal relationships, heuristic culture, culture of hierarchy and culture of social objectives. The functionality of the families will be directly proportional to the dynamic equilibrium achieved between the various dimensions.⁶

In our study we found that of the adolescents who have a bad attitude towards sexuality, the majority (43.2%) have a family with weak culture of interpersonal relationships and equally the 48.2% adolescents who have a moderate attitude towards sexuality. Teenagers who have a good attitude towards sexuality have mostly (59.5%) a family with a weak culture of interpersonal relationships ($p = 0.000$).

Regarding heuristic culture we find that teens that have a bad attitude towards sexuality mostly (63.7%) have a family with moderate heuristic culture and regarding the hierarchical culture, adolescents who have a bad attitude towards sexuality mostly (38.3%) have a family with moderate hierarchical culture.

Finally, in the dimension of culture of social objectives we found that adolescents who have a bad attitude towards sexuality mostly (40.9%) have a family with a moderate culture of social objectives.

There seems to be no determination of a predefined hierarchical culture as a predictor of the quality of adolescents' attitudes towards sexuality, which reiterates the idea advocated by Nave² that the dynamic balance achieved between the different dimensions will determine the functionality of the family.

Several studies indicate that a key mechanism to prevent the adoption of health risk behaviours is the processes of parent-child communication. They are proposed to mediate the effects of risk factors for health risk behaviour and are characterized by the degree to which parents and child are happy with the way the family works in terms of rules, relationships, connection, and the degree of openness to communication that is perceived between the parents and the child, the ability of parents and children to manage conflict, and to what extent the child realizes that his family meets his care needs.¹⁶

There is a consensus in studies of this scope that certain characteristics of the families, including the mode of communication, are associated with better results in the building of young people for adulthood. Also high family satisfaction is related to the development of relations of intimacy in future relationships, less severe family problems, lower incidence of problems related to sexuality of adolescents between 14-17 years old.¹⁶

Children who have high involvement with the family experienced less conflict and more supervision of their parents and therefore less risk in sexual behaviour.¹⁷ Likewise low family involvement weakens the relationship of adolescents with their families, thus increasing their susceptibility to negative peer influences. Based on our results, supported by the referenced authors, we conclude that improved communication processes between parents and children, supported by effective training, performed by specialized professionals, health and education are

fundamental pillars of education for sexual and reproductive health of adolescents, promote empowerment, making them safer, healthier and happier.

What we know about the theme

Adolescence is understood as a period of transition, which is accompanied by a biopsychosocial maturation responsible for the transition into adulthood. With the appearance of secondary sexual characteristics increases sexual interest, with sexual education being crucial in promoting the sexual and reproductive health of adolescents.

What we get out of the study

The study proves that the attitudes of teenagers towards sexuality are strongly influenced by the organizational culture of the family which they belong, namely in terms of rules, relations of power and control, social objectives, capacity for dialogue, autonomy, organization and creativity.

Conflict of interests

The authors declare that there are no conflicts of interests.

Acknowledgements

Project MISIJ funded by FCT (PTDC/CPE-CED/103313/2008) and CI&DETS FCT (PEstOE/CED/UI4016/2011)

References

1. Kamers M. As novas configurações da família e o estatuto simbólico das funções parentais. *Estilos da Clínica* [Internet]. 2006;XI:108-25. Disponível de: <http://www.revistasusp.sibi.usp.br/pdf/estic/v11n21/v11n21a08.pdf>
2. Pratta EM, Santos MA. Família e adolescência: a influência do contexto familiar no desenvolvimento psicológico de seus membros. *Psicologia em Estudo* [Internet]. 2007;12:247-56. Disponível de: <http://www.scielo.br/pdf/pe/v12n2/v12n2a05.pdf>
3. Williams F. *Repensar as famílias*. Parede (Cascais): Principia; 2010.
4. Silva B. O autoconceito em crianças e pré-adolescentes numa amostra de famílias de origem e famílias de acolhimento [monografia de final de curso] [Internet]. Porto: Universidade Fernando Pessoa; 2009. Disponível de: <http://www.psicologia.pt/artigos/textos/TL0138.pdf>
5. Machado M. Compreender a terapia familiar [Internet]. 2012. Disponível de: <http://www.psicologia.pt/artigos/textos/A0626.pdf>
6. Nave F. Os padrões da cultura organizacional da família: uma abordagem da funcionalidade familiar, numa perspectiva organizacional [tese de doutoramento]. Faro: Faculdade de Ciências Humanas e Sociais da Universidade do Algarve; 2007.
7. Fonseca H. *Compreender os adolescentes: um desafio para pais e educadores*. Lisboa: Editorial Presença; 2002.
8. Brêtas JR, Ohara CV, Jardim DP, Junior WA, Oliveira JR. Aspectos da sexualidade na adolescência. *Ciência & Saúde*

- Coletiva [Internet]. 2011;16:3221-8. Disponível de: <http://www.scielo.org/pdf/csc/v16n7/21.pdf>
9. Anastácio ZC. Sexualidade na fase intermédia da adolescência: relacionamentos, comportamentos e conhecimentos. *International Journal of Developmental and Educational Psychology* [Internet]. 2010;2:695-705. Disponível de: <http://repositorium.sdum.uminho.pt/handle/1822/10567>
 10. Silva HM, Ferreira S, Águeda S, Almeida AF, Lopes A, Pinto F. Sexualidade e risco de gravidez na adolescência: desafios de uma nova realidade pediátrica. *Acta Pediátrica Portuguesa* [Internet]. 2012;43:8-15. Disponível de [http://www.spp.pt/Userfiles/File/App/Artigos/32/20120530161957_Art%20Original_Silva%20HM_43\(1\).pdf](http://www.spp.pt/Userfiles/File/App/Artigos/32/20120530161957_Art%20Original_Silva%20HM_43(1).pdf)
 11. Nelas P, Fernandes C, Ferreira M, Duarte J, Chaves C. Construção e validação da escala de atitudes face à sexualidade em adolescentes (AFSA). In Teixeira F. (Org.). *Sexualidade e educação sexual: políticas educativas, investigação e práticas* Braga: Edições ClEd; 2010. p. 180-4.
 12. Sousa LB, Fernandes JF, Barroso MG. Sexualidade na adolescência: análise da influência de factores culturais presentes no contexto familiar. *Acta Paulista de Enfermagem* [internet]. 2006;19:408-13. Disponível de <http://www.scielo.br/pdf/ape/v19n4/v19n4a07.pdf>
 13. Dias AC, Rodrigues MA. Adolescentes e Sexualidade: Contributo da educação, da família e do grupo de pares adolescentes no desenvolvimento da sexualidade. *Revista Referência, II Série*, nº 10; 2009. p. 80-4.
 14. Ramos RD, Eira C, Martins, A, Machado A, Bordalo M, Polónia Z. Atitudes, comunicação e comportamentos face à sexualidade numa população de jovens em Matosinhos. *Arquivos de Medicina* [Internet]. 2008;22:3-15. Disponível de: <http://www.scielo.oces.mctes.pt/pdf/am/v22n1/v22n1a01.pdf>
 15. Saavedra L, Nogueira C, Magalhães S. Discursos de jovens adolescentes portugueses sobre sexualidade e amor: implicações para a educação sexual. *Educação Social* [Internet]. 2010;31:135-56. Disponível de: <http://repositorium.sdum.uminho.pt/bitstream/1822/11634/1/Discursos%20de%20jovens%20adolescentes%20sobre%20sexualidade%20e%20amor.pdf>
 16. Riesh S, Anderson L, Krueger H. Parent-child communication process: preventing children health risk behavior. *Journal of Specialists in Pediatric Nursing* [Internet]. 2006;11:41-56. Disponível de: <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=3&sid=e90d4972-0648-4e41-bbeb-7ab85df2cd97%40sessionmgr111&hid=112>
 17. Vilar, D. *Falar disso: A educação sexual nas famílias dos adolescentes*. Lisboa. Edições Afrontamento. 2003.