CHAPTER 6
SEX & DRUGS: AN IN-DEPTH INVESTIGATION
ON THE ITALIAN SAMPLE

This part of the research constitutes a closer examination of the phenomenon of adolescents’ involvement in risk behaviours. It employs two specific methods that have been already described in Chapter 2: the grids about sex and drugs and the individual semi-structured interview. The repertory grids (“Me and my feelings about drugs and sex”, Ciairano, Bonino & Jackson, 1999a, 1999b) aim to investigate aspects potentially related to sexual activity and drugs, but different from beliefs and behaviour, such as the emotions and the feelings that the adolescents might experience within different relational conditions, the possible reasons for being involved, and the reasons for protecting themselves or giving up risk behaviour. The aim of the interviews is to investigate the adolescents’ point of view on the risk related to sex and drugs, and on the role that different “social worlds” (such as the family, the peer group, and the school) usually play in promoting a greater well-being and protection against risk, or on the contrary in promoting risk.

As explained in chapter 2, the emotions and the feelings linked to the social relations of having sex or sharing substance use with peers, although acknowledged as important (Mallet, 1997; Furman & Simon, 1998), were rarely, if ever, investigated. To the same extent the adolescents’ opinions on risk behaviours were rarely collected through interviews, although the importance of combining quantitative and qualitative methods was also stressed (Jessor, 1996).

Grids and interviews were administered only to the Italian sample, whose composition has been already described in chapter 2, mainly because of practical problems. However, considering the great similarities that have been found in the previous chapters in the process underlying the involvement of the adolescents in risk behaviours within Italy and the Netherlands, Dutch adolescents are very likely to give quite similar answers. The main goals of this part of the research are to investigate:

1. the emotional climate in relation to different relational conditions in which substance use and sex may occur;
2. the adolescents’ awareness of the relations between risk behaviours and several aspects of the social contexts, e.g. family, peer group and school, that are particularly relevant for the ecology of their daily life.
3. the adolescents’ awareness of the positive functions that involvement in risk behaviours may fulfil for them in order to face the developmental tasks characteristic of their age e.g.: acquiring independence and experimenting with themselves, constructing new social bonds with peers and differentiating – also through breaking rules and transgression – from adults.
4. finally, the adolescents’ awareness of the possible risks, from whom they usually receive
information about the risks and which are the reasons that are more likely to promote giving up
drugs and using efficiently contraceptive methods.

In short, the present chapter is aimed at answering the following research questions: Which is the
adolescents’ point of view on, firstly the emotional climate and the risks of substance use and sex,
secondly the role of the family, the peer group and the school in promoting more or less healthy
life-styles, and thirdly the possible reasons for being involved, giving up drugs and using efficiently
contraceptive methods. In addition: What are the main constructive functions of risk behaviours?
Namely, which goals do the adolescents achieve through the involvement in substance use and sex,
in relation to the developmental tasks of adolescence?

6.1. Emotions and feelings within different relational conditions

Generally speaking, the adolescents are more likely to feel positive emotions (such as to find it
enjoyable, Graph 14) with sexual intercourse than with the use of substances. On the contrary,
negative emotions and feelings (such as to find it regrettable, Graph 15) are more likely with drug
use. However, a relevant proportion of adolescents might enjoy experimenting sex and drugs also in
high risk situations, such as when having sex with a person that they know only a little (43%), or
when using drugs with a person to whom they cannot say no (23%). Moreover, a high percentage of
adolescents (around 40-50%) might not find it regrettable have sex and/or use drugs in the previous
or in others potentially risky relational conditions.

Graph 14: I would be likely to find it enjoyable to have sex/use drugs with a person who….

66 Not all the results are reported. Among the positive emotions excitement and pride, and among the negative ones
embarrassment, anxiety, feelings of danger, lack of responsibility are not considered, because their distributions are
similar to those of the Graphs 14-15. Besides, as explained in section 2.2.5.1., the original scores on a 5 points scale are
summarised in true (“likely to be true”, “possible true”) and untrue (“neither untrue or true”, “possible untrue”, “likely
to be untrue”). Only the frequencies of “true” answers are reported in graphs 14-15.
Graph 15: I would be likely to find it regrettable to have sex/use drugs with a person who….

To analyse the presence of differences in relation to gender, age, type of school and pattern of involvement, at first emotions and feelings are grouped into positive and negative and the surprise is excluded. Secondly, three situations are chosen for each different type of behaviour because they are less likely to be affected by ambiguity: having sexual intercourse/using drugs with a person you hardly know (unfamiliar situation), the boyfriend/girlfriend for sex and a close friends for drugs (familiar situation), a person with a stable relationship with someone else for sex and being alone for drugs (equivocal situation). However, the strategy of analysis has been already described in details in chapter 2 (section 2.2.5.1).

6.1.1 Emotions and feelings and sex

With respect to having sex, the adolescents are more likely to experience positive feelings in the familiar situation and negative feelings in the other types of settings (Graph 16).

Graph 16: situations and emotions for sex

ANOVA within subjects – between positive emotions, Hotelling’ $T^2 = 1.3$; $F(2, 199) = 129.8$; $p < .000$; Eta$^2 = .57$; between negative emotions, Hotelling’ $T^2 = 2.1$; $F(2, 198) = 205.0$; $p < .000$; Eta$^2 = .67$

Girls are more likely to experience positive feelings with their partners, while males are more likely to experience positive feelings in all the other settings (Graph 17).

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67 In graph 16 and in the following * $p < .05$, ** $p < .005$, *** $p < .000$. 

163
Graph 17: sex - positive emotions in different situations and gender  
MANOVA: Hotelling’ $T^2 = .64; F (3, 197) = 42.3; p<.000; \eta^2 = .39$

Students of technical schools are more likely to experience positive feelings in all the situations, and especially in the unfamiliar one (Graph 18).

Graph 18: sex - positive emotions in different situations and type of school  
MANOVA: Hotelling’ $T^2 = .11; F (6, 390) = 3.6; p<.002; \eta^2 = .05$

The younger adolescents are more likely to experience negative feelings not only in unfamiliar situations, but also when they imagine having sexual intercourse with their partners (Graph 19).

Graph 19: sex - negative emotions in different situations and age  
MANOVA: Hotelling’ $T^2 = .17; F (6, 380) = 5.3; p<.000; \eta^2 = .08$
The adolescents with a Low Faithfulness pattern (LF) are more likely to feel positive emotions in an unfamiliar situation, followed by those that stopped sex after a while (STOP) (Graph 20).

**Graph 20: sex - positive emotions in different situations and pattern of involvement**

MANOVA: Hotelling’s $T^2 = .09; F (9, 503) = 1.6; p = .11; \eta^2 = .03$

6.1.2 Emotions and feelings and drugs

Although in every condition of using drugs there is a prevalence of negative emotions, the adolescents are less likely to feel negative emotions and more likely to feel positive ones when using drugs with a close friend (Graph 21).

**Graph 21: situations and emotions for drugs**

ANOVA within subjects – between positive emotions, Hotelling’s $T^2 = .31; F (2, 179) = 28.1; p < .000; \eta^2 = .24$;

between negative emotions, Hotelling’s $T^2 = .22; F (2, 176) = 205.0; p < .000; \eta^2 = .18$

Boys are generally less likely than girls to feel negative emotions in all the settings, especially in the unfamiliar one (Graph 22).
Graph 22: drugs - negative emotions in different situations and gender

MANOVA: Hotelling’ T= .05; F (3, 174) =2.8; p<.04; Eta2 = .05

The students from technical schools are generally less likely to feel positive emotions, especially in the familiar situation (Graph 23). Besides, the lyceum students are more likely to experience positive feelings in the unfamiliar situation, while the vocational students when using drugs alone, but these differences are only tendentially significant.

Graph 23: drugs - positive emotions in different situations and type of school

MANOVA: Hotelling’ T= .10; F (6, 350) =2.9; p<.01; Eta2 = .05

The students from lyceum are less likely to experience negative feelings in the familiar situation (Graph 24).
Habitual users are more likely to feel positive emotions than non users in all the situations, especially in the familiar and equivocal ones (Graph 25).

Synthesising, the results show that the emotions the adolescents may feel in different relational contexts of sex and drug use are a complex phenomenon, varying with gender, age, type of school and pattern of involvement. Not always more risky relational conditions are matched with more negative feelings. Sometimes the adolescents may perceive quite positive emotions also within very risky conditions. It is likely that these positive emotions and feelings are related to the need of the adolescents to experiment new behaviours and sensations. However, the relations between emotions and relational conditions in which risk behaviours might occur seem an interesting field for further research.

68 The value of the single comparison (Duncan post-hoc test) between technical and vocational students is reported here, because there is not a significant generalized effect of type of school on the negative emotions in different situations of drug use.
6.2. The adolescents’ opinions about family, peers and school

Generally speaking, the opinions that the adolescents express in the interviews on family, peers and school and on their protective or risk role support the results drawn from the questionnaire. In fact, around 25% of the adolescents stress the fundamental importance of parents.

«The family is important, a very frank relationship with the parents on these subjects is needed, the parents must be able to advise you or however to tell you something regarding drugs and sex» [boy, class V, Vocational School]

«In my opinion the family is really important because you spend most of the time with the family, it is within the family that you grow up and the family makes you savvy» [girl, class II, Technical School]

«The family has an important role because our parents in order to give birth should have realised it, and therefore they can explain you things that neither television or journals, nor friends can or if they can in the wrong way, whereas parents have their own personal experience» [boy, class II, Technical School]

However the adolescents are also aware that the role of the family, as well as that of other social contexts, may be both protective and risky (Table 59). In particular the family may be a protection against risk behaviour, when it is able to construct a close relation to the child, by listening to him/her and talking to him/her; when it takes care of the children’s needs (giving them certainty and confidence and also clear rules, that is to say when an authoritative parenting style is used), when it is able to promote the development of the children’s capability to reason autonomously and to construct personal values. On the contrary, the family may be a risk factor, when it avoids facing children’s problems, grants them too much freedom or it is too intrusive, when there are family problems or drama because the certainty and the protection may be lost; when familiar people behave as models for risk behaviour.

«The family always tries to stop you: “Try not to do, this or that, and if you do, please……..” and however they are right also because they have to take care of you» [boy, II year, Vocational School]

«The family does a lot, that it is to say they insist a lot... If they see me coming home a bit strange they say “What did you do?” If the family lacks you don’t feel sure, you miss a part of security, and in the end when someone tells you that it feels good, then you give up. On the contrary if your family is watching over you ... you are more selfconfident » [boy, class IV, Technical School]

«...The family......when the family is too strict it pushes the child towards risk because it forbids the child to do something whereas the child does it. If it is excessively permissive the same thing happens because the child encounters even greater risks. Therefore in my opinion......I think that talking is very important, but I realise that there is no dialogue, almost no communication, talking nearly lacks because there is no time, you know, we can say that there is not the right sort of attention paid to children and this is very bad” »[girl, class III, Lyceum]

About 75% of the adolescents define the relationship between peers as very important, although the peer group is considered more important with respect to drug use compared with sex. In fact, there is a strong relation between the involvement in substances of the adolescents and that of their peers (chapter 3, table 34). Peer pressure to having sex has a slightly more limited influence (chapter 4, table 40).

«Always staying with the same friends you are influenced by their way of thinking, not by the single person, but just by the group. Also if you are aware of it, it is possible that you do something just because the group does it» [boy, class V, Vocational School]

«...It depends on the person’s mind ...... In my opinion, also about this subject ... you choose the group of friends, therefore you already know the influence that the group has on you» [boy, class V, Technical School]

«The importance is that if you can be excluded from the group, you are much more afraid of staying alone. Precisely they thought “Here you are, I do not do this and they leave me out and I am”» [girl, class V, Vocational School]
«Especially for younger age groups, because really, if I have my beliefs, it does not matter if my friends say you must, for example, smoke, or if my boyfriend asks me to have sex, even when I don’t wish to»
[girl, class V, Vocational School]

Nevertheless the adolescents clearly distinguish between different roles of friends. Their role may be positive when they try to persuade you not to use drugs or to protect yourself against sexually transmitted diseases, they offer you positive models and do not push you towards choices you are not yet ready for, and finally they may persuade you to stop using drugs. Besides, a good relationship with peers may be protective. However, their role may be negative because the partner or the peers may represent an opportunity for encountering drugs. The peer group may lure you into drugs through explicit invitation, provocation, the presence of models of involvement in drugs, and sometimes threat. Besides, the partner or the peers may persuade you not to protect yourself, or may push you through explicit threats or affective blackmail, threatening you explicitly, telling you that it is compulsory, offering you negative models.

«But if you have “good” friends, they definitely try to help you and, if it’s necessary, to pull you out, if you go out with peer groups a bit antisocial they really try to persuade you........saying “If I were you I would try, you do not know what you are missing” and if you are able to resist ok, if you aren’t you try, then if you like it you continue...... »
[boy, class II, Vocational School]

«Friends may advise you about what you should do »
[girl, class I, Lyceum]

«...I also tried when I was 14 years old and then, so as not to leave the group, and to make my boyfriend happy, I continued. And I kept on for a couple of months, however after having realised, some people helped me to realise that what I was doing was wrong, then I tried to quit. Now it is already a year and a half that I did not use anything, not even a joint. I thought that the people who told me to continue were friends, after I realised that they weren’t »
[girl, class II, Vocational School]

Finally, the role of friends changes in relation to the type of friends (true friends do not lead you to taking drugs whereas false ones do), the type of group (within the peer group there is sometimes the freedom about the choice of drugs whereas sometimes there isn’t), the individual characteristics (such as psychological condition, level of maturity, temperament, and values), and his/her contextual conditions (such as the family situation and especially when parents are not able to take care of you). Also more controversial than that of peers, is the role attributed to the school: less than ¼ of the students considers it very important, whereas according to 40% the importance of school is in relation to its approach. With respect to the school context, the adolescents distinguish clearly between actual school experience and the role that school might play in an ideal condition. In the real experience, school may play both negative and positive roles (the latter is more considered by the adolescents who are not involved), because sometimes it is the first contact with drugs, there is awareness of the problem and you spend a lot of time there. However, it cannot do very much because students do not talk of drug use to the teachers: they are afraid only to be judged or they think that the teachers play another role or don’t know anything about it. Besides, too often teachers attribute importance only to school programs that are to be finished. Also when teachers give pupils information on risk behaviour they usually talk of subjects that are not so interesting for the
adolescents, such as “hard drugs” and AIDS, and they do not talk of “soft drugs” and sex. Moreover, school may play a negative role because it may promote (or it is not able to stop) a particular condition of demotivation and lack of interest, school failure and stress, which are important risk factors because they may promote a greater involvement in risk.

«Eh! The school might be very important.........very few times, perhaps during the lessons of religious studies, we have some lessons on current affairs and we talk about AIDS and sex, but in my opinion these lessons have to be much more..........much more time has to be spent facing these subjects. I am not saying that that we have to use the hours of other classes but.....but something of reality, of the things that concern life must be included»
[boy, class V, Vocational School]

«Nothing is done at school, that is to say that school is dead...because they do not organize anything, nobody deals with it, there was only one teacher sometime ago. With him we had drama, meetings, yes only he dealt with it but all these initiatives were in extra school hours»
[boy, class V, Technical School]

«School is the place where this kind of thing happens, therefore although it is hidden down under, I do not say that they encourage use, but at least that these things happen here, especially at a certain age, when you are younger»
[boy, class V, Vocational School]

According to adolescents, the school could do much more than it usually does to prevent risk and to promote well-being. At first, it might play a positive role if it is able to construct conditions adequate to talk, good relations among the class and a lively environment. Secondly, teachers should consider the pupils as human beings, but also establish clear rules of school functioning. Thirdly, all the teachers, and not only some of them, should introduce with pupils some talk about risk but also on affection and respect for other people during normal school subjects. Just in order to give more specific information they could ask the intervention of experts. Finally, when teachers deal with students already involved with drugs, they should help and support them and tackle the situation promoting a web of help and collaboration in the family, school and society.

«I think that school may help the prevention of risk, because however the teachers see. It does not seem like it, but they occupy a place that allows them to see what happens in the class»
[girl, class V, Vocational School]

«At school you talk about it .....just to warn the adolescent about the risks that he/she may encounter. However it depends on the teacher: those who take more care (also outside school) of the adolescents, then if they know something try to help you, to give you a hand. While those with a relationship focused more on school, lets say, tend not to care»
[boy, class IV, Vocational School]

«There is very little information, that is to say that yes there is information, however there is too much taboo, in my opinion. That is to say, for instance, that there is little talk about contraception, and that sort of thing.....that anyway is part of our life.....in the fourth class you know these things, but in the first class you don’t and therefore it is needed»
[girl, class IV, Vocational School]

Table 59: The adolescents’ opinions about the role of family, peers and school (%)

<table>
<thead>
<tr>
<th>Type of role</th>
<th>Family</th>
<th>Peers</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drugs</td>
<td>Sex</td>
<td>Drugs</td>
</tr>
<tr>
<td>Positive</td>
<td>30</td>
<td>33</td>
<td>4</td>
</tr>
<tr>
<td>Negative</td>
<td>14</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>Both</td>
<td>46</td>
<td>24</td>
<td>47</td>
</tr>
<tr>
<td>Aspect not considered</td>
<td>10</td>
<td>33</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
6.3. Motivations for behaving in a risky way

Very few adolescents state in the interviews that there are no reasons for using drugs (4%; this percentage is higher among those who are not involved) and nobody says that there are no reasons for having sex. 20% says that there are several reasons for taking drugs but these reasons are not valid for them. The majority of the adolescents (56% for sex and 74% for drugs) identify several and complex reasons for being involved in drugs and sex. There are more personal and more relational reasons. Among the former: experimenting with sensations and emotions, testing one’s own capacities, feeling more mature and competent, overcoming boredom and escaping from reality. Among the latter: sharing activities with peers and being acknowledged by them, experimenting the limits given by adults and attracting their attention. In order to investigate deeply the reasons that are more likely to increase the availability of the adolescents to be involved in risk behaviour, the second part of the grids is used.

6.3.1. Reasons for having sex

Four main reasons emerge for having sex:

1. **Experimentation**: “to experiment new sensations, to prove that I am able to, to prove I am a man/woman, because I physically desire it”; eigenvalue= 2.5, % explained variance: 16%; α = .75;
2. **Transgression and anticipation of adulthood**: “even if I don’t feel psychologically ready, even if I feel too young, even if I do not know the feelings of my partner, even if I have not known my partner long enough”; eigenvalue= 2.4, % explained variance: 15%; α = .75;
3. **Emulation and lack of control on one’s own behaviour**: “to tell friends, because my friends already had it, not to give a bad impression to my partner, because I am not myself (drunk or stoned)”; eigenvalue= 2.3, % explained variance: 14%; α = .70;
4. **Adulthood**: “because I think I am “mature” enough, because I love my partner, as a reciprocal engagement with my partner”; eigenvalue= 1.7, % explained variance: 10%; α = .47.

The most common reason at the basis of sex [ANOVA within subjects: T² = 3.7, F= (3, 186) 227.9, p<.000, Eta²=.79] is **adulthood** (mean = 64, sd= 28), followed by **experimentation** (mean= 38, sd= 28), **transgression** (mean = 22, sd=31) and, finally **emulation** (mean = 7, sd= 15). There are no gender differences for **adulthood**, whereas boys are more likely than girls to perceive all the other motives (Graph 26).

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69 At first, analysis in principal components is performed to individuate how many theoretically meaningful dimensions were involved; second, Cronbach’s alphas are measured; third, the scales are constructed and their scores are transformed into proportional means. For the complete strategy of analyses, see section 2.2.5.1.

70 The fifth components is skipped because it contains only one ambiguous item: “I am most likely to have sex with somebody else because my parents wouldn’t mind it”.

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6.3.2. Reasons for taking drugs

Three main reasons are shown for taking drugs:

1. Experimentation and emulation: “to prove that I am able to prove I am a real man/woman, not to give a bad impression to my mate, to tell friends, because my friends already had it, to gain admission in the peer group, to share something dangerous with friends, because my parents wouldn’t mind it”; eigenvalue= 4.6, % explained variance: 31%; α = .89;

2. Coping strategy to face discomfort: “to feel stronger, because I do not feel self confident, to escape from reality, because I do not get on well with my parents, because I do not get on well at school”; eigenvalue= 3.2, % explained variance: 21%; α = .86;

3. Exploration of sensations: “to experiment new sensations, to share something exciting and new with friends”. eigenvalue= 2.2, % explained variance: 15%; α = .74.

The most common reason [ANOVA within subjects: $T^2 = .51$, $F = (2, 188) 47.7$, $p<.000$, $Eta^2 = .34$] is exploration of sensations (mean= 30, sd= 39), followed by using drugs as a coping strategy (mean= 16, sd= 27) and, finally experimentation (mean= 6, sd= 14). Girls are more likely to use drugs as a coping strategy (Graph 28).
As far as the relations between reasons and different patterns of involvement, using drugs as an *experimentation* seems more common among adolescents who experimented it in the past (STOP), whereas the habitual users are more likely to be involved both as a *coping strategy* against discomfort and for *exploring* new sensations (Graph 29).

**Graph 29: reasons for taking drugs and patterns of involvement**
MANOVA: Hotelling’ T= .42; F (9, 473) = 7.4; p<.000; Eta² = .12

Summarising, the results corroborate the presence of some positive functions of the risk behaviours, which have been recognized previously by other authors (Silbereisen & Noack, 1988; Engels, Knibbe & Drop, 1999; Engels & Knibbe, 2000). However, the findings of the present study add the information that the majority of the adolescents are quite aware of the presence of these functions. The constructive functions of involvement in risk during adolescence are discussed further in the concluding chapter that considers together, though in a speculative way, the results drawn from the questionnaire and those drawn from the grids. Nevertheless, there is the need of additional investigation and attention about this subject.
6.4. Reasons likely to promote healthier or risky behaviours

6.4.1. Risk perception, information and communication about risk

The analysis of the data of the questionnaire has already underlined that the adolescents’ perception of risk is generally high, but also that it is not sufficient to promote healthier behaviours. This subject is explored deeply in the interviews in order to investigate the types of risk of which the adolescents are more aware, which are their main sources of information and with whom they usually communicate about risk.

«Beh, for the risk…there are people who habitually use substances, also “soft” drugs I can only talk about it because I do not know anything about the other drugs, in the end they are not able to have fun if they do not use drugs. Using soft drugs may really be a way of having fun, however in the end, in my opinion, it may also lead to addiction …»
[girl, interviewed about drugs, class V, lyceum]

«…The only risk that there is in chance meetings, when you do not know the girl you are having sex with, is that very stupidly you do not use contraception, although I do not understand this behaviour, I do not approve of it…»
(boy, interviewed about sex, class V, technical high school)

The results of the interviews converge with those of the questionnaire. The adolescents’ perception of risk is very high for both sex and drugs (especially among students who are not involved), and different types of risk are identified, although the risk perceived is mainly physical (Table 60). The students who are not involved are also more likely to consider the psychological risk of drugs use.

Table 60: Type of risk regarding sex and drugs

<table>
<thead>
<tr>
<th>Type of risk</th>
<th>%</th>
<th>Drugs</th>
<th>%</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>57</td>
<td>• damage to the brain</td>
<td>31</td>
<td>• Pregnancies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• physical addiction and addiction in general</td>
<td></td>
<td>• problems with health in general</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• being unable to quit</td>
<td></td>
<td>• sexual transmitted diseases</td>
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<tr>
<td></td>
<td></td>
<td>• to shift from one type of drug to another one</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• lower physical performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• problems with health in general</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• getting AIDS or other diseases, death</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• greater likelihood of car accidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological &amp; Psychosocial</td>
<td>7</td>
<td>• psychological addiction</td>
<td>14</td>
<td>• worries</td>
</tr>
<tr>
<td>(sometimes with physical)</td>
<td></td>
<td>• problems at the cognitive level</td>
<td></td>
<td>• worries because sex is a heavy engagement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• psychological damage</td>
<td></td>
<td>• anxiety</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• not being anymore one’s own self</td>
<td></td>
<td>• depressive feelings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• • problems at the cognitive level</td>
<td></td>
<td>• lack of affective involvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• psychological damage</td>
<td></td>
<td>• the consequences of pregnancies</td>
</tr>
<tr>
<td>Relational (sometimes with physical</td>
<td>5</td>
<td>• promoting feelings of discomfort in the others and one’s own self</td>
<td>3</td>
<td>• difficulty to manage sex outside of affective involvement</td>
</tr>
<tr>
<td>and/or psychological)</td>
<td></td>
<td>• leading one’s own self into “bad companionship”</td>
<td></td>
<td>• lack of parity between the partners</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• moral damage</td>
<td></td>
<td>• ethical or moral problems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• • promoting feelings of discomfort in the others and one’s own self</td>
<td></td>
<td>• ethical problems of having sex under the effects of substances</td>
</tr>
<tr>
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<tr>
<td>Total</td>
<td>100</td>
<td></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

However, the interviews offer also further information. In adolescents’ opinion, risk is not always the same: some individual characteristics and relational conditions may increase the severity of risk (Table 61). The adolescents involved are more likely to consider both individual and relational conditions for sex, and the type of drug for the use of substances, whereas the adolescents who are not involved in drugs are more likely to relate risk to the frequency of use.
In the interviews, the percentage of adolescents who mention direct sources of information is quite low: around 20% for both sex and drugs. Communication about risk is more likely to occur indirectly during daily interactions with peers and adults (mainly parents and teachers): 62% for sex and 44% for drugs. As far as drugs, the students not involved have greater chances of communication. On the contrary about sex, the adolescents already involved, and especially those who use regularly contraception, could also communicate more. The adolescents show an articulated perception of the communication about risk behaviours with parents, friends and teachers. The communication with the parents is generally considered very important, although it does not always appear easy, especially with respect to sex.

«But, I do not know why……..however trying……, having children is not easy. You can’t, you don’t know when it is the best time for starting a talk about sex. And then, you know, when you hide some thing too much, it becomes a taboo, and then it’s wrong, because it is not a taboo, it should be some thing well known, normal….»[boy, class IV, Vocational School]

«Certainly, in my opinion, talking that’s all, my parents taught me everything, they gave me principles, values, standards [girl, class V, Vocational School]

«It would be nice not only to ask the child to talk about his/her experiences, but also to speak about one’s own……just because otherwise how can I know, I can say everything to mum, perhaps I say to myself: if she thinks that it’s dangerous and therefore does not let me go out……then…. just because I am afraid of that I do not tell her anything» [girl, class IV, Vocational School]

«Do not consider it something negative, face up to it as a very natural thing……..do not prohibit or forbid it, talk of it positively» [girl, class II, Technical School]

Communication with peers differs between drugs and sex: the communication about drug use seems more focussed on involvement; the communication about sex appears restricted to very close friendships, especially for girls.

«Friends can tell you – you disappointed me – therefore you need to be clever. Not care or shut up or suffer for it» [boy, class II, Vocational School]

According to me, you talk with a girl friend about certain things. I think that a person does not go around saying – "I did this, I did that", rather you only talk to your girl friends[girl, class IV, Technical School]

«True, friends encourage you. Perhaps one evening they are using some drugs and ask me “would you like to taste” so, perhaps in that moment to try, to look at what is, perhaps it is a new thing………..Instigating him/her, perhaps someone says “let’s try…..are you afraid that it can have an effect on you” that sort of thing, perhaps being afraid of friends judging you badly, you try» [girl, class II, Vocational School]
Concerning communication at school, the adolescents distinguish between “teacher and teacher”. However, they are generally very critical towards school.

«I think that it changes from teacher to teacher: some teacher consider you a real person......and others consider you with some stereotypes, that is if an adolescent goes to the disco, therefore he/she is one that......and that teacher does not listen to you at all» [boy, class IV, Vocational School]

«Nobody talks much at school. I feel badly about it, I do not think that schools teach much things about life, there are not the teachers that you watch on the television, which are friends with their pupils, who you can talk to. They are even more: “Let’s do our lecture, we are behind with the program......this........that”» [boy, class IV, Vocational School]

«In my opinion there are some teachers that propose......however it’s certain the student does not go to the teacher. If one day the teacher decides to give a talk to the class, then, some discussion starts, so the teacher talks generally. However, in my opinion, the student does not take the initiative» [girl, class IV, Vocational School]

Although the adolescents criticize the communication with adults, it seems to have a positive influence. In fact, the students who have the possibility to communicate talked also more about the risk, and especially about the psychological side of it. On the contrary, those who can only rely on information from media consider mainly the physical risk. It is likely that programs aimed to increase the awareness of the negative physical consequences of risk behaviours contribute to the underestimation of the psychological and relational risks.

Considering that risk perception and information does not seem sufficient to promote healthier behaviours, the reasons that mostly enhance the availability of the adolescents to use contraception or to give up with drugs are investigated deeply through the third part of the grids.

6.4.2. Reasons for using or not using contraception

Four main reasons are found for using or not using contraception:

1. **Undervaluation of risk**: “not to use condoms because the risk of STDs is rare, not to use any contraceptives because the risk of pregnancy is rare, not to use condoms or any contraceptives because nothing will happen to me, not to use condoms or any contraceptives so as not to gain a reputation”; eigenvalue= 3.9, % explained variance: 26%; $\alpha= .80$;

2. **Fear of perceiving less intense sensations**: “not to use condoms or contraceptives so as not to reduce spontaneity, not to use condoms or contraceptives so as not to reduce eroticism”; eigenvalue= 2.2, % explained variance: 15%; $\alpha= .81$;

3. **Contraception as action**: “buying condoms/ contraceptive methods, using condoms/contraceptives, to talk to my partner about contraception, to negotiate contraception with my partner”; eigenvalue= 1.9, % explained variance: 13%; $\alpha= .56$;

4. **Contraception as planning**: “refusing to participate in sex without contraception, to plan intercourse waiting for contraceptive methods to be effective (such as pills)/ for safe days, not to use condoms or any other contraceptives because my partner is using something else”; eigenvalue= 1.8, % explained variance: 12%; $\alpha= .54$.

The adolescents' contraception as an intentional action is more relevant (mean= 75, sd= 25) than contraception as planning (mean = 39, sd= 32), whereas lack of use seems more related to the fear of perceiving less intense sensations (mean= 14, sd= 31) than to undervaluation of risk (mean= 4, sd= 16). All these reasons differ significantly [ANOVA within subjects: $T^2= 5.2$, $F= 83$, 175) 301.5, p<.000, $\eta^2= .84$].

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71 The same procedure already explained in the section 6.3.1. was used.
72 The item “I would be likely to ask for information about contraception” is skipped because it does not belong to any component.
However, younger adolescents are generally more at risk for all the dimensions considered because they are more likely to perceive less risk and to be afraid of losing sensations, as well as they are less likely to plan contraception (Graph 30).

**Graph 30: reasons for using or not using contraception and age**

MANOVA: Hotelling's $T^2 = .14$, $F (8, 336) = 2.8$; $p < .005$; $\eta^2 = .06$

The students at vocational schools are more at risk because they are more likely to be afraid of perceiving less intense sensations (Graph 31).

**Graph 31: reasons for using or not using contraception and type of school**

MANOVA: Hotelling's $T^2 = .09$, $F (8, 342) = 2.0$; $p < .05$; $\eta^2 = .04$

The adolescents with a high faithfulness pattern in sexual behaviour (HF) are also much more likely to plan contraception (Graph 32).
Finally, there are differences in relation to the behaviour adopted by the adolescents on the occasion of their first intercourse: those who did not use anything are more likely to be afraid of perceiving less intense sensations; on the contrary contraception as an intentional action is more relevant for those who used some contraception on their first intercourse (Graph 33).

Graph 33: reasons for using or not using contraception and contraceptive behaviour at 1st intercourse

MANOVA: Hotelling’s T= .21, F (4, 58) = 3.0; p<.03; Eta² = .17

<table>
<thead>
<tr>
<th>reasons</th>
<th>Proportional Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undervaluation of risk</td>
<td>27</td>
</tr>
<tr>
<td>Fear of perceiving less intense sensations</td>
<td>11</td>
</tr>
<tr>
<td>Action</td>
<td>18</td>
</tr>
<tr>
<td>Planning</td>
<td>7</td>
</tr>
</tbody>
</table>

F= 3.1, η²= .05
F= 1.6*, η²= .03
F= 3.2, η²= .05
F= 6.3*, η²= .09

6.4.3. Reasons for giving up drug use

Three main reasons are found for giving up the use of drugs:

1. Social reasons: “I changed my friends’ companionship, my best friend also decided to quit, I was asked to stop by my steady partner, I was asked to stop by my parents, I was asked to stop by my doctor, I was asked to stop by my friends, I think that people close to me would like me to quit”; eigenvalue= 4.2, % explained variance: 28%; α= .89;

2. Fear of risk: I am afraid of the consequences of using drugs for my health, I am afraid of the consequences of using drugs for my future, I fear shifting to other substances, I am afraid of the consequences of using drugs on my school report”; eigenvalue= 3.1, % explained variance: 21%; α= .86;

3. Psychological change related to overcoming discomfort or curiosity: “just to experience it is enough, I feel more self confident, I get on better with my family, I get on better at school”; eigenvalue= 2.8, % explained variance: 19%; α= .84.

Generally speaking, the adolescents are more likely to stop with drugs [ANOVA within subjects: T²= .32, F= (2, 178) 28.8, p<.000, Eta² = .24] for fear (mean= 71, sd= 34), followed by a psychological change in terms of decreased curiosity towards substances or less need of them (mean= 64, sd= 38), and, finally for social reasons (mean= 54, sd= 37).
As involvement in substances increases and becomes habitual, the likelihood that the adolescents will find good reasons for giving up drugs decreases: the habitual users are at higher risk of not finding good ones especially those related to social relations and fear (Graph 34).

**Graph 34: reasons for giving up drugs and patterns of involvement**

MANOVA: Hotelling’ T= .19; F (9, 449) = 3.2; p<.001; Eta² = .06

6.4.4. Relations between emotions and reasons

As far as sex is concerned, there is generally a positive relation between the positive emotions perceived in the unfamiliar and the equivocal situation, and a negative relation between the positive feelings perceived in the familiar situation and those perceived in the other two relational conditions (Table 62). Besides, the positive emotions perceived in the unfamiliar and equivocal situations are positively related to the following reasons: experimentation, transgression, and emulation. Therefore, being involved in sex seems to have different meanings and correspond to different feelings for the adolescents who would like to testify their belonging to the adult group and those that would like only to experiment with it. The negative emotions perceived in the familiar situation are positively related to the undervaluation of the risk and the fear of perceive less intense sensations. On the contrary the positive emotions in the familiar situation are positively related to the relevance of contraception as action and planning. More the adolescents are prepared to face the challenge of sex and to appreciate it, at least within a stable relationship, the more they are available to protect themselves.

**Table 62: correlations between emotions and reasons for having sex and using contraception**

<table>
<thead>
<tr>
<th></th>
<th>Unfamiliar situation</th>
<th>Familiar situation</th>
<th>Equivocal situation</th>
<th>Reasons for having sex</th>
<th>Reasons for using or not contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unfamiliar</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation</td>
<td>Negative emotions</td>
<td>Positive emotions</td>
<td>Negative emotions</td>
<td>Experimentation</td>
<td>Undervalueation of risk</td>
</tr>
<tr>
<td></td>
<td>Positive emotions</td>
<td></td>
<td>Positive emotions</td>
<td>Transgression</td>
<td>Action Planning</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Emulation</td>
<td></td>
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<td></td>
<td>Adolescence</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.61***</td>
<td>n.s.</td>
<td>-.24**</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.61***</td>
<td>n.s.</td>
<td>-.24**</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Familiar</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation</td>
<td>Negative emotions</td>
<td>Positive emotions</td>
<td>Negative emotions</td>
<td>Experimentation</td>
<td>Undervalueation of risk</td>
</tr>
<tr>
<td></td>
<td>Positive emotions</td>
<td></td>
<td>Positive emotions</td>
<td>Transgression</td>
<td>Action Planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Emulation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adolescence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.44***</td>
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<td>-.47***</td>
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<td>n.s.</td>
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<td><strong>Equivocal</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Situation</td>
<td>Negative emotions</td>
<td>Positive emotions</td>
<td>Negative emotions</td>
<td>Experimentation</td>
<td>Undervalueation of risk</td>
</tr>
<tr>
<td></td>
<td>Positive emotions</td>
<td></td>
<td>Positive emotions</td>
<td>Transgression</td>
<td>Action Planning</td>
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<td></td>
<td>Adolescence</td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td>Risk</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.37***</td>
<td>n.s.</td>
<td>n.s.</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>-.34***</td>
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<td>n.s.</td>
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</table>
Table 62: correlations between emotions and reasons for having sex and using contraception (continuation)

<table>
<thead>
<tr>
<th></th>
<th>Unfamiliar situation</th>
<th>Familiar situation</th>
<th>Equivocal situation</th>
<th>Reasons for having sex</th>
<th>Reasons for using or not contraception</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positive</td>
<td>Negative</td>
<td>Positive</td>
<td>Negative</td>
<td>Positive</td>
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<td>Reasons for having</td>
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<td>sex</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Experimentation</td>
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<td>-.28***</td>
<td>.23**</td>
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<td>n.s.</td>
</tr>
<tr>
<td>Transgression</td>
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<td>-.38***</td>
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<td>n.s.</td>
<td>.30***</td>
</tr>
<tr>
<td>Emulation Adulthood</td>
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<td>-.15**</td>
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<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
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</tr>
</tbody>
</table>

Concerning drug use, all the positive emotions are positively related to each other, as well as the negative feelings (Table 63). In this case, although more or less familiar, there is no relational condition that is completely safe. Therefore the adolescents who are more likely to perceive negative feelings in one condition are also more likely to feel negative ones in the other settings. Besides, the positive feelings perceived in all the settings are positively related to all the reasons for using drugs, and especially to the exploration of sensations: the adolescents who appreciate more different contexts for using drugs are also more likely to justify the use. On the contrary, those who are more likely to feel negative emotions are also more likely to individuate reasonable motivations for giving up drugs.

Table 63: correlations between emotions and reasons for using and quitting drugs

<table>
<thead>
<tr>
<th></th>
<th>Unfamiliar situation</th>
<th>Familiar situation</th>
<th>Equivocal situation</th>
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<th>Reasons for giving up drugs</th>
</tr>
</thead>
<tbody>
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<td>Positive</td>
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</tr>
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<td>Reasons for using</td>
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<td></td>
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<td></td>
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<td>drugs</td>
<td></td>
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<td></td>
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</tr>
<tr>
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<td>-.45***</td>
<td>-.33***</td>
<td>-.69***</td>
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</tr>
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<td>-.69***</td>
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<td>-.32**</td>
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<td>-.55***</td>
<td>-.48***</td>
<td>-.64***</td>
<td>-.25**</td>
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<td>Reasons for giving</td>
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<td>up drugs</td>
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</tr>
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<td>Social reasons</td>
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<td>.51***</td>
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<td></td>
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</tr>
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<td></td>
<td>-.19*</td>
<td>.42***</td>
<td>-.24**</td>
<td>-.29**</td>
<td>.35***</td>
</tr>
</tbody>
</table>

6.5. Discussion

The similarities between the findings drawn from grids and interviews, and those drawn from the questionnaire are impressive. However grids and interviews also introduce some new cues. For instance, the adolescents show a great awareness of the possible reasons, which appear related to both development of identity and social relations, leading to precocious or unprotected sex or to the use of drugs.

Generally speaking, the findings confirm the presence of both similarities and differences between having sex and using drugs. The former is generally connected to a more positive affective
atmosphere and seems to answer more to the need of becoming an adult, through the acquisition of behaviour that is characteristic of adults, than to other motivations. The latter is generally perceived more negatively and answers more to the willingness of exploring sensations rather than to other needs. Furthermore the affective dimension, although it is important also referring to drugs, appears much more central in the case of sex where little differences in the relational condition in which sex may occur (such as with a close friend or a boyfriend/girlfriend) that may be related to quite different patterns of emotions and feelings. Conversely, the relation between reasons and patterns of involvement is much more central regarding drugs because different types of users may be more or less likely to select different reasons for using substances and also for giving them up.

However sex and drug use share at least some of the main reasons that may promote the adolescents’ involvement: in fact both of them answer the need of exploring and experimenting with new sensations. Besides, both sex and drugs embody some aspects of transgression: it is possible to transgress adult rules through quite different behaviour, such as having sex too precociously or smoking a joint.

6.5.1. Socio-demographic differences for emotions and reasons

Boys and girls are likely to have sex quite differently (chapter 4, section 4.1) and their behaviour corresponds to a different emotional climate in more or less familiar settings: males appear more available to accept sex positively in whatever social setting it may happen; females are more available to accept sex positively only if it takes place within a stable and “adultlike” relationship. This phenomenon is probably related to the different social acceptance of sex for males and females that despite several social changes is still at work (Brook-Gunn & Paikoff, 1997). The results of the present study suggest that the integration of sex in females’ identity might be much more complex than in males, especially if girls select less traditional patterns of involvement. In this case, they may perceive greater discomfort, because of their feelings of blame and regret. However, this point needs further investigation.

There are great gender differences for both drugs and sex: girls appear more reluctant to using substances and are less likely to be attracted towards risky sexual conditions by positive feelings. In a previous research (Bonino, Cattelino & Ciairano, 2003) it has been already underlined that contemporary girls seem more equipped to face the challenges of adulthood than males: despite their greater psychological discomfort, generally girls report greater success at school, have greater expectations for success in their future, and they are less involved in risk behaviour. There is only one exception to this general pattern, the greater involvement of girls in the internalising risk behaviours, such as disturbed eating. The phenomenon might have different interpretations, and it is certainly related to the new important role that women have gained in western society. However it
also appears related to the processes of socialization, still quite different between males and females (De Wit & Van der Veer, 1991). These processes usually promote in girls particular life-skills, such as self-reflection, capability of sharing feelings and of controlling one’s own impulsivity, which are generally proved to be related to healthier life styles and greater adjustment (Rutter & Rutter, 1992; Magnusson & Stattin, 1998). Conversely, exploration and experimentation are more likely to be promoted among boys. Exploring and experimenting might be done also through substance use or other risky behaviour. Nevertheless, our findings show that girls are more likely to use drugs as a coping strategy of facing up to one’s own psychological condition (Labouvie, 1986). This reason for using drug was found generally related to the most risky pattern of use (Shedler & Block, 1990). Other researches highlighted that girls are particularly at risk of continuing substance use in adulthood by the way of more socially acceptable behaviours, such as medically prescribed drugs (Kandel, 1998). Therefore, the different meanings of risk in boys and girls and their consequences for the adult adjustment still need further investigation.

Younger adolescents are very little equipped to have sex: they are more likely to perceive it negatively also within a familiar setting, to underestimate the risk and to think the sensations are less intense and the spontaneity is reduced if they use contraception. Besides they have low capability of planning which proves necessary for a regular use of contraception. On the contrary, the older adolescents seem to have fewer difficulties in planning and controlling their behaviour: in general, they proved to be more able to face up to the psychological and emotional challenges represented by the use of contraception. This finding adds further evidence to the studies on the risk in general (Beyth-Marom & Fischhoff, 1997) and contraception in particular (Byrne, 1983) among adolescents, which emphasise that at younger ages the capability of assuming a contraceptive responsibility is lower, despite the presence of information and knowledge.

As far as the differences among schools, the lyceum students appear less at risk than others. In fact, they perceive as less pressing the need to be involved in sex, whereas the students at technical schools seem to have a greater urgency to become adult by having sex, and to show it both to themselves and to others. Even if the lyceum students are involved in sex, they are more likely to protect themselves adequately: among them the underestimation of risk is absent and the idea of perceiving less intense sensations by using contraception is quite uncommon. Despite the great attractiveness that drugs exert on them as well as on the vocational school students, they seem more equipped at least to contrast a more serious involvement. In fact they are more likely to perceive negative emotions with the solitary use of drugs, which probably has more severe consequences because it may be related to the stabilization of use (Ravenna, 1997).
6.5.2. The role of family, peers and school

Concerning the relations between family, peers and school and involvement in risk behaviours, the adolescents think that friends may exert a considerable influence, which may be both positive and negative. According to the adolescents, the use of drugs happens within the social context of the peer group, but they are also aware that the use of drugs is mainly a free choice of the subject. Therefore, the adolescents themselves give further support to the theoretical model of the “development as the action of subjects within a context” (Silbereisen, Eyferth & Rudinger, 1986), which is one of the two models on which the present research is based. Moreover, the adolescents are aware that choosing to use drugs is more or less likely within certain situational (problems in the family), or individual conditions (temporary or permanent weakness of character, level of personal maturity). Free talking to friends about sex and drugs is quite common, although it differs in relation to the behaviour and the gender of the individual: the dimension of intimacy is more important for girls and sex.

The adolescents attribute to the family the role of the main protective factor. They are again very good theorists since, in accordance with the more up-to-date knowledge (Aunola, Stattin & Nurmi, 2000), they state that the protective role of the family is not developed through suggestions and prohibitions. Rather parents may protect their children through the adoption of an authoritative parenting style, characterised by the presence of rules, comprehensive attitudes of listening, and by the promotion of the capacity of autonomous thinking. As far as communication is concerned, there are some difficulties in talking about sex. The adolescents attribute these difficulties more to reciprocal embarrassment than to a lack of interest in what parents can tell them. Adolescents also admitted explicitly that having children is not at all easy.

Regarding the school, there is a break between what it really and currently does, providing information, and what, according to the adolescents, instead school should do to promoting a greater well-being, such as offering relational support. The adolescents attribute to the present-day school mainly a negative role because it is not able to fulfil their need of talking to adults. Boys and girls give direct support to the studies that underline this lack in current school systems (Jackson & Tap, 1998). Besides, the students also identify several strategies, which may be used by the school in order to have a positive role: they require greater attention for the promotion of the capability of reflecting, of social competence, and of personal responsibility also through clearer rules about school functioning. Sometimes the students are very angry with the school, which they censure by saying that too little is taught about real life.
6.5.3. Adolescents’ motivations for behaving more or less risky

The adolescents show high awareness of the risk linked to sex and drugs, although they overestimate the physical aspect, especially those who have to rely mainly on media as a source of information. They seem also aware of the importance of individual and contextual factors in moderating the effect of risk ones.

Previous studies on the determinants of safe sex were generally made on adults and among the more relevant predictors were identified: beliefs and attitudes towards protective or health behaviour, barriers towards it (e.g. in the case of sex: uncooperative partners, overwhelming sexual arousal), and perceived social norms towards engaging in this behaviour (Bakker, Buunk, Van den Eijnden & Siero, 1998). The present study shows that the biggest problem of the adolescents’ contraception seems the lack of capacity of planning. In fact they are not embarrassed by asking information and by buying condoms or other contraceptives (see also chapter 4, table 41). The adolescents are also aware of the risk connected to having sexual intercourse without adequate protection. In fact only a low percentage states that they might not use contraception because the risk of pregnancy and sexual diseases is rare or because nothing might happen to them. The lack of capacity of planning seems particularly relevant to the first sexual intercourse and later on for the less stable pattern of affective involvement. It is likely that a regular use of contraception requires talking to the partner and sharing the decision with him/her, and during a chance meeting it would certainly be more difficult because ambivalence may be great (O’ Sullivan & Gaines, 1998).

Generally speaking, the adolescents may give up drugs mostly because they are worried about their health and their future and moreover because they feel more selfconfident or because experimenting drugs is enough or they are asked to stop by their parents, their partners or their friends. This is an important indication for prevention: to promote the capability of self analysis and projecting the self in the future, and to extend the individuals’ temporal perspectives may not only promote better future adjustment (Nurmi, 1991) but also present lower involvement and higher likelihood of giving up drugs.

The decrease in finding reasonable motives for giving up drugs with increasing involvement provides another important cue to prevention. It would be much more difficult to promote quitting when the use becomes habitual because there are few reasons on which you can rely. Above all social bonds and fear of the consequences on one’s own future would become less effective. The drug use is likely to change completely in meaning as use becomes habitual. In our results we can observe that experimental users (adolescents who tried substances and then quitted) are more likely to select reasons related to experimentation, while habitual users are more likely to find reasonable the use of drugs as a coping strategy or as exploration of sensations, and finally to escape from
reality. This finding gives further support to all the studies that have already underlined the differences in meanings of substance use in relation to the type of use (Shedler & Block, 1990; Engels & ter Bogt, 2001).

In short, the grids and the interviews shed more light on the complex process of adolescents’ involvement in risk behaviour. Besides, the adolescents offer a lot of suggestions that should be taken in greater consideration by adults in general and specialized scholars in particular.

The following final chapter deals with a general summary of the main findings of the present study, and is aimed to draw some conclusions about the constructive functions fulfilled by involvement in risk during adolescence and some theoretical indications for effective interventions.