



Social Interactions and Adolescent Sexual and Reproductive Health: A Systematic Review

Interacciones sociales y salud sexual y reproductiva de los adolescentes: una revisión sistemática

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ABSTRACT:

Background: Adolescents are vulnerable to sexual and reproductive health challenges, with social influences from peers, family, and the community shaping their sexual perceptions and behaviors. This systematic review examines key social factors affecting adolescent sexual behavior and their implications for sexual and reproductive health.

Methods: This review followed the PRISMA guidelines and conducted a comprehensive literature search across five major databases: CINAHL, Medline, Cochrane Library, PubMed, and ProQuest. Eligible studies included quantitative, qualitative, and mixed-methods research exploring the relationship between social interactions and sexual behavior among adolescents aged 10–19 years or young adults aged 20–25 years. The quality of included studies was assessed using the Critical Appraisal Skills Programme (CASP) tools and the Risk of Bias in Non-Randomized Studies of Exposures (ROBINS-E).

Results: Of the 1,888 articles identified, 35 studies met the inclusion criteria. The findings indicate that peer influence has a significant impact on adolescent sexual behavior, particularly with respect to early sexual initiation and engagement in risky sexual activities. Family-related factors, such as parental monitoring and open communication about sexual health, also play an important role in shaping adolescents' sexual decision-making. In addition, social stigma surrounding contraception and psychosocial factors, including emotional stress and social status, influence patterns of adolescent sexual behavior.

Conclusion: Social interactions significantly influence adolescents' sexual perceptions and behaviors,

highlighting the need for multidimensional interventions that strengthen family communication, expand community-based sexual education, and reduce social stigma.

Keywords: Social Interaction, Sexual Behavior, Reproductive Health, Peer Influence, Interpersonal Relations.

RESUMEN:

Introducción: Los adolescentes son vulnerables a los desafíos de salud sexual y reproductiva, con influencias sociales de pares, familia y comunidad que conforman sus percepciones y comportamientos sexuales. Esta revisión sistemática examina los principales factores sociales que afectan el comportamiento sexual de los adolescentes y sus implicaciones para la salud sexual y reproductiva.

Método: Esta revisión siguió las directrices de PRISMA y realizó una búsqueda completa de literatura en cinco bases de datos principales: CINAHL, Medline, Cochrane Library, PubMed y ProQuest. Estudios elegibles incluyeron investigación cuantitativa, cualitativa y con métodos mixtos que exploran la relación entre interacciones sociales y comportamiento sexual entre adolescentes de 10 a 19 años o jóvenes adultos de 20 a 25 años.

Resultados: De los 1.888 artículos identificados, 35 estudios cumplieron los criterios de inclusión. Los hallazgos indican que la influencia de los pares tiene un impacto significativo en el comportamiento sexual de los adolescentes, en particular con respecto a la iniciación sexual temprana y la participación en actividades sexuales de riesgo. Factores relacionados con la familia, como la vigilancia parental y la comunicación abierta sobre la salud sexual, también juegan un papel importante en la toma de decisiones sexuales de los adolescentes.

Conclusiones: Las interacciones sociales influyen significativamente en las percepciones y comportamientos sexuales de los adolescentes, destacando la necesidad de intervenciones multidimensionales que fortalezcan la comunicación familiar, amplíen la educación sexual comunitaria y reduzcan el estigma social.

Palabras clave: interacción social, comportamiento sexual, salud reproductiva, influencia de los pares, relaciones interpersonales.

INTRODUCTION

Adolescents constitute more than half of the world's population and represent the largest generation in history. Defined by the World Health Organization as individuals aged 10–19 years, adolescence is a critical developmental period that substantially influences individual and population health trajectories ^(1–4). One particularly important area is adolescent sexual and reproductive health (ASRH), given that many adolescents begin engaging in sexual activity around the age of 15 years ⁽⁵⁾. Sexual and reproductive health (SRH) encompasses a wide range of issues, including family planning, maternal and newborn health care, as well as the prevention, diagnosis, and treatment of sexually transmitted infections (STIs) ⁽⁶⁾. According to the World Health Organization, adolescent sexual and reproductive health is fundamental to achieving healthy transitions into adulthood because it influences educational attainment, gender equality, and long-term physical and mental well-being ⁽⁴⁾. SRH services aim to prevent adverse outcomes such as unintended pregnancy, unsafe abortion, and complications related to STIs. Improving SRH outcomes aligns with Sustainable Development Goals (SDGs) 3.7 and 5.6, which emphasize universal access to SRH services and the protection of sexual and reproductive rights ⁽⁷⁾.

Adolescent sexuality is a transitional developmental process influenced by biological sexual maturation, interactions with parents and peers, and environmental opportunities that facilitate sexual debut ⁽⁸⁾. Risky sexual behaviors (RSBs), such as early sexual initiation, unprotected sexual intercourse, and multiple sexual partnerships, are relatively common among adolescents ⁽⁹⁾. For example, 85.9% of adolescents aged 15–19 years in Sierra Leone reported engaging in unprotected sexual intercourse, and

nearly one-third of adolescent males in the Congo reported having multiple sexual partners ⁽¹⁰⁾. Early sexual debut has been associated with higher levels of delinquency, lower educational attainment, and an increased likelihood of subsequent engagement in RSBs ⁽¹¹⁾.

Risky sexual behaviors may lead to a range of adverse outcomes, including adolescent pregnancy, STIs, human immunodeficiency virus (HIV) infection, and emotional consequences such as reduced self-esteem, depression, and difficulties in forming healthy relationships ^(12,13). Adolescent pregnancy may result in school dropout, social stigma, and limited future educational and employment opportunities ⁽¹⁴⁾. Moreover, adolescents and young adults constitute a growing proportion of people living with HIV worldwide. In 2020, approximately 1.75 million adolescents were living with HIV, accounting for nearly 11% of all new HIV infections globally ⁽¹⁵⁾.

A growing body of evidence demonstrates that adolescent sexual behavior is shaped not only by individual characteristics but also by broader social determinants, including family relationships, peer networks, school environments, neighborhood characteristics, and community norms ⁽¹⁶⁾. The communities and environments in which individuals are born, raised, live, and work have the potential to influence their behaviors ⁽¹⁷⁾. Adolescents tend to spend less time at home, experience increased interaction with influential peer groups, and are subject to reduced parental supervision ⁽¹⁸⁾. Social disorganization theory offers a useful framework for understanding adolescent sexuality. This theory posits that factors such as socioeconomic status, racial and ethnic heterogeneity, and residential stability contribute to levels of social disorganization and informal social control within communities. Social disorganization influences the degree of social control over adolescents and may either encourage or constrain risky sexual behaviors ⁽¹⁹⁾. Disorganized communities may experience weakened informal social control, thereby reducing their capacity to limit adolescents' engagement in risky sexual activities ⁽²⁰⁾.

Parental perceptions of neighborhood safety and quality also influence community cohesion and levels of supervision over children. When parents perceive their environment as safe and characterized by strong social values, they are more likely to actively monitor and guide their children toward healthy sexual decision-making ⁽²¹⁾. Conversely, socially disorganized environments characterized by high crime rates or limited access to community resources may undermine social control mechanisms and increase adolescents' vulnerability to risky sexual behaviors ⁽²²⁾.

Investment in adolescent health yields substantial long-term benefits for individual life trajectories and societal well-being. Adolescents are particularly vulnerable to sexual and reproductive health challenges, underscoring the need for a deeper understanding of the social determinants influencing their behaviors ⁽²³⁾. Sexual and reproductive health is a fundamental component of individual well-being, with broad social and economic implications. Sexual and reproductive health rights include the right to make informed decisions about one's body and health, including access to quality health services, education, and information⁽²⁴⁾. This review systematically examines how social interactions within communities influence adolescents' perceptions and sexual behaviors related to sexual and reproductive health. The review is guided by the following research question: *How do social interactions including peer influence, family communication, and community environments shape adolescent sexual behavior and perceptions of sexual and reproductive health?*

METHODS

Design

We conducted a systematic literature review following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines ⁽²⁵⁾. A systematic review was selected because it enables the synthesis of research findings in a structured, rigorous, and reliable manner. This approach allows for the comparison of existing evidence to generate more meaningful and robust conclusions.

In addition to systematic reviews, other review methodologies are commonly employed. Scoping reviews aim to identify research gaps and assess the breadth of literature on a given topic, whereas narrative reviews focus on summarizing existing knowledge, highlighting emerging perspectives, and addressing unresolved issues within a field.

The following sections describe in detail the literature search strategy, study selection process, quality appraisal, and data extraction and synthesis procedures. Ethical approval was not required for this study, as it did not involve human participants.

Search Strategy

Literature published between January 2000 and 2024 was included in this review. This time frame was selected to reflect changes in social interactions and adolescents' perceptions of sexuality over time. Five electronic databases Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Cochrane Library, PubMed, and ProQuest were searched in March 2025.

Relevant articles were identified through title, keyword, and abstract searches using combinations of the following terms: *“factors,” “sexual behavior” or “risky sexual behavior,” and “adolescents” or “young adults.”* The authors independently screened and reviewed titles, abstracts, and full-text articles according to predefined inclusion and exclusion criteria. In addition, manual hand-searching was conducted by reviewing the reference lists of eligible articles to identify further relevant studies that met the inclusion criteria. The complete search strategies and database-specific search strings used in this review are presented in Table 1.

Table 1. Search Strings for Each Database.

Database	Keywords
CINAHL	("social interaction" OR "peer influence" OR "family communication" OR "community environment") AND ("adolescent sexual behavior" OR "risky sexual behavior" OR "early sexual debut" OR "contraception stigma") AND ("reproductive health" OR "sexual health" OR "STI prevention" OR "HIV risk") AND (teen* OR adolescen* OR "young adult")
Medline	((("social interaction"[MeSH] OR "peer group"[MeSH] OR "family relations"[MeSH] OR "social environment"[MeSH]) AND ("sexual behavior"[MeSH] OR "unsafe sex"[MeSH] OR "sex education"[MeSH] OR "sexual debut"[MeSH])) AND ("reproductive health"[MeSH] OR "sexual health"[MeSH] OR "sexually transmitted infections"[MeSH]) AND ("adolescent"[MeSH] OR "young adult"[MeSH]))

Database	Keywords
Cochrane Library	("social interaction" OR "peer influence" OR "family communication" OR "community factors") AND ("adolescent sexual behavior" OR "early sexual initiation" OR "contraceptive use") AND ("reproductive health" OR "sexual health")
PubMed	((("social support"[Title/Abstract] OR "peer pressure"[Title/Abstract] OR "family communication"[Title/Abstract]) AND ("adolescent sexual behavior"[Title/Abstract] OR "risky sexual behavior"[Title/Abstract] OR "early sexual debut"[Title/Abstract])) AND ("reproductive health"[Title/Abstract] OR "contraception access"[Title/Abstract]))
ProQuest	(AB("social interaction" OR "peer influence" OR "family support" OR "community engagement")) AND (AB("adolescent sexual behavior" OR "risky sexual behavior" OR "contraception stigma" OR "early sexual debut")) AND (AB("reproductive health" OR "sexual education" OR "HIV prevention"))

Eligibility

Studies included in this review were English-language articles reporting original research and published in peer-reviewed journals between 2000 and 2024. Eligible studies employed quantitative or qualitative designs and focused on the relationship between social interactions and sexual behavior among adolescents aged 10–19 years or unmarried young adults aged 20–25 years.

Adolescent sexual behaviors considered in this systematic review included early sexual debut, multiple sexual partnerships, unprotected sexual intercourse (or inconsistent condom use), oral sex, and other behaviors within the broader spectrum of sexuality, whether classified as risky or non-risky.

Studies that focused on factors outside social interactions and adolescents' perceptions of their sexual behavior were excluded. In addition, experimental studies, letters to the editor, commentaries, dissertations, conference proceedings, and studies that did not present complete analytical data were excluded from this review.

Quality Appraisal

The methodological quality of the included studies was independently assessed by two reviewers using the Critical Appraisal Skills Programme (CASP) checklists (2024 version). The CASP Checklist for Descriptive/Cross-Sectional Studies (2024) was applied to cross-sectional studies, whereas the CASP Qualitative Checklist (2024) was used to appraise qualitative studies^(26,27). Each item was rated as *Yes*, *No*, or *Can't tell* in accordance with the CASP guidance. Disagreements between reviewers were resolved through discussion until consensus was achieved. Two external reviewers also reviewed the quality assessments to ensure consistency.

Risk of Bias

Risk of bias was evaluated using the Risk of Bias in Non-Randomized Studies of Exposures (ROBINS-E) framework ⁽²⁸⁾. Seven methodological domains were assessed, including bias due to confounding, participant selection, exposure classification, deviations from intended exposures, missing data, outcome measurement, and selective reporting. Each study was classified as having low risk, some concerns, high risk, or very high risk of bias, following the ROBINS-E guidance. Final judgments were determined through reviewer consensus after independent assessment.

Data Extraction and Synthesis

This systematic review synthesized findings from each study based on the adolescent sexual behaviors examined and the relevant social interactions. Data extraction tables were divided into two sections: observational studies and qualitative studies. Each table included items describing the characteristics of all reviewed studies, such as author(s), year of publication, country of study, study design, analytical methods, sample characteristics, participants' age range, type of social interaction, adolescent sexual behaviors, and key findings.

RESULTS

The initial database search yielded 1,888 articles. After removing 974 duplicate records and studies that did not meet the inclusion criteria or were irrelevant to the review topic, 914 articles remained for screening. During the eligibility assessment, 48 studies were evaluated, and 13 articles were excluded for various reasons. Ultimately, 35 studies met the inclusion criteria and were included in the subsequent stages of data extraction and analysis.

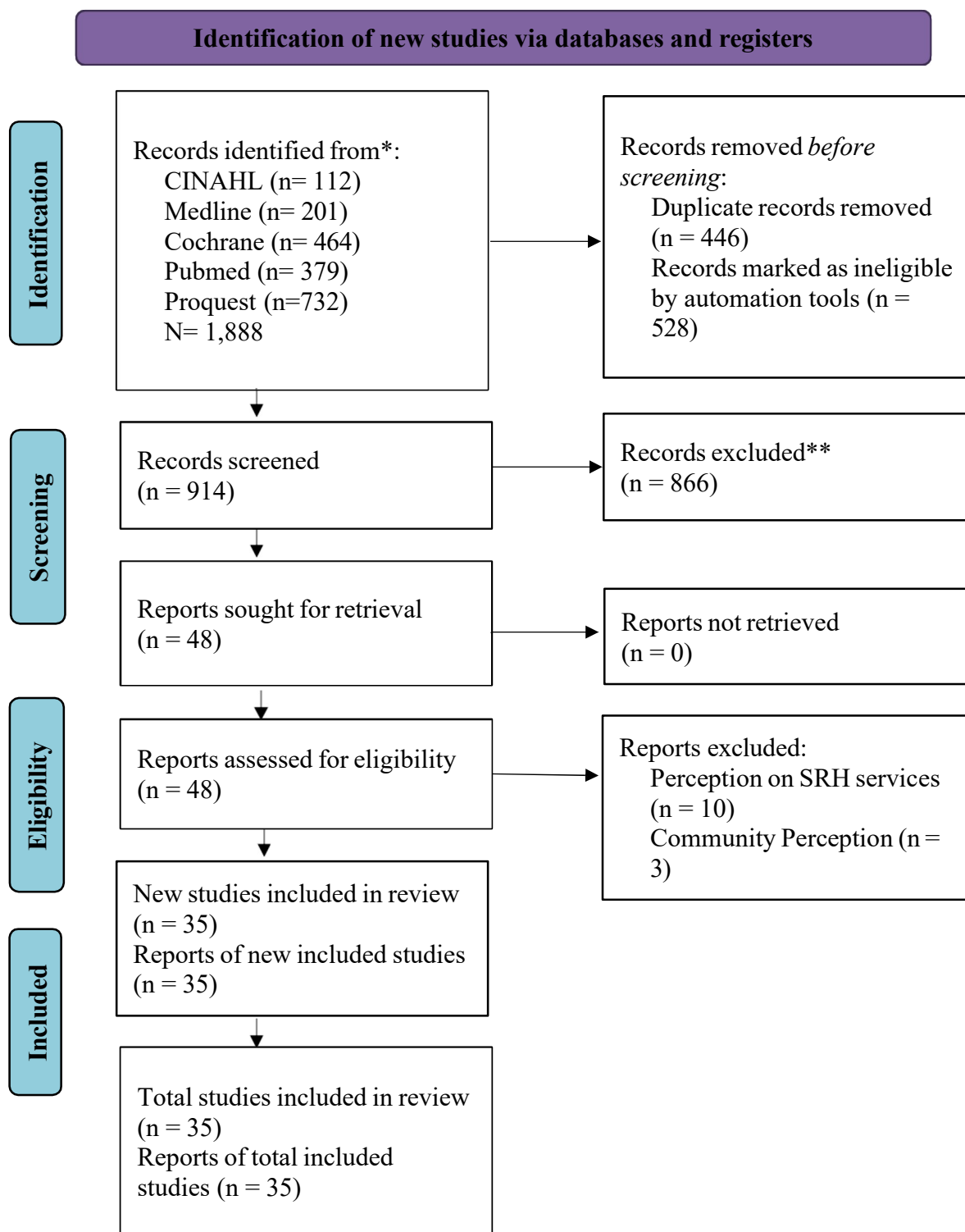


Figure 1. PRISMA Flowchart for study selection

Table 2. Characteristics of observational studies

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
⁽²⁹⁾ , Nigeria	Cross-sectional	238	464	17.58	Nigerian	<ul style="list-style-type: none"> - Perception of family support - Perception of family functioning - Experience of sexual violence at home 	<ul style="list-style-type: none"> - Sexual/violence history - Multiple sexual partners - Unprotected sex - Early age of sexual debut 	<ul style="list-style-type: none"> - Boys had higher HRSB than girls ($p = 0.001$). - Lower family support increased HRSB (aOR = 0.920, $p = 0.001$). - Poor family functioning increased HRSB risk (aOR = 0.884, $p = 0.004$). - Sexual violence at home increased HRSB risk (aOR = 17.369, $p < 0.001$)
⁽³⁰⁾ , US	Cohort	-	358	15.3	Black White Hispanic Hawaiian	<ul style="list-style-type: none"> - Personal attitudes toward sex - Peer attitudes toward sex - Family attitudes toward sex 	<ul style="list-style-type: none"> - Deep kissing - Breasts touched by a partner - Genitals touched - Touched a partner's genitals - Oral sex - Received oral sex - Vaginal sex - Anal sex 	<ul style="list-style-type: none"> - Personal attitudes were the strongest predictor of sexual behaviors ($p < 0.05$). - Perceived peer attitudes increased odds of vaginal sex (OR = 2.18). - Perceived family attitudes were less predictive (OR = 1.93, unadjusted)
⁽³¹⁾ , US	Cross-Sectional	-	7,708	16	Caucasian African-American	<ul style="list-style-type: none"> - Body image - Symptoms of depression 	<ul style="list-style-type: none"> - Early age of sexual debut 	<ul style="list-style-type: none"> - Symptoms of depression predicted both sexual

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
					Hispanic		- Unprotected sex	activity and condom use ($p < 0.05$). - Negative body image increased sexual activity but did not predict condom use
(32), Netherlands	Longitudinal	-	248	14.5	Dutch	- Online sexual activity - Offline peer influence	- Talk about sex - Searched for someone to have sex - Sent naked photo or video - Sent address or telephone number	- Adolescents exposed to online sexual content were twice as likely to have early sexual debut ($p < 0.05$). - Offline peer influence remained a strong predictor (OR = 1.87, $p = 0.002$)
(33), US	Longitudinal Cohort	915	-	13.28	- African-American - Latino - White	- Neighborhood disadvantage - Collective efficacy - Peer influences	- Timing of Sexual debut	- Low collective efficacy increased early sexual initiation (HR = 1.43, $p < 0.05$). - Neighborhood disadvantage was strongly associated with earlier sexual debut
(34), Taiwan	Cohort				Taiwanese	- Parent-child relationships - Peer influence - School attachment	- Age of sexual debut	- Parent-child closeness delayed sexual debut ($p < 0.01$) - Peer influence was the strongest predictor of early

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
								sexual debut (OR = 2.76, $p < 0.001$). - Higher school attachment lowered risk (OR = 0.71, $p = 0.003$)
⁽³⁵⁾ , US	Multilevel logistic regression analysis	6,887	7,264	Not specified (Grades 7-12)	- Black - Cuban-American - Mexican-American - Puerto Rican - White	- Neighborhood characteristics (socioeconomic norms, social disorganization, racial composition)	- Sexual initiation, contraceptive use	Neighborhood factors were associated with sexual initiation ($P < 0.05$), but not contraceptive use.
⁽³⁶⁾ , Ethiopia	Cross-sectional	1,968	2,591	15.4	African	- Parent-Adolescent Sexual and Reproductive Health Communication	- Adolescent sexual health knowledge, Behavioral beliefs, Subjective norms	- Limited SRH communication was significantly associated with poor adolescent beliefs and norms ($P < 0.05$). - Males experienced poorer communication compared to females ($P < 0.001$). - Higher parental RH knowledge and TV co-viewing were associated with better SRH communication ($P < 0.05$).
⁽³⁷⁾ , Pakistan	Mixed-methods	300	300	17.3	Pakistani	- Perception of sexual and	- Awareness, knowledge,	- Limited SRH knowledge and constrained access to

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
						reproductive health rights (SRHR), Socio-cultural constraints, Access to SRH services	and exercise of SRHR	SRH services were observed ($P < 0.05$). - Females had lower autonomy to exercise SRHR compared to males ($P < 0.001$). - Socio-cultural taboos significantly restricted open discussions ($P < 0.05$).
(38), US	Cross-sectional	333	347	16.5	- African American - European American	- Parental psychological control, - Parental support, - Adolescent self-esteem, - Dating identity exploration	- Age of sexual debut, - Number of sexual partners, - Relationship length before sex, - Seriousness of the relationship	- Parental psychological control increased risky sexual behavior ($P < 0.05$), - Self-esteem and dating identity exploration were protective ($P < 0.05$). - Males and African Americans benefited more from dating identity exploration ($P < 0.05$). - Psychological control had stronger negative effects in late adolescence ($P < 0.05$).
(39), US	Longitudinal	528	-	12	- African American - Hispanic - White	- Parental monitoring, - Family routines,	- Early sexual debut (before age 15), - Risky sexual behaviors	- Academic achievement and parental monitoring protected against early sexual debut ($P < 0.01$).

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
						- Neighborhood environment		<ul style="list-style-type: none"> - Drug and alcohol use, school problems, and lack of parental monitoring increased risky behaviors ($P < 0.05$). - African American boys reported higher rates of early sexual debut compared to White and Hispanic peers ($P < 0.05$).
(40), US	Cross-sectional	632	660	14.5	<ul style="list-style-type: none"> - White - African American - Hispanic 	<ul style="list-style-type: none"> - Exposure to sexual content on television - Perceived peer norms - Self-efficacy 	<ul style="list-style-type: none"> - Intercourse initiation 	<ul style="list-style-type: none"> - Exposure to sexual content on TV increased perceived peer norms and reduced negative outcome expectancies ($P < 0.05$). - Self-efficacy mediated the link between TV exposure and sexual initiation for African American and White adolescents ($P < 0.05$), but not for Hispanic adolescents ($P > 0.05$).
(41), Ethiopia	Cross-sectional	782	147	17.3	<ul style="list-style-type: none"> - Oromo - Amhara - Gurage 	<ul style="list-style-type: none"> - Family connectedness - Parental monitoring - Peer pressure 	<ul style="list-style-type: none"> - Risky sexual behavior, - Multiple sexual partners 	<ul style="list-style-type: none"> - Out-of-school youths engaged in more risky sexual behaviors than in-school youths ($P < 0.05$). - Higher parental monitoring and family connectedness were protective against

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
								early sexual debut and multiple partners ($P < 0.05$). - Peer pressure significantly increased risky behavior ($P < 0.05$).
⁽⁴²⁾ , Nepal	Cross-sectional	210	175	17.7	- Nepalis	- Family - Media	- Premarital sexual contact - Contraceptive use	- Males had 1.5 times poorer SRH practices than females ($P < 0.05$). - Higher family income and SRH knowledge significantly improved SRH practices ($P < 0.01$).
⁽⁴³⁾ , US	Cross-sectional	86	126	16.3	- White - African-American - Latino	- Perceptions of best friends' sexual behavior - Peer popularity - Social norms	- Oral sex engagement - Number of sexual partners - STI protection use	- Oral sex was more common than intercourse ($P < 0.0001$). - Perceptions of friends' behaviors strongly influenced own behavior ($P < 0.001$). - Adolescents engaging in oral sex had higher peer-perceived popularity ($P < 0.0001$) - Multiple partners reduced popularity ($P < 0.05$).
⁽⁴⁴⁾ , US	Longitudinal	-	3,644	16.5	- White - Non-white	- Parent & Peer Connectedness	- Engagement in sexual activity	- Depression and negative perceptions of sex increased likelihood of

Author, Year, Country	Study Design	Sample Size		Mean age	Ethnicity	Social Interaction	Sexual behavior	Main Finding
		Male	Female					
								sexual intercourse ($p < 0.05$)
⁽⁴⁵⁾ , Mexico	Cross-sectional	572	610	13.5	Mexican	- Social support	- Sexual debut	- No other perception of social support or empowerment was associated with sexual activity among girls and boys.
⁽⁴⁶⁾ , US	Cross-sectional	242	196	Not specified	Mexican-American	- Discrimination, - Peer Influence	- Sexual Activity	- Higher peer influence and psychological distress associated with increased sexual activity ($p < 0.001$)
⁽⁴⁷⁾ , Nigeria	Cross-Sectional	-	800	16.4	African	- Living with Parents - Family Condition	- Sexual Activity rates	- Older adolescents, those not living with both parents, and those with poor family conditions had higher sexual activity rates ($p < 0.05$)
⁽⁴⁸⁾ , US	Longitudinal	-	8,337	17.3	- Hispanic - Asian	- Neighborhood Type - Permissive Sexual Climate	- Sexual Debut - Number of Partners	- Rural and poor urban neighborhoods had higher sexual debut rates and more partners ($p < 0.05$)

Table 3. Characteristics of Qualitative Studies.

Author, Year, Country	Study Design	Informant (Size)	Methods	Findings
⁽⁴⁹⁾ , Uganda	Qualitative (Ethnographic study)	Not specified	In-depth interviews, focus group discussions, key informant interviews	"A girl is considered ready for marriage when she can do all household chores and take care of children, even if she is only 15." Adolescents believe that engaging in sexual activity before marriage is expected and is often part of marital negotiations. Early marriage is normalized, and refusal to marry can bring shame to the family.
⁽⁵⁰⁾ , US	Qualitative	94 (Not split by gender)	Focus groups with adolescents (16-24), adults (25+), and formerly incarcerated individuals	<i>"When you got nothing to do, you do somebody."</i> Adolescents view sexual activity as a common pastime due to a lack of recreational opportunities. Parental supervision is minimal, and sexual behavior is often seen as a way to fit into social circles or to cope with boredom.
⁽⁵¹⁾ , Ethiopia	Qualitative descriptive study	Not specified	In-depth interviews, key informant interviews, focus group discussions	<i>"Condoms are for bad girls and boys who sleep around."</i> Adolescents feel that using condoms is associated with promiscuity rather than protection. They perceive sexual behavior as a personal choice but struggle with social norms that discourage open discussions about contraception.
⁽⁵²⁾ , Ghana	Qualitative (Grounded theory)	63 women (15-24 years)	In-depth interviews	<i>"If a girl carries condoms, people think she is already sleeping with many men."</i> Many adolescents avoid contraception due to stigma, fearing that family and community members will judge them. Decisions about sex and family planning are heavily influenced by religious beliefs and community expectations.
⁽⁵³⁾ , South-Africa	Qualitative	80 (Male/Female adolescents,	focus group discussions	<i>"Sex is just something everyone does; if you don't, they will laugh at you."</i>

Author, Year, Country	Study Design	Informant (Size)	Methods	Findings
		parents, and counselors)		Adolescents perceive sexual activity as a normal part of growing up, with peer pressure playing a significant role. Some adolescents engage in group sex parties, considering it an exciting experience, but they also acknowledge risks such as pregnancy and STIs.
⁽⁵⁴⁾ , Ethiopia	Qualitative (Cross-sectional)	Not-Specified	In-depth interviews, focus group discussions	<i>"Parents never talk to us about sex, but they expect us to behave properly. How can we know what is right or wrong?"</i> Adolescents lack parental guidance and rely on peers for information about sexual behavior, leading to risky practices
⁽⁵⁵⁾ , South Africa	Qualitative (Exploratory and descriptive)	Not-Specified	Focus group discussions, key-informant interviews, semi-structured interviews, observation	<i>"Sex is something we are curious about, but adults just tell us not to do it instead of explaining why."</i> Youth perceive sexuality as a natural part of life but feel they lack proper education on safe practices
⁽⁵⁶⁾ , India	Qualitative	64 (Unmarried males)	Focus group discussions	<i>"We know about HIV, but no one talks to us about other diseases or how to prevent them."</i> Many young men have limited knowledge about STIs beyond HIV and lack comprehensive sexual health education
⁽⁵⁷⁾ , US	Qualitative	20 (18–21 years old)	Semi-structured interviews	<i>"If I say no to sex, my boyfriend might hit me, and I don't want to lose him."</i> Fear of violence prevents adolescents from asserting sexual autonomy, leading to unsafe sexual practices
⁽⁵⁸⁾ , Kenya	Qualitative (Cross-sectional)	273 (141 females, 132 males)	Questionnaire, focus group discussions	<i>"For boys, sex is just fun, but for girls, it comes with responsibilities."</i> Male adolescents perceive sex as recreational, while females see it as a transaction for gifts or favors

Author, Year, Country	Study Design	Informant (Size)	Methods	Findings
⁽⁵⁹⁾ , France	Qualitative (Exploratory)	100 (57 females, 43 males)	Structured confidential interviews	<i>"My friends say if you're not sexually active by 16, people think you're weird."</i> Peer influence plays a significant role in shaping adolescents' sexual norms and behaviors
⁽⁶⁰⁾ , Canada	Qualitative	85 (50 females, 35 males)	Open-ended intimacy questionnaire	<i>"Intercourse is about love, but oral sex is just something people do for fun."</i> Many young adults perceive oral sex as less intimate than intercourse, affecting their decision-making in relationships
⁽⁶¹⁾ , US	Qualitative	32 (16 males, 16 females)	In-depth face-to-face interviews	<i>"You get more respect if you've had sex."</i> Social status and peer validation play a major role in adolescent decisions to engage in sex
⁽⁶²⁾ , South Africa	Qualitative	25 (Females aged 15–19)	Semi-structured in-depth interviews	<i>"We know unprotected sex is risky, but sometimes, having a boyfriend who provides for you is more important."</i> Economic hardship and relationship dependency influence adolescent sexual decision-making
⁽⁶³⁾ , China	Qualitative	50 (Mixed-gender sample)	Semi-structured interviews	<i>"Sex is becoming more acceptable before marriage, but using condoms is still seen as unromantic."</i> Changing social norms allow more sexual freedom, but misconceptions about contraception persist

Study Characteristics

The studies analyzed in this systematic review comprised a range of research designs, including quantitative, qualitative, and mixed-methods approaches. A total of 35 studies that met the inclusion criteria were examined in depth to explore the relationship between social interactions and adolescent sexual behavior. The characteristics of the observational studies included in this review are presented in Table 2, while the characteristics of the qualitative studies are summarized in Table 3. The methodological quality assessments of observational and qualitative studies are presented in Tables 4 and 5, respectively.

The quantitative studies included in this review employed cross-sectional, longitudinal, and cohort designs. Cross-sectional studies, such as that conducted by Dessie et al.⁽³⁶⁾, aimed to describe the association between family communication and adolescent sexual behavior at a specific point in time. Longitudinal studies, including Browning et al.⁽⁶⁴⁾, enabled the analysis of changes in adolescent sexual behavior over time and the contribution of environmental factors to sexual decision-making. Meanwhile, cohort studies, such as those by Chiao and Yi⁽³⁴⁾, investigated the long-term effects of parental closeness on adolescents' engagement in risky sexual behaviors.

The qualitative studies utilized in-depth interviews, focus group discussions, ethnographic approaches, and open-ended questionnaires. Achen et al.⁽⁴⁹⁾ explored how cultural expectations normalized early marriage and premarital sexual activity, while Maluleke⁽⁵⁵⁾ identified adolescents' limited access to clear and comprehensive sexuality information. Montoya et al.⁽⁵⁷⁾ showed how fear of violence and relationship loss could restrict young women's sexual autonomy. Opiyo et al.⁽⁶⁵⁾ identified peer influence, limited parent-adolescent communication, and gendered perceptions of sexual debut among Kenyan youth. Vannier and Byers⁽⁶⁶⁾ demonstrated that young adults' perceptions of oral sex and intercourse were shaped by beliefs about intimacy, love, commitment, reciprocity, and sexual education. Zhang et al.⁽⁶³⁾ identified a tension between increasing tolerance of premarital sex and persistent stigma, misconceptions, and social barriers related to condom use.

Furthermore, several studies adopted mixed-methods approaches that combined quantitative and qualitative data to provide a more comprehensive understanding. For example, Iqbal et al.⁽³⁷⁾ used surveys to assess adolescents' awareness of sexual and reproductive health rights, alongside interviews to identify barriers to accessing sexual health services. Sanchez et al.⁽⁴⁶⁾ integrated data on adolescent sexual behavior with in-depth analyses of social discrimination and peer influence.

Most of the reviewed studies originated from diverse regions worldwide, including Africa (9 studies), Asia (7 studies), North America (6 studies), Latin America (5 studies), and Europe (5 studies). This geographical diversity allowed the systematic review to examine how varying social and cultural contexts influence adolescents' perceptions and sexual behaviors across different settings.

Study Quality Assessment

Table 4. Summary of study Quality Assessment for Observational studies

CASP Criteria	Abiodun	Akers	Anatale	Baumgartner	Browning	Ciao & Yi	Cubbin	Dessie	Iqbal	Kerpelman	Lohman	Martino	Negeri	Paudel	Prinstein	Rink	Reininger	Sanchez	Udigwe	Warner
Did the study address a clearly focused issue	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Did the authors use an appropriate method to answer their question?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Were the subjects recruited in an acceptable way?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Were the measures accurately measured to reduce bias?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Can't tell	Yes
Were the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Did the study have enough participants to minimise the play of chance?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How are the results presented and what is the main result?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Can the results be applied to the local population?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table 5. Summary of study Quality Assessment for Qualitative studies

CASP Criteria	Achen et al	Akers et al	Baraki et al	Challa et al	Dietrich et al	Kumsa	Maluleke	Meena et al	Montoya et al	Opiyo et al	Potard et al	Vannier & Byers	Voisin & Bird	Waxman et al	Zhang et al
1. Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Has the relationship between	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No	No	Yes	Yes	No

CASP Criteria	Achen et al	Akers et al	Baraki et al	Challa et al	Dietrich et al	Kumsa	Maluleke	Meena et al	Montoya et al	Opiyo et al	Potard et al	Vannier & Byers	Voisin & Bird	Waxman et al	Zhang et al
researcher and participants been adequately considered?															
7. Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10. How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Risk of Bias Assessment



Figure 2. Traffic-Light plot For RoB results.

Peer Influence on Adolescent Sexual Behavior

Peer influence emerged as one of the most consistent social determinants of adolescent sexual behavior. Adolescents who perceived their peers as sexually active were more likely to adopt similar behaviors, suggesting that perceived peer norms may normalize sexual initiation and increase willingness to engage in sexual activity ⁽⁴³⁾. Exposure to sexual content through online media also reinforced these perceived norms and was associated with an increased likelihood of early sexual debut ⁽³²⁾. Qualitative evidence further showed that sexual activity was frequently regarded as a marker of social acceptance, maturity, or conformity with peer expectations, particularly when adolescents believed that sexual inexperience would result in ridicule or exclusion ^(67–69). In Kenya, peers were among the principal sources of information about sexual behavior, while negative peer influence and exposure to pornographic media were identified as factors encouraging sexual debut ⁽⁶⁵⁾. Collectively, these findings indicate that peers influence adolescent sexual behavior not only through direct pressure but also by shaping perceived norms, social identity, and expectations about what constitutes acceptable or desirable behavior.

Opiyo et al. additionally identified gendered differences in how sexual activity was understood. Male participants were more likely to perceive sexual debut as an ordinary or pleasurable activity, whereas female participants emphasized the consequences of pregnancy, school dropout, and relationships involving the exchange of sex for financial or material benefits ⁽⁶⁵⁾. These findings suggest that peer influence intersects with gender norms and socioeconomic vulnerability rather than operating as an isolated determinant. The original study also reported that peers and media were more common sources of sexuality information than parents, schools, or religious institutions.

The Role of Family in Adolescent Sexual Decision-Making

Beyond peer influence, family-related factors also exert a substantial impact on adolescents' sexual decisions. Negeri ⁽⁴¹⁾ found that adolescents living in families with low levels of support are more likely to engage in risky sexual behavior. Similarly, Udigwe et al. ⁽⁴⁷⁾ reported that adolescents who do not live with both parents tend to have a greater number of sexual partners compared with those living in intact family structures. Furthermore, Iqbal et al. ⁽³⁷⁾ observed that in certain communities, females have lower levels of knowledge regarding their sexual and reproductive health rights than males, which may lead to less informed and higher-risk sexual decision-making.

Social Stigma Surrounding Contraception

This review also identified social stigma related to contraception as a major challenge in adolescent sexual health. Baraki and Thupayagale-Tshweneagae ⁽⁵¹⁾ reported that many adolescents avoid condom use because it is perceived as an indicator of promiscuous behavior. This finding is reinforced by Challa et al. ⁽⁵²⁾, who showed that adolescent girls are often reluctant to use contraception due to fear of being labeled as immoral by their communities.

Psychological Factors in Adolescent Sexual Decision-Making

Psychological factors also play an important role in adolescents' sexual decisions. Rink et al. ⁽⁴⁴⁾ found that adolescents with higher levels of depression are more likely to engage in early sexual activity. Montoya et al. ⁽⁵⁷⁾ further indicated that many adolescent

girls experience emotional and psychological pressures that make it difficult for them to resist partner pressure regarding sexual activity. In addition, Voisin and Bird ⁽⁶¹⁾ reported that for some adolescents, engagement in sexual activity is perceived as a means of obtaining social validation and enhancing social status within their peer groups.

Social and Cultural Meanings of Sexual Behavior

The qualitative studies demonstrated that adolescents' and young adults' sexual decisions were shaped by culturally constructed meanings attached to particular sexual behaviors. Vannier and Byers found that most young adults perceived vaginal intercourse as more intimate than oral sex because intercourse was associated with love, commitment, mutuality, and greater emotional and physical consequences. Oral sex was generally regarded as less intimate, partly because it was less frequently discussed in formal and informal sexuality education ⁽⁶⁶⁾. These findings indicate that decisions about sexual activity depend not only on risk awareness but also on how particular behaviors are socially classified as serious, intimate, casual, or acceptable. Similar tensions between traditional and changing sexual norms were identified among Chinese university students. Although premarital sex was increasingly viewed with tolerance, traditional expectations concerning virginity, morality, and sexual restraint remained influential. Participants also demonstrated low perceived vulnerability to HIV and sexually transmitted infections, despite recognizing the preventive efficacy of condoms ⁽⁶³⁾. Condom use was constrained by embarrassment, anticipated parental disapproval, fear of social judgment, concerns about reduced pleasure, and the belief that condoms were unnecessary within serious relationships. Thus, increasing acceptance of premarital sexuality did not necessarily translate into safer sexual practices.

Across these studies, adolescents' sexual decision-making reflected an interaction between relationship meanings, gender expectations, cultural values, perceived social approval, and access to reliable information ^(63,65,66). Sexual health behavior therefore cannot be understood solely as an individual response to knowledge of pregnancy or infection risks; it is also embedded within social interpretations of intimacy, respectability, gender, and romantic commitment.

DISCUSSION

The findings of this review indicate that social interactions particularly those involving peers, family members, and prevailing social norms play a substantial role in shaping adolescent sexual behavior. These findings are consistent with previous studies demonstrating that group norms and social expectations strongly influence adolescents' decisions regarding sexual and reproductive health. Studies by Prinstein et al. ⁽⁴³⁾ and Baumgartner et al. ⁽³²⁾ emphasize that social pressure and exposure to sexual content in digital media accelerate adolescents' sexual debut, suggesting that modern social environments increasingly hasten shifts in sexual norms among young people.

The results also highlight the critical importance of family communication in shaping adolescents' attitudes toward sexuality. Research by Dessie et al. ⁽³⁶⁾ shows that open communication with parents can reduce adolescents' involvement in risky sexual behaviors. This is aligned with the findings of Chiao and Yi ⁽³⁴⁾, who reported that parental involvement in children's lives contributes to delayed sexual debut and a lower risk of engaging in unsafe sexual practices.

Nevertheless, significant challenges persist, particularly in relation to social stigma surrounding contraception and reproductive health services. Baraki and Thupayagale-Tshweneagae ⁽⁵¹⁾ reported that contraceptive use is often associated with negative social norms, which hinders adolescents' access to pregnancy prevention methods and sexually transmitted infection (STI) services. This stigma is further reinforced by the findings of Challa et al. ⁽⁵²⁾, who observed that adolescent girls are more vulnerable to barriers in accessing contraception due to cultural norms that restrict open discussions about sexuality and reproductive health.

Furthermore, psychosocial factors play an important role in adolescents' sexual decision-making. Studies by Rink et al. ⁽⁴⁴⁾ and Montoya et al. ⁽⁵⁷⁾ indicate that adolescents with higher levels of depression are more likely to engage in early sexual activity. These findings suggest a close relationship between adolescents' mental well-being and their sexual decisions, whereby emotional and social stressors often drive engagement in risky sexual behaviors.

The reviewed studies also demonstrate how community-level social norms shape expectations regarding adolescent sexual behavior. Browning et al. ⁽⁶⁴⁾ found that adolescents living in neighborhoods with high levels of social cohesion are more likely to delay sexual debut compared with those residing in socially disorganized environments. This finding underscores the importance of community context in influencing adolescents' sexual behavior.

In addition, economic factors were found to influence adolescent sexual behavior. Waxman et al. ⁽⁶²⁾ revealed that many adolescent girls engage in sexual relationships due to economic pressures, relying on their partners for financial support. Such economic dependence often diminishes girls' bargaining power in sexual decision-making and increases their vulnerability to unsafe sexual relationships.

Sexual and reproductive health education also emerged as a key determinant of adolescent sexual behavior. Meena et al. ⁽⁵⁶⁾ reported that adolescents who receive comprehensive sexual health education are more likely to use contraception and have a better understanding of sexual health risks compared with those who do not receive such education. Therefore, strengthening sexual health education programs in schools and communities is essential.

Community-based intervention strategies are particularly important in addressing the challenges adolescents face in accessing sexual health services. Voisin and Bird ⁽⁶¹⁾ found that adolescents living in environments with limited access to sexual health information tend to rely heavily on peers as their primary information source, which is often inaccurate. Strengthening community-based counseling and educational services may help reduce these information gaps.

The findings of this review have important implications for adolescent sexual and reproductive health policies and practice. Consistent with the UNESCO *International Technical Guidance on Sexuality Education* (ITGSE) ⁽⁷⁰⁾, the results highlight the need for comprehensive sexuality education that extends beyond biological knowledge to include healthy relationships, communication, gender equality, consent, social norms, and informed decision-making. Integrating these components into school-, family-, and community-based interventions may help adolescents make informed sexual and reproductive health decisions and reduce engagement in risky sexual behaviors.

A limitation of this review is that the protocol was not prospectively registered in PROSPERO or another international registry. Although predefined review methods were followed throughout the study, the absence of protocol registration may reduce transparency regarding methodological modifications during the review process.

CONCLUSION

Social interactions significantly influence adolescents' perceptions and behaviors related to sexual and reproductive health. Peer influence, family dynamics, social stigma, psychosocial conditions, and community environments all contribute to adolescents' sexual decision-making and engagement in risky or protective behaviors. The findings of this review also demonstrate that social and cultural contexts vary considerably across regions, shaping different norms, expectations, and perceptions regarding adolescent sexuality. Therefore, interventions aimed at improving adolescent sexual and reproductive health should be culturally sensitive and adapted to local social realities. Strengthening family communication, promoting comprehensive sexuality education, and expanding community-based support programs may help reduce risky sexual behaviors and improve adolescent health outcomes.

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