Bidirectional Associations Between Adolescents’ Sexual Behaviors and Psychological Well-Being

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ABSTRACT

Purpose: Assessing bidirectional longitudinal associations between early sexual behaviors (≤16.0 years) and psychological well-being (global self-esteem, physical self-esteem, depression) among 716 adolescents, and the direct and buffering effect of parent–adolescent relationship quality.

Methods: We used data from Project STARS (Studies on Trajectories of Adolescent Relationships and Sexuality), a longitudinal study on adolescent sexual development in the Netherlands. Participants were 11.0–16.0 years old (mean age at T1 = 13.3 years). Self-reports from four waves of online questionnaires were used. Bidirectional longitudinal associations were assessed by linear mixed-effects models.

Results: At most waves, boys had significantly higher levels of psychological well-being than girls, but genders did not differ in experience with sexual behaviors. Engagement in early sexual behaviors did not predict lower levels of psychological well-being over time, and lower levels of psychological well-being did not predict more engagement in early sexual behaviors over time. Parent–adolescent relationship quality did not moderate these associations in either direction, although we found a significant direct effect, in which a higher-quality parent–adolescent relationship predicted more optimal levels of the three indicators of adolescents’ psychological well-being (but not lower levels of early sexual activity) over time.

Conclusions: Our results show that, among Dutch adolescents, early sexual behaviors and psychological well-being were not interrelated. This may be explained by socio-cultural aspects of the Dutch society, such as more normalization of sexual behaviors during adolescence. As a result, early sexual activity in and of itself was not related to lower psychological well-being over time. Yet, cross-cultural differences in links between adolescents’ sexuality and well-being should be further investigated.

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Normative adolescent development includes experiences with intimate relationships and sexual behaviors [1]. However, the engagement in sexual behaviors at an early age (i.e., before or at the age of 16.0 years) is associated with risky sexual behaviors, such as unprotected sex [2], and negative implications for adolescents’ health, including sexually transmitted infections [3], and unwanted pregnancy [4]. Youths who initiate sexual behaviors during early (i.e., 10.0–14.0 years) and middle adolescence (15.0–16.0 years) are more likely to engage in risky sexual behaviors [2]. This may be related to their relatively limited knowledge about the risks involved in sexual activities and experiencing more difficulty in negotiating condom use with their partners [5,6]. In addition, they may not be cognitively and emotionally “ready” to make responsible and healthy sexual decisions (e.g., decisions related to consensual and safe sex) [7].

Besides the negative implications of early sexual behaviors for adolescents’ sexual health, some studies have suggested that early sexual activity is also associated with suboptimal levels of psychological health [8–19]. One of these studies found a link between early sexual behavior and higher levels of depression [10]. The authors emphasized that because of the cross-sectional design, both directions would be possible: psychological well-being affecting engagement in early sexual behaviors, or engagement in early sexual behaviors affecting psychological well-being [10]. For instance, it is possible that youth with higher levels of depression would engage in early sexual behaviors more often, as a strategy to release stress, achieve valued relationships, and enhance positive feelings [10]. In another study, it was indeed argued that engaging in early sexual behaviors could affect psychological well-being because, for younger adolescents (i.e., ≤16.0 years), early sexual encounters can be stressful life events [12].

However, as most previous studies have used a cross-sectional design, they were not able to ascertain the direction of the associations between early sexual behaviors and psychological well-being [9–11]. To the authors’ knowledge, so far, only two longitudinal studies have assessed how engagement in early sexual behaviors predicts psychological well-being over time [12,13]. These studies have found that early engagement in sexual behaviors predicted lower self-esteem and higher depression later on [12,13]. Yet, so far, no longitudinal study has investigated how psychological well-being may predict early sexual behaviors. Thus, the first goal of the current study was to assess bidirectional longitudinal associations between adolescents’ experience with early sexual behaviors (i.e., ≤16.0 years) and their psychological well-being (i.e., global self-esteem, physical self-esteem, and depression). Based on previous studies, we hypothesized that more optimal psychological well-being (i.e., higher levels of global and physical self-esteem, and lower levels of depression) would be associated with less engagement in early sexual behaviors over time and vice versa [12,13].

Furthermore, ecological systems theories emphasize that adolescent development, including sexual development, is affected by social contexts, including the family system [20]. In line with these theories, empirical studies have demonstrated that a high-quality relationship between adolescents and their parents—characterized by high levels of warmth, closeness, and support—is related to later sexual behaviors [21–24] and higher psychological well-being (i.e., higher levels of self-esteem) [15]. In addition, a literature review has suggested that high-quality relationships with parents may buffer the associations between early sexual activity and psychological well-being. This means that among adolescents engaging in early sexual behaviors, those with a higher-quality relationship with their parents may have lower levels of, for instance, depression [24].

Possible mechanisms by which high-quality relationships with parents may affect adolescents’ sexual behaviors and psychological well-being may include the provision of positive environments with resources of support, which stimulates a more optimal well-being [24], and responsible sexual decisions, such as engaging in sexual intercourse later [15,21]. Therefore, the second goal of the current study was to investigate both the direct and moderating (i.e., buffering) effects of parent–adolescent relationship quality on early sexual behavior experience and psychological well-being, and the bidirectional associations between them. We hypothesized that these associations (in both directions) would be attenuated for adolescents with a high-quality relationship with their parents, meaning that for those adolescents, less optimal psychological well-being would be less strongly associated with early sexual activity, and engaging in early sexual behaviors would be less strongly related to their psychological well-being [15].

Finally, previous studies have suggested that early engagement in sexual behaviors is associated with suboptimal psychological well-being for girls but not for boys [12–14]. This may be because, in general, girls are more sensitive to stressful life events than boys [14]. Further, sexual double standards—in which boys are encouraged to initiate sexual behaviors to prove their masculinity and are often praised for their sexual activities, while girls often meet sexual restrictions and are judged negatively for being sexually active—still exist in many Western societies [25]. Thus, engaging in early sexual behaviors may be more socially stressful for girls than for boys, affecting girls’ psychological well-being more [14]. To test this, the third goal of the current study was to investigate gender differences in bidirectional associations between adolescents’ sexual behavior experience and their psychological well-being. Consistent with previous studies, we hypothesized that these associations (in both directions) would be stronger for girls than for boys [12–14].

Methods

Data for the present study were collected as part of Project STARS (Studies on Trajectories of Adolescent Relationships and Sexuality), a large-scale longitudinal study on adolescent sexual development, conducted in the Netherlands between 2010 and 2015. We used data from all four waves, collected among a school-based sample of 1,297 10- to 19-year-old adolescents, with 6-month intervals between measurements (T1 = fall 2011, T2 = spring 2012, T3 = fall 2012, T4 = spring 2013). Participants were recruited from four secondary and eight elementary schools throughout the country. Adolescents and their parents received letters, brochures, and flyers describing the aims of the study. Parents received a form on which they could indicate if they did not want their child to participate in the study (i.e., passive informed consent) [26]. Less than 7.0% of the approached adolescents decided not to participate or were not allowed to take part in the study by their parents. Data collection was supervised by researchers in order to introduce the study and the procedure, answer questions, and ensure maximum privacy. The questionnaires were completed on a voluntary basis, and confidentiality of the responses was guaranteed, as was the option to withdraw participation at any time. Adolescents completed online questionnaires in the classroom. After participation, adolescents received a book gift certificate (€5.00 at T1–€12.50 at
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