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Pubertal timing, sexual behaviour and self-reported depression in middle adolescence

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Abstract

The associations between pubertal timing, sexual activity and self-reported depression were analysed in a population sample of 17,082 girls and 15,922 boys aged 14–16 as a part of a classroom survey. Pubertal timing was assessed by age at onset of menstruation (menarche) or ejaculations (oigarche). Sexual experiences elicited included kissing, light petting, heavy petting and intercourse. Self-reported depression was measured by the 13-item Beck Depression Inventory. Among girls, self-reported depression was associated with early puberty and intimate sexual relationship. Among boys depression was associated with very early and late puberty and experience of intercourse. Early puberty is a risk factor for self-reported depression. Intimate sexual relationships in middle adolescent are likely to indicate problems in adolescent development rather than successful adolescent passage.

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1. Introduction

The prevalence of major depression as diagnosed in clinical interviews increases from childhood to adolescence, from less than 3% amongst prepubertal children (aged 6–11 years) to 9% amongst adolescents (12–16 years) (Fleming & Offord, 1990; Whitaker et al., 1990; Garrison, Addy, Jackson, McKeown, & Waller, 1992; Lewinsohn, Clarke, Seeley, & Rohde, 1994). According to

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various depression self-rating scales the prevalence is somewhat higher, with up to 15% of adolescents obtaining scores suggesting moderate to severe depression (Ehrenberg, Cox, & Koopman, 1990; Connelly, Johnston, Brown, Mackay, & Blackstock, 1993; Olsson & von Knorring, 1997).

During childhood, depression is equally common amongst girls and boys, and in some cases has been found to be even slightly more common in boys (Fleming & Offord, 1990; Angold, Costello, & Worthman, 1998). However, from adolescence, the prevalence of depression increases considerably and an adult type female preponderance emerges: adolescent and adult females suffer from depression twice as frequently as males (see for example Angold et al., 1998).

The role of pubertal development in the emergence of sex differences in adult depression has been debated, and the findings so far are contradictory. While earlier studies have suggested that increasing age but not advancing pubertal status contributes to depression (Angold & Rutter, 1992), more recent research has linked changes in prevalence of depression with reaching more mature pubertal status (Angold et al., 1998). For example, Rierdan and Koff (1991) and Hayward et al. (1997) found that earlier pubertal timing was associated with an increased risk of depression, with girls who matured earlier than their peers being at increased risk of depression and other internalizing symptoms (such as anxiety and disturbed self-image). However, Canals et al. (1996) found no association between puberty development and depression. In contrast, among boys the effect of pubertal timing on depression risk may be opposite to that of girls. Specifically early maturation has been found to promote psychosocial adjustment among boys (Stattin & Magnusson, 1990), while later maturation has been reported to be a risk for poor adjustment (Nottelman et al., 1987). These findings suggest that depression among boys could also be associated with late maturation. However, in a Finnish study, very early puberty was associated with a variety of negative mental health outcomes among boys (Kaltiala-Heino et al., 2003). Thus, depression seems to be associated with a more advanced pubertal status, but amongst girls, early maturation also may independently increase the risk. The later assumption, however, needs to be further confirmed. For boys, it has been suggested that late maturation may increase risks of mental health problems (Nottelman et al., 1987; Stattin & Magnusson, 1990). However, studies addressing this issue are scarce and have not focused specifically on depression. The importance of pubertal timing for depression in boys is in need of further clarification.

The significance of puberty for depression has been explored in terms of biological, psychological and social factors. Hormonal changes of puberty may contribute to depressive affect and may to a certain extent explain the sex differences as well. Psychologically, the need to adjust to one's own changing body and sexual maturation could be the challenge that increases the risk of depression. This task might be more challenging for girls in contemporary Western society, especially if they mature physically very early, perhaps without being mentally ready to face the challenges of being a woman instead of a girl. Finally, depression might be mediated by social factors, the reactions of others to the adolescent's puberty development, and the change in expectations of society on an individual who passes from childhood to adolescence. These expectations are likely to differ between the two sexes. In the last case timing of puberty is expected to be significant in its own right. Deviating from peer groups in either direction and facing the challenge of adjusting to one's own bodily changes without support from peers in a similar situation may make the puberty experience increasingly stressful.

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