



Risky sexual behaviors, mental health, and history of childhood abuse among adolescents

Atsuro Tsutsumi^{a,*}, Takashi Izutsu^b, Toshihiko Matsumoto^c

^a Department of Public Health, School of Medicine, Juntendo University, Japan

^b Department of Mental Health, Graduate School of Medicine, University of Tokyo, Japan

^c National Institute of Mental Health, National Center of Neurology and Psychiatry, Tokyo, Japan

ARTICLE INFO

Article history:

Received 2 March 2011

Received in revised form 13 December 2011

Accepted 19 December 2011

Keywords:

Adolescent
Mental health
Reproductive health
Sexual behaviors

ABSTRACT

Although it seems evident that attention should be paid to risky sexual behaviors and their association with mental health among young people, this topic has not been thoroughly investigated. The present study aims to explore the relationship between sexual risk behaviors and mental health among adolescents. The participants were 251 adolescents in a juvenile detention facility (221 males and 31 females) as the “delinquent” group and 367 high school students (167 males and 200 females) as the “non-delinquent” group. A questionnaire including the Kessler 10, the Impact of Event Scale-Revised, and the Adolescent Dissociative Experience Scale was employed to measure mental health status as well as sexual risk behaviors, suicidal ideation/attempts, and abuse history.

Having a history of sexual abuse or of physical abuse was associated with age when one first had sex among males with delinquent behaviors, while same tendency was observed among males without delinquent behaviors. Among the female with delinquent behaviors group, past abuse history was significantly associated with higher number of sex partners. In the non-delinquent group, better mental health among males and, contrarily, worse mental health among females were associated with having more sex partners. The results highlight the importance of addressing abuse history among females and males. Given that poor mental health status in the adolescents was associated with risky sexual behaviors, adolescents are a vulnerable group that requires attention in terms of sexual and reproductive health that integrates mental health and psychosocial components.

© 2011 Elsevier B.V. All rights reserved.

1. Introduction

The United Nations Population Fund (UNFPA) has stated that approximately one third of the world's population is between 10 and 24 years old, the largest-ever proportion for this age group, making them a primary demographic that is susceptible to global health problems (UNFPA, 2005).

Of particular importance, the prevention and treatment of sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) is one of the global priorities defined in the millennium development goals (MDGs). In fact, 55% of new cases of HIV infection occur among people aged 15–24 (UNFPA, 2005). The World Health Organization (WHO) estimates that 340 million new cases of curable STIs occur annually throughout the world among people aged 15–49 years (WHO, 2007). Maternal health among adolescents is another key issue. Maternal mortality is a huge

public health problem in many developing countries, and incidences of maternal morbidity such as obstetric fistula and perinatal depression are prevalent among young women. Each year, women undergo an estimated 50 million abortions, 20 million of which are unsafe, resulting in the deaths of 78,000 women; at least one fourth of all the unsafe abortions are among females aged 15–19 (UNFPA, 2000).

Universal access to reproductive health including increased access to family planning is a key solution to these issues (UNFPA, 2000). Sexual behaviors such as having sex with multiple partners, not using a condom, and younger age when first had sex among young people are related to higher risk of HIV and other STIs as well as unintended pregnancy. The result often increases maternal morbidity and mortality, as well as more school drop-outs, poverty, and marginalization.

Compromised mental health is both a cause and consequence of these sexual and reproductive health problems. Meanwhile, adolescents are particularly susceptible to mental health problems since they have to deal with drastic physical, mental, and social changes during puberty and sexuality development, while establishing their own identity including gender identity. Previous

* Corresponding author.

E-mail address: tsutsumi@gakushikai.jp (A. Tsutsumi).

studies have indicated mental health problems are associated with risky sexual behaviors in adolescents, including the early initiation of sexual activity, multiple sexual partners, and less likelihood to use condoms (Baker and Mossman, 1991; Brown et al., 1997; Joffe and Radius, 1993; Pao et al., 2000; Seal et al., 1997; Shrier et al., 1997; Smith, 2001; Stiffman et al., 1992; Valois et al., 1997). In this present study, with following the global perspectives and considering the Japanese culture, the items of sexual risk behaviors in this study were age at first sexual intercourse, the number of sex partners, and condom use.

In fact, the relationship between individuals having a history of sexual abuse and their sexual risk behaviors has been explored. The findings include: history of sexual abuse is related to engaging in sexual risk behaviors among adolescents and young adults (Cunningham et al., 1994) and females (Browne and Finkelhor, 1986); alcohol and drug use is associated with having experienced child abuse (Felitti et al., 1998; Wilsnack et al., 1997); and incarcerated males are significantly more likely to have had a history of sexual abuse than the general population (Johnson et al., 2006). Moreover, male perpetrators of sexual assault are also more likely to have a history of being sexually abused (Lisak et al., 1996).

These findings comprehensively indicate that the prevention of and intervention in mental health problems, including attention to sexual abuse history, are clearly important avenues for reducing sexual risk behaviors. However, integrating interventions of this kind into general sexual and reproductive health care for young people necessitates effective countermeasures along with treatment measures. Therefore, it is critical to pay greater attention to risky sexual behaviors and their association with mental health, while addressing any history of sexual abuse.

However, evidence regarding the association between sexual risk behaviors of young people and their mental health status, considering sexual abuse history, is still limited.

The present study thus aims to explore the relationship of sexual risk behaviors, such as younger age at first sexual intercourse, higher number of sexual partners, and less condom use, with mental health status including symptoms of depression, anxiety, posttraumatic stress disorder (PTSD), and suicidal ideation and its actual attempt. Also investigated was history of sexual abuse and of physical abuse as well as illicit drug use experience, comparing adolescents incarcerated in a juvenile detention facility with adolescents attending high school.

2. Methods

2.1. Participants and data collection

This study was conducted among adolescents incarcerated in a juvenile detention facility and adolescents attending high school in Kanagawa Prefecture, Japan. The participants from the detention facility and the schools were thus referred to as the “delinquent group” and “non-delinquent group,” respectively. The juvenile detention facility is an institution where adolescents who committed infractions of the law are held for up to 8 weeks, and where their background leading to the behaviors and potential pathways to healthy development are assessed. Based on reports filed by the juvenile detention facility, a domestic court decides on appropriate treatments and education for the adolescents.

With approval from the heads of the juvenile detention facility, interested participants received an explanation of the study procedure and then gave their consent prior to their participation. Excluding foreign adolescents and those on probation due to unstable mental status, 251 out of the total 263 young people in the detention facility participated in this study (221 males, mean age = 16.91, SD = 1.64; and 31 females, mean age = 15.73,

SD = 1.60) from October to December 2007. The response rate was 95.44%.

For the non-delinquent group, students were recruited through high schools in the same prefecture. Finally, two high schools participated with approval from the school principals and Parent-Teacher Associations, with a request that the author (TM) deliver lectures on the prevention of drug use for their 10th and 11th grade students prior to initiating the data collection. Following each lecture, the author then explained the objectives and procedure of the study and distributed a consent form and structured questionnaire. Then potential participants were asked to fill out the form and questionnaire and return them in a sealed envelope to ensure privacy and anonymity. Finally, 367 out of the total 416 student participants returned the completed questionnaire with signed consent forms (167 males and 200 females; mean age = 16.2, SD = 0.7, no significant age difference between the delinquent and non-delinquent groups for both genders). The response rate was 88.22%. The data collection for the delinquent and non-delinquent groups was conducted at approximately the same time and in the same region.

The option of follow-up consultation for the participants, if wished and needed was ensured by providing them with the author's contact information. This study follows the Declaration of Helsinki recommendations for addressing ethical issues (1997; World Medical Association Declaration of Helsinki WMADH, 2000), and the study procedures were approved by the ethics committee of the National Center of Neurology and Psychiatry, Japan.

2.2. Measures

A self-reporting structured questionnaire was administered to examine the participants' socio-demographic characteristics, history of being sexually abused and of being physically abused, sexual behavior indicators such as age at first sexual intercourse, number of sex partners, and condom use (usually use or not), as well as history of illicit drug use and suicidal ideation and attempts.

The questionnaire also included the Japanese version (Furukawa et al., 2008) of the Kessler 10 (K10) (Kessler et al., 2003), and the Japanese version (Asukai et al., 2002) of the Impact of Event Scale-Revised (IES-R) (Weiss and Marmar, 1997). As well, the Japanese version (Matsumoto et al., 2004) of the Adolescent Dissociative Experience Scale (ADES) (Armstrong et al., 1997) was employed to assess dissociative symptoms.

The K10 (Kessler et al., 2003), one of the best-known and most utilized instruments worldwide for evaluating severity of depression and anxiety, was employed. It includes 10 items with a 1–5 response set. The validity and reliability of the Japanese version of the K10 have been established (Furukawa et al., 2008). In addition to higher scores indicating greater symptoms of depression and anxiety, a dichotomized cut-off point was set at a total score of 25 (Furukawa et al., 2008; Kessler et al., 2003).

The IES-R (Weiss and Marmar, 1997) aims to evaluate symptoms of PTSD during the past 7 days, with 22 items divided into three sub-domains: intrusion, avoidance, and hyperarousal. Each item uses a five-point response scale, with higher scores indicating greater disturbance from PTSD symptoms. In this study, in questionnaire items regarding experience of a traumatic event, those who had indicated a history of sexual abuse were asked about its occurrence, and those without such a history were asked about the strongest traumatic event they had experienced in their life. The validity and reliability of the Japanese version of the IES-R has been confirmed (Asukai et al., 2002).

The ADES is a self-reporting scale to screen for dissociative disorders (Armstrong et al., 1997). It contains 30 items with a 0–10 response set. When the respective item exceeds a score of four, this is interpreted to indicate the presence of morbid dissociative

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات