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Sexual intercourse, romantic relationship inauthenticity, and adolescent mental health[☆]

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ABSTRACT

Numerous studies indicate sexual intercourse, especially when it occurs early in adolescence, increases youths' risk of mental health problems. However, no research has examined whether the association between sexual intercourse and mental health varies by romantic *relationship inauthenticity*, or the level of incongruence between thoughts/feelings and actions within romantic relationships. Using data from a subset of romantically-involved Add Health respondents, we measured sexual involvement in romantic relationships and applied sequence analysis to reports of ideal and actual romantic relationships to measure inauthenticity within adolescent romances. Regressions of depression symptoms indicate that the magnitude of the positive associations between sexual intercourse and girls' mental health is most pronounced in relationships characterized by high levels of relationship inauthenticity and that there is no association between sexual intercourse and girls' depression at low levels of relationship inauthenticity. Having sexual intercourse is positively associated with depression symptoms among boys, but relationship inauthenticity does not alter this association. We discuss the implications of these findings for research on adolescent sexuality and programs aimed at enhancing youth sexuality development.

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The adverse effects of sexual activity among youth concern researchers and policy makers for good reasons. Sexual involvement, especially that which occurs early, places youth at increased risk of sexually-transmitted infections, early pregnancy, and poor mental and behavioral health (Armour and Haynie, 2007; Rector et al., 2003). Acknowledging adverse outcomes potentially accompany sexual activity, and spurred by politicalized efforts at expanding abstinence-only sexual education programs, research on adolescent sexuality continues to be grounded primarily in risk-based frameworks in which sexual intercourse is conceptualized as a dangerous endeavor for youth (Cheng et al., 2014).

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Although delaying sexual intercourse is often in the best interest of youth, emergent research indicates the association between sexual activity and adolescent well-being varies along numerous factors (e.g., gender and age of sexual onset; Vasilenko et al., 2014; Meier, 2007). Research also has yielded null associations between adolescent sexual activity and subsequent mental health (Goodson et al., 2006; Lyons et al., 2010). Some convincingly argue that sexual development is a central task of adolescence, and that enhancing healthy sexuality development among youth is a worthy endeavor (Cheng et al., 2014; Martin, 1996; Tolman and McClelland, 2011). Mixed findings regarding the association between sexual behavior and mental health among adolescents, coupled with perspectives highlighting the value of healthy sexual development, underscore the importance of disentangling the positive and adverse consequences of sexual activity in order to promote adolescent development and well-being.

Researchers are also increasingly examining the developmental significance of adolescent romantic relationships. Emerging findings suggest romantic involvement is linked to poor mental and behavioral health for some youth. However, the impact of romantic involvement on adolescent mental health appears to depend upon sexual involvement within relationships (Joyner and Udry, 2000) and differences in the ordering in which key events unfold within romantic relationships (e.g., holding hands, then going out on dates, etc.) relative to one's ideal relationship script (Soller, 2014). Despite the close connection between youth romances and sexual activity, research on the interactive effects of romantic and sexual involvement on adolescent mental health remains nascent.

We examine the association between adolescent sexual behavior, romantic relationship dynamics, and mental health to further understand how intimate relationships influence adolescent well-being. In particular, we test whether the association between sexual intercourse occurring within romantic relationships and subsequent depression depends upon the extent of *relationship inauthenticity*, or the level of incongruence between thoughts/feelings and actions within romantic contexts (Soller, 2014, 2015). This is consistent with the idea that adolescents do not passively experience behavior but rather cognitively evaluate, interpret and make sense of behaviors occurring in romantic relationships (Vasilenko et al., 2014). Using data from the National Longitudinal Study of Adolescent to Adult Health (hereafter Add Health), we first measure adolescent involvement in sexual intercourse among romantically-involved youth. Using detailed information on respondents' ideal and actual romantic relationship scripts, we then apply sequence analysis (Abbott and Tsay, 2000) to measure romantic relationship inauthenticity. To measure relationship inauthenticity, we quantify the extent to which the content and ordering of events within a youth's ideal romantic relationship script diverge from the sequence of events within his or her first subsequent romantic relationship (Harding, 2007; Soller, 2014). We then test whether relationship inauthenticity accentuates the association between relationship-based sexual intercourse and depression symptoms, and whether this association varies by respondent gender. Our study highlights the roles gender and relationship inauthenticity play in shaping the association between adolescent sexual behavior and mental health.

1. Background

1.1. Adolescent sexual activity and mental health

For some youth, sexual behavior is linked to adverse outcomes such as sexually-transmitted infections (STIs), early/unwanted pregnancy, and poor mental and behavioral health. In particular, a growing body of research focuses on the adverse effects of sexual behavior on youth depression (Hallfors et al., 2004; Meier, 2007; Sabia, 2006; Spriggs and Halpern, 2008).¹ The focus on sexual activity and depression in adolescence is not surprising since adolescence is the time when youth face increasing risks of poor mental health (Pine et al., 1998) as well as an increasing interest in romantic relationships and sexual activity (Collins, 2003). Approximately 30% of youth have had sexual intercourse by age 15 (Finer and Philbin, 2013) and the mean age of sexual intercourse onset is around 17 years-old for boys and girls (National Center for Health Statistics, 2015). Recognizing that sexual activity is increasingly expected during adolescence, some scholars of youth sexuality have diverged from a purely risk-based approach—which centers on the causes and consequences of risky sexual behavior (Small and Luster and Small, 1994)—to instead focus on healthy sexuality development (Cheng et al., 2014; Tolman and McClelland, 2011). Scholars from this later perspective recognize the importance of promoting healthy sexual development and encourage researchers to examine the social and psychological processes that promote or hinder the development of healthy and emotionally-satisfying sexual practices.

Moving away from purely risk-based approaches to adolescent sexual activity necessitates understanding how broader relationship dynamics condition the association between sexual activity and mental health among youth. For instance, having sexual intercourse during adolescence appears to be most harmful for youth when enacted outside of romantic contexts (McCarthy and Casey, 2008; McCarthy and Grodsky, 2011). Similarly, sexual intercourse during adolescence seems to have a stronger positive association with poor mental health when it occurs within relationships with lower levels of emotional

¹ Research specifically focusing on the impact of sexual intercourse on mental health of adolescence shows mixed results. A cross-sectional study reports that sexually active adolescents have greater risks of experiencing depression than their abstaining peers (Hallfors et al., 2004), while longitudinal studies that examine mental health changes after the transition to first intercourse have found either no association (Sabia, 2006), or an association for only girls who experienced early sexual debuts (Meier, 2007; Spriggs and Halpern, 2008). Inconsistencies in these findings could be due to neglecting contextual features of the romantic relationship in which sex occurs.

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