Adolescent first sex, well-being and health promotion in different European countries.

The present study comes from an international research agreement between Italy and Belarus aimed to explore – with an interdisciplinary approach – health promotion in different countries and local communities.

One million adolescents become pregnant, and 3 million new cases of sexually transmitted diseases (STDs) occur each year in persons aged less than 20 years. A critical risk factor for both adolescent pregnancy and STDs is early age at the first sexual intercourse (Santelli et al., 2004).

About half of adolescents will have their first sexual experience before 17 years, whereas 60–70% report being sexually active when aged 18. However, the age of onset of sexual activity varies widely, ranging from early adolescence for some young people to adulthood for others (Boislard & Poulin, 2010).

Sexual activity is not deviant at all life stages. As a matter of fact, it is a normal part of human development and may have positive consequences for individuals if it occurs within an appropriate developmental sequence. Most perceived problem behaviors in adolescents are related to age-graded norms and expectations. This suggests that the appropriate timing of this behavior is likely to be strongly influenced by social context including the timing of debut experienced by some peers. Therefore, an earlier age in first sexual intercourse than peers age is likely to have negative effects for individuals. According to Jessors and Jessors’s (1977) “Problem Behavior Theory”, engaging in sex, especially if sexual debut is earlier than peers, should increase the likelihood of engaging in other problem behaviors, such as deviance (Armour & Haynie, 2007).

Research has shown that individual (e.g., gender, attitudes and beliefs, self-efficacy, sensation seeking), interpersonal (e.g., peer norms, parental monitoring) and contextual (e.g., socio-economic context, culture) factors can contribute to the early onset of sexual activity (Friedlander, Connolly, Pepler, & Craig, 2007; Price & Hyde, 2008; Zimmer-Gembeck & Helfand, 2008).

Studies have highlighted that adolescents are more likely to initiate sex if they have positive or permissive attitudes toward sex and if they perceive personal and social benefits to having sex (Meier, 2003; Santelli et al., 2004). Gender is an important factor in understanding attitudes toward sexual intercourse: males are more likely to start early sexual intercourses, report more sexual partners, and have more permissive perceptions about sex than females. While sexual behavior for boys is considered a normative rite of passage, girls tend to be labeled and stigmatized for their sexual encounters that may produce in sexually transmitted infection or pregnancy. This suggests that girls are much more likely to perceive shame and guilt with sex than boys (Cuffee, Hallfors, & Waller, 2007).
Some researches show that self-efficacy has a protective or risk effect on the beginning of sexual intercourses. Moreover, self-efficacy mediates the effects of family and gender (Buchanan, 2008). A meta-analysis (Hoyle, Fejfar, & Miller, 2000) on personality factors and risky sexual behavior underlines that sensation seeking (SS) is significantly related to a number of risky sexual behaviors. Particularly, SS is positively related to more permissive attitudes towards sex, number of partners, and engagement in a broader range of heterosexual activities, and is also negatively related to age at first intercourse and to the time of a partner’s knowledge before having sex. Because high sensation seekers have sex with more partners and tend to use condoms less frequently, they may be at greater risk of STDs (Henderson, Hennessy, Barrett, Martin, & Fishbein, 2006).

Age of first sexual activities is concerned as a crucial component because it may have serious consequences on adolescents’ development. Adolescent sexual activity, particularly at earlier ages, has implications for the future occurrence of sexually transmitted disease, unwanted fertility, diminished mental health, and other risk behaviors (Browning, Leventhal, & Brooks-Gunn, 2005).

A recent study (Meier, 2007), instead, finds that adolescents’ first sex can lead to increases in depression and decreases in self-esteem, but not among all adolescents. Particularly, dissolving a socially embedded relationship or one lacking emotional commitment, especially if gender is female or age is earlier than norms, makes one particularly vulnerable to increases in depression associated with first sex. In addition, sex among teens decreases self-esteem only among young girls who have sex outside the context of a romantic relationship. Therefore the mental health of most adolescents is simply not affected by first sex. Spriggs and Halpern (2008) observe that sexual debut timing is not significantly associated with depressive symptoms in emerging adulthood.

Aims. Our research was aimed to explore attitudes, behaviors and emotions related to first sexual experiences, the role of life styles, social support, self esteem and sensation seeking, and the impact of them on psychological well-being differentiating gender and timing of first sex. Based on literature, we hypothesized that females would have felt more likely negative emotions related to first sexual experiences and earliest females would have more likely shown low psychological well-being. We also expected that the earliest would have undertaken more risky behaviors.

Methods. Participants were young people living in Italy (n=214) and in Belarus (n=237).

The ad hoc questionnaire assessed life styles, sexual attitudes and behaviors. Psychological well-being was measured by “Psychological Well-Being Scales, PWB” (Ryff, 1989; Ryff & Keyes, 1995); sensation-seeking by “Brief sensation seeking scales, BSSS” (Hoyle, Stephenson, Palmgreen, Lorch & Donohew, 2002); social support by “Multidimensional Scale of Perceived Social Support, MSPSS” (Zimet, Dahlem, Zimet & Farley, 1988) and empowerment by “Scala di Empowerment” (Francescato & Perugini, 1997).
Results.

Italian participants seem to have sufficient knowledge about STDs and contraceptive methods. Byelorussian males are more responsible in using barrier contraceptive methods than Byelorussian females. Sex wasn’t a topic of family speech; it was one of the biggest “taboos”. This suggests that more information about sex came from friends and partner who affect their sexual behaviors.

Student’s t-tests explored probable differences in the psychological dimensions compared between “early” and “in time” groups. Significant differences were found for Disinhibition (BSSS) and Purpose in life (PWB). Participants who reported early sexual initiation demonstrated higher levels of disinhibition and more established goals. It doesn’t appear a strong relation between early sex and low well-being, whereas significant adults’ support appears important. However early participants reported more sexual risky behaviors such as unsafe sex and showed more problematic behaviors like driving dangerous and cocaine use.

In both countries related emotions are quite different for males and females, and the latter show feelings of discomfort and “confusion”, and even shame and fear. Females were more likely to perceive confusion, anxiety, fear and romantic feelings during first sexual intercourse. Moreover boys were likely to have sex for having new experiences while girls tried to have first sexual intercourse for love.

The majority of Byelorussian participants retrospectively consider their first sexual experience as dominantly negative, therefore if they had had the possibility to change anything, they would have been more responsible about the choice of a sexual partner, would have waited with the beginning of their sexual life.

We have compared predicted psychological dimensions between male and female groups. Young females showed higher level of friends’ support and significant others’ support (MSPSS) than males. Boys highlighted higher means in purpose in life (PWB), disinhibition, thrill and adventure seeking (BSSS), leadership and self-efficacy (Empowerment scale).

Discussion. Our study suggests that early sexual initiation has low impact on psychological well-being but who has early first sexual intercourse (i.e. under 17 years old) shows more high likelihood of engaging in risk behavior.

Community based interventions about health promotion would pay attention to dimensions like: awareness about meaning of sexual experience in youth, perceived social support coming from adults (e.g. relatives, teachers, professionals, educators), peer education as an instrument to spread knowledge and skills in sexual experiences.

References


