



Original article

“Sexting” and Its Relation to Sexual Activity and Sexual Risk Behavior in a National Survey of Adolescents

Michele L. Ybarra, M.P.H., Ph.D.^{a,*}, and Kimberly J. Mitchell, Ph.D.^b^a Center for Innovative Public Health Research, San Clemente, California^b Crimes Against Children Research Center, University of New Hampshire, Durham, New Hampshire

Article history: Received December 29, 2013; Accepted July 11, 2014

Keywords: Sexual behavior; Adolescents; Media; Sexting; Sexual risk; Psychosocial functioning

A B S T R A C T

Purpose: To examine the relation between “sexting” (sending and sharing sexual photos online, via text messaging, and in person) with sexual risk behaviors and psychosocial challenge in adolescence.

Methods: Data were collected online between 2010 and 2011 with 3,715 randomly selected 13- to 18-year-old youth across the United States.

Results: Seven percent of youth reported sending or showing someone sexual pictures of themselves, in which they were nude or nearly nude, online, via text messaging, or in person, during the past year. Although females and older youth were more likely to share sexual photos than males and younger youth, the profile of psychosocial challenge and sexual behavior was similar for all youth. After adjusting for demographic characteristics, sharing sexual photos was associated with all types of sexual behaviors assessed (e.g., oral sex, vaginal sex) as well as some of the risky sexual behaviors examined—particularly having concurrent sexual partners and having more past-year sexual partners. Adolescents who shared sexual photos also were more likely to use substances and less likely to have high self-esteem than their demographically similar peers.

Conclusions: Although the media has portrayed sexting as a problem caused by new technology, health professionals may be more effective by approaching it as an aspect of adolescent sexual development and exploration and, in some cases, risk-taking and psychosocial challenge.

© 2014 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND
CONTRIBUTION

In a national survey of 13- to 18-year-olds, “sexting” online, via text messaging, and in person is positively associated with risky sexual behavior and substance use and negatively associated with high self-esteem. Findings suggest that sexting is reflective of adolescent sexual development and exploration and, in some cases, risk-taking and psychosocial challenge.

“Sexting” originated as a media term [1] that generally refers to sending sexual images via text messaging and can also include uploading sexual pictures to Web sites. Sexting has received attention from legal scholars because some youth are creating and distributing images that meet definitions of child pornography under criminal statutes [2]. Whether there are adolescent

health implications, however, is less well understood. In a study of high school students across seven schools in Texas, youth who reported sharing sexual photos of themselves were more likely to be dating and to have had sex [3]. The study also found that sexting was a marker for risky sexual behavior for female but not male students. On the other hand, among high school student participants in the Youth Risk Behavior Survey in Los Angeles, sexting was significantly associated with being sexually active but the relation with condom use at last sex was borderline significant [4]. This would suggest that sharing or posting sexual pictures is perhaps more reflective of typical sexual expression in romantic relationships among adolescents. Studies of young adults also are conflicting: some have found sexting is associated with risky sexual behavior [5], whereas others have not [6,7].

Conflicts of Interest: The authors have no conflicts of interest to declare.

Disclaimer: The findings and conclusions in this article are those of the authors and do not necessarily represent the official position of the National Institute of Child Health and Human Development.

* Address correspondence to: Michele L. Ybarra M.P.H., Ph.D., Center for Innovative Public Health Research, 555 El Camino Real #A347, San Clemente, CA 92672-6745.

E-mail address: michele@innovativepublichealth.com (M.L. Ybarra).

Further research is needed before more concrete conclusions can be drawn about where sexting falls on the spectrum of healthy versus risky sexual behavior for young people [8].

The importance of studying sexting at the national level is evident by the wide variation in prevalence rates between regional and national studies. Although regional studies report that between 15% [4] and 28% [3] of high-school-aged youth have sent a sexual photo, national studies among adolescents report much lower rates (3% [9] and 4% [10]). Rates may differ for a variety of reasons, including age variation of youth across studies, variations in behaviors in urban versus nonurban settings and/or different regions of the country, variations of the mode (i.e., texting, online, in person) included in the definition of sharing images, and differences in the types of behaviors captured when defining sexting. In the present study, we use a broad definition of sexting: “sending or showing someone sexual pictures of yourself where you were nude or nearly nude.”

Sexual relationships are normative and age-typical experiences for adolescents, and these relationships have significant implications for health, adjustment, and psychosocial functioning [11,12]. Sexually curious behavior is reflective of typical sexual development during adolescence [13–15]. Sharing or posting sexual pictures of oneself may therefore be reflective of usual sexual expression in romantic relationships in adolescence. Alternatively, sexting may be a marker for involvement in a larger continuum of risky sexual behaviors. Certainly, sexting may also have a function in both of these arenas. In the present study, we examine how sexting is related to sexual behavior. We also examine how it relates to psychosocial functioning, as this is less well understood. To examine whether potential differences in previous findings are perhaps related to age differences, correlates are examined for younger and older youth separately. As the first national study to examine these adolescent health outcomes, findings will inform how sexting falls into the larger rubric of adolescent sexual behavior in today’s digital age [16].

Methods

Data for the Teen Health and Technology Study were collected online between August 2010 and January 2011 from 5,907 13- to 18-year-olds in the United States. The survey protocol was reviewed and approved by the Chesapeake Institutional Review Board, the University of New Hampshire Institutional Review Board, and GLSEN (Gay, Lesbian & Straight Education Network) Research Ethics Review Committee. A waiver of parental consent was granted to protect youth who would be potentially placed in harm’s way if their sexual orientation was unintentionally disclosed to their caregivers.

Participants were recruited from (1) the Harris Poll Online (HPOL) opt-in panel ($n = 3,989$ respondents) and (2) through referrals from GLSEN ($n = 1,918$ respondents) to obtain an oversample of lesbian, gay, bisexual, and transgendered youth. Because the focus in this article is on the general population of adolescents, the current analyses are restricted to the HPOL sample. Members were recruited through a variety of methods, including targeted mailings, word of mouth, and online advertising. Panelists enrolled in the opt-in panel at the HPOL Web site, <http://www.harrispollonline.com>. HPOL members were randomly recruited for survey participation through e-mail invitations that referred to a survey about their “online experiences.” The survey questionnaire was self-administered online. Qualified respondents were (1) U.S. residents, (2) 13–18 years old, (3) those who were in fifth

grade or above, and (4) those who provided informed assent. The median survey length was 23 minutes.

Recent survey response rates are noticeably lower than in the past [17,18]. The response rate for the HPOL sample was 7%. It was calculated as the number of individuals who started the survey divided by the number of e-mail invitations sent, less any e-mail invitations that were returned as undeliverable.

Measures

Sexting was defined as sexual photo sharing through any mode. The behavior was queried based on a question developed by Lenhart et al. [10]: “In the past 12 months, how often have you sent or showed someone sexual pictures of yourself where you were nude or nearly nude? We are talking about times when you wanted to do these things. Please keep in mind that these things can happen anywhere including in person, on the Internet, and on cell phones or text messaging.” Youth who responded positively were asked to indicate how the pictures were shared: in person, by text message, online, or in some other way. Youth who had shared pictures online were asked follow-up questions about the most recent incident, including whether they knew the recipient offline and the age difference between the respondent and the recipient.

A range of *sexual activities* ever engaged in were also queried. Items 1, 2, 5, and 6 were modified from the Protecting the Next Generation project [19] and items 3 and 4 were created for this survey: (1) kissed or been kissed by someone romantically; (2) fondling (touching someone else’s body or someone else touching your body in a sexual way); (3) oral sex (stimulating the vagina or penis with the mouth or tongue); (4) sex with another person that involved a finger or sex toy going into the vagina or anus; (5) sex where a penis goes into a vagina (referred to here as “vaginal sex”); and (6) sex where a penis goes into an anus (referred to here as “anal sex”). All behaviors referred to “when you wanted to”, in order to distinguish between wanted and unwanted experiences.

Sexual risk behavior was queried for youth who reported having had vaginal and/or anal sex, including the number of past-year sex partners, whether their most recent partner has ever had a sexually transmitted infection (STI), whether they talked about condoms before the first time they had sex with their current sex partner the first time, and general frequency of using a condom (1 [none of the time] to 5 [all the time]).

Depressive symptomatology was measured with the Center for Epidemiologic Studies Depression Scale-revised 10-item version for adolescents [20], social support with the Multidimensional Scale of Perceived Social Support [21], and past-year substance use using measures from the Youth Risk Behavioral Survey [22]. Further detail is available on request.

Weighting and identifying the final analytical sample

Data were weighted to known demographics of 13- to 18-year-olds based on the 2009 Current Population Survey [23], including biological sex, age, race/ethnicity, parents’ highest level of education, school location, and U.S. region. Next, a validity check was applied (i.e., survey response time less than 5 minutes; reporting one’s age at the beginning and end of the survey to be more than 1 year apart; and “straight lining,” providing the exact same response to each item in the last two grids of the survey). As a result, 69 participants were dropped. Youth who identified as transgender or gender non-conforming were excluded

Download English Version:

<https://daneshyari.com/en/article/1078364>

Download Persian Version:

<https://daneshyari.com/article/1078364>

[Daneshyari.com](https://daneshyari.com)