

Experiencing Sexuality in Youth Living in Greece: Contraceptive Practices, Risk Taking, and Psychosocial Status



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ABSTRACT

Study Objective: To assess initiation of sexual activity and contraception methods used among Greek adolescents. To determine the association of adolescents' emotional and behavioral status with their sexual activity.

Design: A descriptive cross-sectional survey was conducted.

Setting, Participants: The population (N = 1074, age 14-16) consisted of a random sample, stratified according to locality and population density, of 20 public junior high and high schools located in the urban district of Athens, Greece.

Interventions: Anonymous self-reported questionnaires were used to assess sexual activity choices and contraception methods. The Youth Self-Report questionnaire was used to evaluate the psychosocial competencies and difficulties of Greek adolescents.

Measures: Analyses included frequencies with chi-square tests and multivariate logistic regression analysis.

Main Outcome: Factors that may influence sexual engagement of Greek adolescents were assessed.

Results: Of the adolescents who completed the questionnaire 21.8% reported having experienced sexual intercourse. The male/female ratio was 3/1 ($P < .001$) and the mean age of sexual debut was 14.5 ± 0.9 years. Condoms were the most preferred contraceptive method (79.9%), followed by withdrawal (38.9%). Emergency contraception was used by 9.6% of participants. Adolescents with separated, divorced or with a deceased parent, and non-Greek nationality have higher possibility of being sexually active. Adolescents who reported sexual intercourse had significantly higher score of thought problems ($\beta = 1.07$, $SE = 0.35$, $P = .002$), attention difficulties ($\beta = 0.67$, $SE = 0.29$, $P = .022$), delinquent behavior problems ($\beta = 2.37$, $SE = 0.34$, $P < .001$), aggressive behavior ($\beta = 1.97$, $SE = 0.48$, $P < .001$), and externalizing problems ($\beta = 4.18$, $SE = 0.78$, $P < .001$).

Conclusions: Engagement in sexual activities was significantly associated with psychosocial difficulties among adolescents living in Greece.

Key Words: Prevalence, Adolescents, Contraceptive methods, Sexual behavior, Youth Self-Report

Introduction

Reproductive health and responsible sexual behavior among adolescents has become a major issue of the 21st century among developing and developed countries.¹⁻⁴ Developmental, as well as biologic, barriers (eg, immature adolescent female cervix) may lead to negative impact on teen's health. Adolescents are concrete thinkers, who experience the discovery of their own sexual identity, and this in turn can lead to experimentation and risk behavior before they are developmentally equipped to handle the consequences.⁵ Social factors as well as cultural barriers also determine adolescent sexual health. In general, earlier puberty, and modern conditions such as late marriage, less family control, an intense exposure to sexual stimuli via the media, and travelling across cultural boundaries have all led to common pre-marital adolescent sexual activity.⁶

An early sexual debut, particularly when associated with inconsistent use or non-use of contraception, increases the risks of unwanted pregnancy as well as sexually transmitted diseases (STDs) and also predisposes for ongoing risk behavior.⁷ Previous research identifies that the adequacy and effectiveness of contraception methods or the non-use of appropriate contraception during adolescence depends on many interacting factors related to the contraceptive itself (eg, efficacy, availability, cost, convenience); the sexual activity (eg, type of sexual behaviors, frequency of intercourse, risk of STDs); the person and/or partner (eg, age, ethnicity, culture, religious beliefs, educational level, family characteristics); the broader environment (eg, historical, cultural, religious, and social); and also inter-personal relationship dynamics (eg, duration of relationship, age difference between partners, trust).⁴

It has been reported that the incidence of STDs among the general population has decreased, while among adolescents and young adults it has increased.^{3,8,9} Studies about sex-related risks in the United States and various European countries have shown that knowledge has improved in the last decade, but there are concerns that behavior has not

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changed accordingly.^{10–12} Sexually active adolescents are at increased risk for unsafe sexual behavior due to their elevated rates of sexual activity, multiple sexual partners, concomitant use of illegal substances, practical difficulties in planning sexual activity, and adolescent “magical thinking” (eg, perception of invulnerability).¹³

Many studies^{14–16} have identified risk factors for early sexual initiation (poor family relationships, peer pressure, low education and socio-economic status), although few have looked at other factors (eg, alcohol, drugs, coercion) involved in first sexual experience.³ Retrospective data in Greece are severely limited.^{5,17} In addition, previous studies report a relationship between sexual high risk behavior and internalizing as well as and externalizing problems.^{18–20} However, similar data are severely limited in our country.²¹

Thus, the aim of this study was: (1) to assess initiation of sexual activity among Greek adolescents in year 2010, (2) to evaluate the level of knowledge that correlates with sexual behavior and protection methods used, and (3) to determine the association of adolescents' emotional and behavioral characteristics with sexual activity and risk-taking behavior.

Materials and Methods

Study Design and Study Population

Between January 1 and December 31, 2010, a cross-sectional study was conducted in Athens, using self-administered questionnaires. The source population consisted of a random sample, stratified according to locality and population density, of 20 public junior high and high schools located in Athens, Greece. A random number table was used in order to obtain the sample. 80 subjects were recruited from each school and that corresponds to 4 classes per school. In Greece, education begins at the age of 6 years. It includes 3 educational levels; primary school level (grade 1–6) attended by children 6–12 years old, junior high (intermediate) school level (grade 7–9) attended by adolescents 13–15 years old, and high (secondary) school level (grade 10–12) attended by adolescents 16–18 years old. All students enrolled in Grades 9 and 10 were invited to participate in the study. No exclusion criteria, including demographic and/or socioeconomic characteristics, for study participation were applied. All socioeconomic levels were represented in the study sample.

A sample of 1,600 adolescents was recruited and a total of 1,074 (ie, 67% response rate) of self-reported questionnaires were returned. Two participants did not specify gender and were excluded from all further statistical analyses. The sample consisted of 1074 adolescents. The response rate for sexual experience or sexual intercourse was 91.2%. The source population (N = 1072) of the study consisted of 504 (47%) boys and 568 (53%) girls (overall mean age: 15 y, SD = 0.56).

Informed consent was requested from all eligible participants and their legal guardians prior to the initiation of the investigation. The study proposal was approved by the

Ethics Review Board of both the P. & A. Kyriakou Children's Hospital in Athens, Greece, and the Hellenic Ministry of Education and Religious Affairs.

Data Collection

All data collection was conducted at the aforementioned schools. All students attending the selected classes who were present on the day of data collection were eligible to participate in the procedure. Study participants were requested to complete the questionnaire anonymously in order to minimize any potential reporting bias. Self-completed questionnaires were administered on separate slips of paper and filled out by participating adolescents in class during 1 school period. After being given a brief summary of the research objectives by trained psychologist, the students responded to the questionnaire following the instructions provided.

The questionnaire used contained approximately 72 questions and assessed the following components:

- (a) *Socio-demographic variables.* Gender and exact age were reported along with the parents' educational attainment, measured by the highest qualification earned by either parent. All socioeconomic levels were represented in the study sample.
- (b) *Sexual activity.* For the purposes of the study, sexual experience was defined as any sexual contact (varying from holding hands and hugging to oral/anal sex, etc), excluding vaginal sexual intercourse, on at least 1 occasion. Sexual intercourse was defined as vaginal sexual intercourse on at least 1 occasion.
- (c) *Contraceptive use.* Study participants were requested to report the contraceptive methods used during sexual contact and/or intercourse. The contraceptive methods assessed included the following: (1) no protection applied during sexual contact, (2) withdrawal of penis prior to ejaculation, (3) avoiding sexual intercourse during possible ovulation days (“calendar method”), (4) male condom use, (5) oral contraceptive use, and (6) morning after pill.
- (d) *Sources of sexual information.* The sources of sexual information accessed included the following categories: (1) school environments, (2) pediatrician, gynecologist or physician, (3) siblings, (4) friends, (5) television shows, (6) books related to sexual health, (7) magazines, and (8) internet sites related to sex.
- (e) *Psychosocial other factors* that were evaluated included: (1) family status, (2) traumatic or other major life event, (3) peer influence upon sexual initiation, (4) being forced to have coital experience.

In addition of the above, the Youth Self-Report (YSR) questionnaire was used to evaluate the competencies and problems of Greek adolescents. The YSR questionnaire developed by Achenbach²² is a widely used and validated instrument designed to evaluate the competencies and problems of adolescents 11–18 years old and has been previously standardized for use in Greece.²³

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