

## ORIGINAL RESEARCH—EPIDEMIOLOGY

## Prevalence and Characteristics of Sexual Functioning among Sexually Experienced Middle to Late Adolescents

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### ABSTRACT

**Introduction.** Little is known about problems in sexual functioning among young people, despite the high rates found in adult samples. It is unclear which problems are most prevalent or how common sexual distress is for young people experiencing problems.

**Aims.** This study aims to assess the prevalence, range, and correlates of sexual problems and distress among a sample of adolescents (16–21 years).

**Methods.** Participants (mean age 19.2) were recruited from community and area high schools. Male adolescents (n = 114) completed online the International Index of Erectile Function (IIEF) and Premature Ejaculation Diagnostic Tool (PEDT). Female adolescents (n = 144) completed the Female Sexual Function Index (FSFI). Both completed the Female Sexual Distress Scale (FSDS) and the measures of background, relationship characteristics, and sexual histories.

**Main Outcomes Measures.** Clinical cutoff scores on the IIEF, PEDT, FSFI, and FSDS were used to determine whether there was a significant sexual problem.

**Results.** Adolescents reported extensive sexual experience, most in relationship contexts. Half of the sample (51.1%) reported a sexual problem; 50.0% reported clinically significant levels of distress associated with it. Similar rates of problems and distress were found among male and female adolescents. For the most part, adolescent characteristics, backgrounds, and experience were not associated with adolescents' sexual problems.

**Conclusion.** Sexual problems are clearly prevalent among adolescents, and distressing to many who experience them, emphasizing a strong need to develop programs to address this issue. **O'Sullivan LF, Brotto LA, Byers ES, Majerovich JA, and Wuest JA. Prevalence and characteristics of sexual functioning among sexually experienced middle to late adolescents. J Sex Med 2014;11:630–641.**

**Key Words.** Adolescents; Female Sexual Dysfunction; Male Sexual Dysfunction; Sexual Distress; Sexual Health in Young Men and Women

### Introduction

Sexual exploration is a normal part of adolescent development. Experiences of partnered sexual activity increase steadily from middle to late adolescence (corresponding to ages 16–21). Most adolescents have had a boyfriend or girlfriend by 16 [1]. By grade 11, 75% of high school students had engaged in genital fondling, 53% in oral sex, and 43% in sexual intercourse [2]. A great deal of

research has addressed adolescents' sexual health and risk outcomes, such as sexually transmitted infections and unwanted pregnancies [3–5]. However, surprisingly little is known about problems in sexual functioning that adolescents experience—a key component of sexual health. Widespread sociocultural inhibitions against providing youth with sexual information and typically poor parent–child communication about sex [6–8] likely leaves many adolescents poorly educated

regarding how to identify, avoid, or seek help for sexual problems that may emerge.

Research has made clear that adults' rates of sexual problems are high. Women's prevalence rates are typically higher than are men's—a consistent sex difference [9]. The “Global Study of Sexual Attitudes and Behaviors” examined adults (40–80 years) from 29 countries and revealed that the most common problems among women were low sexual interest (26–43%), inability to reach orgasm (18–41%), and low arousal (16–38%) [9]. The most common problems among men were early ejaculation (12–31%), low sexual interest (13–28%), and erectile difficulties (13–28%). A U.S. national household sample of 31,581 women aged 18 years and older (the “Prevalence of Female Sexual Problems Associated with Distress and Determinants of Treatment Seeking” study) found an age-adjusted prevalence of 39.3% for low desire, 26.6% for low arousal, and 21.8% for orgasm difficulty [10]. Moreover, prevalence of any sexual problem was 44.6% and sex-related distress was reported by 22.4% of the women. Factoring in whether these sexual problems were associated with significant distress reduced the prevalence to less than 14.8% for most of these problems. Rates among late adolescents (<22 years) were not presented separately from adults, which is typical in prevalence studies like this, even though sexual experiences in adolescence are likely the foundation upon which adult sexual lives (and by extension, difficulties) are based [11–13].

For many individuals, sexual problems may begin in adolescence. Adults often report that the course of their difficulties has been lifelong or at least since sexual *début* [14]. A review of the literature revealed no studies that have examined adolescent sexual functioning in a comprehensive way, or else examined specialized groups such as dysfunctions among survivors of rape [15] or childhood cancer [16]. However, a small number of studies with adolescents have included one or a few questions about sexual problems among more general samples. The 1998 Canadian Contraception Study (CCS) [17] included three questions in their survey of 18–24 year old women. They found that 33% reported experiencing low sexual desire (SD), 22% reported pain during intercourse, and 31% reported anorgasmia during intercourse. A study of 1,425 adolescent girls (12–19 years) found that 20% of sexually active girls reported regular pain during intercourse for at least the previous 6 months [18].

Among young men, 13% of a sample of 234 young adults (18–25) reported erectile dysfunction

[19]. A study of Viagra® (sildenafil, Pfizer, Mission, KS, USA) abuse found that a significant number of users were in their teens [20], using this drug because of concerns about erectile functioning but rarely under medical supervision. New onset of erectile dysfunction occurs among men under 40 in approximately one-quarter of cases [21]. Overall, there are almost no findings relating to adolescents, but those few that exist suggest rates may be comparable with those found among adults, although how comparable their rates are remains unclear without a direct study of youth.

The lack of research on adolescents' sexual functioning is a serious omission for the field. Adults, particularly women, experience high rates of problems with sexual functioning [10]. Given that many individuals seeking treatment for sexual dysfunction report a lifelong pattern to these difficulties, earlier detection and management during adolescence may lead to more favorable outcomes than is currently the case. However, the prevalence of various problems among adolescents is not known, nor is it known whether there is a sex disparity in rates. Symptoms diagnosed as “dysfunction” in adults, such as pain, lack of arousal, and rapid ejaculation, are viewed as “normative” in young people, especially female adolescents [22]. Sexual problems might ultimately be resolved over time with age, across sexual partners, or with gains in sexual experience, a practice effect in essence. Those in romantic relationships (i.e., ongoing, intimate relationships characterized by affection and/or love) or sexual relationships might be less likely to report sexual problems than their single counterparts or, alternately, such relationships might comprise the contexts in which problems become salient. Coercion history has been shown to be associated with sexual problems among adults and so very likely is important to study here [23,24]. The lack of empirical evidence regarding the range, frequency, nature, and context of adolescents' sexual problems limits insights into when sexual problems arise and constrains the ability of care providers to design effective intervention programs, especially ones that are gender sensitive.

### Aims

A primary aim of the current study was to determine the prevalence of problems in sexual functioning among sexually active middle to late adolescents. The term “problem” is used here rather than “dysfunction” to characterize a persistent and frequent difficulty in sexual func-

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