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Gender Differences in Sexual Behaviors in Korean Adolescents¹Eunyoung Hong, PhD, RN^a, Youngmi Kang, PhD, RN^{b,*}^a Department of Nursing, Gyeongnam National University of Science and Technology, Republic of Korea^b East-West Nursing Research Institute, College of Nursing Science, Kyung Hee University, Republic of Korea

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ABSTRACT

Purpose: The purposes of this study were to identify whether there are gender differences in sexual behaviors among Korean adolescents and to explore the factors that influence safe sex practices across both sexes.

Methods: A secondary analysis was conducted using nationally representative data obtained from the 2014 Youth Risk Behavior Web-based Survey. Sample consisted of 3,210 adolescents who had experience of sexual intercourse. The dependent variable in this study was practicing safe sex. The independent variables included a range of individual, family, and school factors.

Results: Female adolescents were less likely to practice safe sex (i.e., always using a condom). Individual (smoking, no drinking before sexual intercourse), family (living with parents, higher allowance per week) and school factors (non-coeducational school students, had received school-based sex education) were significant predictors of practicing safe sex in males. In contrast, family (lower economic status) and school factors (middle school students) predicted practicing safe sex among female adolescents.

Conclusion: We demonstrated that gender plays an important role in the sexual behavior of adolescents. The findings of this study indicate a need to design and implement gender-specific interventions.

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Introduction

A recent survey on sexual intercourse among adolescents indicated that the prevalence of sexually active youth in grades 7 to 12 has steadily increased over the past decade (Korean Statistical Information Service, 2014). While 4.8% of adolescents had experienced sexual intercourse in 2005, this increased to 5.1% in 2008 (Lee, Moon, Lee, Suh, & Choi, 2012) and 5.3% in 2014 (Korean Statistical Information Service, 2014). Furthermore, the age at which youth initiate sexual intercourse has decreased—specifically, the initial age of sexual debut was 13.6 years in 2005 and 13.1 years in 2014 (Korean Statistical Information Service, 2014).

As pointed out by Simigiu (2012), 'adolescence is the age of sexual debut' (p. 417). However, the relatively young age at which some adolescents experience sexual intercourse for the first time may be associated with greater health risks such as unplanned teen pregnancy, induced abortion, or sexually transmitted infections (STIs) (Kincaid, Jones, Sterrett, & McKee, 2012; Marston, Beguy, Kabiru, & Cleland, 2013). In particular, adolescent pregnancy has critical consequences

for both the mother and child, including a high risk of premature birth, long-term poverty, and educational sacrifice (Newby, Wallace, Dunn, & Brown, 2012). Unintended pregnancy in adolescence is generally attributed to a lack of knowledge, experience, and skills necessary to engage in safe sexual behaviors (Simigiu, 2012).

A possible determinant of safe sexual behavior is gender. There is substantial evidence showing that male and female adolescents vary in terms of early sex debut, risky health behaviors such as smoking, drinking, using drugs before sexual intercourse, and contraceptive use (Do, Le, Burgess, & Bui, 2014; Peltzer, 2010; Rahman et al., 2015). Researchers identified a range of factors associated with sexual debut at an early age, which generally fall into three categories: (1) individual factors, such as age, religiosity, having pocket money, antisocial behaviors (e.g. fighting and stealing), and use of substances (e.g. drugs, alcohol, and smoking); (2) family influences, such as living arrangement, parental marital status, parental educational level, place of family residence, living with parents, parental monitoring, quality of relationship with parents, and parent-child communication; and (3) school factors, such as peer pressure, school type, academic performance, bonding relationship with friends, relationship with friends, and proportion of opposite-sex friends (Ayhan et al., 2015; De Meyer et al., 2014; Lara & Abdo, 2016; Marston et al., 2013; Rahman et al., 2015).

At present, although the role of gender is not completely clear, it is evident that gender plays a role in understanding the sexual behaviors of young adolescents (De Meyer et al., 2014; Lara & Abdo, 2016; Marston et al., 2013; Oljira, Berhane, & Worku, 2012). In particular,

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there is limited understanding of the determinants of safe sex for male and female adolescents. Given the detrimental consequences of adolescent pregnancy and STIs, understanding the gender differences regarding safe sex in this population is of great importance. The purposes of this study are to identify whether there are gender differences in sexual behaviors among Korean adolescents and to explore the factors that influence safe sex practices across both sexes. These results would be helpful for improving the understanding of families and schools regarding the protective factors of risky sexual behavior.

Methods

Sample and Procedure

Data were obtained from the 2014 Korean Youth Risk Behavior Web-based Survey, which was conducted by the Korean Ministry of Education, the Korean Ministry of Health and Welfare, and the Korea Centers for Disease Control and Prevention. This survey comprised a nationally representative sample of 72,060 students (7th–12th grade) from 799 middle and high schools, selected using a cross-sectional, stratified, and multistage cluster sampling method. A proportional allocation method was used after the population had been divided into 129 strata according to urbanicity and school type. After the survey had been fully explained to all potential participants, only individuals who provided their informed consent completed the online, anonymous, self-administered questionnaires in their school computer room.

All participants who had experience of sexual intercourse were selected, producing a sample of 3210 adolescents for analysis. Sexual behavior was assessed with the question, 'Have you ever had sexual intercourse with someone of the opposite sex?' Individuals who answered 'yes' to this question were regarded as having experienced sexual intercourse and were included in this study. Approval for the Korean Youth Risk Behavior Web-based Survey and this study was obtained from the institutional review board of the Korea Centers for Disease Control and Prevention and the Korean National Institute for Bioethics Policy, respectively.

Measures

The dependent variable in this study was practicing safe sex. Practicing safe sex was assessed via two questions: 'Do you use contraceptives?' and 'What is your method of contraception?' All of the participants who responded with 'always use contraceptives' and 'condom' were regarded as practicing safe sex. The independent variables in this study included a range of individual, family, and school factors. The individual factors included grade, drinking alcohol (i.e. had ever drunk alcohol or not), smoking (had smoked cigarettes on one or more of the past 30 days or not), habitual or purposeful drug use (yes or no), history of STI diagnosis (yes or no), drinking before sexual intercourse (yes or no), pregnancy (only in females; yes or no), and induced abortion (only in females; yes or no). Grade was recoded as a continuous variable ranging from 0 to 5.

Family factors included living with parents (yes or no), economic status and allowance per week. Economic status and allowance per week were recoded as continuous variables ranging from 0 to 4 and 0 to 15, respectively. The school factors included academic achievement (low, middle or high), school level (middle or high school), school type (coeducational school or not), and receiving school-based sex education in the past 12 months (yes or no).

Data Analysis

Data were analysed using SPSS Statistics 21.0 for Windows (IBM Corp, 2012). All reported cell counts (*n*) in the analysis are from unweighted data, while the prevalence, odds ratios, and 95% confidence intervals were calculated via weighted analyses with consideration of

clustering and sampling rates. Differences between male and female adolescents in terms of general characteristics and practicing safe sex were calculated using χ^2 tests. The potential factors of practicing safe sex were assessed using logistic regression analysis.

Results

General Characteristics

Gender differences in the general characteristics are shown in Table 1. Among the 3210 respondents, 2245 (72.0%) were male and 965 (28.0%) were female. Compared to the national distribution, the sample had a higher proportion of male adolescents. The age at sexual debut ranged from 12 to 18 years, with the mean of 15.8 years (standard deviation = 1.78) for unweighted data and 15.9 years (standard error = 0.04) for weighted data.

In terms of individual factors, we observed a significant difference in grade by gender ($p = 0.035$). In the 7th grade to the 9th grade, the proportion of female adolescents was higher than that of males, while in the 10th grade to the 12th grade, the proportion of male adolescents was higher than that of females. Furthermore, a significantly higher proportion of male adolescents reported drinking alcohol ($p < 0.001$) and smoking ($p < 0.001$) when compared with female adolescents. There was no significant gender difference in the history of STI diagnosis, with 6.5% of male and 7% of female adolescents having been diagnosed with an STI at some point. A significantly higher proportion of male adolescents engaged in drinking before sexual intercourse ($p = 0.006$) compared with female adolescents. 7.9% of female adolescents reported having ever been pregnant, of which 71.6% of them reported a history of induced abortion.

With regard to family factors, a significantly higher proportion of male adolescents were living with parents compared with females ($p = 0.030$), and we observed significant gender differences in economic status ($p < 0.001$) and allowance per week ($p = 0.007$). With regard to school factors, significantly higher proportions of female adolescents were middle school students ($p = 0.044$), from a coeducational school ($p = 0.029$) and had received school-based sex education in the past 12 months ($p < 0.001$).

Practicing Safe Sex

Table 2 shows the gender differences in practicing safe sex. The proportions of adolescents who had practiced safe sex (adolescents who always used a condom when having sex) were 21.9% and 17.3% among male and female adolescents; the difference was significant ($p = 0.004$). 31.2% of male and 27.5% of female adolescents reported always using contraceptives, whereas 47.5% of male and 46.4% of female adolescents reported never using them. The proportions of using condoms among male and female adolescents who always used contraceptives were 70.2% and 62.7%, respectively. The other methods used were withdrawal, oral contraceptive pills, the rhythm method, emergency contraceptive pills, and intrauterine device. A significant gender difference was seen in contraceptive use ($p = 0.036$), but not in contraception method. For both males and females, the most common contraception method was the condom, while the second most common was withdrawal.

Factors Predicting the Practice of Safe Sex

The results of the logistic regression analysis of the factors predicting practicing safe sex are shown in Table 3. Among male adolescents, various individual (higher grade, smoking, no drinking before sexual intercourse, and no STI), family (living with parents and higher allowance per week) and school factors (high academic achievement, non-coeducational school students, and had received school-based sex education) significantly predicted practicing safe sex. More specifically, male

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