

# Adolescent Sex Risk: Implications for Mental Health in Emerging Adulthood

Corinne Archibald | Meg Jankovich | Laura Padilla-Walker  
School of Family Life  
Brigham Young University



## Introduction

- Prior research indicates that youth are more likely to engage in risky sexual behaviors than adults over 25 (Ciocanel et al., 2017) and risky sexual behaviors can impact mental health outcomes in adulthood (Yue et al., 2017; Prendergast et al., 2019).
- However, parental factors such as parent-child sex communication (Kaestle et al., 2021) and parental warmth (Shneyderman & Schwartz, 2012) have been linked to adolescent safer sex behaviors (Steele et al., 2020).
- Understanding the interaction of parents and adolescent sexual risk may give insight into the long term significance of parent-child sex communication on emerging adult mental health.

## The Current Study

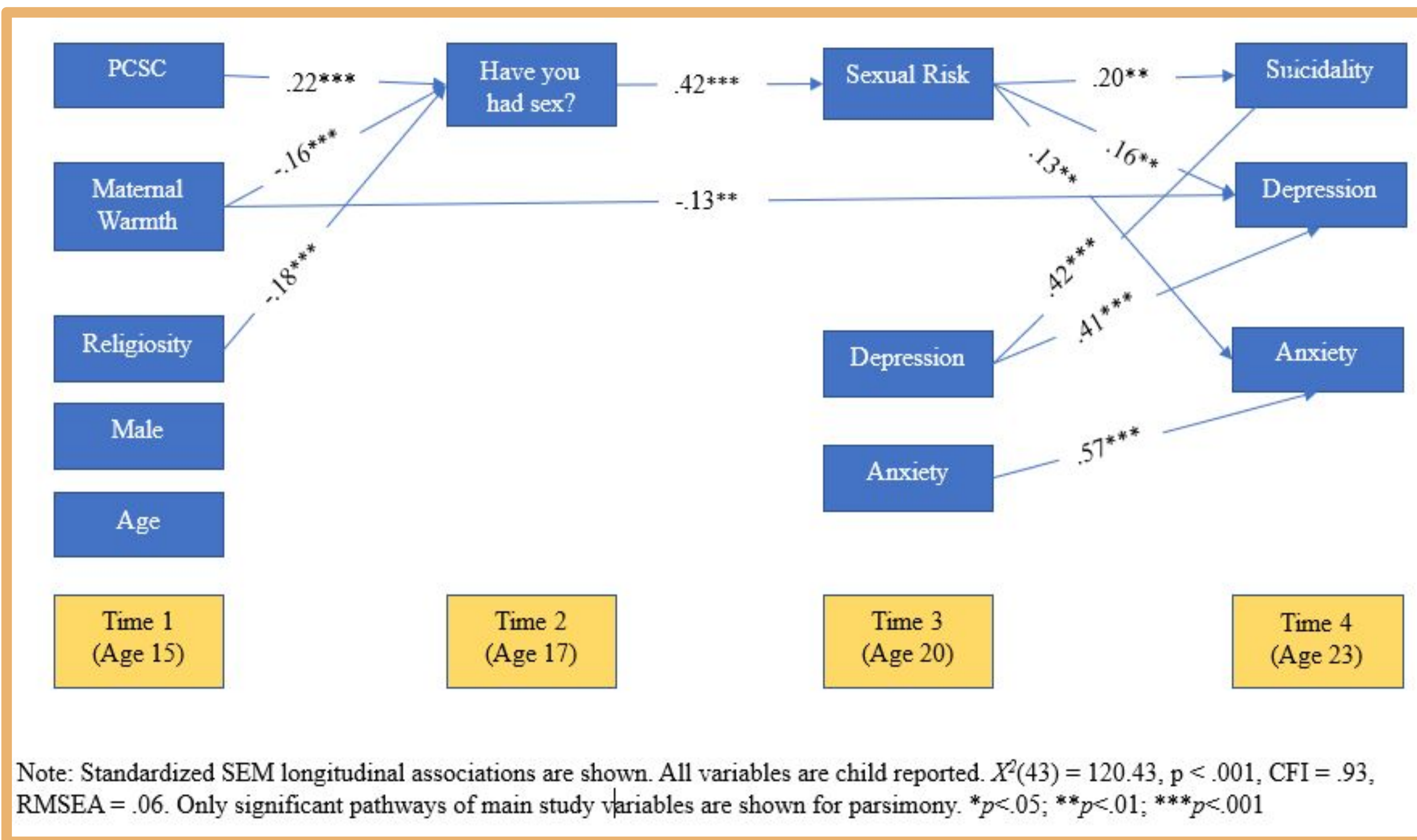
- Our study investigates the impact of parent-child sex communication and parental warmth on sexual risk and subsequent emerging adult mental health outcomes.
- **H1:** Parent-child sex communication at time 1 will be related to delayed sexual debut at time 2.
- **H2:** Sex at time 2 will be linked to increased sexual risk at time 3.
- **H3:** Sexual risk at time 3 will be associated with poorer mental health at time 4.

## Methods

Data came from Flourishing Families, a longitudinal study of adolescents and their parents who were contacted every year in the summer for 10 years with longitudinal retention of over 90%. Participants consisted of 500 adolescents and their parents. Teens were contacted at ages 15, 17, 20, and 23.

## Measures

- **Parent-Child Sex Communication (5 items)**
  - Ex: “In the last year how often have you talked with your child about sexual activity, in general?” (1 = never; 4 = often)
- **Parental Warmth (5 items)**
  - Ex: “How often are you responsive to your child’s feelings and needs?” (1 = never; 5 = always)



- **Sex Behavior (1 item)**
  - ◆ Ex: “At any time in your life, have you ever had sexual intercourse?” (1 = yes; 2 = no)
- **Sexual Risk (5 items)**
  - ◆ Ex: “The last time you had sexual intercourse, did you or your partner use a condom?” (1 = yes; 2 = no)
- **Depression (20 items)**
  - ◆ Ex: “I felt lonely, like I didn’t have any friends” (1 = not at all; 4 = a lot)
- **Anxiety (11 items)**
  - ◆ Ex: “I worry about things,” (0 = never; 3 = always)
- **Suicide Ideation (5 items)**
  - ◆ Ex: “How often have you thought about killing yourself in the past year?” (1 = never; 5 = very often)

## Results

- We conducted path analysis via structural equation modeling, and model fit was acceptable  $X^2(43) = 120.43, p < .001, CFI = .93, RMSEA = .06$ . See figure 1 for results.

- Child age was negatively associated with depression ( $\beta = -.14, p < .01$ ) and suicidality ( $\beta = -.15, p < .01$ ) and child gender (0 = female, 1 = male) was negatively associated with anxiety ( $\beta = -.10, p < .05$ ).
- At Time 1, adolescent age ( $\beta = .27, p < .001$ ) and child religiosity ( $\beta = -.18, p < .001$ ) were negatively associated with teens reporting having had sex at Time 2.

## Discussion

- Results indicate that sexual activity in adolescence was positively related to sexual risk which is linked to increased adverse mental health outcomes later on.
- ◆ At time 1, maternal warmth had a negative whereas parent-child sex communication had a positive direct link to sexual activity at time 2.
- ◆ There were no significant direct pathways between maternal warmth or communication at time 1 to sexual risk at time 3.

→ Given the negative association between parental warmth and adolescent sexual behavior, interventions that utilizes parental warmth may be instrumental in adolescent sex and emerging adult mental health outcomes.

→ The positive association between sex communication frequency and sex risk may be attributed to parents reacting to children who are already sexually active.

## Future Directions & Limitations.

- Our study primarily focused on maternal warmth and communication, further research is needed on fathers’ contributions to adolescent sexual risk prevention.
- Sexual risk was measured through frequency of contraception use. Future work should explore other areas of sexual risk in adolescence and its relation to emerging adult mental health.
- Lastly, parent-child sex communication only accounted for frequency of conversations, other factors and even different aspects of parent-child sex communication should be explored to better understand potential prevention and interventions to sexual risk. Such as:

- ◆ Proactive vs. reactive parent communication to child sexual activity.
- ◆ Attitudes and information conveyed during interactions.
- ◆ Nature of interactions (child-initiated, child-led, etc.)

