Sexuality and Mental Health in Heterosexual Adolescents

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During puberty and emerging sexuality, adolescents experience important physical, mental, and social transformations. In the process of dealing with these changes, adolescents can become potentially vulnerable to mental health problems.

Keywords: sexuality ; mental health ; adolescents ; stressors

1. Background

Adolescence is a critical period in the transition from childhood to adulthood, during the course of which adolescents aged 11 to 19 years take on new responsibilities and experiment with independence [1][2][3]. A great deal of research on this transitional period exists, in terms of physical, cognitive, psychosocial, and interpersonal development and how these developmental aspects affect adolescents' mental health and well-being [2]. One of the less well-studied processes is adolescents' emerging sexuality and the development of the sexual self in the context of family, community, and society. The generalizability of this knowledge to other contexts from researchers who have explored this process depends on the country, culture, and social norms [2][3][4][5]. Thus, it is important to add to this body of knowledge by exploring the development of sexuality across multiple adolescent populations across countries and cultures. As an initial step, this scoping research will highlight the understanding to date and identify current gaps in the literature.

The definition of sexuality has evolved over time [6][7][8][9]. However, for the purposes of this scoping research, the WHO's comprehensive and gendered description of sexuality guides us: "Sexuality is a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors" [6] (para. 6). The researchers focused on gender as in many low- and middle-income countries (LMICs) traditional gender roles shape the way adolescent girls and boys explore their sexualities.

A greater percentage of the population in developing countries is young compared to that of the developed countries of the world [4]. According to the United Nations Population Fund ((UNFPA), today's cohort of young people aged 10 to 24 years is the largest in history; they number over 1.8 billion, and 90% live in low- and middle-income countries (LMICs). A large number of young girls and boys around the world are sexually active, and this percentage rises steadily from mid-to-late adolescence [10][11]. Globally, 11% of childbirths and 14% of maternal mortality involve 15- to 19-year-old girls, and 95% of adolescent births occur in developing countries [11][12][13]. Annually, 4 million adolescent girls have unwanted pregnancies [11], and 3 million adolescent girls undergo unsafe abortions [14]. Worldwide, among people who live with human immunodeficiency virus (HIV), 1,300,000 are adolescent girls and 780,000 are adolescent boys [15][16]. Even though many countries have emphasized their commitment to eradicating early marriage, the tradition remains in numerous countries of the world. Early marriage corresponds with the prohibition of girls' rights to choose whom and when to marry [17][18][19].

Thus, the data on adolescents' sexual activity can be difficult to interpret because of the early age of marriage in some LMICs. The emerging sexuality that accompanies puberty can cause challenges for adolescents [20][21], which arise from adapting to changes in appearance and the functioning of a sexually maturing body, dealing with sexual desires, encountering varied sexual attitudes and values, and desiring to experiment with certain sexual behaviors. Moreover, incorporating these feelings, attitudes, and experiences into a developing sense of self adds further challenges for adolescents [20][22][23]. Adolescents who live in LMICs may be at an increased vulnerability to their social and environmental situations, for instance, strict socio-cultural norms, violence, and barriers to access to health care services [24][25]. The social and cultural context in which young people live greatly influences their responses to these challenges.

Psychosocial stressors have been linked to mental health issues such as depression and anxiety symptoms [22][26][27]. Adolescent girls and boys are also potentially at risk for participation in risky sexual activities, substance abuse, and violence associated with their psychological well-being and mental health [22][26]. The consequences of risky sexual behavior can be unintended pregnancy and sexually transmitted infections (STIs), including HIV infection [22].

Although researchers assume a bidirectional link between adolescent sexuality and mental health, very limited literature exists on how sexuality-related issues influence the psychological well-being of the adolescent population in LMICs. The majority of the published literature on adolescents' sexuality has focused on sexual activity and its consequences; very little has addressed the mental health aspects of sexuality [28]. Furthermore, most existing studies from LMICs on adolescent sexuality have explored their physical rather than their psychosocial experiences during adolescence [22]. There is a paucity of information regarding associations between developing sexuality and mental health in adolescents in LMIC.

2. Associations between Developing Sexuality and Mental Health in Heterosexual Adolescents

The findings are in accordance with studies conducted in developed countries, such as the U.S.A. and U.K., showing that pubescent youth are susceptible to poor mental health outcomes because of the dearth of accessible adolescent-friendly health services and restrictions to access to appropriate and accurate knowledge, particularly for unmarried females [29]. Researchers who have conducted studies in LMICs have suggested that the stigma attached to adolescent sexual behavior, unintended pregnancy, early childbearing, abortion, and STIs can result in risky and unsafe behaviors, and unfavorable health and social outcomes. This includes shame, social marginalization, violence, and mental health illness, which further restrict access to sexual health services [30][31]. These findings are parallel to the findings of researchers' research.

The results of this scoping research draw attention to several aspects of sexual health, including privacy, confidentiality, health care services, and sociocultural norms. Sexuality is a sensitive issue in any culture, and the norms that regulate sexual behavior vary from one geographical area to another, from one subculture to another, and even from one age group to another [32]. The lack of open discussion of sexual matters with parents, teachers, and friends because of embarrassment, fear, shame, stigma, and conservative socio-cultural and religious norms contribute to adolescents' inadequate knowledge and skills to manage sexual health issues [33]. For example, researchers found that menstruation is usually associated with religious and cultural beliefs in Asian and African cultures [34][35], which may create challenges in accessing appropriate health care services and speaking openly about menstruation. The perpetuation of the cultural perspective that menstruation is 'dirty' and that it must be hidden and should not be discussed in mixed company deprives adolescent girls of the opportunity for more information to take control of their sexual health and ensure their psychological well-being. However, studies conducted in four African countries in Burkina Faso, Ghana, Malawi and Uganda have shown that age-appropriate and informed discussions on sexuality between parents and adolescents make the youth in the community more sexually healthy [36][37].

The issue of confidentiality with regard to adolescent sexuality involves careful consideration of how to address adolescents, for example, to ensure the protection of their integrity and respect existing societal values and subculture values [38]. Here, researchers found that adolescent girls and boys do not always consider health care professionals as sources of support or unbiased advice and, in fact, consider them judgmental and disrespectful. Moreover, studies examining attitudes of healthcare providers towards contraceptives for unmarried adolescents and factors affecting the adequate provision of these services to adolescents in Nigeria and Cape Town, South Africa corroborate these findings [39] [40].

In accordance with researchers' findings, previous evidence from LMICs also demonstrates that sexual and reproductive health services that target adolescents are extremely disjointed, poorly synchronized, and low in quality [5][41][42]. Additionally, researchers' findings are similar to those of previous reports showing that health care professionals face numerous challenges in providing care to adolescents, because they need specialized skills and knowledge for consultation, interpersonal communication, and interdisciplinary care [11]. This finding is understandable in view of previous studies that emphasized that the attitudes of health care professionals need to change to enable adolescents to seek help from qualified health care providers for safe sexual health practices [42][43]. Researchers also found that training and educating professionals, developing stakeholder interrelationships, and using evaluative and iterative strategies are frequently recommended strategies to introduce and promote change in adolescents' sexual health practices, which is similar to the findings of other studies conducted in Asian and African context [11].

In the sociocultural context of LMICs, sexuality is considered the privilege of older and married individuals, which makes it extremely difficult for young people to access sexual health counseling [44]. Other studies have supported these findings and shown that the stigma of risky sexual behaviors and STIs, including HIV and AIDS, further restrict the access of those who are stigmatized to sexual health services. Families, communities, and the healthcare system can be agents of stigmatization through such behaviors as abusing, insulting, and deserting adolescents [45][46]. Consequently, young people might use withdrawal as a coping strategy in the face of perceived or experienced stigma. This could also explain the finding of a strong association between adolescent girls' and boys' feelings of loneliness and their failure to seek sexual health care when they need it.

The concern about the confidentiality of adolescents' personal information is a substantial hurdle to access to sexual healthcare services. A study conducted in Tanzania with young people has shown that adolescents may have a profound fear that their parents will learn about their accessing sexual health services [47]. In agreement with the findings, previous researchers have shown that adolescents are concerned that family, friends, or other community people who are acquainted with their parents will recognize them in the waiting room. They might also worry that healthcare providers who have social connections with their parent(s) or guardian(s) might purposefully or unintentionally reveal confidential information [48]. Alford found that, if her adolescent participants' healthcare professionals notified their parents, 83% would discontinue access to sexual health services, whereas only 1% would abstain from sex [49].

Adolescent girls and boys often require guidance in making decisions, especially in dealing with sexuality issues. Biddlecom et al. and Namisi et al. offered insight on the importance of sexuality education and recommended that adolescents should receive essential information and learn skills through comprehensive sexual and reproductive health education to prevent mental health problems [36][37]. Biddlecom et al. and Namisi et al. also suggested that age-appropriate and informed discussions on sexuality between parents and adolescents improve the sexual health of youth in the community [36][37]. However, more work is needed in LMICs to ensure that adolescents receive accurate education on sexuality to understand how to practice healthy sexual behaviors eventually.

The research revealed that the persistent inequality among adolescent girls and boys and restrictive gender norms can be translated into a range of negative mental health outcomes, especially for young girls. These findings are understandable in view of the work of Blum, Mmari, and Moreau in their study in 15 different countries of children aged 10–14 years, they found that boys are constantly encouraged to be strong and autonomous, whereas girls are considered vulnerable and in need of protection. Moreover, with the onset of puberty, boys are expected to prove their toughness and sexual ability, and girls are responsible for attracting male attention [50].

In addition, their peers persecute and mock boys who do not achieve local masculinity standards, but girls who transgress the social norms of sexual propriety are shamed and humiliated [50][51]. Concerns about female sexuality and reputational risk cause parents to tightly control their daughters' behavior and freedom of movement, which can affect their psychological well-being.

Sexuality embraces so much more than just the physical act and has both physical and psychosocial components (East & Hutchinson, 2013; Hensel, Nance, & Fortenberry, 2016). The ways in which individuals express their sexuality depend on a range of factors, such as culture, religion, society, economics, politics, law, history, and spirituality [8][22].

The current agenda for Sustainable Development 2030 recognizes the need for greater accountability, especially for the Global Strategy for Women's, Children's and Adolescents' Health [52]. The researchers findings indicate a paucity of research regarding the association between sexuality-related stressors and mental health among adolescent populations. Most of the research that is available has focused on girls, and there is a major gap in knowledge on the experiences of boys. This implies an urgent need for comprehensive research on the relationship between emerging sexuality and mental health in adolescents.

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