Published in final edited form as:

J Adolesc. 2017 February ; 55: 61–65. doi:10.1016/j.adolescence.2016.12.009.

Brief Report: The role of three dimensions of sexual well-being in adolescents' life satisfaction

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Abstract

Guided by theoretical (Brooks-Gunn & Paikoff, 1997) and empirical work (Horne & Zimmer-Gembeck, 2005), this cross-sectional study examined whether sexual well-being (sexual self-acceptance, importance of mutual consent, importance of safe sex) was associated with life satisfaction among Mexican adolescents, and whether these associations were moderated by gender, age, and familism. Mexican adolescents (54% girls, 72% middle schoolers, 30% sexually active) completed surveys. Findings indicated that a greater belief in the importance of safe sex was associated with higher levels of life satisfaction. Greater sexual self-acceptance was associated with life satisfaction, and familism moderated this association. This association was stronger among adolescents who reported low familism. This study contributes to the understanding of sexual adolescent well-being and psychological adjustment in Mexico, an understudied cultural context.

Adolescent sexuality has primarily been conceptualized as a health risk. However, recent sex-positive perspectives view it as a normative and essential developmental aspect, which can have positive consequences (Harden, 2014; Tolman & McClelland, 2011). Theoretical work has emphasized the importance of developing sexual well-being, including acceptance of sexual desire, decision-making involving mutual consent, and safe sex when sexually active (Brooks-Gunn & Paikoff, 1997). Higher sexual well-being may be linked to better psychological adjustment, as limited research has demonstrated (e.g., Horne & Zimmer-Gembeck, 2005). However, little is known about sexual well-being in Latin America, where gender and sexual socialization is more conservative (Pick, Givaudan, & Poortinga, 2003).

Research suggests associations between sexual behavior and psychological adjustment among American and Australian adolescents. For example, sexual experience is associated with well-being (Vrangalova, & Savin-Williams, 2011), but early initiation of first intercourse is associated with increased depressive symptoms (Meier, 2007; Spriggs & Halpern, 2008). In addition to behaviors, elements of sexual well-being, such as entitlement

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to desire, and sexual subjectivity are associated with global well-being (Horne & Zimmer-Gembeck, 2005; Zimmer-Gembeck & French, 2016).

Associations between sexual well-being and psychological adjustment may differ in other countries, including Latin America. Ecological Systems Theory emphasizes how cultural factors shape adolescent sexuality, suggesting the importance of studying these topics in diverse contexts (Raffaelli, Kang & Warini, 2012). One cross-sectional study suggests that Mexican adolescents in latent classes with romantic commitment and sexual behaviors report more depressive symptoms and anxiety (Espinosa-Hernandez & Vasilenko, 2015). However, to our knowledge no study has examined sexual well-being and positive psychological adjustment in Mexican adolescents.

In addition, Ecological Systems Theory suggests that cultural values may play a role in Mexican adolescents' sexual well-being. For example, among Latino adolescents in the US, familism, or the strong bond between family members marked by feelings of loyalty, is a protective factor that has been associated with more family cohesion and less conflict (German, Gonzales & Dumka, 2009; Lorenzo-Blanco, Unger, Baezconde-Garbanati, Ritt-Olson & Soto, 2012). The effect of sexual well-being on psychological adjustment may be strengthened when adolescents internalize the value of familism, because they may experience a more supportive family environment when exploring or thinking about their own sexuality. Evidence also indicates associations between depressive symptoms and sexual activity are stronger for girls and younger adolescents (Espinosa-Hernandez & Vasilenko, 2015).

Thus, guided by theoretical and empirical work (Brooks-Gunn & Paikoff, 1997; Horne & Zimmer-Gembeck, 2005; Lorenzo-Blanco et al., 2012), we examined whether aspects of sexual well-being (self-acceptance, importance of mutual consent, and importance of safe sex) were associated with life satisfaction and whether these associations were moderated by gender, age, and familism among Mexican adolescents.

Method

Participants and procedure

Our cross-sectional data were from the second cohort of a study of two public, non-religious middle and high schools in Puebla, Mexico. The principal investigator contacted schools that had previously participated (Espinosa-Hernández, Vasilenko, & Bámaca-Colbert, 2015). The first school housed students from 7th to 12th grade (middle and high school); the second school housed students from 7th to 9th grade (middle school). School principals chose participating classrooms based on convenience. Institutional Review Board procedures were followed and a waiver of written parental consent was obtained. Adolescents who assented completed a Spanish language survey and received candy.

Participants were 1123 adolescents (54% girls; 72% middle schoolers; age range 12–19; $M = 15.1$, $SD = 1.52$). Most were Catholic (84.8%) and lived in two parent households (70.9%). Few were sexually active (29.5%).

Measures

We translated measures from English to Spanish by committee approach (Cha, Kim, & Erlen, 2007). Bilingual research assistants and the first author translated the items as a group to ensure cultural appropriateness. A pilot study was conducted among middle school students to make sure items and instructions were interpretable. For all scales, we created sum scores; higher scores indicate higher construct endorsement.

Predictors—*Importance of Mutual Consent* and *Importance of Safe Sex* were measured with items from the Sexual Responsibility and Sex Refusal Skills scale (O'Donnell et al., 2003). Participants responded using a 4-point scale from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*). Two items assessed *Importance of Mutual Consent* (e.g., “Before I decide to have sex, I should be sure I don’t feel forced by my partner.”); $M = 6.31$ ($SD = 1.73$; $\alpha = 0.85$). Two items assessed *Importance of Safe Sex* (e.g., “Before I decide to have sex, I should be sure my partner or I won’t get pregnant/disease.”); $M = 6.13$ ($SD = 1.94$; $\alpha = 0.75$). *Sexual Self-Acceptance* was measured with the Sexual Self-Acceptance subscale (Deardorff et al., 2008), developed to examine Latino youth’s views on whether it is wrong to have sex (e.g., “Do you feel guilty about having sex?”). It has been used among Mexican adolescents (Espinosa-Hernandez et al., 2015). Participants responded to five items using a 5-point scale ranging from 1 (*Very much*) to 5 (*Not at all*); $M = 18.62$ ($SD = 4.02$; $\alpha = 0.72$).

Outcome—*Life Satisfaction* was measured with the Life Satisfaction Scale (Diener et al., 1985; e.g., “So far I have gotten the important things I want in life”). This measure has been used among Mexicans (Diener & Diener, 1995). Participants responded to five items using a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*); $M = 24.84$ ($SD = 6.30$; $\alpha = 0.79$).

Moderators and controls—*Familism* was measured with the Cultural Values Familism subscale (Unger et al., 2002; e.g., “The family should consult close relatives (uncles, aunts) concerning its important decisions”). This measure has been used among Mexican adolescents (Espinosa-Hernandez et al., 2015). Participants responded to six items on 4-point scale from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*); $M = 18.26$ ($SD = 3.06$; $\alpha = 0.70$). We assessed gender (Male = 0, Female = 1) and age in years, and controlled for sexual experience (ever engaged in vaginal intercourse; Yes = 1, No = 0) and school.

Plan of analysis

Hierarchical linear regression analyses predicting life satisfaction were conducted in three steps. First, we examined controls (age, school, sexual experience, and gender). For the model with familism as a moderator, we included familism in this step. In the second step, we introduced one of the sexual well-being predictors per model. In the third step, each model tested one moderator (i.e., gender, age, and familism) of the association between the three predictors and the outcome. We centered all predictor variables before creating the interaction terms.

Results

First, we examined effects of control variables. Higher familism was associated with higher life satisfaction. Second, we examined how the sexual well-being measures predicted life satisfaction. Higher sexual self-acceptance and greater belief in the importance of safe sex were associated with higher life satisfaction (See Table 1). Third, we explored the role of gender, age, and familism in the associations between sexual well-being and life satisfaction. Gender and age did not moderate any associations. Only the model, with the one marginally significant interaction between sexual self-acceptance and familism, is presented (See Table 1). The association between sexual self-acceptance and life satisfaction was stronger among adolescents who reported low familism (See Figure 1).

Discussion

Drawing from theory (Brooks-Gunn & Paikoff, 1997; Harden, 2014) which posits that sexual well-being is an important developmental task, we examined whether sexual well-being is associated with life satisfaction. Several findings were in line with prior research (Horne & Zimmer-Gembeck, 2005; Zimmer-Gembeck & French, 2016). For example, Mexican adolescents, who were more accepting of their own sexual feelings and consider mutual consent important, had greater life satisfaction, suggesting the importance of sexual well-being in countries with more traditional sexual socialization. In addition, neither gender nor age were significant moderators of these associations, suggesting the importance of sexual well-being for male and female adolescents of varying ages. We found a marginally significant interaction with familism indicating that sexual self-acceptance was more strongly associated with higher life satisfaction among adolescents lower on familism (See Figure 1). Individual tasks may be important for life satisfaction of adolescents who report low familism. For high familism adolescents, who may also experience more family cohesion and less family conflict (Lorenzo-Blanco et al., 2012), family-related goals may be more important. However, findings should be interpreted with caution, as this interaction added little to the predictive value of the final model.

This study had several limitations. The cross-sectional design limits the conclusions about directionality. Because this is a convenience sample, generalizability is limited. Two of the measures had not been used in Mexico previously and should be further validated. Moreover, most scales displayed somewhat low reliability, which may have attenuated the effect of the predictors. Finally, our assessment of sexual well-being was not exhaustive.

To our knowledge, this is the first study that examined associations between sexual well-being and life satisfaction in Mexico, where most research has examined sexual risk (Espinosa-Hernandez et al., 2015). Our findings suggest that sexual well-being is associated with psychological adjustment, and may be part of normative Mexican adolescent development.

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Figure 1.
Associations between sexual self-acceptance and life satisfaction by high and low familism.

Table 1

Regressions predicting life satisfaction with familism and sexual well-being interactions.

Outcome	Life Satisfaction ($n = 1123$; $R^2 = .131$)		
	<i>B</i>	<i>SE</i>	β
Step 1			
Constant	21.54	2.55	
Age	.23	.17	.05
School	-.80	.68	-.04
Sexual experience	-.79	.54	-.06
Gender	-.45	.45	-.04
Familism	.57	.08	.27***
R^2	.08***		
Step 2			
Constant	24.14	2.53	
Age	.06	.17	.01
School code	-.15	.67	-.01
Sexual experience	-1.27	.54	-.09*
Gender	-.58	.47	-.05
Familism	.57	.07	.27***
Self-acceptance	1.03	.28	.14***
Safe-sex	.40	.15	.12**
Mutual Consent	.28	.18	.07
R^2	.05***		
Step 3			
Constant	23.86	2.53	
Age	.08	.17	.02
School code	-.25	.67	-.01
Sexual experience	-1.35	.55	-.10*
Gender	-.62	.47	-.05
Familism	.58	.08	.27***
Self-acceptance	1.02	.28	.14***
Safe-sex	.42	.15	.12**
Mutual Consent	.27	.18	.07
Self-acceptance x familism	-.15	.08	-.07*
Safe-sex x familism	.04	.05	.04
Mutual Consent x familism	-.04	.06	-.04
R^2	.01		

Note. B = unstandardized beta coefficient, β = standardized beta coefficient, SE = standard error, R^2 = change in R^2 .

*
 $p < .05$;

**
 $p < .01$;

 $p < .001$