The relationship between adolescent sexual risk taking behaviour and resilience

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by

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Statement of Originality

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Acknowledgement of Collaboration

I hereby certify that the work embodied in this thesis has been done in collaboration with the Population Health Unit, Hunter New England Local Health District. I have included as part of the thesis a statement, in the study design section, clearly outlining the extent of collaboration, with whom and under what auspices.

__________________________

Sally Homer
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Abstract

Research indicates that adolescent sexual risk taking can have both short term and long term negative impacts on adolescent well-being. Healthy adolescent well-being has been linked to resilience. Resilience has been defined as the ability to bounce back and maintain adaptive behaviour following adversity. Both individual and environmental factors are recognised as enhancing the development of resilience. Resilience factors appear to confer a level of protection against a range of health related risk taking behaviours among adolescents including tobacco, alcohol and marijuana use. Relatively little research however has explored relationships between resilience and sexual risk taking behaviour in adolescents. Although a significant body of research has examined a range of resilience factors as possible determinants of sexual risk taking behaviour few have conceptualised and measured both internal and external resilience factors. As such, a study was undertaken to explore the association between sexual risk taking among Australian adolescents and resilience.

Methods

A cross-sectional, web-based survey of Grade 10 (aged 15-17 years, males = 261, females = 260) high school students was undertaken. Twenty eight public secondary schools located in one local health district in New South Wales, Australia participated. Grade 10 students were eligible to take part if parental consent had been obtained. Students completed an online survey in 2011. Students reported if they had engaged in sexual intercourse in the last year, and if so, if they had used a condom. Students also reported their internal and external resilience characteristics. Associations between use of condoms in the past year and resilience characteristics were examined.
Measures

Student demographic information collected included: age, gender, Aboriginal and/or Torres Strait Islander status, student remoteness (using postcode), and socioeconomic status (using postcode).

Sexual risk taking behaviour

Student reported sexual risk taking behaviour (non-use of condoms) was measured by responses to two questions:

1. Have you had sexual intercourse in the last year? (yes, no)
2. If yes, when you had sex in the last year, how often did you or your partner use condoms? (always, sometimes, never).

Resilience

Student reported resilience, including overall, internal and external resilience, was measured using the California Healthy Kids survey. The survey included six subscales for internal resilience; cooperation and communication, self-efficacy, empathy, problem solving, self-awareness and goals and aspirations, and eight subscales for external resilience; school support, school meaningful participation, community support, community meaningful participation, home support, home meaningful participation, peer caring relationships and pro-social peers.

Analyses

Descriptive statistics were used to report student characteristics, as well as the prevalence of condom use and resilience scores. For those students who reported having sex in the last year, associations between internal and external resilience scores and condom use were analysed using chi square, t-tests and logistic regression analyses.

Results

The percentage of students who reported engaging in sexual intercourse in the last 12 months included 50.1% of males and 49.9% of females, while 61% of these students reported consistent condom use. Students with lower external and internal resilience were less likely to use
condoms all of the time (OR = 0.53 and OR = 0.57 respectively). Students with lower scores for the internal resilience subscale, goals and aspirations and the external resilience subscales of community participation and pro-social peers were most strongly associated with a lower likelihood of using condoms all of the time (OR = 0.69, 0.75 and 0.60 respectively).

**Implications**

The associations found between both internal and external resilience and sexual risk taking, and identification of specific resilience factors that may be especially important, suggests that intervention research should examine the impact of resilience intervention on adolescent health risk taking behaviours. The findings may facilitate the development of effective intervention programs and policy to decrease sexual risk taking behaviours and improve adolescent sexual health outcomes.
# Table of Contents

A review of the literature: sexual risk taking and resilience in adolescents .................................................2  
Adolescent risk taking behaviours ...............................................................................................................3  
Consequences of adolescent sexual risk taking behaviours .........................................................................3  
Prevalence of sexual risk taking behaviour ................................................................................................4  
Prevalence of teenage pregnancy and sexually transmitted disease ............................................................6  
Resilience theory ........................................................................................................................................8  
Individual and environmental resilience factors .........................................................................................9  
Assessing resilience ..................................................................................................................................11  
Resilience and adolescent risk behaviours ............................................................................................12  
Resilience and adolescent sexual risk behaviour ....................................................................................13  
The gap in the research literature .............................................................................................................15  
Journal Manuscript ..................................................................................................................................17  
Summary ...................................................................................................................................................18  
Introduction .............................................................................................................................................19  
Method ....................................................................................................................................................22  
Results .....................................................................................................................................................26  
Table 1 ......................................................................................................................................................27  
Table 2 ......................................................................................................................................................28  
Table 3 ......................................................................................................................................................29  
Discussion ................................................................................................................................................29  
References ................................................................................................................................................34  
References: Literature review and journal manuscript ...........................................................................40  
Appendix 1. Review of associations between resilience and sexual risk taking behaviour ...... 52