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Sexual Behaviour of Young Adults from a Public Health Perspective

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Summary

Aim: The aim of the thesis is to examine the forms of risky sexual behaviour of young adults in Slovakia and on the basis of the findings to outline possible intervention procedures, as forms of help or re-education. Psychosocial factors involved in the occurrence of risky behaviour include emotional intelligence and coping strategies.

Methods: Data were collected by administering a questionnaire battery that includes a sociodemographic questionnaire, a questionnaire aimed at tracking risk behaviors, and standardized questionnaires: the TEIQue – SF focused on trait emotional intelligence and the CSI 32 examining coping strategies. The research population consisted of 200 respondents aged between 18 and 26 years, with an equal representation of both genders, with different location of residence and socioeconomic background.

Results: Based on statistical analysis, we confirmed the association between sexual risk behaviors and emotional intelligence and coping strategies. We confirmed that men are significantly more likely to seek sexual encounters outside of a monogamous relationship; sexual risk behaviors are positively associated with maladaptive forms of coping and negatively associated with adaptive forms of coping. Lower levels of emotional intelligence correlate with higher levels of risky sexual behaviour.

Conclusion: The results of the research point to areas suitable for the application of preventive, experiential and educational programmes. We confirmed that men are significantly more likely to seek sexual encounters outside of a monogamous relationship, risky sexual behaviour is positively associated with maladaptive forms of coping and negatively associated with adaptive forms of coping, lower levels of emotional intelligence correlate with higher levels of risky sexual behaviour

Keywords Risky sexual behaviour. Young adults. Emotional intelligence. Coping strategies.

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Introduction

Despite their significance, health issues affecting the younger generation are frequently overshadowed by the mounting challenges posed by an aging population (18). This occurs because the latter group exhibits specific vulnerabilities to diseases (2)—including those with atypical (24) or exacerbated courses (23)—often leading to reductions in functional capacity (31). These limitations, in turn, heighten difficulties in delivering appropriate care services (4), contribute to rising associated costs (5), and reflect limited possibilities for prevention (20). Meanwhile, younger patients demonstrate elevated awareness and sensitivity (28), necessitating a different form of interaction with healthcare professionals (27) compared to

older adults (26). They also tend to be more receptive to solutions supported by modern technologies (17), especially teleinformatics (7), and are typically more adept at using them (19). Nonetheless, a particular challenge in this context is the proper documentation of medical procedures (22) as well as the assurance of data confidentiality (21).

Young adulthood - characteristics of the developmental period

It is very difficult to precisely define the age of young adulthood because of the different attitudes of different authors dealing with the issue of ontogenetic psychology. This discrepancy is probably due to the different criteria advocated by individual authors. One relatively clearly defined factor for the onset of young adulthood is the attainment of majority, or legal adulthood (25), the threshold of which in Slovakia is the eighteenth year of life. Defining until when this developmental period lasts is even more complex. The aim of this period is to achieve relative freedom in decision-making and the ability to accept responsibility, to evaluate one's own possibilities and competences, to control one's own emotions and behaviour. Young adults should become independent from their primary family, master couple living, accept authority figures and interact appropriately with them, and become economically independent (25). Therefore, for the purpose of our research, we chose the age range of 18 to 26 years.

A specific feature of today's modern age is the fact that all these psycho-social changes are taking place in a constantly changing and highly dynamic social environment, which represents another significant stress factor for today's young people (8). At the same time, it is important to point out the difficulty of achieving developmental tasks in the context of the current social situation in Slovakia. The Youth Report 2018 (13) considers young people to be the most vulnerable part of the population, precisely because of the impact of changes in the social environment. Independence, which is one of the key developmental tasks of young adulthood, is also strongly influenced by the ability to get a job and secure sufficient financial resources. The difficulty of this process is also reflected in unemployment statistics (13), which show that almost 30 % of all unemployed people are aged under 29. The development of the economy is also playing an important role, increasing the demands on efficiency, the requirements for vocational training and the professional competences of the individual (9).

Risky sexual behaviour

Forms of risky behaviour include frequent change of sexual partners, casual sexual intercourse, unprotected sexual intercourse, and various sexual object choice disorders. Sexual risk behaviours are significantly more risky in young adults than in the general population (16). In recent years, there has been a significant postponement of marital relationships, which has led to an increase in cohabitation and open relationships. There are several reasons for this, ranging from the loosening of moral rules to the economic and social situation of young adults (9).

The reasons for the emergence of risk behaviour in this area can be found in the lack of knowledge about sexually transmitted diseases and inadequate competence in relationships. Sexual risk behaviour is also associated with dissatisfaction in intimate relationships (6). Sexual risk behaviour can be observed in individuals with insecure relationships with their parents, emotionally deprived, who in this inadequate way seek the lack of emotional support and security (9). Awareness, sex education and the attitude of the family and close environment towards sexuality also play an important role. Open communication leads to an awareness of the importance of emotional relationships with partners, a reduction in partner turnover and the choice of appropriate contraceptive methods (11).

The effects of sexual risk behaviour appear in many areas. In terms of STD transmission, these are mainly chlamydial diseases, which are most common in young adults compared to other age groups. The risk of transmission is also significant for gonococcal infections and syphilis (14). Transmission of human papillomavirus, which occurs mainly in the case of frequent sexual partner turnover and unprotected intercourse, is also of serious impact and is one of the causes of cervical cancer (9).

Emotional intelligence

The level of emotional intelligence is a very important factor involved in the emergence of risky

sexual behaviour in young adults. It is important for navigating the social environment, for forming adequate relationships, and also for the individual's self-regulation.

Emotional intelligence can be defined as the ability to register one's emotions and express them in ways that are conducive to personal and intellectual growth (12). Thus, it is clear that sufficient competence in this area is essential for functioning well in social spheres. The approach defining mature and immature emotional intelligence is interesting. Mature emotional intelligence is characterised by the ability to organise and initiate group activity, the ability to empathise, i.e. to empathise with others and their feelings, and to understand other people's feelings, motivations, worries and interests. Credibility is also an important trait that helps to achieve success in life and is essential for innovation and creativity.

Conversely, signs of immature emotional intelligence include egocentrism, inattention to others, uncontrolled emotions such as inadequate response to criticism, explosiveness, mood swings, superficial, impulsive behavior, impatience, calculating, dependence, i.e., self-determination, manipulativeness, and avoidance of responsibility. Emotions are perceived but not expressed, which is insincere and hinders personal growth (30).

Kaliska et al. (10) describe the importance of emotional intelligence specifically during young adulthood. This developmental phase is characterized by detachment from the primary family and the formation of new relationships, for which emotional intelligence is very important. At the same time, achieving emotional equanimity is considered one of the developmental tasks of this period.

The level of emotional intelligence is one of the important factors in the prevalence of risky sexual behaviour, as demonstrated by several scientific studies. Yip et al (32) describe in their study the link between emotional intelligence and risky behaviour. Their findings are consistent with our assumptions; higher levels of emotional intelligence correlate with a tendency to engage in less risky behaviour, while lower levels are associated with riskier behaviour.

Coping strategies

There are many situations in a person's life that require the activation of coping. Folkman and Lazarus (3) discuss two types of coping strategies in their theory: problem-focused coping strategies and emotion-focused coping strategies (3). In problem-focused coping strategies, individuals actively seek to identify the problem, find their own coping resources, and find alternative solutions, including intrapsychic changes. In contrast, in an emotion-focused strategy, the individual attempts to regulate the emotional state caused by the presence of a stressor (15).

Tobin's distribution handles a large number of different ways of coping with stressful situations. He is one of the few authors to report emotion-focused coping behaviours in the domain of attachment, which we consider to be a great advantage, since not every situation can be addressed with a solution aimed at resolving the situation. Tobin points out that it is also possible to see as positive a form of coping that does not actively resolve the situation but allows the individual to accept and cope with it (25). Since these types of situations occur relatively frequently in the lives of young adults, we find this approach appropriate for tracking preferred coping strategies in our research.

Research suggests that risk behaviour is more likely to be linked to emotion-focused strategies. Dariotis and Chen (1), in their work focusing on young adults, describe the link between sexually risky behaviors and coping strategies. Research suggests that increased sexual risk taking and drug use are associated with just the strategies typically associated with problem avoidance. It is clear from these results that deficiencies in coping strategies can have a significant negative impact on the emergence of risk behaviors.

Methods

Research questions and hypotheses

Question1: What is the prevalence of risky sexual behaviour?

Hypothesis 1: We hypothesize that men will experience higher rates of risky sexual behavior than women.

Hypothesis 2: We hypothesize that forms of coping strategies will be correlated with rates of risky sexual behavior.

Hypothesis 3: We hypothesize that measures of emotional intelligence will be negatively correlated with the rate of occurrence of risky sexual behavior.

Research file

The research population consists of 200 respondents who can be characterized as young adults based on their age. The age range is from 18 to 26 years, with a mean age of 21.51 years (SD= 2.536). The sample consisted of 112 females (56 % of N=200) and 88 males (44% of N=200). The female group had a mean age of 20.95 years (SD= 2.249) and the male group had a mean age of 22.22 (SD= 2.710). In the women's group, the lowest age was 18 years and the highest age was 26 years, and in the men's group, the lowest age was 19 years and the highest age was 26 years.

Research procedure

Data collection was done through internet distribution, avalanche sampling method of respondents. Respondents participated in the research on a voluntary basis and the collection was done anonymously. In case of any ambiguity, the authors could be contacted either through social networking or via email. It was also possible to leave feedback from the respondent to the author after completing the questionnaire battery.

The age of the respondent between 18 and 26 years was a prerequisite for completing the questionnaire battery.

Research methods

The research was conducted through a questionnaire battery. Initially, we collected socio-demographic data – gender, age, education, place of residence. At the same time, and in the initial part of the questionnaire, we focused on the frequency and prevalence of risky sexual behavior. Subsequently, validated questionnaires were included The Trait Emotional Intelligence Questionnaire TEIQue-SF, a short form designed for adults and adolescents and tracks measures of emotional intelligence. The second validated questionnaire was the Coping Strategy Inventory 32 - CSI 32 which is a shortened version of Tobin's original inventory that tracks different forms of coping and creates categories at the primary, secondary, and tertiary levels of diversion and attachment (25).

Data processing methods

To process the collected data, we used a specialized statistical computer program Statistical Package for the Social Sciences (SPSS). In this computer program, we subsequently performed the relevant selected statistical tests.

At the outset, we descriptively tracked the questions in the sociodemographic section of the questionnaire battery. We then used SPSS to calculate raw scores for each questionnaire and its parts. In verifying the hypotheses and determining the answers to the research questions, according to the specifics of each variable, we chose the relevant statistical tests, namely Phi coefficient for comparing two groups with dichotomous answers, Correlation coefficient to determine the relationship between the scaled variables, and we used the non-parametric Mann-Whitney U-test to test the differences. Normality of the distribution of the variables was ascertained using the Kolmogorov Smirnov normality test.

Results

Question 1: What is the prevalence of risky sexual behaviour?

When asked about sexual behaviour, 39 respondents said they had not yet had sexual intercourse (19.5% of N = 200). 179 respondents said they prefer to have sexual intercourse only in a partner relationship (89.5 % of N = 200), 4 respondents said they have sex with other partners besides their regular partner (2% of N = 200), 15 respondents said they seek casual sex (7.5% of N = 200), and 2 engage in group sex (1% of N = 200). 94 respondents protect themselves during sex by using a condom (58.4 % of N = 161), 22 use hormonal contraception (13.6% of N = 161), 36 use intermittent intercourse (22.36% of N = 161), and 3 respondents prefer unprotected sex (1.9% of N = 161). The other respondents did not indicate the form of protection they use.

80.5% of the respondents are sexually alive, 89.5% of the respondents prefer monogamous sexual relations, 58.4% of the respondents use condom during sexual intercourse, 22.36% prefer intermittent intercourse, 13.6% use hormonal

contraceptives, 1.9% of the respondents do not use any form of protection.

Hypothesis 1: We hypothesize that men will experience higher rates of risky sexual behavior than women.

We used the non-parametric Mann-Whitney U-test to compare the number of sexual partners between men and women based on normality testing. We compared the total number of lifetime sexual partners.

Table 1 Mann-Whitney U-test – Intersex differences - number of sexual partners (N = 200)

Group	N	Median	Standard deviation	Average ranking	U	Sig.	r
Women	**112**	**2**	**2,91**	**2,55**	**4904**	**0,952**	**-**
Men	88	1	8,05	4,43			

Two-tailed significance test

Based on the results of the Mann-Whitney U-test (U = 4904, p = 0.952), we can conclude that the difference between men and women in the number of sexual partners is not statistically significant.

At the same time, we observed sexual contacts with respect to the relationship in which the respondents make them. We divided these relationships into monogamous and other, under which we included all responses such as casual encounters and multiple sexual partners. Women who sought sex outside of a monogamous relationship were 7 (6.25% of N=112) and men were14 (15.9 % of N=88). The results of the Phi coefficient, which was 0.156 (N=200), indicate statistically significant but very small differences between men and women.

Table 2 Phi coefficient - Intersex differences - sexual contacts (N=200)

Variables	Gender
Sexual contacts	**0,156**

Based on the above results, we can verify hypothesis H1 only in the area of sexual contacts. Men are significantly more likely to seek sexual encounters outside a monogamous relationship.

Hypothesis 2: We hypothesize that forms of coping strategies will correlate with rates of risky sexual behavior.

To examine the effect of coping strategies on sexual behavior, we correlated the number of sexual partners with measures of total attachment and withdrawal.

Table 3 Coefficient of correlation analysis – Inclination, diversion and number of sexual partners (Pearson; N=200)

Variables	Number of sex. partners
Bow	**-0,246****
Diversion	0,240**

Two-tailed significance test

Based on the above results, we can conclude that the number of sexual partners is strongly associated with total deviance (r=-0.240**) and strongly negatively associated with total deviance (r=-0.246**).

We also compared the rate of total deviance among respondents with respect to preference for practicing safe sex.

Table 4 Mann-Whitney U-test – Overall inclination and preference for safe sex (N = 200)

Group	N	Median	Standard deviation	Average ranking	U	Sig.	r
Safe sex	**133**	**58**	**6,653**	**57,27**	**3480,5**	**0,012**	**0,178**
Risky sex	67	55	8,186	54,17			

Two-tailed significance test

Based on the results of the Mann-Whitney U-test (U = 3480.5, p = 0.012), we can conclude that the difference in the degree of overall inclination with respect to preference for safe sex is statistically significant, but the differences are very small (r = 0.178).

We compared the rate of overall deviance among respondents with respect to preference for practicing safe sex.

Table 5 Mann-Whitney U-test - Overall attrition and preference for safe sex (N = 200)

Group	N	Median	Standard deviation	Average ranking	U	Sig.	r
Safe sex	**133**	**44**	**8,548**	**44,69**	**3723**	**0,058**	**0,134**

Group	N	Median	Standard deviation	Average ranking	U	Sig.	r
Risky sex	67	48	11,398	46,87			

Two-tailed significance test

Based on the results of the Mann-Whitney U-test (U = 3723, p = 0.134), we can conclude that the difference in the rate of overall deviance with respect to preference for safe sex is statistically significant, but the differences are very small (r = 0.134).

Based on the above results, we verify hypothesis H2. We can conclude that risky sexual behavior is positively associated with maladaptive forms of coping and negatively associated with adaptive forms of coping.

Hypothesis 3: We hypothesize that measures of emotional intelligence will be negatively correlated with rates of risky sexual behavior.

To examine the effect of emotional intelligence on sexual behavior, we correlated the number of sexual partners with raw scores on the Emotional Intelligence Questionnaire.

Table 6 Coefficient of correlation analysis – Emotional intelligence and number of sexual partners (Pearson; N=200)

Variables	Number of sex. partners
HS Emotional intelligence	-0,319**

Two-tailed significance test

Based on the above results, we can conclude that the number of sexual partners is strongly negatively related to the emotional intelligence measure (r= -0.319**).

We compared the degree of emotional intelligence in the respondents with respect to their preference for practicing safe sex.

Table 7 Mann-Whitney U-test – HS emotional intelligence and preference for safe sex (N = 200)

Group	N	Median	Standard deviation	Average ranking	U	Sig.	r
Safe sex	133	153	19,576	152,61	3911	0,041	0,143
Risky sex	67	144	18,739	146,87			

Two-tailed significance test

Based on the results of the Mann-Whitney U-test (U = 3911, p = 0.041), we can conclude that the difference in the level of emotional intelligence with respect to the preference for safe sex is statistically significant, but the differences are very small (r = 0.143).

Based on the above results, we can conclude that hypothesis H4 is valid. Lower levels of emotional intelligence correlate with higher levels of risky sexual behavior.

Conclusions

In this study, we examined rates of risky sexual behavior in young adults in the context of coping strategies and emotional intelligence. The results indicate an association between these variables. We found that more than half of the respondents prefer safe sex and the majority carry out sexual encounters in monogamous relationships. Men appeared to have a higher tendency to realize sex outside of a monogamous relationship. The impact of emancipation and the sexual revolution is shown by the absence of gender differences in the number of sexual partners. Preference for coping strategies was also correlated with the number of sexual partners and also with preference for safe sex. Similar results were observed in the context of emotional intelligence.

Much of the coping that young adults use comes from the home environment, but it is possible to modify these strategies in a targeted way. Today, life places a high level of stress on people, and effective forms of coping lead not only to a reduction in risky behaviors, but also to a better ability to manage stress. It would be appropriate to include training in coping forms in school preparation. Emotional intelligence, which includes, among other areas, the ability to understand not only other people's emotions and their expressions, but also to perceive and understand our own emotions, has also emerged as an important factor. Again, these skills are partly acquired in the family environment, but can be improved through training and programmes aimed at this.

In general, it would be necessary and beneficial for society as a whole to work towards a conceptualised system in which findings on risky

sexual behaviour are applied systematically and effectively in prevention. At present, similar activities are carried out on a short-term, ad hoc basis, often in the form of lectures without the possibility of training. Programmes should be delivered in a long-term, practical and safe environment by educators known and trusted by pupils, focusing on preparation for partnership and parenthood, forms of coping and emotions. Reducing risky sexual behaviour among young adults will have a positive impact on public health. Many of the problems that emerge in older age originate in young adulthood and impact the mental and physical health of the entire population.

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