

Youth Attitudes Toward Dimensions of Sexual Health

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BACKGROUND

Definitions of sexual health from various organizations (e.g., WHO, Surgeon-General) ^{1,2} address multiple dimensions. We surveyed US youth to assess their endorsement of these dimensions and aimed to understand the link between patterns of endorsement and age, gender and sexual behavior.

Dimensions are:

- **Emotional:** How your relationship helps you feel good about or happy with yourself and your life
- **Social:** How your relationship helps you feel connected to others in your world
- **Pleasurable:** The overall level of enjoyment you get from the relationship
- **Spiritual:** How your relationship adds to deeper sense of meaning and purpose in life
- **Mutual:** How your relationship benefits everyone in it
- **Mental:** How your relationship satisfies you on an intellectual level
- **Physical:** How your relationship meets your need for sexual intimacy

Figure 1: Perceived importance of sexual health dimensions

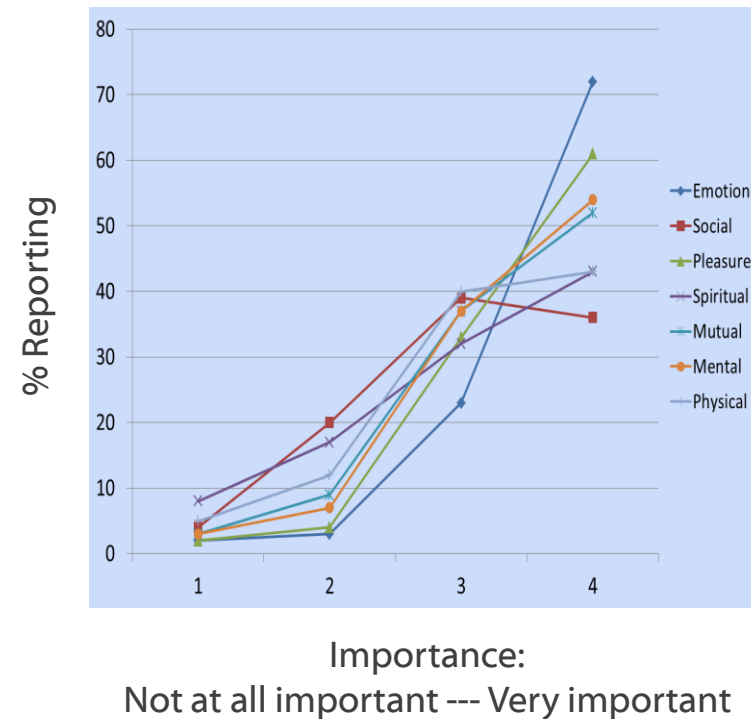
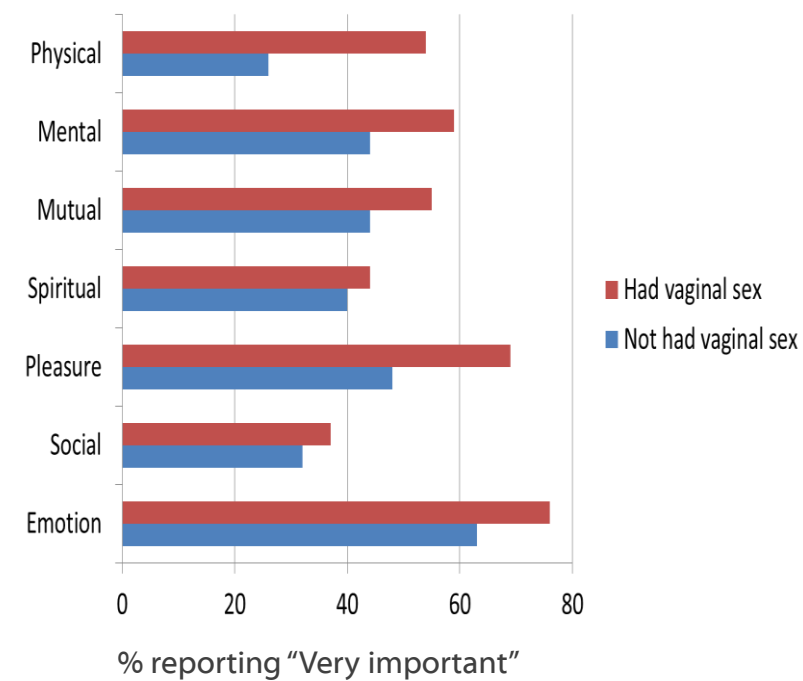


Figure 2: Perceived importance by sexual experience



RESULTS

Figure 1. Highest level of importance given to **emotional** dimension; lowest to **social**.

Figure 2. Largest difference for **physical** dimension, $r = 0.42, p < .001$. Other differences significant at $p < .001$, except **social** and **spiritual**, $p > .60$.

Figure 3. Largest difference for **emotional** dimension, $r = 0.42, p < .001$. $p < .001$. Smallest effect for **social**, $r = .08, p = .004$.

Figure 4. Largest difference for **physical** dimension, $r = 0.35, p < .001$. Smallest effect for **social**, $r = .05, p = .02$.

CONCLUSIONS

All named dimensions of sexual health were important to respondents, with emotional aspects and overall enjoyment (pleasure) the most widely endorsed. The importance of most dimensions increased with age and sexual experience and were more important to females than to males.

Understanding how dimensions of sexual health are important to youth may help with design of health promotion interventions.

SAMPLE & METHODS

- N = 4017 (ages 15 – 25 years)
- A priori panel of potential respondents designed to be representative of US population (GfK Group)
- Administered over computer via internet
- For 18+: 51% consented
- For minors: 53% with parental consent
- Full survey has 65 questions, requiring ~30 minutes to complete
- Effect sizes calculated via gamma coefficients (ordinal data).

Figure 3: Perceived importance by gender

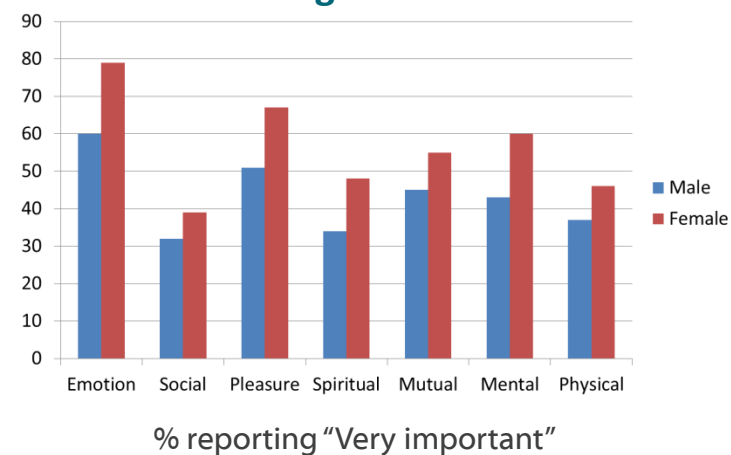
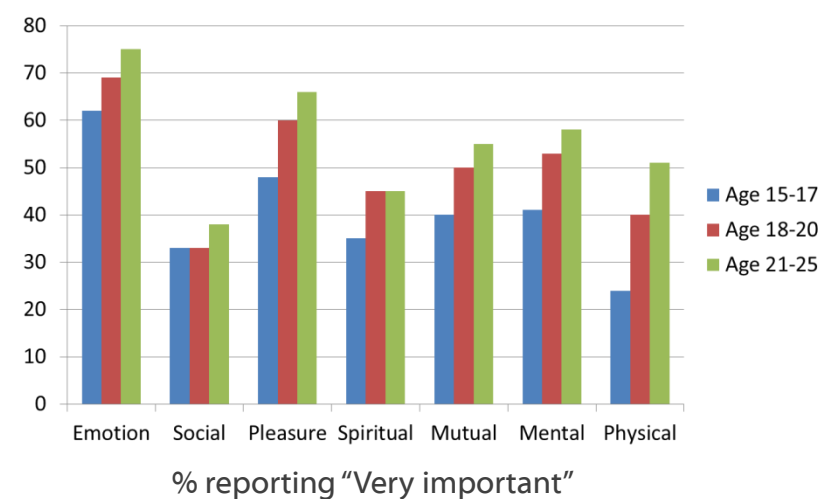


Figure 4: Perceived importance by age



REFERENCES

1. WHO. Defining sexual health: Report of a technical consultation on sexual health. Geneva
2. US Public Health Service. The Surgeon-General's call to action to promote sexual health and responsible sexual behavior. Washington, DC: DHHS, 2001.

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