

FACT SHEET



RURAL CENTER for AIDS/STD PREVENTION

A Joint Project of

INDIANA UNIVERSITY, PURDUE UNIVERSITY,
AND UNIVERSITY OF COLORADO

Feelings of Depression and Sexual Risk Behavior in Rural Youth

High rates of depression in STD clinic patients¹ and high STD prevalence in populations suffering from mental illness² suggest a link between mental health and sexual risk behavior. This relationship seems to be particularly strong in adolescence, a time that often signifies the onset of mental health problems as well as sexual behavior.^{3,4}

Depression and Sexual Risk Behavior

Many factors help explain the link between sexual risk behavior and depression in adolescence. For example:

- Adolescents with depressive symptomology may lack the self-esteem, self-efficacy, and assertiveness to negotiate safer sex.^{2,3,5}
- Depression may be due to earlier sexual abuse, which may negate assertive communication and confidence with sexual issues.²
- Sexual encounters themselves and their potential negative consequences (e.g. unintended pregnancy, STD infection) may exacerbate existing depressive symptoms.^{4,6}

Research Findings

Research on the relationship between psychological distress and sexual behaviors has shown a clear link between depression and sexual behaviors. In their study of unmarried, African American adolescent females recruited from medical clinics and health classes, DiClemente and colleagues⁶ found adolescents exhibiting significant distress were more likely to be pregnant, have had unprotected sex, have nonexclusive sex partners, and not use any form of contraception than their nondistressed peers. Ramrakha and colleagues⁴ reported similar results: 21 year old male and female participants with depressive disorders were more likely to report three or more sex partners in the past year and never or only sometimes using condoms. Schrier and colleagues⁷ found that among males, but not females, depression predicted STD diagnosis within a year. However, Kowaleski-Jones and Mott³ found depression was associated with above average frequency of sexual activity for females, whereas sexually experienced young males were less likely to be depressed.

Depression, Sexual Risk and Rural Life

The sexual risk accompanying depression in young adulthood may be compounded further for individuals living in rural areas. Geographic isolation and lack of recreational opportunities for rural adolescents may lead to increased depression.⁸ Rural communities may lack important sources of formal social support, such as public health clinics and mental health services.⁹ Further, there may be an increased stigma attached to seeking mental health care in smaller communities where confidentiality and anonymity may be difficult to maintain.¹⁰ Mental health specialists in rural areas may be scarce, and caseloads for rural physicians are often large.¹⁰

Life in rural areas has also been linked to sexual risk. Fewer opportunities for formal or supervised activities have been cited as contributing to increased sexual risk behavior among rural youth.¹¹ Several studies suggest young men and women living in rural areas engage in higher levels of sexual risk than urban youth. DiClemente and colleagues¹² reported that rural youth were more likely to be sexually experienced than their urban peers. In a nationally representative comparison of rural and nonrural African-American high school students, each of the significant differences revealed greater risk for the rural participants.¹³ An important contextual difference between rural and nonrural adolescents may be that rural adolescents perceive less threat of STD/HIV infection.¹⁴

A National Study of Self-Reported Feeling Depressed and Sexual Risk among Rural Youth

Milhausen, Yarber, and Crosby¹⁵ analyzed data from the 1999 Youth Risk Behavior Survey¹⁶ (YRBS) to examine the relationship between feeling depressed and sexual risk behaviors among a nationally representative sample of 1,778 rural American high school students. Just over half of the participants were female, with the average age being 16. Most were either white (54%) or black (37%). Feeling depressed was measured by the following item: "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" Five STD/HIV risk behaviors were analyzed: ever had sexual intercourse, age at first intercourse, number of lifetime sexual partners,

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noncondom use at last intercourse, and alcohol and/or drug use at last intercourse.

Findings of YRBS Analysis

Rural high school females were more likely to report feeling depressed within the previous year than were rural high school males (32.5% and 20.1%, respectively). The analysis revealed a strong relationship between feeling depressed and sexual risk behavior, particularly among females. Each comparison between depressed and nondepressed females was significant, with depressed females reporting greater risk. Specifically, females reporting feeling depressed were:

- 2.5 times more likely to report ever having had sexual intercourse.
- 47% more likely to report having sexual intercourse before age 15.
- 79% more likely to report having had sexual intercourse with at least three partners.
- 63% more likely to report noncondom use at last sexual intercourse.
- 81% more likely to report alcohol and/or drug use at last sexual intercourse.

Three significant differences between depressed and non-depressed males were found. Specifically, males reporting feeling depressed were:

- 61% more likely to report ever having had sexual intercourse.
- 59% more likely to report having sexual intercourse before age 14.
- 72% more likely to report noncondom use at last sexual intercourse.

Implications

Depression and risky sexual behavior may be strongly related in rural youth. This has significant implications for health care and promotion specialists, and school health educators in rural areas. Clinicians who provide care for adolescents regarding sexual issues (e.g. STD or pregnancy testing) could consider screening for depression. At the same time, mental health practitioners may want to screen for sexual risk. Health care and educational interventions addressing sexual risk behavior should include a mental health component. The nature of the relationship between depression and sexual behavior suggests the need for coordinated, comprehensive health care and educational programming for rural adolescents.

Source: Milhausen RR, Yarber WL, Crosby R. Self-reported depression and sexual risk behaviors among a sample of rural high school students. *Health Education Monograph*. 2003;20(2):33-39.

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