

CHILDHOOD PROBLEM BEHAVIOUR AND SUBSEQUENT SEXUAL RISK BEHAVIOUR: A PROSPECTIVE COHORT STUDY

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Background: Externalising (delinquent, aggressive; EB) and internalising (anxious/depressed, withdrawn; IB) behaviour problems are prevalent in childhood. We sought to measure gender-specific relationships between childhood behaviour problems and adolescent risky sexual behaviour.

Methods: The Western Australian Pregnancy Cohort (Raine) Study is a prospective cohort study of 2,868 live births (1,405 female, 1,463 male) from 2,900 pregnancies followed since 1989. Total, IB, and EB problems (domain-specific $T \geq 60$) were calculated from parent-reported Child Behaviour Checklist at ages two, five, eight, ten and 14. At age 17, 1,200 participants reported sexual activity, including age at first sexual intercourse, age at first oral sex, number of oral sex and sexual intercourse partners in the previous year, condom non-use at last sex, and ever having had unwanted sex.

Results: For males, total and EB problems from age five onward significantly increased the risk of early first sexual intercourse (<16 years) (adjusted odds ratio (aOR) for EB at age 5 2.18, 95% confidence interval (CI) 1.31, 3.62). For females, EB problems from age 10 years increased the risk of early first sexual intercourse (aOR 2.19, 95%CI 1.17, 4.10). For both genders, those with earlier EB problems were more likely to be sexually active (oral sex or sexual intercourse) by age 17. Males, but not females, with childhood EB problems were more likely to have multiple sexual partners by age 17 than those without such problems (aOR 2.96, 95%CI 1.49-5.86). Females, but not males, with childhood externalising behaviour problems were more likely to have had unwanted sex (aOR 1.91, 95%CI 1.04-3.53). IB problems were associated only with early first sexual intercourse, and only among boys.

Conclusions: EB problems from as early as 5 in boys and 8 in girls predict a range of risky sexual behaviour in adolescence, which has important implications for targeting interventions in adolescence.

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