

Influence of parent-adolescent relationship on early sexual debut and number of partners among Mexican youth.

Cristina LOPEZ-DEL BURGO ^{1,2,3}

Alfonso OSORIO ^{2,3,4}

Silvia CARLOS ^{1,2,3}

Rosario LARIS ⁴

Martha TARASCO ⁵

Jokin DE IRALA ^{1,2,3}

- 1 Department of Preventive Medicine and Public Health, School of Medicine, University of Navarra. Irunlarrea 1, 31008 Pamplona, Navarra. Spain.
- 2 Institute of Culture and Society, University of Navarra. Campus universitario, 31009 Pamplona, Navarra. Spain.
- 3 Navarra Institute for Health Research, Irunlarrea 3, 31008 Pamplona, Navarra. Spain.
- 4 School of Education and Psychology, University of Navarra. Campus universitario, 31009 Pamplona, Navarra. Spain.
- 5 Non-Governmental Organization "Sexo Seguro, A.C.", Mexico
- 6 Anáhuac Norte University. Av. Universidad Anáhuac 46, Lomas Anáhuac, 52786 Huixquilucan, Mexico.

Published in:

Medicina y Ética

Cite as:

López-del Burgo, C., Osorio, A., Carlos, S., Laris, R., Tarasco, M. & de Irala, J. (2016). Influence of parent-adolescent relationship on early sexual debut and number of partners among Mexican youth. *Medicina y Ética*, 27(3), 375-388.

ABSTRACT

Objective: To evaluate whether parents-adolescents relationship was associated with early sexual debut and having multiple partners in a low socioeconomic suburb in Mexico City.

Methods: An anonymous questionnaire about sexual activity and relationships with parents during adolescence was responded by 936 participants, aged 20-30. Logistic regression was conducted.

Results: The majority of participants reported being sexually active (78.3%). Among them, 70% of males and 55% of females had first sex before age 18. Good communication with parents during adolescence was inversely associated with sexual debut <18 (OR=0.40; CI95% 0.30-0.53) and having >2 sexual partners (OR=0.47; IC95% 0.33-0.68). Sexual debut <18 was associated with having had multiple partners (OR=3.86; IC95% 2.60-5.73).

Conclusion: Good parental communication during adolescence may help prevent adolescents from choosing early sexual debut and having multiple partners and, consequently, from acquiring sexually transmitted diseases. Efforts are necessary to support parents in their relationship with their adolescent children.

KEY WORDS: sexual behavior, sexually transmitted diseases, HIV, Parent-Child Relations, adolescent

TITULO

Relación padres-adolescente y su influencia en la edad de inicio sexual y el número de parejas sexuales en jóvenes mexicanos.

RESUMEN

Objetivo: evaluar si la relación entre padres-adolescentes se asocia con inicio sexual precoz y multiplicidad de parejas en un barrio de nivel socioeconómico bajo de Ciudad de Mexico.

Métodos: 936 participantes (20-30 años) respondieron un cuestionario anónimo sobre actividad sexual y relaciones familiares durante la adolescencia. Se realizaron análisis de regresión logística.

Resultados: la mayoría de los participantes eran sexualmente activos (78.3%); tuvieron su primera relación antes de los 18 años el 70% de varones y 55% de mujeres. Tener buena comunicación con los padres se asoció inversamente con el inicio sexual <18 años (OR=0.40; CI95% 0.30-0.53) y con tener >2 parejas sexuales (OR=0.47; IC95% 0.33-0.68). El inicio sexual < 18 años se asoció con haber tenido >2 parejas sexuales (OR=3.86; IC95% 2.60-5.73).

Conclusión: una buena comunicación con los padres puede ayudar a los adolescentes a retrasar el debut sexual y tener menos parejas para evitar enfermedades de transmisión sexual.

PALABRAS CLAVE: conducta sexual, enfermedades de transmisión sexual, VIH, relación padre-hijo, adolescente

INTRODUCTION

Sexually transmitted diseases (STDs) are an important public health problem worldwide.^{1, 2} Youth aged 15-24 account for a high proportion of new STIs, i.e. 10 million each year in the USA.³

Several risk factors for STDs are well known, such as early sexual debut, multiple sexual partnerships (concurrent or serial), or inconsistent condom use.⁴⁻⁷ The increased risk of STDs associated with early sexual debut is likely due to a subsequently increased number of sexual partners.^{8, 9} It has also been shown that inconsistent condom use is frequent among adolescents, increasing their risk of acquiring an STD.^{10, 11} In this context, the ABC strategy (“Abstinence, Be faithful/mutual monogamy, correct and consistent Condom use”) was endorsed in an international consensus to reduce new sexually transmitted diseases, including HIV.¹² The ABC strategy has been useful in reducing HIV transmission, as shown in several countries.^{13, 14}

The consensus states that “parents should be supported in communicating their values and expectations about sexual behavior.” Several studies have shown that not only parental supervision¹⁵, but communication between parents and adolescents and also family religiosity can be considered protective factors against risky behaviors among youth.¹⁶⁻¹⁸

Our objective was to evaluate whether the relationship between parents and their children during adolescence is associated with early sexual debut and with having multiple partners among youth in a low socioeconomic suburb in Mexico City.

METHODS

A cross-sectional study was conducted in a convenience sample from a suburb in the Delegación Miguel Hidalgo, in Mexico DF (“delegación” is similar to municipality). This Delegación, with 353,534 inhabitants, is divided in 81 suburbs. According to the Evaluation Council for Social Development of the Federal District, suburbs are classified from level 1 to level 4 according to their social development (level 1= very low socioeconomic level, level 4= high socioeconomic level). The Delegación Miguel Hidalgo has 37.9% of level 4 suburbs, 40.6% of level 3, 21.1% of level 2 and 0.3% of level 1. The suburb for this study was classified as level 2 (low socioeconomic level).¹⁹ There were 1,080 inhabitants aged 20-30 registered in the census of the suburb. To estimate the required sample size, we worked with the criteria that 10 subjects would be needed per parameter included in a statistical model adjusting for confounding [refs].^{20, 21} By “parameter” we mean each continuous variable and/or each dummy variable from categorical variables in a model. Around 200 participants would have been enough to satisfy this condition, but we decided to expand the sample because we also were conducting regression models restricted only to those sexually initiated. We finally decided to include all the inhabitants in the census as we had the resources to reach all of them. Researchers targeted them by door-to-door recruitment strategy. They reached the 1579 houses in the suburb. When a possible participant was not at home, a second visit was scheduled. An anonymous, 29-item questionnaire about family relationships, religiosity and sexual activity during adolescence was administered to the participants during March and April 2011. Questions about their relationships with parents during their adolescence included: (1) whether

or not they lived with the mother, the father or both parents, (2) how the communication with their mother and their father was (from 1=very bad to 5=excellent), (3) the time spent with them (from <1 hour/week to ≥ 20 hours/week) and whether they had leisure time with them. Religiosity encompassed having a religion and the frequency of attendance of religious services (never/only for social ceremonies such as weddings/several times per year/weekly or more frequently). High religiosity included those with a religion and weekly or more frequently religious services attendance. Questions about sexual activity such as the age of sexual debut, number of lifetime sexual partners and the person they start having sex with (spouse, boyfriend/girlfriend, friend, casual person), were self-administered to reduce interviewer bias. Parents of participants were not present at the time of the survey.

Researchers explained to the participants that they were conducting a study about adolescence and sexuality, pointing out that the information would be anonymous and confidential. Responding to the questionnaire implied acceptance to participate in the study. The study was approved by the department of Bioethics from the School of Health Sciences of the Anáhuac University, in Mexico City.

Data were analyzed using STATA, version 12.1. Multivariate logistic regression was conducted to evaluate whether variables pertaining to relationships with parents during adolescence were independently associated with (1) sexual debut before age 18 and (2) having had >2 sexual partners. All analyses were adjusted for current age, sex and religiosity. Participants with inconsistent responses (for example, age of sexual debut greater than current age) or with missing data in variables required for the analyses were excluded.

RESULTS

A total of 936 participants (86.6%) responded to the questionnaire. The rest of the possible participants (13.4%) were not at home when researchers conducted the survey. After excluding those questionnaires with missing values and inconsistent responses, the sample size was 918, 51.5% of which were male and 48.5% female. Characteristics of the participants are presented in Table 1. Thirty eight percent of participants reported having had good communication with their parents (both mother and father) during adolescence. In general, communication with the mother was better than with the father, for both males and females. The majority of the surveyed participants, aged 20-30, were sexually initiated (78.3%), that is, they had had sexual relationships before the time they responded the questionnaire. Among them, 70% of males and 55% of females had first sex before 18 years old. Sixty three percent of males and females began being sexually active with their girlfriend/boyfriend (Table 1). In the multivariate analysis, good communication with parents and high religiosity during adolescence were inversely and independently associated with having sex before 18, while being male was positively associated with early sexual debut (Table 2). Among those sexually active, good communication with parents was inversely associated with having had >2 sexual partners, while sexual debut before 18 was positively associated with having multiple sexual partners (Table 3). We also estimated the Odds Ratio (OR) for the age of sexual debut as a continuous variable among those sexually initiated. The odds of having had >2 sexual partners in their lifetime decreased 21% for each year that sexual debut was delayed (OR=0.79; CI 95% 0.73-0.84).

DISCUSSION

This study underscores that good communication with parents may help prevent adolescents from early sexual debut and having multiple sexual partners. It also confirms that the earlier a person begins having sex, the more sexual partners that person has upon reaching age 20-30. It has to be highlighted that youth aged 15-24 account for a high proportion of new STDs³ and that the number of sexual partners is clearly a risk factor for STDs.⁹

Our results are consistent with other studies conducted in other populations.^{18, 22-26} For example, in a longitudinal study with patients aged 12–21 from a hospital in Wisconsin (USA), Karofsky et al. found that those who reported better levels of communication with their parents were less likely to be sexually active.²⁴ Other data from adolescents in six urban high schools from Ohio (USA) showed that perceived parental trust was a protective factor.²⁵ Our study was conducted in a low socioeconomic suburb of Mexico City and confirms the association between parental communication and adolescent sexual behavior in this setting as well. Parents have an important role in the education of their children, although some of them may erroneously think that they do not influence their teens' behavior.^{15, 26} Studies show that youth usually state that friends and the internet are their main sources of information regarding sexuality, but that they would prefer their parents as a source.^{27, 28} In addition, youth can value parents' opinions equally or more so than friends' opinions regarding affection and topics related to sexuality.^{27, 29, 30}

As highlighted above, having multiple partners is one of the most important risk factors for acquiring HIV infection and other STDs, and it is closely related to early sexual debut.⁴ Our results confirm this latter association. It has also been

demonstrated that adolescents who believe that “most peers are having sex” are more likely to consider initiating sexual activity during adolescence.³¹ If delaying sexual debut is important component of reducing the prevalence of STIs, it can be helpful to emphasize to youth that sexually-active peers under 18 are not “the majority”.³²⁻³⁴ Furthermore, messages such as those using “average ages of sexual initiation” can be misleading as they do not always reflect the real proportion of sexually active teens.³⁵ For example, in Mexico, the average age of sexual initiation is approximately 15 years old, whereas 33.6% of 15-19 year-old youth – a distinct minority – reported being sexually active.³⁶ It therefore seems important that messages about STDs prevention from different sources (mass media, community-based associations, schools, religious groups, family, etc.) display consistent regard for the scientific evidence and avoid equivocal interpretations. In several countries, the combination of waiting longer to become sexually active, having fewer sexual partners and increasing consistent condom use have been shown to be useful and sensible prevention strategies.^{14, 37} A lack of complete information about STDs prevention measures could jeopardize the right that youth have to make informed choices about their sexual health. Parents can surely play an important role by conveying these prevention strategies at home and need to be reinforced in doing so.

In our study, several limitations need to be considered. First, the study was conducted among a convenience sample and our results are not necessarily representative of Mexican youth. But the data regarding living with parents, religiosity, and sexual experience are similar to nationally representative surveys.³⁶ Second, recall bias cannot be completely ruled out, as participants

were asked about their adolescence and they were older when they responded to the questionnaire. Those with an early sexual debut or with multiple sexual partners might have under-reported these risky sexual behaviors. If so, this possible bias would more likely lead associations toward the null. In spite of this potential bias, we did find significant associations between parental communication and the outcomes assessed in the study. In addition, we also did find a significant association between early sexual debut and the number of sexual partners, consistent with other studies.^{6, 33} Third, participants gave their personal opinion about “how the communication with their parents was during adolescence” because we were, in fact, interested in their own perceptions. It could be argued that social desirability bias could have happened because this is a subjective way for measuring communication. Social desirability may have increased the reporting of good communication with parents and lowered the bad one. This possible bias may have shifted the associations toward the null. But, we did find statistically significant association and the results were consistent with other studies.^{24, 26}

The study also has several strengths. A very sizeable proportion of the inhabitants in the suburb, aged 20-30, participated in the study and the sample size was sufficient to adjust for a multivariate analysis. To decrease social desirability bias, sensitive questions about sexual life were self-administered and questionnaires were put into a sealed box to assure privacy.

CONCLUSIONS

In conclusion, good parental communication during adolescence may help prevent adolescents from early sexual debut and having multiple partners and, consequently, from inconsistent condom use and from acquiring HIV and other

STIs. Efforts are still necessary to support parents in their relationships with their adolescent children, including by having evidence based information to convey to their children.

FUNDING

This work was partially supported by the Non-Governmental Organization “Sexo-Seguro A.C.”, from Mexico.

CONFLICT OF INTEREST STATEMENT: None declared

REFERENCES

1. Idele P, Gillespie A, Porth T, Suzuki C, Mahy M, Kasedde S, et al. Epidemiology of HIV and AIDS Among Adolescents: Current Status, Inequities, and Data Gaps. *J Acquir Immune Defic Syndr* 2014; 66:S144-S53
2. Kann L, Kinchen S, Shanklin SL, Flint KH, Kawkins J, Harris WA, et al. Youth risk behavior surveillance - United States, 2013. *MMWR Surveill Summ* 2014; 63 Suppl 4:1-168.
3. Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, et al. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. *Sex Transm Dis* 2013; 40:187-93.
4. Pettifor AE, van der Straten A, Dunbar MS, Shiboski SC, Padian NS. Early age of first sex: a risk factor for HIV infection among women in Zimbabwe. *AIDS* 2004; 18:1435-42.
5. Louie KS, de Sanjose S, Diaz M, Castellsague X, Herrero R, Meijer CJ, et al. Early age at first sexual intercourse and early pregnancy are risk factors for cervical cancer in developing countries. *British journal of cancer* 2009; 100:1191-7.
6. de Sanjose S, Cortes X, Mendez C, Puig-Tintore L, Torne A, Roura E, et al. Age at sexual initiation and number of sexual partners in the female Spanish population Results from the AFRODITA survey. *Eur J Obstet Gynecol Reprod Biol* 2008; 140:234-40.
7. Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev* 2002:CD003255.
8. Wand H, Ramjee G. The relationship between age of coital debut and HIV seroprevalence among women in Durban, South Africa: a cohort study. *BMJ open* 2012; 2:e000285.
9. DiClemente RJ, Crosby RA, Wingood GM, Lang DL, Salazar LF, Broadwell SD. Reducing risk exposures to zero and not having multiple partners:

- findings that inform evidence-based practices designed to prevent STD acquisition. *Int J STD AIDS* 2005; 16:816-8.
10. Crosby RA, DiClemente RJ, Wingood GM, Salazar LF, Rose E, Levine D, et al. Condom failure among adolescents: implications for STD prevention. *J Adolescent Health* 2005; 36:534-6.
 11. Warner L, Newman DR, Kamb ML, Fishbein M, Douglas JM, Zenilman J, et al. Problems with Condom Use among Patients Attending Sexually Transmitted Disease Clinics: Prevalence, Predictors, and Relation to Incident Gonorrhea and Chlamydia. *Am J Epidemiol* 2008; 167:341-9.
 12. Halperin D, Steiner M, Cassel M, Green E, Hearts N, Kirby D, et al. The time has come for common ground on preventing sexual transmission of HIV. *Lancet* 2004; 364:1913-5.
 13. Hogle J, Green E, Nantulya V, Stoneburner R, Stover J. What happened in Uganda? Declining HIV Prevalence, Behavior Change, and the National Response. Washington, DC: USAID; 2002.
 14. Halperin D, Mugurungi O, Hallett T, Muchini B, Campbell B, Magure T, et al. A Surprising Prevention Success: Why Did the HIV Epidemic Decline in Zimbabwe? *Plos Med* 2011; 8.
 15. Ruiz-Canela M, Lopez-Del Burgo C, Carlos S, Calatrava M, Osorio A, Irala J. [Family, friends, and other sources of information associated with the initiation of sexual relations by adolescents in El Salvador]. *Rev Panam Salud Públ / Pan Am J Public Health* 2012; 31:54-61.
 16. Lippold MA, Greenberg MT, Collins LM. Parental knowledge and youth risky behavior: a person oriented approach. *Journal of youth and adolescence* 2013; 42:1732-44.
 17. Manlove J, Logan C, Moore KA, Ikramullah E. Pathways from family religiosity to adolescent sexual activity and contraceptive use. *Perspectives on sexual and reproductive health* 2008; 40:105-17.
 18. Yang H, Stanton B, Li X, Cottrel L, Galbraith J, Kaljee L. Dynamic association between parental monitoring and communication and adolescent risk involvement among African-American adolescents. *Journal of the National Medical Association* 2007; 99:517-24.
 19. EVALUA DF. Índice del grado de desarrollo social de las unidades territoriales (delegaciones, colonias, manzanas) del Distrito Federal. 2011. Available in: http://www.evalua.df.gob.mx/files/indice/ind_inf.pdf [Last accessed: 4th Sept 2015].
 20. Hosmer D, Lemeshow S. *Applied Logistic Regression*. 2nd ed. N York: Willey; 2000.
 21. Vittinghoff E, McCulloch CE. Relaxing the Rule of Ten Events per Variable in Logistic and Cox Regression. *American Journal of Epidemiology* 2007; 165:710-8.
 22. Meschke LL, Bartholomae S, Zentall SR. Adolescent sexuality and parent-adolescent processes: promoting healthy teen choices. *J Adolesc Health* 2002; 31:264-79.
 23. Sieving RE, McNeely CS, Blum RW. Maternal expectations, mother-child connectedness, and adolescent sexual debut. *Arch Pediatr Adolesc Med* 2000; 154:809-16.
 24. Karofsky PS, Zeng L, Kosorok MR. Relationship between adolescent-parental communication and initiation of first intercourse by adolescents. *J Adolesc Health* 2001; 28:41-5.

25. Borawski EA, Ievers-Landis CE, Lovegreen LD, Trapl ES. Parental monitoring, negotiated unsupervised time, and parental trust: The role of perceived parenting practices in adolescent health risk behaviors. *J Adolesc Health* 2003; 33:60-70.
26. Aspy CB, Vesely SK, Oman RF, Rodine S, Marshall L, McLeroy K. Parental communication and youth sexual behaviour. *Journal of adolescence* 2007; 30:449-66.
27. de Irala J, Osorio A, Lopez del Burgo C, Belen VA, de Guzman FO, Calatrava Mdel C, et al. Relationships, love and sexuality: what the Filipino teens think and feel. *BMC public health* 2009; 9:282.
28. Lopez del Burgo C, Osorio A, Carlos S, Ruiz-Canela M, Calatrava M, de Irala J. Sources of information and attitudes about love and sexuality among young people from 3 developing countries. (Proceedings from the 20th World Congress of Sexual Health, Glasgow, United Kingdom). *J Sex Med* 2011; 8(Suppl 3):201.
29. Dilorio C, McCarty F, Denzmore P, Landis A. The moderating influence of mother-adolescent discussion on early and middle African-American adolescent sexual behavior. *Res Nurs Health* 2007; 30:193-202.
30. Elkington KS, Bauermeister JA, Zimmerman MA. Do parents and peers matter? A prospective socio-ecological examination of substance use and sexual risk among African American youth. *J Adolescence* 2011; 34:1035-47.
31. Buhi ER, Goodson P. Predictors of Adolescent Sexual Behavior and Intention: A Theory-Guided Systematic Review. *J Adolescent Health* 2007; 40:4-21.
32. CDC. Key Statistics from the National Survey of Family Growth (USA). 2006-2010: Available from: http://www.cdc.gov/nchs/nsfg/key_statistics/t.htm#teenagers.
33. Allen-Leigh B, Villalobos-Hernandez A, Hernandez-Serrato MI, Suarez L, Vara Ede L, de Castro F, et al. [Use of contraception and family planning in adolescent and adult women in Mexico]. *Salud publica de Mexico* 2013; 55 Suppl 2:S235-40.
34. Moreno C, Ramos P, Rivera F, Jimenez-Iglesias A, Garcia-Moya I, Sanchez-Queija I, et al. [Las conductas relacionadas con la salud y el desarrollo de los adolescentes españoles. Resultados del estudio HBSC-2010 con chicos y chicas españoles de 11 a 18 años]. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2012.
35. de Irala J, Osorio A, Ruiz-Canela M, Carlos S, Lopez-del Burgo C. Informing youth about the age of sexual initiation using means or percentages. *Health communication* 2014; 29:629-33.
36. Instituto Mexicano de la Juventud. Encuesta Nacional de Juventud 2010: Available from: http://www.imjuventud.gob.mx/imgs/uploads/Presentacion_ENJ_2010_Dr_Tuiran_V4am.pdf.
37. UNAIDS. OUTLOOK breaking news: Young people are leading the HIV prevention revolution, 2010: Available from: http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20100713_outlook_youngpeople_en.pdf.

Table 1. Characteristics of study participants, by sex

Characteristics	Males (N=473)		Females (N=445)	
	n	(%)	n	(%)
Age (mean, SD)	24.49	(3.29)	24.40	(3.26)
During adolescence:				
He/She lived with:				
Mother	77	(16.3)	73	(16.4)
Father	18	(3.8)	14	(3.2)
Both	357	(75.6)	344	(77.5)
Other relative	20	(4.3)	13	(2.9)
Communication with father				
Good/excellent	218	(46.1)	190	(42.7)
Normal	126	(26.6)	148	(33.3)
Bad/very bad	66	(14.0)	49	(11.0)
Null	63	(13.3)	58	(13.0)
Communication with mother				
Good/excellent	337	(71.2)	337	(75.7)
Normal	98	(20.7)	68	(15.3)
Bad/very bad	16	(3.4)	18	(4.1)
Null	22	(4.7)	22	(4.9)
Time spent with parents				
≤5h/week	51	(11.0)	36	(8.3)
10h/week	93	(20.1)	74	(17)
15h/week	223	(48.2)	210	(48.3)
20h/week	96	(20.7)	115	(26.4)
Enjoyed time with parents	170	(36.6)	192	(44)
Religion				
Catholic	423	(90.4)	370	(84.3)
Christian (Protestant, Evangelical, Methodist)	19	(4.0)	44	(10.0)
Other	6	(1.3)	10	(2.3)
None	20	(4.7)	15	(3.4)
Religious services attendance				
Never	28	(6.0)	20	(4.6)
Sometimes	403	(86.1)	343	(78.5)
Weekly or more	37	(7.9)	74	(16.9)
Sexual experience*:				
First sex <18 years old	262	(70.4)	193	(55.3)
Had first sex with				
Spouse	23	(6.3)	37	(10.9)
Boyfriend/girlfriend	231	(63.1)	216	(63.3)
Friend	78	(21.3)	62	(18.2)
Casual person	35	(9.3)	26	(7.6)
Lifetime sexual partners				
1	90	(24.3)	106	(30.4)
2	136	(36.8)	123	(35.2)
>2	144	(38.9)	120	(34.4)

SD: standard deviation

*Data from those who were sexually initiated (370 males and 349 females)

Table 2. Adjusted Odds Ratio* for Sexual debut before age 18

Independent variables	Sexual debut <18 years old	
	%	OR (CI 95%)
Age, years		
20-25 (n=551)	50.1	
26-30 (n=319)	48.3	
Sex		
Female (n=420)	43.6	1 (Ref.)
Male (n=450)	54.9	1.54 (1.16-2.03)
Lived with both parents[†]		
No (n=198)	54.5	
Yes (n=672)	47.9	
Communication with parents[†]		
Normal/bad (n=530)	58.3	1 (Ref.)
Good/excellent (n=340)	35.6	0.40 (0.30-0.53)
Time spent with parents[†]		
<15h/week (n=245)	57.1	
≥15h/week (n=625)	46.4	
Enjoy time with parents[†]		
No (n=516)	55.4	
Yes (n=354)	40.7	
Religiosity[‡]		
No/Low/Medium (n=762)	51.7	1 (Ref.)
High (n=108)	33.3	0.56 (0.36-0.88)

* **Logistic regression model adjusted for all the variables in the table.** Only statistically significant OR are shown.

[†] During adolescence.

[‡] High religiosity: those with a religion and weekly or more frequently religious services attendance.

Table 3. Adjusted Odds Ratio* for Having >2 sexual partners in lifetime among those sexually initiated.

Independent variables	Having >2 sexual partners in lifetime	
	%	OR (CI 95%)
Age (years)		
20-25 (n=374)	40.1	
26-30 (n=281)	33.1	
Sex		
Female (n=316)	34.2	
Male (n=341)	39.6	
Lived with both parents[†]		
No (n=161)	43.5	
Yes (n=496)	34.9	
Communication with parents[†]		
Normal/bad (n=437)	42.5	1 (Ref.)
Good/excellent (n=220)	25.9	0.56 (0.38-0.82)
Time spent with parents[†]		
<15h/week (n=187)	43.8	
≥15h/week (n=455)	33.4	
Enjoy time with parents[†]		
No (n=407)	38.8	
Yes (n=236)	32.6	
Religiosity[‡]		
No/Low/Medium (n=599)	37.1	
High (n=58)	36.2	
Sexual debut <18 years old[†]		
No (n=243)	18.1	1 (Ref.)
Yes (n=414)	48.1	3.86 (2.60-5.73)

* Logistic regression model adjusted for all the variables in the table. Only statistically significant OR are shown.

[†] During adolescence.

[‡]High religiosity: those with a religion and weekly or more frequently religious services attendance.