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Which factors contribute to sexual well-being? A comparative study among 17 to 20 year old boys and girls in Belgium and Ecuador

Sara De Meyer[a], Elena Jerves[b], Ana Cevallos-Neira[c], Nancy Arpi-Becerra[c], Rani Van den Bossche[a], Margaux Lecompte[a], Bernardo Vega[d] and Kristien Michielsen[a]

[a]Department of Public Health and Primary Care, Ghent University, Ghent, Belgium; [b]Faculty of Philosophy, Letters and Educational Sciences, University of Cuenca, Cuenca, Ecuador; [c]Research Department, University of Cuenca, Cuenca, Ecuador; [d]Department of Medicine, University of Cuenca, Cuenca, Ecuador

ABSTRACT

Despite recognition that sexual well-being is an important part of adolescent sexual and reproductive health, a clear description of adolescent sexual well-being does not yet exist. Through six in-depth interviews and four focus group discussions with 56 young people in two distinct contexts (Belgium and Ecuador), we used the social-ecological framework to identify factors influencing adolescent sexual well-being. According to respondents, the main factors that influence adolescent sexual well-being are not only situated at the individual (having knowledge and skills and being physically, sexually and mental mature and healthy) and interpersonal levels (positive attraction towards others and communication about sexuality), but at a broader societal level, including social acceptance of sex, gender and sexual diversity and its (legal) translation into comprehensive sexuality education and the ready availability of contraceptives. Our results go well beyond two existing definitions of (adolescent) sexual well-being to contribute to understanding and measurement from the perspective of young people themselves, adding substantively to ongoing discussion about the definition of the concept.

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Sexual well-being; young people; adolescents; Belgium; Ecuador; positive approach

Introduction

Although adolescents, defined by the World Health Organization (WHO) as young people between the age of 10 and 19, have until recently been overlooked in global health, there is increasing recognition that this is when important foundations for well-being and a healthy life are laid (Patton et al. 2016; Blum et al. 2014). Sexual and reproductive health decisions and/or experiences at this life stage can have long-term health and social implications (Liang et al. 2019); therefore, investing in adolescent health and well-being is extremely important.

CONTACT Sara De Meyer SaraA.DeMeyer@UGent.be

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In recent years, an increasing number of researchers have indicated that the focus of investments in sexual and reproductive health should not merely be on risk reduction but also on promoting the positive aspects of sexuality (Harden 2014; Liang et al. 2019; Gruskin and Kismodi 2020; Tolman and McClelland 2011; Pitts and Greene 2020). A positive approach starts from the idea that sexuality is a normal and essential part of human development, with potential beneficial features such as reciprocity, pleasure and well-being (Harden 2014). This is reflected in the WHO working definition of sexual health as 'a state of physical, emotional, mental and social wellbeing in relation to sexuality which requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence'.

Focusing on the positive aspects of sexual and reproductive health—such as sexual well-being—and being able to better comprehend and measure them would contribute to a broader understanding of adolescent sexual and reproductive health (Harden 2014; Anderson 2013). The need to improve adolescent sexual and reproductive health has been illustrated by Liang et al. (2019), who reference, among other things, the persistence of high rates of teenage pregnancy in Latin America and the Caribbean and the high prevalence of violence against girls worldwide.

However, despite recognition that sexual well-being is important for adolescent sexual and reproductive health and that it is worthwhile investing in it, a clear understanding of adolescent sexual well-being does not exist (Anderson 2013; Harden 2014; Lorimer et al. 2019). Definitions of adolescent sexual well-being vary and include *inter alia* domains such as sexual self-esteem; sexual self-efficacy; sexual arousal; desire and pleasure; sexual satisfaction; relationship communication; and absence of pain, anxiety and negative effects (Harden 2014; Lorimer et al. 2019). However, existing approaches do not capture the multidimensional aspects of adolescent sexual well-being, since most definitions rely on individual subjective assessments and neglect how sexual well-being is socially and structurally influenced (Lorimer et al. 2019).

In this study we aim to better understand what young people consider contributing factors to sexual well-being. We compare perceived influencing factors to two existing definitions of (adolescent) sexual well-being. We focus on two distinct settings—Ecuador and Belgium—with quite different adolescent sexual and reproductive health outcomes. In Ecuador, sexuality education is limited and insufficient, and the country's adolescent pregnancy rates are among the highest in Latin America—with 18.3% of girls giving birth before the age of 19 (Castillo, Derluyn, and Valcke 2018, 2019). In Belgium, adolescent sexual concerns relate mainly to sexually transmitted infections, sexual violence and acceptance of gender and sexual diversity (Vanden Berghe, Crucitti, and De Baetselier 2016; Vandenberghe et al. 2018; D'haese, Dewaele and Van Houtte 2016; Dewaele et al. 2013). Research in these different settings allows cross-cultural comparison of societal factors that may influence diverse adolescent sexual and reproductive health and sexual well-being outcomes.

Methods

The research reported here was conducted in Ecuador (Cuenca) and Belgium (Ghent) between January 2019 and March 2020. The participants were 27 young people in

Belgium and 29 in Ecuador, aged 17–20. Convenience sampling (except for two Belgian participants) was used to select first- or second-year college or university students. We sampled for diverse sexual experiences and, therefore, opted to include young people aged 17–19 to capture a broad view of adolescent sexual well-being. For logistical reasons, all members of a specific college or university class group were invited to participate, therefore a small number of participants proved to be 20 years old.

In Belgium, respondents were recruited by two postgraduate students via posters distributed in various university and college buildings and through social media. In Ecuador, young people were orally invited to participate by university staff at the beginning of their lectures. In both countries, students were informed that their participation or failure to participate in the study would not have any consequences for their academic progress.

Data were collected through six narrative in-depth interviews and four focus group discussions in each country. Before commencing discussions, informed consent forms were explained in detail: participation was voluntary, and the published results would be pseudonymised. Each participant was subsequently given another opportunity to agree (or not) to participate, and only one individual declined.

In Belgium, mixed focus group discussions with five to seven participants per group were organised at the university and in student accommodation. The first author facilitated all focus group discussion in Ecuador and the first one in Belgium. The remaining focus group discussions in Belgium were guided by postgraduate students. The discussions lasted an hour and a half on average. In them, young people participated in a group-based exercise in which they were asked to draw an ideal lifeline that might contribute to optimal sexual well-being of a typical peer in their community. Subsequently, group discussion was facilitated to identify additional factors that might contribute to adolescent sexual and reproductive health and well-being. The social-ecological framework was used to guide discussion, recognising that health is the result of interaction between factors at four levels: the individual, interpersonal, community and societal (Bronfenbrenner 1979; UNFPA and Williamson 2013).

The in-depth interviews, which took approximately one hour each, were conducted at the university by the first author (except for interview 5 in Ecuador), a local Ecuadorian researcher (interview 5) and the Belgian posgraduate students (all Belgian interviews). During these interviews, young people were asked to describe stories of two people they knew: one who, they thought, experienced sexual well-being, and one who did not. Afterwards, questions were asked to identify additional contributors to adolescent sexual and reproductive health and sexual well-being. Since heterosexuality is the norm in both countries, and existing research suggests that traditional gender stereotypes and moralistic attitudes towards adolescent sexuality prevail in Ecuador, the emphasis was placed on heterosexual relationships (Svanemyr et al. 2017; Pinos et al. 2016; Castillo, Derluyn, and Valcke 2019; Goicolea, Torres, et al. 2012; Goicolea, Ohman, et al. 2012; Dewaele et al. 2013; D'haese, Dewaele, and Van Houtte 2016). A brief description of the characteristics of interview respondents is provided in Table 1.

All interviews and focus group discussions were recorded, transcribed into Dutch (Belgium) and Spanish (Ecuador) and uploaded into Atlas.ti (Ecuador) and Nvivo 12

Table 1. Characteristics of respondents at each site.

	Belgium		Ecuador	
Age	Female	Male	Female	Male
17				1
18	7	4	5	3
19	2	5	5	9
20	6	6	3	3

(Belgium). Since the study aimed to identify multiple factors influencing adolescent sexual well-being, the social-ecological model was used to inform coding and analysis. For each layer in the framework, an inductive thematic analysis approach was conducted, allowing themes to be developed from the data. Key codes related to the study's objectives were organised by site to identify any patterns. Coding and analysis were undertaken by different members of the local teams. Afterwards, the first author compared the national codes and corresponding data to build a core set of international codes which was applied to the analyses at both sites. The final results reflect the agreement of all researchers involved. Ethical approval for the study was provided by the Bioethics Committee of Ghent University (Belgium) and the Bioethics Committee of the Faculty of Health Sciences at the University of Cuenca (Ecuador).

Results

We first describe the factors that the young people indicated as contributors to adolescent sexual well-being. We start with aspects at the individual and interpersonal level and then look at influencing factors at the societal level. Comprehensive sexuality education was mentioned both at the individual level because it could lead to an increase in knowledge and skills and also at the societal level of political engagement (Table 2). Subsequently, we compare our results to the two main existing definitions of (adolescent) sexual well-being.

Factors influencing adolescent sexual well-being

Individual personality (individual level)

Some respondents indicated that an individual's personality was the most important factor contributing to sexual well-being:

> Sexual well-being is feeling good about yourself. It depends on the personality of each person; it does not have to do with gender but depends on the individual. (Javier, 19 years old)

> [The right moment to have sex for the first time] depends on the person … Some people prefer to engage in this earlier to feel better about themselves, and some prefer to wait. (Mixed focus group 1, Belgium)

However, in all interviews, respondents readily identified other factors contributing to sexual well-being.

Table 2. Factors contributing to adolescent sexual well-being.

Individual level	• Individual personality • Being physically, sexually and mentally mature and healthy • Comprehensive sexuality education
Interpersonal level	• Positive attraction to the partner • Communication about sexuality
Societal level	• Comprehensive sexuality education • Access to affordable birth control • Openness towards sexuality and sexual and gender diversity

Being physically, sexually and mentally mature and healthy (individual level)

Almost all respondents considered being physically, sexually and mentally mature and healthy important contributors to sexual well-being. Physical health and maturity were equated with the absence of pain and disease (including difficulties such as erectile problems) and knowing and loving oneself and one's body:

> You don't have to find everything about your body perfect, but I think you have to feel comfortable to show your body. I don't think it's easy for everyone, so I think—to a certain degree—you have to feel good about yourself to be able to open yourself up. (Sophie, 20 years old)

> It is about self-esteem … because physical traits are changing, the person looks in the mirror and doesn't like some parts of his/her body and s/he would like to change it, but depending on self-esteem, the person [should] accept him or herself as they are. The person must accept the changes [of puberty]. (Male focus group 1, Ecuador)

When referring to mental health and maturity, many Ecuadorian respondents—but fewer Belgian ones—signalled the need for a certain degree of maturity in making responsible decisions related to sex. This was mainly linked to the ability to discuss and use contraceptives:

> For sexual well-being, you have to be sure who you are dealing with, because it is here that diseases are born … And [when] we are young, it could be we don't use protection and then she [the girl] becomes pregnant. (Rodrigo, 17 years old)

A couple of respondents indicated that negative experiences such as feeling depressed, being treated disrespectfully (due to the use of drugs and/or alcohol), being violated or having lost confidence (in love) due to the divorce of parents could also be barriers to sexual well-being:

> My parents got divorced when I was six … That had an impact on my life, indirectly … Initially, I had major trust issues and problems regarding being in love. (Jeroen, 18 years old)

> I have seen that female friends go to parties, get drunk and do not know what they are doing. Then they regret it because they have had [sexual] relationships and did not know what happened. That happened to a friend of mine … She felt denigrated. (Matías, 19 years old)

Additionally, in one Belgian focus group discussion the negative impact that financial worries could have on sexual health and well-being was mentioned:

> It is also about economic well-being … there are expectations … You should be able to obtain certainties … Yes, I think that financial well-being … is important for sexual well-being. (Male focus group 4, Belgium)

Sexual maturity was also mentioned as a contributor to sexual well-being. Approximately one third of the respondents referred to this in terms of gaining sexual experience by having various partners, through masturbation, and by learning how to use lubricants and sex aids. One or two respondents (both female and male) in each country also said that watching pornography could contribute to sexual well-being. However, they also indicated that doing so could lead to false expectations and be a barrier to sexual well-being:

> Pornography does not contribute to sexual well-being, because adolescents believe that what they see in pornography is true, but this is not the case. Maybe they start with this mentality, and what they expect [in the sexual relationship] does not happen. (Mixed focus group 2, Ecuador)

Opinions about the sexual behaviour of boys and girls varied. Several respondents in both countries commented how individual personality was more important than biological sex n determining sexual well-being. However, two Belgian and Ecuadorian boys mentioned that boys in general mature later than girls. At the beginning of their sexual trajectory, they might mainly think about themselves and their own pleasure. Over time, however, their interest in the sexual well-being of their partner would grow, which was recognised as being important for their sexual well-being and that of their partner.

> I used to get horny when I saw a beautiful girl, and now I can get horny when I meet a woman who … knows what she wants. (Tom, 20 years old)

> Sexual well-being is approached differently by boys and girls. I think for boys at that [young] age well-being is not that important … They don't care if the girl feels good or if what he is doing is okay, but girls do care more … I think it changes with age: when boys get older, I think they take sexual relationships more seriously. (Matías, 19 years old)

Comprehensive sexuality education (individual and societal levels)

A few participants in Ecuador opposed the provision of comprehensive sexuality education, believing that it would encourage young people to do things they were not ready for and thus negatively affect sexual well-being. However, approximately two thirds of the Ecuadorian and Belgian interview respondents supported it, stating that sex should not be a taboo (because young people will have sex anyway). These respondents defined adolescent sexual well-being as a process in which experiences and knowledge at a younger age can have consequences in later life. Therefore, they indicated the need for age-appropriate comprehensive sexuality education. Acquiring relevant skills and knowledge from a young age—before becoming sexually active—would allow young people to discuss and practise safe and pleasurable sex.

> If you don't know [about contraception], you can't use it. (Female focus group 3, Belgium)

> At age 14 or from 12 years old on [it would be okay to receive sexuality education]. The sooner, the better. (Mixed focus group 2, Ecuador)

Respondents in both countries complained that sex and sexuality education in schools were now too narrowly focused on the biological aspects of sex, heterosexual relationships, and risk reduction. A broader and more positive approach was needed to facilitate adolescent sexual well-being. The majority of respondents stated that

national and regional policies should make comprehensive sexuality education obligatory in secondary schools. Ecuadorian respondents suggested that good-quality sexuality education could also be provided on television or in community talks:

> I think the Ministry of Health should give more talks. [They should] provide more talks or inform more about sexuality through the Ministry of Education. (Mixed focus group 3, Ecuador)

> I don't think anyone needs to put a condom on a banana anymore. That makes people laugh, but it doesn't help anybody… It may be difficult to have a deep conversation [about sex] with a group of… 17-year-olds or so. Nobody would be willing to speak openly about this … or not many people… but it could be tried. Focusing more on sexual health than on how things function biologically, that is also important… but the other side should be highlighted as well. (Sophie, 20 years old)

Positive attraction to the partner (interpersonal level)

Respondents indicated that positive feelings towards the partner were important to increase adolescent sexual well-being. A first category of feelings was related to emotional closeness. About half of the respondents in both countries thought this was influenced by having (had) (non-sexual) healthy relationships with peers (of the opposite sex) and family members (at a younger age). Being able to emotionally connect with a partner was frequently linked to being certain about the partner, trusting him or her (that they will not cheat), knowing that you (sexually) fit together, and experiencing love. These things were considered to grow over time, and more than half of respondents regarded them as important to contribute to sexual well-being. A few respondents in both countries explicitly mentioned that these feelings were more important for girls than for boys, but other respondents disagreed.

> If you feel good with someone… this person sexually means more to you than just a one-night stand. (Mixed focus group 1, Belgium)

> It would be ideal [to have sex] with a person you already know. There is trust; you know everything [that is important] for your well-being and for your health. You know if that person is right or wrong for you. Because if you [have sex] with a random person, you don't know if they are infected or not. (Mixed focus group 2, Ecuador)

As a second category of feelings, respondents referred to physical attraction and desire between partners as being important for sexual well-being:

> What else could contribute to sexual well-being? That this person likes you, that there is physical attraction. (Matías, 19 years old)

> I find that so difficult. My mom often says, 'You have to yield a bit; you are not going to find the perfect man'.… [But] I have to find him super handsome or it won't work, will it? (Annelies, 18 years old)

Communication about sexuality (interpersonal level)

In both countries, communication about sexuality was considered very important for sexual well-being. The respondents mainly referred to communication with the partner but also indicated that it is important to talk about sexuality to other significant people such as teachers, parents and peers. While young people in Ecuador talked of the

importance of talking to teachers (because they trusted them more than their parents when talking about these topics), respondents in Belgium mainly talked with peers but considered it also helpful to talk with their parents (if the relationship allowed it). Examples of communication given included talking about sex in general, (sexual) relationships, what you (do not) like sexually, and the use of contraceptives.

> My girlfriend does not like some things that I like, so the first time [we had sex] was strange, [and] she did not feel at ease and nor did I. So afterwards we talked very openly, obviously, and we found things that we both liked. Then we found sexual well-being. (Rodrigo, 17 years old)

> I think that's easier or … that it would be better to talk about it at home, but I think that in reality it's easier to talk to friends because that's your peer group. (Mixed focus group 2, Belgium)

Access to affordable birth control (societal level)

In slightly more than half of the Ecuadorian interviews and in five Belgian interviews, male and female respondents referred to the responsibility of governments to make a variety of contraceptives accessible (to young people). This could be done through schools and health care centres allowing young people to have sex without unwanted consequences such as a pregnancy. Respondents mentioned being able to take responsibility for their health and that of their partner while having sex as a contributing factor for adolescent sexual well-being:

> It could be the most recent thing the government implemented: giving out contraceptives at health centres so that adolescents are more aware of taking care of themselves. (Mixed focus group 2, Ecuador)

Respondents mentioned that being legally allowed to have sex and to choose whether to have children both increase sexual well-being. In this context, in about three interviews in both countries, respondents also referred to abortion laws. In contrast to Ecuador, Belgian participants all seemed certain that this law contributed to sexual health and well-being:

> Yes, what also should be mentioned at societal level is abortion legislation and … making the pill and morning after pill available. (Male focus group 4, Belgium)

Openness towards sexuality and sexual and gender diversity (societal level)

Respondents in both countries mentioned that accepting sex as an integral part of (adolescent) life (including by recognition of the legal competence to consent to sexual activity) and supportive values such as equality, non-discrimination and opposition to violence contribute to the empowerment of young people. This would allow them to decide who they wanted to be with, whether they wanted to have sex with this person or not, and which kind of protection—if any—to use. All this would contribute to the feeling of agency and sexual well-being.

> We adolescents … come from a generation where our grandparents raised us with a taboo on this issue of sexuality. I think that many believe that sexuality is something strange, that isn't correct … but I consider sexuality as something very important in our lives. (Rodrigo, 17 years old)

> I think [a conversation about sex] is allowed; it would then be a normal conversation, and subject. And you know, children are interested in it from an early age on, so we shouldn't be ashamed to talk about it. … It shouldn't be a taboo. (Female focus group 3, Belgium)

In contrast to the majority of Ecuadorian respondents, who did not mention any societal change regarding adolescent sexual and reproductive health, young people in Belgium pointed out that general opinion in Flemish society had changed over the years so that adolescent sexuality was becoming more accepted:

> In the past, premarital sex was not allowed. Now that has changed. Of course, it depends on the person. But most people have changed regarding this. (Mixed focus group 1, Belgium)

Additionally, one girl in Belgium mentioned the negative consequences this shift in norms could have, referring to the pressure they felt to become sexually active and/or to have sex:

> I think about the fact that I haven't had sex yet. And that it is different in my surroundings. I can really say that it is a pressure. It feels like everyone is waiting for me to say, 'I had sex'. This is something I have already thought about… I am afraid that I will do it [have sex] before I'm actually ready. (Annelies, 18 years old)

Respondents in both countries also referred to different realities for boys and girls and for LGBTQ + adolescents. They indicated that the latter and girls' realities were more (sexually) restricted than those of heterosexual boys. Both in Belgium and Ecuador, a few participants stated that the sexual agency of girls has increased in recent years. However, the general opinion was that boys were still considered the dominant sex, with the power to make (sexual) decisions and admired for being openly sexually active with girls. In Ecuador, where these discrepancies seemed to be more marked than in Belgium, this was referred to as machismo.

> The way to start a relationship… The initiative belongs to the man, and I think it is out of habit because the man is the dominant one, the one who decides where the relationship is going, so the woman is more submissive in decision-making. (Male focus group 1, Ecuador)

> I think that a girl who has broad experiences with different boys is slut-shamed—at a societal level—more quickly than boys. They would be considered tough. I think that is a difference between the sexes. (Leen, 19 years old)

Alignment with two current definitions of (adolescent) sexual well-being

First, we consider it important to compare our findings with the WHO definition of sexual health, which refers to sexual well-being as 'a state of physical, emotional, mental and social wellbeing'. However, as this definition does not specifically focus on adolescents, we also compare our results to the key concepts that Harden (2014) described in her review to define adolescent sexual well-being: sexual self-esteem (for example, feeling attractive), sexual self-efficacy or agency, positive feelings such as arousal and satisfaction, and freedom from negative experiences such as pain or anxiety. Table 3 presents an overview of the two frameworks and our results.

Table 3. Comparison of results to the two main existing definitions of (adolescent) sexual well-being.

WHO working definition of sexual health	Harden (2014)'s categories	Findings from this study
Physical well-being	• Positive feelings such as arousal • Freedom from pain	• Sexual attraction and desire • Orgasm • Lack of addictions • Lack of diseases • Lack of pain
Emotional well-being	• Positive feelings such as satisfaction	• Feelings of trust • Being in love • Liking yourself
Mental well-being	• Self-esteem • Self-efficacy—agency • Freedom from anxiety	• Knowledge • Skills • Acceptance of (changing) body • Lack of drug and alcohol misuse • Lack of negative experiences such as violence
Social well-being		• Being able to talk about sex with partner and significant others • Feelings of trust and certainty about the partner and the relationship • Lack of pressure to be sexually active

Discussion

In this research, we aimed to better understand which factors young people in Ecuador and Belgium considered to contribute to adolescent sexual well-being. We also wanted to compare them to the two main existing definitions of (adolescent) sexual well-being. By organising interviews and focus group discussions, we responded to the request by Lorimer et al. (2019) in their review on sexual well-being measures and definition, 'to ask people what they actually value for their sexual well-being—their priorities to live a life they have reason to value'.

Although our results do not provide a comprehensive multidimensional definition of this concept, the aspects that our respondents identify as contributors to adolescent sexual well-being are relevant to understanding, defining and measure the concept. Informed by a capability approach, we consider these named contributors conversion factors, which can be personal or socio-environmental (Robeyns 2017). As Lorimer et al. (2019) state, 'conversion factors blur the line between well-being and the influences upon well-being'; therefore, it is interesting to compare our results to previous attempts to define (adolescent) sexual well-being.

The overview of findings (Table 3) shows that our findings go beyond the WHO definition and are more diverse than the concepts mentioned by Harden. According to respondents, not only do individual (being physically, sexually and mentally mature and healthy, and acquiring knowledge and skills through comprehensive sexuality education) and interpersonal factors (positive attraction to the partner and communication about sexuality) contribute to adolescent sexual well-being, but so too do factors at a societal level. In their opinion, the social acceptance of adolescent sexual and

reproductive health as a norm for all young people, its (legal) translation into comprehensive sexuality education, and the availability of affordable contraceptives and laws (on abortion or legal sexual consent) also influence sexual well-being among adolescents.

This finding suggests that the ecological approach to adolescent (sexual and reproductive) health developed by Blum and colleagues (2012) may also be applicable to adolescent sexual well-being. This model shows that adolescent sexual and reproductive health does not occur in a vacuum but is the consequence of various determinants at individual, interpersonal and societal levels that not only influence the individual adolescent but also each other (UNFPA and Williamson 2013; Blum et al. 2012). The inclusion of wider socio-cultural factors to improve people's sexual well-being is also recognised by other researchers who have contributed to the measurement and the development of a framework for (adolescent) sexual well-being (Kågesten and van Reeuwijk 2020; Lorimer et al. 2019).

Adolescent sexual well-being should reflect young people's ability to lead a life they have reason to value and can only be attained if they are—within a broader socio-cultural context—able to use their competencies to make their own choices (Kågesten and van Reeuwijk 2020; Lorimer et al. 2019). Anderson (2013) illustrates how social context can be a barrier to achieving sexual well-being, by mentioning the importance of 'sexual scripts': assumptions based on cultural norms with regard to who is, and who should be, experiencing sexual pleasure and satisfaction. If adolescents discouraged from being sexually active, this will influence how they perceive their own sexuality and potential for sexual satisfaction.

This existence of different social scripts is confirmed by our research: adolescent sexual and reproductive health is more accepted in Belgium than in Ecuador. Various Ecuadorian respondents mentioned the difficulty of discussing sex(uality) with their parents and referred more frequently to existing stereotypical gender norms which reduce the taboo on sex only for heterosexual boys.

Two cultural factors have also been recognised by other authors. First, research points to the existence of stereotypical gender norms in Ecuador and their negative consequences for adolescent sexual and reproductive health, such as unintended pregnancy, gender-based violence and a lack of focus on female sexual pleasure (Goicolea, Torres, et al. 2012; Goicolea 2010; Goicolea et al. 2010; Goicolea, Ohman, et al. 2012). Research in Belgium indicates that stereotypical gender norms are also present in Flanders, but are not so widely accepted as in other non-European countries (Al-Attar et al. 2017; Mmari et al. 2018). The difference in cultural embeddedness of these kind of norms is reflected in the two countries' Gender Inequality Index rankings: with position Belgium (4th) and Ecuador (86th), indicating greater disparity between women and men in Ecuador than in Belgium (UNDP 2020). Second, an investigation into parents' views on adolescent health and sex education in Ecuador found that parents held strong traditional religious ideas about sex and sexuality, considering it morally and physically dangerous. They reported not having sufficient information to provide their children with good quality education about sex (Jerves et al. 2014). Flemish research conducted in 2017 with 1,152 young people aged 16–18 years old indicated that 51.1% of them could talk with their parents about relationships, kissing

or sex (Pimento 2017). Although this may be considered a low percentage in Flanders, we might assume that it is a higher number than in more religiously conservative countries such as Ecuador.

Besides aligning with and going beyond the WHO definition of adolescent sexual well-being, our research also confirms the importance of contributing to a positive approach to adolescent sexual health. When asked about what would improve adolescent sexual well-being, respondents not only mentioned freedom from disease but also referred to things they needed such as good communication and access to contraceptives and comprehensive sexuality education. This reasoning is in line with one of the baseline assumptions of the positive approach, which shifts its focus from what we need to avoid to what we want (Harden 2014; Tolman and McClelland 2011). This perspective is of particular importance for comprehensive sexuality education, providing adolescents with relevant skills and knowledge within a positive framework that is attractive to them.

Finally, our results illustrate the importance of applying a life-course approach to sexual well-being. Respondents not only explicitly defined sexual well-being as a process but also indicated factors at an early age—before becoming sexually active—that contributed to it. Kågesten and van Reeuwijk (2020) and Halpern (2010) describe the life-course theory as a natural fit for (adolescent) sexual well-being, as it considers sexual development as a trajectory or journey, and emphasises how biological, behavioural and socio-cultural factors interact and change over time.

This implies, among others, that positive sexual health and well-being is not only necessary for those who are sexually active but also for younger children who are just starting their sexual trajectory. Growing interest in research and programming to focus on sexuality in early adolescence reflects this (Blum et al. 2014; Igras et al. 2014). Members of this age group (10 to 14 years old) should also be included in the development of a necessary and widely accepted definition and multidimensional measurement of adolescent sexual well-being (Lorimer et al. 2019; Kiss et al. 2020). Based on our findings, we suggest that both fit within the conceptual framework for adolescent sexual development developed by Kågesten and van Reeuwijk (2020), which approaches adolescent sexual well-being from within a socio-ecological framework and recognises adolescents' rights to be able to develop and implement competencies that will allow for a positive process of sexual development.

Limitations

The contributions of this research to the field notwithstanding, out study had several limitations, including the specific type of respondent who participated in the study. Broadening the age range and the cultural diversity (within and between countries) of respondents and including working youth (as opposed to university students) within the sample could have added information about how young people approach sexual well-being. This would also be the case had a more gender-diverse perspective been taken to defining the research question. Furthermore, the decision to employ focus group discussions as part of the study may have resulted in overly socially desirable responses.

Conclusion

This study contributes to the understanding and measurement of adolescent sexual well-being from the perspective of culturally diverse adolescents and young people themselves. It indicates that adolescent sexual well-being is influenced not only by individual and interpersonal factors but also by the broader social, cultural and political context. All of these issues require attention if young people are to be supported to establish healthy (sexual) relationships at a young age, leading to healthy (sexual) adult relationships in good time.

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ORCID

Sara De Meyer http://orcid.org/0000-0001-6101-8819
Elena Jerves http://orcid.org/0000-0002-1254-0958
Ana Cevallos-Neira http://orcid.org/0000-0002-3599-6659
Bernardo Vega http://orcid.org/0000-0002-2545-4733
Kristien Michielsen http://orcid.org/0000-0002-4119-6770

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Appendix: composition of interviews by country

Belgium

Participants indicated with also participated in the focus group discussions.

	Pseudonyms and biological sex	Age (years)
IV 1	Sophie—female	20
IV 2	Leen—female	19
IV 3	Karel—male	20
IV 4*	Annelien—female	18
IV 5*	Tom—male	20
IV 6*	Jeroen—male	18

	Age (years) and sex of participants
Focus group 1—Mixed	1: 18 (male)
	2: 18 (male)
	3: 18
	4: 19
	5: 20
	6: 20
Focus group 2—Mixed	1: 18*
	2: 18 (female)*
	3: 20 (female)
	4: 20 (female)
	5: 20*
	6: 20
	7: 19
Focus group 3—Female	1: 18
	2: 18
	3: 18
	4: 18
	5: 20
Focus group 4—Male	1: 20
	2: 19
	3: 19
	4: 19
	5: 20
	6: 19

Ecuador

A total of 29 adolescents participated in the interviews.

	Pseudonyms and biological sex	Age (years)
IV 1	Violeta—female	18
IV 2	Trinidad—female	20
IV 3	Rodrigo—male	17
IV 4	Javier—male	19
IV 5	Carolina—female	18
IV 6	Matías—male	19

	Age (years) and sex of participants
Focus group 1—Male	1: 18
	2: 19
	3: 19
	4: 19
	5: 19
Focus group 2—Mixed	1: 19
	2: 20
	3: 20
	4: 19
	5: 19 (male)
	6: 20 (male)
Focus group 3—Mixed	1: 18
	2: 19
	3: 18 (male)
	4: 18 (male)
	5: 19
	6: 19
Focus group 4—Mixed	1: 18 (female)
	2: 19 (male)
	3: 18 (female)
	4: 19 (female)
	5: 19 (male)
	6: 20 (male)