# A PROFILE OF YOUNG PEOPLE'S SEXUAL BEHAVIOUR: FINDINGS FROM THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN STUDY

The Health Behaviour in School-aged Children (HBSC) is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. Every four years HBSC collects data on 11, 13 and15 year old's health and wellbeing, including sexual health (SH). In 2006, twenty–nine countries surveyed students about their SH. The findings below are based on data collected from 47 515 15-year-olds and are adapted from the previously published study "How well protected are sexually active 15 year olds across Europe and Canada? Data from the 2006 WHO-HBSC study" (1).

## What do we know about young people's sexual behaviour?

### Sexual initiation

It is known that early sex has implications for self-perceptions, social status and future health behaviour. Unprotected and poorly protected intercourse brings the risk of unintended pregnancy and of sexually transmitted infections (STIs).

Evidence suggests that rates of adolescent pregnancy are decreasing (2). However, the average age of first having sex has declined in industrialized countries, while in many nations there has been a reported rise in STIs (2). Thus, while the risk profile may be changing, early and poorly protected sexual intercourse remain of central relevance to public health.

More than a quarter of surveyed 15 year olds reported having had sexual intercourse (boys: 29.4%; girls: 24.1%), with no or minimal changes between HBSC surveys (Figure 1). In most countries boys were more likely than girls to report having had sex; gender differences of more than 10% existed in eight countries.

No strong geographical patterns in reporting being sexual active are found among boys, while among girls, prevalence is lower in south eastern and eastern European countries and highest in northern Europe. Low prevalence might reflect persistance in certain countries of traditional gender norms that allow or even encourage more freedom and experience for boys than girls. In contrast, the higher prevalence observed among northern European girls (in some cases even a reversal of gender patterns) may indicate an erosion of such gender stereotypes, and may also suggest that as the equality gap narrows, young women paradoxically engage in more risk behaviours. Further research needs to be done in order to better understand how this impacts girls' health, and why girls adopt risk behaviours, rather than boys adopting protective behaviours.

Early sexual initiation has been associated with other risk behaviours, such as substance use (3), and with more frequent psychosomatic complaints among boys and lower health-related quality of life among girls (4). We need to further increase our understanding of how early sexual initiation interacts with other risk behaviours, and identify protective factors which minimize risk factors, and/or promote safer sex.

### Protection against STIs and pregnancy

Condoms and contraceptive pills are considered the most appropriate methods of protection for most sexually active adolescents, and the use of a dual method - both contraceptive pill and condom at the same time– confers effective protection against pregnancy and moderate protection against STIs .

The HBSC study asked young people to indicate which of a series of contraceptive options (condoms, oral contraceptive pills and withdrawal) they, or their partner, had used at last intercourse. In 8 nations, biological or natural contraceptive methods were added to the list. Students responses were classified into "well protected" (condom or contraceptive pill use) or "poorly protected" (including withdrawal).

Of the young people that reported being sexually active, up to 90% were well protected against pregnancy at last intercourse by the use of condoms or contraceptive pills. The proportion of well-protected students increased (by more than 5% in 7 countries) between 2002 and 2006 (5). As Figure 2 indicates, condoms are the most commonly reported contraception among 15-year-olds at their last sexual intercourse, with all countries reporting such use above 65%. Condom use was more frequently reported by boys than girls (about their partner) in most countries.

Contraceptive pill use (with or without other contraception) was much lower, ranging from 4.4% in Spain to 51.9% in the Netherlands. Sole use of the contraceptive pill ranged from less than 1% to 23.5%. In almost all countries, contraceptive pill use was more likely to be reported by girls than boys (about their partner), Ukraine being the only significant exception. Rates of contraceptive pill use were relatively low in many Baltic, eastern and central European countries. This may reflect a lack of sexual education provided to this age group, cultural differences in attitudes towards oral contraception, or more substantial barriers (e.g., price, availability) in accessing contraceptive pills in these countries.

The percentages of students who reported dual use of condom and contraceptive pill, ranged widely from less than 5% to almost one third. In almost half of countries dual contraceptive use was reported by fewer than 10% of 15 year olds.

### Poorly protected

However, an important minority, the "poorly protected", find themselves at substantial risk of pregnancy and/or transmission of STIs. On average, over a third of all students surveyed do not report condom use at last intercourse, and thus are at risk of STIs. Similarly although most report being well protected against pregnancy with either the contraceptive pill or condoms, a risk remains for up to a quarter of students. Policy makers and researchers need to develop a greater understanding of this large minority group, in particular regarding what would motivate them to adopt efficient protective measures.

Table 1 presents the numbers and percentages of students who reported use of withdrawal or natural methods. There are

Emma-nuelle Godeau

Saoirse Nic Gabhainn

Josefine Magnus-son

Cara Zanotti

**Figure 1. Prevalence of sexual intercourse among 15 year olds by country and gender**

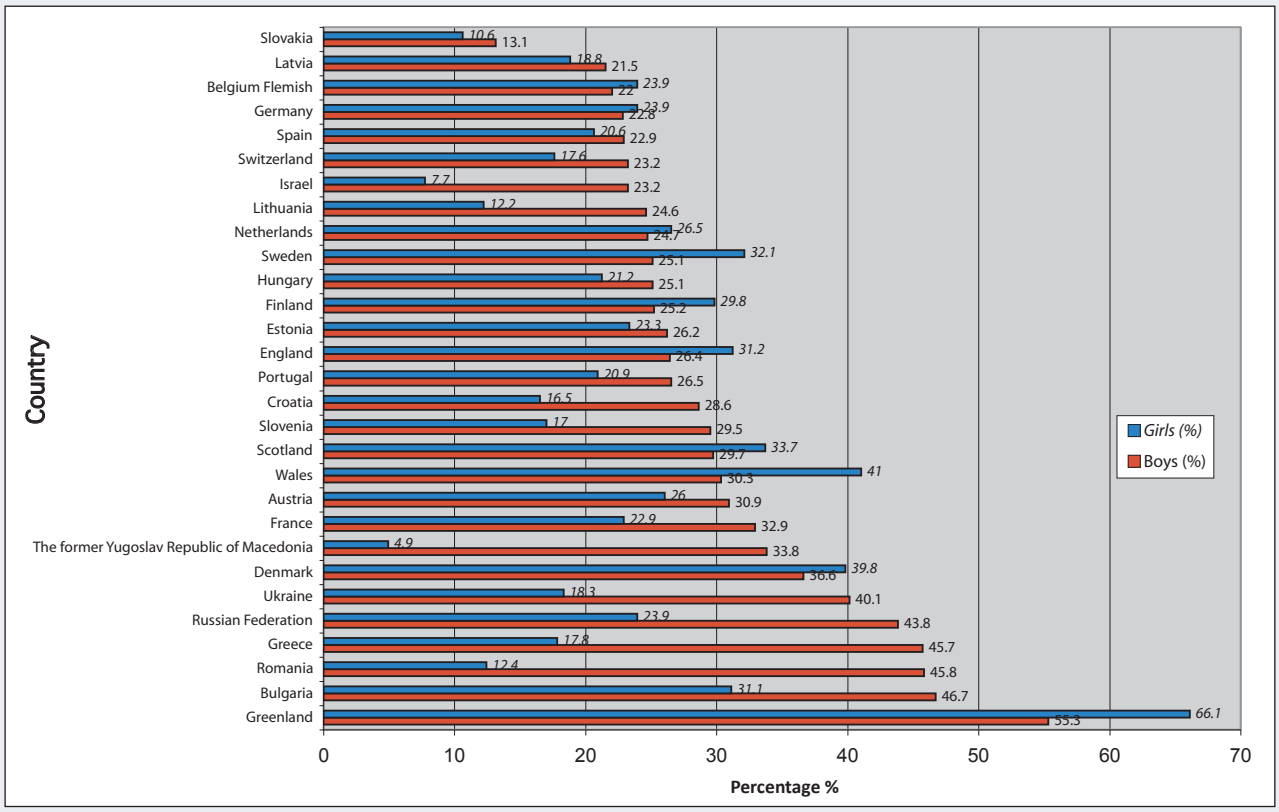
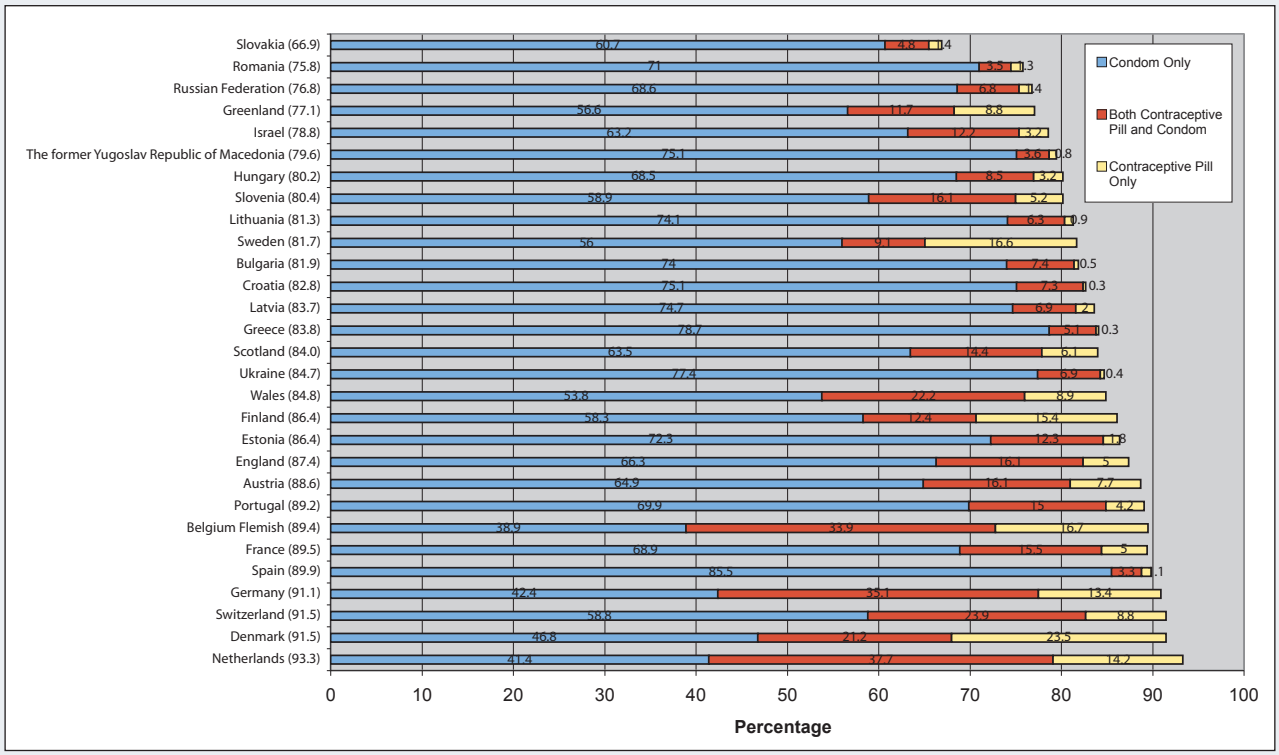



**Figure 2. Prevalence of well protected students; reporting condoms only, contraceptive pill only, dual use at last intercourse, by country**



# A PROFILE OF YOUNG PEOPLE'S SEXUAL BEHAVIOUR: FINDINGS FROM THE HEALTH BEHAVIOUR IN SCHOOL-AGED CHILDREN STUDY *(CONTINUED)*

**Table 1: Prevalance of withdrawal and 'natural' methods of contraception during last sexual intercourse for all sexually active 15 year olds and for those who were 'poorly' protected, by country.**

| Country | Withdrawal | | 'Natural' methods | |
|---|---|---|---|---|
| | All sexually active n (%) | 'Poorly' protected n (%) | All sexually active n (%) | 'Poorly' protected n (%) |
| Austria | 13 (3.3) | 6 (7.7) | 3 (0.7) | 3 (3.8) |
| Belgium (Flemish) | 62 (17.2) | 39 (47.6) | … | … |
| Bulgaria | 103 (16.5) | 71 (43.3) | … | … |
| Canada | 49 (9.8) | 26 (15.6) | … | … |
| Croatia | 45 (12.7) | 22 (23.1) | 25 (7.1) | 11 (12.0) |
| Denmark | 27 (4.8) | 14 (11.0) | … | … |
| England | 43 (10.6) | 27 (22.3) | … | … |
| Estonia | 47 (12.3) | 35 (36.4) | 30 (7.8) | 23 (24.0) |
| Finland | 26 (6.0) | 12 (7.2) | … | … |
| France | 42 (7.0) | 27 (18.6) | … | … |
| Germany | 38 (6.9) | 21 (18.1) | … | … |
| Greece | 73 (18.5) | 34 (33.0) | … | … |
| Greenland | 19 (9.3) | 10 (7.8) | … | … |
| Hungary | 45 (18.1) | 22 (27.2) | … | … |
| Israel | 25 (16.0) | 11 (33.0) | 15 (9.6) | 4 (12.1) |
| Latvia | 18 (7.3) | 12 (15.6) | … | … |
| Lithuania | 44 (13.1) | 28 (29.2) | … | … |
| The former Yugoslav Republic of Macedonia | 36 (10.0) | 24 (30.0) | … | … |
| Netherlands | 35 (10.1) | 21 (53.8) | … | … |
| Portugal | 16 (5.2) | 9 (9.8) | … | … |
| Romania | 43 (11.4) | 25 (21.4) | … | … |
| Russia | 105 (13.2) | 66 (12.7) | … | … |
| Scotland | 56 (8.5) | 39 (17.3) | 57 (8.7) | 33 (14.6) |
| Slovakia | 9 (6.2) | 4 (5.9) | … | … |
| Slovenia | 53 (15.2) | 35 (40.2) | 22 (6.3) | 18 (20.7) |
| Spain | 67 (12.1) | 47 (7.9) | … | … |
| Sweden | 46 (10.8) | 20 (20.0) | … | … |
| Switzerland | 25 (8.8) | 15 (28.8) | 6 (2.1) | 3 (5.8) |
| Ukraine | 58 (11.4) | 42 (47.2) | 25 (5.4) | 0 (0.0) |
| Wales | 34 (7.2) | 14 (16.7) | … | … |

still very wide cross-national differences, with reported use of withdrawal at last intercourse ranging from 3.3% in Austria to 18.5% in Greece. In 17 countries it exceeded 10% of sexually active 15 year olds. Over a third of students in Estonia, Slovenia, Bulgaria, the Ukraine, Flemish speaking Belgium and the Netherlands reported using solely withdrawal at last intercourse.

## Closing Remarks

Between 2002 and 2006 there was a 5% increase in protected intercourse observed in 7 countries. We need to gain a greater understanding of the national policy initiatives and contexts, such as access to different forms of services, contraception or SH education, which contributed to this behavioural change. This information, together with specific data on early pregnancies and STI's will assist policy makers in developing effective policy and, in turn improve young people's SH and behaviour.

**Emmanuelle Godeau, MD, PhD,**
Assistant to the medical consultant of the Chief Education Officer,
Rectorat de Toulouse,
UMR Inserm U1027,
University Paul Sabatier

**Saoirse Nic Gabhainn, PhD,**
Senior Lecturer in Health Promotion,
School of Health Sciences,
National University of Ireland

**Josefine Magnusson,**
Research Fellow, Child and Adolescent Health,
Centre for Research in Primary and Community Care,
University of Hertfordshire

**Cara Zanotti,**
HBSC Communications Officer,
HBSC International Coordinating Centre,
The University of Edinburgh

And Members of the HBSC Sexual Health Group

For more information please contact:
emmanuelle.godeau@ac-toulouse.fr

## References

1. Nic Gabhainn S, et al and the HBSC sexual health behaviour focus group. How well protected are sexually active 15 year olds across Europe and Canada? Data from the 2006 WHO-HBSC study. *Int J Public Health.* 2009 Sep;54 Suppl 2:209-15.
2. Avery L, Lazdane G. What do we know about the sexual and reproductive health of adolescents in Europe? *Eur J Contracept Reprod Health Care,* 2007; 13: 58-70.
3. Robertson JA, Plant MA. Alcohol, sex and risks of HIV infection. Drug and Alcohol Dependence, 1988, 22(1):75–78.
4. Godeau E et al. Facteurs associés à une initiation sexuelle précoce chez les illes: données Françaises de l'enquête internationale Health Behaviour in School-aged Children (HBSC)/OMS. *Gynécol Obstét Fertil.* 2008, 36(2):176–182.
5. Godeau E, Nic Gabhainn S, Vignes C et al. Contraceptive use by 15-year-old students at their last sexual intercourse - results from 24 countries. *Arch Pediatr Adolesc Med.* 2008; 162 (1): 66-73.