

Most important conclusions Sex under the age of 25

Summary

Sex under 25 is a Dutch representative study on the sexual health of young people aged 12 to 25. The study was conducted in 2011 by Rutgers WPF and STI AIDS Netherlands. In 2005, a comparable study was conducted for the first time. Based upon the results of this first *Sex under 25* study, many initiatives aimed at improving the sexual health of Dutch adolescents were carried out.

The rationale for this second *Sex under 25* study was practice based. Policy makers and professionals working with adolescents called for up-to-date information on adolescents' sexual health. Our study used a participatory action approach: individuals and organizations that benefitted from the results of this study (the stakeholders), were involved in all phases of the study. To begin with, these stakeholders were consulted to formulate the research questions. The main purposes that emerged from this round of consultations were: 1) to describe the sexual health of Dutch adolescents in the year 2011 and 2) to examine which demographic groups were most vulnerable in terms of sexual health.

We have used a broad definition of sexual health adopting the working definition of the World Health Organization. According to this definition, sexual health is "a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health 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. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (World Health Organization, 2006).

Compared to studies in the United States, the broad range of sexual health topics that are covered by a population study is unique. There are a few other studies in Europe that used a comparable broad approach, for example in Germany (BZgA, 2010), Great Britain (Wellings et al., 2001), France (Bajos, Bozon & Beltzer, 2008) and Sweden (Tikkanen, Jonna & Forsberg, 2011). Most of these studies did not include early adolescents, but selected adolescents aged 15 or young adults aged 18 or older. The Health Behavior of Schoolaged Children (HBSC) Study, which is conducted every four years in 43 countries and regions across Europe and North America, also includes a few questions on sexual health. This study shows that about one in five Dutch 15 year olds has had sexual intercourse, thus belonging to the seven countries where 15 year olds are the least sexually experienced. The HBSC study also shows that Dutch adolescents protect themselves relatively well against unwanted pregnancy, but does not give insight in other aspects of their sexual health (Currie et al., 2012). The present study intends to fill this gap.

Based on our definition of sexual health and the stakeholders' needs for information, an abundance of themes and research questions emerged. This sheer number of research questions prevents us to describe them all, so we are restricted to mentioning a few examples. At what age do adolescents have their sexual debut? Do they perceive their sexual debut as pleasurable? How many adolescents experience same sex attraction? Do they use contraceptives and condoms at their sexual debut and with later sexual partners? How do they feel about casual sex? Are adolescents satisfied about their sexual life? Do they experience any

sexual problems, such as pain or premature ejaculation? Are young people often coerced into sexual experiences? How many adolescents watch pornographic images? Do they have sex in exchange for money or other rewards? Where do they seek information about sexuality? Do they talk to their parents about sexuality? And do they perceive pressure to be sexually experienced from their friends? The answers to these and many other questions on the sexual health of Dutch adolescents will be described in the present paper.

Method

Procedure

Participants were recruited in two ways. Middle and high school students came from randomly selected schools, geographically distributed over the Netherlands. Individuals 17-25 years of age were selected from randomly selected Municipal Basic Administrations (MBA). This is a database containing demographic information about the residents of a municipality, which can be consulted for scientific purposes. Prior to the study, high school students received a letter at school to take home to their parents, in which parents were informed about the study and the possibility of refusing their child's participation. Participants who were selected from the municipal database received a letter in which they were invited to participate.

The questionnaire started with written instructions explaining the importance of truthfulness, that anonymity was assured, the possibility to skip questions and some practical directions. Students also received verbal instructions from their teacher (who received written instructions from the researchers). The questionnaire was put on the internet, to be completed by participants online. Participants recruited in high schools completed the questionnaire during a regular class period, while participants who responded positively to a letter of invitation completed the questionnaire at home.

Participants

Twenty-one out of the 55 randomly selected high schools were immediately willing to participate. Next, we were able to replace the high schools that refused to participate with 22 high schools that were similar in terms of size, educational level and denomination, resulting in a total of 43 high schools participating in the study. Seven percent of the selected students did not participate, mainly because of their absence during data collection. In addition, 33,000 young people selected from MBA were invited to participate. Eighty-four per cent of these youngsters did not respond to our invitation. Because of the high non-response in the MBA sample, we applied weighting techniques before data analysis, to realize the requirements of sample representativeness. As a result, our sample is representative for the Dutch population of 12-25 year olds in terms of biological sex, age, ethnic background, and educational level. The final sample comprised of 3,926 boys and 3,915 girls. The distribution of the demographic variables within the sample is listed in Table 1.

Measurements

The questionnaire began with questions about demographics: sex, age, education, ethnic background and religion. Next, the following topics were addressed: romantic and sexual experience, evaluation of the sexual debut, same-sex sexual attraction and behaviour, sexual feelings and cognitions, social sexual skills, contraceptive and condom use, unplanned pregnancies and STI/HIV, sexual coercion and regret, sexual problems, commercial sex, cybersex and the use of pornography, knowledge and sources of information and support, parental sexual communication, knowledge and control and peer pressure. Appendix 1 shows the main measurements using single items. Appendix 2 shows the main concepts measured by scales and the psychometric characteristics of these scales.

We applied validated scales to measure these concepts as much as possible. Internalized homonegativity, for example, was measured by a subscale from the Lesbian and Gay Identity Scale (LGIS, Mohr & Fassinger, 2000) and experiences with sexual coercion were measured by an adapted version of the Sexual Experiences Survey (SES, Koss et al., 2007). All scales were adapted to match the reading abilities of adolescents at the lowest educational level. If validated scales were absent, we used measurements that were used in previous research or, if these were not available either, we constructed the measures ourselves.

Table 1. Demographic characteristics (%)

Sex	Males	50.1
	Females	49.9
Age	12-14 years	23.1
	15-17 years	25.7
	18-20 years	23.3
	21-24 years	27.9
	Mean (SD)	18.4 (3.53)
Ethnic background	Dutch/Western	83.6
	Turkish	3.6
	Moroccan	3.1
	Surinamese	2.7
	Antillean	1.4
	Other	5.6
Educational level	pre-vocational students	22.6
	upper secondary school students	10.3
	pre-university students	13.0
	vocational students	17.6
	Higher Professional Education students	10.4
	University students	4.9
	out of school	21.3
N		7841

Results

Sexual experience and sexual debut

The first sexual contact with a partner usually concerned French kissing. At age 14.1, fifty per cent of young people had experience with French kissing. Light petting was usually the second step, with a median age of 15.2. About one year later, at age 16.3, about half of the adolescents experienced manual stimulation of the genitals and at age 17.1, half of the adolescents experienced sexual intercourse and oral sex. The decrease in the age of first sexual intercourse that was found in 2005, seemed to have stabilized in 2012. The age of sexual debut stayed exactly the same in seven years.

Large gender differences existed in experiences with masturbation, orgasm and the use of pornography. Among boys aged 15-17, 85% had masturbated and 88% had experienced orgasm, compared to respectively 44% and 46% of the girls in this age group. In addition, porn use was much higher among boys than among girls. Seventy-one percent of boys aged 15-17 had watched a pornographic website in the past six months, compared to 13% of the girls. In addition, the percentage of girls watching porn remained almost stable between age 12 and age 16, whereas among boys, porn use increased from the age of 12.

Sexual feelings and cognitions

Boys and girls evaluated their sexual debut quite differently. Five per cent of boys and 23% of girls said that their first intercourse was unpleasant and 16% of boys and 29% of girls felt at least some regret about their sexual debut. Eight per cent of boys and 22% of girls stated that with hindsight, they had rather waited a bit longer. Ten per cent of the boys and 2% of the girls would have preferred an earlier sexual debut. The sexual debut came completely unexpected for a large part of both boys (38%) and girls (31%). An unexpected sexual debut was more often evaluated as unpleasant than a sexual debut that was anticipated. Recent sexual experiences were evaluated more equally by boys and girls, with girls being slightly more often satisfied about their sex life (73%) than boys (65%).

Most Dutch adolescents believe that sex should take place within a loving relationship. Forty-four per cent of boys and 25% of girls said that it was okay if a boy and a girl had sex while they were not in love with each other. If they were in love, the percentages of boys and girls who thought this was acceptable increased to respectively 83% and 75%. If the boy and the girl were in a steady relationship, 91% of boys and 90% of girls believed that it was okay to have sexual intercourse. Fourteen per cent of boys and 16% of girls felt that sex before marriage was wrong.

Prevention of unplanned pregnancy

Compared to other Western countries, contraceptive use among young people in the Netherlands is high (Gabhainn et al., 2009). In addition, the teenage birth rates in the Netherlands have belonged to the lowest in the world for years. For example, 33 out of 1000 girls aged 15-19 gave birth in the United States in 2010. The same applies to 30 out of 1000 girls in the United Kingdom and 5 out of 1000 girls in the Netherlands (World Bank Group, 2012).

The present study confirms this beneficial position in terms of pregnancy prevention in the Netherlands. Nine out of ten adolescents used contraceptives at first intercourse. Almost three quarters of both boys and girls used a condom and 50% of boys and 58% of girls used the pill or another form of contraceptive. Thirty-four per cent of boys and 41% of girls used both condoms and oral contraceptives at the same time (double Dutch). Four out of five sexually experienced adolescents always used contraceptives during intercourse with their last sexual partner. Seventy-four per cent of the sexually experienced girls used the contraceptive pill and sixteen percent used other contraceptives, such as condoms or an intra-uterine device. Twelve percent of the sexually experienced girls used emergency contraceptives in the past 12 months. Knowledge of reproduction, however, is lacking in some respects. Forty per cent of young boys and girls did not know, for example, that a girl can get pregnant even if the boy does not ejaculate during intercourse.

STI prevention

Thirty-seven per cent of boys and 21% of girls always used a condom when having sexual intercourse with their last sexual partner. Using condoms in the beginning of a new sexual relationship was also a commonly used strategy. Of the sexually active adolescents, 22% of boys

and 34% of girls used condoms at the beginning of their last sexual relationship. Because it takes about three months after exposure to the HIV virus before someone will test positive on an HIV antibody test, it is wise to continue condom use during the first three months of a new relationship and to make sure that both partners have not been infected (by being tested on STI/HIV) before refraining from condom use.

Only 22% of the group that used condoms in the beginning of a new relationship, however, persisted in doing so for at least three months and 13% stopped using condoms after only one week. About two thirds of young people who stopped using condoms within a steady relationship had not been tested for STI/HIV. Less than half (45% of boys and 48% of girls) discussed STI prevention before having sex with their last partner for the first time. The remainder did not dare to communicate about this, did not think about it or thought it was not necessary. In addition, knowledge of STI infection fell short at some points. Thirty-seven per cent of boys and 29% of girls, for example, thought that washing after sexual intercourse helped to prevent STI.

Sexual coercion

Seventeen per cent of girls and 4% of boys experienced sexual coercion at one time in their lives. These figures concern a broad definition of sexual coercion: being coerced into sexual behaviour you did not want. This question does not give insight into the kinds of sexual behaviour that took place or the strategies that the other person used to force the participant into sexual behaviour. More specific questions showed for example that 7% of girls and 2% of boys had sexual intercourse against their will and that 12% of girls and 6% of boys reported that someone had used physical force to have sex with them. Of the sexually active adolescents, 3.3% of girls and 0.2% of boys were forced and 13.5% of girls and 4.7% of boys were persuaded to have sexual intercourse for the first time. The risk of a sexual debut that was not entirely one's own choice was higher if the partner was more than five years older.

LGB Youth

Three percent of boys and 2.4% of girls felt attracted to both boys and girls, or were mostly or solely attracted to persons of the same sex. This percentage increased from 0.7% of boys and 1.7% of girls in the youngest age group (12-14 years) to 3.9% of boys and 3.5% of girls in the oldest age group (21-24 years). Same-sex sexual experiences or desires were more prevalent. One in twenty boys (5.1%) and one in eight girls (12.8%) had same-sex sexual experience and 5.6% of boys and 6.7% of girls intended to have a same-sex sexual experience later on.

Among heterosexual young people, homonegativity was high. This was especially the case among the youngest group, lower educated youth, adolescents with a Moroccan or Turkish background and Islamic or Christian youngsters to whom religion was very important. Almost all young people thought it was all right if a boy and a girl kissed in public, whereas 16% of boys and 24% of girls disapproved of this behaviour between two girls and 51% of boys and 25% of girls disapproved of two boys kissing in public. Furthermore, 12% of boys and 3% of girls claimed that they would end a friendship if one of their friends was gay.

Possibly due to this negative attitude among heterosexual young people, especially gay and bisexual boys were not entirely positive about their sexual orientation. Thirty percent of gay and bisexual boys would rather not be attracted to boys and 22% reported that gay life was unpleasant. One of the main sexual health differences between heterosexual and homosexual young people concerned their experiences with sexual coercion. Sixteen per cent of homo- and bisexual boys aged 17 years and older, had experienced sexual coercion, compared to 4% of heterosexual boys. Lesbian and bisexual girls did not differ significantly from heterosexual girls in this respect.

Problems with sexual functioning

We assessed five different problems with sexual functioning: (a) lack of sexual desire, (b) failure to attain or maintain sexual arousal, (c) inability to achieve orgasm, (d) achieving orgasm too early, and (e) pain during intercourse. Following the Diagnostic and Statistical manual of Mental Disorders, Fifth Edition, these problems are only classified as problems if they occur at least regularly and if they cause distress (American Psychiatric Association, 2013). In the present study, sexual dysfunctions were only investigated among adolescents who had at least some petting experience.

Sexual problems appeared to be prevalent especially among girls. Twenty-seven per cent of the boys had at least one sexual problem, with premature orgasm being the most common (19%, compared to 5% among girls). Among girls, 37% had at least one sexual problem. Twenty-three percent of girls reported orgasm problems, 17% had problems with sexual desire, 13% problems with subjective sexual arousal and 11% experienced pain during intercourse. Among boys, these percentages varied between 2 and 6%.

Information and communication

Almost all Dutch adolescents (93%) received at least some sexuality education in elementary or high school. The topics that most adolescents received information about were contraceptives and condoms (84%), STI/HIV (79%) and reproduction and abortion (73%). Topics that were less often covered in sexuality education were homosexuality (41%), communication about sexual wishes and boundaries (31%) and sex in the media (21%). If Dutch adolescents have questions regarding sexuality, they mainly search for answers on the internet (65% of boys, 55% of girls) or talk to their same-sex friends (47% of boys, 63% of girls). Talking to their mother, however, is the next best option. Problems with regard to sexuality are most often discussed with friends, steady partner and - again - the mother.

The relationship between Dutch parents and their adolescent children is generally characterized by high levels of parental knowledge and autonomy granting with regard to sexuality. Within the sexually experienced group, 75% of boys and 87% of girls said that their parents knew about their sexual status. In addition, 68% of boys and 57% of girls living at home were allowed to have their boy- or girlfriend sleep over in their own bedroom. Almost all adolescents (78% of the boys and 88% of the girls) claimed that they talked to their parents about love and dating. Contraceptives and condoms are also regularly discussed with the parents, but personal sexual wishes and boundaries are kept more private.

Sexuality is more often a topic of conversation among friends than with parents. Eighty-four per cent of boys and 95% of girls talked about love and relationships with their friends in the past 6 months. Only a small group of Dutch adolescents perceived peer pressure regarding sexuality. Seven percent of boys and six percent of girls said that the idea 'that everyone had already done it' was a motivation for their sexual debut. And 6% of boys and 3% of girls report that only sexually experienced individuals were accepted in their circle of friends.

Risk groups

Adolescents with an early sexual debut (before age 14) are more at risk of a number of negative consequences than adolescents who start having sexual intercourse at an older age. A sexual debut before age 14 is more often the result of persuasion or coercion, and also more often unprotected, than among older adolescents. Among girls, 33% of the sexual debuts before age 14 involved coercion or persuasion, compared to 20% of the sexual debuts at age 14 or 15 and 13% of the sexual debuts at age 16 or 17. In addition, 37% of boys and 27% of girls who had

sexual intercourse before age 14, did not use contraceptives at their first sexual intercourse, compared to 11% of boys and 9% of girls whose sexual debut occurred at age 14 or 15.

Lower educated youth (lower secondary, pre-vocational or vocational students, or adolescents who had already left school and completed high school at most) are more at risk than higher educated youngsters because of their earlier sexual debut and higher numbers of sexual partners. At age 14 or 15, for example, 22% of lower educated young people and 7% of higher educated young people had experience with sexual intercourse. In the total group of 12- to 25-year-olds, 26% of lower educated and 14% of higher educated young people have had four or more sexual partners. Furthermore, lower educated adolescents more often experienced an unplanned pregnancy or sexual coercion than higher educated adolescents.

Adolescents with strong religious beliefs (Christian or Islamic) differed strongly from moderately religious or non-religious adolescents in their sexual attitudes. Almost all non-religious boys (94%) and girls (95%) approved of sexual intercourse before marriage, compared to respectively 41% and 39% of Christian boys and girls with strong religious beliefs and respectively 45% and 20% of Islamic boys and girls. Among boys and girls aged 12 to 17, however, respectively 16% and 10% of the Christian boys and girls with strong religious beliefs and respectively 32% and 20% of the Islamic boys and girls have had sexual intercourse. For Islamic boys, this percentage is significantly higher than for non-religious boys of this age (25%). In addition, Islamic boys more often have sex with a prostitute (26%) than Christian and non-religious boys (6%). Within religious subgroups the sexual status is more often kept from the parents than among non-religious adolescents, impeding parents to guide their children in these sexual experiences.

Conclusion

This extensive population study of Dutch adolescents' sexual health shows that most Dutch adolescents protect themselves well against unwanted pregnancy, but that other concerns with regard to their sexual health remain. The sexual debut was unpleasant for 5% of boys and 23% of girls. Seventeen per cent of girls and 4% of boys experienced sexual coercion in their lives. In addition, many adolescents have a negative attitude towards homosexual peers. Although almost all Dutch adolescents receive sexuality education at high school, this education most often concerns the prevention of STIs and unwanted pregnancies. The most important concerns resulting from this study, such as sexual coercion, homonegativity, and sexual problems, should get more attention in sexuality education.

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Appendix 1. Main concepts measured with single items

Concept	Question	Categories
Romantic experience	Have you ever a) been in love b) had a steady boy- or girlfriend?	no/yes, once/yes, more than once
Sexual experience	Have you ever experienced a) masturbation b) French kissing c) petting d) manual sex e) vaginal intercourse f) oral sex g) anal sex?	no/yes
Perceived planning sexual debut	Did you expect your first sexual intercourse?	no, it was unexpected/I knew it would happen soon, but that day it was unexpected/I knew it would happen that day
Perceived timing sexual debut	Did your first sexual intercourse occur at the right time?	no, I wanted it earlier/yes, it was the right time/no, I had actually wanted to wait longer
Evaluation sexual debut	What do you think about your first sexual intercourse?	pleasant/just normal/unpleasant
Perceived regret sexual debut	Did you regret your first sexual intercourse afterwards?	no/yes, a bit/yes
Voluntariness sexual debut	Which of the following describes your first sexual intercourse best?	we both wanted it/I was persuaded/I was coerced/I persuaded the other/I coerced the other
Same-sex sexual attraction	Are you attracted to boys, girls, or both boys and girls?	only to boys/mostly to boys /to boys and girls/mostly to girls /only to girls/I don't know
Same-sex sexual behaviour	Have you ever had sex with someone of the same sex?	no, I don't want to/no, but I would like to try this sometime/yes, once/yes, more than once
Coming-out	Have you ever told someone about your same-sex attraction? If yes: at what age did you do this for the first time?	no/yes age in years
Contraceptive use sexual debut	Did you do something to prevent pregnancy at your first sexual intercourse?	no/condom/contraceptive pill/other contraceptives/ withdrawal/fertility awareness/other/I don't know
Contraceptive use last partner	Did you do something to prevent pregnancy with your last sexual partner? If yes: what did you do to prevent pregnancy?	yes, always/yes, sometimes/no, never/I don't know condom/contraceptive pill/other contraceptives/withdrawal/fertility awareness/other
Condom use sexual debut	Did you use a condom to prevent STIs at your first sexual	yes/no/I don't remember

	intercourse?	
Condom use last partner	Did you use condoms during sexual intercourse with your last sexual partner?	yes, always/yes, sometimes/only in the beginning of our relationship/no, never
Unplanned pregnancy	Have you been pregnant/Has a girl been pregnant by you in the past 6 months?	no/yes, once/yes, more than once
	If yes: Was this pregnancy planned?	no/yes
Testing for STI/HIV	Have you been tested for STI or HIV in the past 12 months?	no/yes, once/yes, more than once
Experience with STI/HIV	If yes: What was the outcome of this test/these tests?	no STI/I had an STI
Sexual coercion	Have you ever been coerced into a sexual experience?	no/yes, once/yes, more than once
Sexual regret	Have you ever regretted a) kissing b) petting c) manual sex d) oral sex e) vaginal intercourse f) anal sex	no/yes, once/yes, more than once
Unwanted sexual experiences	Have you ever experienced against your will a) kissing b) petting c) manual sex d) oral sex e) vaginal intercourse f) anal sex	no/yes, once/yes, more than once
Coercive tactics	Example item: Did someone ever use physical violence, to have sex with you against your will?	no/yes, once/yes, more than once
Commercial sex	Did you ever a) pay for sex b) give something else in exchange for sex c) receive money for sex d) receive something else for sex	no/yes, once/yes, more than once
Sexuality education at school	Did you receive information about the following topics at school? Multiple answers possible.	Examples: a) homosexuality b) contraceptives c) how to make your wishes known and what you do not want
Sources of information	What do you do when you have a question regarding sexuality? Multiple answers possible	Examples: a) search on the internet b) talk to my mother c) talk to my friends
Sources of social support	Who can you talk to if you have a problem regarding sexuality? Multiple answers possible	Examples: a) my mother b) my friends c) a youth worker

Appendix 2. Psychometric characteristics of the scales

Scale	Number of items	Sample question	alpha
Sexual permissiveness	4	How do you feel about sexual intercourse without being in love?	.83
Sexual motivation	7	I have sex because of emotional closeness	.70
Sexual self-concept	9	I think about sex all the time	.85
Sexual satisfaction	4	I am satisfied about my sex life	.89
Double standard	4	What do you think about a girl having sex with many boys?	.72
External homonegativity	6	Would you end a friendship if your best friend was gay?	.81
Internalized homonegativity	7	I wish I was not gay	.86
Social sexual competence	14	I communicate my sexual desires to my partner	.78
Sexual dysfunctions	4	How often did difficulties in having an orgasm cause distress ?	.76
Knowledge about reproduction and STI	8	Washing after having sex reduces the risk to contract an STI (-)	.63
Self-efficacy in refusing unwanted sex	8	I can refuse unwanted sex when I'm drunk	.93
Parental communication about sex	7	I talk to my parents about contraceptives	.90
Low parental control	7	I am allowed to have my boyfriend sleep over in my bedroom	.74
Parental knowledge of child's sex life	4	My parents know that I have had sexual intercourse	.72
Media education	5	My parents told me that sexual media images are not realistic	.69
Friends' communication about sex	6	I talk to my friends about love and relationships	.91
Friends' social pressure	5	You are only accepted if you are sexually experienced in my circle of friends	.97
Cybersex	8	Have you shown your genitals in front of the webcam in the past 6 months?	.78
Porn use	5	Have you watched a porn site in the past 6 months?	.81
Porn attitudes	4	Porn can be very informative	.74