Main conclusions

Sex under the age of 25 2017

Sex under the age of 25 2017 is a large-scale representative study of the sexual health of young people aged 12 to 25 in the Netherlands. In 2005, almost 5000 young people participated in such a study for the first time (De Graaf, Meijer, Poelman & Vanwesenbeeck, 2005). In 2012, the sample consisted of almost 8000 young people (De Graaf, Kruijer, Van Acker & Meijer, 2012). In 2017, 15 of the 25 regional public health services in the Netherlands used the opportunity to gain insight into the sexual health of young people in their own region by increasing the sample for their region. Partly as a result of these regional increases, 20,500 young people have filled in a digital questionnaire with questions about a wide range of sexuality-related topics. Young people 12-16 years were recruited via secondary schools and youngsters aged 17-25 years old were selected via a sample from Statistics Netherlands (CBS) drawn from the municipal population registers (GBA). The sample is representative of the population of young people aged 12 to 25 in the Netherlands.

Sex under the age of 25 is based on the approach and principles of participatory action research. This means that the whole research process is conducted in partnership with stakeholders from research, professional practice and policy in the field of (sexual) health promotion. The input of stakeholders at diverse moments in the research process creates a shared commitment towards data, results and action based on the outcomes. The main findings are described below.

Positive developments

Later sexual debut

Young people start having sex at a later age. At the age of 18.6, half of young people have had sexual intercourse; in 2012 this was at the age of 17.1. This trend can be seen across all forms of sex: first experiences of French kissing, feeling and petting, fingering and masturbating and oral sex take place one to one and a half year later than five years ago. Now half of young people have experience of French kissing at the age of 15.8. Almost a year later (at the age of 16.5), half of them have some experience of feeling and stroking. Over a year later (at the age of 17.6), half of young people have experience of fingering or masturbating and at the age of 18.2, half of them have experience of oral sex. It is hard to explain this shift based on Sex under the age of 25 alone. Among young people who do not have sex, 46% of young men and 59% of young women say they consider themselves too young. Maybe young people now have a different norm regarding the age at which young people should have sex. The shift in the age at which young people have sex for the first time is not necessarily “good” or “bad”. However, it is a positive finding that the group of “early starters” (young people who have their first sexual intercourse before the age of 14) has decreased. This is a positive trend because early starters are more vulnerable and are less effective at protecting themselves against unplanned pregnancy and STIs (for more information, see the section “groups requiring continued attention” below).
Sexual pleasure
Gender differences when it comes to enjoying sex are strikingly small. It seems young men and women have come to resemble each other more in this respect. The study also shows that talking with one’s most recent sexual partner correlates with more sexual pleasure. Therefore it is a positive finding that the group of young people who regularly ask their partner what he or she enjoys has slightly increased.

Decrease in sexual coercion
There is a slight decrease in the number of young people who experience sexual coercion. In 2012, 5% of young men and 17% of young women reported they had been persuaded or forced when they had sexual intercourse for the first time, in 2017 this is 3% and 14% respectively. Two per cent of young men and 11% of young women report having ever been forced to do, or submit to, something sexual they did not want. In 2012 this was 4% and 17% respectively.

Good protection against pregnancy
Contraceptive use is high among young people. During their first sexual intercourse, 92% of young men and 94% of young women used a contraceptive method. This is a slight improvement compared to 2012. Four in five young people always use contraception with their most recent partner. This is also a slight improvement (among young women). The use of contraceptive methods other than the pill is increasing. The pill is still the most-used method, but its use has declined strongly, from 61% to 50% among young women with experience of sexual intercourse. After the pill, particularly IUDs are used a lot: 11% of sexually experienced young women use this method, meaning the percentage has doubled compared to 2012. The shift from the pill to other contraceptive methods can be considered positive, because it seems young women are more careful in choosing a method that suits them. Two thirds of young women received information about at least one other contraceptive method when they received contraceptive counselling. In addition, a shift from the pill towards long-lasting contraceptive methods entails less risk of user mistakes (such as forgetting to take the pill).

More tolerant of homosexuality
The number of young people who disapprove of expressions of homosexuality has declined strongly. In 2012, half of young men and a quarter of young women disapproved of two young men kissing in public, in 2017 that percentage has almost halved.
Condom use
The main reasons for not using a condom are the use of another form of contraception, the fact that they and their sex partner trusted each other or that it is less pleasant. The last reason is mentioned more often by young men (58%) than young women (45%). Even with casual sex partners, condom use is low. Over four in ten young people whose most recent sex partner was a one-night stand report they did not use a condom on that occasion. Among young people who had sex more than once with the same sex partner without being in a relationship, three quarters did not always use condoms. Carrying condoms is an important predictor of their use. However, many young people have a negative view of carrying condoms, especially young women. Forty per cent of young men and over half of young women without a partner think you are looking for sex if you have condoms with you. Moreover, carrying condoms seems to be a “male thing”. Among the sexually experienced young men without a partner, 58% usually or always carry condoms; among young women this is 24%.

Getting tested for STIs
Among the young people with experience of sexual intercourse and/or anal sex, 13% of young men and 18% of young women had had themselves tested for STIs and/or HIV in the past 12 months. This is a slight decrease compared to 2012. The number of positive STI and/or HIV tests has remained the same. Among the total group of young people, one in ten young men and one in six young women aged 12 to 25 have ever been tested for STIs and 5% of young men and 6% of young women for HIV. Three quarters of young men and two thirds of young women who stopped using condoms with their most recent sex partner reported that neither they nor their partner had themselves tested. The main reasons for getting tested are that someone has had unsafe sex, wanting to be sure that he or she does not have an STI or considering it sensible to have oneself tested now and then. The main reason not to do so was that they thought they had not run a risk. Other reasons were not having physical complaints or not having had unsafe sex.

Unplanned pregnancy and abortion
Sixteen in 1000 young men and 24 in 1000 young women in this study were faced with an unplanned pregnancy at some point in their lives. In the case of 9 out of 1000 young men, a young woman who had become pregnant because of them had an abortion, and 11 out of 1000 young women ever had an abortion themselves. This is low compared to other countries (Sedgh, Finer, Bankole, Eilers & Singh, 2015). However, this topic still deserves extra attention, because it seems there is a taboo on having an abortion. Among young women with experience of abortion, 59% indicate they find it hard to talk about it and almost half of them are ashamed of their experience of abortion. Nevertheless, two thirds of these young women say they completely stand by their decision to have an abortion. Twelve per cent do not completely stand by it (anymore).

Knowledge and information use
Knowledge of sexuality, reproduction and STIs is mediocre in some respects and has decreased somewhat compared to 2012. Although almost everyone receives some information about sexuality at school, this information usually concerns topics such as contraception, reproduction and STIs/HIV, according to young people. Only when it comes to these three topics, a small majority of young people report having received enough information. When it comes to sexual coercion, sexual diversity, sexual pleasure and sex in the media, a majority of young people report having received no or little information. Young people rate the information they have received at school as mediocre (5.8 on a scale of one to ten). In addition, young people talk somewhat less about being in love, sex, contraception and STIs with their parents and friends compared to 2012. When they want to know something about sex they are also less inclined to ask their male or female friends, and booklets and magazines in particular are consulted less often in the case of questions about sex. Young people mainly use the internet as a source of information, but this does not compensate for the decreased use of other sources of information.
Body image and sexual problems
Young women are less satisfied with their body than young men. Young women are least satisfied with their stomachs: one in three young women are dissatisfied with it, compared to one in five young men. Insecurity about their bodies also plays a role during sex: a quarter of young women feel insecure about how they look during sex at least regularly, compared to one in seven young men. It is true that a “performance anxiety” is more apparent among young men than among young women (three quarters of young men find it important to be good at sex), but this is part of a positive sexual self-image. The group of young men who are really afraid of doing something wrong in bed is also markedly smaller than the group that finds it important to be “good” at sex: one in five young men are afraid of this at least regularly. Young women experience sexual problems more often (20%) than young men (9%). Orgasm problems are most frequent among young women. One in five young women (almost) never have an orgasm and one in ten young women find this quite or very distressing. Among young men, 2% find it quite or very distressing that they (almost) never have an orgasm. Over a quarter of young women experienced pain during sex for at least three months in the past year; among 7% this happened often or always and 5% found this distressing. Among young men this almost never occurs.

Sexual orientation
Four per cent of young men and 3% of young women feel also, mainly, or exclusively sexually attracted to people of the same sex. These homosexual, lesbian and bisexual young people differ from heterosexual young people in a number of ways. In 2017 we investigated the context of the first sexual experience with someone of the same sex for the first time, and this context differs strongly from the first sexual experience in a heterosexual context. For instance, having sex for the first time with someone of the same sex is more often completely unexpected and the sex partner is more often a casual partner and/or stranger. Large differences can also be seen between homosexual/bisexual and heterosexual young men when it comes to the use of digital media in relation to sex. Of the homo- and bisexual young men aged 17 and older, 44% have had sex with someone they met via a dating app in the past 6 months. Among heterosexual young men this is 6%. Also, 72% of homo- and bisexual young men have experience of sexting in the past half year, compared to 44% of heterosexual young men. Young men who have sex with men deserve extra attention when it comes to STIs and HIV. A minority (31%) had talked about preventing STIs or HIV before they had sex with a man for the first time. 61% did not use a condom when they had oral or anal sex with a man for the first time and 39% never used condoms with their most recent male sex partner. Homo- and bisexual young men also get tested for STIs and HIV more often than heterosexual young men and they are more often diagnosed with an STI. Finally, homo- and bisexual young men in particular experience discrimination and violence frequently. Two in five were verbally abused because of their sexual preference, one in six were threatened and one in nine were kicked and beaten. Lesbian and bisexual young women experience this less frequently.

New developments
Online dating
Digital media play a big role in the lives of young people in 2017. This also affects their development when it comes to relationships and sexuality. Some young people use digital media to meet someone for sex or a relationship. One in six young people met their most recent sex partner via digital media (usually a dating app such as Tinder). One third of the total group of young people used a dating app in the past 6 months. A much smaller number (9% of young men and 7% of young women) arranged a date via a dating app in that period, and an even smaller number (5% of young men and 4% of young women) had sex with someone they had met via a dating app in that period. Among sexually experienced young people, this is 12% and 8% respectively. In relationships, digital media are used frequently to communicate with each other, although young people still find most conversations easier to have “in real life” rather than in an online chat. Young people only find it easier to take the
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first steps in a relationship (letting someone know you like them or arranging a date) in an online chat. They find later steps (getting to know someone better, saying what you do and do not like when it comes to sex and ending a relationship) easier in real life..

Sexting

It does not often happen that these images are shared with others, but when it happens many young people find it distressing. Among young people of whom a nude picture or sex video was passed on to other people (2% of young men and 1% of young women), over half of young men and three quarters of young women indicate they found this distressing. Sexting can be fun too. Young men generally enjoy seeing images and young women often enjoy having their picture taken or being filmed. Among the total group, 6% of young men and 14% of young women have at least one experience of sexting that they found distressing.

Changing norms and relationships

The attitude towards sex without a relationship or love has become more tolerant. Now 59% of young men and 44% of young women approve of having sex without being in love; in 2012 this was 44% and 25% respectively. However, this does not mean that more young people personally like having sex with someone they are not in love with. Most young people still have sex within a long-term steady relationship. Still, attitudes towards sex without love also seem to have an effect on the sexual relationships of young people themselves. The percentage of young people who were in a steady monogamous relationship with their most recent sex partner has decreased, and compared to 2012, more young people now report that their most recent sex partner was a one-night stand, a casual partner with whom they had sex more than once, or a steady partner although they also had sex with other people. Maybe this has something to do with the use of digital media for searching for, finding and meeting partners. Contacts made through dating apps are more often casual, quick and short-lasting compared to contacts made through school or friends (although the same is true of contacts made through going out and on holiday). Still, more than half of all “Tinder dates” is a steady, monogamous partner, and 41% of these relationships lasted at least a year.

Groups requiring (continued) attention

Youngest group (12- to 14-year-olds)

Only a small number of 12- to 14-year-olds are sexually active. Three per cent of young men and 2% of young women in this age group have experience of sexual intercourse. This group has also decreased compared to 2012. However, this group deserves extra attention in education, healthcare and social work, and policymaking. The reason for this is that the small group that is sexually active at this age seems less equipped to have safe, pleasant and unforced sexual contacts. Young people aged 12-14 have less knowledge of sex, STIs and contraception compared to young people of an older age. They also indicate they have received less information at school, rate the information they received lower, less often search for information online and talk less about sexuality with their parents or friends. If they watch porn, they indicate they find the images instructive and realistic more often than older young people do. One in three young people in this age group say that you learn from porn what sex is, or what you should do during sex. “Early starters” relatively often mention reasons for their first sexual intercourse that do not stem completely from their own desire to have sex, such as “I wanted to do the other a favour” or “I thought everyone had already done it”. Young women who had sex before the age of 14 had more often been persuaded to have sexual intercourse for the first time. Sexually experienced 12- to 14-year-olds have a less positive view of sex and enjoy sex less. Moreover, young people protect themselves less well against pregnancy and, in the case of young men, against STIs, when they have sex for the first time before the age of 14.
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**Young people with a Turkish or Moroccan background**

However, there are concerns. These young people talk less often about sexuality with their parents or friends and young women also talk less about it with their most recent sex partner. When they have questions about sexuality they also consult family, friends or the internet less often. Therefore, knowledge about sex, STIs and contraception is relatively low in these groups. Young people with a Turkish or Moroccan background have fewer positive feelings about sex, although they do have somewhat more sexual self-confidence and a more positive body-image than other young people. Turkish and Moroccan young women more often indicate they had been persuaded when they had sex for the first time. Turkish and Moroccan young people protect themselves less well against pregnancy, and sexually experienced Turkish and Moroccan young women use the morning-after pill relatively often. Moroccan young women also have unplanned pregnancies relatively often, despite the fact that a quarter of Turkish and Moroccan young women would (very much) like to get pregnant. However, the risk of STIs/HIV seems somewhat lower among Turkish and Moroccan young people compared to other young people. For example, Turkish and Moroccan young men more often report they always use a condom with their most recent sex partner. Although Turkish and Moroccan young women less often get themselves tested for STIs, this might be needed less often because of the lower level of sexual activity in this group.

**Young people with a Surinamese or Antillean background**

The views and behaviour of this group present a less clear-cut picture. For instance, young men of Surinamese descent often have a relatively positive view of sex without being in love, whereas young women of Surinamese and Antillean descent are relatively conservative in their views. Among young men of Surinamese or Antillean descent, the use of a double standard (disapproving more strongly of having many sex partners in the case of women compared to men) is strikingly prevalent. Also when it comes to how sex is experienced, this group does not present a clear positive or negative picture. Surinamese and Antillean young people have experience of a few forms of sex somewhat earlier, and Antillean young people have a relatively high number of different sex partners. On the other hand, Surinamese and Antillean young men more often report they always use condoms with their most recent sex partner and Antillean young people and Surinamese young women get themselves tested for STIs slightly more often. Antillean young people more often have had an (unpleasant) experience of sexting, but young people with a Surinamese or Antillean background less frequently use dating apps. Surinamese and Antillean young women relatively often have sexual problems, and Antillean young women more often experience sexual coercion. In this group the risk of unplanned pregnancy is a concern. Both in the case of their first sexual intercourse and their most recent partner, Surinamese and Antillean young people protect themselves less well against pregnancy, and although their attitude towards pregnancy is relatively positive, Surinamese and Antillean young women more often have unplanned pregnancies.

**Muslim and very religious Christian young people**

These groups present a picture which strongly resembles that of young people of Moroccan and Turkish descent. Compared to other young people, they are more conservative in their views about sex before marriage or sex without being in love. They have less sexual experience – both online and offline - than other young people of the same age. The main reason for this is that they want to get married first (this is the case with 63% of very religious Christian and 55% of Muslim young people in this group). Very religious Christian young women who have experience of sex report slightly more often that they had been persuaded when they had sex for the first time. From many kinds of experiences it is apparent that these groups experiment less with sex. They have fewer different sex partners, less often have sex under the influence, less frequently have solo sex, sex with a partner or online sexual experiences. Muslim and very religious Christian young people have a less positive view of sex and enjoy sex with their most recent sex
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Although less-educated young people start having sex earlier, they also seem to finish experimenting earlier and settle down earlier. For example, less-educated young men more often have a steady partner at the moment, and young women more often are cohabiting or married. They also have fewer different sex partners. However, in some respects they are slightly more at risk than highly educated young people.

Less-educated young people

Firstly, they have less knowledge of sex, STIs and contraception and seem to have less access to information. They less often consult friends, professionals in healthcare or social work, books/magazines and the internet when they have questions about sex. They are more inclined to look for answers from family members or at school, but they value the information they receive at school less than highly educated young people. A second point of concern in this group are experiences of sexual coercion. Less-educated young people (both men and women) had been persuaded when they had sexual intercourse for the first time somewhat more often than highly educated young people. Four per cent of less-educated young men and 16% of less-educated young women experienced sexual coercion at some point in their lives. This is more than among highly educated young people. These young people also more often experience that others show them sexually explicit images, spread images of them or ask for images, and they have negative experiences of sexting more often. Finally, less-educated young people are at relatively high risk of unplanned pregnancy. During their first sexual intercourse they use contraception slightly less often, and they use it less consistently with their most recent sex partner. Despite their relatively positive attitude towards currently becoming pregnant, they are also faced with pregnancy more often, both planned and unplanned/unwanted.

Highly educated young people

These young people masturbate more often and have sex more often than less-educated young people. They have more sex partners, both in their whole lives up to now and in the past year. They have a more positive attitude towards sex before marriage or sex without being in love, have a more positive view of sex in general and experience more sexual pleasure during sex with their most recent sex partner. Compared to less-educated young people, they have sex under the influence of alcohol or drugs more often, use a dating app more often (also for actual dates and sex) and more often make and send sexually explicit images of themselves. They also talk about sexuality more often with their parents, friends and most recent sex partner. This high level of sexual activity and positive attitude towards sex does seem to have an effect, however, on the STI risk of this group. In this group, condoms are used mostly at the beginning of a relationship, but less often “never” or “always” than among less-educated young people. They get themselves tested for STIs and HIV more often and are relatively often diagnosed with an STI (ever and in the past year).

Young people with negative experiences in childhood

Negative experiences in childhood (neglect and psychological and physical violence at home before the age of 16) are negatively correlated with sexual health in a broad sense. These young people are sexually active earlier, are faced with an unplanned pregnancy more often and have a higher chance of a negative experience of sexting or an experience of sexual coercion in general. Mental health is also correlated with sexual health, although here – even stronger than is the case with negative experiences in childhood – nothing can be said about the direction of these correlations. For instance, worse mental health is
correlated with earlier sexual debut, less consistent condom use, getting tested for STIs more often, more experiences of sexual coercion and more negative experiences of sexting.

From research to action

Sex under the age of 25 is a unique study. No other study investigated sexual health from such a broad perspective in a representative sample of 20,500 young people aged from 12 to 25 years. The size of the sample also made it possible to study the sexual health of specific subgroups such as “early starters” or certain ethnic and religious groups. It is also unique that 15 regional public health services have chosen to increase the sample in their own region, so we will soon have figures for these individual regions too. The study shows that the sexual health of young people is still good or has even become better in several respects. Young people take their time to start having sex, enjoy sex and protect themselves well against pregnancy. New developments are also apparent, for instance regarding the use of digital media in relation to sex, and the acceptance of sex without love. However, there are also concerns. Sexual coercion still occurs too often, there is a lot of insecurity among young women, there is a taboo on talking about experiences of abortion, and protection against STIs and HIV needs to be improved.

In the coming months, the findings of this study will be discussed with stakeholders working in the field of young people and sexual health. The findings of this study will be interpreted, priorities identified, and recommendations made for interventions, policy and further research. All input from the various organisations will be brought together in one action plan for the future. At the end of October 2017, this action plan will be the end product of this participatory action study, together with the publication “Sex under the age of 25 2017” (De Graaf, Van den Borne, Nikkelen, Twisk & Meijer, in press), and the booklet “103 Questions about Young People and Sex” for a wide audience.

References


Further information

For more information see: www.seksunderje25e.nl
For questions about the findings of this study, please contact Ingvil van de Lisdonk, communications advisor at Rutgers: 06-34102379.
For questions about the participatory approach and the topics STIs, HIV and condom use, please contact Karolien Maris, press officer at Soa Aids Nederland: 06-15828101.

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