Teenage relationships and sex education

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SUMMARY Most of the consequences of early intercourse affect the woman and much research has focused upon her. As part of a study on teenage pregnancy, where 137 women were interviewed, 46 men were also interviewed. They were less likely to have had teaching about sex from parents and were subject to less parental supervision than the women. Both sexes had had similar experience of school sex education. Just under half of the men started having intercourse before 16 years. Over half of both sexes were initiated by an experienced partner and for 15/25 (60%) of the men this was within the first month of a relationship. Most men had had several partners and 27/99 (27%) of teenage women at least three, most in the context of stable relationships. 'Serial monogamy' exposes each partner indirectly to their partners previous partners (with the associated medical risks). Education must help teenagers make decisions about sexual involvement that take account of these facts and the implications for their own future health and happiness.

Early teenage intercourse and pregnancy are associated with medical, economic, social, and psychological problems. The woman experiences most of the consequences of sexual activity and possibly because of this and difficulty of interviewing male partners, research has tended to focus upon her. Over the last 20 years there have been three reported surveys in the United Kingdom concerned with teenagers' attitudes to sex and sex education.¹⁻³ These studies have sampled the general teenage population and have not considered the selective population of men whose sexual activities may have led to a teenage pregnancy. If sex education in its widest sense is to be appropriate, the attitudes of both men and women to relationships and teaching need to be evaluated.

A study of teenage pregnancy undertaken in a health district containing a small city that has a stable indigenous and semirural population had recently been published.⁴ This provided data that were unbiased by important religious or ethnic differences. One hundred and one women pregnant before their 18th birthday were interviewed to provide information about their family background, their relationships with the opposite sex, and the knowledge that they had gained from sex education. Thirty six primigravidae aged between 20 and 25 years were also interviewed as a comparison population of young women who had not become pregnant in their teens.

Towards the end of that study, 46 men were also interviewed: 16 were partners of pregnant teenagers (the 'study' group) and 30 were partners of the primigravidae aged between 20 and 25 years (the 'comparison' group).

The behavioural and educational aspects of the data collected from both the groups of men and women in the study were of particular interest. Despite the small sample size, we hoped to be able to identify important areas of concern for current sex education programmes and to provide information for those concerned in the care of teenagers. This paper reports the data from the men and comparisons of men and women with particular reference to educational aspects.

Subjects and methods

The men were recruited to the study by their partners, who were in hospital after either delivery or a termination. Initially, many of the men were reluctant to be interviewed because of embarrassment and concern about confidentiality, but only one refused to participate. The men whose girlfriends were under 18 years and pregnant were difficult to find for various reasons. Many girls were no longer in contact with their boyfriends and, where they were having a termination, their boyfriends often did not visit for the 48 hours that they were in hospital. Sampling of the men was therefore biased by their availability.

All interviews were carried out in private by a male doctor (WLC), in hospital, using a similar questionnaire to that which had been used for the women. The questionnaire provided both codified information and data from general comments and discussion. The detailed questions were concerned with family background, school background, degree of parental supervision, sex education received from home, school, and friends, personal relationships, factors surrounding first intercourse, and the pregnancy itself. Four discussion areas concentrated on how the young man thought sex education in school could be improved, future expectations, the information he wished he had received, and the advice he would give to a younger sibling or friend.

Ethical committee approval was given for the studies on both men and women. The χ^2 test was used to test differences between the groups.

Results

FAMILY INFLUENCE ON RELATIONSHIPS AND EDUCATION

The men were much less likely to have had teaching from their parents than the women (table 1); there were no differences between the study and comparison groups. In particular, only a 10th of the men could remember discussing the general topic of relationships and under a fifth, contraception. The women were also subject to a much greater degree of parental supervision and constraint than the men (table 2). Twenty six (59%) of the young men did tell their parents where they were going, but only a quarter had to ask if they could go out, and only a third had a specific time by which to be home. Just under a third of the parents stayed up or stayed awake until their sons had returned, in contrast with three quarters of the parents of the women.

SCHOOL SEX EDUCATION

Both the men and women had very similar experience of sex education in school. The nature and content of this education varied considerably from school to school—for example, in one a single sex

Table 2 Extent of parental supervision

Area of supervision	Men (n=44)	Women (n=136)
No (%) who needed permission to go out	10 (23)	98 (72)*
No (%) given a time to be home by	16 (36)	106 (78)*
No (%) whose parents knew where the young person was going	26 (59)	120 (88)*
No (%) given a limit to the number of times allowed out each week	6 (14)	39 (29)*
No (%) whose parents stayed up or awake until they returned home	13 (30)	97 (71)*

*Significant difference between the sexes, $p < 0.05$.
n=Number with data for this question.

education lesson was given to a whole year group, while in another sex education was part of a course run over several years. Most schools covered the basic biological facts about puberty and reproduction and almost half of the men and over half of the women remembered receiving some teaching on contraception and sexually transmitted diseases. Only a third of both sexes could recall any teaching about relationships and only a quarter of women and 5% of the men remembered any teaching about the subject of parenthood (commonly part of the curriculum for less academic girls).

Sex education was taught in a wide variety of subject lessons including biology, physical education, religious knowledge, separate sex education, child care, and PSM (personal, social, moral). Some of the young people reported that teachers found it very difficult to give the lessons, and a few reported teachers as having to leave the class room because of embarrassment.

The young people gave various suggestions as to the way they thought sex education in schools could be improved: small discussion groups, the teaching to be started earlier, and for other professionals to come in from outside school to give lessons on specialist topics. Several felt that it would be easier to ask questions of professionals rather than teachers because of teachers' embarrassment and concern about confidentiality.

INFLUENCE OF FRIENDS

Twenty two (49%) of the men said they had learnt most about contraception, not from parents or schools, but from friends (table 3). This contrasted with the women who learnt most from parents and school. Women learnt most about relationships from discussion with friends, as did a third of the men; however, half the men said they had learnt most for themselves. These men could not focus upon one source as the most important influence

Table 1 No (%) of men and women who had received sex education within the family on various topics

	Men (n=46)	Women (n=137)
Puberty/periods	7 (15)	99 (72)*
Relationships	5 (11)	53 (39)*
Contraception	8 (17)	56 (41)*
Sexually transmitted diseases	3 (6)	15 (11)

*Significant difference between the sexes, $p < 0.01$.
n=Number with data for this question.

Table 3 Sources of information (figures are No (%))

Topic	Contraception		Relationships		Sexually transmitted diseases	
	Men	Women	Men	Women	Men	Women
	(n=45)	(n=132)	(n=38)	(n=85)	(n=46)	(n=97)
Parents	1 (2)	30 (23)	2 (5)	26 (30)	1 (2)	11 (11)
Friends	22 (49)	30 (23)	15 (39)	43 (51)	16 (35)	11 (11)
School	14 (31)	41 (31)	2 (5)	6 (7)	18 (39)	61 (63)
Books	5 (11)	19 (14)	—	—	8 (17)	8 (8)
Themselves	—	—	19 (50)	11 (13)	—	—

n=Number with data for this question.

and although they said they learnt about relationships for themselves, it is probable that this covered a variety of sources. Most information on sexually transmitted diseases was learnt from school, although, again, a third of the men gave friends as the important source.

A total of 58 out of 74 (78%) of the teenage women and 11 (85%) of the men in the study group had the impression that at least half their friends were sexually active. Data for the men were only available for 13 of the study group. Forty per cent of both sexes thought that if people at school had a boyfriend or girlfriend then most would be sexually experienced by 15 years.

In an open coded part of the questionnaire, the young people were asked what information they wished they had received or what information they felt was important to pass on to younger siblings or friends. A third of the teenage women wanted more information on relationships and pressures, and this was significantly more than in the study group of men ($p<0.05$). More striking was that significantly more men (21/30, 70%) than women (4/36, 11%) in comparison group wanted information or would tell siblings about the importance of contraception ($p<0.001$). In the study group the trend was similar although it did not reach significance (men, 9/16, 56%; women, 36/101, 36%).

RELATIONSHIPS

Just under half of the men interviewed said they started having intercourse at under 16 years of age (table 4); this was in strong contrast with the comparison group of women, where only seven (19%) had first intercourse before this age. Of those women pregnant under 18 years, 76 (76%) had intercourse before 16 years and 47 out of 72 (65%) of these wished they had waited until they were older. About one half of the men who started having intercourse under the age of 16 felt, in retrospect, that they had been too young and wished they had delayed.

As expected, the man tended to be older than his girlfriend. In four cases, the men did not know whether their partner was experienced or not, but overall, 25 out of 44 (57%) of the men were initiated by women with previous sexual experience. Of the 25 men who knew their girlfriends were already sexually experienced, the expected age relationship referred to did not hold true with 50% of the women being older. Of the women in the study group 37 out of 63 (59%) first had intercourse with an experienced boyfriend, and the age relationship held true, with only three men younger.

The length of the relationship before first intercourse was inversely related to the experience of the partner: A total of 15 (60%) of the men who had an experienced girlfriend had intercourse within the first month, whereas when both partners were virgins three quarters waited until they had been 'going out' for more than one month. Similarly, for women at first intercourse, where both partners were virgins, only four (17%) had been going out for less than three months before intercourse occurred and five (21%) less than six months. Where the boyfriends were experienced, 18 (49%) of the virgin women had intercourse within the first three months and eight (22%) within the month.

Neither the seniority of the partner, nor their own age appeared to effect the reason for first intercourse; nine out of 44 (20%) of the young men said

Table 4 Age at first intercourse (figures are No (%))

	Study group		Comparison group	
	Men (n=15)	Women (n=100)	Men (n=29)	Women (n=36)
< 16 years	7 (47)	76 (76)*	14 (48)	7 (19)*
≥ 16 years	8 (53)	24 (24)*	15 (52)	29 (81)*

*Significant difference between sexes, $p<0.05$.

n=Number with data for this question.

it was planned, and the same number felt pressurised either by their girlfriend or by society. Most of the young men said first intercourse was unplanned and a significant minority (14%) said this was related to alcohol. A third of the teenage women had made a conscious decision to have intercourse, and just under a fifth gave pressure as the reason but, as with the men, first intercourse was unplanned in just under half of the cases.

In both the groups of men and women in the study group, those who first had intercourse under 16 years were less likely to have used any form of contraception on the first occasion or to have continued to use it (table 5). In the study group of men under a third had used contraception and only one continued to do so. Six (75%) of the men in the study group who were over 16 years at first intercourse used contraception on the first occasion, but only four of them continued to do so. Eighteen (62%) of the comparison group of men of all ages used contraceptives regularly. Women in the comparison group who started intercourse under 16 were significantly more likely than the men under 16 ($p<0.05$) to have used contraception on the first occasion but were not significantly more likely to have continued to do so.

The discrepancy in age in the study of the men made comparison of the number of partners difficult. In table 6 the total number of partners is shown as the numerator and the number of years sexual activity as the denominator for each man. In the comparison group none of those who started having intercourse under 16 years had had less than four partners and most had had over 10. Of those who started intercourse over 16 years, three had had a monogamous relationship, but again most had had several partners. In the study group, two of those who started under 16 years had only had one partner but the rest had had several over a short period of time. Two of those who had intercourse over 16 years had had only one partner.

Looking at the total number of partners the women in the study group had, only one had had more than 10 partners. Of the 76 who started intercourse under 16 years, 40 (53%) had had one partner but 23 (30%) had had three or more. Excluding those who had been sexually active for more than two years similar numbers of the study group men (50%) and women (38%) had had more than one partner. In the study group the women who started to have intercourse under 16 years had more partners than those over 16 years, although

Table 5 *No (%) of subjects using contraception at first intercourse and subsequently*

	<i>Men</i>				<i>Women</i>			
	<i>Study group</i>		<i>Comparison group</i>		<i>Study group</i>		<i>Comparison group</i>	
	<i><16</i> <i>(n=7)</i>	<i>≥16</i> <i>(n=8)</i>	<i><16</i> <i>(n=14)</i>	<i>≥16</i> <i>(n=15)</i>	<i><16</i> <i>(n=76)</i>	<i>≥16</i> <i>(n=24)</i>	<i><16</i> <i>(n=7)</i>	<i>≥16</i> <i>(n=29)</i>
First								
occasion	2 (29)	6 (75)	7 (48)	11 (73)	35 (46)	15 (62)	6 (86)	24 (83)
Regularly	1 (14)	4 (50)	8 (57)	10 (67)	18 (24)	12 (50)	5 (71)	18 (62)

n=Number with data for this question.

Table 6 *No of partners/No of years sexual activity in men of both groups*

	<i>Study group</i> <i>(n=14)</i>			<i>Comparison group</i> <i>(n=28)</i>			
Age at first intercourse							
<16	1/1 4/4 7/5	1/2 6/4	15/3 4/5	15/4 12/7 6/11 100/14	9/6 4/8 7/13 40/15	25/6 20/8 25/13	9/7 10/10 80/14
≥16	1/1 4/1 8/7	1/1 6/1	3/1 2/2	1/1 4/6 11/8 3/13	1/7 5/6 3/9 20/14	1/10 6/8 10/11	24/5 6/8 4/12

n=Number with data for this question.

this did not reach significance. In the comparison group half of those who were 16 years or over at first intercourse had had a monogamous relationship but this was so for only one of the women who started intercourse before 16 years. Overall, 16 (44%) of the comparison group had three or more partners.

Twelve pregnant teenage women and their partners were interviewed and from this one could calculate the average number of partners each had had and, therefore, the number of partners each was indirectly exposed to. The men had an average of four partners and the women two, thus exposing both indirectly to a minimum of eight other people at 'first generation' contact level.

A total of 13 (13%) of the women in the study group had experienced a previous pregnancy, most by the same partner. Eight (17%) of the men had caused a pregnancy in a different partner.

Discussion

Considering that puberty begins later in males than in females it is perhaps surprising to find that just under half of the men interviewed had begun sexual activity under 16 years, whereas of the women in the comparison group only a fifth had done so. A similar discrepancy has been observed in earlier studies in this country; Schofield in the early 1960s showed that 20% of men and 12% of women between 15 and 19 years were experienced.¹ A decade later Farrell suggested that 55% of men and 46% of women between 16 and 19 years had experienced intercourse.² Examination of Farrell's data show that 12% of all the women and 31% of all the men said they had had first intercourse before 16 years. These figures, which are of the same order, but less than our own, suggest that the rates of teenage intercourse are increasing though pregnancy rates are approximately static except perhaps in the youngest groups.⁵

Studies carried out in the United States, where there is a greater problem of teenage pregnancy, have shown that teenagers tend to have intercourse earlier than in this country.⁶ Finkel and Finkel in their study on 400 male high school students showed that the mean age for first intercourse was 14.5 years for whites, with black and hispanic males having intercourse at 11.6 years and 13.0 years respectively.⁷ This study also showed that 53% were initiated by older women.

It is commoner in relationships for the man to be older than his girlfriend and this is true for most relationships in this study. In the men, however, half had been out with women who were sexually experienced and often also older. These men were likely to

establish a relationship involving sexual intercourse earlier than those who were going out with women who were the same age or younger and not experienced. Within the average relationship—that is where the man is older—it is also apparent that women going out with sexually experienced men are likely to indulge in sexual intercourse earlier. These data confirm the hypothesis that sexually experienced young people are more likely to initiate subsequent boyfriends or girlfriends into sexual intercourse and indicate that many young men who have an experienced girlfriend begin to have sexual intercourse within the first month of the relationship. Previous studies have usually stated that sexual intercourse among teenagers is acceptable in the context of a stable relationship, although the definition of 'stable relationship' is not usually given. It seems unlikely that most people would regard such short relationships as we have described above as being stable.

Most of men had had several partners and half of the women more than one; this is of importance when considering the risk factors for cervical carcinoma and sexually transmitted diseases. Most were not promiscuous, but had had sex in the context of a relationship with a single person while the relationship lasted—that is, serial monogamy. Serial monogamy, however, exposes each partner indirectly to previous partners and even counting the first generation contacts the number of exposures is large. Cervical carcinoma is known to be associated with age at first intercourse and number of partners,⁸ and the incidence of this disease is increasing and presenting at a younger age.⁹ Sexually transmitted diseases are associated with the risk of ectopic pregnancy and infertility. In an American study on 120 postmenarchal adolescent women, 57% of whom were sexually active but had no symptoms, *Chlamydia trachomatis* was identified in one in five.¹⁰ Finally, HIV is a sexually transmitted disease that is increasing in incidence, and AIDS, resulting from the infection, can arise in both men and women.¹¹ Although homosexual men currently make up two thirds of the incidence of the epidemic in the western world, the rapid increase in this group is slowing and attention has shifted to drug users because this appears to be one of the main routes of entry into the heterosexual population in addition to bisexual activity. The already apparent increase in the population of new cases that have arisen as a result of heterosexual contact may represent a much larger hidden population of people who are positive for HIV. Risks of HIV infections may be closely related both to the number of actual sexual partners and indirectly to the number of partners their partners may have had. It

is clearly important from the point of view of reducing the incidence of cervical carcinoma and sexually transmitted disease that the number of partners each person has is minimised and education programmes are aimed at young people before they have established patterns of sexual behaviour.

In both studies of men and women most did not plan first intercourse, so that even if teenagers know about contraception it is unlikely to be used in a situation where they are not expecting intercourse to take place. The findings that those having first intercourse at a later age (>16) and those not recruited by a young teenage pregnancy (that is, those from the comparison group) are more likely to be both initial and continuing users of contraceptives lends weight to the hypothesis that later first intercourse is associated with increased personal responsibility.

Many regretted the young age at which they first had intercourse, realising in retrospect that it had been too soon. An essential part of sex education must be discussion of the implications of a sexual relationship. In becoming sexually experienced young people often believe they are simply conforming to the 'norm'. This is supported by the fact that over three quarters of both sexes in the study group had the impression that at least half their friends were sexually active. Both men and women gave the impression that they thought just under half of their peers would be sexually active by 15 years if they had a partner. The important consideration is not whether the supposition is correct, but rather that the perception that their friends are active might directly or indirectly act as a pressure for them to conform and become sexually active.

Bury, in her review of teenage pregnancy, suggested that there has been a change in cultural attitude over the last two decades with a greater acceptance of premarital sex.¹² She found it hard to quantify the effects of television and advertising on young people's behaviour. She felt, however, 'that the media portrayed sexual intercourse as acceptable in any relationship and as exciting adult behaviour; the problems associated with sex rarely being shown or discussed'. Allen asked the teenagers in her study their opinion of the influence of videos and 70% thought it might have affected their attitude to relationships.³

There appears to be a dual standard with the parents' attitude towards their sons and daughters. Very few men received teaching from either parent and neither were they supervised to the same extent as their sisters. It would appear that parents are concerned lest their daughters 'get into trouble' but not so much about their sons' sexual activity and responsibility. Inazu and Fox, in a study from the United States, have shown that where the family discusses

sex openly with their children they are less likely to become sexually experienced at an early age.¹³

In this district as in others sex education in school has had a much higher profile over the last few years with both sexes receiving similar education. The curriculum varied considerably between schools, however, and the usefulness and impact did appear to be related in part to the person giving the lesson. Although education about relationships and parenthood has been regarded as increasingly important, very few remembered teaching on these topics. Child care and related courses, which discuss child development and parenthood in some detail, appeared to be largely confined to less academic girls.

Various suggestions have been made as to how sex education can be made more effective, these have included: embedding sex education in the core curriculum so that it is covered in a number of different subjects, for example, biology, PSM, English, and therefore studied from a number of different angles¹⁴; using a spiral curriculum so that the subject is covered in different ways in consecutive years; and using professionals from outside the teaching profession to help schools in this area.¹⁵

We have not investigated any of these methods formally, but have made some observations:

- (1) Many of the teaching staff who are required to teach sex education have had minimal undergraduate or inservice training to equip them in this task and some feel extremely uncomfortable to the extent that pupils are aware of this. Selection of teachers for this important subject should clearly not be based solely on their own main curriculum subject—for example biology or physical education.
- (2) Where outside professional staff have been involved and have been selected simply on the basis that they are the allocated school nurse or medical officer similar problems may arise.
- (3) Some pupils report considerable enthusiasm for professional input from outside the school staff, and we found that medical facility with terminology and familiarity with the problems teenagers face appeared helpful.

We suggest that the teaching of sex education in schools should be taken very much more seriously both by the teaching, medical, and paramedical professions and that selection to teach this subject should be based on ability, willingness, and enthusiasm as for any other curriculum subject, rather than by default.

This study has shown that many young people are sexually experienced and that many were initiated by an experienced partner who had already had at

least one previous partner. The study showed that most men had had several partners and over a quarter of the teenage girls three or more. Once involved in a sexual relationship it is almost certain that future relationships will involve intercourse with the possible consequences discussed above.

In this study first intercourse had often occurred early, before a 'steady' relationship had been established. Many of those interviewed wished that they had delayed sexual involvement until they had been older. Education at home and school should therefore emphasise the consequences of a sexual relationship and the problems for both partners that can result from early intercourse. Education in the widest sense must help to reduce peer pressure and promote the ways of teaching both sexes in a way that enables them to make decisions which are right for them and will take full account of all the facts and their implications for their own long term future happiness and health. It is our hypothesis that such an educational intervention might result in a number of young people delaying their first experience of sexual intercourse and thus reducing a number of health risks. There are also a number of sociological factors, which have not been discussed in this paper, that suggest that such a delay would be beneficial—for example, in reducing the risk of unwanted pregnancy with its ensuing social disadvantage.

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