

Executive summary (Engels)

Chapter 1. Sexual health in Flanders

The home environment and the openness towards (conversations about) sex and relationships

First and foremost we consider the home environment and the openness towards topics such as sex and relationships in the respondents' families. Respondents living together with at least one parent or at least one child generally evaluate their home environment as 'rather warm' and 'rather open' regarding conversations concerning sex and relationships.

More respondents in the youngest group (14 to 25 years old) actually talk about sex and relationships with their family members than the number that feel the need for such conversations. Young men feel this need less than young women.

Furthermore, one out of five younger respondents (14 to 25 years) and 40% of the older group (25 and over) state that they have no one to turn to with their sex-related questions. Fewer have no one to turn to with questions about relationships. In addition, the majority of both men and women, of all ages, regard the mother as being their primary confidante. This applies to questions both about sex and relationships. One in four younger men also seek advice from their father concerning these matters.

Sexual experience

Results for both men and women surveyed in the Sexpert study showed that they are equally sexually experienced. A total of 93% of the complete sample has experience with sex, 89% has experience with sexual intercourse. In the youngest group (14 to 17 years old), 42% of the respondents has experience with sex, while 36% has experience with sexual intercourse. Of the sexually experienced respondents, the majority (79%) has also been sexually active during the past six months, with the exception of the age group between 65-80 years old. Women in the two oldest age groups (50-64 and 65-80) have been less sexually active than men of the same age, while the youngest women (14-17) were more often sexually active than their male peers.

Throughout their life, men in all age groups had more sexual partners than their female peers, with the exception of the oldest group (65-80). Amongst women, the number of sexual partners is more equal in all age groups (mean = 5); while the variation in number of partners amongst men is larger than the variation in number of partners amongst women.

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We measure sexual orientation of the respondents using several dimensions: self-identification (i.e. the label that individuals use to describe their sexual orientation), sexual desire (i.e. whether one has sexual fantasies about or feels sexually attracted to men, women or both), and sexual behavior (i.e. whether one has sex with male, female partners or both). 3.3% of the respondents identify themselves as being either gay, lesbian or bisexual. When we take into account the scores of the different dimensions, we identify 3.9% of men and 9.8% of women who report a homosexual or bisexual orientation for at least one of the three dimensions. Furthermore, we find that there is more homo- or bisexual desire than homo- or bisexual behavior. This is even more pronounced in women compared to men. There are more men who have sex with men (but who do not identify themselves as gay or bisexual) than there are women who have sex with women (but who do not identify themselves as lesbian or bisexual). The scores on the three dimensions (self-identification, sexual desire and sexual behavior) more often coincide in men than in women.

Subjective experience of sexuality

Not only sexual experience, but also the importance of sex and sexual satisfaction are significant indicators of sexual health. In our survey, men scored 3.8 and women 3.5 on a five point scale measuring the importance of sex. There is a difference between sexually experienced respondents who have been sexually active during the last six months and respondents who have not been active: respondents in the non-active group find sex less important than respondents in the active group. In both groups, men find sex more important than women. Also, sex is less important for men and women in the oldest age group, compared to respondents in the other age groups.

Concerning sexual satisfaction men scored 3.6 and women 3.5 on a five point scale. Men and women do not differ on sexual satisfaction, but respondents from the non-active group are on average less satisfied with their sex life.

Sexual behavior

To chart the actual sexual behavior of respondents, the sexual frequency is the first indicator we analyze. On average, men and women in our survey have sex 1.21 times per week. Young adults (18-29), thirty and forty year old respondents report a higher sexual frequency compared to other age groups. Furthermore, respondents who are in a relationship report both a higher sexual frequency and sexual satisfaction.

Most sexually active men and women in our survey have practiced various sexual activities in the six months prior to the interview, such as hugging, caressing under/above the clothes, caressing each other's naked body and lying naked next to each other. Vaginal sex (82.4%) and manual stimulation of the genitalia (82.6%) are the most common sexual activities. Seven out of ten male respondents and five out of

ten female respondents have masturbated at least once in the last six months. Men masturbate once or several times a week, while women masturbate once or several times a month.

The majority of men (90%) and half of the women experience (almost) always an orgasm during sex. Older men (aged 50 plus) and the youngest and oldest women show the lowest frequency in experiencing orgasm.

Partnership

More than three out of four Sexpert respondents have a steady partner. With regard to sex frequency and sexual satisfaction, differences were found between respondents with and without a partner: men and women with a partner report to have sex more often and report a higher sexual satisfaction than men and women without a partner. Furthermore, men without a partner report a higher sex frequency and a higher sexual satisfaction than women without a partner.

Finally, one in four men and slightly more than one in five women in our survey have, at sometime, had sex with someone other than their partner during a relationship. These percentages are highest in the thirty year olds and respondents between 50-64 years old. The lowest percentage reported was for the oldest age group (65-80).

Fourteen percent of men has visited a prostitute. These percentages are higher in the age groups 30 to 39 and 40 to 49. Only one woman has had experience with visiting a prostitute.

Std's, hiv, testing behavior and the use of contraception

In the group of sexually experienced Flemish respondents who have ever been tested, an STD is found in one in three. Most frequently diagnosed STD's are candida, chlamydia and genital warts.

Even when we account for age differences, we see a difference in the number of sexual partners (throughout the life span) between the group tested and those who were not tested for STD's. Also with regard to sexual behavior during the past six months the tested group differs from the non-tested group. These differences in recent sexual behavior can be fully explained by the younger age of the respondents tested.

Half of the sexually active women aged between 14 and 49 use the pill, which makes it the most popular method of contraception. Numbers, furthermore, show how young women (14 to 17 years old) almost exclusively choose the pill. From the age of 30 on, the hormonal IUD is used more often. Almost all the female respondents of the reproductive age group (14 to 49 years old) stated that they know what the morning-after pill is. About a quarter of these women have used it at least once.

Characteristics of sexual contacts

Nearly all respondents in a relationship experienced their most recent sexual encounter with their regular partner. The majority of respondents without a partner, on the other hand, report 'having casual sex with someone with whom they have no relationship' or their ex-partner. The respondent's home (or the partner's home) is the most common location for all reported sexual contacts.

Most of the reported sexual encounters are unplanned, did not occur under the influence of drugs or alcohol and are evaluated as being rather positive to very positive.

In a broad definition of safety, 4% of sexual contacts are unsafe as regards the risk of infection due to HIV or other STD's. In a narrow definition, this amounts to 14% of the sexual contacts. Young adults (aged 18 to 29) and respondents aged between 30 and 39 generally report more unsafe sexual contacts.

Thus, the majority of respondents assessed their sexual contacts as being safe due to their long-term relationship with their regular partner. Finally, 5% of all heterosexual sexual contacts are considered to be unsafe as regards the risk of an unintended pregnancy.

Chapter 2. The sexual start

In the chapter 'The sexual start' the timing and characteristics of the first sexual intercourse are discussed. Attention is given to both the differences between men and women, as well as between the age groups. Explicit attention is paid to the relationship between the timing of the first intercourse on the one hand and characteristics of sexual behavior later in life on the other hand.

To chart the timing of the first intercourse, attention is paid to the age at which respondents experienced their first tongue-kiss (French kiss), the age at the first sexual intercourse and the time lapse between these two moments. We can see that the mean age for the experience of the first tongue-kiss and the first intercourse have both reduced over the generations, and that this is mainly due to a larger representation of late starters among the older generations, and of early starters among the younger generations. However, the time lapse between the first tongue-kiss and the first intercourse has remained stable across the generations.

In general, the first intercourse is a positive experience. For men this is even more so than for women. When the first time is experienced as painful by women, this more often goes together with a less positive experience of it. Bleeding – which was only reported by about half of the women – does not correlate with the timing nor the experience of the first intercourse. Respondents who started earlier with intercourse had, on average, a first sexual partner who was older than themselves. Early starters also more often report that they were not ready for it at that time.

Whilst the use of contraception during the first intercourse was rather an exception among the older generations, this seems to have become something evident for the younger generations. The most popular contraception means used during the first intercourse, was the condom.

We also looked at the correlation between the age at which one first has intercourse and the characteristics of sexual behavior later during one's lifetime. The earlier one started having sexual intercourse, the more sexual partners one had later in life. Women who started early with intercourse, also run a bigger risk of being victims of sexual aggression before the age of 18. For men, having an older partner the first time seems to be a bigger risk factor than for women. The older the first partner, the more often men indicate they have been a victim of sexual aggression before reaching the age of 18.

Chapter 3. Reproductive well-being

For the first time in Flanders, on a large scale, men and women of varying ages were questioned about the intent and outcome of their experienced pregnancies. Furthermore, the experience with difficulties becoming pregnant was assessed.

We find that more recent pregnancies were more frequently planned. Possibly, this is due to the effect of the birth control revolution since the widespread use of the contraceptive pill. However, on average, one in four pregnancies during the period 2000-2011 is considered as unplanned. This number is comparable to the number in our neighboring country France. Nevertheless, unplanned does not, by definition, mean the same as unwanted. For example, one in three of the recent unplanned pregnancies still turn out to be immediately wanted. In addition, although the majority of these unplanned pregnancies (7 out of 10) is actually perceived as unwanted at the start, those ending in birth nearly all become wanted afterwards. This indicates a possible evolution in the perception of pregnancy. Despite an increase in planning, we find that the number of initially unwanted pregnancies has remained roughly stable throughout the 60 years of pregnancies (at approximately one in six). Moreover, younger respondents put unplanned more easily on the same footing as unwanted. At the same time, more recent unwanted pregnancies were more frequently terminated by an induced abortion. A greater accessibility and acceptance of abortion is the most plausible explanation. In those who feel psychologically worse at the time of the questionnaire, the chances of having ever carried to term a pregnancy that was initially unwanted, have increased. Those who, on the contrary, ever aborted an unwanted pregnancy, feel similar to those who never experienced an unwanted pregnancy.

Regarding the number of spontaneous abortions, we find that approximately one in ten reported pregnancies end in miscarriage. Pregnancies that have to be terminated for medical reasons are a lot less frequent. Regarding fertility problems, we see that women, more than men, report ever having encountered difficulties in becoming

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pregnant. An initial hypothesis is that women can more quickly become aware of these problems; a second hypothesis is that men only report a problem once they have received a 'medical label' in the form of a diagnosis. In relation to this we find that younger men (whether together with their partner or not) more frequently seek help for their fertility problems. One in four younger women, however, (still) did not consult a doctor for this problem. Only half of the 50-plus age group ever started a fertility treatment following a diagnosis of subfertility. Here a lower accessibility and acceptance of fertility treatments is a plausible explanation. In those who feel physically and psychologically worse at the time of the survey, the chances of having ever encountered fertility problems are increased. Receiving or searching for a diagnosis for these problems could act as a buffer, since those who never had a diagnosis feel worse and consider sex less important.

Chapter 4. Sexual dysfunction

In the current survey about four out of ten sexually active respondents experience some kind of disturbance in their sexual function, amongst whom more women than men reported sexual impairments (respectively 43% and 35%). In men 'too much sexual desire', 'premature ejaculation', or 'not attaining or retaining an erection' are reported most frequently. The most commonly reported sexual impairments in women are: 'delayed or absent orgasm', 'too little spontaneous sexual desire', 'not becoming lubricated and/or not retaining lubrication', and 'too little responsive sexual desire'. Especially erectile impairments and lubrication impairments are strongly related to age and increase with age, especially after the age of 50.

When an impaired sexual function is perceived as a problem (or causes distress), we speak of a sexual dysfunction. Research indicates that only some people with an impaired sexual function report being distressed by it. In total, 12% of the sexually active men and 22% of the sexually active women report experiencing at least one sexual dysfunction. Both in men and women, prevalence rates of the most common impairments in sexual function drop sharply when we also take into account the distress criterion: only a quarter of the men experiencing 'too much sexual desire' perceives this as a problem. Two-fifths experience 'premature ejaculation' as a problem and nearly one in two men experience 'not attaining or retaining an erection' as a problem. Also in women prevalence rates drop when the distress criterion is taken into account: about one-third of the women with 'no or delayed orgasm' experience it to be distressing and over half of the women are distressed by 'too little spontaneous sexual desire'. Furthermore, nearly seven in ten women perceive the 'lack of lubrication' to be distressing.

Compared with men, women do not only report more often to have an impaired sexual function, they also more often report having a sexual dysfunction. In the current study we did not always find sexual dysfunctions to be related to age, with the exception of erectile and lubrication dysfunctions that were strongly associated with increasing age.

Most sexual dysfunctions persist equally long as impaired sexual functions. In both cases people tend to experience the sexual problem for several years.

Despite the fact that sexual dysfunctions are distressing and that they persist for a long time, only a minority of people with a sexual dysfunction seek professional help (11% of the men and 19% of the women with a sexual dysfunction). Also striking is the fact that only a minority of people often or always avoid sex due to the sexual dysfunction (13% of the men and 19% of the women with a sexual dysfunction).

Chapter 5. Sexual violence

Methodological differences (e.g. how sexual violence is defined, which reference period is used ...) in studies on sexual violence lead to great discrepancies in prevalence rates. Until now, a limited number of prevalence rates on sexual violence was available for Flanders. In the present study all respondents aged 18 or more at the moment of the survey were asked about possible experiences with different forms of sexual violence. Results concerning the prevention of sexual violence always have to be interpreted with some caution. Depending upon how sexual violence is defined and when the survey was conducted (i.e. reference period), differing results may be obtained. In the present study, in order to measure the occurrence of sexual violence, we included various acts of violence. We did not define sexual violence only in terms of severe acts such as 'attempted rape' or 'rape', but we also included less severe acts, such as 'unwanted sexual touching' and 'being forced to watch sexual images'. We recorded all these types of behavior under the heading of sexual violence.

Our results revealed that 16.6% of the respondents reported at least one form of sexual violence before the age of 18. More women (22.3%) than men (10.7%) experienced sexual violence. After the age of 18, 8.1% of the respondents experienced sexual violence. More specifically, 13.8% of the women and 2.4% of the men reported sexual violence after the age of 18.

Sexual violence before the age of 18: 14% of the respondents reported hurtful sexual remarks, 13.6% was touched in a sexually hurtful way, 5% was forced to be naked, 2.2% was forced to watch sexual images, 2.5% was forced to masturbate, 3% was forced to undergo or perform oral sex, 3.9% reported an attempted rape and 2.3% was raped.

Sexual violence after the age of 18: 10% reported hurtful sexual remarks, 7% was sexually touched in a sexually hurtful way, 2% was forced to be naked, 1.2% was forced to watch sexual images, 1.4% was forced to masturbate, 4.8% was forced to undergo or perform oral sex, 2.6% reported an attempted rape and 2% was raped.

Most of the respondents who reported sexual violence, experienced this during 'only' one period of their lifetime. However, we found that respondents who



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reported sexual violence before the age of 18 were more often confronted with sexual violence after the age of 18 than those respondents who did not experience sexual violence before the age of 18. Most of the sexual violence – regardless of the period (before or after the age of 18) – is perpetrated by one person and a person that is known to the victim.

Results revealed that sexual violence before the age of 18 affects both the current physical and mental health status of the victims. No association was found between sexual violence after the age of 18 and the current physical and mental health status.

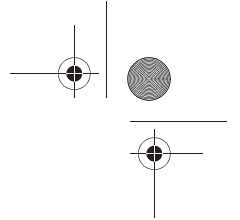
Respondents who experienced sexual violence before the age of 18 were in general one year younger at their first sexual intercourse compared to respondents who did not experience sexual violence. A positive finding is that victims of sexual violence before the age of 18 did not differ from non-victims in terms of frequency of sex, importance of sex and sexual satisfaction.

Chapter 6. Sexual health profiles

In Chapter 6 we use various measures of sexual health to study how and to what extent they are interrelated. After all, it is possible that the same people are confronted with various phenomena or problems. By constructing profiles of respondents it is possible to shed light on the way in which a broad array of sexual health measures are linked. This subsequently allows us to study sexual health in a more encompassing fashion. Since we include some indicators that are measured with reference to the past six months, we limit the analysis to the respondents that had sex in the past six months.

We make use of the latent class analysis to create a typology of respondents. This statistical technique allows us to detect groups of respondents based on their specific answers. The respondents of one group look as similar as possible while the respondents of the different groups differ as much as possible.

The latent class analysis results in a typology consisting of five groups. We structure the discussion of the different profiles along the axes of ‘satisfaction with sex life’ and ‘confrontation with sex-related problems’ (sexual violence, sexual dysfunctions and problems regarding pregnancies). The largest group (Cluster 1, 37% of the sample) is highly satisfied with their sex life and has little or no experience with sex-related problems. Respondents from this group had few sex partners in life and have an average sex frequency and diversity of sexual activities. Cluster 2 (31%) combines a diverse repertoire of sexual activities, higher than the average number of sex partners, a high sexual satisfaction and an increased chance of sex-related problems (confrontation with sexual violence, sexual dysfunctions and problems during pregnancy). Cluster 3 (10%) is on average satisfied and is characterized by a rather limited repertoire of sexual behavior, a small number of sex partners during life and a low chance of experiencing the different sex-related problems, with the exception of sexual dysfunctions without distress. If we consider the three satisfied groups



together, we see that they comprise 75% of the respondents, regardless of the higher chances of sex-related problems in Clusters 2 and 3. We observe a very specific combination of satisfaction and experience with sex-related problems in Cluster 5 (8%). This cluster combines very low chances of sex-related problems with a pronounced chance of being dissatisfied with their sex life. Moreover, these respondents indicate that they had a high number of sex partners throughout their lives and that they had a below average sex frequency in the past six months. Further analysis indicates that the number of respondents without a partner is over-represented in this cluster, which is probably the reason why they are dissatisfied with their sex life. Finally, we characterize Cluster 4 (14%) as a 'problem cluster', since it combines a high degree of dissatisfaction with high odds of experiencing sex-related problems. This last group deserves special attention in a sexual health policy.

