Risk-behaviour in adolescence
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CHAPTER 4
PATTERNS OF SEXUAL BEHAVIOUR AND CONTRACEPTION

The present chapter deals with a general description of the phenomenon of sexual behaviour and contraception in the Dutch and Italian samples. More precisely, this chapter is aimed at investigating the similarities and differences between the Dutch and Italian samples in the patterns of involvement in sexual activity and in the attitudes, cognitions and models related to sex. Besides, it is aimed to discuss the findings in relation to the literature about adolescent sexual and contraceptive behaviours and the differences between Italy and the Netherlands as far as the social policies about sex and prevention of sexually transmitted diseases are concerned, all of which have already been described in the introduction. Italy and the Netherlands allow a comparison of the adolescent sexual and contraceptive behaviours, because the Dutch social policy of safe sex is traditionally characterised by greater pragmatism and attention to the evaluation of the efficacy of health intervention programs. Moreover, this comparison may give us some indications of the general functioning within each country despite the samples are not demographically representative, because the present research is not aimed at investigating the prevalence per se.

In short, this chapter seeks to answer the following research questions: Are there differences between the Dutch sample and Italian sample in the patterns of involvement in sexual activity and in the attitudes, other cognitions and models related to sex? In addition, if these differences are present, are they consonant with the societal differences in policies described in the introduction between Dutch and Italian society? In view of my assumptions, already explained in the chapter 2, I expect that the Dutch use contraception more regularly than the Italians.

However, despite some differences in the use of contraception, the major expectation of the author is that the patterns of involvement with sex are quite similar between the two samples and that within each sample some gender differences could be expected in the way of experimenting with affection and sex. In fact, experimenting with sex and sexual partners is probably still easier and more socially and morally acceptable for males than for females (Coleman & Roker, 1998). Finally it may be also hypothesised that in both countries having sex is probably more important for the adolescents who are academically closer to adulthood (for instance, because the school they are attending is preparing them to enter the labour market more quickly, or because of their older ages).

In order to answer the research question, the following strategy of analysis is followed (see also section 2.2.3.2.). First, specific patterns of involvement with sex are identified and second the similarities and the differences between and within the countries (for gender, ages, and type of school) are analysed by means of cross-tabulations and chi-squared tests. Third, the relations among

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36 The focus of this thesis is on eterosexual relationships.
these patterns, and other aspects of involvement (such as age of beginning and regular use of contraception) as well as with attitudes, cognitions and models are investigated separately within each country by means of a series of MANOVAs. Since in the case of sex some questions (concerning both behaviour and attitudes) are asked only to specific subgroups of subjects (see section 2.2.3.2.), the MANOVAs are carried out separately in each country first on all the respondents (i.e. dating, friends’ models and attitude towards sex and contraception), second on the adolescents who had been sexually involved at least once (i.e. the type of relation with the sexual partner and the use of some contraception at first intercourse), third on the adolescents who had had sex recently (i.e. regularity of contraception) and, finally, on the adolescents who had changed the sexual partner at least once (i.e. number of total sexual partners).

With respect to the relations between patterns of involvement, other features of risk behaviours, attitudes, cognitions and models linked to risk, the expectation of the author is that in both countries similar patterns of involvement (from some experimentation with sex to promiscuity) are characterised by similar sets of attitudes, cognitions and models. More specifically, sex experimenters and not promiscuous adolescents are expected to be characterised by higher negative attitudes toward sex, less models of friends, less precocious beginning, greater regularity of contraception and higher affective involvement with their partners. In summary, the expectation of the author is that physical and psychological risk co-occur and that different pattern of behaviour are characterised by different levels of both types of risk.

4.1. A first glance on dates, sex, attitudes and friends

The percentage of adolescents who have already had sex was quite similar in the two countries: 37% in Italy and 34% in The Netherlands. Only in Italy there were gender differences, because girls are more involved than boys (43% vs. 32%, $\chi^2 = 5.3$, $p<.02$). However, in both countries the biggest differences are linked to age and type of school. Older adolescents are more involved than younger ones (Italy: 11% at 14-15 years, 23% at 16-17 years, 58% at 18-19 years, $\chi^2 = 79.2$, $p<.000$; The Netherlands, 27% at 16-17 years, 42% at 18-19 years, $\chi^2 = 10.8$, $p<.000$). This result is not surprising, because sexual activity becomes very socially acceptable when adolescents grow older. Students attending vocational school are also more involved in sex than the others (Italy: 32% of involved at lyceum, 28% at technical, and 48% at vocational, $\chi^2 = 17.9$, $p<.000$; The Netherlands:

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37 The presentation of the results differs from that of the previous chapter (that was simply divided in behaviour and attitudes), because in the case of sex and contraception some questions (concerning both behaviour and attitudes) are asked only to specific subgroups of subjects in relation to the period in which involvement occurs or the pattern of behaviour (such as those who have recently been involved or those who had more than one partner); performing only one multivariate analysis on the whole set of items would reduce the sample to the subgroup for which all the items are relevant, not having the possibility to make any comparison between the adolescents that are not yet involved or are involved in a different pattern. See also section 2.2.3.2.
28% of involved at Vwo, 37% at Havo, $\chi^2 = 4.1$, $p<.04$). Finally, Italian adolescents living in the small towns are more involved than their peers.

To compare these samples rates with the national prevalence is more difficult than for drug use, because of the lower availability of data about sex and of the different age groups that are used in different researches. In The Netherlands, the prevalence of involvement, which is reported by the national bureau of statistics (www.cbs.nl), is of 65% for the population from 12 to 29 years. In Italy the national data are also more scarce (the national bureau of statistics, Istat, does not provide this type of data). However some data can be found in specialised publications (see Buzzi, 1998). The Italian national prevalence of sex in the whole population up to 20 years old is around 60%. Considering that involvement in sex is rapidly increasing around 18 years old, our rates are likely to be consistent with the rates from national probability samples. With respect to the recent WHO Europe report (Ross, Godeau & Dias, 2004), which does not use an Italian national sample, the percentage of involvement in sex at 15 years is higher than that of this research for the Italians (WHO: 24% vs present research:12%), while it is quite similar for the Dutch (WHO: 23% vs present research: 21%), but the Dutch adolescents of this research are one year older (16 years) than those of the WHO report (15 years). However, the age at first sexual intercourse is quite similar (Italy, WHO: 14.4 years, this research: 14 years; The Netherlands, WHO. 14 years; this research: 14 years).

There is not a significant difference between Dutch and Italian adolescents in the sexual pattern they adopt (Graph 7\textsuperscript{38}).

Graph 7: patterns of sexual behaviour

In both countries the more relevant difference concerns gender. In Italy, girls are more involved with a High Faithfulness pattern (63% vs. 43%) and boys with a Low Faithfulness one (29% vs.

\textsuperscript{38} The construction of the classification of patterns of sex has been explained in chapter 2, section 2.2.3.2, table 11.
18%) or to stop their sexual activity for a while (28% vs. 18%) \( (\chi^2 = 8.2, p<.03, df=3) \). In The Netherlands boys show a greater tendency to stop (25% vs. 7% of girls, \( \chi^2 = 10.3, p<.02, df=3 \)).

Despite the similarities of behaviour, Italian adolescents are more likely to date someone of the opposite sex, to have friends who have already experimented with sex than to perceive peer pressure to have sex (Table 40). However, in both countries dating, as well as friends as sexual models or peer pressure to have sex are slightly more common among adolescents already involved in sex, especially those with more than one partner.

Dutch adolescents are less likely to assume a negative attitude towards sex (namely, they are more likely to disagree with the statements: "people my age are too young to have sex"; “it’s better not to have sex than to risk getting pregnant”, whether or not they have already experimented it. In short, as it could be expected (Zani, 1993; Sandfort, 1998), sex appears to be more of an issue of social acknowledgment by peers among Italians, and more of a private one for the Dutch, which are also more available to state that sex is possible as an enjoyable aspect of life.

In both countries the positive attitude towards contraception (see section 2.2.3.2, table 10) is quite high (range: 3-12) and there are significant gender differences, being it higher among girls, and in Italy also at older ages or among people already involved in sex. The negative attitude towards contraception is higher among Italian adolescents, especially those with low faith fulness or stop patterns. In both countries there were gender and school differences: boys and vocational students had a more negative attitude towards contraception.

Most adolescents consider their information sufficient about contraception, although the percentage is higher in The Netherlands (93% vs. 88%, \( \chi^2 = 8.9, df=1, p<.003 \)). Only among Dutch adolescents is there a gender difference: girls are more likely to have enough information (97% vs. 89% of boys, \( \chi^2 = 9.8, df=1, p<.002 \)). There is no correlation between sufficient information and positive attitude toward contraception. However, in both countries there is a positive association between lack of sufficient information and a negative attitude towards contraception. Although knowledge is not enough to promote a more positive attitude towards contraception, lack of information appears to promote a more negative attitude.

In Italy and The Netherlands, apart from the family, which is important in both countries, the main sources of information are different (Table 39). In fact, school is much more important in The Netherlands, while friends are more important in Italy. Health workers are more important in Italy, while personal reading is more important in The Netherlands.

General knowledge about AIDS (see section 2.2.3.2, table 10) is higher among the Dutch than the Italian adolescents (31 vs. 29.4, \( F=101.6, p<.000 \)) as well as knowledge about AIDS prevention (10.8 vs. 10.3, \( F=31.0, p<.000 \)) and knowledge about AIDS transmission (8.5 vs. 8.1, \( F=31.1, \)
p<.000). In both countries there are school differences: lyceum and Vwo students are more knowledgeable.

### Table 39: source of information about contraception and country

<table>
<thead>
<tr>
<th>Source of information</th>
<th>Italy %</th>
<th>Netherlands %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Friend</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Health worker</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Mass Media &amp; TV</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Reading</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Several people</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>School</td>
<td>13</td>
<td>29</td>
</tr>
<tr>
<td>No reply</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Dutch have less friends as model of contraception (Table 40). This result is probably due simply to lower availability to talk with friends about this subject, because Dutch adolescents are less likely to know their friends’ behaviour (45% “don’t know” answers vs. 22% of Italians). With regard to sociodemographic aspects, there are only two significant results: in both countries boys and younger adolescents are less likely to know their friends’ behaviour. Generally speaking, there are positive correlations (around r = .20) between the attitudes of the adolescent and friends’ models of contraception, especially in Italy: a lack of friends as models is generally related to more negative attitude towards contraception. The contraceptive methods most used by friends are: condoms (NL: 98% vs. IT: 93%, $\chi^2 = 8.8$, df= 1, p<.003) and pills (NL: 81% vs. IT: 45%, $\chi^2 = 82.6$, df= 1, p<.000) by Dutch friends and withdrawal by Italian ones (IT: 20% vs. NL: 9%, $\chi^2 = 12.6$, df= 1, p<.000).

Pornography is slightly more common among Italian adolescents, especially those with more than one partner (Table 40). In both countries, the adolescents with low faithfulness pattern are also more likely to be victims of sexual harassment, probably because their behaviour exposes them to greater risk. Generally speaking, Italian adolescents are slightly more likely to be also actors of harassment, while their Dutch peers, only whether they have stopped with sex for a while.

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39 As concerning the question about adolescent’s behaviour, only the modalities of answers among the higher number of respondents have been considered here. They are the same as the subject’s answers: condoms, pills and withdrawal.

40 NL means The Netherlands, while IT means Italy.
Table 40: differences in sexual and contraceptive attitudes, friends’ models, pornography and harassment between Italian and Dutch adolescents involved or not involved (MANOVA)

<table>
<thead>
<tr>
<th>Between countries</th>
<th>Within countries</th>
<th>Italy-the Netherlands</th>
<th>Within the Netherlands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multivariate test</td>
<td>MANOVA</td>
<td>T²=.54, F=7.1 (30, 1178), p&lt;.000, ( \eta^2=.15 )</td>
<td>MANOVA</td>
</tr>
<tr>
<td>Italian non involved</td>
<td>Univariate test</td>
<td>F=2.0, p=.15</td>
<td>Univariate test</td>
</tr>
<tr>
<td>Dutch non involved</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.2. Being involved at least once

Italian adolescents, especially those that had only one partner during the past year, start to have sex a bit later than the Dutch ones (Table 41)\(^{42}\). Generally speaking, there is a negative correlation between age of beginning and total number of sexual partners: the later the adolescent start, the lower the number of partners (The Netherlands, \( r=-.41 \), \( p<.000 \); Italy, \( r=-.20 \), \( p<.01 \)).

There is some difference between Dutch and Italian adolescents about planning the first intercourse (see section 2.2.3.2, table 12) jointly with the partner (Table 41): Italian adolescents are more likely to share the planning with their partners. However, in both countries older adolescents are more able to plan the first intercourse (The Netherlands: \( 67\% \) vs. \( 45\% \), \( \chi^2=13.8 \), df= 4, \( p<.008 \); Italy: \( 80\% \) vs. \( 40\% \), \( \chi^2=20.9 \), df= 4, \( p<.007 \)).

Regarding the type of affective relationship with the first sexual partner, Italian boys and vocational students are more willing to start sex outside a steady relationship. However, in both countries, a negative correlation is found between the depth of relationship with the first partner and the total number of sexual partners (Italy: \( r=-.20 \), \( p.01 \); The Netherlands: \( r=-.30 \), \( p<.000 \): an adolescent who starts within a steady relationship is less likely to change several partners. On the contrary, the adolescents who adopted a low faithfulness pattern during the past year had also had a higher number of sexual relationships during life (Table 41). There is also a positive correlation between the depth of relationship with the first partner and the age of beginning: later-starting adolescents are more likely to have a deeper relationship with the first sexual partner (The

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41 In this and in the following tables the Multivariate tests signed by the same letter (a) belong to the same multivariate analysis in which 3 effects were introduced: the main effects of the country and the typology of behaviour and the interaction effect country*typology.

42 Especially in the case of sex that tends to rapidly increase at older ages, the number of subjects already involved within different age groups is too different (paragraph 4.1.) to interpret the difference recorded with age as a decrease in...
Besides, there is a positive correlation between the presence of a steady relationship with the partner and the capacity to share the planning of the intercourse with the partner. However, this relation is stronger among Dutch adolescents, because 87% of subjects who planned the first intercourse jointly were in a steady relationship with the partner ($\chi^2 = 34.1$, df= 16, $p<.005$) vs. 59% of Italian subjects ($\chi^2 = 36.0$, df= 16, $p<.003$).

Between the countries, there is no difference in relation to the age of the first sexual partner (Table 41). However, within each country there are gender differences: girls are more likely to start with an older partner (The Netherlands: 82% vs. 19%, $\chi^2 = 13.8$, df= 4, $p<.008$; Italy: 73% vs. 41%, $\chi^2 = 20.9$, df= 4, $p<.007$). Only in Italy there are some differences according to the type of school (the students of Vocational school are more likely to start with an older partner: 68% vs. 53% at lyceum and 40% at Technical) and there is a negative and significant negative correlation between the age of the first sexual partner and the age of beginning ($r=-.28$, $p<.000$; earlier starting adolescents are more likely to have started with older partners).

The percentage of adolescents who used some contraceptive method at first intercourse is quite similar: 74% of Italians and 69% of Dutch. 21% of Italians and 25% of Dutch did not use it, and, finally, 5% of Italians and 6% of Dutch, do not remember. Within each country there are only two relevant differences relating to the sociodemographic variables. Younger Italian adolescents are more likely not to remember (37% at 14-15 years vs. 2% after 16 years) and Dutch boys are less likely to have used contraception (52% of vs. 80% of girls).

In both countries there is a strong association between planning the first intercourse and the use of some contraceptive methods (The Netherlands: $\chi^2 = 27.8$, df= 8, $p<.001$; Italy: $\chi^2 = 30.1$, df= 8, $p<.000$): in both countries 83% of the adolescents that shared the planning of the first intercourse with the partner also used contraception vs. 55% of Dutch and 33% of Italians that did not plan it.

There is also some association, although stronger among Dutch adolescents, between the use of contraception at first intercourse and the depth of relationship with the first sexual partner (Graph 8, The Netherlands, $\chi^2 = 20.6$, df= 8, $p<.008$; Italy: $\chi^2 = 11.9$, df= 8, $p<.15$). Italian adolescents are more likely to use contraception at first intercourse within two quite different situations: chance meetings and going steady with the partner.

Friends as models are also positively related to more efficient subjects’ contraceptive behaviour. In both countries, the adolescents who used contraception at first intercourse are more likely to have
most friends using contraception (Italy, 38% vs. 27% of the adolescents that did not use it, \(\chi^2 = 10.9, \ df= 3, \ p<.01\); The Netherlands, 42% vs. 22%, \(\chi^2 = 10.2, \ df= 3, \ p<.02\)).

**Graph 8: type of relationship with the partner and contraception**

The personal efficacy for asking for contraception (see section 2.2.3.2, table 12) is almost the same in both countries (Table 41). However, only in Italy there are gender and school differences: girls and lyceum students perceive a higher self-efficacy. The personal efficacy to ask for contraception is strongly related to both attitude and knowledge, and behaviour. As far as the correlations with attitude and knowledge are concerned, self-efficacy is positively related to the perception of enough knowledge and to a positive attitude towards contraception only in Italy (\(r= .22, \ p<.000\)). However, in both countries self-efficacy is negatively correlated to a negative attitude towards contraception (Italy: \(r= -.24, \ p<.000\); The Netherlands: \(r= -.22, \ p<.02\). Concerning the correlations with behaviour, in both countries self-efficacy is positively associated with both contraception at first intercourse (Italy: \(r= .24, \ p<.000\); The Netherlands: \(r= .18, \ p<.05\) and regular use of contraception during the past year (Italy: \(r= .41, \ p<.000\); The Netherlands: \(r= .24, \ p<.01\)). Higher self-efficacy is also related to friends’ models of contraception (Italy: \(r= .18, \ p<.009\); The Netherlands: \(r= .16, \ p=.13\).

Embarrassment over purchasing condoms or asking for contraceptive methods is quite similar among Dutch and Italian adolescents: about 65% never felt embarrassed, 23% only at first and 12% always. Nor there is any correlation between embarrassment and attitude or behaviour.

There is no difference between the two countries for the number of pregnancies: Italy: 8 subjects (out of 489); The Netherlands: 6 subjects (out of 481); in both countries only one subject has already had two pregnancies. Therefore, the percentage of pregnancy is quite low, around 12-13‰. No baby was actually born, although not all subjects specified whether this was due to an abortion or a miscarriage.
### 4.3. Sex during the last year

Italian adolescents are more likely to have engaged in sexual intercourse during the last year (Table 24). In both countries there is a positive correlation between the number of times during the past year and the depth of the relationship with the last partner (Italy, r=.31, p<.004, The Netherlands, r=.22, p<.09).

The regularity of contraception during the past year is quite similar in the two countries (Table 42): about 64% always use some contraceptive method. Furthermore, in both countries, older adolescents are more likely to use contraception regularly (Italy: 50% at 14-15 years, 71% at 16-17 and 61% at 18-19; The Netherlands: 56% at 16-17 years and 72% at 18-19). In The Netherlands there is no correlation between regularity of contraception and the number of sexual partners during the last year and in Italy there is a negative one (r=-.22, p<.02). In both cases, those adolescents who most need to take precautions fail to do so. However, in The Netherlands there is a positive correlation between contraception at first intercourse and regularity of contraception during the past year. The adolescents who used some contraception at first are also more likely to use it regularly later on: around 72% of adolescents who used some contraceptive or birth control method at first use regularly contraception vs. around 32% of those who did not use anything the first time (Italy: $\chi^2 = 42.3$, df= 6, p<.000; The Netherlands: $\chi^2 = 36.4$, df= 6, p<.000).

Italian and Dutch adolescents use condoms to the same extent\(^\text{44}\): 84%. However, with regard to the other two types of contraceptive methods most used, birth control pill and withdrawal, there is a

\(^{44}\) The original question is: “What kind of contraceptive methods do you usually use?” The adolescents may indicate more than one among: a) Condom, b) Birth control pills, c) Withdrawal, d) Diaphragm/intrauterine device; e) Rhythm
great difference between the two countries. In fact, the pill is more frequently used by the Dutch (68% vs. 25%, $\chi^2 = 42.2$, df= 1, p<.000) and withdrawal is more frequently used by the Italians (20% vs. 10%, $\chi^2 = 3.6$, df= 1, p<.05). The correlation between the different types of contraceptive and several other aspects, such as regularity of contraception, number of partners and partner’s characteristics, are also investigated. Among Italian adolescents, as the use of contraception becomes more regular, the use of condom is more likely ($r= .21$, p<.01) and the use of withdrawal less likely ($r= -.19$, p<.03). Among Dutch adolescents, regular use of contraception is linked to use of the pill ($r=.22$, p<.03). In the Netherlands, there is a negative correlation between depth of relationship with partner and withdrawal ($r= -.42$, p<.002) and a positive association between withdrawal and number of sexual partners (mean partners: 3.4 with withdrawal vs. 1.5 without withdrawal, t-test= -3.7, p<.000). In Italy there is a positive association between the number of times and the use of the pill (mean number of times: 20.3 without the pill and 47.9 with the pill, t-test= -.2.3, p<.02).

There are no differences between countries in the decision to use contraception: Dutch adolescents are slightly more likely to share the decision if they have only one partner (Table 42). However, Italian adolescents are more likely to use contraception regularly if they share the decision with the partner (84% of adolescents who regularly use contraception share the decision vs. 43% of adolescents who never use it) and sharing the decision is generally more common within closer relationships (Italy: 81% of the adolescents in a steady relationship with the partner share with him/her the decision about contraception vs. 40% of those that knew the partner slightly, $\chi^2 = 10.9$, df=4, p<.03).

Besides, only the Dutch who regularly use contraception have a more positive attitude towards it (11.4 vs. 10.9, t-test= -2.1, p<.04). In neither country the negative attitude towards contraception is related to the use of contraception at first intercourse. However, a negative attitude probably affects the regularity of contraceptive behaviour (Italy: $r= -.31$, p<.000; The Netherlands: $r= -.19$, p<.01). In both countries the adolescents that have received sufficient information are more likely to use contraceptive methods (Italy: 90% vs. 77%, $\chi^2 = 4.0$, df=1, p<.05; The Netherlands: 96% vs. 85%, $\chi^2 = 4.6$, df= 1, p<.03).

Only in Italy there is a positive correlation between different knowledge about AIDS and regularity of contraception or use of condoms ($r=.19$, p<.03).

Method; f) Basal Temperature; g) Spermicide Cream. Only the three most widely used contraceptive methods are considered here because of the low number of respondents to the others. Summarising, the Diaphragm/intrauterine device was used only by 1% of Dutch; the Rhythm Method was used by 7% of Italians; the Basal Temperature was not used at all, and Spermicide Cream was used by 2% in Italy and 3% in The Netherlands. See also section 2.2.3.2.
Generally speaking, there is a strong correlation between the adolescent’s behaviour and that of his/her friends. A more efficient contraceptive behaviour is positively related to friends as models. In both countries, the adolescent who use contraception regularly are more likely to have most friends using contraception: Italy, 42% vs. 20% of irregular, $\chi^2 = 11.0$, df= 3, p<.01; The Netherlands, 46% vs. 14%, $\chi^2 = 13.5$, df= 3, p<.004). In both countries there is a positive correlation between the subject’s use of condoms and that of his/her friends (Italy, r= .26, p<.002; The Netherlands, r= .37, p<.000). There is also a positive correlation between the subject’s use of the pill and that of his/her friends (Italy, r= .26, p<.003; The Netherlands, r= .29, p<.008). Finally, there is a positive correlation between the subject’s use of withdrawal and that of his/her friends (Italy, r= .39, p<.000; The Netherlands, r= .35, p<.004).

### Table 42: differences in sexual and contraceptive behaviours between Italian and Dutch adolescents at different levels of involvement (MANOVA, only subjects involved the past year)

<table>
<thead>
<tr>
<th></th>
<th>Between countries</th>
<th>Within countries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Italy-the Netherlands</td>
<td>Italy</td>
</tr>
<tr>
<td>Multivariate test (a)</td>
<td>$T^2= .04$, $F= 2.0$ (3, 142), p=.11, $\eta^2= .04$</td>
<td>$T^2= .08$, $F= 2.1$ (3, 84), p=.11, $\eta^2= .07$</td>
</tr>
<tr>
<td>Means value</td>
<td>Univariate test</td>
<td>Means value of patterns of involvement</td>
</tr>
<tr>
<td>Italian</td>
<td>Dutch</td>
<td>F</td>
</tr>
<tr>
<td>Number of times during the past year</td>
<td>24.6</td>
<td>10.6</td>
</tr>
<tr>
<td>Regular use of contraceptive methods during the past year</td>
<td>3.4</td>
<td>3.3</td>
</tr>
<tr>
<td>Sharing with the partner decision about contraception</td>
<td>1.7</td>
<td>1.8</td>
</tr>
</tbody>
</table>

|                      | Multivariate test (a) | $T^2= .09$, $F= 4.2$ (3, 142), p<.007, $\eta^2= .08$ |
|                      | Interaction effect: typology of patterns of involvement * country |
|                      | $T^2= .02$, $F=.86$ (3, 142), p=.47, $\eta^2= .02$ |

The data about contraception in other samples is very difficult to compare with this data. For instance, the measures of contraception are not available for Italy in the WHO report (Ross, Godeau & Dias, 2004) and in any case they are wording differently. In the WHO report, the 95% of the Dutch adolescents of 15 years used at least one type of contraception during their last intercourse. In the present research, the 75% of the Dutch adolescents of 16 years use almost regularly contraception during the last year. With respect to Italy we know that among the general population older than 20 years (Buzzi, 1998), the 80% uses condom, the 50% uses pills and withdrawal. However the people analysed in that study is much older than our adolescents.

### 4.4. Changing partners

There is no difference between the two countries either in terms of the relationship with the last sexual partner, or in terms of the age of the last partner (Table 43). The majority of the adolescents (65%) are involved in a steady relationship with their last partner. This is because the preference of Italian boys to have sex outside a steady relationship is limited to their first time. It is likely that
these adolescents perceive the need to experiment before engaging in a relationship, more than others do.

As shown in connection with depth of relationship with the first partner and total number of partners, there is a negative correlation between the depth of relationship with the last partner and the number of partners in the last year (Italy: \( r = -0.29, p < 0.004 \); The Netherlands: \( r = -0.22, p < 0.05 \)). There is also a very close correlation between the depth of relationship with the last partner and the number of partners in the last year (Italy: \( r = -0.29, p < 0.004 \); The Netherlands: \( r = -0.22, p < 0.05 \)). Therefore, there is some continuity between the type of relationship at first intercourse and in later life: an adolescent who starts within a deep relationship is more likely to continue along this pathway.

Only Dutch adolescents who recently had (during the past year) more than one partner are more likely to have older ones (Table 25). However, in both countries there are significant gender differences (The Netherlands, \( \chi^2 = 29.2, p < 0.000 \); Italy, \( \chi^2 = 21.7, p < 0.000 \)). Most boys have younger partners (around 30% vs. 5%) and most girls older ones (around 70% vs. 25%). In both countries there is an association between the age of the first partner and the age of the last one: the older the former, the older is also the latter (Italy: \( \chi^2 = 19.9, df = 4, p < 0.001 \); The Netherlands: \( \chi^2 = 50.8, df = 4, p < 0.000 \)). There is also a positive correlation between the number of times the adolescents had sex during the past year and the depth of the relationship with the last partner (Italy, \( r = 0.31, p < 0.004 \), The Netherlands, \( r = 0.22, p < 0.09 \)).

Table 43: differences in sexual behaviours between Italian and Dutch adolescents at different levels of involvement (MANOVA, only subjects involved with more than one partner, recently or in the past)

<table>
<thead>
<tr>
<th>Interaction effect: typology of patterns of involvement * country</th>
<th>Within countries</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Multivariate test (a) T^2 = .09, F = 3.4 (2, 78), p &lt; .04, η^2 = .08</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Univariate test Mean for patterns of involvement Univariate test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>p</td>
<td>η^2</td>
<td>F</td>
</tr>
<tr>
<td>Type of relationship with the last partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.15</td>
<td>.70</td>
<td>.00</td>
<td>3.0</td>
</tr>
<tr>
<td>Age of the last partner</td>
<td>6.6</td>
<td>.01</td>
<td>.08</td>
</tr>
</tbody>
</table>

4.5. Discussion: sexual and contraceptive behaviour

My hypotheses were that the Dutch use contraception more regularly than the Italians. However, I expected also greater differences within each country (for gender, age, type of school and pattern of involvement) than between the two countries. More specifically I expected that in both countries girls are less involved, and older adolescents are more involved. Besides, I expected that in both countries less promiscuous adolescents have higher negative attitudes toward sex, less models of
friends, less precocious beginning, greater regularity of contraception and deeper relationship with their partners.

The percentage of adolescents who have already had sex is very similar in Italy and The Netherlands, as are the age of beginning and the number of sexual partners. As hypothesised, there are also similarities between the two countries with regard to the relations among sex and some sociodemographic variables, such as gender, age and type of school.

In both countries, do the patterns of involvement in sex appear different for gender: boys perceive more than girls the need to experiment with sex, although differently in Italy and in The Netherlands. Italian boys are more likely to have sex outside a steady relationship and more likely to continue with a pattern of low faithfulness. Dutch boys are more likely to stop having sex after a while. These two results may be interpreted as two different ways of experimenting with one’s own capacities in a field perceived as particularly sensitive for one’s identity (Montgomery & Sorell, 1998).

Another important similarity between the two countries concerns the type of school: Italian vocational students and Dutch Havo students are much more involved in dating and sex than the other adolescents. At this stage of analysis, this result might be interpreted reflecting on two aspects. At first, sex is generally regarded as normal adult behaviour, or more properly behaviour that is characteristic of a person who has already reached adulthood. Secondly, students of vocational schools and Havo might perceive themselves to be closer to adulthood, partly because the main goal of their schools is preparing them for enter in the labour market. Therefore, these adolescents may feel more authorised to actually behaving as an adult normally does. The presence of some relation among short orientation toward the future, early maturational timing and dating and sexuality has been already underlined by other studies (Stattin & Magnusson, 1990; Nurmi, 1991; Zani, 1993). However, in order to shed more light on these relations, additional analysis is necessary taking into account also the protective and risk factors at both the individual and the environmental level.

In both countries, an older age of beginning is positively related to a deeper relationship with the first sexual partner. Besides, the presence of an affective relationship with both the first and the last sexual partner is negatively correlated to the number of sexual partners. Finally, there is some continuity between the sexual pattern chosen at the start and the subsequent pattern of sexual behaviour. These findings give us some information about the importance of thoroughly investigating the quality of the relationship with the partner. This aspect has been rarely, if any, analysed previously, although other authors have stressed its potential role (Breakwell, 1997; Meeks, Hendrick & Hendrick, 1998; Mitchell & Wellings, 1998a).
Between the two countries, there are other similarities. For instance, the adolescents who have already had sex are more likely to have friends who act as sexual models, to perceive greater pressure from friends to have sex and, finally, not to perceive themselves as being too young to have sex. Friends as models and peer pressure, especially among Italians, appear more relevant than personal attitudes towards sex. It is likely that the topic of sex is a relevant and sensitive one within the peer group, especially for boys (Neubauer & Melzer, 1989; Kirchler, Palmonari & Pombeni, 1993).

As for contraception, in both countries, most adolescents are able to protect themselves effectively against sexually transmitted diseases and pregnancies. However, despite the efforts of several health prevention programs, a sizeable percentage of subjects (around 35% of those involved in sex) are at high risk either because they do not use contraception regularly or because they do not use an efficient contraceptive method. In both countries, the capacity to use contraception is more closely related to the conditions in which sex occurs (expressed by the affective relationship with the partner), to the individual’s personal efficacy and maturity (in terms of older age of beginning and a greater capacity to share the decision with the partner), and, finally, to the model role played by friends, rather than to attitude and knowledge. As previously highlighted (Byrne, 1983), information, knowledge and attitude although necessary were not sufficient to prevent risk. As well as the fact of being more at risk is not enough to adopt a safer behaviour. In fact, there is no correlation between regularity of contraception use and number of sexual partners. Moreover, there is a very strong association between use of contraception at first intercourse and subsequent regularity of contraception: an adolescent who starts in a risky manner is more likely to continue in the same way.

There are few significant differences between the two countries, all of which concern more contraception than sexual patterns. Dutch boys are more likely to attribute the responsibility for contraception to their girlfriends. This probably happens also because most Dutch girls regularly use the pill, i.e. the most efficient method against pregnancy. The difference in the use of the pill among Italian and Dutch adolescents is probably due to differences in the availability of this type of contraception to adolescents in the two countries. In fact in Italy it may be difficult for the adolescents to obtain it from the public health services for several reasons: you need a doctor’s prescription to buy it and the doctor is often the same of the parents. Besides, the Public Bureaus for the prevention of sexually transmitted diseases and pregnancy often are open only while adolescents are at school. Another difference between the two groups is that Italian adolescents are more likely to talk with their friends about the sensitive topic of contraception, as they are also more likely to know about their friends’ sex-lives. It is likely that Italians’ greater willingness to talk is due both to
cultural difference and to necessity: Italian adolescents appear not to receive much information from other important sources, such as school. Conversely, the Dutch policy about safe sex has a very long tradition (Sandfort, 1998). However, contrary to the author’s hypothesis and despite the long-standing efforts, the Dutch policy about safe sex apparently does not affect too much the protective behaviours of the adolescents, considering that the prevalences of contraception and pregnancies are almost the same in both countries.

Summarising, as it has been hypothesised at the beginning of this chapter, the sexual and contraceptive behaviours are quite similar in both the samples. Generally speaking there are more differences within each sample (for gender, age, type of school and quality of the relation with the partner) than between the samples. Besides, the same tendencies are valid for both samples. Particularly, boys, older adolescents and students of technical and vocational high school perceive a greater need of experimenting with dating and sex. Nevertheless, at older ages the capability of protect oneself increases, while younger adolescents are more likely to select risk conditions, both for physical and psychological aspects. These findings suggest that promoting the postponing of involvement would certainly be advisable, though probably unpopular among youths, and probably more efficient than other prevention strategies.

However, as also other authors have emphasised (Maggs, Frome, Eccles & Barber, 1997), it is very important to thoroughly investigate the processes that lead some adolescents to jeopardize their psychological and physical health more than others also through unprotected or precocious sex. This phenomenon is investigated in next chapter 5 that considers the protective and risk factors of substance use as well as of sexual and contraceptive behaviours.