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Natalia Fedorova, Katja Kesseli, Elina Haavio-Mannila  
and the REFER group

**Reproductive Health and Sexuality in St. Petersburg:  
Report of a Survey of Young Men in 2003**

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University of Helsinki, Department of Sociology,  
P.O.B. 18 (Unioninkatu 35),  
Fin-00014 University of Helsinki, Finland

in collaboration with

STAKES,  
National Research and Development Centre  
for Welfare and Health, Finland,  
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Fin-00531 Helsinki, Finland



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# **Reproductive Health and Sexuality in St. Petersburg: Report of a Survey of Young Men in 2003**

**Natalia Fedorova, Katja Kesseli, Elina Haavio-Mannila, and the REFER group**

## **Introduction and Acknowledgements**

This is the second report of a research project "Reproductive Health and Fertility Patterns in Russia – A Comparative Approach" (REFER) conducted at Stakes (National Research and Development Centre for Welfare and Health, Finland) and the Departments of Sociology and Social Policy at the University of Helsinki. The project directors are Elina Hemminki and Anna Rotkirch. The project was financially supported by the Academy of Finland (numbers 208 180 and 208 186) and the Baltic Sea Task Force. This report gives the basic results of a survey of army conscripts in St. Petersburg in 2003.

The report is a result of collaborative study conducted by Russian and Finnish researchers covering various aspects of reproductive health and family formation. The Reproductive Health and Fertility project aims to provide useful data for solving current health and social problems in the study areas, as well as to increase understanding of the determinants of reproductive health and family formation in general. The survey of St. Petersburg young men is just one of the study instruments. The same questions have been presented to women aged 18-44 years in St. Petersburg and Estonia, and a survey on Estonian men is planned. Most questions have been previously used in Finnish surveys. Various other data collections have been made or are being planned<sup>1</sup>. More information on the project is published in the introduction of "Reproductive Health and Fertility Survey in St. Petersburg 2004: Report on a Survey of 18-44 Year Old Women" by Katja Kesseli, Elena Regushevskaya, Tatyana Doubikaytis, Svetlana Kirichenko, Anna Rotkirch, Elina Haavio-Mannila, Olga Kuznetsova, Elina Hemminki, and the REFER group (2005) published jointly by the Department of

<sup>1</sup> See [http://www.valt.helsinki.fi/staff/rotkirch/RH\\_&\\_fertility\\_patterns.html](http://www.valt.helsinki.fi/staff/rotkirch/RH_&_fertility_patterns.html),  
<http://www.stakes.fi/palvelut/kay/english/projektit/rphp.htm>

Sociology, University of Helsinki and Stakes as number 60 in the series of Working Papers of the Department of Sociology and as an internet version<sup>2</sup>.

In the REFER group<sup>3</sup>, Elina Hemminki, Pekka Martikainen, Päivikki Koponen, Minna Nikula, Kari Pitkänen, and Anna Rotkirch prepared the questions of the St. Petersburg men's study together with the authors of this report. They were skilfully edited by Ulla Hakanen. She made the preliminary translation into Russian; it was checked by Natalia Fedorova and Elena Zdravomyslova. Natalia Fedorova collected and coded the data in St. Petersburg. Svetlana Kirichenko translated the occupations of the respondents and their parents into Finnish so that their socio-economic status could be mechanically classified into the categories of Statistics Finland.

We sincerely thank everybody who has contributed to this study, not forgetting the army recruits who filled the questionnaires.

Helsinki, May 25, 2005.

Natalia Fedorova, Katja Kesseli, and Elina Haavio-Mannila

<sup>2</sup> <http://www.stakes.fi/english/publications/>

<sup>3</sup> The REFER group is a research consortium conducting the project "Reproductive Health and Fertility Patterns - A Comparative Approach". Members from the following research institutes are involved: *STAKES (National research and development centre for welfare and health, Finland)*: Elina Hemminki, Mika Gissler, Minna Nikula, Kirsi Viisainen, Meri Vuorenkoski, and Tuula Väänänen. *University of Helsinki, Departments of Social Policy and Sociology*: Elina Haavio-Mannila, Heli Hyvönen, Katja Kesseli, Svetlana Kirichenko, Pekka Martikainen, Kari Pitkänen, Anna Rotkirch, and Anna-Maria Ruohonen. *National Public Health Institute (Finland)*: Päivikki Koponen. *St. Petersburg Medical Academy for Post-Graduate Studies (MAPS)*: Tatyana Dubikaytis, Olga Kuznetsova, and Elena Regushevskaya. *European University at St. Petersburg, Gender Studies Programme*: Zhanna Chernova, Nadezhda Nartova, Anna Temkina, Elena Zdravomyslova, and Anastasia Zolotova. *Centre for Independent Social Research in St. Petersburg*: Natalia Fedorova and Viktor Voronkov. *Institute for Economics and Mathematics at St. Petersburg*: Gayane Safarova. *Institute for Problems of Regional Economics*: Natalya Tchistiakova. *University of Tartu*: Mare Ainsaar, Kai Haldre, Helle Karro, Made Laanpere, Kai Part, and Margus Punab. *National Institute for Health Development (Estonia)*: Mati Rahu.

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## Data Collection of Young Men in St. Petersburg

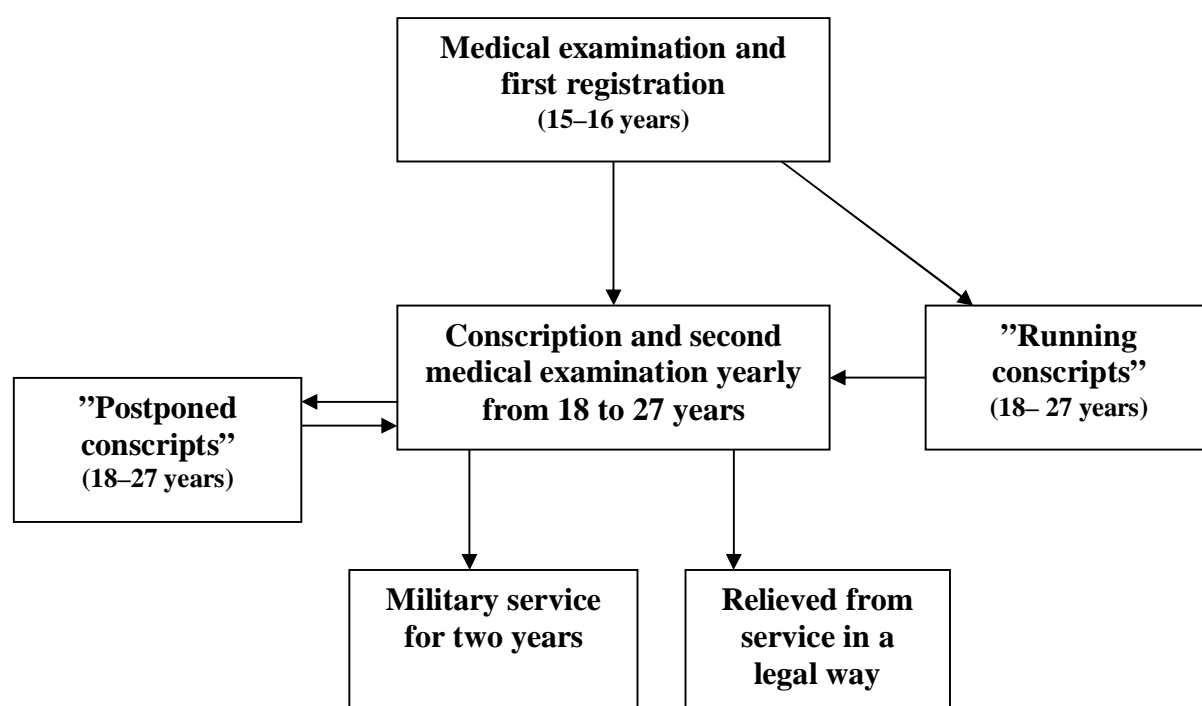
### Study context

The aim was to collect a representative sample of young men living in St. Petersburg.

The self-administered survey was conducted in the conscription office because that is a place where all young men aged 17-19 are required to come. The survey was conducted during the second stage of the conscription procedure. In Russia conscription takes place twice a year. In the spring it is usually in April-June and in the autumn in October-December.

The medical examination for conscription is conducted in two or three stages (Figure 1).

**Figure 1. Conscription in Russia**



17 year olds were not included in the figure because they are between the first registration and the start of receiving the invitation to go to conscription and second medical examination.

Sometimes these men receive the invitation when they are still 17 years old. It depends on

their date of birth (for instance, if they were born in late spring or at beginning of the summer (June, July), they could receive the invitation for spring conscription in the early spring when they are still 17. Nevertheless, according the official rules, the age of conscription is 18-27 years.

*The first stage.* At the age of 15-16, men go to the polyclinic in the district where they live/are registered. The city of St. Petersburg is divided into 19 districts, which that are self-governing administrative areas. Every district has its own conscription office, “voenkomat”.

Conscription is organized separately in each district. At the polyclinics the young men are given a personal medical card, which will be sent to the voenkomat of their district.<sup>4</sup>

After the examination at the polyclinic, the young men go to the voenkomat of their district for the so-called “first registration” and to open their special paper-case where all their personal documents will be archived. There they are also tested by military psychologists on their “professional availability” for the fixed period of military service.

*The second stage.* At the age conscription (from 18 to 27 years of age) all Russian men are invited officially by call-up papers to come to their residential voenkomat, where they must complete a health examination conducted by the conscription medical commission. The official medical examination and the decision on ineligibility for the current conscription can be approved only by the medical experts in the voenkomats, who form a team including doctors from different polyclinics and personnel – mainly medical officers from the St. Petersburg’s Military Medical Academy. The team is lead by a military surgeon.

All young men postponing their military service have to visit their voenkomat every year until they are at least 27 years old and/or are relieved from military service. The men are responsible for coming to the voenkomat at the time they are called up by an official letter of invitation. If they do not come (especially after several invitations) they can be taken to the voenkomat by force. It is common informal practice in contemporary Russian conscription for officers from voenkomats to visit these conscripts’ apartments at any time, and then take the

<sup>4</sup> Everyone in Russia has to go to polyclinics for a health examination to get a completed medical form to be able to apply for example to university. Thus, this medical examination is required not only for conscription.

young men to the voenkomat or military service right away if the youngsters are found at home. There is a term *running conscripts* for young men who try to avoid the military service by changing their place of residence until they are over 27 year old or until they find other reasons sufficient to get totally relieved from service. Usually parents and relatives support these young men and do not provide the voenkomat staff with information on their current whereabouts and occupation.

Valid reasons for postponing the military service for a year include:

- Medical reasons. To avoid conscription, a doctor's certificate is needed which proves that the young man has a disability which makes him ineligible for conscription.
- Studying at the university. Every study semester male students have to bring the voenkomat a paper which confirms that they are still students. At the universities and institutes male students are attached to the military department of the university to carry out the general military training. If they are expelled from university they have to go for the medical examination again and become conscripts for the next year.

Legal reasons getting totally relieved from service include:

- Medical reasons deemed as sufficient to be fully released.
- Having at least two own children of one's own or having some disabled people in the family who need care.
- Is over 27 years old.

*The third stage.* In addition, if there is disagreement over the decision of the medical commission of the district voenkomat, one can turn to the head commission in St. Petersburg which passes final judgement in the case. The third stage is not shown in Figure 1, which illustrates the conscription process.

Two districts from St. Petersburg were selected for our study. One of them was located in the north of the city centre and another in the south of the centre. In both districts the population was more than 300,000 people. On the first of January 2002, the official population of District A was 374,869 and district B is 342,694. The number of men was 171,642 in District A and 154,784 in District B. The similarity of the population structure of the two areas can be seen



from the following figures. The proportion of men aged 15-17 registered in these districts was about the same, 4.9% and 4.7 %. The proportion of the male population over 18 years was 81.0 % in District A and 79.7% in District B. The rest of the population consisted of children less than 15 years, 14.1 % in District A and 15.6% in District B.

## **Questionnaire**

The questionnaire was prepared jointly by Finnish and Russian researchers. The questionnaire was compiled in a way that the results could be compared between countries (Russia-Finland) and men and women. The questionnaires were printed as a booklet consisting of 16 pages. There was no name or any other identification data in the questionnaire.

The questionnaire included 67 questions which were divided into four sections:

1. General information (age, education, parental occupation, income, etc.)
2. Problems of contraception
3. Sexual behaviour and reproductive attitudes
4. Questions about condition of health, diseases, drinking, and drug addiction, etc.

## **Field work**

The data was collected in April-May 2003 during the basic part of the spring period of recruitment to the army. Consecutive days were selected excluding holidays. In District A most of the questionnaires were collected in April, in District B the survey was done in May. All men arriving at the voenkamat on those days were asked to join the survey. The field work took a total of 23 working days. The number of young men who refused to fill the questionnaire was not counted. If the man gave a reason for his refusal, that was recorded. The number of men who visited the voenkamat ranged from 5 to 50 per day.

At the voenkamats there was one long corridor where the men waited to be called to several rooms for health examination by different medical doctors who belonged to the conscription health commission. This situation is quite stressful as most men do not want to go to the army. Sometimes the parents accompanied their sons to influence the officers to decide that

their child need not go to the army or, if they had to go, they would be located in some reasonable place. It is common for some parents to try to buy children out of military service.

The questionnaire was given to everyone in the corridor and hallway when they were waiting their turn to undergo the health examination. Every man was asked to take the questionnaire individually and any explanations necessary regarding the survey's goals and procedure were offered. Confidentiality was orally guaranteed by the researcher, and she ensured that the respondents answered the questions without any interference from their family members or friends.

All men filled in the questionnaire alone. They had the opportunity to write their answers in a confidential way, for instance, to turn toward the wall or to write on their laps. If some men were familiar to each other, they were told not to discuss the questions and that they would be reproached if they discussed them. No "breach of public order" as a result of this survey were allowed. It should be mentioned that this was the first independent survey conducted in the conscription offices. The survey would have been stopped if laughter or noise occurred in the military office.

When the boys answered the questions, the study instructor was sitting at a table near the door. Occasionally she went up and down the corridor while gathering the completed questionnaires. Most of the questionnaires were returned to her directly. She placed them to a big box since in the pilot survey men had refused to use envelopes when they returned the questionnaire. As a rule, the conscripts returned the questionnaires without any problems although sometimes they were smiling.

### **Non-response**

If someone refused to answer, he was asked why he didn't want to answer. Usually the recalcitrant wrote the reasons on the title or final page of the questionnaire. Those marked questionnaires were saved separately and at the end of each work day all the reasons were saved in the field notes. If the conscript did not want to provide any explanations, the empty questionnaire was delivered to another person. Eleven distributed questionnaires were not returned at all.

In total 550 questionnaires were printed and distributed and 444 were completed. The actual sample size was, however, bigger than 550 because the questionnaires of the men who refused to reply without written reasons were forwarded to other conscripts. So, the final response rate is unknown.

**Table 1. Responses to survey in the two areas of St. Petersburg**

District	Answered	Refused with reasons mentioned	Total
A	348 + 5 without age = 353	62	415
B	89 + 2 without age = 91	33	124
Total	437+ 7 without age = 444	95	539

The reasons for not answering were:

- “I have no time”.
- “I am busy – I need to go to the doctor now”.
- “I do not want to reply” (no reasons were mentioned).
- "I am not interested in that (yet)”.
- “I’m feeling too lazy for that”.
- “I have already a child and thus have no reproductive problems”.
- “My mother does not wish that I answer such ‘overtly sexual’ questions”.
- “I am shy”.
- “I am a believer in god”.
- “I am sick and that is why I cannot read or write anything”.

Sometimes when someone refused to answer, the other men, who observed this situation in the hallway, also refused to fill in the questionnaire. There were also cases when the refusers asked for the questionnaire after they saw that most of the other young men in the voenkomat completed it. Sometimes the parents forbade the conscript to answer because of the nature of the questions.

## Data

All completed questionnaires were reviewed for completeness and accuracy of completion. Cleaning of invalid cases was done both during the process of entering as well as during the preliminary statistical analysis of the data.

The 444 respondents fell into following categories:

- 27 men under 17 years of age
- 7 men who did not report their age, including 2 “joke” replies
- 2 men 17-31 years old giving “joke” replies
- 408 men aged 17-31 years who are included in the tables in this report

Regardless of the official requirement, not all young men want to participate in conscription, and, therefore, they try to avoid military service. The effect of this is that our basic sample - the young men in the two districts of St. Petersburg - is biased at least in the following ways.

- First, the number of young men to be drafted into military service for a fixed period differs between districts of St. Petersburg. Thus, for instance, 100 men should be drafted in district X, 200 in Y and 500 in district Z during the Spring conscription. At the same time, during the next conscription in the same year (in the Fall) the share of conscripts would be distributed in these districts in a different way: 400 men in district X, 300 in Y and 100 in Z.
- Second, some young men never show up for conscription.
- The third type of bias is related to the medical examinations at the second stage of conscription. One can postpone military service for a year on medical grounds. It is openly acknowledged that young men and their parents work hard in order to get them exempted from military service. In some cases it means that they try to get hold of a doctor's certificate which provides evidence of any kind of disability which could make the young man ineligible for conscription. “False” medical certificates of disability diminish the representativeness of the men who go to the army at the age of 18.

- Fourth, the respondents over the age of 18 are a selected group. They return to the conscription office because they have postponed their military service for some specific reason.

## **Summary of Results of the Survey of Young Men in St. Petersburg**

Some results of a survey on reproductive health and sexual behaviour of army conscripts in St. Petersburg in 2003 will be summarized here. The findings are based on responses given by young men to self-administered questionnaires which were distributed by Natalia Fedorova in two district conscription offices while the conscripts went through a medical examination required for the compulsory military service. The summary is divided into two parts: social background and sexuality.

### **Social background**

Before describing the sexual behaviour and reproductive health of the Russian army conscripts, we portray their age, place of residence, household structure, education, employment, and their economic, social and health status. The values of some life style indicators (use of alcohol, tobacco, and drugs) are also presented.

#### **Age and household composition**

The age of the respondents included in this report varied between 17 and 31 years. The over 23 year olds are combined with the 23 year olds. Two-thirds of the respondents were aged 17-19 years which is the normal age for conscription (Question 2).

The young army conscripts still mostly lived with their family of birth: 85% with parents and 53% with siblings (Q3). Only 7% lived with a wife or cohabiter, 6% with parents of the wife, and 3% with children. In 9% of households there were other relatives, in 3% friends or acquaintances, and in 1% other people. Only 1% lived alone. Altogether, 9% of households

were so called sprout families including other than nuclear or one-parent family members.<sup>5</sup> The average size of the households was 3.6 persons (Q2).

### **Social and health status**

The educational level of the respondents was quite varied (Q2). Some had not finished secondary school whereas some were studying at university. The young St. Petersburg men could be divided into three groups of approximately equal size on the basis of their on-going or completed education. The groups consist of men with university education (31%), vocational or technical education (29%) and secondary school education (31%). Most of the military conscripts were studying (59%), 34% worked for pay, and 7% were unemployed.

The socio-economic status of the respondents and their parents was classified using a computer program designed by Statistics Finland<sup>6</sup>. The software could not classify the occupations of 18 respondents, 17 of their mother's occupations, and 31 of their father's occupations. They were manually coded.

Only 133 of the 408 conscripts reported having their own occupation which was mostly blue collar work (Q6). More than half of them were manual workers. Of the mothers, 36% were in a leading position or were upper white collar workers, of the fathers 34% (Q7). Mothers more often (31%) than fathers (15%) were lower white collar workers and less often (21% vs. 46%) factory or other workers. Very few of the parents were pensioners, unemployed or full-time homemakers (12% of the mothers and 5% of the fathers).

The conscripts were asked to rate the economic situation of their family by choosing one of five alternatives: very poor, quite poor, I do not know, average and wealthy (Q8). Almost half of the respondents (45%) considered that the economic situation of their family was average,

<sup>5</sup> Haavio-Mannila, Elina and Anna Rotkirch (2004): Ydin- ja versoperheet Suomessa ja Pietarissa (Nuclear and sprout families in Finland and St. Petersburg). In Alapuro, Risto and Arminen, Ilkka (eds) Vertailevan tutkimuksen ulottuvuuksia (Dimensions of comparative research) WSOY, Helsinki.

<sup>6</sup> Jouni Meriläinen at Stakes, the Finnish National Research and Development Centre for Welfare and Health, made the classification. It is based on Classification of Occupations published by Central Statistical Office of Finland, Handbooks No. 14, revised edition, Helsinki 1987.

16% said that the family was wealthy, and 16% that it was poor. 23 % could not evaluate the economic situation of their family.

Most of the young men studied in St. Petersburg were healthy and satisfied with their life. Four fifths had no chronic disease, pain, or trauma reducing their capacity for work (Q49), 67% were satisfied with their health status (Q47) and 55% considered that the quality of their life was good (Q46). Only 8% thought that the quality of their life was bad.

Many respondents promoted their health (Q65) by fitness exercises and sport (83%), taking care to get enough rest and sleep (47%), avoiding unhealthy habits (57%) and visiting doctors as a preventive measure (31%). Only 23% had been treated in hospital during the past 12 months (Q64) but 81% had visited a doctor during the same time span (Q63).

### **Use of alcohol, tobacco and drugs**

Use of alcohol was measured by the question (Q56): “How often do you consume alcohol. Take also into account those times when you had very small amounts of alcohol, even half-a-bottle of medium beer or a drop of wine?” Daily use as well as total abstinence was rare. The most common answers were “a couple of times a week” and “once a week”.

Young men in St. Petersburg often consumed alcohol before sexual intercourse. Only 43 % of the respondents had not used alcohol at all before the latest act of intercourse, 36 % had consumed it a little, 11 % moderately, 4 % a lot, and 5 % could not remember (Q34).

Compared to use of alcohol, smoking was quite common (Q55). As many as 54% of the respondents were daily smokers, 12 % smoked occasionally, and 12% had smoked before but did not smoke now. Only 22% of the conscripts had never smoked.

Drug use was also fairly widespread among the army conscripts in St. Petersburg. Of respondents 48% had used some sort of narcotics during their lifetime, including marijuana (Q57). 54% of respondents had friends who used drugs (Q60).

## **Sexuality**

In this section, we first describe the dating and sexual intercourse of military conscripts in St. Petersburg. Then we continue by discussing sexual partners, contraception, abortion, the sex trade and sexually transmitted infections.

### **Dating and intercourse**

Of military conscripts 88 % had dated (gone steady) regularly (Q29). The age at which respondent started to date ranged from 9 to 24, the average being 15.9.

48% of the respondents currently had a steady partner (Q28). The proportion of men who had a permanent partner was about 40% among the 17-19 year olds and a little more than 60% among the older respondents.

The young men studied in St. Petersburg were fairly experienced sexually: 86 % of conscripts had had sexual intercourse (Q9). Their age when they began having intercourse ranged from 10 to 20; the average age was 15.7.

The 17-18 year old respondents had less often engaged in sexual intercourse than the older ones. The gap between the proportions of men having had intercourse and having dated was wide in the 19 year-old age group (95% vs. 88%). Casual sexual relations, i.e., intercourse without having gone steady seemed to be popular at this age.

Of the men with experience of sexual experience 30% had engaged in intercourse in the past two days, 43% within a week, and 70% within a month (Q32; cumulative percentages). The older the respondent, the more often he had recently had sexual intercourse.

### **Sexual partners**

Next we examine the number of sexual partners during the respondents' lifetime and during the past year and also the relationship to the latest partner. Of all respondents, 9% had during



their lifetime had one sexual partner, 34% had had 2-4 partners, 30 % 5-19 partners, and 8 % at least 20 partners (Q30). 5% did not know or remember the number of partners, and 13% had not had sexual intercourse. The average number of partners during a respondent's lifetime was 8.5. Older respondents had had time available to engage in sexual intercourse with more people than the younger ones.

During the past year, 70% of the respondents had had intercourse. Of all the men studied, 21% had only had sex with one partner during last year, 23% with 2-4 partners and 20% with at least five partners (Q31). Six percent did not remember the number of partners within the last year. The average number of partners during the last year was 4.9. The youngest 17 year old respondents reported the highest number of partners during last year, 7.3.

Regarding the latest intercourse, there was lot of variation on the respondents' relationship with the partner and his/her marital status (Q33). Of the respondents, who had had intercourse 39% had had their latest intercourse with their own spouse or steady partner. The latest sexual partner of 40% of the young men had been an available (=single, divorced) person who was their acquaintance, of 10 % an available stranger, of 3% a spouse or partner of someone else, of 1% a prostitute or other paid partner, and of 5% someone else. Two percent could not say what kind of person the partner was. The older respondents most often had had sex with their stable partner.

A majority (88%) of respondents were only interested in women, 8% mainly the female sex, 1% in both sexes equally, 2% mainly the male sex, and 3% only the male sex.

### **Sex education**

Young Russian men did not oppose the advice from their parents or other older relatives while planning to have children: 35% considered it always desirable and 43% sometimes desirable (Q21).

Only 43% of respondents had obtained sexual information at their childhood home (Q22). This includes the 1 % who had received more than enough information, the 29 % who had received it sufficiently and the 12 % who considered having obtained too little information. It

is noteworthy that as many as half of the respondents had not received sex information at their childhood home and *would not have even wanted to receive it*.

Sex education at school was somewhat more common than that received at home: 54% of the conscripts had received sex education at school. Of respondents 24% had not received sex education at school but would have liked to get it. Only 24 % had not received and would not have liked to receive sex education at school. Younger respondents had more often than the older ones received enough sex education at school.

### **Contraception**

We studied the use of contraception both when first having intercourse and at present. During the first act of intercourse, 36 % had not used any method of contraception (Q11). The most common form of contraception had been the condom. More than half, 56%, of the young men with intercourse experience reported that they had used a condom in their first coitus. Only 1 % reported using a contraceptive pill. Coitus interruptus had been used by 4% ; other methods by 0.3%, and 3% did not remember the method.

Present use of contraception was inquired into by using the following question: “What method do you nowadays use or have recently used with your spouse/partner to prevent pregnancy (you can choose several alternatives)?” There were fewer men who did not use any contraception and more men who reported use of the condom and pills than was the case when the men described their first act of intercourse.

Of respondents who had had intercourse, 20% did not currently use or need contraception. The condom was used by 28%, contraceptive pills by 13%, IUD by 2%, diaphragm by 0.3%, contraceptive capsule by 0.3%, and morning-after pill by 1%. Unreliable contraception methods were also utilized: the rhythm method (calculating safe days) by 5%, coitus interruptus by 11%, and rinsing by 4%.

Most of the young men who had had intercourse and answered the question on satisfaction with their present contraception method were satisfied with their contraceptive technique: 39% were totally satisfied, 36% quite satisfied, 15% quite dissatisfied, 4% totally dissatisfied,

and 6% reported that they did not use contraception.

In answering the question about reasons for using contraception in intercourse among those who ever had been engaged in sexual intercourse several answers were allowed (Q15). Avoidance of unwanted pregnancy and sexually transmitted diseases were the most often mentioned reasons for use of contraception devices. Some men also reported reasons related to the partner: either the partner wanted contraception to be used or the respondent did not know the partner well enough and wanted protect himself.

The question on reasons for not using contraceptives was only posed to those men who had not used a contraceptive device in the last act of intercourse (Q16). The respondents were allowed to choose at most three alternatives. The reasons for not using contraception during the last act of intercourse were more emotional or non-rational than those for using it. One's own or partner's preference was the most often reported reason for non-condom use. Very few men said that lack of knowledge, price, or difficulties in getting contraceptives were reasons for not using contraception.

The young Russian men studied here reported some degree of gender equality in taking responsibility for contraception. Gender roles in contraceptive practices were examined by using two questions. The first one (Q13) was: "Who made the decision to use (or not to use) contraception when you last had intercourse?" Of the men who had had intercourse, 12% could not remember who made the decision. Joint decision making was reported by 47%, 30% said that they themselves had made the decision, and 10% indicated that their female partner had made it. Three men (1%) reported that somebody else had decided on the use of contraception.

Secondly, we presented a generalized question (Q19): "In your opinion, who is responsible for using contraception?" Of all respondents, 64% reported that the responsibility belonged to an equal extent to the man and the woman, 18% said that it mainly belonged to the man, 10% that it was mainly the responsibility of the woman, and 8% could not indicate which of them should be responsible for it.

All respondents were asked if they would like to take part in decision making on

contraception more or less than they do now (Q20). The question was difficult or not applicable to many respondents: 34% of the men said that they could not answer, 10% chose the alternative “I have never participated in decision making on contraception and the thought of participation in it feels strange to me”. Most respondents, 42%, thought that the present participation situation suited to them, 8% would have liked to participate more and 6% less than now in the decision making on contraception. Younger men found more often than older men it difficult to express an opinion on this issue.

### **The right to say no**

In feminist discussion, the right to say no to unwanted sexual propositions has not been studied a lot. In our study, there was a question (Q38) which explores the situations in which a woman can refuse sexual intercourse with her husband/partner. The most commonly accepted situation was when she knows or suspects that her husband/partner has a STI; 90% of respondents would accept her refusal. If the husband/partner beat her 82% would be willing to accept her unwillingness to have sex. If the woman had recently given birth, 74% would accept her refusal to have sexual intercourse. If she were tired and did not want to have sex, 71% of respondents accept her unwillingness. If the husband/partner were drunk, 68% of the respondents considered it as sufficient reason for the woman to avoid sex. Almost as many, 63% accepted the woman's sexual unwillingness when the husband/partner had a sexual relationship with another person. The least accepted reason for refusal was that husband/partner did not want to use contraception (58%). Older respondents were more likely to accept a refusal to have sex than the younger were.

### **Sex trade**

Thirteen percent of our young men in St. Petersburg studied here had been propositioned to have intercourse by an offer of money or similar economic advantages. Only 3% had accepted the offer. Taking money for sex was rare in all age categories. Of the young men 9% had themselves offered money to somebody for the purpose of having sexual intercourse. They had been fairly successful: 8% of all respondents had paid for sex. Paying for sex increased with age.

## **Reproduction**

Six percent of the respondents had children, and 90% planned to have a child in the future (Q43). Only 39% of the prospective fathers would like to be present when a child is born (Q44). In his own childhood, the respondent was mainly taken care of by the mother (46%), state nursery (30%), or grandparents (17%) during daytime (Q45). Other relatives or the father at home had given him care only in rare cases (3% and 2%).

Our questionnaire included several questions about the ideal age of parenthood and the suitable number of children, both in general and for their own families. The ideal number in Russian families was, according to their opinion, 2.2 children (Q40.1). The mean interval between childbearing was considered to be 3.1 years. The ideal age for a woman to have her first child was 22.7. Men seemed to need more time to mature as parents, the ideal age for having their first child was considered to be 25.6.

The suitable number of children for their own family was on average 1.8 children.

## **Abortion**

Next we describe the fear of unplanned pregnancy, abortion, reasons for abortion, discussing abortion with one's partner and attitudes toward abortion.

Quite a lot – 48% – of the military conscripts who had had intercourse had been afraid that their stable or casual partner would get pregnant unplanned, 44% had not been afraid of it, and 8% did not remember (Q24). The fear of unplanned pregnancy was not always unfounded. Of all our respondents, 10% reported that their spouse or other partner had had an induced abortion, and 6% said that they did not know if she had one. Nevertheless, a large majority, 84% of the respondents, said definitely “no”.

We also inquired about the reasons for having an abortion (Q26). The reasons were mostly related to the young age of the respondent or his partner. Financial and relationship reasons were sometimes mentioned but pressure from parents or their employment situation were rarely cited as reasons for abortion.

Of the conscripts with abortion experience 25% had decided on the abortion together with their partner (Q27). 22% reported that their partner had told them about it before it had been conducted, but 13% stated that their partner had first mentioned it afterwards. Of those young men whose partner had had an abortion, 13% had heard about it from somebody other than his partner. 19% of respondents thought that the abortion had been carried out in the first place because he had wanted it. 9% of respondents reported that their partners had not discussed the abortion at all.

Attitudes toward abortion were ambivalent according to the reactions to the following statement (Q39): "In many countries, unlike Russia, there is no free abortion (termination of pregnancy) available. Do you agree that a woman should not have an abortion for free?" Of the respondents, 31% did not agree with free abortion, 34% agreed with it, and 35% had no opinion on the issue.

### **Sexually transmitted infections**

The following part of the presentation describes the prevalence of sexually transmitted infections (STI) among the Russian conscripts and their preferences for choosing the care-giving institute in case of venereal disease.

Very few military conscripts (13 men) reported that they had had a sexually transmitted infection. In addition, 10 men said that they did know if they had had a STI. The infections mentioned were gonorrhoea (11), chlamydia (10), genital herpes (3), condyloma (6), yeast inflammation in the genital area (2), syphilis (2) and some other STI (7). None of the young men reported for sure testicle inflammation, prostate inflammation, human immunodeficiency virus (HIV), or acquired immune deficiency syndrome (AIDS), which were also mentioned in the questionnaire.

The respondents were asked to envisage their behaviour if they suspected they had a sexually transmitted disease (Q51). Most of the respondents replied that they would search professional help, mainly from a specialized institute. Asking advice from parents or friends was rare. A passive attitude – let time pass hoping that it would clear up – had been adopted

by very few (4%).

One fourth of the conscripts had taken an HIV-test on their own initiative (Q52). 17% had done it once and 8% several times. We also asked where the respondent would go if he were to take a HIV-test (Q53). The answers were: a state clinic or health centre (33%), an AIDS-centre (29%), a private clinic (24%), and somewhere else (2%). Only 13% did not know where to go. Most of the respondents (71%) would go to a HIV-test even if it were not conducted anonymously, 19% did not know if they would take a non-anonymous test, and 10% would refuse to take a non-anonymous test (Q54).

As an implication for policy and programmes we argue that information from men on their sexual behaviour can help to gear targets from women to men and place more importance for sex education and other kinds of prevention of sexually unhealthy practices. In Russia, a mandatory army context could offer an opportunity for this.

Information related to reproductive health in St. Petersburg has until now been scarce and mostly published in the late 1990s. Specific data on STIs and sexual behaviour among men has been limited to surveys conducted among HIV patients. Our piece of research has provided some new information on the sexual life of ordinary young Russian men.

Unprotected sex with multiple partners was common among the army conscripts answering our questions. Risks taken by young men may have harmful effects on the reproductive health of the whole population. A positive result was that most of the respondents would rely on official health consultation and care instead of only informal kin or peer group advice in the case that they would encounter sexual health problems.

### Questions in the Survey of Young Men in St. Petersburg 2003

Q. x = Question number

Q. 1. How old are you?

Q. 2. With how many people are you living together (how many persons belong to the same household including you yourself)?

Q. 3. Who are these people (circle those who belong to the household)?

Q. 4. [What is] your education ...?

Q. 5. What are you mainly doing now?

Q. 6. This question is posed to persons who are working: Currently, what is your primary occupation (occupation that you consider as the main one, name of the workplace)?

Q. 7. What are the occupations of your parents?

The occupation of the mother

The occupation of the father

Q. 8. In your opinion, is your family [economically] ...?

Q. 9. How old were you when you first had sexual intercourse?

Q. 10. How old was your first partner?

Q. 11. Did you use any contraception method to prevent pregnancy during your first act of intercourse?

Q. 12. What methods are you currently using or have lately used with your spouse/partner to prevent pregnancy? (you can choose several alternatives)

Q. 13. Who decided on using contraception in your latest intercourse?

Q. 14. How satisfied are you with the current method of contraception?

Q. 15. Why did you use condom in latest intercourse? (several reasons are possible)

Q. 16. If you did not use any contraception in the latest intercourse, why it was so? (one can choose at most three alternatives)

Q. 17. Have you ever consulted a physician or nurse in issues related to contraception?

Q. 18. Have you discussed with your partner the use and means of contraception during last year?

Q. 19. In your opinion, who is responsible for using contraception?

Q. 20. Would you like to take part in decision making about the use of contraceptive methods?



- Q. 21. What do you think about the advice from parents or other older relatives while planning having children? Are these advices ...?
- Q. 22. Did you receive sex education in your family?
- Q. 23. Have you received sex education at school?
- Q. 24. Have you been afraid that your partner would get pregnant unplanned?
- Q. 25. Has your wife or partner ever had an abortion resulting from sexual intercourse with you?
- Q. 26. What were the reasons for making of abortion?
- Q. 27. Did you discuss the abortion decision with your partner?
- Q. 28. Do you have a stable sexual partner now?
- Q. 29. How old were you, when you first started dating?
- Q. 30. Altogether, with how many partners have you had sexual intercourse in your lifetime?
- Q. 31. Altogether, in the last year, with how many partners have you had sexual intercourse?
- Q. 32. When was the last time when you had sexual intercourse?
- Q. 33. Who was your latest sexual partner?
- Q. 34. Had you consumed any alcohol before your latest intercourse? (% of people who have had sexual intercourse)
- Q. 35. Besides being sexually interested in the opposite sex, people are sometimes also interested in the same sex. Are you sexually interested in [gender]...?
- Q. 36. Have you ever been propositioned to intercourse by offering money or similar economic advantages?
- Q. 37. Have you ever propositioned money or similar economic advantages to somebody on purpose to have intercourse?
- Q. 38. In your opinion, can a woman refuse sexual intercourse with her husband/partner in the following situations?

She has recently given birth

She knows or suspects that her partner/husband has a STI including HIV/AIDS

Partner/husband beats her

Partner/husband is drunk

Partner has a sexual relationship with another person

She is tired and does not want to have sex

Partner/husband does not want to use contraception

- Q. 39. In many countries, unlike in Russia, there is no free abortion (termination of pregnancy) available. Do you agree that a woman should not have an abortion for free?
- Q. 40.1. What do you consider as the ideal number of children in Russian families in general?
- Q. 40.2. What do you consider to be the ideal interval (years) between childbearing?
- Q. 40.3 (a). What is the ideal age for a woman of having the first child?
- Q. 40.3 (b). What is the ideal age for a man of having the first child?
- Q. 41. What would be the most suitable number of children for you?
- Q. 42. Have you own children?
- Q. 43. Do you plan to have a child in the future?
- Q. 44. If your partner would give birth to a child now, would you like to be present at birth?
- Q. 45. Who mainly took care of you during the daytime when you were a small child?
- Q. 46. How would you rate the quality of your life?
- Q. 47. How satisfied are you with your health condition?
- Q. 48. Do you have any chronic illnesses for which you need continued medication?
- Q. 49. Do you have any chronic disease, pain or trauma reducing your capacity for work in general?
- Q. 50. Have you had any of the following infections?
- Condyloma
  - Chlamydia
  - Yeast infection in genital area
  - Gonorrhea
  - Syphilis
  - HIV/AIDS
  - Prostata inflammation
  - Testicular inflammation
  - Some other infection
- Q. 51. What action would you take if you would suspect that you have a sexually transmitted infection?
- Q. 52. Have you ever had an HIV-test on your own initiative?
- Q. 53. If you would like to take an HIV-test, where would you go?
- Q. 54. Would you take this HIV-test even if it would not be anonymous?
- Q. 55. Have you smoked during your lifetime? Do you smoke constantly? Have you ever smoked a cigarette every day of the year?

Q. 56. How often do you consume alcohol?

Q. 57. Have you ever taken any drugs (including marijuana)?

Hashish or marijuana

Ecstasy

Amphetamine or metamphetamine

Cocaine, crack

Heroin or morphine

LSD or other hallucinogens

Intoxicating mushrooms

Medicine and pills

Thinner, glue and other technical solutions

Other substance not known to me

Some substances intravenously

Q. 59. For what reasons could you try drugs?

Q. 60. Have you friends or acquaintances that have taken drugs?

Q. 61. Will your attitude to an acquaintance change if you learn that he/she takes drugs?

Q. 62. If your attitude changes, how will it change?

Q. 63. How many times have you visited a physician during the past 12 months? Please, include all visits to physicians (illness, medical examination, etc).

Q. 64. How many times have you been treated in a hospital during the past 12 months?

Q. 65. Are you doing something to support your health?

Following diet

Fitness exercises and sport

Taking care of getting enough rest and sleep

Avoiding unhealthy habits

Visiting physicians as a preventive measure

Q. 66. How tall are you? (cm)

Q. 67. How much do you weigh? (Kg)

Q. 66-67. Body Mass Index (BMI)



## Tables

Question (Q). 1. How old are you?

Age, years	%	N
17	18.	75
18	34.8	142
19		61
20		50
21	5.1	21
22	4.7	19
23	2.7	11
24	2.5	10
25	1.5	6
26	.7	3
27	.7	4
28	.7	3
29	,2	1
30	.2	1
31	,2	1
Total	100.0	408

In the tables, missing data is excluded. If the base does not include all respondents, it is mentioned in parantheses. Due to the incompatibility of SPSS and Word programs, in the tables there are empty cells, which actually should be marked by a hyphen ( - ).

The over 23 year old respondents are combined with the 23 year olds.

Q. 2. With how many people are you living together (how many persons belong to the same household including you yourself)? %

Number of people	Age							Total
	17	18	19	20	21	22	23+	
1		4	5	6	14	6	14	5
2	15	15	17	18	10	11	22	16
3	29	23	30	26	24	22	14	25
4	35	43	37	28	24	44	27	36
5	21	16	12	22	29	17	24	18
Total N	75	141	60	50	21	18	37	402
	100	100	100	100	100	100	100	100

Mean	3.7	3.6	3.3	3.5	3.5	3.5	3.6	3.6
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## Q. 3. Who are these people (circle those who belong to the household)?

Age		Wife (registered)	Wife (non-registered)	Children (under 18)	My parents	Parents of my wife	Brothers, sisters	Other relatives	Friends	Others
17	N	-	-	-	68	3	48	9	1	-
	%	-	-	-	91	4	64	12	1	-
18	N	-	2	2	131	6	80	8	-	1
	%	-	1	1	92	4	56	6	-	1
19	N	1	1	1	55	4	30	2	1	1
	%	2	2	2	90	7	49	3	2	2
20	N	2	3	2	39	4	22	9	1	1
	%	4	6	4	78	8	44	18	2	2
21	N	-	2	-	18	-	10	5	2	-
	%	-	10	-	86	-	48	24	10	-
22	N	2	6	2	12	2	9	1	2	-
	%	11	32	11	83	11	48	5	11	-
23+	N	3	8	4	23	5	16	3	3	1
	%	8	20	36	58	13	40	8	8	3
Total	N	8	22	11	346	24	215	37	10	4
	%	2	5	3	85	6	53	9	3	1









Q. 8. In your opinion, is your family [economically] ...? %

Perception of the wealth of family	Age							Total
	17	18	19	20	21	22	23+	
poor	1	3	0	4	5	0	8	3
rather poor	9	11	12	26	15	5	15	13
do not know	23	22	28	23	15	32	20	23
average	50	46	43	38	50	47	45	45
wealthy	16	18	17	9	15	16	13	16
Total N	74	138	58	47	20	19	40	396
	100	100	100	100	100	100	100	100

Q. 9. How old were you when you first had sexual intercourse?

Q. 10. How old was your first partner? % and means

Years	Age							Total
	17	18	19	20	21	22	23+	
I have not had intercourse	24	17	5	9		5	13	14
10-13	7	7	11	4	5	11	10	8
14-15	30	35	28	23	26	42	28	31
16-17	39	35	46	43	32	32	28	37
18-19		6	11	19	26	11	18	9
20+				2	11		3	1
Total N	74	136	57	47	19	19	39	391
	100	100	100	100	100	100	100	100

Own age, mean	15.0	15.4	15.8	16.3	16.7	15.4	16.0	15.7
Partner's age	16.7	17.1	16.9	17.0	16.9	16.2	18.6	17.1

Q. 11. Did you use any contraception method to prevent pregnancy during your first act of intercourse? (% of people who have had sexual intercourse)

Contraception	Age								
	17	18	19		21	22	23+	Total	
nothing was used	25	29	36		40	37	50	57	35
coitus interruptus	7	2	4		2	5	-	9	4
condom	67	62	53		49	58	44	31	55
contraceptive pill	-	1	-		2	-	6	-	1
other methods	-	-	2		2	-	-	3	1
I can't remember	25	6	5		4	-	-	-	4
Total N	75	142	61		50	21	19	40	343
	100	100	100		100	100	100	100	100

Q. 12. What methods are you currently using or have lately used with your spouse/partner to prevent pregnancy? (one can choose several alternatives)  
(% of people who have had sexual intercourse)

Contraception method	Age							Total
	17	18	19	20	21	22	23+	
Condom	82	76	56	67	79	72	65	72
Contraceptive pill	11	7	13	12	26	22	24	13
Intrauterine device (IUD)	-	1	2	-	-	-	12	2
Contraceptive capsule	2	-	-	-	-	-	-	0
Diaphragm	2	-	-	-	-	-	-	0
Rhythm method (safe days)	11	4	2	9	9	7	9	5
Coitus interruptus	9	7	9	21	11	17	12	11
Rinsing	2	4	2	7	5	6	3	4
Morning-after pill	-	1	4	2	-	-	3	1
Other	-	1	4	2	-	-	3	1
I / we do not use / need any contraception	11	22	26	21	11	22	18	20
Total	56	113	54	43	19	18	34	337

Sums in the columns are greater than 100% because the respondents could choose several alternatives.

Q. 13. Who decided on using contraception in your latest intercourse? (% of people who have had sexual intercourse)

Decision-maker	Age							Total
	17	18	19	20	21	22	23+	
I made	30	30	29	25	42	39	24	30
she	4	8	18	11	11	22	6	10
together	42	49	45	50	32	33	64	47
somebody else			2	5				1
I cannot remember	25	14	6	9	16	6	6	13
Total	57	111	51	44	19	18	33	333
	100	100	100	100	100	100	100	100

Q. 14. How satisfied are you with the current methods of contraception? (% of people who have had sexual intercourse)

Satisfaction	Age							Total
	17	18	19	20	21	22	23+	
totally satisfied	31	35	39	46	53	59	32	38
fairly satisfied	45	31	39	29	24	35	47	36
not quite satisfied	13	22	8	17	12	6	12	15
totally dissatisfied	31	5	4	2			3	4
no use of contraception	4	7	10	5	12		6	6
Total N	55	110	51	41	17	17	34	325
	31	35	39	46	53	59	32	38



Q. 16. If you did not use any contraception in the latest intercourse, why it was so?  
(one can choose at most three alternatives) (% of people who have had sexual  
intercourse)

Reasons for not using contraception	Age							Total
	17	18	19	20	21	22	23+	
I had no information on contraception	7	8	2	12	11	-	12	7
price or other difficulties in getting it	-	3	2	12	5	6	-	3
my own preference	18	31	46	23	32	22	27	29
my partner's preference	9	19	20	14	16	11	6	15
pregnancy can from our point of view start any time	2	1	7	12	16	11	9	6
religious reasons	-	1	-	-	-	-	3	1
my partner is pregnant or breast-feeding	2	-	-	-	-	12	9	2
no need; I /my partner cannot get children	2	-	2	-	5	-	-	1
no need; no sexual intercourse now	11	14	7	5	5	6	3	9
Total N	56	113	54	43	19	18	34	337











Q. 26. What were the reasons for making an abortion? (one can choose at most three alternatives) (% of 34 men whose partner had made an abortion)

Reasons for abortion	%
we were not ready to accept responsibility for the education of a small child	41
unsteady or problematic couple relationship	12
pressure from my or partner's parents	6
financial difficulties	18
unfinished studies	21
because of the job situation	3
we were too young	24
nobody could help us to look after the child	-
I had no time to take care of the child	3
my partner decided on the issue independently	21

Sum in the column is greater than 100% because the respondents could choose several alternatives.

Q. 27. Did you discuss the abortion decision with your partner? (% of 39 men whose

Discussion about abortion with the partner	
she told me about abortion before it was done	18
I heard about abortion from somebody else	13
we decided together about abortion	13
abortion was done in the first place	26
according to my will	15
we did not discuss it at all	15

Q. 28. Do you have a stable sexual partner now?

Has a sexual partner	Age							Total
	17	18	19	20	21	22	23+	
yes	34	43	37	65	58	84	64	48
no	66	57	63	35	42	16	36	52
Total N	73	138	57	49	19	19	39	394
	100	100	100	100	100	100	100	100

Q. 29. How old were you when you first started dating? %

Age when first starting dating, years	Age							Total
	17	18	19	20	21	22	23+	
I have never dated	14	13	13	10		5	10	12
9-13	18	13	5	2		5		9
14-15	35	29	29	22	18	16	13	27
16-17	34	41	43	37	18	21	26	36
18-19		4	11	24	41	32	33	13
20+				4	24	21	18	4
Total N	74	137	56	49	17	19	39	391
	100	100	100	100	100	100	100	100

Mean	14.7	15.2	16.0	16.6	17.8	17.4	18.1	15.9
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Q. 30. Altogether, with how many partners have you had sexual intercourse during your lifetime? (means of people who have had sexual intercourse)

Age	Mean number of partners during lifetime	N
17	5.4	61
18	7.6	118
19	6.8	51
20	10.2	42
21	13.3	15
22	10.4	16
23+	15.3	30
Total	8.5	333

Q. 31. Altogether, in the last year, with how many partners have you had sexual intercourse? (means of people who have had sexual intercourse during last year)

Age	Mean number of partners last year	N
17	7.3	45
18	4.1	81
19	4.6	42
20	6.4	36
21	4.1	14
22	2.1	14
23+	4.0	28
Total	4.9	260









Q. 38. In your opinion, can a woman refuse sexual intercourse with her husband / partner in following situations:

Age		She has recently given birth			Total
		yes	no	don't know	
17	N				65
	%	62	6	32	100
18	N				110
	%	75	5	20	100
19	N				44
	%	80	2	18	100
20	N				34
	%	76	9	15	100
21	N				16
	%	69	25	6	100
22	N				17
	%	88	6	6	100
23+	N				33
	%	79	6	15	100
Total	N	236	20	63	319
	%	74	6	20	100

Q. 38. cont.

Age		She is afraid of Aids*			Total
		yes	no	nknowknddon't	
17	N				69
	%	91	3	6	100
18	N				108
	%	92	3	6	100
19	N				43
	%	88	7	5	100
20	N				33
	%	85	6	9	100
21	N				17
	%	76	12	1	100
22	N				15
	%	93	7		100
23+	N				34
	%	94	3	3	100
Total	N	287	14	1	319
	%	90	4	86	100

\* She knows or suspects that her partner / husband has a STI including HIV/AIDS.

Q. 38. cont.

Age		Partner beats her			Total
		yes	no	don't know	
17	N				66
	%	82	6	1	100
18	N				109
	%	83	6	1	100
19	N				42
	%	86	2	12	100
20	N				31
	%	84	6	10	100
21	N				16
	%	75	25		100
22	N				16
	%	63	6	3	100
23+	N				33
	%	88	6	6	100
Total	N	258	20	35	313
	%	82	6		100

&lt;

Q. 38. cont.

Age		Partner has a sexual relationship with another person			Total
		yes	no	don't know	
17	N				63
	%	59	14	27	100
18	N				103
	%	61	15	24	100
19	N				41
	%	66	20	15	100
20	N				34
	%	68	21	12	100
21	N				16
	%	63	19	19	100
22	N				16
	%	56	13	31	100
23+	N				34
	%	71	18	12	100
	N	193	50	64	324
	%	63	16	21	

Q. 38. cont.

Age		She is tired and does not want to			Total
		yes	no	don't know	
17	N				65
	%	75	9	15	100
18	N				109
	%	74	13	13	100
19	N				44
	%	66	20	14	100
20	N				35
	%	60	26	14	100
21	N				16
	%	63	25	13	100
22	N				16
	%	56	31	13	100
23+	N				34
	%	79	6	15	100
Total	N	226	49	44	319
	%	71	15	14	100

Q. 38. cont.

Age		Partner does not want to use contraception			Total
		yes	no	don't know	
17	N				64
	%	59	19	22	100
18	N				103
	%	55	21	23	100
19	N				42
	%	55	31	14	100
20	N				31
	%	55	32	13	100
21	N				18
	%	61	22	17	100
22	N				15
	%	47	27	27	100
23+	N				32
	%	72	22	6	100
	N	176	72	57	305
	%	58	24	19	100

Q. 39. In many countries, unlike in Russia, there is no free abortion (termination of pregnancy) available. Do you agree that a woman should not make an abortion free?

Negative attitude to abortion	Age							Total
	17	18	19	20	21	22	23+	
I agree absolutely	15	21	22	17	18	6	8	17
I agree somewhat	18	10	16	17	12	6	15	14
cannot say	33	39	31	35	35	39	28	35
I disagree slightly	7	6	15	2	18		8	7
I disagree absolutely	27	24	16	28	18	50	41	27
Total N	73	135	55	46	17	18	39	383
	100	100	100	100	100	100	100	100

Q. 40.1. What do you consider as the ideal number of children in Russian families in general?

Age	Mean number of children	N
17	2.2	72
18	2.3	135
19	2.1	54
20	2.2	46
21	2.4	18
22	2.1	18
23+	2.2	39
Total	2.2	382



Q. 40.2. What do you consider to be the ideal interval (years) between childbearing?

Age	Mean interval	N
17	2.9	69
18	3.1	127
19	3.1	52
20	3.2	44
21	2.4	16
22	3.6	16
23+	3.0	37
Total	3.1	361

Q. 40.3 (a). What is the ideal age for a woman of having the first child?

Age	Mean ideal age for a woman	N
17	23.2	70
18	22.7	127
19	22.8	53
20	22.5	45
21	22.1	18
22	21.9	18
23+	23.1	38
Total	22.7	369

Q. 40.3 (b). What is the ideal age for a man of having the first child?

Age	Mean ideal age for a man	N
17	25.6	70
18	25.5	125
19	25.6	53
20	25.3	44
21	25.8	18
22	24.9	18
23+	26.4	38
Total	25.6	366

Q. 41. What would be the most suitable number of children for you?

	Age							Total	
	17	18	19	20	21	22	23+		
0	4	2	2	2			3	2	
1	19	25	21	15	18	33	22	22	
2	66	63	71	78	65	61	54	66	
3	10	9	6	4	12	6	19	9	
4	1				6			1	
5							3	0	
Total	N	70	134	52	46	17	18	37	374
		100	100	100	100	100	100	100	100

Mean	1.9	1.8	1.8	1.9	2.1	1.7	2.0	1.8
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Q. 50. Have you had any of the following infections? %

		Genital herpes			Total
		no	yes	don't know	
17	N				58
	%	98		2	100
18	N				120
	%	96	1	3	100
19	N				51
	%	96	4		100
20	N				39
	%	100			100
21	N				17
	%	100			100
22	N				14
	%	93		7	100
23+	N				31
	%	97		3	100
Total	N	320	3	7	330
	%	97	1	2	100

Q. 50. cont.

Age		Chlamydia			Total
		no	yes	don't know	
17	N				58
	%	97		3	100
18	N				120
	%	97		3	100
19	N				50
	%	96	2	2	100
20	N				40
	%	93	8		100
21	N				17
	%	100			100
22	N				15
	%	87	7	7	100
23+	N				32
	%	78	16	6	100
Total	N	312	10	10	332
	%	94	3	3	100

Q. 50. cont.

Age		Yeast infection in genital area			Total
		no	yes	don't know	
17	N				58
	%	97		3	100
18	N				120
	%	97		3	100
19	N				49
	%	98		2	100
20	N				38
	%	100			100
21	N				17
	%	100			100
22	N				13
	%	85	15		100
23+	N				31
	%	97		3	100
Total	N	316	2	8	326
	%	97	1	2	100



Q. 50. cont.

Age		Gonorrhea			Total
		no	yes	don't know	
17	N				59
	%	95	2	3	100
18	N				121
	%	95	2	3	100
19	N				50
	%	98	2		100
20	N				39
	%	95	5		100
21	N				17
	%	100			100
22	N				16
	%	81	13	6	100
23+	N				34
	%	88	9	3	100
Total	N	317	11	8	336
	%	94	3	2	100

Q. 50. cont.

Age		HIV/AIDS		Total
		no	with HIV	
17	N			58
	%	100		100
18	N			120
	%	97	3	100
19	N			49
	%	100		100
20	N			38
	%	100		100
21	N			17
	%	100		100
22	N			14
	%	100		100
23+	N			31
	%	97	3	100
Total	N	322	5	327
	%	98	2	100

Q. 50. cont.

Age		Prostata inflammation			Total
		no	yes	don't know	
17	N				57
	%	98		2	100
18	N				120
	%	97		3	100
19	N				49
	%	100			100
20	N				38
	%	100			100
21	N				17
	%	100			100
22	N				16
	%	88	6	6	100
23+	N				31
	%	97		3	100
Total	N	320	1	7	328
	%	98	0	2	100

Q 50. cont.

Age		Testicule inflammation		Total
		no		
17	N			58
	%			100
18	N			120
	%	96	4	100
19	N			49
	%	100		100
20	N			38
	%	100		100
21	N			17
	%	100		100
22	N			14
	%	100		100
23+	N			31
	%	94	3	100
Total	N	316	5	327
	%	97	2	100

Q. 50. cont.

Age		Some other infection			Total
		no	yes	don't know	
17	N				58
	%	95	2	3	100
18	N				118
	%	95	1	4	100
19	N				49
	%	98	2		100
20	N				36
	%	97	3		100
21	N				18
	%	100			100
22	N				13
	%	92	8		100
23+	N				32
	%	88	6	6	
Total	N	308	7	9	324
	%	95	2	3	100

















Q. 59. For what reasons could you try drugs? (one or two reasons were allowed) %

Reasons for drug use	Age							Total %	Total N
	17	18	19	20	21	22	23+		
loneliness	4	11	3	4	-	5	10	7	27
easy to get	1	1	5	4	-	-	5	3	10
to show courage	1	1	-	-	-	-	3	1	3
because of problems, difficulties, anxiety	13	23	18	16	29	5	20	19	77
it is fashionable	1	3	2	4	-	-	-	2	8
to get new experiences, information, feelings	21	24	26	24	5	5	20	22	88
to be abreast of my friends	1	1	-	-	-	-	-	1	2
Curiosity	21	30	18	18	19	26	30	25	100
as a sign of protest	-	4	2	8	-	5	5	3	14

Sums in the columns are greater than 100% because the respondents could choose several alternatives.









Q. 65. cont.

## Avoiding unhealthy habits

	Age							Total	
	17	18	19	20	21	22	23+		
yes, regularly	39	24	21	24	23	25	43	29	
yes, occasionally	28	33	26	32	15	42	17	29	
no	33	43	53	44	62	33	40	43	
Total	N	57	92	34	34	13	12	30	272
		100	100	100	100	100	100	100	100

## Visiting physicians as a preventive measure

	Age							Total	
	17	18	19	20	21	22	23+		
yes, regularly	4	7	6	15	15		17	9	
yes, occasionally	33	19	10	12	31	20	31	22	
no	63	74	84	73	54	80	52	69	
Total	N	52	84	31	33	13	10	29	252
		100	100	100	100	100	100	100	100

Q. 66. How tall are you? cm

Age	Mean cm	N
17	178,8	67
18	179.9	126
19	180.7	48
20	177.2	47
21	178.7	17
22	180.9	18
23+	176.7	34
Total	179.1	357

Q. 67. How much do you weigh? cm

Age	Mean kg	N
17	68.2	66
18	69.7	126
19	72.5	47
20	70.6	46
21	70.6	15
22	71.2	18
23+	74.3	36
Total	70.5	354

Q. 66-67. Body Mass Index (BMI)

Age	Mean	N
17	21.3	66
18	21.6	124
19	22.2	46
20	22.5	46
21	22.3	15
22	21.8	18
23+	23.8	34
Total	21.3	349