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Article Title: Romantic and Sexual Behavior in Young Adolescents: Repeated Surveys in a Population-Based Cohort

Year of publication: Forthcoming

Link to published version: <http://jea.sagepub.com/>

Publisher statement: None

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Romantic and Sexual Behavior in Young Adolescents: Repeated Surveys in a
Population-Based Cohort

Abstract

Adverse outcomes of teenage sexual activity are common in the United Kingdom. We used a computer-assisted interview to ask young adolescents aged 11-12 years (N = 6856) and 12-13 years (N = 6801) who were part of the Avon Longitudinal Study of Parents and Children about romantic and intimate behaviors. 24% of 11-12 year olds and 41% of 12-13 year olds reported holding hands and 17% and 32% respectively reported having been kissed on the mouth. A minority of 12-13 year olds reported sexual behavior including intercourse. The majority of participants who reported intimate sexual behavior did not regret it. Boys reported all activities more than girls and were less likely to express regret. Our findings suggest that the timing and content of sex education should take into account the frequency with which young people are experimenting with sexual behaviors.

Keywords: Gender/Gender Differences, Romantic/Dating Relationships, Sexual Development, Longitudinal, ALSPAC

Romantic and sexual relationships which begin at a relatively young age are associated with an increased risk of maladaptive outcomes (Zimmer-Gembeck, Siebenbruner, & Collins, 2001) and an adverse influence on relationship skills and sexual functioning in later life (Lammers, Ireland, Resnick, & Blum, 2000). In the UK teenage women are at highest risk of acquiring bacterial sexually transmitted infections that can cause pelvic inflammatory disease, ectopic pregnancy and infertility (Kaestle, Halpern, Miller, & Ford, 2005; Kotchick, Shaffer, & Forehand, 2001) and there is evidence that the trend is worsening (Nicoll, 1999). About 20 live births per 1000 in the UK are to teenage mothers (Wellings et al., 2001) and the prevalence of sexual debut before the age of 16 has increased compared to a decade ago (Johnson et al., 2001) with more than one in four young adults reporting sexual activity before their 16th birthday (Wellings et al., 2001). In a large international survey the mean age of sexual debut in the UK is reported as 14 years for both boys and girls ("Health Behaviour in School-Aged children (HBSC) study: Chapter 3: Young people's health and health-related behaviour") but data from a sexual health care service centre in Wales reported that the median age of sexual debut was 12 years for boys and 13 years for girls . In the five percent of cases in this Welsh cohort where there was a record of possible coercion, all clients reported that intercourse was consensual (Cook & Fleming, 2007).

Existing research on adolescent sexual behavior has shown that there is a predictable sequence of behaviors which occurs as adolescents become involved both romantically and sexually. Romantic and sexual behaviors progress from hugging and holding hands to kissing and touching breasts / genitals over and then under clothes and on towards increasingly intimate behaviors like being undressed together and ultimately coital activities such as oral sex and sexual intercourse (Hansen, Paskett, &

Carter, 1999; Hansen, Wolkenstein, & Hahn, 1992; Hennessy, Bleakley, Fishbein, & Jordan, 2008; E. Smith & Udry, 1985). In general, boys show an earlier and more accelerated development towards sexual involvement than girls (Hansen et al., 1999; Williams, Connolly, & Cribbie, 2008).

Much of the work examining the development of romantic and sexual relationships in adolescence has been retrospective or undertaken in clinical populations where the prevalence of risky behaviours might be overestimated (Kotchick et al., 2001; Wellings et al., 2001, p. 1849). Children who have been sexually abused are reported to display more sexual behavior than those not exposed to abuse (Friedrich et al., 2001) and in high income countries including the UK, 5-10% of girls and 1-5% of boys are exposed to penetrative sexual abuse during childhood (Gilbert et al., 2009). Thus there is a need for prospective data from representative cohorts, regarding the development of romantic and sexual relationships from onset so that age-appropriate, effective sex education, sexual health promotion and interventions can be developed. The aim of the current study is to provide a prospective description of the development of normative romantic and sexual behavior in early adolescence in a UK cohort as we are unaware of any other studies which have undertaken this work.

Data about romantic and sexual behaviors with another young person and the context surrounding these intimate episodes were collected at two consecutive time points from a large population-based British cohort of adolescents aged 11-13 years (the Avon Longitudinal Study of Parents and Children, ALSPAC) (Golding, Pembrey, & Jones, 2001). We expected that the prevalence of romantic and sexual behaviors in general would increase over time but that, at each individual time point, the

proportion of the cohort engaging in these behaviors would decrease as the behaviors themselves became more intimate.

Methods

Participants.

The Avon Longitudinal Study of Parents and Children (ALSPAC) enrolled 14,541 pregnant women between April 1991 and December 1992. Mothers consented to join the study at recruitment and were free to withdraw at any time. Due to attrition which is a common feature in longitudinal studies, the cohort size has reduced over time. Children from over 7000 families have been seen annually in study clinics from age seven to 13 years and information about romantic and sexual behavior has been collected from age 11. The 11 year clinic took place between 2002 and 2003 and 7218 children (52% of the original cohort) attended. At the 12 year clinic held during 2003-2004, 7011 children (50%) attended.

When compared to 1991 National Census Data, the ALSPAC sample at recruitment was similar to the UK population as a whole, having only a slightly higher proportion of married or cohabiting mothers who owned their home and a car. There were also a slightly smaller proportion of mothers from ethnic minorities. Further information about the cohort can be found at www.bristol.ac.uk/alspac/. The study was approved by the ALSPAC Law and Ethics Committee and the Local Research Ethics Committees.

Data collection.

We used a computer assisted self-interview (CASI) at each time point. Children aged 11 - 12 years were asked about pre-coital romantic behaviors and those aged 12 - 13 years old were also asked about more intimate behaviors, including sexual intercourse (Table 1). We stipulated that we were only interested in behaviors which had occurred during the previous year and which had taken place with young members of the opposite sex who were not related to the participant him / herself. The CASI was adapted from the Adolescent Sexual Activity Index (Hansen et al., 1999) a hierarchy of ten romantic and sexual activities. We added questions about reciprocal behaviours and about the context of romantic and sexual encounters including enjoyment or regret and contraceptive use to obtain information about readiness for sexual activity (Wellings et al., 2001). We did not ask about sexually abusive experiences or masturbation. Study parents gave consent for their children to take part and study children assented to complete the CASI.

(Table 1 about here)

In the interview each item was presented sequentially. There were several points at which the interview could end depending upon the participant's responses. The interview ended if the response to both items about kissing and cuddling was "no" or if the response to item 6 - "Have you lain down together?" - was no. If the study child answered "no" to both items 7 and 8 the interview ended. From this point on the interview would only continue if the study child reported that they had been involved in an activity - as soon as the response was "no" the interview ended (Table 1).

Because of the gender differences in involvement in romantic and sexual behaviors, analysis of the data for the presence of the event and also the extent to which it was enjoyed or regretted was carried out separately for boys and girls. In the data analysis we calculated the percentage of boys and girls who had taken part in each activity and then, for those with experience of the behaviors, we calculated the proportion that reported enjoyment of the activity and the proportion that regretted their involvement. As we were interested only in whether or not the event had occurred, whether it was enjoyed or regretted and whether or not a condom was available at that time, we dichotomized these variables and used chi-square tests to examine gender differences for each outcome.

Results

At 11-12 years 6856 children of the 7218 who attended the clinic provided data about romantic behaviors (95% of those eligible). At 12- 13 years 6801/7011 (97% of those eligible) provided data (Table 2). Mean ages at interview were 11.8 (standard deviation (*SD* 0.4) years and 12.9 (*SD* 0.3) years. Overall, 24.5% of 11 year olds had held hands with someone and 16.2% had kissed another person. One year later, 40.9% had held hands with someone, 32.6% had kissed another person and 34.2% had cuddled with someone. More intimate behaviors which were asked only at the second clinic were reported much less frequently. For girls and boys combined, 11.8% of 12 year olds had lain down together with someone of the opposite sex and 4.9% reported petting or coital behavior including activities from "have you been touched under your clothes?" to "have you had sexual intercourse?"

(Table 2 about here)

In both age groups, girls were less likely than boys to report involvement in all activities ($p < .01$). Details of the proportions of girls and boys involved in each activity are shown in Table 2. Fewer than 1% of girls and just 1% of boys reported coital behaviors at 12 years of age (oral sex $p < .01$ and sexual intercourse $p < .001$).

Most study participants said they enjoyed their romantic and sexual experiences although girls reported less enjoyment than boys. Girls were more likely to report regret. The largest gender differences were for behaviors where children had been touched rather than having touched someone else's private parts: 65.3% of girls compared to 84.7% of boys who had done this reported that it was enjoyable ($p < .001$) but 28.9% of girls compared to 14.4% of boys reported that they regretted it ($p < .001$). For sexual intercourse, almost all girls and all boys reported having enjoyed it ($p > .05$). About 40% of adolescents who had experienced intimate petting behavior did not have a condom with them at the time. Of those who had sexual intercourse, all girls and 78.1% of boys reported that they had used a condom ($p > .05$).

Discussion

In this UK cohort, around one third of young adolescents have taken part in romantic behaviors beyond holding hands but far fewer study participants have engaged in more intimate behaviors. Boys are more likely to engage in romantic and sexual behaviors than girls and they seem to be more active in the initiation of such behaviors. Girls generally report less enjoyment and more regret. Amongst 12 - 13 year olds, only 0.6% of the cohort have had sexual intercourse but more girls than boys reported using a condom. Data from the HSBC survey reports that, in 2001/2 around 70% of 15 year olds in the UK used a condom the last time they had intercourse which is more consistent with our results for boys than for girls. We are unable to explain this discrepancy in our data. It may be that younger girls who are facing their sexual debut are more conscientious about condom use, to begin with at

least, but that such conscientiousness lapses as they become increasingly aware of girls who “get away with” unprotected sex. Alternatively, fear of pregnancy may mean that young girls are more aware of the social desirability of condom use and report their use even if this is inaccurate ("Health Behaviour in School-Aged children (HBSC) study: Chapter 3: Young people's health and health-related behaviour,").

In support of data from other studies which suggests that sexual debut occurs at around 12 to 14 years ("Health Behaviour in School-Aged children (HBSC) study: Chapter 3: Young people's health and health-related behaviour,"), it would seem that we have managed to capture data from the cohort as they were approaching the threshold for sexual debut. Girls were less likely to report intimate behaviors, despite, on average, being at a more advanced stage of puberty than boys of the same age. These results are consistent with previous research examining the progression of romantic and sexual behavior in adolescents (Hansen et al., 1992; Schwartz, 1999; Wight et al., 2000; Williams et al., 2008). A larger proportion of girls were also passive recipients rather than active initiators of many of these romantic behaviours and girls were less likely to enjoy and more likely to regret activities than boys. The level of regret reported here is consistent with that reported in previous research (Cotton, Mills, Succop, Biro, & Rosenthal, 2004; Dickson, Paul, Herbison, & Silva, 1998; Wight et al., 2000). We have shown that data about pre-coital and sexual romantic behaviors can be collected prospectively from early adolescence onwards and that the computer-assisted interview was well accepted.

There are several strengths to this study. First the ALSPAC cohort provides a unique opportunity for the prospective investigation of the development of adolescent romantic and sexual behaviour in a large, population-based as opposed to clinical sample. The very low prevalence of sexual intercourse in 12-13 year olds

suggests that the CASI was administered around the time of transition from non-coital to coital behavior. The reporting of the more intimate and coital behaviors in our study is likely to be more accurate than those in which the timing of onset of sexual behavior is examined retrospectively. On the other hand, romantic behaviors that occurred earlier in childhood might be subject to recall bias. Second, the size of the cohort means that the estimated prevalence of romantic behaviors has been described with high precision. Finally, the ALSPAC dataset contains many child- and family-based variables collected at least annually since the birth of the child. Consequently, future research will be able to examine pathways to the early onset of sexual activity, predictors of passive versus active involvement and also resilience as well as both risk and protective factors for adaptive as opposed to adverse psychological and biological outcomes.

A limitation of our findings is that we were required by the ethics committees to use a strictly hierarchical sequence of intimate behaviors which forced us to stop the interview as soon as a child responded that they had not been involved in a specific behavior. This might have resulted in an underestimation of the frequency of intimate behaviors but we believe that any bias is likely to be small because previous research has reported strong evidence of sequential increases in intimate behaviors (Hansen et al., 1999).

Findings from this study support previous research in the United Kingdom (Johnson et al., 2001; Wellings et al., 2001) by showing that some adolescents become sexually active at a very early age. In conjunction with the risks associated with early sexual debut this means that comprehensive sex education is essential if the health of young people is to be maintained (Wight et al., 2002). Although the United Kingdom National Curriculum advises that relationship skills be taught in schools

from ages 5 - 7 onwards, this guidance is non-statutory and sexual behaviors are not mentioned in sex education materials until age 11 – 14 years. In order to be effective, the promotion of sexual health to adolescents must be based on accurate data about the onset of development of romantic and sexual behavior. Sex education programs should take into account young people's enjoyment in early romantic involvement, but also the fact that some teenagers might not be emotionally prepared and regret it. Promoting confident communication about sexual feelings could help adolescents delay sexual involvement until ready, and help prevent unplanned pregnancies and sexually transmitted infections. Our results suggest that sex education programs should discuss romantic and sexual behaviors before 11 years.

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Table 1: Actual items used in the CASI questionnaire

<i>Items about sexual behaviors taken from Hansen, Paskett and Carter (1999)</i>	1. Have you hugged anybody? ^a
	2. Have you held hands?
	3. Have you spent time alone?
	4. Have you kissed?
	*4a. Have you been kissed by anybody?
<i>Items asked from 12 years onwards</i>	5. Have you cuddled?
	6. Have you lain down together?
	7. Has someone put their hands under your clothing? ^c
	8. Have you put your hands under someone else's clothing?
	9. Have you been undressed with your [private parts] showing? ^b
	*9a. Have you touched or fondled someone's private parts? ^b
	*9b. Has someone touched or fondled your private parts? ^b
	*9c. Have you had oral sex? ^b
	10. Have you had sexual intercourse? ^c
	<i>Additional contextual questions</i>	After each question, we asked "How much did you enjoy.....?"
From question 7 onwards, we asked "How much did you regret....?" after each question	

Notes: *These are novel items added by the authors for the purposes of this study

^a Not asked in this study

^b "Did you have a condom with you?" asked after each question

^c "Did you use a condom?" asked after this question

Table 2: Frequency of romantic and sexual activity in a contemporary cohort of young adolescents: the Avon Longitudinal Study of Parents and Children

Activity	11 year olds ^a N=3346 males and 3510 females						12 year olds ^a N=3343 males and 3458 females								
	n	Have done activity		Of those who have done this: Enjoyed activity ^b		n	Have done activity		Of those who have done this:						
%		X ²	%	X ²	%		X ²	%	X ²	Enjoyed activity ^b	Did not regret activity ^b	Had a condom			
Questions asked at both ages															
Have you held hands?	Boys	898	26.8		59.1		1452	43.4		70.8		..	..	..	..
	Girls	751	21.4	16.99***	52.5	7.38**	1336	38.6	16.18***	70.8	0.00	..	..	..	..
Have you spent time alone?	Boys	838	25.0		70.3		1338	40.0		76.9		..	..	..	..
	Girls	768	21.9	5.93*	59.2	21.48***	1344	38.9	1.59	69.9	16.67***	..	..	..	..
Have you kissed .....on the mouth?	Boys	608	18.2		76.5		1159	34.7		81.4		..	..	..	..
	Girls	500	14.2	14.06***	57.8	44.04***	1060	30.7	12.47***	69.1	45.31***	..	..	..	..
Have you been kissed on the mouth?	Boys	644	19.2		72.4		1150	34.4		82.3		..	..	..	..
	Girls	522	14.9	16.47***	56.3	32.68***	1007	29.1	21.88***	70.8	40.34***	..	..	..	..
Have you cuddled together?	Boys	453	13.5		76.8		1234	36.9		69.3		..	..	..	..
	Girls	348	9.9	17.23***	65.2	13.06***	1094	31.6	21.02***	73.8	5.70*	..	..	..	..

* p<.05 **p<.01 ***p<.001

a) Mean age of 11 year olds: 11.8 years; and 12 year olds, 12.9 years

b) Items scored as: 1 – not at all, 2 – a bit, 3 – quite a lot and 4 – very much. *Note:* Enjoyment: those recording 3 or 4 were categorized as having enjoyed the activity

Activity	11 year olds ^a N=3346 males and 3510 females						12 year olds ^a N=3343 males and 3458 females					
			Those who have:				Those who have:					
		n	Have done: % X ²	Enjoyed activity ^b % X ²	n	Have done activity % X ²	Enjoyed activity ^b % X ²	Did not regret activity ^b % X ²	Had a condom ^c % X ²			
Questions asked only at 12 years												
Have you laid down together?	Boys	..	..	..	459	13.7	81.7	..	..	..	..
	Girls	..	..	..	342	9.9	73.4	..	..	..	..
Have you been touched under your clothes?	Boys	..	..	..	215	6.4	84.7	85.6	..	..	..
	Girls	..	..	..	121	3.5	65.3	71.1	10.32***	..	..
Have you touched....under their clothes?	Boys	..	..	..	235	7.0	89.4	78.3	..	..	..
	Girls	..	..	..	95	2.7	72.6	77.9	0.01	..	..
Have you been undressed, private parts showing?	Boys	..	..	..	80	2.4	81.3	70.0	..	57.5	..
	Girls	..	..	..	33	1.0	66.7	63.6	0.44	48.5	0.77
Has anyone touched / fondled your private parts?	Boys	..	..	..	63	2.1	91.3	75.4	..	59.4	..
	Girls	..	..	..	27	0.9	74.2	67.7	0.63	35.5	5.26*
Have you touched / fondled [another's] private parts?	Boys	..	..	..	69	2.1	91.3	75.4	..	59.4	..
	Girls	..	..	..	31	0.9	74.2	67.7	0.63	35.5	4.91*
Have you had oral sex?	Boys	..	..	..	39	1.2	94.9	79.5	..	61.5	..
	Girls	..	..	..	18	0.5	83.3	66.7	1.09	61.1	0.00
Have you had sexual intercourse?	Boys	..	..	..	32	1.0	100	81.3	..	78.1	..
	Girls	..	..	..	10	0.3	90.0	60.0	1.90	100	2.63

* p<.05 **p<.01 ***p<.001

a) Mean age of 11 year olds: 11.8 years; and 12 year olds, 12.9 years

b) Items scored as: 1 – not at all, 2 – a bit, 3 – quite a lot and 4 – very much. *Note:* Enjoyment: those recording 3 or 4 were categorized as having enjoyed the activity; regret: those recording 1 were categorized as having no regret

c) For the final item (sexual intercourse) this item was rephrased as “Did you use a condom?”