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CHARACTERISTICS OF FIRST SEXUAL INTERCOURSE AMONG SECONDARY SCHOOL STUDENTS IN SLOVENIA

Abstract. *The article presents data on the social characteristics of first sexual intercourse (FSI) among secondary school students in Slovenia, collected as part of the research project “Sexuality of Secondary School Students in Slovenia”. The results show that for most respondents their FSI was a planned event occurring within an intimate partnership. Protective measures are used to a considerable extent. There are statistically significant gender differences in the majority of the results. The data show responsible behaviour during the FSI, although a share of the respondents is exposed to sexually transmitted infections (STIs). The data may be used for policy decision-makers, especially in terms of sex education and addressing the STI issue.*

Keywords: *first sexual intercourse, age, secondary school students, sexually transmitted infections, pregnancy*

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Introduction

Contemporary sociologists of intimacy and sexuality argue that this social sphere has been undergoing several important, even revolutionary, transformations in recent decades (Baumann, 1999 and 2003; Beck and Beck-Gernsheim, 2006; Giddens, 2000). Given that Western sexuality was revolutionised as early as in the 1960s, some authors refer to the current transformation as the “neosexual revolution” (Sigusch, 1998). Although theoretical accounts of the “neosexual revolution” differ in many respects, authors agree that lying at the heart of today’s transformation is a triple process of the differentiation, individualisation and rationalisation of sexuality (Bernik, 2010). Differentiation implies that the field of sexuality has largely been decoupled from the direct influence of other social spheres (like religion and politics) and has become internally self-referentially organised.

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The process of internal differentiation has created broad possibilities for individual sexual expression, that is, for sexual choices and activities based on (volatile and idiosyncratic) personal preferences. The individualisation of sexuality has simultaneously been accompanied by its rationalisation, meaning that individuals often make sexual decisions based on a sober calculation. While 'pre-revolutionary' sexual behaviour may be characterised by considerable uniformity and predictability, the mentioned 'revolution' has processed sexuality into a variety of sexual lifestyles (Weeks, 2003).

Surveys of sexual behaviour and attitudes (Bozon and Leridon, 1996; Hubert et al., 1998; Johnson et al., 1994; Laumann et al., 1994; Michael et al., 1995; Schmidt et al., 2006) show these transformations are gradual and long-lasting, and that these trends are most visible in the younger generation. Therefore, studies which seek to identify and explain current trends in change must explicitly focus on the social organisation of sexuality among the younger generation, particularly those just entering the world of adult sexuality.

Studies conducted abroad show researching adolescent sexuality is the best way to uncover trends occurring in the context of intimacy (Laumann et al., 1994). Moreover, exploring adolescent sexuality at the individual level reveals how adolescents will later engage in sexual relationships and what their sexual experiences will be like (Bozon and Leridon, 1996). In other words, adolescents are seen as trendsetters in this regard.

Undoubtedly, adolescent sexuality is an important social science research topic with the research findings being relevant from both scientific and applied perspectives. This is reflected in the fact that the first historical attempts to study sexual behaviour mainly involved surveys focused on adolescents (Ericksen and Steffen, 1999). Indeed, reviews of research trends show that adolescent sexual behaviour and attitudes, in particular, remain an important research topic (Moore and Rosenthal, 2006). Nevertheless, even in countries with well-established social science research on sexuality, few representative and comprehensive national studies of adolescent sexual behaviour have been conducted. Most studies of adolescent sexuality have relied on convenience samples and been limited to certain aspects of this broad topic. Over the last three decades, a tendency has been evident of studying health- and risk-related topics, especially those related to the HIV/AIDS epidemic (Ingham and Aggleton, 2006; Koyama et al., 2009; Moore et al., 1996; Panchaud et al., 2000). Indeed, many other aspects of adolescent sexual behaviour also an important element of sexual socialisation (e.g. different sources of sexual (dis)satisfaction, communication patterns between sexual partners, social and cultural backgrounds of sexual behaviour) are often neglected. One exception here is Germany, where the tradition of comprehensive longitudinal studies on the sexual behaviour and attitudes

of adolescents (16 to 17 years old) and students goes back more than 40 years (Sigusch and Schmidt, 1973; Schmidt, 1993; Schmidt, 2000).

Despite limited resources, the Slovenian social research has been able to follow the international research trends in many areas, albeit not in the study of the social and cultural organisation of sexuality, especially the sexuality of younger generations. A thorough review of research and research-based publications in the field of sexuality in Slovenia (Švab, Bernik and Kuhar, 2010; Švab et al., 2011) shows that research in this field lags not only behind trends in Western societies, but behind societies holding similar research potential as Slovenia (e.g. Croatia).

In Slovenia, the first attempts to empirically study adolescent sexuality came only in the 1990s, chiefly in the context of HIV and other health-related sexual risk behaviours (Švab, Bernik and Kuhar, 2010; Švab et al., 2011). The first survey was conducted by Stražiščar and Skubic in 1990 on a sample of secondary school students in Ljubljana (Stražiščar, Skubic and Stojanović, 1990). Later, some surveys were conducted on different samples of Slovenian adolescents (Androjna and Krčmar, 1994; Bernik et al., 1996; Bernik and Hlebec, 1998; Pinter, 1998; Pinter and Tomori, 1998; Pinter, 2006, Pinter, 2014). Although they were quite fragmentary and largely focused on the risk aspects of adolescent sexuality, they still indicated that the sexual behaviours and attitudes of adolescents in Slovenia are similar to those of their Western peers and are changing rapidly. These studies also indicated an urgent need for evidence-based education and health policy interventions in the area of adolescent sexuality in Slovenia.

The data presented in this article were collected as part of a recent survey of secondary school students in Slovenia, conducted during the research project "Sexuality of Secondary School Students in Slovenia: Behaviour, Health, Attitudes".¹ The survey was partly a repetition of two earlier surveys "Youth and AIDS I" and "Youth and AIDS II" carried out in 1995 and 1997 (Bernik et al., 1996; Bernik and Hlebec, 1998). The research project's aim was to conduct the first comprehensive survey of adolescent sexuality and attitudes on a representative sample of Slovenian adolescents aged 16 to 18. The survey was conducted from both a public health and a sociological perspective and included various issues related to behaviour, health, and attitudes to sexuality. In this respect, it provided data relevant to explaining how adolescent sexuality is embedded in social and cultural contexts. It also yielded useful information on whose basis educational, public health and other interventions concerned with adolescent sexuality may be designed.

¹ The project was carried out between 2013 and 2016 by researchers from the Faculty of Social Sciences, University of Ljubljana (Tina Kogovšek, Ivan Bernik, Valentina Hlebec, Alenka Švab), the National Institute of Public Health (Irena Klaus, Tanja Kustec, Sonja Tomšič), and The Peace Institute (Roman Kuhar). The project was led by Dr Tina Kogovšek and funded by the Slovenian Research Agency.

In this article, we present data on the social and behavioural characteristics of first sexual intercourse (FSI), a standard aspect in sexual behaviour research because it is considered an important event in the life course of young people (Ferrero Camoletto, 2011; Bernik et al., 2018). Data on FSI not only provide useful insights into the social contexts of this event (Bernik et al., 2011), but are also of use to help predict young people's sexual behaviour in their future adult lives and may therefore be a great source of information for education and health-related policy decisions. We were also interested in gender differences in the social characteristics of FSI since previous studies of adolescents show the experience of sexuality remains gender-specific and gender differences are still a persistent feature of adolescent sexual behaviour (see e.g., Bernik et al., 2018). Nonetheless, given the social changes in intimacy and emergence of a permissive sexual culture, we hypothesised that these differences would be slowly shrinking, particularly in view of the gender roles and sexual double standards prevalent in the restrictive sexual culture.

Regarding sexual behaviour, we present data that are considered standard in social research on sexual behaviour at FSI, i.e., experience and age at FSI; partnership status at that event; motives and contexts of FSI; and use of protection against sexually transmitted infections (STIs) and pregnancy. With respect to attitudes, we specifically focused on attitudes to virginity following similar studies of student populations (Ferrero Camoletto, 2011; Bernik et al., 2018). We assumed that these attitudes, particularly any gender differences, may indicate the possible social changes in intimacy and sexuality described by sociologists of intimacy (Baumann, 1999 and 2003; Beck and Beck-Gernsheim, 2006; Giddens, 2000).

Methods and sample

A baseline sample of 4,000 respondents was planned for the survey with a view to achieving the planned sample of 2,000 respondents if the response rate was realistically estimated. The sample was a stratified systematic random sample. The sampling frame was the list of secondary schools in the 2015/16 school year published on the Ministry of Education, Science and Sport's website. The sampling frame consisted of 145 grammar/general secondary schools and 148 vocational secondary schools. Due to the students' specific characteristics (foreign language schools, students with special needs), three general secondary schools and two vocational secondary schools were excluded from the sample. As these schools had very few pupils (10 to 39), it was determined their exclusion would not have a significant impact on the results. The sampling considered the population share of students in grammar/general secondary schools (40%) and vocational secondary schools (60%). Assuming an average class size of around 30

students, 27 grammar/general secondary schools and 40 vocational secondary schools would be needed. To avoid the sampling plan effect, a maximum of two classes was randomly selected at each school and all students present in these classes participated. Grammar/general secondary schools and vocational schools were drawn separately through systematic sampling (for each of the two secondary school groups, the number of schools was divided by 27 and 40, respectively, to obtain the sample size). In the end, a total of 52 schools participated in the study. Seven schools refused to participate or it was not possible to coordinate data collection dates. The research team was also unable to make contact with another seven schools after several attempts. Data were collected using a web survey in the 1KA (EnKlikAnketa) web survey tool (www.1ka.si). The survey was conducted from January to March 2016. The data collection took place in the schools' computer labs with a school staff member (usually a teacher) and a research team member present. The research team members did not notice any irregularities or major problems during the data collection. The final sample consisted of 2,143 respondents, mostly in the third and in some cases in the second year of study. The students came from all regions of Slovenia. Thus, we believe (together with the sample characteristics described below) that the sample is representative of this age group of secondary school students in Slovenia.

Socio-demographic characteristics of the sample

The sample consists of 945 male and 1,198 female secondary school students, where 43.5% were enrolled in grammar school programmes, 48.2% in 4-year and 8.3% in 3-year vocational programmes. The mean age in years at the time of the survey was 17.74. For those characteristics that could be compared with the population data (gender, school type), the sample data are not significantly different from the population data, meaning that post-stratification was not needed.

Among the respondents, 32.1% came from an urban area, 15.2% from a suburban area, and 52.8% from a rural area. Moreover, 28.1% of the respondents reported not belonging to any religious community while 63.1% identified themselves as Catholics. In terms of nationality, 90.7% reported being Slovenian, followed by Bosnian (3.8%), Serbian (2.0%) and others.

Results

Experience and age at FSI

The results show that 45.1% of the respondents had engaged in sexual intercourse at least once. Still, there are significant gender differences: 50.0%

of the female respondents and 38.8% of the males reported having had their FSI (Chi-Square = 26.60, $p < 0.001$). In most cases, the FSI was heterosexual, namely for 98.7% of the female and 98.4% of the male respondents.

On average, the respondents were 15.7 years old at the time of their FSI, with only a slight gender difference (Table 1), albeit not statistically significant ($t = -1.66$, $p = 0.098$). The sexual partners of both the female and male respondents were older than our respondents at their FSI. However, there is a greater age difference among the female respondents ($t = -14.16$, $p < 0.001$), i.e., their sexual partners were 2.17 years older, while the sexual partners of the males were 0.46 years older.

Table 1: AGE AT FIRST SEXUAL INTERCOURSE

Age	Male	Female	Total
Respondent	15.66	15.78	15.74
His/her sexual partner	16.12	17.95	17.26

Source: own calculations based on data from the survey by Kogovšek et al. (2016).

Partnership status at FSI

The data on partnerships show that the FSI largely occurred in the context of an intimate partnership (70.6%). Again, gender differences are statistically significant since more females (77.1%) than males (59.9%) experienced their FSI in a partnership (Chi-Square = 31.65, $p < 0.001$). Gender differences were also statistically significant (Chi-Square = 44.79, $p < 0.001$) in the share of respondents for whom the sexual partner during their FSI was still their intimate partner at the time of the survey. This was the case for 41.7% of the female and 20.4% of the male respondents.

Table 2: PARTNERSHIP STATUS AT FIRST SEXUAL INTERCOURSE

%	Male	Female	Total
Girlfriend/boyfriend	59.9	77.1	70.6
He/she is still my boyfriend/ girlfriend	20.4	41.7	33.7
It was the first time for him/her as well	59.7	43.2	49.5
It was a holiday adventure	43.6	18.4	28.0

Source: own calculations based on data from the survey by Kogovšek et al. (2016).

For almost half the respondents, the FSI was the first for both partners, yet this was more common among the males than the females (Chi-Square = 23.90, $p < 0.001$). FSI was a holiday adventure for 43.6% of the male and 18.4% of the female respondents (Chi-Square = 70.65, $p < 0.001$).

Gender differences are also seen in the motives for FSI. The top three motives among the females were love (“I was in love with him”), curiosity (“I was curious”) and desire (“I wanted to have sex”), while among the male respondents the leading motive was desire (“I wanted to have sex”), followed by anticipation that it was time to have FSI (“I was of that age”), and curiosity (“I was curious”).

Motives and contexts of FSI

Table 3: MOTIVES FOR THE FIRST SEXUAL INTERCOURSE

Male	Female
I wanted to have sex - 61%	I was in love with him - 57%
I was of that age - 54%	I was curious - 56%
I was curious - 53%	I wanted to have sex - 41%
It just happened - 49%	It just happened - 39%
I had lust - 46%	It was a logic next step in our relationship - 32%
I was in love with her - 42%	I was of that age - 30%
It was a logic next step in our relationship - 30%	I had lust - 26%

Source: own calculations based on data from the survey by Kogovšek et al. (2016).

The FSI of 40% of the respondents was a planned event and the majority (86%) made sure they had enough time for it. The majority also reported positive feelings while describing their FSI, such as “It was nice for both of us” (90%) and “We were in love” (71%). The FSI was reported as “okay” by 91.4% of them, yet 1.7% reported they were forced into FSI.

The respondents also reported experiencing some fears and negative feelings during their FSI. They were afraid of “doing something wrong” (40%), feared “becoming pregnant” (28%) or “getting caught having sex” (26%) or that they were “not that close” to the partner with whom they had their FSI (15.2%).

Noting the considerable degree of planning for FSI, it is unsurprising the respondents were less likely to describe negative contexts of this event. For example, 22% reported their FSI also involved alcohol use and cigarette smoking, 11% reported being drunk during their FSI, 9% reported being under the influence of marijuana, and 2% reported having used other drugs during their FSI.

Use of protection against STIs and pregnancy

The majority of respondents reported having used a condom during their FSI (87.2%), although the difference between the male and female students was not statistically significant (Chi-Square = 0.11, $p=0.743$). 'The pill' is the second most commonly used protective measure (Chi-Square = 6.77, $p=0.009$). There are statistically significant gender differences (Chi-Square = 15.81, $p<0.001$) in reporting coitus interruptus as a way to prevent pregnancy, with 3.9% of the males and 11.7% of the females mentioning this as their method of protection.

Table 4: MOST COMMON MEANS OF PROTECTION AGAINST STIS AND PREGNANCY USED AT FIRST SEXUAL INTERCOURSE

%	Male	Female	Total
Condom	86.7	87.4	87.2
Pill	18.6	12.2	14.6
Coitus interruptus	3.9	11.7	8.8
I did nothing, but I do not know for him/her	10.5	6.3	7.9

Source: own calculations based on data from the survey by Kogovšek et al. (2016).

Among the reasons for condom use, 46.8% of the respondents referred to the prevention of both STIs and pregnancy, while 36.5% (34.6% females and 39.1% males) mentioned condom use only to prevent pregnancy. STIs were not considered by 64.1% of the respondents at the time of their FSI and 67.2% did not talk to their partner about it before their FSI.

Of those who did not use protection, 6.0% stated it was because they "didn't have protection on hand" at the time of their FSI, 5.3% had "hoped nothing would happen" while 3.5% said they "wanted it so much they didn't think about protection".

The method of protection is typically decided on jointly with the partner (60.3%), yet gender differences are significant (Chi-Square = 22.39, $p<0.001$) as 66.2% of the females and 50.7% of the males indicated this. Meanwhile, 18.6% of the females and 42.9% of the males expressed that they had themselves decided on the protection method (Chi-Square = 65.43, $p<0.001$).

Attitudes to virginity

The data on attitudes to virginity show a similar picture, as already shown in studies of university students abroad (Ferrero Camoletto, 2011) as well as in Slovenia (Bernik et al., 2018). FSI (or "loss of virginity") is considered an important event in the life course of young people. They agreed that FSI is

“a kind of threshold you have to cross on your personal growth path”; and that “it is important and not something you lose with the first person who comes along”. On the other hand, the respondents disagreed with statements like: “it’s a burden that one has to get rid of as soon as possible” or “it’s a cultural invention to limit sexual behaviour”. They were undecided about the idea that virginity is “the greatest gift you can give your partner”. These data are consistent with theories on the transformation of intimacy in late modern societies (Giddens, 2000), where intimacy and partnership hold great subjective importance, while at the same time this area is not as strictly regulated as in the times of traditional restrictive sexual culture, still present in the 1960s and partly in the 1970s. In this context, the FSI is perceived as an important personal event in the life course of young people and not as an event regulated by social norms and restrictions.

Still, it should be noted that these data also show statistically significant gender differences in statements about virginity, suggesting that traditional sexual double standards are continuing to some extent and constrain female sexual behaviour more than male sexual behaviour.

Table 5: ATTITUDES TO VIRGINITY

	Male				Female				t-test
	N	Mean	Stand. dev.	Min - Max	N	Mean	Stand. dev.	Min - Max	
It is the greatest gift one can give to one's partner.	937	3.04	1.17	1-5	1,185	3.28	1.20	1-5	-4.49*
It is important and not something to lose with the first person that comes along.	937	3.50	1.18	1-5	1,186	4.14	1.05	1-5	-13.10*
It is a threshold to cross on one's personal growth path.	938	3.52	1.02	1-5	1,183	3.73	1.01	1-5	-4.61*
It is the term for those who have not had sexual intercourse yet.	933	3.31	1.12	1-5	1,176	3.06	1.16	1-5	5.04*
It is a burden to be rid of as soon as possible.	937	2.13	1.05	1-5	1,180	1.50	0.71	1-5	15.73*
It is a cultural invention to limit sexual behaviour.	938	2,70	1,13	1-5	1,183	2,38	1,11	1-5	6.77*

* $p < .001$

Source: own calculations based on data from the survey by Kogovšek et al. (2016).

Discussion and conclusion

Conducted on a representative sample of male and female secondary school students in Slovenia, the survey reveals some important positive trends in the social organisation of adolescent sexuality in Slovenia, which differ significantly from the typical stereotypical media portrayals of adolescent sexuality as being irresponsible and disturbing. Indeed, our study shows a relatively high level of responsibility in the sexual behaviour of the male and female students, also when compared with similar studies in Slovenia in the mid-1990s (e.g., Bernik et al., 1996). FSI seems to be a largely planned and consensual event. It usually takes place in a generally stable partnership, or at a minimum with someone the student knows beforehand. Since partnerships, at least in the early stages, often have a relatively large degree of fluidity, the FSI may be part of a transition to a more permanent and stable relationship. The shift to a high level of condom use during the FSI is also very positive. The data for last sexual intercourse show the frequency of condom use decreases after the FSI (i.e., fewer males and females reported having used a condom during their last sexual intercourse (62.5%) compared to the share of those who had used a condom during FSI (87.2%)), but this is also a fairly common practice, at least in more stable partnerships. Looking at attitudes to FSI shows that it is still an important event, which should not be interpreted as a total reversal of traditional thinking, but confirms sociological findings on the transformation of intimacy whereby partnership and a concern for one's biography promote the understanding of FSI as an important event in the life course of young people. We have thus seen a marked shift from the traditional (restrictive) sexual morality still prevalent in the late 1960s and 1970s to a more permissive sexual morality. This sexuality is no longer so strongly regulated and constrained by social norms or prohibitions, as reflected in both the more liberal views and practices of our respondents. In line with Giddens' theory of the transformation of intimacy (2000), partnership is attributed with growing importance and held in high regard.

However, some other of our research findings are also revealing and point out issues for which improvements can still be made to public health policies. Of particular note is the issue of sexually transmitted infections, which appears to be of secondary importance and to a smaller extent informs safe sex through condom use. The use of protection is mainly motivated by the fear of pregnancy, while young people usually do not talk about STIs and often do not even think about them during the FSI. We are dealing with a generation that, unlike those who grew up in the 1980s and 1990s, does not understand HIV infection as necessarily being a 'death sentence' since this type of infection has become a form of chronic illness that

can now be managed without major complications and consequences for everyday life. All of this can create a false sense of security that could see an increase in other STIs, which should be addressed by sex education in schools. Our research shows that condom use at last intercourse drops to 62.5%, while pill use rises to 37.5%. It seems that in Slovenia we are successfully managing the problem of teenage pregnancies (also due to the good availability of contraceptive pills), but less so the risk of STIs.

The positive trends in the social organisation of FSI revealed by our research are the outcome of relatively successful, although systemically unregulated, sex education in the primary and secondary school system in Slovenia. They are also certainly a result of important changes in the availability of relevant information about sexuality which adolescents receive partly in the family and mainly online. However, the satisfactory results and relatively high level of responsibility shown by adolescents during their FSI do not mean that the absence of systemic regulation of sex education in our public school system is unproblematic or that the lack of such education will not bring negative consequences in the future. The existing entrances of public health institutions into the schoolroom should be systematically regulated, as well as other psychological and sociological aspects of sex education since it is in this area that relevant information is lacking. Sex education cannot be limited to the 'negative aspects' of sexuality (i.e. education on preventing unwanted pregnancies, STIs, etc.), but should also cover the positive aspects, which are sought by the research participants as well. Namely, the respondents noted they would like more information on topics not typically covered in the school curriculum: partnership, relationships, feelings, love, but also sexual violence and the like. The data from the present research may provide a starting point for finally regulating this area systematically such that it becomes an official part of the school curriculum in Slovenia and no longer depends – like it currently does – on the 'goodwill' and sensitivity of school staff.

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