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ORIGINAL PAPER

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Sexual activity of Subcarpathia residents

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ABSTRACT

Introduction. Sexuality is an inseparable attribute of humans that makes it possible to take new challenges connected with it at every stage of life and to enjoy its new aspects as well as

to accept the resulting restrictions.

Aim. The objective of this study was to compare how sexual activity changes in different age groups. An important step in achieving the main objective was to determine the age of sexual initiation, the number of sexual partners and the most commonly used methods of preventing pregnancy.

Material and methods. The study was conducted between 2010 and 2013 among 924 persons. The respondents were the students of secondary schools, technical schools, post-secondary schools and the University of Rzeszów.

Results. Two-thirds of a group aged 16-18 did not start sexual relations. Only 2% of the respondents at the age groups of 16-18,19-23 and only 1% of the respondents at the age group of 24-48 began having sexual relations under the age of 15. 67% of adolescents from big cities began sexual relations. 33% of the secondary schools/technical schools respondents, 51% of the post-secondary schools respondents, 35% of a higher education institution respondents most commonly use condoms as a method of contraception.

Conclusions. The average age of sexual initiation is gradually decreasing in each age group. Most respondents declare having one sexual partner. The respondents from big cities more often begin sexual relations. Condoms are the most commonly used method of contraception among the respondents in all age groups.

Keywords. sexual initiation, condom, sexual relations

Introduction

Sexuality is an inseparable attribute of humans that makes it possible to take new challenges connected with it at every stage of life and to enjoy its new aspects as well as to accept the resulting restrictions. Sexuality is felt and expressed in thoughts, fantasies, desires, beliefs, at-

titudes, values, behaviours, practices, roles and relationships.² Sexual development is divided into three stages: childhood, adolescence and adulthood.

Childhood is the period of biological silence that occurs after the period of gender differentiation in fetal life.

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In adolescence, the proportions of biological, social and psychological elements that shape sexuality change. Sexual behaviours of boys in adolescence can be described as immature, disordered and unrestrained. Erotic sensations are extremely intense. Moreover, the role of first experiences identified as sexual is of vital importance in shaping later sexual life as well as for creating satisfying and lasting relationships. 1,3,4 The period of adolescence is for girls a time of many changes conditioned by hormones. It is a time of shaping one's personality, gaining independence, engaging in new tasks and social roles and being particularly interested in one's own person as well as being interested in the sexual sphere. 4,5 Models of sexual behaviours are shaped by: gender identification patterns, worldview, religious and moral principles. Human sexuality is influenced by the problems of the epoch, culture and peers as well. The following forms of sexual activity may be observed among the adolescents: petting, masturbation, oral sex, anal sex, vaginal intercourse and other behaviours such as sexual relations through electronic media (e.g. "sex on the phone").4 Many Polish surveys present data from which we learn that the age of first sexual contact is decreasing, mainly in the generation of middle schools students, upper-secondary schools students, higher education institutions students and working young people. The age of first sexual contact in the relevant age groups is as follows: age group of 18-25 - 17 years 4 months (2014 - 17 years 7 months; 2011 - 18 years 1 month), age group of 26-40 - 18 years 3 months, (2014 - 18 years 4 months, 2011 - 19 years 2 months), age group of 41-50 - 19 years 8 months (2014 - 19 years 7 months, 2011 -19 years 10 months). Considering survey participants, 69% of upper-secondary schools students (2014 - 56%; 2011 - 58%) and 96% of a higher education institution students (2014 - 95%, 2011 - 92%) have sexual relations.

Interestingly enough, when it comes to a group of a higher education institution respondents and students of upper-secondary schools almost 19% of women (2014 - 14%) and 22% of men (2014 - 17%) have had more than 5 sexual partners.6 Other authors' studies show that 57.3% of eighteen-year-olds who have had sexual initiation used methods of contraception during their sexual intercourse. Nearly three out of four respondents (72%) declare that during first sexual intercourse they used a condom. 23% of the respondents point to coitus interruptus and 10% of them point to contraceptive pills. More than half of the respondents (54.8%) agreed with the statement that "the peer pressure makes many teenagers start having sex".2 According to the report "Poles' Sexuality 2017" [Seksualność Polaków 2017], 53% of the respondents in the age group of 18-29 are satisfied with their sexual life.7 Adolescents separate clearly sexual activity from procreation and they relate marriage to child planning. Earlier biological maturity is not accompanied by the process of social, economic, and psychological maturation. In addition to medical problems (consequences of unsafe abortions, an increase in the mortality rate of young mothers, an increase in the number of people infected with venereal diseases), sex initiation too early involves many negative socioeconomic consequences such as: an increased risk of divorce, single motherhood, interrupted education, drug addiction, and cases of rape.⁸

Adulthood is the last stage in the sexual development cycle. It begins with the willingness to create a mature sexual relationship that fulfills also a procreative function and it ends with death.³ According to the report "Poles' Sexuality 2017" [Seksualność Polaków 2017] 70% of Poles aged 30-49 are satisfied with their sexual life. Over the course of the past 20 years, in the age group of 18-48 the proportion of people who have sexual relations, i.e. those who have had at least one vaginal intercourse during the last 12 months, has decreased (from 86% in 1997 to 76% in 2017).⁷

Objective

The objective of this study was to compare how sexual activity changes in different age groups. An important step in achieving the main objective was to determine the age of sexual initiation, the number of sexual partners and the most commonly used methods of preventing pregnancy.

Material and methods

The study was conducted between 2010 and 2013 among 924 persons. The respondents were the students of secondary schools, technical schools, post-secondary schools from Rzeszów and its environs as well as the students of the University of Rzeszów.

794 (86%) women and 130 (14%) men aged 16-48 participated in the study and the average age of the respondents was 19. Participation in the study was voluntary and anonymous. The respondents agreed to participate in the project before commencing the study. An authorial questionnaire which consisted of two parts was used as a study tool. The first part included questions about: gender, age, place of residence, school profile. The second part included questions about the most commonly used methods of contraception, the age of sexual initiation, the number of sexual partners. The respondents were instructed how to fill in the prepared questionnaire. An approval No. 4/07/2010 was granted to conduct the study by the Bioethics Committee of the University of Rzeszów. People who did not consent to participate in the study or gave inconsistent data, e.g. they gave higher age of sexual initiation than their current age, were excluded from the study. The database was prepared with the use of Excel 2003 for Windows, while the statistical analysis was performed with the use of IBM SPSS Statistics 20 computer software. The Fisher exact test for RxC was used to examine the correlation between the features. The materiality level p <0.05 was assumed, indicating the existence of statistically significant differences or dependencies.

Conclusions

The group of respondents was diverse in terms of gender, school profile, age and place of residence. The respondents represented three age groups. The group aged 16-18 was represented by 398 persons (43%), the group aged 19-23 was represented by 450 persons (49%) and the group aged 24-48 was represented by 76 persons (8%).

The biggest group of respondents was represented by 640 (69%) students of secondary schools and technical schools. Other groups of respondents were: the group of post-secondary schools students – 107 respondents (12%) and the group of a higher education institution students – 177 respondents (19%). 189 respondents (20%) were the residents of the voivodeship city, 286 respondents (31%) were the residents of the cities or towns and nearly half of the respondents were from the villages - 449 (49%). 30% of the respondents declared having very good living conditions, 63% of the respondents declared having good living condi-

tions and 7% of the respondents presented their situation as difficult.

Regarding the analysis of the results of our own study, it was found that there is a strong correlation between the beginning of having sexual relations and the school profile. 46% of secondary schools and technical schools respondents confirmed having sexual initiation. This proportion almost doubled among the post-secondary schools respondents and it was 74%, while in the group of a higher education institution students it was 75% (Table 1).

Current studies show that respondents from voivodeship cities more often begin having sexual relations. Comparing these results with the results concerning the towns and the villages, it proves that the results decrease by about 10% for relevant locations (Table 2).

The results of the study show that the age of the first sexual intercourse depends on the age of the respondents. 62% of the youngest respondents declare that they have not begun having sexual relations and only 2% of the respondents began having sexual relations under the age of 15. It is important to note that 26% and 32% of the respondents in the age group of 19-23 gave the age of 15-17 and the age of 18-21 as the age of their first sexual intercourse. 46% and 29% of the respondents in the age group of 24-48 began having sexual relations

Table 1. School profile and the beginning of having sexual relations

Have you ever had a sexual intercourse? Yes No	School profile							
	Secondary schools and technical schools N = 640		Post-secondary schools N = 107		Higher education institution $N = 177$			
	N	% 46	N 79	%	N 133	% 75		
	294			74				
	346	54	28	26	44	25		

Table 2. Place of residence and the beginning of having sexual relations

Have you ever had a sexual intercourse?	Place of residence							
	Voivodeship city N = 189		Cities, towns N = 286		Villages N = 449			
	N	%	N	%	N	%		
Yes	126	67	166	58	215	48		
No	63	33	120	42	234	52		

Table 3. The age of the respondents and the age of their first sexual intercourse

How old were you when you first had a			Ag	ge		
sexual intercourse?	16-18 N = 398		19-23 N = 450		24-48 N = 76	
	I have never had a sexual intercourse	247	62	176	39	9
Age under 15	8	2	9	2	1	1
Age of 15-17	113	28	119	26	9	12
Age of 18-21	30	8	143	32	35	46
22 or over the age of 22	-	-	3	1	22	29

at the age of 18-21 and 22 or over the age of 22 (Table 3). The analysis of the collected material shows that the respondents' average age of beginning having sexual relations in the age group of 16-18 was 16, in the age group of 19-23 it was less than 18 and in the oldest age group of 24-48 it was 20.

Taking into consideration the type of respondents' school as a factor that could influence the number of their sexual partners, the students of the following types of schools were considered: secondary schools/technical schools, post-secondary schools and one higher education institution. More than half of the secondary schools and technical schools respondents have no sexual partner. The results of the study show that approximately 39% of the post-secondary schools and a higher education institution respondents declare having only one sexual partner. Having four or more sexual partners is confirmed by a small group of respondents, including 7% of the secondary schools respondents, 11% of the post-secondary schools respondents and 15% of a higher education institution respondents (Table 4).

Taking into consideration age as a factor that may influence the decision to choose the method of contraception preventing unwanted pregnancies 29% of the youngest respondents, 40% of the respondents aged 19-23 and 39% of the respondents aged 24-48 prefer condoms and they used this method during their last intercourse (p = 0.00251) (Table 5). Contarceptive pills was the second most common method of contraception. Thus, 5% of the adolescents aged 16-18, 9% of the respondents aged 19-23 and 21% of the respondents aged 24-48 used this method during their last intercourse. On the other hand, the most rarely used method of preventing pregnancy was the method of chemical spermicides - 1% of the respondents aged 16-18, 19-23 and 24-48 declared to use this method. It is worrying that 2% of the adolescents aged 16-18, 6% of the persons aged 19-21 and 14% of the persons aged 24-48 have not used any method of preventing pregnancy during their last sexual intercourse.

33% of the secondary schools and technical schools respondents, 51% of the post-secondary schools respondents, 35% of a higher education institution respondents most often use condoms as a method of contraception (p = 0.00001) (Table 6). Also, an important issue to which attention should be paid was the correlation (p = 0.00286) concerning the fact that adolescents do not use any method of contraception during sexual intercourse.

Table 4. School profile and the number of sexual partners

How many sexual partners	School profile							
have you had so far?	Secondary s technical N = 6	Post-secondary schools N = 107		Higher education institution N = 177				
	N	%	N	%	N	%		
0	354	55	28	26	47	27		
1	146	23	37	35	70	39		
2	64	10	14	13	20	11		
3	35	5	16	15	14	8		
4 or more	41	7	12	11	26	15		

Table 5. The age of the respondents and the methods of preventing pregnancies

What method of preventing		Fisher's exact						
pregnacies did you use during your last sexual intercourse?	16-18 lat N = 398		19-23 lat N = 450		24-48 lat N = 76		test for RxC	
	N	%*	N	%*	N	%*		
Contraceptive pills	20	5	41	9	16	21	p=0.00006	
Condoms	115	29	180	40	30	39	p=0.00251	
Chemical spermicides (globules, foams, creams, jellies)	3	1	3	1	1	1	p=0.70305	
Coitus interruptus	19	5	41	9	10	13	p=0.01039	
Natural methods of preventing pregnancies (the observation of body temperature, the observation of cervical mucus)	3	1	13	3	12	16	p=0.00000	
I did not use any method of preventing pregnancy	8	2	28	6	11	14	p=0.00002	
I do not remember	9	2	1	0.22	1	1	p=0.01713	

^{*}The figures cannot be added up to 100% because of the fact that each respondent could choose more than one answer

Other answers given by the respondents also deserve attention, for example, the figures concerning the use of chemical spermicides (globules, foams, creams, jellies), which present the lowest proportion of confidence among the group of the respondents.

Discussion

Many authors claim that the earlier age of sexual initiation may be associated with earlier maturity, which is indicated by the first menstrual period at the girls'earlier age.9 The Polish author Tokarz et al. drew interesting conclusions. Namely, they showed that attending vocational schools, poor school performance, frequent contact with alcohol, visiting pornographic websites and reading pornographic magazines are the factors that are concurrent with increased risk of early initiation in Poland. Bad relationships with parents are more common among persons who have begun having sexual relations. 10,11,12 Physical and sexual violence may also have an impact on sexual behaviours of the adolescents. The increased risk of having sexual relations at a young age and involving in risky sexual behaviours is increasing among girls whose fathers do not participate in their upbringing.13

The media promote a vision of sex without love, they teach to experience pleasure and to put focus on experiencing orgasm and not to nurture closeness and intimacy. The press creates a canon of beauty, hence everything that is presented to adolescents has an influence on the way they begin to perceive themselves. Nowadays, youth magazines play a role of educators in sex sphere among young people. Bravo, Bravo Girl, Popcorn, Twist are examples of the press which contribute considerably to begin premature sexual contacts. In columns like "My first time" or "Psychological advices" one can find statements of 12-13 year-olds de-

scribing their experiences. Sexologists and pedagogues are critical when it comes to these types of magazines. Karasińska states that she is not "a supporter of youth magazines which subject areas revolves overly around erotic themes and shock their readers". ¹⁴ Religion also has an impact on the beginning of having sexual relations. The correlation between the lack of religion and earlier beginning of sexual initiation is also confirmed by Wróblewska's studies. Among young people who claim to be believers and regular church-goers only 19% have already had sexual initiation while among non-believers it was as many as 45%. ^{15,16,17}

Comparing the data in own study we observe that respondents from voivodeship cities show a higher proportion of early sexual initiation. CBOS' results from 2010 comply with this opinion. Young people living in the villages and those from less wealthy families have more restrictive attitude towards sex matters. The lower level of education of parents, especially of mothers, has an impact on decreasing the number of sexual intercourses.¹⁸ On the basis of their own study, Zielińska and Filipp et al. stated that people living in the cities do not wait to marry to begin sex life - 51% of the respondents give such information. Only 38% of the respondents believe that their first sexual contact should be after getting married. Almost two thirds (63%) of the respondents also agree that it is normal for a couple in love to have sexual contacts with each other and they believe that getting married is not necessary to have sexual contact. The opposite opinion is presented by one in four respondents (26%). One in three persons (33%) is convinced that sex does not require either love or marriage and that even a short-lived relationship can provide pleasant, beautiful experiences while more than one in two persons (54%) does not agree with this opinion.19

Table 6. School profile and the methods of preventing pregnancies

programacios did volules during		School profile							
pregnacies did you use during your last sexual intercourse?	Secondary schools and technical schools N = 639		Post-secondary schools $N = 105$		Higher education institution N = 176		test for RxC		
	N	%*	N	%*	N	%*	-		
Contraceptive pills	40	6	11	10	26	15	p=0.05343		
Condoms	209	33	54	51	61	35	p=0.00001		
Chemical spermicides (globules, foams, creams, jellies)	3	0	4	2	2	1	p=0.60588		
Coitus interruptus	44	7	7	7	18	10	p=0.35614		
Natural methods of preventing pregnancies (the observation of body temperature, the observation of cervical mucus)	10	2	3	3	15	9	p=0.00515		
I did not use any method of preventing pregnancy	20	3	8	8	19	11	p=0.00286		
l do not remember	9	1	0	0	2	1	p=0.75455		

^{*}The figures cannot be added up to 100% because of the fact that each respondent could choose more than one answer

The type of school also has an impact on early beginning of sexual relations. Bien's studies have shown a significant connection between the type of school and having experienced sexual initiation. In her study more than half (52.9%) of the students of technical schools and 35.3% students of middle schools have already had their first sexual intercourse, however, 70.1% of the students who still have not experienced sexual initiation were secondary schools students.16 Tokarz also emphasizes the fact that the adolescents who are on a higher level of education more rarely begin their sexual initiation. In all countries, persons who continue learning at higher education institutions later engage in sexual relationships than those who have only completed lower-level education.10 Own studies show a slightly different correlation where we note that as age increases, the number of sexual initiations increases. 46% of the students of secondary schools and technical schools have confirmed sexual initiation. In post-secondary schools, this proportion has doubled and reached 79% of persons who have started their sexual relations and in the group of a higher education institution students it was 75%.

Sexual initiation is a kind of rite of passage during which a young person passes from adolescent group to adult group.8 Nowadays, there is a constant tendency towards decreasing the average age of sexual initiation. According to Filipp et al, the average age of the first sexual intercourse among women and men is the age of 17-18 in western and central Europe and the age of about 20 in the eastern Europe. 9 Similar results were obtained by Bień where the average age in which young respondents started sexual relations was the age of 17.05.16 In Poland, until the 1980s, the changing attitudes and behaviours of adolescents in the field of sexual life were evolutionary and followed relatively slowly. In the generation of present 40-50 year-olds most people began their sexual relations at the age of at least 20 (the median is 20.5-21) and experiencing sexual initiation among adolescents, especially women, was generally related to marriage or plans concerning marriage. In Poland, fast changes in the code of sexual sphere of children and adolescents could have been observed in the late 1980s and early 1990s. Studies conducted in 1977/1978 revealed further decreasing of the age of sexual initiation; that is the age of 18.9 for women and the age of 18.1 for men. Similar results were obtained from CBOS studies which were conducted in 1994, 1996 and 1998 for the oldest students of secondary schools. Recent studies conducted in 2005 among 16-18 year-olds show that among boys one in three 16 year-olds and one in two 18 year-olds declared sexual initiation experience. Among girls, respectively, one in five in the age group of 16 year-olds and nearly half of 18 year-old girls declared such an experience. 15, 20, 21, 22, 23,24

Health Behavior in School-aged Children Study which involved 35 countries show that Poland is in the

group of countries with the lowest proportion of adolescents declaring sexual initiation at the age up to 15. The highest proportions of sexually active adolescents at the age of 15 exceed 40% and have been observed among girls living in England and Wales as well as Sweden and Germany and among boys in Ukraine, Russia, Belgium, England, Scotland and Macedonia. High proportions of beginning early sexual initiation are also reported among adolescents in the United States. 15,25,26

Our own studies show that 2% of the youngest respondents aged 16-18 declare having begun sexual relations under the age of 15 and the same situation may be observed in the age group of 19-23. Comparing the results of the study, we observe that only 1% of the oldest respondents in the age group of 24-48 declare having first intercourse under the age of 15. It is important to mention the fact that in the group of respondents aged 19-23 and 24-48 the age of 18-21 is mentioned most often as the age of beginning of having sexual relations. 26% and 32% of the respondents aged 19-23 declared the age of 15-17 and 18-21 as the age of having first sexual intercourse. 46% and 29% of the respondents aged 24-48 began their sexual relations at the age of 18-21 and 22 or over. In the studies of Lepecka-Klusek et al. more than half of 39 respondents (53.4%) began having sexual relatons at the age of 15-16. Moreover, 27 people (37.0%) declare the age of 17-18 (37.0%) as the age of beginning having sexual relations and the remaining 7 respondents (9.6%) declare the age of 13-14.25 Early sexual initiation may have a negative impact on later sexual life. Negative first sexual experiences can damage the self-image and well-being of a growing girl.¹³ The early age of sexual initiation is also associated with a higher risk of depressive symptoms occurrence.²⁷ In fact, postponing the beginning of sexual activity is considered as a factor of protection of psychological health among adolescents.28

Adolescents enter the world of physical love, without knowing much about their own physiology and contraception. Therefore, almost all respondents mention condoms (83.8%) as a method of preventing pregnancy. Contraceptive pills are taken by 24.2% of the respondents and 15.2% of the respondents mention coitus interruptus as a method of preventing pregnancy. $^{9,17,29,30,31,32,33,34}.$ Own studies also confirm this opinion. Thus, 29% of the youngest respondents aged 16-18, 40% of the adolescents aged 19-23 and 39% of the respondents aged 24-48 prefer condoms and they used this method during their last intercourse. It is worrying that 2% of adolescents aged 16-18, 6% of persons aged 19-21 and 14% of persons aged 24-48 did not use any method of preventing pregnancy during their last sexual intercourse. Lucia et al. also observes that more than one third of all adolescent girls do not use any contraceptives during their first sexual intercourses. 13 Adolescents do not use methods of contraception because of fear, lack of knowledge, misinformation and myths. Many workers of health service discourage adolescents from using services because of lack of confidentiality, judgement of attitudes, disrespect or lack of respect for the needs of their patients.²⁷ There is a growing problem of nonuse of contraception among adolescents from families with lower socioeconomic status. Perhaps it is related to the lack of funds for contraceptives or with low levels of sexual education. ⁹ The use of contraceptives depends on social factors (place of residence - village / city), religion, effectiveness, reversibility, safety, acceptance and other benefits of different methods which are not connected with contraception.¹⁷

It is surprising why natural methods of preventing pregnancy are chosen so rarely. Data analysis in this study shows that only 1% of adolescents aged 16-18 use natural methods of family planning. In the other age groups the results were as follows: 3% of the respondents aged 19-23 and 16% of the respondents aged 24-48 used natural methods of family planning during their last intercourse. The study conducted by Filipp et al. confirms the results obtained by the author where natural methods of family planning were used by 1% of adolescents aged 15-19. The use of natural methods requires more effort, patience, time and these are not the strengths of the young people. Maybe that is why they are not popular among adolescents and adults.

The World Durex 2003 and 2004 report presents that 71% of Poles use condoms and 19.8% of the respondents in the age group of 16-20 have not used any contraceptive method. ^{9,34} According to the Durex study, the condoms were still the most popular contraceptives in 2012. This method is used by as many as 49% of the respondents. ³¹

In accordance with own study, the second most commonly used method was the method of contraceptive pills where 5% of the adolescents aged 16-18, 9% of the persons aged 19-23 and 21% of the the persons aged 24-48 used it during their last sexual intercourse. Literature provides us with the information that the proportion of failures in using oral contraceptives among adolescents and young women is higher in comparison to the older age group. It is mainly due to the fact that the procedure of using the given contraceptives is not properly followed by younger group. It is mainly about such mistakes as: omitting the doses or time shifts in taking the pharmaceutical drug.³⁵

The results of the study show that approximately 39% of the post-secondary schools and a higher education institution respondents declare having one sexual partner. A small group of the respondents admits having up to four or more sexual partners, including 7% of the secondary schools and technical schools respondents, 11% of the post-secondary schools respondents and 15% of a higher education institution respondents.

Bień et al. found silmilar observations concerning the fact that more than half of the respondents (55.5%) declare that they have had sexual relations with one partner so far. One fifth of the respondents (20.2%) declare having two sexual partners so far and every tenth of the respondents (10.1%) declare having three sexual partners so far. When sexual initiation is at the age of 13 or 14 the average number of sexual partners is thirteen. For women whose initiation was at the age of 19-20 the average number of partners was 4.5 and for women whose initiation was at the age of 23-25 the average number of partners was 2.7. 15

Early sexual initiation contributes to the occurrence of frequent pregnancies among adolescents. Young mothers who give birth to children outside marriage considerably outnumber in the cities when comparing the situation to this of the villages. According to the data of Central Statistical Office, in 2012 there were 15 704 live births among girls at the age of up to 19 of which 3756 of births were given by the girls under 17. Among other social and demographical consequences associated with early motherhood, one can observe the following ones: instability of marriages among adolescents, single motherhood, material poverty and also connected with it social burdens in the form of benefits for single mothers.

Complications during pregnancy among adolescents include: higher risk of anemia, gestosis and arterial hypertension as well as higher incidence of the cases of miscarriage in subsequent pregnancies. Health consequences for the babies include: low birthweight, higher risk of preterm labour, higher perinatal mortality and higher infancy mortality. 15,37,38

In addition, early sexual initiation can contribute to various risky sexual behaviours such as: having sexual relations with many partners, frequent changes of partners, casual sexual contacts, sexual preference, sexual violence, sponsorship as well as heterosexual and homosexual prostitution.^{17,39,40,41,42}

Conclusions

- The average age of sexual initiation is gradually decreasing in each age group.
- The respondents most often declare having one sexual partner.
- 3. The respondents from big cities more often begin sexual relations.
- Condoms are the most commonly used method of contraception among the respondents in each age group.

References

 Stankowska- Mazur I. Typ etyki seksualnej a jakość życia w okresie średniej dorosłości. Poznań: Wyd. Wyższej Szkoły Bezpieczeństwa;2015.

- Izdebski Z, Wąż K. Zdrowie seksualne i reprodukcyjne młodzieży. Zdr Publ Zarz. 2014;12(1):45–55.
- Chodecka A. Seksualność mężczyzn w okresie wczesnej dorosłości. Seksuol Pol. 2007;5(2):57–65.
- 4. Fortenberry JD. Puberty and adolescent sexuality. *Horm Behav.* 2013;64(2):280-287.
- O wychowaniu seksualnym młodzieży. Centrum Badania Opinii Społecznej Web site.
- http://www.federa.org.pl/dokumenty_pdf/badania/ED-SEKS_08.2007_CBOS.pdf. Published 2007. Accessed November 20, 2016.
- Ryzykowne zachowania Polaków edycja 2016. Web site. http://www.cps.edu.pl/pub/cms/files/131/2016_polacy_ zdradzaja_edycja_4_raport.pdfAccessed November 20, 2016.
- Raport: Seksualność Polaków 2017. Web site. http://mediarun.com/pl/marketing/seksualnosc-polakow-2017-nadal-jestesmy-grzeczni-powsciagliwi-pelne-wyniki. html. Accessed November 20, 2016.
- Pawłowska K. Kulturowe uwarunkowania seksualności młodzieży. Prz Seksuol. 2005;4:13-18.
- Filipp E, Pawłowska A, Wilczyńska A, i wsp. Metody planowania rodziny u nastolatek. *Ginekol Prakt*. 2005;84(4):46-52.
- Tokarz A, Ratajczak-Fotrek A, Rydlewska A. Motywacje osób stosujących metody rozpoznawania płodności. *Położ Nauka Prakt*. 2010;2(10):8-12.
- Robak-Chołubek D, Bombolewska M, Chołubek M, Wiktor H. Edukacja seksualna młodzieży w opinii pacjentek leczonych w ośrodkach podstawowej opieki zdrowotnej (POZ). *Pielęg XXI w.* 2011;4(37):27-39.
- Promoting Mental Health. Concepts, Emerging Evidence, Practice. Summary Report. Geneva. WHO Web site. http:// www.who.int/mental_health/evidence/en/promoting_ mhh.pdf. Published 2004. Accessed November 20, 2016.
- 14. Lara LA, Abdo CH. Age at initial sexual intercourse and health of adolescent girls. *J Pediatr Adolesc Gynecol*. 2016;29:417-423.
- Karasińska A. Tematyka seksualności w czasopismach czytanych przez młodzież. Kwartalnik Naukowy Fides et Ratio. 2014;4(20):282-295.
- Wróblewska W. Psychospołeczne i demograficzne następstwa wczesnej inicjacji seksualnej nastolatków. *Nowa Med*. 2007;4:85-91.
- 17. Bień A, Stadnicka S. Zachowania seksualne młodzieży oraz stosowane metody zapobiegania ciąży. *Eur J Med Technol.* 2015;1(6):50-62.
- Imacka J, Bulsa M. Ryzykowne zachowania seksualne młodzieży jako czynnik zwiększający ryzyko zakażenia chorobami przenoszonymi drogą płciową. *Hygeia Public Health*. 2012;47(3):272-276.
- Opinie i diagnozy 19. Młodzież 2010. Centrum Badania Opinii Społecznej Web site http://www.cinn.gov.pl/portal?id=15&res_id=301553 Published 2011. Accessed November 20, 2016.

- Zielińska M. Wychowanie seksualne wobec zmian zachowań seksualnych młodzieży polskiej analiza wyników badań własnych. *Ginekol Prakt*. 2007;2:34-38.
- Jarząbek-Bielecka G, Dura M, Sawińska Przepiera E, Kaczmarek M, Kędzia W. Aktywność seksualna dziewcząt. Aspekty medyczne i prawne. *Ginekol Pol.* 2012;83:827-834.
- 22. Shrier LA, Harris SK, Sternberg M, Beardslee WR. Associations of depression, self-esteem, and substances use with sexual risk among adolescents. *Prev Med*. 2001;33(3):179-189.
- 23. Lehrer JA, Shrier LA, Gortmaker S, Buka S. Depressive symptoms as a longitudinal predictor of sexual risk behaviors among US middle and high school Students. *Pediatr*. 2006;118:189-200.
- 24. Genuis SJ, Genuis SK. Managing the sexually transmitted disease pandemic: A time for reevaluation. *Am J Obstet Gynecol.* 2004;191(4):1103-1112.
- Livingston JA, Bay-Cheng LY, Hequembourg AL, Testa M, Downs JS. Mixed Drinks and Mixed Messages: Adolescent Girls' Perspectives on Alcohol and Sexuality. *Psychol Wom* Q. 2013;37:38-50.
- Łepecka-Klusek C, Bałanda-Bałdyga A, Stadnicka G, Marczak E. Wczesna inicjacja seksualna w grupie nieletnich matek. Zdr Publ. 2012;122(2):181-184.
- 27. Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey. Copenhagen, WHO Policy Series: Health Policy for Children and Adolescents. Web site. www.euro.who.int/__data/assets/pdf_file/0008/110231/e82923.pdf Published 2004. Accessed November 20, 2016.
- 28. Idele P, Gillespie A, Porth T, et al. Epidemiology of HIV and AIDS among adolescents: current status, inequities, and data gaps. *J Acquir Immune Defic Syndr*. 2014; 66(2):144-153.
- 29. Fava NM, Bay-Cheng LY. Young women's adolescent experiences of oral sex: Relation of age of initiation to sexual motivation, sexual coercion, and psychological functioning. *J Adolesc.* 2012;35:1190-1201.
- Zdrojewicz Z, Belowska-Bień K, Nocoń J, Rekosz E, Piotrowska D, Szutkowska M. Badanie seksualności studentów wrocławskich uczelni. Seksuol Pol. 2005;3(2):37–42.
- Drosdzol A, Piela B, Zdun D, Nowosielski K, Klimanek M, Skrzypulec V. Seksualność młodych dorosłych województwa śląskiego. *Ginekol Prakt*. 2005;83(2):32-39.
- 32. Seks według Polaków wyniki badań Durex Global Sex Wellbeing Survey 2012. Web site. http://centrumpr.pl/artykul/seks-wedlug-polakow,31390.html. Published February 17, 2012. Accessed November 20, 2016.
- 33. Zarazowska M, Lewicka M, Sulima M. Macierzyństwo wśród nieletnich. *Eur J Med Technol*. 2015;2(7):36-41.
- 34. Dijanić T, Kozul K, Miskulin M, Medić A, Jurcev-Savicević A, Burazin J. Sexual behaviour and condom use as a protection against sexually transmitted infections in student population. *Coll Antropol.* 2014;38(1):31-37.

- Niemiec T. Macierzyństwo u młodocianych. Nowa Med. 2004:1.
- Lewicka M, Kanadys K, Niziołek I, Sulima M. Wiedza młodzieży licealnej o hormonalnych środkach antykoncepcyjnych. Część II. Med Ogólna Nauki Zdr. 2012;3(18):181-5.
- 37. Królikowska S. Sytuacja społeczna młodocianych matek. *Rocz Socj Rodz.* 2011; 21: 79–101.
- 38. Szyszko-Perłowska A, Lachowicz J, Szpakow A, Krajewska-Kułak E, Krajewska-Ferishah K, Fiedorczuk J. Ciąże, porody i noworodki u kobiet poniżej 18 lat studium socjomedyczne przypadków z Grodna na Białorusi. *Probl Hig Epidemiol.* 2012;93(1): 32-37.
- 39. Kościółek A, Cuber T, Girzelska J. Zachowania seksualne wśród młodzieży ponadgimnazjalnej a system moralności seksualnej. *Zdr Publ.* 2011;121(1):16-21.

- Alexander SC, Fortenberry JD, Pollak KI, et al. Sexuality Talk During Adolescent Health Maintenance Visits. *JAMA Pediatr*. 2014;168(2):163-169.
- 41. Bałanda-Bałdyga A, Łepecka-Klusek C, Pilewska-Kozak AB, Pawłowska-Muc AK, Stadnicka G. Macierzyństwo nastoletnich kobiet w aspekcie społecznym, psychologicznym i prawnym. *J Educ Health Sport*. 2016;6(6):531-542.
- 42. Morris JL, Rushwan H. Adolescent sexual and reproductive health: The global challenges. *Int J Gynecol Obst.* 2015;131:40-42.
- 43. Müldner-Nieckowski Ł, Klaska K, Sobański JA, Rutkowski K, Dembińska E. Seksualność studentów medycyny rozwój i realizacja potrzeb seksualnych. *Psychiatr Pol.* 2012;46(1):35-49.