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Original article

Macro-Level Age Norms for the Timing of Sexual Initiation and Adolescents' Early Sexual Initiation in 17 European Countries

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ABSTRACT

Purpose: To examine the relationship between country-level age norms for sexual initiation timing and early sexual initiation (ESI) among adolescent boys and girls.

Methods: Nationally representative data from 17 countries that participated in the 2006/2007 European Social Survey (ESS-3, $n = 33,092$) and the 2005/2006 Health Behaviour in School-Aged Children Study (HBSC, $n = 27,702$) were analyzed. Age norms were measured as the average country-level response to an item asking the age at which ESS respondents believed someone is too young to have sexual intercourse. HBSC respondents (aged 14–16 years) self-reported age at sexual initiation, which we defined as early (<15 years) or not early (≥ 15 years or no initiation). Control variables included age, family affluence, perceived socioeconomic status, family living arrangement, substance use, school attachment, and country-level legal age of consent. Multivariable three-level logistic models with random intercepts were run separately by sex.

Results: In multivariable analyses, higher overall age norms were associated with reduced likelihood of ESI among girls (AOR .60, 95% CI .45–.79); associations with ESI were stronger for parent cohort (ages 31–65 years) norms (AOR .37, 95% CI .23–.58) than for peer cohort (ages 15–20 years) norms (AOR .60, 95% CI .49–.74). For boys, overall norms were also significantly negatively associated with ESI (AOR .68, 95% CI .46–.99), as were parent cohort norms (AOR .66, 95% CI .45–.96). Peer cohort norms were not significantly related to boys' ESI.

Conclusion: Macrolevel cultural norms may impact adolescents' sexual initiation timing. Research exploring the sexual health outcomes of early initiators in countries with contrasting age norms is warranted.

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IMPLICATIONS AND CONTRIBUTION

Adolescents' likelihood of initiating sex early (<15 years) is lower in countries with higher age norms for sexual initiation timing, with parent cohort norms (ages 31–65 years) more strongly related than youth cohort (ages 15–20 years) norms. This study contributes knowledge of the relationship between macrolevel social environments and adolescents' sexual behavior.

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Sexual initiation is a significant transitional point for adolescents [1], and its timing can impact their health and well-being. Earlier sexual initiation (ESI) has been linked with increased risk

for sexually transmitted infections (STIs) and pregnancy during adolescence, short-term increases in depressive symptoms among girls, lower educational attainment by early adulthood, greater sex partner accumulation, and risky sexual practices in adulthood [2–7]. Younger initiators' increased STI and pregnancy risk is largely due to their more inconsistent use of condoms and other contraceptives [8]. Although many studies document individual, familial, and peer group risk factors for ESI, rates of ESI differ considerably across countries after accounting for these factors [9–11]. A 2005/2006 study revealed that among 14–16 year-olds in Europe, Canada, and Israel, prevalence of ever having sexual intercourse varied from a low of 12% in Slovakia to 61% in Greenland [12]. Research explaining this cross-national variation is scarce.

Researchers have speculated that differences in sociocultural norms may contribute to cross-national variation in adolescent sexual initiation timing [9,10,13]. Although studies have found that individual-level perceived sexual behavior norms (i.e., individual perceptions of peer sexual involvement and peer beliefs about appropriate timing for sexual initiation) are among the strongest predictors of ESI [14,15], no studies have examined norms at a macrosocial level. According to ecological systems theory [16], adolescent behavior is influenced by contextual factors at different levels, including macrosystem influences such as cultural values, customs, and laws. The macrosystem likely influences youths' sexual socialization through shaping cultural values expressed by socialization agents such as family and peers.

Two qualitative studies have examined the influence of country-level cultural norms on adolescent reproductive health, including ESI. Although substantive differences between the United States and other (primarily European) nations were found in the acceptability of adolescent sexual behavior, similarity across countries in the proportion of adolescents who were sexually active seemed to suggest cultural norms had little influence on adolescent sexual behavior [13,17]. However, these studies only included a small number of countries (two and five, respectively), and mainly focused on contrasting Western and Northern European nations with the United States.

As highlighted by Bronfenbrenner [16], sociocultural norms at the macrolevel may interact with individual factors, such as biological sex, in influencing behavior. Recent studies highlight a persistent sexual double standard—boys are permitted greater sexual freedom than girls [18]. Given this double-standard, societal norms may be more strongly related to sexual initiation timing for girls versus boys.

In the present study, we examined the influence of sociocultural norms on adolescents' likelihood of early sexual initiation. We conducted a test of macrolevel processes and influences on adolescent behavior, one that is rarely encountered in the empirical literature [19]. We addressed the following research questions:

- (1) Do norms about the age at which it is acceptable for adolescents to become sexually active explain cross-national variability in ESI among adolescents?
- (2) Does this association vary by biological sex?

Methods

Data

Data from the European Social Survey (ESS; 2006–2007) and the Health Behaviour in School-aged Children Study (HBSC;

2005–2006) were utilized. The ESS is a multicountry cross-sectional survey conducted biennially designed to track the attitudes, beliefs, and behavior of Europeans [20]. Twenty-five countries participated in 2006–2007. Probability samples of the resident national population aged 15 years or older living in private households were drawn in each country, and face-to-face interviews were conducted. Across the 17 countries included in this analysis, the median response rate was 64.5% (range 46%–73%).

The HBSC study was conducted in 41 primarily European nations in 2005–2006 in collaboration with the World Health Organization Regional Office for Europe. HBSC was designed to examine the health and health behaviors of adolescents across country contexts [12]. Cluster sampling, with classes as the primary sampling units, was used to select nationally representative samples (in most countries). Data collection was conducted during the 2005–2006 school year; students completed anonymous questionnaires within classrooms. All countries adhered to a strict international protocol for sampling and data collection. School response rates varied by country (from 47% to 100%, but >70% for 14 of 18 included countries). Student response rates also varied by country but were >70% for most of the countries included here [21]. The present analysis was deemed exempt from review by the Tulane University institutional review board.

Our sample is limited to the 17 European countries that participated in both HBSC 2005–2006 and ESS-3 (Table 1). The separate HBSC country surveys conducted in England, Scotland, and Wales were combined into Great Britain for the current analysis to align with the ESS, which was conducted in the United Kingdom as a whole. Sampled countries vary in culture, religion, economic systems, adolescent access to sexual health services, and adolescent sexual behavior [12,22].

Measures

Outcome—early sexual initiation. Early sexual initiation was defined as initiation before age 15 years. Comparative research suggests that adolescent girls under 15 years of age are physiologically unprepared for pregnancy; their cervixes are more vulnerable to STI infection; and they have “lower cognitive capacity for making safe, informed, and voluntary decisions” due to immaturity of the prefrontal cortex before age 15 years [23]. Defining initiation before age 15 years as early initiation is consistent with the United Nations Programme on HIV/AIDS (UNAIDS) definition [24]. This variable was constructed based on HBSC respondents' reports of ever having sexual intercourse and reported age at first intercourse.

Predictors—age norms. Age norms for sexual initiation were based on an ESS question: “At what age is someone too young to have sexual intercourse?” Participants responded with an age in years. We created three different age-norm variables: an *overall* measure (average of all responses to this question within each country), a *youth cohort* measure (average response among respondents ages 15–20 years), and a *parent cohort* measure (average response among respondents ages 31–65 years). Higher responses indicated less tolerance for ESI. Using formulae provided by Ludtke et al., we found acceptable levels of reliability within countries for age norms [25].¹

¹ For age norms we calculated the ICC(2) to equal .99. Ludtke, et al. (2006) suggest an ICC(2) greater than .70 indicates acceptable reliability.

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