

CO4.5: Sexual behaviour at age 15 by gender

Definitions and methodology

This indicator uses data from the Health Behaviour in School-aged Children (HBSC) survey 2013/14 to provide information on the sexual behaviour of 15-year-olds in OECD and EU member countries. Data are presented through two main measures:

- *Proportion (%) of 15-year-olds who report having ever had sexual intercourse, by gender*, that is, the proportion of 15-year-olds who, when asked whether they had ever had sexual intercourse, responded that they had. Data are presented separately for boys and girls.
- *Proportion (%) of 15-year-olds who report using a condom the last time they had intercourse, by gender*, that is, the proportion of 15-year-olds who report having ever had sexual intercourse who, when asked whether they or their partner had used a condom the last time they had had intercourse, respond that they did. Data are presented separately for boys and girls.

To highlight any differences in sexual behaviour across socio-economic groups, this indicator also presents information on differences in the two measures between 15-year-olds whose families score 'high' and 'low' on the HBSC's 'Family Affluence Scale' (FAS). The FAS is a composite measure calculated for each surveyed student based on their response to questions about various household possessions. Children with 'low' and 'high' scores on the FAS are those who score in the bottom and top 20% for their country, respectively, with those in the middle 60% classified as 'medium' affluence (see Inchley *et al.* (2016) for more information).

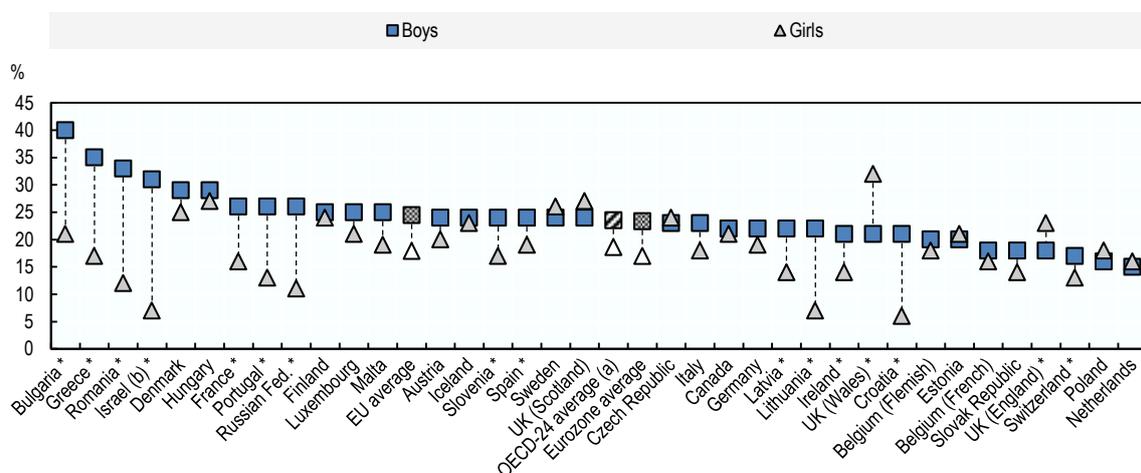
Key findings

In several OECD countries, 15-year-olds boys are more likely to report having ever had sexual intercourse than 15-year-old girls (Chart CO4.5.A). On average across OECD countries and sub-national regions with available data, roughly 24% of 15-year-old boys report having ever had sexual intercourse, compared to around 19% of 15-year-old girls, with significant gender differences seen in 11 OECD countries and sub-national regions. In most of these cases it is boys who are more significantly more likely to report having ever had sexual intercourse, with the gaps largest in Greece (18 percentage points) and Israel (24 percentage points). In England and especially Wales, however, 15-year-old girls are more significantly likely to report having ever had sexual intercourse than 15-year-old boys.

Some OECD countries see differences across socio-economic groups in the likelihood of a 15-year-old ever having experienced sexual intercourse, with in most cases higher prevalence among those from more affluent families (Chart CO4.5.B). This is particularly the case for 15-year-old boys – eight OECD countries (Austria, Denmark, Estonia, Finland, Latvia, Poland, the Slovak Republic and Switzerland) see statistically significant linear trends across the HBSC's family affluence groups in the share of 15-year-old boys that report ever having experienced sexual intercourse, with in all cases other than Poland the share higher among boys with high FAS scores than among those with lower FAS scores. Significant differences are less common for 15-year-old girls, and, where present, generally run in the opposite direction. Four OECD countries and sub-national regions (Flanders (Belgium), Finland, Germany and Latvia) see statistically significant linear trends across family affluence groups in the proportion of 15-year-old girls reporting ever having experienced sexual intercourse, and in all four cases the share is higher among those from families with low FAS scores than among those with high FAS scores.

Other relevant indicators: CO4.2: Regular smokers at ages 11, 13 and 15, by gender; and CO4.3: Alcohol and cannabis consumption by young people, by gender.

Chart CO4.5.A. Experience of sexual intercourse at age 15 by gender, 2013/14
 Proportion (%) of 15-year-olds who report having ever had sexual intercourse, by gender



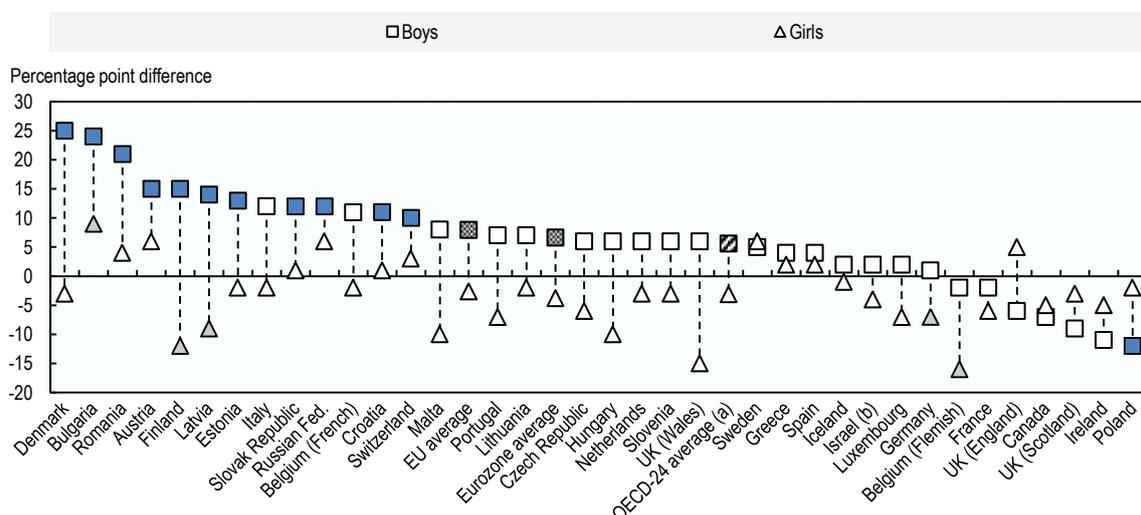
Note: In countries marked with an *, differences between groups are statistically significant at $p < 0.05$. 0 mean less than ± 0.5 .

a) The Eurozone average excludes Belgium, and the OECD-24 and EU averages exclude Belgium and the United Kingdom

b) The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Sources: [Health Behaviour in School-aged Children \(HBSC\) study 2013/14, accessed through the European Health Information Gateway](#)

Chart CO4.5.B. Experience of sexual intercourse at age 15 by gender and family affluence, 2013/14
 Percentage point difference between high and low family affluence groups in the proportion (%) of 15-year-olds who report having ever had sexual intercourse, by gender



Note: Shaded markers represent statistically significant linear trends across family affluence groups ('low', 'medium' and 'high') at $p < 0.05$. Non-shaded markers represent no statistically significant linear trend across family affluence groups at $p < 0.05$. 0 mean less than ± 0.5 .

a) The Eurozone average excludes Belgium, and the OECD-24 and EU averages exclude Belgium and the United Kingdom

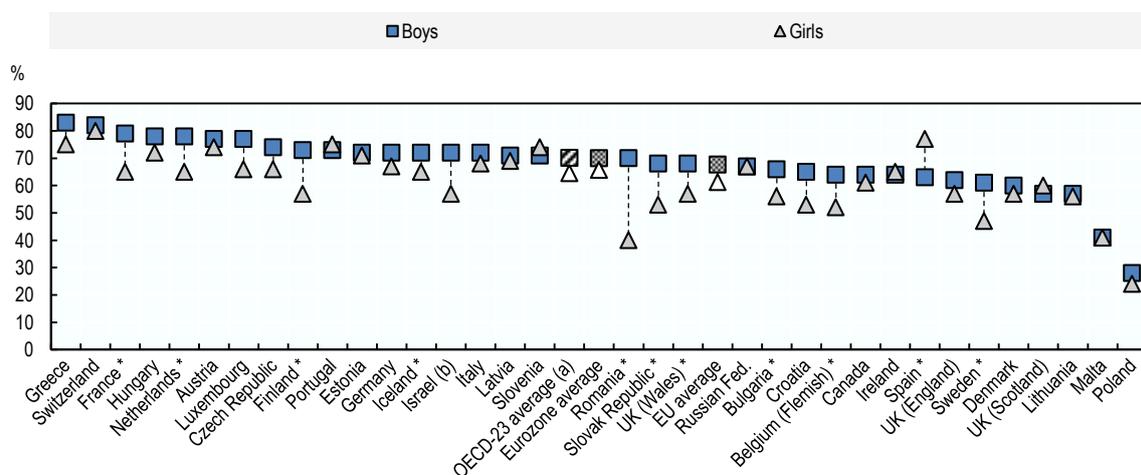
c) The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Sources: [Health Behaviour in School-aged Children \(HBSC\) study 2013/14, accessed through the European Health Information Gateway](#)

Gender differences in contraceptive use are in most cases fairly limited, but in some OECD countries and sub-national regions reported use is higher among boys than girls (Chart CO4.5.C). Nine OECD countries and sub-national regions (Flanders, Finland, France, Iceland, the Netherlands, the Slovak Republic, Spain, Sweden and Wales) see significant gender differences in the share of 15-year-olds who report using a condom at last intercourse, and in every case other than Spain it is boys who are the more likely to report using a condom. The largest gender gaps are in the Slovak Republic and Finland, where the share of 15-year-old boys who report using a condom at last intercourse is 15-16 percentage points higher than the share for 15-year-old girls.

Chart CO4.5.C. Contraceptive use at age 15 by gender, 2013/14

Proportion (%) of 15-year-olds who report using a condom the last time they had intercourse, by gender



Note: In countries marked with an *, differences between groups are statistically significant at $p < 0.05$. 0 mean less than ± 0.5 . Proportion among those who report having ever had sexual intercourse only.

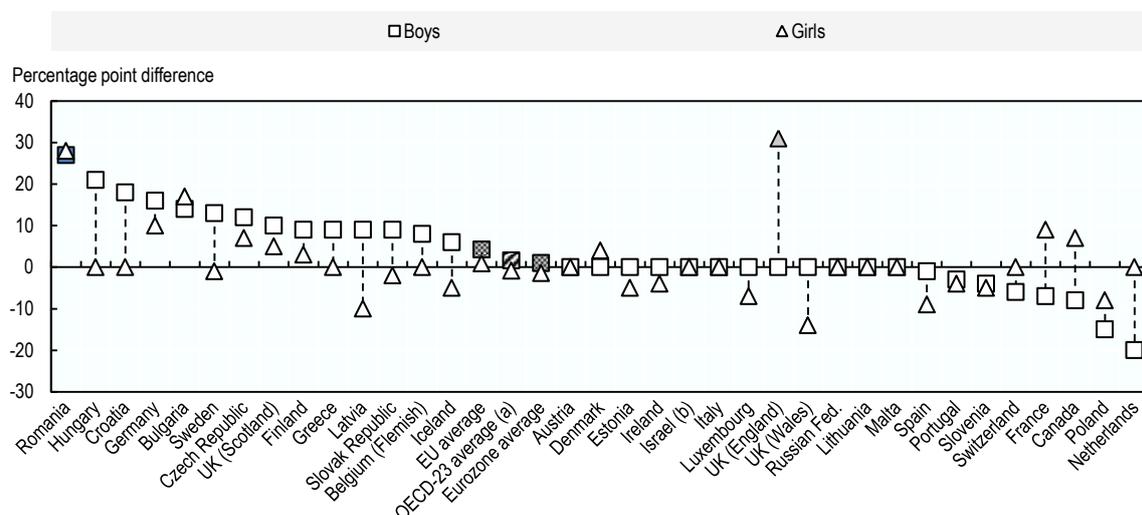
a) The Eurozone average excludes Belgium, and the OECD-23 and EU averages exclude Belgium and the United Kingdom

b) The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Sources: [Health Behaviour in School-aged Children \(HBSC\) study 2013/14, accessed through the European Health Information Gateway](#)

There are very few differences across socio-economic groups in reported contraceptive use (Chart CO4.5.D). Only one OECD country or region sees a statistically significant linear trend across the HBSC's family affluence groups in the share who report using a condom at last intercourse – in England, 15-year-old girls from families with higher FAS scores are more likely to report using a condom at last intercourse than 15-year-old girls from families with lower FAS scores. Otherwise, there are no clear associations between family affluence and contraceptive use.

Chart CO4.5.D. Contraceptive use at age 15 by gender and family affluence, 2013/14
 Percentage point difference between high and low family affluence groups in the proportion (%) of 15-year-olds who report using a condom the last time they had intercourse, by gender



Note: Shaded markers represent statistically significant linear trends across family affluence groups ('low', 'medium' and 'high') at $p < 0.05$. Non-shaded markers represent no statistically significant linear trend across family affluence groups at $p < 0.05$. 0 mean less than ± 0.5 . Proportion among those who report having ever had sexual intercourse only.

a) The Eurozone average excludes Belgium, and the OECD-23 and EU averages exclude Belgium and the United Kingdom

c) The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Sources: [Health Behaviour in School-aged Children \(HBSC\) study 2013/14, accessed through the European Health Information Gateway](#)

Comparability and data issues

Self-reported data on sexual behavior are taken from the Health Behaviour in School-aged Children survey (HBSC) 20013/14. The last data collection included all OECD countries except Australia, Chile, Japan, Korea, Mexico and New Zealand, Turkey and the United States, although data for Belgium and the United Kingdom are published only after disaggregation by region – for Belgium, data are published separately for Flanders and for the French-speaking regions (Wallonia and Brussels), while for the United Kingdom data are published separately for England, Scotland and Wales (data for Northern Ireland is not included). Sample sizes do vary across countries (the smallest among the OECD countries is in Norway, where the total number of respondents is 3072, and the largest is in Canada, with 12931) but in most OECD countries the sample totals somewhere between 4000 and 6000 respondents.

The HBSC survey is a confidential survey of young people, and data may be subject to response bias. Sample selection methods differ across countries, and because sample sizes are generally reasonably similar across countries and population sizes differ markedly, the potential for error in sample-representativeness is much larger in, for example, Germany than in the Netherlands.

Sources and further reading: Inchley, J. *et al.* (2016). Growing up unequal: gender and socioeconomic differences in young people's health and well-being. Health Behaviour in School-aged Children (HBSC) study: international report from the 2013/2014 study. World Health Organization Regional Office for Europe, Copenhagen.