



World Health Organization

REGIONAL OFFICE FOR Europe

FACT SHEET, 5 September 2016

## SEXUAL HEALTH

This fact sheet presents highlights from the international report of the 2013/2014 **Health Behaviour in School-aged Children (HBSC)** survey. HBSC, a WHO collaborative cross-national study, asks boys and girls aged 11, 13 and 15 years about their health and well-being, social environments and health behaviours every four years. The 2013/2014 survey was conducted in 42 countries and regions across the WHO European Region and North America.

### BACKGROUND

Sexual and reproductive health is important at every age and in all sections of the population, both as an independent element of health and an underpinning dimension of identity and personal well-being. It implies a positive and respectful approach to intimate relationships, as well as the possibility of pleasurable and safe sexual experiences free from coercion, discrimination and violence.

The onset of sexual activity is an important developmental marker of adolescence, and first intercourse often occurs at this time. A significant minority of school leavers have had sex, with some engaging in risky behaviours and unsafe sex.

Sexual activity initiated while young people are still developing emotionally and cognitively may increase the risk of unsafe sex, resulting in unintended and unwanted pregnancy or sexually transmitted infections. It is also known that early sex has implications for self-perception, well-being, social status and future health behaviours.

Findings from cross-sectional and longitudinal studies suggest that early sexual initiation has a direct causal relationship with substance use, lower academic achievement and an increased risk of depressive disorders in adult life, although social environment may be an important mediator.

Attitudes and customs in many countries and regions may mean that young people receive inadequate information and advice about sex and relationships, limiting their ability to make responsible and informed decisions about engaging in sexual activity. Young people should have high-quality education (including sexuality education) and skills-development opportunities to support them in negotiating personal relationships and sexual and reproductive health choices. Access to age-appropriate services and a supportive social and emotional environment are essential to helping them develop their personal and sexual identity.

### KEY FACTS AND FIGURES

#### Cross-national and gender differences

There are no significant geographical patterns in the prevalence of sexual initiation among young people.

Reports of early sexual activity are generally higher among boys.

Prevalence for ever having had sex ranges from 1% in Armenia (girls) to 40% in Bulgaria (boys).

#### Family affluence

The relationship between family affluence and experience of sexual intercourse across the survey countries and regions is mixed, although boys from higher-affluence families are more likely to report having sex in almost half.

#### Difference between 2010 and 2014

The average proportion of 15-year-olds reporting that they have had sex has fallen from 26% to 21%.



## Cross-national and gender differences

Differences in prevalence of early sexual initiation within and between countries and regions in Europe are large, with no clear geographical patterns emerging.

Gender differences are observed in 21 of 40 countries and regions. In most, boys are more likely than girls to report having sex, but the pattern is reversed in United Kingdom (England) (girls 23%, boys 18%) and United Kingdom (Wales) (32% and 21%).

## Family affluence

Early sexual intercourse is associated with family affluence in some countries and regions, but the direction of association varies. Boys from affluent families are more likely to report having sex in 15 countries, with the strongest association in Armenia, Bulgaria, Denmark and Romania, while girls from less affluent families are more likely to report it in Belgium (Flemish), Finland, Germany and Latvia. In many countries, however, family affluence and prevalence of sexual intercourse are not associated.

## Difference from the previous HBSC survey

In 2010, an average of 26% of 15-year-old respondents reported having had sexual intercourse. This declined to 21% in 2014, with similar levels of decrease in girls and boys.

## HOW CAN POLICY HELP?

The WHO European strategic framework, Health 2020, the European child and adolescent health strategy 2015–2020 and the Minsk Declaration on the life-course approach call for countries to empower people through health education and take actions to promote sexual and reproductive health, with a particular focus on access to information, sexuality and relationships education, and youth-friendly services.

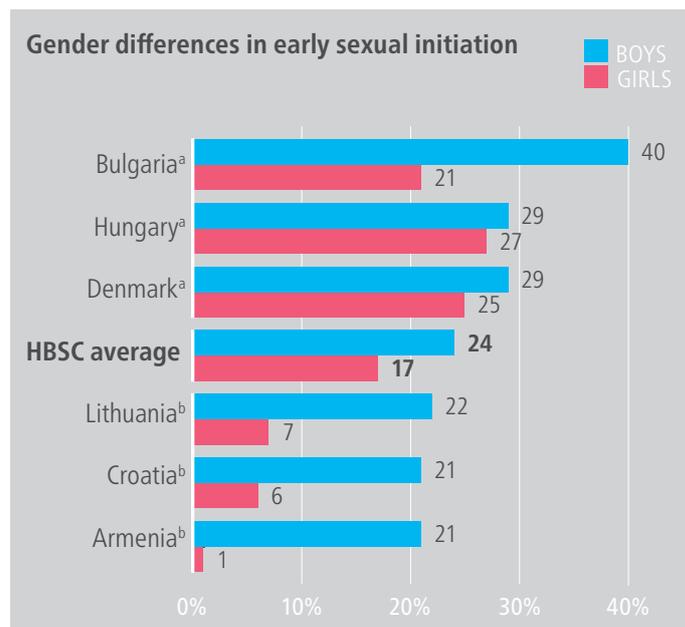
The WHO action plan for sexual and reproductive health, towards achieving the 2030 Agenda for Sustainable Development in Europe – leaving no one behind, was developed in collaboration with European Region Member States and will help countries to select key actions to improve sexual and reproductive health. Adolescents are a key target group for life-long investment, supporting the health not only of the current generation, but also of generations to come.

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Further information

Child and Adolescent Health  
WHO Regional Office for Europe  
Email: [lifecourse@euro.who.int](mailto:lifecourse@euro.who.int)  
Website: [www.euro.who.int/cah](http://www.euro.who.int/cah)

Health Behaviour in  
School-aged Children study  
Email: [info@hbsc.org](mailto:info@hbsc.org)  
Website: [www.hbsc.org](http://www.hbsc.org)



<sup>a</sup> Top three countries in HBSC survey. <sup>b</sup> Bottom three countries in HBSC survey.

