Lines for the Earth by Lorna Crozier

A long line of black ants
moves across the sand, so many
they carve a trail. So many
if you step on one, the line
will not break. It is time
tracking itself. It is one
vast mind moving forward.

Ant after ant, each bears
an egg, a round white syllable.
Somewhere they are stringing them
Together. Somewhere under the earth
they are spelling it out.

Dark Pines Under Water by Gwendolyn MacEwen

This land like a mirror turns you inward
And you become a forest in a furtive lake;
The dark pines of your mind reach downward,
You dream in the green of your time,
Your memory is a row of sinking pines.

Explorer, you tell yourself this is not what you came for
Although it is good here, and green;
You had meant to move with a kind of largeness,
You had planned a heavy grace, and anguished dream.

But the dark pines of your mind dip deeper
And you are sinking, sinking, sleeper
In an elementary world;
There is something down there and you want it told.

University of Alberta

First Sexual Intercourse Experiences of Men and Women: A Feminist Analysis

by

Jill Johanna Green

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of

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in
Counselling Psychology

Department of Educational Psychology

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Examining Committee

Gretchen Hess, Educational Psychology

George Buck, Educational Psychology

Jill McClay, Elementary Education

Abstract

First experiences of sexual intercourse were examined among university students. Participants completed a questionnaire regarding their sexual behavior and reaction to first sex. In the first paper, sexual health indicators were reported, such as age at first intercourse, contraception and protection against sexually transmitted infections (STI), and rates of STI and pregnancy as a result of first sex. In the second paper, gender similarities and differences were explored on reported aspects of first sex within a social constructionist framework. The third paper is a poster, which was presented at the 9th European Society of Contraception Seminar in 2007, and highlights gender differences in emotional reaction to first sex. Results indicate a relatively positive view of sexual behavior and a possible convergence of social scripts for men and women. However, gender differences still occur for affective reactions to first intercourse. Overall, results reflect the dominant cultural and political climate within Canada.

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Chapter 1

An Introduction to the Project

An Introduction to the Project

The overall purpose of conducting the current research is to examine aspects of young adults sexuality within Canada by focusing on first heterosexual consensual intercourse experiences from a feminist perspective. First intercourse, and the concept of virginity, remain a benchmark in society for many reasons and continue to be used in sexuality research. Indeed, through a social construction lens, what is intensely personal and private is in fact public and vice versa. A young persons experience of first intercourse, including beliefs, thoughts, and behaviors, is a culmination of a lifetime of learning what is normative, accepted, and expected for their identified gender. Studying first sexual intercourse experience of any cohort allows a glimpse into the current social, cultural, and political arenas. The chosen cohort to examine in this particular study was university students under the age of 25 years who had experienced heterosexual intercourse at least once. These delimitations were chosen to reflect a group exposed to similar social and political influences and sources of knowledge on sexuality. As Carpenter (2001) documented, interpretations of virginity are patterned by gender and sexual orientation. Narrowing the present focus allows for a comparison of gendered experiences within the dominant heterosexual milieu.

Participants completed an in-class questionnaire designed specifically for this project. In the first paper sexual health indicators such as age of first sexual intercourse, use of contraception/sexually transmitted infection (STI) protection, and rates of pregnancy and infection as a result of first sex were examined to help

establish regional trends. Without relevant regional and contextual data policies attempting to inform and educate young persons run the risk of missing their intended target or of certain groups labeled as resistant to change (Wyatt, 1994). It is important to recognize that when speaking about sexual health one is really talking about norms, as health, like gender, is a constructed and ever-changing concept. Documenting trends is not about morals, book keeping, or controlling young persons sexual behavior. It is also important to keep in mind that adolescents' or young adults' sexuality does not cause sexually transmitted diseases or unwanted pregnancies. Rather, the goal of the first paper is to highlight trends as reported by young persons themselves instead of relying upon popular media and negative accounts of adolescent sexuality (Maticka-Tyndale, 2008). Any gender differences in responses were highlighted and recommendations for future sexuality programs and initiatives were made based upon the group's data.

Several aspects of physical sexual health are highlighted in the first paper while more psychological and emotional facets of sexual health are addressed in the second paper. In paper 2 the focus remains on first sexual intercourse experience by comparing men and women's accounts of their sexual debut through the lens of current social discourse. Data were collected through questionnaires completed by Canadian university students 25 years and younger.

The purpose of conducting this study was to provide a Canadian perspective to the long standing American history of gender differences in emotional response to first sex and to offer social, cultural, and political rationales

instead of relying upon modernist explanations. By evaluating the data within this framework other types of information and voices are revealed and can bestow one more dimension of meaning and understanding to the experience of first intercourse.

The third paper offers a visual comparison of gender differences and similarities of emotional reactions to first intercourse. Data from Alberta high school students are compared with American (California) high school student responses and presented alongside initial data collected from Canadian university students. The poster was presented at the 9th European Society of Contraception Seminar in 2007 and provides a quick glimpse of the impact sex education can have on students. Educators and health care providers have long hoped that increased age at first intercourse and access to quality sexuality education would benefit young people's experience of first sex. The findings presented here propose that indeed education can change behavior and may perhaps influence age of first intercourse.

Sexuality is an ambiguous term and can refer to a variety of dimensions such as sexual identity, sexual behavior, and sexual orientation. The term sexuality, and all that it can encompass, has been defined, and therefore controlled over time, by various dominant groups such as religious, scientific, medical, political, commercial, and cultural institutions. The changing nature of what constitutes culturally acceptable sexual behavior over time and current differences found around the world highlights the interactive and contextual phenomena of sexuality. At any given time the thoughts, beliefs, and behaviors related to

sexuality that are socially sanctioned and deemed appropriate, support and reflect a reality (i.e., construction) that those within the powerful group agree upon (White, Bondurant, & Travis, 2008). This happens at the expense and denial of other less powerful groups. It is therefore power, and not innate truths about sexuality that determine which version of reality will prevail. A quick glimpse into the executive offices, medical laboratories, government buildings, and the religious inner sanctums that run countries, companies, and cultures reveals which gender holds more privilege and power to make decisions related to sexuality.

In the past, sexuality research has generally followed the trend of the popular modernist epistemology. This approach supports the concept of universal laws that can predict events and behavior. Modernist researchers believe these governing truths are waiting to be discovered rather than the constructionist belief that knowledge is created within context. White et al. (2008) argue that the traditional, modernist way of studying sexuality perpetuates gender inequalities by offering scientific ‘truths’ to explain social phenomena. Evolutionary theorists, for example, have explained the sexual double standard as a natural result of differences in parental investment rather than a way to dictate and control female sexuality. In this way, gender is seen as biologically created and determined, with any gender differences (e.g., gender roles, socialization process, economic inequality) believed to be rooted in hard scientific facts (Hyde & Oliver, 2008). Moore and Travis (2008) go one step further to argue that the biologically driven explanations not only uphold gender inequalities but disguise hidden agendas to maintain power differentials.

Many feminists would agree that meager gender differences do exist, paradoxically, not because of innate gender differences (Bohan, 1993; Crawford, 2008). Gender can be conceptualized as a social phenomenon that deeply permeates one's being and influences many aspect of life. Perceptions of one's gender may shift overtime with major life events and as a result affect how one thinks, behaves, and feels. Differences among men and women exist as a result of gendered socialization processes, expectations, and norms. Gender roles are internalized and role consistent behavior is reinforced while characteristics that do not fit these standards are punished (Tiefer, 2008). In this way, gender is a self fulfilling prophecy (Crawford & Unger, as cited in Crawford, 2008). This is obvious in the early socialization process of boys and girls. Socially appropriate toys, colours, and behaviors exist for male and female babies. A young boy who cries a lot is righted by being called a "sissy", an indication crying is not masculine, and shaming him out of his behavior. Part of the punishment process is to allude that the individual belongs to a less powerful group. The boy, for example, is called a girl. A woman who exudes typically masculine qualities is punished by being called a "dyke", a derogatory term for a marginalized group. Feminist researchers propose that the sex research agenda needs to be reclaimed (Hyde & Oliver, 2008) by demonstrating and investigating the impact social trends, political programs, and constructions of gender has on males and females sexuality. Models of sexuality that emphasize cultural and political realities and highlight their affect on sexual expectations, interpretations, and behavior will go along way in revealing the constructed nature of sexuality.

Feminist researchers have been known to adopt an epistemology of social constructionism (Hyde & Oliver, 2008) to respond to the above mentioned concerns; however, this can be done through fundamentally different approaches. Feminist empiricism, standpoint epistemology, and feminist postmodernism are three ways White et al. (2008) identify as counter responses to traditional sex research. Researchers who conduct feminist empiricist studies endorse the use of scientific methods as powerful tools to help bring about gender equality (White et al., 2008). Feminist empiricists assert that non-sexist quantitative data, informed by social construction, can facilitate social change. Data presented here are empirical in nature and follow feminist empiricism theories. Inherent in this work is the recognition that this represents one aspect, one strand, within the complex tapestry of knowledge on sexuality. Attention has been given to language, as patois often reflects social architecture and broader contexts and influences.

As with all research, completion reveals the innocence of believing in the concept of an “end”. More realistically, completion offers a vantage point on the mountain slope to survey what has been done and how much further there is to go. Within a social constructionist framework the summit is ever changing; however, this look out has afforded several specific conclusions to be drawn about some of the limitations of the current research. First, although the questionnaire was evaluated through pre-test feedback several mistakes were noted. In the first paper, it was unfortunate that the question regarding contraception did not ask the participant’s to specify use of contraception versus use of STI protection. Perhaps this oversight reflects researcher biases not fully explored until after data

collection. In addition, the term “stimulated” regarding emotional responses to first sex in the second paper may have been confused by the participants with physical arousal. It has also been noted that there is an unequal number of “positive” and “negative” emotions on that same question as the term “pleasure” (which also could have been confused with a physical sensation) was on the original questionnaire but not the version participants completed.

It should also be noted that the questionnaire had a section on more recent intercourse experiences that asked the exact same questions as those completed for first intercourse, and a section on expectations for participants who had not experienced first consensual heterosexual intercourse. These data have not been analyzed or presented in any way in the following papers; however, it offers a wealth of future research possibilities. Given the changing nature of constructions of sexuality it would be interesting to compare first sex with most recent. This would present an opportunity to compare gender differences over time and to see if shifts occur as one ages, acquires experience and/or confidence or if scripts remain similar throughout one’s life. This data could also be used to compare the expectations of virgins to the experiences of non-virgins in terms of how those expectations play out in the real world.

Overall, these three papers explore first sexual intercourse experiences of males and females within a Canadian social context. As Holland, Ramazanoglu, Sharpe, and Thomson (2000) argue the asymmetry found in typically heterosexual gender is actually recreated over and over again through sexual relationships. Current gender differences reported in these papers may be upholding and

reproducing a broader imbalance. The goal here has not been to make a fully formed model of Canadian sexuality, rather, the purpose has been to continue to name, explore, and create discourse surrounding aspects of young adults' sexuality.

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Chapter 2

Trends and Experiences of First Sexual Intercourse Among Canadian University Students

Introduction

In order to encourage and promote healthy sexual decision making in adolescents and young adults it is essential for policy makers, sexual health care providers, therapists, and educators to have up to date information on young peoples' sexual behavior. First intercourse marks a significant transition in one's sexual development and status that only occurs once in a lifetime (Carpenter, 2001). Professionals and policy makers alike have long attached considerable importance on first intercourse indicating its significance in personal, political, and cultural arenas. Experiences of first intercourse can potentially establish 'scripts' for future sexual interactions (Koch, 1988), influence one's sexual self-schema (Vickberg & Deaux, 2005), and lay down the foundation of a central aspect of our identity (Foucault, 1978). Unintended pregnancies and sexually transmitted infections (STI) may result from first intercourse and charge a heavy toll on individual and societal resources. This study was created to help identify young Canadian university students' sexual health choices and behavior regarding their experience of first intercourse. Participants completed a questionnaire pertaining to their age of first intercourse, use of contraception/STI protection, rates of pregnancy, and STI rates as a result of first intercourse. In addition to highlighting regional trends the results provide an opportunity to place these data within the larger context of national and international arenas.

Research Issues

Although teen sexual behavior includes more than sexual intercourse, intercourse experience continues to be used as a benchmark measure of sexual

activity trends. The wide use of first intercourse experiences serves as a potential indicator of social change over time and provides both feedback and information on current sexual health education and services. The findings reported here deal specifically with age at first intercourse, use of contraception at first intercourse, rate of pregnancy, and rates of sexually transmitted infections at first intercourse. This is not a comprehensive picture of sexual health or sexual health indicators, rather, an introductory regional study of key reference points for addressing sexual health promotion within Alberta.

All too often policies and programs are created in response to media reports on the overly casual and risky sexual behaviors of youth (Maticka-Tyndale, 2008) without acknowledging their healthy choices. In addition, American trends are frequently reported and interpreted as representative of Canadian trends in sexual health despite distinct differences. Maticka-Tyndale (2008) notes the major cultural differences as being rooted in attitudes toward adolescent sexuality, pre-marital sex, and teen pregnancy as well as sex education policies and health care programs. Improving current trends requires policies and programming based upon local and relevant data.

Within Canada data typically have been collected from high school populations. Therefore experiences of individuals who choose to wait until after matriculation to engage in first intercourse are generally not accounted for in first intercourse research. A recent Canadian survey reported just over half (52.6%) of grade twelve students had engaged in sexual intercourse (Hamton, Smith, Jeffery, & McWatters; 2001). Hence, a large percentage of individuals are not being

represented in teen sexual health data concerning experiences of first intercourse. The goal of focusing the present research on reports from university students is to capture a glimpse of later first intercourse experiences. In addition, previous research has indicated that sexual health trends may be different among students attending a technical college versus those attending university (Grunseit, as cited in Weaver et al., 2005) and among students and young adults in the work force (Maticka-Tyndale et al., 2000). The current study presents an opportunity to discover possible variables, such as education choices and options that affect sexual health.

Age at first intercourse continues to be used as a marker for sexual health on both the individual and societal level. On the individual level it is of concern in terms of emotional development required to handle the decisions and consequences of sexual intercourse. On a larger scale, an overall decline in age of first intercourse indicates longer periods of sexual activity and increased risk of STI and unwanted pregnancy. In developed countries such as Canada, the United States, the Netherlands, France, and Australia, the trend toward earlier age of first intercourse for both men and women seems to have stabilized within the last two decades (Maticka-Tyndale, Barrett, & McKay, 2000), generally clustering between 16 to 18 years of age (Maticka-Tyndale, 2001). A gender convergence in this respect has been noted within Canada as well as internationally and recent data suggest a possible gender reversal such that women are engaging in first intercourse at a younger age than men (Maticka-Tyndale et al., 2000). Based on nationally conducted surveys of 15-19 year olds in 1996/1997, 2003, and 2005 the

average age to experience first intercourse for both young men and women within Canada is 16.5 years (Rotermann, 2008). This is comparable to the average age of first intercourse among 15-19 year olds in the Netherlands (17.7 years), France (16.8 years), Australia (16.0 years), and the United States (15.8 years) (Weaver et al., 2005).

In countries like Canada where the dominant culture does not consider virginity essential for young women, it is the norm for first intercourse to occur before marriage and for marriage to occur at later ages (Berne & Huberman, as cited in Weaver, Smith, & Kippax, 2005). The gap between first intercourse and marriage has widened over the past 50 years. The longer someone is sexually active, the higher the risk of an unintended pregnancy and/or contracting a sexually transmitted infection (Rotermann, 2008). Given longer periods of sexual activity and the effect first intercourse experiences can have on future sexual decisions (Koch, 1988), first intercourse research has broader implications than just adolescent sexual health. First intercourse experiences may predict the sexual health of today's youth aging into tomorrow's adults. The trend of delayed marriage and delayed childbearing within marriage, coupled with the negative impact of STIs on sexual and reproductive health increases the chance for both male and female fertility difficulties. These challenges highlight the possible impact proper sexual health promotion can have not just on adolescents today but throughout their lives.

Although contraceptive use and STI protection at first intercourse fails to capture the consistency of use over time it is a useful predictor for subsequent use and an indicator for risk of unintended pregnancy and STI risk (Kahn, Brindis, & Glei, 1999). Past research within Canada indicates that condoms and oral contraceptive pills are the most common methods currently used by young adults (Maticka-Tyndale et al., 2000). Among 18-24 year olds 81% of women reported using contraception the first time they had intercourse (Fisher & Boroditsky, 2000). Young adults are more likely to use condoms rather than oral contraception in a new or first relationship with an eventual decline in condom use and increased use of the birth control pill as the relationship progresses (Fisher & Boroditsky, 2000). This lack of dual protection has serious personal and public health concerns given the trend for individuals to experience longer periods of sexual activity and to move in and out of serial monogamous relationships (Maticka-Tyndale, 2001). Use and consistency of use of contraception and STI protection is critical as is the practice of dual protection.

Although for some ethno-cultural communities teen pregnancy may not be viewed as problematic a decrease in teen pregnancy rates is generally perceived to be an indicator of sexual health. Teen pregnancies are generally assumed to be unintended and therefore a significant marker of female sexual health in terms of their capacity to control and make choices related to their sexual and reproductive health. Over the last 25 years teen pregnancy rates have declined despite the number of sexually active teens remaining stable (Maticka-Tyndale, 2004). This change may be partially contributed by increased access and use of oral

contraception, legal abortion, the morning after pill, high quality sexual health education (Maticka-Tyndale, 2008) and of course healthy decisions made by teens. Today, unintended pregnancy typically results in abortion or single parenthood as opposed to marriage or adoption typically seen in the past (Daly & Sobol, as cited in Maticka-Tyndale, 2001). It should be noted, however, that despite more unwanted pregnancies ending in abortion, the abortion rate remains relatively unchanged, meaning it is a function of decreased birth rates, not increased abortion rates (Maticka-Tyndale, 2004).

Within Alberta, teen (15-19 years) pregnancy rates are 44.5 per 1000, above the national average of 38.2 per 1000 (Statistics Canada, as cited in The Sex Information and Education Council of Canada [SIECCAN], 2004). Internationally, Canada's teen pregnancy rate is on par with those of Australia, England and Wales, and Scotland, almost half that of the United States, and would need to improve to compare with northern European countries, France, Germany, and Belgium (Singh & Darroch, 2001). Overall, data suggest that within Canada sexually active youth are engaging more successfully in behaviors that help avoid unintended pregnancies.

In addition to unplanned pregnancy, SIECCAN (2004) also notes that females bear more burden than males in terms of STIs including infertility, ectopic pregnancy, and pelvic inflammatory disease. Canada's most common STI is human papillomavirus (HPV) with the highest rates (16% to 21%) among females under the age of 25. In addition, rates of gonorrhea among the 15-24 age group account for nearly half of the nation's cases and appear to be increasing

(Patrick, Wong, & Jordan, 2000). Chlamydia rates also appear to be on the rise as is the case in most other developed countries (Maticka-Tyndale, 2001). Out of all STIs Chlamydia appears to be the best marker of the magnitude of infection rates among youth. It is the most commonly reported STI in Canada (as individual cases of HPV and herpes simplex virus are not reported to public health officials), it is preventable through behavioral measures (i.e., condom use), and has serious health consequences (SIECCAN, 2004). Within the general teen population rates of infection with human immunodeficiency virus (HIV) remain low, however, the virus can remain undetected for many years. Canada is currently working toward the eradication of syphilis, however, taken together, the national fight against STI remain worrisome. The introduction of better screening technology may be partially accountable for such increases (SIECCAN, 2004), however, the numbers are still a national concern and in need of much improvement.

Overall, age at first intercourse, use of contraception and STI protection, and pregnancy and STI rates as a result of first intercourse offer insights into youth's current sexual health. University students completed an in-class questionnaire pertaining to these sexual health indicators in order to establish current regional data. By reporting the trends of these indicators one is better able to harness resources and focus attention on areas in need of improvement.

Method

Participants

Among the 345 undergraduate students who participated, 75.7% (n = 261) of the sample had experienced consensual heterosexual intercourse and 24.4% (n

= 84) had not. Men and women did not differ significantly in this respect. For the current study only data from students who identified themselves as non-virgins were used. Of the 261 participants (40 men, 221 women) the mean age was 21.0 years (*SD* = 2.00, range 18-25). Unequal participation of men and women may reflect the general percentage of enrollment in the solicited courses. For the purposes of this paper only questionnaires completed by participants twenty-five years and younger were utilized for data analyses. Although the age definition of youth is arbitrary, this de-limitation serves to maintain focus on a particular cohort of men and women situated within a similar social and political era. In addition, this age cohort is most at risk for unintended pregnancy and STI (Maticka-Tyndale et al., 2000). Only three participants (all women) reported experiencing first intercourse within marriage.

Questionnaire

A questionnaire was developed specifically for the purposes of evaluating first sexual intercourse experiences for this study. Previously used instruments influenced the general design of the questionnaire; namely the Adolescent Health Survey (Hess, 1988; 2001). The format, clarity of instructions, and wording was evaluated and adjusted through pre-test feedback from individuals familiar with the study. The questionnaire has not otherwise been assessed. The Faculties of Education, Extension, and Augustana Research Ethics Board at the University of Alberta approved this study and questionnaire.

For the purposes of this study first intercourse was defined as the participant's first consensual heterosexual intercourse. This wording was used throughout the questionnaire. The questionnaire is provided in Appendix A.

Procedure

The data were obtained from students enrolled in three undergraduate classes in Educational Psychology and Human Ecology at a Canadian university. The questionnaire was administered early in the semester in part to avoid possible cross contamination with course material. Potential participants were invited to participate in the 10-minute in-class survey after being verbally informed of the nature of the questionnaire and general purpose of the study. Participants indicated informed consent by signing a form further explaining potential risks and benefits and the researcher's intentions for dissemination of the results. It was stated on the informed consent form, the questionnaire, and in the oral instructions that participation was completely voluntary, anonymous, and confidential. Referrals and resources were also provided.

Based on an informal numbers count fewer than 10% of the students decided not to complete the questionnaire. Those not completing the questionnaire were asked to quietly work on their own.

Results and Discussion

Data Analysis

To compare means for data collected within subject paired sample t-tests were run. Independent sample t-tests were utilized to compare data between

sexes. In the following section contextual variables of first intercourse are presented highlighting similarities and differences for men and women.

Age

The younger first intercourse occurs the longer one is exposed to physical risks such as unplanned pregnancy and STI and emotional risks related to lack of emotional development. Although no significant gender differences occurred, t (261) = -1.69, p = .09, women reported engaging in first intercourse at a slightly younger age than men (17.3 years versus 17.9 years) supporting previous reports of a possible gender reversal. Although higher health risks are associated with earlier intercourse the decreasing age of initiation for women may suggest the beginning of the end of the sexual double standard (Maticka-Tyndale et al., 2000). In the past it has been acceptable and expected that men would enter marriage with sexual experience. On the other hand, women's virginity and sexual innocence has historically been expected. In fact, personal honour and value depended upon proof of such chastity (Tsui & Nicoladis, 2004).

Despite reported greater sexual precociousness of young women research suggests that overt countable behaviour is not a good indicator of motivations and consequences of such behavior and in fact the double standard still exists (Maticka-Tyndale et al., 2000). These dimensions were not examined in this study and given the critical role they play in sexual health should be explored further to understand the causes and meanings behind the reported age difference. One particular complaint about sex research is the assumption that the responding participant is either equal or the dominant partner in terms of sexual decision-

making (Wyatt, 1994). This implies that men and women are equally encouraged to be active in sexual decision-making when in fact socialization tends to construct female sexuality as being passive and receptive (Darling, Davidson, & Passarello, 1992). Social constructions of sexuality in addition to experiences of coercion, personal responsibility, and joint decision-making may prove useful in explaining the reported age differences.

The mean age for first intercourse was 17.4 years (*SD* = 2.08; range 11-23), almost a full year above the national average of 16.5 years when 15-19 year olds were polled (Rotermann, 2008). This could reflect several possible influences. First, the age of participants in the current study ranged from 17-25 years versus 15-19 years meaning a longer time period was available to experience first intercourse. Given the reported age range of first intercourse (11-23 years old) this appears to be true. Keeping in mind possible cohort effects this highlights the importance of interpreting results based on sample characteristics. Additionally, the current sample focused solely on university students, representing a unique segment of society in terms of privilege and the social and political factors (i.e., socio-economic status, marginalization) that may contribute to membership status. Maticka-Tyndale et al. (2000) report that social disadvantage, as measured by socio-economic status and earlier labour force participation, in addition to immigrant status, is associated with earlier age of intercourse. Data also suggest that full entry into the labour force (i.e., versus prolonged education) may be replacing marriage as the social marker of adulthood, indicating a readiness and responsibility to engage in adult sexual

activity (Maticka-Tyndale et al., 2000). Teasing these possible factors apart is beyond the scope of this paper, however, it would be interesting to compare data from a young cohort in the workforce who Arnett (2000) calls “the forgotten half”.

Contraceptive Use and STI Protection

Both men and women reported common condom use at first intercourse (83.1% of women and 77.5% of men); the most common contraceptive/STI protection participants reported using during first intercourse. The second most common form of contraception was the birth control pill, with 44.3% of women and 35.0% of men reporting use. These numbers suggest that a large group of women implemented fertility control measures before engaging in first intercourse. Only 8.2% of women and 12.5% of men reported using “nothing” in terms of contraception. No significant differences were found between the genders for any of these items. These results are comparable to both regional (Tsui & Nicoladis, 2004) and national (Fisher & Boroditsky, 2000; Maticka-Tyndale et al., 2000) data. Condom use and effective protection against unwanted pregnancy is on the rise (Maticka-Tyndale, 2001) and current results present an encouraging picture. There is concern, however, that adolescents and young adults are focusing on pregnancy prevention more than STI protection, especially as relationships progress (Maticka-Tyndale et al., 2000). The current results do not offer clarity on the participant’s focus of protection (i.e., what was specifically used to prevent pregnancy versus STI protection), however, national trends of

decreasing pregnancy rates and increasing STI rates suggest the greater focus on pregnancy prevention to be true (SIECCAN, 2004).

The increased use of oral contraception seems a likely contributor to decreased pregnancy rates among young Canadians. The birth control pill is easily accessed, female controlled, and an effective form of contraception. Consistent use of condoms has been known to decrease over time, especially in long term and/or monogamous relationships. Condom use is highest in new relationships or casual encounters meaning data reported here might not be tell tale of future use (Maticka-Tyndale, 2001). Fisher and Boroditsky (2000) found that "I have only one sexual partner" and "I know and trust my partner" as the two most common reasons given for decrease and discontinuation of condom use. However, Kahn et al., (1999) reported contraceptive use at first intercourse to be a predictor for subsequent use. Measures of consistent use over time would provide the most meaningful and comprehensive picture of contraceptive and STI protection among young adults today. Interventions and programs should focus on the promotion of consistent and effective use of condoms and contraception, stressing the importance of dual protection. SIECCAN (2004) has provided motivational, information, and behavioral skill messages to promote dual protection, in addition to counselling guidelines for professionals to use.

Pregnancy and Sexually Transmitted Infection (STI) Rates

Teen pregnancies are generally perceived to be unwanted; therefore a reduction in rates would reflect healthier sexual and reproductive choices if other factors remained constant. Only three (1.4%) of the participating women reported

pregnancy as a result of first intercourse. There is no overlap between these participants and those who experienced first intercourse within marriage. None of the men reported their partner becoming pregnant as a result of first intercourse, and no significant gender differences were found. These results support recent regional data (Tsui & Nicoladis, 2004) and continue to offer good news for national trends. As discussed above, increased contraception use, in addition to increased access to sex education and reproductive health services likely contribute to the decline of teen pregnancy rates (Maticka-Tyndale et al., 2000).

Young adults under the age of 25 are disproportionately affected by STI compared to the general population Maticka-Tyndale et al., 2000). As a whole, STI rates are higher for females than males, a trend which is particularly disturbing given the difficulty in detecting some STI in females and the serious health consequences if they remain untreated. In this study only three (1.4%) women and 0% of men reported acquiring a sexually transmitted infection as a result of their first experience of intercourse. Despite no significant difference on reports of STI these results follow the trend of females bearing a heavier burden of infection than males. This suggests the importance of continued efforts to provide confidential (i.e., don't need parents consent) and free health services for routine STI screening. Although these results seem hopeful it is important to keep in mind that they are based on a single act of sexual intercourse with a single partner. As documented, young people tend to accumulate sexual partners over time in addition to decreasing effective STI protection (Maticka-Tyndale, 2008) and thus STI protection demands priority status and continued promotion.

Conclusion

Young Canadian university students completed questions regarding their age at first intercourse, use of contraception, and rate of pregnancy and STI. The purpose of conducting this study was to identify regional sexual health trends regarding first intercourse experiences and to provide an initial profile of those sexual health indicators. When compared to national and international data current trends help pinpoint areas of success as well as areas requiring further growth. Taken within context the overall results provide a relatively positive picture of young adult sexual health. The average age of first intercourse was above the national average by almost a year, the majority of participants reported using some form of contraception and/or STI protection, and rates of pregnancy and STI were low. However, it is crucial to recognize that adolescents and young adults are diverse group and this sample provides a glimpse at provincial sexual health trends among university students rather than a complete picture of all young Canadians.

Sexual health is not equally distributed among young Canadians, nor is the burden of poor sexual health. Although sex education and access to user-friendly sexual health services may be increasing not all have access to such services. Geographical, social, and economic factors are at play when discussing sexual health across Canada, and it would be a mistake to exclude such systems when discussing trends and planning policies. Of special concern are young adults entering the labour force at an earlier age, those from low-income families, aboriginal and rural communities, as well as gay, lesbian, bisexual, transgender,

or questioning youth (Maticka-Tyndale, 2008) as well as street youth and those working in the sex industry. It is essential that policies and interventions reflect and address critical issues for specific populations especially those at increased risk of poor sexual health.

Given these results the provision of sexuality education and policies should continue to be based on the assumption and acceptance that adolescents are likely to engage in premarital intercourse. Programs founded on this reality should strive to provide accurate information regarding contraception and STI protection and stress the importance of dual protection. Contrary to popular belief, information and liberal policies do not promote sexual initiation (Weaver et al., 2005). In fact, receiving sex education before first sexual intercourse has proven to delay first intercourse and increase the use of contraception when it does occur (Mueller et al., 2008). In addition, education should focus on safety as well as pleasure to help create an environment conducive to sexual health. It is one thing to delay onset of first sexual intercourse and it is another to increase the quality of that transition in status.

User-friendly health care services and free quality education, such as that conceptualized in the Canadian Guidelines for Sexual Health Education (2008) should be made available to all Canadians. Rather than trying to control young people's sexuality by determining moral standards of sexual health (e.g., abstinence only programs) we should turn to western European countries with strong records of sexual health and broad based education for examples of how to improve (Maticka-Tyndale, 2008). Generally speaking sex education policies are

considered public policy such that they reflect political and social climates (Weaver et al., 2005). In turn, sexual trends reflect back onto those same climates indicating the embedded nature collective forces have on individual experiences.

Although important implications have been mentioned a cautious interpretation of the results is necessary. The study was conducted on a convenience sample of undergraduate university students and should not be generalized to other populations. In addition, the results presented here do not reflect a comprehensive view of sexual health such that participants were not asked about prior sexual experience, sexual attitudes and beliefs, physical and emotional satisfaction, non-consensual experiences, and non-heterosexual experiences. Not only could these factors shape one's decisions regarding first intercourse but also the interpretation of such behavior. The Canadian Guidelines for Sexual Health Education (2008) has already acknowledged that sexual health is a social construction and its definition should and will differ for various groups of populations. It recommends that a broad range of indicators be used to identify areas of concern. Many more questions about sexual health indicators across diverse populations need to be addressed to adequately formulate responsive and proactive programs. Trends in sexual health will continue to change over time, however, as an exploratory study the present findings indicate that among young university students sexual health indicators such as age at first intercourse, contraception and STI protection, and rates of pregnancy and STI reflect an overall positive picture of sexual health.

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Chapter 3

First Intercourse Experiences of Canadian Young Adults Within a Social Constructionist Framework

Introduction

First intercourse is often a significant event in one's sexual development and may be expressed as an amalgamation of expectations, values, and meanings acquired long before first intercourse occurs (Carpenter, 2001, Fine, 1997). Policy makers, sexual heath professionals, and our society as a whole have placed considerable importance on first intercourse (especially for women) indicating its status as a junction of the personal, cultural, and political. (Carpenter, 2001). Indeed, one's personal experience of this private rite of passage is developed and sustained by public domains, which imbues meaning and significance. Information regarding the individual most likely reflects the collective and vice versa. The purpose of this study is to document Canadian men and women's perceptions of their experience of heterosexual first intercourse within the context of social discourse. Questionnaire data were collected from university students on contextual aspects of first intercourse such as age, partner's age, relationship with partner, perceptions of being in love, and orgasm experience, as well as questions dealing with regret, satisfaction, emotional response, and overall ratings of their sexual debut. Similarities and differences of men and women will be highlighted in terms of offering a reflection of the current social framework such as social constructions of sexuality and gendered sexual scripts.

Research Issues

Although sexuality is a central aspect of identity it also needs to be addressed in terms of larger social and political contexts. Within some cultures, sexuality has moved from the religious into the secular domain and is

scientifically and medically conceptualized. Within a medical framework views of sex, and sex differences, became deeply rooted in biological, anatomical, and hormonal differences at the expense of acknowledging the imbedded political and social dimensions (White, Bondurant, & Travis, 2000). As Moore and Travis (2000) argue, strictly biologically based models disguise power inequalities and political agendas while making it difficult to dispute scientific ‘facts’. They go one step further by noting that the social environment can affect hormone production and secretion and that social expectations can change an individual’s behavior despite being at odds with one’s chromosomal makeup. For youth sexuality and the decision to engage in sex go beyond purely reproductive motivations. Sexuality, and therefore sexual behavior, including first intercourse behavior, is interactive, changing, and open to interpretation. The focus of this study on Canadian young adults offers the opportunity to obtain insight on the current sexual framework within Canada.

First sexual intercourse usually follows a “social script” created by a community’s social discourses (Fine, 1997). These constructions of sexuality, essentially the what, when, where, why, and how of first intercourse, have generally been distinctive for men and women and may possibly lead to differing experiences and perceptions (Carpenter, 2001; Tsui & Nicoladis, 2004). Historically, a woman’s honour and value have been connected to her virginity and evidence of such was required on her wedding night. Proof of male virginity is physically impossible and less culturally important. Traditionally, the male, or masculine, blueprint for sexuality has been to adopt the socially prescribed roles

as the initiator, dominator, and seducer (Kurth, Spiller, & Travis, 2000). On the other hand, the female, or feminine role includes adopting the passive (and innocent), dependent, and sexual object role. These scripts define acceptable behavior for each gender (Kurth et al., 2000) and these gender roles are re-inforced through societal policing just as role-inconsistant behavior is punished (Hyde & Oliver, 2000).

Interestingly, despite a converging trend of similar first sexual experiences in the Unites States for men and women (Earle & Perricone, 1986) a gender difference still exists such that women consistently report more negative affective reactions to first intercourse than do men (Darling, Davidson, & Passarello, 1992; Guggino & Ponzetti, 1997; Koch, 1988; Spreecher, Barbee, & Schwartz, 1995; Woody, D'Souza, & Russel, 2003). This disturbing finding has continued to be documented in quantitative and qualitative studies spanning four decades despite seeming changes in women's sexual rights.

DeLamater (1987) reviewed three of the earlier studies (Bell, Weinberg, & Hammersmith, 1981; Simon & Gagnon, 1968; Sorensen, 1972) and taken together, the researchers found men reported more satisfaction and pleasure than did women, and women reported feelings of guilt more often than men. Weis's (1983) exploratory investigation, focused solely on women's affective reactions to first intercourse, produced three factors that most accounted for affective variance: pleasure, guilt, and anxiety. In addition, one-third of the participants in Weis's study reported perceiving themselves as exploited during first intercourse. Compared to men, Darling, Davidson, and Passarello (1992) found women were

less physiologically and psychologically satisfied with their first intercourse experience and reported significantly more feelings of guilt. The multitude and time span of these findings has spurred other researchers to investigate possible explanations for such differences and potential harmful effects.

Regardless of affective response first coitus influences one's self-concept, presents a transition in one's sexual status, and creates interpersonal changes and challenges. In addition, Mosher's (1979) research has indicated that negative feelings associated with intercourse are correlated with increased abortion rates and negatively effect proper contraception use. Mendelsohn and Mosher (1979) found that women with high sex-guilt endorsed more sex myths and retained less information regarding contraception. Koch (1988) has also demonstrated that factors surrounding first coitus significantly affect future sexual concerns and functioning. Thus, one's experience of first coitus has significant ramifications for the individual's emotional, psychological, and physical well-being and presents societal costs and concerns such as pregnancy, disease, and overall sexual health.

Several explanations for these gender differences have been proposed and examined. Spreecher, Barbee, & Schwartz (1995) tested both of DeLamater's (1987) hypotheses and found that gender and the occurrence of orgasms (men having more) partially mediates the reported subjective pleasure for first intercourse. They also noted the moderating role of relationship factors (stage, length, and current status of relationship), or the "love effect", on women's reports of guilt, anxiety, and pleasure. Further contributing factors such as earlier masturbation experience for men (Weis, 1983), experience of pain for women

(Schwartz, 1993) and evolutionary theories explaining the "love effect" (Buss & Schmitt, 1993; as cited in Spreecher, Barbee, & Schwartz, 1995) have been explored in response to continued gender differences. The majority of studies were conducted in the United States and none within the last decade. The majority of these rationales fail to recognize the underlying social environment supplying the backdrop for these differences to occur. What are the social contexts that create the "love effect" for women and not for men? Instead of simply accepting the fact that men masturbate earlier than women one could be asking what political and cultural factors continue to re-inforce this trend.

In a cross-cultural comparison Schwartz (1993) found that American women significantly differed from Swedish women in their reports of negative emotional response to first intercourse. This finding was explained in terms of sexually restrictive (United States) versus sexually permissive (Sweden) cultures such that larger discrepancies between social scripts and actual behavior create more negative experiences. Although not a cross-cultural comparison Tsui and Nicoladis (2004) found that contrary to American findings men and women from a Canadian university did not differ in reports of emotional satisfaction and overall rating of their first coital experience. This was true despite the fact that women were significantly less likely to experience orgasm and significantly less physically satisfied with the experience than were men. The authors discuss the results in terms of a possible shift in sexual scripts over time (i.e., more egalitarian) and/or as indicative of country differences.

Although it may be tempting to assume similarity between Canadian and American populations the Tsui and Nicoladis (2004) results suggest otherwise. Canada and the United States have similar statistics on youth sexual health (Guttmacher Institute, 2006; Rotermann, 2008) although differ on sexual education practices such that Canada endorses a more comprehensive and liberal approach (Public Health Agency of Canada, 2009; Sexuality Information and Education Council of the Unites States [SIECUS], 2009). These initial Canadian findings highlight potentially serious gaps in the current research. This reduces our ability as sexual health professionals, educators, and policy makers in Canada to facilitate healthy sexual development. The purpose of this study is to go beyond documenting gender differences in the Unites States and to further explore current experiences of youth in Canada and how that reflects on Canadian discourse. Data collected will help establish a Canadian reference point for future research on the ever- changing social constructions of sex and sexuality.

Method

Participants

A total of 345 undergraduate students participated with 261 (40 men, 221 women) or 75.7% reporting to have experienced consensual heterosexual intercourse. To help maintain focus on a particular age cohort only data from participants 25 years and younger were used in this study. Of the 261 participants the mean age was 21.0 years (*SD* = 2.0, range 18-25). Unequal participation from men and women may reflect the general percentage of enrollment in the solicited courses. The mean age for participant's who had not experienced first intercourse

was significantly younger than those who had (20.0 versus 21.1 years respectively) t (343) = 5.24, $p < .001$. Men and women did not differ significantly in virginity status reports. Only three participants (all women) reported experiencing first intercourse within marriage.

Questionnaire

The current questionnaire was developed specifically for the purposes of this study and followed the general design of previously used instruments; namely the Adolescent Health Survey (Hess, 1988; 2001) and questionnaires used by Tsui and Nicoladis (2004), and Schwartz, (1993). Individuals familiar with the study evaluated the format, clarity of instructions, and wording through pre-test feedback from. The questionnaire has not otherwise been assessed. The University of Alberta's Faculties of Education, Extension, and Augustana Research Ethics Board has approved this study and questionnaire.

Throughout the questionnaire first intercourse was defined as the participant's first consensual heterosexual intercourse. The questionnaire is presented in Appendix A.

Procedure

Data were obtained from students enrolled in three undergraduate classes in Educational Psychology and Human Ecology at a Canadian university. Based on an informal numbers count fewer than 10% of the students decided not to complete the questionnaire. The questionnaire was administered early in the semester in part to avoid possible cross contamination with course material. Potential participants were invited to participate in the 10-minute in-class survey

after being verbally informed of the nature of the questionnaire and general purpose of the study. Participants indicated informed consent by signing a form further explaining potential risks and benefits and the researcher's intentions for dissemination of the results. It was stated on the informed consent form, the questionnaire, and in the oral instructions that participation was completely voluntary, anonymous, and confidential. Referrals and resources were also provided. Those not completing the questionnaire were asked to quietly work on their own.

Results

Data Analysis

To compare means for data collected within subject paired sample t-tests were run. Independent sample t-tests were utilized to compare data between sexes. In order to examine differences between men and women on categorical responses chi-squares for independence were utilized. For simple men/women comparisons some continuous responses were collapsed into categorical responses with two levels at which point the Yate's Correction for Continuity was used. For example, responses to type of relationship with partner at first intercourse were collapsed into 'relationship' as one group and 'other' as the alternative group. In the case of missing data, the exclude cases pairwise option was implemented to exclude a case (participant) only on the analysis in which data are missing.

In the following section contextual variables of first intercourse are presented highlighting similarities and differences for men and women.

Age

The mean age for first intercourse was 17.4 years (*SD* = 2.08; range 11-23) with no significant differences between men and women (17.3 for women and 17.9 for men) t (261) = -1.69, p = .09.

Partner's Age and Status

On average, women reported their partners to be 1.5 years older than them at first intercourse (17.4 versus 18.9 years). This age difference is statistically significant t (244) = -12.4, p <.001 . On the other hand men reported their partners age as only four months older than their own age at first intercourse (17.9 versus 18.2 years) with no significant difference. Although both men and women were more likely to report sharing their first intercourse experience with a partner who had already experienced intercourse (52.5% and 49.3% respectively) the numbers were very similar to those who reported their first time as also being their partner's first intercourse (40.0% of men and 48.4% of women). A small percentage of both men and women reported being unsure as to their partner's status at the time of their experience of first intercourse (7.5% and 2.3% respectively). No significant association between men and women and partner's status occurred, χ^2 (2, n = 261) = 3.61, p = .17, phi = .12.

Relationship with Partner

The majority of men and women (85.4% and 82.8% respectively) indicated they were in a relationship (i.e., casual dating partner, serious dating partner, engaged, or married) with their partner at the time of first intercourse. The remaining participants (14.6% of men and 17.2% of women) reported either friendship, casual acquaintance, or just met that day relationship with their first

partner. When responses were collapsed into ‘relationship’ and ‘other’ no significant association between gender and type of relationship occurred, χ^2 (1, n = 261) = .05, *p* = .82, phi = -.03.

Duration of Relationship with Partner

In response to the question asking about relationship length a significant difference between men and women was found, *t* (261) = -3.56, *p* < .001. For example, only 11.0% of women knew their partner for less than a month, whereas 25.0% of men knew their partner less than a month. Men were most likely to be in a relationship with their partners for 1-3 months before first intercourse whereas most women reported 4-8 months prior to engaging in intercourse.

Current Relationship with Partner

Most of the participants (32.9% of women and 51.1% of men) reported no longer having any kind of relationship with their first partner. Only 24.1% of the women and 17.0% of the men reported current romantic involvement with their first partner. These findings were not statistically significant for men and women, χ^2 (1, n = 260) = .82, *p* = .37, phi = .07.

Perceptions of Being in Love

The majority of participants (59.7% women and 42.6% of men) considered themselves “in love” with their first partner at the time of first intercourse. More men than women (12.8% versus 7.4%) reported being “unsure” as to whether or not they were in love with their partner. However, there is no significant difference between men and women and “in love” status, χ^2 (3, *n* = 259) = 5.28, *p* = .15, phi = .14.

Orgasm and Partner Orgasm

A significant difference exists for men and women and reported orgasm experience, χ^2 (3, n = 259) = 8.08, $p < .001$, phi = .56, such that only 9.1% of women and 69.2% of men reported orgasm at first intercourse. Women were significantly more likely than men to report their partner experiencing orgasm (74.5% versus 20.5% respectively), χ^2 (3, n = 259) = 6.40, $p < .001$, phi = .50.

Expectations, Timing, Regret, and Overall Experience

Men and women did not significantly differ in response to how their first intercourse experience measured up to their respective expectations (χ^2 (4, n = 261) = 2.23, p = .69, phi = .09). Both men and women's most common response was that their experience matched their expectations (32.5% and 35.3% respectively), followed by 27.5% of men and 33.5% of women reporting their experience was worse than expected, and finally 15.0% and 10.0% reported their experience as being better than they had anticipated.

The majority of both men and women (67.5% and 65.5% respectively) reported feeling as though they were the right age for first intercourse to occur. More men reported feeling they were too old (10.0%) than too young (7.5%), whereas 27.1% of women reported feeling they were too young when first intercourse occurred and not one reported being too old. There was a significant association between gender and reports of timing of first intercourse (χ^2 (3, n = 261) = 3.13, $p < .001$, phi = .35).

Similarly, the majority of men (82.5%) and women (73.8%) reported no feelings of regret in sharing their first intercourse experience with their partner.

There was no significant association between gender and feelings of regret (χ^2 (2, n = 261) = 3.53, p < .001, phi = .12). Overall, 47.5% of men reported their first intercourse experience as "good", 32.5% as "not good or bad", 17.5% as "bad", and 2.5% as "awful". In comparison, 11.3% of women reported their experience as "perfect", 33.0% as "good", 35.7% as "not good or bad", 12.7% as "bad", and 6.8% as "awful". No significant difference occurred for this item (χ^2 (4, n = 261) = 8.22, p = .08, phi = .18).

In terms of physical satisfaction 29.4% of women reported feeling physically satisfied with their experience, 54.8% reported not feeling physically satisfied, and 15.4% were not sure. In comparison, 50.0% of men reported physical satisfaction, 32.5% reported no physical satisfaction, and 17.5% were unsure. Emotion satisfaction reports for men was very close to their reports of physical satisfaction such that 52.5% reported emotional satisfaction, 32.5% did not feel emotionally satisfied, and 15.0% were unsure. In comparison, women reported more emotional than physical satisfaction. Overall, 52.5% of women reported emotional satisfaction, 38.9% reported not experiencing emotional satisfaction, and 8.1% were unsure. A significant association was found between gender and physical satisfaction, χ^2 (2, n = 260) = 7.75, p = .02, phi = .17, although no such difference was found between gender and emotional satisfaction, χ^2 (2, n = 260) = 2.09, p = .35, phi = .09.

Affective Reactions to First Intercourse

Men reported significantly more positive emotions to describe their first intercourse experience than did women, t (261) = .99, p = .05, with the three

highest for men being excited (75.0%), stimulated (55.0%), and mature/grown up (28.1%). The top three positive emotions women reported are excited (44.8%), loved (43.9%), and romantic (28.5%). Although on average women chose more negative emotions to describe their experience than did men no significant differences were found, t (261) = .99, p = .32. The three most common negative feelings chosen by women, anxious (45.2%), worried (34.4%), and afraid (31.0%), were also the most commonly chosen among men (65.0%, 32.5%, and 20.0% respectively). Zero percent of men reported feeling betrayed, raped, or hurt. These were also the least likely feelings to have been reported by women at 1.4%, 3.6%, and 5.0% respectively.

When a chi-square test for independence was run for men and women and each possible emotional response only four produced a significant association. A significant association occurred between men and women for reports of feeling loved χ^2 (1, n = 260) = 8.16, p = .01, phi = -.18, stimulated χ^2 (1, n = 260) = 2.53, p < .001, phi = .31, anxious χ^2 (1, n = 260) = 5.18, p = .04, phi = .13, and excited χ^2 (1, n = 260) = 1.22, p = .001, phi = .13. It should be noted for anxious and excited that although the frequency (i.e., the percentage) of such reporting was significantly different for men and women both sexes commonly reported feeling anxious and excited unlike stimulated and loved. See Table 1 for a complete list of emotions chosen by men and women.

Table 1

Participants "Yes" Responses to Affective Reactions to First Intercourse (%)

	Men	Women
Guilty	10.0	20.4
Afraid	20.0	31.2
Raped	0.0	3.6
Anxious	65.0	45.2
Worried	32.5	34.4
Betrayed	0.0	1.4
Hurt	0.0	5.0
Disappointed	17.5	28.1
Wonderful	30.0	18.1
Stimulated	55.0	18.1
Romantic	25.0	28.5
Loved	20.0	43.9
Mature/Grown up	32.5	28.1
Fulfilled	22.5	13.1
Excited	75.0	44.8

When choices were collapsed into positive, negative, and mixed emotions, regardless of how many and what specific emotions were chosen, men were more likely to choose positive emotions to describe their experiences whereas women were more likely to choose negative emotions. Men were more likely (67.5%) to have chosen at least one emotion from the positive and negative list (i.e., mixed emotional response) than were women (49.3%), although this was not found to be significant, χ^2 (1, n = 261) = 3.78, p = .05, phi = .13.

Discussion

The major purposes of this investigation were to examine first intercourse from a Canadian perspective by comparing the experiences of men and women. Looking at the contextual variables of first intercourse experience the present findings indicate that reports of the experience from Canadian men and women, with several notable exceptions, are remarkably similar. The average age for first intercourse was very similar for men and women. These findings are congruent with past Canadian (Tsui & Nicoladis, 2004) and American research (Darling et al., 1992; Spreecher et al., 1995). Both genders were most likely to have experienced first intercourse within a ‘romantic’ relationship. Again, this is consistent with Tsui and Nicoladis’ (2004) findings; however, this did not parallel American findings (Spreecher et al., 1995), which found that men were significantly less likely to be in a romantic relationship at the time of first intercourse than women.

In part, this contrast may be due to shifting social and political atmospheres in both countries that over time influence first intercourse scripts. It

may also be the case that such discrepancies indicate more implicit differences between Canadian and American sexual norms. For example, it may imply that first intercourse scripts are more gendered in the U.S., such that women, more than men, find first intercourse more acceptable, to self and others, within a romantic relationship. This finding may also be part of the ‘love effect’ introduced by Spreecher et al., (1995) which demonstrates that the seriousness and length of the relationship were positively related to reported pleasure. On a similar note being in love may act as a socially acceptable justification for first intercourse. Although women had a greater tendency to report being in love at the time of first intercourse, the current study found no gender differences overall. This is in keeping with previous data.

Spreecher et al., (1995) also documented the role of current relationship status and recollections of the initial sexual experience. They found that participants, who at the time of data collection, were still in a romantic relationship with their first partner reported a more positive experience than those who no longer had contact. In the present study no gender differences were found pertaining to the item asking about current relationship with first intercourse partner. Although other factors influence one’s subjective experience of first intercourse present findings indicate that current involvement with partner is not a major contender affecting retrospective recollections.

The current data on length of relationship and reports of partner’s age parallel both Canadian and American research. Male participants knew their partners for significantly less time than did women despite no differences in

reports of seriousness of relationship. This highlights several possible explanations. First, it could mean that men socially require less time than women to consider a relationship as 'romantic' or that society, as mentioned above, views first intercourse for women as more acceptable after longer periods of dating. According to Carpenter (2001) men typically interpret their virginity as a stigma and therefore attempt to hide their status in less involved partnerships. This finding may also play out in a man's choice of partner in terms of her age. Men typically seek out first time partners that are similar to their own age perhaps to avoid older, presumably more sexually knowledgeable women. The present study found men did not significantly differ in age with their partners (average of four months difference), whereas, women, on average, reported their partners to be 1.5 years older than they were at first intercourse. This fits with the traditional dating scenario of an older and more sexually initiating man and younger and more sexually naïve woman. Interestingly, in the current study few (7.5%) men reported feeling too young when first intercourse occurred and zero percent of women reported feeling too old even though both genders were the same age at first intercourse.

This may highlight some of the double standards and mixed messages inherent in sexual scripts. For example, with the above information we have men seeking out similar aged partners with less involvement to hide their status while also balancing an expectation to be sexually dominant and older than their partner. While women may feel the need to postpone first intercourse until they are older, in a more serious relationship, to avoid possible reputation damage for

not abiding and upholding standards. One can see the potential for confusion and compromise within oneself and of course the negotiation that must occur within a romantic relationship when first intercourse is being contemplated. Tsui and Nicoladis (2004) found that when first intercourse was not a mutual decision, women were significantly more likely than men to report it to be their partner's suggestion. In contrast to American studies, the current findings show that men and women are equally as likely to end up sharing their first experience with a partner who is also experiencing first intercourse.

Also in keeping with past findings is the significant difference of orgasm experience reported by men and women. Women that did report orgasm also reported higher overall ratings of their experience than women who did not experience orgasm. This supports past findings that orgasm partially mediates subjective pleasure ratings (Spreecher et al., 1995). It has been suggested that increased masturbation experience of young men as well as female anatomy are responsible for gendered difference in orgasm reports. This fails to consider, however, why men are engaging in masturbation earlier and more frequently than women (e.g., sexual shame, body shame, body ignorance, myths) and does little to remedy the situation through increased education on desire, pleasure, and their rights to experience such.

In response to the question of physical satisfaction, the majority of women (54.8%) reported not experiencing physical satisfaction in keeping with previous research. This seems fitting given the low reports of orgasm by women in this study and typically high reports of pain at first intercourse in other studies (Tsui &

Nicoladis, 2004). Once again, these rationales make sense, however, they fail to take into account the underlying issue and our ability to make change. For example, if educators inform men and women that women should not expect physical satisfaction they fail to provide the known possibility and skills to decrease pain, increase orgasm reports, and increase mutual satisfaction. As Thompson (1990) points out masturbation promotes young women's sexual knowledge and pleasure more successfully than any other sexual experience and should be strongly advised in the curricula. As Holland et al., (2000) documented, young men are most concerned with their performance, their orgasm, and their change in status during first intercourse leaving their partner's pleasure to be viewed as "icing on the cake". Alerting women of their right to experience pleasure and providing a way for them to learn about their bodies and desire could be empowering.

It is surprising that no gender differences occurred in response to emotional satisfaction. Despite such striking disparities with physical satisfaction equal percentages of men and women (52.5%) reported emotional satisfaction. A similar pattern was noted by Tsui and Nicoladis (2004). Several possible factors may be at play. First, it may be that a positive emotional experience is less linked to physical satisfaction for women than it is for men. This has some overlap with the above mentioned 'love effect' in that emotional commitment seems to be a socially important aspect of sexual decision making for women. In the current study, reports of feeling loved produced significant gender differences such that 43.9% of women and only 20.0 % of men reported feeling loved during their first

intercourse experience. If satisfaction is viewed as how well reality meets expectations (Darling et al., 1992) then one interpretation would be that women expect first intercourse to be physically satisfying or are unaware of the occurrence of pain and orgasm reports. It may also be the case that the decision to post pone first intercourse until in a serious relationship may influence and align both the expectations and the reality of such experience. Overall, the most common response for both genders was that their first experience matched their expectations. Unfortunately there is no data on what exactly their expectations entailed or how similar or unique those are for men and women. It would be interesting to study whether physical satisfaction increases for women after first intercourse with more sexual experience.

Men reported significantly more positive emotions than did women to describe how they were feeling at first intercourse. The three most common responses of positive emotions from men were excited, stimulated, and mature/grown up. Unlike the other emotional choices offered the term stimulated is vague and may be interpreted in various ways. However, it was chosen more often by men than by women and may tie into reports of physical satisfaction. Reports of feeling mature/grown up seem congruent with the previously stated notion that men may view their virginity as a stigma (Carpenter, 2001) and therefore view the act of ‘losing’ their virginity as one of achievement. It may also be true that first intercourse marks a rite of passage for young men into adulthood that women have typically already achieved through the onset of menarche.

In comparison, women reported feeling excited, loved, and romantic as the three most common positive emotions. Again, this supports the already mentioned ‘love effect’ and supplements Guggino and Ponzetti’s (1997) findings that women are more likely than men to entwine pleasure and romance. According to Thompson (1990) these results are worrisome, as love, ignorance, and guilt constitute the “triple whammy” that effectively debilitates women’s ability to accept themselves as sexual beings.

Anxious, worried, and afraid were the three most common negative emotions reported by both genders. In contrast to previous findings (Darling et al., 1992; DeLamater, 1987; Weis, 1983) guilt was not a major affect for either men or women and gender differences did not occur. Unfortunately, without recent American data it is difficult to suggest with confidence possible reasons for this stark disparity. This may reflect a shift in the sexual scripts of young people toward a more liberal environment. It may also signify political, social, and religious differences between Canada and the U.S. Along those line a possible interpretation lies in the cross-cultural research of Schwartz (1993) who indicted that positive and negative emotional reactions to first intercourse may best be conceptualized as separate, rather than continual, dimensions. In the absence of differences between Swedish and American youth on all positive affect variables Schwartz (1993) hypothesized that positive affective reactions are more related to circumstances surrounding the event where as negative reactions are more related to cultural sex norms. Applied to the present findings differing cultural sex norms

of Canada and the U.S. may be responsible for the lack of country consensus on guilt.

Mixed emotional responses were common for all participants although women tended to report with less agreement than men. Meaning, a large percentage of men chose several specific emotions whereas women tended to have varying profiles, and percentages were spread out among the emotional choices. This lack of consensus and broader range of experience was also true in overall ratings of first intercourse made by women. One interpretation of this may be that women are experiencing a change in sexual scripts, social meaning, and/or personal experience such that the lack of consensus acts as an indicator of women being at various stages of change and negotiation. An investigation into how some young people seem inoculated against social expectations and the current moral edict may be worthwhile in terms of approaches to sexual health education.

Conclusion

Although social constructions of sexuality and social scripts for first intercourse seem to permeate into all levels of society this particular study was conducted on a convenience sample of undergraduate university students with unequal response rates from men and women. The population was not randomly selected and results were based on self-report data. It has been argued that due to the memorable nature of first intercourse recall accuracy is not an issue in retrospective first intercourse research (Fleming & Fleming, 1975; as cited in Schwartz, 1993). However, it should be noted that the present results are based on the participant's current interpretation and recollection of what may have

happened yesterday or several years prior. The data reflect how the participants viewed their first intercourse experience in the moment they completed the questionnaire. In addition, these results cannot be generalized to other populations such as adolescents who left school early or those who entered the work force upon matriculation or universalized. The questionnaire was created for the specific use of this study and has not been validated. Therefore a cautious interpretation of results is necessary. Other limitations include a lack of data relating to the participant's prior sexual experiences, behavior, and attitudes, including masturbation and oral sex. Future research may want to consider the benefits of longitudinal studies following a cohort from before first intercourse through to adulthood focusing on early exposure to sexual education, development of attitudes, experience of masturbation and other sexual behavior. It would also be interesting to report on how experiences of subsequent intercourse vary from initial intercourse for men and women. It is also vital that similar studies be conducted with gay, lesbian, and bi-sexual youth and other marginalized populations that certainly have unique aspects of social constructions of sexuality. Overall, despite the limitations and small scope of this study the current findings have several critical implications.

Given some of the differences found between men and women and between Canada and the U.S. it seems diligent to invite young people to engage in critical thinking around these issues. Having individuals explore societal, cultural, political, and religious meanings attached to first intercourse allows them the opportunity to not only investigate their own values but how they are situated

within a larger context. Along the same lines it would be prudent to open up conversations around expectations and personal definitions of emotional and physical satisfaction. The ability to actively participate in creating meaning empowers youth to become involved in negotiating their own experiences of first intercourse and also the interpretation of such experiences. The current findings could be presented, not as a way to shape their own decisions or set out norms and standards, but as a platform to explore where and how personal and public aspects of sexuality overlap for themselves. Armed with the knowledge that sexual expectations and gender roles are intricately linked with culture and politics provides hope for youth, educators, health care providers, and therapists that change lies within the power of the individual and that Canada may one day enjoy a more equal construction of sexuality.

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Chapter 4

Age and Education and Emotional Response to First Intercourse

Age and Education and Emotional Response to First Intercourse

Jill J. Green, Gretchen C. Hess, Brea L. Murray, & Sara Plume
University of Alberta
Edmonton, Canada

First Intercourse

The first time an adolescent engages in sexual intercourse results in a change in sexual status that only occurs once in each individual's life (Udry & Billy, 1987). This encounter may either be a positive or negative experience for the individual.

Gender Differences

For almost 30 years data has been gathered on adolescent sexual behaviour. Despite a converging trend of similar first sexual experiences for men and women (Earle & Perricone, 1986) a gender difference still exists regarding emotions felt after first sexual intercourse, such that females consistently report more negative emotions than do males (Darling, Davidson, & Passarello, 1992; Woody, D'Souza, & Russel, 2003).

Implications

Research has indicated that negative feelings, such as guilt and anxiety, are correlated with an increased abortion rate and affect proper contraception use (Mosher, 1979). In addition, Koch (1988) has demonstrated that the factors surrounding an individual's first sexual intercourse significantly affect future sexual concerns and functioning. First intercourse also carries a culturally symbolic meaning and is thought to be a significant even in one's sexual development (Carpenter, 2001).

Other Considerations

Given the staying power and importance these findings have on women's sexual health several explanations have been offered as to why females consistently report more negative feelings. These include ideas around early masturbation experience, ability to achieve orgasm, subjective experience of pain, and type of relationship (Sprecher, Barbee, & Schwartz, 1995).

Past Research

Despite the significance and possible consequences these gender differences may have on both males and females sexual health research has remained limited. Of that conducted research has generally focused on either participants from the United States or high school students. Although it may be tempting to assume that a Canadian population may be similar it does not account for political, religious, and educational differences. On the same note, data collected from strictly high school populations only reflect the experience of those who have decided to engage in sexual intercourse at that time. What would result if Canadian University students reported their emotional response after first coitus?

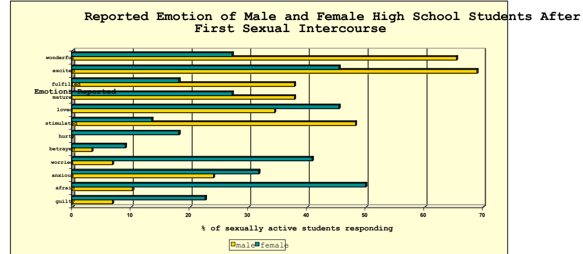
Tsui and Nicoladis (2004) asked Canadian university students about their first sexual experience and report that women did not differ from men in emotional satisfaction or their overall rating of the experience. This is in stark contrast to previous findings and suggest age and/or education to be possible moderating variables.

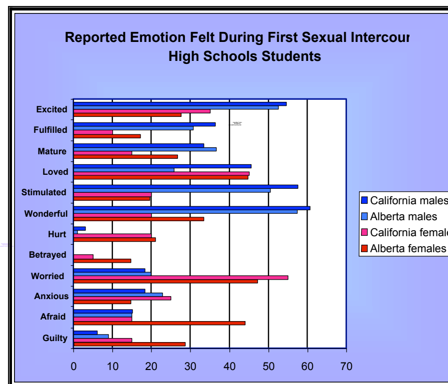
Next Step

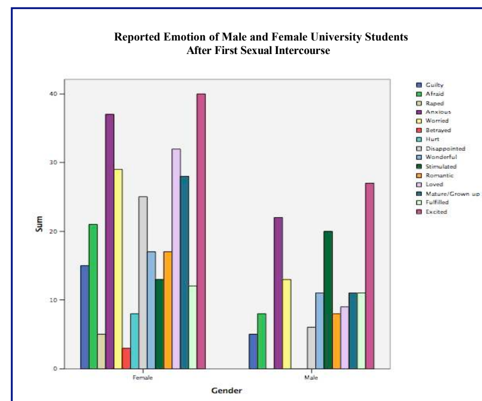
The purpose of this current research is to explore more specific emotions felt after first intercourse from a Canadian university population and compare the findings with similar research conducted with Canadian high school students. In addition, other factors such as contraception use, drug/alcohol use, and type of relationship will be examined.

The university students (N = 140) reported having first sexual intercourse later (mean age = 17.7 years) than the younger students (mean age = 14.5 years) and generally felt that the age at which they had first sex was appropriate. Preliminary results indicate female participants reported less negative emotional responses and more positive emotional responses to their first experience. Further analyses need to be completed, however, initial results indicate that age of first intercourse and possibly education may positively affect one's first sexual experience and in turn future sexual health. In addition, nearly 76% of those who received sex education found it to be "helpful" and 25% changed their behavior as a result.

It has long been hoped by sex educators that age and education would have a positive effect on adolescent's sexual behavior. One interpretation of the initial findings presented here would be that a continuance of sex education programs is supported as is open discourse regarding aspects of sexual health and further research on gender differences.







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Contacts

Jill J. Green and Gretchen C. Hess: Department of Educational Psychology, University of Alberta, Edmonton, Alberta, Canada, T6G 2G5
Email: jjgreen@ualberta.ca or gretchen.hess@ualberta.ca

Age and Education and Emotional Response to First Intercourse

The following is the text, graphs, and references from the poster as presented at the 9th European Society of Contraception Seminar in 2007.

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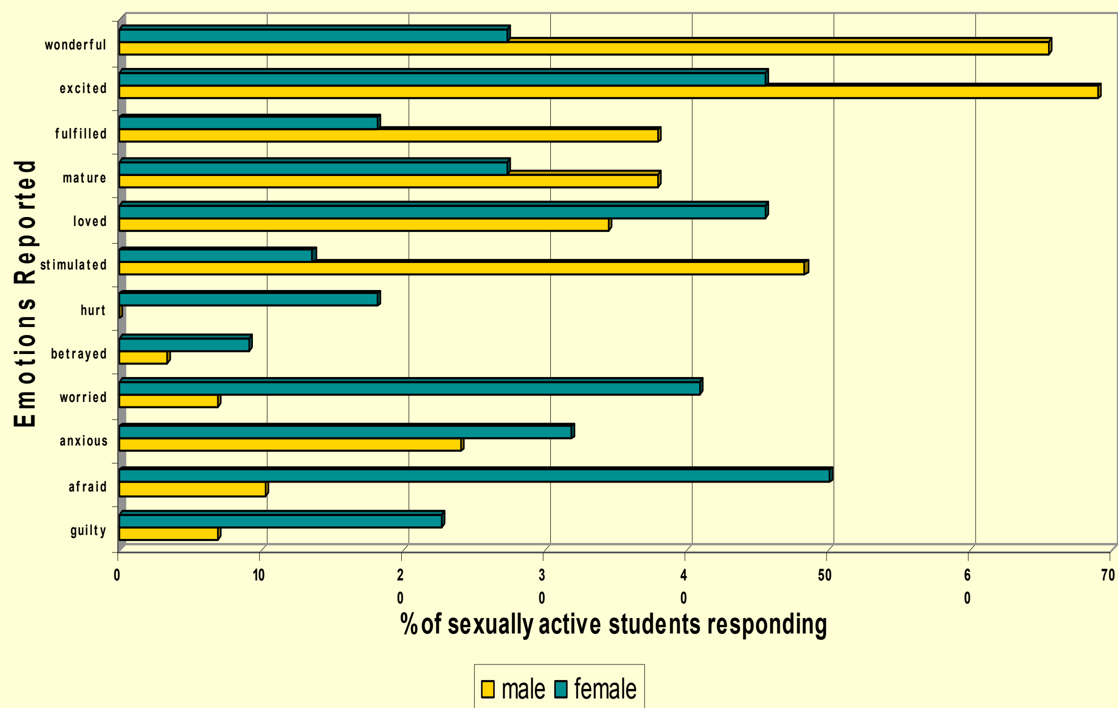
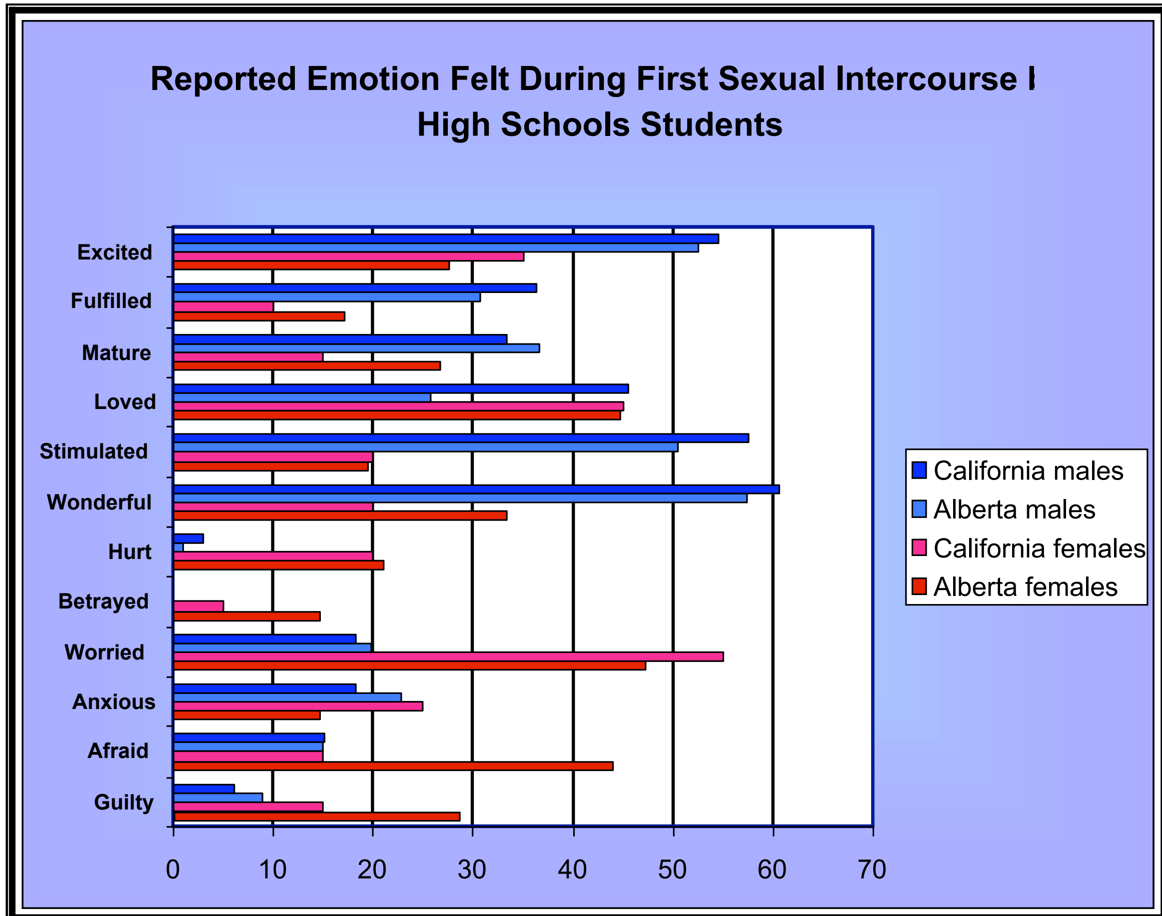

Reported Emotion of Male and Female High School Students After First Sexual Intercourse
Emotions Reported
wonderful
excited
fulfilled
mature
loved
stimulated
hurt
betrayed
worried
anxious
afraid
guilty
0
10
2
0
3
0
4
0
50
6
0
70
% of sexually active students responding
male
female


Reported Emotion Felt During First Sexual Intercourse I
High Schools Students
Excited
Fulfilled
Mature
Loved
Stimulated
Wonderful
Hurt
Betrayed
Worried
Anxious
Afraid
Guilty
0
10
20
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50
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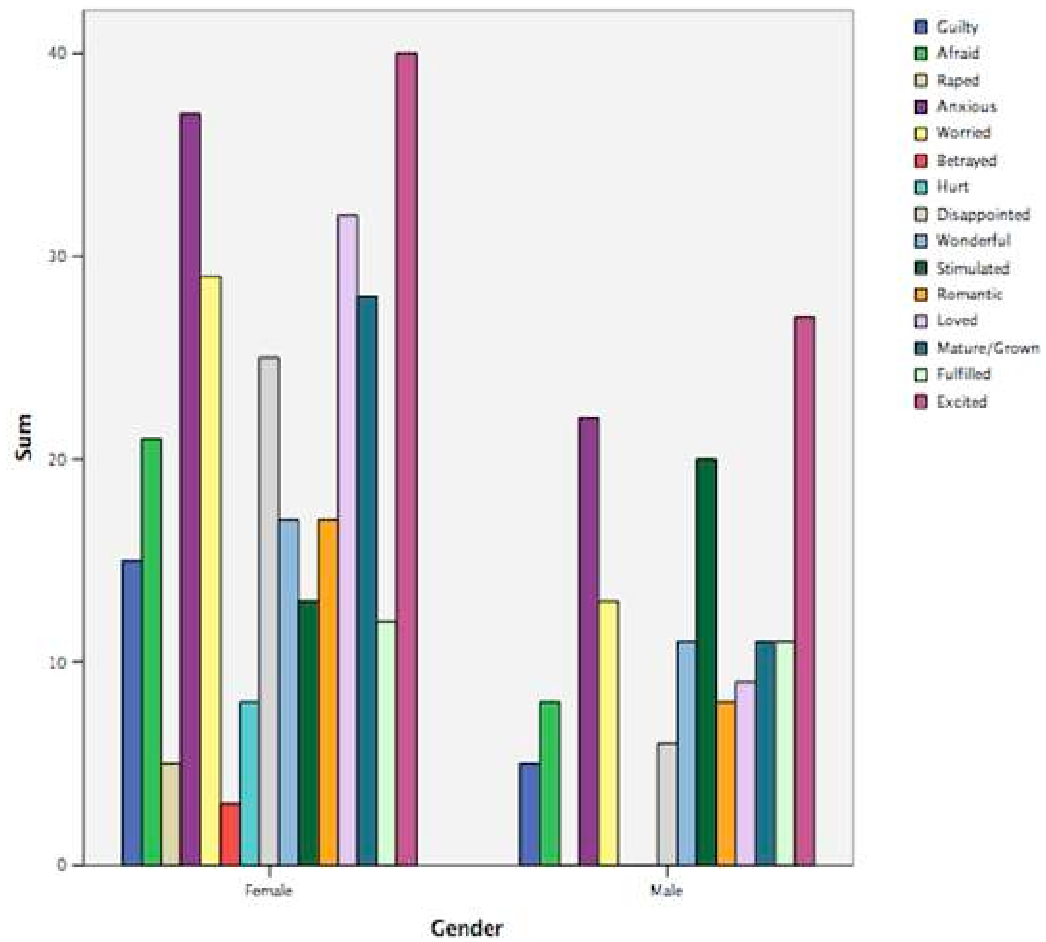
California males
Alberta males
California females
Alberta females

Reported Emotion of Male and Female University Students
After First Sexual Intercourse



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Chapter 5

A Summary, Discussion, and Conclusion of the Project

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The purpose of this research was to evaluate aspects of first intercourse experience among young Canadian university students highlighting gender differences and similarities from a feminist perspective. In the first paper sexual health indicators, such as age at first intercourse, use of contraception, and STI protection, and rates of pregnancy and infection were reported. The second paper provided contextual information regarding participants' sexual debut as well as their personal response to that event. The responses were analyzed from a social constructionist perspective. The third paper offered a snapshot comparison of Canadian and American high school students' emotional responses to first intercourse as well as Canadian university students.

Human sexuality has been researched in many ways throughout the years with significant focus on first intercourse. First intercourse remains a hallmark of sexual development and the focal point of addressing sexual health of young adults. It is an event that is at once intensely private and yet each person brings into that moment beliefs, expectations, and gendered scripts absorbed way before first sex occurs (Carpenter, 2001; Fine, 1997). Even the most intimate moment of first coitus is influenced and structured by larger social phenomena (Amaro, Raj, & Reed, 2001). The importance of studying young adults' experience of sexual debut extends beyond adolescent sexual health. Prior research report the lasting impact first intercourse can have physically, psychologically, and emotionally as young people age into adulthood (Koch, 1988; Mendelsohn and Mosher, 1979; Mosher, 1979).

One of the most important findings as a result of conducting this research is the fact that despite many similarities evidence exists of a continued existence of gendered experiences of first intercourse. Although similarities were found among Canadian male and female responses gender differences existed for items on emotional response to first intercourse, physical satisfaction, length of relationship with partner, and age of partner. Women reported what may constitute a typically westernized dating script of women being with an older partner, waiting longer than men to engage in intercourse, not experiencing an orgasm during first intercourse, and feeling more negative and mixed emotions than men. This points to the existence of the persistent gender script for first intercourse and reflects a social, cultural, and political landscape that maintains said differences.

Another critical finding involves the relatively positive outlook of health indicators for regional young adults in terms of the absence of negative repercussions (i.e., STI, unwanted pregnancy) while the presence of positive aspects of sexuality such as physical satisfaction and positive emotional response were lacking. Taken together these findings guide the larger implications for educators, health providers, therapists, policy makers, and young adults themselves.

Overall, the majority of men and women used some form of contraception/STI protection at the time of first intercourse indicating some success for this particular population in terms of receiving information and access to resources to protect themselves. Continued efforts should be made to provide

quality education and health care options to adolescents and young adults in addition to addressing the importance of continued dual protection. Women tend to bear the brunt of sexual health burdens as well as the responsibility of protection (Wyatt, 1994). As Wyatt (1994) notes, women are often the target for intervention programs, as they tend to have higher rates of STIs and of course face difficult decisions and challenges if they are to become pregnant in their teens. Policies and education should balance strategies of responsibility for men and women and detailed information regarding aspects of male and female bodies as well as protective options available should be made apparent to everyone.

Educators and therapists should avoid endorsing gender role stereotypes with students and clients and steer clear of male centered or “phallocentric” visions of sexuality. It is essential for these professionals to provide islands of reprieve from the ever constant health, science, and entertainment media that promulgate biological basis of gender differences and evolutionary rationales for sex patterns and preferences (Tiefer, 2000). Equipping young people with self knowledge on sexual desire, providing them with the opportunity to explore what’s acceptable and exciting given their personal standards, and teaching them the skills to successfully navigate, avoid, and change current gender scripts will only further empower young adults. Rather than dictating rehearsed sexual norms and traditional gender roles practitioners can do well to help co-create meaning and infuse each interaction with young adults a sense of possibilities, potential, and promise. Offering other ways of thinking, behaving, and responding, while

still allowing each individual to make their own choice, goes a long way in making sure decisions are informed, not predetermined.

Future research may want to continue along this avenue by conducting similar studies within diverse populations. Carpenter (2001) has documented how first intercourse scripts are patterned by gender and sexual orientation. Further examination of first intercourse experiences within the gay, lesbian, bi-sexual community, the transgender, two-spirited, transsexual, and queer community, and within various ethno cultural communities could potentially reveal other pieces of the social construction puzzle of sexuality. It could also be beneficial to assess how concepts of sexuality change or remain the same within one's lifetime. Longitudinal data offers a chance to compare the rejection, acceptance, and negotiation process of sexuality that everyone experiences regardless of virginity status, sexual orientation, and gender. It could also provide the opportunity to evaluate whether sexual gender roles are further ingrained as one ages or if self awareness and development shed light on these social expectations and a refutation takes place.

Finally, Thompson (1994) found that women who expressed sexual curiosity, desire, and pleasure as a part of first intercourse were empowered to make plans to have more satisfying sex. These women look forward to first intercourse and prepare for it by obtaining contraception and STI protection. On the other hand, Thompson (1994) found that women who found first intercourse disappointing, painful, and boring generated depressive symptoms and were not eager to recall their sexual debut. These women had decreased probabilities of

practicing effective contraception as they did not prepare or look forward to sexual initiation. They viewed first sex, not as a consensual act, rather as an inevitable moment of giving in. A study on men and women who appear to think and behave differently than expected, given their identified gender, may help illuminate characteristics that serve to buffer and protect individuals from blindly following societal norms.

Continued research on accounts of first intercourse will serve both men and women as the sexual double standard or other gendered scripts affects the whole of society. No one is free if even one person is oppressed and limiting sexual expression is constricting and damaging to both genders. The term “glass ceiling” exists for double standards within the workplace, while perhaps the “glass bedroom” befits the existing sexual double standard and highlights how bedroom activity is not separate from the outside world of politics, science, and culture.

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APPENDIX A

SEXUAL HEALTH QUESTIONNAIRE

Thank you for deciding to participate in this study. All of the information you provide here will be kept strictly confidential and anonymous. You may skip or not answer any questions and you may terminate participation at any time with no penalty. If you have any questions, please ask.

Age: ____ Gender: ____F ____M

Did you ever receive sex education in junior or senior high school?
_____Yes
_____No (If no, please continue onto Section 1)

If yes, do you believe it was helpful?
_____Yes
_____No

If no, how do you believe it could have been more helpful? Please be specific
____
____
____

Did you change your sexual behavior in any way as a result of the sex education you received?
_____Yes
_____No

Section 1: This set of questions pertains to the <u>first</u> time you had consensual heterosexual intercourse. Please circle or check off the answer that best represents your experience. If you have never had consensual heterosexual intercourse please go to Section 3 of the questionnaire on page 7.

1. Have you ever had consensual heterosexual intercourse?
   _____Yes (If yes, please continue with question #2)
   _____No (If no, please go to the Section 3 on page 7)

2. How old were you the first time you had consensual heterosexual intercourse? _____ years old

3. How old was your partner at this time? ______ years old

4. Was this your partners first time having consensual heterosexual intercourse?
   _____Yes

_____No
_____I don't know

5. At the time of first intercourse did you achieve orgasm?
_____Yes
_____No
_____I don't know
_____I can't remember

6. Did your partner achieve orgasm?
_____Yes
_____No
_____I don't know
_____I can't remember

7. The following adjectives have been used by young people to describe their first sexual experience. Please check off the one or ones that you feel best describe your emotions at the time of your first encounter with sex. Check as many as you feel best describe your emotions at that time.
_____Guilty
_____Afraid
_____Raped
_____Anxious
_____Worried
_____Betrayed
_____Hurt
_____Disappointed
_____Wonderful
_____Stimulated
_____Romantic
_____Loved
_____Mature, Grown up
_____Fulfilled
_____Excited
_____Other, please elaborate___________________________________

8. Did you feel physically satisfied with your first intercourse experience?
_____Yes
_____No
_____Not sure

9. Did you feel emotionally satisfied with your first intercourse experience?
_____Yes
_____No
_____Not sure

10. Do you regret having shared your first intercourse experience with this person?
_____Yes
_____No
_____Not sure

11. Looking back, how do you feel about the timing of your first sexual experience?
_____I was about the right age
_____I was too young
_____I was too old
_____I don't know

12. Was your first sexual experience similar to how you expected it would be?
_____Yes
_____No, it was better than I expected
_____No, it was worse than I expected
_____I don't know
_____I can't remember

13. Overall how would you rate your first intercourse experience?
_____Perfect
_____Good
_____Not good or bad
_____Bad
_____Awful

14. What kind of contraception did you and your partner use? Check all that apply.
_____Condom
_____Birth control pill
_____Diaphragm
_____IUD
_____Foam or jelly
_____Withdrawal
_____Nothing
_____Other, please elaborate_________________________________

15. Did you or your partner become pregnant as a result of your first sexual experience?
_____Yes
_____No
_____I don't know

16. Did you become infected with a sexually transmitted infection (or STD) as a result of this experience?

_____Yes
_____No
_____I don't know

17. Did you drink any alcohol prior to having sex?
_____Yes
_____No
_____I can't remember

18. If yes, how many drinks did you consume?
_____1-3
_____4-7
_____8+

19. At the time of first intercourse were you on any drugs?
_____Yes
_____No
_____I can't remember

20. What was the relationship status with your partner at the time of first intercourse?
_____Married
_____Engaged/Fiancé
_____Serious dating partner
_____Casual dating partner
_____Friend
_____Casual acquaintance
_____Just met that day

21. At the time, how long had you and your partner been in a relationship?
_____Over 1 year
_____9-12 months
_____4-8 months
_____1-3 months
_____1 week to 1 month
_____Less than a week

22. At the time did you consider yourself to be "in love" with this person?
_____Yes
_____No
_____Not sure

23. What is your relationship to this person now?
_____Spouse
_____Girlfriend/Boyfriend
_____Friend

_____Acquaintance
_____No relationship
_____Other, please elaborate___________________________________

Section 2: The next set of questions pertains to the most recent time you had consensual heterosexual intercourse. Please circle or check off the answer that best represents your experience. If your most recent sexual experience was also your first sexual experience you do not need to answer these questions and you have finished the questionnaire.

1. How old were you the last time you had consensual heterosexual intercourse? _____ years old

2. How old was your partner at this time? _____ years old

3. Was this your partners first time having consensual heterosexual intercourse?
   _____Yes
   _____No
   _____I don't know

4. During your most recent sexual intercourse experience did you achieve orgasm?
   _____Yes
   _____No
   _____I don't know
   _____I can't remember

5. Did your partner achieve orgasm?
   _____Yes
   _____No
   _____I don't know
   _____I can't remember

6. The following adjectives have been used by young people to describe their most recent sexual experience. Check as many as you feel best describe your emotions at that time.
   _____Guilty
   _____Afraid
   _____Raped
   _____Anxious
   _____Worried
   _____Betrayed
   _____Hurt
   _____Disappointed
   _____Wonderful

_____Stimulated
_____Romantic
_____Loved
_____Mature, Grown up
_____Fulfilled
_____Excited
_____Other, please elaborate_______________________________

7. Did you feel physically satisfied with your most recent intercourse experience?
_____Yes
_____No
_____Not sure

8. Did you feel emotionally satisfied with your most recent intercourse experience?
_____Yes
_____No
_____Not sure

9. Overall how would you rate your most recent sexual experience?
_____Perfect
_____Good
_____Not good or bad
_____Bad
_____Awful

10. What form of contraception did you and your partner use? Check all that apply.
_____Condom
_____Birth control pill
_____Diaphragm
_____IUD
_____Foam or jelly
_____Withdrawal
_____Nothing
_____Other, please elaborate__________________________________

11. Did you or your partner become pregnant as a result of your most recent sexual experience?
____Yes
____No
____Not sure

12. Did you become infected with a sexually transmitted infection (or STD) as a result of this experience?

_____Yes
_____No
_____Not sure

13. Did you drink any alcohol prior to having sex?
_____Yes
_____No
_____I can't remember

14. If yes, how many drinks did you consume?
_____1-3
_____4-7
_____8+

15. At the time of your most recent intercourse were you on any drugs?
_____Yes
_____No
_____I can't remember

16. What was the relationship status with your partner at the time of your most recent sexual experience?
_____Married
_____Engaged/Fiancé
_____Serious dating partner
_____Casual dating partner
_____Friend
_____Casual acquaintance
_____Just met that day

17. At the time, how long had you and your partner been in a relationship?
_____Over 1 year
_____9-12 months
_____4-8 months
_____1-3 months
_____1 week to 1 month
_____Less than a week

18. At the time did you consider yourself to be "in love" with this person?
_____Yes
_____No
_____Not sure

19. What is your relationship to this person now?
_____Spouse
_____Girlfriend/Boyfriend
_____Friend

_____Acquaintance
_____No relationship
_____Other, please elaborate____________________________________

20. Please tell me anything else I need to know about this topic that I haven't already asked you.

Stop here. You have now completed the questionnaire. Please hand it in. Thank you for participating.

Section 3: For those who have not had consensual heterosexual intercourse this set of questions pertains to your expectations about the first time that you experience consensual intercourse whether heterosexual or homosexual.

1. What kind of relationship do you expect to share with your first intercourse partner?
_____Married
_____Engaged/Fiancé
_____Serious dating partner
_____Casual dating partner
_____Friend
_____Casual acquaintance
_____Just met that day

2. Do you think that you and your partner will discuss having intercourse beforehand?
_____Yes
_____No
_____Maybe
_____Not sure

3. Do you think that you and your partner will discuss contraception use before having first intercourse?
_____Yes
_____No
_____Maybe
_____Not sure

4. How do you think this discussion will occur?
_____I will bring it up first
_____I will bring it up but only if my partner doesn't
_____I will not bring it up even if my partner doesn't
_____I want my partner to bring it up

5. At the time of first intercourse do you expect to achieve orgasm?

_____Yes
_____No
_____Not sure

6. The following adjectives have been used by young people to describe their first sexual experience. Please check off as many emotions that you expect you might feel after your first intercourse experience?
_____Guilty
_____Afraid
_____Raped
_____Anxious
_____Worried
_____Betrayed
_____Hurt
_____Disappointed
_____Wonderful
_____Stimulated
_____Romantic
_____Loved
_____Mature, Grown up
_____Fulfilled
_____Excited
_____Other, please elaborate________________________________

7. Please tell me anything else I need to know about this topic that I haven't already asked you

You have now completed the questionnaire. Please hand it in. Thank you for your participation.

APPENDIX B

INFORMED CONSENT AND DEBRIEFING FORM

Thank you for deciding to participate in this study. This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB c/o Betty jo Werthmann at (780) 492-2261.

Purpose of the Study:

The purpose of this study is to better understand the possible factors that may influence one's sexual health. The aim of this study is to increase the awareness and knowledge of factors contributing to youth's sexual health. This research study fulfills part of the principal investigator's, Jill Green, master's degree requirements.

What Will I Be Asked To Do?

Participation is this study involves answering questions related to your sexual history in the form of a pen and paper questionnaire. Completing the questionnaire should take approximately 10 minutes in total. There are no right or wrong answers, but please be open and honest with your responses. Your opinion is very important to us. Your participation is completely voluntary, and it is your right to refuse to participate in whole or in part, and you may withdraw from the study at any time without penalty or consequence.

What Type of Personal Information Will Be Collected?

Should you agree to participate, you will be asked to provide demographic information and information related to the first and most recent time you engaged in sexual intercourse.

Are there Risks or Benefits if I Participate?

Participation in this experiment does not involve any foreseeable risk, harm, or inconveniences.

What Happens to the Information I Provide?

Participation is completely voluntary, anonymous, and confidential. You are free to discontinue participation at any time during the study. No one except the researcher and her supervisor will be allowed to see any of the answers to the questionnaire. There are no names on the questionnaire. Only group information will be summarized for any presentation or publication of results. The

questionnaires are kept in a locked cabinet only accessible by the researcher and her supervisor. The anonymous data will be stored for five years at which time it will be permanently destroyed.

In signing this form I fully understand that I am participating in this study. In exchange for my time I expect to gain some understanding of research and some of the ideas currently being explored in sexology. If, after the study I have concerns regarding this experience, I may register my concerns with the Chair of the EEA REB c/o Betty jo Werthmann at (780) 492-2261. She will insure that my comments are acted upon with no fear that I will be identified personally.

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print)

____

Participant's Signature:______________________ **Date:** _______________

Researcher's Name: (please Print)

____

Researcher's Signature:________________________ Date: _______________

Questions/Concerns
If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Ms. Jill Green
Department of Educational Psychology, Faculty of Education
jjgreen@ualberta.ca

Dr. Gretchen Hess
Department of Educational Psychology, Faculty of Education
(780) 492-2535 Gretchen.hess@ualberta.ca

If you have any concerns about the way you've been treated as a participant, please contact the Chair of the EEA REB c/o Betty jo Werthmann at (780) 492-2261.

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Referrals
If you feel the need to discuss anything as a result of participating in this research study please feel free to contact the University of Alberta's Student Counseling Services at (780) 492-5205 located at 2-600 Students' Union Building to set up an appointment. Or call the Distress Line 24 hours a day at (780) 482-(HELP) 4357.