

## SOCIAL SEXOLOGICAL RESEARCH

Evert Ketting<sup>1</sup>, Theo Sandfort<sup>2</sup> and Fred Deven<sup>3</sup>

*During the past 25 years a considerable number of studies in the field of social sexology have been done in the Low Countries. Initially, research was focused on problems resulting from a restrictive sexual morality. During the 1970s attention shifted to the rapid process of sexual liberalization and its practical consequences, such as the need for family planning education and services. The past decade of social sexological research was largely dominated by two issues: sexual abuse and the spread of STD, including AIDS. As most of these studies have been published in the Dutch language only, they have not sufficiently added up to the international body of knowledge. This is regrettable because, particularly The Netherlands is now characterized by an open and permissive attitude regarding sexuality, which gives it quite a unique position in the world, not just in terms of attitudes and behaviour, but also in terms of research possibilities. For that reason, international comparative and collaborative research including the Low Countries should be stimulated in the future.*

Social Sexology is a rather vaguely defined area of theory and research, and it seems wise not to try using sharp criteria to define its boundaries. These should be left more or less open, to allow for innovative ideas and new phenomena in society to be included in it. However, sexologists are rather unanimous about the core of social sexology, being the study of sexual behaviour, motivation and the problems and questions directly related to these throughout the general population. In practice, this means most social sexological studies are based on surveys in (certain segments of) the general population.

For the purpose of this review of social sexological research, it has been decided to distinguish five sub-areas: sexual behaviour and motivation, adolescent sexuality, family planning behaviour, child sexuality and sexual contacts between adults and children and, finally, sexuality in the context of AIDS and other STD's. The rationale of this differentiation is merely practical and inductive, as it starts from the body of research which is actually available. Furthermore, this review covers the period from the late 1960s till now. Earlier, there was hardly any social sexological research; the few earlier studies were medical, psychiatric or ethical. The whole period is included

1. E. Ketting, PhD. Netherlands Institute of Social Sexological Research (NISSO), Da Costakade 45, 3521 VS Utrecht, The Netherlands.
2. Th.G.M. Sandfort, PhD. Department of Gay and Lesbian Studies, University of Utrecht, PO Box 80140, 3508 TC Utrecht, The Netherlands.
3. F. Deven, PhD. Population and Family Study Center (CBGS), Markiesstraat 1, B 1000 Brussels, Belgium.

because there is much continuity in this research, and consequently it is hard to understand research in 1980s without referring to earlier studies. Preference is given, as much as possible, to English language references. They often summarize the original more extensive reporting in Dutch.

Some areas that could have been included have deliberately been left out, and some others, particularly homosexuality, are discussed in other contributions to this issue. The main areas that have been excluded are the historical, the ethical and the sheer theoretical ones.

### **Sexual behaviour and motivation**

Research on sexual behaviour, attitudes and related subjects among the general population of the Netherlands was started in 1968, when the then largest women's weekly "Margriet" commissioned a national survey (Noordhoff et al., 1969). This national representative survey involving a sample of 1284 men and women, aged 21-65, is better known as the (first) SIN-survey (Sex in the Netherlands). Besides adults, also 809 youngsters aged 16-20, were interviewed; this part of the study is discussed below. The SIN-study was repeated, in a modified or extended way, in 1974 (teenagers only), 1981 and 1989. Together, these surveys present a fairly accurate description of major social and demographic correlates of sexual attitudes and behaviour, and an overview of changes in these variables over time.

In Flanders, this topic was never specifically addressed for the adult population. However, interesting data on the meanings 20-44 year old women attributed to intercourse were collected in the mid-seventies. They were also asked about the type of excitement – if any – they experienced during intercourse (Van Maele & Deven, 1983). Udry et al. (1982) used the same data set to look cross-nationally at the relative contribution of female and male age to the decline in frequency of marital intercourse. Van Loon and Deven (1979) confirmed the hypothesis that social desirability is at play in how women and men perceive the preferred frequency of intercourse of their spouse.

The first SIN-survey had been strongly inspired by the famous studies of Alfred Kinsey and his colleagues. It also reflected the main interests and concerns in society regarding sexuality at the time. Major issues in the first report included masturbation, premarital and extramarital sexual contacts, sexual desires, prostitution, homosexuality, contraception and (illegal) induced abortion (Noordhoff et al., 1969). Interestingly, the authors of this first social sexological study in the Netherlands had different scientific backgrounds, including sociologists, psychologists and medical doctors.

The data of the 1968 SIN-survey were analyzed and commented on in more detail by Kooy (1975), who put those data in a theoretical perspective of changing family relationships, declining moral influence of religion in society and growing social equality between the sexes.

The second SIN-survey, conducted in 1981 (Kooy et al., 1983), predominantly had the character of a trend report. Compared with 1968, the main trends observed were growing tolerance of different kinds of sexual behavior and more equality in

heterosexual relationships. Secularization seemed to be the most important background factor to these changes.

In 1989 a third survey in this series was made by the NISSO and the University of Utrecht, in collaboration with the Municipal Health Service of Amsterdam (Sandfort and Van Zessen, 1991). Fear of the spread of the HIV-virus among the general population and a need for knowledge to underpin prevention programs were the immediate reasons for this study. Because of these, this study differs from the earlier SIN-surveys in several respects.

At the newly founded NISSO Frenken started a theoretically relevant social sexological research program in 1968. After a pilot study of 107 married men and women from the general population, Frenken proceeded with structured interviews among 250 married men and women in 1970 and again in 1972 (Frenken, 1976). This combination of studies focused on inter-dependencies between sexual behaviour, experience and attitudes, that were interpreted within a social psychological theoretical framework. The old theory of biologically determined impulses as the main source of sexual motivation and appetite was rejected and replaced by a theory of socialization and learning processes. Based on his empirical evidence, Frenken constructed three "Sexual Experience Scales" (SES), measuring sexual morality, psychosexual stimulation and sexual motivation. Furthermore, a scale measuring "Attraction To Marriage (ATM)" was derived from the research data. This study indicated that a restrictive sexual morality is related to a tendency to avoid situations in which one is confronted with internal or external psychosexual stimuli, and also to a lack of desire to have coitus with the marriage partner and impairments to enjoy it.

Frenken's study is a typical product of the aftermath of a sexually restrictive era, its primary interest being the negative consequences of a restrictive cultural climate on sexual joy and fulfilment. After the changes in that climate during the 1970s, in a much more open and positive direction, the general and scientific interest in sexual (self-)repression dwindled and was more or less replaced by an interest in the differences between the sexes regarding sexual experience, as exemplified by Vennix (1989).

Besides its theoretical virtues, Frenken's study has been relevant methodologically (Frenken and Vennix, 1976), and therapeutically. The SES have been widely used for diagnostic and evaluation purposes (Vennix, 1986). With the social philosopher Kwant, Frenken published a popular version of his study (Frenken and Kwant, 1980).

In his study of 1981, Vennix (1985) continued and at the same time significantly altered Frenken's theoretical approach. Several questions of Frenken's study were repeated in this survey among 548 (middle class) men and women, rendering the possibility to detect changes during the previous decade. However, unlike Frenken, he focused primarily on differences between men and women, in the meaning they give to sexuality, their experience with it and their perceptions of masculinity and femininity. Vennix (1989) attempts to broaden the narrow and male-dominated definition of sexuality. He tries to do so through a critical evaluation of the literature, through the construction of new scales to measure sexual feelings and experiences

(Vennix, 1983), and by analyzing his survey data.

In broadening the definition of sexuality to include intimacy, Vennix followed and operationalised the primarily essayistic writings of Jos van Ussel (1970, 1975), a Flemish historical sexologist, who had been quite influential during the 1970s. At the same time, Vennix tried to incorporate elements of the evolving feminist definition of sexuality, particularly that of De Bruijn (1985).

In another NISSO-study (Klem, Frenken and Vennix, 1983) involving a sample of 650 married men and women, the interrelationships of role patterns in and outside marriage and sexual (dis-)satisfaction of both the male and the female partners were investigated.

The influence of the feminist movement on women's sexual experience and satisfaction was studied by Weeda (1987), who surveyed the readership of a feminist monthly.

Finally, the study by Buunk (1980), on the meaning and consequences of extramarital sexual relationships should be mentioned here. He studied 250 people who had had at least one extramarital contact within the past two years. Detailed attention is paid to the causes of extramarital sexual contacts, the jealousies these create, styles of dealing with resulting conflicts, and the final effects on the marital relationship.

### **Adolescent sexuality**

Although the study of adolescent sexuality partly runs parallel to that of adults, it deserves separate attention. This subject has been extensively investigated in the Netherlands and Belgium, in relation to sexual development and the process of building up intimate relationships, sexual education, prevention of unwanted pregnancy and induced abortion and recently also in relation to the prevention of AIDS and other STD's. Sociological rather than psychological approaches have dominated this field of research.

In the Netherlands, the first national representative study on knowledge and attitudes regarding sexuality and sexual behaviour of adolescents was part of the 1968 SIN-survey, mentioned above (Kooy, 1972). The survey was repeated (among adolescents only) in 1974 on the request of a radio station, and again in 1981 as part of the second SIN-survey. In 1989 it was carried out again (by NISSO and the National Institute for Preventive Medicine, NIPG/TNO), but at a much larger scale, and because of the AIDS threat, with a different aim.

The 174-survey data were reported by De Haas (1975), who interpreted them from a (moralistic) educational point of view, and by Kooy (1976) from a sociological perspective. Both authors made extensive comparisons with the 1968 data. These revealed that the behaviour and opinions of youngsters in the Netherlands did change quite substantially during this short period of time. In 1974 it was much more acceptable and accepted among teenagers to engage in sexual relationships than six years earlier.

The 1981-survey data on adolescents were not analyzed before being used, for

historical comparative reasons, in the framework of the much larger 1989 study (Vogels and Van der Vliet, 1990). The latter study differed from the earlier ones in three important respects. The sample included 11.500 youngsters (instead of about 600 to 800 in the earlier studies), it also included the 11 to 14 year old (in addition to the 15-19 age group in the former studies) and, unlike the earlier studies, it started from some theoretical reflections. Like the 1989 SIN-survey among adults, the 1989 adolescent study was motivated by fear of an HIV-epidemic among the general population. For that reason the concept of sexual networking was used as an important theoretical frame of reference in this study. The results show that the AIDS-threat had not (yet?) caused more restrictive attitudes among Dutch adolescents, or a reduction in sexual contacts among them (Vogels and Van der Vliet, 1990). On the contrary, the general trend toward more sexual contacts and the decrease in the mean age at the first contact, observed since 1968, continued uninterruptedly.

Apart from the SIN-studies, the collaborative study of the National Statistical Office and NISSO among a representative sample of 2,500 17-24 year old men and women can be mentioned in this context. This study focused on the development of adolescents toward stable partner-relationships (Leliveld and Ketting, 1984).

Another, theoretically important line of research has been developed by Straver and others (NISSO). In 1974 a large-scale in-depth study among 1000 teenagers and 500 of their parents was launched, which was based on Glaser and Straus's elaboration of symbolic interactionist theory and Simon and Gagnon's approach to psychosexual development (Straver and De Boer, 1978; De Boer, 1978, 1979; Straver, 1980). In this approach the active role of youngsters in shaping their own sexual identity and their sexual relationships is emphasized. Rademakers and Straver (1986) elaborated on this to develop a theory of the "stepwise interaction career". Rademakers (1990) later used this theoretical approach in her study into the causes of ineffective contraceptive behaviour at initial sexual contacts among adolescents.

The research work of Geeraert (1977, 1983, 1987) provides most of the data on adolescent sexuality in Flanders. He documents the shift occurring throughout the 1970s in the beliefs and norms structuring the sexual behaviour of adolescents and young adults. His research, involving 15 to 19 year old boys and girls, clearly documents a trend, especially among girls, toward more "progressiveness". This representative sample of 1984 was recontacted in 1990 to examine the extent to which plans related to living arrangements and sexual behaviour had meanwhile materialized (Corijn, 1990). Verhofstadt-Denève (1984) proceeded along similar lines for adolescents in the province of East-Flanders, carrying out a follow-up survey with an 8-years' interval (Verhofstadt-Denève et al., 1990).

Van Hove et al. (1989) interviewed a representative sample of Belgian 15- to 23-year old boys and girls (N=806) in 1988 at the request of the state secretary of Public Health. They too report about one third of adolescents with no contraceptive use at the time of first intercourse and a general lack of concern for STD-prevention.

Data on sexual and contraceptive behaviour of adolescents, mostly of (university) students, is occasionally provided by research with a more general aim, commissioned by a newspaper, a university or a youth movement (Deven, 1986b).

## Family planning behaviour

From the mid-sixties on, contraceptive use and attitudes have been major issues in social sexological research. Unwanted pregnancy and induced abortion, caused major social, medical and political concerns in both countries. Accordingly, research on contraceptive use has been strongly stimulated during the past two decades. Questions related to the prevalence and prevention of unwanted pregnancy were almost always included in the aforementioned surveys, particularly in those among adolescents. Besides, several studies directly addressed the issue of family planning.

Initially, research in the Netherlands on this issue was mainly done by general practitioners (Bekkering, 1969; Bangma, 1970; Moors, 1970) and family planning doctors (Wibaut, 1975). Social scientists entered the field a few years later. The largest and most elaborate study of contraceptive behaviour in the Netherlands was done in 1974/75 (Fabery et al., 1975-1977), involving a representative sample of 1200 men and women. It revealed that modern methods of family planning had become rapidly accepted, largely irrespective of social status or religion.

At NISSO, family planning, including induced abortion, remained an important research topic. Several studies were done there in close collaboration with Stimezo-Nederland, the national abortion federation, that started its own research program in 1974, directed by Schnabel (1976). Most of the (multitude of) studies on abortion and contraception were done from a medical, legal, demographic, organizational or statistical perspective, and therefore these are not dealt with here. But quite a number of them focused on social and behavioural aspects. However, the sheer number of these studies necessitates selection of the most important ones.

Ketting (1978) studied the role of induced abortion in society as it related to changing patterns of family formation, sexual behaviour after the "sexual revolution", and the emerging modern contraceptive behaviour. Furthermore, an extensive international comparative investigation of the consequences of legal changes regarding abortion in Western-Europe and the USA was made by Ketting and van Praag (1985). This international comparative line of research was continued with a study of contraceptive behaviour throughout Western-Europe (Ketting 1990).

In 1986 a new research program on family planning behaviour was started under the auspices of NISSO, which is still running. Until now four reports appeared from this program, while four others are in preparation. Vennix (1990) carried out a representative survey among 1200 women, investigating these women's experiences and attitudes toward oral contraception. Van Luyn and Parent (1990) studied the rather new phenomenon of women's ambivalence toward childbearing. Lamur et al. (1990) carried out an anthropological in-depth study of sexual and contraceptive behaviour of Caribbean immigrants in the Netherlands. A comparable study among immigrants from Turkey had been finalized a few years before (Sieval, 1985). Finally, Rademakers (1990), by using extensive qualitative interviews, gave an account of the social and psychological mechanisms underlying the effectiveness of contraceptive behaviour of young girls at the start of their sexual careers.

Contrary to the Netherlands, studies in family planning in Belgium at first mainly had a socio-demographic character. The first NEGO-study (National Survey on Family

Development) was done in 1966 by the Population and Family Study Center. This survey has been repeated roughly every five years. Cliquet (1983) reviewed the main findings of the first four surveys. Deven (1986) has interpreted the findings within a framework of the changing legal and actual status of planned parenthood in Belgium. These surveys document the contraceptive transition in Flanders (Cliquet and Lodewijckx, 1986) and the shift in contraceptive pattern at first intercourse (Lodewijckx, 1987).

The successive NEGO-studies expanded over time in terms of samples (partners of the female respondents were included) and in terms of scope (e.g. gender roles and the value of children). At present, the fifth NEGO-survey is being carried out in Flanders, including a representative sample of 20 to 40 year old women (N=3000) and men (N=2000). Its framework and questionnaire serve as a baseline for a new round of fertility and family surveys in the early nineties in Europe (C.B.G.S. 1990).

To conclude, it can be noted that although family planning behaviour is generally felt to be a marginal topic in the field of social sexology, in practice it has been the most extensively studied area. Probably this is because problems in this area are of major social and political concern. As family planning behaviour is closely related to sexual behaviour, it should be accounted for as an integral part of social sexology.

### **Child sexuality and sexual contacts between adults and children**

Research into child sexuality is relatively underdeveloped (Sandfort, 1984a). However, several interesting studies have been carried out in the Netherlands. As elsewhere, several studies have been done about sex-roles and gender identity formation. These studies fall outside the scope of this review.

De Bruijn (1972) did an explorative study into different aspects of body experience – of relevance to satisfactory sexual experiences – among a group of boys and girls between 10 and 15 years old. She showed that a vague sense of boundary between a person and the environment was related to less trust in one's own body.

In 1990, readers (i.e. parents) of the magazine "Ouders van Nu" (Parents Today), were asked to fill out a questionnaire about their children's sexual behaviour and attitudes about sexual education (Cohen-Kettenis and Sandfort, 1991). The parents' observations of the sexual behaviour of their children in the ages of 0 to 7 years, showed differences between the sexes and differences related to age. In this young age group a sexual interest dimension was found. This appeared to be independent of gender and age.

Attitudes and behaviour of parents were the subject of a study carried out in Flanders by Geeraert (1986) among 486 mothers of 19 year old adolescents. He asked them retrospectively about their attitudes and behaviours related to the early sexual development and the sex education of their children, which had taken place during the sixties. The data overall reflect patterns of uncertainty and denial related to issues such as 'sexual games', the child touching and asking for a name of his or her genitals, parents showing themselves naked or their (physical) intimacy to their child. The survey by Cohen-Kettenis and Sandfort (1991) showed less uncertainty. The latter study was carried out among a relatively highly educated and well-

motivated readership but also, probably most important of all, at a different point in time. Striking among the Dutch findings is that in spite of the relatively open attitude towards homosexuality, 67% of the parents would find it difficult to accept their child to have homosexual leanings.

Another way to gain insights in the sexual development of young people is to study the questions they ask themselves. In this way Wafelbakker (1980) studied an advisory section in a magazine. In the same way Huntjens and Sandfort (1987) surveyed the questions teenagers asked anonymously to a telephone hotline. Most of the calls had to do with personal and sexual problems of the children. Children also asked a lot of informative questions regarding love and sexuality without a direct personal relevance. Some boys used the hotline as a sex phone, with the purpose to achieve sexual excitement.

Sexual contacts between adults and children have been the topic of several studies. Unlike most studies in other countries, these contacts have not been considered to be abusive by definition. Sandfort (1982, 1984b, 1987) studied the experiences of twenty-five 10 to 16 year old boys, who were involved in sexual relationships with adult men. Almost all of them indicated to experience the sexual contacts as predominantly positive. The contacts did not have a negative influence on their sense of general well-being. None of the boys perceived in these contacts any kind of misuse of power or authority by the adults. The friendships also fulfilled several personal needs of the boys. Although these results are limited with respect to general applicability, they counterbalance the predominant notion that all adult-child sexual involvement is abusive.

In another study, Sandfort (1988, 1991) used a much broader design. To study the possible influences of voluntary as well as non-consensual sexual experiences before the age of sixteen, he interviewed 283 male and female subjects aged 18 to 23 years. Subjects were recruited in two different ways: a random sample and a group of subjects, approached via a variety of channels, who had had sexual experiences with adults. Controlling for the potential influences of other factors such as sex education or family climate, these sexual experiences seemed to influence sexual functioning at a later age. Voluntary experiences, irrespective of the age of the partner, seemed to have positively influenced sexual desire, arousal and anxiety. Non-consensual experiences seemed to have caused sexual problems in later life and also more general psychosomatic complaints. If these experiences had been more severe, these negative effects were stronger. Non-consensual contacts with peers seemed on average to be less severe than the non-consensual experiences with adults. Methodological issues restrict the solidity of the conclusions. Based on the same data, Goddijn and Sandfort (1988) showed the importance of the opportunity to express one's feelings about sexual traumatic experiences in order to diminish the psychosocial complaints in later life.

Draijer (1988, 1990) studied, also in a retrospective design, the prevalence of sexual abuse of 1054 girls in the general population and the longterm impact of these experiences. Her results show that one out of six or seven subjects had at some time unwanted sexual experiences of one kind or another, with one or more relatives. Sexual abuse by non-relatives occurred more often (24%). The family backgrounds

of the girls with abusive experiences within the family resembled the background of the other girls. However, in the families of the abused girls, different standards were set for boys and girls and the sexual atmosphere was more repressive. More striking are the family-dynamic factors: the childhood of the girls abused by relatives are marked by emotional neglect, lack of physical warmth, absence of one of the parents, and other signs of instability and depression. Compared with the controls, the group which has had abusive experiences had a lot of psychic, somatic and sexual complaints. However, not all experiences seemed to be equally traumatic. Of the abused group, 13% reported no complaints of more than average level.

In Belgium the government commissioned a study which looked at the institutional help provided to sexually abused children (Vandewege, 1987). Screening was used as a descriptive strategy of medical, social, mental health and juridical services through a postal questionnaire (48% response, N=628).

### **Sexuality in the context of AIDS and other STD's**

Sexual contact is by definition the way via which STD's are transmitted and also the most important mode of transmission for HIV. This explains the growth of sexological research, in the Low Countries as elsewhere, in the second part of the eighties. As far as data about sexual behaviour were available they were outdated and not specifically collected to gain insights in the determinants of behaviour that furthered the spread of the virus. In the Netherlands, sexological research related to AIDS has primarily been carried out by the Department of Gay and Lesbian Studies (University of Utrecht) and the NISSO.

Before the AIDS-related sexological studies started, Luijkx, Marsman and Van der Rijt (1987) evaluated a Dutch mass media campaign for the prevention of STD's. This longitudinal study shows the negative consequences of restrictive sexual norms for the effective prevention of STD's. People with restrictive norms know less about STD's than permissive persons and they feel less responsible for doing something about it. The small effects of the campaign between pretest and posttest seemed to disappear in the follow-up.

In the Low Countries, men with sexual contacts with men were and still are the group among which AIDS has found most of its victims. For that reason, this group attracted most of the researchers' attention. At first the studies in the Netherlands had been directed at exploring the way the HIV-virus is transmitted. Receptive and insertive anal contact turned out to be the most salient mode (Van Griensven et al., 1987). In a large sample of homosexual men in Amsterdam, biomedically and psychosocially studied and followed up since 1984, an extensive change in behaviour has been documented in two directions: a decrease in the number of sex partners and a lower prevalence of anogenital contacts (Van Griensven et al., 1989). These changes in behaviour resulted in a decline in seroconversions in the group studied to almost zero in 1987. However, since the end of 1989 there is an increase in the incidence of HIV infection in the same cohort, which seems to be the result of a higher level of unsafe sexual behaviour (Van den Hoek et al., 1990; De Wit et al., 1991a). In depth

interviews with those men who seroconverted indicate the significant role of the use of alcohol and other drugs, as well as the divergent individual background of each seroconverter (Sandfort & Hinssen, 1991). Personality factors like coping styles and health locus of control seemed to be almost completely unrelated to behavioural change. Preceding sexual behaviour seems to be the best predictor of actual behaviour (De Wit et al., 1991b).

In a preliminary study carried out in Belgium (N=263), Vincke (1990) found unsafe sexual behaviour more often among young than among older gay men. During 1989, 379 homosexuals were interviewed extensively within the context of the "Gay Service Research Project", aiming among others to document the lifestyles of homosexual men in Flanders (Mak, Vincke and Bolton, forthcoming).

Sandfort et al. (1991) showed that consistent condom use among gay men in the Netherlands is a joint result of a positive serostatus, condom acceptability, sexual impulse control, supportive social norms, friends who model the behaviour and actual support to use them.

In a quasi-longitudinal telephone survey, De Vroome et al. (1990) followed the changes in beliefs, attitudes and behaviour related to AIDS from spring 1987 onwards. Knowledge regarding use of condoms to prevent HIV transmission increased to a level which can be considered sufficient. The general population seems to opt for monogamy and condom use as preventive measures. The use of condoms rose, especially among persons in non-steady relationships. These observations were confirmed by condom sales figures and STD incidences. However, there seems to remain a discrepancy between the intention to use condoms and actual use.

Sandfort and Van Zessen (1991) describe the sexual behaviour of Dutch citizens (N=1000) in the context of HIV transmission as it relates to: potential risk of transmission, awareness of this risk, knowledge about AIDS, and the endorsement of misperceptions about transmission. Based on their sexual behaviour, 12% of the respondents should be considered to have taken at least some risk of transmission in the year preceding the interview. Of these 124 subjects, 58% rule out completely the chance that they might have been infected. In general, the level of knowledge about AIDS, HIV transmission and prevention measures is rather high. The knowledge of the subjects who have been at risk is slightly greater than of those who had not been at risk. Because the level of knowledge is quite sufficient, this might imply that more intensive prevention strategies should be directed at the subgroups who are relatively more at risk.

Vogels and Van der Vliet (1990) show in their study mentioned earlier that among teenagers sexual morals have not changed under the influence of AIDS. To avoid HIV-infection they think of postponing sex till one has found the right partner, or using condoms during intercourse. In general, however, in fact youngsters do not postpone their first sexual contact. Only a small part of the ones who advise to postpone having sex, has had unsafe sexual contacts. Half of those recommending the use of condoms, do not stick to their own advice. When condoms are used – this is especially in the beginning of affairs, later on many couples switch to oral contraceptives – the most important reason to do so is to avoid pregnancy. Based on a theory of sexual networks, 60% of the 18 or 19 years olds seem to run no risk

whatsoever of getting infected with HIV.

The need for insights in determinants of sexual behaviour has brought some new approaches to the study of sexual behaviour, one being the study of sexual networks (Vogels and Van der Vliet 1990; Sandfort and Van Zessen 1991). Sexual contacts do not take place at random, it is organized in different kinds of networks. The nature, characteristics and density of these networks directly result from sexual partner selection. Knowledge of these networks is relevant for the understanding of the possible spread of HIV-infection.

Another promising approach is the qualitative description of different forms of sexual behaviour. At the NISSO, studies are being carried out to make a description of the negotiations in different locations between male and female prostitutes and their clients, in order to find out to what extent they could take health promoting measures (Vanweesenbeeck and De Graaf, forthcoming). A study on the use of condoms aims to describe the way in which the perception of risk is transformed into health protecting behaviour (Rademakers and Luijkx, forthcoming). A third study is directed at the stepwise course of sexual interactions among heterosexuals and the factors facilitating and inhibiting sexual risk taking (Van Zessen, forthcoming). At the University of Utrecht, De Wit and Sandfort (forthcoming), in a similar, qualitative approach are identifying factors related to risk taking and individual strategies to avoid risks (effective or not) by discussing single sexual encounters, and by comparing safe with unsafe ones among homosexual men.

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