Poverty or promiscuity: sexual behaviour in global context

Kaye Wellings
London School of Hygiene and Tropical Medicine

Training Course in Sexual and Reproductive Health Research
Geneva 2010
Why do we need studies of sexual behaviour?

Kinsey studies 1948-53
Influences on trends in sexual behaviour

- Socio-economic changes:
  - poverty
  - education
  - employment

- Demographic changes:
  - age structures of populations
  - mobility and migration, urban/rural movement; seasonal labour; social and political disruption

- Changes in social attitudes:
  - influence of global communications (eg.Internet), on social norms

- Therapeutic advances:
  - advances in contraception
  - access to FP
  - HIV interventions
Black film-maker confronts the causes of the epidemic killing millions and ‘Africa’s fatal sexual culture spreads Aids’

Joshua leant forward, raising his voice over the blaring music: ‘Myself, when I finish drinking I just go for any girl and have sex with her. I do flesh to flesh. There is no reason of using a condom once I am HIV. I’m dying.’ Joshua was in a Zambian nightclub talking to Sorious Samura, the Bafta award-winning documentary maker from Sierra Leone. Samura had moved to Zambia to live with a family suffering from HIV and AIDS and spend a month working in a hospital where more than half the patients had the disease.

Having carried the body of an infected child from his hospital to the mortuary and seen death and suffering day in, day out, Samura reacted with anger to Joshua’s words. ‘So you’d prefer to take more people with you?’ he shouted. ‘Don’t you have a conscience? Can’t you think you’re destroying the world? You are sinking Africa.’

Joshua remained emotionless and calm. When asked how he would react if someone had unprotected sex with his sister knowing that he was HIV positive he simply said he would ‘feel nothing’. This shocking scene will be aired in a powerful Channel 4 documentary, ‘Living with AIDS’, to be shown a week tomorrow. Samura made the programme to try and find out why AIDS was destroying his continent and after speaking to a number of such men as Joshua came to realise that sexual attitudes played a huge role.

He went further last night, saying that in the pervasive culture, where children start having sex at five, six or seven, ‘success [for men] is measured by the number of women they sleep around with’ and women ‘were disempowered’. He felt qualified to make the controversial comments, he said, because he had grown up in the same environment where it was normal to be promiscuous. ‘The majority of poor people tend to live in single rooms and it is very difficult to have privacy,’ he told The Observer. ‘We [would] see elder members of the family when they were having sex. I grew up in that setting.’

Samura said that many of the youngsters would copy their parents. ‘I was hooked on the game of practising what I saw,’ he said. ‘We used to call the game Mum and Dad. I started having sex when I was seven.’

Samura admitted he went on to have unprotected sex with multiple partners. It was ‘disciplined friends’ and ‘religious Muslims’ who eventually convinced him to change in his 20s. ‘They had to fight me – I was 12 – and I had to talk me out of it and get me to practises monogamous relationships.’ His childhood attitudes remain ubiquitous 20 years on and continue to act as a death catalyst for the disease. According to Samura, Africans have to face up to this if there is any hope for the future.

His stand is controversial; he is pointing the finger at the victims themselves. But he said he was not afraid to make
Sexual and Reproductive Health 2

Sexual behaviour in context: a global perspective
Kaye Wollings, Martine Columbia, Emma Stayner, Sunesho Singh, Zoe Hodges, Sheeal Patel, Nathalie Bajas

Research aimed at investigating sexual behaviour and assessing interventions to improve sexual health has increased in recent decades. The resulting data, despite regional differences in quantity and quality, provide a historically unique opportunity to describe patterns of sexual behaviour and their implications for attempts to promote sexual health at the beginning of the 21st century. In this paper we present original analyses of sexual behaviour data from 39 countries for which they were available. The data show substantial diversity in sexual behaviour by region and sex. No universal trend towards earlier sexual intercourse has occurred, but the shift towards later marriage in most countries has led to an increase in premarital sex, the prevalence of which is generally higher in developed countries than in developing countries, and is higher in men than in women. Monogamy is the dominant pattern everywhere, but having had two or more sexual partners in the past year is more common in men than in women, and reported rates are higher in industrialised than in non-industrialised countries. Condom use has increased in prevalence almost everywhere, but rates remain low in many developing countries.

The huge regional variation indicates mainly social and economic determinants of sexual behaviour, which have implications for intervention. Although individual behaviour change is central to improving sexual health, efforts are also needed to address the broader determinants of sexual behaviour, particularly those that relate to the social context. The evidence from behavioural interventions is that no general approach to sexual-health promotion will work everywhere and no single-component intervention will work anywhere. Comprehensive behavioural interventions are needed that take account of the social context in mounting individual-level programmes, attempt to modify social norms to support uptake and maintenance of behaviour change, and tackle the structural factors that contribute to risky sexual behaviour.

The ability of individuals or couples to pursue a fulfilling and safe sex life is central to achievement of sexual health. Creation of supportive environments in which safe sexual behaviour can take place is vital if the Millennium Development Goals (MDGs) for sexual equality, maternal health, and HIV/AIDS are to be achieved. Conventionally, public health has focused on adverse outcomes of sexual behaviour. As important determinants of fertility patterns and transmission of sexually transmitted infections, sexual behaviours contribute substantially to the burden of disease. The past decade has seen growing attention in the international policy arena to sexual rights, and new standards are being formulated for the creation and maintenance of a sexually healthy society, involving values of dignity, respect, and choice. Information about sexual behaviour is essential to the design and assessment of interventions to improve sexual health. Importantly, too, empirical evidence is needed to correct myths in public perception of behaviours. Yet despite being scrutinised everywhere, sexual behaviour poses challenges for scientific enquiry. The same paradox is
Perception 1

‘Young people everywhere are having sex earlier’

The man on the Clapham omnibus (Wikipedia):

‘a descriptive formulation of a reasonably educated and intelligent but non-specialist person’
Early sexual experience, more likely to be:
- regretted
- unprotected
- non-consensual
- non-autonomous
- disappointing
Proportion having sex before age 15: 1970s vs 1990s

Women

N & C Africa
W Africa
E & S Africa
C.I.T
S America
Asia
Industrialised

Difference between cohorts: * p<=0.05, - p>0.05, ? test not possible
Proportion having sexual intercourse before age 15 by region (reached age 15 during 1995-99)
Trend in proportion of women sexually active by age 15
1975-79 to 1995-99

- Decrease or No Change
- Increase
Trend in proportion of men sexually active by age 15 1975 -79 to 1995-99

Number of countries

Decrease or No Change
Increase

N & C Africa
N & C Asia
W Africa
E & S Africa
S America
C.I.T
Asia
Industrialised
Prevalence of premarital sex: women

This measure not available from survey

Pre-marital sex: women

- <25%
- 25%-49%
- 50%-74%
- 75%+

1:110,000,000
Prevalence of pre-marital sex: men

This measure not available from survey

Pre-marital sex: men

<25%
25%-49%
50%-74%
75%+

MEN

1:110,000,000
Trends in sexual activity and relationship status
Perception 2

‘Areas of high HIV prevalence are those in which there is greater sexual promiscuity’

The man on the Clapham omnibus (Wikipedia):

‘a descriptive formulation of a reasonably educated and intelligent but non-specialist person’
Black film-maker confronts the causes of the epidemic killing millions and

‘Africa’s fatal sexual culture spreads Aids’

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Perception 1

Young people everywhere are having sex earlier
Population distribution by age and sex and number of sexual partners in the past year, 15 to 49 year olds.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>3,000</td>
<td>2,500</td>
</tr>
<tr>
<td>20-24</td>
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<td>35-39</td>
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<td>1,000</td>
</tr>
<tr>
<td>40-44</td>
<td>1,500</td>
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</table>

<table>
<thead>
<tr>
<th>Age Range</th>
<th>No sexual partners</th>
<th>One sexual partner</th>
<th>More than one sexual partner</th>
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<td>25-29</td>
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<td>30-34</td>
<td>4</td>
<td>2</td>
<td>0</td>
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<tr>
<td>35-39</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>40-44</td>
<td>0</td>
<td>2</td>
<td>4</td>
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</tbody>
</table>
Population distribution by age and sex and number of sexual partners in the past year, 15 to 49 year olds.

Uganda

Men

Women

Cameroon

Men

Women

No sexual partners
One sexual partner
More than one sexual partner
Population distribution by age and sex and number of sexual partners in the past year, 15 to 49 year olds.

Uganda

Men

Women

Britain

Men

Women

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No sexual partners</th>
<th>One sexual partner</th>
<th>More than one sexual partner</th>
</tr>
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<tbody>
<tr>
<td>15-19</td>
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<td>20-24</td>
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<tr>
<td>40-44</td>
<td>3,000</td>
<td>3,000</td>
<td>3,000</td>
</tr>
</tbody>
</table>

Thousands
Westerners 'are more promiscuous'

People in western countries tend to have more sexual partners than those in the developing world, a study says.

Monogamy is dominant across the world, but multiple partners are more common in rich countries, according to the study published in the Lancet.

This was despite developing countries having higher rates of sexually transmitted infections and HIV.

London School of Hygiene and Tropical Medicine researchers gathered data from 59 countries for the study.

They said factors such as poverty and mobility had more of a role in sexually transmitted infections than promiscuity had.

But the team added that the findings showed teenagers were not having sex earlier, contrary to popular beliefs.
Sex with many partners?
No thanks, we’re British

Most people are monogamous and the married are the most sexually active, a national study says. David Rose reports

CONCERNS about rises in promiscuity and premarital sex in modern society are unfounded, with monogamy still the dominant pattern of behaviour, research suggests.

The first global survey of sexual behaviour, published today in The Lancet, reveals that there is no universal trend towards earlier sexual intercourse, despite reports of increases in under-age sex and teenage pregnancy.

The research, which included data from 59 countries, showed that most people had only one recent sexual partner even with shifts towards later marriage and cohabiting relationships in most parts of the world.

The findings support data from the Office for National Statistics, published last week, that showed Britain is a largely monogamous society, despite increasing rates of sexually transmitted disease (STDs) and the highest teenage pregnancy rate in Europe.

The ONS found that seven out of ten men and eight out of ten women in Britain have had only one sexual partner in the last year, while one in six men and one in seven women have had more than one partner.

In the majority of countries for which data were available, age at first intercourse had increased for women, and decreased for men, Professor Wellings said.

The ONS findings suggest that the dramatic increase in the number of sexually transmitted infections diagnosed in recent years is due to a minority of promiscuous people, with one in fourteen women and one in eight men reporting having more than one sexual partner in the past twelve months.

The rate of conception among women under 18 in England fell by 11 per cent last year.

STDs were among young adults, deprived or disadvantaged groups and some black and minority ethnic groups.

THE SINGLE LIFE

- Sixteen per cent of British men under 30 reported having no sexual partners in the past year, 23 per cent had just one partner and 12 per cent had more than one.
- Twelve per cent of women under 35 had no sexual partners in the previous year, 41 per cent had one partner and 7 per cent had more than one.
- About 36 per cent of British men aged 16 to 19 and 26 per cent aged 20 to 24 claim to have had two or more partners.
- More than a third of men and women aged 16-24 said that they had abstained from sex during the past year.
- Only 22 per cent of British women reported having sex five times a month or more, against a third of French, Swiss and German women, and 27 per cent of Italians.
- Ten per cent of women under 50 had been sterilised, while 18 per cent of men under 50 had undergone a vasectomy.

- The Lancet
Implications for interventions

• public health strategies need to take account, not only of individual behaviour, but features of the social context: poverty, deprivation, gender inequality

• diversity cautions against transferring public health strategies and interventions from one place to another without tailoring them to the social context
Methodological questions

• How can we detect the extent of bias in data?
• How can we interpret the data?
• How can we ensure that men and women are able to give authentic accounts?
Gender differences

Real differences in behaviour between men and women?

or

Reporting bias: over-reporting by men, or under-reporting by women?
Interpreting trend data: changes between two or more time points may result from:

- differences in methods of data collection
- a change in the social climate influencing reporting
- true changes in behaviour
National Survey of Sexual Attitudes and Lifestyles II

Proportion reporting 1st intercourse before 16, by year of birth for men & women - Natsal I and II
Age at First Sex: Prone to reporting bias

Why do men report more sexual partners in the past year than women?

Pattern 1: minimum reporting bias

In countries with greater gender equality, and symmetrical age structures, numbers of sexual partners reported by men and women are more similar.
Why do men report more sexual partners in the past year than women?

Pattern 2: disparities mainly attributable to age mixing

In countries with a young age structure, older men may have sex with younger women.
Why do men report more sexual partners in the past year than women?

Pattern 3: disparities mainly attributable to reporting bias

In countries with a ‘macho’ culture, men may over-report, and women under-report, numbers of sexual partners
Responses will be improved by:

- assurances of privacy, confidentiality and anonymity
- a non judgmental approach on the part of interviewers
- comfort and ease on the part of interviewers (training)
- awareness of value of data collected
Any homosexual experience

Natsal 1990

<table>
<thead>
<tr>
<th>Method</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face interview</td>
<td>5.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Self completion booklet</td>
<td>6.1%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
How does computer assisted interviewing affect responses?

Computer-assisted self interview compared with pencil and paper

<table>
<thead>
<tr>
<th>Event</th>
<th>Odds ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever had an STD diagnosis</td>
<td>1.14</td>
</tr>
<tr>
<td>Ever had an abortion</td>
<td>1.19</td>
</tr>
<tr>
<td>Ever had homosexual sex</td>
<td>1.26</td>
</tr>
<tr>
<td>Homosexual anal sex last 5 yrs</td>
<td>0.53</td>
</tr>
<tr>
<td>Masturbated within last 4 weeks</td>
<td>0.91</td>
</tr>
<tr>
<td>First heterosexual sex under 16</td>
<td>1.19</td>
</tr>
<tr>
<td>2+ partners last year + no condom</td>
<td>1.20</td>
</tr>
</tbody>
</table>

Johnson et al, 1999; AIDS
Qualitative research

F........ on the computer it seemed easier because it's locked in and no-one else can get into it, whereas on paper they can be found and read and it helped me feel more confident about doing it.
A less costly method: Informal Confidential Voting Interview (ICVI)

Odds ratios for risk behaviours using ICVI

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>OR</th>
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<tbody>
<tr>
<td>New partner last year</td>
<td>1.30</td>
</tr>
<tr>
<td>More than one partner last month</td>
<td>1.78</td>
</tr>
<tr>
<td>more than one current partner</td>
<td>1.37</td>
</tr>
<tr>
<td>Last or previous partner casual</td>
<td>1.69</td>
</tr>
<tr>
<td>Unprotected sex with casual partner</td>
<td>1.53</td>
</tr>
</tbody>
</table>

Gregson et al, 2004
Int: Why do you think you rounded down?

M. Because I know it's not right to have that many partners and ....... I wish I'd never had that many to be honest with you.

(Man, aged 37, 100-200 lifetime partners)