

Trends in sexual risk behaviour among Turkish/Moroccan adolescents in The Netherlands 1990-1995

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Background: in 1990, a national survey on adolescent sexuality showed that Turkish/Moroccan students were at special risk for sexually transmitted diseases. In 1995 the study was repeated. This article describes trends in the safe sex knowledge and sexual behaviour of Turkish/Moroccan students. The results are also seen in relation to those of Dutch students. **Methods:** data were collected from representative samples of students aged 11-18 years old in 1990 and in 1995, using structured questionnaires. **Results:** knowledge about AIDS among Turkish/Moroccan students increased. Boys became more permissive in their sexual attitudes, though the proportion of boys with coital experience did not change. Condom use among boys increased from 49 to 75%. The differences in sexual attitudes and behaviour between Turkish/Moroccan boys and girls increased. The Turkish/Moroccan boys became more similar to their Dutch counterparts, while the Turkish/Moroccan girls did not. **Conclusions:** these results suggest that safe sex education may have advantageous effects on Turkish/Moroccan adolescents' risk of sexually transmitted diseases.

Key words: adolescents, condom use, HIV, sexual attitudes, sexual behaviour

In The Netherlands, as in other Western countries, people from the immigrant communities are often considered as being at special risk for sexually transmitted diseases (STDs) and HIV infection.¹⁻⁷ Turkish and Moroccan men in The Netherlands are overrepresented in the total population of STD patients.^{8,9} The STD prevalence is 3.4 times higher in Turkish men, compared to Dutch men.⁴ A nationwide survey in 1990 showed that only half of Turkish and Moroccan adolescents knew that condoms reduce the risk of HIV infection.^{10,11} The condom use of Turkish and Moroccan boys was low compared to that of Dutch boys and large differences in sexual attitudes and experience between the Turkish and Moroccan boys and girls were found. A replication of this survey in 1995 showed an increase in permissiveness and in the number of sexual partners among Dutch adolescents, but hardly any improvements in knowledge about STDs and condom use.¹²

This article assesses the trends in the knowledge, sexual attitudes and sexual behaviour of adolescents of Turkish and Moroccan origin, using the data from the 2 surveys.^{10,12} The questions that will be answered are Have the knowledge, attitudes and behaviour of Turkish/Moroccan adolescents changed in the last 5 years? How have they changed in comparison to Dutch adolescents? and How did the differences between Turkish/Moroccan boys and girls develop?

METHODS

Procedure

The study in 1995 was a replication of the study in 1990. The data were collected by 39 departments for Youth Health Care, all over The Netherlands. Some days before the data collection, all the students received letters for their parents. The parents and students were notified of the right to refuse participation. The questionnaires were administered during a 50 min. lesson by a school physician or nurse.

Response

The data from 11,504 students in 1990 (response 93%) and of 7,299 students in 1995 (91%) were collected. Non-response was mainly due to absenteeism because of illness or truancy. The reliability of the student answers was tested thoroughly by means of check questions in the questionnaire. These checks led to the removal of less than 1% of the questionnaires. The sample is representative for all pupils in secondary education in The Netherlands.

Five percent of the 1990 sample and 6% of the 1995 sample were students of Turkish or Moroccan origin. To control for the small sample differences, the 1990 Turkish/Moroccan sample (n=533) and the 1995 Dutch sample (n=4,513) were weighted by sex, age and type of education to the 1995 Turkish/Moroccan sample (n=427).

Measures

Students were asked detailed questions about their sexual attitudes and behaviour, knowledge about STDs and intentions of using a condom. Sexually active students were questioned about experiences with their most recent partner. The variables described in this article were identical to

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those used in 1990. The validity, reliability and item response characteristics were tested in a pilot study in 1990.¹³

Statistical analysis

The differences were tested using logistic regression, with the year of measurement or ethnicity and the type of education and age as independent variables, using the unweighed data. Analysis of variance was used to determine the differences for the interval variables, using the same independent variables. P-values <0.01 were considered statistically significant.

Due to the length of the 1995 questionnaire, a large number of students with intercourse experience did not answer questions regarding STD knowledge and intentions to use condoms. This complicated the comparisons. Therefore, for these topics only, the data of students without coital experience are used. Because of the small number of Turkish/Moroccan girls with coital experience, the data on actual sexual experiences are presented for boys only. In the 1990 file, data on the number of partners are missing for boys in the first grade and in lower vocational training. These boys are excluded from the analyses on the number of partners.

RESULTS

Due to weighting, the distribution of the samples over sex and age are identical. Fifty-one percent are girls. Thirty percent are 11–13 years old, 44% are 14–15 years old and 26% are older.

Using a Dutch adaptation of the Reiss scale,^{14,15} the students' attitudes towards sex were assessed (table 1). The

sexual attitudes of Turkish/Moroccan boys became more liberal. There are still profound differences between Turkish/Moroccan boys and girls, the latter being far more restrictive. While 68% of Turkish/Moroccan boys approve of intercourse in steady relationships, only 26% of girls do so. In the past 5 years these sex differences have not diminished. Turkish/Moroccan students, particularly the girls, are less liberal than Dutch students.

Compared to 1990, the proportion of Turkish/Moroccan students with coital experience had not changed significantly (table 1). The differences between Turkish/Moroccan boys and girls remained large. While 39% of boys reported sexual intercourse, for girls it is only 6%. Turkish/Moroccan boys with intercourse experience reported on average 2 partners more in the last 3 years than in 1990. This increase, however, is not significant ($p < 0.10$). Usually the partners of the boys were of Dutch origin (63%).

Turkish/Moroccan boys report more coital experience than Dutch boys, while Turkish/Moroccan girls are far less experienced than Dutch girls. Among Turkish/Moroccan girls with some sexual experience but not with intercourse, 75% said they wanted to stay a virgin until married. For Dutch girls this is only 6%. Turkish/Moroccan boys report on average 2 more partners than Dutch boys do.

Turkish/Moroccan students without coital experience gave more correct answers to the questions about AIDS prevention than 5 years ago, although for boys and girls separately these differences were not significant ($p < 0.05$) (table 2). In 1990 only half of the Turkish/Moroccan students knew that condoms reduce the risk of HIV

Table 1 Sexual permissiveness and sexual conduct, by ethnicity, year of assessment and sex

	Turkish/Moroccan boys		Dutch boys	Turkish/Moroccan girls		Dutch girls
	1990	1995 ^a	1995 ^b	1990	1995 ^a	1995 ^b
Approving sex when a boy and a girl (%)						
Plan to get married	69	68	81***	53	58	83***
Have a steady relation	48	68**	79**	25	26	82***
Feel a lot for each other	44	67***	77*	29	39	73***
Do not feel a lot for each other	11	20	20	5	7	7
No sexual experience (%)	29	29	34	56	62	29***
Coital experience (%)	44	39	19***	11	6	21***
Mean number of partners in last 3 years	3.45	6.16	3.98*	–	–	–

a: Significant differences between 1990 and 1995 Turkish/Moroccan students: * $p < 0.01$, ** $p < 0.001$, *** $p < 0.0001$

b: Significant differences between Turkish/Moroccan and Dutch students in 1995: * $p < 0.01$, ** $p < 0.001$, *** $p < 0.0001$

Table 2 Knowledge about AIDS, intention to use condoms and actual condom use, by ethnicity, year of assessment and sex^a

	Turkish/Moroccan boys		Dutch boys	Turkish/Moroccan girls		Dutch girls
	1990	1995 ^c	1995 ^d	1990	1995 ^c	1995 ^d
Knowledge about AIDS ^b	1.85	2.29	3.06***	1.62	2.04	2.97***
Intention to use condoms (%)	58	77	85	38	66***	89***
Condom use (%)						
First coitus	49	75*	72	–	–	–
Most recent partner	34	71*	56	–	–	–

a: Results on knowledge and intention only for students without coital experience; results on condom use only for students with coital experience

b: Mean number of correct answers on 5 questions on knowledge about AIDS

c: Significant differences between 1990 and 1995 Turkish/Moroccan students: * $p < 0.01$, ** $p < 0.001$, *** $p < 0.0001$

d: Significant differences between Turkish/Moroccan and Dutch students in 1995: * $p < 0.01$, ** $p < 0.001$, *** $p < 0.0001$

infection. In 1995 this was 69%. No changes were found in questions regarding STDs in general. In 1995, still only 36% of Turkish/Moroccan students knew that STDs do not disappear automatically and 40% knew that one can have an STD without being aware of it. Turkish/Moroccan students were still far less informed about AIDS and other STDs than Dutch students.

Among Turkish/Moroccan students without intercourse experience, the intention to use condoms increased from 46% in 1990 to 70% in 1995. Turkish/Moroccan boys were more willing to use condoms than Turkish/Moroccan girls (table 2).

The percentage of Turkish/Moroccan boys reporting condom use during their first coitus increased from 49 to 75% (table 2). The percentage of Turkish/Moroccan boys reporting consistent condom use with their most recent partner doubled. The differences in condom use between Turkish/Moroccan boys and Dutch boys were no longer statistically significant.

DISCUSSION

Since 1990 the sexual attitudes of Turkish/Moroccan boys grew more liberal. More boys approve of extra marital sex now. Far decades, attitudes towards sex have been growing more liberal, both in the general population and among adolescents.^{12,16} Yet, no changes were found in sexual behaviour. The reported condom use among boys however increased, as did AIDS-related knowledge. Nevertheless, nearly one-third do still not know that condoms reduce the risk of HIV infection. Furthermore, no progress was found in knowledge on STDs in general. Perhaps safe sex education has focused too narrowly on AIDS alone.¹⁷ The differences between the Turkish/Moroccan boys and girls have not diminished, but increased. Whereas the boys had become more permissive, girls had remained as restrictive concerning sexuality as 5 years ago. In this respect, Turkish/Moroccan boys are moving from their own culture towards the dominant, more liberal culture in The Netherlands.

The profound differences in actual sexual experiences between the Turkish/Moroccan boys and girls remained the same. In fact, Islamic restrictions on sexual contacts before marriage, are only applicable to girls. This does not mean that Turkish/Moroccan girls abstain from any sexual contact with boys, as 38% had some sexual experience.

Since 1990, school-based safe sex education has grown in quantity and quality.¹⁷ Specific programmes targeting ethnic minorities have been started. AIDS has become a topic in some ethnic groups, as is illustrated by the decision of an Imam that HIV testing was an acceptable requirement in a marriage arrangement. These combined efforts seem to have paid off, although not sufficiently so far.

The study was carried out by TNO Prevention and Health (TNO-PG), the Netherlands Institute for Mental Health (NcGv), the Netherlands Institute for Social Sexological Research (NISSO) and the Dutch Sentinel Stations for Youth Health Care, financially supported by the Praeventiefonds (002825780).

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Received 7 May 1996, accepted 22 August 1996