

THE DEBUT OF THE SEXUAL AND CONTRACEPTIVE LIFE OF ROMANIAN WOMEN¹

Abstract. The paper is constructed around the experience of the first sexual intercourse, which designates the entrance of a person in the adult sexual life. The recent studies show that the entrance in the sexual life in Romania takes place earlier for the younger generations, as compared to the older ones, this reality being accompanied by the progressive separation, in the last seventeen years, of the sexual life from the context of marriage. This goes together with what happened earlier in other western European countries. To support this idea, the paper offers a short international outline about the entry into adult sexuality, from a comparative point of view. The paper aims at the analysis of the moment of sexual initiation for different age-groups and to the comparison of the tendencies for ten cohorts of women aged between 18-84 who belong to a representative sample taken from the national research Demography and Lifestyle of Romanian Women, carried out in 2004. In addition, the paper launches a short discussion about some socio-demographic factors that shape the initiation of the sexual life (place of residence, historical region, education and religion). The paper begins with a brief overview of the main aspects of the socio-economic context of sexuality in Romania, using data from the four successive reproductive health surveys carried out in Romania between 1993 and 2004, and from the survey on the students' sexuality carried out in 2002. An examination of the age at the first sexual intercourse on cohorts and of the relationship between the moment of the sexual life initiation and the socio-demographic characteristics of Romanian women follows up next. The last section of the paper examines the level of contraception used at the first sexual intercourse, taking into account the different conditions of life of women in Romania. Where necessary, the paper stresses on the differences between males and females referring to the experience of the sexual debut. The paper ends with some concluding remarks.

INTRODUCTION

The first sexual intercourse represents the entrance of a person into the adult sexual life and constitutes one of the most important events of the transition to the adult roles, especially the conjugal and parental ones. This moment is marked by a psychological impact and by a socio-cultural one as well. In the most developed countries, the median age for the first sexual contact became earlier and earlier. The fundamental rationale for this evolution consists in the progressive separation along the last decades of the sexual activity from the context of marriage. This process has affected women more than men. Thus, women, who traditionally began sexual life at later ages than men, have recovered the difference, getting next to and in some cases even exceeding the median age at first sexual intercourse of men (De Sandre ș.a., 2000, Dalla Zuanna, 2005).

The increase of the distance in time between the first sexual intercourse and the first marriage has led to the increase of the likelihood of premarital sex, cohabitation, out-of-wedding births and of the unwanted pregnancies. In the framework of a very low general fertility on the last decade, Romania stands out with a high number of unwanted pregnancies on adolescents, despite a greater access to knowledge and to the methods of contraception available starting with the year 1990. Thus, in the year 2000, the number of

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extramarital births overpassed 25% of the total of live births², a third of these births belonging to mothers younger than 20³.

On the other hand, the precocious beginning of the sexual life on the younger generations represents a problem of public health, as long as the number of sexual partners and contraception influence the level of sexual transmitted diseases and of HIV/AIDS spread-out. In Romania HIV / AIDS has become the illness of young people, over 70% of the sick people having the age between 10 and 20. The sexual transmission of HIV threatens the adolescents who just enter sexual life. The increase of the number of new cases on adults in the latest years it is not spectacular, but the rate of the increase is 100% in the latest years. The trends of the HIV infection and of AIDS in Romania are the rapid increase of the new cases, especially in young people, through heterosexual transmission and the high incidence, especially among young people, of sexually transmitted diseases, which raise the risk of HIV infection (the incidence of the cases of syphilis has doubled in the year 2000 compared to 1999)⁴.

The age and conditions of sexual debut are a long-neglected focus of study. It was assumed, often rightly for females, that sexual initiation did not occur until marriage. The first surveys of these issues in both developed and developing countries came in the 1990s as a response to various developments. Marriage, or first union formation, is increasingly late in many countries of the world, and increasingly informal in developed countries, which sets the stage for a decoupling of sexual initiation from the start of conjugal life. Changes in the timing of sexual initiation and its dwindling link with marriage in recent birth cohorts point to a relaxation of direct adult control over young people, but also to a possible emergence of new gender relations (Bozon, 2003).

Taking into account the changes Romanian society has passed through in the last seventeen years, we wonder if there are differences from one generation to another regarding the age at first sexual intercourse among the Romanian women. We also propose a short analysis of the factors associated with the initiation of sexual life and with the use of contraception at the first sexual intercourse.

THE DATA

On a great extent, we will use the data of the inquiry *Demography and Lifestyles of Romanian Women* (2004DLRW), covered in 2004 by a national representative sample

² ***, *World Factbook 2002*. Romania, www.odci.gov/cia/publications/factbook/geos/ro.html;

³ UNICEF, INS, ANPCA (2001), *Familia și copilul în România*, București, Editura Extreme Group, p. 63

⁴ Source: The Romanian Association Anti-AIDS, <http://www.arasnet.ro/default.php?t=site&pgid=36>, Ministry of Health

of 1982 women aged between 18 and 84. We will also use the data resulted from the four successive national surveys on Reproductive Health, carried out in 1993, 1996, 1999 and 2004; on the other hand, we will use data provided by the survey on the sexual behaviour of Romanian students, carried out in 2002⁵.

The first Reproductive Health Survey (93RRHS) has been covered by a representative national sample of 4861 sexually active Romanian women (15-44 years old). The inquiry from 1996 – Young Adult Reproductive Health Survey (96YARHS) has been applied on a national representative sample made of 4072 Romanian young people aged 15 to 24 (2025 women and 2047 men). The inquiry from 1999 – Romanian Reproductive Health Survey (99RRHS) has comprised a representative national sample of 6888 women aged 15 to 44 and 2434 men aged 15 to 49. The last inquiry on reproductive health (04RRHS) carried out in 2004 has been covered by 4441 women and 2361 men. The individuals included in the survey have been sampled among all women 15-44 years of age and among all men 15-49 years of age living in Romania during the survey, regardless of their marital status. All the four surveys on reproductive health carried out in Romania between 1993 and 2004 comprised a module with a series of questions about the sexual behaviour of young adults aged 15-24 years of age, including the age of their sexual debut, the relationship with their first sexual partner, the use of contraceptive methods at first sexual intercourse, as well as current sexual behaviour.

As opposed to the four surveys who permitted the generalization of the results to the whole population, the research on the sexual behaviour of students carried out in the year 2002⁶, has involved only three Romanian universities (Bucharest, with 58% of respondents, Cluj-Napoca, with 40%, and Târgu-Mureş with the rest of 2% of respondents), including a number of 1297 students in the first and second year of study, with a mean age of 21.5 years and about 90% aged between 20 and 24. More than two thirds of the respondents were girls (77.7%). At the moment of inquiry, a little over a half of the students had already begun their sexual life (58%), with the students from Bucharest in advance compared to the rest in this respect (61% versus 53%). Almost 80% of the students had had at least one stable relationship, and two thirds of them were in a union at the moment of the inquiry. The survey has investigated the age for the first sexual intercourse, the contraceptive behaviour at the first sexual intercourse, some

⁵ We have to mention from the beginning our analysis is constructed on the self-reported behaviours of the respondents included in the different inquiries applied in Romania after 1990.

⁶ The initiative of this research belongs to the “Research Group in Young Demography” from MaxPlanck Institute for Demographic Research, Rostock, Germany and includes universities from nine countries: Italy, France, USA, Japan, Australia, Poland, Russia, Bulgaria, and Romania.

aspects related to the constitution of the first couple, gender attitudes regarding sexual relationships, etc.

In the data analysis we have to be aware that the self-reported ages at first intercourse are of uncertain quality for three possible reasons: inability to state an age, miss-recollection for older cohorts, tendency to respond in line with social expectations. Various checks reveal relatively stable proportions of cohort- and gender-specific inconsistency in replies. Also, the greater tendency of older women to claim first coitus coincident with their marriage squares well with the greater importance these cohorts assigned to premarital chastity and their higher rate of observance compared to younger cohorts (Bozon and Hertrich, 2001, in Bozon, 2003).

CHARACTERISTICS OF THE SAMPLE IN THE 2004DLRW

In order to investigate the intergenerational differences regarding the sexual debut, we have realized a distribution of the women included in the inquiry on cohorts of five years, with the exception of the first and last ones, which cover different periods of time, due to the small number of respondents who are included in. Thus, the youngest cohort is formed by women born between 1985-1986, aged 18 and 19, including a number of 68 respondents (3.4%), and the oldest one is composed by women born between 1920-1944, including a number of 95 respondents aged between 60 and 84 at the moment of the interview (4.8%). The other eight cohorts are relatively equally distributed, with small percent variations (between 8% and 13%).

The 2004DLRW has collected information from all the 42 counties of the country, including the capital – Bucharest – and Ilfov county. In the data analysis, we have used a cluster of the counties after the three main Romanian historical regions – Transylvania, Walachia and Moldavia, and we have considered the capital separately. After this division, we realised that almost 40% of the respondents come from the south of the country (Walachia), one third of the respondents are from Transylvania, 1 out of 5 (21%) are from Moldavia, the rest of 8% having the residence in Bucharest (Oaneş, 2005b).

As for the place of origin, 1 out of 3 respondents comes from the big cities of Romania (32.7%), and 1 out of 5 has been born in small cities. The most of the respondents, almost half of them (45.3%), have the residence in the rural area.

The 2004DLRW inquiry has collected data about the last school attended by the respondents at the moment of the interview. We have grouped the school cycles into six steps, namely: primary, gymnasium, vocational or ten classes, secondary, post-secondary or collegium, and superior or post-university studies. Thus, most of the women, almost

a third, have medium studies, a quarter of them have finished the vocational studies or 10 classes, and a fifth of the questioned women have finished only the gymnasium. One out of 10 women has finished the post-secondary school or a collegium, and less than 1 out of 10 women has university studies or higher studies. The least representative category is that of women with 4 classes, that is 5.2%.

We have grouped the answers of women at the question: „How often do you go to church (except weddings, funerals, baptism, etc.)?” into four categories, namely: very often (for the respondents who go to church weekly), often (for those who go monthly), rarely (for women who go to church at the official celebrations or once a year), respectively never. After this division, most of the women go to church rarely (42.2%), and over half of the women in the inquiry go to church often or very often. Only an insignificant part of the respondents (3%) do not attend church at all, showing that the women in Romania give a great importance to faith, at least regarding the aspect investigated in our inquiry.

THE EXPERIENCE OF THE FIRST SEXUAL INTERCOURSE

According to Bozon (2003), three major traditional models of entry into sexual life can be identified in the world, as it comes out from the comparison of the respective male and female ages at sexual initiation in older cohorts. First is the large group of societies where parental and family strategies are designed to avoid and delay in female entry into conjugal, reproductive and sexual life through pressure to form a union as near puberty as possible with significantly older men, compounding gender domination by age domination. While in such societies male may be later than female sexual initiation, males generally experience a significant period of pre-marital sexual activity. This model is traditionally found in sub-Saharan Africa and very likely also in the Indian sub-continent.

This contrasts with a second group, which includes the Latin and Latin-American cultures, where social control is exerted to delay women's union formation and entry into sexual activity by strenuous efforts to preserve their virginity, pre-marital loss of which breaks a cardinal rule and dishonours the family group and the spouse (Arenes et al. 1998, in Bozon, 2003). By contrast, young males are urged to prove their manhood early on, either with prostitutes or older women, and their sexual initiation takes place well before than of females. This group of countries includes southern Europe (from Portugal to Greece and Romania), Latin America, but also Thailand and other Asian societies for which quantitative data are not available. In the two models described, women are under

great pressure to conform to social norms, but there are equally strong injunctions for males in due course to behave as „real men”.

There is a third group of societies, less homogeneous than the other two, characterized among the older cohorts by closely matched male and female timings of entry into sexual life. This may reflect later marriage and strict supervision of the conduct of young people, including males, as in China and Vietnam. The trend towards later male and female sexual initiation is found in non-Latin Catholic societies like Poland and Lithuania. Finally, many European societies like those of northern Europe, but also Switzerland, Germany and the Czech Republic, have for several generations been „gender-equal” in rather early sexual initiation timings (Bozon, 2003: 2).

In cultures where female is significantly earlier than male sexual initiation, the trend has reversed in two ways over the past twenty years, with a slight increase in female age at first coitus, and a sharp drop in the male age. The female-male timing gap has narrowed in sub-Saharan Africa. A new trend emerging in some African countries is that male ages are now slightly earlier than females. In some African societies, finally, there is barely any discernible change. One common trait in all these trends is that young people are breaking free of a series of traditional controls, males to become sexually active earlier, females to lighten the constraint of early marriage without necessarily relinquishing entry into sexual life. So, in eastern African countries, 40% to 50% of young women have at least two years of sexual activity before their first union (Bozon and Hertrich, 2001, in Bozon, 2003). In some AIDS-ravaged countries, campaigns to delay first sexual intercourse may have had an inhibiting effect, particularly among females.

In the group of societies that prize early male and late female sexual activity, any changes have mainly concerned women – their comparatively late age at first intercourse has tended to fall, while the male age has remained unchanged. So, female-male timing gaps have narrowed in Brazil, Chile and Spain, while in other countries – like Bolivia, Nicaragua and the Dominican Republic – they are unchanged. In Portugal and Romania, sexual initiation timings are highly gender-specific, as in Italy, where female age at first intercourse has actually risen in the last decade. Even as virginity at marriage becomes a receding ideal and reality, high gender-differentiation remains. Where male remains much earlier than female first intercourse, initiation by prostitution remains a significant factor, as in Central America and Thailand. But prostitution as a vehicle for first coitus declines where timing gaps narrow, as in Japan, where they have dropped from 26% in older cohorts to 11% in younger cohorts.

Where male and female ages at first intercourse were already close, they have fallen simultaneously: in many European countries and the United States, they have dropped by approximately a year in the last two decades, although age at first union – now very distinct from age at marriage – has trended upwards over the same period (Corijn and Klijzing, 2001, in Bozon, 2003). That this fall is not sharper may be due to a stabilizing and synchronizing effect of spreading secondary education on sexual initiation timings, which now occur within an increasingly shorter interval towards the end of secondary education. They mark the end of adolescence and entry into an age of personal free agency – youth – rather than transition to an increasingly later adulthood. The Scandinavian countries, especially Iceland, have become the “earliest” of developed countries, to the point where in some (Norway, Denmark), females enter their sexual life before males (Bozon, 2003: 2-4).

Sexual initiation is addressed here on the basis of a question asked in many surveys: “At what age did you have your first sexual intercourse?”. First sexual intercourse is not often explicitly defined, but where it is not, first intercourse (the “first time”) tends to be identified by those concerned as the first vaginal penetration, an event symbolizing the entry into adult sexual life.

In studies of younger age groups, it is important not to exclude from the statistics – by classing them as nonresponses – those who report having had no coitus so far, and who may represent a substantial proportion of the cohort; this is an unfortunate but classic error that artificially underestimates ages at first intercourse. The figure which must be used is the median age at first intercourse which accounts for the “late starters”.

But sexual activity does take place before first coitus in the form of sexual experimentation through sexual contact without vaginal penetration, both in traditional societies where preserving female virginity is essential, and in modern developed countries where adolescence is seen as a time for discovery of others and oneself, leading only gradually to genital sexual activity. Qualitative surveys show that for those involved, these practices form part of the world of adolescent experiences (“petting”) and are not regarded as real first sexual intercourse (Bozon, 2003: 4).

The intensity and the recent tendencies related to the entrance in the adult sexual life of women in Romania can be examined through the four surveys on the reproductive health carried out in Romania in the years 1993, 1996, 1999, and 2004. The data of these four surveys show that the initiation of sexual activity among Romanian women takes

place quite late. In 2004, nearly one-half of young women (49%) and 60% of young men reported they were sexually experienced. There were no major differences between female young adults reporting sexual experience in urban (50%) and rural areas (48%). However, 47% of urban young adult women reported premarital sexual experience compared with 38% in rural areas. Almost all young men with sexual experience reported premarital sexual experience. For young adult women, 89% of sexually experienced women reported their first sexual intercourse to be premarital. This is a 12-percentage point increase over 1999. The urban premarital rate is 47.2% compared with 38.3% in rural areas, but the difference is not statistically significant given the small sample size available for young adults by residence. In the year 1999, about a quarter of the teenage women have already started their sexual life. However, the proportion of the young women aged between 15-19 who were sexually active on the inquiry of 1999 has marked an increase with 62% as compared to the year 1993 (26% versus 16%), as results from Table 1. The increase in weight of women who have passed through the experience of the first sexual intercourse for the age-group 20-24 has been less dramatic, raising from 70% to 78%.

After the year 1990, a tendency of young Romanian to marry at later ages than before has been noticed. Thus, the mean age at first marriage of Romanian women has increased from 22 to 25 years during the period 1990-2004⁷. Although the sexual abstinence before marriage was a usual practice for Romanian women before 1990, during the last seventeen years, women have reported having begun their sexual life before the constitution of their first stable union on a greater extent, which indicates a transition in the sexual behaviour of the younger generations. In all the four surveys, the teenage women have reported having premarital sexual relationships on a greater extent, as compared to the age-group 20-24, and in most case, women who have had the first sexual experience have reported that this event has happened in the context of premarital relationships. In the years 1993 and 1996, only slightly over half of the women who had had sexual relationships have declared that these relationships have been premarital, while in the year 1999, more than three quarters of the sexually active women have had premarital sexual relationships. The increase of the amount of premarital sexual relationships in 1999 has been substantial both for the age-group 15-19 and for the next age-group, as compared to the previous years. The percentage of teenage women who have started their sexual life before marriage has been much higher in 1999 than in the

⁷ <http://www.demogr.mpg.de/cgi-bin/databases/cdb/cdb.php?di=1&ci=10>, Generation and Gender Contextual Database for Romania, MaxPlanck Institute for Demographic Research;

previous years: 83% of the sexually active teenage women were not married at the time of the first sexual intercourse, compared to 64% in 1996 and to 57% in 1993. Similarly, the amount of premarital sexual relationships among women aged 20-24 who had already begun their sexual life at the moment of the inquiry has raised from 53% in 1993, to 75% in 1999 (Table 1). As for the young men, the large majority of those reporting premarital sexual experience remained basically constant in all the four Romanian studies on reproductive health (Mureşan and Oaneş 2007).

Table 1. The percentage of women aged 15-24 who have had sexual intercourse, after the current age, the marital status at the first sexual intercourse and after the use of contraception for this event

	93RRHS	96YARHS	99RRHS	04RRHS
15-19 years (%)	16.2 ('74-'78)	20.2 ('77-'81)	25.8 ('80-'84)	23 ('85-'89)
Of which premarital	56.8	63.9	83.3	
Of which marital	43.2	36.1	16.7	
20-24 years (%)	69.8 ('69-'73)	73.7 ('72-'76)	77.7 ('75-'79)	76.6 ('80-'84)
Of which premarital	53.2	51.0	74.6	
Of which marital	46.8	49.0	25.4	
Women who used contraception for the first sexual intercourse (%)	20.7	27.3	50.6	52.9

Data from the 04RRHS have shown once more that young women do not start their sexual activity very early in Romania. Sexual experience among women under 15 years of age is very uncommon (2.8%). Still uncommon is the sexual experience reported before the age of 16 (7.9%), a percentage comparable with that from the 99RRHS (7.1%). A delay of the sexual debut can be noticed compared with 1999 even for later ages: before the age of 18 (28.4% in 1999 compared with 26.1% in 2004), as well as before the age of 20 (56.3% in 1999 compared with 40.5% in 2004). Only before the age of 25, almost half of the young women become sexually active (48.3%). In contrast, young men report an earlier start of their sexual activity than women, although the percentage of young men who started their sexual life at early ages has decreased in 2004 as compared to 1999. In 1999, more than half of young men reported sexual activity before the age of 18, while in 2004 this was the case only before the age of 20. For instance, in 1999, 81% of men were sexually experienced before the age of 20, while in 2004 only slightly more than half (58.4%) were sexually active before the age of 25.

It is worth mentioning that two times more women in rural areas (4.2%) reported sexual experience before the age of 15 than women living in urban areas (1.8%). In fact,

generally speaking, young rural women begin their sexual life earlier than urban women. This is true until the age of 18 and probably reflects the earlier age of marriage in rural areas, afterwards, the sexual path becoming very similar. The trends are completely reversed for young men, urban men becoming sexually active earlier than rural men for all age groups. However, although the trend is very consistent, most differences are not significant due to small sample size.

The debut of the sexual life is more precocious for younger generations as compared to the older ones. The data of the 1999 survey indicate a decrease of the median age for first sexual intercourse on women aged 20-24 (born between 1975-1979), as compared to women aged 40-44 (born between 1955-1959), from 20.1 to 19.5. Despite this evolution, the beginning of the sexual life of the Romanian women still begins quite late. Thus, half of the women from all age-groups have had their first sexual intercourse after their 19th birthday. However, the data of the 2004DLRW survey show that, starting from the cohorts born after 1975, the beginning of the sexual life happens earlier and earlier, the median age being 19 years for the cohort 1975-1979 and 17 for the cohort 1985-1986 (Table 2).

Table 2. Data regarding the beginning of the sexual life on cohorts

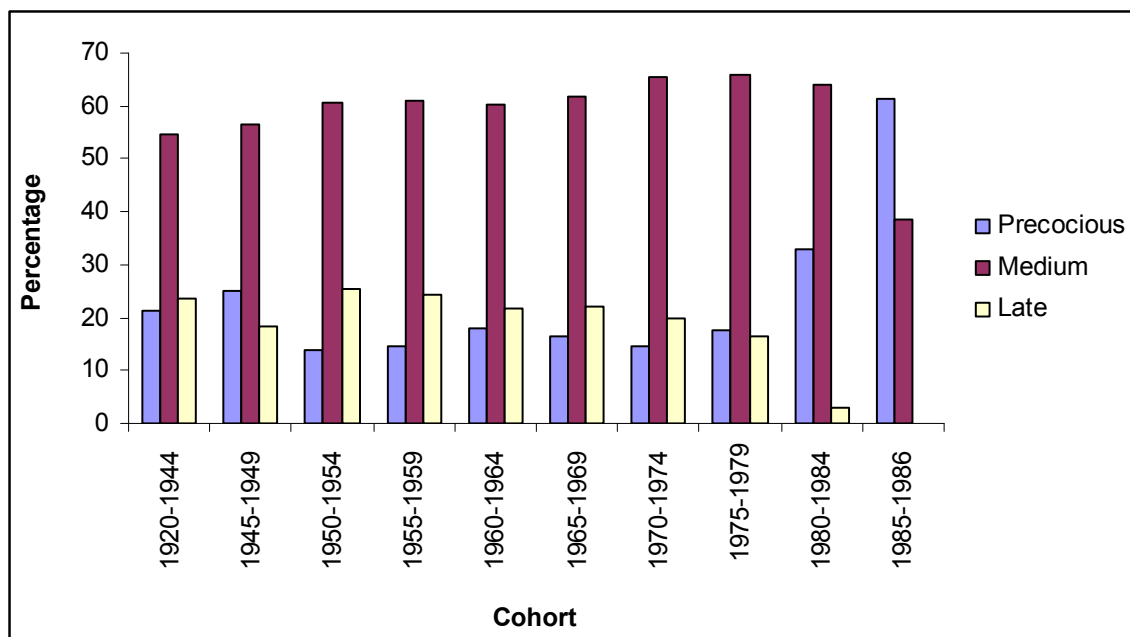
The cohort	99RRHS	2004DLRW	2004DLRW
	Median age at the first sexual intercourse		Early beginning of the sexual life (under 18) (%)
1920-1944	-	20	21.5
1945-1949	-	19	25.1
1950-1954	-	20	13.7
1955-1959	20.1	20	14.6
1960-1964	19.9	19	18.0
1965-1969	19.9	20	16.4
1970-1974	19.9	20	14.6
1975-1979	19.5	19	17.7
1980-1984	-	18	33.1
1985-1986	-	17	61.5

From the data of Table 2, which also presents the amount of women with a precocious sexual debut, we can notice a visible increase of this percentage starting with the cohort 1975-1979. Thus, after an increase from 17.7% for the cohort 1975-1979 to 33.1% for the cohort 1980-1984, we witness the doubling of this percentage for the

youngest cohort. Thus, over 60% of the young women born between 1985-1986 have started their sexual life before the coming of age⁸.

Graph 1 presents the distribution of women at the 2004DLRW after the type of the sexual life initiation. Starting from the value of the quartiles computed for the age at the first sexual intercourse, we have considered three categories for the sexual debut: precocious (before the age 18), medium (between 18 and 21 years), and late (after the age of 21).

Graph 1. The distribution of women as for the type of sexual debut, on cohorts



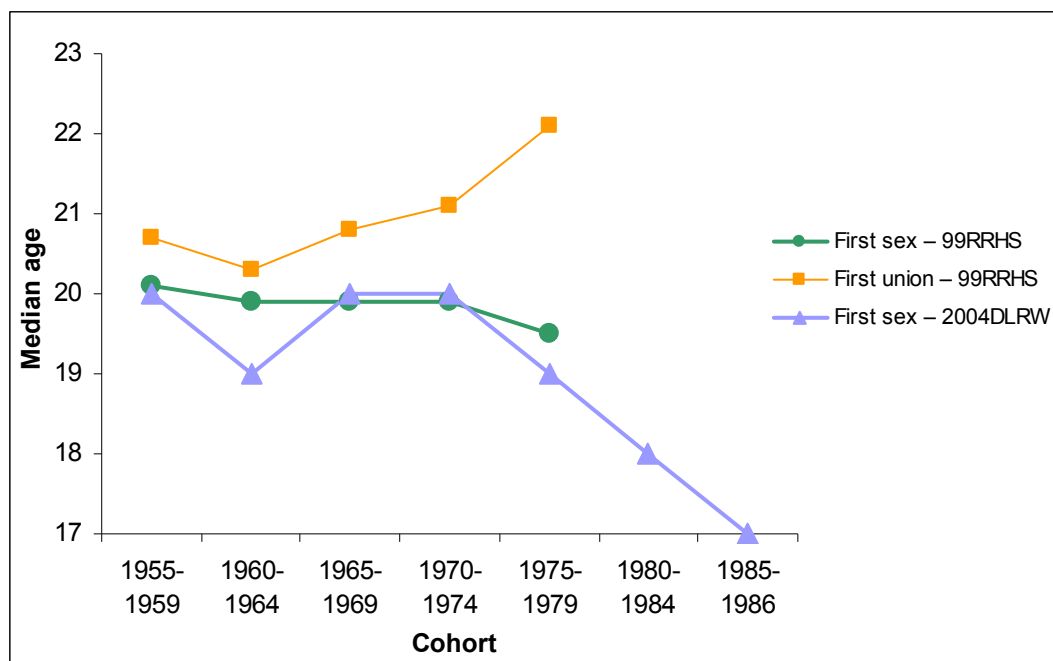
For all the cohorts, with the exception of the youngest one, an amount of over 50% of women with a middle age (between 18 and 21 years) at the sexual initiation and reduced values of the precocious sexual life debut are maintained. However, starting with the cohort born between 1975-1979, a decrease of the percent of women who start their sexual life late is observed, accompanied by an increase of the percentage of women who enter their adult sexual life at early ages (from 17.7% to 61.5%).

The decrease of the age of the first sexual intercourse has led to the increase of the period of time between the experience of first sex and the constitution of a first stable relationship. The data of the surveys carried out in the years 1999 and 2004 (96RRHS and 2004DLRW) show that, until the generations born between 1970-1974, the median age of the constitution of the first stable relationship has closely followed the age of the

⁸ The small number of respondents of the two cohorts born after 1980 produces an effect of volum upon the result, so that we can state the real percentage do not reach such value.

first sexual intercourse. However, starting with the cohort 1975-1979, the age of the first sexual intercourse begins to decrease significantly, while the the age of the constitution of the first stable relationship raises sharply, as we can observe from Graph 2. Thus, a gap of over three years is installed between the sexual initiation and the first stable couple formation (the median ages of the occurrence of the two events are 19 and 22.1, respectively).

Graph 2. Median ages for the first intercourse and the first stable relationship in the researches 1999RRHS and 2004DLRW



Women born after 1975 are those who reached maturity after the year 1990, in a period in which Romania has become more and more opened to the western patterns of behaviour and in which a large diffusion of western-european and american attitudes and values have taken place, especially through mass-media. The change in mentalities and in behaviour, slower for the older generations, has been rapid among young people, those taking over the values and behaviour patterns specific for the western Europe in the sexuality field, too. In this way, a change of the moral values has taken place, simultaneously with an increase of the social permissiveness for new forms of behaviour, including those from the sexual area (Mihăilescu 2000).

In the context of the successive results of the four Romanian surveys on the reproductive health, we have tried to intercept, starting from the data of the 2004DLRW, the measure in which the age at first sexual intercourse is influenced by some factors,

such as: the historical region of residence, the place of residence, the level of education and the intensity of church attendance. We have to mention from the beginning that the variable “education” refers to the educational level that respondents have reached at the moment of the inquiry and not to the point in the educational career women got through to the moment of the first sexual intercourse. Due to this fact, we should adopt a reserved and cautious position in the interpretation of the relationship between education and the sexual life initiation.

In order to investigate if there is any association between the type of sexual debut (precocious, medium or late) and the four factors mentioned above, we have used the “chi-square” statistical analysis, also called crosstabulation. This test is useful in highlighting the relationship between two non-quantitative characteristics. We could legitimately claim a true relationship between the two variables only if we could demonstrate that the apparent relationship between them is so unlikely to occur just on the basis of chance, that any reasonable person would dismiss chance (and, of course, bias and other variables) as the likely explanation. Crosstabulation attempts to determine if there is a true relationship between two variables by examining whether specific values of one variable tend to be associated with specific values of the other variable to a greater degree than is likely to result from the effects of sampling error. When using crosstabulation, we are not so ambitious as to suggest that one variable may cause the variation in the other. We can only state, at best, that a pattern of clustering may exist. Crosstabulation is used when we wish to know whether this pattern is strong and consistent enough to claim that chance is an inadequate explanation of the pattern or apparent relationship. In conclusion, the analysis of association is one of the easiest ways of determining if there exist a true link between two qualitative variables (Weinbach and Grinnell, 1987).

Data from Table 3, obtained after the successive application of the chi-square test between the type of sexual debut and the four independent variables, suggest a statistical significant association between the four combinations of variables, the value of chi-square being a significant one in all the four cases, taking into account the fact that the level of probability is under the conventional 0.05.

Table 3. Factors associated with the first sexual intercourse

The type of first sexual intercourse and	Chi-square value	Degrees of freedom	Level of significance
Historical region	14.789	6	0.022
Place of residence	42.998	4	0.001

Education	257.921	10	0.001
Church attendance	12.709	6	0.048

In order to see which is the direction of the association between the type of the sexual debut and the variables taken into consideration, we have analyzed the contingency tables for each pair of variables. Table 4 presents the direction of association between the type of sexual initiation and the historical region of residence of the respondents. We can notice that the precocious sexual initiation registers the highest amount for the respondents from the southern part of the country (21.1%), followed closely by the respondents from Transylvania (21%), while the late sexual initiation is more widespread among women from Moldavia (24%). These results highlight the idea that women from Moldavia tend to adopt, at least at the declarative level, a more traditional behaviour compared to that of women from the other regions of the country in what concerns the moment of the first sexual intercourse.

Table 4. Association between the historical region and the type of first intercourse (%)

Historical region	First intercourse			Total
	early	medium	late	
Transylvania	21.0	61.5	17.5	100
Walachia	21.1	59.8	19.1	100
Moldavia	16.7	59.4	23.9	100
Bucharest	12.5	67.4	20.1	100
Total	19.3	61.0	19.7	100

Table 5 shows the direction of association between the variable “type of sexual initiation” and the variable “place of residence”. We can observe that the respondents coming from the villages begin their sexual life at a precocious age to a great extent (24.4), while the respondents from the big towns start their sexual life at later ages (24.3%), as compared to the respondents from the small cities and from the rural areas. This difference goes in the same direction as the mean age at first marriage, women from rural areas getting married with about two years earlier than the women from the urban areas (23.6 years in villages versus 25.8 years in the towns, in the year 2004)⁹. The postponement of the age at first sexual intercourse of the women from the urban field can be explained partially by the greater investment in the educational career compared to women from the rural field.

⁹ The Statistic Yearbook of Romania, 2004

Table 5. Association between the place of residence and the type of first intercourse (%)

Place of residence	First intercourse			Total
	early	medium	late	
Big towns	12.5	63.3	24.3	100
Small towns	18.8	59.6	21.6	100
Villages	24.4	60.1	15.4	100
Total	19.3	61.0	19.7	100

As for the relationship between the education and the moment of sexual initiation, Table 6 allows us to notice that women who have achieved more years in the educational system experience their first sexual intercourse at later ages than women with fewer ages of education. Women who graduated only the primary cycle of instruction registers the highest percent of a precocious beginning of sexual life (48.5%), as opposed to women with university or post-university studies who have postponed in the greatest extent their sexual initiation (34.6%).

Table 6. The association between education and the type of first intercourse (%)

Level of education	First sexual intercourse			Total
	Early	Medium	Late	
Primary school	48.5	40.6	10.9	100
General school	37.8	52.8	9.4	100
Professional school	18.5	67.4	14.1	100
Secondary school	9.8	65.6	24.6	100
College	7.3	61.1	31.6	100
(Post) university	5.7	59.7	34.6	100
Total	19.1	61.2	19.7	100

There is an association between the level of church attendance and the sexual activity. Religiosity is usually negatively associated with the premarital sexual behaviour, the religious persons having a lower probability of being sexually active before marriage. This fact can be explained by the sexual restrictions that the majority of religions encourage. The sexual conservatism among the religious young people is the consequence both of the religious values themselves and of the association with the religious group. Thus, the norms of the peer-group strengthen the religious values. On the other hand, the sexual attitudes and behaviours influence the religious involvement, so that the limitations of religion on the young people who have already started their sexual life have as effect the diminution of the religious implication. At the age of adolescence, young people search for a value system suitable to the projection of their own life, a

framework able to incorporate, on the one hand, their wish to experiment the sexual life and to feel good and, on the other hand, the recognition of the powerful emotions brought by the sexual life and the responsibilities involved in the couple relationships. Some adolescents find this framework in the religious field; others consider the religious norms too restrictive for the area of sexuality and turn over other social groups or other formal institutions in order to shape their spiritual system necessary to the development of their own sexual and relational values (Moore and Rosenthal, 1993).

An indicator of a person's religiosity is the level of church attendance. Taking into account this item, Table 7 indicates the fact that respondents who do not attend church at all begin their sexual life the earliest in the greatest extent (24.6%), while respondents who declare going to church very frequently postpone on a greater extent the moment of sexual initiation (24.1%). The intense attendance of church is thus accompanied by the conformation with the moral norms of the Orthodox church (86% of the respondents belong to the Orthodox religion), who encourage the idea that the first sexual intercourse should happen in the context of marriage.

Table 7. Association between the church attendance and the type of sexual initiation (%)

Level of church attendance	First sexual intercourse			Total
	Early	Medium	Late	
Very often	20.0	55.9	24.1	100
Often	18.7	64.6	16.7	100
Rare	18.7	62.4	18.8	100
Never	24.6	56.1	19.3	100
Total	19.2	61.0	19.8	100

CONTRACEPTION AT THE FIRST SEXUAL INTERCOURSE

In the past four decades contraception has spread in Europe both among couples living together and those who do not (Macura et al. 2002 in Ongaro 2004). The availability of ever safer methods of contraception and a free market of them has certainly played an important role in promoting freer sexual behaviour. Presumably, however, the opposite is also true: the separation of the sexual biography from the marital and reproductive biography created the conditions for sexual intercourse to take place in a growing context of protection. Sex behaviour between partners who do not share life projects has favoured more cautious behaviour for fear of incurring undesired pregnancies or contracting sexually transmitted diseases (AIDS in particular). All this has affected the context in which takes place the sexual debut (Ongaro 2004: 8).

Among European women it is possible to isolate two groups of countries. The first one includes central-western and Mediterranean countries, excluding Poland and Hungary. These countries have reached high levels of protection at the first sexual intercourse with the most recent generations. The second group includes Portugal and most Eastern European countries. Here relatively contained percentages of use of contraceptives are registered. Baltic countries (Lithuania and Latvia) register the lowest levels of control at the first sexual intercourse (Ongaro 2004: 9).

Romania has a long history in the use of abortion as a method of birth control, whose consequences have continued to be manifested after the year 1990, when the practice of abortion has been liberalized. The successive researches on the reproductive health from 1993, 1996, 1999, and 2004 allow us to follow the evolution of the level of contraception use at the first sexual intercourse among Romanian female population.

The intensity of contraception use at the first sexual intercourse among young women aged 15-24 has increased, reaching an almost double level in 1999 as compared to 1996 (from 27.3% to 50.6% during the period 1996-1999), as Table 1 shows.

Among all sexually active women being in a union at the moment of the inquiry in 1999, it is remarkable that the non-use of contraception at the first sexual intercourse reaches the highest levels at the youngest age-groups. Thus, over half of the sexually active adolescents (53.4%) did not use any contraceptive methods, being followed by the women in the age-group 20-24, with a percentage of 37.8% of contraception non-use. These findings are alarming, because such behaviour exposes young women at a high risk of unwanted pregnancies and of sexually transmitted diseases.

The mostly used mean of contraception the most used at the first sexual intercourse among all sexually active women is withdrawal, with an amount varying from 32.5% on the age-group 20-24 years to 27% for the women from the age-group 40-44 years, bigger percentages being registered for the younger age-groups. From the modern contraceptives, the most widespread among women is the pill, especially for the younger age-groups, followed by the condom, especially for women aged 20-39 years old. The maximum value in the use of the modern means of contraception is attained by women with ages between 25 and 34 (22-23%), being followed by the age-group 35-39 years old (18%), respectively by the women from the age-group 20-24 (15.4%), the most reduced use of contraception being recorded by the teenage women aged 15-19 (8.3%). The raise of the popularity of the pill and of the condom after 1990 has contributed to the increase of the intensity of using modern contraceptives among all the fertile women being in a

relationship, from 23% to 29% between 1994-1999, concomitantly with the diminution of traditional contraceptives use, from 42% to 36% in the same period.

In 2004, slightly over 50% of sexually experienced young women (53%) and two thirds (66%) of the sexually experienced young men reported that they or their partners used a form of contraception at the time of their first sexual intercourse. In 1999, the use of the traditional methods of contraception, principally withdrawal, by women was higher than modern methods of contraception (27.3% compared with 23.3%). In 2004, there was a spectacular change of the situation, the percentage using modern methods, mostly condoms, increasing to 44.7% and traditional methods falling to only 8.2%. Almost all contraceptive users among young men used a condom at the first sexual intercourse: 63% of 66% total users. The situation has also improved a great deal in the case of young adult men. In 1999, only 62% of the males who used a contraceptive at the first sexual intercourse used a modern method; in 2004, 98% used a modern method.

Women who had their first sexual intercourse at marriage were less likely to use a contraceptive method (38%) than women with premarital sex (59%). The use of condoms by single women was two times higher (46%), compared with the case of married women (21%). However, the use of of condoms during the first sexual intercourse at marriage increased from 6% in 1999 to 21% in 2004.

The pattern of contraceptive use at first sexual intercourse is different according to residence. Almost two thirds of urban young women (64.3%) used a contraceptive method at the first sexual intercourse, while only 35.2% of rural women used contraception at the sexual debut. Almost the same difference can be noticed for the young men (70.4% in urban areas and 58.7% in rural areas). However, due to the smaller sample size for the males, this difference is not significant. It is noteworthy that the prevalence of contraceptive use has increased in urban areas among married women in 2004 compared with 1999 (53.1% compared with 31.8%). It does not appear to be the case for single women in rural areas: 38.1% used contraception in 2004, while 47.6% used contraception at first sexual intercourse in 1999. However, once again, there is no significant difference due to the small sample size. We can also notice that the situation changed significantly in 2004, with a clear option for modern contraception, while in 1999 traditional methods were more popular. Regardless of residence, a large increase in modern methods can be noticed, compared with 1999 (more than three times) among married women; it is also the case for single women, both in rural and urban areas (in rural areas almost doubled)¹⁰.

¹⁰ Romanian Reproductive Health Survey Reports, data not shown in the table.

The survey applied in the year 2002 on students revealed that the mostly used contraceptive method among students at the first sexual intercourse is the condom: almost three thirds of the boys (73.1%) and more than half of the girls (57.85%), indicating that students are more aware of the risk of sexually transmitted diseases and of unwanted pregnancies. About 1 out of 5 girls (17.8%) have used the traditional method of withdrawal at the first sexual intercourse, fact that suggests that they have transferred the responsibility for contraception on to their partners. The less use of the pill among students (2.4% for boys and 5.6% for girls) indicates that the moment of the first sexual intercourse has not been previously arranged. More than 1 out of 10 students did not use any mean of protection at their first sexual intercourse (12.7% of boys and 13.8% of girls) (Oaneş, 2005a).

As for the last sexual intercourse, the percentage of students who did not use contraception has slightly diminished as compared to the first sexual intercourse (10% for boys and 9.9% for girls). The condom remains the main contraceptive method both for boys (67%) and for girls (41.95). In exchange, the level of pill use grew more than five times for both sexes (12% versus 2.4% for the male respondents, respectively 26.6% versus 5.6% for the female respondents). This fact suggests that, in a stable couple relationship, the growth of partners' fidelity reduces the concern for the sexually transmitted diseases, while the priority became the unwanted pregnancies avoidance. The traditional contraceptive methods are used with the same intensity at the last sexual intercourse as for the first one for both sexes, registering a percentage of about 8% for boys, and 20.5% for girls. In conclusion, the condom and the pill are the most popular modern contraceptives among the Romanian students, and the female students report the use of traditional contraceptive methods on a greater extend than male students, both at the first and at the last sexual intercourse (Oaneş, 2005a).

In 1999, the non-use of contraception is five times higher among adolescents and four times higher for women from the age-group 20-24 among all sexually active Romanian women, as compared to the situation for female students. Another substantial difference between the contraceptive behaviour of all sexually active Romanian women and that of the female students refers to the amount of the use of modern contraception, whose value is seven times lower for the age group 15-19 years and over 3.5 times lower for the next age-group compared to the students' (10%, respectively 19.2% versus 68.5%). Withdrawal is used two times more among the whole sexually active population of Romanian women than among female students (32% compared to 15%).

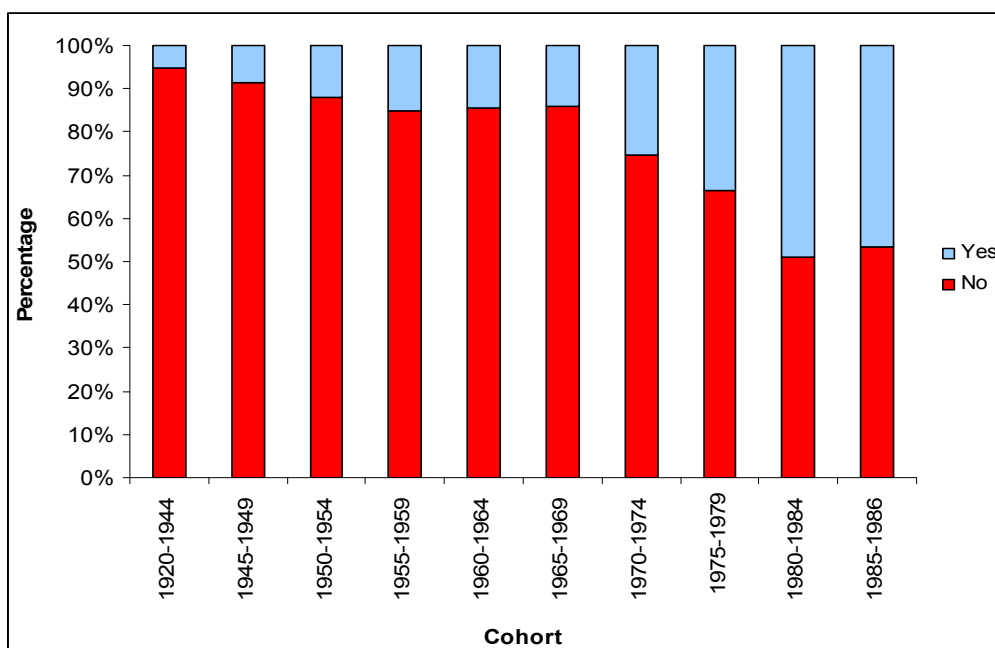
The survey 2004DLRW realized in the year 2004 has collected data about the use of contraception at first sexual intercourse with the purpose of avoiding unwanted

pregnancies. The results of the inquiry show that only 1 out of 5 women from the sample have used one method of contraception at the first sexual intercourse, and over three thirds of the women from the sample did not use any means of contraception at their sexual life initiation.

If we analyze the dynamics of using contraception at first sexual intercourse among young women, we can conclude that, despite an improvement of the situation in time, the level of contraception non-use remains at quite high values. The non-use of contraception at the first sexual intercourse among the young women is lower compared to the whole population of women and compared to the level of contraception non-use in 1996. Thus, if in the year 1996, three thirds of young women have not used contraception at the beginning of their sexual life, in the year 2004, the percentage of contraception non-use has reduced to 41%. Female students are the most cautious in what contraception concerns, only 16% declaring they did not protect themselves at the moment of their first sexual intercourse.

The situation of contraception non-use presents differences from one cohort to another on the research 2004DLRW. Thus, if for the cohorts born until 1974, the level of contraception non-use at the first sexual intercourse reaches values between 80-90%, starting with the cohorts born after 1975, we can notice a diminution of the percentage of contraception non-use until the value of 54% (Graph 3).

Graph 3. Use of contraception at first sexual intercourse on cohorts on the research 2004DLRW



For the older cohorts, namely those who started their sexual life in the years 1955-1960, the high percent of contraception non-use is explained by the lack of modern means of contraception and by the use of the abortion as method of birth control. For the cohorts who started their sexual life in the Romanian pro-natalist policy period (1968-1989), the high level of contraception non-use has more than one possible explanation: the lack of access to the modern contraceptives, the nuptial context of the first sexual intercourse, the encouragement of births.

Similar to the first sexual intercourse, we have tried to intercept, with the data of 2004DLRW, the measure in which the contraception at the first sexual intercourse is associated with factors such as: the historical region of residence, the place of residence, the level of instruction and the intensity of church attendance. In this case too, the variable “education” refers to the last educational level respondents finished at the moment of the interview and not to the educational level women were situated at the moment of their first sexual intercourse. Thus, in our sample there are women who have continued their studies after the entrance in the adult sexual life, so we cannot identify what point in the educational career women have reached in the moment of their first sexual intercourse; for this reason, we have to “read” the results of the statistical testing for this variable with caution.

In order to verify if there is an association between the use of contraception and the four factors, we used the significance test “chi-square”, as for the analysis on the sexual initiation. Data from the contingency table obtained after the successive application of this test between the use of contraception at first sexual intercourse and the four independent variables suggest a statistical significant association for the first three pair of variables. As resulted from Table 8, the value of chi-square is a significant one in the first three situations, taking into account that the probability level is lower than the conventional level of 0.05. Between the variables the “level of church attendance” and the “use of contraception” there is no association, as for the obtained value of chi-square, the level of significance of 20% is too high to be able to reject the chance as possible explanation of the relationship between the two variables.

Table 8. Factors associated with the use of contraception at first intercourse on the research 2004DLRW

Use of contraception at first intercourse and	Chi Square value	Degrees of freedom	Sig.
Historical region	33.514	6	0.001
Place of residence	50.325	4	0.001

Education	109.034	10	0.001
Religion	3.644	2	0.162

In order to investigate which is the direction of the association between the three pairs of variables, we have analyzed the contingency tables for each pair of variables. Table 9 presents the direction of association between the use of contraception at the first sexual intercourse and the historical region of residence. We can observe that the respondents from Bucharest use contraception to a greater degree at their sexual life initiation (32.3%). The first place of contraception non-use belongs to the women from the Southern part of the country (84.6%), where we have already seen there is the biggest percentage of women who start their sexual life at a precocious age.

Table 9. Association between historical region and use of contraception

Historical region	Use of contraception		Total
	yes	no	
Transylvania	19.5	80.5	100
Walachia	15.4	84.6	100
Moldavia	21.0	79.0	100
Bucharest	32.3	67.7	100
Total	19.6	80.4	100

In what concerns the direction of association between the place of residence and the use of contraception at the first sexual intercourse, we can observe that the methods of contraception are used to a great extend by the respondents from the big towns (28.5%), where women avoid the occurrence of the unwanted pregnancies and the risk of the sexually transmitted diseases, not only by using contraception, but also by postponing the debut of the adult sexual life. In opposition, in the rural areas, where the beginning of the sexual life is most precocious, the level of contraception non-use at the first sexual intercourse is the highest (85.8%), fact that exposes the category of women from the villages to a high risk of unplanned pregnancies and of sexually transmitted diseases (Table 10).

Table 10. Association between place of residence and use of contraception

Place of residence	Use of contraception		Total
	yes	no	
Big towns	28.5	71.5	100
Small towns	17.7	82.3	100
Villages	14.2	85.8	100
Total	19.6	80.4	100

Table 11 shows the results of the association between the education and the use of contraception at first sexual intercourse. The higher the educational level of the respondents, the higher is the percent of contraception use at the beginning of the sexual life. Thus, the graduates of university have used the contraception to a great extent at their first sexual intercourse (34.7%), while respondents who graduated only four classes have registered the highest level of contraception non-use at the first sexual intercourse (92.2%). These results highlight once more the idea that education plays an important role in shaping the sexual and contraceptive behaviour, through an easier access to the information related to the means of contraception, and by the fact that education allows the raise of the awareness about the risk of the unwanted pregnancies and of sexually transmitted diseases. And such risks are underlined by a too precocious sexual debut and by neglecting contraception at the first sexual intercourse.

Table 11. Association between education and use of contraception

Level of education	Use of contraception		Total
	yes	no	
Primary school	7.8	92.2	100
General school	8.1	91.9	100
Professional school	16.6	83.4	100
Secondary school	24.6	75.4	100
College	28.2	71.8	100
University	34.6	65.4	100
Total	19.6	80.4	100

CONCLUSION

In many societies a relatively high dissociation between sexuality and marriage and between marriage and fertility has happened lately. This tendency has also been noticed in Romania in the last seventeen years. Thus, the median age at the first sexual intercourse has decreased in Romania at younger generations compared to the older ones, because of a more precocious physical maturation, but also as a result of the changes in values and attitudes. The transformation of the sexual behaviours at younger generations can be attributed to some extent to the effects of contagion, of borrowing of behavioural models from one group to another or from one society to another. The action of this factor in Romania has been stronger in the period following the fall of the communist regime, especially because of the extraordinary expansion of the mass-media.

The age at the first sexual intercourse and the use of contraception at the first sexual intercourse are associated with demographical and social factors. Education plays an important role in the postponement of the sexual life initiation and influences

positively the use of contraception at the first sexual intercourse. Women from the urban areas begin their sexual life later and use contraception to a greater extent as compared to women from the rural areas. Women from the Southern part of the country register the highest risk of unwanted pregnancies and of acquiring sexually transmitted diseases, as long as they report the most precocious sexual debut and the greatest level of contraception non-use at their first sexual intercourse.

The tendency over a diminution of the debut age at the first sexual intercourse among the younger generations of Romanian women combined with the quite high level of contraception non-use at first sexual contact, especially among Romanian teenage women who live in under-privileged areas – from the rural fields and with a low educational level – contributes to the perpetuation of quite high levels of unwanted pregnancies, abortions, and sexually transmitted diseases in Romania, compared to other developed European countries.

From an international perspective, the changes in the sexual behaviour of women had spread with geographical patterns which are similar to the diffusion of conjugal behaviour associated to the second demographic transition. By comparing the generations born at the beginning of the 1950s and 1980s, we can notice that in all countries: the first sexual intercourse is more precocious with the younger cohorts; there is a wider use of contraception; and there is a gender convergence in age at first sexual intercourse. Furthermore, in the countries which were the heralds of the change in sexual behaviour, with the cohorts born in the 1980s the median age at first sexual intercourse is lower for women than men, and there are signs indicating that other countries will follow the same route. However, the differences among countries do not diminish, so that the diffusion process has not stabilized yet. At the beginning of the twenty-first century we still cannot talk about a homogenous diffusion of a precocious sexuality in the developed countries. In some countries, the generations born at the end of the 1980s are less precocious than the generations born at the beginning of the same decade. The “diffusionist” idea will therefore need to be further explained in detail, taking into account at least the idea of a “period effect”, i.e. of trends affecting the different countries despite the “level” of sexual revolution (Billari et al. 2007).

This paper reinforces the idea of the existence of strong local characteristics, which become more obvious when aspects of the sexual behaviour are multiplying. Our data show that to describe the individual differences we need to look at individual characteristics on one side, and the effect of the social control institutions. These variables are distributed in such a different way in the single countries that the

geographical peculiarities of the sexual behaviour can be partly revealed. However, even when these variables are controlled for, there remain some significant differences among the sexual behaviour and in the values and attitudes underlying it (Billari et al. 2007). We can not confine our attention to a few parameters. Instead, it is necessary to consider the sexual and affective life in its complexity. Only in this way we can have some research results which can be actually useful to inform whoever needs to design educational campaigns for a more responsible sexuality among youths.

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