

THE SOCIAL ORGANIZATION OF UNIVERSITY STUDENTS' FIRST HETEROSEXUAL INTERCOURSE IN SLOVENIA

Abstract. *The article presents the results of the first national study on the intimate lifestyles of university students in Slovenia, focusing on the analysis of the social conditions in which the first heterosexual intercourse (FHI) is placed in. After taking account of relevant theories on social changes in the sphere of intimacy and sexuality in late modernity (Giddens, Bauman), the authors argue that it is largely the social forms of sexuality and not the content that have changed significantly. The article concentrates on two research questions: first, whether the experience of the FHI is closer to Giddens' concept of a pure relationship or to Bauman's pure sexual encounter and whether the type of social relationship in which the FHI was embedded is linked to its content (especially the motives and feelings accompanying it); and second, whether the social relationship in which students experienced their FHI is indeed free from social constraints (e.g. gender, social status and religiosity). Data confirm strong link between the type of relationship in which FHI happened and the modalities of this sexual experience. FHIs embedded in committed relationships (CRs) differ from those occurring in uncommitted relationships (URs) although the differences had various strengths.*

Keywords: *university students, sexuality, gender, first intercourse, contraception, intimacy*

Social forms of contemporary sexual life and its content

Although theorising on the transformations of sexuality in the contemporary Western world is characterised by divergent conclusions, there is a basic consensus that it is mostly the social forms of sexuality and not its content

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that have changed significantly in the last few decades. If there have been changes in the content of sexual life, i.e. in the scope and frequency of sexual activities and in the meanings individuals ascribe to them, they have largely been induced by the transformation of the social relationships in which these activities take place. Yet there are obvious disagreements about the character of change of the social forms in which sexual life is organised. That is well epitomised by Giddens' concept of 'pure relationship' (Giddens, 1992a) and Bauman's 'free-floating sexuality' (Bauman, 1999). According to the former, contemporary sexuality is mostly embedded in intimate partnerships which are getting increasingly egalitarian, democratic and self-referential. 'Pure relationship' is a radically new social form in which the partners negotiate (among other things) their sexual activities. In contrast to Giddens, Bauman argues that in post-modern societies sexuality has freed itself not only from reproduction but also from its embeddedness in intimate ties. Therefore, the prevailing social forms in which contemporary sexuality is organised are brief encounters of sexual sensation seekers, which imply almost no intimacy and do not entail any long-term mutual obligations.

For our purposes, Bauman's and Giddens' opposing accounts of trends of change in the social and cultural organisation of sexuality will be seen as definitions of the endpoints of a continuum of social forms in which in contemporary Occidental sexual activities can take place. But this is hardly a contemporary phenomenon. What is really new is that various social relationships in which contemporary sexuality is organised are treated as legitimate. Seen from this perspective, Bauman's and Giddens' and many other accounts of current transformations of sexuality (see Schmidt, 1998; Sigusch, 1998) point primarily to the unprecedented pluralisation and differentiation of the social and cultural organisation of sexuality. These processes may have influenced some change in the scope and frequency of sexual activities and it seems even more plausible that they are related to a substantial change in both motives for sexual activities and the meanings individuals ascribe to them.

As the pluralisation of the social forms of sexuality confronts the individual with a 'cacophony of options' (Weeks, in Schmidt, 1998: 227), sexual life styles are decreasingly ascribed on the basis of one's social status and other social characteristics but can be more or less voluntarily selected or even created according to individual preferences. That is why individuals' sexual life styles are – like other aspects of their life styles – socially increasingly 'free-floating' in the sense they are socially highly undetermined and thus individualised and idiosyncratic (Giddens, 1992b: 54).

In this article, we will draw on the idea of the pluralisation of sexual life and its growing social free-floatedness. This will be the general background for our analysis of selected data from a survey of sexual behaviour

and attitudes of university students in Slovenia. Two research questions are dealt with in this framework: the first focuses on the social forms in which students in Slovenia experienced their first heterosexual intercourse (FHI).¹ More specifically, the paper explores whether among students in Slovenia this experience is – as far its social organisation is concerned – embedded in committed relationships (CRs) or it takes place in more or less fleeting encounters (i.e. in uncommitted relationships (URs)).² Assuming that entry into partnered sexual life of students in Slovenia is marked by pluralisation, we expect that the percentages of students who experienced FHI in CRs and in URs will not differ significantly and that many FHI took place in relationships which are located ‘in between’. In addition to that, we will also try to find out whether the type of social relationship in which FHI took place was linked to its ‘content’, especially to the motives guiding it and feelings accompanying it. The topic of the second question is the social free-floatedness of FHI. In this context we will analyse whether the ‘choice’ of social relationship in which the Slovenian students experienced their FHI was indeed free from social constraints, such as gender, social status and religiosity.

The decision to limit our analysis to the FHI is based on a consensus that even in societies with a permissive sexual culture this experience has an exceptional symbolic value (see Laumann et al., 1994: 321) and represents on the personal level ‘one of the most central turning points in the sexual life course’ (Haavio-Mannila et al., 2002: 51). Moreover, it not only ‘summarises’ the process of sexual growing up, but it also ‘predicts’ some key characteristics of the subsequent sexual life-course (see Bozon, 1996; Bozon, Kontula, 1998; Kontula, 2009). Considering that, it can be assumed that data regarding the modalities of FSI can provide an important insight into both the prevailing patterns of the social organisation of sexuality and their role in conditioning the key events in individuals’ sexual life-courses.

As far as the first research question is concerned, our data shed light on the difference between the students who experienced their FHI in a CRs or URs with regard to their and their partner’s age at its occurrence, the motives for it, its planning, the ‘distribution’ of initiative and the use of contraception. Drawing on the claim that the social forms in which sexual activities take place influence the modalities of these activities, we hypothesise that the FHI of students in Slovenia which occurs in CRs differs in all

¹ To simplify the analysis we will only focus on the first heterosexual intercourse, more precisely the first heterosexual vaginal intercourse.

² Our questionnaire implied that a relationship is a committed one when two persons ‘date each other’, i.e. when they consider themselves a couple and that others see them in the same way. All other relationships between sexual partners – although they may differ in many respects – are for the purposes of this analysis categorised as uncommitted ones.

mentioned respects from those experienced in URs. Since establishing and maintaining a partnership is time-consuming (not to mention the other necessary 'investments')³, we expect that both partners who experienced their FHI in a CR were (at the time it happened) on average older than those who experienced it in an UR (H1). The other expected differences are in our view mostly an expression of the different scope and intensity of intimate communication which both types of relationships entail. It is anticipated that motives (H2a), planning (H2b), initiative (H2c) and level of consensus (H2d) regarding FHI are much more coordinated in CRs than in the URs. Students in a CR use contraception during their FHI more often than those in an UR (H3) since we expect CRs to be more coordinated.

When dealing with the second question, i.e. to what extent the 'selection' of the type of relationship in which students in Slovenia experienced their FHI was conditioned by structural social forces, we assume that despite the individualisation of sexual life styles the differences in the interactional context of FHI are not coincidental but related to various aspects of a student's social status. In particular, we expect this difference to be systematically related to their father's and mother's educational status, their own educational attainment (measured by their average grade in the last year of secondary school), their religiosity (measured by church attendance and the importance they attribute to religion) and the mode of sexual socialisation (measured by the importance of mother's role in it)⁴. These social factors condition the level of social control over students' sexual behaviour, which in turn is reflected in the 'choice' of relationships in which the FHI is experienced. In a permissive sexual climate a high level of social control does not imply that adolescents are expected to abstain from sexual activities, but only that they conduct them in socially and culturally most legitimate forms. Although different social forms of sexual life are socially acceptable, different versions of sexually exclusive monogamous relationships still hold both normatively and behaviourally a privileged place among them (Bernik, Klavs, 2011: 168–175; Schmidt, 2006: 114–115). On this basis it can be hypothesised that students whose parents have a higher educational status (H4a), better educational performance (H4b) and a significant mother's role in their sexual socialisation (H4c) experience FHI more often than their counterparts on the other side of the social continuum in the most legitimate social form, i.e. in a CR. The same also applies to religiosity, i.e., we hypothesise that religion no longer constrains sexual activities, but channels

³ *But there is no doubt that a committed relationship, once established, significantly facilitates access to a sexual partner.*

⁴ *As indicated by some surveys (Bernik, Klavs, 2011: 135–137; Schmidt, 1993: 51–52), mothers on average play a significant role in sexual socialisation, especially in the socialisation of women. That is why we expect that the presence or absence of a mother's socialisation role makes a difference.*

them into the most socially desired social forms. We therefore expect that students with a higher level of religiosity experience FHI to a greater extent in a CR than their less religious peers (H4d).

All four hypotheses will also be checked for gender differences. Although majority of surveys on sexual behaviour find (at least) some gender differences (see e.g. Billari et al., 2007; Bozon, Kontula, 1996; Klavs, 2002), we nevertheless do not expect significant gender differences in the FHI experience due to the process of gender equalisation.

Methodology and sample

Our data were collected through a web survey conducted at the three largest public universities in Slovenia (Ljubljana, Maribor and Primorska) from December 2010 to March 2011. Respondents were recruited in several ways:

- by email invitation (using mailing lists of students at the University of Maribor, the University of Primorska and the Student Organisation of Ljubljana);
- by invitation on the official faculty webpages (University of Ljubljana and University of Primorska); and
- by personal invitation to the survey by the research team's colleague professors.

Altogether 13,579 students accessed the first page of the survey. After data cleaning we obtained a nonprobability sample of 5,578 students,⁵ 18 to 26 years of age.⁶ The sample consists of 27% male and 73% female students. 43% come from an urban, 17% from a suburban and 40% from a rural environment. The average age of the students is 22.21 years with a standard deviation of 1.98 years. Most of them live with their parents (43%), 28% in a rented apartment, 20% in student dormitories, 7% in their own apartment and 3% in other arrangements. 65% of the male and 76% of the female Slovenian students who participated in the study had a steady partner when the

⁵ Compared to available population data (Statistični urad Republike Slovenije, 2015) the sample is relatively representative. In academic year 2010/11 there were 39% male and 61% female students (sample: 27% male, 73% female), 74% were regular and 26% part-time students (sample: 74% regular, 26% part-time) and 49% were 1 cycle, 11% 2 cycle and 3% 3 cycle bologna students and 37% were "old" undergraduates and 1% "old" postgraduates (sample: 52% 1 cycle, 11% 2 cycle and 3% 3 cycle bologna students and 33% "old" undergraduates, 1% "old" postgraduates). Considering these characteristics, together with a relatively large sample size we believe the findings are relatively valid and reliable, despite the sample not being representative in the strictly statistical sense. Of course, the limitation in the sense of the generalizability of results for the population remains the main methodological limitation of this study.

⁶ In Slovenia, the majority of students begin their studies right after secondary school (18 or 19 years of age). The average age upon graduating from university is 26 years.

survey was conducted, but there is also a clear sign of the fragility of CRs: by the time of the survey Slovenian male students had on average had 3.6 steady partners and the female ones 2.8.

The majority declare themselves exclusively (72%) or mostly (20%) heterosexual and 3% as bisexual. Few in the sample declared themselves exclusively (nearly 2%) or mostly (a little more than 1%) homosexual. Few are unsure about their sexual orientation (0.7%) and for some of them these categories seem inappropriate (2%). In this paper we are only using that part of the sample that declared themselves exclusively heterosexual (n=3,956). Even though sexual lifestyles are not ascribed any more (e.g., by social status), but voluntarily selected according to individual preferences, sexual experiences and attitudes are still very much gender-specific; therefore, separate analyses were performed for the male and female students.

The following variables were used in the analyses:

1. Type of relationship in which the FHI was experienced was measured by the item 'With whom did you have your first vaginal intercourse?', with the following possible response categories: with someone I was in a relationship with; with someone I had known for some time, but we were not in a relationship; with someone I had known for only a short period of time; with someone I had met for the first time; other. In some analyses the variable was dummy coded as 'in a CR' (with someone I was in a relationship with) and 'in an UR' (with someone I had known for some time, but we were not in a relationship; with someone I had known for only a short period of time; with someone I had met for the first time).
2. Motives for the FHI were measured by the item 'What was your most important motive for your first vaginal intercourse?', with the following possible response categories: I was curious; I was carried away by my feelings; most of my peers had already had this experience; it was the logical next step in our relationship; I was drunk; I was under the influence of drugs; I wanted to lose my virginity; I was in love; I don't remember; other.
3. The level of planning was measured by the item 'Which of the following statements best describes the situation that led to your first vaginal intercourse?', with the following possible response categories: it just happened; I had expected it to happen soon, but I didn't know when; I had expected it to happen at that time; I planned it to happen at that time; we planned it together to happen at that time; other.
4. Initiative was measured by the item 'Who initiated your first vaginal intercourse?', with the following possible response categories: both the same; he/she did; I did.
5. Consensus was measured by the item 'Would you say that your first vaginal intercourse...', with the following possible response categories: you

- also wanted it; he/she convinced you into it; he/she forced you into it.
6. Contraception use during the FHI was measured by the item 'Did you use any of the following methods of contraception?', with the following possible response categories: condom; pill; morning after pill; douche; withdrawal; I did not, but I do not know about her; I did not use any method; IUD (Intra Uterine Device); other methods.
 7. Father's and mother's education level was measured on a 6-point scale with the following possible response categories: (un)finished primary school; 2- or 3-year vocational school; 4-year secondary school/grammar school; professional college; university; masters or PhD. In the logistic regression the response categories were pooled into three categories: primary school/vocational school; 4-year secondary school/professional college; university/masters/PhD.
 8. Student's high school performance was measured on a 4-point scale with the following possible response categories: sufficient; good; very good; excellent.⁷
 9. Church attendance was measured on a 6-point scale with the following possible response categories: every week; 2-3 times per month; at least once a month; sometimes, for important festivities and special occasions; less frequently; never.
 10. Mother's role in sexual socialisation was measured by the item 'Who or what was an important source of information about sexuality at the time you were growing up?', with the following possible response categories: TV; books; mother; pornography; peers; Internet; sexual partners; father; medical staff; youth magazines; other. Respondents selected each response by writing yes or no. In our analyses only the responses for 'mother' were considered.

Relationships between sexual partners at FHI and their implications

In this section we present the results regarding the context of FHI – age of partner at FHI, the level of planning, consensus and initiative, use of contraception and in which circumstances the FHI happened. An independent samples t-test and χ^2 test were used as methods of analysis.⁸

⁷ In Slovenia, students' performance in secondary education is measured on a 5-point scale with the following descriptive labels: 5 – excellent, 4 – very good, 3 – good, 2 – sufficient, 1 – insufficient (not pass). The latter category was meaningless for our respondents since high school students whose performance is marked 'insufficient' do not finish high school and therefore cannot enroll in the university.

⁸ Owing to different distributions of missing values on different variables the number of respondents differs somewhat among different tables. However, for each analysis we wanted to keep as many valid responses as possible.

Table 1 shows differences in mean age at FHI by gender. For both genders the median age at their FHI was 17 years (the mean age for males being 17.46 and for females 17.11).⁹ However, differences with regard to experiencing FHI in a CR or an UR relationship are statistically significant for males, but not for females, therefore only partly confirming H1.

Table 1: MEAN AGE AT FHI, BY GENDER AND TYPE OF RELATIONSHIP

	FHI	Mean	Std. Deviation	Std. Error (Mean)
Male	CR (n = 581)	17.64	1.831	.076
	UR (n = 357)	17.18	2.142	.113
Female	CR (n = 1,780)	17.12	1.931	.046
	UR (n = 664)	17.09	2.026	.079

Males $t = 3.47$ ($p = 0.001$); females $t = .302$ ($p = .763$)

Source: Kogovšek, Tina et al., 2011.

Among male students the mean age for the former was 17.64 years for the CR and 17.18 years for the UR, but there was no similar age difference among the female students (17.12 in the CR and 17.09 in the UR).

The link between the type of relationship in which the FHI was experienced and the motives for it is clearer (Table 2). Both female and male students whose FHI was embedded in a CR reported that their main motive had been being in love (37% and 29%, respectively) or a 'logical next step in our relationship' (37% and 38%, respectively). For the 'uncommitted' males, the main motives were being overwhelmed by feelings (31%) and curiosity (23%). Being in love was the main motive for less than 10% of those males, but it was the most prevalent motive for their female counterparts (25%).

When supplementing the differences in motives with the fact that approximately one in ten of both the male and female students in URs was drunk during their FHI, whereas the corresponding percentage of those who experienced it in a CR was negligible, there is not much doubt that the 'uncommitted' students, especially the male ones, experienced their FHI in a much more uncontrolled and impulsive way than their 'committed' counterparts. Therefore, it is not surprising that the latter reported a much higher level of planning for this event than the former (Table 3), thereby confirming H2b (planning). The highest shares of male and female respondents with a steady partner reported that they had expected their FHI would happen soon, but they had not known when (37% and 32%, respectively) and that they had planned it together (24% and 26%). For approximately two out of ten of them it 'just happened'. In sharp contrast, the most 'uncommitted'

⁹ In our sample 4% of the male and 3% of the female students had still not experienced heterosexual (vaginal) sexual intercourse.

students reported (56% of males and 45% of females) that it ‘just happened’. Less than one in ten of these students had planned the occurrence of their FHI with his or her sexual partner.

Table 2: THE MOST IMPORTANT MOTIVE FOR THE FHI, BY GENDER AND TYPE OF RELATIONSHIP (%)

			I was curious	I was carried away by my feelings	Most of my peers had already had this experience	It was the logical next step in our relationship	I was drunk/ under the influence of drugs	I wanted to lose my virginity	I was in love	Other
Male	FHI	CR (n = 581)	11.2	13.1	.3	37.9	.2	4.8	29.1	3.4
		UR (n = 358)	22.6	31.0	1.1	3.9	12.0	12.0	8.1	9.2
	Total (n = 939)	15.5	19.9	.6	24.9	4.7	7.6	21.1	5.6	
Female	FHI	CR (n = 1,782)	9.5	10.5	.7	36.5	.6	1.7	37.3	3.2
		UR (n = 664)	22.6	22.3	2.7	3.8	9.3	7.2	25.3	6.8
	Total (n = 2,446)	13.0	13.7	1.2	27.6	2.9	3.2	34.0	4.2	

Males $\chi^2 = 299.70$ ($p < .001$); females $\chi^2 = 523.46$ ($p < .001$)

Source: Kogovšek, Tina et al., 2011.

Table 3: THE DEGREE OF PLANNING THE FHI, BY GENDER AND TYPE OF RELATIONSHIP (%)

			It just happened	I had expected it to happen soon, but I didn't know when	I had expected it to happen at that time	I had planned it to happen at that time	We had planned it together to happen at that time	Other
Male	FHI	CR (n = 580)	20.9	37.1	12.1	4.0	23.8	2.2
		UR (n = 357)	56.3	15.7	8.1	3.9	7.8	8.1
	Total (n = 937)	34.4	28.9	10.6	3.9	17.7	4.5	
Female	FHI	CR (n = 1,775)	17.7	32.4	17.2	4.5	26.0	2.3
		UR (n = 664)	44.6	21.5	14.2	4.7	8.7	6.3
	Total (n = 2,439)	25.0	29.4	16.4	4.5	21.3	3.4	

Males $\chi^2 = 167.75$ ($p < .001$); females $\chi^2 = 252.17$ ($p < .001$)

Source: Kogovšek, Tina et al., 2011.

The claim that the FHI experience is patterned by the type of social form in which it is embedded can be further supported by the data on the

'distribution' of initiative at the FHI (Table 4) and the respondents' feeling that the FHI was (or was not) consensual (Table 5). A majority of both male and female students who experienced it in a CR reported that the initiative was mutual (69% and 61%, respectively). Mutual initiative was also reported by the majority of 'uncommitted' males (59%), but 49% of the females claimed the initiative came from their partners and 47% that it was mutual. The gender divergences in the assessment of initiative in URs can also be illustrated by the fact that one-quarter of the males who experienced their FHI in this type of relationship reported that it was initiated by their partners, whereas only 5% of their female counterparts reported that they had taken the initiative. Differences were statistically significant for both genders, therefore giving empirical support for H2c (initiative).

Table 4: INITIATIVE AT THE FHI, BY GENDER AND TYPE OF RELATIONSHIP (%)

			Both the same	He/She did	I did
Male	FHI	CR (n = 581)	69.0	14.6	16.4
		UR (n = 358)	59.2	24.6	16.2
	Total (n = 939)		65.3	18.4	16.3
Female	FHI	CR (n = 1,782)	61.1	31.7	7.2
		UR (n = 664)	46.5	48.6	4.8
	Total (n = 2,446)		57.1	36.3	6.6

Males $\chi^2 = 15.17$ ($p = .001$); females $\chi^2 = 60.39$ ($p < .001$)

Source: Kogovšek, Tina et al., 2011.

Table 5: CONSENSUS AT THE FHI, BY GENDER AND TYPE OF RELATIONSHIP (%)

			You also wanted it	He/She convinced you into it	He/She forced you into it
Male	FHI	CR (n = 84)	91.7	7.1	1.2
		UR (n = 88)	88.6	9.1	2.3
	Total (n = 172)		90.1	8.1	1.7
Female	FHI	CR (n = 564)	75.2	23.8	1.1
		UR (n = 322)	59.3	38.2	2.5
	Total (n = 886)		69.4	29.0	1.6

Males $\chi^2 = .53$ ($p = .766$); females $\chi^2 = 24.78$ ($p < .001$)

Source: Kogovšek, Tina et al., 2011.

The majority of our respondents reported that their FHI had been consensual, i.e. that not only their partner but also they had wanted it. In this respect, there was no difference between the male students in CRs and URs – approximately nine out of ten of them reported their FHI had been based on mutual consent. At the same time, 75% of the female students in CRs and 59% in URs claimed the same. In addition, less than one in ten of the male students reported they had been persuaded into their FHI by the partner.

Table 6: CONTRACEPTION USE AT THE FHI, BY GENDER AND TYPE OF RELATIONSHIP (%)

		Contraception Use at the FHI, by Gender and Type of Relationship (%)									
		Condom	Pill	Morning after pill	Douche	Withdrawal	I did not, but I do not know about her	Had not used any method	IUD	Other methods	
Male	FHI CR (n = 581)	82.3	22.2	4.3	1.7	13.4	0.2	3.1	0.2	1.0	
	UR (n = 358)	70.4	12.3	4.2	0.8	13.1	5.9	8.9	0.0	0.3	
	Total (n = 939)	77.7	18.4	4.3	1.4	13.3	2.3	5.3	0.1	0.7	
Female	FHI CR (n = 1,782)	82.9	23.0	3.3	1.5	12.0	0.1	2.7	0.1	0.7	
	UR (n = 664)	74.5	11.9	5.1	0.9	17.3	2.0	9.0	0.2	0.2	
	Total (n = 2,446)	80.7	20.0	3.8	1.3	13.4	0.6	4.5	0.1	0.5	
χ^2		Value p	Value p	Value p	Value p	Value p	Value p	Value p	Value p	Value p	
Male		18.07 <0.001	14.48 <0.001	.01 .934	1.27 .261	.02 .897	31.39 <0.001	14.99 <0.001	.62 0.432	1.70 .192	
Female		21.84 <0.001	37.33 <0.001	4.33 .037	1.36 .244	12.00 .001	30.74 <0.001	44.90 <0.001	.06 0.809	2.50 .114	

Source: Kogovšek, Tina et al., 2011.

The corresponding percentage among women in URs was 38% and 24% in CRs. However, the differences were only statistically significant for the females, therefore only partly confirming H2d (level of consensus).

Surprisingly, the clear difference between the 'committed' and 'uncommitted' students in the planning of the FHI is not reflected in the use of contraception during the FHI (Table 6). Slightly more than 80% of both the male and female students in CRs used condoms during the FHI, whereas the corresponding percentage in URs was 70% for males and 75% for females. In addition, among the former 12% (slightly more males than females) relied on *coitus interruptus* at the FHI and among the latter 16% (slightly more females than males). Nevertheless, the differences in the use of not 'instantly' negotiable and applicable means of contraception, like the pill, were more pronounced. More than 20% of the 'committed' students reported using the pill at their FHI, but the corresponding percentage among the others was 12%. The percentage of students who did not use any contraception during the FHI is much lower among those who experienced it in a CR than in an UR (3% and 9%, respectively, with negligible gender differences in both cases). Therefore, there is no univocal empirical support for H3 (contraception use). These figures suggest that the topic of safe sex is an almost inevitable part of intimate communication even in URs (cf. Træen, Gravningen, 2011).

The social organisation of the FHI: Socially conditioned or 'free-floating'?

Our second research question focuses on certain social forces, which may influence the variation of the social forms in which the FHI takes place. As already indicated, we expect that students who were better integrated into society and were more exposed to social control experienced it more often in a CR than the others. More specifically, we hypothesise that the percentage of students in Slovenia who experienced their FHI in this type of relationship increases with their educational attainment at the end of secondary school, their religiosity and church attendance and with the social status of their parents (measured as the mother's and father's educational status). The method used here was a logistic regression with a binary dependent variable (the type of relationship in which students experienced their FHI: committed or uncommitted). Two separate logistic regressions were performed for the males and females (see Table 7).

Contrary to our expectations, father's and mother's education as well as the mother's role in sexual socialisation were not statistically significantly related to the type of relationship in which our respondents' FHI took place (H4a and H4c not confirmed). Neither the male nor the female students with highly educated fathers and mothers experienced it more often in a

CR than their counterparts whose fathers and mothers had a low educational status.

Table 7: RESULTS OF THE LOGISTIC REGRESSION

Gender		FHI in CR (%)	Wald	p	odds ratio	95 % C.I. for O.R.	
						Lower	Upper
male	father's education ^a		3.646	.162			
	secondary	65.0	2.799	.094	1.345	.950	1.903
	college +	63.4	.006	.936	1.018	.665	1.557
	mother's education ^a		7.365	.025			
	secondary	58.6	1.765	.184	.781	.542	1.125
	college +	68.3	1.127	.288	1.269	.817	1.971
	high school performance ^b		1.911	.591			
	good	61.6	.758	.384	1.272	.740	2.189
	very good	64.8	1.213	.271	1.361	.787	2.354
	excellent	64.2	1.730	.188	1.544	.808	2.950
	Church attendance ^c		6.691	.245			
	2-3 times monthly	57.1	4.513	.034	.360	.140	.924
	at least once a month	68.4	.879	.348	.621	.230	1.680
	for important festivities and special occasions	59.8	5.236	.022	.418	.198	.882
	less frequently	64.1	3.411	.065	.484	.224	1.045
	never	62.8	4.301	.038	.453	.214	.957
mother's socialisation (yes) ^d	66.4	.354	.552	1.138	.744	1.741	
Constant		20.599	.000	1.964			
female	father's education ^a		1.186	.553			
	secondary	75.2	.673	.412	1.099	.877	1.379
	college +	76.1	.981	.322	1.160	.865	1.556
	mother's education ^a		2.298	.317			
	secondary	75.5	1.079	.299	1.130	.897	1.422
	college +	74.5	.184	.668	.940	.709	1.247
	high school performance ^b		21.335	.000			
	good	69.2	2.494	.114	1.605	.892	2.888
	very good	75.2	6.158	.013	2.089	1.167	3.738
	excellent	80.9	10.982	.001	2.802	1.523	5.152
	Church attendance ^c		14.521	.013			
	2-3 times monthly	82.3	1.155	.283	.671	.323	1.390
	at least once a month	74.2	5.512	.019	.442	.223	.874
	for important festivities and special occasions	72.9	9.214	.002	.419	.239	.735
	less frequently	70.8	11.176	.001	.366	.203	.659
	never	74.6	7.792	.005	.441	.249	.784
mother's socialisation (yes) ^d	75.7	.987	.320	1.107	.905	1.354	
Constant		109.632	.000	3.070			

Reference categories: ^aprimary school; ^bsufficient; ^cevery week; ^dno

Source: Kogovšek, Tina et al., 2011.

The expectation that the respondents' educational attainment at the end of secondary school and the interactional context of their FHI are related was only partly confirmed by the data (H4b partly confirmed). This relationship was statistically significant only for the female students. The higher the secondary school performance the more likely (1.6 to 2.8 times) the female students experienced their FHI in a CR. The same also applied to the level of church attendance (H4d partly confirmed), i.e. only among the female students was the percentage of those who experienced their FHI in a CR statistically significantly increased by church attendance. The greater the church attendance the less likely they experienced their FHI in an UR, although the relationship is not completely linear (the female respondents who had never attended church services were about as likely to have experienced their FHI in a committed CR as those who had attended them at least once a month).

Discussion

Although not homogenous, our data suggest that the prevailing social form in which one's first sexual intercourse takes place is closer to Giddens' ideal-type of 'pure relationship' (i.e., a CR) than to Bauman's 'pure' sexuality. The relationship pattern in which students in Slovenia experienced their FHI is in many respects similar to the results of the international comparative survey of sexual and conjugal behaviour of university students (Billari et al., 2007). On average, there is no difference between the age of those who experienced their FHI in a CR or UR. In this respect, students in Slovenia do not differ much from the youngest generation in the general Slovenian population (see Klavs, 2002). When compared to Billari's international survey of university students, Slovenia belongs to the group of countries (Australia, Japan and the USA) where female students experienced their first sexual intercourse at the same age or earlier than their male counterparts. Among the cultural and social factors, which condition the prevalence of FHI in a CR, the ones, which probably feature prominently, are the norm of monogamy and the social and psychological benefits, which CRs – despite their many pitfalls –, bring to the partners (Kaufmann, 2010: 111–112).

Our research shows that FHI experiences are at least partially influenced and patterned by the type of social form in which it is embedded. If relationship is understood by both partners as committed, this generally means greater control of the FHI in terms of planning, and a higher level of mutual agreement in terms of initiative and consensus. Furthermore, the greater control over the FHI in CRs can also be seen in the motives for FHI, which are seen as the logical next step and an expression of love. While the FHI in URs is less controlled and the motives for it differ, the majority of our

respondents nevertheless report that not only their partner but also they had wanted it. Gender differences found in both types of relationships, but primarily in the UR, are telling: although women reported having wanted the FHI, they also reported a lower level of control over it: if the initiative for the FHI does not come from both partners equally, it is usually the male partner who initiates the FHI and also convinces the other partner to participate.

Our finding that FHIs embedded in a CR are characterised by the greater coordination of partners' preferences, intentions and activities at FHI than those which take place in URs is far from surprising. It nevertheless seems important because it makes it possible to grasp various implications of the different social organisation of FHI empirically and begs an answer to the question of why the majority of Slovenian students experienced their FHI in CRs. As already indicated, this question seems relevant because URs are no longer seen as a culturally unacceptable framework for sexual activities. Nevertheless, CRs are still favoured by the widespread norm of monogamy. Our data do not measure the importance of these cultural constraints, but indicate the importance of the benefits of CRs as a framework in which expectations and activities related to FHI can be mutually coordinated. It seems that partners' mutual coordination is more important the more sexuality is influenced by the processes of individualisation, rationalisation and gender equalisation (Bernik, 2010). The autonomy of sexual partners does not reduce but increases the need for their mutual communication and CRs facilitate this. In comparison to URs, they demand an 'investment' of various resources on the part of both partners. Paradoxically, a CR is vulnerable and unstable especially because of the high stakes both partners have in it.

Interestingly enough, the differences in control over the FHI in CRs and URs are not correspondingly reflected in the use of contraception during the FHI. While motives, initiative and consensus might differ between the two types of social forms in which the FHI occurs, the importance of safer sex seems to be relevant regardless of other social factors. Due to the widely available relevant information on the prevention of STDs (media, Internet), the relatively effective educational process in schools in terms of information about safer sex (although not available in the form of systematic school-based sexual education) and easily accessible contraception (through well-organised network of gynaecological services), the issue of health seems to be an inevitable part of intimate communication when planning or carrying out the FHI.

Finally, our research shows that FHI is more 'free-floating' than heavily socially conditioned. The latter might hold some truth for women, but not for men: neither the parents' educational level (and, consequently, social level) nor the role of the mother in sexual socialisation is statistically

significantly related to the type of relationship in which FHI occurs. Educational performance and religiosity have some impact, but only among women, meaning that the claim that contemporary sexual activities are chiefly influenced by individual preferences and coincidences and not structural social forces applies to the male students only. Nevertheless, the type of relationship in which the female students experienced their FHI was only 'mildly' conditioned by their proximate social characteristics, suggesting that the conditioning effects of structural social forces on the modalities of female students' FHI is limited indeed. Especially religiosity cannot be used as a relevant predictor of one's sexual life.

Despite that, gender difference is obvious and speaks in favour of the claim that women's sexual conduct is, compared with the male one, socially and culturally more 'flexible and responsive' (Baumeister, 2000: 347) and also confirms the still existing sexual double standards (see also Švab, 2010). In this respect, our data are also congruent with the results of a study of social conditioning of the timing of FHI in the general population in Slovenia, which showed that 'women's decisions regarding the timing of their FHI [...] depend more on their social characteristics than men's' (Bernik et al., 2011: 158).

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Conclusion

Our analysis of the social organisation of (hetero)sexual initiation of students in Slovenia involved two focuses. First, we explored whether and how the type of relationship (i.e. a CR or UR) in which the FHI took place was related to modalities of this sexual experience. Second, we analysed whether the variability of the social forms in which the FHI was organised was related to the wider social context in which the students were placed. The article thus tried to empirically address some topics which feature prominently in current theoretical discussions on the transformations of sexualities in high modern societies, especially the claim that social forms in which sexual life is organised are increasingly pluralised and that CRs (in different renderings) are therefore just one of many possibilities of the social organisation of sexuality. We also took into account the idea that sexual life is ever more socially indeterminate, i.e. less related to structural social forces and more to individual preferences and/or coincidences. We assumed that our data on the sexual behaviour of Slovenian students could provide some basis for assessing the empirical relevance of these claims. This assumption was especially underpinned by the idea that students represent a part of the population whose sexual life styles are probably most representative of the trends of change in the field of sexuality.

The simple fact that the majority of students in Slovenia experienced their FHI in a CR and that their subsequent sexual life was socially organised in the same way is rather surprising considering the claim that the process of differentiation and individualisation of sexual life styles allows sexual activities to be organised in many other social forms. As already noted, there are various social and cultural grounds for the prevalence of CRs as an organising form for both the FHI and later sexual life. But the main reason seems to be that CRs are, paradoxically, the 'best solution' for the problems people face in this age of the individualisation and pluralisation of sexual life styles. They provide a relatively robust, although vulnerable, social framework which reduces the surfeit of available options in organising one's sexual life and integrates sexuality into a complex conjugal communication.

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