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## RESEARCH ON YOUNG PEOPLE'S SEXUALITY IN CROATIA AND SLOVENIA, 1971–2008: A SYSTEMATIC OVERVIEW

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### ABSTRACT

*A systematic overview of research on youth sexuality and its main findings in Croatia and Slovenia during the period 1971–2008 is presented. The aim was to analyze the development of a particular type of research in the two countries characterized by an absence of sexological tradition. Research studies from four decades are contextualized – taking into account specific socio-historic and ideological underpinnings – and critically assessed. The analysis highlights the role of international dissemination of ideas and knowledge, particularly in the context of peripheral research communities.*

**Key words:** sex research, young people, sexuality, reproductive health, HIV/AIDS, sexual risk-taking, Croatia, Slovenia

### UN ESAME SISTEMATICO DELLE RICERCHE SULLA SESSUALITÀ GIOVANILE IN CROAZIA E SLOVENIA TRA IL 1971 E IL 2008

#### SINTESI

*L'articolo propone un esame sistematico delle ricerche sulla sessualità giovanile in Croazia e Slovenia tra il 1971 e il 2008. Scopo principale dell'esame era di analizzare lo sviluppo di specifiche modalità di ricerca nei due paesi, caratterizzati entrambi dalla mancanza di una tradizione sessuologica. Il lavoro si propone come un'analisi critica degli studi compiuti negli ultimi quarant'anni, nel rispetto delle specificità dei rispettivi contesti storico-sociali e ideologici. Un breve inquadramento storico della ricerca sulla sessualità giovanile in Croazia e Slovenia getta luce sul ruolo esercitato dalla disseminazione delle idee e della conoscenza, in particolare nel caso di comunità di ricerca marginali.*

**Parole chiave:** ricerche sulla sessualità, giovani, sessualità, salute riproduttiva, HIV/AIDS, rischio sessuale, Croazia, Slovenia

## INTRODUCTION

Young people's sexuality is socially relevant in a myriad of ways. One example is public health concerns. Sexual risk-taking, associated with a lack of information and reckless sexual experimenting, is often the starting point for behavioral studies among adolescents and young adults (Koyama et al, 2009; Santelli et al., 2006; Štulhofer, 1999). On a global scale, young people are among the populations especially vulnerable to HIV and other sexually transmitted infections (STIs) (Hindin, Fatusi, 2009; Panchaud et al., 2000). Thus, levels and predictors of sexual risk-taking are analyzed to inform prevention and intervention programs aiming at protecting young people's reproductive health (Ingham, Aggleton, 2006). Prevention of sexually transmitted infections (STIs) and adolescent pregnancies remains at the core of societal concerns for young people's health.

Another aspect is moral concerns. Traditionally, the topic of sexuality has been a battleground where liberal and permissive social groups would challenge traditionalists, often religiously inspired. In this context, adolescent sexuality has been a particularly sensitive and charged issue. In the second half of the previous century, rising popularity of pre-marital sexual activity marked the end of traditional morality based on the notion of chastity. In this respect, young people's sexual liberation became an almost revolutionary movement, fiercely contested by traditional moral authorities. Although the opposition to pre-marital sexuality – made obsolete by sex-saturated popular culture (McNair, 2002) – mostly disappeared from public life, adolescent sexuality remains a controversial issue, as demonstrated in debates about school-based sex education and concerns regarding young people's exposure to pornography. In this respect, research focusing on sexual risk-taking among adolescents and young adults continues to be more socially acceptable, even in the developed world, than studies that deal with sex-positive, pleasure-oriented topics.

As studies of young people's sexuality often reflect both the health-related and morality-related social relevance, they offer an intriguing insight into relationship between science and society. Reconstructing the development of this research area, especially in countries with no sexological tradition, should not only provide information about changes in sexual mores and associ-

ated pleasures and hazards, but also a view of the social regulation of sexuality articulated within research on youth sexuality.

This paper presents a systematic overview and critical assessment of research studies on young people's sexuality in Slovenia and Croatia.<sup>1</sup> The analysis covers a period of almost four decades, from the early 1970s to the present, tracing cultural and societal changes that influenced research agenda and the ideas about adolescent sexuality that shaped them.

## METHODOLOGY

Several inclusion criteria guided the search for studies to be reviewed. It was decided that only studies with clearly defined methodology, published as research reports or in scholarly journals and books, would be taken into account. This left out unpublished research studies presented at conferences, as they often provide insufficient information about the study design and the type of analyses carried out. When needed, attention was also paid to authors' institutional affiliations and educational background to verify the character of a study.

Relevant studies were searched for using national electronic databases and checking references listed in already selected papers. Studies authored by either medical or social scientists were included. A couple of studies were added to the final list during interviews with key informants. Eight semi-structured interviews were carried out (four in Croatia and four in Slovenia)<sup>2</sup> with some of the individuals who played pivotal roles in research on young people's sexuality during the analyzed period. The interviews were conducted to gain contextual information about the relevant research, particularly in regard to possible restriction regarding research on this topic. Selected studies were analyzed using a standardized matrix in which essential methodological details and main findings were entered (cf. Appendices). The basic findings reported in the appendices are not discussed in the following sections, which focus on the socio-historical contextualization of the studies and their findings.

## RESEARCH ON YOUNG PEOPLE'S SEXUALITY: CROATIA AND SLOVENIA, 1971–2008

The analysis of research on young people's sexuality in Croatia and Slovenia is divided into four periods, tracing main characteristics for both countries in each period.<sup>3</sup>

1 The article is result of a bilateral research project »Socio-cultural and psycho-social aspects of sexual health in young people in Slovenia and Croatia: A review of research studies, 1970–2008« (2009–2010), financially supported by Ministry of Science, Education and Sports of the Republic of Croatia and Slovenian Research Agency.

2 Interviewees for the Croatian part of the project were: Aleksandra Beluhan, Marija Džepina, Vlasta Hiršl-Hečej, Pavel Trenc, and Dunja Obersnel Kveder, Bojana Pinter, Katja Stražičar, and Milena Skubic for the Slovenian part.

3 Information regarding each survey taken into account and basic data from these surveys are presented in tables at the end of the article.

### The 1970s

The seventies were characterized by initial surveys on sexual behavior of young people in Croatia. During the same period, the surveys in Slovenia focused on contraceptive and reproductive behavior rather than the patterns of sexual activity.

#### **Croatia: Western Permissiveness and Socialist Youth**

The first study of human sexuality in Croatia appeared in 1971 (Trenc, Beluhan, 1971). It was a survey of adolescent sexual behavior carried out on a stratified sample of high-school students in the capital city. This focus on young people was motivated by institutional, as well as personal, reasons. The former were related to an expanding focus of service delivery at the Department of Family Planning of the Institute for Mother and Child Welfare in Zagreb. At that time, the Department was moving from catering exclusively to adults to including young people. On a personal level, the study reflected the keen sexological interest (influenced by Kinsey and sex research in Germany in the 1960s) of one of the two authors. The main rationale that the authors stated for carrying out such a novel study was the need for a »scientific inquiry« into claims, popular at the time, suggesting the rampant immorality of youth. The concern was that socialist youth in the former Yugoslavia were becoming decadent and corrupt by Western hedonism expressed primarily in rock music and subcultural lifestyles. Responding to this moral panic, the authors – a psychiatrist and a young sociologist – set out to calm the public (Trenc, Beluhan, 1971, 276–277).

Quite revolutionarily, the study asked about the experiences of masturbation (70% of men and 22% women reported to have masturbated) and the frequency of orgasm. One third of female participants was unable to answer the question or could not understand the question. Overall, the study placed more emphasis on emotional and pleasure aspects of young people's sexuality than on the risk-taking behaviors which would become *de rigueur* in the coming decades. In addition, the authors were interested in measuring the strength of dominant social norms among young people. A large majority of participants (over 80%) considered homosexuality unacceptable. Premarital sex, however, was rejected only by a minority of surveyed high-school students (37% of males and 21% of females).

The study turned out to be a pilot for a similar but larger study carried out a couple of years later on a stratified national sample of high-school students (Trenc,

Beluhan, 1973). In the introduction to the 1973 study, the authors underscored their scientific approach to human sexuality, which they considered instrumental for planning sex educational activities. As with the pilot study, the results of the 1973 study pointed to low levels of contraceptive use and a »regrettable lack of information« about human reproduction and sexuality. Interestingly, while in the 1971 study the authors refer to homosexuality as a »deviant phenomenon,« reflecting the criminal status of same-sex behavior (homosexuality was decriminalized in 1977), two years later they mention it only *in passé* and in a neutral context.

In the conclusion of the 1973 national study, the authors refuted calls to label Croatian adolescent sexuality an example of »pro-Western decadence.« During the next decade, this consistently and openly liberal and moderately permissive standpoint, with its focus on sexual aspects of youth sexuality would be systematically replaced by a more medically-oriented emphasis on sexual risk-taking. For the emerging paradigm, primarily concerned with reproductive health issues, sexuality was becoming an inherently risky activity.

#### **Slovenia: The Focus on Contraceptive and Reproductive Behaviors**

In comparison with Croatia, research on sexuality in general, and on youth sexuality in particular, began in Slovenia only at the end of the 1980s and at the beginning of the 1990s, i.e. in the period of societal and political transition. The 1970s are characterized by the well-developed research on contraceptive and reproductive issues, however this research focused mainly on general population (and was often limited to married women) and did not include questions on sexual behavior.<sup>4</sup>

The question why there is no research on young people's sexuality prior to the end of the 1980s in Slovenia remains difficult to answer. It could be said that young people's sexuality as such was not socially recognized as problematic until the end of the 1980s. In the 1970s and in the 1980s (public health) research mainly focused on the questions of fertility and contraception (family planning period), and questions of risky sexual behavior (e.g. STDs and AIDS) were not relevant yet. However, the first survey on sexual behavior of adolescents (Stražičar et al., 1990) was already motivated by the concern about changes in sexual behavior of young people that the authors of the survey observed in everyday work with young people.

According to Dunja Obersnel Kveder (Švab, 2009), the 1970s were »the beginning of a more relaxed

4 One of the leading research institutions in the field of family planning and contraception at that time was the Institute for family planning – in 1972 chosen by WHO as one of the world's 16 clinical research centers. In 1974 the first survey on abortion was carried out there, which became referential also in the international public health care context (Švab, 2009).

attitude toward sexuality due to the free access to contraception (especially the pill)<sup>5</sup> and abortion. This right was not hidden within the private sphere of the individual but has become present in the public sphere as other human rights and the state was obliged to enable conditions for the realization of these rights.<sup>6</sup>

This indicates that Slovenia, like Croatia, also has witnessed a pronounced change of sexual life styles, especially in the younger generation, since the end of the sixties. Therefore, the absence of research on youth sexuality in Slovenia in the seventies and most of the eighties seems surprising. On a general level its absence can be explained by the fact that sexual behavior research was seen as highly relevant neither politically nor scientifically. But in the final analysis it can be probably be explained by the same fact as its presence in Croatia, i.e. by the absence of individuals who would venture research initiative in a new field. The Croatian case demonstrates that such an initiative could have also been successful in Slovenia.

### The 1980s

In Croatia, the surveys carried out in this period were primarily oriented toward the issues of reproductive and sexual health. At the end of the period, the global HIV/AIDS epidemic prompted a new research focus – sexual risk-taking among youth. In Slovenia this period is still characterized by lack of research on young people sexual behavior, and the first survey on sexual behavior of adolescents was carried out only in 1989.

#### ***Croatia: The Era of the Reproductive Health Concerns and the Advent of HIV/AIDS***

The main purpose of studies in this period was to collect data that would assist in the prevention of unwanted pregnancies and abortions among adolescent and young adult females. Most of these early efforts were initiated by the director of the Department of Family Planning of the Institute for Mother and Child Welfare in Zagreb, Dubravka Štampar. After returning from professional training in the USA and the UK in the 1960s, she gradually developed a number of projects on family planning and reproductive health. It was in the late 1970s and early 1980s that reproductive health of adolescents and young adults became the priority for the

Department of Family Planning. Several research studies, carried out mainly by medical professionals affiliated with the Department, ensued. Two of the three major studies from this period focused on high-school students in Zagreb (Džepina et al., 1988; Stražičar, 1990). They both examined behaviors that were relevant for questions related to family planning, especially the use of birth control methods.

The first AIDS case in Croatia was registered in 1985. The new global epidemic spurred research and enabled rapid development of theoretical and methodological approaches to the study of young people's sexuality. This development was delayed in Croatia, but at the end of the decade the first study on HIV-related behaviors was finally carried out. It was conducted on a large national sample (combining probability and non-probability sampling methods) using an elaborate knowledge, attitudes, beliefs, and practices (KABP) questionnaire (Ajduković et al., 1991). This landmark study, authored by psychologists, marked a shift toward theoretically informed approach to sexual risk-taking and hypothesis-based analysis. In addition to its goal of informing public health policy, the study generated new interest for scientific assessment of sexual risk-taking and sexual behavior in general.

The 1989 study enabled a new development in which the more narrow focus of the family planning and reproductive health research agenda was gradually replaced by more sophisticated studies focusing on sexual risk-taking. A decrease in adolescent pregnancies and abortions on the one hand and increasing risks of HIV and other sexually transmitted diseases facilitated this transition. The new approach to youth sexuality opened the way, both theoretically and methodologically, to a more diversified research on youth sexuality.

#### ***Slovenia: An Absence of Research on Young People's Sexuality***

In the field of sex research in Slovenia, the 1980s are characterized by the continued lack of research, as the first behavioral surveys in the field of sexuality were carried out only at the end of the decade. In 1989 the first survey on fertility, contraception and abortion on general population (Kožuš Novak et al., 1990; Andolšek Jeras et al., 1993) and the first survey on sexual behavior of adolescents (Stražičar et al., 1990a; 1990b) were car-

5 Domestic production of oral contraceptive pill started in 1964 (Boh, 1995).

6 Slovenia has adopted resolution on family planning which also stressed education in the field of health and sexuality, and emphasized the need for education for human relations between genders, including education for responsibility regarding pregnancy and birth of a child. This enabled individual human right for making decisions and choice regarding reproduction. According to Obersnel Kveder, (Švab, 2009) this was extremely modern stance, even for the developed Europe. This Resolution was a basis for Health Measures in Exercising Freedom of Choice in Childbearing Act (adopted in 1977), which enabled the right to abortion, contraception and medical treatment of infertility. These were also a basis for systematic introduction of sex education into the school system and establishment of premarital and marital counseling.

ried out. These two surveys indicated the need to research changes in sexual behavior and can be considered the first two surveys on sexual behavior in Slovenia.

Similarly as in Croatia, the purpose of the first study on sexual behavior of adolescents in Slovenia, conducted in 1989, was to assist in the prevention of unwanted pregnancies and STDs. According to the authors of the research, Katja Stražiščar and Milena Skubic, the AIDS epidemic (the first HIV positive person in Slovenia was recorded in 1986) played a key role in establishing the need to systematically research the sexual behavior of adolescents, but this need was not yet institutionally recognized (Kuhar, 2009a). Their research therefore stemmed from their own work with high-school students in the school dispensary of the Health center in Ljubljana and was conducted without any financial resources. The results of the research, which was binational (carried out on high school students in Croatian and Slovenian capitals), were not used for policy making, but rather for a better organization of the work in the school dispenser in Ljubljana. Unlike later studies on sexual behaviors of adolescents, Stražiščar's and Skubic's research design was not based on the similar international studies from abroad. Nevertheless, it surveyed typical healthcare topics such as the first sexual intercourse and the use of the contraception. The research showed that about 10% of adolescents experience their first sexual intercourse by the age of 15, and 49% of boys and 38% of girls did not use any contraception during the first sexual intercourse. The authors believe that adolescents in Ljubljana enter into sexual life »unprepared, unprotected, often with fear and the sense of guilt« (Stražiščar et al., 1990, 44), but, most of all, too early. From the healthcare perspective such behavior is considered risky, especially in the context of unwanted pregnancies and STDs. The authors point out that risk is also gendered; boys are understood as bearing a higher risk since most of the available services (such as Family planning clinics) cater mostly to women. They suggested that free condoms should be made available for men. The first research on sexual behavior of adolescents in Slovenia did not address the issues of sexual violence and sexual minorities.

### The 1990s

The third analyzed decade was characterized by further development of sex research, particularly in two directions: reproductive health and family planning, and HIV-related sexual risk-taking. The latter became predominant at the end of this period. Growing public concerns for health risks related to sexual behavior were also the context of the development of sex research in Slovenia where one exploratory and three comprehensive surveys of high-school students' sexual behavior were conducted in the second half of the nineties,

marking the first attempts of systematic research of youth sexual behaviors.

### *Croatia: The Risks of HIV/AIDS*

The first half of the 1990s witnessed the process of post-communist transition and the war for independence. The role of the Catholic Church became more prominent in this period, as well as the ruling political elite's support for re-traditionalization, which merged Croatian national identity with Catholicism. Not surprisingly, concern for negative demographic trends became an essential part of the popular nationalist discourse, together with calls to ban abortion.

During this period, research on young people's sexuality was scarce. Although it mostly remained associated with the reproductive health and family planning agenda (Džepina, Prebeg, 1991; Grujić-Koračin et al., 1993), some interest was also directed at studying HIV-related sexual risk-taking (Pavičić et al., 2003). Toward the end of the 1990s this line of research became predominant. The second half of the decade was marked by a number of studies that focused on sexual risk-taking (Štulhofer, 1999; Štulhofer et al., 2000; Hiršl-Hečej, Štulhofer, 2001). By including data on pleasure aspects of sexuality and sex attitudes, these studies, however, tried to balance positive and negative (risk-taking) aspects of young people's sexuality. Questions on orgasm and masturbation, as well as those on same-sex sexual experiences, became increasingly common. The trend of social scientists becoming involved in research on youth sexuality that took off with the first Croatian study on HIV/AIDS risks (Ajduković et al., 1991) continued. Importantly, studies carried out by social scientists were characterized by more robust methodological approaches and the use of more sophisticated statistical analyses. HIV/AIDS related research introduced the first explicit efforts to conceptualize sexual behavior and offer theoretical accounts for adolescent sexual risk-taking behavior (Ajduković et al., 1991; Štulhofer, 1999). The involvement of social scientists substantially improved conceptual, methodological, and analytical characteristic of research on young people's sexuality. The field became more sophisticated in terms of sampling and statistical analysis. The use of composite indicators and standardization of behavioral measures became the norm.

Most of the studies conducted at the end of the 1990s called for an introduction of school-based sex education, pointing at worrying levels of risk-taking, despite an observed increase in condom use. The efforts to influence educational policy met resistance and criticism from the Church authorities. Perhaps most notable was the attack on the MemoAIDS program, the first and only peer-based HIV prevention program designed for high-school students (cf. Čuk, 2004). Coordinated at-

tacks from the Croatian Bishops' Conference and Croatian Catholic Physicians' Association greatly contributed to the program's limited success in reaching its targets. MemoAIDS never received explicit and unequivocal support from the Ministry of Education.

As in the previous decade, most studies were of limited geographical reach and focused on high-school or university students. Out-of-school youth remained completely absent from the research. After a quarter of century of studying youth sexuality, Croatia still lacked a national probability study.

### ***Slovenia: First Attempts of Systematic Research of Youth Sexual Behaviors***

Under the pressure of growing public concern for health risks related to sexual behavior and international research trends on this topic, one exploratory and three comprehensive surveys of youth (precisely, high-school students') sexual behavior were conducted in Slovenia in the second half of the nineties. These studies signaled an attempt to initiate research in the field in which Slovenia lagged ostensibly behind the international trends and to provide policy and public relevant data. As can be expected, all four surveys focused strongly on risk aspects of youth sexuality. This tendency was especially pronounced in the national survey of high-school students' sexual behavior conducted by Bojana Pinter, a gynecologist, and an exploratory study preceding it, whereas the other two surveys, conducted by a group of social scientists, focused also on other aspects of high-school students' sexual behavior and its social and cultural context.

The design of the two surveys conducted by social scientists was identical. The questionnaire used in the surveys followed closely a research instrument that was previously used in Germany (Schmidt et al., 1993) and Austria (Nöstlinger, Wimmer-Puchinger, 1994). The first survey was conducted in 1995 (Bernik et al., 1996; Bernik, Hlebec, 1996) and focused on the representative sample of secondary school students in Ljubljana, whereas the 1997 study was a part of an international comparative study which was conducted in the capitals or other larger cities of eight post-socialist states (Maribor and Koper in Slovenia).

Due to the design of these studies, which did not focus only on risk aspects of adolescent sexuality and international comparability, the surveys resulted in a complex picture of adolescent sexuality in Slovenia. The general impression conveyed by the data was that in main aspects of their sexual behavior, Slovenian adolescents did not differ much from their counterparts in Austria and Germany and also in some of the surveyed post-socialist states. For instance, the share of young men and women who experienced at least one heterosexual intercourse at the age of 17 or earlier (approx-

mately 50%) was similar to the corresponding shares in most Central European states, including Germany and Austria (Schmidt, 2004, 315). But the data also indicated that the prevailing patterns of sexual behavior of Slovenian youth were – especially in comparison to (West) Germany, where the study was conducted only in large cities – rather traditional. Young men's sexuality was generally more impulsive than women's. Men reported more initiative and more sexual partners, lower numbers of sexual intercourse in their life so far, and higher satisfaction with the first sexual intercourse than women but lower satisfaction with the last experience (Bernik, Hlebec, 2000). The reported use of contraceptives was, in comparison to Austria and Germany, low both at the first and the last intercourse. Like their Austrian and German counterparts, Slovenian adolescents were well-informed about HIV/AIDS, but the high risk awareness was not reflected in their reported sexual behavior.

The data also indicated that in Slovenia youth sexuality was far from being homogenous. Not only was there a clear difference between male and female patterns of sexual conduct, but adolescent sexuality differed strongly also in regards to the type of school attended and parents' social status. Nevertheless, religiosity and church attendance were not significantly related to the variations in patterns of sexual behavior.

The comparison of Slovenian data to Austrian and German data has shown that the post-socialist transition had little immediate influence on the patterns of adolescents' sexual conduct. Comparison of some data from seven post-socialist states also spoke in favor of this claim. No homogenous patterns of adolescents' sexual conduct were found in post-socialist states, i.e. differences across states were often more obvious than similarities (Bernik, Hlebec, 2005).

As already indicated, the nineties brought two new healthcare surveys on sexual behavior of adolescents, which were framed similarly to the first healthcare research on adolescents in Slovenia (unwanted pregnancies, STDs) and conducted in similar circumstances (lack of institutional and financial support). The first healthcare survey on adolescents in the nineties was conducted in 1994 by two high-school students, who participated in the students' project »Znanost mladini« on initiating young people into science (Androjna, Krčmar, 1994). Their survey, focusing on high-school students in Ljubljana, was supervised by Bojana Pinter, who conducted the first national healthcare survey on sexual behavior of adolescents in Slovenia two years later, in 1996. The 1996 study (which was part of a larger study on risk factors of high-school students in Slovenia) was directly linked to Pinter's participation in the Management of the Reproductive Health seminar in the Netherlands in 1994, organized exclusively for participants from Eastern Europe. At this conference, Pinter sketched a plan for the Adolescents' centers in Slovenia, which

links gynecologists and other medical personnel dealing with adolescents in different parts of Slovenia, into a network. It was this network that later enabled the execution of the 1996 national survey (which was repeated again in 2004).

Both research projects focused mostly on the negative outcomes of sexuality. The goal of the researchers was therefore to estimate risk and consequently to encourage the protection of the sexual and reproductive health of adolescents. The research namely showed that more than half of students surveyed are sexually active in high school. Similarly to Stražičar and Skubic, Pinter also concludes that young men are at higher risk due to the fact that they have more sexual partners compared to young women (13.3% of men and 20.5% of women surveyed had only one sexual partner in their lifetime).

### The 2000s

In Croatia, this period is represented by a relatively rapid development of sex research, extending the scope of interest and substantially improving research methodology. In the same period, only a few surveys were carried out on youth sexuality in Slovenia, primarily focusing on risky sexual behaviors.

#### *Croatia: Risks and Pleasures – Toward an Emancipation of Sex Research*

The 2000s witnessed the fastest growth and development of research on human sexuality since the first studies in the 1970s. This is reflected in the number of studies, diversity of topics, and methodological innovations found in the studies carried out in this decade. Research has also been taken into cyberspace, as several studies used online surveying.<sup>7</sup> Building on the developments from the late 1990s, the studies often analyzed both positive and negative aspects of youth sexuality.

Social scientists, particularly sociologists, continued to have a pivotal role in this new wave of research. Given the slow progress in implementation of sexual health prevention and sex education on the one hand and the increasing STI vulnerability of Croatian adolescents and young adults on the other hand (cf. Marijan et al., 2007; Milutin-Gašperov et al., 2007), public health remained a strong concern. In addition, a number of new aspects of youth sexuality, including those related to the sexually permissive popular culture, were introduced into research studies.

In 2003, an additional impetus for research on sexual risk-taking was given by the Global Fund grant awarded to the Croatian Ministry of Health and Social Welfare to support HIV prevention and treatment programs. This enabled the first national household-based probability study on young people's sexuality, which was carried out in 2005 by an interdisciplinary team of social and medical researchers (Štulhofer et al., 2006). The study used a compact KABP survey in which sexual behaviors were assessed by self-administered questionnaire. The result was the most comprehensive survey to date that provided baseline indicators.

Except, perhaps, for the longitudinal study that sampled first-year students at the University of Zagreb during the 1998–2008 period (Štulhofer, 1999; Štulhofer, Jureša, Mamula, 2000; 2004; Landripet et al., 2010; Štulhofer et al., 2010), the other studies conducted in the 2000s had a more limited focus than the 2005 national survey. Topics ranged from patterns of condom use (Hiršl-Hečej, Štulhofer, 2006) and sexual risk-taking behavior (Kuzman et al., 2004; Kuzman et al., 2008) to HIV/AIDS prevention program evaluation (Hiršl-Hečej et al., 2006).

At the moment, research on youth sexuality in Croatia continues to be the work of a handful of individuals. It remains on the margins of mainstream social science with little or no influence on policy making.<sup>8</sup> Such disadvantages may prove to be difficult to overcome in the coming years regardless of the fact that sex research in Croatia has never been closer to the international standards.

#### *Slovenia: The Marginalization of Sex Research Lingers On*

In Slovenia the research on human sexuality in 2000s remains scarce. There has been no sociological research conducted in the field and the health care approach to researching sexuality in Slovenia continues to prevail also in 2000s. It means that youth sexuality continues to be researched mostly from the negative aspects, such as risks. There is no strong financial support for such research, and the field remains marginal in the social sciences. Interestingly enough, unlike in Croatia, in Slovenia new methodological innovations, such as researching in cyber-space, have not yet been used to research sexuality.<sup>9</sup>

7 The studies focused on pornography use, sexual satisfaction, cybersex, and anal eroticism.

8 This was especially the case during the heated debates in mid-2000s about the introduction of sex education.

9 The first national study on intimate lifestyles of students in Slovenia (research team: Kogovšek – project leader, Bernik, Klavs, Kuhar, Švab, Bergant) conducted in the period from December 2010 to February 2011 is designed as internet survey on a representative sample of Slovenian students. The data are not yet available.

There have been two research projects on youth sexuality conducted in 2000s. In 2004 Bojana Pinter repeated her study from 1996. Although an early entrance into sexual life is constructed as normal and as »something very ordinary« in the 1996 study, the data on the age at first intercourse from 2004 are interpreted as worrying. In 1996 the adolescents entered into sexual life at 18.5, on average, while in 2004 they had their first sexual intercourse, on average, at age of 17. The authors believe that this is a result of the lack of sexual education in schools. In their opinion young people should be more encouraged to use condoms and double protection (the use of condom and the pill at the same time), and they should also be advised to delay their first sexual intercourse (Pinter et al., 2006, 618).

The research also found an increase in same-sex experiences among women. While 2.5% of women surveyed reported having same-sex experiences in 1996, such experiences were reported by 10% of women in 2004. A similar finding was reported in the longitudinal study on Croatian college students (Landripet et al., 2010). The authors believe that such an increase in same-sex experiences is problematic and can be explained by media popularization of homosexuality (Pinter et al., 2006, 619).

In 2001 Slovenian Institute for Health Protection joined the longitudinal research project HBSC (Health Behavior in School-Aged Children), which is conducted by the World Health Organization and includes few questions on sexual behavior of school-aged children (first intercourse, use of condoms etc.). As in Croatia (Kuzman et al., 2004; 2008), this research study has been conducted in Slovenia twice (in 2001 and 2005).

According to the Slovenian research group, the data from this research have been used by governmental institutions and ministries, for example, in the renovation of the health education in schools.<sup>10</sup> Pinter reports somewhat different attitudes of the governmental institutions towards the results from her studies (Kuhar, 2009b). She has presented the results from her two national studies to the Ministry of Health and pointed to the need to re-incorporate health education into the school system but her words fell on deaf ears. Health education was namely removed from the official high school curriculum in the early nineties during the renovation of the Slovenian school programs. It was explained that sexuality should be addressed during all the courses where appropriate, but experiences showed that sexuality was more or less not addressed at all. It was addressed only in the context of the extra-curriculum activities (Kuhar, 2009b).

## DISCUSSION

The overview of youth sexuality research in Croatia and Slovenia in the last four decades indicates that development of this research area has been characterized by a changing interplay between the research practice and its socio-cultural and political context. This interplay has been marked mainly by the following three influences: (a) an international diffusion of reproductive health and family planning initiatives; (b) the emergence of HIV/AIDS crisis; and (c) the process of post-socialist transition.

Although political and cultural processes in the second half of the sixties and seventies were similar in Croatia and Slovenia, there were obvious differences in the ways in which research in the field of youth sexuality, and sexual behavior in general, emerged. Both federal republics of then Yugoslavia experienced a gradual transition from ascetic socialism into a society with some elements of consumerism. In these circumstances the first post-war generation was growing up. This generation's lifestyles, including their sexual ones, differed markedly from the lifestyles of older generations. Despite the change of sexual culture, which was met by apprehension both on the part of authorities and older generations, sexuality had not been an important topic for public discourse. In these circumstances it was unlikely that youth sexual behavior would be considered as a relevant topic of systematic research. Nevertheless, the first surveys of youth sexual behavior were conducted in Croatia in the seventies and in Slovenia almost two decades later.

The absence of any research in the field of sexual behavior in the seventies and in most of the eighties in Slovenia reflects both the social circumstances and the prevailing mood in the scientific community. From this point of view, the emergence of youth sexual behavior research in Croatia in the seventies seems highly atypical. But it illustrates how a new field of research can emerge in an unsupportive environment. It seems that it depended mostly on an initiative of individuals who were cognizant of international research trends in the field and had insight into social and cultural currents in their own society. Drawing on these resources they were able to use narrow opportunities to introduce a new research topic. But this breakthrough was not followed by a systematic research until the end of the 1980s.

The early nineties can, in both countries, be considered as the beginning of a more or less continuous stream of youth sexuality research. This process has been mainly conditioned by the external – wider social and scientific – circumstances. Precisely, the revival of

10 E-mail communication with Helena Jeriček from the Institute for Health Protection.



youth sexuality research in Croatia and its beginnings in Slovenia have been mainly related to reproductive health and family planning initiatives and the emerging HIV/AIDS crisis. It has not only generated a need for valid information on (especially) youth sexual behavior, but has also made sexuality (or at least some of its aspects) a relevant topic in public discourse. It has also stimulated internationalization of sex behavior research and its standardization in a sense that it has increasingly focused on risk aspects of sexuality. This development occurred in the context of an increasing social and political influence of the Catholic Church, particularly in Croatia.

Considering these circumstances, the revival of youth sexuality research in Croatia and its beginnings in Slovenia in the 1990s seem highly expected. The same applies to the further development of the research field. Although the studies focused primarily on risk aspects of youth sexual behavior, the research field has been characterized – as far as number of research activities have been concerned and the scope of research questions – by increased differentiation. Despite the fact that this process has been sometimes uncoordinated and has led to fragmentation of research activities, a rather complex tradition of youth sexual behavior research has been established in the last two decades in both countries.

Both the chronological and thematic overview of youth sexuality research in Croatia and Slovenia indicate that the post-socialism transition has had no immediate effect in the research activities in this field. Although in the time of socialism research of youth sexual behavior was definitely not among the research priorities, it was not – as the Croatian studies in the seventies demonstrate – a politically forbidden and culturally irrelevant research topic. In the 1990s a more favorable social climate for sexual behavior research has not been created by the regime transformation but mostly by the need to deal with new risks related to sexual behavior. At the same time, an increase in the political and cultural influence of the Church, made possible by the regime change, has made clashing attitudes toward sexuality and sex research more publicly visible.

Although most of the studies in youth sexuality have been motivated, or at least legitimated, by practical concerns, they have had – due to the absence of systematic communication and the existence of ideological differences between researchers and policy makers – almost no immediate effects on relevant health and educational policies. Paradoxically, the main achievement of these studies has been the establishment of sexual behavior

research as an autonomous and largely self-referential research field.

## CONCLUSIONS

The short history of research on young people's sexuality in Croatia and Slovenia has been characterized, in general, by a liberal and pro-sexual stance. This, of course, is hardly unique. Sex researchers tend to view their subject with a permissive, rather than sexually restrictive, bent. Although the influence of the Catholic Church increased during post-communist transition, particularly in Croatia (Bijelić, 2008), sex research in both countries is increasingly indistinguishable from international sexology. It remains, however, marginalized and on the fringe of scholarly enterprise.

Difficulties and shortcomings associated with research on young people's sexuality in Slovenia and Croatia were generated by a number of factors. Like other post-communist countries (the Czech Republic being the notable exception), both countries lack sexological tradition. This absence of continuity and incremental building of disciplinary knowledge and expertise significantly delayed the introduction of theory-based assumptions and more sophisticated methodological approaches. The lack of educational or training programs in research on human sexuality in Slovenia and Croatia, both in medical or social sciences continues to impede the development of sex research. Without educational and institutional foundations, it is increasingly difficult to attract young scholars to the field.

Another contributing factor to the difficulties and shortcomings associated with research on young people's sexuality is underdeveloped interdisciplinary communication. Although there have been a few examples of successful cross-disciplinary cooperation in both countries, the ties between the social and medical sciences remain weak and sporadic. A future development of sex research seems unlikely without the creation of multi-disciplinary research groups. To accomplish this, however, more than an unusual scientific interest may be required. Stronger ties with policymaking, particularly in the areas of education (e.g. school-based sex education), public health (reproductive and sexual health), and youth care are urgently needed. Needless to say, such a relationship would also benefit the policymaking side, as scholarship on young people's sexuality continues to provide data needed for evidence-based policy planning.

**Appendix 1: Studies conducted in Croatia, 1971–2008.****Priloga 1: Na Hrvatskem izvedene raziskave v obdobju 1971–2008.**

Study	Year	Sample							
		N (% <sub>f</sub> / % <sub>m</sub> )	Sexually experi- enced (%)	Sexually experi- enced by sex F / M <sup>11</sup> (%)	Age range	Target population	Geographical reach	Sample type	Data collection means
1. Trenc, Beluhan, 1971; Štampar et al., 1987	1971	435 (51.5/48.5)	23	16/30	15-19	High school students	Zagreb	Two stage probabilistic	Group interviewing
2. Beluhan et al., 1973; Trenc, Beluhan, 1973; Štampar, Pejić, Benić, 1978	1972	2,317 (46.9/53.1)	38	17.7/55.8	16-19	High school students from professional schools and gymnasiums (grades 2, 3)	All six regions in Croatia in 26 munici- palities	Multi-stage probabilistic	Group interviewing
3. Džepina et al., 1988	N/A <sup>12</sup>	700 (65.9/34.1)	29.7	20.8/46.9	16-20	High school students	Zagreb	N/A	N/A
4. Stražišćar et al., 1990	1989	530 (59.6/40.4)	58.7	60.0/58.0	N/A (mean: 18)	High school students	Zagreb	Probabilistic	Group interviewing
5. Ajduković et al., 1991	1989	2,655 (53/47)	67.3	59.2/76.7	15-30	General population	Croatia	Quota (non- probabilistic)	Group interviewing
6. Džepina, Prebeg, 1991; Štampar, Beluhan, 1991; Grujić-Koračin et al., 1993	1990	5,324 (53.7/46.3)	N/A	22.1/48.9	15-19	High school students	Zagreb, Rijeka, Osijek, Split, Biograd (on the sea), Ogulin	Probabilistic	N/A
7. Pavičić et al., 2003	1996- 1998	955 (57.6/42.4)	26.2	25.3/27.1	16-18	High school students	Zagreb and surroundings	Probabilistic	Group interviewing
8. Hiršl-Hečej, Štulhofer, 2001 <sup>13</sup>	1997	2,070 (59.7/40.3)	33.1	24.3/46.3	15-19	High school students (10 schools)	Zagreb	N/A	Group interviewing
9. Štulhofer, 1999	1998	413 (36.4/63.6)	47.2	N/A	17-20	Fourth year high school students	Zagreb, Karlovac, Bjelovar, Osijek, Split, Buje	Convenience- based (non- probabilistic)	Group interviewing
10. Štulhofer et al., 2000 <sup>14</sup>	1998	1,355 (47.2/52.8)	56.5	51.3/61.0	17-23 <sup>15</sup>	First year university students	University of Zagreb	Proportional stratified (probabilistic)	Group interviewing
11. Hiršl- Hečej, Štulhofer, 2006	2001	1,972 (62.5/37.5)	31.7	25.8/41.5	15-19	High school students	Zagreb	N/A	Group interviewing
12. Kuzman et al., 2004; Currie et al., 2004	2002	1,446 (56.7/43.3)	15.6	9.7/23.2	14-15	High school students (first grade)	Croatia	Cluster (probabilistic)	Group interviewing

11 Female/male.

12 Not available.

13 Some of the data were taken from the larger technical research report (Hiršl Hečej, 1998).

14 Analysis of the data from the same study was also presented in the technical research report (Štulhofer et al., 1999).

15 About 90% of participants were either 18 or 19 years old.

13. Štulhofer et al., 2004	2003	537 (52.9/47.1)	59.2	56.1/62.7	18-23 <sup>16</sup>	First year university students	University of Zagreb	Proportional, stratified (probabilistic)	Group interviewing
14. Hiršl-Hečej et al., 2006	2004	2,259 (61.6/38.4)	26.7	23.6/31.7	16	Second grade high school students (82 schools)	Croatia	Probabilistic	Group interviewing
15. Štulhofer et al., 2006	2005	1,093 (52.5/47.5)	84.4	81.7/86.9	18-24	General population	Croatia	Stratified (probabilistic)	Individual interviewing (households)
16. Hiršl-Hečej et al., 2006	2006	2,168 (61.7/38.3)	N/A	N/A	16	Second grade high school students (82 schools)	Croatia	Probabilistic	Group interviewing
17. Kuzman et al., 2008; Currie, et al., 2008	2006	1,630 (52.6/47.4)	22.3	16.5/28.6	14-15	High school students (first grade)	Croatia	Cluster (probabilistic)	Group interviewing
18. Landripet et al., 2010; Štulhofer et al., 2010	2008	775 (55.2/44.8)	69.0	66.4/72.3	18-25 <sup>17</sup>	First year university students	University of Zagreb	Proportional stratified (probabilistic)	Group interviewing

**Appendix 2: Studies conducted in Slovenia, 1971–2008.****Priloga 2: V Sloveniji izvedene raziskave v obdobju 1971–2008.**

Study	Year	Sample							
		N (% <sub>f</sub> / % <sub>m</sub> )	Sexually experienced (%)	Sexually experienced by sex F / M (%)	Age range	Target population	Geographical reach	Sample type	Data collection means
1. Stražiščar et al., 1990	1989	514 (59.5/40.5)	14	17/11	N/A (mean: 18)	High school students	Slovenia and Croatia	Probabilistic	Group interviewing
2. Androjna, Krčmar, 1994	1994	1,670 (52,3/47,7)	48.5	42/55	15.5 - 17.4	High school students (first and third grade)	Ljubljana	Representative	Group interviewing
3. Bernik et al., 1995		783 (52/48)	51	51/52	17-19 (mean: 17.59)	High school students	Ljubljana	Convenience-based	Group interviewing
4. Pinter, Tomori, 2000	1996	4,706 (53/47)	20	21/19	16-19 (mean: 17.3)	High school students	Slovenia	Representative	Group interviewing
5. Godina et al., 1997	1997	923 (47/53)	55.6	54.1/56,9	17-19 (mean: 17.59)	High school students	Maribor, Koper	Convenience-based	Group interviewing
6. Currie et al., 2004	2001/ 02	1,500	26.2	21.6/30.8	15	High school students (first grade)	Slovenia	Representative	Group interviewing
7. Pinter et al., 2006	2004	2,380 (45/55)	53	54/52	14.7- 18.1	High school students (first and third grade)	Slovenia	Representative	Group interviewing
8. Jeriček et al., 2007; Currie et al., 2008	2005/ 2006	5,119 (50.2/49.8)	23.3	17/29.5	15	High school students (first grade)	Slovenia	Representative	Group interviewing

16 About 86% of participants were 18 or 19 years old.

17 About 68% of the participants were 18-19 years old.

**Appendix 3: Studies conducted in Croatia 1971–2008, main results.****Priloga 3: Na Hrvatskem izvedene raziskave v obdobju 1971–2008, glavni rezultati.**

Study	Sexual debut				Sexual partners		Contraception (%)						
	Mean age (F / M)	Median age (F / M)	<15 yrs of age (%) (F / M)	<16 yrs of age (%) (F / M)	Total (F / M)	Past year (F / M)	At the first intercourse			At the last intercourse			Consistent condom use
							Nothing	With- drawal method	Condom	Nothing	With- drawal method	Condom	
1. Trenc, Beluhan, 1971; Štampar et al., 1987	N/A	N/A	N/A	M:16=49.9 17=53.5 18=64.4 19=80.5 F:16=11.1 17=17.6 18=69 19=60.8	N/A	N/A	30-40 <sup>18</sup>	34.5-42	15.5-18.4	N/A	N/A	N/A	N/A
2. Beluhan et al., 1973; Trenc, Beluhan, 1973; Štampar, Pejić, Benić, 1978	N/A	N/A	N/A	9.5 / 26 <sup>19</sup>	N/A	1=17/ 2.5 <sup>20</sup> 2=5/14 3=1/6 4=0/3 5=1/10	39-65	28-13	33-7	N/A	N/A	N/A	N/A
3. Džepina et al., 1988	16.05 (16.2/15.9)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Stražišćar et al., 1990	N/A	16.5 (16.5/17.0)	2.0 (2.0/2.0)	10.6 (10.0/11.0)	N/A	N/A	58.2	33.6	8.2	N/A	N/A	N/A	37.0
5. Ajduković et al., 1991	17.5 (17.9/17.1)	N/A	5.9 (4.0/7.6)	30.5 <sup>21</sup> (22.7/37.2)	4.8 (2.8/6.6)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4.5
6. Džepina, Prebeg, 1991; Štampar, Beluhan, 1991; Grujić- Koračin et al., 1993	N/A	N/A	N/A	4.5/31.1	N/A	F:1=60.8 2-5=16.1 5+=3.0 N/A=20.1 M:1=21.1 2-5=22.1 5+=18.9	60	10.5 <sup>22</sup>	19.8	N/A	N/A	N/A	N/A
7. Pavičić et al., 2003	15.5 (15.9/15.1)	N/A	N/A	N/A	N/A	N/A	N/A	7.6	70.8	N/A	4	67.2	N/A
8. Hiršl- Hečej, Štulhofer, 2001	15.81 (N/A)	16 (N/A)	2.7/5.6	11.3/19.8	N/A	M:1=35.0 2+=65.0 F:1=60.7 2+=39.3	24.6	18.2 <sup>23</sup>	45.3	21.7	16.5	48.1	43.3
9. Štulhofer et al., 2000	16.9 (17.1/16.7)	17 (17/17)	5.1 (3.7/6.2)	12.7 (11.3/13.7)	2.8 (2.0/3.4)	N/A	24.6	17.0	55.5	N/A	N/A	N/A	51.0
10. Štul- hofer, 1999	N/A	N/A	N/A	N/A	N/A	N/A	44.0	N/A	N/A	N/A	N/A	N/A	N/A
11. Hiršl- Hečej, Štulhofer, 2006	15.91 (N/A)	16 (N/A)	N/A	N/A	2.3 (N/A)	N/A	N/A	N/A	64.5	N/A	N/A	59.4	48.7
12. Kuzman et al., 2004; Currie et al., 2004	14.2 (14.5/14.0)	N/A	7.2 (3.1/12.6)	13.4 (7.8/20.7)	N/A	N/A	N/A	N/A	N/A	21.6	2.7	74.7	N/A

18 Timeframe for the use of protection was not specified.

19 21% of participants did not remember at what age they experienced first intercourse, while 14.5% of males and 16% of females refused to answer.

20 The indicator includes only the 18 year olds; in 1973, 42.5% of males and 77% of females were not sexually experienced at the age of 18.

21 Includes participants who reported sexual debut at the age of 16 or earlier.

22 Including natural birth control methods.

23 Including natural birth control methods.

13. Štulhofer et al., 2004	17.0 (17.2/16.8)	17 (17/17)	4.7 (4.4/5.1)	9.4 (6.3/12.7)	2.9 (2.4/3.3)	1.4 (1.3/1.4)	20.8	9.1	65.1	15.6	15.6	54.0	50.8
14. Hiršl-Hečej et al., 2006	N/A	N/A	N/A	17.5 (14.9/22.0)	TOTAL 1=53.6 2=24.4 3+=21.9 M:1=44 2=25.5 3+=30.5 F:1=61.9 2=23.5 3+=14.6	TOTAL 1=55.3 2>=9.4 M:1=41.1 2>=12.7 F:1=67.5 2>=6.5	16.2	10.4	71.5	17.9	8.8	67.6	N/A
15. Štulhofer et al., 2006	17.3 (17.6/17.0)	17 (17/17)	3.9 (2.3/5.4)	11.0 (7.5/14.6)	4.4 (3.3/5.5)	1.6 (1.3/1.8)	19.9	18.4	60.4	20.6	16.5	52.9	21.4 <sup>24</sup>
16. Hiršl-Hečej et al., 2006	N/A	N/A	N/A	N/A	N/A	TOTAL 1=58.4 2=6.5 3+=5.9	N/A	N/A	75.4	N/A	N/A	72.5	N/A
17. Kuzman et al., 2008; Currie et al., 2008	N/A	N/A	11.2 (7.0/15.9)	20.1 (14.6/26.2)	N/A	N/A	N/A	N/A	N/A	13.5	9.6	76.5	N/A
18. Landri-pet et al., 2010; Štulhofer et al., 2010	17.0 (17.2/16.8)	17 (17/17)	4.5 (4.2/4.8)	12.9 (13.0/12.7)	3.3 (2.5/4.2)	1.5 (1.3/1.8)	12.9	8.8	67.5	18.4	9.8	53.1	51.8

**Appendix 4: Studies conducted in Slovenia 1971–2008, main results.**

**Priloga 4: V Sloveniji izvedene raziskave v obdobju 1971–2008, glavni rezultati.**

Study	Sexual debut				Sexual partners		Contraception (%)						
	Mean age (F / M)	Median age (F / M)	<15 yrs of age (%) (F / M)	<16 yrs of age (%) (F / M)	Total (F / M)	Past year (F / M)	At the first intercourse			At the last intercourse			Consistent condom use
							Nothing	With- drawal method	Condom	Nothing	With- drawal method	Condom	
1. Stražiščar et al., 1990	N/A	N/A	10/11	17/11	1 partner (32/22) 2 or more (18/34)	N/A	F: 38 M: 49	F: 44 M: 35	F: 13 M: 15	F: 56 M: 65	N/A	N/A	N/A
2. Androjna, Krčmar, 1994	15.1/14.1	18.5	22/37	42/55	2.1/3	N/A	32	10	47	15	8	53	N/A
3. Bernik et al., 1995	15.5	16	13.8/21	30.7/38	2.4/ 4.2	N/A	58	3.1	39.1	44	N/A	36	Always: 28.1
4. Pinter, Tomori, 2000	15.9/15.5	18.4/19	N/A	21/19	1 partner (20.5 /13.3)	N/A	N/A	N/A	N/A	F: 6.7 M: 7.1	F: 2.1 M: 0.5	F: 17.6 M: 28.3	N/A
5. Godina et al., 1997	15.7	16	20.1/23.1	35.7/39.8	4.3/2.4	N/A	42	1.9	53.2	32	2.7	46.4	Always: 37.6
6. Currie et al., 2004	14.4/14.1	N/A	21.6/30.8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	F: 67.6 M: 80.4	N/A
7. Pinter et al., 2006	N/A	17	21/24	54/52	Mean: 2	N/A	8.5	3.5	74.5	7.5	3.5	57.5	N/A
8. Jeriček et al., 2007; Currie et. al, 2008	N/A	N/A	17/29.5	N/A	N/A	N/A	N/A	N/A	N/A	F: 2.5 M: 9.9	F: 27.3 M: 20.9	F: 79 M: 70.9	N/A

24 The result pertains to the previous 12 months.

## RAZISKOVANJE SEKSUALNOSTI MLADIH NA HRVAŠKEM IN V SLOVENIJI V OBDOBJU 1971–2008: SISTEMATIČNI PREGLED

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### POVZETEK

*V članku je podan sistematični pregled raziskovanja seksualnosti mladih na Hrvaškem in v Sloveniji v obdobju med letoma 1971 in 2008. Glavni namen pregleda je bil analizirati razvoj specifičnega načina raziskovanja v obeh državah, ki ga označuje pomanjkanje seksološke tradicije. Avtorji članka kritično analizirajo raziskave ter jih pri tem kontekstualizirajo, upoštevajoč socialno-kulturne in ideološke posebnosti obeh držav. Članek analizira podobnosti in razlike med obema državama ter teoretske in metodološke pomanjkljivosti ter omejitve raziskav. Pregled raziskovanja seksualnosti mladih na Hrvaškem in v Sloveniji v zadnjih štirih desetletjih je pokazal, da razvoj tega raziskovalnega področja označuje spreminjajoče se razmerje med raziskovalno prakso in njenim socialno-kulturnim ter političnim kontekstom. To razmerje označujejo predvsem naslednji trije vplivi: (a) mednarodno razširjanje iniciativ s področja reproduktivnega zdravja in načrtovanja družine; (b) pojav krize HIV/AIDS; (c) proces postsocialistične tranzicije. Med državama so očitne razlike v zgodovini raziskovanja seksualnosti mladih. Prve raziskave so bile na Hrvaškem izvedene že v sedemdesetih letih prejšnjega stoletja, v Sloveniji pa skoraj dve desetletji kasneje, kljub temu da so bili družbeni, politični in kulturni procesi v drugi polovici šestdesetih in v sedemdesetih letih v obeh državah podobni.*

*Pomanjkanje raziskovanja na področju seksualnosti v Sloveniji v sedemdesetih in osemdesetih letih odraža tako družbene razmere kot tudi splošno klimo v znanstveni skupnosti. Zgodnja devetdeseta lahko v obeh državah opredelimo kot začetek bolj ali manj kontinuiranega raziskovanja seksualnosti mladih. Na ta proces so v glavnem vplivale zunanje – širše družbene in znanstvene okoliščine. Kronološki in vsebinski pregled raziskovanja seksualnosti mladih na Hrvaškem in v Sloveniji kaže, da postsocialistična tranzicija ni neposredno vplivala na raziskovalne aktivnosti na tem področju. Bolj naklonjena družbena klima za raziskovanje seksualnega vedenja ni rezultat spremembe režima, temveč potrebe soočenja z novimi tveganji na področju seksualnega vedenja.*

**Ključne besede:** raziskovanje seksualnosti, mladi, seksualnost, reproduktivno zdravje, HIV/AIDS, seksualno tveganje, Hrvaška, Slovenija

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