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Short Research Report

An exploratory study of Hungarian university students' sexual attitudes and behaviours

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Introduction

Sexual health is the integration of the somatic, emotional, intellectual and social aspects of sexual being that may positively enrich personality (WHO, 1975). It includes not only the prevention of sexually transmitted infections (STIs), unwanted and unplanned pregnancy, coercion, violence and discrimination, but also a positive approach to sexuality (Edwards & Coleman, 2004). Given the apparent inadequacies of the global approach to sexual health education (SHE) for young people (UNESCO, 2009), it is unsurprising that the prevalence of STIs have increased worldwide (WHO, 2018). Although Hungary is still among the countries with low HIV/STISs infection rate, sexually active young people are at higher risk of infection (Goodwin et al., 2003; Gyarmathy, McNutt, et al., 2002; UnAIDS, 2018).

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Given this paucity of research on sexual behavior and risk-taking in Hungary, the objective of the present study was to seek information on youth's sexual attitudes and behaviours and categorize students according to their risk-taking behavior.

Participants of an online survey included under- or postgraduate university student across Hungary (aged 18-30 years, N = 357, 73.9% female). The survey consisted of items on participants' demographic characteristics, sexual activity, behavior and sex-related attitudes, namely The Sexual Self-Concept Scale et al., 2006); The Sociosexual Orientation Inventory - Revised (SOI-R) (Penke & Asendorpf, 2008); The Sexual Sensation Seeking (SSS) scale (Kalichman et al., 1994).

Most of the respondents were heterosexual (89.9%) and non-dogmatic religious (46,8%). In terms of sexual practices, almost all respondents reported having had a sex partner (97.5%), with no differences according to biological sex or sexual orientation. The frequency of oral sex (giving and receiving) was also high among the respondents without any significant differences. Vaginal sex was reported by 91.6%, with more females ($p < 0.05$) and heterosexual ($p < 0.001$) reporting such practice. The occurrence of anal sex was 34.5%, most commonly amongst non-heterosexual LGBTQI+ respondents (61.1%). In the last six months 14.6% of the respondents did not have a regular partner and 66.4% of the total sample did not have a casual partner. Condom usage was very low, with 61% of the sample not using condoms consistently even with new casual partners, whose STIs and HIV status is generally unknown causing potential increased sexual risk-taking.

According to correlation analyses, the number of partners (both casual and regular) was positively related to the sex-related attitude scales (sociosexual orientation, sexual sensation seeking, sex-oriented self-concept), except for the relationship-oriented self-concept scale, which was negatively related. LGBTQI+ participants had significantly more sexual partners (particularly the casual ones) than those participants who identified as heterosexual. Males and LGBTQI+ respondents scored higher on the Sociosexual Orientation Inventory – Revised (SOI-R) and Sexual Sensation Seeking (SSS) scales, while females reported more regular partners.

We used a K-mean cluster analysis to categorize participants based on their sexual behaviors and attitudes. As a result, two independent clusters were identified. These clusters covered 97.2% of the total sample. Most respondents (56%) were in the "Conservatives" group. These participants were characterized by having fewer casual and regular partners, they had lower scores on both Sexual Sensation Seeking and Sociosexual Orientation scales, their orientation was less sexual-oriented and more relationship-oriented. On the contrary, those who belonged to the "Adventure seekers" group (41%) had more partners (casual and regular), and higher scores on the sex-related scales. Chi-square tests revealed a significant relationship between the cluster categorization and biological sex ($p < .001$), sexual orientation ($p < .01$), religiousness ($p < .05$), anal sex ($p < .001$), and being protected with regular partner ($p < .05$). That is, the "Conservatives" group included more students who were female, heterosexual, religious (dogmatic/nondogmatic and spiritual), avoided anal sex and used condoms with regular sexual partners; while males, atheists, LGBTQI+ participants

and those who engaged in anal sex and unprotected sex with regular partners were more likely to be in the "Adventure seekers" cluster.

In this study, we sought information on young people's sexual behavior and their attitudes, such as sexual self-concepts, sociosexual orientations and sexual sensation-seeking. Most participants (98%) were sexually active; however, consistent condom use was extremely low (39%) with casual partners. While the frequency of oral sex was high regardless of sexual orientation, more female and heterosexual participants reported vaginal sex, whilst anal sex was most commonly used by LGBTQI+ respondents. Bivariate analyses suggested that sex-related attitudes also played a role in sexual behavior since the number of both regular and casual partners was positively related to these attitudes. The number of partners (particularly casual partners) was also higher among LGBTQI+ participants; risk-taking behavior was high within this group as condom usage was particularly low and inconsistent. This finding is similar to other studies that identify LGBTQI+ as being at particular risk for STI and HIV infection (Chen, Murphy, Naar-King, & Parsons, 2011). Adventure Seeking participants were more likely to have more partners and to be less concerned about STIs, exhibiting sensation seeking traits that might put them on further risk of drug (Lang et al., 2005) and alcohol use (Cicognani & Zani, 2011) and consequently engaging in more risky sexual behavior (Hoyle et al., 2002). On the other hand, Conservative participants' behaviours such as having less partners and more concerns about STIs, might play a preventative role in sexual risk-taking (Jemmott & Jemmott, 1990).

We can conclude that university students in this sample were rather sexually active, having problems with condom use as a means of protection, particularly with casual partners. In addition, those who are not heterosexual are exceptionally at risk in terms of unprotected sex and particular sex-related attitudes, such as sociosexual and sexual sensation seeking motivations. There is a thus a need for sexual health promotion opportunities for Hungarian university students in general, with targeted programmes for LGBTQI+ students in particular.

Although the online data collection and the specific sample in the study might lower generalizability of these findings, the study provides preliminary data on university students' sex-related behaviour and attitudes in a country where there are relatively few studies on similar issues, and a unique insight into sexual life of Hungarian university students.

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