A Population-Based Study of Childhood Sexual Contact in Urban China: Prevalence and Long-Term Consequences

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Abstract

This study provides national estimate of the prevalence of childhood sexual contact and its long-term effects on sexual and general well-being among urban adults in China. A national stratified probability sample of 1,519 women and 1,475 men aged 20 to 64 years in urban China were interviewed between August 1999 and August 2000 and completed a computer-administered survey. The overall prevalence rate was 4.2% with the rate slightly higher among adult men than adult women (5.1% versus 3.3%) and higher among those aged 20-29 years (8.3%) than the other age groups. The consequences of childhood sexual contact for sexual well-bell are bimodal leading both to heightened eroticism or sexuality and to more sexual problems. Childhood sexual contact also increases psychological distress, which is largely mediated by victimization in later sexual history, sexual problems and heightened sexual involvements.

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Introduction

Previous research reports a wide range in the prevalence of childhood sexual contact in the West, with average of 10-20% for women and about 3-10% for men (Finkelhor, 1994; Gorey & Leslie, 1997, 2001; Johnson, 2004; Paolucci, Genuis, & Violato, 2001; Pilkington & Kremer, 1995). Reviews suggest that childhood sexual contact has strong adverse effects on mental well-being, the likelihood of alcoholism, sexually transmitted diseases, and other aspects of life (Browning & Laumann, 1997, 2001; Johnson, 2004; Kendall-Tackett & Williams, 1993; Paolucci et al., 2001; Tyler, 2002). For sexual satisfaction, however, the results are more complex, which leads to efforts to find intervening variables that condition the influence of early sexual contact (Bartoi, Kinder, & Tomianovic, 2000; Browning & Laumann, 1997, 2001; Else-Quest, Hyde, & DeLamater, 2005). One line of interpretation is that the sexual consequences are bimodal – leading both to heightened eroticism or sexuality (early and frequent masturbation, more partners, risky sex absent contraceptives) and to more sexual problems (sexually transmitted diseases, more genito-urinary difficulties, and more sexual dysfunctions) (Browning & Laumann, 1997, 2001; Davis & Lay-Yee, 1999; Else-Quest et al., 2005; Laumann, Paik, & Rosen, 1999; Paolucci et al., 2001). Whether patterns similar to those in the West also appear in developing countries is poorly documented in probability samples for developing countries.

This study provides the first estimate of the prevalence and consequences of childhood sexual contact among urban adults in China. We are not aware of any national or even regional study of a representative, population-based sample on childhood sexual contact in China. Recent studies using convenient samples of selected populations (e.g., high school students) in selected

regions found that despite relatively lower prevalence of childhood sexual contact in China, those who experienced childhood sexual contact reported more psychological problems and risky behaviors than those who did not have that experience (Chen, Dunne, & Han, 2004, 2006; Cheng et al., 2001; Tang, 2002). It is not clear, however, whether the effects of childhood sexual contact have long-term effects on well-being. Another issue is whether the findings based on selected populations and areas can be generalized to the general population. This study attempts to address these limitations with a national representative sample of urban adults aged 20-64 in China.

Method

Sample

Data come from the 1999-2000 Chinese Health and Family Life Survey (CHFLS). With the exclusion of Tibet and Hong Kong, the sample is nationally representative of the adult population of China aged 20-64. Following standard procedures for complex samples (Levy & Lemeshow, 1999), the probabilistic sample was drawn from 14 strata and 48 primary sampling units (counties and city districts), with probabilities of selection proportional to population size at each of the four sampling steps down to the individual. Cities with a high prevalence of sexually transmitted diseases were oversampled because one of the original goals of CHFLS was to understand the consequences of changing sexual behavior on sexually transmitted disease. Among the sampled individuals, 3,821 completed the interview, yielding a final response rate of 76%.

Translation and cross-cultural adaptation of the questionnaire to Chinese was performed by a forward translation from English to Chinese followed by an independent backward translation from Chinese into English. The Chinese questionnaire was pretested in China in 3

field trials. Also, 50 husband-wife pairs were given shortened versions of the questionnaire which produced modest agreements about shared sexual behavior (Kappa = .35). Another 50 respondents had repeat interviews after a gap of 2 months and the agreements on the 21 items about sexual behavior were substantial (Kappa = .75).

Most interviewers were trained middle-aged social workers and researchers who remained with the project throughout the interview period of one year. In the field, interviewers were of the same sex as the respondent. For the sake of privacy, interviews took place outside the homes of the respondents, normally in a private room in a hotel in big cities or in a meeting facility in smaller locales. Oral and computer-entered consent was obtained prior to the hour-long interview. The first part of the interview that included basic demographic questions was computer assisted face-to-face interview – the interviewers read out the questions from the computer to the respondent and entered the answers into the computer. The second part of the interview that included sensitive sexual behavior questions, including childhood sexual contact, was self-administered – with the interviewer lingering in the hall or nearby to help in case of difficulty. In urban areas, 9% of respondents (older, less literate) needed constant help during this final phase of the interview. Another 62% needed rare or occasional help with the computer. A total of 5% of urban respondents got the questions via audio from earphones attached to the computer, including audio in a local dialect. Interviewers mostly used the Mandarin version of Chinese. For 95% of respondents, the self-administered part of the interview was based on reading Chinese characters, with the characters spanning multiple dialects in Chinese. The methods were approved by institutional review boards at the University of Chicago, Chicago, Ill., and Renmin University, Beijing, China. Details about sample design and the final questionnaire used in this study are available at [details to be supplied after review process]. The

sample for this particular analysis included 1,538 urban women and 1,516 urban men, for whom we had a large sample size and stable estimates. The urban respondents were further limited to 1,519 women and 1,475 men who provided information on childhood sexual contact and father's occupation. Moreover, the sample sizes in the analysis of the effects of childhood sexual contact on sexual and general well-being varied by the particular outcome examined.

Measures

Childhood sexual contact. The respondents were asked whether they had sexual contact with someone before they turned age 14. Those who answered yes to this question were asked additional questions about their age at the first contact, the number of times of contact, type of contact (breasts caressed, genitals touched, vaginal intercourse, anal sex), gender of perpetrator and their relationship to the respondent. We used "peer contact" to include contact with schoolmates, playmates, siblings, and others of approximately the same age. We also created a severity score with a person getting an extra degree of severity rating for each of the following activities: 2 or more contacts, 2 or more perpetrators, and anal or vaginal penetration.

Demographics. Basic demographic characteristics include respondent's gender, age (20-29, 30-39, 40-49, and 50-64), father's occupation (manual/farmer, sales/service, clerical/self-employed, and professional/administrative), and residential area at age 14 (rural vs. urban).

Victimization in later sexual history. There are six indicators of victimization in later sexual history. (1) "Being hit by partner" compares those who had ever been hit by their sexual partner with those who had no such experience. (2) "Unwanted sex with partner" indicates whether it had occurred that the respondent was unwilling but still had to concede to have sex with their partner in the past two years. (3) "Unwanted act in sex" indicates whether the respondent had often been asked to do certain things or adopt certain styles in sex that she / he

did not like in the last 12 months. (4) "Sex to please partner" compares those who answered "often" or "sometimes" (coded 1) to those who answered "rarely" or "never" to the question: "Some people do not want to have sex themselves, but they do it to satisfy their partner. In the past 12 months, how often did this situation occur to you?" (5) "Physical sexual harassment" indicates whether during the past 12 months, anyone had acted in a sexually harassing way toward the respondent (e.g., touch sexually, act indecently, or take advantage of). (6) "Verbal sexual harassment" indicates whether during the past 12 months, anyone had said anything sexually offensive to the respondent.

Heightened sexual involvement. There are six items in this category. (1) "Masturbation" compares respondents who had masturbated in the past year with those who had not. (2) "Thinking about sex often" indicates whether the respondent thought about sex at least once per week. (3) "High variety of sexual practices" is based on respondents' report of nine sexual activities in the past year: kissing, caressing female partner's breast, genital contact (each way), oral sex (each way), anal sex, whether the female partner was on top, and whether "from behind ('doggy', or in Chinese, 'piggy') style" was used. The answers to each item were "never," "sometimes" or "often." A summary score was created and those whose score was among the top 25% were classified as having high variety of sexual practices. (4) "Having more than two sexual partners in lifetime" is coded 1 if the respondent reported more than two sexual partners in their lifetime. (5) "Having more than one sexual partner last year" is coded 1 if the respondent reported more than one sexual partner in the past year. (6) "Concurrent sexual partners" indicates whether the respondent ever had sex with other people while being with his / her current partner.

Sexual problems. We exam five sexual problems. (1) "Genito-urinary symptom" is coded 1 if the respondent had experienced at least one of the four genitor-urinary symptoms in the past 12 months: (i) a burning pain while urinating; (ii) any genital lesion, blister, or sore; (iii) a discharge of unusual color or odor from vagina; and (iv) warts in the genital area (genital surface, lower parts). (2) "Sexually transmitted infection" is based on self-report of any sexually transmitted infection during the respondent's lifetime. (3) "Sexual dysfunction" is based on four items asking whether the respondent had ever encountered during sex in the past 12 months: (i) can't get any pleasure (uncomfortable, unaroused); (ii) any genital pain; (iii) vaginal dryness and insufficient lubrication; and (iv) unable to achieve an orgasm. The three-point responses to each question ranged from "never" to "yes, for more than two months." A summary score was created and the respondent was considered as sexually dysfunctional if the summary score was among the top 25%. (4) "Fear of being harassed" compares respondents who thought the possibility that they might encounter sexually harassment in daily life "somewhat unlikely," "likely," or "very likely" (coded 1) with those who thought it was "very unlikely." (5) "Partner's extramarital affairs" is based on respondents' answer to the question: "Throughout the sexual relationship with your current partner, has your partner ever had sex with other people (even if it happened just once)?" The response was coded 1 (yes, definitely/perhaps, but I don't know for sure) and 0 (definitely not).

General well-being. We used psychological distress as an indicator of general well-being. A 4-item short form of Zung's Self-Rating Depression Scale (SDS) (Zung, 1965), validated and translated in China (Leung, Lue, Lee, & Tang, 1998), was used to measure psychological well-being. The four items each asked about conditions over the last three months: (i) "In the past three months, did you sleep well or poorly at night?" (ii) ". . . did you

often feel depressed or bored?" (iii) ". . . did you feel fatigued for reasons unknown to you?" and (iv) ". . . have you felt more irritable than usual?" The three-point answers to the first item ranged from 1 (usually slept well) to 3 (always slept poorly) and the answers to the remaining three items ranged from 1 (never) to 3 (often). Factor analysis showed the four items loaded on one factor with Cronbach's alpha of .64. We compare respondents whose psychological distress score was among the worst 25% with the rest.

Statistical Procedures

We first ran descriptive statistics of childhood sexual contact for women and men separately. We then calculated prevalence of childhood sexual contact by demographic characteristics. Logistic regressions were used to estimate the effects of childhood sexual contact on victimization in later sexual history, heightened sexual involvement, sexual problems and general well-being. We weighted results in our analyses, first using population weights that adjusted for the intentional oversampling of coastal and urban settings with high prevalence of sexually transmitted diseases. After comparison of the resulting age distribution to census results for 2000, we adjusted weights by age to compensate for the smaller number of usable interviews of 20-29-year-olds and 50-64-year-olds. With these adjustments, the percentage distributions by age, occupation, urban residence and education closely parallel those in the national census. Using *svy* methods in STATA 9.0 (STATA Corp, College Station, Texas), we adjusted standard errors in our regression analyses for sample stratification (sampling strata independently) and clustering (sampling individuals within each of 48 primary sampling units) (Skinner, Holt, & Smith, 1989).

Results

Prevalence of Childhood Sexual Contact

Among urban Chinese adults, about 4.2% experienced childhood sexual contact before age 14 (Table 1). Surprisingly, a slightly larger proportion of men than women had this experience (5.1% versus 3.3%, $p < .05$). About 1.4% of women and 2.7% of men reported at least one severe condition. The majority of female victims had their first contact before age 12 and the majority of male victims had their contact when they were 12 or 13. More respondents reported peer contact than adult contact (2.6% versus 1.6%). For female victims almost all perpetrators were men, while for male victims, about one-third of the perpetrators were men.

"Table 1 about here"

Childhood Sexual Contact by Demographic Characteristics

Table 2 reports the prevalence of childhood sexual contact by demographic characteristics. Besides gender differences reported above, we also observe statistically significant age differences with younger urban Chinese adults had a higher rate of childhood sexual contact than their older counterparts. Childhood sexual contact was experienced by 8.3% of 20-29 year olds, 4.3% of 30-39 year olds, 1.3% of 40-49 year olds and 2.2% of 50-64 year olds ($p < .001$). The rate of childhood sexual contact does not differ significantly by father's occupation and by type of residential area at age 14.

"Table 2 about here"

Childhood Sexual Contact, Sexual and General Well-Being

Controlling for respondent's age, residential area at age 14 and father's occupation, logistic regression analysis shows that childhood sexual contact has the dual effect of increasing later sexual interest while also causing sexual and life satisfaction problems (Table 3 and Table 4). Next we report the results on each of the four groups of outcomes.

"Table 3 and Table 4 about here"

Victimization in later sexual history. Of the six outcomes measuring victimization in later sexual history, four are statistically significant for urban Chinese women and two for urban Chinese men. Urban women with childhood sexual contact are more likely to be ever hit hard by their sexual partner (OR = 2.98, $p < .05$), to engage in unwanted sexual act (OR = 3.49, $p < .05$), and to experience physical (OR = 4.55, $p < .001$) and verbal sexual harassment (OR = 2.67, $p < .01$). Urban men with childhood sexual contact are more likely to be ever hit by their sexual partner (OR = 1.90, $p < .05$) and to have sex just to please their partner (OR = 4.47, $p < .001$).

Heightened sexual involvement. Among the six outcomes on sexual involvement in later life, four for women and four for men are statistically significant or marginally significant. Urban Chinese women with childhood sexual contact are more likely to have masturbated last year (OR = 3.85, $p < .01$), to think about sex at least once per week (OR = 2.52, $p < .1$), to have more varied sexual practices (OR = 4.37, $p < .001$), and to have had more than two sexual partners in their lifetime (OR = 2.97, $p < .01$). Urban Chinese men with childhood sexual contact are more likely to have masturbated last year (OR = 2.22, $p < .01$), to have more than two sexual partners in their lifetime (OR = 2.46, $p < .01$), to have more than one partner last year (OR = 2.01, $p < .05$), and to have sexual relationship with others while being with their current partner (OR = 2.79, $p < .001$).

Sexual problems. Urban Chinese women who had childhood sexual contact have higher odds of experiencing all five sexual problems examined in this study, while only one outcome in this category is significant for urban Chinese men. Women with childhood sexual contact are 1.94 times more ($p < .05$) likely to have genitor-urinary symptoms, 3.35 times more ($p < .01$) likely to have ever had sexually transmitted infection, 2.33 times more ($p <.05$) likely to be sexually dysfunctional, 5.64 times more ($p < .001$) likely to live in the fear that one day they

would be harassed, and 2.52 times more ($p < .01$) likely to have a partner who had sexual affairs with other women. Men with childhood sexual contact are 5.01 times more ($p < .001$) likely to live in the fear that one day they would be harassed.

General well-being. For both women and men, childhood sexual contact increases the likelihood of experiencing psychological distress in later life. Women with childhood sexual contact are 1.94 times more ($p < .05$) and men are 2.91 times more ($p < .05$) likely to have psychological distress compared to women and men who did not have childhood sexual contact. When the measures of victimization in later life history, heightened sexual involvement, and sexual problems are controlled for, these effects become non-significant (not shown in tables).

Discussion

In this study we estimated the prevalence of childhood sexual contact and the effect of childhood contact on later sexual experience and well-being among urban Chinese adults. The major strengths of this study include the representative sample of all urban adults in China, multiple aspects of sexual well-being, and the long-term effect of childhood contact on sexual and emotional well-being.

Among urban Chinese adults, 3.3% of women and 5.1% of men had experienced childhood sexual contact. These estimates seem low compared to the results from other studies in China in which 8.9% of females and 5.0% of males reported any physical contact abuse (Chen et al., 2004, 2006). Differences in definitions, sampling procedures, and measurements may account for such discrepancies. For example, our prevalence was based on a single question while Chen, Dunne, & Han (2004, 2006) were based on nine items each asked one type of physical contact. The sample for our study is a probability sample of urban adults aged 20 to 64 years while the samples for the studies by Chen, Dunne, & Han (2004, 2006) were convenient

samples of senior high school students in selected regions. In fact, among CHFLS respondents aged 20 to 29 years, 8.3% reported childhood sexual contact. Also, we asked about childhood sexual contact before age 14 while the studies by Chen, Dunne, & Han (2004, 2006) asked about contact before age 16. Furthermore, although both were retrospective reports, the CHFLS respondents were asked about childhood experience at least six years back, while the questions for the respondents in the other studies were more current. The retrospective nature of the CHFLS data on early sexual experience and the perceived social stigma associated with childhood sexual contact may contribute to underreporting of childhood sexual contact. These discrepancies can only be resolved with additional data collection efforts.

Social stigmatization may also help explain why we observed a lower rate of childhood sexual contact for urban Chinese women than for urban Chinese men. Chinese cultural traditions and moral principles place greater emphasis on women's sexual conduct and virginity, and victims of childhood sexual abuse are often advised to keep it secrete so as to save face for herself and for her family (Ruan, 1991; Tang, 2002). Under this circumstance, women may be more reluctant to disclose their sexual victimization than men.

Despite the apparent low overall prevalence estimate, the age discrepancy is alarming. The rate of childhood sexual contact for urban adults aged 20 to 29 almost doubled the rate for those aged 30-39, and was four times of the rate for those aged 40 to 64. This suggests a surge of childhood sexual contact experienced by younger Chinese adults. With recent economic reform, foreign contact, and a more open media, sexual norms have liberalized and there is more emphasis on sexual freedom and sexual satisfaction (Bullough & Ruan, 1994; Higgins, Zheng, Liu, & Sun, 2002). The rising prevalence of childhood sexual contact raises the question how we can protect our children's rights and well-being amid the ongoing sexual revolution.

Using multiple indicators of sexual well-being, this study suggests that consequences of childhood sexual contact for sexual well-being are likely to be bimodal leading both to heightened eroticism or sexuality and to more sexual problems. This finding is consistent with those in the West (Browning & Laumann, 1997, 2001; Davis & Lay-Yee, 1999; Else-Quest et al., 2005; Laumann et al., 1999; Paolucci et al., 2001). One the one hand, Chinese adults who experienced childhood sexual contact reported higher rates of victimization in later sexual history than those who had no childhood sexual contact -- they are more likely to suffer spousal abuse, unwanted sex, and sexual harassment. They are also more likely to have sexual problems, such as genito-urinary symptom, sexual transmitted infection, sexual dysfunction, harassment fear and uncommitted relationship. This is particularly the case among female victims. On the other hand, those who had childhood sexual contact reported heightened sexual involvement than those who did not have such contact. This is reflected in the higher levels of masturbation, thinking of sex, variety of sexual practices, and the number of short term and long term partners among childhood abuse victims.

In terms of general well-being, we observed a negative effect of childhood sexual contact on psychological well-being in later life. Those who had childhood sexual contact are more likely to suffer psychological distress than those who had no such contact. This effect is almost completely mediated by the effects of childhood sexual contact on victimization in later sexual history, heightened sexual involvement and sexual problems experienced by these victims.

As we have discussed earlier, one of the limitations of this study is the potential underestimate of the prevalence of childhood sexual contact because our estimate was based on retrospective report of undesired behavior. Another limitation is that, because of the small cell size, we could not conduct detailed analysis of the long-term effect of different types of

childhood sexual contact (e.g., severity, age of contact, type of contact, gender of the offender, etc.) on sexual and general well-being. Results on different types of contact based on small cell sizes tend to be unstable. Future research using in-depth interviews with abuse victims may shed more light on these issues.

In sum, although the overall prevalence of childhood sexual contact is still low among urban Chinese adults compared to the West, the numbers are growing and it has shown negative impact on sexual and general well-being. The issue needs to be seriously discussed and evaluated so that effective interventions can be in place to protect our children from becoming sexual abuse victims.

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Table 1. Prevalence of Childhood Sexual Contact among Women and Men in Urban China.

	Women (n=1519)	Men (n=1475)	Total
Any childhood sexual contact	3.3	5.1	4.2
Severity			
No sever conditions	1.9	2.4	2.2
1+ sever conditions	1.4	2.7	2.0
Age of contact			
2-11	2.0	1.6	1.8
12-13	1.1	3.3	2.2
Missing	0.2	0.2	0.2
Type of contact			
Peer	1.9	3.3	2.6
Adult	1.4	1.8	1.6
Sex of offender			
Different	3.2	3.3	3.2
Same	0.1	1.8	1.0

Note. Numbers are weighted percentages.

Table 2. Demographic Characteristics by Childhood Sexual Contact.

Demographics	Number of respondents	Any contact		
		N	Weighted %	*p*-value
Gender				
Women	1519	47	3.3	<.05
Men	1475	60	5.1	
Age				
20-29	712	45	8.3	<.001
30-39	884	39	4.3	
40-49	815	9	1.3	
50-64	583	14	2.2	
Father's occupation				
Manual/Farmer	1785	56	4.1	n.s.
Sales/Service	202	7	2.7	
Clerical/Self-employed	481	27	7.6	
Professional/Administrative	526	17	2.2	
Residential area at age 14				
Rural	1102	33	4.1	n.s.
Urban	1892	74	4.3	

Table 3. Childhood Sexual Contact, Sexual and General Well-Being among Urban Women.

	No. of respondents	No contact (%)	Contact (%)	Adjusted OR (95% CI)
Victimization in later sexual history				
Being hit hard by partner [a]	1313	10.1	22.4	2.98 (1.09-8.16)*
Unwanted sex with partner	1498	28.5	36.7	1.67 (0.76-3.66)
Unwanted act [a]	1202	22.0	47.0	3.49 (1.24-9.87)*
Sex to please partner [a]	1203	45.5	50.0	1.32 (0.39-4.53)
Sexual harassment physical	1255	9.0	31.5	4.55 (2.24-9.25)***
Sexual harassment verbal	1264	13.4	29.8	2.67 (1.35-5.27)**
Heightened sexual involvement				
Masturbation	1510	14.4	37.9	3.85 (1.53-9.71)**
Thinking about sex often	1518	28.3	47.3	2.52 (0.94-6.72)+
Variety of sexual practices high [a]	1203	19.2	48.2	4.37 (2.08-9.20)***
Partners in lifetime > 2	1519	5.3	12.8	2.97 (0.91-9.63)+
Partners in last year > 1	1519	4.1	9.5	2.41 (0.55-10.42)
Concurrent partners [a]	1311	5.0	6.6	1.71 (0.46-6.38)
Sexual problems				
Genito-urinary symptom	1519	30.3	45.5	1.94 (1.07-3.52)*
Sexually transmitted infection	1519	10.4	25.8	3.35 (1.42-7.94)**
Sexual dysfunction [b]	1244	38.1	59.3	2.33 (1.06-5.14)*
Fear of being harassed	1518	28.7	67.3	5.64 (2.31-13.76)***
Partner's extra affairs [a]	1310	20.1	41.4	2.52 (1.48-8.36)**
General wellbeing				
Psychological distress	1519	27.9	52.1	2.91 (1.19-7.12)*

Note. Percentages and odds ratios adjusted for sampling strata, primary sampling unit and population weight. Adjusted odds ratios were estimated with logistic regressions. Separate equations for each dependent variable. All regression equations control for age, father's occupation and residential area at age 14.

[a] Restricted to respondents with stable sexual partner.

[b] Restricted to respondents who were sexually active in the past year.

+ $p < .1$, * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 4. Childhood Sexual Contact, Sexual and General Well-Being among Urban Men.

	No. of respondents	No contact (%)	Contact (%)	Adjusted OR (95% CI)
Victimization in later sexual history				
Being hit by partner [a]	1304	14.9	28.5	1.90 (1.06-3.41)*
Unwanted sex with partner	1463	10.4	9.6	1.07 (0.53-2.17)
Unwanted act [a]	1232	11.6	16.4	1.14 (0.36-3.62)
Sex to please partner [a]	1233	19.6	47.0	4.47 (2.09-9.55)***
Sexual harassment physical	1223	3.7	3.1	0.65 (0.11-3.72)
Sexual harassment verbal	1229	14.5	29.2	1.81 (0.41-7.96)
Heightened sexual involvement				
Masturbation	1471	33.7	65.0	2.22 (1.46-3.39)**
Thinking about sex often	1475	54.5	64.1	1.13 (0.43-2.95)
Variety of sexual practices high [a]	1233	30.1	69.1	3.34 (0.74-15.14)
Partners in lifetime > 2	1475	23.7	48.0	2.46 (1.30-4.64)**
Partners in last year > 1	1475	20.3	41.0	2.01 (1.05-3.86)*
Concurrent partners [a]	1303	20.8	47.5	2.79 (1.67-4.64)***
Sexual problems				
Genito-urinary symptom	1475	15.4	18.1	1.05 (0.50-2.18)
Sexually transmitted infection	1475	5.0	3.6	0.92 (0.34-2.43)
Sexual dysfunction [b]	1264	14.0	23.8	2.57 (0.75-8.81)
Fear of being harassed	1473	31.6	76.4	5.01 (1.99-12.64)***
Partner's extra affairs [a]	1304	14.3	24.0	1.47 (0.55-3.88)
General well-being				
Psychological distress	1475	27.3	41.5	1.94 (1.13-3.34)*

Note. Percentages and odds ratios adjusted for sampling strata, primary sampling unit and population weight. Adjusted odds ratios were estimated with logistic regressions. Separate equations for each dependent variable. All regression equations control for age, father's occupation and residential area at age 14.

[a] Restricted to respondents with stable sexual partner.

[b] Restricted to respondents who were sexually active in the past year.

+ $p < .1$, * $p < .05$, ** $p < .01$, *** $p < .001$.