

Press kit

Early results of the CSF survey

“Context of sexuality in France”

The research team

The “*Context of Sexuality in France*” survey was conducted under the scientific responsibility of Nathalie Bajos (Inserm) and Michel Bozon (Ined); coordination was ensured by Nathalie Beltzer (ORS ORS lie-de-France). The multi-disciplinary research team brought together researchers in sociology, demography, and epidemiology, coming from various organizations: Inserm, Ined, CNRS, InVS, and the University. The survey was performed at the initiative of the ANRS, the French National Agency for Research on AIDS and Viral Hepatitis.

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1 - Overview of the “Context of sexuality in France” survey

Reminder of the ACSF survey (1992)

A first survey on sexual behaviours was carried out in 1970 among 2,600 persons¹. It was followed in 1992 by another survey called “Review of the sexual behaviours in France” (ACSF), carried out among 20,000 individuals, under the responsibility of Alfred Spira (Inserm) and coordinated by Nathalie Bajos (Inserm). The research team included 22 investigators from Inserm as well as Ined, University, and CNRS. We will recall the main results of this survey which was funded by the ANRS (National Agency for Research against AIDS). It had a wide repercussion and was a source for many papers² which are still regarded as benchmarks. Its results helped to guide the development of policies for the prevention of sexual transmission of HIV infection.

A social and epidemiological background deeply transformed since the 1990s

During the 1990 decade, the public health landscape has been substantially modified; the birth cohorts who began their active sexual life in the 2000s were met with a highly different background compared to those who had their first intercourse in the early 1990s. The treatments of HIV infection, now seen as a chronic condition, are also parts of their landscape. People living with AIDS tend to get older though there are still contaminations (6,700 in 2005, according to the InVS³) and the epidemic affects an always increasing number of people facing social and economical precariousness. Male homosexuals remain highly affected. This results in a profound modification of the representations of AIDS and of the risks related to sexuality. Is this evolution accompanied by a change in preventive practices, not to say complacency? The currently available data (KABP 2004 survey⁴, Presse Gay 2004 survey⁵) clearly document a lower awareness, in particular among the young regarding the epidemic but they do not enable a precise study of the sexual and preventive practices among the population. In order to be able to anticipate the changes in the epidemic, it seemed important to find the means to obtain updated data on sexual and risk-taking behaviours.

The social changes the French society has known during the last decade could not, either, have no impact on the context of sexuality.

1 Simon P., Gondonneau J., Mironer L. & Dourlen-Rollier A.M., *Rapport sur le comportement sexuel des Français*, Paris Julliard et Charron, 1972.

2 Alfred Spira, Nathalie Bajos and the ACSF group: Aids and sexual behaviour in France. *Nature*, 1992, 360: 407-409. Alfred Spira, Nathalie Bajos et le groupe ACSF : *Les comportements sexuels en France*, La Documentation française, Paris, 1993; Michel Bozon, Henri Leridon, (dir.), 1993, Special issue of *Population*, 5, “Sexualité et sciences sociales”; Nathalie Bajos, Michel Bozon, Alexis Ferrand, Alain Giami, and Alfred Spira, 1998, *La sexualité aux temps du sida*, Paris, PUF, Collection “Sociologie d'aujourd'hui” , 494 p.; Groupe ACSF, *Comportements sexuels et sida en France. Données de l'enquête ACSF*, Paris, Editions de l'Inserm, Collection “Questions de santé publique”, 1998.

3 *Bulletin Epidémiologique Hebdomadaire*, N°48, 28 nov. 2006.

4 Beltzer N., Lagarde M., Wu-Zhou X., Vongmany N., Grémy I., *Les connaissances, attitudes, croyances et comportements face au VIH/sida en France - Evolutions 1992, 1994, 1998, 2001, 2004*, Rapport de l'Observatoire régional de santé d'Ile-de-France, November 2005, 176 p.

5 InVS, ANRS, *Premiers résultats de l'Enquête Presse Gay 2004*, 22 June 2005.

It is then necessary to take into account the continued changes of family structures, the laws on gender parity and their implementation, the creation of the PACS (civil solidarity pact) and the debates about homosexual marriage, the inscription of the violence against women in the political agenda, as well as the greater precariousness of certain social groups confronted with unemployment and everyday life difficulties. A survey conducted in Great Britain evidenced the influence of the changes in family structures on sexual behaviours, and even more on risk-taking behaviours (Johnson *et al*, 2001).

The Context of sexuality in France survey (2006): assumptions and orientations

The “Context of sexuality in France” (CSF) survey adopted a broad approach. It encompasses the three components of sexuality which are the acts, the relationships and the meanings, by inscribing them in both individual trajectories and social context. Three central assumptions have organized the research:

- (i) *Sexual and marital trajectories* are getting more diverse (a longer period of youth, an increase in marital mobility, a longer active sexual life) and standards are getting more individualized, resulting in a transformation of preventive contexts.
- (ii) The components which structure *men-women relationships* – in particular anything building up a difference of power between them – contribute to the setting up of a sexual interaction style, and a context of risk and prevention management that does not render partners equal.
- (iii) The level of mastery that individuals have on their *living conditions* (i.e., material conditions, living standards, social skills, health condition) is a determinant factor of their experience of sexuality and ability to adopt preventive measures.

When examining the conditions and consequences of sexual activity, a “Health and sexuality” type of approach was preferred: it considered the HIV infection but also contraception, voluntary termination of pregnancy, STI (sexually transmitted infections), sexual abuse, dysfunctions and other sexual issues. The survey includes also an epidemiological extension aiming at studying, for the first time in France, the prevalence of *Chlamydiae Trachomatis* infections and the risk factors associated with the contamination.

A telephone questionnaire, a random sample

1. The framework

Two pilot surveys were first performed in November-December 2004, and in June 2005 in order to test the questionnaire, the formulation of the questions, their combination, and the time needed to complete the questionnaire.

The protocol for the data collection is identical to that of the ACSF survey. Individuals aged 18-69 years, living in continental France and French speakers, were interviewed by telephone.

A notification was sent by mail a few days prior to the survey: in this letter, Inserm (National Institute of Health and Scientific Research) informed that one member of the household would be selected and questioned about health. This letter also indicated that answers were optional and specified that a toll-free telephone number was available on all week days to those who wished more information about the survey procedure.

2. A proven methodology

The subject selection was based on a two-phase random sample survey post stratified by age. The suggested methodology relies on the protocol set up for the ACSF survey, and which was subsequently used in other surveys. A complex drawing process enabled to constitute a sample of telephone numbers among telephone customers enlisted in both “white” and “red” directories. In addition, to ensure the maximum representativity of the whole sample, persons who had only a mobile telephone were also included in the sample.

The telephone numbers were outdialled by a call processor so that the investigator did not know the number called and this indication was deleted from the answer file as soon as the first question was delivered.

In case of no reply, telephone numbers were dialled up to 15 times a day, between 1 p.m. and 9 p.m. during weekdays, and between 10 a.m. and 4 p.m. on Saturdays. Other time ranges were available for persons harder to reach.

Once the household had been contacted, the second phase was to select, following the anniversary method, the person to question at the time of the phone contact, among the eligible adults aged 18-69 years and living at this address.

In order to be able to study more precisely the behaviours of the population most exposed or concerned by sexuality-related health risks (HIV, STI, unexpected pregnancy), and the conditions of entry in active sexual life, adults aged less than 40 years were over-represented. A total of 12,364 individuals were polled among whom 304 had only a mobile phone.

3. A detailed questionnaire

The questionnaire explored the following items: social and demographic characteristics of the subjects and their partner, living conditions, chronic health disorders, opinions and representations on sexuality, socialization during adolescence, entry into sexuality, affective biography between first intercourse and the beginning of a couple's life, break ups occurring in the past five years, both whole-life and recent times number of partners, experienced sexual practices, characteristics of last intercourse, forced sexual intercourse, contraception failures, sexuality disorders and sexually transmitted infections. On average, the interview lasted 49 minutes. This duration was too long to interview the subjects using a mobile phone. A shorter version of this questionnaire (about 19 minutes) was therefore administered to the sample of subjects using exclusively a mobile telephone and to 1,655 telephone customers enlisted in the white and red directories.

The short version included, apart from the social and demographic characteristics, and health status of the polled individuals, the main indicators of their sexual biography.

At the end of the telephone interview, a bacterial screening via a urinary of genital auto-sampling was systematically offered to all sexually active individuals younger than 25 year-old, to individuals aged 25-44 years who had met a new partner or more than one partner in the past year, and to a same age control group with no new partner during the past year. This component, complementary to the CSF survey and called NatChla, was performed under the responsibility of Véronique Goulet (InVS), and Josiane Warszawski (Inserm-

Paris XI), in collaboration with the National reference centre for chlamydiae (Université Bordeaux 2); it aimed at evaluating, for the first time in France, the prevalence of *Chlamydia trachomatis* (CT) infections in the French adult general population.

4. The investigators

The interviews were conducted by 61 investigators (29 female and 32 male investigators) employed by IPSOS opinion research company. These investigators were supervised by 5 field managers.

Split in three groups, the investigators have all benefited of a minimum two-day training performed by the research team, at a 1-month interval.

This objective of this training was to: introduce them to the context, the objectives of the survey methodology; give them information on AIDS and sexually transmitted infections and, lastly, familiarize them with the questionnaire. Thus, using role plays, they appropriated the questionnaire by simulating more or less complex situations. Meetings with the investigators and researchers were routinely organised in order to assess the advancement of the survey.

5. Data collection

Data collection began on 27 September 2005 and was completed by 24 March 2006.

In total, 12,364 questionnaires were collected. Over all this period, team researchers were present every day, on a rotational basis, within the IPSOS Institut, not only to follow the work of the investigators but also to help them in case of difficulties during an interview.

6. Survey assessment: a high response rate

The CSF survey is characterised by a high (74.6%) and very satisfactory response rate. This good rate results from a low proportion of individuals or households refusing to take part in the survey (Table 1). When the household was contacted, only 6.1% of them refused to proceed with the selection of the person who would be polled within the household, therefore preventing to go on with the questionnaire. Then, 15,7% of the subjects selected within the household to participate in the survey refused to answer. Finally, 452 persons, only, discontinued the questionnaire before having answered all questions (i.e., 3.6% of all questionnaires that had been started). The drop-out rate was not as important for the short questionnaire (2%) as it was for the long one (3.9%).

The refusal rate of persons who possessed only a mobile telephone was higher than that of respondents contacted via a fixed-line telephone: more than one in three (37.5%) refused to answer the questionnaire.

Table 1: Refusal rate of households and refusal rate of subjects in the CSF survey.

	Sample of persons questioned via a fixed-line telephone			Sample of persons questioned via a mobile phone
	Long questionnaire	Short questionnaire	Total	Total
Households refusal rate	6.2%	6.0%	6.1%	-
Individuals refusal rate	16.2%	12.3%	15.7%	37.5%
Drop-out rate	3.9%	2.0%	3.6%	3.2%
Completed questionnaires	10,405	1,655	12,060	304

In the CSF survey, 5,540 men and 6,824 women were polled. Table 2 shows the distribution by gender and age of those 12,364 individuals. The total numbers are gross values, i.e. representing the number of individuals who effectively answered to the survey. By contrast, percentages are calculated on the corrected sample. The adjustment allows taking into account the sampling scheme and the model calibrations that were made so that the sample structure would be representative of the population of 18-69 year-old adults living in France.

Table 2: Distribution by age and gender of the CSF respondents

	Women		Men	
	Total	% adjusted	Total	% adjusted
18 - 19 year-old	235	3.1	224	3.2
20 - 24 year-old	750	9.9	663	10.5
25 - 34 year-old	2,005	19.5	1,640	20.3
35 - 44 year-old	1,808	21.9	1,518	21.8
45 - 54 year-old	849	21.3	689	20.9
55 - 69 year-old	1,177	24.3	806	23.3
Total	6,824	100	5,540	100

Box: Reliability of the answers in surveys on sexuality

The reliability of the answers is a key issue in all scientific surveys, especially when the matters are sensitive. The CSF survey is the third large national survey addressing sexuality, in the line of the 1970 (Simon et al) and 1992 (Spira, Bajos et al., cited in the footnote¹) surveys. It was based on the methodological knowledge acquired from these studies and from others conducted abroad on the same subject.

Thus, a number of precautions were taken in order to obtain reliable answers, i.e. answers reflecting the practices and opinions of the respondents and not answers they believe make them socially look at their advantage.

In the first place, it was critical that the survey should be anonymous so that the people could really feel confident. This was specified in the notification mail, then immediately explained by the investigator when he/she called and reminded before beginning the questions about sexual life.

Secondly, the Inserm notification letter indicated that this project was a scientific research aiming at helping to better define prevention. Therefore, many asked individuals have accepted contributing to an enterprise they perceived as useful and understood the issue of giving precise answers.

The investigators had also all been trained directly by the members of the research team about the scientific and ethical issues of this research. The respondent was asked to isolate him/herself to answer the questionnaire and no answer could have been eventually interpreted by someone else at the time of the interview (e.g., agree, .. don't agree at all, Yes/No/I don't know, 0/1/2/3 or more, etc.).

The analyses carried out after the survey documented a great consistency in the answers of a same respondent throughout the questionnaire and compared with the results obtained from other surveys in France and abroad. The answers which were given were not linked to the investigator characteristics.

At the end of the telephone interview, up to 90% of the subjects declared they had been interested by the survey. The drop-out rate during the interview was indeed very low (3.6%).

EARLY RESULTS

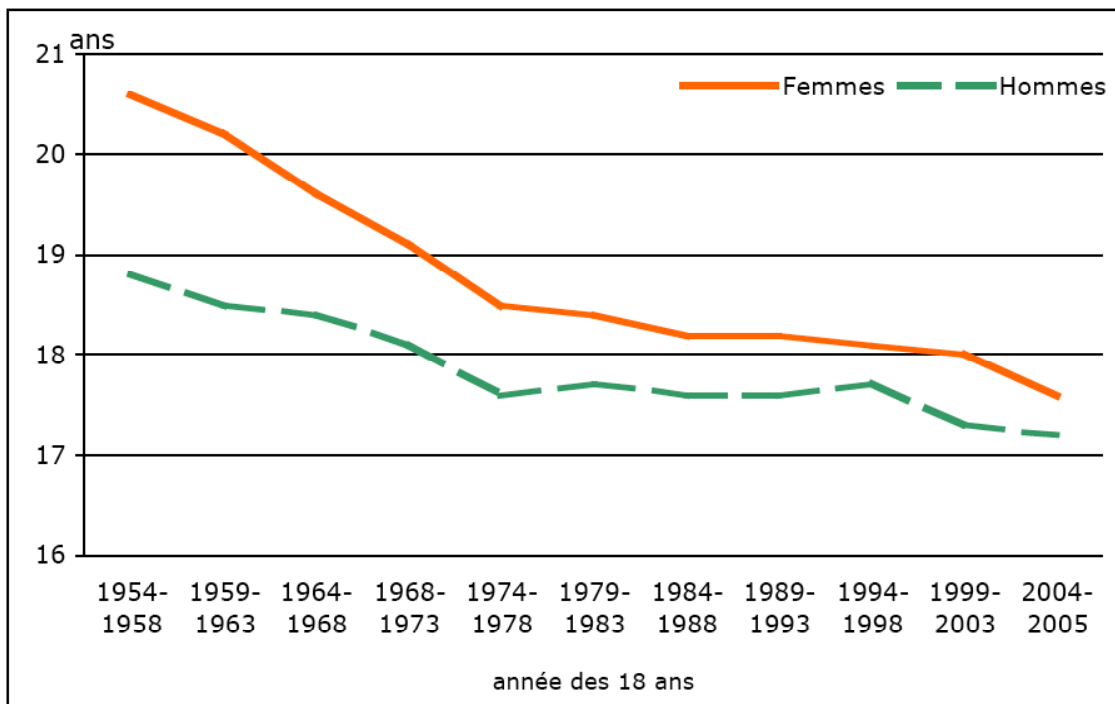
Age at the time of the first intercourse: a decrease in the years 2000

The 2006 CSF survey encompasses about fifty birth cohorts, from people born in the second half of the 1930s to those born in the second half of the 1980s. In half a century, the median age⁶ of men for the first intercourse was lowered by one year and a half (from 18.8 for the birth cohorts now aged 65-69 to 17.2 for the younger cohorts), while the age of women, initially much higher (20.6 years) had fallen by three years (17.6 for the 18 or 19 year-old women). As a result, the age at first sexual intercourse of men and women are getting closer. While among older persons, the women had – on average – their sexual initiation two years later than men, this gap is now only a few months (0.4 year).

The women were those who lived the greatest changes which occurred in the 1960s and 1970s (see Figure 1). The drop in the age of first intercourse started even before the medical contraceptive means were made widely available. Equally, it cannot be said that this drop was a “consequence” of the “1968 social movement”. It is probably the contrary: the 1968 “events” expressed changes that were already happening. In the 1980s and 1990s, while the HIV infection was spreading, the age at first sexual intercourse stabilized for men as for women. Finally, in the 2000s, a new trend towards a decrease is beginning to appear, first among men and then among women. It cannot yet be said if this trend will be maintained.

Figure 1: Age at first sexual intercourse, per gender, and birth cohort (year of the 18th birthday)

Years – women – men – Year of 18th birthday



⁶ The median age is the age when 50 % of the population have known the event. For instance, 50% of the young women aged 18-19 year-old had their first sexual intercourse when they were 17.6 years old.

Among older birth cohorts, the first sexual intercourse had a clearly different signification for women compared to men. For women aged 60 to 69, 70% of the first partners were or became their spouse. This was the case for only 33% of the first partners of same-age men; most often, these partners were only occasional partners. Today, men' and women's experiences are closer, but still do not coincide. Only 20% of the 20 to 24 year-old women have had their first sexual intercourse with someone who became their spouse, but this is still higher than for men (only 6% lived in a couple with their first partner).

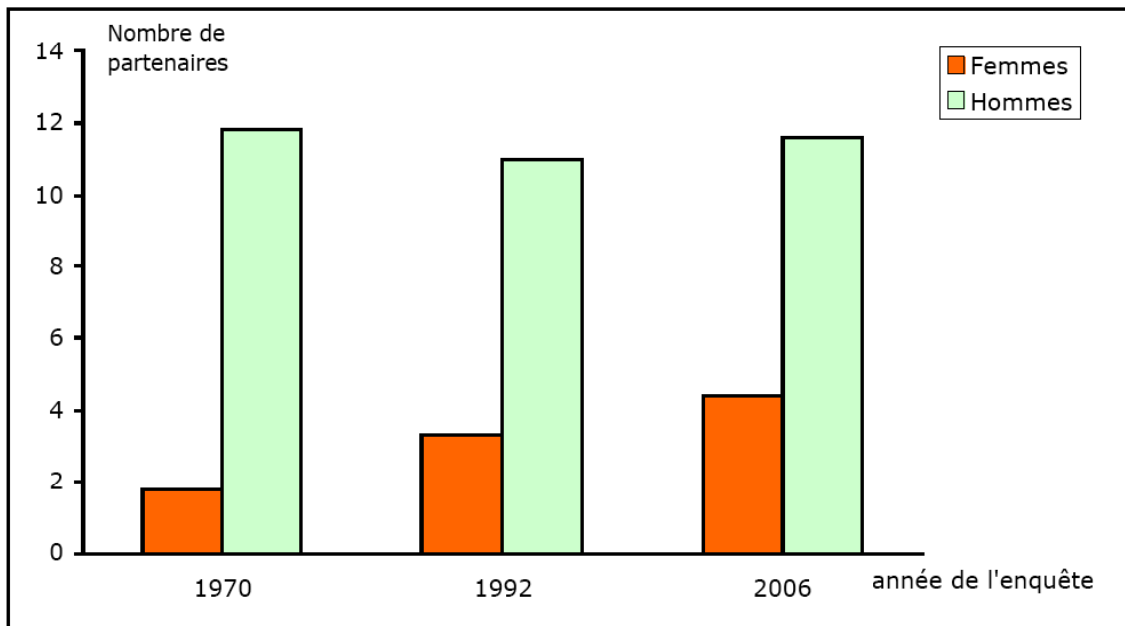
An increase in the number of women's sexual partners but there is still a wide gap with men

Women report a lower number of partners in their whole life than men. In fact, 47.3% of women say they had at least two partners versus 70.7% of men. This women/men difference is even more important for those (both male and female) who say they have had many sexual partners: 10.9% of women and 35.4% of men reported that they had at least 10 sexual partners during their life. Therefore, the average number of men's and women's sexual partners appear to be very different: 4.4 for women vs. 11.6 for men in 2006⁷.

If we compare those results with those of the 1970⁸ and 1992 surveys (Figure 2), marked changes were recorded in women's statements (1.8 in 1970, 3.3 in 1992, 4.4 in 2006) whereas the men's statements remained stable (11.8 in 1970, 11.0 in 1992, and 11.6 in 2006). Such a progression translates the current ease to report a diversified sexual life in relation with the increased social autonomy of women.

Figure 2: Average number of partners throughout life in 1970, in 1992, and in 2006

Number of partners – Women – Men – Year of survey



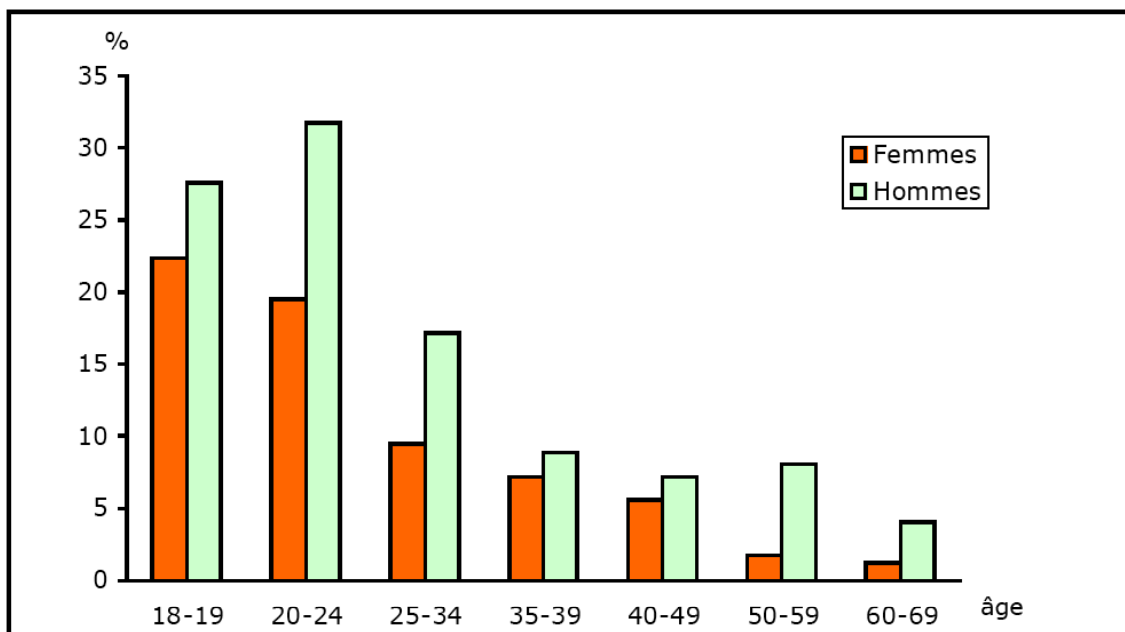
⁷ The median number of sexual partners in the whole life is 1.8 for women and 4.8 for men.

Such differences between women and men first highlight the fact that men usually count all their partners while most women, for their part, only count partners who played a role in their life corresponding to what they believed a relationship should be. These discrepancies should be put in perspective with the social representations based on a persistent dichotomy which, even though it is not as marked as it was some years ago, assigns women a sexuality limited to the affective and conjugality fields, and men a sexuality focussed on desire and the physical dimension.

The average numbers of women and men partners during the last twelve months are 1.0 and 1.3, respectively. Less women than men reported having at least 2 partners during that period: 7.1 % of women and 12.5% of men. These proportions are the highest at younger ages, corresponding to the periods of search of a partner: they reach their maximum for 18-19 year-old women (22.3%), and for 20-24 year-old men (31.7%). Beyond 25 years, a period in life where a vast majority of the people are living in couples, the proportions of persons having more than one partner decrease progressively and get closer across men and women (Figure 3).

Figure 3: Individuals reporting at least two partners in the last twelve months (%)

Women – Men - Age



It should be noted that a relatively low proportion of men and women who have been living in couple for at least one year (2.8% of women, and 5.3% of men) reported having had at least one sexual partner other than their spouse within the last 12 months.

8 The 1970 survey concerned individuals aged 20 or more.

Frequency of sexual activity: an increase in women over fifty

When questioned on the frequency of intercourse during the past four weeks, men and women give highly matching answers. Among the individuals who had sexual intercourse during the past 12 months (87.2% of women and 91.4% of men), the average number of intercourses was 8.7 for both sexes. These results are very close to those of the 1970 and 1992 surveys. The frequency of sexual intercourse gradually decreases after 25 years for women and as soon as 20 years for men.

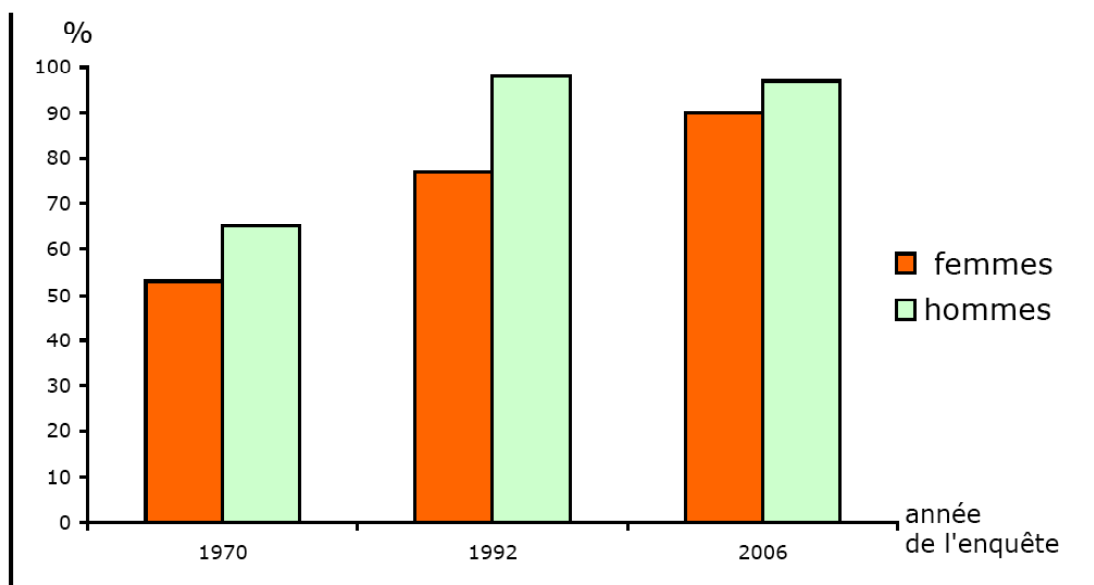
Marked changes were noted in individuals over 50, and in particular in women (Figure 4): only 53% of women over 50 and living in partnership reported a sexual activity in the past twelve months in the 1970 study while they were 77% in the 1992 study and close to 90% today. The proportion of men over 50 living in partnership and who are sexually active also increases, but much less, compared to the 1992 survey.

In women over 50, the frequency of sexual intercourse is also increasing: while in the 1992 survey, women living in partnership and aged 50-69 years reported having 5.3 sexual intercourse per month, this number is now 7.3, but no changes were noted in same-age men (7.2 for both surveys). The sexual activity of the older women keeps increasing and this trend could be seen as early as the 1970s.

The frequency of intercourse is not only related to age. It also decreases when the length of the relationship is increasing: from 12 intercourses per month, reported by both men and women engaged in a relationship for less than six months, to 8 when the relationship has been lasting for more than 5 years.

Figure 4: Proportions of individuals who had a sexual activity during the past year among both women and men over 50 and living in couple, in 1970, 1992, and 2006.

Women – Men – Year of survey



Periods without any sexual activity are far from being exceptional.

Thus, 16% of women and 15% of men who have been living in couple for more than a year reported having no intercourse for at least three consecutive months, during the past year.

When the relationship had been lasting for 2-3 years, 13% of women and 10% of men reported having no sexual intercourse for at least 3 months, and 17% of women and 16% of men when the relationship has been lasting for more than 6 years. As the length of the relationship increases, periods without any sexual activity are more frequent.

Homosexuality: increase in women, stability in men

In total, 4.0 % of women and 4.1% of men aged between 18 and 69 years old reported having engaged in sexual activity with a same sex partner (Table 3).

An increase was recorded in women (2.6% in 18-69 year-old women in 1992) whereas for men, the statements were similar to those recorded in the ACSF survey (4.1 % in men aged 18-69 years in 1992). Such a progression fits in a global movement towards an increasingly more diversified reporting of sexual activity by women, and this can be observed through a number of indicators.

As in the 1970 and 1992 surveys, those who declared having engaged at least once in sexual activity with a same-sex person, also declared, in their vast majority, having had a sexual activity with persons of the other sex (only 0.3% of both women and men had engaged exclusively in sexual activity with same-sex partners). Among the individuals who reported having engaged in homosexual practices, 13.4% of women and 12.4% of men report having had such experiences only before the age of 18.

Table 3: Sexual activity with a same-sex person throughout the life (among women and men who had sexual intercourses) (%)

Age	Women	Men
18-24	5.7	3.8
25-34	5.6	5.0
35-39	5.4	5.6
40-49	3.9	4.3
50-59	3.1	3.1
60-69	1.1	2.8
Total 2006	4.0%	4.1%
<i>1992 Survey</i>	<i>2.6%</i>	<i>4.1%</i>

Reporting of sexual activity with a same-sex person vary substantially according to the birth cohorts: women and men born before the mid 1950s (over 50 year-old at the time of the survey) reported less often having lived this type of experience. Homosexuality is much less accepted in those birth cohorts (see Figure 5), therefore affecting the memory of actual experiences and their reporting.

These statements may also vary according to the place of residence. Thus, 6.0% of women and 7.5% of men living in the Paris urban area reported having already engaged in such practices versus 3.2% of women and 2.9% of men living in rural areas.

The percentages recorded in the Paris area reach a maximum among 40-49 year-old women (8.1 %) and among 35-39 year-old men (6.6%), and even more among same-age inhabitants of the Ile-de-France region who declared having more than 2 years of post secondary education (11.4% and 14.6%, respectively); this shows, in part, the particular social route that homosexual and bisexual individuals must follow to live in more tolerant environments.

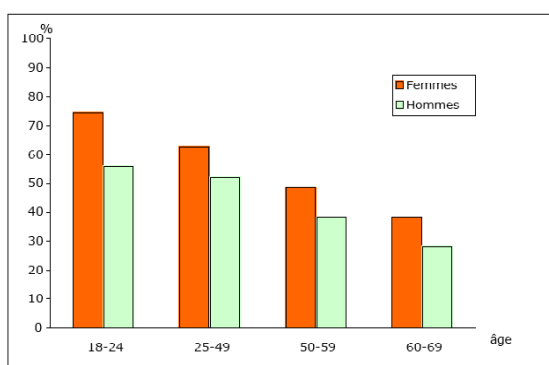
A part of the individuals who had homosexual/bisexual intercourse during their life did not have any, at the time of the survey. Over the past 12 months, only 1.0% of women and 1.6% of men said they have had sexual intercourse with a same-sex person. However, those proportions were on the rise since the 1992 study when they were only 0.4% and 1.2%, respectively.

Homosexuality: a stronger acceptance despite resistances

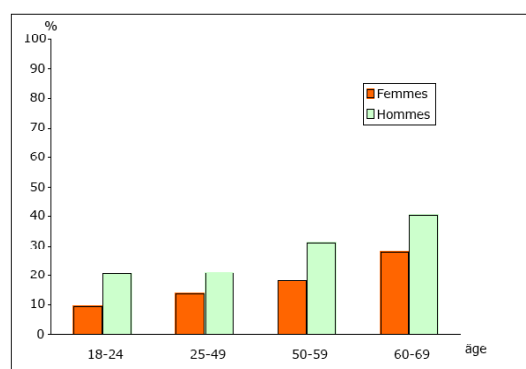
When questioned on their opinions regarding homosexuality, a majority of persons considered that homosexuality is “a form of sexuality like any other”. The acceptance of homosexuality is greater among women and individuals born after the mid 1950s (Figure 5). The men of earlier birth cohorts adhere more to a “pathological” approach of homosexuality and 40% of the 60-69 year-old men consider it to be a sexuality “against nature”. This intolerant attitude is still found in some young men (21% of the 18-24 year-old), far more than in women of similar age (10%). This difference between men and women conveys the fear of some men to see their masculine identity challenged.

Figure 5: Opinions regarding homosexuality: When considering homosexual intercourse, would you say that:

It is just another form of sexuality (%)
Women – Men – Age



It is a sexuality against nature (%)
Women – Men - Age



Therefore, the acceptance of homosexuality remains an issue in some environments. If there are fewer reports of homosexual practices from the 1936-1956 birth cohorts (50-69 year-old at the time of the survey), this is also the result of more widespread negative representations of homosexuality among these birth cohorts.

The reports of homosexual experiences should then be seen as a minimal estimate of these behaviours in the population currently residing in France.

Sexual practices: convergences and discrepancies between women and men

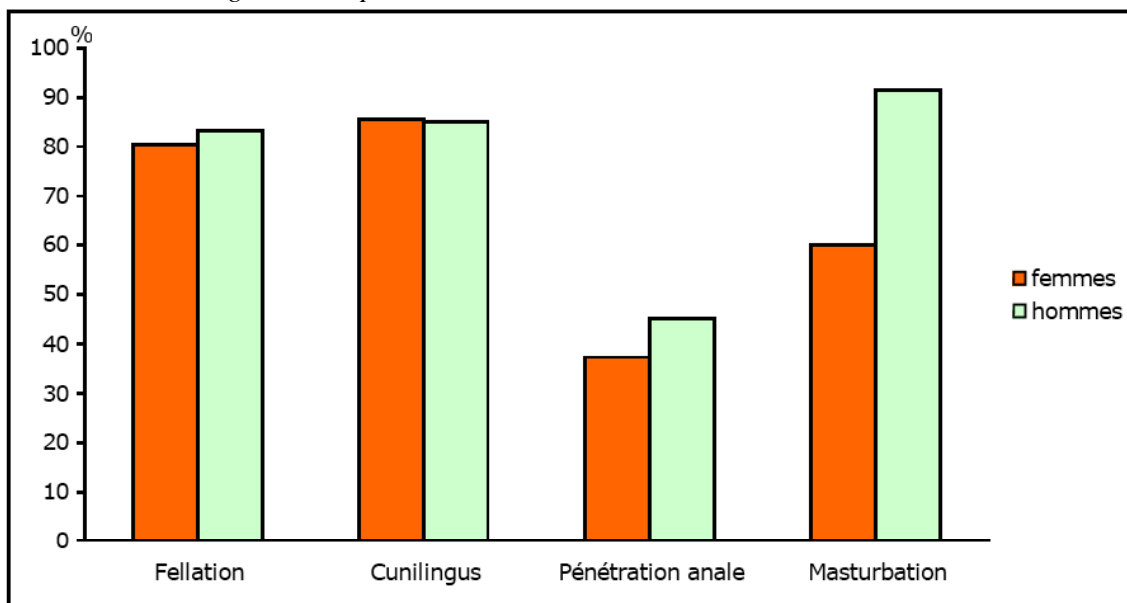
While vaginal penetration is, or has been, experienced by all those who reported having had sexual intercourse, other sexual practices are less frequent for different reasons. The individuals may belong to older birth cohorts who had not yet included these practices into their repertoire. Conversely, they may be too young to have learnt them, yet. They may also have experienced the practice, but not practice any more (older age, lack of a partner...). Lastly, those practices may be under-reported by some individuals in a survey.

More than 90% of men say they already masturbated, versus only 60% of women (Figure 6). Even though women report this practice more often than in the ACSF survey (in 1992, 42% of women said they had already masturbated), the experience of masturbation still remains widely unknown to a large part of the older birth cohorts. It should also be noted that this practice does eventually enter the sexual repertoire of women only in adulthood: between the ages of 18 and 24, one in two women declared she never masturbated, versus one in three between the ages 25 and 49. Therefore, we reach a proportion of one woman in five who regularly masturbates (during the past twelve months). For men, by contrast, masturbation is a sort of very first contact with sexuality. It is experienced quite early, rather universally, as 90% of men, in all birth cohorts, practiced masturbation. A regular practice is found in nearly half the men up to 40 years, before its frequency declines with age (Figure 7).

Figure 6: Persons who experienced, at least once in their life, the following practices (%).

Womenn – Men –

Fellation – Cunilingus – Anal penetration - Masturbation



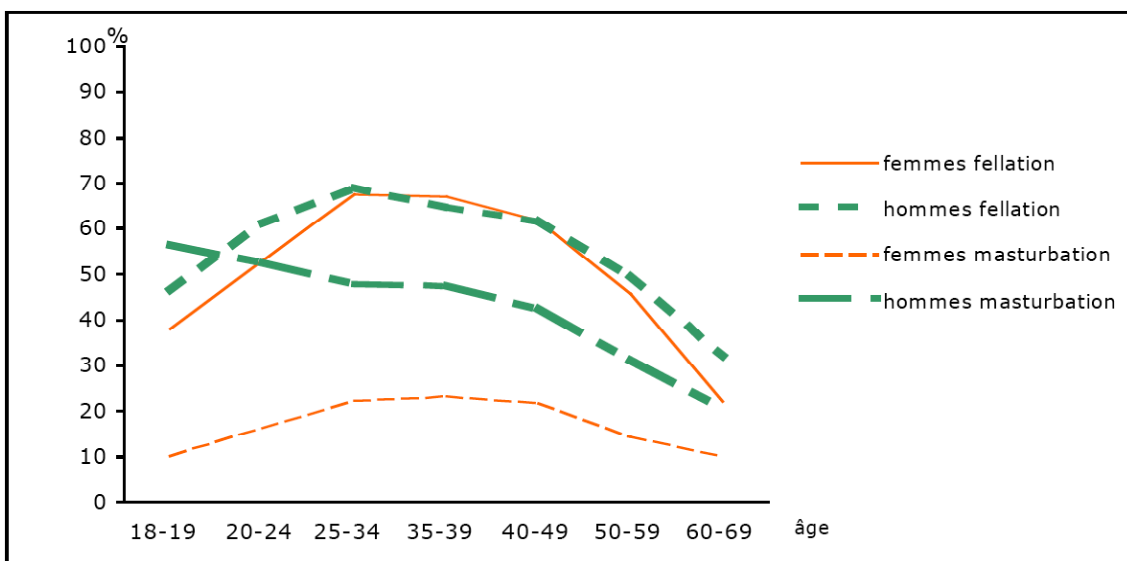
Oral sexuality practices – cunilingus and fellatio – were reported in similar proportions across women and men. They have known a spectacular diffusion in the 1970s and 1980s, and it went on in the 1990s and 2000s. More than 80% of women reported having experienced those practices, a clear increase compared to 1992. In 1992, 48% of women aged 55 to 69 said they had never practiced fellatio (ACSF survey). According to the 2006 survey, the proportion of those who ignore it is now only 29% in this age group, while 30% say they practice it regularly.

The proportion of women practicing fellatio regularly increases quickly with age, and from the age of 25, two thirds of women report its regular practice. Men statements are very close to those of women, except in younger (men begin earlier) and older age groups (more women than men never experienced fellatio).

A little more frequent than fellatio, cunnilingus was experienced by 85% of men and women. Its practice spread out in parallel with that of fellatio; between the ages of 25 and 49, 70% of men and women practice this activity, often or occasionally. Fellatio and cunnilingus have become a very ordinary component of the sexual repertoire.

Figure 7: Proportion of persons who practiced fellatio or masturbation regularly (often or occasionally) in the past 12 months (%).

Women fellatio – Men fellatio – Women masturbation – Men masturbation



This is not the case of anal penetration. Although a greater number of individuals said having practiced it at least once in their lifetime compared to the 1992 survey, they remain a minority. In 1992, only 24% of women and 30% of men declared having experienced this practice while, in 2006, they were 37% and 45%, respectively. This increase highlights probably as much a greater facility to report the practice as its actual increase. Even if sodomy is more widespread, it remains more of an occasional than regular practice: between the ages of 25 and 49, only 12% of women said they practiced it regularly or sometimes, while the proportion of 20-49 year-old men who practiced it regularly was comprised between 15 and 18%. This practice – which is not ignored of older birth cohorts (as, among persons over 60, 26% of women and 34% of men experienced it) – is spreading slowly but without becoming a standard practice of couples' sexuality. This is evidenced by the fact that it is more difficult for women than men to report its practice.

A new scenario, the Internet dating websites

The new means of communication are now part of the scenario for affective and sexual encounters. More than 10% of the respondents (10% of women, 13% of men) already signed up on an Internet dating website. Since this is a new technology, as much as a way of meeting someone, it is not surprising to find that the young individuals are those who are the most often connected (nearly a third of the 18-24 year-old already got logged to such a site). Among the youngest, the proportion of girls logged in is similar to that of boys, or even higher among the 18-19 year-old (36% and 24% respectively). By contrast, between 25 and 39, men are twice as many to log in (Figure 8).

This participation to dating websites is prolonged by sexual encounters (Figure 9): between 4 and 6% of the women aged 18 to 34 years have already had sexual intercourse with partners met through the Internet; the proportions among 18-39 years men were comprised between 7 and 10%. The use of this mode of encounter is likely to spread gradually to older age groups, while continuing to spread among younger individuals. The survey conducted in 2006 gives us a picture of a situation that is, without doubt, likely to change rapidly.

The spread of partner-swapping is both more modest and has a different pattern.

In total, only 1.7% of women and 3.6% of men say they have been to a swingers' place during their lifetime. This experience is not known to the young but rather to people aged between 25 and 49 (2.5% of women and 4.5% of men say they did it). The higher proportion of men reminds that partner-swapping does not only concern couples, but often single men. There is an important gap between the proportion of those (both males and females) who visited a swingers' place and the number of those (both males and females) who had sexual intercourse with partners met in those places: only one in three women visiting a swinger's place had a sexual intercourse at this occasion while this happened to three men out of five (0.6% of women and 2.2% of men). The 1992 survey included a question about the "partners swapping between couples". At that time, 1% of women and 4% of men said they were swapping partners according to the definition. We can see that, in 2006, there are not more people practicing swapping than 15 years earlier. Swapping partners remains a practice of a very small minority.

Figure 8: Proportion of persons who were already logged to a dating website.

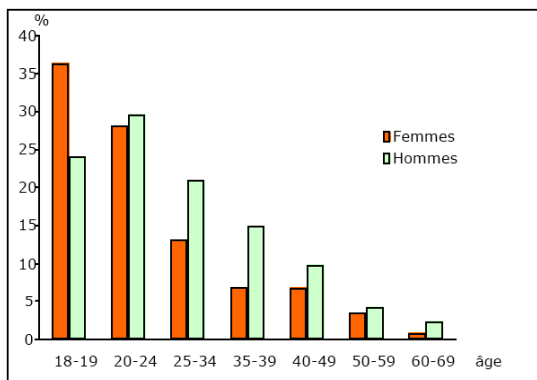
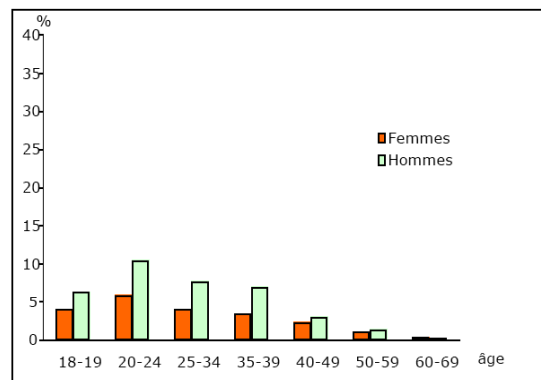


Figure 9: Proportion of persons who had sexual intercourse with partners met through the Internet.



The demand for the service of sex workers does not decline

The demand for the service of sex workers by men does not appear to be decreasing. According to the 1992 survey, 3.3% of men had had a sexual intercourse with a prostitute in the past 5 years, and this is still the case of 3.1% of men in 2006 (table 4). Men between 20 and 34 are still representing the major part of the prostitute clients (close to 5% of the men in these age groups). Major differences are observed according to the geographic environment: While only 4% of 20 to 34 year-old men living in towns counting less than 5,000 inhabitants requested the service of a prostitute in the past five years, they were 11.6% among same-age men living in the Paris area.

The rate of visits to a prostitute throughout the lifetime is the sum of all the experiences at different ages. Past fifty years, more than one man in four paid at least once in his lifetime to have sex. Considering the importance of the proportion of young men who use prostitution, it cannot be assumed that this figure will rapidly decline in the future.

Table 4: Request of the services of a prostitute according to age

Use of prostitution	18-19 yr-old	20-24 yr -old	25-34 yr -old	35-39 yr -old	40-49 yr -old	50-59 yr -old	60-69 yr -old	Total
Paid to have sexual intercourse (lifetime)	1.3	6.1	10.2	17.9	19.6	25.3	29.8	18.1
Paid to have sexual intercourse (five years)	1.3	5.4	4.9	2.6	2.5	3.0	0.9	3.1

Sexual dysfunctions: not so often an issue

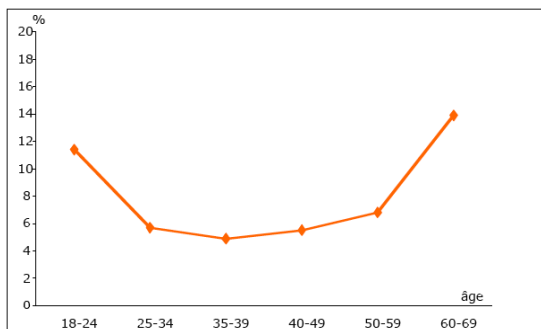
The persons were interviewed about the difficulties they were facing in their sexual life. A minority of persons said they have often faced difficulties during the past twelve months. To the question “In the past 12 months, did you feel an absent or insufficient sexual desire?”, 6.8% of women , and 1.9% of men answered “often”, and 29% of women and 20.1 % of men answered “sometimes”. The trends are similar if we refer to the difficulties to achieve an orgasm or the difficulties in obtaining an erection in men.

Table 5: Dysfunctions occurring in the past twelve months

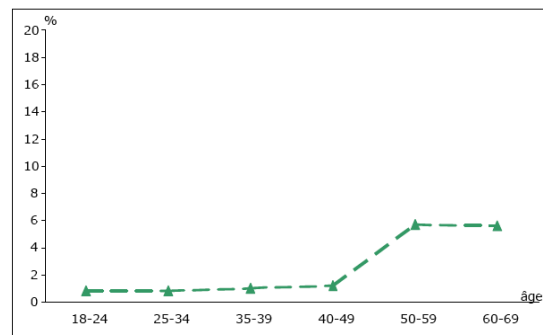
Frequency	Women: Difficulties to to achieve orgasm	Men: Erectile dysfunction
Often	7.4	2.5
Sometimes	28.9	14.3
Rarely	29.2	16.7
Never	34.6	66.5
Total	100%	100%

Difficulties that send back to a lack of desire or an insufficient desire are all the more often reported than the individuals are older, whether men or women. The same is observed in men with a difficulty to obtain an erection (1% of “often” and 7% of “sometimes” in the 18-24 year-old age group, versus 6% of “often” and 30% of “sometimes” in the 60-69 year-old age group) (Figure 10). By contrast, the difficulties to achieve an orgasm are more frequently reported by young women (11.4% “often” and 22,2% “sometimes” in the 18-24 year-old and older women (13.9% “sometimes” and 36.8% “often” in the 60-69 year-old (Figure 11). These data express the difficulties linked to the learning of sexuality in young people and the cumulated effects of the duration of the relationship, and ageing, in older people.

Figure 10: Women: difficulties to (often) achieve an orgasm



Graph 11: Men: (frequent) erectile difficulty



Reporting such difficulties does not necessarily mean that they are a real issue for the sexuality of the respondents. While between one in two and three in four persons who reported having “often” faced such difficulties, estimate that “it is an issue regarding their sexuality”, this was not the case of one in three persons, approximately, who declared having “sometimes” this type of problem.

These first results drive us to wonder about the addition, often suggested, of the “often” and “sometimes” answers, as these answers appear to deal with different stakes.

The condoms: a use widely, though incompletely, spread

The youths make a wide use of condoms when they engage in active sexual life. Thus, 89% of women and 88% of men aged between 18 and 24 have used a condom for their first intercourse while this was the case of only 9.9% of women and 8.3% of men aged 60 to 69 year-old.

The use of condoms for the first intercourse is lower in women and men without an academic degree: 18 to 30 year-old women without an academic degree were 77.2% to report the use of a condom versus 85,8% of women with a post secondary degree; figures for men are 78.9% and 87.6%, respectively.

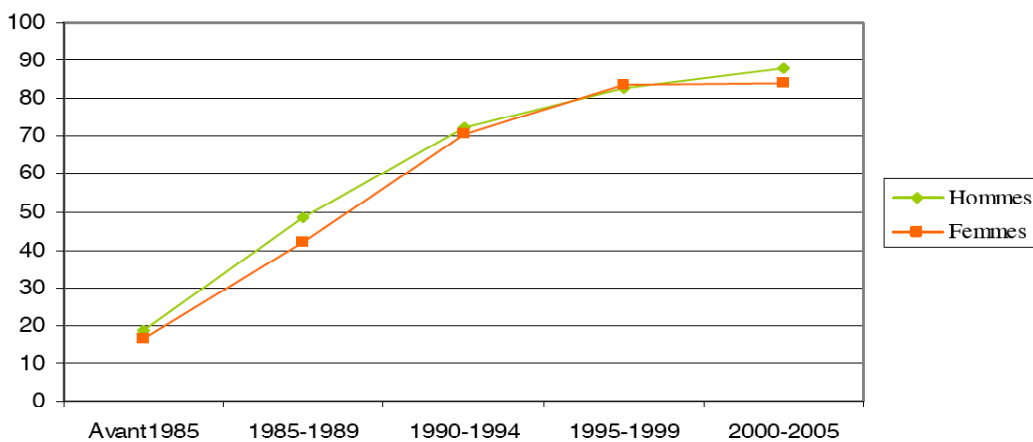
Contrary to the widespread idea that women and men entering early in sexuality would less often use prevention methods, the use of condom for the first intercourse does not vary a lot, function of the age at the first intercourse.

Only people who begin their sexual life late (after 20 for women and 19 for men) reported a less frequent use of a condom for their first sexual intercourse. The women under 30 are 86% to have used a condom if this first intercourse occurred before they were 16 year-old, 88.4% if it occurred between the ages of 16 and 19, while 68.2% of women used a condom when they began their sexual life at 21 or later. These figures are 80.3%, 88.4%, and 74.9%, respectively for men under 30 year-old. ,

The use of condoms is more frequent when the first sexual intercourse took place after the end of the 1980s (Figure 12), evidencing the success of some prevention campaigns: 82.5% of women and 87.5% of men who had their first sexual intercourse after 2000 reported using a condom at that time; it appears that a ceiling value was being reached since then.

Figure 12: Usage of a condom at first sexual intercourse according to the date of this first intercourse in 18 to 69 year-old women and men.

Men - Women



The use of condoms is far from being systematic for persons initiating a relationship with a new partner or for those who had a minimum of two partners in the past twelve months (table 6). However, we can see that those persons who had at least three partners protect themselves more than those who had only two partners. The use of condoms is more frequently reported by men who have had homosexual experiences than by those who have had exclusive heterosexual practices. The number of partners is not, in itself, a sufficient indicator to account for the risk of STI.

Table 6: Proportions of persons who never used a condom during the past twelve months according to their gender and the number of their partners (%).

Number of partners in the year	heterosexual women	heterosexual men	homo-/bisexual men
A long time partner (more than one year)	84.5	82.6	47.7
A new partner (less than one year)	34.3	28.3	*
Two partners	32.3	26.0	} 7.0
Three partners or more	15.9	18.9	

Women are reporting a lesser use of condoms compared to men when they engage in a relationship with new partners. The discrepancy between women's and men's statements evidences the difficulties some women face when negotiating the use of a condom, in particular when they live a sexuality which is poorly accepted, or a sexuality they perceive as such.

One person in two had a screening test

In total, 50.2% of women (28.5% once, and 21.7% several times), and 45.2% of men (25.7% once, and 19.5% several times) reported having had a screening test for HIV virus during their lifetime, i.e. nearly twice the number in the 1992 survey.

A little more than 11% had a test done during the past twelve months (11.2% of women and 11.5% of men), a stable proportion compared to 1992 (14% of women and 13% of men). The use of the test during the year was higher among the youths: 21.1% of women and 17.1% of men aged between 18 and 24 years had the test done during the year versus 3.2% and 6.4%, respectively, in subjects aged 50 to 69 year-old. The persons who have had several partners within the twelve months were more likely to have the testing done during the year than those who had only one partner (table 7).

Table 7: Use of HIV testing during the year for men and women according to the number of reported partners during the past 12 months.

Number of partners	Women	Men
None	2.8	3.2
One partner	10.5	9.2
2	30.1	27
3 or 4	43.7	33.7
5 and over	40.4	37.6
Total	11.2	11.5

The young birth cohorts know fewer seropositive persons

Among the respondents, 13.1% (13.4% of women and 12.8% of men) declared they personally knew one or several seropositive persons; this proportion is similar to that observed in the 1992 survey. By contrast, while the respondents questioned 15 years ago said that in 94% of cases, the person was close to them, i.e. a relative, a friend, a co-worker, a sexual partner or a former partner, they were only 63% in that case in 2006. These data confirm the lower social visibility of AIDS, as already outlined in previous surveys about knowledge, beliefs and practices regarding AIDS (in particular the ANRS-KABP survey conducted in 2004).

The greater number of individuals who declared knowing a HIV-positive subject were those aged 25 to 49 year-old: they were a little more than 15% in that case while only 9.5% of women and 8.2% of men aged 18-24 years said they know someone who was HIV+.

The subjective proximity regarding the disease is strongly linked to the perception of a personal risk of infection by the AIDS virus: women and men who knew a HIV-positive person were in fact more likely to report that they had already feared being infected.

And the young, less numerous to think they knew an HIV-infected person, were also today less numerous than older groups to declare that they had already feared being infected by the HIV virus.

Chlamydia trachomatis infection: an under-screened infection

The infection due to *Chlamydia trachomatis* is the most common sexually transmitted bacterial infection and is the first cause of tubal infertility. This infection is very often asymptomatic both in men and in women; in the absence of a treatment, the individuals infected may carry *Chlamydia trachomatis* for several weeks or even months, in the case of women. Due to this asymptomatic feature, this infection is most often not diagnosed and therefore not treated though its treatment is simple. In order to estimate the prevalence of this infection in the general population and obtain criteria enabling the identification of persons with an asymptomatic infection, a screening test for the *Chlamydia trachomatis* infection was offered to a sub-sample of persons aged 18-44 year-old. Among the persons who were offered the test, 52% accepted and sent a sampling made at home to the National Reference Centre for *Chlamydiae*.

The prevalence in the whole 18-44 year-old population is 1.5% (95% CI:1,0-2,1). It is three times higher than the proportion of history of earlier infection by *Chlamydia trachomatis* spontaneously reported within the past 5 years by the respondents, highlighting the important level of under-screening. In women, the maximum prevalence was observed among young 18-24 year-old women (3.6%), then it decreased in the 25-29 year-old (2.6%), and was very low after the age of 30 (0.5% in 30-44 year-old women). In men, the prevalence appears to be a little lower than in 18-24 year-old women, but it reaches a similar level between 25 and 29 years, and then decreases though it remains slightly higher than in women between 30 and 34 years. Beyond the age of 35, it was very low in both women and men.

The prevalence of the infection due to *Chlamydia trachomatis* is associated to the number of partners or the existence of a new sexual partner in the past 12 months. This criterion is typically used to identify the persons who should be offered a systematic screening of the infection. Nonetheless, among the individuals carrying *Chlamydia trachomatis* according to the test made within the CSF survey, 44% of women and 26% of men did not meet this criterion. In persons with only one partner over the past 12 months, and who had no new partner, the infection could be transmitted by either the partner – the latter having acquired the infection during intercourse with other partners –, or more than a year earlier from other partners, persisting at a latent stage in the urogenital tract. This prolonged persistence was more frequent in women, and may partly explain the higher proportion of infected women compared to infected men not showing the usual risk factors (several partners or a new partner).

Table 8: Prevalence of Chlamydia Trachomatis infection

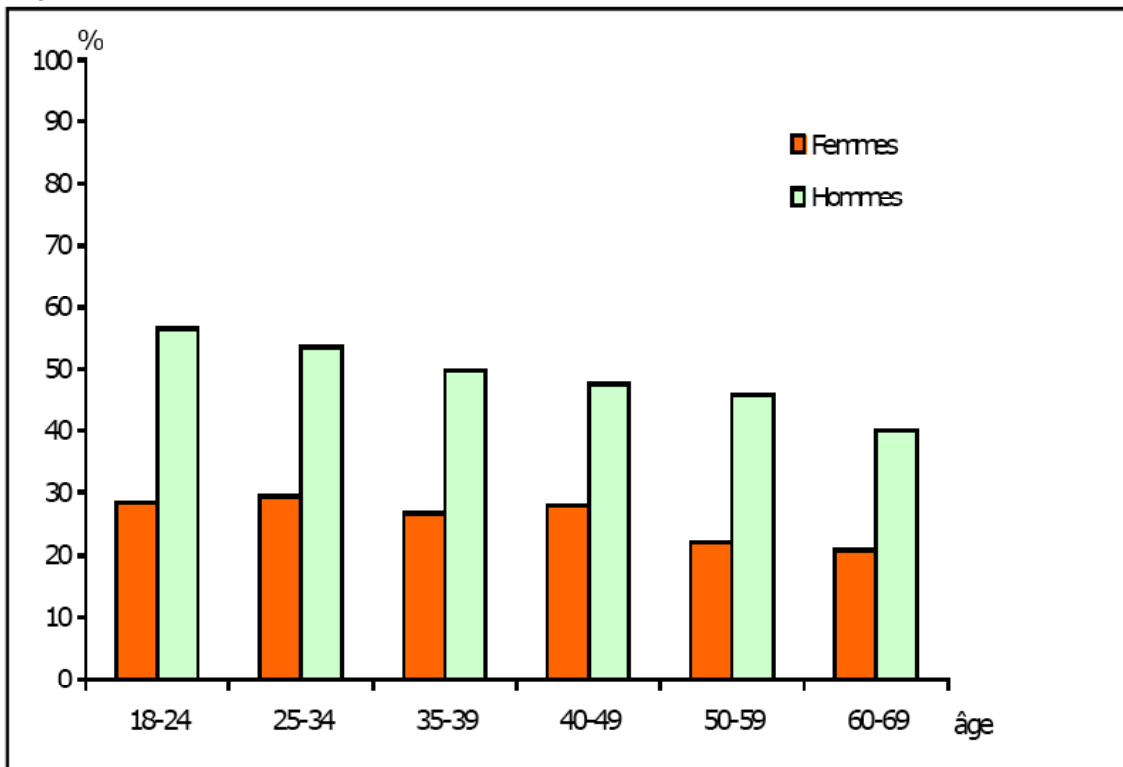
Age	Women	Men
18-24	3.6	2.4
25-29	2.6	2.6
30-34	0.6	1.1
35-44	0.4	0.5
Total	1.5%	1.4%

It should also be noted that 90% of the reported cases of former STI were diagnosed by physicians working in the private sector. Following this diagnosis, a lower proportion of men compared to women spoke of this infection with their sexual partner.

Discrepancies in the representations of male and female sexuality

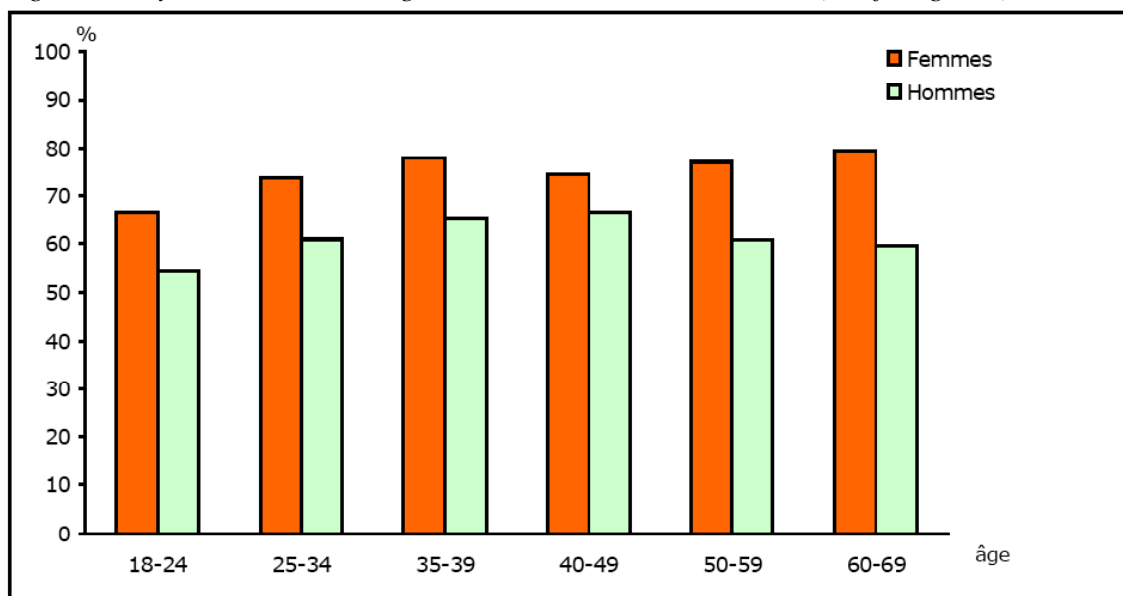
Substantial changes have appeared during the last decades in the representations of sexuality, which is more and more differentiated from the issues of reproduction. However, men and women keep translating those representations in different ways. The progression appears to be complex, translating in some cases a matching of men and women positionings throughout the birth cohorts, in other cases the maintenance or the deepening of discrepancies between the youngest women and men. The older women who reported, as we have already seen, a more diversified sexual life than women of former generations, are still not so many to consider sexuality outside the frame of a loving relationship. Women under 50, who started their sexual life when the medical contraception techniques were only beginning to spread out, hardly make any greater dissociation between sexual issues and affective issues than their elders; they are also not as many as men, to consider that “it is possible to have a sexual intercourse with someone without loving him/her” (Figure 13). Whereas, throughout the birth cohorts, men are increasingly separating sexuality and affectivity, the women's positions do not evolve much, conveying the sustainability of the social injunction for the inscription of sexuality in marital life. This results in a always increasing variance between men and women reports and a strong difference in the perspectives recorded among the youngest: the 18 -24 year-old men are twice as many as women to consider that one can have a sexual intercourse with someone with loving him/her (57% vs. 28%).

Figure 13: It is possible to have a sexual intercourse without loving the person (% of “agree”)



These discrepancies fit in a vision of the world that sees biology as the primary cause for men-women differences in the field of sexuality. This vision of the world is often conveyed in a psychology based on biological differences. A majority of women, and to a lesser extent of men, adhere to the idea that men would have, “by nature, greater sexual needs than women” (75% of women and 62% of men). This idea prevails in all age groups and is only a little less present in 18-24 year-old individuals, in both women and men (Figure 14).

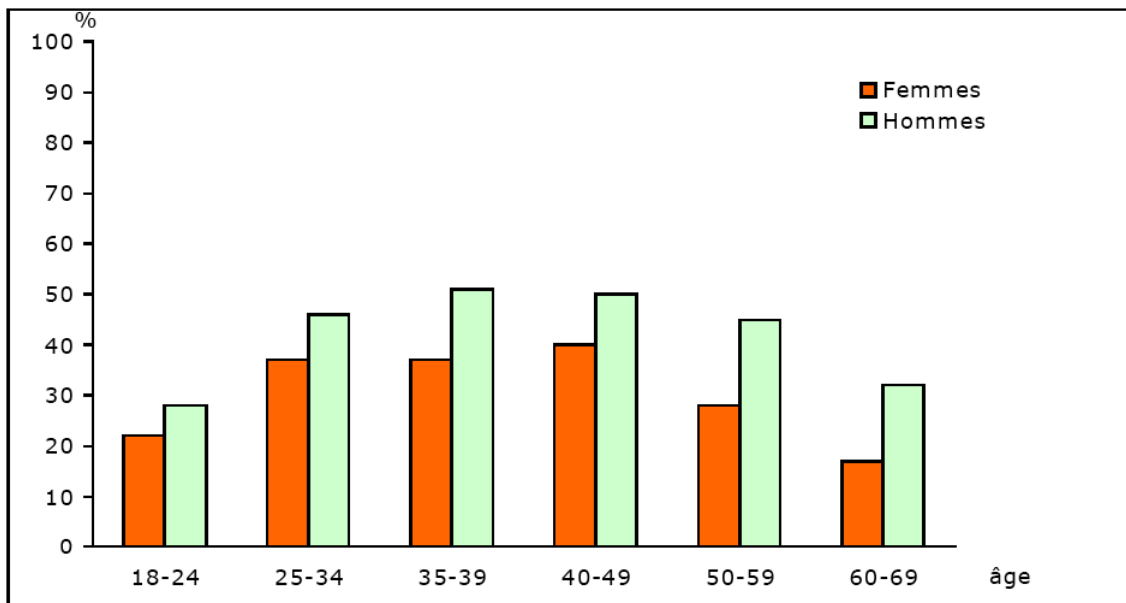
Figure 14: By nature, men have greater sexual needs than women (% of “Agree”)



These representations account for the different place – depending on gender – that sexuality has in the lives of individuals. At all ages of life, it appears to be more *essential* to men than to women (43% of men and 31% of women) who are more often thinking of sexuality as *important but not essential* (55% of women and 49% of men).

In men as in women, sexuality appeared to be most essential between the ages of 25 and 50 (Figure 15). It is at the very beginning of the active sexual life and, mostly, in the birth cohorts over 50 years old, that sexuality appears to be less often essential. The differences in opinion between women and men were less marked in younger birth cohorts: while 60-69 year-old women were twice as many as same-age men to consider that sexuality *is not important* in their personal economy (37% vs. 18%), only 12 % of younger 18-24 year-old women and men share such an approach.

Figure 15: Sexuality is essential for your personal economy (% of “Agree”)



Therefore, despite some advancement, the representations of sexuality remain coined by a split which keeps opposing a female sexuality, mostly thought through the fields of affectivity and conjugality, and a male sexuality mostly thought through the fields of natural needs and pleasure. It appears that such a cleavage will last, so much as it always brings back, in the end, to a women vs. men difference, thought as a natural fact, in particular in the field of sexuality.

AS A CONCLUSION

The first results of the CSF survey bear the mark of the advancement of French society in the past decades, in particular the continuous changes of family structures, the development of the social and financial autonomy for women, the strengthening of gender parity standard, and the growing precariousness of some social groups. The development of the AIDS epidemics since the beginning of the 1980s, and the progressive availability of therapies in the second half of the 1990s, equally resulted in major changes in the context of sexuality.

The trends, perceived in the 1970s, are still being felt: while a number of sexual activity indicators remain relatively stable for men, the statements made by women indicate a continuous progression towards a mode diversified sexual life (rising number of reported sexual partners and of same-sex partners, widening of the repertoire of sexual practices, increase of the sexual activity in women over 50 year-old) This narrowing of gaps between women and men can also be seen out of France. A large survey on sexual behaviour was conducted in the United Kingdom in 2000; it showed that the changes in women's statements follow the same line as in France with, noticeably, a marked increase in the number of reported partners, or in the number of women who said they had homosexual intercourses.⁹

If the importance that individuals give to the fact of having a sexual life increased since the 1970s, the place and the meaning of sexuality are perceived in very different ways for women and men. The gaps between women and men are narrowing but they still evidence a split between female sexuality – which could only be thought through affectivity and conjugality – and male sexuality, the diversity and physical dimension of which appear as intangible features. While sexual behaviours are getting closer, and the aspiration for gender parity has never been so strong, new tensions between sexual practices and social representations come to light. It is important to understand how people manage them.

These persistent differences between practices and sexuality representations of both women and men, observed in the CSF survey, are found all over the world¹⁰, whether it be, for instance, the conditions of entry in an active sexual life or the number of partners. They appear to be all the more important than the social status of women is low. The differences between men and women power, and the stigmatization of the sexual activity of young women in many countries have an impact on their ability to adopt preventive practices.

The CSF survey confirmed that the use of condoms for the first sexual intercourse had known a dramatic increase since the beginning of prevention campaigns. Apparently, its widespread use reached a ceiling value in the 2000s. Some social groups seem to remain apart from this huge use of condoms, such as younger non graduated women, even though they are particularly affected by the sexually transmitted infections.

9 Anne M. Johnson et al, « Sexual behaviour in Britain : partnerships, practices and RN risk behaviours », *The Lancet*, vol. 358, Dec. 1,2001, p. 1835-1842.

10 Kaye Wellings, Nathalie Bajos et al, « Sexual Behaviour in context : a global perspective », *The Lancet*, November 1, 2006; Michel Bozon, "A quel âge les hommes et les femmes commencent-ils leur vie sexuelle? Comparaisons mondiales et évolutions récentes », *Population et Sociétés*, N°391, juin 2003.

The survey also shows that preventive practices remain insufficient among persons who are having a new partner or who had several partners in the past twelve months.

The first results of the CSF survey document complex changes that are difficult to understand. A number of changes occurred which could be forecast (sexual activity of women, internet, etc.) whereas a stable situation is observed where one would have expected more changes (sexuality representations, prostitution, etc.). To understand the logic of all these behaviours, it is necessary to put them in parallel with the living conditions of the individuals, the types of relationships they create, the characteristics of the partners they meet. Therefore, a number of analyses are currently underway; they will let us deepen the study of the conditions of entry in active sexual life, affective and sexual biographies, consequences of break-ups, pornography spreading, links between sexuality and diseases, prevention practices, standards and representations of sexuality and potential tensions with real practices, situation of people with no sexual activity, sexual ageing, social life according to the social environment, etc.

These analyses will be published by the end of 2007 in a book which will be printed by Éditions de la Découverte, as well as in scientific papers.

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