sexes

MDPI

Systematic Review

Changes in Adolescent Heterosexual Behaviors from the 1980s to the Present in Various Western Countries: A Systematic Review

José Luis Martínez-Álvarez [1,*], Mª Rosario Pozo-García [1] and Judit García-Martín [2]

[1] Facultad de Psicología, Universidad de Salamanca, 37005 Salamanca, Spain; chpozo@usal.es
[2] Facultad de Ciencias de la Educación, Universidad de Salamanca, 49022 Zamora, Spain; jgarm@usal.es
* Correspondence: maral@usal.es

Abstract: Adolescence is a stage of significant intrapersonal and interpersonal changes, influenced by cultural and historical shifts. This study aims to analyze the changes in heterosexual behaviors among adolescents in Western countries over the past 50 years approximately. For this purpose, we conducted a systematic review following the PRISMA model, utilizing the online databases EBSCO, WoS, and Scopus, covering the period from 1980 to 2024, across ten European countries. The review focused on studies published in scientific journals with regional or national samples. In addition to the 30 selected studies, three more were included due to their relevance as cited in the selected articles. Despite the considerable methodological heterogeneity, the results showed a relative stabilization of the differences in sexual behaviors of boys and girls throughout time. Those differences were more evident in Southern European countries. Some changes were also noted, such as the delay in the initiation of the first sexual intercourse, a trend observed over the last decade. The findings are discussed in terms of the sexual script theory, highlighting the importance of these mental frameworks in the heteronormative sexual socialization of boys and girls. Future research should emphasize the diversity of heterosexual behaviors, their significance, and the emotional experiences that accompany them.

Keywords: adolescence; sexual behavior; Sexual Script Theory; first sexual intercourse; oral sex

Citation: Martínez-Álvarez, J.L.; Pozo-García, M.R.; García-Martín, J. Changes in Adolescent Heterosexual Behaviors from the 1980s to the Present in Various Western Countries: A Systematic Review. *Sexes* **2024**, *5*, 652–669. https://doi.org/10.3390/sexes5040042

Received: 22 July 2024
Revised: 18 October 2024
Accepted: 31 October 2024
Published: 5 November 2024

1. Introduction

During adolescence, bio-physiological changes, such as bodily, hormonal, and reproductive capacity alterations and psychological shifts, including the orientation of desire, the emergence of explicitly sexual affects and feelings, lead to the onset of sexual desire and its evocation by numerous stimuli. These processes of an interactive nature, coupled with the initiation of early romantic relationships, create an ideal context for many adolescents to experience their first heterosexual behaviors [1,2]. The confluence of these elements, alongside other personality traits and socio-cultural norms and values, explains adolescent sexual behavior as a whole [3].

Generally, access to such behaviors can be considered normative in the development of adolescent sexuality [4–7], marking a period of sexual discovery and experimentation. While it is true that some of these behaviors can threaten healthy development due to the risks they entail [8–10], certain affective and sexual experiences can foster positive developmental trajectories. For example, significant associations have been found between sexual experience and sexual and overall well-being [11] in terms of sexual self-efficacy, sexual self-esteem, feelings of pleasure, and sexual satisfaction [6].

The focus on heterosexual behaviors is determined by their specificities and particularities, and not by continuing heterosexist bias. Thus, they have their own entity in terms of sexual health and well-being when studying, for example, the correlates of adolescent sexual intercourse onset, contraceptive use, heterosexual romantic and sexual behavior, or the adverse outcomes derived from early sexual debut [12–14]. They also have legal

considerations in Western countries (e.g., "gender perspective in sexual assaults", "age of sexual consent and abortion in minors"), and educational and social policies are designed for risk prevention based on the prevalence of unintended pregnancies or abortions [15]. Lastly, and perhaps most importantly, these behaviors may follow different trajectories than same-sex sexual behavior [16,17]. In fact, the differentiation between homosexual and heterosexual practices is present in most studies on adolescent sexuality [18].

Due to this normativity, numerous studies have been conducted in almost all Western countries aiming to understand the prevalence of these behaviors and their conditioning factors and determinants [19,20]. This knowledge aims to enhance education and sexual health promotion programs, although it may also be used (in more restrictive contexts) to justify abstinence-based programs [9,21].

Beyond the more proximal factors explaining these behaviors, this study focuses on distal determinants situated within the broader socio-cultural context [22–24]. Thus, social changes over the past decades, shifts in sexual maturation across generations, changes in family structures [25], legal changes (e.g., the shift towards consent-based rape legislation seen in Scandinavian countries and other European countries), and transformations in social institutions (religion, sexual education, technology, social movements, gender roles, mass media) [26] undeniably impact adolescents' access to and participation in various sexual activities.

The Sexual Script Theory, developed by Gagnon and Simon in the 1970s [27], provides an excellent framework to explain this influence. According to this theory, individuals construct mental representations based on their experiences with different social and cultural scenarios, determining what is appropriate, permissible, or desirable in relation to sexuality. Moreover, from these cultural sexual scripts, other intrapersonal (desires and beliefs) and interpersonal (specific interactions) scripts are generated and concretized. Furthermore, they are expressed in their romantic relationships and sexual behaviors [28]. These sexual scripts vary over time and place, helping to interpret many differences in sexual behavior between boys and girls [7,29].

Drawing from this theoretical framework, this study aims to analyze whether these sexual behaviors have changed from the past century to the present in various Western European countries. Recent decades have seen significant economic, socio-cultural, and political changes—economic crises, the resurgence of neo-conservative and far-right political movements, norm-critical woke/queer movements, and new legislation related to sexuality—that may have contributed to an increase in risky sexual behaviors [9,23,24].

Among many factors, at least three key events have likely promoted changes in adolescent sexual behaviors in Western countries: (a) the impact of HIV/AIDS in the last two decades of the 20th century; (b) the rapid emergence of new technologies (especially social media) in the first two decades of the 21st century; (c) the considerable increase in the migrant population in Western countries.

Before the emergence of HIV/AIDS, trends indicated that the first coital experience occurred at progressively younger ages, condom use became more frequent, boys had their first sexual experience earlier than girls, engaged in a greater quantity and variety of sexual behaviors, and had more sexual partners, though in both sexes, sexual activity typically occurred within an affectionate relationship [2,30–32]. However, with the emergence of HIV/AIDS, some studies indicated that some adolescents delayed the onset of coital activity and reduced the number of sexual partners [30].

A Danish study compared the sexual and contraceptive behavior of adolescents from two samples using the same evaluation instrument: before the appearance of HIV (1982) and after it (1996) [33]. They found that the percentage of boys who had coital experience before age 16 was higher in the 1996 sample, but the percentage of girls was lower. Additionally, condom use increased in the 1996 sample among adolescents without a steady partner compared to those in 1982 [33]. Other studies concluded that HIV had not significantly impacted adolescents' sexual behaviors, though it did increase condom use [34]. Finally, Avery and Lazdane's analysis [8] states that since 2000, the age of first coital experience

is similar in developed countries (17.5–18 years), although it is decreasing compared to earlier times. However, among younger adolescents (15 years), the percentage of those who have experienced coitus varies greatly between countries (33% in England, Scotland, and Ukraine, and 20% in Spain, Poland, Lithuania, Latvia, Estonia, the Czech Republic, Hungary, Croatia, and Macedonia). Similar results were found in Ramiro et al. [10] with slight nuances.

Moreover, numerous studies have shown that the emergence of new technologies (or the digital age) has brought significant changes in both normative and risky—sexting, cyber-sexual harassment, pornography—in sexual behavior [5,35–37]. For example, Gazendam [22] noted that increased time spent on social media is associated with early sexual activity, especially in girls; Arsad [38], in their review, pointed out that social media use is associated with sexual abuse, multiple online sexual partners, and sexual dissatisfaction, among other negative aspects. However, it also correlated with positive impacts on sexual roles, safe sexual practices, and greater psychological well-being. Rodenhizer [39] stated that exposure to sexually explicit or violent social media is associated with sexual violence and dating.

Additionally, social media has led to the emergence of new sexual behaviors—any sexual activity that can occur online [40]—and the use of these technologies to design programs or interventions aimed at reducing sexual risks [41,42]. It is likely that the new possibilities of virtual communication, the accessibility to vast amounts of sexual information, and the construction of new online environments (mainly social media) can explain these new experiences related to sexual development [43].

Lastly, some studies consider the migrant population of a country a relevant factor when analyzing the prevalence of adolescent sexual behaviors [44]. Generally, positive associations have been found between acculturation and early sexual activity initiation and condom use [45].

Considering these significant economic, social, and political changes in Western countries, our study addresses three main questions and objectives: How have adolescent sexual practices changed over the last fifty years? Have these changes been similar across all countries? Have these changes impacted both sexes equally? It is possible that those general trends toward a progressively younger age when initiating sexual relations are influenced by these social changes. Similarly, the greater quantity and variety of sexual behaviors consistently exhibited by boys compared to girls may also be subject to changes in sexual scripts that might occur in Western societies.

To assess these trends, we have used four key indicators of heterosexual activity patterns in adolescence: initial heterosexual contacts, first coital experience—age, contraceptive use, context of the relationship or not, oral sex, and the number of sexual partners [9]. We include oral sex as a behavior that stands alone [18], as it is not necessarily part of a progression toward coitus [46]. Additionally, beyond behavioral data, it is crucial to understand the psychological and emotional experiences linked to the first coital experience, such as the level of satisfaction, guilt, or anxiety that the person experiences. In these indicators we will also consider potential differences between sexes.

2. Materials and Methods

2.1. Research Aim

The primary objective of this study is to analyze the evolution of heterosexual behaviors among adolescents over the past 50 years in various Western European countries.

2.2. Search Strategy

In early April 2024, a search was conducted in the EBSCO, Scopus, and Web of Science (Core Collection) databases following the PRISMA statement [47] (additional information on the PRISMA 2020 checklist, see the Supplementary Materials). These databases are leading sources in psychosocial research. In EBSCO, the following specific databases were used: PsycINFO, APA PsycArticles, MEDLINE, Psicodoc, Psychology and Behavioral Sci-

ences Collection, Academic Search, and ERIC. These databases complemented the searches in the general catalogs of Web of Science (WoS) and Scopus to ensure a comprehensive review. The selected keywords were: "heterosexual behavior", "sexual behavior", "coital behavior", "oral sex", "number of sexual partners", "adolescent", and "teenager". These keywords were chosen to locate studies that included results on heterosexual behaviors of adolescents, both male and female. Specifically, to understand changes in these behaviors, the studies needed to reference the age of first sexual contact (kissing, hugging, touching), the age of first coitus, condom use during this encounter, whether it occurred within a romantic relationship, and the emotional experience (positive or negative). These keywords were also used to search for data on oral sex and the number of sexual partners.

The resulting search equations using the keywords and Boolean operators "AND" and "OR" to narrow the search were: "Heterosexual behavio*" AND "adolescent*" OR "teenager*"; "Sexual behavio*" AND "adolescent*" OR "teenager*"; "Coital behavio*" AND "adolescent*" OR "teenager*"; "Oral sex" AND "adolescent*" OR "teenager*"; "Number of sexual partners" AND "adolescent*" OR teenager*".

The first two equations were searched in the "title" as they refer to behavior in general, whereas the last three, being more specific, were searched in the "abstracts".

2.3. Eligibility Criteria

Once the search equation was defined, inclusion and exclusion criteria were selected to narrow the results to our objective. The inclusion criteria were the following:

- Individuals aged 12 to 19 years, corresponding to the adolescent years during which the behaviors under study can occur.
- Studies published from 1980 to 2024.
- Formal sources: Academic Journals.

The exclusion criteria were the following:

- Sexual behaviors in virtual spaces (e.g., sexting).
- Homosexual behaviors.
- Autoerotic behaviors: masturbation.
- Population exclusively or primarily referring to specific ethnic groups.
- Publications not categorized as "Academic Journals".

Table 1 shows the number of results obtained by searching each database, applying the inclusion and exclusion criteria and using the search above mentioned equations. The total number of results was 15,985.

Table 1. Results obtained in each database according to the search equations.

	"Heterosexual Behavio* AND Adolescent* OR Teenager*"	**"Sexual Behavio* AND Adolescent* OR Teenager*"**	**"Coital Behavio* AND Adolescent* OR Teenager*"**	**"Oral Sex AND Adolescent* OR Teenager*"**	**"Number of Sexual Partners AND Adolescent* OR Teenager*"**	**Total**
EBSCO *	922	4378	86	757	957	7100
Web of Science	46	2758	154	1491	537	4986
Scopus	36	1989	127	1243	504	3899
Total						15,985

* PsycINFO (n = 2213), APA PsycArticles (n = 69), MEDLINE (n = 2364), Psicodoc (n = 59), Psychology and Behavioral Sciences Collection (n = 403), Academic Search (n = 1703), and ERIC (n = 289).

Two of the exclusion criteria—the temporal one and the criterion regarding the type of consulted work (which excluded all those that were not or Academic Journals—were applied electronically after the search. The final result of this step was 10,258 (Figure 1). These results were then imported into the bibliographic manager Zotero. In Zotero, 184 articles were removed due to their unintelligibility and 5743 were removed due to being duplicated, resulting in a total of 4331 articles.

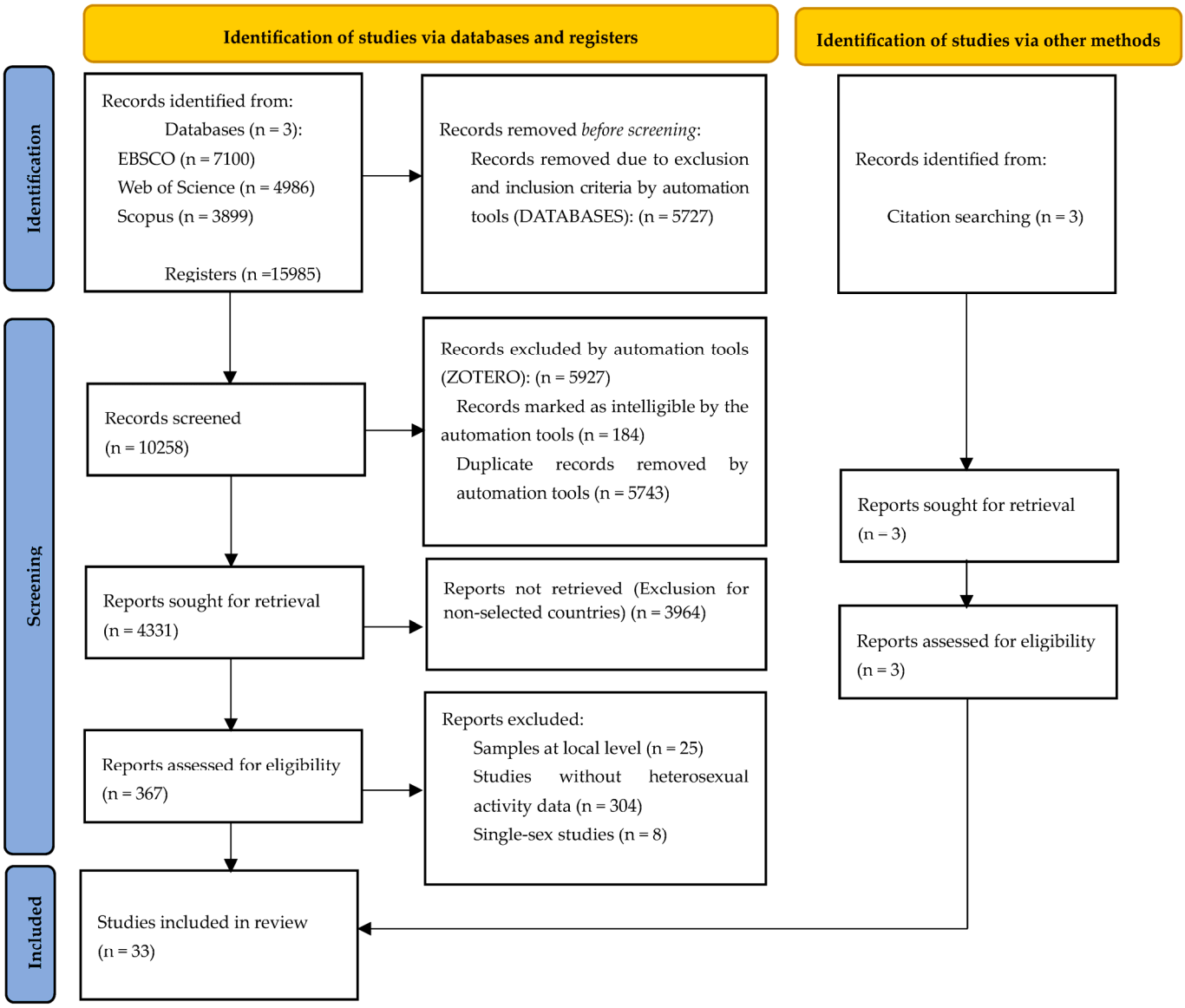

Figure 1. PRISMA Flow Diagram.

2.4. Data Extraction and Synthesis

Once we obtained the 4331 results from the bibliographic search, we conducted a selection of studies guided by our primary objective. Zotero was used to select the countries by using the "Tags" and "Any field" sections for the name of the country or nationality.

After this analysis, the countries from which we obtained information from studies from 1980 to the present were: Germany (DE), Spain (ES), Finland (FI), France (FR), the United Kingdom (UK), Italy (IT), Netherlands (NE), Norway (NO), Portugal (PT), and Sweden (SU).

The selected countries meet the eligibility criteria, and we consider them to represent the Western European region, taking into account their geographical diversity (Northern, Central, and Southern European countries) and socio-cultural variety. All of them share the characteristics of "Westernness" (philosophical, religious, artistic, sociological, or legal roots), yet each has its own unique past and recent history, granting it a certain individuality. Thus, the arrival of liberal democracies was not uniform across all countries, their current political organization (monarchy or republic) also varies, religious discourse has evolved differently between northern and southern European countries, and their laws and policies in the field of sexuality are also distinct. For example, the age of sexual consent is set

at 14 years in Germany and Italy, 15 years in France and Sweden, and 16 years in Spain, Finland, and the United Kingdom. Moreover, the majority of Western countries (Germany, Denmark, Spain, Finland, the Netherlands, the United Kingdom, or Sweden, among others) have legislated on an issue supported and demanded by a large portion of public opinion: considering non-consensual sexual relations as rape [48]. Other countries, like France, are currently evaluating this matter. Lastly, sexual education policies vary in Western countries (mandatory or partly mandatory), and their historical development has been diverse, although Northern and Central European countries have been the most advanced and have predominantly implemented a comprehensive sexual education. Undoubtedly, both the particularities and the commonalities of these considerations are relevant to this work and its potential explanations and implications.

The result of this selection was organized into folders by country. In this analysis, 3964 publications from countries not selected for our study were eliminated, resulting in 367 studies. Relevant studies for the analysis were collected from each country's folder. For this purpose, the abstracts and specific data from the studies were consulted if necessary. In this new selection, the following inclusion criteria were considered:

- Studies with national or regional samples.
- Studies that showed data on heterosexual behaviors relevant to this study, even if the primary focus was on other aspects, such as risky behaviors or the effect of sexual education, among others.
- Studies with data for both boys and girls.

In this examination, we found that 25 studies were not conducted with national or regional samples, 304 did not have data on heterosexual behaviors, and 8 referred to only one sex, leading to the elimination of these 330 articles. The corpus of this review comprises 30 publications, with an additional 3 incorporated due to being referred to by the chosen articles and deemed highly relevant by the authors. Specifically, these were the studies from France [49] and Germany [44], systematically promoted by their governments through the National Health System, and Norway [50], which includes data from two national surveys which represent the youth conducted in 1992 and 2002.

2.5. Corpus

With the 33 definitive studies, a detailed analysis of the information was conducted. To organize the work, the publications were first divided into studies published before 2001 (Table 2) and studies published in 2001 and later (Table 3) to obtain information on the changes in these behaviors from 2000 to the present. From the 33 studies used for our review, 14 belonged to the first time frame, studies related to the 20th century, and 15 to the second, studies from the 21st century—with 4 studies [44,50–52] included in both since they provided retrospective information taken at different time points that could be included in our two analyses.

Table 2. Research by country included in the study carried out before 2001.

					First Sexual Intercourse													
					Firsts Contacts % (Year)		% (Age)		Dating Relationship		Use of Condom %		Emotional Experience (-/+)		Oral Sex % (Year)		Number of Partners % (>) (M = Mean)	
C *	Reference	Year	Size (n) (% B/G) **	Age	B	G	B	G	B	G	B	G	B	G	B	G	B	G
DE	Scharmanski and Heßling (2021) [44]	1980	-	14–17	-	-	15 (16) 38 (17)	28 (16) 56 (17)	-	-	-	-	-	-	-	-	-	-
ES	Vergeles et al. (2003) [53]	2000	1347 (55/45)	16–19	64 (15)	68 (15)	23	15	22	53	78.7	78.7	5.4 (-)	17.2 (-)	15	9	M = 2.5	M = 1.4
ES	Oliva et al. (1992) [54]	1992	1000 (N/A)	15–21	72 [4]	52 [4]	50	39	46	86	29	29	5 (-)	17 (-)	52	33	-	-
FI	Falah-Has. et al. (2009) [52]	1996	49,483 (N/A)	14–16	63.4	70.5	19	21	-	-	-	-	-	-	-	-	6 (>2)	7 (>2)
FI	Kontula et al. (1992) [55]	1988	2067 (47/53)	13	53	50	8	5	-	-	-	-	-	-	-	-	-	-
		1988	1962 (45/55)	15	72	77	26	27	-	-	65	64	-	-	-	-	-	-
		1988	1060 (57/43)	17	82	91	57	54	-	-	52	62	-	-	-	-	-	-
FI	Kaltiala-Heino et al. (2003) [56]	1998	33,004 (48/52)	14–16	45.8	47.1	21.9	24.5	-	-	-	-	-	-	-	-	-	-
FR	Choquet and Manfredi (1992) [57]	1989	4255 (53/48)	11–19	-	-	43	20	-	-	-	-	-	-	-	-	-	-
IT	Signorelli et al. (2000) [58]	1997	8533 (46/54)	18–20	-	-	70	64	-	-	-	-	-	-	-	-	-	-
NL	Vogels et al. (1993) [31]	1989	11,431 (N/A)	11–18	-	-	83	83	55	79	57	57	-	-	-	-	22 (>1)	22 (>1)
NO	Pedersen and Samuelsen (2003) [50]	1992	1303 (48/52)	13	47	48	5	3	-	-	-	-	-	-	-	-	-	-
		1992	1816 (50/50)	16	-	-	25	36	-	-	-	-	-	-	-	-	-	-
		1992	1377 (49/51)	18	-	-	51	63	-	-	-	-	-	-	-	-	-	-
NO	Traeen et al. (1992) [20]	1989	1855 (46/54)	17–19	-	-	59	69	56.3	74.5	-	-	-	-	-	-	M = 4.5	M = 3.5
PT	Prior et al. (2001) [59]	1994	268 (51/49)	14–19	34	46	35 (15.4)	26.7 (16.6)	-	-	-	-	-	-	-	-	-	-
SE	Klanger et al. (1993) [60]	1989	389 (53/47)	11–17	-	-	45	50	-	-	-	-	-	-	-	-	M = 3.1	M = 2.5
	Lewin (1982) [61]	1978	181 (50/50)	12–17	-	-	31	47	41	67	48	52	-	-	-	-	41 (>1)	27 (>1)
UK	Breakwell and Fife-Schaw (1992) [62]	1991	2171 (39/61)	16–20	87 (16)	89 (16)	53.8 (16)	54.8 (16)	-	-	-	-	-	-	44 (16)	47 (16)	-	-
UK	Wellings et al. (2001) [63]	1999–2001	1191 (49/51)	16–19	-	-	29.9 (<16)	25.6 (<16)	-	-	82.5	80.3	20 (-)	42 (-)	-	-	-	-
UK	Henderson et al. (2002) [46]	1997	7395 (48/52)	13–14	75	75	18	15	69	69	60	61	32 (-)	45 (-)	17	13	48 (>1)	48 (>1)
UK	Lewis et al. (2017) [51]	1990 [1]–1991	3377 (44/56)	16–18	55.1	52.9	-	-	-	-	-	-	-	-	40.7 [2]	41.8 [3]	-	-
		1999–2001	2673 (46/54)	16–18	57.6	57.4	-	-	-	-	-	-	-	-	48	49	-	-

Note 2. * Country; ** B = boys; G = girls; N/A = not available; - = no data; [1] British National Surveys of Sexual Attitudes and Lifestyles (Natsal): 1990–1991 (Natsal-1), 1999–2001 (Natasal-2), 2010–2012 (Natsal-3). [2] Oral–penis contact. [3] Oral–vulva contact. [4] Genital fondling.

Table 3. Research by country included in the study carried out after 2001.

C *	Reference	Year	Size (n) (% B/G) **	Age	Firsts Contacts % (Year)		First Sexual Intercourse								Oral Sex % (Year)		Number of Partners % (>) (M = Mean)	
							% (Age)		Dating Relationship		Use of Condom %		Emotional Experience (-/+)					
					B	G	B	G	B	G	B	G	B	G	B	G	B	G
		2001	-	14–17	-	-	37 (16)	40 (16)	56	56	-	-	-	-	-	-	-	-
DE	Scharmanski and Heßling (2021) [44]	2019	3556 (43/57)	14–17	-	-	61 (17) 35 (16) 64 (17)	66 (17) 35 (16) 69 (17)	-	-	-	-	-	-	-	-	-	-
									-	-	77	77	75 (+) 6 (-)	60 (+) 22 (-)	-	-	61 (>1)	54 (>1)
ES	Bermúdez et al. (2011) [64]	2005	4456 (47/53)	13–18	51 (13)	47 (14)	27.8	31.4	-	-	-	-	-	-	-	-	M = 4.8	M = 4.3
ES	Ramiro-S. et al. (2018) [65]	2016	2703 (50/50)	14–20	99 (14)	99.5 (14)	27 (15)	27.1 (15.2)	-	-	73.9	76.5	-	-	13.7	9.4	M = 3.1	M = 2.1
ES	Faílde et al. (2008) [66]	2008	2171 (50/50)	14–24	-	-	77.1	77.5	-	-	-	-	-	-	53.5	51.8	46 (>1)	19 (>1)
ES	Rodríguez et al. (2012) [67]	2008	2225 (51/49)	12–17	74.8	77.8	18 (14.1)	18.5 (14.5)	70	90.	98.1	96.6	-	-	12.2	5.8	M = 2	M = 1.6
FI	Falah-Has. et al. (2009) [52]	2002	46,743 (N/A)	14–16	64.4	67.8	22	25	-	-	-	-	-	-	-	-	6 (>2)	7 (>2)
		2007	46,824 (N/A)	14–16	62.3	66.1	19.9	22.7	-	-	-	-	-	-	-	-	6.6 (>2)	6.2 (>2)
FR	Bajos et al. (2018) [49]	2016	2172 (49/51)	18–29	-	-	17 16 (<15)	17.6 7 (<15)	19.2	49.6	65.9	53.7	-	-	-	-	-	-
IT	Boccalini et al. (2012) [68]	2009	1154 (48/52)	13–16	-	-	38	29	-	-	-	-	-	-	-	-	48 (>1)	34 (>1)
		2009	1019 (26/74)	17–19	-	-	67.9	67.2	-	-	-	-	-	-	-	-	60 (>1)	55 (>1)
IT	Borraccino et al. (2020) [69]	2018	18,918 (50/50)	15	-	-	25.3	18.3	-	-	-	-	-	-	-	-	-	-
IT	Bogani et al. (2015) [70]	2013	664 (52/48)	13–19	-	-	25 (15)	25 (15)	-	-	55	55	-	-	-	-	-	-
IT	Marino et al. (2014) [71]	2002	Total Sample: 3983 (48/52)	15	-	-	27.2	20.5	-	-	73.7	85.4	-	-	-	-	-	-
		2006		15	-	-	27.5	22.2	-	-	85.5	85.5	-	-	-	-	-	-
		2010		15	-	-	25.6	22.1	-	-	85.9	85.7	-	-	-	-	-	-
NL	de Looze et al. (2015) [72]	2009	2965 (51/49)	12–16	-	-	60	53	-	-	-	-	-	-	-	-	-	-
NL	de Graaf et al. (2022) [73]	2004	1816 (42/58)	12–24	(15.1)	(15.1)	(16.5)	(16.5)	-	-	-	-	-	-	(16.6)	(16.6)	-	-
		2011	9106 (43/57)	12–24	(15.6)	(15.6)	(17.4)	(17.4)	-	-	-	-	-	-	(17.2)	(17.2)	-	-
		2016	7820 (41/59)	12–24	(16)	(16)	(17.9)	(17.9)	-	-	-	-	-	-	(17.7)	(17.7)	-	-
NO	Pedersen and Samuelsen (2003) [50]	2002	1404 (46/54)	13	-	-	9	4	-	-	-	-	-	-	-	-	-	-
		2002	1789 (52/48)	16	-	-	33	47	-	-	-	-	-	-	84 (16–18)	88 (16–18)	-	-
		2002	1597 (44/56)	18	-	-	52	71	-	-	-	-	-	-	-	-	-	-
NO	Nordhagen et al. (2024) [74]	2022	113,049 (N/A)	15–19	-	-	45.4	54.6	-	-	-	-	-	-			-	-
PT	Miranda et al. (2018) [75]	2013	1571 (70/61)	14–19	-	-	54 (16)	54 (16)	-	-	85.1	85.1	-	-	-	-	-	-
PT	Reis et al. (2018) [76]	2002	3762 (48/52)	15	-	-	33.3	15	-	-	-	-	-	-	-	-	-	-
		2006	3331 (47/53)	15	-	-	27.4	18.6	-	-	-	-	-	-	-	-	-	-
		2010	3494 (46/54)	15	-	-	27.5	16.8	-	-	-	-	-	-	-	-	-	-
		2014	3762 (47/53)	15	-	-	22.2	10.7	-	-	-	-	-	-	-	-	-	-
SE	Rembeck and Gunnarsson (2011) [77]	2005	444 (55/45)	17	-	-	54 (15.2)	64 (15.2)	-	-	-	-	-	-	8.1	8.1	-	-
UK	Lewis et al. (2017) [51]	2010–2012 [1]	3869 (45/55)	16–18	61.4	60.4	-	-	-	-	-	-	-	-	57.2 [2]	53.6 [3]	-	-

Note 3. * Country; ** B = boys; G = girls; N/A = not available. [1] British National Surveys of Sexual Attitudes and Lifestyles (Natsal): 1990–1991 (Natsal-1), 1999–2001 (Natasal-2), 2010–2012 (Natsal-3). [2] Oral–penis contact. [3] Oral–vulva contact.

The presented tables offer a systematic characterization of each study through meticulous organization of relevant information extracted from the selected articles. With this purpose, several key aspects of each article were documented: authors and publication year, year when the study was conducted, sample, and various characteristics of heterosexual behaviors. The extraction process of these characteristics was guided by a specifically developed protocol and coding manual. The data were coded following four groups of variables: first contacts, first coital experience, oral sex experience, and number of sexual partners. Specifically, in the first coital experience variable, four specific characteristics were coded: age at first coitus, whether it occurred in the context of a romantic relationship, condom use, and the associated emotional experience.

To ensure reliability in the coding of the variables, the first author conducted the category selection for all studies, and the other authors performed data analysis to align with these categories. The agreement among authors was significantly high in all categories due to the descriptive nature of the data, facilitating consensus. Any inconsistencies or disagreements were resolved by consensus among the authors after thorough analysis of the information.

Our analysis focused on extracting data for these variables in terms of percentages, categories, and mean ages. Due to the significant methodological differences among the studies, such as sample age differences, sociodemographic factors, educational experiences, or research objectives, we conducted both descriptive and synthetic analyses. We consider the reliability to be supported by the large sample sizes in each study, the quality of the publications, and the use of these data by national health services in some cases. This qualitative meta-synthesis is like that conducted in other studies with comparable data [78].

3. Results

We present the results of the selected studies by epochs: the last 20 years of the 20th century (Table 2) and the first 24 years of the 21st century (Table 3).

3.1. First Adolescent Heterosexual Contacts

This work focuses on contacts with a clear sexual motivation that occurred after the onset of puberty. Typically, around ages 13–14, many adolescents begin behaviors such as kissing, hugging, petting, and genital stimulation among others, in the context of a dating relationship. These behaviors evolve in those cases where the relationship also evolves to stages of greater intimacy [2,53,79].

In the studies referring to the last years of the 20th century (Table 3), three conclusions emerge from the analysis of their results: (a) around age 13, nearly half of adolescents have their first heterosexual contacts, and by ages 17–18, nearly 90% have had such experiences; (b) girls report higher participation in these contacts than boys; (c) Northern European countries, Finland and Norway, show higher percentages than Southern countries, Spain and Portugal.

In 21st-century adolescents, there is a trend toward a decreasing age at which these behaviors occur (especially the first sexual kisses), as shown by studies from the Netherlands and the United Kingdom, with barely any differences perceived between sexes.

3.2. First Sexual Intercourse

We have taken into account four characteristics of the first sexual experience: age at first sexual intercourse, the percentage of adolescents having their first sexual experience within a romantic relationship, condom use, and the positive or negative emotions experienced during it.

Regarding the age of first sexual intercourse, variability is relatively high due to differences between countries and the methodologies considered in each study. However, in studies from the 20th century, the results are generally similar to the first contacts: the average age of first intercourse tends to be around 17 years, with the Nordic countries indicating the earliest ages. Additionally, in these countries, there is a greater tendency

for girls to report earlier sexual experiences compared to boys. In the United Kingdom, the starting age is similar between boys and girls, while in Southern European countries, France, Spain, and Portugal, boys tend to report earlier initiation of coital activity.

In 21st-century studies, trends show a reverse direction. Some studies indicate that the age of first coitus has been slightly delayed in recent years. For example, in Germany [44], only one in three 16-year-olds (34%) reported having had their first coitus. The most common reasons were "not having the right person" (55%) or "being too young" (41%), among others. Similar findings are observed in some Italian studies on 15-year-old adolescents [69,71]. In 2002, 27% of boys had their first coital experience, a percentage that decreased to 25.6% in 2010 and 25.3% in 2018. For girls, the percentage decreased from 20.5% in 2002 (according to Marino et al., 2014) to 18.3% in 2018 (according to Borraccino et al., 2020). In Portugal, in 2006, 27.3% of 15-year-old boys had had coital experience, while in 2014, this percentage was reduced to 22.2%. For girls, the percentage decreased from 18.6% in 2006 to 10.7% in 2014 [76]. This trend is even more evident in a recent study conducted in the Netherlands [73] [and has also been observed since 2004 in France [49], and in Spain [65].

Sex differences follow the same trends between Northern and Southern European countries: the percentage of adolescent girls who have coital experience tends to be higher than that of boys in Nordic countries, Finland, Sweden, and Norway [52,74,77], while the opposite occurs in Southern countries such as Italy and Portugal [69,76]. In Spain, the results are similar for both sexes [65,67] or slightly higher for girls [64].

Regarding the type of relationship adolescents have with their first sexual partner, this aspect has barely been considered in most studies. The few results showed that, generally, for more than half of 20th-century adolescents, the first coital experience occurred within a romantic relationship, with a higher percentage for girls than boys [31,53,61]. The observed percentages indicate that this romantic context is similar for both sexes only when boys/girls have coital activity at a younger age (13–14 years) [46]. This trend favoring girls is also evident among 21st-century adolescents in countries such as France [49] and Spain [67].

Preventive behaviors in the first coital experience (condom use) have increased in the last years of the 20th century [3,46,63] compared to the 1980s [61,80]. Throughout the 21st century, there is a slight trend toward decreased condom use during the first coital experience, not reaching 70% in some countries [49], whereas in the first decade of the current century, percentages reached up to 86% [71] and even 98% [67]. Nevertheless, these results also conceal great variability.

Unfortunately, few studies have addressed the emotional experience accompanying the first coital experience. The three studies conducted before 2005 that tackled this issue highlighted that a significant number of boys and girls experience negative feelings during this first relationship, guilt, dissatisfaction, and fear, with a much higher significance among girls [46,53,63]. In 21st-century studies, only one German study mentions this in its results [44]. It notes that most experience positive emotions (75% of boys and 60% of girls), but a significant percentage of girls also report negative experiences (22% versus 6% of boys).

3.3. Oral Sex

Due to the almost exclusive emphasis on coital activity, very few studies delve into other heterosexual activities. One of these, reviewed in this study, is oral sex. Although the variants to consider can be diverse depending on the active or passive role in the behavior, we included any experience of this type.

Again, the variability is enormous depending on the age of the sample and the geographical area. As the age of adolescents increases, so does the number of them who have experienced the behavior. Furthermore, studies from Northern European countries (Norway; the United Kingdom) show higher percentages of young people with oral sex experience compared to studies from Southern Europe (Spain), where sex differences are

more significant in favor of boys. If we focus on trends among young people from the 20th and 21st centuries, the only study tracking this behavior from 1990 to 2012 reports an increase in the percentage of boys and girls reporting oral sex experiences over the years [51]. In Southern countries, it is an infrequent practice in early and middle adolescence, reaching 50% in the late teenage years for both boys and girls [66]. However, we also observe very different results in studies from Norway and Sweden [50,77], indicative of the enormous variability among the samples used.

3.4. Number of Sexual Partners

To evaluate this experience, studies have used either an average number of partners or a range of partners. Generally, in 20th-century studies, boys report having the same or a higher number of sexual partners compared to girls. Only one Finnish study on 14–16-year-old adolescents reports a slightly higher percentage of females than males who have had more than two sexual partners [52]. In 21st-century studies, the trends are similar: in most countries, including Spain [65,66], Germany [44], and Italy [68], boys report having more sexual partners than girls, but in some cases, such as Finland [52], the results are similar for both sexes. In all cases, the evidence indicates that the number of sexual partners increases with age [44].

4. Discussion

The great heterogeneity of the studies, in terms of selected samples, ages, or methodologies used, makes it very challenging to compare adolescent sexual behavior across countries [8,9]. This fact limits the comparison in our work and the estimates we can make. However, we consider it useful to discuss some evidence mentioned in the previous results regarding first contacts, first coital experience and some of its characteristics, oral sex, and the number of sexual partners.

First heterosexual contacts remain a pending task in adolescent research, both in its quantitative and qualitative aspects—motivations, associated feelings, type of relationship [18]. Despite this, according to the reviewed studies, these contacts reflect a progressive sequence up to coitus, in the context of an affectionate relationship. Girls report a higher percentage of such experiences compared to boys, although the differences almost disappear in 21st-century studies.

These results reflect the normative nature of adolescent sexual development. In the past century, girls engaged in these behaviors at a younger age than boys. In the current century, these differences persist, especially with younger adolescent samples, but there are more similarities when the samples include older adolescents. These differences may be explained by the fact that girls develop earlier than boys, reaching higher levels of maturity sooner, and also because they usually date older boys [2,65]. We must also be aware of emerging new forms of relationships that may be altering these experiences. For instance, some studies have found an increasing number of adolescents who do not engage in any sexual activity by the age of 20 [65]. Lastly, more permissive and liberal societies in Northern Europe, in contrast to the more conservative philosophical and religious traditions in the South, may explain the differences between countries. Indeed, the effects of some conservative policies on the sexual rights of minorities and sexual health in Europe are very evident [9].

Nonetheless, it is essential to improve research in this field. Enhancing evaluation instruments and standardizing criteria will facilitate comparisons and the monitoring of these behaviors. Similarly, it is necessary to delve into the impact these experiences have on adolescents' personal and affective lives.

The age of the first sexual intercourse is crucial in sexual development, both for its implications for sexual health and its consequences for intra and interpersonal development.

Throughout the 20th century, there was a unanimous trend in most countries towards a progressive decrease in the age of the first coital experience [51]. However, in the last decade of the 21st century, this trend has reversed in many Western countries: the onset

of sexual activity has been slightly delayed, as seen in the Western countries reviewed in this study, but also detected in others such as the USA [18,23,81]. This phenomenon has been explained separately in each country (citing national preventive and/or educational intervention policies), and perhaps for the first time, we must recognize a more international perspective and dynamic.

Some explanations for these trends have focused on social changes. For example, social media may facilitate online sexual activity more easily than offline. Additionally, greater insecurity/anxiety related to pressures about physical appearance and sexual performance ideals promoted by virtual media may delay this activity [73]. Another and perhaps more plausible explanation is a global phenomenon in adolescent development, advocating for a generalized trend towards slower psychosocial development, also evident in other behaviors such as the onset of drinking, driving, working, and marrying [73]. It is also possible that improved quantity and quality of sexual education, more accepted in Western countries, might contribute to the delay of sexual activity due to greater knowledge, conviction and planification of it [21]. Lastly, this trend might as well be explained by the increasing participation in non-coital heterosexual activities, such as masturbation, oral sex, and petting, as "alternative" and yet not well-known behaviors [18]. There is no doubt that we ought to pay attention to this evolution and its impact on adolescent's development, as well as the consequences for their sexual health.

Condom use during the first sexual intercourse is not an absolute indicator of sexual health behaviors, but it does reflect the level of education or sexual training received prior to initiating coital relationships, which is clearly associated with sexual health [21]. It is easy to infer that if an adolescent engages in their first sexual experience with a basic understanding of health and preventive behaviors, they are much more likely to maintain these practices in the future. In this review, we found that condom use in first sexual intercourse increased in the last decade of the 20th century but has shown a declining trend in recent years.

The impact of HIV/AIDS, awareness campaigns, and improved sexual education likely contributed to this increased use. A perceived lower risk among adolescents today may explain the decline. This finding should underscore the importance of emphasizing the "first time" in sexual education classes, risk prevention, and the promotion of sexual health [21]. Additionally, promoting sexual education from an early age [82], can provide a stronger foundation for sexual decision making during adolescence. This responsibility should be shared by both schools and families.

Another point of interest is the difference between sexes in Northern and Southern European countries regarding both first contacts and first coital experiences. In the North, girls report a higher number of previous contacts and earlier age at first coitus compared to boys, whereas the opposite is true in the South. Similar results are found regarding the prevalence of oral sex (higher in Nordic countries, with greater differences between boys and girls in Southern countries), a practice that is progressively increasing [51,73], highlighting the importance of investigating non-coital behaviors. Is it possible that current adolescents are creating new ways of "having sex"? [18,35].

Regarding the greater number of sexual partners, the overall trend is significantly higher among boys compared to girls, although in some cases, there is parity between the sexes [52]. Social factors of ideological and religious nature can explain these differences. Thus, we can infer that there are different sexual behavior patterns or scripts for boys and girls, much more pronounced in Southern than in Northern European countries [65]. For boys, this script is defined by earlier, broader, and more frequent sexual activity, generally well accepted by their environment and highly valued because of pleasure. In contrast, girls' sexual script is characterized by a narrower scope, linked to affection, and more prone to feelings of guilt when deviating from this norm [32,65].

However, some studies suggest that when the first coital experience occurs within an affectionate or intimate relationship, the likelihood of it being a positive experience is much

higher than when it occurs with "less well-known" individuals. This is significantly more pronounced for girls than for boys [44].

It is possible that affection continues to be a value promoted in the sexual socialization of girls over the years and not to the same extent in boys. It is also possible that the perception of the relationship in which the coital experience occurs is perceived differently by girls ("my boyfriend") than by boys ("my friend"). This could also explain the motives cited in some cases for engaging in sexual activities: related to affection in the case of girls and related to physical pleasure and fun in the case of boys [53]. If this were the case, it would reflect the difficulties both sexes face in defining and communicating what constitutes an affectionate relationship in terms of commitment, intimacy, trust, etc. Nevertheless, delving into the factors surrounding the first coital experience—drug and alcohol use, situations of pressure or sexual coercion—presents a future challenge [8] that could influence these experiences.

We have highlighted the most significant results from the reviewed studies. However, despite their contributions, they are not without limitations. Most of them use convenience samples selected based on schools that voluntarily participate in the studies. In some cases, only 47% of the contacted schools participated [72], while in others, only 5% of the 95 schools invited to participate took part [70], which limits the potential generalization of the results. The use of representative samples, stratified by social class and cultural background, as well as the inclusion of non-school-attending adolescents, would be desirable [65]. Not considering the ethnic or cultural background of adolescents [70,79] may bias the results of a given country depending on the migrant population or multiculturalism present in its society.

Another limitation may be due to the retrospective nature of the data in cross-sectional design, where the reliability of self-reported sexual behaviors decreases with the increasing duration of the recall period [52,74]. The use of longitudinal designs would be advisable to provide information on the evolution of sexual behavior over time. Thirdly, there is a general tendency to use self-reports in a topic highly susceptible to social desirability bias, an inherent risk in such evaluations [51,70]. Additionally, dichotomous variables have sometimes been used, which may lead to a loss of information [69]. Nevertheless, in some cases, representative samples were used [74], and the evaluation was carried out through face-to-face interviews [44].

Lastly, another important limitation in these studies is the risk of selection bias. A significant number of adolescents invited to participate in the study may voluntarily choose not to do so. For example, in Nordhagen's study [74], only 65% of the contacted adolescents participated. We can add to this the difficulties surrounding this type of study because of requirements for parental permission, restrictions about adolescent confidentiality, and societal reluctance to permit sexual studies of adolescents [70].

Despite these limitations, we contend that this work provides an innovative contribution to documenting the evolution of heterosexual behaviors among adolescents in Western countries. While intra-national studies exist on this phenomenon, our research facilitates the adoption of a transnational perspective, which necessitates broader and more comprehensive explanatory frameworks. Secondly, this work makes it possible to highlight global trends beyond those present in each country. For example, the limited progress in sexual scripts for boys and girls, and the greater relaxation in condom use that we have detected, should guide European policies toward promoting greater gender equality and sexual health. Thirdly, the delay in the onset of first coital experiences transcends national boundaries. We must avoid local explanations and focus on the global socioeconomic, educational, technological, and political contexts that may explain them. Finally, this work allows us to glimpse possible gaps in Western research on this topic. We have thus detected limitations in the study of non-coital heterosexual behaviors and the emotional experiences associated with those behaviors.

5. Conclusions

In this study, we aimed to analyze the evolution of adolescent heterosexual behavior over the past 50 years in various Western European countries. From this review, we can highlight the five main results: (a) sex differences remain present in the sexual scripts of boys and girls; (b) these scripts are much more pronounced in Southern countries compared to Northern ones; (c) there is a trend towards a later onset of first coital experience in nearly all Western societies (this is not the case in other social contexts such as Latin American and Caribbean countries [23]); (d) it is essential to gain a deeper understanding of non-coital heterosexual behaviors both before and after coitus; (e) it is necessary to emphasize the importance of condoms as an effective means of preventing sexual risks due to a relaxation in their use in recent years.

We are aware of the limitations of this work: a limited selection of European countries, the exclusion of non-European countries or Eastern European countries, and a limitation regarding selected heterosexual behaviors (e.g., anal sex was excluded) or preventive measures (condom use in recent months or in the last sexual encounter). Additionally, the methodological limitations previously noted in the reviewed studies make comparisons and tracking over time very difficult. The example set by countries such as Germany, France, Norway, or Finland, with uniform criteria over the years, can provide insights into how to study the evolution of these behaviors. Perhaps an international organization could design recommendations so that different countries can use similar instruments to facilitate comparison and a more global follow-up. Although in this work we have chosen to limit it to heterosexual behaviors due to their significance, we consider it essential to also understand these trajectories in homosexual behaviors, which are often overlooked and stigmatized, as well as their similarities and potential differences.

Despite all this, we provide some evidence that stereotypes, roles, or sexual scripts have persisted for decades in adolescent heterosexual behavior. However, we also observe changes that are not yet well explored, such as the delay in coital activity, the relevance of non-coital behaviors, or the reduced use of condoms, which deserve attention and follow-up in future research.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/sexes5040042/s1.

Author Contributions: Conceptualization, J.L.M.-Á.; methodology, M.R.P.-G. and J.G.-M.; data collection and analysis, J.L.M.-Á. and M.R.P.-G.; writing—original draft preparation, J.L.M.-Á. and M.R.P.-G.; writing—review and editing, J.L.M.-Á., M.R.P.-G. and J.G.-M. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Ethical review and approval were waived for this study due to the methodology used in this study.

Informed Consent Statement: Not applicable.

Data Availability Statement: The data collected for this study may be available on request from the corresponding author.

Acknowledgments: Jesús López Lucas, Director of the Centro de Recursos y Apoyo a la Investigación (CRAI, Facultad de Psicología, Universidad de Salamanca) for his technical and documentary advice. Translated by Ángela Hernández Pozo.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Hegde, A.; Chandran, S.; Pattnaik, J.I. Understanding Adolescent Sexuality: A Developmental Perspective. *J. Psychosex. Health* **2022**, *4*, 237–242. [CrossRef]
2. Martínez Álvarez, J.L. Experiencias Heterosexuales en la Adolescencia: Implicaciones para la Educación Sexual. *Rev. Psicol. Gen. Apl.* **2000**, *53*, 191–209.
3. Sieving, R.E.; Oliphant, J.A.; Blum, R.W. Adolescent Sexual Behavior and Sexual Health. *Pediatr. Rev.* **2002**, *23*, 407–416. [CrossRef]
4. Tolman, D.L.; McClelland, S.I. Normative Sexuality Development in Adolescence: A Decade in Review, 2000–2009. *J. Res. Adolesc.* **2011**, *21*, 242–255. [CrossRef]
5. Malin, H.M.; Saleh, F.M. Sexual Development and Behavior in Children and Adolescents. In *Adolescent Sexual Behavior in the Digital Age: Considerations for Clinicians, Legal Professionals, and Educators*; Saleh, F.M., Grudzinskas, A., Jr., Judge, A., Eds.; Oxford University Press: New York, NY, USA, 2014; pp. 43–61.
6. Harden, K.P. Genetic Influences on Adolescent Sexual Behavior: Why Genes Matter for Environmentally Oriented Researchers. *Psychol. Bull.* **2014**, *140*, 434–465. [CrossRef]
7. Pearson, J. High School Context, Heterosexual Scripts, and Young Women's Sexual Development. *J. Youth Adolesc.* **2018**, *47*, 1469–1485. [CrossRef]
8. Avery, L.; Lazdane, G. What Do We Know about Sexual and Reproductive Health of Adolescents in Europe? *Eur. J. Contracept. Reprod. Health Care Off. J. Eur. Soc. Contracept.* **2010**, *15* (Suppl. S2), S54–S66. [CrossRef]
9. de Graaf, H.; Mitchell, K.; Clifton, S.; Lara, M.F.; Dewaele, A.; Dupont, J.; Klapilova, K.; Lazdāne, G.; Briken, P.; Træen, B.; et al. Sex Surveys in Europe: Reflections on over Four Decades of Sexual Behavior and Sexual Health Surveillance. *J. Sex Res.* **2023**, *60*, 1020–1033. [CrossRef]
10. Ramiro, L.; Windlin, B.; Reis, M.; Gabhainn, S.N.; Jovic, S.; Matos, M.G.; Magnusson, J.; Godeau, E. Gendered Trends in Early and Very Early Sex and Condom Use in 20 European Countries from 2002 to 2010. *Eur. J. Public Health* **2015**, *25*, 65–68. [CrossRef]
11. Zimmer-Gembeck, M.J.; French, J. Associations of Sexual Subjectivity with Global and Sexual Well-Being: A New Measure for Young Males and Comparison to Females. *Arch. Sex. Behav.* **2016**, *45*, 315–327. [CrossRef]
12. Epstein, M.; Furlong, M.; Kosterman, R.; Bailey, J.A.; King, K.M.; Vasilenko, S.A.; Steeger, C.M.; Hill, K.G. Adolescent Age of Sexual Initiation and Subsequent Adult Health Outcomes. *Am. J. Public Health* **2018**, *108*, 822–828. [CrossRef] [PubMed]
13. Zimmer-Gembeck, M.J.; Helfand, M. Ten Years of Longitudinal Research on U.S. Adolescent Sexual Behavior: Developmental Correlates of Sexual Intercourse, and the Importance of Age, Gender and Ethnic Background. *Dev. Rev.* **2008**, *28*, 153–224. [CrossRef]
14. Zimmer-Gembeck, M.J.; Siebenbruner, J.; Collins, W.A. A Prospective Study of Intraindividual and Peer Influences on Adolescents' Heterosexual Romantic and Sexual Behavior. *Arch. Sex. Behav.* **2004**, *33*, 381–394. [CrossRef] [PubMed]
15. Nieto, J.A. Children and Adolescents as Sexual Beings: Cross-Cultural Perspectives. *Child Adolesc. Psychiatr. Clin. N. Am.* **2004**, *13*, 461–477. [CrossRef] [PubMed]
16. Traeen, B.; Samuelsen, S.; Roen, K. Sexual Debut Ages in Heterosexual, Lesbian, Gay, and Bisexual Young Adults in Norway. *Sex. Cult.* **2016**, *20*, 699–716. [CrossRef]
17. Goldberg, S.K.; Halpern, C.T. Sexual Initiation Patterns of U S Sexual Minority Youth: A Latent Class Analysis. *Perspect. Sex. Reprod. Health* **2017**, *49*, 55–67. [CrossRef]
18. Schwartz, I.M.; Coffield, E. A Gender-Based Generational Comparison of Sexual Behaviors Adolescents Engage in Prior to First Coitus. *Sex. Res. Soc. Policy* **2022**, *19*, 521–529. [CrossRef]
19. Heron, J.; Low, N.; Lewis, G.; Macleod, J.; Ness, A.; Waylen, A. Social Factors Associated with Readiness for Sexual Activity in Adolescents: A Population-Based Cohort Study. *Arch. Sex. Behav.* **2015**, *44*, 669–678. [CrossRef]
20. Traeen, B.; Lewin, B.; Sundet, J.M. The Real and the Ideal; Gender Differences in Heterosexual Behaviour among Norwegian Adolescents. *J. Community Appl. Soc. Psychol.* **1992**, *2*, 227–237. [CrossRef]
21. Cortínez-López, A.; Cuesta-Lozano, D.; Luengo-González, R. Effectiveness of Sex Education in Adolescents. *Sexes* **2021**, *2*, 144–150. [CrossRef]
22. Gazendam, N.; Cleverley, K.; King, N.; Pickett, W.; Phillips, S.P. Individual and Social Determinants of Early Sexual Activity: A Study of Gender-Based Differences Using the 2018 Canadian Health Behaviour in School-Aged Children Study (HBSC). *PLoS ONE* **2020**, *15*, e0238515. [CrossRef] [PubMed]
23. Chenneville, T.; Gabbidon, K. Global Perspectives on the Sociocultural, Economic, and Political Contexts Shaping Adolescent Sexual Behaviors: Introduction to a Special Issue. *J. Prim. Prev.* **2021**, *42*, 319–322. [CrossRef] [PubMed]
24. Stone, A.L.; Weinberg, J.D. Sexualities and Social Movements: Three Decades of Sex and Social Change. In *Handbook of the Sociology of Sexualities: Handbooks of Sociology and Social Research*; DeLamater, J., Plante, R.F., Eds.; Springer International Publishing/Springer Nature: Cham, Switzerland, 2015; pp. 453–465. ISSN 1389-6903.
25. Rossi, A.S. The Impact of Family Structure and Social Change on Adolescent Sexual Behavior. *Child. Youth Serv. Rev.* **1997**, *19*, 369–400. [CrossRef] [PubMed]
26. DeLamater, J.; Plante, R.F. *Handbook of the Sociology of Sexualities*; Springer International Publishing/Springer Nature: Cham, Switzerland, 2015.

27. Gagnon, J.H.; Simon, W. *Sexual Conduct: The Social Sources of Human Sexuality*, 2nd ed.; Social problems and social issues; AldineTransaction: New Brunswick, NJ, USA, 2005.
28. Wiederman, M.W. Sexual Script Theory: Past, Present, and Future. In *Handbook of the Sociology of Sexualities*; DeLamater, J., Plante, R.F., Eds.; Springer International Publishing/Springer Nature: Cham, Switzerland, 2015; pp. 7–22.
29. Kreager, D.A.; Staff, J.; Gauthier, R.; Lefkowitz, E.S.; Feinberg, M.E. The Double Standard at Sexual Debut: Gender, Sexual Behavior and Adolescent Peer Acceptance. *Sex Roles* **2016**, *75*, 377–392. [CrossRef] [PubMed]
30. Bury, J.K. Teenage Sexual Behaviour and the Impact of AIDS. *Health Educ. J.* **1991**, *50*, 43–49. [CrossRef]
31. Vogels, T.; van der Vliet, R.; Danz, M.; Hopman-Rock, M.; Visser, A. Young People and Sex: Behaviour and Health Risks in Dutch School Students. *Int. J. Adolesc. Med. Health* **1993**, *6*, 137–147. [CrossRef]
32. Oliva, A.; Serra, L.; Vallejo, R. Patrones de Comportamiento Sexual y Contraceptivo en la Adolescencia = Patterns Od Sexual and Contraceptive Behaviour in Adolescence. *Infanc. Aprendiz. J. Study Educ. Dev.* **1997**, *77*, 19–34. [CrossRef]
33. Ostergaard, L. Sexual Behaviour of Adolescents before and after the Advent of AIDS. *Genitourin. Med.* **1997**, *73*, 448–452. [CrossRef]
34. Wight, D. Impediments to Safer Heterosexual Sex: A Review of Research with Young People. *AIDS Care* **1992**, *4*, 11–23. [CrossRef]
35. Saleh, F.M.; Grudzinskas, A., Jr.; Judge, A. *Adolescent Sexual Behavior in the Digital Age: Considerations for Clinicians, Legal Professionals, and Educators*; Oxford University Press: New York, NY, USA, 2014.
36. Ballester-Arnal, R.; Giménez-García, C.; Gil-Llario, M.D.; Castro-Calvo, J. Cybersex in the "Net Generation": Online Sexual Activities among Spanish Adolescents. *Comput. Hum. Behav.* **2016**, *57*, 261–266. [CrossRef]
37. Pathmendra, P.; Raggatt, M.; Lim, M.S.; Marino, J.L.; Skinner, S.R. Exposure to Pornography and Adolescent Sexual Behavior: Systematic Review. *J. Med. Internet Res.* **2023**, *25*, e43116. [CrossRef]
38. Arsad, F.S.; Abdul Khani, M.I.A.; Daud, F. A Systematic Review of Immersive Social Media Activities and Risk Factors for Sexual Boundary Violations among Adolescents. *IIUM Med. J. Malays.* **2021**, *20*, 159–170.
39. Rodenhizer, K.A.E.; Edwards, K.M. The Impacts of Sexual Media Exposure on Adolescent and Emerging Adults' Dating and Sexual Violence Attitudes and Behaviors: A Critical Review of the Literature. *Trauma Violence Abus.* **2019**, *20*, 439–452. [CrossRef]
40. Naghdechi, L.; Clevinger, S. Online Sexual Activity in Adolescents and its Associations: A Literature Review. *J. Am. Acad. Child Adolesc. Psychiatry* **2020**, *59*, S228. [CrossRef]
41. Jones, K.; Eathington, P.; Baldwin, K.; Sipsma, H. The Impact of Health Education Transmitted via Social Media or Text Messaging on Adolescent and Young Adult Risky Sexual Behavior: A Systematic Review of the Literature. *Sex. Transm. Dis.* **2014**, *41*, 413–419. [CrossRef]
42. Allsop, Y.; Tilak, S. YES! Program: Adolescent Lessons Learned during a Virtual Sexual Health Program. *Sexes* **2023**, *4*, 341–357. [CrossRef]
43. Smahel, D.; Subrahmanyam, K. Adolescent Sexuality on the Internet: A Developmental Perspective. In *Adolescent Sexual Behavior in the Digital Age: Considerations for Clinicians, Legal Professionals, and Educators*; Saleh, F.M., Grudzinskas, A., Jr., Judge, A., Eds.; Oxford University Press: New York, NY, USA, 2014; pp. 62–85.
44. Scharmanski, S.; Heßling, A. Sexual and Contraceptive Behavior of Adolescents and Young Adults in Germany. Current Results of the Representative Survey "Youth Sexuality". *Bundesgesundheitsbl. Gesundheitsforsch. Gesundheitsschutz* **2021**, *64*, 1372–1381. [CrossRef]
45. Afable-Munsuz, A.; Brindis, C.D. Acculturation and the Sexual and Reproductive Health of Latino Youth in the United States: A Literature Review. *Perspect. Sex. Reprod. Health* **2006**, *38*, 208–219. [CrossRef]
46. Henderson, M.; Wight, D.; Raab, G.; Abraham, C.; Buston, K.; Hart, G.; Scott, S. Heterosexual Risk Behaviour among Young Teenagers in Scotland. *J. Adolesc.* **2002**, *25*, 483–494. [CrossRef]
47. Page, M.J.; McKenzie, J.E.; Bossuyt, P.M.; Boutron, I.; Hoffmann, T.C.; Mulrow, C.D.; Shamseer, L.; Tetzlaff, J.M.; Akl, E.A.; Brennan, S.E. The PRISMA 2020 Statement: An Updated Guideline for Reporting Systematic Reviews. *BMJ* **2021**, *372*, n71. [CrossRef]
48. Horii, H.; Bouland, A. Draffting New Rape Law: How Dutch Legislators Talk About Sexual Consent. *Recht Werkelijkh.* **2023**, *44*, 14–38. [CrossRef]
49. Bajos, N.; Rahib, D.; Lydié, N. *Genre et Sexualité. D'une Décennie à l'autre. Barom. Santè 2016*; Santé Publique France: Saint-Maurice, France, 2018; 6p.
50. Pedersen, W.; Samuelsen, S.O. New Patterns of Sexual Behaviour among Adolescents. *Tidsskr. Nor. Laegeforen. Tidsskr. Prakt. Med. Raekke* **2003**, *123*, 3006–3009.
51. Lewis, R.; Tanton, C.; Mercer, C.H.; Mitchell, K.R.; Palmer, M.; Macdowall, W.; Wellings, K. Heterosexual Practices Among Young People in Britain: Evidence From Three National Surveys of Sexual Attitudes and Lifestyles. *J. Adolesc. Health* **2017**, *61*, 694–702. [CrossRef]
52. Falah-Hassani, K.; Kosunen, E.; Shiri, R.; Jokela, J.; Liinamo, A.; Rimpelä, A. Adolescent Sexual Behavior during Periods of Increase and Decrease in the Abortion Rate. *Obstet. Gynecol.* **2009**, *114*, 79–86. [CrossRef]
53. Vergeles, M.R.; Fuertes, A.; Martínez, J.L.; Hernández, A. Comportamientos y Actitudes Sexuales de Los Adolescentes de Castilla y León = Sexual Behaviours and Attitudes of Adolescents in Castilla-Leon. *Anál. Modif. Conducta* **2003**, *29*, 213–238.
54. Oliva Delgado, A.; Serra Salomón, L.; Vallejo Orellana, R. Sexual and Contraceptive Behaviors among Andalusian Adolescents. *Apunt. Psic.* **1992**, *35*, 53–66. [CrossRef]

55. Kontula, O.; Rimpelä, M.; Ojanlatva, A. Sexual Knowledge, Attitudes, Fears and Behaviors of Adolescents in Finland (the KISS Study). *Health Educat. Res.* **1992**, *7*, 69–77. [CrossRef]
56. Kaltiala-Heino, R.; Kosunen, E.; Rimpela, M. Pubertal Timing, Sexual Behaviour and Self-Reported Depression in Middle Adolescence. *J. Adol.* **2003**, *26*, 531–545. [CrossRef]
57. Choquet, M.; Manfredi, R. Sexual Intercourse, Contraception, and Risk-Taking Behavior among Unselected French Adolescents Aged 11–20 Years. *J. Adol. Health* **1992**, *13*, 623–630. [CrossRef]
58. Signorelli, C.; Renzi, C.; Zantedeschi, E.; Bossi, A. La prevenzione mirata al comportamento sessuale: La sorveglianza e il controlo delle malattie sessualmente trasmesse; Safe-sex practices amony young persons. *Ann. Ist. Super. Sanità* **2000**, *36*, 441–443.
59. Prior, C.; Baía, H.; Trindade, M.J.; Lopes, T. Condutas Sexuais Com Risco de Gravidez Na Adolescência. *Rev. Port. Med. Ger. Fam.* **2001**, *17*, 111–138.
60. Klanger, B.; Tydén, T.; Ruusuvaara, L. Sexual Behavior among Adolescents in Uppsala, Sweden. *The J. Adol. Health* **1993**, *14*, 468–474. [CrossRef]
61. Lewin, B. The Adolescent Boy and Girl—1st And Other Early Experiences with Intercourse from A Representative Sample of Swedish School Adolescents. *Arch. Sex. Behav.* **1982**, *11*, 417–428. [CrossRef]
62. Breakwell, G.M.; Fife-Schaw, C. Sexual Activities and Preferences in a United Kingdom Sample of 16 to 20-Year-Olds. *Arch. Sex. Behav.* **1992**, *21*, 271–293. [CrossRef]
63. Wellings, K.; Nanchahal, K.; Macdowall, W.; McManus, S.; Erens, B.; Mercer, C.H.; Johnson, A.M.; Copas, A.J.; Korovessis, C.; Fenton, K.A.; et al. Sexual Behaviour in Britain: Early Heterosexual Experience. *Lancet* **2001**, *358*, 1843–1850. [CrossRef]
64. Bermúdez, M.-P.; Buela-Casal, G.; Teva, I. Type of Sexual Contact and Precoital Sexual Experience in Spanish Adolescents. *Univ. Psychol.* **2011**, *10*, 411–421. [CrossRef]
65. Ramiro-Sánchez, T.; Ramiro, M.T.; Bermúdez, M.P.; Buela-Casal, G. Analysis of Coital and Non-Coital Sexual Behavior in Adolescents: Spain, 2016. *Sex. Res. Soc. Policy* **2018**, *15*, 409–420. [CrossRef]
66. Faílde Garrido, J.M.; Lameiras Fernández, M.; Bimbela Pedrola, J.L. Sexual Behavior in a Spanish Sample Aged 14 to 24 Years Old. *Gac. Sanit.* **2008**, *22*, 511–519. [CrossRef]
67. Rodríguez Carrión, J.; Traverso Blanco, C.I. Sexual Behavior in Adolescents Aged 12 to 17 in Andalusia (Spain). *Gac. Sanit.* **2012**, *26*, 519–524. [CrossRef]
68. Boccalini, S.; Tiscione, E.; Bechini, A.; Levi, M.; Mencacci, M.; Petrucci, F.; Bani Assad, G.; Santini, M.G.; Bonanni, P. Sexual Behavior, Use of Contraceptive Methods and Risk Factors for HPV Infections of Students Living in Central Italy: Implications for Vaccination Strategies. *J. Prev. Med. Hyg.* **2012**, *53*, 24–29.
69. Borraccino, A.; Lo Moro, G.; Dalmasso, P.; Nardone, P.; Donati, S.; Berchialla, P.; Charrier, L.; Lenzi, M.; Spinelli, A.; Lemma, P. Sexual Behaviour in 15-Year-Old Adolescents: Insights into the Role of Family, Peer, Teacher, and Classmate Support. *Ann. Ist. Super. Sanità* **2020**, *56*, 522–530.
70. Bogani, G.; Cromi, A.; Serati, M.; Monti, Z.; Apolloni, C.; Nardelli, F.; Di Naro, E.; Ghezzi, F. Impact of School-Based Educational Programs on Sexual Behaviors among Adolescents in Northern Italy. *J. Sex Marital Ther.* **2015**, *41*, 121–125. [CrossRef]
71. Marino, C.; Vieno, A.; Lenzi, M.; Santinello, M. Time Trends in Adolescent Sexual Behaviour in Italy. *Sex. Health* **2014**, *11*, 379–380. [CrossRef]
72. de Looze, M.; Constantine, N.A.; Jerman, P.; Vermeulen-Smit, E.; ter Bogt, T. Parent-Adolescent Sexual Communication and Its Association with Adolescent Sexual Behaviors: A Nationally Representative Analysis in the Netherlands. *J. Sex Res.* **2015**, *52*, 257–268. [CrossRef]
73. de Graaf, H.; ter Schure, J.; van Liere, G.A.F.S. How Old Are Young People When They Start Having Sex? Unravelling the Applicability of Cox Proportional Hazards Regression. *J. Public Health* **2022**, *30*, 1873–1880. [CrossRef]
74. Nordhagen, L.S.; Egge, H.; Leonhardt, M. Use of Contraception during First Sexual Intercourse among Norwegian Adolescents: A National Cross-Sectional Study. *BMC Public Health* **2024**, *24*, 1521. [CrossRef]
75. Miranda, P.S.F.; Aquino, J.M.G.; Monteiro, R.M.P.d.C.; Dixe, M.d.A.C.R.; Luz, A.M.B.d.; Moleiro, P. Sexual Behaviors: Study in the Youth. *Einstein* **2018**, *16*, eAO4265. [CrossRef]
76. Reis, M.; Ramiro, L.; Camacho, I.; Tomé, G.; Gaspar De Matos, M. Trends in Portuguese Adolescents' Sexual Behavior from 2002 to 2014: HBSC Portuguese Study. *Port. J. Public Health* **2018**, *36*, 32–40. [CrossRef]
77. Rembeck, G.I.; Gunnarsson, R.K. Role of Gender in Sexual Behaviours and Response to Education in Sexually Transmitted Infections in 17-Year-Old Adolescents. *Midwifery* **2011**, *27*, 282–287. [CrossRef]
78. Curtis, M.G.; Boe, J.L. The Lived Experiences of Male Sex Workers: A Global Qualitative Meta-Synthesis. *Sexes* **2023**, *4*, 222–255. [CrossRef]
79. Xu, Y.; Norton, S.; Rahman, Q. Adolescent Sexual Behavior Patterns in a British Birth Cohort: A Latent Class Analysis. *Arch. Sex. Behav.* **2021**, *50*, 161–180. [CrossRef]
80. Weiner, E.; Johansson, I.; Helmius, G.; Odlind, V. Sexual and Contraceptive Experience among Teenagers in Uppsala. *Ups. J. Med. Sci.* **1984**, *89*, 171–177. [CrossRef]

81. Ethier, K.A. Sexual Intercourse among High School Students—29 States and United States Overall, 2005–2015. *MMWR Morb. Mortal. Wkly. Rep.* **2018**, *66*, 1393–1397. [CrossRef]
82. Roien, L.A.; Graugaard, C.; Simovska, V. The Research Landscape of School-Based Sexuality Education. *Health Educ.* **2018**, *118*, 159–170. [CrossRef]