First intercourse is a significant life experience. For this reason, virginity loss has been the subject of a considerable amount of social research. Patterns in response to first intercourse are notable along lines of gender, age, and religion. In order to explore these patterns, we gave students at a small, private, liberal arts college in the Midwest an anonymous, optional online survey questionnaire. We were interested in determining (a) if male responses to first intercourse tend to be more positive than females, and (b) if there is a positive correlation between religiosity and guilt surrounding this experience. We concluded that there were significant positive correlations for each relationship. We also found a positive correlation between current age and satisfaction following first intercourse. Other relationships surrounding first intercourse emotions and outside variables are also presented.

Review of Literature

Sex is ubiquitous in today’s American culture. Despite such prominence in modern society, there are aspects of this topic that are ambiguous to the general population. Definitions relating to sex and sexuality vary from person to person, as do other factors such as attitudes and emotions toward personal sexual statuses. While discussions about virginity and first intercourse are less taboo than in the past, the underlying trends behind how they are perceived are not commonly understood. Recent research done by sociologists and social psychologists, however, has revealed significant trends that clarify attitudes and understanding of sexuality among Americans.

Definitions for the terms virginity loss, having sex, and sexual partner are not commonly agreed upon. Ambiguity that exists toward sexual terminology in the West often results in over- or under-representation of sexual behavior or
experience as reported in studies (Trotter and Alderson 2007). Vaginal-penile (coital) intercourse is widely agreed upon as constituting sex, while the inclusion of oral and anal intercourse as sex is less assumed (Trotter and Alderson 2007; Carpenter 2001). For example, Carpenter (2001) found that when asked what behaviors would result in virginity loss, 100% of respondents said penile-vaginal intercourse and 25% included oral sex with an opposite-sex partner. Similarly, a majority of college students in Trotter and Alderson’s study included penile-vaginal intercourse in their definitions of “virginity loss” (2007). However, 56% of respondents in both studies considered penile-anal intercourse to be sex. Thus, “virginity loss” cannot be equated with first experience of having sex; people have a broader definition of “virginity loss” than that of “having sex” (Trotter and Alderson 2007). In light of findings that sexual terms vary, most researchers have restricted loss of virginity to coital intercourse in their surveys (Buss and Schmitt 1993; Specher and Schwartz 1995).

Literature indicates that responses to a sexual experience depend on one’s relationship status. Sprecher and Schwartz (1995) and Bearman and Bruckner (2001) reported a more positive response to sex when a relationship was serious rather than casual. Trotter and Alderson (2007) found that students were more likely to have sex if they and their partner were said to be dating for a longer period of time (e.g. 3 months vs. one date). It can be seen how this relates to first-intercourse emotional responses; people recalled more sexual pleasure while having first intercourse in a long-term relationship (Sprecher and Schwartz 1995).

Emotional responses to first-intercourse have been found to vary significantly according to gender. The feelings that men and women have about their virginity are to some extent the opposite of the reactions that they report to the loss of their virginity (Sprecher and Regan 1996). For example, comparing male reactions towards virginity and first-intercourse indicates an inverse relationship. When compared to women, males tend to be more unhappy with their virgin status, more apt to lose virginity, and more likely to find satisfaction in their first sexual intercourse (Sprecher and Schwartz 1996; Sprecher and Regan 1995; Darling, 1992).

Men are three times more likely than women to view their virginity as a stigma (Carpenter 2001) and are more likely to have found first intercourse pleasing (Sprecher and Schwartz 1995; Darling 1992). Research ties such recurring findings to differences in social pressures, norms, and beliefs. Because males consistently perceive virginity negatively and sex positively, it appears that the
sexual experience is an important aspect of masculinity (Sprecher and Schwartz 1996). This is probably why high self-esteem makes a boy more likely to have sex, while the opposite is true for girls (Bearman and Bruckner 2001). Even the concept of male virginity is arguable; findings in a 1973 survey by Berger and Wenger indicate that it made no sense to speak of “male virginity” as there was too much disagreement over what constitutes loss of male virginity (Berger and Wenger 1973). This may explain why both Sprecher and Schwartz (1996) and Carpenter (2001) found that males view virginity as a stigma, although these studies took place decades later.

Literature also illustrates a distinct feminine perspective on virginity. In a 2001 case study of first intercourse, respondents associated their virginity with one of three metaphors. These metaphors included virginity as a special gift, a social stigma, or the start of a long, sexual life process. Twice as many women as men interpret virginity as a gift (Carpenter 2001) which supports the idea of a double standard between attitudes towards male and female virginity loss. Both Carpenter (2001) and Wilson and Medora (1990) found that while the double standard still exists, it is diminishing in younger generations. Women are also more likely to take pride in their virgin status and less likely to have an orgasm (Sprecher 1996). This explains why, when reflecting on first intercourse, females felt more guilt and physiological dissatisfaction than their male counterparts (Carpenter 2001).

Bearman and Bruckner (2001) found that women tend to be more emotionally committed in a relationship than their male counterparts. Furthermore, female virgins’ reasons for abstinence were often reportedly due insufficient love or having not the met right partner (Sprecher and Schmit 1996). Carpenter reports that in contrast, men are often less picky about their first intercourse partners (Carpenter 2001). Women tended to have first intercourse in a steady relationship (Darling et al. 1992) while men felt less shame in losing virginity to a casual partner (Carpenter 2001). Correspondingly, women felt more guilt if first intercourse occurred in a casual or brief relationship (Sprecher and Schmit 1995).

Religion is another factor dividing sexual attitudes and practices. Multiple studies have shown that level of religiosity is the strongest predictor of sexual behavior (Lefkowitz et al. 2004, as quoted in Earle et al. 2007). Religiosity is the measure of church attendance and level of personal importance religion has in one’s life (Bearman and Bruckner 2001; Earle et al. 2007). Pledging, or the act of promising sexual abstinence until marriage, is another term often included in the discussion of religion and premarital sex. While premarital sex
is widespread even among religious Americans and pledgers, they are still more likely to avoid premarital sex entirely than their non-religious counterparts (Uecker 2008; Bearman and Bruckner 2001). Uecker’s study discovered that 28.3% of pledgers abstained from premarital sex, while only 8.3% of non-pledgers abstained (2008). Earle et al.(2007) also reported that both women and men were more likely to have had sexual intercourse if they not devoutly religious. Furthermore, social environment affects likelihood to have sex; the 1994 National Longitudinal Study of Adolescent Health survey found that being surrounded by too few or too many pledgers could cancel the pledge’s effects in young adults (Bearman and Bruckner 2001).

Our own study builds upon prior knowledge by examining multiple emotions often associated with first intercourse. In addition to discovering how many students in our study have had sex, we determined whether variables like gender, religiosity, and age affect the anxiety, guilt, and satisfaction tied to virginity loss. Loss of virginity was examined in correlation with alcohol use and relationship status/length. We derived multiple hypotheses based on these variables. However, we decided to focus on two main hypotheses: 1) males’ response to first intercourse is more positive than females’, and 2) religiosity and guilt are positively associated with greater guilt after first intercourse.

**Methods**

We distributed a voluntary online survey questionnaire to a population of undergraduate students at a small, private, liberal arts college in the Upper Midwest. Data was collected electronically through completed surveys investigating the effects of independent variables such as age, gender, and religiosity on emotional responses associated with first intercourse.

Our literature review revealed that sex is somewhat of an ambiguous term; it has caused confusion in past surveys. Most researchers use a penile-vaginal definition of intercourse in their studies; in an effort to eliminate confusion, we also used this definition. Our first survey question was “Have you ever had sexual intercourse (penile-vaginal)”? In doing this, we eliminated the ability of those who lost their virginity through homosexual sex to respond to our survey. This was an ethical issue of concern, but due to previous research and limited space for questions we chose not to include homosexual sex. In order to clear this up, we included this note in our survey: “We recognize that sexual intercourse can be defined many ways. For this section of the survey, we are
focusing on heterosexual intercourse only because we want to compare our survey results with previous research.”

Religiosity was another independent variable used in our survey. Using a Likert scale, we asked participants to respond to this statement: Religion is important in my daily life. Response categories were ordinal. Previous researchers have noted social desirability bias in survey questions of religious service attendance; people answer according to how often they think they should be attending religious service rather than how often they really do attend. The Uecker study solved this problem by using two different components to measure individuals’ religiosity: frequency of church attendance and self-reported importance of religion (2008). Our question was more direct and left room for fewer variables than other methods of measuring religiosity. Having a similar measure would have resulted in greater accuracy. Unfortunately, we were limited by the fact that we were only one of seven different research groups that constructed a joint survey, which meant that we only had half a page for our survey questions. We could not include more questions measuring religiosity.

Building upon the previous research in our literature review, we investigated three emotional response categories towards virginity loss: guilt, satisfaction, and anxiety following first intercourse. Again, questions were in statement form. They were: 1) Following first intercourse, I felt guilty; 2) Following first intercourse, I felt anxious; and 3) I found my first intercourse experience satisfying. We used a Likert scale and included four ordinal response categories (strongly agree, somewhat agree, somewhat disagree, and strongly disagree). By omitting a “neutral” response category we invited more accurate responses.

Validity is a measure of accuracy. Neuman (2007) cites three types of validity: face, content, and criterion. Our research achieved all three. Face validity occurs when fellow members of the scientific community verify that the methods of their peers truly measure their concepts. Our class guaranteed face validity for us by taking and approving our survey before we distributed it to our sample. Furthermore, a statistics consultant who worked with us also helped us verify research techniques.

Content validity focuses on verifying operational definitions, for example, of our concepts sexual intercourse, virginity, and religiosity. For the sake of our study we defined having sex and sexual intercourse as solely penile-vaginal and between only two people. We considered virginity to mean never having had sexual intercourse as defined above. Again, due to our survey’s space
limitation, we narrowly defined religiosity as the self-reported importance of religion in one’s life.

Criterion validity ensures that a particular measure actually works, that is, a measurement technique has already shown effectiveness. A survey question that is being written may be verified by an existing, successful survey question by comparing responses to new and old questions (Neuman 2007). By modeling our questions in part after those used by both Darling and Sprecher (2001;1995), we achieved criterion (concurrent) validity.

Reliability is a measure of consistency. Neuman cites several ways to assure reliability: clearly conceptualized constructs, precise measurement levels, multiple indicators, and the use of pilot-tests (2007). Our questions were simple and indicated one and only one concept. Because reliable data depends also on a precise level of measurement, we removed the response option of neutral from our Likert scale to avoid respondents who “took the easy way out” and simply marked neutral for everything. Although multiple indicators can be a useful tool in improving variable reliability, the allotted portion of the survey did not allow for additional questions to serve as indicators. Finally, our class used pretests, pilot studies, and replication of previous surveys to ensure reliability. Through these methods, we tested questions from our survey and garnered important feedback relating to question wording, clarity, and purpose.

Our target population was college students ages 18 and over. Our accessible population, however, were the 3,000 students at our college. A 540-person simple random sample was selected. We first eliminated from the sample pool students who had participated in a focus group for our study, students in both sections of our classes, the statistical fellows who helped us create our survey questions, students who were abroad, not full-time, and not yet 18. Chosen participants outside these special populations were sent an e-mail inviting participation in our online survey. Of the 540 to whom the survey was sent, 315 responded. Our response rate, then, was 58%. Our responses were unequally distributed between genders: 38% were male, and 62% were female, whereas the student body is approximately 45% male and 55% female. In comparison, respondents were equally distributed across the classes: 22% of respondents in our sample were first-years, 26% were sophomores, 27% were juniors, and 21% were seniors. Other respondents were non-traditional students. Ages ranged from 18 to 33. Our sample population was extremely homogenous: 91.3% were non-Hispanic white, while only 3.9% were Asian Americans, 1.3% of respondents were Native American or Alaskan Native, another 1.3% were black or African American, and 2.9% answered “other”.

We faced ethical issues in the creation of our survey. The questions were sensitive and quite personal. To protect the privacy of students on our small campus, we made the survey anonymous, which made it impossible for anybody involved to connect survey to name. To achieve anonymity, our college’s Director of Institutional Research generated a random sample using a computer program. She then sent us an e-mail alias containing all selected students, but we had no way of knowing who was on the alias. Informed consent, or the clear understanding the participant has of the implications and future consequences of a survey, was addressed by a cover letter stating the survey’s intent and implicit voluntary nature and asking students under the age of 18 to not participate. In order to minimize shock, offense, and emotional harm, we placed personal questions near the end of the survey. We next submitted our study to the college’s Institutional Review Board. The IRB was then able to review and verify our study to ensure that we had adequately resolved consent and privacy issues, and also that the survey was ethical and could not cause harm to those involved.

Results

Because we were interested in analyzing multiple variables surrounding first intercourse, we ran frequency tests to gather initial information about our respondents. Most importantly, we learned that 58% (179) of the respondents were virgins, leaving 42% (132) non-virgins for our study. Further analysis showed that 73% (97) of first intercourses occurred within an exclusive romantic relationship at the median length of 5 months. For the 27% (36) of respondents that had sex outside of an exclusive relationship, 62% of them had first intercourse with a friend and 15% experienced it with a casual acquaintance. Finally, we discovered that only 20% of our sample’s first intercourse experiences involved alcohol. This data provided a context for examining our study’s hypotheses. We used correlation tests to analyze the relationships between emotional responses following first intercourse and gender, religiosity, alcohol consumption, age, and duration of relationship.

Emotional Responses

Because the majority of our variables were ordinal, we primarily utilized Spearman’s rho correlation tests. We hypothesized that, in terms of satisfaction, males’ responses to first intercourse are more positive than females’. Our
frequency tests revealed that the majority of males, 67.3%, reported satisfaction, in contrast to only 53.3% of females (see Figure 1).

Figure 1: Gender Crosstabulation

<table>
<thead>
<tr>
<th>Following first intercourse, I felt guilty.</th>
<th>Gender</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>21.8%</td>
<td>32.9%</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>78.2%</td>
<td>67.1%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I was satisfied with my first intercourse experience.</th>
<th>Gender</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Agree</td>
<td>67.3%</td>
<td>53.2%</td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>32.7%</td>
<td>46.8%</td>
<td></td>
</tr>
</tbody>
</table>

A Spearman’s rho correlation coefficient was calculated for the relationship between gender and guilt. A moderate weak correlation was found (\(\text{rho} = 0.141, p < 0.05\)), indicating a significant relationship between the two variables. Therefore, we can reject the null hypothesis.

A second hypothesis predicted that religiosity and guilt would be positively associated with first intercourse. As seen in Figure 2, respondents who “strongly” and ”somewhat” agreed that religion was important in their lives experienced more guilt than their more non-religious counterparts. Looking at the relationship between religiosity and guilt, we calculated another Spearman’s rho correlation coefficient and found a moderate positive correlation (\(\text{rho} = 0.205, p < 0.01\)). These results indicate a significant relationship between religiosity and guilt, allowing us to reject the null hypothesis. Students who consider religion to be important in their lives tend to experience more guilt when they have sex for the first time.

Figure 2: Significance of Religion in Life * Guilt Felt after Intercourse Crosstabulation

<table>
<thead>
<tr>
<th>Religion is very important in my life.</th>
<th>Strongly Agree</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
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<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
<th>% within Guilt felt after intercourse-binary</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>11</td>
<td>28.9%</td>
<td>10.4%</td>
<td>15.7%</td>
<td>10</td>
<td>26.3%</td>
<td>34.4%</td>
<td>32.1%</td>
<td>9</td>
<td>23.7%</td>
<td>18.8%</td>
<td>20.1%</td>
<td>8</td>
<td>20.1%</td>
<td>27.3%</td>
<td>23.7%</td>
<td>18</td>
<td>18.8%</td>
<td>20</td>
<td>20.1%</td>
<td>35</td>
</tr>
</tbody>
</table>
In addition, we considered the effect that alcohol consumption had on emotional response. We had hypothesized that alcohol consumption is positively associated with greater guilt following first intercourse. A descriptive crosstabulation revealed that those who consumed alcohol experienced more guilt than their sober counterparts after first intercourse. But when a Spearman rho correlation coefficient was calculated for this relationship, only the weakest correlation was found (\( r_{ho} = .036, p > .05 \)) and the relationship was not significant. These results did not allow us to reject the null hypothesis.

A final relationship between gender and emotional response was found to be significant. We did not formally hypothesize that females would feel more guilt following first intercourse. However, as we ran a Spearman’s correlation test we discovered that a weak, positive significant relationship did exist between gender and guilt (\( r_{ho} = .143, p = .05 \); see Figure 3).

As can be referenced in Figure 1, females reported experiencing more guilt than the males in this study. Unfortunately because this relationship was not among our original hypotheses, we are limited in the amount of conclusions we can draw from this information.

A third emotion, anxiety, was examined in association with length of relationship at the time of first intercourse. We hypothesized that length of
relationship at the time of first intercourse would be positively associated with
greater anxiety following intercourse. However a Spearman’s rho correlation
coefficient was calculated and a weak but insignificant correlation was found
(rho = .141, p > .05). Therefore, we cannot reject the null hypothesis. When
individuals lose their virginity in the context of a committed relationship, the
length of that relationship will not tend to influence the amount of anxiety they
experience following intercourse.

Two final hypotheses examined the association of age and emotional response.
We discovered one final significant relationship from this pair. Based on our
literature, age was predicted to be positively associated with satisfaction, and to
be negatively associated with guilt. A Spearman rho correlation coefficient was
calculated for the relationship between the subjects’ age and resulting
satisfaction. A weak positive correlation was found (rho = .156, p < .01),
indicating a significant relationship between the two variables. This is depicted
in Figure 4.

Response to “I felt satisfied following first intercourse”
Thus, we can reject the null hypothesis. However, we are unable to reject the null hypothesis for age and guilt. We predicted a negative association between age and guilt. A very weak positive correlation was found ($\rho=.012$) between the two variables, but the relationship was not significant ($p>.05$).

**Discussion**

Our primary hypothesis stated that satisfaction would be related to gender. Our results support our hypothesis, and indicate that males tend to enjoy first intercourse experience more than females. This may be explained by both physiological and cultural differences regarding gender. Females tend to be less
likely to have an orgasm, and satisfaction in first sexual intercourse may well depend upon orgasm (Sprecher and Schwartz 1995). Social norms may also determine or limit satisfaction in first intercourse.

Masculinity, according to Sprecher and Schwartz, depends upon sexual experience; males tend more often to view virginity as a stigma, and higher self esteem in boys tends to make a boy more likely to have sex (1995). What follows, then, is that males tend to find first intercourse more satisfying. Females, on the other hand, often view virginity positively (Sprecher and Regan 1996: Carpenter 2001). Males will be more likely to enjoy first intercourse than females, and that females are more likely to feel guilt following first intercourse. Our findings, in relation to prior research, suggest that although the college at which this study was conducted provides gender equality and equal social opportunities, there are greater social forces at work. Furthermore, the college community may perpetuate double standards of sexuality, where male sexuality is more acceptable than female sexuality.

Our findings also support our second hypothesis: increased religiosity tends to be positively correlated with increased guilt following first intercourse. This is comparable to previous studies conducted that have shown level of religiosity is the strongest predictor of sexual behavior (Lefkowitz 2004 et al., as quoted in Earle et al. 2007). Our study shows that most non-virgins who reported "strongly agree" to significance of religion in life felt guiltier after intercourse than other non-virgins. Most people who reported "somewhat agree" to significance of religion in life, however, did not have guilt after intercourse. Perhaps people marked “somewhat agree” because they felt that religion is the societal norm; this category perhaps alleviated the guilt of admitting that religion was not all that important to some individuals. Despite this fact, our findings overall indicate that religiosity does increase guilt after first intercourse. Our results bear special significance to the religiously affiliated campus on which this research was conducted.

A third hypothesis was also supported. Age was found to be positively associated with satisfaction. Previous research indicated that younger teenagers are more negatively affected by breaking an abstinence pledge while older teenagers and young adults were not as affected, and in fact tended to be more neutral or indifferent (Bearman & Bruckner 2001). Perhaps this explains the correlation between age and satisfaction; older teenagers are able to have first intercourse with less angst. We found, however, that there is no relationship between age and guilt.
While running correlation tests, we found guilt and gender to be correlated; females felt a higher level of guilt than did males. Our data not only indicated a significant relationship between gender and satisfaction, but also between gender and guilt. Unfortunately, we did not hypothesize this. This is supported by our research; females are more likely to feel guilt following first intercourse (Carpenter 2001).

Surprisingly, alcohol consumption and guilt were not found to be correlated, nor was alcohol usage as common an occurrence in first intercourse as we had thought. Perhaps our college’s no-alcohol policy is to blame, or perhaps our college attracts fewer drinkers and thus does not reflect the national average. It is even possible that people lost their virginity at a young age and were not yet experimenting with alcohol.

Previous research shows a positive correlation between relationship length and anxiety felt following first intercourse; the couple feels as if more is riding on the act than two people who are not as emotionally attached. We did not find this to be supported. Non-virgins who reported having first intercourse early in a relationship felt more anxiety than non-virgins who had been dating their partner for a longer period of time. Perhaps those in short relationships are not as comfortable with their partner as those who have been dating a partner for a while.

**Conclusion**

We conducted this study to better understand how age, gender, religiosity, and relationship length affect emotional responses (satisfaction, guilt, anxiety) to first intercourse. We were especially interested in analyzing the variables of gender, religiosity, and emotional response. Our first hypothesis predicted that males would report a more positive response to first intercourse than females; the second predicted a relationship between religiosity and guilt following first intercourse. Results support both. Females felt more guilt than males following first intercourse while males were more satisfied, and religious students felt more guilt following first intercourse than did non-religious students.

While previous research had been done on our subject, our results add to the scientific body of knowledge. It is interesting, for example, that our small, religious college has a (much) lower percentage of non-virgins than the national average for our age group. Sociologists could keep this in mind during future research; all colleges are not the same sexually. The same idea can be
applied to the fact that only a small portion of first intercourses in our survey results involved alcohol; this is probably a result of the college's demographic.

In retrospect, our study exhibited some weaknesses; in the future we would include multiple indicators for each question to improve reliability. Secondly, we would ask respondents the age they were at first intercourse so that we could correlate age of first intercourse with satisfaction rather than current age with satisfaction. We would also change our focus from examining the emotional responses of non-virgins to first intercourse, to the emotional attitudes of virgins towards their virginity. We were surprised to find that this college’s virgin population exceeded its non-virgin population. Having a larger base of respondents would improve the validity of our results. Unfortunately, we did not get to do as much with our data as we would have liked.

Future researchers may use our data or conduct similar studies to examine what specific religious denominations reported the most and least guilt after first intercourse. More could be done with alcohol involvement and first intercourse; levels of inebriation could be examined to understand the situations under which first intercourse occurs. Researchers could also work to further explain some of our findings. For example, we would be interested to understand why people that had been involved in relationships for a short time felt more anxiety following first intercourse than those who had been in relationships for a longer time, as this conflicted with results from previous studies.

Finally, we suggest that other small, private liberal arts colleges in the Upper Midwest consider our findings. While first intercourse is an extremely private, sensitive subject, colleges should always strive to better equip themselves to meet the needs of their students. By more accurately understanding individuals’ responses to first intercourse and the situations in which first intercourse occurs, school offices and organizations can be more effective in their interactions with students. We especially recommend that wellness/health centers, the Dean of Students Office, and the College Pastor’s Office (if applicable) consider our findings. College students will benefit from having human resources on campus that understand how different emotions are impacted by the first intercourse experience.

**Appendix: Additional Data Analysis for College Student Responses to First Intercourse Experience**
Elizabeth Zahn

In addition to the investigating variables that affected emotional responses to first intercourse experiences, we still wondered what factors might be associated with virgin status. Of the 315 students surveyed, 132 had previously engaged in penile-vaginal intercourse (41.9%). Furthermore, 45.4% of males and 40.6% of females surveyed reported non-virgin status. A Chi-squared test indicated that females were less likely to have engaged in sexual intercourse ($X^2 = 316, p$-value < 0.000). Class year was also significantly associated with virgin status ($X^2 = 328, p$-value < 0.000). As might be expected, older students reported non-virgin statuses more frequently. Of the students surveyed, 26% of first-years, 49% of sophomores, 43% of juniors, and 52% of seniors claimed to have previously engaged in penile-vaginal intercourse.

Another factor that was tested against virgin status was a student’s romantic attitudes. Romantic attitudes were measured using a six Likert question scale. Belief statements such as “everyone has a soul mate” were rated on a 4-level Likert-item from strongly agree to strongly disagree. An index was created and an independent samples T-test was used to test the hypothesis that virgin status was associated with romantic attitudes. The mean index score for students reporting virgin status was 12.86, compared to 13.44 for students reporting non-virgin status. However, the difference in means was found to be non-significant ($p$-value = 0.354).

We additionally wondered whether beliefs about marital timing are related to virgin status. The beliefs about marital timing were assessed with questions such as “do you expect to marry?” with responses of either definitely, probably, probably not, or definitely not. There were four total variables related to marital timing, and none were significantly associated with virgin status using Chi-squared tests ($p$-value > 0.5).

In summary, males were more likely to report previous sexual intercourse experience. An individual’s class year also was associated with their virgin status as older students were more likely to have engaged in penile-vaginal intercourse. However, a student’s attitudes about romance and marriage were not significantly related to their virgin status.

References


Education Canada.


