

# Young and Risky: Sexual Behaviours Among Generation Z and Millennials

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## ABSTRACT

The purpose of this study was to see if risky sexual behaviour has changed from the Millennial Generation to Generation Z. Data were collected at the University of Alberta from participants ranging in age from 18 to 24 years old. Participants answered 45 multiple choice questions that targeted the use of contraceptives, testing for and history of sexually transmitted infections, unplanned pregnancies, alcohol use, number of sexual partners, first sexual experience, etc. The results of our study suggest that individuals in Generation Z were more likely to participate in sexually risky behaviour in terms of the number of sexual partners. However, there was no significant difference between the two generations in terms of condom use or engagement in sexual activity. Understanding generational changes in sexual risk-taking can better equip communities to provide adequate information and resources to individuals engaging in sexual activity.

**KEY WORDS:** Risky Sexual Behaviour, Millennial, Generation Z, Contraceptives, Sexuality

## 1 | INTRODUCTION

Surfing the tops of trains, getting drunk, fighting, having sexual experiences with multiple people, spearfishing in shark-infested waters, and stealing cars are all examples of risky behaviours. Risky behaviour is defined as a “behaviour which involves potential negative consequences (loss) but is balanced in some way by perceived positive consequences (gain)” (Moore & Gullone, 1996). Although engaging in risky behaviours is not limited to a particular age group, adolescence (ages 12 to 25) is the developmental period characterized by a high potential for engaging in risky or risk-taking behaviours (Arnett, 1992). According to Arnett (1995), people engage in risky behaviours for reasons such as sensation-seeking, meaning they want to experience new and intense experiences. These experiences can include drinking, partying, and having sexual experiences for the first time. The risky behaviours that people engage in during adolescence can occur in many different ways and often carry through to adulthood, and which may pose physical and health risks to not only themselves but to others (Arnett, 1995).

One possible risky behaviour is risky sexual behaviour which is any behaviour related to a sexual act that places an individual or other individuals in danger. Some examples include intercourse with multiple partners, unprotected sex, and engaging in sexual activity when judgement is impaired.

Engaging in risky sexual behavior is linked to risks of unplanned pregnancies, abortions, and sometimes even associated with depressive symptoms (Ajayi et al., 2017; Othieno et al., 2015). The most well-known consequence of partaking in risky sexual behaviours is contracting sexually transmitted infections (STIs).

The risks of STIs are not only the symptoms that come with the infection but also the complications associated with those infections, such as genital and other cancers, ectopic pregnancy, pelvic inflammatory disease, infertility, and adverse outcomes of pregnancies such as low birth weight and preterm deliveries (Aral, 2001). One concerning factor, for intergenerational differences, is the rise of these infections in recent years. According to Statistics Canada, the three most common infections are chlamydia, gonorrhea, and syphilis (Statistics Canada, 2017). These infections have all had an incredible increase in the past decade. Gonorrhea rates were fairly stable from 2008-2013 but have increased by 96% in the past 4 years, syphilis rates have increased by 167% since 2008, and chlamydia rates increased by 39% from 2008-2017. (Statistics Canada, 2017). These increases may be due to students’ perspectives on STIs and the risks of sexual behaviours. Past studies have reported that students show large and serious gaps in their knowledge of sexual health and safe-practices (Downing-Matibag &



Geisinger, 2009). Students often believe that STIs and other consequences of risky sexual behaviours will not happen to them, alluding to a sense of indestructibility (Downing-Matibag & Geisinger, 2009). What makes these statistics even more concerning is the abundance of dating apps available which is commonly said to have caused an increase in “hookup culture”.

Hookup culture is incredibly appealing to the undergraduate student population because the majority are in the developmental age where sexual curiosity is heightened (Arnett, 1995). It involves a series of relationships based around casual sex and little long-term, romantic interests. These short-term relationships with many different partners increase an individual's risk of getting STIs or becoming pregnant as there are more chances for protection to fail. Alcohol influence may play a part in hookup culture as it has been associated with reduced inhibition and increased engagement in risky activity including unsafe sexual practices (Downing-Matibag & Geisinger, 2009). Since these hookups are often happening in places where protection against STIs are not available or when students' judgments are impaired, such as at university or college parties, it often leads students to participate in riskier sexual behaviors that are compromising to their health (Downing-Matibag & Geisinger, 2009). In addition to this, sexual orientation and gender play a role in risky sexual activity. Risky sexual activity varies across sexual orientation and gender. Between females and males, gay males have reported higher rates of casual sex encounters than straight males, despite similar levels of interests, whereas females report similar sexual habits and levels of interest regardless of orientation (Eisenberg, 2002; Bailey et al., 1994; Eisenberg et al., 2009). Heterosexual men may have fewer opportunities for casual sex encounters than homosexual men and since sexuality has a wide range, sexuality across this range may vary. According to a Healthline online article by Abrams (2019), heterosexual or straight refers to individuals who experience a sexual, emotional, or romantic attraction to those of the opposite gender. Queer is an umbrella term for those who are not straight, all experiencing the attraction on the same facets previously mentioned. Homosexuality specifically describes individuals who experience attraction toward the same gender, men typically identifying with the label “gay” and women typically identifying with the label “lesbian”. Pansexual refers to individuals who experience attraction regardless of the others' identity and bisexuality refers to those attracted to more than one gender. Asexual refers to individuals who experience little-to-no sexual attraction to others, whereas aromantic refers to individuals who exclusively experience little-to-no romantic attraction to others (Abrams, 2019).

Because sexuality varies, it is important to acknowledge that sexual practices within these communities may not be unanimous, furthermore, age groups may also exhibit their own practices when it comes to sexual encounters.

Millennials, those born between the years 1981-1995, have a significant amount of research regarding the actions taken to reduce the risk of STIs and unplanned pregnancies, such as condom use. However, less research has been done on the effects of hookup culture, and on the effects of sexuality. For condom use, research has found that Millennials tend to use condoms more often than previous generations, using condoms around 32.2% of the time (Hunt et al., 2019; Lau et al., 2002). Millennials in a stable relationship tend to use condoms more than those that change relationships frequently, increasing the risks inherent to having multiple partners, such as the increased spread of STIs (Lau et al., 2002). Interestingly, the differences in condom use in the groups were not due to a difference in knowledge about condoms. The reasons listed as to why condoms were not used were that they trust their partner, saw condoms as unnecessary as pregnancies and STIs were not a risk, or because the male partner did not wish to use one (Lau et al., 2002). For STIs in general, research has found that Millennials are less likely to have sexual intercourse if they do not know their partner's sexual health when compared to past generations (Hunt et al., 2019). Hunt et al. (2019) relates this change in behaviour to an increase in prevention strategies for STIs that occurred just before Millennials were born. As for unplanned pregnancy, measured as teenage pregnancy rates, there has been an overall decrease in pregnancy rates in Canada since 1998 (MacKay, 2013; Statistics Canada, 2020). In Alberta specifically, there was a decrease in teenage pregnancy from 2001 to 2005, with rates remaining stable from 2005 to 2010 (MacKay, 2013). This decrease in teenage pregnancy could be due to an increase in access to and use of contraceptives such as condoms. Unfortunately, while Millennials seem to engage in less risky sexual behaviours than previous generations, they still engage in a large number and report seeing risky sexual behavior as an unavoidable necessity (Okafor & Obi, 2005). It is possible that the generation after Millennials, Generation Z, will have different behaviours as education and discussion about risky sexual behaviours have become even more commonplace.

Generation Z, those born between the years 1995-2015, seem to have had partners more frequently and have shorter relationships than Millennials (Twenge et al., 2015). The difference in partners may be due to Millennials often choosing marriage over cohabitation as premarital sex was only accepted by 62% of young adult Millennials (Johnson et al., 2001; Twenge



et al., 2015). Of course, simply knowing how generations differ in preferred relationship types, does not tell us how they differ in risky behaviors within those relationships.

In our study, we tested if risky sexual behaviour has changed from the Millennial generation to Generation Z. As well, we explored the number of sexual partners, sexual orientation, and condom and drug use specifically within Generation Z. Our study mainly addresses whether risky sexual behaviours have increased or decreased between the two generations. Data were collected at the University of Alberta from participants ranging from ages 18 to 24 years old. The independent variables in this study include gender, sexuality, and age. As gender is becoming more common in science to describe biological variations assigned to sex, we decided to base our analysis on gender instead of sex (Torggrimson & Minson, 2005). Here, fender is defined as the cultural, behavioural or psychological traits that are associated with one's sex (Torggrimson & Minson, 2005). Basing our analysis on gender allows for a more self-representative view of our results rather than basing it on sex, the latter of which may have allowed for a reproductive/biological view. The dependent variable in this study is risky sexual behaviour. We compared Millennials and Generation Z participants on a variety of different risky sexual behaviours including the number of sexual partners, engagement in sexual activity under the influence, and condom use. For generational differences, we had three different hypotheses. Firstly, we hypothesized that the number of sexual partners has decreased in Generation Z compared to Millennials. Secondly, we also hypothesized that sexual intercourse while being intoxicated have decreased in Generation Z compared to Millennials. Finally, we hypothesized that risky sexual behaviours such as not using condoms have decreased in Generation Z compared to Millennials. As for sexual behaviors within Generation Z, we hypothesized that Generation Z would have a low number of sexual partners, would have cross sexuality differences, and have a low occurrence of sexual intercourse without condoms while intoxicated.

## 2 | METHODS

### Participants

A total of 120 responses were collected for Generation Z from participants that range from age 18 years to 24 years old (those born between 2001 and 1995). One participant was excluded because they chose not to disclose information to a majority of questions we referred to for the analysis. Participants were recruited via the UofA Student Digest forum, Undergraduate Research Initiative forum, poster advertising, emails to professors that are then forwarded to students, and

presentations to students at the University of Alberta during 2020. All individuals were aware of the content being examined, as the study was advertised as examining risky sexual behaviours.

**Table 1.** Characteristics of the Student Sample

	Female		Male		Total	
	n	%	n	%	n	%
<b>Gender</b>	95	80.5	23	19.5	118	99.2
<b>Sexuality</b>						
<b>Straight</b>	68	73.1	16	76.2	84	73.7
<b>Gay</b>	-	-	2	9.5	2	1.8
<b>Lesbian</b>	4	4.3	-	-	4	3.5
<b>Bisexual</b>	12	12.9	2	9.5	14	12.3
<b>Queer</b>	2	2.2	1	4.8	3	2.6
<b>Asexual Spectrum</b>	2	2.2	-	-	2	1.8
<b>Pansexual Spectrum</b>	2	2.2	-	-	2	1.8
<b>Aromantic Spectrum</b>	1	1.1	-	-	1	0.88
<b>Questioning</b>	1	1.1	-	-	1	0.88
<b>Biromantic</b>	1	1.1	-	-	1	0.88
<b>General Condom Use</b>						
<b>Have never been sexually active</b>	28	29.8	7	31.8	35	30.2
<b>Never (0%)</b>	13	13.8	2	9.1	15	12.9
<b>Rarely (1-25%)</b>	15	16	2	9.1	17	14.7
<b>Sometimes (25-50%)</b>	7	7.4	2	9.1	9	7.8
<b>Often (51-75%)</b>	6	6.4	2	9.1	8	6.9
<b>Always (76-100%)</b>	25	26.6	7	31.8	32	27.6
<b>Number of Sexual Partners<sup>1</sup></b>						
<b>None</b>	29	30.5	7	31.8	36	30.8
<b>1-2</b>	41	43.2	5	22.7	46	39.3
<b>3-4</b>	11	11.6	3	13.6	14	12.0
<b>5-6</b>	4	4.2	1	4.5	5	4.3
<b>&gt; 6</b>	10	10.5	6	27.3	16	13.6

<sup>1</sup> In lifetime

### Materials and Procedures

The participants answered a 45-question, modified version of Okafor and Obi's (2005) anonymous multiple-choice questionnaire (Appendix A) that targeted the use of contraceptives, testing for and history of sexually transmitted infections, unplanned pregnancies, alcohol use, number of sexual partners, first sexual experience, etc. Participants completed the questionnaire anonymously via Google Forms.



Data for the Millennial generation was taken from a previous study conducted by Eisenberg (2001).

The independent variables in this study include gender (male, female or non-binary), sex (male, female or intersex), sexuality (straight, gay, bisexual, queer, asexual spectrum, pansexual, aromantic spectrum or other) and age (18-20 years, 20-22 years or 22-24 years). The dependent variable is risky sexual behaviours. Risky sexual behaviours include any actions which place an individual at a higher risk of unplanned pregnancies, STIs, and other negative consequences. Examples of risky sexual behaviours examined in this study include not using condoms/contraceptives, not getting tested for STIs, and having many sexual partners. Answers were scored using a scale from 0-5. Responses scored 0 included individuals who reported never having been sexually active or those who responded never having participated in the risky behaviour in the question. The perceived riskiness is determined by the increasing value of the score. A score of 5 was given to the responses that were subjectively determined to be the most risky.

Chi-squared tests of independence were conducted to determine whether there was a significant difference between the two generations. These tests were completed by comparing Eisenberg (2001)'s Millennial data with the data obtained from this study (Generation Z). Chi-squared tests were also used to examine the significance of variables solely within Generation Z.

### 3 | RESULTS

#### General Characteristics

The table below summarizes the distribution of responses on condom use, number of sexual partners, and sexuality by gender (Table 1). Notably, 80% of our participants (Generation Z) were female and over 30% reported to have never been sexually active. Over 70% of all participants were straight.

#### Generational Differences

*Number of Sexual Partners.* We examined the number of sexual partners between Generation Z and the Millennial generation. The relation between these variables was significant,  $\chi^2 (2, N = 8768) = 415.13, p < .00001$  (Table 2). When looking at Generation Z versus the Millennials, 33% of Generation Z participants were considered to be exhibiting risky sexual behaviour (having 3 or more partners) whereas only 2.5% of Millennial participants were considered to be exhibiting risky sexual behaviour. This result suggests that the individuals in Generation Z were more likely to participate in risky sexual behaviour than Millennials, in terms of the

number of partners. Similarly, the proportion of subjects who reported engaging in sexual activity in Generation Z did not differ from the proportion of subjects who reported engagement in sexual activity in the Millennial Generation,  $\chi^2 (1, N = 13235) = .0817, p = 0.77$  (Table 2). Lastly, we examined condom use between Generation Z and Millennials. The relationship between the variables was not significant  $\chi^2 (3, 8737) = 3.65, p = .30$ ; meaning there is no significant difference between the two generations when looking at condom use (Table 2).

**Table 2.** Characteristics of the Student Sample

		Generation Z		Millennials <sup>1</sup>	
		n	%	n	%
Number of Sexual Partners	0	32	27.1	2579	29.8
	1-2	46	39	5859	67.7
	3+	40	33.9	212	2.5
Engagement in Sexual Activity	Yes	82	69.5	9273	70.7
	No	36	30.5	3844	29.3
Condom Use	Never	15	19	2098	24.2
	Rarely	14	17.7	1013	11.7
	Sometimes	18	22.7	1781	20.6
	Always	32	40.5	3798	43.9

<sup>1</sup> Millennial generation data was taken from Eisenberg (2001)

#### Within Generation Z

*Number of Sexual Partners.* Within Generation Z, there was a significant association between the age of first sexual activity and the number of sexual partners,  $\chi^2 (16, N = 116) = 131.11, p < .00001$  (Table 3). As well, we examined the relationship between STI history and the number of sexual partners. The relation between these variables was not significant,  $\chi^2 (1, N = 119) = 1.78, p = .18$ . However, this result could be skewed by the small sample of individuals with a history of STIs.

*Sexual Orientation.* Our results suggest that more straight females rarely or never use condoms (31.8%) than always use condoms (27.3%) (Table 3). All sexually active lesbian and pansexual females never use condoms while all sexually active asexual, queer, and aromantic females always used condoms. Approximately one-third of bisexual females always use condoms while no bisexual females never use condoms. 25% of both straight and lesbian females had a risky number of sexual partners (greater than 3). 41.7% of bisexual females had a risky number of sexual partners. No queer, asexual, and aromantic



**Table 3.** Characteristics of condom use according to gender: Sexuality and age at which sex life began (in years)

		Condom Use																			
		None				1-2				3-4				5-6				>6			
		Female		Male		Female		Male		Female		Male		Female		Male		Female		Male	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Sexuality	Straight	20	74.1	6	100	31	75.6	4	80	9	81.8	3	100	4	100	-	-	4	40	3	0.5
	Gay	-	0	-	-	-	-	-	-	-	-	-	0	-	-	-	-	-	-	2	33.3
	Lesbian	1	3.7	-	-	2	4.9	-	-	-	-	-	0	-	-	1	10	-	-	-	-
	Bisexual	1	3.7	-	-	5	12.2	1	20	2	18.2	-	-	-	0	1	100	4	40	-	-
	Queer	1	3.7	-	-	1	2.4	-	-	-	-	-	0	-	-	-	-	-	1	16.7	
	Asexual Spectrum	1	3.7	-	-	1	2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pansexual Spectrum	1	3.7	-	-	-	-	-	-	-	-	-	-	-	-	1	10	-	-	-	-
	Aromantic Spectrum	-	0	-	-	1	2.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Questioning	1	3.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Biromantic	1	3.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Age at which sex life began (in years)	Never been sexually active	29	100	7	100	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Under 12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	12-14	-	-	-	-	1	2	1	20	-	-	-	-	-	-	2	20	-	-	-	-
	15-16	-	-	-	-	7	13.7	1	20	5	45.5	2	66.7	1	33.3	-	-	5	50	2	33.2
	17-18	-	-	-	-	19	37.3	3	60	4	36.4	1	33.3	2	66.7	1	100	2	20	4	66.7
	19-20	-	-	-	-	10	19.6	-	-	2	18.2	-	-	-	-	1	10	-	-	-	-
	21-22	-	-	-	-	3	5.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	23-24	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-

females had a risky number of sexual partners. Finally, 50% of pansexual females had a risky number of sexual partners. *Condom and Drug Use.* Similarly, when looking at Generation Z, there was a significant association between condom use and alcohol consumption before sexual intercourse,  $\chi^2 (8, N = 117) = 126.91, p < .00001$ . 19.1% of individuals who reported consuming alcohol before sexual intercourse reported never or rarely using condoms (Table 4). In contrast, only 7.7% of individuals who reported not consuming alcohol before sexual intercourse reported never using condoms and 30.8% of individuals who said no to consuming alcohol rarely used condoms. Here we can see that individuals who consume alcohol before sexual intercourse are more likely to engage in risky sexual behaviour when compared to individuals who report no alcohol consumption before intercourse. Likewise, there was a significant association between condom use and

drug consumption before sexual intercourse,  $\chi^2 (8, N = 115) = 124.49, p < .00001$ . 24.1% of individuals who reported using drugs before sexual intercourse reported never using condoms and 17.2% of individuals reported rarely using condoms. In contrast, only 14% of individuals who reported not using drugs before sexual intercourse reported never using condoms and 24% of individuals who reported no to using drugs reported they rarely used condoms. Here we can see that individuals who use drugs before sexual intercourse are more likely to engage in risky sexual behaviour when compared to individuals who report no drug consumption before intercourse.

## 4 | DISCUSSION

In our introduction, we hypothesized that Generation Z would have less risky sexual behaviours compared to Millennials. After completing the analysis, we discovered that Generation Z exhibited more sexually risky behaviour, in terms of a greater number of sexual partners, when compared to the Millennials. A possible explanation for the increase in the number of sexual partners from the Millennial generation to Generation Z could be the promotion and popularization of “hook-up culture” that was discussed earlier (Arnett, 1995). By choosing to engage in relationships centered around casual sex rather than long-term emotional commitments, individuals are more likely to have a larger number of sexual partners (Arnett, 1995). Furthermore, the increase in risky sexual behaviour could be related to an earlier onset of puberty over generations (Eveleth & Tanner,

**Table 4.** Alcohol and Drug Consumption before Sexual Intercourse in Relation to Condom Use within Generation Z

		Alcohol Consumed				Drugs Consumed			
		Yes		No		Yes		No	
		n	%	n	%	n	%	n	%
Condom Use	Never	13	19.1	1	7.7	7	24.1	7	14
	Rarely	13	19.1	4	30.8	5	17.2	12	24
	Often	18	26.5	-	-	10	34.5	18	16
	Always	24	35.3	8	61.5	7	24.1	23	46



1990; Meng et al., 2017; Mendle & Ferrero, 2012; Herman-Giddens et al., 2012). While the onset of puberty was not measured in this study, two factors that are related to earlier puberty (earlier first sexual activity and a greater number of partners) were associated with each other which suggests that individuals in this study may have had an earlier onset of puberty (Boden et al., 2011; Baams et al., 2015; Kogan et al., 2014). In other words, Generation Z may have had a greater number of partners because of the worldwide shift towards earlier puberty.

It is important to remember that having a greater number of sexual partners is only considered risky if condoms and other contraceptives are not consistently used. At first glance, it appeared as though members of Generation Z tend to use condoms and other preventative measures as very few participants reported a history of STIs or unplanned pregnancies. Unfortunately, those that had a greater number of sexual partners did not follow this trend. 38.5% of the females who had 3 or more sexual partners reported never using a condom while only 24% reported always using a condom. There are a few possible explanations as to why the STI and unplanned pregnancy rates are so low in this sample despite the low use of condoms. Firstly, as there were separate questions regarding the use of contraceptives other than condoms, those that did not use condoms may have used other forms of protection, and although all contraceptive methods are designed to prevent unintended pregnancies, some methods are more effective than others. The most common form of contraception for women between the ages of 15 and 44 is the birth control pill, condoms, and withdrawal (Daniels et al., 2015). Secondly, we did not control for women who engaged in same-sex sexual intercourse that would not have used condoms. Given that 21.6% of our female participants identify as a sexuality where they are likely to have same-sex sexual intercourse, this may be an important factor. As all lesbians and pansexual females that had been sexually active reported never using condoms and only one-third of bisexual females, in general, reported always using condoms, these individuals could easily be the cause of the low condom rates reported. Recent findings by Blunt-Vinti et al. (2018) have shown that the rates of contraceptive use among college women vary significantly between different sex-oriented groups. Straight women are significantly more likely to use at least a moderate form of contraceptives compared to bisexual, pansexual, and queer women. Furthermore, women who identify as asexual and lesbian were also significantly less likely to use highly efficient contraceptive methods (LARCS) compared to straight women.

Stanley et al. (2019) conducted a study where they look at the credibility and completeness of the sexual health information available to young adults through Student Health Center (SHC) websites across 400 randomly selected colleges and universities. The study found that most SHC websites do not provide complete sexual health information to students. Only 9% of post-secondary institutions had a separate tab dedicated to sexual health but 80% did not, instead they only mentioned sexual health. This is problematic and deeply alarming because not only does this lack of completeness decrease the credibility of SHCs among students, but it leaves students who rely more on online resources for sexual health information at a higher risk. For example, African American students are more likely to use the internet for birth control information compared to white students, and gay, lesbian, and bisexual students whose sexual concerns are not sufficiently addressed by school-based education are more likely to rely on the internet for sexual health information (Fogel et al., 2010). Studies have shown that when students are looking for sexual health information online, they are more likely to turn to less reliable sources of information if reliable information is difficult to locate (Buhi et al., 2009). Altogether, the research suggests that there is still a strong need for accessible, equitable, and complete sexual health information by students in order to ensure safe sexual practices and to reduce risky sexual behaviours students may partake in as a result of a lack of reliable information. Another factor that affected condom use was the consumption of alcohol or drugs.

Generation Z individuals are significantly less likely to use condoms after consuming alcohol or drugs. It is incredibly worrying that 81.9% of individuals who have had sexual intercourse have consumed alcohol before or during intercourse. One reason for this high consumption of alcohol before sex among Generation Z may be that our sample consisted of university students. University students tend to consume larger quantities of alcohol more frequently when compared to other age groups, which can lead to more situations where both sexual intercourse and alcohol consumption can occur together (Statistics Canada, 2020). The high percentage of individuals in this study who reported consuming alcohol, and the strong negative effect of alcohol and drug consumption on condom use, suggests that programs need to be created to teach adolescents about the dangers of having sexual intercourse when under the influence of alcohol and/or drugs. Not only is educating individuals on the dangers of sexual activity when under the influence important because of consent-related issues but also because of the increased risk of STIs and pregnancy due to lack of condom use.



## 5 | CONCLUSIONS

Our study tested if risky sexual behaviour has changed from the Millennial generation to Generation Z. Within Generation Z, we accounted for the number of sexual partners, sexual orientation, and condom and drug use. The results of our study demonstrate that Generation Z exhibits higher risky sexual behavior compared to Millennials, which was contrary to our hypothesis. However, there was no significant difference between Generation Z and Millennials when looking at the engagement in sexual history. Generation Z individuals had a higher number of sexual partners compared to Millennials. Within the sample of Generation Z, those who had a higher number of sexual partners used condoms less frequently. Also, after consuming alcohol or drugs, Generation Z individuals are less likely to use condoms. The results regarding condoms were also contrary to our hypothesis, as we thought Generation Z would have a lower occurrence of sexual intercourse without condom use while being intoxicated. Our study tested if risky sexual behavior has changed from the Millennial generation to Generation Z. Within Generation Z, we accounted for the number of sexual partners, sexual orientation, and condom and drug use. The results of our study demonstrate that Generation Z exhibits higher risky sexual behaviour compared to Millennials, which was contrary to our hypothesis. However, there was no significant difference between Generation Z and Millennials when looking at the engagement in sexual history. Generation Z individuals had a higher number of sexual partners compared to Millennials. Within the sample of Generation Z, those who had a higher number of sexual partners used condoms less frequently. Also, after consuming alcohol or drugs, Generation Z individuals are less likely to use condoms. The results regarding condoms were also contrary to our hypothesis, as we thought Generation Z would have a lower occurrence of sexual intercourse without condom use while being intoxicated.

### Limitations

This study recruited participants through a convenience sampling method, which was chosen due to the sensitivity of the subject we are investigating. However, this sampling method raises some questions about the representativeness of the sample. First off, in terms of generalizability, our sample consisted only of University of Alberta students, therefore, its generalizability extends only to students of this institution and is not representative of other universities. Secondly, this sample is not representative of other 18-to-24-year-olds (not attending universities) in the Edmonton area as university students may have more access to resources promoting safe sexual practices. Thirdly, by splitting our sample into multiple different categories, we were unable to see large effect sizes between

Generation Z and Millennials. Another limitation in our study was the reliability and validity of the modified questionnaire as Okafor and Obi (2005) did not provide information on this. Lastly, our study consisted mainly of female participants, so future research should aim to involve a more comprehensive sample.

### Future Research

The difficulty of comparing Generation Z to Millennials stemmed from a variable definition of who the Millennials are. When defining the Millennial generation, previous studies often split and group the Millennials into older and/or younger generations. For this reason, any research with clear cut age demographics would be of benefit. In our study, we found that over half of all participants who reported being sexually active had never been checked for an STI and 19.2% had never asked their partner about their history of STIs. Evidently, safe sexual practices can and should still be improved. Looking into the best way to improve on safe sexual practices should be further investigated in post-secondary institutions. We speculate that the impact of safe sex advertisements may be dwindling due to the oversaturation of the same message over time.

## AUTHOR CONTRIBUTIONS

All authors contributed equally to this work.

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