Qualitative Consultation with Young People in the City of Glasgow on Sexual Health and Relationships

Final Report

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progressive

17 Corstorphine Road, Edinburgh, EH12 6DD
Tel: 0131 316 1900 Fax: 0131 316 1901
info@progressivepartnership.co.uk

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Executive summary

Background & objectives

Progressive undertook research on behalf of Glasgow's Young People's Sexual Health Steering Group to gain an understanding of the opinions and attitudes that 13 to 19 year olds in the city have towards sexual health and relationships.

The research was qualitative in nature and carried on from a previously commissioned quantitative survey commissioned in 2005. This survey examined attitudes and behaviour of young people in Glasgow towards:

- Sexual health and relationships
- Self-perception, control and self-esteem
- Perceived abilities in dealing with sexual health and relationship issues
- Extent and effectiveness of sources of information on these matters available to young people
- Opinions of sexual health and relationship education available to young people
- Experiences of parental/ carer support in relation to sexual health and relationships

The qualitative research conducted by Progressive aimed to provide deeper insight into key areas highlighted in the quantitative survey, with particular reference to the following:

- Where young people get information and advice about sexual health and relationships
- Gaining a better understanding of issues surrounding the responsibility and actions involved in using contraception/protection
- Understanding the decision making process amongst young people in both engaging and not engaging in sexual behaviour and the place sexual behaviour has in a young person's life

Specific objectives were as follows:

1. Exploring opinions and attitudes towards sexual health and relationships, including:
    - The loss of virginity, sexual behaviour, societal views, peer pressure and self-esteem
    - The role of alcohol and drugs in relation to sexual behaviour
    - Issues of contraception/ protection – that is awareness, attitudes towards using contraception/protection, barriers to use, responsibilities between sexes, pregnancy and STIs
    - Key differences between sexes and age groups

2. Investigating sources of information and advice, including:
    - Examining perceptions towards and opinions of organisations and individuals who provide information on sexual health and relationship to young people – e.g. school teachers, parents, carers, friends, health workers
    - Understand the perceived role and influence of information providers
    - Gauge the effectiveness of each of the various sources of information and advice available
    - Identify any gaps in the provision of information relating to sexual health and relationships

3. Evaluating school based provision of sexual health and relationship education
    - Investigate views and attitudes towards current sexual health and relationship education in schools across content, applicability, relevance, acceptance and perceived accuracy

- Explore the ways in which denominational and non-denominational schools deliver sexual health and relationship education
- Investigate the main methods of delivery of sexual health and relationship education in schools
- Determine the overall effectiveness of current sexual health and relationship education in schools and identify areas for improvement

Methodology

The methodology involved three stages:

- Briefing sessions with participants from each segment of the target audience
- Participants consulting with friends to gather a wealth of knowledge
- Twelve mini-group discussions consisting of 4 participants in each

Progressive recruited 48 participants who were aged 13 to 19 years old who were assigned the task of 'interviewing' their peers using a simple, semi-structured questionnaire. Armed with this wealth of knowledge they then took part in mini-group discussions. Participants were given an incentive of £40 (or the equivalent value in vouchers if they were under 16) for participating.

This approach allowed for participants to gather information pertaining to a wide range of young people. Furthermore, the findings were reported back in the mini-groups in the third person, saving any awkwardness or embarrassment for the individual, given the potentially sensitive subject matter.

Recruitment of the young people was conducted in accordance with MRS Guidelines regarding the recruiting of minors. With regards to those under the age of 16 years, approval was obtained from parents, carers or guardians, who were all provided with information detailing the purpose of the research and what it would entail.

Participants were initially briefed as to their task before being provided with questionnaires with which to consult with their peers. Mini groups were then held on the 4th, 6th, 10th and 12th July 2006.

All mini groups comprised of respondents of the same sex to encourage open-ness and honesty. Furthermore, for this same reason, moderators were also of the same sex as respondents.

Groups were also set up so respondents were only with others who were of a similar age. Furthermore, six mini groups were held for those who attended denominational schools and six for those in non-denominational schools. This was conducted to encourage open-ness given the initial perceptions of differences between faiths in discussing sexual health and relationships and the provision of education in these areas.

KEY FINDINGS

Attitudes towards sexual health and relationships

The role of sexual behaviour in a young person's life

In determining attitudes towards sexual health and relationships it was important to ascertain where and why sexual behaviour fitted into the lives of young people. The research gathered that this role differed between males and females.

Young males tend to be of the opinion that the key 'roles' of sexual behaviour in their lives was providing the following elements.

A sense of achievement and status
Young males tended to feel that being sexually active increased their standing and the level to which they were respected by friends and peers. Amongst younger respondents this is a particular driver in the need to lose their virginity. The status of being sexually active and the resulting pressure meant that most saw the loss of virginity as a 'rite of passage' into being more grown up. This pressure also resulted in young males prioritising the status of losing virginity above other important aspects of sexual behaviour – such as contraception/ protection or choice of partner.

Experience
Young males saw regular engagement in sexual behaviour as a means of gaining sexual experience and 'prowess'. Indeed the idea of having numerous sexual partners was attractive in that it may better prepare them for a long-term partner they have an emotional relationship with. Further to this, young males did not see promiscuity as having any adverse effects on future, more meaningful relationships. Indeed abstinence from sexual behaviour until marriage, whilst respected for others, was not an attractive proposition.

Females on the other hand, were more inclined to see sexual behaviour as an expression of love and feelings. The desire to lose virginity was somewhat more considered with factors such as the need for an emotional connection with their partner, as well as a fear of pregnancy, causing them to be more careful and reserved.

Further to this, females did not see promiscuity as at all impressive and held the general consensus that females behaving in this way were 'slappers' or 'slags'. The shame in being referred to in such a way resulted in most females being more selective of whom they engaged in sexual behaviour with and when they engaged in this behaviour.

Amongst both males and females alcohol played a significant part in their social and sexual lives. Alcohol is an important part of their social gathering, as well as a means to lower inhibitions and encourage contact with the opposite sex. Females, specifically, can sometimes see alcohol as providing them with an excuse to engage in sexual behaviour, meaning they can be 'acquitted' of acting in a way that could have them branded a 'slapper' or 'slag' on the basis that they were drunk at the time.

Young people and contraception

The research found that there was still a lack of awareness amongst young people of the complete range of contraception/protection available. Whilst awareness of condoms and their qualities is high, other forms are less well understood – particularly amongst males.

With regards to being prepared for sexual behaviour, most males carried condoms in case an opportunity for sexual behaviour arose. Females, on the other hand were reticent to acquire or indeed carry condoms for fear that they will be termed promiscuous.

With regards to having responsibility for and instigating the use of condoms, an area of concern is that both males and females appear reticent to use condoms. This is largely due to the fact that young people recognise only pregnancy as a major adverse effect of unprotected sexual behaviour – something that many females will protect against via the Pill. STIs on the other hand are not top-of-mind and a presumption that 'it won't happen to me' or 'if it does, I'll get cured' prevails.

Young males tend to see pregnancy as very much a 'problem' that only affects the female and therefore protecting against this as the female's responsibility. Furthermore, instigating the use of condoms is therefore also the female's task. Females are aware of this and therefore use alternative forms of contraception, however only to protect against pregnancy.

Ultimately a lack of understanding and respect exists in which males feel that they have no responsibility in instigating the use of contraception/protection, or in dealing with the long-term consequences of an unwanted pregnancy or STI. Further to this the role of sexual behaviour amongst males – status, achievement and fun – is not conducive to allowing elements of responsibility to become priorities.

Subsequently a need exists to better inform young people of their short and long-term responsibilities in relation to sexual behaviour and contraception/protection. Underlying this is a need to develop greater respect between the sexes with regards to the physical and emotional aspects of sexual behaviour.

Amongst males in particular, the communication of the role of sexual behaviour as being beyond personal fun and status, as well as including responsibility and respect, is certainly required in some cases.

Sources of information and advice on sexual health and relationships

Informal sources

When wishing to attain information or advice on sexual health and relationships, young people tend to speak to friends first and foremost. The role of friends was to provide sources of humour and intrigue as well as emotional support.

Parents or carers on the other hand were not spoken to readily. Indeed it was only if something serious had occurred – such as a pregnancy scare or catching a particularly serious STI – that parents were consulted. On the whole discussions, particularly with fathers, were considered to be fraught with awkwardness and embarrassment.

The research found that communicating with teachers or community based youth workers was not welcome due to a lack of trust as to confidentiality.

School-led sexual health and relationship education

The general attitude towards school-led sexual health and relationship education is that it is somewhat boring, with opportunities for moments of humour. Furthermore, other than basic biological facts, it is not considered to provide any meaningful information that is not already known. Ultimately it was not of major importance or value.

An area of attention is that the content, format frequency and tone of sexual health and relationship education were inconsistent across different schools. This was evident across all schools, regardless of whether they were denominational or non-denominational.

In providing relevant and meaningful education, young people expressed a desire to learn more about the experiences of the opposite sex in terms of biological aspects of sexual development as well as the emotional aspects. Indeed many felt ‘kept in the dark’ in relation to the opposite sexes sexual development. Many also felt that greater emphasis on the social and relationship aspects of sexual relationships would be valuable. The moral and legal responsibilities of young people engaging in sexual behaviour were also welcome.

The delivery of sexual health and relationship education was also investigated in the research. Important aspects mentioned included:

- Presenting information in a non-judgemental and factual way
- Delivering lessons to smaller single-sex groups – this would lead to a more receptive and open scenario where males or females would be less reticent to ask more sensitive questions

- Being taught lessons by an expert who was independent of the school – this would again encourage greater involvement and open-ness amongst pupils

Recommendations

Providing more effective sexual health and relationship education

- Ensure consistency in content and delivery across all schools
- Inform young people about the societal, legal and moral aspects of sexual behaviour and relationships, as well as issues of responsibility
- Encourage young people to evaluate the role they see sexual behaviour playing in their lives
- Encourage respect between sexes and educate on the short and long-term consequences of unprotected sexual behaviour
- Empower young people to make their own decisions irrespective of external pressures they may face regarding engaging in sexual behaviour
- Ensure that young people are aware of the value and accessibility of advice and information sources available
- When informing young people of any of these aspects, do so in a non-judgemental, factual way
- Deliver to smaller, same-sex classes, ideally via an independent expert rather than a schoolteacher

Providing information on STIs

- Provide greater information on the range of STIs in existence and their short and long-term consequences, as well as how to avoid them
- Emphasise the fact that STIs can be caught the first time someone engages in sexual behaviour and that even at this stage talking about the use of condoms with a partner is important
- Reinforce the fact – especially amongst females – that protection is not needed only to avoid pregnancy and that avoidance of STIs is equally important
- Address the barriers to using condoms:
    - For males – the perception that condoms will lower sexual enjoyment
    - For females – the stigma of being considered a ‘slapper’ if you carry condoms
- Indeed addressing the use of condoms may require working on a wider ‘cultural’ shift where the mindsets of males and females in relation to the role of sexual behaviour and their individual responsibilities are challenged

Addressing the issues regarding the use of alcohol

It is evident that the prevalence of alcohol abuse amongst young people is having a major influence on their decisions regarding sexual health and relationships.

- Inform young people of the potentially negative effects of engaging in sexual activity whilst under the influence of alcohol
- Address the issues of self-esteem or confidence that are main drivers to alcohol abuse, including alternative methods of boosting confidence
- Encourage females to view their sexual behaviour as something that should be soberly considered and that excusing and avoiding it through alcohol abuse can be disadvantageous
- Indeed societal prejudices against females being sexually assertive should also be addressed

1.0 Introduction

This report details the findings of research conducted by Progressive on behalf of the Glasgow's Young People's Sexual Health Steering Group, formerly known as the Glasgow Teenage Pregnancy Steering Group. The Glasgow's Young People's Sexual Health Steering Group conducted a quantitative survey amongst 13 to 19 year olds in the Glasgow City area to measure their attitudes and opinions towards sexual health and relationships. In order to gain a deeper level of understanding into the reasons for such opinions, Progressive conducted qualitative research with this audience. This report contains the findings to the latter element of the project.

1.1 Background to the research

The Glasgow's Young People's Sexual Health Steering Group has the remit of providing a strategic approach to improving and promoting positive sexual health and attitudes towards sexual relationships amongst young people in the Glasgow City area. The group comprises individuals and teams from both Glasgow City Council and NHS Greater Glasgow & Clyde.

In Spring 2005, the group carried out a consultation with parents in the Glasgow area to ascertain their views on young people and sexual health, as well as their relationships with their children.

Following on from this, in late 2005, the Glasgow's Young People's Sexual Health Steering Group conducted a self-completion survey administered on-line and in paper format, amongst 13 to 19 year olds to examine the following:

- Young people's behaviour and attitudes towards sexual health and relationships
- Young people's self-perception, control and self-esteem
- Young people's perceived abilities in dealing with sexual health and relationship matters
- The extent and effectiveness of sources of information on sexual health and relationships available to young people
- Young people's opinions on sexual health and relationships education in school
- Young people's experiences of parental/carer support in relation to sexual health and relationships

Although this report provided a robust quantitative view of the issues, a requirement was also identified to dig deeper and provide a more in-depth qualitative view of the key issues covered in the young people's quantitative survey. These issues included:

- Where young people get information and advice about sexual health and relationships
- The requirement to get a better understanding of issues surrounding the responsibility and actions involved in instigating the use of contraception/ protection
- A need to fully understand the decision making process to both engage and not engage in sexual behaviour and the meaning of sexual behaviour in a young person's life

Qualitative research was conducted amongst 13 to 19 year old males and females across the City of Glasgow to investigate these areas, as well as gain a fuller understanding of the wider, more encompassing issues relating to young people and sexual health and relationships.

1.2 Research objectives

The over-arching objective of this research was to gain a detailed and in-depth insight into the young people's views on sexual health and relationships.

This main objective was broken down into three core areas:

1. Attitudes towards sexual health and relationships
2. Sources of information and advice
3. School based provision of sexual health and relationships education

The exploration of these core areas included a number of more detailed aims:

1. Attitudes towards sexual health and relationships

- Explore, in-depth, opinions and attitudes towards sexual health and relationships
    - Losing virginity, sexual behaviour, societal views of sexual relationships, peer pressure and self-esteem
- Understand the role of alcohol and drugs in how young people behave with regards to sexual activity
- Examine issues relating to contraception/ protection
    - Awareness and knowledge, attitudes towards using contraception/ protection, barriers to use, responsibilities for males and females, pregnancy and STIs
- Explore issues relating to personal responsibility in sexual activity
- Understand key differences between sex, age groups, and uncover any other influencing factors

2. Sources of information and advice

- Examine perceptions towards organisations and individuals who provide information on sexual health and relationships to young people
    - e.g. school teachers, parents, carers, friends, health workers
- Understand the role and influence of each organisation or individual
- Gauge the effectiveness of each of the various sources of information and advice
- Identify any gaps in provision of information relating to sexual health and relationships

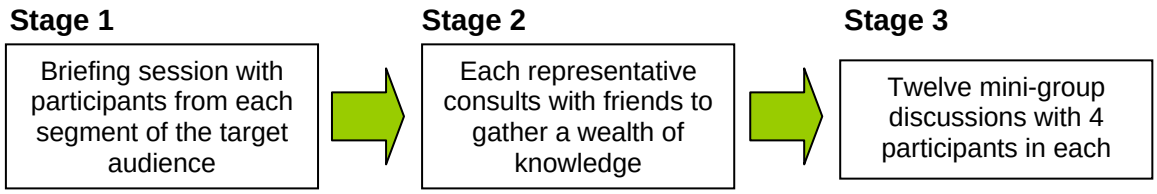
3. School based provision of sexual health and relationships education

- Explore views on current sexual health and relationships education in schools
    - Content, applicability, relevance, levels of acceptance and perceived accuracy
- Explore the ways in which denominational and non-denominational schools face the challenges of teaching sexual health and relationship education
- Understand the main methods of delivery of sexual health and relationships education in schools
- Explore the overall effectiveness of current sexual health education in schools and Identify any areas for improvement

2.0 Methodology

2.1 Research process

Progressive adopted a staged approach to this project using a research process specifically designed for conducting research amongst young people on sensitive topics.



This methodology involved Progressive recruiting 48 participants aged between 13 and 19 years, not just to come along to a mini-group discussion, but also to act as interviewers on the ground – canvassing opinion from their own peers using a short questionnaire. The participants then reported back on their findings during a series of mini-group discussions. All participants were offered a £40 incentive to take part (paid in vouchers for the under 16 year olds).

The benefits of using such an approach were twofold – firstly by warming participants to the topic and giving them the opportunity to report back in the third party, much of the embarrassment and awkwardness surrounding the topic was removed, and secondly by encouraging participants to consult with their peers a much wider spectrum of young people were actually indirectly involved in the research, ensuring that the findings were as robust as possible.

Participants were recruited by an experienced Glasgow based recruiter using a recruitment questionnaire jointly agreed by Progressive and TPSG. Those under the age of 16yrs were recruited in accordance with MRS Guidelines regarding researching minors, which require approval to be obtained from parents, carers or guardians. The recruiter provided parents, carers and guardians with an information sheet explaining who Progressive were, the purpose behind the research and what would be involved for participants.

Group composition was designed to ensure broad representation from all sub groups and to allow young people to feel comfortable and more open to offer opinions. The groups were primarily split by age, sex and attendance at denominational or non-denominational schools, the latter due to their under representation within the qualitative strand of the consultation. Please note that the authors did not assume that because someone attended a denominational school that they held any particular faith.

Participants were invited to come to a series of briefing meetings on 27th June 2006 held at the Mitchell Library where they were informed of the nature of the research and what they were required to do with regards to interviewing their peers. A copy of this questionnaire is attached in appendix 1. The mini-group discussions were then conducted in the first two weeks of July in the following Glasgow City Council premises: Shettleston Halls, Partick Burgh Halls, Barmulloch Community Centre & Library, Govanhill Neighbourhood Centre. The table overleaf shows the breakdown of groups by location, date and key demographic variables.

Location	Date	Time	Sex	Age	Type of school
North Glasgow	4th July 2006	6pm	Females	13/14	Non-Denominational
North Glasgow	4th July 2006	6pm	Males	14/15	Denominational
North Glasgow	4th July 2006	7.15pm	Males	18/19	Non-Denominational
East Glasgow	6th July 2006	6pm	Females	14/15	Non-Denominational
East Glasgow	6th July 2006	6pm	Males	16/17	Non-Denominational
East Glasgow	6th July 2006	7.15pm	Females	18/19	Denominational
South Glasgow	10th July 2006	6pm	Males	13/14	Denominational
South Glasgow	10th July 2006	6pm	Females	16/17	Denominational
South Glasgow	10th July 2006	7.15pm	Females	14/15	Non-Denominational
West Glasgow	12th July 2006	6pm	Males	13/14	Denominational
West Glasgow	12th July 2006	6pm	Females	18/19	Denominational
West Glasgow	12th July 2006	7.15pm	Males	16/17	Non-Denominational

Someone of the same sex as the respondents moderated the groups, having successfully completed an Enhanced Disclosure (Scotland) check. This helped create an environment that was much more comfortable, and optimised the honesty and openness of participants within the group.

The group discussions were run using a topic guide designed to cover off all the main areas laid out in the project objectives and gain a real insight into young peoples' views of sexual health and relationships. This topic guide was agreed in advance with representatives from Glasgow's Young People's Sexual Health Steering Group and is attached for reference in appendix 2. A fairly large part of the way in which the discussion was structured centred around the use of case studies designed to really uncover attitudes towards sexual behaviour. The case studies involved describing a relevant scenario and asking opinions of the young people. Full descriptions of the case studies are detailed in appendix 3.

All participant questionnaires were analysed along with tapes of the discussions to identify key trends and patterns whilst answering the project objectives.

The following sections of this report detail the key findings from this research project along with Progressive's conclusions and recommendations for provision of information on sexual health and relationships in the future.

Key Findings

3.0 Attitudes towards sexual health and relationships

3.1 The role of sexual behaviour in a young person's life

3.1.1 Introduction

In order to better understand the thought processes and attitudes involved in a young person engaging in sexual behaviour, it is important to set a context by asking, what they believe sexual behaviour provides in their lives? By understanding the role that sexual behaviour plays – on both a physical and emotional level – issues regarding young people's attitudes and ultimately their decisions towards engaging in sexual behaviour, can be better understood.

The report will consider these thought processes and motivations from a young person losing their virginity through to sexual behaviour beyond this point. The role played by alcohol and drugs in this 'journey' will also be looked at.

At this stage it is important to mention that young people – with the slight exception of female 13 and 14 year olds – were particularly open and comfortable talking about sexually related matters in the focus groups. When this was commented upon by the moderator, the young people claimed that the ethos in schools and society in general, encouraging openness about such matters was certainly 'rubbing off' on their generation. That said, this was undoubtedly complemented by the trust and confidence generated by the size and settings of the groups.

3.1.2 Factors in choosing to engage in sexual behaviour for the first time

When considering the role of sexual behaviour in a young person's life, it is essential to look at the motivations and factors that drive a young person to engage in sexual behaviour for the first time. The research uncovered however, that the decision-making process and motivations regarding one losing their virginity is very different between males and females.

It is clear that young males feel a certain pressure to lose their virginity. Indeed, engaging in sexual behaviour for the first time is seen as somewhat stressful due to this pressure.

The key reason for this is that one of the main motivators in one losing their virginity is to achieve a certain status – that is, to feel more grown up, almost as if losing one's virginity is a 'right of passage' into a more mature and exciting life. Further to this, gaining this initial achievement results in increased confidence and a perception of feeling experienced, which are also springboards to developing and enhancing this new and exciting status in life.

As a result, and due to the fact that friends and peers are also of the same attitude, a strong desire to make this first step is evident. Indeed, amongst young males a sense of 'relief' certainly prevailed upon achieving the 'non-virgin' status.

"Most just want to get it over and done with the first time" – 15 year old, male.

Indeed the existence of 'peer pressure' to engage in sexual behaviour for the first time is certainly evident in most of the people talked about in the group discussions. In relation to scenario 1 of the case studies, most recognised that 'Craig' would feel slightly embarrassed and anxious. Peer pressure from immediate friends and acquaintances, however, is not the sole or main reason that drives a young male to engage in sexual behaviour. Whilst most young groups of males will engage in a form of pressurising friends to lose their virginity, such pressure was often seen as mere 'banter'. That said, in some cases pressure from those closer to the individual may be more influential, however, this was not something the

young males in the focus groups admitted to. Rather, respondents of all ages stated that the desire for 'Craig' to have sexual contact with the female would be prevalent within him anyway due to a 'wider', cultural or societal level of peer pressure. That is, the feeling that being a part of young people's culture in general would require the loss of virginity. Whilst peer pressure from friends or acquaintances may influence a young person's decision, respondents felt that in most cases, individuals of a young age will be driving themselves on and will, through the personal desire for 'achievement', put pressure on themselves.

This strong desire for achievement also resulted in young males not being too selective as to who they lost their virginity to. Certainly in reference to scenario 1 of the case studies, most young males claimed that the need to achieve the 'status' outweighs the need for that person to be someone that the individual is particularly attracted to. In this respect the loss of virginity was something that was almost likened to the achievement of success in other ways of life, such as sport. The young men's use of 'banter' around this subject demonstrates a cultural norm that in male company it is thought to be acceptable to use humorous or boastful language that illustrates a highly disrespectful view of women, of women's bodies and the role they play in sexual relationships.

In addition, the fact that some view it as extremely important to lose virginal status before the age of 16 (recognised as the legal age) perhaps even hints at a somewhat rebellious motivation to achieve the 'status'. Indeed, anecdotal evidence provided in the discussions suggested that the pressure of being a virgin certainly increases as the age of 16 approaches. Indeed younger age groups – i.e. 13 and 14 year olds – felt less pressure in that they were still optimistic that they would engage in sexual behaviour in the nearer rather than later future.

"Ah wis in nae hurry…as long as it wis before ah wis 16 – 'ats aw ah cared aboot" – 18 year old, male.

It should be noted however, that those in the older age group (17 to 19) did look back at this attitude as being somewhat immature, given that with experience they thought that the age at which virginity was lost was fairly irrelevant. This view can be explained as a result of their attitude towards sexual behaviour having progressed from being mainly about status towards being more about an expression of love or a physical and emotional connection with another individual.

That said, it should also be noted that in some cases a strong desire for fun and sexual excitement are the main motivator when choosing to first engage in sexual behaviour amongst younger age groups, as is a feeling of connection with a partner. However, this was only the main priority amongst a minority of the people spoken about in the group discussions.

For females, losing their virginity was viewed quite differently. Indeed, throughout all discussions regarding sexual relationships there was one over-riding factor that influenced the responses of the females (especially in the younger groups) – fear of pregnancy.

For those in the youngest age groups (13-14yrs) this fear of pregnancy manifested itself in a consensus that they wouldn't engage in sex until they were much older – around 18-20yrs, and in a serious relationship. Many of the females in this age group did not currently have boyfriends and appeared to have a group of similar-minded friends who would talk about which members of the opposite sex they liked etc.

For the older groups of females, although still concerned about the possibility of becoming pregnant, it was less likely to hold them back from engaging in sexual relationships. Their concern was generally lessened by their knowledge of and access to contraception/ protection.

Losing their virginity was not thought of as a "rite of passage" amongst the females in the groups. It was viewed as a very personal and private event and one that they were fearful of being broadcast around the school or neighbourhood. They universally thought that the different sexes had very different approaches in this regard and were somewhat scathing about the way in which males viewed losing their virginity.

Peer pressure was not thought to be such an issue amongst young females as it was with the males. Although they recognised that males their age were under a lot of pressure from friends to lose their virginity and be seen to be having as much sex as possible, the reverse was thought to be true of females. No-one wanted to be the first amongst their group of friends to have sex, and no-one felt that their friends would be impressed at all if they were having multiple sexual partners. That said, none of the respondents could relate to the idea of remaining a virgin until married and indeed no-one wanted to be last out of their group of friends to lose their virginity.

In reality, therefore the picture of a lack of peer pressure is probably not quite as straightforward as the females presented it. It seems that there is a sense of pressure bubbling underneath the surface – although this doesn't manifest itself in encouraging females to lose their virginity earlier than they naturally would, it does result in them presenting their views of sex in a certain way that reflects what they think society (and their peer group) perceives to be acceptable.

On the whole therefore, the concept of females being more careful and planned in their approach to losing their virginity was certainly evident.

3.1.3 The role of sex beyond losing virginity

Similarly to the young males, once the young females had lost their virginity most settled into a much more relaxed approach towards sexual relationships. The older they were, the more matter-of-fact they became, and although pregnancy was still an issue all took seriously, they claimed to be in control and taking adequate precautions to prevent pregnancy.

Again, conscious of the image they were portraying all claimed that sex would tend to only take place within a "proper" relationship. The length of time or "seriousness" of this relationship did not necessarily fall within a defined category – as long as they were in a relationship it was considered okay to be having sex. That said, all did say that they would not automatically engage in sex with every guy they had a relationship with – for the females at least, losing their virginity did not mean that thereafter sex was always on the agenda.

In order to further understand the role and purpose of sex beyond losing one's virginity, the research presented respondents with scenario 3 involving John and Jenny, one of whom saw sexual behaviour as predominantly a short-term burst of fun, whereas the other as something that was enjoyed as an integral part of a longer-term relationship.

The ultimate objective of the scenario was to establish whether young people see sexual behaviour as an expression of love or commitment or whether it is a somewhat more sporadic or 'throw away' experience.

On the whole, most young males fully appreciated the benefits of John's approach in that they could recognise that sexual behaviour as part of a long-term relationship would make for a happier and more fulfilling scenario. Indeed upon prompting they did feel that John would also have a better sex life, given the opportunity to practice and learn more about his partner.

However, most male respondents, in particular the younger respondents, also felt that John's approach appeared 'boring' and that he was in some way going to regret that he had not spent his younger years experiencing a number of different partners. The underlying

reasoning behind this can be traced back to one of the principal 'roles' of sexual behaviour for young males – that is: a sense of achievement and experience. The scenario most conducive to attaining these feelings is certainly perceived to be one that involves a variety of sexual experiences with a number of people, rather than a greater concentration on engaging in sex with one individual over a longer period of time.

The alternative of waiting until the right person presents themselves and a relationship develops is not so welcome to young males at this stage in life. Interestingly however the young males consulted with, certainly had aspirations to one day get into a serious relationship and settle down or get married. Indeed, most respondents were very optimistic that one day they would be in a highly desirable family situation. However, they also felt that it was important not to miss out on gaining sexual experience with different partners before getting to the stage of settling down.

Further to this most young males felt that the two scenarios were perfectly complementary. Crucially no young males felt that their approach to either losing their virginity or achieving their 'status' with regards to sexual prowess would in any way affect the final desired outcome of one day settling down with the person they wanted to. Therefore, they see no harm whatsoever, in 'playing the field' in the meantime.

Interestingly, amongst all respondents – male and female – the perceptions of each approach to sexual lifestyle varied depending on the sex of the person involved. A female who was seen to be sexually active with a variety of men was considered to be a 'slag' or a 'tart' suffering from insecurity and having sex to feel wanted. None of the females (no matter what age) wanted to be perceived in this way, which meant that when talking about the case study in scenario 3 where Jenny engaged in a one night stand, they found it difficult to identify with the situation as they unanimously thought this was something that a male would do, not a female. Both males and females also felt that in the long-term Jenny's 'reputation' would catch up with her, to the detriment of any future relationships. Further to this, they also felt that she would be more exposed to the risks of STIs. One scenario that was mentioned contradicting this was voiced by older male respondents i.e. that if a female was known to have a variety of partners, but was in a "cool" or popular group at school, then she was respected and liked for her behaviour. On the contrary if the female deemed promiscuous was unpopular she would be termed as a 'slapper'.

In contrast to this, if a male were to be having sexual encounters with a variety of different women, he would be considerably more respected, again due to the fact that he would enjoy better 'status'. Furthermore, the respondents (both male and female) reiterated the point that a male's future relationships would in no way be 'compromised' by such behaviour.

Scenario 2 involving Fatima took the idea of waiting for the right person to a different level where someone would abstain completely from sex until they were married. On the whole the idea of waiting for the right person – that is waiting until a loving partner is available – before having sex was one that was respected yet rejected by the majority of male and female respondents. [Note: in some cases such a person would be open to ridicule, however, this did not appear to be a typical scenario]. Respondents of all ages felt that they would respect someone's choice of abstinence – whether it be on religious or personal grounds. Furthermore, a feeling of 'each to their own' was genuinely declared. Nevertheless, a strong feeling of 'not for me' also prevailed. This was again due to the fact that someone like Fatima may end up too inexperienced, or indeed sexually incompatible with a future husband. Additionally, they felt that someone like Fatima would miss out on many pleasurable experiences. Furthermore, they did not believe that a 'trade off' existed between having lots of fun now and lots of fun at a later age and that future happiness would not be compromised by previous sexual exploits.

3.1.4 The use of alcohol and drugs

In order to gather a full picture of the attitudes of young people towards sexual health and relationships, the research investigated the role of alcohol and drugs in influencing decisions regarding engaging in sexual behaviour.

Scenario 4, involving Kelly, allowed a means to explore whether using alcohol or drugs to get over nerves or feelings of insecurity was justified, or indeed typical. Further to this however, the research also looked at the wider role of alcohol and drugs in the lifestyle of young people and the part they play in the sexual behaviour of young people.

Regarding issues of self-confidence, all respondents recognised that certain disadvantages can come from not being fully in control when planning on engaging in sexual behaviour. These ranged from the more serious – e.g. females being taken advantage of – to the more embarrassing, e.g. giving a poor sexual performance or generally making a fool of themselves and putting the person they fancy off.

This aside, the idea of consuming alcohol to boost confidence or indeed enhance the scenario is something that is certainly not rejected by the young people spoken to. In relation to calming nervousness it is seen as an effective way of dealing with anxiety, with most young people carrying the view of,

"It means that next time you'll feel fine" – 15 year old, male.

Ultimately, most young people did not consider or recognise the use of alcohol or drugs in this context as particularly harmful, either in the short or long-term. This perhaps ties in with the driving factors prevalent in young people in deciding to engage in sexual behaviour. That is, that any serious consequences are largely ignored at the expense of achieving status and having enjoyment and fun.

It should also be noted that the link between consuming alcohol and engaging in sexual behaviour is something that not only applied to young people. Indeed most recognised that such behaviour is prevalent in people of all ages.

When challenged about other methods of dealing with lower self-esteem or insecurities most young people appreciated that speaking to the individual would help and that this certainly was a more effective method of dealing with the problem. However, the prospect of bringing this up in conversation was not welcome due to the fact that respondents felt that this may put the potential sexual partner off. Furthermore, the level of confidence in the recipient being understanding or indeed sympathetic towards one's predicament is not high with respondents feeling that they would potentially be open to ridicule. Certainly pride and the façade of being confident with one's body and sexual performance is prevalent amongst the young people referred to in the groups.

This aside, the use of alcohol or drugs specifically to mask insecurities was not readily recognised by young people over the age of 15 years old. They saw alcohol and getting drunk as part of a whole lifestyle of having fun and freedom to experience good feelings without inhibition. Many, in these age groups, saw a night out involving consuming alcohol and socialising with members of the opposite sex as a regular and important occurrence. The night's 'package' would involve getting inebriated and hopefully engaging in some sexual behaviour. The role alcohol played was perhaps still to do with masking insecurities – insofar as lowering inhibitions and encouraging social interaction – however, it was viewed by respondents as being a facilitator and enhancer rather than a restraint. Ultimately, such experiences are seen as something that is integral in the development and enhancement of the world opened up to them since losing their virginity. Again, no short-term or long-term consequences were considered or recognised.

It is worth noting the importance of alcohol to the female groups. Alcohol was a major influencing factor for young females of all ages, but particularly those over 15yrs. For those in the 15+ age groups, alcohol played a fairly major part in their weekends and social lives. Although well aware of the legal age for consuming alcohol, females were very open about the fact that they regularly "went out to get drunk". Indeed this sometimes resulted in females having sex which they hadn't planned and many cited examples of females losing their virginity as a result of a drunken night out.

"Me an' ma pals go out dancin' every weekend an' we always get drunk. That's what everyone does" - 15 year old female.

The effects of alcohol were viewed in a fairly positive light by the females in the research for two main reasons:

1. Consuming alcohol helps them to lose inhibitions and therefore act more confidently in approaching and talking to guys. This helps many females overcome the embarrassment and shyness that they feel when interacting with members of the opposite sex.
2. If a female ends up having a sexual encounter that she later regrets or didn't intend to have, it can be blamed on the effects of alcohol. This makes the individual feel more comfortable with the situation as responsibility and accountability for their actions is somehow thought to be removed when alcohol is involved.

Overall, for both young males and young females, consuming alcohol was an integral part of their lives and therefore naturally played a part in influencing their behaviour regarding sex.

This is in stark contrast to views on drugs. For both females and males drugs were a taboo subject, considered to be at the opposite end of the acceptability scale than alcohol or sex. Thus, very little discussion around the use of drugs took place. Whether this was an accurate reflection of behaviour or not is difficult to say. What was apparent amongst all respondents was a preference for discussing alcohol as the main stimulant and confidence booster used by young people, as opposed to drugs.

3.1.5 Summary

It is evident that the role of sexual behaviour amongst young people differs to a degree between young males and females.

On the whole, the key 'role' of sexual behaviour amongst young males was one of providing the following:

- Achievement and status – that is, being seen to be a sexually active male amongst friends and peers
- Fun and excitement
- Experience – to better prepare them for later life and the impending long-term relationship/marriage they aspire to
- Sharing an emotional and physical connection with someone else – albeit amongst a very small minority

The effect of these main factors driving young males to have sexual intercourse is that importance is given to:

- Losing virginity before reaching the age of 16
- Gaining as much experience as possible through a variety of partners before ultimately settling down

For young females, a desire to lose their virginity was much less evident. Most would engage in sex for the first time as part of a relationship. The main influencing factor in their

attitudes towards sexual relationships was a fear of pregnancy leading to a reluctance, particularly amongst the youngest age groups, to having sex.

After losing their virginity, most females were more relaxed towards engaging in sexual behaviour and less fearful of pregnancy. The majority view amongst females was that abstaining from sexual behaviour until marriage was fairly uncommon and although fine for others to do if they believed in this, none of the females in the groups saw themselves or any of their friends falling into this category. In relation to males, abstinence was also rejected on the grounds that it would compromise sexual experience and ability when marriage partners were found. Furthermore, it did not complement the drive for more immediate 'achievement'.

Equally, having many different sexual partners or one night stands was not something that was admired or respected by young females. They feared being viewed as a "slapper" or "slag" and considered that engaging in either of these scenarios would adversely impact on their chances of settling down with the partner of their choice later.

Alcohol was another important influence on behaviour amongst females, either being used as a means to overcome embarrassment and shyness towards the opposite sex, or as an excuse for unintended actions.

3.2 Sexual health and relationships and contraception/ protection

The research attempted to establish the attitudes of young people towards using contraception/ protection. The focus was to establish general awareness of contraception/ protection, as well as explore the decision making process involved in instigating the use of contraception/ protection.

3.2.1 Awareness of contraception/ protection

On the whole young people's awareness of the existence of different forms of contraception/ protection was relatively low, particularly in the younger age groups, with most only being aware of common forms such as condoms and the Pill, and some females aware of "the Jag" or implant. Indeed surprise was shown amongst the younger groups as to the workings of the coil for example, perhaps suggesting that knowledge of the functioning of the full range of contraception/ protection available was somewhat low. Indeed in the older groups, respondents commented that their awareness of the various types of contraception/ protection had been fairly limited until they had spoken to a doctor or attended a family planning clinic. For females this primarily related to the various different types of oral contraception/ protection available – information provided through parents and schools suggested that there was only one type of pill – "the" pill.

Overall, awareness of condoms, how to use them and where to get them was high. Most young males were aware of – and indeed had used – clinics, drop in centres and what they referred to as 'condom clubs' to obtain condoms. Such 'clubs' were the young people's description of youth health services that young people could visit and speak to a health professional who could supply condoms. Some described the use of a 'swipe card' (presumably the C Card service) that allowed them to access services and acquire condoms. It should be noted that most young males we spoke with did not feel at all embarrassed or reticent to use such services, nor did they feel discomfited at the thought of asking health professionals directly for condoms.

In relation to females, although they knew how to get hold of condoms, the methods of contraception/ protection at the top of their list were the Pill, "the jag", and implants – in other words methods that they would personally be responsible for using to ensure that they didn't get pregnant. Females were somewhat more reticent about getting or purchasing condoms

as they feared embarrassment or "being judged" and preferred the privacy of going to a health professional for a one-off arrangement of contraception/ protection.

On the whole, when speaking about contraception/ protection most respondents immediately spoke about condoms and the pill and this was where the main focus of the group discussions lay.

3.2.2 Responsibility to provide contraception/ protection

Most young males would regularly carry condoms. The main reason for this was in case they found themselves in an un-planned scenario in which they may engage in sexual behaviour. The young males spoken to were confident and content to carry condoms in anticipation of the possibility of sex occurring.

The vast majority of young females thought that contraception/ protection should be a joint responsibility between the male and the female involved.

"It's up to both the people who are going to have sex" – 14 year old, female.

Few however actually trusted the male to take this responsibility seriously and therefore felt that in a practical sense it was down to the female. This was not particularly seen as a big issue, just a fact of life. Females generally perceived that any consequences of having sex, primarily pregnancy, would be their responsibility to deal with and therefore most considered it was only sensible to ensure they were taking appropriate precautions. This highlights a feeling that it is culturally acceptable for men to be allowed to take no responsibility for protection and expected that women be prepared to accommodate men in doing this.

Leading on from this, the majority thought that they were adequately protected through taking the Pill, "the Jag" or having contraceptive implants. Virtually none of the females mentioned condoms as their preferred method of contraception/protection (the one exception to this was the younger age groups who feared the fact that contraceptive methods were not 100% reliable and therefore thought that they should use as many as possible to prevent pregnancy).

"Ah think ye should use everythin ye can get so ye don't fall pregnant – ah don't want to end up like that girl at ma school who's same age as me an pregnant" – 14 year old, female.

Condoms were thought to be the responsibility of the male – he should carry them and know how to use them. Due to the stigma surrounding carrying of condoms, and what this said about a female, no-one admitted to carrying them. Carrying condoms was perceived as being a sign of a female being a "slapper" and portrayed an image of sexual confidence that none of the females in the groups wanted to be associated with.

3.2.3 Instigating the use of condoms

Before ascertaining the circumstances and responsibilities of individuals in instigating the use of condoms it is important to establish what the level of concern was for the consequences of not using condoms.

On the whole, the most readily mentioned consequence of not using condoms – amongst both female and male respondents – was pregnancy. In fact the whole issue of STIs was only brought up upon probing, and for both males and females, the risks were certainly not front of mind. Indeed an attitude of 'it won't happen to me' did prevail in some. Further to this it was perceived, particularly amongst younger respondents that the risk of getting an infection was only really worth taking action on if the sexual encounter was with someone with a reputation for engaging in sexual behaviour with a variety of people.

In general, amongst male and female respondents knowledge of STIs was fairly limited and perhaps amongst the males even considered a somewhat humorous topic. Indeed, when speaking about STIs, most respondents appeared to refer to them generically, as if they were all one and the same affliction. Awareness of the different forms of STIs as well as the differences in symptoms and effects was relatively low.

"…like 'crabs' and aw that" – 14 year old, male.

Furthermore, the impression gained was that respondents did not fully appreciate that everyone is potentially at risk; nor did they recognise that not all STIs are fully treatable and curable and that the consequences may last for the rest of their lives.

"…ah suppose I'd just get doon the Sandyford (clinic) 'n' ah'd be awright" – 15 year old, male.

Ultimately, the most recognised role of condoms was in stopping the female falling pregnant. However, the long-term consequences of becoming pregnant were considered more strongly by females and, to some extent, disregarded by males. Indeed some males went so far as to think that an unwanted pregnancy, whilst definitely not welcome, was predominantly the problem for the female. Furthermore, some males felt that the major responsibilities were something they could, to a degree, 'walk away' from, if need be. Indeed some mentioned that the thought of informing parents and friends that they had got somebody pregnant was more of an immediate concern. It appeared that a long-term perspective on the consequences of not using condoms was certainly not evident amongst males and that other factors – such as enjoyment and celebrating the status of having sexual intercourse – overrode any thoughts on these consequences. This lack of a longer-term outlook was not only down to a general naivety but also a certain 'blocking out', largely due to other priorities such as having a good time and a general air of invincibility.

To this end the general feeling amongst males was that females should be responsible for suggesting and instigating the use of contraception/ protection, due to the fact that:

"It's her that gets pregnant" – 15 year old, male.

"If she wants me to I will. Otherwise I wouldn't wear one" – 16 year old, male.

This indicates a cultural assumption that men can be sexually active without having to take responsibility for their consequences. This assumption results in some young males being so 'distanced' from potential outcomes that they disregard the predicament a female could face. Ultimately, this leads to some young males relinquishing their responsibility or role with regard to contraception/ protection.

Females found the idea of bringing up a conversation about using condoms extremely embarrassing and therefore relied on the male to mention or produce a condom. They justified this attitude by reassuring themselves that they had already taken care of preventing pregnancy through other means – further reflection of the lack of concern about STIs.

As a result, most males and females ended up not using condoms, largely due to the fact that both relied upon the other person to bring it up and for the males they felt it was a 'hassle' that curtailed the feeling and enjoyment of the experience.

3.2.4 Contraception/ protection and losing virginity

Unlike females, most males, when losing their virginity, felt that the issue of getting a female pregnant or catching an STI was certainly not front of mind. On the whole, male respondents had other thoughts that were more prevalent than taking precautions, such as:

- getting it over and done with (achieving the relieved state);
- making sure their performance was satisfactory (achieving status);
- enjoying it as much as possible, which often meant making sure it felt as good and as 'seamless' as possible – something they feel using a condom curtails.

Furthermore, the 'hassle' of using a condom was also deemed to get in the way of having an enjoyable experience, and could even risk ruining the encounter. This was more important, amongst some who felt that the first time had to be a 'good one'.

Indeed with such factors so 'front of mind', issues of not using contraception/ protection and the potentially negative consequences were not considered amongst most of the young males spoken to. There was even a feeling that these serious consequences applied more to someone who was beyond this 'stage' and was in fact more sexually active. The inexperience felt by younger respondents was one of 'I'm only just learning how to do it – how can I possibly infect or impregnate someone?' Younger females on the other hand tended to be more aware that such consequences could happen.

Subsequently, in most cases, condoms were not necessarily used in the first few sexual encounters. Furthermore, the majority of those referred to by respondents did not actually experience any detrimental effects in these first few encounters. Ultimately the mind set was that as an inexperienced, 'first-timer' no harm at all had or could come from such a situation.

The research found however, that such a way of thinking was sometimes carried forward into the future, and indeed set a 'precedent' along the lines of 'nothing bad will happen to me, I've not used precautions before and I feel fine'.

"I just kinda think I'll be OK. Don't really think about it" – 17 year old, male.

Indeed a somewhat blasé approach can ensue, where taking precautions is more of a 'yes I should yet, do I really need to?' approach. This may be where a general reluctance to use condoms is originated.

For females, the primary focus was on prevention of pregnancy therefore most who were in relationships and had given a fair amount of consideration to having sex for the first time ensured that they were suitably protected. Others, including those who lost their virginity under the influence of alcohol were less likely to be as careful and with both sexes expecting the other to instigate the "condom chat" it is clear that some females would also lose their virginity in unprotected sex.

3.2.5 Time of instigating the use of condoms

The general feeling amongst respondents was that the use of condoms was mainly brought up at the moment that the sexual encounter was about to take place, rather than at a prior point. This was largely due to a general reluctance to talk about issues of responsibility prior to the encounter, and instead a need to focus on the more fun aspects of sexual behaviour.

Furthermore, the feeling amongst males that it was the female's responsibility and vice versa meant that nobody would bring up the topic at an earlier stage, if at all.

The fact that the issues of contraception/ protection are not brought up until the moment has arisen does perhaps play a part in the ability of either party involved to instigate the use of precautions. Feeling 'caught up in the moment' often meant that the consequences were again 'brushed aside' and ignored in preference to simply enjoying themselves.

3.2.6 Summary

On the whole there still appears to be a need to better educate and inform young people – firstly of the availability and usage of the whole range of contraception/ protection available. Secondly work requires to be done on challenging the expectations of unequal responsibility for these matters between young men and young women. Thirdly, awareness appears low regarding the different types of STIs in existence, including their symptoms, treatments and long-term repercussions.

In relation to condoms in particular however, awareness of the availability and use of condoms is high. Indeed when it comes to carrying condoms and being 'prepared' for a sexual encounter, young males appear far more likely to have condoms in their possession than females. On the contrary females don't appear to carry condoms so readily due to the fear of being branded 'too forward' regarding sexual intercourse.

The main area of concern however, is the fact that both sexes are somewhat reticent to instigate the use of condoms and are more likely to have sex without using a condom if the other person does not mention it. The reasoning behind this comes from the fact that young people recognise pregnancy as the only major consequence of having unprotected sexual intercourse. Indeed an attitude of 'it won't happen to me and if it does I'll get cured' prevails regarding STIs.

Many young males see the implications of pregnancy as very much a problem for the female. They feel that it is the female who carries and delivers the baby and that the male's responsibility is minimal. This is an attitude that females are aware of and fairly resigned to, resulting in females taking the matter of contraception/ protection (for the prevention of pregnancy) into their own hands.

Such findings confirm some key facets relating to young females and males and their thoughts on sexual behaviour with each other:

- Firstly, there is a certain level of disrespect amongst males regarding responsibilities and dealing with the consequences of an unwanted pregnancy
- There is an obvious level of distancing between males and females on the matter of unwanted pregnancy
- In general, there is an obvious level of reticence amongst males to recognise and take responsibility for the potential long-term consequences of unprotected sexual intercourse

Ultimately, a greater degree of understanding and respect between the sexes as to the physical as well as emotional aspects of sexual health and relationships is required. Moreover, a need to promote more open and relevant communication between the sexes exists. Further to this, the recognition of the key role of sexual behaviour, for young males in particular, as a fun pastime breeding a sense of achievement has to be addressed. The fact that these are the main priorities amongst young people when engaging in sexual behaviour has resulted in responsibilities to use contraception/ protection being somewhat disregarded.

4.0 Sources of information and advice on sexual health and relationships

A key objective of the research was to determine the experience and usefulness of sexual health and relationship information currently available to young people. Whilst this largely included more formal, school-led education, it also investigated less formal sources of information and advice, such as parents, friends and relatives. The purpose of this investigation was to establish whether young people were receiving all the advice and support they required.

4.1 Informal sexual health and relationship education

The research established who young people spoke to about matters relating to sexual health and relationships, as well as what they spoke about. The sources investigated included: best friends, other friends, parents/carers, brothers/sisters, other relatives, teachers and sexual health and relationship experts.

4.1.1 Best friends/ friends

In general young people spoke to friends about general aspects of relationships, for example:

- Who they fancy and who fancies them
- What they have done sexually and with whom
- What it was like and was she good (in relation to males)
- What it was like and was I any good (in relation to females)
- How to do certain actions better (in relation to males)
- Where they can get pornography – e.g. websites, through texts (in relation to males)

It is significant that both sexes tapped into a wider cultural assumption that the role of women in sex is to provide pleasure to a male partner and that their own wants and needs are not considered.

There is a widespread casual acceptance among young men that pornography is widely available, widely used and perfectly acceptable. Considering the distorted images and messages that pornography provides about women's bodies and the roles they play in sexual relationships, this raises concerns about the extent to which pornography reinforces the gendered messages that young men have about women and sex.

Further to these aspects, closer friends who could be trusted would be called upon if more sensitive issues had arisen:

- Physical concerns – appearance, size and shape issues
- Medical concerns – rashes, itches, strange bumps that could be symptoms of an STI
- Relationship issues – feelings of mistrust, jealousy, love etc.

Indeed, a best friend would often be a 'first point of contact' for someone who is worried about medical issues such as STIs. An initial chat to 'get it off their chest' is often the first stage before moving on to receive more expert advice.

On the whole, the role of the friend/ best friend was one of providing some humour or intrigue or sometimes more emotional support. For females especially their best friend was a crucial provider of support and advice and all of the female respondents said they would talk to their best friend about anything and everything related to sexual health and relationships.

4.1.2 Parents & carers

On the whole most respondents stated that they would rather not talk to their parents about sexual matters unless it was necessary. This obviously varies depending on the individual's relationships with their parents, however, the general consensus was that parents are there for when things do get emotionally challenging, and an element of 'comforting' or emotional support is required.

4.1.2.1 Role of dads or male carers

Amongst males, the role of dads or male carers is to provide a level of male support and understanding for issues beyond what can be chatted about to friends. Examples of when a son may call on their dad or male carer to inform them of issues are:

- A partner's pregnancy scare
- Worry about the possibility of catching an STI

On the whole, very few respondents were aware of anyone actually chatting to their dads or male carers about any sexually related subject. This was even the case regarding an initial 'birds & bees' style chat between father (or male carer) and son. Where such talks were evident they were often met by a feeling of embarrassment on both sides, as well as an admission by the young person that they already knew and understood the process anyway. Indeed, very little value was ever gained on the part of the young male and in most cases such a subject was not returned to in the future.

Amongst females, the role of the dad was quite different and for most non-existent in this arena. Females did not feel that their dad would understand them at all and felt that they could offer nothing in the way of advice or support. This was partly due to fact that dads were older and male and were therefore perceived to be unaware or unable to understand or relate to the issues faced by their daughters.

Further to this, many younger females also felt that to bring up the subject of sexually related matters could give an impression they did not want their dads to have – that is of a sexually active young person. Moreover, many felt that their dads would be threatened by such an approach and would also be judgmental, rather than helpful – in the first instance at least.

4.1.2.2 Role of mums or female carers

Amongst males, the idea of chatting to their mums or female carers about sexual matters was not readily admitted to; however, it was clear that mums and female carers can offer a strong emotional level of support for any serious issues. Furthermore, issues that related to more serious troubles with a female partner – such as pregnancy scares – were also talked about by males.

For females the role played by their mum or female carer was an important one. Naturally the level of involvement varied dependent on the type of relationship between mother and daughter. That said, for all young females their mum represented someone they fully trusted to talk to about "serious" matters relating to sexual health, contraception/ protection and pregnancy. For some of the females in the groups, their mum (or female carer) was more like a best friend and therefore also took that role which meant discussion about the more everyday and light-hearted elements of sexual and other relationships. In most cases, females would look to their mum (or female carer) as the first port of call with any query or problem relating to this subject. Indeed the first chat between mother (or female carer) and daughter to explain the process and role of sexual behaviour is, whilst somewhat embarrassing, of more value than the same chat between father (or male carer) and son. Whilst such a talk would not be fully embellished and may be somewhat focused on the

more basic aspects, it did result in the daughter tending to be more confident that in the future she can ask further questions if need be.

4.1.3 Brothers & sisters

Male respondents did feel that a brother was a valuable asset in having someone to talk to about sexual matters, with most male respondents saying that they actively talked to their older brothers. However, the topic of conversations appeared to centre more on avoiding embarrassing situations than avoiding more serious repercussions of irresponsible sexual behaviour. For example, males would ask their older brothers for 'tips' on what to do in attracting and satisfying females, as well as things to avoid or things not to say. A moderate level of fear did exist that older brothers could turn the situation into an opportunity to make fun of the younger brother, however, this did not seem to deter them from asking for advice when necessary. More serious aspects such as fear of STIs however, were not as readily spoken about. This was largely down to embarrassment and sensitivity regarding the subject matter.

Some males felt that if they were close enough to a sister they may ask her for general advice on approaching the subject with females and some 'do's' and 'don'ts' regarding what to say and do when with a potential sexual partner. On the whole more personal or physical matters would tend not to be discussed, due to the fact that sensitivities will exist in younger males in these areas, particularly when engaging with a female. That is they will want to avoid awkward conversations or potential embarrassment.

With regards to females the reverse is apparent. Some females felt very comfortable talking to their sisters who played a similar, yet less serious / formal role to the mums (or female carers). Brothers were rarely approached through fear of embarrassment, awkwardness and ultimately ridicule.

"ah'd rather die than speak to ma brother about what ah've been doin wi ma boyfriend!" - 15 year old, female.

4.1.4 Other relatives

On the whole discussing aspects of sexual health and relationships with other relatives carried the same general 'rules' as with parents or brothers and sisters. That is, if the relationship is close enough, females will talk to female relatives, such as aunties whereas males will talk to male relatives, such as uncles.

Again the reasons for this are clear, with familiarity being key, and the avoidance of embarrassment and awkwardness being front of mind.

The importance of other relatives as a source of information and advice on sexual health and relationships increased the more distant the relationship young people had with their parents.

4.1.5 Teachers / community based youth workers

On the whole very few young people – both male and female – felt that they would ever speak to teachers or community staff on issues regarding sexual health and relationships, largely through the fact that the relationship would lack familiarity. Furthermore, several stated that with certain teachers the lack of familiarity could result in the young person not trusting the teacher or community staff member. In addition, there was a fear of embarrassment and self-consciousness for the young person when talking to a teacher or community staff member about such personal issues. Finally, a fear existed that the teacher

or community staff member may view the young person differently, act differently towards them or refer to the conversation in the future.

There are obviously exceptions where relationships with teachers or community staff members are particularly close however these are certainly not the norm.

4.1.6 Sexual health & relationship experts

Most young people are very open to the idea of speaking to a sexual health and relationship expert regarding most areas of sexual health and relationships. Young people are certainly confident that such people would be knowledgeable and helpful. The key, however, to the value of sexual health and relationship experts is in their anonymity. Issues of embarrassment and awkwardness are negated due to the lack of personal familiarity, however, familiarity with the subject matter allows for a strong level of confidence amongst young people. This confidence allows young people to be as open and honest as they can. Furthermore, all the stigmas and judgements that they feel they could face when speaking to others not bound to confidentiality, are minimised.

Regarding the issue of anonymity, many young people felt that they would not speak to their local GP because of the potential awkwardness and embarrassment brought about by the personal familiarity. Whilst the issue of confidentiality would not necessarily be questioned, they felt that the stigmas attached to sexually related health matters would not be conducive to a relaxed and comfortable scenario.

Regarding the content of what is or would be spoken about to a sexual health and relationship expert, most young people would only visit to discuss a sexual health problem – such as suspicion of an STI – rather than a more relationship based problem. With regards to when an expert would be consulted, young people would tend to go when certain symptoms were evident – such as rashes or bumps – rather than simply following unprotected sexual intercourse. The attitude was that the expert was visited when it was evidently necessary, rather than as a result of a nagging anxiety regarding ‘what if’.

This aside, many young females would approach a sexual health and relationship expert to gather information on contraception/ protection, such as the Pill, the Implant or “Jag”. Furthermore, as previously mentioned, many males visited sexual health and relationship clinics to acquire condoms.

4.1.7 The collective value of these individuals to young people

On the whole when asked if there were any gaps in available information or in terms of who could provide it most young people said ‘no’. Most felt that if there was anything to ask, then someone would be available to provide advice or support. On the whole, less serious issues were dealt with by friends and family, as were some more serious issues. Indeed friends and parents were spoken to in the first instances regarding unwanted pregnancies or potential STIs, however, this was normally as a precursor to speaking to an expert.

In relation to providing more support and advice to young people, the general feeling is that enough ‘sources’ are available. The main issue is in fact that such sources are used reactively rather than proactively. Most young people will tend not to look for advice to prepare them for engaging in sexual behaviour, but rather as a result of something going wrong after engaging in sexual behaviour. This again ties in with the fact that pre-empting disadvantageous situations or consequences are not on the young people’s ‘radar’. Instead the other elements of performance, status and enjoyment again override these attributes.

4.2 School based sexual health and relationship education

Views on sexual health and relationship education were very consistent across the genders, age groups and denominational / non-denominational schools.

4.2.1 Content

On the surface, opinions of school based sexual health and relationship education are largely that it is or was somewhat boring – give or take a few humorous moments. Moreover, it does not appear to teach young people anything that they don't already know. Furthermore, those older respondents did not see any value in school based sexual health and relationship education in preparing them for later life. Indeed many were fairly indifferent to sexual health and relationship education, considering it as a class they have to attend with the hope that it may offer some level of eroticism in the materials used (males only) or some humour (e.g. teachers placing condoms on bananas). For many young females the experience is remembered or described as being very awkward and embarrassing.

However, upon further probing it was clear that sexual health education in schools does provide additional facts and details that young people may not otherwise hear about. Either that, or it allows for certain, perhaps more biological facts, to be confirmed. School based education certainly informed the young people of the more biological facets of sexual behaviour, such as what physically happens during puberty and the actual workings of the reproduction system. These details, whilst not of key priority to young people, were certainly welcomed and appreciated, upon probing. Such aspects tended to be covered in biology classes as opposed to specific PSE classes on the subject of sexual health and relationships.

With regards to content a key finding from the research is that there is a huge degree of inconsistency in content across schools. Furthermore, this lack of consistency was not only between denominational and non-denominational schools, but was across all school types.

Indeed where some respondents talked about a very full and detailed level of content – e.g. provision of a box containing many different forms of contraception/ protection and practicing applying condoms to artificial condom demonstrators – others claimed to have lessons purely providing the biological facts of sexual intercourse and reproduction and being given leaflets on topics such as STIs and contraception/ protection. Furthermore, some were provided with guidance on the more emotional aspects of a sexual relationship whilst others did not touch on any of these aspects.

One key area missing from the current content, specifically expressed by males, was their desire to learn more about the physical and emotional aspects of sexual relationships experienced by females. Whilst basic biological facts were covered, many young males felt that they were perhaps 'kept in the dark' regarding the female's physical and emotional experience of sexual development. Indeed, upon probing, some felt that if they were to know more about the female's situation then they may feel less 'distanced' regarding potential negative implications and consequences faced by females, such as unwanted pregnancies.

Further areas of improvement voiced by the older respondents centred on the need to learn more about the emotional and societal aspects of sexual behaviour. Examples included covering the legal aspects surrounding issues such as under age sex and what comprises 'consent' in the eyes of the law. Furthermore, issues relating to relationships and responsibilities would also be welcomed, however these had to be pertinent to teenage relationships and had to be expressed in a non-judgemental, yet informative way. Additionally, a requirement certainly exists to better inform young people of issues relating to

STIs. Furthermore, these need to be talked about more openly, with as little reliance on leaflets and literature as possible and a greater emphasis on verbal communication.

4.2.2 Differences between denominational and non-denominational schools

On the subject of the differences between denominational and non-denominational schools, those who currently attended denominational schools did not at all feel that their education was any less factual or informative, nor did they feel that a judgemental tone was prevalent. Comparisons with those who attended non-denominational schools confirmed this. That said, the content, frequency and method of delivery of sexual health and relationship education did vary across different denominational schools. Some denominational groups described full and frank discussions of subjects such as abortion and STIs in their PSE classes, whilst others had received only the minimum biological facts, usually in a science or biology lesson.

Those slightly older respondents who had attended Catholic schools did say that their learning experiences regarding young people and sexual matters had been too judgemental and unrealistic. Indeed, they said that this was reflected to a certain degree in school, insofar as the approach was very factual, with the content concentrating on biological facts rather than any emotional or relationship related content. Examples of this were the fact that issues such as STIs and pregnancy were not spoken about but instead were displayed in leaflets with diagrams and explanations. Subsequently leaflets were not read and instead were quickly discarded. Furthermore, the general feeling was that teachers were reticent to engage in verbal conversations about such 'sensitive' subjects.

These issues aside, the older respondents who had attended Catholic schools certainly did not feel in any way disadvantaged for having received this kind of education. Again this was confirmed through comparisons with former non-Catholic school attendees. Furthermore, those currently attending Catholic schools did not feel that such a diffident and guarded approach to dealing with the subject of sexual behaviour existed.

The research clearly showed that the main differences in provision of sexual health and relationship education could not be explained by whether a school was denominational or non-denominational.

4.2.3 Method of teaching

Regarding the format and environment in which sexual health and relationship education is provided, there again appeared to be a lack of consistency across schools of all types. Two main forms of delivery existed – biology or science classes and specific social education or PSE classes.

Within denominational and non-denominational schools, sexual health and relationship education was taught in some cases to mixed classes and in others to same-sex classes. On the whole, the general feeling from male and female respondents was that mixed sex classes did not work. The main reason for this was that they felt that talking openly about such subject matter – in particularly covering more sensitive subjects – was quite embarrassing and many respondents admitted that they were reticent to engage in conversations as fully as they may have liked. In addition, some felt that their own levels of sensitivity and embarrassment resulted in a greater propensity to inject humour into the situation. This inevitably meant that males in the group would end up joking around and females would spend most of the class giggling. Respondents of both sexes found the resultant environment not conducive for learning anything.

"…aw the lassies wur jist gigglin' 'n' that. That just kindae pissed me oaf 'n' a' couldnae be aersed aefter that" – 16 year old, male.

Furthermore, the fact that the whole class – sometimes up to 30 pupils – was present also meant that some would be reluctant to talk openly for fear of being misunderstood or ridiculed.

To this end, the general consensus was that smaller, same sex groups would be much more conducive to a meaningful learning experience, where greater attention could be given to specific issues and information more readily divulged. Furthermore, a self-selecting approach to making up the groups was also an attractive concept, where pupils could form themselves into their own groups. This, it was felt, would allow for a more relaxed scenario, leading to more open discussion.

The majority of young people were taught sexual health and relationship education by their social studies / PSE or biology teachers. In the case of some denominational schools a priest administered the lessons. On the whole, young people felt that unless the relationship with the teacher was one where pupils felt comfortable talking about such issues, then they would be reticent to speak openly and honestly. Given that the teacher was often different across different lessons and could be either male or female, it was thought difficult to build up a level of trust which would even allow for questions to be asked after class. The tone of these classes was entirely driven by who was teaching the class and was therefore another area of real inconsistency.

Many claimed they would prefer if a trained external person were to administer the lessons – either a sexual health and relationships expert or a nurse / doctor. Indeed it was perceived that this would allow for more open and honest discussion and would remove the potentially 'awkward' or even 'humorous' feelings brought about by being spoken to by a teacher who they would not normally associate with such subject matter. The impartiality of such an outsider was also welcomed and thought important in creating a sense of trust, and of no potential recriminations.

The frequency of being given sexual health and relationship education was also very inconsistent across schools. In some schools young people had a block of around 6 weeks of PSE classes devoted to this subject every year from S1 to S4. In other schools, sex education was given on a one-off basis in around S2.

The majority of respondents thought that an annual block of sex education classes (delivered in single-sex small groups) would be the optimum level as this would allow them to ask questions and learn more as they developed and progressed physically and emotionally.

4.2.4 Summary

The research found that on the surface sexual health and relationship education was not perceived to be of major importance or value. Indeed, it was thought boring and in no way prepared individuals for engaging in sexual behaviour. That said, it did still have some value in providing factual – often biological – information to individuals.

Another important finding was that the content and provision of sexual health and relationship education was inconsistent across different schools, whether they were denominational or non-denominational schools. Indeed no notable differences were evident between the present teachings in denominational and non-denominational schools. Inconsistencies were evident in terms of content, format, frequency and tone.

The young people expressed a desire to learn more about the experience of the other sex, insofar as how they biologically and emotionally developed in relation to sexual development. Certainly many felt 'kept in the dark', when in fact they recognised that a greater level of understanding may be beneficial in their own development. Further aspects that they felt could be covered related more to the social and relationship aspects of sexual

practice, such as the moral and legal responsibilities of young people. These issues had to however be delivered in such a way that was pertinent to young people and was non-judgemental.

Another important aspect that young people have to be educated in is with regards to STIs. On the whole a predominantly verbal approach to explaining the whole range of STIs as well as their symptoms and long-term effects appears to be required as standard across all schools.

The research found that young people might be more receptive and open in smaller single-sex groups. Certainly younger people felt that they would contribute more and learn more in such a scenario. Furthermore, being 'taught' the information by someone independent of the school was also perceived to allow greater involvement and attention.

5.0 CONCLUSIONS

The research aimed to gather attitudes towards sexual health and relationships amongst young people In the City of Glasgow.

5.1 Factors in choosing to engage in sexual behaviour and the role of sexual behaviour in the lives of young people

There is an obvious difference between sexes in the role sexual behaviour plays in the lives of young people.

With regards to young males the approach to losing virginity and sexual practice beyond this is largely down to gendered expectations of achieving a degree of status and gaining a high level of experience. Furthermore, attaining a high level of enjoyment and fun is also of particular value.

The result is that many young males are adamant that they will lose their virginity before they reach the age of 16 and that they will enjoy a variety of sexual partners to ensure they are experienced when they do finally settle with a long-term partner. Further to this young males did not see that such an approach would be to the detriment of future longer-term relationships.

The pressure to achieve such a position can come from their peers; however, most young people feel this pressure regardless of whether it is inflicted on them by their peers or not.

Females on the other hand have a lower sense of urgency in losing their virginity and instead are more likely to wait until they are in a relationship. Indeed their approach to sexual behaviour appears considerably more relaxed, with less of an inclination to associate being sexually active as something worthy of status or respect. On the contrary gendered expectations for younger females make them less likely to be as open to admitting to sexual encounters due to the fact that to do so may result in them being labelled ‘too forward’. The underlying reason for this more guarded approach appears to draw on a considerable fear of pregnancy. The result is a more careful and planned approach to losing virginity and future sexual practice.

The role that alcohol plays in young people’s decisions regarding sexual behaviour certainly revolves around hiding certain insecurities and relaxing inhibitions. However, the role goes deeper than that for females who see using alcohol as an excuse or explanation for engaging in behaviour that they feel could potentially have them branded as “promiscuous”. This is largely due to existing perceptions amongst some females that to be sexually assertive and forward is demeaning and socially unacceptable. Alcohol ultimately provides an ‘excuse’ for females behaving in such a ‘frowned upon’ way. The reality however, is that the decision to use alcohol as an ‘excuse’ clearly indicates a desire amongst young females to engage in sexual behaviour, providing personal culpability relating to the ‘stigma’ can be exonerated and how they are perceived by others is not compromised.

The overall scale of the issue of alcohol usage is however considerably wider. The use of alcohol is very much a part of the social lives of many young people who see it as a largely ‘safe’ method of adding to and increasing the chance of sexual behaviour. To this end it is a regular component of a night out socialising where it facilitates and enhances interaction with the opposite sex and increases the opportunities to engage in sexual behaviour.

5.2 Sexual health and relationships and contraception/ protection

Awareness of the full range of contraception/ protection available and how it functions was particularly low amongst the males and females consulted with.

In relation to the consequences of not using contraception/ protection or protection, most young people mainly consider pregnancy to be the only undesired outcome, with many not spontaneously voicing the threat of contracting STIs. Indeed a clear finding emerging from this research is that a need exists to better inform young people of the range of different STIs in existence and their short and long-term consequences.

Regarding the use of condoms, problems exist in that females, unlike males, are reticent to carry or instigate the use of condoms due to fear that they may be considered 'too forward' or indeed a 'slag' or 'slapper'. This coupled with general cynicism towards whether a male partner would have or be willing to use condoms, meant that many females instead used alternative, more 'discreet' forms of contraception/ protection such as the Pill to ensure they were protected from the risk of unwanted pregnancy.

Males, whilst open and confident about carrying condoms, are also reticent to instigate their use. However these are for perhaps more irresponsible and disrespectful reasons. Namely, they see the problem of pregnancy as being one that the female ultimately deals with, as she will be the one responsible for giving birth to and bringing up the child. To this end, males very much see the instigation of the use of condoms as a female's responsibility.

This, coupled with the female's fear of being stigmatised as 'too forward' and their propensity to use more discreet methods of contraception/ protection such as the Pill, results in the development of strong barriers relating to the use of condoms. To this end, the health implications relating to STIs are not being protected against to the degree that they could.

This reticence amongst males to use contraception/ protection may well come from the fact that when they lose their virginity (or indeed were first getting into regular sexual behaviour) they are likely to have not used a condom. This is due to other more important issues to them – such as status and enjoyment – being greater priorities. The sense that no harm came from these encounters carries on into the future, meaning a somewhat blasé approach becomes habit.

A need ultimately exists to:

- Start to dismantle the gendered messages that young people receive about the respective male and female roles in sexual relationships and replace them with healthier and equal ones
- Generate greater understanding and respect between sexes regarding the physical and emotional aspects of sexual health and relationships and the consequences of unprotected sexual behaviour
- Promote greater communication on these matters between the sexes
- Generate a greater appreciation of the long and short-term consequences of unprotected sexual behaviour, beyond pregnancy

5.3 Sources of information and advice about sexual health and relationships

The research attempted to ascertain the quality and value of advice, support and information provision of sexual health and relationship matters for young people. This included both formal and informal sources of such support and information.

5.3.1 Informal information provision

The research highlighted the value for young people in speaking to a number of individuals including friends, family, relatives, teachers and sexual health and relationship experts.

On the whole no great 'gaps' in information provision existed, with young people satisfied that if their relationships with the individual involved contained a sufficient degree of trust, confidence and confidentiality then they did feel that they would have someone to speak to.

On the whole young people preferred to speak to someone of the same sex. Moreover, most young people did have a range of people that they felt they could talk to. Friends were spoken to on serious, as well as less serious issues; whereas parents tended to be consulted with when greater emotional support was needed. Young people were also quite open to speaking to sexual health and relationship experts if indeed the need existed. The knowledge, anonymity and confidentiality of experts were key in driving this.

5.3.2 Formal information provision

Formal information provision centred on school-led sexual health and relationship education. On the surface this was seen as 'boring' with no obvious value in preparing the young person for their future sexual behaviour. That said, young people did appreciate that it was useful for learning about the biological facts of sexual behaviour.

The key finding was however, that inconsistencies existed in the content, format, frequency and tone of such education across schools. Furthermore, this was across all types of schools and was not specifically the case between denominational and non-denominational schools.

With regards to how the delivery of information could be more meaningful, a major hindrance appeared to be the use of mixed sex classes. Indeed the presence of the opposite sex led to more embarrassment and less open discussion leading to a perceived need to inject humour into the proceedings. Young people expressed that they would be more open and honest, as well as learn more if sexual health and relationship education was delivered in smaller single-sex discussion groups. Furthermore, having the information delivered by an independent expert, rather than a member of school staff, would also be more effective.

Young people welcomed the idea of being given more information on the emotional and physical experiences of the opposite sex in relation to sexual development. Further to this young people would welcome more information on the legal, societal and moral aspects of sexual behaviour. However, such information had to be delivered in a non-judgemental way pertinent to young people. A greater degree of information explaining the full range of STIs and their long and short-term consequences is also required.

6.0 Recommendations

Drawing on the main findings from the research, areas of consideration are now provided to assist in addressing the key issues emerging from the research.

6.1 Providing more effective sexual health and relationship education

Regarding school-led education:

- The main issue is one of a lack of consistency – a requirement exists for greater coordination and uniformity throughout all types of schools in Glasgow. This is to help ensure that content, tone and methods of delivery are consistent throughout the area.
- Consideration could also be given to improving almost all areas of sexual health and relationship education in schools, including format, delivery, content and frequency.

When considering the content of sexual health and relationship education:

- Young people may benefit from having lessons that include more on the societal, legal and moral aspects of sexual behaviour and a sexually active lifestyle
- Aspects of respect, understanding and awareness of the opposite sex's predicament and situation also need to be covered
- Encouraging young people to reconsider their views and opinions of themselves, as well as others, may be the first steps in trying to bring about a societal change in which sexual behaviour is seen as an act revolving around respect and feeling rather than achievement or status
- Promote the idea of independence and empowerment amongst young people in choosing to engage in sexual behaviour without pressure from society and young people's culture
- Encourage young people to take a more 'proactive' approach to better prepare them for sexual behaviour. At the moment advice and assistance tends to be sought only after experiencing a negative consequence
- Ensure young people keep in mind the various sources available from where they can get advice and assistance
- Tone is vital in creating a sense of engagement and interest amongst young people.
- Talk to young people in a non-judgemental, factual way, but in everyday language that they would use themselves. It is important that the subject of sexual behaviour is addressed in a frank and open way
- In relation to the issue of credibility, young people may also appreciate and respond to real life scenarios and examples of young people their own age talking about their sexual experiences, learning and regrets

When determining the scenario and set up in which such education can be delivered it is important to keep in mind that:

- Young people feel more comfortable and are more open to discussion and learning when with people of the same sex
- Young people are more open when in smaller groups rather than classroom size groups
- Young people feel more comfortable when in groups comprised of friends and classmates they are more familiar with. Indeed having the option to select their own groups can also be welcome
- Young people may also respond to information provided using a range of different media and materials, such as DVDs.
- Young people also tend to respond better and see the relevance in a message when being spoken to by someone fairly close to their own age

Further to this, those who deliver sexual health and relationship education should:

- Be experts on the subject
- Be able to hold young peoples' attention for a sufficient length of time
- Be as believable as possible, through being honest and credible
- Be able to encourage discussion and participation
- Foster a strong level of confidence and trust amongst young people, perhaps through a greater position of impartiality from the formal education system. Indeed teachers and local community workers are not deemed as suitable in the eyes of the young people researched

Further to classroom based teaching:

- Young people may also respond to a more proactive approach of information provision, where experts and information are brought to the places that young people would typically be in their free time. Those who do not learn well in a classroom scenario can be better informed, whilst those who do, may be able to learn more.

Regarding the timing of content delivery:

- Delivery may best coincide with the time that most young people are thinking about sex which is typically by the age of 13 years at the latest
- Relatively frequent delivery of information will strengthen and reinforce the messages

6.2 Better information about contraception/protection

One of the key findings from this research was the ambivalence of many to the risks posed by STIs. Much more detailed information is needed regarding the range of STIs and their consequences, namely:

- What STI's exist
- How different STIs are caught
- How to protect against each STI
- Symptoms of different STIs
- The short and long-term consequences of each STI

Several key messages need to be communicated to young people:

- That STIs are definitely worth thinking about
- That some STIs can last a lifetime
- That some STIs can affect various aspects of your life in the future
- That STIs can be caught from the first time you have unprotected sexual intercourse
- That both sexes should be more open to talking about the use of condoms prior to sexual encounters

Furthermore, specifically for females, although also valuable to males, is the requirement to overturn the common perception that protection is only needed to prevent pregnancy. This will require a strong dual message:

- STIs are a real risk that can impact on **your** life
- The only ways to reduce the risk of STIs is through using condoms or delaying sex

Bear in mind additional barriers to be overcome with encouraging the use of condoms:

- For males – the perception that sexual enjoyment is heightened without using a condom
- For females – the stigma of being considered a "slapper" that is attached to carrying condoms

Addressing the issues of using condoms may require working on a wider 'cultural shift' where the roles of males and females are challenged. That is, gender specific education is required that addresses:

- The perception amongst some males as being free from responsibility when widening their sexual 'conquests' needs to be looked at.
- The consideration of females as irresponsible and lacking in self-worth if they choose to show confidence and consideration when engaging in sexual behaviour.
- Furthermore, such considerations need to apply throughout all in society and not just young people.

In informing young people of the need to use condoms:

- It is important that they are presented with information and data that allows them to relate to the subject and realise "that could be me", such as real-life examples and statistics

6.3 Addressing the issues regarding the use of alcohol

It is clear from the research that the lifestyle of regularly consuming alcohol prevalent in many young people is certainly having an effect on decisions regarding sexual health and relationships. Action that could be taken is as follows:

- Explore the potential for joint campaigns with initiatives set up to address the problem of underage drinking and alcohol abuse in young people Further to this consideration of the wider problem of alcohol abuse in society may also need to be looked at
- Inform young people of the potential negative consequences of engaging in sexual behaviour whilst under the influence, such as safety, unplanned pregnancy or contracting an STI.
- Issues of self-esteem and confidence have to be addressed to seriously combat the alliance between alcohol abuse and irresponsible sexual behaviour
- Campaigns have to realistically and factually explain that alternatives should be sought for boosting social confidence and the ability to make meaningful decisions regarding sexual behaviour
- Empower young females to realise that their sexual behaviour is something that should be openly and soberly considered and that 'masking' or 'excusing' it through alcohol abuse may lead to disadvantageous predicaments.
- Indeed societal prejudices against females being sexually assertive should also be addressed

Appendix 1 – Young Peoples' Questionnaire

progressive
17 Corstorphine Road, Edinburgh, EH12 6DD
Tel: 0131 316 1900 Fax: 0131 316 1901
info@progressivepartnership.co.uk

Young people and sexual health and relationships research

Your questionnaire for researching your friends and peers

Your details:

Name	
Address	
Telephone Number	
Age	

Details of the person you have interviewed:

Name (optional)	
Address (optional)	
Telephone Number (optional)	
Age (please ensure this is completed)	

Q1. Do you ever speak to other people about matters or issues relating to sex and relationships? E.g. contraception, sexual health and views and opinions towards sex. (Please circle)	**Yes** →	**If they answered 'yes' – go to question 2**
	No →	**If they answered 'no' – skip the next few questions and go straight to Q5 at the top of page 5**

IF 'YES', YOU DO SPEAK TO PEOPLE ABOUT ISSUES AND MATTERS RELATING TO SEX…

Q2. Who do you tend to speak to about matters relating to sex, sexual health, contraception and relationships?

(Please circle – remember you can circle as many as you like)

Best mate

Good friend

Brother

Sister

Mum

Dad

Other relatives & friends of the family

Community staff – e.g. youth club leaders

Your schoolteacher or a member of staff at school

An expert on the subject, such as a doctor, nurse or sexual health advisor

Q3. Do you ever speak to anyone else in relation to matters relating to sex and relationships? Please write in who they are below.

_____

_____

_____

_____

_____

Q4. On the subject of sexual matters and relationships, including sexual health and contraception, what would you tend to talk about to the following people, if at all? (Please write in the kind of things you would speak about next to the person you would speak to)

Your best mate	
A good friend	
Your brother(s)	
Your sister(s)	
Your Mum	
Your Dad	
Other relatives or friends of the family	

Your teacher or a member of staff at school	
Community staff – e.g. youth club leaders	
An expert on the subject, such as a doctor, nurse or sexual health advisor	
Anybody else?	

Thank you for completing this task. Please don't forget to take it along to the group discussion. We look forward to seeing you again soon.

IF 'NO', YOU DO NOT SPEAK TO PEOPLE ABOUT ISSUES AND MATTERS RELATING TO SEX…

Q5. Would you like to speak to someone regarding issues relating to sex and relationships? (Please circle)	**Yes** →	**If they chose 'yes' – go to question 6**
	No →	**If they chose 'no' – skip the next few questions and go straight to Q8 at the bottom of the page**

IF 'YES' – YOU WOULD LIKE TO SPEAK TO SOMEONE ABOUT THESE MATTERS

Q6. Who do you think you would choose to speak to? (Please write in below)

Q7. What areas would you like to speak to them about? (Please write in below)

IF 'NO' YOU WOULD NOT LIKE TO SPEAK TO ANYONE…

Q8. What do you think are the reasons for this? (Please write in below)

Thank you for completing this task. Please don't forget to take it along to the group discussion. We look forward to seeing you again soon.

Appendix 2 – Topic Guide

progressive
17 Corstorphine Road, Edinburgh, EH12 6DD
Tel: 0131 316 1900 Fax: 0131 316 1901
info@progressivepartnership.co.uk

Young People's Sexual Health Steering Group
Teenage Sexual Health & Relationships
Discussion guide – June 2006

Introduction / Warm Up	• Welcome to the session • Introduction by moderator to group and explanation of Market Research Society Code of Conduct • Explanation that they don't have to speak about anything they may feel awkward with and that they can say this at any point in proceedings. However, this is totally confidential and no one outwith this room will ever know what they as individuals have said. Phrases like 'female, 15, said…' will be used. Further to this we would prefer you not to use any names if you are telling others about the group • As adults we have a responsibility to the people (Glasgow City Council and NHS Greater Glasgow & Clyde) who asked us to undertake this work. At all times they need to ensure that young people are safe. Therefore if information is given to us in these sessions, which suggests that young people are or might be being harmed, are putting themselves at considerable risk or are harming others, then we have a duty to pass this information on. • This aside, provide an explanation of rules of engagement of group discussion: take part; not a test; no right or wrong answers; enjoy! • Furthermore, let them know that we as moderators are experienced in talking about this subject with young people – we will not feel awkward or offended, so don't hold back • Introduction to topic: **young people and the subject of sexual health and relationships** • Introduction to respondents: first name, age, interests • Quick warm up: please write down the first thing that comes into your head when the words sexual health and relations is mentioned? DON'T WORRY, I'LL JUMBLE UP THE WORDS SO NO ONE KNOWS IT'S YOURS
Setting the scene	• Thinking about sexual health and relationships, what do young people tend to talk about with their mates when you're out? SPONTANEOUS THEN LOOK FOR KEY AREAS REGARDING SEX AND A YOUNG PERSON. AIM TO SORT OUT AREAS FOR CHATTING INTO: • Subjects that are a 'laugh' • Subjects that are serious, yet still openly talked about • Subjects that are serious and not openly talked about

	THE NEXT TWO SECTIONS WILL INVESTIGATE WHO THEY TALK TO ABOUT THE DIFFERENT AREAS AND WHY. THE AREAS MENTIONED HERE WILL BE REFERRED TO THROUGHOUT
Sex and getting advice	• Have you ever talked to anyone else about issues relating to sexual health and relationships? • If no – why not? SPONT THEN PROBE No one available, felt shy, awkward, simply no desire to • If yes – who was it? SPONT THEN PROBE friends, brothers/ sisters, other relatives, family friends, school teachers, medical or social experts e.g. via help lines, parents • Why did you choose that person to discuss sexual health and relationships with – SPONT THEN PROBE they were knowledgeable, they were friendly, I felt relaxed, I trusted them, no-one else available – PROBE FULLY • How did chatting to them come about? SPONT THEN PROBE: did an event bring it about? Did they ask you or you ask them? – PROBE FULLY • What did they tell you about sexual health and relationships? • Did they tell you everything you needed to know? What more did you feel you needed to know? – PROBE FULLY • Why do you think you never found out everything you needed to know SPONT THEN PROBE they didn't know everything I needed to know, they felt awkward/ embarrassed/ they felt that I knew everything I should need to know – PROBE FULLY • How did the discussion make you feel? SPONT THEN PROBE confident, enlightened, happy, mature, relaxed embarrassed, awkward – PROBE FULLY • Why did you feel this way? – PROBE FULLY • What was the outcome of your discussion? Did you feel better prepared and more confident regarding sexual health and relationships having chatted to the person/ people? IF SPOKE TO PARENTS • Which parent did you speak to? Why? What are the advantages of speaking to your Mum? Why? What are the advantages of speaking to your Dad? Why? • Why did you choose that person to discuss sexual health and relationships with – they were knowledgeable, they were friendly, I felt relaxed, I trusted them, no-one else available – PROBE FULLY • How did this come about? SPONT THEN PROBE: did an event bring it about? Did they ask you or you ask them? • What did they tell you about sexual health and relationships? • Did they tell you everything you needed to know? What more did you feel you needed to know? • Why do you think you never found out everything you needed to know SPONT THEN PROBE they didn't know everything I needed to know, they felt awkward/ embarrassed/ they felt that I knew everything I should need to know – PROBE FULLY • How did the discussion make you feel? SPONT THEN PROBE confident, enlightened, happy, mature, relaxed embarrassed, awkward – PROBE FULLY • Why did you feel this way?

	• What was the outcome of your discussion? Did you feel better prepared and more confident regarding sexual health and relationship matters having chatted to the person/ people?
Sexual health & relationship education	• Please shout out the first words that come into your head when I mention sex education at school? Was it useful, not useful? Why do you think this is? SPONT THEN FOCUS ON THE FOLLOWING: • When did you first receive any sex education in school? o What age were you? Did you think this was a good age? Why? Do you wish you'd receive it earlier or later? Why? Were you ready for it or not ready for it? Why? • What topics did you cover in sex education in school? Was there anything that wasn't covered that you would have liked to have been covered? What topics are these? • What did you think about the sex education you received in school? – SPONT THEN PROBE o Informative, taught you new things, taught you everything you needed to know – PROBE FULLY o A waste of time, I knew it all anyway o Did it cover anything different to what you chatted to your parents about, if at all? Which was most useful – parents or school? Why? PROBE FULLY • How did it make you feel? SPONT THEN PROBE: o Bit of a laugh, boring, awkward, nothing new, knew it all anyway, confident, mature – PROBE FULLY • Who gave you sex education? o PSE Teacher, support staff… o Was this the best person to give you sex education? Why? Who in school would you have preferred to tell you about sex education? Why? o Would you prefer sex education to be provided by someone: ▪ Who is the same gender? Why/ why not ▪ Who is a younger rather than older adult? Why? • What sort of tone did they use when giving you sex education? SPONT THEN PROBE Did you think they were judging you? In what way? Did you think they were trying to put you off having sex? Or were they simply giving you the facts? PROBE FULLY What did you think of this? • How were you taught sex education in school? o In a large or small group? o Were boys and girls split into different groups for sex education? Is this good or bad? Why? • Overall, how well did sex education prepare you in relation to sexual health and relationships matters? • How could sex education have been more useful? – SPONT THEN PROBE IN RELATION TO ALL ASPECTS DISCUSSED • IF OLDER – how well did it prepare you – probe fully
Sex and contraception	• How much do you feel young people know about contraception in general? o Enough? Not enough? Why? • What more do you think young people would like to know about contraception? How could they find this out? • Thinking about a couple that are planning on having sex, who

	do you think is responsible for providing contraception? o If male, why? If female, why? – PROBE FULLY o At what point do you think they start talking about contraception • Do you think for people of your age, that getting condoms is something that is immediately thought about? Would someone already be prepared? Would they already carry condoms about with them? PROBE FULLY • Would condoms be mentioned or talked about? When? • How is this different in a one-night stand compared to a longer-term relationship? PROBE FULLY
Attitudes to sex & relationships	**I would now like to give you some examples of situations that young people may find themselves in. I will describe the situation and then we'll have a chat about them. Again please be as honest as you can – nobody will judge you on any views that you give – there are no right or wrong answers.** **Case study 1**: Craig – ADDRESS: Pressures to say yes/ no…factors for having sex **Craig is 14 years old. He has never had any kind of sexual encounter. His friends are slagging him off. They tell him about a certain girl who likes him and will be up for it. He doesn't really like her at all but is feeling the pressure from his mates.** How do you think Craig is feeling? Why? PROBE FULLY Should he feel this way? Why? PROBE FULLY What are the advantages in Craig going ahead with it? Is he going to lose anything (other than his virginity)? – SPONT THEN PROBE FULLY: get it out of the way, next time it could be somebody he likes and he will be 'ready', not going to do him any harm, she won't mind if its just sex and nothing else, he might end up really liking her, his mates will stop taking the mickey, he'll 'feel more of a man' If he goes for it what do you think are his reasons? Is this right? Is this understandable? What are the advantages in not going for it? – SPONT THEN PROBE: when he does do 'it' he'll be ready and enjoy it more. He won't risk offending the girl afterwards. He quite simply won't enjoy it. He won't risk it being a disaster. How should he go about saying 'No' – PROBE for methods and implications. How will this make him feel? – PROBE FULLY What should Craig do? Why? PROBE FULLY What do you think are the main reasons young people have sex for the first time? SPONT THEN PROBE: Curiosity, pressure from friends or partners, feel more of a grown up, get it out of the way, fun, feel ready for it? What do you think are the main reasons some young people don't have sex? SPONT THEN PROBE: nerves, lack of confidence, not findings anyone to have sex with, they've made a decision not to What do you think about the age of consent for sex? Do you know

	what that age is? Do you think this is too young or too old? Why? PROBE FULLY **Case study 2**: Fatima – ADDRESS: sex and love/ relationships and the role of sex **Fatima is a 17 year old Muslim and has decided not to have sex until she is married. She has made this decision and is going to stick by it. Fatima still has boyfriends however, she just doesn't engage in full sex.** How do you think Fatima feels and why? PROBE FULLY What are the advantages in her not having sex until she meets the right person? SPONT THEN PROBE: more meaningful sex in the future, doing it when she feels ready and enjoying it more What are the disadvantages in her not having sex until she meets the right person? SPONT THEN PROBE: missing out, lack of experience in the future… Should Fatima stick with the way she is regarding sex? Why? PROBE FULLY What do you think are the reasons for some people not having sex until they are with the right person? What are your thoughts on this? Why? PROBE FULLY Do you think that after losing your virginity, you should have sex in every relationship you are in? Why? Do you think the idea of sex only being for marriage is dead? How do you think these issues discussed would differ if Fatima was of a different religion? PROBE FULLY **Case study 3**: John and Jenny – ADDRESS: one night stand vs. bigger relationship, sex as 'throw away' **John and Jenny are both 19 and meet at a club and get off with each other. They go back to John's flat and have a great night of sex, with John thinking 'she's the one'. The next day Jenny says she had a great time and that if they bump into each other again at the club they can do it all again. John was hoping for something more solid than that.** **Jenny did this every so often with guys she'd meet at clubs. Sex to her was more about fun one-night stands with no strings attached. John was different and preferred to have sex with someone he was in a relationship with and really liked.** How do you think Jenny feels and why? PROBE FULLY Should she feel this way? Why? PROBE FULLY What do you think are the good points of Jenny's approach? – What are the advantages? – SPONT THEN PROBE: Fun, excitement,

	variety What do you think about the bad points of Jenny's approach? – What are the bad things that could happen? – SPONT THEN PROBE: STIs, reputation as a slag, feeling used, missing out on a good longer relationship How do you think John feels and why? PROBE FULLY Should he feel this way? Why? PROBE FULLY What do you think about John's attitude to sex? What do you think are the good points of John's approach? – What are the advantages? – SPONT THEN PROBE: Quality not quantity, loving and understanding sex, opportunity to get used to each other and work on having better sex What do you think about the bad points of John's approach? – SPONT THEN PROBE: what are the bad things that could happen? – Lack of variety, relationship issues, missing out and regretting it later in life? Overall which do you think would be the best way to be regarding sex? Why? PROBE FULLY **Case study 4**: Kelly – booze up & party planned ADDRESS: sex and alcohol/drugs **There is a party planned for Friday night at Kelly's house as her parents are away. Kelly, who is 15 has had sex a few times before and now wants to have sex with Dave who she has been seeing for a couple of months. Kelly, however, is feeling a bit nervous as she feels he may not like her when it gets down to it. To get over her nerves she's bought some booze and hash. The party gets underway and Dave seems interested.** If Kelly goes for it: How do you think Kelly will feel and why? PROBE FULLY Should she feel like this? Why? PROBE FULLY What are the advantages of Kelly going for it? What are the good points? SPONT THEN PROBE: She gets over first time nerves of being with Dave and will be more confident for next time? She has a good time? Is there any real harm in the situation? Why? What are the disadvantages of Kelly going for it? What are the bad things that could happen? She wasn't in control and could be taken advantage of? She'll do things she wouldn't want to do when sober? – PROBE FULLY How do you think she'll feel the next morning if she goes ahead with it? – PROBE FULLY What should Kelly do and why? – PROBE FULLY Why do you think someone would feel the need to use drink or drugs before having sex with someone? – SPONT THEN PROBE nerves, confidence

	Do you think this will change with time? Why? What else could they realistically do to handle the nerves? – SPONT THEN PROBE What would be the value in talking to the other person and explaining to them that they are nervous? Can this realistically be done? – Why not? SPONT THEN PROBE What are the factors that could stop this happening – SPONT THEN PROBE fear of being laughed at, the other person not responding the way you would like them to? Turning the other person off? Where does contraception come in? When should it be discussed? PROBE Dave's feelings – if he were the nervous one (switch roles)
Summary and wrap up (10 mins)	• Quick summary of key themes emerging from the group discussion • Thank and close

Appendix 3 – Case Studies

Case study 1: **Craig** – *ADDRESS: Pressures to say yes/ no…factors for having sex*

Craig is 14 years old. He has never had any kind of sexual encounter. His friends are slagging him off. They tell him about a certain girl who likes him and will be up for it. He doesn't really like her at all but is feeling the pressure from his mates.

Case study 2: **Fatima** – ADDRESS*: sex and love/ relationships and the role of sex*

Fatima is a 17 year old Muslim and has decided not to have sex until she is married. She has made this decision and is going to stick by it. Fatima still has boyfriends however, she just doesn't engage in full sex.

Case study 3: **John and Jenny** – *ADDRESS: one night stand vs. bigger relationship, sex as 'throw away'*

John and Jenny are both 19 and meet at a club and get off with each other. They go back to John's flat and have a great night of sex, with John thinking 'she's the one'. The next day Jenny says she had a great time and that if they bump into each other again at the club they can do it all again. John was hoping for something more solid than that.

Jenny did this every so often with guys she'd meet at clubs. Sex to her was more about fun one-night stands with no strings attached. John was different and preferred to have sex with someone he was in a relationship with and really liked.

Case study 4: **Kelly** – *ADDRESS: sex and alcohol/drugs*

There is a party planned for Friday night at Kelly's house as her parents are away. Kelly, who is 15 has had sex a few times before and now wants to have sex with Dave who she has been seeing for a couple of months. Kelly, however, is feeling a bit nervous as she feels he may not like her when it gets down to it. To get over her nerves she's bought some booze and hash. The party gets underway and Dave seems interested.