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Service Development Programme:
Maximising Life Opportunities for
Teenagers

**Teenagers' Views and Experiences of Sex
and Relationships Education, Sexual
Health Services and Family Support
Services in Kent**

Summary of survey findings



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**Centre for Health Services Studies
University of Kent**

July 2005

Service Development Programme: Maximising Life Opportunities for Teenagers.

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Relationships Education, Sexual Health Services
and Family Support Services in Kent**

**Summary of Survey Findings Year 1
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Centre for Health Services Studies

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This report was funded by the Kent Teenage Pregnancy Partnership in May 2004. It forms part of a three year evaluation of sex and relationships education, sexual health services and family support services in Kent.

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1 Introduction

This summary report provides the key findings from a survey of teenagers' views and experiences of sex and relationships education and sexual health services from eight Primary Care Trusts (PCTs) in Kent. The full report is available at www.kent.ac.uk/chss.

The research was commissioned by the Kent Teenage Pregnancy Partnership and was undertaken by a research team at the Centre for Health Services Studies from the University of Kent.

This project forms part of a three year Kent-wide service evaluation. The overall purpose of the research is to find out whether the education received and services used meet the needs of teenagers, by describing any strengths, weaknesses and gaps in the way they are currently provided.

2 Method

This project invited 2,400 teenagers aged 15 and 16 from schools across Kent to take part in a survey. Schools were selected to provide a broad overview across abilities and socio-economic backgrounds in each PCT. Different schools will be targeted over the course of the three-year project to gain a variety of perspectives from across Kent.

The purpose of this project was to

- describe how teenagers currently get information about sexual health and relationships and the value placed on these sources.
- identify the nature, strengths and weaknesses of sexual health education received.
- ascertain the up-take, strengths and weaknesses of any sexual health services used in the community.
- describe the extent to which education and health services have prepared young people and whether it has influenced behaviour from their viewpoint.
- identify ways services can be improved.

Access

The Head Teacher was the first point of contact when trying to engage the schools in the research. Access was hindered when 12 schools declined to take part for a variety of reasons. Replacement schools were found and in total 21 schools took part.

3 Demographic Data, Trusted Sources of Sex and Relationships Information, and Teenagers' Views on Sex and Relationships Education

This section identifies the demographic data for the respondents, as well as the teenagers' trusted sources of sex and relationships information and their views on sex and relationships education in school.

- The overall response rate was 83.5% (n=2004) for Kent with an average PCT response rate of 83%. There were 952 boys (47.5%) and 1052 girls (52.5%). Most teenagers classed themselves as white and did not specify a religion. The average age was 15 years.

Nature of information received

- At school the teenagers were most likely to receive information on sex and relationships from teachers. Most suggested that they did not receive information from their school nurse.
- Of the family, mothers were most likely to be a source of sex and relationships information for girls and boys and the most trusted person to provide them with reliable information on pregnancy and contraception. Fathers were also a key source of information, but mainly for boys.
- Girls were more likely to get information from their friends than boys. Television tended to provide more information to boys, and girls got more information from magazines. Both groups learned nothing or very little from pamphlets.
- Most of the teenagers had not used community services, such as family planning clinics, doctors or nurses as a source of sex and relationships information. However professionals were seen as the most trusted sources of information on HIV/AIDS and other sexually transmitted infections.
- The teenagers tended to trust information on relationships from people who they had close personal relationships with.
- Girls were more likely than boys to cite family planning/ young person's clinics as trusted sources of reliable information on pregnancy, contraception and sexual health.

Sex and relationships education at schools

- With respect to the delivery of sex and relationships education, most teenagers thought their teachers appeared confident, and half felt comfortable with teachers or outside speakers.
- Creating the right environment to encourage interaction with students during these sessions was less clear. Only a quarter of the sample were given the chance to discuss issues and most were uncertain or did not know if they felt comfortable asking questions.
- With reference to information taught, under half of the teenagers reported that they received some information from school on HIV/AIDS and other sexually transmitted infections. The majority of teenagers however did not seem to learn a lot of information about these topics.
- It was noteworthy that 13% of the teenagers reported not being taught about HIV/AIDS and 9% had not been taught about other sexually transmitted infections, amounting to approximately 400 teenagers.
- On the whole, teenagers were more likely to have been taught about physical changes than emotional development, sexual feelings and relationships. Respondents were also least likely to have been taught about abortion and becoming a parent.
- Most of the teenagers suggested that their sex and relationships education was delivered at about the right time, but a fifth felt it was too early. Girls were more likely than boys to suggest this.
- Out of all the topic areas, information on drugs and alcohol was rated highest as being given too late (17%) especially by boys, although the majority felt it was at the right time.
- The teenagers were generally uncertain about their involvement in sex and relationships education. Over half felt they did not have a part in deciding what topics were taught.
- With respect to information that was lacking, boys tended to want more information on the physical aspects of sexual relationships, such as making sex more satisfying and sexual intercourse. Girls were more likely to want information on sexual feelings, emotions and relationships, and sexually transmitted infections. All teenagers wanted more on being a parent.
- On the whole teenagers tended to take their sex and relationships education seriously, although boys were marginally less likely to take it as seriously as girls.

4 Teenagers' Views and Experiences of Sexual Health Services

This section identifies teenagers' views and experiences of sexual health services.

Views of sexual health services

- Confidentiality and free contraception were the most important features of sexual health services for most of the teenagers. Other important features included a friendly atmosphere with staff who were easy to talk to, and being able to attend the clinic without an appointment.
- Keeping clinic use 'hidden' was a major theme throughout this section. Most teenagers did not want parents to know about service use and not meeting someone that they knew was also important.
- The provision of free and emergency contraception, and advice on how to use it, as well as tests for sexually transmitted infections were rated highly. Girls were more likely than boys to suggest that pregnancy tests and unplanned pregnancy counselling were important.
- Other prominent features included advice about sexual health matters and HIV, as well as someone other than a doctor or nurse to be available to talk to. In general, girls seemed to prefer a female advisor, although the majority of boys were not concerned.
- Access to services was also important to most teenagers. They wanted sexual health services to be open between 3pm and 8pm and near to their school, college or home.

Experiences of sexual health services

- Most of the teenagers had not used contraceptive services. However, of those that did, girls were most likely to use family planning/ young person's clinic and boys were most likely to use a chemist.
- While most teenage users felt the range of services, and friendliness and confidentiality of the staff were good, the atmosphere and privacy were seen as adequate and opening times were rated poor.

5 Teenagers Knowledge, Attitudes and Values Towards Sex and Relationships

This section explores teenagers' knowledge, attitudes and values towards sex and related issues and highlights the factors that they considered important to a successful marriage or long-term relationship.

Knowledge, attitudes and values towards sex

- Most respondents felt that you should be in love before having sex, and this was more noticeable among female respondents, however three quarters of teenagers did not think that people should be married before they had sex.
- With respect to casual sex, boys were more likely to suggest that one night stands were okay than girls, who disagreed or were uncertain. Despite this over half of the teenagers were concerned about becoming or getting someone pregnant.
- Friends did not seem to make teenagers feel that sex is the most important part of a relationship, although boys were more likely to suggest that they did.
- Most teenagers agreed that people could get pregnant when having sex for the first time and that you could still get pregnant if you used contraception correctly.
- Again, most agreed that contraceptives were easy for young people to get hold of but would be embarrassed to buy condoms from a shop. Additionally, over a third of the teenagers did not know if you could buy condoms if you were under 16.
- With respect to condom use, over three quarters would use a condom the first or next time that they had sex, and girls were more likely than boys to think that condoms should always be used during sex. The majority of teenagers also suggested that their friends would use condoms during sex.
- Most felt that they could use a condom properly, although more boys than girls agreed with this statement. Most felt able to talk to a new partner about contraception
- From the seven questions that assessed the teenagers' knowledge of contraception and sexually transmitted infections just 7% of boys and 25% of girls answered all the questions correctly. Most teenagers got at least five of the questions right.
- Respondents were most likely to get the questions relating to the emergency contraceptive pill and the ability to contract sexually transmitted infections through oral sex wrong.

Views about successful marriages and long-term relationships

- Teenagers shared their views on the importance of trust and mutual respect, sharing domestic chores, having an adequate income and sharing values or religious beliefs to having a successful relationship.
- The values rated highest among both boys and girls were faithfulness and mutual respect, and most felt that a happy sex life was quite important.
- Boys were more likely to suggest that an adequate income was very important to a successful marriage or long-term relationship than girls. Teenagers in Maidstone and Weald felt this was less important.
- Shared religious belief was the only factor that the majority of teenagers suggested were not very important to a successful marriage or long-term relationship.

6 Sexually Active Teenagers: Their Experiences, use of Services and Knowledge

This section focuses on the teenagers that reported having sex from across Kent. The data will be used to highlight their sexual experiences, use of services and knowledge of sex and related issues.

Teenagers' sexual experiences

- Approximately 40% or 727 of the teenagers that completed the survey in Kent reported having sex. The majority of these teenagers were 15, as were their partners.
- Most teenagers suggested that they were both equally willing to have sex the first time, although girls were more likely to suggest that their partner was more willing.
- Boys were more likely to feel that they had sex at the right time than girls, who were more likely to feel that they would now wait longer.
- Most teenagers had sex for the first time because they were either curious about what it was like, or it seemed a natural follow on in the relationship.
- An additional prominent reason for boys was that they wanted to lose their virginity, and for girls, that they were in love. More than

a quarter of both boys and girls had sex for the first time because they had been a bit drunk

- Most respondents used a condom the first time that they had sex. Teenagers who had sex more than once were most likely to use a condom or the contraceptive pill.
- About half of the teenagers suggested that both they and their partners took responsibility for using contraception the first time they had sex, although when both partners were not responsible boys were more likely to have taken responsibility than girls:
- Around 270 teenagers did not use a condom. The main reasons for this were because they knew their partner well enough, because they did not have one at the time, and because they were a bit drunk. Girls suggested that they used other methods of contraception with a new partner

Trusted and valued sources of information

- Respondents tended to trust similar sources to provide them with information on sex and related issues regardless of their sexual experience. For boys, this was predominantly their mother for pregnancy and contraceptive advice, and medical staff for advice about sexually transmitted infections.
- Some slight differences were apparent with the girls. Those having sex indicated a move away from mothers being the primary source of information towards family planning or young person's clinics.

Use of sexual health services

- Unsurprisingly, those teenagers having sex were more likely to have visited a family planning or young person's clinics for contraceptive services.
- While more girls than boys had been to a clinic, boys reported more frequent use, as nearly half had been more than five times.

Knowledge of sex and related issues

- Most teenagers who reported having sex gave correct answers to questions relating to how condoms and the contraceptive pill protected them during sex and were able to identify sexually transmitted infections. Comparisons were made between the genders and between those reporting having sex and those not.
- In general, girls were more knowledgeable about these subjects than boys, and girls having sex were also more knowledgeable than those not having sex.

- Although the differences were small, boys who had not had sex were more likely to know the answers to the contraceptive questions than those having sex.
- Teenagers having sex were less knowledgeable about the emergency contraceptive pill, with about a quarter of boys and half the girls getting the right answer. However, they were more knowledgeable than those teenagers not having sex.

7 Teenagers' Comments about Sex and Relationships and Sexual Health Services in Kent

This section provides a thematic representation of the written comments made by some of the teenagers throughout the questionnaire.

Improving sex and relationships education

The teenagers suggested that following improvements to sex and relationships education:

- An increase in the amount of sex and relationships education taught throughout their time at school, more outside speakers, as they are easier to talk to than teachers, and more small group discussion.
- More information on their local sexual health services and for schools to provide access to sexual health services and contraception in particular though the provision of condom machines in toilets.
- More private time with and information from the school nurse.

Improving sexual health services

There were a large number of comments that in general underpinned the statistical data:

- Respondents wanted confidential services and needed to be reassured that their parents would not be told about their visit.
- Teenagers wanted more information on the whereabouts of their local clinics, through greater advertising and more involvement with schools.

- Greater flexibility of opening times of clinics would also help teenagers to access services after school or at weekends, and in locations that were closer.
- More positive staff attitudes and sensitive interpersonal skills towards teenager users were needed to counter the perception of being 'judged' and viewed in a negative light.
- Other improvements included greater availability of condoms and topic specific information relating to sex and sexually transmitted infections.


8 Discussion

This section provides a critical discussion of the findings focusing on sex and relationships information and education, use of the sexual health services, and attitudes and values. It will make comparisons between genders and highlight salient differences between those who report being sexually active and those not. The section will conclude with a review of the strengths and weaknesses of the survey.

Sex and Relationships Information and Education

While the school environment remains the main arena for sex and relationships information, there are clear differences between the genders in relation to wider information seeking behaviour. Girls are using a variety of trusted predominantly female sources including mothers and friends, as well as magazines and clinics, and are perhaps as a consequence more knowledgeable about sexual health issues, according to our data. Conversely, boys seemed less likely to seek information in person or share information between themselves or male relatives, so even as grown-ups, men seem to play a very minor or non-existent role. This lack of interaction is further demonstrated by the inclination of boys to get information by more solitary means through television or films and the web. Added to this was the finding that boys are less likely to take sex and relationships education seriously, which may be influential in their comparative lack of information seeking behaviour.

Without question, there is a cultural dimension and peer pressure has a part to play. Boys do not want to appear to be ignorant about sexual matters and fear of ridicule among friends outweighs the desire to ask questions (Mitchell and Wellings, 1998a). Added to this, the finding that boys' friends are more likely to make them feel that sex is the most important part of a relationship, is suggestive that the nature of information sharing is more one of 'conquest bragging' than clarification and learning. Research by Thomson and Holland (1998) also suggests that boys feel under pressure from peers to have sex because they do not want to be seen as deficient in this area. This aside, the findings do




raise questions about how and from where boys get information about sex and relationships.

As specified earlier, along with girls, boys' main source seemed to be teachers. The adequacy of this however needs to be questioned from a number of angles. Firstly, boys were less likely to get the knowledge questions right than girls, and did not seem to learn very much from teachers particularly around HIV/AIDS. Further to this, there were clear indications from both boys and girls that the classroom approach does not seem to encourage an environment of discussion, important to field questions and cement understanding. In addition, a prominent finding related to gaps in the type of education received, with a greater emphasis on physical aspects to the detriment of emotional issues, relationships and parenting. Even with this physical emphasis, there appeared to be more of a focus on bodily changes and boys requested more information on the sex act itself. While these features of the findings relate to both genders, the reliance that boys may have on school-based education is of concern, given that there seem to be some clear shortfalls in this method.

It is also important to note that while the school is a key source of sex and relationships information for most young people, half of the sample did not feel comfortable when being taught by teachers. In addition, there was a lack of small group discussion and most felt unable to ask questions in the sessions. Again, these factors are particularly relevant for boys. Most boys will not ask questions because they want to be seen to know it all (McNulty and Richardson, 2002) and they also find it difficult to discuss anything that makes them feel vulnerable (Mitchell and Wellings, 1998a). So in all, these issues raise question as to the adequacy of sex and relationships education in some areas.

Following on from this, it is pertinent to review the behaviour of those who report being sexually active. The difficulties boys seem to have in talking about sex still appear to be evident. While both boys and girls do not seem to use boyfriends or girlfriends as a source of information, boys find it more embarrassing than girls to talk to a new partner about contraception. In fact, around a quarter of sexually active boys gave this a reason for not using a condom. The boys involved in Mitchell and Wellings' (1998a) research also suggested that embarrassment was a key reason for not discussing condoms. This lack of communication can therefore easily translate to risky behaviour, particularly as overall, more boys than girls felt that casual sex was acceptable while also knowing less about sexually transmitted infections.

Despite girls knowing more about contraception and sexually transmitted infections than boys, the findings suggested that some girls might still lack the skills to negotiate safe or healthy sexual relationships with boys. Approximately, a quarter of the girls wanted sex and relationships education to teach them more about being able to say 'no'. Interestingly, a third of the girls were also unsure as to




whether one-night stands were ok. Clearly, an awareness of contraception and sexually transmitted infections does help to prepare teenagers for developing sexual relationships that they feel comfortable with; this is particularly relevant for girls, as negotiating safe sex can be guided by unequal gendered power relationships (Gelder, 2002). This aside however, teenagers wanted and would benefit from talking more about the physical and emotional aspects of relationships.

With reference to other sources of information, it was disappointing that so few respondents use the highly publicised 'foryoungpeople' website created by the Teenage Pregnancy Partnership. Given the growing use of technology as a means of communication among teenagers, this method would seem in principle worthwhile, especially as there were clear indications in our findings that written information such as pamphlets are not used or valued. An independent evaluation of this website has indicated that although there are a significant number of hits on the site, these include international sources and people other than teenagers (Limentani 2005). One explanation may be that access within schools or at home is restricted due to blocks imposed preventing access to websites of a sexual nature. However, further evaluation is indicated to discover how this could be improved.

Moving now to links with professionals, while the statistical data indicated that teenagers received nothing from school nurses, there are clues in the comments that help us understand why this could be. It is clear that where school nurses can be involved, this is a positive experience for teenagers, who view their nurses as an important and accessible source of sex and relationships information. On the negative side, environmental factors such as a lack of privacy when visiting the school nurse and the perception that the service has a gender bias ("just for girls") could be addressed to improve access and general appeal. There were further clues in the data however that would appear to support the need for a school nurse. Firstly, teenagers clearly trusted the medical professions more for matters to do with sexually transmitted infections and contraception. Given that most respondents were not learning a lot from teachers about these subjects, and that indeed there was an overall knowledge deficit around emergency contraception and safe oral sex, the need for a more authoritative and supplementary source is evident.

There did however appear to be other inferred problems around access. Some respondents commented on a service deficit, which could be due to insufficient nursing time in the schools, caused by low school nursing numbers and high caseloads in some areas. Local evidence however suggests that some schools are reluctant to engage the school nursing service in tackling sex and relationships education. Given the difficulties experienced in gaining access to some schools for this survey, this does seem to be problematic.




An explanation for this could involve sensitivities about sex and relationships, which have in the past produced some negative media portrayal of school nursing. For example, a call from the Royal College of Nursing in 1999 for school nurses to prescribe contraception at schools met with a hostile response, with the anti-abortion charity 'Life' accusing nurses of being 'agents of the sex industry' (<http://news.bbc.co.uk/1/hi/health/293431.stm>). Further to this, schools seem to be reducing their personal, social and health education (PHSE). A recent Ofsted report (2005) highlighted a move away from PHSE lessons towards academic subjects and noted a lack of specialist staff to teach the subject. The report suggested that this was resulting in poor quality sex and relationships education at a time when greater input was needed. If schools do not view school nursing in a favourable light and have less of an emphasis on this subject, it is clear that this would create an impediment to access that would be difficult to overcome.

Moving now to the timing of their education, although the majority of respondents felt that the range of topics that encompass sex and relationships education were given at the right time, there was a noticeable disagreement with information about alcohol, felt to have been given too late. The links between sexual behaviour and alcohol are well documented (Nicoll et al 1999; Van Den Akker and Lees 2001) and the findings here may indicate a growing realisation of this, especially as a quarter of those who reported having sex for the first time gave alcohol as a reason.

Use of Sexual Health Services

With respect to use of the sexual health services, the need for a friendly and private environment as well as free contraception mirrors surveys undertaken elsewhere (Mitchell and Wellings 1998; Stone and Ingham 2003). That most teenagers had not used services, links with the many comments that highlighted respondents' lack of knowledge of service availability and, despite the potential challenges, calls for more information and collaboration with schools to raise awareness. Blair et al (2001) also found that most boys and girls knew little about the roles of staff at sexual health services or their right to confidentiality when under 16.

Girls were more likely to use sexual health clinics than boys, who were more likely to access contraceptive services from chemists. Possible explanations for this include, that sexual health services are mainly female staffed (Gelder 2002) and some boys perceive services as 'women-only' (McNulty and Richardson 2002). Interestingly, the boys in this project were not concerned with the gender of the person offering them advice. Recent advances in contraception have also shifted the responsibility for safe sex from men to women (Thomas and Holland, 1998). This could explain why more girls accessed sexual health services. This difference in the uptake of sexual health services by



boys and girls may also contribute to the differences in their knowledge of contraception and sexually transmitted infections. For example, research by the Sex Education Forum (1997) argued that the gaps between boys and girls knowledge is due to the fact that boys are less likely to receive information at home or from health care professionals, and this was certainly evident in our findings.


It was not surprising to see that the teenagers who reported having sex were more likely to have used a family planning or young person's clinic for contraceptive services, and this is reassuring. The fact that boys appear to be using the services more frequently could be explained by the need to obtain regular supplies of condoms, compared to a lesser need for girls requiring hormonal contraception. Contact with these services might also have influenced the sources that they trusted to provide them with reliable information on sex and related issues. For example, girls who reported having sex were more likely to trust sex and relationships information from a clinic than those who had not, moving away from mothers and friends as being the most trusted sources.

This movement towards services could link with the strong need for service use to be unknown and kept secret from friends and family members, which was a prominent finding in the study. That gaps exist between parents and children with respect to sharing information on sex and relationships in this country is well documented (BMRB International 2003) and is often cited as a contributing factor towards high rates of teenage pregnancy. This is especially so when compared to other countries, who are seen as having a more open-minded approach (Berne and Huberman 2000) than the culturally reticent image of families in the UK. Given this, while greater parental involvement is often advocated (Walker 2004), there are contradictions around the extent to which this is possible in practice. A recent evaluation of the charity 'Parentline Plus' suggested that parents often feel ill equipped to offer advice, and most teenagers surveyed found their parents embarrassing or unhelpful when it came to sex (Boddy et al 2004).

The teenagers' desire for sexual health services to be discrete and hidden away from people that they know contradicts with their desire for a service that is well publicised and easily accessible. The differing needs of teenagers present a number of challenges for service providers. Some want a service that is well advertised, centrally located or even provided in school. At the same time, others suggested that services should be discretely available to them in locations that only they would know about.

Attitudes and values

Despite the lack of educational input around relationships, sexual feelings and emotions supported both by statistics and comments,




there were some interesting attitudinal findings around these subjects. While respondents shared contemporary views on domestic equality in a relationship and having sex outside of marriage, they seemed to hold more traditional values such as faithfulness, mutual respect and having an adequate income highly. The teenagers were less sure about the appropriateness of casual sexual relationships. Approximately, half the boys felt that one-night stands were ok and a third of the girls were unsure. These attitudes towards casual sex are concerning. This is particularly so as the teenagers were often too embarrassed to discuss contraception and only half of the boys felt that people should refuse to have sex with someone who objects to using a condom.

The teenagers' attitudes towards contraception were also interesting. Half of the teenagers felt that contraceptives were easy for young people to get hold of, but half would still be too embarrassed to buy condoms from a shop. This reflects the teenagers' desire for their access to services to be hidden or discrete. Most of the teenagers said that they would use condoms the first or next time that they have sexual intercourse. Still, this positive attitude towards condom use needs to be supported through providing teenagers with information on how they can access condoms and the skills to negotiate their use. Nearly a third of the teenagers would be too embarrassed to talk to their partner about contraception and only half of those who had sex actually discussed using contraception. Some of the teenagers were also unsure as to whether they could access confidential contraceptive services when under 16. It is important that teenagers are made aware that they can access confidential advice and support from their local services.

With regards to the teenagers having sex, there were some interesting differences between the experiences of boys and girls. As with previous research most of the boys had sex because they were curious and the girls tended to have sex because they were in love (Aggleton et al 1998). The boys were also more likely to be the more willing partner when having sex for the first time, whereas the girls were more likely to wish that they had waited longer. These findings resonate with other studies (Wellings et al 2001) and also link back to the unequal gendered power relationships highlighted by Gelder (2002). Research by Freeman (2000) and Measor et al (2000) suggested that male partners or friends sometimes pressure girls into sex. It is interesting that while controversy surrounds the provision of sex and relationships education to young people (Spalt 1996) some of the girls actually suggested that they would have waited longer before having sex if they had been given more information.

Strengths and weaknesses of the study

Overall, the high response rate was encouraging and the relatively even gender split has enabled some sound comparisons to be made. Surveys to teenage populations generally have difficulty in attracting



high male response (Darroch and Singh 1999; Kirby 2001). The demographic profile of the respondents is unsurprising and closely matches that of Kent as a whole (Limentani 2005).

The success of this survey has been largely due to the close networking of the research team with the participating schools and services associated with schools. As explained in the methods section, engaging schools was of interest, given that a proportion were dismissive and gatekeeping procedures often disabled direct contact with key personnel. In following years, researchers will be networking more closely with school nurses and other professionals. However, this does mean that the dwindling pool of appropriate schools will render recruitment difficult in the future; this may need to be reviewed.

The detailed nature of the questionnaire was both a strength and a weakness, permitting some in depth analysis of the study topics, but also having the potential to cause respondent fatigue due to its length. Collapsing some of the multi-response options and removing repetitive questions will shorten subsequent surveys. This will not affect the ability to compare data between years.


9 Conclusion and Recommendations

This study has highlighted a wide range of issues that have revealed the nature of sex and relationships education and information, use of sexual health services, and attitudes and values around sex and relationships. In addition, comparisons between different groups have enabled some interesting differences to emerge. The detailed nature of this survey will permit some specific issues to be taken forward into recommendations. While the discussion has expanded and debated salient issues arising from the survey, this section will return to the initial objectives to summarise the main issues, allowing a focus to be made.

How teenagers currently get information about sexual health and relationships and the value placed on these sources

The survey findings met this objective with some interesting findings. Schools were a key source of information for the teenagers and boys in particular. Girls were more likely to seek information from outside sources than boys, and boys were more inclined to use the Internet, although numbers were small.

The teenagers were most likely to value information on contraception and sexually transmitted infections from medical professionals such as doctors or school nurses. Unfortunately, the teenagers often learnt little or nothing from these sources.



At home, mothers were the key source of sex and relationships information for boys and girls. Teenagers were most likely to trust information on relationships from their mothers, although once having sex girls tended to move away from their mothers and trust sexual health services more.

The nature, strengths and weaknesses of sexual health education received

Despite schools being a key source of sex and relationships information, the teenagers did not always learn a lot from this source. Sex and relationships education provided the teenagers with information on contraception and sexually transmitted infections, although girls knew more than boys. Information on emotions, relationships and parenting however, was generally less available.

Teenagers suggested that sex and relationships education was delivered at the right time, although information on alcohol and sex was most likely to have been delivered too late. The teenagers suggested that sex and relationships education should be taught throughout their time at school with more detail added year on year.

With regards to the environment, the teenagers were not always comfortable receiving information on sex and relationships from teachers or asking questions. There was also limited opportunity to discuss topics in small groups.

The up-take, strengths and weaknesses of sexual health services used in the community

Most of the teenagers had not used sexual health services and some were unaware of where their local services are and what they did. Generally however, those that had used the services described a positive experience. Most felt that the services available and received were good.

The issue of confidentiality was a strong theme, with teenagers concerned that their attendance would remain undisclosed and that parents would not find out. Some had also been in receipt of negative staff attitudes. All this would have an impact on uptake.

Teenagers also suggested that the clinics were not open long enough, particularly if they travelled long distances between home and school. The differing needs of teenagers does make the provision of sexual health services challenging, as some wanted a very open and public service whereas others wanted services to be more discrete and hidden away.

The extent to which education and health services have prepared young people and whether it has influenced behaviour from their viewpoint

The teenagers have an understanding of contraception, sexually transmitted infections and how they are contracted, but there is still a mismatch between knowledge and behaviour. The teenagers are still undertaking risky sexual behaviour and alcohol clearly plays a part. The difficulties that teenagers have in buying and discussing contraception also influenced their use of contraception, particularly among boys.

The lack of information on relationships and negotiating skills appeared to leave teenagers ill prepared for sexual relationships. Girls were less likely to be willing to have sex than their partners and more likely to wish that they had waited longer than boys. The girls also wanted sex and relationships education to teach them how to say 'no'. This is despite girls knowing more about contraception and sexually transmitted infections than boys, demonstrating that this knowledge does not help teenagers to negotiate sexual relationships that they are comfortable with.


Service improvements

As noted previously, the teenagers wanted better access to confidential services through increased opening times and remote locations. Most of the teenagers however, had not used sexual health services and simply wanted more information on where they are and what they do. Some even suggested that the school should arrange visits for students to visit their local sexual health service and meet the staff.

Recommendations

Improving Sex and Relationships Education

- (i) As the school arena remains the most important forum for sex and relationships education, agencies involved in teenage pregnancy must continue to liaise with schools in supporting, developing and maintaining programmes. In particular, strategies for including those schools who provide minimal or no educational input must be developed and piloted, with greater cross-school learning regarding good models of practice.
- (ii) There are clear topic gaps in current provision. A greater focus should be given to informing teenagers more on the emotional side of their education, such as relationships and sexual feelings. Additional gaps include parenting, the emergency contraceptive pill, specific ways of contracting sexually transmitted infections and the legalities of sexual relationships.

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- (iii) There is a need to inform teenagers of their sexual health services at an early stage; this includes not only contraceptive services but also sexually transmitted infection screening. School nurses and sexual health outreach workers would be well placed to provide this.
 - (iv) The timing of sex and relationships education should be reviewed, particularly in relation to earlier delivery of drugs and alcohol and the frequency with which educational messages are given during the teenagers' school careers.
 - (v) The issue of gender should be taken into account when planning sessions. For boys, practices should be reviewed to take into account their differing knowledge levels and information help-seeking behaviours. For girls, there is the need to develop more confident negotiation skills around the sex act, to avoid pressure to have sex and create an ability to say 'No'. Separate discussion groups may provide an initial forum through which to address these issues.
 - (vi) Connected to (3), consideration must be given to the manner by which and environment within which SRE is taught, focusing more on small group discussions and innovative techniques, with greater use of outside speakers. In addition, a review of the training needs of school nurses and teachers should be undertaken.
 - (vii) Given the low use of pamphlets and web-based information, a more in-depth review of suitable methods to inform young people about sex should be undertaken. Alongside this, strategies that promote maximum learning opportunities should be identified.


Improving Sexual Health Services

- (i) Proposals for developing and establishing alternative locations and user-friendly sexual health services should take place in areas where they are not available, learning from local and national pilot schemes currently underway. This should include drop-in young people's clinics in schools or other local easily accessible locations, with flexible opening hours.
- (ii) A review of methods to promote confidence among teenagers in the confidential nature of sexual health services should be undertaken.
- (iii) There should be on-going assessment and training of staff working with young people in sexual health services to ensure the correct attitude and approach to care. This could include piloting peer review systems.

- (iv) Agencies should continue to promote the involvement of school nurses and outreach workers in sex and relationships education and support.

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