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**‘Let’s Talk’: Attitudes and values about sex and relationships among young people and professionals.
Findings from Phase One**



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Centre for Health Services Studies (CHSS)

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1. Introduction

The UK has the highest rate of teenage pregnancy in Europe. In recent years, teenage pregnancy has been problematised as a key situation leading to poverty and social exclusion for both young women and young men (Social Exclusion Unit, 2001). The development of the Social Exclusion Unit in 1997 saw a determined effort to analyse and understand the features of social exclusion and teenage pregnancy. The 1999 report to the UK Parliament on Teenage Pregnancy emphasised the negative outcomes for young parents, in relation to education, employment, poverty and health risks. The Social Exclusion Unit thus set out a 10 year strategy to try and tackle the problem. The aim of that strategy is to cut conception rates among those aged under 18 in half by 2010. The Kent Teenage Pregnancy Partnership was set up in 2000 as a multi-agency collaborative in line with the Strategy, under the remit of the Teenage Pregnancy Unit.

The Kent Teenage Pregnancy Partnership and the Conseil General de la Somme developed an Interreg action research project in partnership, entitled 'Let's Talk' to explore young people's attitudes, values and beliefs regarding sex and relationships to go some way toward understanding elevated teenage pregnancy rates in Kent. Parts of Kent and the partner area of the Somme in France share similar problems such as a higher than national average level of teenage birth rates, though there are marked variations within the Primary Care Trusts.

The overall objective of the project was to develop an approach to reducing teenage pregnancy, based on knowledge of young people's attitudes and values towards sex, relationships and parenthood, the factors which influence the development of these values and an understanding of effective approaches which enable young people to examine and develop their own values and understand those of other people. In this respect the research not only contributes to the Kent Teenage Pregnancy Partnership and the Kent Supporting Independence Programme (Kent County Council 2001, 2002) but the Teenage Pregnancy Strategy nationally, and the Somme plans for Protection of Children & Parents and Public Health programme. At a European Union level it contributes to the respective Social Inclusion Plans for France and the UK (Department of Work and Pensions, 2003).

The project gained approval under the European Interreg IIIA Programme in November 2000. Interreg IIIA prioritises interventions to promote community cohesion and social inclusion. The project framework is carefully designed to enable comparisons and contrasts between values and

attitudes in Kent and the Somme, and between proposed interventions and their outcomes in both places.

This project consisted of two phases. Phase One was the data collection phase, and was used to inform Phase Two of the project. Young people and professionals were invited to explore their attitudes and values towards sex, relationships, sexual health and teenage pregnancy in a number of focus groups. Phase Two involved the development of two interventions that were designed based on the knowledge gained from Phase One. Ideas have been developed and will be evaluated and reported on at a later date.

This report presents findings from focus groups held in Kent as part of Phase One of the Let's Talk project.

1.1 Aims of Project:

i. Phase One

The aim of Phase One was to explore young people's attitudes and values to sex, relationships, sexual health and teenage pregnancy. Professionals across a range of agencies were also asked to explore their perceptions of young people's values and attitudes. The project focused on more disadvantaged areas, with high levels of teenage pregnancy. Previous research (for example, Singh, Darroch and Frost, 2001) has identified a link between poverty, poor education and increased teenage pregnancy rates. The research methods were designed to maximise participation, by asking young people in these areas we provided them with an opportunity to voice their own opinions and provided learning at a local level.

Results from Phase One have been fed into the interventions in Phase Two of the project.

ii. Phase Two

"Let's Talk" was developed with partners in the Somme as a participant action research project. Action research is described as a practical, problem solving approach to research (Bell, 1987). Participant action research provides the opportunity for those whom the study is about to also engage in action to take the ideas developed in the course of the research forward (Gosling & Edwards 1995).

Participants from Phase One have been involved in developing and designing two preventative interventions in Phase Two, which they will then go on to deliver. The aim of Phase Two of the project was to form a 'Working Group' to consider how the values and attitudes that emerged from the focus groups link to existing services, interventions and resources already used in this area and from this develop resources that draw on existing work and fill in any gaps.

The involvement of young people in participant action research has both international support and a good track record. Authors range in their rationale from taking a human rights approach (Lansdown, 1995) to emphasis on the importance of participatory approaches to promoting citizenship (Checkoway et al, 2003) and social inclusion (Hill et al, 2004). Use of participant action research in health focused projects with young people and adults has been advocated in countries from Canada (Wharf Higgins, 1999) to UK (Percy Smith 2003). In a wider context Bridgen describes and evaluates the move towards community health policies in the UK since 1997 as an "empowering potential" (Bridgen, page 289, 2004). This project drew on a series of action research features designed to enable the widest possible participation of young people and professionals. This approach provided us with a network of professionals and young people to promote and sustain good practice.

1.2 Overview of Literature

The main aim of this phase of the Let's Talk project was to explore young people's attitudes and values to sex, relationships, sexual health and parenthood and the factors which influence the development of these attitudes and values. The lack of studies identifying the values and attitudes of young people and of resources for sex and relationships education, which focus on relationships and emotions have particularly been identified (TPU 2001), reinforcing the need for this project.

Three main elements determine young people's sexual behaviour – *knowledge*, *skills* and *values/attitudes*. Sex education provides knowledge and to some extent skills but there has been little research into values and attitudes (Blake 2002). Attitudes have been defined as a relatively stable cognitive predisposition to respond affectively (emotionally), along a positive-negative continuum, to some object or class of objects. The object can be concrete, or abstract or purely mental. Attitudes are composed of affective (feelings), cognitive (beliefs) and behavioural (actions) components.

Attitudes are formed by a number of factors, including personality, socialisation – through reinforcement, modelling, identification, homogeneity and reference groups. Rokeach (1968) defined values as ‘abstract ideals, positive or negative, not tied to any specific attitude, object or situation, representing a person’s beliefs about ideal modes of behaviour and ideal terminal goals. A value, according to this definition is a kind of belief, but more a belief about whether something is preferable or not and how preferable it is. Fishbein and Ajzen (1975) defined beliefs to be the subjective probability that a statement about an object is true or false.

Values and attitudes represent a continuum from general to specific. Values are more central to a person’s belief system than attitudes, however, attitudes can be considered as applications of our general value beliefs to the world of specific objects, states, people and events. Values are a part of the person’s central beliefs and an individual’s self concept consists partially of the individual’s core values, those things that are most important to the person.

In those instances where research into young people’s values and attitudes has been conducted young people identify a lack of clarity about what to expect in relationships (Wellings et al 1994). Little is known about the content of adolescents’ relationships. These relationships have been assumed to be transitory and trivial and short in duration, so research has focused on adult relationships or avoided the study of relationships altogether, and so the functions of these relationships are hard to identify (Brown et al., 1999). Zimmer-Gembeck (2002) also reported on a lack of research on the developmental course of romantic relationships and how they relate to changes in friendships. Prior to this, however, Connolly and Johnson (1996) explored the links between adolescents’ romantic relationships and other areas of their interpersonal experiences, especially in their relationships with parents, friends and peer groups.

The UK has the highest rate of teenage pregnancy in Europe (UNICEF, 2001) and parts of Kent have rates higher than the UK average. It is clear that this study is necessary due to the dearth of studies in this area to unpack the complexity surrounding young people’s attitudes and values to sex and relationships and how these relate to or are expressed in their current cultural contexts to help explain these elevated teenage pregnancy rates.

2. Methodology

2.1 Design

This action research project adopted a qualitative approach using a focus group design in Phase One. The use of focus groups is well documented in health and social care research as a means of not only exploring views on sexual health service development (Ginsburg et al 2002), but also to develop community perspectives on the reduction of teenage pregnancy (Tabi, 2002).

A total of 35 focus groups were conducted with young people across three PCTs in Kent. There was one focus group with professionals drawn from various agencies across Kent. Due to time constraints the professional focus groups were condensed into one session held on one day.

2.2 Sites

Shepway PCT, Dartford, Gravesham and Swanley PCT and East Kent Coastal PCT were chosen as the project was required to concentrate on areas of the county of Kent with the highest teenage pregnancy rates and highest levels of deprivation (Kent Teenage Pregnancy Partnership, 2001; 2004). They were also areas where the young people are well supported in terms of staff and support networks. The professionals involved in the main focus group were drawn from all across Kent.

2.3 Sample and Access

Young people groups

The project included young people who are at greater risk of pregnancy or young parenthood because of poverty or other socially excluding circumstances. These young people were targeted as previous research has indicated a link between the two. Two age groups (12-13 and 16-17) were chosen for the young people groups to provide perspectives from a younger age group and a contrasting older group.

The target groups were:

- Boys aged 12/13 years
- Girls aged 12/13 years
- Young Men aged 16/17 years
- Young Women aged 16/17 years

These two contrasting age groups were chosen because the younger group were likely to be reaching puberty and less likely to have experience of sexual relationships or teenage parenthood and the older group, because some may already be parents or have experience of sexual relationships (KTPP, 2004). The crucial nature of the 16/17 age group has been identified at national level in the reports on teenage pregnancy and 16/17 year olds (Social Exclusion Unit, 1999; Howarth & Street, 2000).

Overall, 54 young people were involved in a total of 35 focus groups (see Table 1) Each group met four times at regular intervals, three times in single gendered groups and once as a mixed group (see Table 2) There were 3-8 young people in each group. The numbers were chosen to enable good group dynamics and to allow for a 40% drop out rate.

Table 1: Breakdown of participant numbers

Site	Age	Sex	Total
Shepway	12 – 13	Male	4
		Female	5
	16 – 18	Male	3
		Female	4
Dartford, Gravesham and Swanley	12 – 13	Male	6
		Female	7
	16 – 18	Male	5
		Female	7
Thanet	12 – 13	Male	8
		Female	5
			54

Table 2: Breakdown of focus group meetings with young people

Focus Group Meetings – Site	Girls 12 - 13	Boys 12 - 13	Girls 16 - 17	Boys 16 - 17	Co-workers / Facilitators
Dartford Gravesham & Swanley 5-7yp per group Total meetings = 14	3 meetings	3 meetings	3 meetings	3 meetings	Sexual Health Outreach, Youth & Community
	1 Joint Meeting	1 Joint Meeting	1 Joint Meeting	1 Joint Meeting	
Thanet 5-8 yp per group Total meetings = 7	3 meetings	3 meetings			Sexual Health Outreach
	1 Joint Meeting	1 Joint Meeting			
Shepway 3-5 yp per group Total meetings = 14	3 meetings	3 meetings	3 meetings	3 meetings	Sexual Health Outreach, Youth & Community.
	1 Joint Meeting	1 Joint Meeting	1 Joint Meeting	1 Joint Meeting	
Total meetings = 35	Numbers of yp = 54				

Access to young people was through front line workers with regular contact with groups and individuals. This ensured contact with hard to reach groups and individuals, maximised participation and provided a means to follow up any concerns or issues raised during the course of the research.

Recruitment routes varied for each site, based on local circumstances. There were some difficulties in engagement and co-ordination across the PCTs, which lead to some delays in the first phase. In Shepway, the research team and the facilitators (two sexual health outreach workers) identified a number of existing groups of young people to invite to participate. For the 16-17 age group, a local youth worker was contacted and agreed to the team using a local youth club that opened on designated evenings. The research team and prospective facilitators visited the youth club a week before the groups were planned to begin and gave a short presentation to a large group of local young people detailing the nature of the project and gave out information sheets for them to take away. Those who were interested gave their names and contact details to the facilitators. They were contacted once before the first scheduled group as a reminder, and they

were given the option of withdrawing. Those who attended the first session filled in and signed consent forms to confirm their participation.

The 12-13 year old group in Shepway were recruited from a rural village known to the facilitators. Information sheets (and a personal letter written by the facilitators who were known to the parents and young people) were distributed to several young people and their parents through the facilitators. The letter invited them to contact the facilitator if they had any questions or to agree to their involvement. Due to the age of the young people and the sensitive nature of the focus group contents, parents/carers were also asked to give consent for the young people to take part. A scout hut was rented for the sessions over four consecutive days where the groups were conducted.

In Dartford, Gravesham and Swanley, the local outreach sexual health nurse made contact with a Connexions worker at a local further education college for recruiting the 16-17 year old groups. It was decided between the research team and the Connexions worker to have an introductory meeting with young people at the college to aid recruitment. The Connexions worker designed and displayed a poster around the college that gave information on the Let's Talk project, and of a prospective introductory meeting with the research team. A week before the groups were planned to start, the research team and facilitators went into the college to give a short presentation about the project and gave the young people an opportunity to ask questions, and to offer their names and contact details if they were interested in participating. After a few days, the young people were re-contacted prior to the sessions to encourage attendance, but were given the option of withdrawing.

For the 12-13 year old groups in Dartford, Gravesham and Swanley the outreach sexual health nurse identified a local secondary school that would be appropriate to target. The schools' Welfare Officer targeted 'at risk' pupils in the school, who were invited to participate in the project. The parents/carers of the young people were also contacted and were required to consent to their children taking part.

In Thanet, a local secondary school was chosen for the 12-13 year old groups. The research team contacted the PSHE co-ordinator at the school who targeted a number of 'at risk' pupils. Information sheets and individual letters were sent to these pupils and their parents/carers giving details on the project and asking for consent. Those who agreed to participate turned up to the sessions that had been arranged between the PSHE co-ordinator and research team.

There were more pronounced recruitment difficulties in Thanet for the older groups. Due to time constraints, we were not able to conduct the 16-17 year old groups in this area. This did not cause many problems, as there had been a vast quantity of data and information collected in the other older groups.

The groups were facilitated by a variety of professionals who had contact with the disadvantaged young people, based in the target sites, enabling us to engage harder to reach young people. These local workers were chosen as they were known to the young people already and had skills in working with young people from disadvantaged communities. The research team provided a supportive role in the focus groups, acting as co-facilitators where necessary, and generally aided with the practical elements of the group, ensuring audio equipment was working, handing out materials required for the tasks.

Professionals group

There was also one extensive focus group with professionals from across Kent, involved with teenage pregnancy. Involving professionals in this way enabled a direct comparison of young people's attitudes and values and those of the professionals who work with them, to identify the goodness of fit of the attitudes and values or if there are any contradictions or conflicts. The professionals were also able to give the research team a better understanding of existing interventions, resources and materials that tackle teenage pregnancy at a local and national level.

A list of professionals working in the teenage pregnancy field was provided for the research team. A total of 70 staff working across Kent were sent letters of invitation with a preliminary date for the focus group. There was a poor response rate, and several professionals were unable to participate due to overlapping work commitments. The research team and advisory group decided to reschedule the group for a later date. 70 invites were sent out again, offering a new date. From this, 25 people agreed to participate, giving a response rate of 36 %. Only 21 professionals were able to attend on the day.

The professionals' were from diverse backgrounds and included school nurses, health promotion professionals, children's health services, teachers, and managers of teenage pregnancy services.

2.4 Instrumentation

The range of methods chosen for this research was based on current good practice to encourage children and young people's participation. Methods were chosen because young people see them as inclusive and participatory, and are best for targeting vulnerable groups. Blake also identified a range of methods including "wordstorming", trigger drawings, role play and active learning methods (Blake, 2002 p39-42, p85-7). Due to the vulnerable nature of the young people the research was targeting, using different media, paper, drawing and discussion does not discriminate against those with low literacy levels and have been shown to be effective methods for dealing with sensitive issues.

The schedule was separated into a number of different tasks and activities, taken from Jewitt (1994), and was adapted for the professional focus group to cover some of the main activities used in the young people's groups (see Appendix 3).

Young people's groups

There were a total of four sessions with the young people. Sessions One to Three were done in single gendered groups, Session Four was mixed.

- The objective of Session One was to establish the environmental, cultural and social setting where young people evolve according to the young people. It also provided an opportunity for the participants to familiarise themselves with each other and also to set the ground rules for the duration of the focus group sessions.
- Session Two focused on relationships and attitudes. The objective of the session was to identify different types of relationships and the ideas and points of views of young people on different relationships to provide them with the opportunity to examine the different relationships in which they are involved, the links that tie them to other people and the value that they attach to specific relationships. Session Two also aimed to identify what influences the attitudes of young people in relation to a number of sex and relationship issues.

- The objective of Session Three was to identify what influences the values of young people (according to themselves), and also to allow the participants to explore the impact that the media has on the image that they have of their bodies.
- Session Four allowed the boys and girls to compare their points of views and values about sexuality in general. This was achieved by the resumption of the “Four Corners of the Earth” attitude statements task used in Session Two. What girls and boys thought about teenage pregnancies was also explored, by giving them a case study to discuss, and brainstorming what they thought could be done to reduce the number of teenage pregnancies and what how young girls who have babies could be better supported.

Professional group

Due to the difficulties in recruiting professional, their focus groups were merged into a single over one day. The day was divided into three ‘themes’ (see Appendix 4).

- The first theme centred on the attitude and values of young people and the professionals. Activities were based on the attitude and values statements used in the young people groups. The rationale for doing this was to see what the professional’s attitudes and values were and to ask them what they thought young people’s attitudes and values were. This could highlight any differences between the two and to explore whether the professionals attitudes and values impacted on their work with the young people.
- The second and third themes focused on identifying priority issues for professionals with respect to sex and relationships for young people. Following this, current interventions, and tools that are used in sexual health and relationships education were described. Before the session was due to take place, the professionals that had agreed to participate were asked to bring along to the focus group any interventions and resources they currently used as part of their work. In the light of the discussions, what was missing from current work around sex and relationships was also identified. The results of this discussion are reported in a briefing paper in appendix 6.

2.5 Data collection

The focus groups were conducted in a number of venues across Kent, depending on local circumstances. The younger groups in Shepway were held in a local scout hut over a period of four days, and the older groups held in the local youth club over a period of 5 weeks. In Dartford, Gravesham and Swanley, the younger groups were held in the local secondary school and the older groups in a further education college and were conducted over a period of 4 weeks. In Thanet, the younger groups were held in the local secondary school over a period of 2 weeks. The groups were held in rooms away from the general student population (and other youth club attendees) to ensure some element of confidentiality. The focus groups were conducted with the project researcher and a facilitator, who were professionals working with young people, within each target area. Each group lasted between 1.5 and 2 hours.

The professional focus group was held at the local University and was led by the project researcher and the project lead. The focus group was divided over 7 hours in a single day.

A range of audio-visual methods were used, and have been shown to be effective in obtaining a rich response from participants (Percy Smith et al 2003; Badham, 2004). As well as logging material developed through collage, flip charts and post-it tasks, the facilitators used audio equipment (a tape recorder) to record the focus group discussions to ensure maximum capture of information. Field notes were also made to record contextual information.

2.6 Data analysis

The focus groups generated a vast quantity of qualitative data from verbal transcription of the recorded sessions. The audio material was transcribed verbatim. The material developed through collage, flipchart and the post-it tasks were analysed providing both qualitative and quantitative information. The data was entered in Word onto different sheets that had preliminary headings for the main areas of enquiry, which were initially derived from the interview processes and games found in the schedules. From this, cross cutting themes were identified, and again data was sorted into several categories. The advantage of this approach is that it is pragmatic, data is more manageable and information reflecting the same issues can be compared more easily. Once the data had been sorted, thematic analysis permitted the following themes to emerge:

- Negotiating relationships
 - Initiating a relationship
 - Setting rules and boundaries
 - Preparing for and having sex
 - Contraceptive choice and service issues

- Issues around teenage pregnancy

There was some quantification of the responses to the attitude and values continuum statements, but due to the small numbers could not be meaningfully analysed statistically. They are available in Appendix 5.

This report presents findings collected primarily from the attitudes and values continuum tasks for both young people and professionals. It also includes some information on the context within which the young people live and the friendship and relationship tasks, as well as the case study and teenage pregnancy issues covered in Session Four (see Appendices 3 and 4 for full schedules).

2.7 Ethical issues

Ethical approval for this project was obtained from West Kent Local Research Ethics Committee. The project took place within the context of an Interreg partnership approved by Government Office for the South East and the Region Haute Normandie in France. It is supported by the agencies, which comprise Kent Teenage Pregnancy Partnership and its equivalent agencies in the Somme.

The following ethical issues were taken into consideration:

Obtaining permission of young people and parents, and professionals

Young people were approached to take part in the focus groups through a local worker who co-facilitated their focus group. These local workers were generally known to the young people already and had skills in working with young people in disadvantaged communities. They were also able to provide a point of contact for young people, who may have raised issues or concerns as a result of the research. It was important that these concerns were dealt with fully outside the research context, but within the appropriate advice and support context for young people.

An information sheet was developed and circulated to potential participants prior to engaging in the focus groups (see Appendix 1). The information sheet outlined the aims and objectives and nature of the project and what steps to take should they wish to participate. All participants were informed

that taking part was voluntary and so they were not obliged to participate. A consent form was also prepared for the young people and parents to sign (see Appendix 2). They were informed that should they feel uncomfortable or that they no longer wanted to participate, they were free to leave without any consequences. Participants gave prior consent to using audio recording equipment. At the end of the discussion, the interviewer gave contact details for services the participant could contact should they have any worries regarding any issues brought up. A leaflet was also prepared for professionals to provide information about participation in the focus groups.

Principles and ground rules underpinning the conduct of focus groups

The principles and ground rules were discussed as part of the first focus group with young people and also with professionals. This gave the opportunity for any development of points or addition of issues, as well as to enable ownership of the ground rules. The ground rules were an important factor in giving the young people the confidence to take part within a safe but supported environment.

Confidentiality

Steps were taken to ensure the confidentiality of participants. Prior to beginning, participants were informed that participation and any information they shared was voluntary, but should they disclose any information regarding illegal activities or evidence that they or others were at harm, the facilitator would be obliged to disclose that information. Tape recordings were held securely, and later transcription removed all identifiers and relied on the use of pseudonyms and generic labelling of quotes, utilising gender, age and location.

Policy on “rewards”

Due to the length of the focus group sessions, all young people received refreshments at regular intervals at each focus group. This provided a break and ensured that the two hours was not too onerous. Young people who attended all the focus groups received a gift voucher for £10 at the end of the final focus groups they were involved in. All young people received accreditation for the work carried out in the form of a certificate signed by the Director of CHSS.

3. Findings

The presentation of the findings is divided into three sections. In Section One we report on the context of young people, giving information on the environments they live in and how this impacts on their attitudes and values. In Section Two, we look at the friendship and relationships tasks which also formed part of the focus groups. This section reveals the types of relationships the young people have, which they consider most and least important, and what elements of these relationships they value. Section Three is devoted to exploring attitudes and values, and forms the main body of the report. This section is further divided into two areas, under the encompassing themes of 'negotiating relationships' and teenage pregnancy issues. In the analysis of 'negotiating relationships', four areas were identified that followed the natural course of a relationship and are presented as: initiating a relationship; setting rules and boundaries; preparing for and having sex; contraceptive choice and service issues. The final area that is explored is young people's attitudes to teenage pregnancy, which draws on the attitude statements as well as the case study work in Session Four.

3.1 Context

As part of the 'icebreaker' in Session One, the young people were asked to describe themselves, and to discuss their interests. This was done as a paper exercise, each young person was given a sheet of A4 plain paper, and was asked to draw a picture of themselves, and things they liked and disliked. They then described it to the rest of the group. Later in the session, the young people were asked about the environment they lived in, what they liked and disliked about it and what they would change. Parts of this task involved making collages using photos, postcards, and local newspapers that the facilitators and researchers provided relating to the area, or they were given the choice to do a drawing, to which they added descriptions.

Shepway (16-18 year olds)

The older group in Shepway was located in a rural town with a sample of local young men and women. The majority of those in the older groups came from less stable backgrounds, with fragmented family units, or were looked after children, and often talked of problematic relationships with one or both 'parental figures'. The majority of older boys tried to present themselves as '*bad boys*' in front of their peers, with much bravado in the group setting which was toned down when in one-to-one situations. Main interests included DJ-ing, going to the pub and drinking, the gym, and working. Two of the boys were at college doing vocational courses. The older girl group conferred

similar interests, most of their social lives revolved around drinking alcohol, smoking, friends and boys, and listening to music.

The older groups described their town as a 'sh*thole', where there was 'nothing to do'. They mentioned the go-kart track and pubs as two of the main activities available. Both the young men and women believed that because there was nothing for them to do, it meant that people took drugs, got drunk, started fights and had sex:

We have nothing to do so everyone goes round drinking, causing fights, shagging (F16+, S).

Because it was a small town also, people and their behaviour were highly visible and they spoke of tensions between the older and younger residents and also the army camp located nearby. The boys referred to local girls as 'slags' and 'bicycles' as they allegedly sleep with the squaddies:

They're all bicycles int' they, all the birds in [the village] (M16+, S).

Girls are dirty little slags that sleep with the squaddies (M16+, S).

The girls, although agreeing that girls in their community were 'slags', disliked the squaddies immensely, referring to them as 'dirty old perverts' and 'proper minging, dirty old men', who would get drunk then 'try to get all the young girls', so there is some mismatch in the attitudes of the girls to the general perceptions of them.

Others discussed the 'bad atmosphere' and the rivalry between people from their town and the neighbouring towns, exacerbated by the drinking culture especially at weekends.

The negative view was not a view shared by all of the participants however, one of the older boys who had taken an interest in a number of local activities admitted that although the town has a bad reputation, it really was not as bad as people made out, and that in reality the town was 'what you made of it':

*Right, don't get me wrong, loads of people say it's a sh*thole and that, but where I've been living here so long I don't mind it...I think it's alright. Like my dad, he's a councillor, he's done a lot for the council and that, and he got a bricklaying course sorted out for us. And that keeps us out of trouble and that. So I don't mind it...See, the way I see it, it's what you make it, it's what you make it to be. Like, I play football, that keeps me occupied on*

weekends. I play for the Football Club on the Saturday, and on Sunday, so that's me done on the weekend (M16+, S).

When asked what they would change about where they lived, most wanted more things to do that were inclusive of young people, varying from a new skate park, fast food outlets, a nightclub, a training centre for skills development, an arcade centre, to the increased frequency of the Youth Club night as it provided an enjoyable outlet for the local young people.

Shepway (12-13 year olds)

The younger group in Shepway was located in a rural village with a sample of local young people. Most of the participants in the younger groups came from nuclear families, having both natural mother and fathers and reported relatively strong relationships with them.

Although faced with similar issues as the older group because of the rural nature of where they lived, the younger group spent much of their time with their friends occupying themselves with hobbies and activities, either playing sports locally or at school, dancing, listening to and playing music and on computers:

I have my mum, my dad, and an annoying older brother. I have a hamster called Patch, I like going swimming in my spare time and at my youth club I play pool when they have it out. I like eating chocolate and watching TV...I like dancing and at school my favourite subject is art (F12-13, S).

Although the younger groups were not particularly disadvantaged, they faced issues of isolation and inaccessibility that comes from living in a rural location. Some believed that there were not enough activities for young people locally and this led to boredom and vandalism. Another negative aspect, similar to the older group was that because of the size of the village, local people gossiped so there was very little privacy or anonymity. However, most liked living in the 'countryside' and the sense of community in the village, and despite finding ways to entertain themselves, like playing football in the local fields or parks or going cycling, most would like more things for the young people to do, as things like the cinema were less accessible to them as they relied on public transport or the goodwill of their parents to enable them to leave the village.

Dartford, Gravesham and Swanley (16-18 year olds)

The participants for the older groups in Dartford, Gravesham and Swanley were recruited from an urban further education college. The majority of participants came from fragmented family backgrounds, and one participant was looked after. There were a range of strong personalities in the older girl group, and some more timid. The girls enjoyed college, listening to music, going to gigs, drinking, shopping, and their family and friends were very important to them. The boys enjoyed things like skateboarding, listening to music, gaming, football and spending time with friends and girlfriends. The identity and image of the young people in these groups were strongly influenced by the type of music they were into, and image played a big role in the way they portrayed themselves and the opinions they had.

The participants were drawn from a number of smaller towns and villages from around the college. When asked about where they lived most girls reported a number of negative aspects. The places they lived were perceived as dirty and beset with a culture of drinking, drugs and violence, with nothing to do but go to the pub. Almost all referred to a strong presence of 'chavs' and 'rudeboys', describing a range of types. These different 'gangs' had bad attitudes and intimidated local people, and there was little sense of community. This girl describes her drawing as follows:

Well. It's a lovely place to live. That's a bus stop, it's all smashed up and there's all the graffiti. This is chavs beating up the grungers, they don't like them. Then there are chavs beating up the chavs, because we've got different levels of chav. These are teenage girls who are pregnant. That's babies... This is the drugs. There's the shop, and these are the 15 year olds drunk outside it (F16+, DGS).

The boys thought where they lived was 'boring' and offered 'nothing to do'. Most had to go to other neighbouring areas to participate in activities they enjoyed, like skateboarding.

Some positive aspects of the places they lived were, conversely, the pubs and clubs, the leisure centre, the shops, the activities run by YMCA for young people and the accessibility to other local towns and cities. If there could be any changes to where they lived, most would like to see a reduction in the gang mentality that pervaded the community, a cinema, and more facilities and activities like those run by the YMCA:

What they're doing in the YMCA at the moment is called 'Youth Club' and I help out there doing voluntary work. Because yeah, these children, at the age of 13 to the age of 18 come in, and they'd rather be out smoking weed or beating up people, but they come in because

there is something for them to do in the YMCA...They get them to do their art on the walls, like graffiti on the walls, like they do like to. But instead of doing it in public, on public walls, they're doing it inside for decoration and stuff...I think there should be more (F16+, DGS).

Dartford, Gravesham and Swanley (12-13 year olds)

The younger groups in Dartford, Gravesham and Swanley were recruited from a secondary school (where approximately 1/3rd of pupils have special educational needs). The girl group was one of the most challenging to conduct, because of the group dynamics and the disruptive behaviour of some individuals. This reduced to some extent when the groups became smaller and with more one-to-one discussion.

The majority of the participants came from fragmented family backgrounds. Most young girls liked going out, spending time with friends, shopping, listening to music, football, smoking and drinking, even though they did not necessarily like it:

I don't like drinking to an extent, it's just like, when you're out with your mates like having a bottle of vodka and like joking around... (F12-13, DGS).

One girl who admitted enjoying reading was referred to as 'jarring', which, when probed, was a means to express something that is 'gay' or 'annoying' or 'not cool'. The younger boys, similar to other groups at this age enjoyed sports such as football, rugby and swimming, playing computer games, listening to music and playing musical instruments.

When asked about where they lived, the most positive aspect for the girls was the close proximity to the local shopping centre and accessibility to other towns and cities, the McDonalds and the under-18 Disco they went to. On a more negative note, they found the park scary and 'baby-fied', there were bullies around their neighbourhoods and had experiences of those who bullied some of their family members, something they wished to change:

*And if I wanted to change something I would change the people that live around there, I tell you what mate, they are nasty. They beat my brother up.
The people that beat up my brother, like every time he goes out the door they're like 'Oi you!'...And they chase him down the street and everything...I feel sorry for my brother because he can't go out anymore (F12-13, DGS).*

The younger boys made use of the local parks and fields to play in, generally liked the people within their communities and also the transport links to other facilities. Some of the younger boys found their environment quite threatening, disliked the traffic in their neighbourhoods and the 'chavs' who they perceived as trouble makers:

They act all hard and they're like, they recently slashed our tyres on our jeep so we couldn't go on holiday and that was annoying. There's fights and the shop window across the road from me got smashed (M12-13, DGS).

The community centre was seen as a good resource for providing activities to young people, but was perceived as serving only the older people in the community.

Thanet (12-13 year olds)

The younger groups in Thanet were recruited from a secondary school (where approximately 1/4 of pupils have special educational needs). The young people had a range of backgrounds, some from more traditional nuclear families, and others from more fragmented family circumstances. One young girl was in foster care.

The young girls enjoyed a number of activities, including dancing, sports, spending time with their friends, shopping, art, going to disco's, and the beach. The young boys mostly enjoyed going to school, reading, listening to and making music and sports.

The participants came from a number of towns near to the school. When asked about where they lived, most gave similar answers, there was little for young people to do in their towns, so most had to hang out in the shelters or park. Other leisure facilities often required travelling to for access. Most disliked the 'chavs', aside from this there was rivalry between groups from different neighbouring towns, making them feel unsafe:

And the only reason why it's happening is because they're letting these children be out at night and not giving them something to do and letting them have these fights, and the police come down but it's not going to stop it...And all there is to do, like I don't do it, like the older lot, like who are 18 and everything, all they do is go to [the town] and start fighting and they all get into drugs because there's nothing to do (F12-13, T).

During the summer there were beach parties and although they were fun, they were perceived as dangerous, the young people were often offered drugs at them, and people generally went to get drunk and have sex:

And I have to travel to get anywhere, like shopping and stuff like that because I have to like get on the bus just to like go shopping and I think it's a real shame because I think probably, you know Thanet has got like a really high pregnancy, like teenage pregnancy thing, well I think that's probably because there's hardly anything to do. And I think it's because people, in the summer because we're like right near the beach here, people have beach parties and they just get drunk all the time and then they like get pregnant because there's nothing to do (F12-13, T).

The young boys also talked about the level of crime in their areas, and the fighting and disruption from drunk people returning from nights out. They did, however, like the skatepark.

When asked what could be done to improve their surroundings, the young groups encouraged attempts to integrate young people in rival towns by increasing activities for young people, like having a Pool Club, under-18 discos and more leisure facilities:

And all the council and everyone complain about all this trouble and getting the police out every night but really they're not doing anything about it. They haven't started any clubs down [the town] or anything. The only place there is is if you like go to a dance school, and most of the girls go to the dancing schools but what are boys meant to do? And there's [the club night] but that's once every two weeks (F12-13, T).

The young girls also wanted tighter controls on the sale of alcohol to underage people and an increased police presence on the streets.

Comment

It is clear that there are similar issues across all the areas investigated, all of which impact on how the young people engage with their community. The young people in the groups had similar awareness of the problems of high teenage pregnancy rates in their areas. There is a perceived lack of investment in young people, especially the disadvantaged and this was often linked to the high prevalence of teenage parents, and other high risk behaviours. The negative view of the environment restricts the young people's social lives, either feeling unsafe to go out, or surrounded by those getting drunk and 'shagging' for entertainment, with little else provided to steer young

people away from those risky activities. Issues around crime and vandalism have some impact on how the young people relate to their community.

There is wide recognition within the literature relating to the links between poor environmental conditions and teenage pregnancy rates. The Social Exclusion Unit (1999) for example asserts very strongly the connection between social 'exclusion', deprivation and early pregnancies among young people. In addition, Arai (2003) argues that it is not all about individual low expectations but more about social disadvantage experienced by communities, and how these factors engender conditions that lead to pregnancy risk. Lee et al (2004) however agree with the disadvantage connection but find that it is not straightforward - the picture becomes more complicated with the addition of local cultures which can strengthen resilience.

There were good ideas about what improvements could be made, but even at this young age there was a cynicism and a sense of disillusionment about whether 'agencies' would listen.

3.2 Friendships and relationships

The following section reports on the relationships young people had that were explored in a visual drawing task in Session Two. All participants were given a sheet of paper and a pen and were asked to draw themselves on the left of the page. They then had to continue with the picture (by drawing or writing) adding their relationships according to their importance. A variety of people were placed at a nearer or greater distance from the young person depending on their importance. Some of the others included:- mother / step-mother, father / step-father, brothers / sisters, grandfather / grandmother, best friend, girlfriend / boyfriend, GP, establishment's nurse and social worker plus other people that they chose. They were then asked to describe their drawings, which were then later examined for all the groups. An example of one of the descriptions within the groups is as follows:

The person closest to me is probably my nan because I used to live with her and my mum when I was really, really young so she's sort of always been there, sort of like a father figure. So she's always the person I sort of turn to if I've got family problems, she always sticks up for me, which is really good, which is why I go to her. My close mates are sort of...I don't get to see them a lot but the relationship I have with them is really strong, like they're always there for me if I need them and I'm always there for them. My boyfriend, I've put him closer than my mum only because I have a sort of stronger relationship with him in terms of I see him more and go out more, rather than, whereas me and my mum, we've obviously got a different relationship but I don't see her as much as I see my boyfriend because I'm out a lot. And then my mum's boyfriend comes a bit further off the page because we don't get on very well, we pretend, but we don't really like each other. My sister, I'm quite close to her but she's gone to university so I don't get to see her as much now so our relationship's sort of been affected by that. My doctor is quite close because I've been up and down there every week for ages. Tutors are sort of far away because I don't really have a relationship with them (F16+, DGS).

The average number people or groups of people included in the younger boys groups were approximately 10, ranging from 6 to 16, which was more than for all the other groups. The majority of boys in the younger groups placed their mother closest to them, followed next by fathers. Siblings and grandparents also held significant importance, with best friends placed slightly further away. These young boys considered individuals like school nurse, GP, step family members and tutors as less or not very important.

Girls in the younger groups had on average 8 people or sets of people, ranging from 7 to 11. There was a mixed response to those placed closest to them, similar numbers indicated their mothers or best friends as most important. Fathers and then grandparents were those who followed most in importance. Aunts, siblings and pets were also of significance for the young girls. Those who were considered less important included teachers, their form group at school and GPs.

Boys in the older groups had on average 8 individuals or groups of people, ranging from 1 to 13. The most importance person for the majority of them was the mother, followed closely by best friends and siblings. Very few placed their fathers within the drawings, or if they did, they were placed a significant distance away from the young person. Others who were considered less important included GPs, siblings, members of the wider family and work colleagues.

The girls in the older groups had on average 8 individuals or groups of individuals who they considered a part of their life, ranging from 3 to 11. The majority of girls in the older groups considered their best friends the most important people to them, followed next by mothers, boyfriends and grandparents. Those who were of less importance included tutors and teachers (if at college), work colleagues, or GPs.

The young people were asked what made these relationships important to them and what functions they served. A number of reasons were given. Firstly, those who they placed closest were considered trustworthy, and the young people felt they were able to confide in them and that they would be honest and tell them the truth in return:

I can actually talk to her about stuff that I can't talk to my parents about and she won't tell them what I said. So it's quite, there's a lot of trust between us (F12-13, S).

The young people felt the people most important to them were easy to talk to, they felt comfortable around them and that they were non-judgemental. 'Familiarity' also helped, the young people felt that parents, grandparents and friends or those most significant to them cared for them, and that 'they're always gonna be there for you no matter what happens'.

Shared experiences and common interests were also particularly important for those who classed their friends as particularly important:

It's weird because we've all had a lot of same experiences, my friends... We've known each other quite a long time and then one day like when we said 'oh this has happened to me' it was like 'oh the same here'. Or like it would be a similar thing and it's just really weird the

way we all seem to have found each other. Like there's 4 of us in this group... we can just talk about it and feel better...because I am the only female they find it easier to talk to me... And I just feel that it's quite nice that they can do that (F16+, DGS).

What does friendship mean to you? What makes a good friend?

The groups were asked to bring in items that represented friendship for them. It was mostly girls who remembered and were willing to share such mementos, or tokens. Boys were less likely to bring items in, and when queried one of the boys answered that it was 'pointless' because 'friends are friends aren't they?' Perhaps boys feel less inclined to be demonstrative about their friendships, because friendships 'just are'.

There were items such as rings, photos, CD's and keychains. They used these items as reminders of each other, to signify their attachment to one another, or things that are symbolic of what their friendships involve, for example, a girl brought in a CD because her friends often shared music. From a rather different angle, one girl brought in a 'problem page' from a magazine, and explains her choice as follows:

I have brought a problem page in because I think with most of my good friends we always talk through our problems and we always know that even though we haven't seen each other for sort of a couple of weeks or spoken to each other for a couple of weeks we can always sort of ring them up and sort out problems and talk to them about stuff. So I thought that represented friendship for me (F16+, DGS).

The young people were asked what qualities they believed made a good friend. Several of the boys thought loyalty was important, and that it should be a 'give and take' relationship. Other qualities included being able to trust them and confide in them, honesty and respect. Friends were people they could turn to if they were feeling down or were in trouble, and they expected them to be a good listener, non-judgemental and understanding:

Even if they don't agree with something you've done or something, they still sort of give you advice or help you or listen to you (F16+, DGS).

Friends had shared interests, for boys this might be football or playing on Playstations and for girls, shopping and make up (especially in one of the younger groups) and were good to 'hang out' with, and have a laugh with. In the descriptions given in one of the younger girl groups the concept of friendship was outlined very clearly:

They care for you and they're always there when you're down and like upset and things. They tell you the truth about things and they don't lie to you and you know you've always got their trust. They make you feel happy, whenever like say you're getting picked on or something they will help you through it and that. You can turn to them no matter like what it is, like say it's something you don't want to talk to your family about you can always tell them. Like some of my best mates they're really funny and they will really make you laugh. You know they're always gonna be there for you no matter what happens. They like you for who you are (F12-13, T).

Who would you turn to if you had a problem?

The young people were asked who they would turn to if they had a problem. There was a mixture of answers. It very often depended on what type of problem it was. There might be problems at school, with friends, with their parents, or issues around sex that might need addressing, for example:

Because like I talk to my mum about, yeah boyfriends and stuff because that's what you do with your mum. And then with my dad it's more like, I have a really good relationship with him but it's more like awkward. It's the usual stuff really, about school and stuff. And like when I don't like understand something about sex I feel really awkward talking to my mum because she puts on her strict face and you cannot talk to that face. So I go around my cousins and talk to my cousin and we end up having a massive laugh about it (F12-13, T).

Many of the young people said they would go to their friends if it was a small problem, but to their parents if it was a bigger, more serious problem. This was less likely in the older groups, who might approach friends or other family members. There were some who would go to their friends before their parents, as in their experience their friends had 'always been there' for them, and that they might be someone more neutral, as problems most likely relate to their girlfriends or parents:

Like my friends are always the first people that I ring when I am upset, probably more so than my mum, I would speak to them more and then my mum. They're always on the other side of the phone call (F12-13, T).

I think I'd turn to my best friends because half the time if I've ever got a problem it either concerns my girlfriend or something with my mum and dad so I can't really go to either one of them because they've caused it most probably. So you most probably go to like

someone who is more ... like your best mate or something because at the end of the day they listen to you and you listen to them ... (M16+, DGS).

Others chose grandparents, perhaps because they had been from a fragmented family and were raised by them so felt closer to them and they had 'been there for them', or because they were different entities to their own parents and offered them support unconditionally:

I always know that if I've got a problem I'll go to my grandparents because my granddad has said no matter what come to us and we'll help you, whether it's financial or just emotional. So I would first of all go to my grandparents (F12-13, T).

Some of the younger girls discussed the use of things like internet chat rooms, and instant messaging services like MSN to discuss their problems, perhaps sounding out and getting advice from others who they may or may not know before approaching their own families or friends as they could be more objective:

I was on MSN [talking] about something that happened to me, I told 2 people which I'm not, well I'm friends with them but I'm not really that close to, before I told my best friends because I find it easier to say it... So if I like say it to someone then I find it easier to tell the people that I'm closest to and I prefer other people's views before my best friends (F12-13, T).

Issues around confidentiality were important to the young people and could determine who they would turn to, many would tell siblings or friends as they knew they would not tell their parents. The people they chose would be supportive and non-judgemental, as this young woman explains:

I just think it's not worrying about what they're going to say no matter what it is you've done. So you can do something really, really terrible that you just wouldn't want to tell anyone but you'd know that they'd understand and even if they disagreed with it they'd be fine with it and they'd offer you support and they wouldn't sort of shout at you if you'd done something wrong they'd try and help you (F12-13, S).

Who would you not turn to if you had a problem?

The young people were then asked if they had a problem whether there was anyone that they would not turn to. This brought up some interesting contradictions in the young people's discussions. Although many placed their friends close to them in their relationship networks, very

often the boys felt they would not turn to their friends because they did not trust them, and because they would gossip and tell other people your problems. This was especially prevalent for the boys from the more rural community, some of whom answered:

P: My mates...cos I don't trust them. You tell one person at one end and it goes to the other end in about 5 minutes.

P: You can't trust no-one can you? (M16+, S)

More worryingly, it was a similar attitude from those who had much smaller networks of important relationships, who often felt they had very few people they could talk to about their problems, as in the case of this 17 year old who had been thrown out of home at 16, and who had only considered his friends as part of his important relationships:

Fac: So, in your life then, if you had a problem, who would you talk to?

P: No-one. Never have done.

Fac: If you had a problem in life who would you not talk to?

P: Everyone. I don't talk about any of my problems...I just bottle them up and that's it, put a brave face on them all.

Fac: What do you think would make a relationship ok for you to talk to somebody?

P: Someone I can trust with my problems.

Fac: Do you trust your mates?

P: I do trust them but not with my problems. They're all safe, I got respect for them all and I'll always be there for them, but they're my three best mates there and I still can't talk to them (M16+, S).

In terms of formal support networks or services, some of the older participants who were at college did not feel they would access Student Support Services, as it felt like they were saying they could not trust their friends, and that they would only be able to provide a formal service:

If I was to go to like the Student Service place I'd feel like I was turning my back on my friends...Because I feel that when someone goes over me. But if I was to go to someone else who doesn't really know me they would be looking at it from a professional point of view instead of a personal point of view, so I would only be getting an outsiders opinion (M16+, DGS).

Again, going back to those from fragmented families, there were several young people who would not trust their parent's new partners with their problems, perhaps because they did not get on, or that they did not feel that kind of connection or get support from them:

My mum's boyfriend I wouldn't tell a lot to because we don't really get on and we don't have that sort of bond and I feel that he would probably hold it against me rather than be helpful, it would be something that he can bring up in a later argument and sort of be horrible about because he tends to do that sometimes. It's like 'oh yes, well you did this' and it would carry on for ages (F16+, DGS).

There were also differences between what the young people would talk to about with their mothers and fathers. With mothers it might be more personal problems, but with fathers, it seemed that they would talk to about more practical problems, perhaps because of how they deal with things, or because they had a particular type of relationship with them, that was more 'jokey', or more judgemental:

With my family, I could talk to my mum about a couple of things but with my dad I can't tell him nothing because he thinks that everything is a joke. Like I would tell him something, like say I was getting bullied, I would tell him that and he would take it as a joke. Say I actually was, he wouldn't take it for real, he would take it as a joke. Everything's like a joke to him so like I couldn't tell my family anything (F12-13, T).

I'd turn to my mum but I wouldn't turn to my dad because my mum listens to me but my dad, it's like he always takes the side of the other person, he always just goes 'Well it's your fault then that they're like that'. So I never tell my dad anything (M12-13, T).

Some of the young girls were asked why they would not talk to their mothers and some thought that it was 'embarrassing' talking to them, especially about personal, or sexual matters, because they would often 'gossip' with their peers, and sometimes even tell their friends:

Because if you tell them something they'll go and tell like other people that you know and they're just like, say like my mum and your mum always chat don't they? And they're like telling them stories and it's like really embarrassing... She tells all my friends as well which is well embarrassing because then you get picked on when you're going out. And you think 'Oh my God I wish I didn't tell them that now (F12-13, DGS).

They were asked who they would turn to if they wanted to find out about or access contraception and again they were reluctant to talk to their own but would be willing to talk to someone else's, because it would be less embarrassing and because they would have less of the repercussions than if they spoke to their own mothers, especially if they were underage.

The importance of recognising issues of diversity were also highlighted in the younger girls group. In one group, one of the girls had deaf (and separated) parents, and she found difficulties when trying to communicate with her mother, not only because of how long it took to sign things, but also being able to understand what her mother was trying to communicate back, which often led to frustrations and miscommunication. Her father lived a great distance away from her, and they had a problematic relationship with him and the extended family on her father's side. As a result, this young girl felt she had very few people she could turn to, and would rely heavily on her boyfriend or friends:

With my family it's sort of like...because my parents are deaf it's like fallen apart because no-one can really talk to my mum. It is really hard to talk to her. She don't understand anything and it is so hard. It takes me about half an hour to explain stuff and I don't feel like I can talk to her. It's really difficult and it's not an easy way to talk to someone like that...I sign with her and it's really complicated how you say it, I dunno, and like I don't really talk to my brothers. Like I get along with my 15 year old one but like I wouldn't tell him stuff so I just always turn to my friends now and stuff so...I talk to my boyfriend about a lot of stuff as well. My friends and my boyfriend are the only people I turn to because I'm not close to my grandparents because my grandma on my mum's side, her husband died and like I don't really talk to her because she would never give you a proper opinion and like she blames me for everything. It's like when my dad left me she blamed me for that...I don't really get on with my dad's side anymore (F12-13, T).

Comment

Boys had slightly larger relationship and social networks than girls, yet appeared to have less intimate relationships than the girls. The young people often placed their mothers as the most significant people in their lives, and would turn to them with their problems, however, the older groups very rarely included fathers as one of their significant relationships. Understanding the home circumstances of these young people helps to explain why non parental adults are chosen, perhaps indicating difficulties in the parent-child relationship. The younger groups were more attached to their parents, however, but this appears to change over time. There was the recognition that relationships change over time naturally, parents and children may be closer when

younger, with the relationship becoming more difficult during their mid teens, with another change during late teens, perhaps because of increased maturity and life experience. According to attachment theory (Bowlby, 1969, 1979), parental relationships decrease in intensity during adolescence. However, parents still function as a source of guidance and support for the child. According to Younnis (1983) the parent-child relationship changes from unilateral and directive to one where interactions are reciprocal and consultative. This is not such a comfortable 'fit' for some of the disadvantaged young people, as many had poor relationships with their parents, or the relationships were imbalanced, so some would not talk to their fathers, for example. Several of the young people also felt unable to talk to either of their parents about sex or their relationships, which is by no means a new phenomenon.

Few of the younger groups placed their boyfriend or girlfriend as the most significant person to them. According to Furman & Buhrmester (1992), during adolescence romantic relationships are considered to hold a lower position in the hierarchy of support figures, but with time and experience they assume a more primary position. The girls were more likely to place 'best friends' and 'friends' as equally, if not more important than their parents, whereas boys were less likely to state their best friends were as significant to them. The young people were also less likely to turn their friends if they had a problem, but this changed for the older groups, whose friends had a much more important role in their lives. There were gender differences in the qualitative elements of friendships also, girls focusing more on the social and emotional exchanges within their relationships, with boys characterising friendship as more activity oriented, similar to findings by Camarena et al. (1990), Duck and Wright (1993) and Smollar and Youniss (1982), which may fulfil the young people's needs if they come from more fragmented families. Added to this, the boys very rarely included opposite sex friends, supporting findings from Richards et al (1998), which showed that same sex friendships dominate in younger childhood, but throughout adolescence the gendered nature of the friendship changes.

With friends, shared experiences and common interests very often strengthened the bonds between them. Boys rated loyalty highly in their friends. Friends were people to share things with, were trustworthy, honest, showed respect. Similar to previous research, for example, Furman and Wehner (1997) early friendships are a context in which young people learn about and practice intimacy, reciprocity, nurturance, conflict resolution and power which guide later relationships. Collins and Repinski (1995) support this view, arguing that friendships help young people develop social and self identities that can later support healthy romantic relationships. A lack of peer companionship has been associated with social and emotional difficulties and low-quality relationships. In the current study those who named fewest peer and family attachments often indulged in risky behaviours.

3.3 Exploring attitudes and values

This section reports on the findings from the attitude statement and values continuum tasks, and the case study task in Session Four (see Appendix 3). A number of statements were used as prompts for discussion, for both the young people and professional groups. Professional views are merged with the young people's throughout.

Negotiating Relationships

There were a number of discernable stages in the current study where young people were required to negotiate with their partners in their relationships. The term 'negotiation' is drawn from work by Crawford, Kippax and Wadby (1994, p.571) and refers to 'the interpersonal communication which takes place during a sexual encounter in order to influence what happens in that encounter in terms of the needs and desires of the two people involved'. In the current research the stages at which negotiation occurs can be summarised as: initiating a relationship, setting rules and boundaries, preparing for and having sex, and contraceptive choice. However, this assumes that all relationships, sexual or not, follow this particular pattern, which will not always be relevant for these young people, many of whom discussed their experiences of casual sex.

3.3.i Initiating a relationship

This first sub-theme centres on the beginning of relationships, from the initial 'asking out' to who they consider it appropriate to go out with, particularly in relation to those of other religions and race. The young people were asked about the process of 'asking someone out', and whose responsibility they thought this should be. The overall consensus amongst the young people when presented with the statement 'a girl can ask a boy to go out with her' was that it was acceptable, although there were some who were unsure and a few who disagreed.

Many of the girls took the initiative in approaching boys as they thought they had no choice but to be the ones who did the asking as in their experience boys could be 'wimps' or were 'too shy' to ask them, often relying on their friends to do it for them:

Some boys can just be wimps can't they? Because they don't want to ask because they're nervous so the girl has got to (F16+, DGS).

Because the boy might be, not a wimp, just a bit scared or shy, so you might have to make the first move (F12-13, S).

The older boys put this 'shy' behaviour down to fear of looking stupid if the girl were to turn them down, so they would often make sure the girl liked them first before asking them out, which would cause delay, or sometimes depended on the girl to ask them:

*...say if I like this girl but I didn't know if she liked me, I wouldn't have the b*lllocks to go up to her in case she made me look like a c**t, so she'd have to ask me (M16+, S).*

The younger boys also thought it was acceptable for a girl to ask a boy out, and they were happy for girls to ask as they disliked the expectations and pressure put on boys to do the asking:

I think it's really annoying because they always say 'oh you've got to ask her out because you're the boy' (M12-13, DGS).

This issue was also brought up in the professionals group, they felt that boys struggle to ask girls out, which may be a maturity thing. However, the increase in use of the mobile phone and internet had changed this somewhat, whereby it was easier for boys to send texts, use MSN and send photos, for example, and there was less stigma attached to this and the fear of rejection is attenuated.

There were a few of the girls who thought that it was the responsibility of the boy to do the asking, to fit in with notions of 'romance' and following tradition, also demonstrating similar hesitant attitudes found with the boys:

Because I'm an old romantic I agree that the boy should...I think it's OK for a girl to do it don't get me wrong, but, I'm an old romantic. I'd rather a boy asked me out because then I know he likes me (F16+, DGS).

Some of the younger girls were unsure about the statement, however, as although they thought it was normal, they would find some difficulty with doing it themselves. It might often depend on how well they knew the boys before they asked them out. There was also a concern that a girl might get judged for asking a boy out, as it goes against traditional gendered behaviours and expectations.

The professionals view was that the norms or the rules of etiquette are still for the boys to ask the girls out. Contrary to this, some of the professionals some felt that there were generational issues and that there had been changes in society, women are forging a stronger place in society, demonstrated in their own experiences where their sons were getting asked out with the girls making the first move. Supporting this view, the girls thought that it was an old fashioned idea that

boys had to ask a girl out, and that they would be quite willing to do the asking, with the older boys thinking it was an issue of equality that girls could now be upfront about that kind of thing, and that expectations of gendered behaviours had changed over time and it was now much more acceptable:

It's like there's only one day in the year for a women to ask her boyfriend to marry her. You can do that any day. It's only tradition for the male to ask the female but that don't really matter (F16+, DGS).

The type of person with whom it was acceptable to have a relationship with was also explored, focusing on issues around race and religion, and whether these issues were considered important by the young people. The concept of 'having a relationship with a person from a different religion/having a relationship with someone from a different race' was presented to the young people. The consensus of the groups to having a relationship with someone from a different race was mostly neutral tending towards acceptable. The general consensus across all groups was that having a relationship with someone from a different religion was acceptable. However, the older boys groups elicited mixed views. One group of older boys thought that going out with someone from a different religion was unacceptable, and displayed quite strong attitudes in response. Also, the young people stated acceptable, but in discussion around the statement revealed contradictory attitudes. Some found it difficult to separate their own opinions from that of their families, for example:

It's acceptable but some of your family might think it's unacceptable. Well my mum's a bit racist. She doesn't really like black people that much. She thinks they shouldn't be here and they've like taken over the country...And we're not allowed to fly the union jack because of the Muslims (M12-13, T).

However, the professionals believed that parents influence young people and they bestow views about how young people should behave and what is and what is not acceptable and this may conflict with what the young person feels.

Although most professionals stated that young people would find it acceptable, there were differing views about this, and they believed that young people's views were dependent upon background, family influences, where they lived and general experience. However, some did not think young people were affected by this and that they were not bound up in identifying people they might be attracted to in different categories, for example:

I think they would just say I fancy that person, I fancy that person and that's the end of it. I don't think they'd think any further than that (2:31).

Comment

The discussion demonstrates that the negotiation even at the initial stages of a relationship can be difficult for young people. A number of strong positive and negative relationship values are acquired from family, such as attitudes around attraction to other people and race and it was often difficult for the young people to separate their own attitudes from parents'. However, in the age of striving for equality amongst men and women, the young people are happy to disregard the 'tradition' that boys should make the first approach. In terms of initiating romantic relationships, this change in culture is also perceived by professionals as part of the 'ladette' culture. Older girls appear less worried about rejection, although this is not felt by the younger girls who perhaps lack the same confidence. Girls asking boys out is just another expression of active female sexuality.

Rejection and break-ups can be experienced frequently due to the short nature of young people's romantic relationships, and these experiences are thought to challenge young people's coping skills and self-concepts (Monroe et al. 1999). However, contrary to that, current research appears to suggest that adolescents' relationships are longer in duration and intensity than previously suggested. For example, Carver et al (YR) found that adolescents relationships have often lasted 11 months or more, 20% of those 14 and under, 35% for those 15-16 years old and almost 60% of 17 and 18 year olds. Indeed in this research, several of the older participants were in committed, long term relationships. They often felt less regret in their sexual encounters and stated having more pleasurable sexual experiences than those who were involved in more casual relationships. However, in this study, the professionals did not perceive the idea that young people can have serious relationships and experience the grand manifestation of love.

Roscoe et al. (1987) report that early adolescents place more importance on superficial features of potential partners, such as fashionable clothes, in order to follow expectations of their social networks and to gain approval within their groups, whereas older adolescents have a preference for partners who are compatible and offer a level of intimacy. These changes are explained by Collins (2003) as a result of cognitive and emotional maturation, achievements regarding identity and autonomy, diversification of social networks and contextual changes associated with the transition into adulthood. Similar patterns were found in our research, the younger groups idealising the perfect partner, with the older groups more interested in romance and trust.

The professionals' views of initiating relationships were consistent with the young peoples'. However, there were some contrary attitudes for the religion and race questions. The professionals

although personally finding it acceptable, alluded to the nature of the public/private response, so where the young people found it acceptable, they felt that they were giving the socially desirable answer and that in their experience there is a difference between what young people say and actually believe. The influence of family values was also strong here.

3.3.ii Setting rules and boundaries

Within relationships, there are certain rules or boundaries that need to be negotiated and agreed upon to help develop trust. Those explored within the groups centred on the acceptability of being attracted to other people, being sexually faithful, going out with friends without your boyfriend/girlfriend, and doing things to please your boyfriend/girlfriend, lying to your boyfriend or girlfriend, and fighting.

The young people were asked about the acceptability of 'being attracted to another person when you are already in a relationship'. There was general agreement between the older groups of young men and women and the younger girl groups, the consensus being that it was acceptable and that it was something that was natural and could not be helped. Some stated it was only acceptable on the condition that the feelings and attraction aren't acted upon:

There's no harm in it (M16+, DGS).

Oh I think it's going to happen, as long as you don't act on it's alright...(G16+, DGS).

There was some disagreement in the younger male groups, however, with some verging more towards it being unacceptable as it would undermine the trust within the existing relationship.

Responses were often shaped by their family norms. Some of the young people had been in this situation themselves or had observed this happening in their parent's relationship, so it was not seen as anything abnormal, as this quote illustrates:

I think that it is quite acceptable because you cannot stop your hormones. Even if you're in a really loving relationship, my mum and dad have been together since like they were 15 and now they're like 32 and 31 and my dad will still say like 'oh yeah she's well fit'. And my mum is like literally in love with Johnny Depp. So like they have both got people that they love...but they are both like in love with each other (G12-13, T).

There was some disagreement amongst the professionals when discussing how they thought young people would respond to this statement. Some felt that they would find it perfectly acceptable, and some thought others would be less tolerant of this, and so believed they would veer towards unacceptable. One of the reasons given for this included their belief that young people were too insecure and did not have enough 'confidence' to deal with their partners being attracted to someone else, especially boys:

I think they're insecure in terms of their own identity and they would feel threatened by that (1:19).

From their professional experiences they saw young people wanting exclusivity within their relationships, and the feeling that their boyfriend or girlfriend is with them and focused solely on them was important. The issue of jealousy was discussed also, and professionals thought that young people would get jealous of their partners being attracted to someone else, but then this would be seen as proof that they 'loved' them:

And that's why so many young people I've spoken to view jealousy as that is evidence of love. If they are jealous then they must love me (1:21)

However, there was no evidence of this attitude in the young people's groups.

Another element of negotiation within a relationship relates to trust and rules around fidelity. When asked whether they thought people should be sexually faithful there was very clear consensus for this statement towards agree. There was some ambivalence amongst the older boys however with some disagreeing and some not sure. Only some of the participants in the older groups disagreed. When in mixed groups, however, all of the male participants in the older groups shifted towards agree, and more of the older girls shifted to not sure. There was no general consensus in the professionals group either, with 2/3rds of them agreeing, and the other third were unsure. There was some ambiguity around the meaning for some professionals, about what it meant exactly and who being 'faithful to' referred to.

There was further probing into the acceptability of the statement by the older groups mostly. For those that were ambivalent, there was the feeling that although they would find it unacceptable, they thought that they would be unable to stop their partners from doing it if they so wished:

P: I wouldn't like it.

P: But you can't stop her though can you? (M16+, S).

And for some of the boys, although they would not choose to, they believed they might not have a choice but to 'go elsewhere' if the sex in their relationship was unsatisfactory:

Well I dunno about this one, cos if you were getting a shit sex life you'd have to go elsewhere (M16+,S).

Additionally, according to the young people it also depended on the type of relationship you were being unfaithful in, so that if you were in a casual 'sex partner' relationship, one of the conditions would be that you would be able to sleep with other people. However, if you were in a steady or serious relationship, then that was less acceptable, 'cos if you ain't in a serious relationship then I think you should be allowed. But if you are then you shouldn't' (G16+, S).

Emotional consequences were discussed amongst the young people, that if you were unfaithful you risked losing respect and trust within a relationship:

Yeah, I agree it's respect for yourself as well as for others. There's got to be like love there and faithfulness there for you to be with a partner and so I think it's out of order if you go and sleep with someone else (M16+, DGS).

In their reasoning the younger groups thought about how it would feel if it happened to them, and most would feel hurt if someone was unfaithful to them, and find it unacceptable:

But basically you've got to think how you would feel if it was reversed. Like if I found out I had, like in the future I had a boyfriend and he was sleeping around he would be straight out the door (F12-13, T).

This theme emerged in the professionals group according to those who agreed, as being unfaithful causes 'so much pain'. The younger groups also found it unacceptable behaviour and inconsiderate to a partner, that 'cheating' complicated relationships, 'was not nice' and that you would get found out and hurt the other person, a concern that was most evident in the younger boy groups. The younger boy groups were also against the idea of being unfaithful for more moralistic reasons also, in that 'you shouldn't be sleeping with loads of people anyway', and if you did, they implied that person would not 'feel loved'.

There was also discussion around the intention behind being unfaithful in the younger mixed groups, that is, if you 'choose' to be unfaithful, then that was perceived as wrong, but if it happened 'accidentally', if you were drunk or bored then that was more acceptable, and appeared to absolve you of responsibility:

Yeah, but if you like get drunk. It depends also because if you're like choosing to be sexually unfaithful then that's wrong but if you like stumble into being sexually unfaithful like drunk...then that's not your fault (M12-13, T).

There were a number of arguments as to why the young people agreed that 'people should be sexually faithful', some shared, others gender specific. All the groups, regardless of age and gender thought that you should be sexually faithful because of potential health risks, including receiving and passing on sexually transmitted infections, with risk of pregnancy a major concern for the younger girls.

However, some of the older girls disputed this argument, as they believed that just because you are having sex with different people it should not imply you practice unsafe sex:

I think that nowadays you've got more things that people go out and have sex with different people and it doesn't mean that they're not gonna be not wearing stuff or being protected (F16+, DGS).

Supporting the young people's attitudes, the professionals also thought that if the relationship is not long-term, then being unfaithful would be more acceptable as long as you are safe. However, having an open relationship would have to be part of an agreement with both partners abiding by the same rules.

The young people were asked whether 'going out with your friends without your girl friend/boy friend' was acceptable or not. There was consensus across all groups towards this being acceptable or not. The older group discussions centred on the concept of 'freedom', to not feel trapped within a relationship, and the need to spend time with your friends but also having to balance this with spending time with your girlfriend or boyfriend:

You're like, you've got to have a bit of freedom. You can't be with your girlfriend or boyfriend all the time (M16+, DGS).

The younger girls were the most fervent advocates of the importance of spending time with your friends, the need for 'freedom', and for equality, that they have as much right to spend time with their friends as boys do and that if a boyfriend tried to stop them spending time with their friends, they were simply 'not worth having':

You don't have to go out with your boyfriend every night or day, if you want to go out with your friends you can. You don't have to be with your boyfriend all the time (F12-13, S).

This illustrates the shifting priorities placed on different gendered relationships at this age. The younger boys recognised that there was an acceptable level of how often you could go out with your friends, however:

There's no point in having a relationship if you're going out with your mates all the time...It depends whether you go out like twice a week with your mates or seven days a week (M12-13, T).

In the professionals experiences it was important to have 'time apart' with friendships and relationships outside of their primary one, as they offer different forms of support. According to some professionals, making a relationship too exclusive can lead to problems later on. Some of the professionals thought that there might be relationships where it was less acceptable, with issues around control and jealousy that could be problematic:

But there are some relationships where the partner doesn't like the other one going out with friends and you know you can get a lot of control and jealousy going on (2:5).

The consensus view amongst professionals was that young people would think this was only somewhat acceptable, as in their experience they would feel 'threatened' by these other friendships, and spending time apart. According to the professionals', the issue of control and power within relationships would be more marked than in older people's relationships, and that young people may somehow lack the negotiation skills necessary for having a mature relationship, however, these were issues not discussed by the young people:

I think some young people are under pressure though to only go out with their partner...and there's a lot of power and control within that relationship (2:25).

Part of any relationship involves doing things for each other, the young people were asked whether they thought 'doing things to please your boy friend/girl friend' was acceptable'. This statement drew out quite similar responses from all groups, the majority of who chose 'neutral', with a third of groups choosing acceptable. The groups were given different scenarios to discuss, and this affected the level of acceptability. The young men were more willing to compromise and do things for their girlfriends as they thought it could help make them happy and help within their relationships, but as long as it was within reason.

Discussion often tended towards sexual favours or obligations to their boy/girlfriend, especially for the girl groups, and this elicited the strongest tendency towards it being unacceptable:

As long as it's not completely against what you want to do, like if you don't want anal sex and they go on about it there's no way you're gonna do it is there? (G16+, S)

I think that if you don't want to do something then you shouldn't, I don't think it's acceptable to make you do something you don't want to (G12-13, S).

The professionals also thought that there were different reasons for young people doing things, so rather than it being for positive reasons and for their own benefit, was more so that they could maintain their relationships, and to do with issues around self-esteem and control, so they might be more likely to do things they were not comfortable doing:

With young people it is a case of do it or I'll leave you or you know I'll dump you or... And I think that's not healthy. Obviously they see that as if they haven't got very high self esteem they might just think oh I'll just do it anyway. That's the power of control I think (2:10).

According to some professionals this probably extended to sexual activities, and young girls might be more likely to partake in these activities even if they did not want to, because of their low self-esteem and desire to keep their boyfriends:

So having sex might not be their choice but they're doing it to keep the boyfriend ... (2:29).

This was corroborated in the younger girls group who admitted being more willing to do something to keep their boyfriends happy and not be labelled 'frigid':

P: Because say your boyfriend wants you to have sex with him and you don't they could like...

P: They could turn around and say you're dumped or something cos you're frigid! (F12-13, DGS)

The acceptability of 'lying to your boy friend/girl friend if you think that the truth can hurt him/her' was explored. For the older girls it depended on what the lie was, if it was about something serious or if it might hurt the other person they would prefer to tell a lie:

It depends, is it relationship-wise? What if it's something you know's gonna split you up and you don't wanna hurt them? You're not gonna tell them (F16+, S).

Younger boys saw the detrimental consequences of lying to your partner, they thought that they would inevitably find out and thought that being found to have lied was worse than telling them the truth, even if it was something bad, and this would inevitably harm the relationship:

*Because if you lie to her you're just gonna make it worse aren't you?
(M12-13, S)*

The younger girls preferred to tell the truth, as they thought it would be more upsetting for the person knowing they had lied:

I would've liked people to tell me the truth, even if it does hurt because I'd get over it anyway (F12-13, S).

They sometimes saw the benefit of telling a 'white lie' occasionally however:

It does help though for some people to give you a bit of courage as well, sometimes you need to lie to give people courage (F12-13, S).

Professionals were neutral about this statement, from the discussion they indicated that again, it was sometimes acceptable and they did it, if the intention was in trying to protect someone, for example, but that lying in itself was unacceptable and caused more hurt overall:

I just think if you've got a good relationship you don't need to lie, even if it's something that's gonna hurt someone and you're that concerned then surely you're gonna support them with whatever it is (2:20).

They thought that young people would find it somewhat acceptable. One professional, from experience, thought that young people would be unable to distinguish between what was a lie or a truth:

I think would they know it's lying? Because I think that some of them just don't even realise they're lying (2:35).

Finally, the groups were asked if there were circumstances where 'fighting a lot' was acceptable. The older and younger boys thought that it was acceptable to have arguments within relationships, that it was healthy to discuss your views and opinions if they differed to that of your partners. Arguing and fighting could help solve any problems and had seen it as helpful within the context of their parents' relationships:

You have to have an argument in a relationship. That's part of life. I'd never be able to go out with a girl without arguing with her (M12-13, T).

Although the professionals felt that this was unacceptable, there was the sense that (verbal) fighting itself was ok as long as it was not abusive, and that if it is in a stable relationship and that there was some making up afterwards it was almost seen as healthy, and that in fact expressing anger was better and could diffuse 'bad feelings' or 'bitterness':

I think it can be healthy to fight verbally in a relationship but also your relationship would have to have a very strong basis, ground rules and care for... you know reciprocal care and so on...and making up afterwards (2:7).

However, if it is occurring frequently or if the conflict was not resolved then it was not seen as good for children.

And if there's conflict that's not resolved as well, I think that can be very damaging, particularly for the children in that relationship (2:8).

Everybody here will have arguments and disagreements in a healthy relationship. They will have that. It's normal. But if you're doing it all the time, or a lot of the time...it's destructive (1:7).

The professionals thought that young people would find it more acceptable than them, but still veering towards unacceptable:

Judging by the kids I see. And that's a mixture of kids. I would think they would find it more acceptable than we do (1:26).

However, there were some that thought, from their own professional experience that young people were somewhat desensitised to fighting and that it was a 'normalised' part of life for many of them:

I think there are some young people ... They wouldn't think anything about it. It's a normal way of life (1:26).

A consequence of this however, is that these young people, who grow up in difficult environments where fighting occurs frequently or are witness to more serious cases of domestic violence, is that they adopt those particular behaviours and it becomes part of their own character when they get older:

Sadly some young...particularly males growing up into this environment adopt that behaviour and see it as normal (2:26).

Comment

The above section assumes that young people are in longer term relationships within which these 'rules' and 'boundaries' can be negotiated. However, the professionals commented that one month is a long-term relationship for some so the young people may be less inclined to stay within the norms of long-term relationships.

There were a variety of opinions expressed regarding the changing nature of relationships with friends once in a relationship. Zimmer-Gembeck (2002) reported on a lack of research on the developmental course of romantic relationships and how they relate to changes in friendships. As romantic relationships develop, changes occur in peer relationships, the amount of time spent with friends and the nature of the social interactions, similar to findings by Aneshensel & Gore (1992).

Following on from comments in the relationship section earlier in the report, during adolescence romantic relationships are considered to hold a lower position in the hierarchy of support figures, but with time and experience they assume a more primary position, related to findings by Furman & Buhrmester (1992). The younger groups in this study rarely attached importance to a significant other, perhaps because of the transitory nature of their relationships. However, all were able to identify factors or elements of relationships that were important to them, such as being sexually faithful and not telling lies, and were able to set their own boundaries in terms of what behaviours

are acceptable or not, setting them up for future relationships. Mitchell (1990) and Zak (1995) also reported that the development of trust is an essential process within the relationship setting. Pleasing each other was important in a relationship, and boys more willing to compromise and make girlfriends happy. The general consensus was that there should be no coercion, however, especially for girls regarding sexual favours.

In conclusion, research on content of adolescents' relationships is lacking and so the functions of these relationships are hard to identify. The quality of the relationship is also important to consider, better quality relationships that involve intimacy, affection, and nurturance are associated with more positive outcomes and well-being (Berscheid & Reis, 1998) and these are all elements that should be promoted when discussing relationships with young people.

3.3.iii Preparing for and having sex

The next phase within relationships that young people have to negotiate is the preparation for and initiation into sexual relationships. The groups were asked their opinions on factors that might influence them at this stage. Factors such as what knowledge and information they had about sex, physical and emotional readiness, what type and stage in the relationship they were in and matters of choice were all discussed.

Perceived knowledge of sex and relationships

The groups were asked whether they thought 'boys know more about sex than girls'. The majority of young people disagreed, particularly the girls. There was a perceived difference in the level of sex education amongst boys and girls, the younger girls feeling that they had more sex education than boys, and 'more talks' at school that boys are not always involved in, so they were more likely to know more and know more of the risks. However, some of the younger boys disputed this, and felt that they had received the same sex education as the girls so were likely to know as much as girls. In addition, the younger and older girls felt that there was a difference in 'willingness' to learn between boys and girls and that girls were more willing and receptive to information they are given, whereas boys did not pay as much attention or are more easily embarrassed and distracted in those sessions. Both older and younger girls believed that it would depend on how willing the person was to learn whether they were knowledgeable:

I think it could just be depending on the person, whether they're, I'd like to think I know a lot about it. I'm a virgin but I still think I know a lot about it but only for the reason that I pay attention in classes and things like that and my friends experiences that have passed on to me because they trust me with their information (F16+, DGS).

A perceived difference in access to information for girls and boys were also highlighted as possible explanations of who would know more, affecting levels of preparedness. The older girls also thought that girls have more access to various resources, so in addition to 'talks' at school, they are more likely to get information from magazines, the television and their peers:

I kind of think that girls, like, are prepared for that kind of stage, more than boys. It sounds like, girls kind of read all about it and things like that. Like we buy magazines and read about problems and things like that and we always ask questions ... (F16+, DGS).

The professionals supported this view somewhat, believing that there was a gender divide between what boys and girls are taught from parents and schools. Some professionals thought that very often boys are given information on a 'need to know' basis, and that there were parents who would not tell their sons about things like periods because it was not relevant or important to them.

Boys' knowledge was also perceived to focus solely on the physical act rather than the emotional aspects around sex as well, and from the older girls experiences, it was clear that they thought even then they knew very little about 'techniques', as these girls explain:

They just know how to put it in and whip it about...Boys think, they watch a porno video or something and they think they know everything (F16+, S).

I think girls get more prepared because we've got more of the media that tells us about sort of the problems and risks and stuff and I think we get more emotionally prepared for it whereas boys just get more sexually motivated as they get older (F16+, DGS).

One of the older girls used moralistic language to describe girls who might know more than boys. According to her boys know more because they were more likely to have had more experience, and suggested that if girls did know more or were experienced, that they were 'easy':

I think they've had more experience than girls personally, unless you're a complete and utter ho. But I think boys have had more experiences so therefore I think they know a little bit more (F16+, DGS).

There were several young people who were not sure about whether or not boys know more about sex, as were some professionals. For the younger girls and both younger and older boy groups there was an element of naivety or ignorance about whether this was true or not, as they did not know about the other sex, or what they might be like. Again, this demonstrates a lack of awareness and open communication between the groups:

Cos you'd have to ask the girls how much they know. And then you'd have to ask the boys how much they know and compare it (M12-13, S).

This resonated surprisingly with the professionals' opinions said they were unsure about the statement because it was difficult to estimate how much boys do or do not know as they very often do not talk to each other, or anyone else.

Is there an appropriate age to start having sex? Emotional and physical readiness for sex

Several of the statements related to sex and relationships. When asked their opinions on whether 'you should not make love before you are 18' the majority of young people disagreed with the statement, although there were a high proportion of those who agreed. However, when looked at in individual age and gender groups there was some variance. The older boys and girls, for example, were split between agree and disagree, but tended more towards 'agree'. The majority of younger boys also disagreed, but an equal number chose agree or not sure. Only for younger girls were there a clear majority in favour of disagree. All of the professionals disagreed with this statement. Some of the older groups disagreed because they had already had sex, so it made little sense to say they should not. One of the most frequent arguments against it, expressed in the older boy and girl groups and younger boy groups was that the age of consent was 16, and so it made little sense in waiting:

Cos you're legal when you're 16. What's the point in waiting until you're 18, if you're legal when you're 16. What's the point in waiting another 2 years? (M16+, S).

The attitude towards sex initiation here focuses on the legalities rather than feelings.

Related to that, they were asked if the age of consent was made higher, whether that would work in persuading young people to delay their first sexual experience as the pressure would be less. They thought that if you were to change the age of consent to 18, people would still see it as a target and disregard it and have sex before then, seeing it more as a 'personal conquest almost', and that 'it's like drugs, like cannabis and stuff like that. If you're told you're not allowed it a lot of

people will just go and do it just for the sake of it'. Some of the older girls concurred with this, that the two year difference would not matter, and people would still feel pressure to have sex by a certain age regardless:

I think if you say 'OK you can have sex when you're 18', for people that haven't done it they're going to be like 'Oh God, now I'm 18 I can actually do it, let's go and find a bloke' and just, you know 'let's just go and have sex just because I can', I think some people would be like that about it ... (F16+,DGS).

Some of the older girls thought that it was not the age at which sex is deemed appropriate, but that it was more important to give young people information so that they could make informed choices and be prepared for sex, as this young woman explains:

Why make a rule? If you make rules it will be broken. You should just talk about it more and discuss it and make sure that people have knowledge rather than setting down rules (F16+, DGS).

Some of the older boys also thought that young people now seem in a rush to be 'mature' before their time, and by engaging in complicated sexual relationships did not allow themselves time to 'enjoy their younger lives'.

There were some opinions expressed exclusively by the older groups of boys and girls which often related to their own personal experiences, which, obviously, were not as evident in the younger groups. These were often seen as a reflection on their earlier sexual encounters, that in retrospect they had succumbed to peer pressure and cultural expectations when deciding to lose their virginity, and if they had the chance again may have done things differently themselves:

I felt that pressure when I was younger. When I was 16 it was like everyone had done it...(F16+, S).

People at a young age they do stupid things and they lose their virginity just for stupid reasons...Just to be like everyone else (M16, S).

Some of the younger boys revealed the most moral judgements for some behaviours, for example, when asked their opinions on having sex before 18, many of the younger boys talked about sex in the context of loving relationships, that they would rather wait until they were in a steady and committed relationship. Interestingly, some of the older boys also talked of their own experiences,

preferring sex within a loving relationship more so than 'one-night stands' now as they benefit from the trust and commitment that evolves over time:

You need that extra trust as well. So you need to get to know the person (M16+, DGS).

Is it love or just lust?

The young people were presented with the statement, 'you should only have sex with people that you love'. The majority of young people agreed with the statement, but there were a significant number who were not sure. Again when broken down into ages, there were some differences. None of the older boy groups agreed with that statement, although there was an even split between disagree and not sure. Over half of the older girl groups were not sure. There were very clear majorities for both younger boy and girl groups towards agree, especially evident for the boys. There was a relatively even split amongst the professionals. The majority agreed, however, there were a significant number who disagreed.

There were a number of reasons why young people disagreed with this statement, especially those who considered sex to fulfil only a physical need. Some of the older boys had one night stands frequently, and so the idea of only having sex with people that you loved did not appeal, not only because of how few people you might love in your life, but also as often they perceived sex as the 'only fun I get!', due to the tedium of their general environment and day-to-day lives:

That's stupid. Think how many people you fall in love with in your life, what, 2 maybe 3? I ain't just shagging three people in my life! I've shagged more than that in two weeks! (M16+, S).

A few of the older girls had relatively liberal, yet confident, attitudes to sex, and from their own experience thought that it could be pleasurable and fulfilling outside of a loving relationship, and that it was a good opportunity for you to explore your own sexuality and perfect 'techniques' before they settled down with a future partner, as this girl explains:

Well I think you can have quite good sex with people you don't necessarily love. It doesn't have to be all intense, you can just, leave them. Not that I do that anymore. But try before you buy. Get practice for the one that you really like at the end of your life. Make sure you're good (F16+, DGS).

Older girls especially were adamant that 'we should be able to have sex with whoever we want'. Despite the girls desire for equality and freedom to act as they choose, when probed further most who had had sex would in retrospect have preferred to wait to have been in love or have been more attached to the person they lost their virginity with, indicating an element of regret:

Fac: If you wound the clock back would you want to wait before you had sex?

P: Too right (F16+, S).

However, professionals thought that even though young people conform to these norms, from their experience they suggest that young girls they generally tend to regret it:

(kids who have a lot of sex) If you really spent time with them and chatted to them about it they would actually say...they don't like the sex and they regret it and they wish they hadn't...if they could have their lives again then possibly they wouldn't have done it but they don't find it unacceptable (1:23).

There were young people who spoke of their preference for sex in a loving relationship and waiting for sex, rather than one night stands, as the elements of trust and commitment and 'feeling comfortable' were major factors in their increased enjoyment and intensity of the experience:

A one night stand you wake up and they're gone. It's a bit like 'oh well' and you can't really remember it. Because most of it like happens when you're drunk (F12-13, T).

I have made my boyfriend wait because, well he was waiting anyway. Just because it's so much better when, I don't know, when two people know that it will like be for a long time, that like the relationship will last for a while...I think it's so much better that if you love someone, it's just so much more, I don't know, what do you call it? Intense? (F16+, DGS).

Although the younger groups tended more towards agree, it was evident that they did not draw on personal experiences, for example, 'people say it's better when you're in love', and looked more towards ideal first sexual experiences. Some of the young women set boundaries on future sexual encounters, waiting for the right person to lose their virginity to, for example. The participants in two of the younger girl groups valued their virginity as 'precious' and that although they would like to lose their virginity to 'someone special', they thought it might be different after that and when they were older:

I thought that you should be in love because I don't think that it's right that you should lose your virginity or, if it's your first time I don't think you should lose your virginity to like any old person so I think the first time you should be in love but then...When you're older it doesn't really matter...if you're like over 18 or you're 20...you should be able to have a good time because you're old enough to make your own decisions (F12-13, T).

Other younger girls thought that if they liked a boy a lot they might have sex with them, but if it was someone they had just met they would be less happy to sleep with them, but would do other less 'trampy stuff':

I wouldn't just go into a bar and go with someone I didn't know like...If I knew them then yeah I would do, if I knew them for ages then yeah I'd have it with them, but if I didn't know them for ages then I wouldn't have it, I'd just...kiss him...I wouldn't have it with him but I would do other stuff if you get what I mean. Not trampy stuff, just like kiss and that lot (F12-13, DGS).

There were a number of occasions where the young people identified risks around sexual activity. They related mostly to the risk of acquiring STI's or pregnancy. Although none of the older boys agreed with the statement 'You should only have sex with people that you love' in further discussion one did criticise young people who went out looking for casual sex, especially in regards to safety and the increased risk of acquiring sexually transmitted infections with people you do not know, sentiments echoed in the younger groups also but with the emphasis there on pregnancy as well as STIs:

You get the silly little boys who go out just wanting to have sex, they don't need to be in love with someone do they? They go out and do it for the fun of it. Go out, get drunk and they think they're gonna get a shag out of it at the end of the night, they're sad...It's sad that they just want to go out and have sex for the fun of it. There's no point in it. You don't know what you're gonna get at the end of the night do you? You can go home with any diseases, whereas if you stay with someone that you know, if you've got a good enough relationship with someone they'll probably tell you, and then if you want to go ahead, you go ahead (M16+, S).

The role of a physiological sexual drives were also explored. The groups were asked whether they thought 'boys need more sex than girls'. The majority of young people disagreed with this statement, but almost one quarter were ambivalent, particularly the boy groups. None of the girls agreed, the older girl groups were very definite in disagreeing, whereas a few of the younger girls

were unsure. The majority of older boys were not sure, and the majority of younger boys disagreed also. The majority of professionals disagreed but just over a third were unsure about the statement.

There was a discussion around the meaning of 'need' in this context within the professionals group, linked to managing the behaviour of boys, for example, issues around testosterone. Similarly, a few boys agreed with the statement and focused on the physiological aspect of 'need', for example:

Boys have got testosterone and they might feel the urge more (M12-13, S).

One of the younger girls had found that in her experience 'boys were desperate for it', however, which could also be related to their physical desire. The professionals agreed that there is some value in respecting scientific research about hormonal/chemical make-up, that is, what drives boys, especially in the teenage years. Women are more complex hormonally, so there is a need to increase awareness and understanding of these influences.

The majority of girls disputed the importance of those physiological drives, however, and thought that sex was not necessarily a physical 'need', but more a 'want'. Similarly, the professionals discussed the idea that 'need' can be confused with 'want'. From the professionals' experience, men seem to 'want' sex more and this may be due to the fact that in society, boys are expected to be more assertive about sex and girls more passive, which may also relate to issues of peer pressure and conformity. This actually contrasted to what we found in this particular study, where the girls were the more vocal and assertive of the two sexes. Supporting this view, some of the younger boys actually thought that it was girls who needed sex more, as from their experience, girls at school were often vocal about sex and their desire to have babies, whereas they saw boys as more interested in drinking and football.

Gender differences and sexual double standards

There were criticisms of the double standards around male and female expression of sexuality. The younger and older girl groups thought that girls needed sex as much as boys, but were unable to express this, the danger being that you would face judgement from society whereby they are labelled in some way:

You don't say it openly because it's like, my friend is like 'oh I've slept with 8 people' and everyone was like 'wow' and I was like 'well I've slept with more' and they were like 'slag', that's how it works (F16+, DGS).

Similarly, boys who 'sleep around' are congratulated and girls are insulted:

If boys like, pull someone they get, or like have like 3 people on the go at once they get 'oh yeah well done' and they get a pat on the back but if girls do it they go 'oh go away you whore' or 'you're a slag' or a 'slut' (F12-13, T).

The majority of young people disagreed with the statement 'Sex is more important for boys than girls', although a significant number were unsure. There was some agreement also. The largest consensus was amongst the younger girl groups, who almost all disagreed. The majority of older girls also disagreed, and older boys were mostly unsure. The younger boys were split relatively evenly over all three options. In the mixed groups, there was a significant shift in opinion once again. Although the majority still disagreed with the statement, the number of those unsure reduced and the number of those who agreed increased, especially for the older groups who moved towards disagree, and the younger girls who moved from unsure to agree. The majority of professionals disagreed with the statement but some were unsure.

The younger boys struggled somewhat with identifying differences between the sexes, again because they lacked the knowledge and experience of 'what girls think', and because it was difficult to generalise to all boys and girls, as some might put more emphasis on it:

It depends on the individual really don't it? Because like as they said, it's like if someone needs it more then they want more don't they, whether they're male or female (M16+, DGS).

The professionals were also unsure about this statement as although in their experience sex is important to girls, research had shown that love is more important for them.

For those that agreed, the reasons given as to why it was more important for boys was a mixture of physiological need, that is, that boys have 'more testosterone' and therefore it has a significant role for them. There was also the perception in the girl groups that it was to do with peer pressure, that boys had to show they were interested in sex a great deal to enhance their 'reputations', and to prevent any negative judgement from their peers:

I mean everyone has their differing opinions but in a boy's reputation and everything, it's not necessarily important but it means more to a boy's reputation. Like girls might keep it like special to themselves but boys might boast about it and stuff. So it's not necessarily more important to them but more useful in a way of their reputation (F12-13, T).

They think they need sex to look hard. So they can say it to their mates that they've had sex (F16+, S).

The younger boys concurred with this attitude, and thought that it was mostly their girl peers that mocked them if they were virgins, and so they felt pressured into expressing interest in and experience of sex. There was a paradox in this, however, the younger girls thought that the boys who behaved in that way, looking for a 'reputation' of sexual prowess, could actually be detrimental to the boy, as they might then get labelled a 'player':

He was classed as like being a player because he slept with everyone. And then I was talking to him and he actually told me that he's only slept with one girl but he was in a one year relationship and he lost his virginity to her when he was 16 after a year but just because then they started getting in a sexual relationship and then everyone started knowing about it but then he just got the name player and everyone was like 'oh yeah he sleeps with everyone and he sleeps with loads of girls', but he's only slept with one girl and he's 16 and he's still in that year relationship, but he's just got named a player and all this and like he only wants sex (F12-13, T).

Following on from this, there were a number of young people who disagreed with the idea that 'sex is more important for boys than girls'. The participants in the girl groups highlighted the unfairness of the idea and stated that it was just as important for girls, and also, that sex was an act that both parties take part in aiming to get pleasure from it, so there must be significant importance for both girls and boys, 'I think that it's the same for both of them because both of them get obviously the, the pleasure out of it'. The older girls also agreed with this sentiment, and they expressed that sex was just as important for them, as they were not going to 'lie back and be his machine', meaning that they too sought equivalent gratification. One of the participants in the older girl groups suggested that nowadays sex may be even more important for girls, especially in the representations offered in the media:

I think sometimes it can be more important for girls, if you've seen Sex in the City. It's all about the girls wanting more sex than boys and it being more important to them so I think sometimes the roles change over (F16+, DGS).

However, the younger girls thought that even though this may be the case, it was more problematic for girls to admit they enjoyed sex and that it was important to them, whereas boys were esteemed for it:

Yeah they get, they get called a slag. But boys, they get congratulated on it and everyone wants to be like them. But the girl like gets, I can't really think of a word but she like gets victimised about it basically. So I think it should be a decision for both of them because yeah boys...(F12-13, T).

When asked what young people's attitudes and values might be around the statement, the professionals thought that they would find it neither acceptable or unacceptable. There was some disagreement around that in the discussion though, some thought that young people would judge or label someone for sleeping with lots of people, and that girls especially would not be honest about wanting to do it, as it is seen as less acceptable for girls:

From conversations that I have they...they don't like...they would call somebody a slag or a...whatever (1:22).

Girls are possibly more reticent about it, because they wouldn't want to be perceived as them thinking that was OK as a girl (2:24).

The groups were also presented with the statement 'girls think love and tenderness are more important than sex'. Overall, just over half of the young people were unsure about this statement, and approximately one quarter agreed. When looking at the individual groups, most boys especially the older ones, tended towards not sure, but several of the younger ones were split over agree and disagree also. The girls showed similar patterns, with a relatively even split over agree and not sure. Almost all the professionals were unsure about this statement, with only one deviating and agreeing that girls thought love and tenderness was more important.

Some of the younger boys thought that girls thought love and tenderness were more important than sex and thought that girls preferred to be more emotionally involved before being inclined to have sex:

Girls like to be in a more relationshipy place before they have sex. They don't just rush in and go yeah 'will you go out with me and have sex?' They go 'yes, let's go out', like that (M12-13, DGS).

Some of the girls talked about their preference for love and affection, with the younger ones believing that a strong, loving relationship is more important than a relationship based on sex, and will ultimately lead to a more successful relationship and make you a happier individual:

If you're in love with someone and care for each other, then that's a lot more important than sex...It's like going round having sex with everyone which isn't very nice, whereas if you're in a deep relationship with someone and you care for them and love them, then I think that's more important, because I think in the long term you'd be more happy (M12-13, T).

One of the older participants who happily admitted to being a virgin asserted that she was 'quite an old romantic' in many ways and that she would rather do romantic things than have sex, such as kissing and cuddling, so that she knew the boy valued her:

I think girls are more loving than men...I like just snuggling up watching a film...Or I'll like to go to dinner and flowers and stuff like that. I'd rather be doing that than just having sex all the time. OK, my opinion may change when I have sex but my personal opinion at the moment is, because I am a romantic person, I would rather be kissing than having sex and things like that. I would rather know that they want me for me ... (F16+, DGS).

She admitted that she had found it difficult to find boys who were similarly romantic, however, and who were willing to wait for sex. She also stated that she was not a virgin by choice, but that she had never met anyone she would actually want to have sex with, as boys did not live up to her expectations.

There was some disagreement in the discussions though, some of the older groups thought that it was too difficult to separate love and tenderness from sex, and that they all formed part of the same experience:

I think they go quite well together because love and tenderness does come under the act of sex...I hope so anyway (M16+, DGS).

However, some of the older boys thought that things had changed and it was men who had become more sensitive and emotional, whereas women had 'toughened up' and become more emotionally detached and sexually driven:

I think that's coming out of girls more than anything. It's like really spinning around, the boys are becoming emotional and the girls have got the stiff upper lip (M16+, DGS).

In relation to this, some of the older girls did think that some boys had a preference for love and tenderness but they may not be able to express that for fear of appearing 'soft'.

There were some of the older girls who were more assured sexually and considered themselves to have quite high sex drives, especially in comparison to their current boyfriends, which supported the earlier perspective somewhat:

Because I love my boyfriend and everything else, but we haven't had sex for ages, and I'm just like 'oh I just want a shag, you know?'...I'm like so horny all the time and I was like 'For God's sake, shag me!' and he was really pissing me off and I said to him the other night 'I know we're in a relationship and everything else but you know, come on, what's wrong with you!?' And he got quite upset, but I was like 'It's been like a month!' I would have before put agree but now all this has happened I'm definitely disagreeing...I mean it probably depends on sex drive, mine's quite high and I need quite a lot...(F16+, DGS).

The professionals were finding significant changes in girls, that they were openly admitting to just wanting sex. Professional attitudes themselves were changing, whereby they were allowing girls to express this need for sex, which often forms part of the 'ladette' image for girls, whereby they seemed to be competing with boys in some way. They believed the media and peer pressure all played a part in encouraging this change. However, according to some professionals this was damaging to young people, as they felt they were giving up on love and tenderness, that because so very little is taught around those issues some young people do not know what it is, or how to get it or how to develop trust or how to behave within relationships. As a result, within their relationships they are disappointed when they do not get love and tenderness and it is hurtful when they lose it. Therefore they perceive young people as 'going for sex', to avoid any of that suffering.

Attitudes to having sex with many people

Related to the liberalisation of attitudes to casual sex, the acceptability of 'having sex with many people' also elicited a number of opposing views. The majority of older boys believed it was neither acceptable or unacceptable, the level of acceptability increasing when factors such as whether or not the 'many people' were over a prolonged period of your life and sexual career were taken into consideration, as this quote demonstrates:

It could be throughout the space of a lifetime so like if you had quite a few relationships...if someone is going out gang banging it every weekend then that's bad but throughout a period of like a sensible lifestyle then go for it (M16+, DGS).

The level of acceptability for having sex with many people also depended on whether or not precautions were taken during the sexual encounters, the risk element discussed in both the older boy and girl groups and younger girl groups.

Having sex with many people, if you've taken all the right precautions and you know everything and you're having your jabs and you're using condoms and you're liking all these people and you're taking it seriously and you don't have a kid or anything. And you're looking after yourself I think that's near enough acceptable (G12-13, T).

Interestingly the consensus for the majority of the younger boy and girl groups verged towards neutral and unacceptable for this statement. One of the reasons given included the increased risk of acquiring sexually transmitted infections and pregnancy.

The professionals also believed that as young people got older they became more accepting of this behaviour as their attitudes and values evolved over time and with experience and that they become less dogmatic in their attitudes:

Like if we're talking to a bunch of year 7's I actually find them quite a moral lot generally. And as you're going through the year groups it seems to become a bit more acceptable because they're starting to have their own experiences and becoming less judgemental (1:23).

The professionals thought that sleeping with many people had become part of young people's normality, that they see nothing wrong with it and do it because it is what they 'feel that that's what they should do', yet they felt that it was a destructive way of behaving:

I think it possibly is where we do most of our work...which is outreach and these are very difficult children...young people and it's their normality...their normality is lots and lots of different partners. So they choose their normality. (1:22)

It's almost a kind of self destructing thing too. I see it as a form of self-harming. (1:23)

However, they also thought that even though young people conform to these norms, from their experience they suggest that the young people generally tend to regret it:

(kids who have a lot of sex) If you really spent time with them and chatted to them about it they would actually say...they don't like the sex and they regret it and they wish they hadn't...if they could have their lives again then possibly they wouldn't have done it but they don't find it unacceptable. (1:23)

Several participants in the older girl groups, in retrospect, talked of regret about their sexual relations to date, and that now they preferred sex within a caring relationship, which also linked into issues of self-esteem and other reasons why they sought casual sex in the first place. This young woman describes her sexual history and current approach to sex:

*Like I've slept with quite a few people but I regret most of it. There's only 2 people that I slept with that I wish, that I'd keep, everyone else I wouldn't...Basically I went out with my first boyfriend and he fucked me about. And I went out, got drunk, met someone else and slept with him and then got in a very bad situation at a party and you know that's how it goes. I don't know. I just went a bit crazy, I slept with everyone, it was kind of like to make up for all the bad things that happened. I carried on sleeping with people, which was really weird. And then I met my boyfriend and he was just like 'Why? Why are you doing this to yourself? Why?' And he just, he was really nice about it and that's what made me realise that I wish I'd only ever slept with him, and the first one I slept with, even though he was a c**t. I don't know, he just, he just made me realise that you should love someone before you sleep with them. But then I've realised that that's what's best for me. I've always felt that way. I've always felt you should love someone blah, blah, blah. It's just things like the alcohol and stress that has made me do stupid things (F16, DGS).*

There was some discussion about the terminology in the professionals group, which highlighted the differences between the young people and professionals. There was the perception that 'making love' is what old people do. Several of the professionals felt that the young people they worked with did not see 'making love' and 'shagging' as the same thing, an issue that arose in the young people groups. Professionals felt 'making love' should involve emotions and commitment, sensuality and spirituality, yet young people sometimes see 'a shag' as only fulfilling a physical need so do not often make the distinction, therefore do not see the problem with when or with whom they do it.

Sex as a matter of choice?

There are a number of assumed expectations of behaviour for both genders. To explore this further, the young people were asked whether 'a boy can choose not to have sexual relations'. The consensus for this statement amongst the young people was agree, with very few disagreeing and some unsure. Those who disagreed were to be found amongst the participants in the older boy groups, as were the majority of those who were unsure. The patterns were similar in the mixed groups, however, some of the older boys and older girls moved more towards agree. Almost all professionals agreed with the statement but there were some who were unsure. Initiation into sexual activity was seen as an individual matter and down to an individual's own 'choice'. The participants in the female groups and the younger boys thought that boys have as much right to say no as girls do, and that boys should not feel 'forced' into doing anything against their will:

If anyone's not comfortable having sex then they shouldn't be forced to. So if it's anyone, if it's a boy or a girl it's irrelevant (F12-13, S).

Because the boys can make the decision to not have a sexual relationship just as much as the girl, they both have an equal right (M12-13, T).

The younger girls also thought that accepting a boy saying no to sex was 'respectful'. Some of the girls also illustrated their point by drawing on their own experiences:

My sister...Well she went out with this boy that like hadn't had sex yeah? He was like a year younger than her but he was really nice as a person and that's why she went out with him and he said to her 'I'm not really ready for it yet' and she said 'OK then' but she said 'I'm not with you just for that' (F16+, DGS).

However, despite the 'choice' that ideally should be given, the discussions demonstrated that girls still experience this pressure and coercion into sex.

Those in the older groups that agreed with the statement often drew upon their own experiences. When pressed further about this, some of the older girls in one group felt that they did not have the choice and that girls in their area were 'pushed into it', perhaps by the pressure they face from boyfriends and peers, or because of the close association they saw in their own experiences with alcohol and casual sex. It seemed that young people often did not feel they had a choice to begin having sex, and it was only with the benefit of hindsight that they were able to recognise that they did.

'Choice' was an issue also highlighted in the professional groups who thought that it was something that should be promoted more in the work with young people:

We get feedback from the young people when we do the lessons in class and I remember one statement saying something like I wish I'd known that I had a choice. I remember that and being quite choked when I read that. I wish I'd known. Because we always say that there's a choice, don't we? Do this, this and this, right up to waiting to have sex until much later on. And it was like it was a revelation to her that she actually had a choice that she could have waited and felt angry for the statement that she had made (1:25).

This finding resonated with what the young people who had had sex commented on.

Some of the older boys did not think sex was particularly significant, and thought that it was possible for boys to go without sex. There were also those who identified groups who would have to say no to sex because of their religious beliefs, empathising with Christians if their beliefs included 'no sex before marriage', they therefore thought that it would be easier for them to say no to sex as it was part of their beliefs:

It depends on their, like if they're Christians and not having sex before...Well if they're Christians and like they spend a lot of time in church and things then they will believe about that (M16+, DGS).

Although the majority agreed with the statement 'A boy can choose not to have sexual relations', there was a lot of discussion around why it might be difficult for a boy to say no. The older girls thought that it would be impossible for a boy to say no if offered sex, as they are primarily motivated by sex, and that they did not 'have a brain'. This was somewhat supported by the view of one of the older boys, who thought it was unlikely a boy would say no 'cos no bloke would turn down a shag', and other older boys who believed that sex almost becomes a habit. Other reasons as to why participants disagreed with the statement were that boys faced more pressure from girls and their peers to be sexually active and that if they did say no, the consequence might be they are labelled as not 'normal' and be targeted in other ways:

I think there's more pressure on a boy, cos if a boy says no then he will get a lot more stick than a girl would get if she says no (M12-13, T).

This belief was somewhat substantiated within the younger mixed groups and ensuing discussion, one of the male participants suggested that he agreed, and that generally boys might be interested in things other than girls, and he was confronted with very negative opinions from some of the girls, as this conversation demonstrates:

M: I agree because if they're like really don't like girls and they're really into like...

F: Gay boys.

M: No if they're into other stuff like going out with mates and not having time for girlfriends they can choose that way can't they?

F: They sound proper gay (12-13, DGS).

The professionals' discussion supported this view. According to the professionals, girls are more confident in saying 'no', and they thought it was more difficult for boys to say 'no', as perhaps if they did they could be accused of being gay. The professionals would like all people to be able to make a choice, but felt there was pressure from peers, partners, society, for example, so that choice cannot always be freely made. They felt that there is definitely a judgement made on boys who say 'no', such as they 'can't get it' or that they are ugly or gay, and being a virgin is being stigmatised and seen as a negative thing. One solution to reducing this is by ensuring the issue of celibacy is included in SRE.

Comment

Despite all these stages where negotiation is important within a developing relationship, it is clear that young people are not proficient at communicating with each other, or they have very different approaches to preparing for sexual relations. There was an overwhelming sense of naivety about how 'the other' sex thinks and feels for both boys and girls in regards to sex and relationships. Moral attitudes surfaced in relation to the gender divide and being prepared for and having sex. Young people do appear to become more accepting as they get older; they tended to be more moralistic when younger but attitudes changed with experience. Despite this however it is important to remark on the fact that ideas and opinions fluctuate according to the self-image the young people which to portray and this is an important driver in their 'public' responses.

In terms of knowledge about sex, there was a perceived difference in access to sex education information, noted by the young people and professionals whereby girls have discourse in magazines, on television, with peers. Professionals feel there is an inherent gender divide in what is taught from parents and schools, where boys are given info on a 'need to know' basis. However,

there is a perception that girls are more willing to learn and more receptive to information, compared to boys.

The expectations and norms of boys and girls feelings and behaviour are facing a role reversal to some extent, with total contrasts evident within the groups. The suggestion that men want sex and girls love would appear to be outdated. Boys are expected to be more assertive and girls more passive but this was not what was found in older groups especially. Duran and Prusank (1997) also comment on the widely held belief that women seek more intimacy in romantic relationships than men, and that men are more sexually motivated and less interested in commitment than women. In the present study, girls are more active from the initial stages of the relationship, and this trend continues somewhat throughout the relationships. Younger boys in this study thought girls were more into love and tenderness, preferring emotional involvement before sex which is consistent with younger girls but contrary to what we found in older groups where women are perceived to be more emotionally detached and men are more sensitive. Discussion in the focus groups showed that young men want more than just sex from relationships, highlighting elements such as 'love', 'trust', 'honesty', 'respect'. There was also importance placed on 'friendship', 'communication' and 'equality' within a relationship, similar to responses from Allen's (2003) survey. However, the vulnerability of some of the respondents could cast some doubt over these assertions, especially with respect to the findings of the more assertive young women. While there would appear to be some role reversal, it was clear that sex alone, especially casual sex, is unfulfilling and leads to regret. The bold statements and behaviour could be a form of defensiveness and protection against the disappointment of the lack of love and romance in relationships.

A number of issues emerged in this study pertaining to adherence to cultural norms and expectations. Sex is traditionally seen as more important for boys than girls, but sex was often only considered important because of peer pressure and for appearances sake. Young men are supposed to assert themselves as all those things female sexuality is not; sexually assertive, emotionally detached, have a voracious desire and bodies that guarantee them satisfaction. Conforming the sexual self in this way allows the young men to establish themselves publicly as 'appropriately masculine' within the realms of (hetero)sexuality, achieved further by separating themselves from homosexual and feminine identities. Adherence to these cultural norms was evident in the behaviour of several of the young boy groups. However, sex is becoming more important for girls, and it appears more acceptable to admit enjoying it. There is some value in respecting scientific research about hormonal/chemical make-up, that is, what drives boys, especially in the teenage years and also for furthering understanding of women who are more complex hormonally.

In the groups, boys admitted they felt pressured by girls to not be virgins. Not surprisingly, the young people face peer pressure for first time sex, whereby the age of consent is seen as a target almost. Feldman, Turner, and Araujo (1999) found that adolescents perceived having some sexual experience by age 15 as normative. In this study, the legal age of consent (16 years) was acceptable. The young people discussed 'choice', but in reality there appears to be no real choice; there is pressure from peers, partners and society. There is a difficulty for boys to say no to sex, with comments such as 'no bloke would turn down a shag!' frequently asserted. If they do, they face being labelled and seen as not normal and those who do not actively seek sex are taunted with being ugly or gay, and virginity is stigmatised as a negative thing. As far back as 1983, Newcomer, Udry and Cameron linked peer pressure to dating attitudes and sexual behaviour. Peer pressure was a bigger factor for young men, cited as the main reason for first sex by 19.1% of males, and only 11.6% of females. However, longitudinal studies have shown that young people who perceive that their friends are postponing sexual intercourse are more likely to do so themselves (Carvajal et al, 1999).

Despite the emerging views, there are contradictions. Within the sexual double standard, an active, desiring sexuality is positively regarded in boys, with sexually promiscuous boys garnering labels such as 'player' or 'stud', whereas it is disparaged and regulated by negative labelling of women, with labels such as 'sluts', 'slags', used for behaviours that contravene traditional femininity, asserted by many of the young people in the focus groups (Holland et al, 1996). The young women in this study also use these labels to describe their peers. However, the young women in this study articulated an awareness of this sexual double standard, this inequality was addressed and was often resisted and sexually promiscuous behaviour in boys was seen as negative rather than positively.

Emotional and physical readiness in preparing for sex was considered most important; the age where sexual behaviour begins was not relevant, as it was more important to be aware of issues around sexual relations to make choices. However, choice appears absent for many girls who felt coerced into sex and consequently regretted it. The issue of choice was also synchronised between young people and professionals, young people are still feeling 'coerced' into sex before they are ready. Many would ideally wait to fall in love before having sex, as there was a certain sense of disappointment in casual sex. A minority saw it as an opportunity to explore sexuality and perfect techniques however. Amidst these discussions it was clearly recognised that alcohol plays a part in engaging in sex, especially risky, unprotected sex.

In terms of cultural attitudes, professionals felt that too much is expected of young people, that ideals are placed on them, fuelled by the government and adult views that are gathered by hindsight. They felt that young people's views are different, that 'making love' is a commitment, too high maintenance and has long-term implications. According to the professionals, young people see sex as for the here and now, and are not bothered about consequences. There was a view that this is a generational issue for both girls and boys. This view about the superficiality of young people's emotions assumes that they are somehow unable to experience the grand manifestation of love, yet many of the young people in the study had begun sexual relations in the context of loving, long term relationships. However, the ability to form relationships is also problematic, and several wished they had waited for a more meaningful relationship but somehow were unable to.

There was the perception by professionals that young girls enter into sexual relationships because it allows them to be within a relationship, and will often use it as a trade off for affection and tenderness. This was reflected to some extent in the views of the young people themselves, they are wanting to be in love before having sex, and several wished they had waited for the more 'intense' feeling. Those from more fragmented backgrounds were more likely to engage in casual sex yet the experience of casual sex seemed unfulfilling; many of the young people still want meaningful relationships so perhaps professionals are right with their interpretation of the avoidance of tenderness through casual sex.

3.3.iv Contraceptive Choice and Service Issues

Once young people have made the decision to begin sexual relations, the final element that has to be negotiated is contraceptive use. Factors such as whose responsibility young people consider contraceptive choice to be, whether it should be shared or down to the individual, contraceptive availability and other attitudes to sexual health service issues were discussed.

'Whose responsibility is it anyway?'

The young people were presented with the statement, 'contraception is a responsibility that has to be shared'. The majority of young people agreed with this statement, but there were some disagrees and some participants who were unsure. In the mixed groups, there were some notable changes. The overall number of agrees increased, some of the older girls shifted towards disagree and unsure, the number of younger boys who disagreed increased, and all of the older boys moved towards agree. Almost all of the professionals agreed with this statement, some were unsure however.

Several of the young people thought that it was down to the individual to take responsibility for their own safety, and that boys should not rely on girls to provide contraception and that both partners should consider and care about it. The older boys also thought it should be a 50/50 responsibility between two people. The older girls were quite vocal about this statement and they often talked from their own experiences. They believed that it is fair to share the responsibility and that it should not always be left to the girl to take care of:

I think if you both feel that you're old enough and responsible enough to have sex you should both be responsible enough to be protected and sort of talk about what your options are so that you are sort of ready for it properly. So I think you should both sort of do stuff, both be protected (F16+, DGS).

Both older and younger girls also suggested that they were taught more about different contraceptive methods as well, (which for them forms part of their sexual awareness) and that because they are more at risk than boys, in terms of the consequences of unsafe sex, such as pregnancy for example, that they were more likely to be interested more:

Well I think girls know more because we are more at a disadvantage because we can get pregnant, so we have to know more, we have to be more careful. So when it comes to the boys they're like 'yeah I'll have sex', well the consequences are I get laid. For women it's 'if I have sex I can get pregnant'. So we need to know where to get condoms, where to get the pill from. Boys don't need to know so they're not bothered ... (F16+, DGS).

For the younger groups, there was some evidence of education around the risks of using one form of contraception, such as condoms, and so if both took precautions that would help minimise the risk. Some of the older girl group discussions was consistent with this, but more a more personal/practical viewpoint:

I just think it's not one, like just using a condom doesn't always protect you, it can sort of get stuff inside you, it's not always the safest option. If you're protected as well, if you're on the pill or if you're on the injection or something then you know that you've always got a back up for it, not for STI's, but you've got a back up for pregnancy and stuff, so if you're both protected I think it makes it a lot easier and a lot risk free (F16+, DGS).

The beliefs of some of the younger boy and girl groups showed a high degree of paranoia related to having sex with many people, namely the increased risk of acquiring AIDS, as opposed to other STI's:

You could get AIDS. It's dirty. You don't want to get AIDS in your privates (M12-13, DGS).

Although it is clear there is some internalisation of health promotion messages the information seems to be slightly skewed.

Those that disagreed were generally the boys, but for very different reasons. The older boys thought that it was mostly the boys responsibility, because it was them 'that's sticking it in the girl' and 'the boys should do that anyway, without thinking 'oh yeah they'll have a condom'. One of the younger boys thought that it was the woman's responsibility, especially 'if the man wants a baby and the woman doesn't then the woman should stop it, not the man'. That was quite an interesting opinion, and probably a discourse that would be found within a proper relationship.

There was a mixed reaction to the statement. Although most agreed that it was 'the right thing to do', many of the older girls thought that in reality it was not what happened, and that it was generally the girls' responsibility:

I think it should be a responsibility that's shared but be realistic, we're the ones who are going to get pregnant so we've got to sort it out...Like we know, we're quite conscious of the fact we can get pregnant, we have periods, we have pain, bleed and all the rest of it so we know we can get pregnant but guys they just, they kind of forget, they don't realise, they don't think about it as much...They just, they think of what's happening there and then, they don't think of the consequences ... (F16+, DGS).

From their experience, the older girls had found, however, that most boys did not seem too concerned about contraception and that if a girl did not make them use anything, they would not care:

If the girl doesn't ask them to use a condom then they won't use them, they're not bothered (F16+, S).

To support this, one of the participants in the older boy groups admitted that even though he carried condoms, he would not always use them if the girl did not insist:

I've always got one on me ... But some girls prefer it without, and if you go equipped with one and they don't want use it at the end of the day that's their problem (M16+, S).

This resonated somewhat with what the professionals believed, that although they agreed it should be a responsibility that is shared, it did not have to be, and that if you cannot rely on the partner that you should assume the responsibility yourself to be safe. They also believed that young men and adult males are adjusting because of lifestyle issues and changes, and that they are more likely to be unfaithful. As a result they are beginning to take responsibility so as not to 'catch anything'. However, they found that in Family Planning Clinics younger males are visiting them, but still not enough are.

Finally, there was some discussion around contraception and the responsibilities girls and boys faced in relation to its use. Firstly, access to contraception explored. There was the perception in the professional groups that boys still buy them rather than access them free at clinics, for example, which is actually corroborated in the young male groups. The majority of boys talked about getting condoms from 'jonny machines' in public toilets or pubs, or from chemists, and surprisingly very few talked about accessing young people's contraceptive services. Embarrassment seemed to be a major factor in this, so by using the machines, they are less likely to be faced with questions or face to face discussion about them. However, accessing them from machines was also fraught with difficulties, as this young man explains:

But it's like you can't go, it's like in the toilets in Asda and it's like when it comes to the time you don't want to do it because everyone's like in there. They should do it privately (M12-13, T).

However, if they were too embarrassed the older girls thought this signified that the person was not mature enough to have sex, as with sex came the responsibility of making sure you are protected:

I think it's very irresponsible if you're about to have sex, if you're about to have sex but then you think that 'the girl must be using contraception or using the pill or something so I don't have to bother' but you should always just both and use it just in case, You shouldn't just rely on the other person (M12-13, T).

There was a mixed reaction to the statement. Although most agreed that it was 'the right thing to do', many of the older girls thought that in reality it was not what happened, and that it was generally the girls' responsibility:

I think it should be a responsibility that's shared but be realistic, we're the ones who are going to get pregnant so we've got to sort it out...Like we know, we're quite conscious of the fact we can get pregnant, we have periods, we have pain, bleed and all the rest of it so

we know we can get pregnant but guys they just, they kind of forget, they don't realise, they don't think about it as much... They just, they think of what's happening there and then, they don't think of the consequences ... (F16+, DGS).

'They're just looking for a one night stand aren't they?'

Similar to this, when the groups were asked whether they thought 'A girl that carries a condom is easy' there were a number of opposing views and there were some clear judgements made on girls who did, especially evident in the more deprived areas where the young people reported high levels of casual sex. The older girls who agreed were from an environment that labelled a lot of the young women in the area very negatively, regarding them as 'bicycles' and 'sluts'. In the discussion around this statement both the boys and girls expressed these attitudes against the majority of girls in the area, themselves excluded naturally. Therefore, there was a bit of contradiction/catch 22 in their attitudes, so that if a 'normal' girl carried a condom, she was being cautious and sensible, but if it was a girl from their area, she was labelled a 'slag', who was out looking for sex, for example, 'girls only carry them to be safe, don't they, apart from L*** ones' (M16+, S) and 'Cos obviously they're just looking for a one night stand aren't they? Being slags' (F16+, S). This paradox demonstrated a harmful effect on the girls in the group, as it was suggested several times throughout the session that they have unprotected casual sex (and usually whilst drunk) which puts them at greater risk.

There were several disagrees however, and most saw a girl that carried a condom as someone who was protecting themselves and being safe, even if she might be looking for sex, an example answer being 'she's just being cautious and just knowing that there are risks, they're just educated about it'.

There was some ambivalence around this statement, very often from the younger boys. There were issues around how public the girl was making it that she was carrying a condom, 'if someone was going out flaunting that they had it on them then by all means they might be trying to give off that impression', and also in young people and professional groups at what age they believed it to be acceptable or not. For example, one of the older boys thought that it was ok for a girl to carry a condom, but would prefer it if it was a girl over the age of 16, because he felt it was only then that young people were mature enough to actually have sex:

They're just too immature really, they don't know what they're doing, they just think it's fun, probably cos all their mates do it and they just wanna be like everyone else (M16+, S).

There was an attitude amongst the young people that it would depend on the girl, she might be looking for sex, but she might just be trying to protect herself, and the moral issue depended on what one she was:

It comes down to it depends on what kind of girl carries them. Like a girl could carry them to be safe if the time comes and they feel like 'oh yeah I am ready for it, I'm actually like prepared for it' and everything...But then if you see another girl walk down with some and she'll be like 'oh yeah I'm only like going out on a Friday night' (F16+, DGS).

Service issues

The service issues discussed in the groups related mostly to issues of education and also access to contraceptive services. The majority of young people across all ages and genders agreed with the statement 'contraception should be more easily available'. There were a number of the younger groups who answered 'not sure' and two of the older groups who disagreed. In the mixed groups, the balance of answers shifted. There were fewer agrees and the number of disagrees increased, especially amongst the younger groups. Almost all the professionals agreed with this statement, only one was unsure.

Arguments for the easier availability of contraception centred around reducing risk, that is, contraception has the potential of reducing the number of teenage pregnancies and sexually transmitted infections. The younger girl groups especially perceived that many sexually active young men and women often blamed the lack of available contraception if something untoward happened to them, to absolve themselves of responsibility. By making it more available would help them be more responsible:

Like a lot of people afterwards if they, say like they've got HIV or something, most of them say 'oh there was no way of getting contraception' or something or 'I was too drunk to get them and be ready for it' and everything (F12-13, T).

To further reinforce that argument, one of the older boys had personal experience of finding it difficult to access condoms when he had needed them:

*Yeah, definitely. Cos every time I need one there's no f**kin thing open to get one that's why! (M16+, S).*

A large number of the girls and some of the boys thought that it was not necessarily the need to make it more easily available, more that the locations where they are available from should be more accessible, and less 'embarrassing'. For example, a number of the older girls had found that places like Connexions and GP surgeries were off-putting and made them uncomfortable not only because they were 'strange environments' but also because 'they're asking loads of questions about it', and because they could be 'a bit too personal for the person to like feel confident enough to tell them', with this young woman explaining the consequences of that:

You're going to think 'oh God I can't be bothered with all this' and then go and have unsafe sex and then end up with a baby or something like that. It's not worth it ... That person could feel totally uncomfortable and then go and do something they'll regret (F16+, DGS).

Another problem with accessing contraception through GP surgeries was that the GP could be familiar with their family and that might discourage young people from visiting them:

People don't know where to get it from, like 'oh yeah go to your doctor'. Are you seriously going to go to your doctor at 16 and say 'I want to have sex blah, blah, blah?' You know this person, you know my mum, you know my dad, 'give us some condoms'. It's not going to happen (F16+, DGS).

Locations where contraception is available varies across Kent, one of the older girls advocated the local service where she sought contraception for herself, because it was a friendly and welcoming, and especially more anonymous, environment. There were problems of awareness however, as she did not feel it was promoted sufficiently, especially in schools and colleges:

No one knows where to go at school. It's like 'oh I want to get condoms I've got to go to the chemist'. It's like 'Well, go to the Grand' and they're like 'Where's that?' ... You walk in and there are loads of young people sitting there all waiting to see the nurse and you just feel comfortable. You go in on your own and it's alright ... It's like there are plenty of places where you can go and get them, it's just that no one knows about them. They need to be more advertised (F16+, DGS).

The professionals thought that contraception was not easily available so there was a need to improve that. There was the perception in the professional groups that boys still buy them rather than access them free at clinics, for example, which was corroborated in the young male groups, who talked about buying condoms from 'jonny machines' in public toilets.

In contrast, the young people who disagreed with the statement did so because they thought that contraception was already easily available, through contraceptive services in the community, for example, with some of the older girls also suggesting there was sufficient information in the media (and in schools from the younger girls) that informed young people of how to access those services, and that it only required young people to be more proactive:

I mean when I've got into problems before I found it really easy to, you know you've got 'Sexline' if you've got any problems, and like it's an easy number to get, you've got it in the newspapers and magazines and everything. You've got all sorts of Connexions and text messaging services. There are adverts everywhere. You can always go to your doctor, you always know where that is. And I just think it is available if you look for it properly...I mean I didn't know where to look but there was things everywhere, there's like posters everywhere so I just looked (F16+, DGS).

I put mine there because it is quite easy to get anyway, because I've just had 'the talk' at school about it, and I had this brochure and everything, and if you read it is quite easy to get it anyway, because you can go to machines and things, or phone the nurse up, or you can go anywhere really, so I don't think it's that hard to get (F12-13, S).

These attitudes and beliefs were somewhat contested however, as these girls were seen as being different to the norm as they were more motivated and confident in seeking out that information compared to most young people, and also some of the services they mentioned were not easily accessible, especially if the young people lived in rural areas.

Interestingly, another of the older girls also thought that other sexual health services should be promoted more, and made more accessible, like, for example, STI testing clinics, as you are less likely to seek advice from your peers for that type of issue:

The young people's clinic where you go to get STD testing, that should be advertised, because we're going on about condoms and that, but once you've gone past the stage of needing a condom and you need a test, that's embarrassing, because you don't go up to your friend and say 'oh by the way I think I've got Chlamydia, where do I go?' (F16+, DGS).

Another issue related to access to contraceptive services had to do with confidentiality, and what young people and professionals often had to do to ensure confidentiality. For example, one of the girls discussed one circumstance in which she thought 'lying to your parents about where you are going' was acceptable was when accessing sexual health services, and made reference to the

proposed change in confidentiality laws for girls accessing abortion services, as it was the confidential aspect of these services that was highly valued:

But then like if you're pregnant or something and you want to have an abortion I think it's acceptable to tell your mum that you're not going there and I think it's really out of order that they're doing a law or something that if you're under 16 is it, that you have to tell your parents. I think that is so wrong (F12-13, T).

Similarly, although the professionals did not entirely agree with lying, they thought that sometimes it was necessary, and they themselves admitted to lying if it helped to protect them or others in some way, for example, in their professional practice, some had had to lie to cover for a young person who had wanted to visit their clinic and wanted it to remain confidential:

I think it's unacceptable but I think there are some times when you have to do it just to sort a situation out. I'm not saying ... I don't agree with it but I understand why it's done sometimes so ... I don't like it but sometimes it just has to be done ... So I may have aided and abetted many a young person saying that... what can you say to your mum then because you need to leave at 4.30 and school finishes at 3.15. Where are you going to go for that time? So I'll tell my mum I'm going to my friends. I don't say 'oh no you mustn't do that' (1:11).

Because of the confidential nature of their work, professionals occasionally see lying as justified and actually aid and abet the collusion, as described here:

*My son came to the clinic this week with his girlfriend who is under age. OK? Now we've gone through everything. And her mum phoned me up in the morning and said is it right that Ben's got an appointment with Vicarage Lane after school? And I'm thinking f*ck. And I went, 'oh I think he did mention something', and I just lied. I hate those kids. They've made me lie to this woman, coerced me in collusion (1:12).*

Comment

Research often treats contraceptive choice as an individual decision or choice. However, it is important to take into account the relationship context in sexual decision making. Using barrier methods, such as condoms, requires a strategic set of sexual practices, discussion and agreement between both partners. Previous research has highlighted some risk and protective factors

influencing adolescents' decision to engage in sex/safer sex. These are: self-efficacy, parental values, peer norms, supervision, decision making orientation, partner communication (Cohen et al. 2002; Dilorio et al, 2004; Longmore et al. 2003). The young people in this study held strong beliefs around contraceptive use, sharing responsibility for use, and intention to use condoms. However, Nucifora et al (1993) reported that motivation to use a condom was not enough for the behavioural goal to be achieved. Planning for the event, or at least, feeling confident of having control over condom use was also necessary and this needs to be considered for these young people. As Allen (2003) points out, there is a difference between the 'feeling' of control over contraception and actually having access to material power in this situation. Holland et al (1998) supported this, whereby young women are empowered at an intellectual level but are unable to achieve this agency within their relationship practice. Similarly in this study, because of the boys' failure to take the initiative around contraceptive use, the girls felt they needed to be vigilant and take more of the responsibility. There were many evident contradictions within the discussions of the present study, however, as although some young people share the moral ground, they cannot very often negotiate contraceptive use when they need to, indicating a crucial behaviour and attitudes mismatch.

There were other mediating factors that led to attitudes and values and behaviours not corresponding as well for the young people in this study, for example, alcohol and boredom, stress and low self-esteem, all of which led to some of the young people not adhering to their beliefs. This led to sex before the young people were actually prepared, or non contraceptive use, for example. Similarly, Scott and Griffin (1989) found the main reasons for people not using condoms, even when available, were 'drunkenness', 'losing control and not caring', and 'being worried about partner's response'. The acceptability of contraception will also depend on the situation, whether it is planned vs. spontaneous sex, for example, and on both of the partners attitudes to the chosen method. Findings from Skidmore and Hayter (2000) suggest that individuals participate in unprotected sex even though they have knowledge of the risks they were taking. This was also most evident in the discussions with the older groups, especially the girl groups who admitted to unprotected casual sex on several occasions. There was widespread awareness of the risk of acquiring STI's (especially if engaging in casual sex), with the emphasis on risk of pregnancy for younger groups. The discussions provided evidence of the internalisation of health promotion messages but information seems slightly skewed, and there was a great deal of paranoia related to having sex with multiple partners in the younger groups.

In Skidmore and Hayter (2000), although most men admitted carrying condoms, the view held collectively was that contraception was the females responsibility, because 'she gets pregnant' for example. There are inherent risks for girls who choose to carry condoms, however, evident in the

groups of this study. Holland et al. (1990) found that young women were reluctant to buy and carry condoms as they felt it could have a negative impact on their sexual reputations, a reluctance shared by some of the young people in this study. In Schaalma et al (1993), girls were reportedly more likely to expect difficulties with the purchase of and possession of condoms, a contradiction we found as the majority of young girls were willing to acquire some form of contraception nevertheless.

In terms of responsibility for contraception, it was acknowledged that it should be shared but in reality it is not the case. The girls in this study found that if they do not insist on condom use, boys will take risks and girls appear to be willing to take risks themselves, but it was not always clear why. Perhaps the speed of early spontaneous encounters creates little opportunity for discussion or preparation. Health promotion messages should be emphasising messages to girls to insist on condom use, reasons why they should be used, personal health and safety etc and encourage boys to use condoms regardless of what the girls might say. Some studies also conclude that couples in closer relationships are more likely to practise contraceptive use than those in more casual relationships. An explanation for this might be that those in closer relationships may be more aware that the relationship could become sexual and therefore are more prepared as a result. It is also worth promoting delay for young people until they are in the context of a closer relationship.

In relation to accessing sexual health services, little is known about first use of these services for young people in the UK. The aim of Stone and Ingham's (2003) study was to investigate when young people first used sexual health services, factors that prompt service use, and for those who delay until after sexual debut, reasons for the delay and sexual behaviour and contraceptive use before their first visit. Results from 747 questionnaires showed that 90% of those attending the sexual health service were sexually active. 61% had used sexual health service after first intercourse and only 29% before first sex. Reasons for young women not visiting sexual health services before first sex included: not expecting or planning to have sex; obtaining condoms from other services; lack of confidentiality; embarrassment; fear; not knowing about services. For young men, reasons included: obtaining condoms elsewhere; not thinking about using a service; and not feeling it necessary to seek help. Both young men and women lacked knowledge of services.

A number of issues were highlighted in the groups regarding service issues. The general view was that contraception should be more easily available as some of the young people had experienced difficulties in access. The location where it is available was equally as important, so there was a call for availability in less embarrassing places. Outlets such as Connexions and GP surgeries were perceived as off-putting, intimidating environments that ask for too much information. There

was also a need for better advertisement of other sexual health services (STI testing for example), and the continued confidentiality of services is paramount. In contrast to some of majority of perceptions, some young people were more proactive, in contrast to stereotypical view and believed that the information was there, you just need to look properly.

Regarding access to contraception and taking responsibility for it, there is the perception by professionals that boys still buy contraception rather than access them at clinics, corroborated in the young people groups. Contraceptive services often provide info and guidance on how to use condoms etc, perhaps with boys bypassing this information they are prone to less effective use of contraception when the time comes. These messages need to be put over to young people and providers.

3.4 Issues around teenage pregnancy

This section explores the young peoples' attitudes to teenage parenthood explored primarily through the attitude statement task. This is examined further through the analysis of the case study material and the questions asked in Session Four, relating to reducing teenage pregnancy and improving services for teenage parents.

Attitudes to teenage parenthood

The young people were presented with the statement, '16 years old is too young to be a parent'. There was no real consensus over this statement, but there were some interesting changes in attitude when the task was performed in single gender and mixed groups. When in single gendered groups half of the older girls disagreed with this statement, the others agreed or were not sure, the majority of younger girls were not sure. The older boys however were more inclined to agree with it, and the younger boys were mostly agree or not sure. When the groups were of mixed genders, attitudes changed somewhat, younger girls polarising more towards disagree, and all older boys moved from agree to a majority of not sure. The older girl group polarised towards disagree in the mixed groups. The shift denotes the complexity surrounding the statement. The professionals were divided over this statement, the majority were unsure, though almost an equal number agreed. There were a number of professionals that had 16 year-olds and this was particularly emotive for them.

The professionals group argued that the legal system enshrines 18 as the legal age, children must be protected and it was a question of maturity and when people reached adulthood. The general

view among those that agreed with this statement was that adulthood is not reached at this age, supporting the view shared by many of the young people:

I put it there because even if you did I think you should wait until you're a bit older because you're not even properly an adult yet, you're not 18, I think it should be illegal before then, even if you are in a relationship (M12-13, S).

In this country children have the right to be children until 18, with afforded legal protection, yet the belief amongst the professionals was that the government fails them. Many children lose life opportunities by having a child before 16, and they have not lived their lives, similar to what the young people argued in their groups. There is also a financial responsibility that accompanies having a child, and professionals thought most under 16's are not able to support themselves without the help of the state.

There were some differences in the reasons given for the young people's attitudes. Those that agreed with the statement reflected on the long term implications of this, and thought that people aged 16 and under were just 'too young' to be parents:

What's the point? You'll just lose your whole life (F16+, DGS).

The younger groups focused on the likelihood that you would still be at school, and that it might be important to finish your studies, and having a baby would impede that prospect. The older girls tended to give reasons that focused on their maturity emotionally and both younger and older girls discussed the likely negative impact early parenthood would have on their aspirations in terms of completing their education and potential employment prospects. For the majority of girls, your youth was a time where you should have fun, travel, and go out without the obligations associated with parenthood, and having a baby at that age would be 'wasting their life', as this young woman explains:

The majority of people aren't mature enough, emotionally in particular. I know some people are but I just think, what's the point in having a child when you've still got so much more to do? There's so much more you can do with life, you can do whatever you want, you can travel round the world, you can get education for this, you can do that, and that won't stop you doing anything else. But if you've got a baby that stops everything. And I just think, you've got so much time to do it why do it then? You know, enjoy your life (F16+, DGS).

You haven't got enough time to do what you want and this is the age when you get to do what you want, and make decisions and stuff (F12-13, S).

The young men focused on issues of 'responsibility', that people at that age would not be responsible enough to cope with a baby as they would want to go out having fun with their friends. Other reasons were associated with the financial implications of parenthood at that age, and feeling that they would be unable to 'provide' for the child, in terms of employment prospects and lack of money, as these two boys explain:

I'd love to have a kid, but I'm well too young. I want to get money, save some money... You need to give it a good life don't ya? (M16+, S)

The thing is you're kind of screwing up the baby's life as well because you won't be able to provide for it (M16+, DGS).

Some of the younger girls also shared this view, thinking that it would be better to wait until you're more stable, finishing your education is crucial so you could provide for your child properly, as this girl explains:

The more qualifications you get the better job you get yeah? And you want to get a good job to feed this baby, you want to get lots of money and you want the best for your baby. If you wanted the best for your baby you wouldn't have it kind of thing, you would get a job and everything and then have the baby (F12-13, T).

When asked when a good age would be to have children, most replied in their 20's, as by that time they would have more experience, could finish their education, get a job and would be able to provide more, as this young man explains:

*Mid 20's maybe? Cos you're more mature ... Because you don't want it growing up being a tw*t like you was when you were younger ... (M16+, S)*

This recognition of own status and in wanting a better future for a child highlights an interesting generational consistency.

There were some who disagreed with the statement who drew upon not necessarily their own personal experience, but having known of others who were parents before the age of 16. One of the reasons given for those that disagreed included having seen or knowing of other girls at that

age having babies who appear to be doing well, whose babies love them, and who have met all the conditions they perceived as constituting a 'successful' life:

I know plenty of girls under 16 who are parents, my cousin got a daughter when she was 15. I disagree with that, I know enough girls who's had babies under 16 (M16+, S).

My cousin was a parent at 16. She had her boyfriend and that was it. And like she loves her baby to bits. She didn't regret it at all. She didn't mind leaving school early. She's got a good job and everything. She's got her boyfriend who's got a job and everything and she's got the support of her family and everything (F12-13, T).

Again, although they might not want it for themselves, some girls though that parenthood at an early age might prove a 'turning point' for some girls, especially if their lives were problematic, as this young woman explains:

I think it can either make or break a person at that age. I mean my friend was 16 when she fell pregnant and she wasn't, to be honest, doing anything with her life at all. She was just like dossing around, walking around the streets and just being a bit of a junkie, but she had a baby and she's like sorted out her life and it's made her look at things completely differently and she's got herself a flat and she's looking after herself and she's doing really well. So I think for her it was really good for her. It made her (F16+, DGS).

There was also a sense of respect for those girls who had fallen pregnant at a young age and had showed enough resilience to go through with the pregnancy and be parents:

If I saw someone down the street and they were like really young and they had a child I would feel proud of them that they stuck with it and like they did it for themselves and like carried on going. But I wouldn't do it myself (F16+, DGS).

These statements show that young people can appreciate the enormity of having a baby which counters the politically engendered stereotype of the vulnerable, young teenage mothers as feckless and bad or problem mothers that carry enormous risk for herself and her baby.

Some had personal experience admitting their parents were teenagers when they got pregnant, so perhaps stating anything other than disagree would perhaps appear to be insinuating their parents had made a mistake or they disagreed with what they had done. According to them it would be hypocritical for their parents to criticise them if it ever happened to them:

Like say you got drunk or something and had it then, she wouldn't really, she would care about it but she done exactly the same mistake with my oldest brother. Like...She knows how it is and she like, she can't stop me from making my own way but she would support me 100% (F12-13, T).

For those whose parents had been 16 or under when they fell pregnant with them, there was a certain level of ambivalence to the statement, on the one hand they had personal experience of it and they were the result of that, but on the other hand some of the participants mothers were keen to break the children away from their own pattern on early childbearing, wishing to save them from some of the hardships and difficulties they themselves faced:

My mum had me at 16... My mum always says to me don't have a baby now, until you're at least 18, she don't want me to go through what she did (M12-13, DGS).

One of the reasons for disagreeing with, or not seeing negative consequences with being a parent at that age was that young parents were sometimes able to fall back on their own parents help, that is, even if the girl was still at school or had wanted to maintain a social life away from their baby, their parents would support their decisions and look after the child for them:

I've spoken to my mum about this and she said she like, she doesn't agree with sex under age and everything and she doesn't agree with having a baby until you're like ready and everything but she said if I ever do get pregnant then she's not gonna force me to do anything, because then again she doesn't agree with abortion. But she's said that she can never, she will never like chuck me out if I get pregnant or something like that. She will always be there for me (F12-13, T).

Future aspirations were gauged briefly by asking the young people where they saw themselves in 10 years time. When some of the girls from more rural and deprived area were asked, none of them displayed any ambition for their futures, rather seeing themselves as either in prison, an alcoholic, a housewife, a mother and very few discussed the prospect of being in a relationship. When the girls recruited in the further education setting were asked, answers varied. Most girls wanted to work in the social care or education field or full-time mother. There was some emphasis on relationships as some of the group were in long-term relationships. The majority of the younger girls envisioned a career of some sort, and some confirmed a desire to go to university. Some enjoyed visualising the opportunities that would be available:

I'd have lots of shoes, lots of clothes, and I'm allowed in nightclubs when I'm 22, so I'll go to them. I'll have a nice big house with a slide. I'd have a dog and a boyfriend. And I'd have a BMW convertible, lots of friends and a Mercedes convertible (F12-13, S).

The majority of boys discussed their ambitions in terms of careers. There were some interesting contrasts however. Those from the more rural and deprived areas described very gendered options, such as mechanic, plumber or bricklayer, whereas the older boys recruited within a further education setting saw themselves as a paramedic, teacher, hospital worker and youth worker. The younger boys from slightly more affluent areas described aspirations for more specialist careers such as architect, filmmaker, teacher, at university doing a music degree and most wanted to travel and envisioned themselves in places like Australia, Africa, the US and New Zealand. Very few discussed the option of going to university or continuing in further education or being in relationships, and certainly very few of them mentioned having a family.

Upon further analysis, it was evident that there was some link between those who admitted to more ambitious future opportunities and more awareness of risk and a desire to avoid parenthood at an early age, which may translate into more conscious decisions around contraceptive use. There is also the evidence in one of the older groups that they had been more aware in that they had avoided becoming pregnant as they were at college and were not yet parents. This was noted also in their discussions around their use of contraceptive services, as most had sought out information for themselves, and accessed services if they had 'gotten into trouble' before

However, those who contemplated early parenthood or who were not averse to it amongst the older and younger groups were very often those who admitted to engaging in unprotected casual sex, especially when drunk, and one of the girls in the group was already pregnant.

Case Study task

As part of Session Four, the young people were presented with the following case study: "A 15 year old girl has known that she is pregnant for the last 3 weeks. She does not know the boy in question very well. She went to see him to tell him about the situation. He answered that he could not be sure that he was the father and began to cry. She stopped the conversation and left. She has not told her parents or anybody else". After a short time to read and process it, they were asked a series of questions.

The first question was **'Who do you think the young girl should talk to about what is happening?'** The older groups were less likely to suggest going to her parents or mother first, and were more likely to suggest speaking to friends before anyone else, or someone else she could trust, someone who had been in a similar situation, or someone neutral:

She should tell her mates. Your mates are the most important thing apart from your family, but it would be neutral, because with your family you don't really want to go 'mum I'm pregnant' (F16+, DGS).

The older groups were against her going to her parents first because they would 'interfere', which often reflected more their perceptions of what their parents would do if they found themselves in this situation:

She might not want to tell her parents because they might try and butt in or they might try and give her advice from their point of view rather than hers (F16+, DGS).

Participants in the older groups in the rural area were somewhat apprehensive about her going to the doctors or any health professionals as they would 'phone Social Services' because of her age, who would then 'be on her back'. Some of the older groups in the urban areas suggested 'Connexions' as a good starting point. Despite the suspicion by some of health professionals, doctors were seen as a good source for getting advice on what options you might have or how to approach their families with the situation:

I think you should go to the doctor first and then you can get advice on how to sort of say it to your parents ... and you can talk about your options first (F16+, DGS).

The younger groups revealed a mixture of responses. Half suggested going to formal services such as the doctor, a family planning clinic or the school nurse, and the others suggesting informal contacts such as best friends, her mum, someone she trusts, or even to 'keep it secret':

I wouldn't tell my family. I wouldn't tell my friends. I would kind of keep it to myself rather than speaking to anyone (F12-13, T).

When asked who they would talk to if they were in this situation, some would want to talk to someone who could be honest with them and tell them the realities of the situation:

I think someone who tells it straight. Like if I'd tell my mum she'd all cushion it up. She would be like 'oh it's gonna be alright'. I would like someone who tells it...When I've done something wrong my mum will go 'oh well I know that you didn't mean to do it' but if I go and see my cousin and tell him what I've done, he's like 'you idiot'. I want someone telling me stuff straight, because when it's all cushioned around you start to feel 'oh yeah it's alright to do that stuff'. And you think like everything is gonna get sorted but I prefer people to tell it to me straight (F12-13, T).

There were several who felt they could not talk to anyone. One of the realities for the young people from fragmented backgrounds was that there was no-one they felt they could trust with something as important and difficult as this, so that even though they may theoretically have all these people available to them, they may still be apprehensive in talking to anyone:

You could have like millions of close people around you but you might not be able to talk to them about stuff like that...I'm not really sure because everyone is saying that they'd talk to their mum but I wouldn't really be able to do that because I don't see my mum. And I don't really know what I'd do because I wouldn't have anyone to talk to. I wouldn't talk to my best friend, I wouldn't talk to my dad, and I would find it hard. It would be easier to talk to a stranger but I kind of think I'd feel embarrassed to talk to a stranger about it, so I'm not really sure (F12-13, T).

Trust was of utmost importance, and several of the young people revealed not feeling able to trust anyone they knew with the situation:

I don't trust anyone (M16+, S).

The young people were then asked '**Why would it be difficult for her to talk to her parents, her boyfriend, her friends or doctor or nurse?**' One of the biggest problems identified was her age, because she and the boy might get in trouble as they are below the legal limit of consent. There were also concerns that people would judge her, due to not knowing the boy very well:

People could call her a slut (M12-13, S).

In terms of talking to parents, difficulties included fear of being judged, fear of disappointing them, or if they were to unduly influence the decision the young girl makes especially if she is considering a termination:

In case she has an abortion. If she's told her parents that she's pregnant and then she decides to have an abortion they're gonna be, they could be upset that she's had an abortion and that could have been their grandchild or, you know, it can cause problems with the family because they might have a different view to abortion than she has (F16+, DGS).

In terms of talking to professionals, again the issue of trust was brought up. Some thought it might be difficult because it might not be someone they trusted and this kind of information would be easier shared with someone close to you, or that you knew well:

She don't know them so she might not feel that she can trust them with telling them something that's, like, that big if you know what I mean (M16+, DGS).

Everyone has an opinion, to speak to someone you don't know, even if it is...they've got an opinion...like a girl who got pregnant in our school, she was then known as a slag...It could happen, but you don't want to be known as someone like, 'Oh how stupid are you? You got pregnant at 15'. So I think you get judged on opinions just like that (F16+, DGS).

The third question the young people were asked was **'What things might affect her decision?'** There were a few aspects that were drawn upon in all groups, and they included her parents, and their reactions to the pregnancy and what they would make the girl do, in either having the baby or a termination:

Parents influence. Because if the parents are against teenage pregnancy, they might want her to have an abortion (M12-13, S).

Another factor the younger groups thought important was people's attitudes, especially at school, where she might 'get called names', or 'she might get embarrassed, having to go to school' or how the school establishment itself would react if she continued the pregnancy:

I think that the school would be very disappointed because she'd be shaming the school (F12-13, S).

Another factor was the legal aspect, because the age of the girl and the boy, demonstrating that there is an awareness of the age of consent and that it appeared a real concern for some of them:

It depends how old the father is...Cos if he's older, like over 16 he could get put in jail for it (M12-13, S).

Finally, the young people were asked what they personally thought about the situation. Here some interesting attitudes and values arose. Whereas in the attitude statement task in Session Two and Four, many of the group thought being a parent under the age of 16 was acceptable, yet when presented with this scenario, many were judgemental, not only about her age, but also the relationship status of her and the father of the baby, as this conversation in one of the older groups demonstrates:

Do you know what? That equals slut...Cos it's the only way you can explain that. Slept with a boy she doesn't know very well, she's pregnant and she's 15.

Fac: Can I ask which bit equals slut?

Not knowing the boy very well and getting pregnant by him (F16+, S).

The girl's age was also an area of contention, many thinking she was too young to be having sex. The young people's attitudes seem formed from their own experiences of having known of several other young mum's, and this conversation demonstrates some normalisation of it:

F1: I wouldn't say 15's bad.

M1: It's underage though isn't it?

F2: It's not bad really, if she wants to keep it, whoever wants a kid at that age can really, it's their choice.

M1: But it's not legal.

F1: Yeah, and? I know plenty of girls that have kids at the age of 12.

F2: I think 15 is too young (16+, S).

One of the difficulties the young people would face if they were in this situation is in their parent's reaction to the pregnancy, and the fear of 'disappointing' them. This demonstrates the impact and importance of the family in shaping values and that young people may in fact hold values similar to their families:

My mum would be ashamed of me...Actually parents saying they're disappointed in you is much worse than them actually saying they're mad at you because there's this feeling that you've let them down. So instead of going 'I'm really mad at you' they go 'yeah I'm really disappointed in you doing this'... You feel like you've let them down or something and that's so much worse (M16+, DGS).

Many thought that she had been irresponsible, and that the responsibility would also fall on others to provide for the child, either through government support or by her parents. They also believed that at that age her prospects would be severely limited, not only in being able to provide for her child if she kept it, but also in not giving herself any opportunities to experience 'life':

She'll be a council house girl won't she? (F16+, S)

She ain't got a job, she'll have a kid for 5 years and then it'll go to school, then she'll be 20 and then she just ain't got a life really has she? (M16, S).

The case study task showed that contrary to the media image of 'feckless' young people thinking of only the 'here and now', that young people are aware of the negative consequences of teenage pregnancy.

Is abortion an option?

There were some more moralistic attitudes displayed when the groups were asked their opinions on abortion too and whether 'abortion should be available to every woman who wants it'. The majority of groups agreed that abortion should be available to every woman who wants it. There were five participants who disagreed, however, most of whom were young men. Once in the mixed groups, the consensus was still on agree, but the number of younger boys who disagreed increased. The professionals' responses to the statement were similar to those found within the young people groups, with the consensus in agreement.

There was a sense in all groups that if there were 'genuine' reasons to justify having an abortion, for example, if conception was a result of sexual assault or rape it was fully acceptable. There were other acceptable reasons given that were shared in many groups, such as if the woman was not ready for a child and felt they were not prepared to look after and love the child properly, then the option should be made available, as this young woman explains:

Yeah because like if they don't want them they shouldn't have to keep them because they think that they have to keep them. They're not gonna treat them as they normally would though, they wouldn't treat them with as much love and care as if they wanted them (F12-13, T).

Other reasons where abortion was acceptable was if it was unintended, an 'accident', because they may have had a one night stand or had been drunk:

Although the groups thought that women shouldn't be punished for unwanted pregnancies, as 'accidents happen', some of the older and younger girls were much less forgiving of girls who fell pregnant if they had failed to take proper precautions, and thought that having abortion as a choice made it too easy for women:

If you think that 'oh yeah it don't matter if I get pregnant, I can just get it aborted', if you've got that attitude towards it then it's like abusing the right (F12-13, T).

Some discrepancy was elicited between what the girls stated in response to the statement and their actual opinions around it in further discussion, for example, whilst one girl agreed that abortion should be available, they thought that it was fundamentally wrong '[you're] talking about a baby at the end of the day' (F16+,). Another similar response was found in one of the younger girl groups:

I'm not dissing anyone else's opinion or anything but I don't really agree with abortions. I don't know why really...I feel like it turns into a life and it can be an actual thing that can live and can breathe and it can be on this earth and I would look at it as upon killing someone (F12-13, T).

In fact, there were several younger boys who disagreed with abortion, due to religious and moral reasons, and this linked very much into the language they used when talking about abortion, they referred to abortion as 'killing a baby' for example, and this definitely made other participants more uncomfortable especially evident in the mixed groups, it became more emotive for some, especially the younger girls who asked them to adjust their terminology as it offended them:

Can we not call it a baby? Can we call it an embryo because the word baby is sad, talking about killing a baby (F12-13, T).

One area where there were gender differences highlighted was in the abortion statement. In many of the groups, abortion was talked much about as a woman's 'choice'. Although the majority of the girls said they would not have an abortion themselves, they thought that having the option or 'choice' was the woman's right:

It's not something I would do, I wouldn't have an abortion ... I think just because it's something that I don't agree with now it doesn't mean that I won't want the option when I'm

older...I think it should be available to everyone because obviously everyone's got to make their own choices based on what's right for them...(F16+, DGS)

There was the shared view amongst professionals also that there should be 'choice', that women's rights are important, which resonated with the young people's views. Opinions were that other people should not make decisions on the woman's behalf as they are the ones that have to carry it and bear the consequences, and in addition, the child will be living with the consequences too. Linked to this, those that agreed said that there should be certain medical limits imposed, for example, with an upper limit on the gestation period, as it must not be forgotten that the child has rights as well. In addition, the professionals also thought that any young woman who chooses to have an abortion should be supported fully with counselling.

Interestingly, the role of the 'father' or man in the decision to have an abortion was only discussed by the younger boys when in the mixed groups. In the separate gender groups the discussion focused solely on the woman, and that it was ultimately the woman's decision only with men having no say in it, as they were the ones who had to have the baby and look after it afterwards:

It's up to them because if the man wants it then they could like sit down and discuss it. But it's up to the woman because she's the one who's carrying it and she's the one that has to go through the pain to get it (M12-13, DGS).

Reducing teenage pregnancy rates

For the final part of Session Four, the young people were asked two questions about teenage pregnancy. The first was '**what should be improved or done differently so that there are fewer unwanted (accidental) teenage pregnancies?**' This task was done in two smaller mixed gender groups, who then reported back to the wider group.

Several of the responses made related to services or resources that are already in existence, so perhaps the young people are either not aware of them or they felt that there are aspects of them that could be improved.

The older groups felt that there should be more outreach workers in contact with young people because they considered them people they could trust more, and they often work in more accessible, friendly locations, for example:

More people that you can talk to that you trust. Like people that come round to visit you, or a youth club or something and then get people to come round and visit you. Once you start to trust them you go and talk to them, but if you didn't have that you'd have to go to that clinic, and you don't really wanna go cos you don't trust them (F16+, S).

This group of older girls did not like having to go to 'clinics', and because of the transport issues in their rural area felt that by having the outreach worker come to them and the local community, that it would circumvent problems of access.

The older group in the urban area wanted services that were more confidential, so that a visit could be made to places like Connexions as a walk-in service, without having to have an appointment to encourage young people to go. According to the older groups, the type of information health professionals give out should improve, be more in-depth, covering issues such as different types of long lasting contraception methods, and more hard-hitting, graphic information on STIs to 'put people off', and more information about services and how to find them so people are better informed. However, when the facilitator (an outreach worker) suggested one avenue or option for doing this, as a part of the 'student handbook/journal' that is given to young people, the young people did not think that was a good idea, as these participants explain:

F1: No point putting it in there, you rip them up anyway.

M1: Yeah, people just bin them.

F1: They don't read them anyway do they? (16+, S)

This indicates a disparity in what professionals and young people think are acceptable formats for information giving.

Easier access to free contraception was recommended by the older and younger groups. This included more private locations:

Give out more condoms, private rooms in school where they can get condoms and help from other staff, and the staff would be nurses and school nurses. And if you did say anything it would be confidential, it wouldn't go out the room (F12-13, S).

The younger groups suggested not only more widespread availability, but also the locations they were offered. This included having them in places where you could get advice on how to use them, things like condom machines in toilets were frowned upon because people are not taught how to use them if they are accessed there:

I don't think that's right because I think you should have like someone there to tell you like, you can't just like have a talking machine that tells you all the advice can you?...Like how to use it and what you can get if it snaps or something (F12-13, DGS).

Better and more timely sex education in schools was also advocated, so that it begins when people are younger. Health professionals should also offer advice and education on the consequences of risky sexual behaviour:

Get taught the consequences when you're younger...From reception year (M12-13, S).

According to the younger groups, parenting skills should also be offered, for young people as well as for their own parents, so that they are able to communicate more effectively with their children.

In terms of the type of education they are given, and the format it takes, several of the younger groups suggested having some sex education that is given in separate gender groups, and some that would be more beneficial in mixed groups. Although some were 'embarrassed' talking in front of the opposite sex, this way they are able to learn more about the other:

Yeah, cos you've got like each other's opinions as well (M12-13, DGS).

Some of the younger group had experienced a 'sexual health roadshow' before and also advocated the wider use of these types of events, as they take the young people out of the more formal school environment and offer a different approach to learning:

There should be more funding to hold more road shows so more people get aware of what can actually happen to them (F12-13, T).

On a wider scale, some of the young girls suggested stricter controls on the sale of alcohol to under 18s, as they perceived many of the problems with accidental teenage pregnancy as related to excessive alcohol use:

Also the fact that the girl might be drunk, so we don't want to sell alcohol to young children, that's already law so we would look at CCTV cameras in shops more often to check that shops aren't selling alcohol to young people (F12-13, T).

One way of reducing teenage pregnancies suggested was young people 'not having sex'. Perhaps there is some merit in health professionals presenting messages of 'delay' and other sexual activity that does not involve intercourse.

Looking after teenage parents

The second question the young people were asked in was '**What should be improved or done differently so wanted teenage pregnancies (then bringing up the child) take place in good conditions?**' This task was also done in two smaller mixed gender groups, who then reported back to the wider group.

The young people's suggestions can be separated into three different categories, including: financial or tangible support; support from health professionals; and support from schools.

In terms of financial or tangible support, the participants thought pregnant teens, and young mums should be offered benefits to help pay for things, be provided with housing, and money to buy things for the baby:

I'd give her a house, money, lots and lots of money so the baby can have loads of different stuff....Get loads of stuff bought for her. But it's not allowed to manky cheapo stuff, it's got to be quite good quality (F16+, S)

There appeared to be some confusion about what young mums are currently eligible for, as from some people's experience or knowledge, benefits are perceived as adequate, others believing eligibility was age related:

*F1: You get sh*t money, you don't get no money.*

*F2: What about child benefit? Bet that's sh*t loads of money.*

F1: No it ain't...If you're underage.

*M2: 18? You have to be 18? That's b*llocks. I know this girl who's got her own flat and everything. She's only like 16 (16+, S).*

However, some of the younger groups believed that in terms of housing, the young mum should live with her own family or the family of the father of the child, as they would be too young to live by themselves and would not be able to support themselves.

Both the younger groups advocated health professional support. One method of doing this was having nurses and midwives going round and visiting the pregnant girls and young mums to

provide emotional support to 'check up that they're ok', and providing a source of information. Other professional services suggested were centres where young mums could go to get parenting skills, information about parenting, and meet other young mums. These 'centres' could also offer crèche facilities so that the young mums would be able to return to education if they wanted to:

Help centres for teenagers who want advice, so they can also play with children there and help look after the kids, teenagers could go back to school while they look after the kids in the centres (F12-13, S).

Support from schools appeared to be more important in the younger age groups, as they were still at school perhaps it was more pertinent to them. The types of support included providing information about parenting in books and classes, baby simulators for before the baby is born, and even offering home tutoring for those who choose not to engage in school:

Schools should have special PSHE lessons for teenage mums and dads ... [Give] advice on how to look after a baby, books to read, help with them for those that can't read (F12-13, S).

An important consideration in one of the groups were for those who may not read well, so it was important to have extra support for those who may not be able to understand information resources that are more widely offered.

Finally, the young people were asked what could be done to help young fathers. The older groups were quite unsympathetic to the needs of young men, believing that they did not have an important role in the upbringing of the child:

*Fac: What about support for the young dad to be?
They don't do f*ck all anyway (F16+, S).*

Some of the young men in the groups seemed to accept this passive role, and stated that it was the mother who was more worthy of help and support:

It's not me that needs support, it's the mother of the child (M16+, S).

However, in the younger groups the boys felt that they played a part in the parenting and suggested that they are supported financially 'so they can buy prams and stuff'. Another suggestion was that if they were at school, to have 'time off school to help with the baby'.

Interestingly, those from fragmented families commented that as they had not a father when they were growing up, they did not have a role model so did not know what a father was expected to do in bringing up a child.

Comment

Discussion demonstrated a lack of consensus about whether being under 16 was too young; boys tended to agree and girls disagree. Early parenthood was perceived as impacting on future aspirations, education and career – according to most youth is a time to have fun and travel. Young men tended to focus on responsibility and the awareness that they would not be able to provide financially. Several were also influenced by strong family experiences. Some teenagers had positive view of teenage parenthood through experiences of friends who they witnessed as being successful young mums, with parenthood acting as a turning point for some.

Those with a more positive orientation towards safe sex appeared to hold an aversion to early parenthood, or if they were already in education it could be argued that they were securing a future and have a stake in the status quo not altering, unlike the rural setting where casual, unsafe, functional sex behaviour seems to contradict their stated beliefs, also linking to poor future orientation and career opportunities.

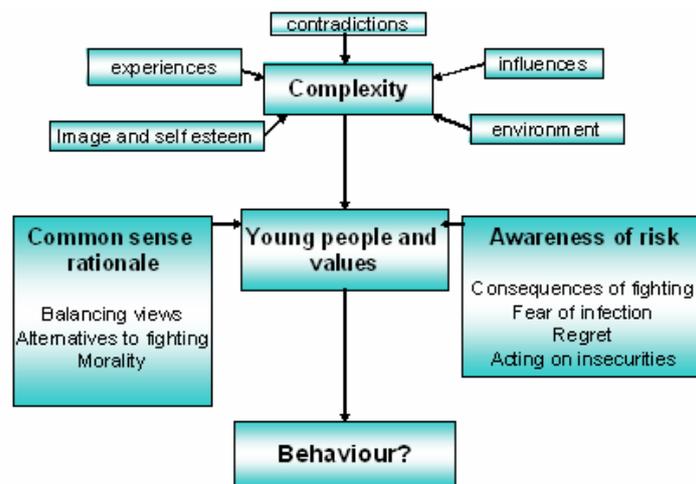
There appeared to be a conflict between internal and external beliefs in relation to abortion, in group settings many of the young people advocate choice but in reality it may go against their moral values. A dominant discourse focused on abortion as the 'woman's 'choice', both in the young people and professional groups and neither really talk of father's input in any decisions made (apart from younger boys in mixed groups). The repercussions of unintended pregnancy seems to not be devastating and there was a degree of normalisation of risky behaviours, such as drunkenness and unprotected casual sex which appear to allow the individual to relinquish the responsibility for their actions and any consequences resulting from it, 'accidents happen', 'not on purpose'.

For many of the issues there were often differences in what they would want for themselves or found acceptable for themselves, and what was acceptable for others and there were multiple dimensions and degrees of acceptability for many of the issues highlighting the complexities of the subjects discussed

4. Conclusion

This study sought to identify attitudes and values towards sex and relationships among young people of differing ages and backgrounds, and compare these with professional views. It has revealed the complexities surrounding this subject area, where not only are teenagers struggling to seek an identity, but are faced with competing factors that influence relationships and sexual activity. Certainly most of the young people involved in this study were from vulnerable sections of society as demonstrated by their relationship and environment descriptions, and the way that we interpret their behaviour will inevitably be wrapped up in the complexities of their life experiences to date.

Derived from the data analysis, the figure below attempts to portray some of this complexity in order to identify some of the influences and dilemmas that come into play as they construct behaviour.



All these aspects are parts of a fluctuating equation that combine together to give some insight into attitudes and values around sex and relationships. Family relations and friendships, their environments, as well as family, gender and cultural influences all contribute towards forming sustainable and fulfilling sexual relationships, and when these are challenging the ability to do this is diminished, confused or delayed. With reference to family for example, the noticeable difficulties that respondents had talking to parents about sex echoes much research on the subject about cultural 'reticence' of UK parents compared to more liberal attitudes elsewhere in Europe (Lewis & Knijn 2002). When information and guidance within the family is limited due to altered family circumstances, and at school is less than optimal in some areas, young people have to be highly

motivated to seek out accessible services to help them to make informed choices (Billings et al 2007).

Moral attitudes surfaced in relation to the gender divide and being prepared for and having sex. There were mixed views about girls who are prepared for sex by carrying condoms and traditional views still apply to girls who have had several partners, elaborated upon below. Young people do appear to become more accepting of the idea of having sex with many people as they get older, they tend to be more moralistic when younger but attitudes change with experience.

The importance of self-image in this equation, especially among the older respondents, became apparent in a number of ways. Firstly, with respect to the context within which some of the young people are living, the challenging often threatening environment creates the necessity for a 'bravado' type self-image to counter any suggestions of vulnerability of being a 'victim'. This leads on to sexual self-image and this is where our contradictions and double standards come into play. With respect to the boys, some revealed an emerging need for sensitivity and the romantic side of relationships and highlighted the pressures on them to be sexually active. Others played the role of the traditional, highly sexually motivated male who is driven by hormones' - a stud'. On the other hand, older girls seemed to portray a growing sense of sexual freedom and sexual dominance.

However, traditional labels still apply, with terms such as 'sluts' being applied to those girls expressing too much sexual freedom. These views from the older girls contrasted with those of the younger girls, who proclaimed the importance of being in love before having sex. Life experiences seemed to have 'hardened' views and decreased romantic expectations for older girls, although the desire for love and affection was not wholly absent. It was of interest that the professional interpretation of the more liberal attitudes among the girls seemed to be more connected to a protective mechanism to 'immunise' them from the disappointment of sexual relationships not being romantically fulfilling. Amongst the young people however, all of these attitudes and feelings fluctuated from discussion to discussion, dependent upon the interplay between private and public declarations, mixed gender groups and comments were quickly changed when views came under threat of damaging self-image. The question then becomes one of trying to disentangle reality from role play.

So with respect to behaviour, from our findings, despite all the stages where negotiation is important within a developing relationship, it is clear that the young people are not proficient at communicating with each other, from initiating relationships up to negotiating condom use once sexual relations begin. The ability to form relationships is problematic, and the young people, especially the girls, are more likely to wish they had waited for a more meaningful relationship but

somehow are unable to, perhaps seeking love and attachment in their lives where this was lacking. It was noteworthy that those that had more fragmented, disrupted family circumstances were more likely to engage in casual sex and unsafe practices which highlights the ever greater need for health promotion to be targeted at this group.

If young people are not able to communicate sexual needs in a relationship, either because they are inexperienced in relationships or may not be prepared for sexual encounters, this impacts upon their ability to enjoy their sexual experiences. The girls were knowledgeable in their talk, and did not present themselves as passive victims, yet they did not use a language of sexual desire that was grounded in bodily sensations, pleasures or experiences. Society also promotes an ambivalent attitude towards women's heterosexuality, on the one hand it is portrayed as the 'road to romance, love, pleasure, liberation perhaps, but as leading to unwanted teenage pregnancy, shackles of infant care, infections and loss of reputation (Douglas, 1994). Beck and Beck-Gernsheim (1995) suggest that women are now taking the lead in seizing power within relationships, entering relationships on their own terms, no longer constrained by stereotypical views of womanhood. The girls in this study certainly appeared to fit in with this suggestion, although the consequences were also too clear in some cases in terms of regret. In general, there was an overwhelming sense of naivety about how the other sex thinks and feels, in regards to sex and relationships, and it was interesting how views and behaviour changed when the groups were mixed, especially among the older respondents. Self-image again has a part to play.

With reference now to the professional views, many of their comments centred on 'modern' views of young people, for example, in relation to carrying condoms. But professionals respect and acknowledge the moral restrictions imposed on young people and how they have difficulties negotiating this climate with respect to safe sex. They are also facing and operationalising contradictions in practice which causes confusion and creates dilemma. On the one hand professionals are giving messages about safe sex through availability of free condoms and promotion of young people-friendly clinics, but have an understanding that this practice runs counter to a societal view that reproaches under age sex. This is where issues of collusion appeared to come into play.

When considering their own attitudes and values, there was a very interesting mismatch in opinions and reported behaviour among professionals themselves, as well in how they view the attitudes, values and behaviour of young people and this created a great diversity in their comparative views. Many were unable to separate their own opinions from their professional ones in how they interpret young people's behaviour and this demonstrates how life experiences unify and shape attitudes and values throughout the life course, but in turn broaden and change

opinions. For example, consensus was rarely reached about the acceptability of multiple partners, the influence of the family and cultural and race issues.

The importance of good professional practice however comes from being able to 'compartmentalise' these attitudes. There was strong recognition that, as with the diversity among their own attitudes and values, it is not possible to 'pigeon-hole' young people as well. It must also be acknowledged that professionals' interpretations of young people's attitudes and values towards aspects of sex and relationships in this study mostly corresponded to the actual views expressed by the young respondents themselves, which demonstrates good insight.

In conclusion therefore, this phase of the project has facilitated the process of revealing important issues that can be taken to the next phase of developing and implementing interventions in response to findings.

Strengths and weaknesses of phase 1

This study has given young people who are difficult to access some visibility in terms of their opinions of sex and relationships, and provided some interesting insight that will enrich the interventions to be developed in phase 2. It has also revealed some important views of the professionals who work with these young people.

The data produced has highlighted the complexity of the subject area and provided some important insights into comparative gender and age related differences, which will be valuable in the construction of programmes.

The challenges to qualitative research of this nature will always rest with the small numbers and perceived lack of generalisability, however it is not the intention of qualitative research to be generalisable, but to reveal rich experiential information and meaningful perspectives.

5. References

- Allen, L. (2003). Girls want sex, boys want love. Sexualities, 6, 2, 215-236.
- Aneshensel, C.S., and Gore, S. (1992). Development, stress, and role restructuring: Social transitions of adolescence. In Zimmer-Gembeck, M.J. (2002). The development of romantic relationships and adaptations in the system of peer relationships. Journal of Adolescent Health, 31, 216-225.
- Aria I (2003) Low expectations, sexual attitudes and knowledge: explaining pregnancy and fertility in English communities. Insights from qualitative research. The Sociological Review, 51 (2), 199-217.
- Berscheid, E., & Reis, H. T. (1998). Attraction and close relationships. In Collins, W.A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. Journal of Research on Adolescence, 13 (1), 1-24.
- Billings J, Hastie C, Jenkins L (2007) A Survey of Teenager's views of sex and relationships education and sexual health services. Centre for Health Service Studies, University of Kent.
- Blake, S. (2002). Sex and Relationships Education: A step by step guide for teachers. London: David Fulton Publishers.
- Bowlby, J. (1969). Attachment and loss: Attachment (Vol. 1). In J.A. Connolly and A.M. Johnson (1996). Adolescents' romantic relationships and the structure and quality of their close interpersonal ties. Personal Relationships, 3, 185-195.
- Bowlby, J. (1979). 'Attachment Behaviour Characterises Human Beings From The Cradle To The Grave'. In J.A. Connolly and A.M. Johnson (1996). Adolescents' romantic relationships and the structure and quality of their close interpersonal ties. Personal Relationships, 3, 185-195.
- Bridgen, P. (2004). Evaluating the empowering potential of community-based health schemes: The case of community health policies in the UK since 1997. Community Development Journal, 39 (3), 289-302.
- Brown, B.B., Feiring, C., and Furman, W. (1999). Missing the love boat: Why researchers have shied away from adolescent romance. In Collins, W.A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. Journal of Research on Adolescence, 13 (1), 1-24.
- Camarena, P. M., Sarigiani, F. A., & Petersen, A. C. (1990). Gender-specific pathways to intimacy in early adolescence. Journal of Youth and Adolescence, 19, 19-32
- Carvajal, S.C., Parcel, G.S., Banspach, S.W., Basen-Engquist, K., Coyle, K.K., Kirby, D., and Chan, W. (1999). Psychosocial predictors of delay of first sexual intercourse by adolescents. Health Psychology, 18(5), 443-452.
- Cohen, D.A., Farley, T.A., Taylor, S.N., Martin, D.H., and Schuster, M.A.(2002). When and where do youths have sex? The potential role of adult supervision. In T.M. Michels, R.Y. Kropp, S.L. Eyre and B.L. Halpern-Felsher (2005). Initiating sexual experiences: How do young adolescents make decisions regarding early sexual activity? Journal of Research on Adolescence, 15, 4, 583-607.
- Collins, W.A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. Journal of Research on Adolescence, 13 (1), 1-24.

- Collins, W.A. and Repinski D.J. (1995). Relationships during adolescence: Continuity and change in interpersonal perspective. In Zimmer-Gembeck, M.J. (2002). The development of romantic relationships and adaptations in the system of peer relationships. Journal of Adolescent Health, 31, 216-225.
- Connolly, J.A., and Johnson, A.M. (1996). Adolescents' romantic relationships and the structure and quality of their close interpersonal ties. Personal Relationships, 3, 185-195.
- Crawford, J., Kippax, S., and Wadby, C. (1994). Women's sex talk and men's sex talk: Different worlds. Feminism and Psychology, 4(4), 571-587.
- Department of Work and Pensions (2003). UK National Action Plan on Social Inclusion. London: DWP.
- Dilorio, C., Dudley, W.N., Soet, J.E., and McCarty, F. (2004). Sexual possibility situations and sexual behaviours among young adolescents: The moderating role of protective factors. Journal of Adolescent Health, 35, 528e11-e20.
- Duck, S., and Wright, P. H. (1993). Reexamining gender differences in same-gender friendships: A close look at two kinds of data. In S. Rose (2000). Heterosexism and the study of women's romantic and friend relationships. Journal of Social Issues, 56, 2, 315-328.
- Duran R. L., and Prusank, D. (1997). Relational themes in men's and women's popular nonfiction magazine articles. In S. Rose (2000). Heterosexism and the study of women's romantic and friend relationships. Journal of Social Issues, 56, 2, 315-328.
- Feldman, S. S., Turner, R. A., and Araujo, K. (1999). Interpersonal context as an influence on sexual timetables of youths: Gender and ethnic effects. Journal of Research on Adolescence, 9, 25-52.
- Fishbein, M., and Ajzen, I. (1975). Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research. Reading, MA: Addison-Wesley.
- Furman, W., and Buhrmester, D. (1985). Children's perceptions of the personal relationships in their social networks. Developmental Psychology, 21, 1016-1024.
- Furman, W., and Wehner, E.A. (1997). Adolescent romantic relationships: A developmental perspective. In Zimmer-Gembeck, M.J. (2002). The development of romantic relationships and adaptations in the system of peer relationships. Journal of Adolescent Health, 31, 216-225.
- Ginsburg, K.R., Winn, R.J., Rudy, B.J., Crawford, J., Zhao, H., and Schwarz, D.F. (2002). How to Reach Sexual Minority Youth in the Health Care Setting: The Teens Offer Guidance. Journal of Adolescent Health, 31, 407-416.
- Gosling, L., and Edwards, M. (1995). Toolkits: A practical guide to assessment, monitoring, review and evaluation. SCF Development Manual No. 5. London: Save the Children.
- Hill, M. and Davis, J. (2004). Taking the agenda forward. London: National Children's Bureau.
- Holland, J., Ramazanoglu, C., Scott, S., Sharpe, S. and Thomson, R. (1990). Sex, gender and power: young women's sexuality in the shadow of AIDS. Sociology of Health and Illness, vol12, 3, 336-350.

- Holland, J., Ramazanoglu, C., Sharpe, S., and Thomson, R. (1996). Reputations: Journeying into gendered power relations. In Jackson, S.M., and Cram, F. (2003). Disrupting the sexual double standard: Young women's talk about heterosexuality. British Journal of Social Psychology, 42, 113-127.
- Holland, J., Ramazanoglu, C., Sharpe, S. and Thomson, R. (1998). The male in the head: Young people, heterosexuality and power. London: The Tufnell Press.
- Howarth, C. and Street, C. (2000). Sidelined. London: New Policy Institute.
- Jewitt, C. (1994). Exploring healthy sexualities. London, Family Planning Association.
- Kent County Council (2001). The Kent Teenage Pregnancy Strategy 2001-2011. Kent County Council.
- Kent County Council (2002). Whose benefit? A helping hand from dependency to a more fulfilling life. KCC: Joint Policy and Social Independence Unit.
- Kent Teenage Pregnancy Partnership (2001). Kent Teenage Pregnancy Strategy. Kent County Council.
- Lansdown, G. (1995). Taking Part: Children's Participation in Decision Making. London: Institute for Public Policy Research.
- Lee, E., Clements, S., Ingham, R. Stone, N. (2004) 'A Matter of Choice? Explaining national variation in teenage abortion and motherhood.' Joseph Rowntree Foundation, University of Southampton.
- Lewis, J. and Knijn, T. (2002). The Politics of Sex Education Policy in England and Wales and The Netherlands since the 1980s. Journal of Social Policy, 31, 669-694.
- Longmore, M.A., Manning, W.D. Giordano, P.C., and Rudolph, J.L. (2003). Contraceptive self-efficacy: Does it influence adolescents' contraceptive use? Journal of Health and Social Behaviour, 44, 45-60.
- Mitchell, C.E. (1990). Development or restoration of trust in interpersonal relationships during adolescence and beyond. Adolescence, 25(100), 846-854.
- Newcomer, S.F., Udry, R., and Cameron, F. (1983). Adolescent Sexual Behavior and Popularity. Adolescence, 18, 515-29.
- Nucifora, J., Gallois, C. and Kashima, Y. (1993). Applying the Theory of Reasoned Action to the prediction of AIDS preventive behaviour. In P. Bennett and G. Bozionelos (2000). The Theory of Planned Behaviour as a predictor of condom use: A narrative review. Psychology, Health and Medicine, 5, 3, 307-326.
- Percy-Smith, B. (2003). 'Using action research in large scale evaluations', Keynote delivered to SHARP Review meeting, Llandrindnod Wells, Oct 2nd.
- Richards, M.H., Crowe, P.A, Larson, R., and Swarr, A. (1998). Developmental patterns and gender differences in the experience of peer companionship during adolescence. Child Development, 69, 154-63.
- Rokeach, M. (1968). Beliefs, attitudes, and values: A theory of organization and change. San Francisco: Jossey-Bass.

- Roscoe et al. (1987) in Collins, W.A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. Journal of Research on Adolescence, 13 (1), 1-24.
- Schaalma, H., Kok, G., and Peters, L. (1993). Determinants of consistent condom use by adolescents: the impact of experience of sexual intercourse. Health Education Research, 8(2), 255–269.
- Scott, A., and Griffin, H. (1989). Concept testing the Dundee ‘Condoms in AIDS prevention’ initiative. In Lear, D. (1995). Sexual communication in the age of AIDS: The construction of risk and trust among young adults. Soc. Sci. Med., 41, 9, 1311-1323.
- Singh, S., Darroch, J.E., and Frost, J.J. (2001). Socioeconomic disadvantage and adolescent women's sexual and reproductive behaviour: the case of five developed countries. Family Planning Perspectives, 33(6), 251-8.
- Skidmore , D., and Hayter, E. (2000). Risk and Sex: Egocentricity and sexual behaviour in young adults. Health, Risk and Society, 2, 1, 23-32.
- Smollar, J., and Youniss, J. (1982). Social develop- ment through friendship. In Shulman, S., and Scharf, M. (2000). Adolescent romantic behaviours and perceptions: Age and Gender related differences and links with family and peer relationships. Journal of Research on Adolescence, 10, (1), 99-118.
- Social Exclusion Unit (1999). Report on Teenage Pregnancy. London: The Stationery Office.
- Social Exclusion Unit (2001). A new strategy for neighbourhood renewal. London: The Stationery Office.
- Stone, N., and Ingham, R. (2003). When and why do young people in the United Kingdom first use sexual health services? Perspectives on Sexual and Reproductive Health, 35(3), 114-120 .
- Tabi, M. (2002). Community Perspective on a model to reduce teenage pregnancy. Journal of Advanced Nursing, vol. 40 (3), Nov02, 275-284.
- UNICEF (2001). A league table of teenage births in rich nations. Innocenti Report Card, No.3. Florence, Innocenti Reoprt Centre.
- Wellings, K., Field, J., Johnson. A.M., and Wadsworth, J. (1994). Sexual Behaviour in Britain. London: Penguin.
- Wharf Higgins, J. (1999). Citizenship and empowerment: a remedy for citizen participation in health reform. Community Development Journal, Volume 34 (4), 287-308(22).
- Younnis (1983) in Connolly, J.A., and Johnson, A.M. (1996). Adolescents’ romantic relationships and the structure and quality of their close interpersonal ties. Personal Relationships, 3, 185-195.
- Zak, A. (1995). Recollection of trusting and nontrusting behaviours in intimate relationships. In D. Skidmore , and E. Hayter (2000). Risk and Sex: Egocentricity and sexual behaviour in young adults. Health, Risk and Society, 2, 1, 23-32.
- Zimmer-Gembeck, M.J. (2002). The development of romantic relationships and adaptations in the system of peer relationships. Journal of Adolescent Health, 31, 216-225.

Appendices

Appendix 1: Information Sheet – Young people

Appendix 2: Consent Form – Young people

Appendix 3: Focus group schedule – Young people

Appendix 4: Focus group schedule – Professionals

Appendix 5: Tables showing responses to attitude statement and values continuum tasks

Appendix 1: Information Sheet – Young people



Information about the “Let’s Talk” Project

My name is (*facilitator/research worker*) and I am part of the “Let’s Talk” team. We have been asked to carry out a project by Kent Teenage Pregnancy Partnership. I would like to invite you to take part in the project.

Before you decide if you want to take part or not, it is important that you understand what the project is about and what you would need to do if you agree to take part. It may be helpful to talk it through with friends, family or carers.

What is the project about?

We want to find out what young people think about different sorts of relationships. We want to know how you think ideas and views about sex, relationships, teenage pregnancy and parenthood should be dealt with, and who you think should be involved. This may mean that you think there should be new ways of running services for young people, or that different sorts of information and material should be used. We would like your ideas about that too.

We are inviting you along with other young people from (*area*) to meet up at (*venue name*) to talk about your views on these issues.

First of all we would like to meet with young women and young men separately. This session will be a chance to get to introduce each other and for you to tell us about the neighbourhood or community where you live. The second and third sessions will be a chance to talk about your ideas in more depth.

We want to make the sessions easy to take part in, so we will be using games and activities so that you have different ways to express your views and ideas. Each session will take two hours at the most, including breaks. We will provide soft drinks and snacks.

For the fourth session we want the group of young women and the group of young men from (*area*) to meet and share their ideas. We want the mixed group to say what ideas and suggestions for new ways forward should be taken up by the project. This will be the last session, and we will want to thank you for your help and to tell you about the next stages of the project in case you want to stay in touch or be involved in any way.

We want to talk to a wide range of young people, including young parents from different communities across Kent. Another “Let’s Talk” team will be talking to groups of young people in the towns and villages of part of northern France called the Somme. We will also be talking to people who work in health, education, youth work and community organisations about their views.

If I want to take part, what do I have to do?

The first thing is to sign the consent form. If you are under 16 and living with a parent or carer or guardian, please find out if they are happy for you to take part. There is a section on the form for them to sign to confirm their agreement. There is a copy of this leaflet for them too.

The sessions in your area will be taking place at (*venue name*), from the (*date*) for (*duration of sessions*). Just come along to (*venue name/room number*) the way you usually would for activities you go to there.

What happens to the information?

We know that this information is private and personal, and we are grateful that you are willing to share it with us. At the beginning of the sessions we will be agreeing the ground rules for the sessions with you and the other young people. We need to make sure that your ideas are taken seriously, but that they are also anonymous. We do want to tape the sessions and take photographs of the material produced, so that we can make a more accurate record of your views. The tape recordings will not have names on them. We will need to keep the material from the sessions until the project is finished. We very much hope that you will stay involved in the project after the sessions.

If you have any worries as a result of taking part in these sessions you can talk to me after or outside the session and we will help you to find the best way to deal with your concerns.

Do I have to take part?

It's up to you whether or not you take part, but if you don't want to, this will not affect you in any way. If you decide to take part, but change your mind, you are free to do so and this will not affect you or any help you receive now or in the future.

How can I find out more?

If you would like to know more about the project or if there is anything that is not clear, you can contact the researcher (Rose Cappello on 01227 823672) at any time, or leave a message and she will call you back.

You can also contact her via email on R.Cappello@kent.ac.uk or by writing to her at the following address: Rose Cappello, CHSS, George Allen Wing, University of Kent, CT2 7NF

You are also welcome to contact Jenny Billings, who is in charge of the "Let's Talk" project on 01227 823876, email J.R.Billings@kent.ac.uk

Appendix 2: Consent Form – Young people



Consent Form

“Let’s Talk” Project

1. I confirm that I have read and understood the information sheet given by _____ and have had the opportunity to ask questions.

2. I understand that taking part in the project is voluntary and that I am free to withdraw at any time, without giving any reason and without my rights being affected.

3. I understand that I do not have to take part in any activity or part of an activity that I am unhappy with.

4. I agree to take part in the “Let’s Talk” Project

Name:

Signature:

Date:

Appendix 3: Focus group schedule – Young people

1st MEETING (2 hours)

The environmental, cultural and social setting

OBJECTIVES

- i) To establish the goal and rules for the group meetings
- ii) To establish the environmental, cultural and social setting where young people evolve according to young people

PREPARATION: The young people are asked to bring photos, post cards, drawings, descriptions of where they live.

The photos may show their home, their village, their road, their town....

They may also show special buildings, open-air spaces or people in those places.

1. **Introduction:** description of the meetings/making sure that the young people understand the project. (10')

2. **Ice breakers:** Who am I? to introduce everyone (young people and the coordinators) (20')

Give each child a sheet of A4 plain paper, ask them to draw a picture of themselves, something they like, what's relevant to them – then get them to describe it to the rest of the group.

3. **Rules to be respected during the meetings** (10')

“We are going to be working in a group during several sessions. What rules do you think we need to make sure that everything goes smoothly?”

Every one takes turn to make their contribution.

The coordinators check the list produced, compare it with the prepared list and discuss the differences. The group agrees on the rules to be respected in the group.

Break (15'): coffee, tea, fruit juice

4. **Picture Collages:** Where I live (40')

The group makes collages using the photos and postcards, or drawings, and adds descriptions if they wish. Everybody takes it in turn to talk to the others about what is important to them in relation to the questions below.

Questions:

Please describe your photo, post card...

What do you like and dislike about where you live, and why?

What would you like to change?

If you had to live elsewhere, where would you go and why?

5. **In 10 years time....** (20')

“How do you see yourself in 10 years time?”

Give them some time to think about this (in certain cases, the young people are given 10 minutes to put their ideas down in writing), then each of them explains his/her ideas (around the table).

Evaluation of the meetings (5'): “How do you feel at the end of this first meeting?”

At the end of the meetings:

The coordinators will have written, photographic, taped information about how the young people live at an environmental, cultural and social level.

2nd MEETING (2 hours)

Relationships (I)

OBJECTIVES:

- i) to identify different types of relationships
- ii) to discover the ideas and points of views of young people on different relationships.

PREPARATION: The young people are asked to bring an object, a drawing, a photo, a collage, a text, a poem... that evokes "friendship" for them. (*cf. annexe 2*)

1. Ice breaker: "First name game" (5')

If necessary, a short game is used to remember everyone's first name. For example – "tell me something funny that's happened to you this week"

2. Activity: Friendship items. (30')

Everyone describes the object, drawing, poem... that they have brought and which evokes friendship for them and explains why.

The different ideas on friendship are discussed.

Break (10')

3. "Word Storm" A game to quickly identify different relationships (30' : 10' preparation +20' implementation)

Objective: To provide the participants with the opportunity to examine the different relationships in which they are involved, the links that tie them to other people and the value that they attach to specific relationships.

Methods:

1. Distribute felt tips to everyone. Ask each of them to draw themselves on the left of the page. Ask them continue with the picture (by drawing or writing) by adding their relationships according to their importance. The following people will be placed at a nearer or greater distance from the character depending on their importance.

Add: mother/step-mother, father/step-father, brothers/sisters, grandfather/grandmother, best friend, girl friend/boy friend, GP, establishment's nurse and social worker + 2 or 3 other people that they can choose.

2. In large groups, each of them comments on their work and answers on the following questions:

- What makes a relationship important or significant?
- What types of relationships or people would you turn to in case of problems?
- What types of relationships or people would you not turn to in case of problems?

4. "The Four Corners of the World" (35')

The coordinators read a statement about relationships (*SEE BELOW*).

The young people go to three different set areas in the room to indicate if they agree, do not agree or partially agree with the statements. In each area, they are asked to explain their choice and to discuss it. There are not correct or wrong answers.

In certain cases (a large number of young people or particularly restless), coloured cardboard can be used to allow the young people to answer from their seats. (green = agreed, red = not at all in agreement, yellow = lukewarm).

Some statements to be discussed:

- Abortion should be available to every woman who wants it
- 16 years old is too young to be a parent.
- Contraception should be more easily available.
- You should not make love before you are 18.
- You should only have sex with people that you love.
- People should be sexually faithful
- Children should always respect their parents.
- Boys need more sex than girls

- Boy know more about sex than girls
- A boy who cries in public is a wimp
- Girls think love and tenderness are more important than sex.
- Contraception is a responsibility that has to be shared.
- A girl that carries a condom is easy
- A girl can ask a boy to go out with her
- Sex is more important for boy than girls
- A boy can choose not to have sexual relations

Evaluation of the meetings (10'): in writing "Describe your current relationships with the family/friends/school (or high school)"

At the end of the meeting: The coordinators will have taped and written material, and photos where the young people have expressed their understanding of different relationships and the values that underlie these relationships for them.

3rd MEETING (2 hours)

Relationships (II)

OBJECTIVES:

- i) to identify what influences the values and attitudes of young people (according to themselves).

1. Ice breaker : "The Ideal Body" (50' : 20' preparation + 30' discussion)

The young people are asked to create an "ideal body" using pictures from magazines or drawing it, if they prefer. The collages are shown and discussed (*SEE BELOW*)

Objective: This exercise allows the participants to explore the impact that the media has on the image that they have of their bodies.

Methods:

1. Distribute felt tips, magazines. Ask each of them to make a collage representing their ideal body.
2. When each of them has finished, ask them to discuss their collage by asking the following questions;
 - Why do you think you have made an ideal body?
 - What difference and what similarities do you notice between your body and the one you have drawn?

Break (10')

2. A game – 'Values Continuum' (50')

The values and attitudes identified are placed on a "Values Continuum"

One end of the continuum represents strong agreement and the other end strong disagreement. The young people can place their values and attitudes where they want.

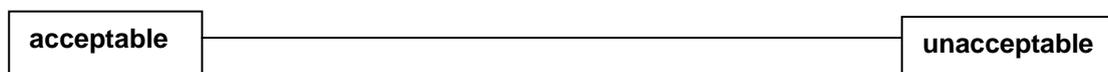
The young people then explain:

- i. The reasons for their choice
- ii. The elements that they think influence their ideas.

Objective: This exercise allows the participants to explore their values and attitudes regarding the sexual relations and to highlight the range of values inside the group.

Methods:

1. Explain the objective of the exercise to the group
 2. Divide the prompt cards among the participants and tell them not to read them until they are asked to do so.
- Divide the group into small groups. Give two cards (acceptable/unacceptable) to each group that they are going to place on a line on the floor.



That can be a “continuum” of what the participants consider to be acceptable for themselves or what they consider to be acceptable for other people.

3. Ask one of the participants to read their prompt and to say where they wish to place it on the line. Then ask the rest of the group to say where it would like to place the card and why. After the discussion, the person chooses where it finally wishes to place the card.

4. Ask the other participants, in turn, to read their card and proceed in the same way. When all the cards have been placed, ask each participant to move a card if s/he wants to.

Prompts:

- Being attracted by another person when you are already in a relationship.
- Having sex with many people.
- Going out with your friends without your girl friend/boy friend.
- Fighting a lot.
- Hitting.
- Doing things to please your boy friend/girl friend.
- Stop seeing a friend because your boy friend/girl friend does not like her/him.
- Lying to your parents or your friends about what you are doing or where you are going.
- Having a relationship with a person from a different religion.
- Going out with someone from a different race.
- Having sex without being in love.
- Lying to your boy friend/girl friend if you think that the truth can hurt him/her.

Evaluation of the meeting (5’): “What have you got out of today’s meeting?”

At the end of the meeting: The coordinators will have written and taped material, together with collages on the values and attitudes of young people about the elements that influence them.

4TH MEETING

Sharing points of views and ideas (boys + girls group)

OBJECTIVES:

- i) To allow boys and girls to get to know each other
- ii) To allow boys and girls to compare their points of views and values about sexuality in general

1. Ice-breaker: (5’)

When necessary, each participation introduces him/herself using the “who am I? method (e.g. first name, I like....., I don’t like...).

2. Setting the ground rules: (5’)

The coordinator establishes ground rules for the session (e.g. listening, respecting opinions, confidentiality...)

3. Resumption of the ‘Four Corners of the Earth’ attitude statement task (3rd meeting) (40 minutes)

The co-ordinator resumes with statements discussed during the 2nd meeting.

Statements to be discussed:

- Sex is more important for boys than girls
- If a girl has a condom on her, she is easy.
- Boys know more about sex than girls
- People should be sexually faithful
- A boy that cries in public is a wimp
- 16 years old is too young to be a parent
- Contraception is a responsibility that should be shared.
- Abortion should be available to any woman that wants it

- Contraception should be more easily available.
- Girls are able to cope with emotions better than boys
- A boy can choose not to have sexual relations

The participants have the colour cardboard with the “agree”, “disagree” and “don’t know” items to answer.

Do girls and boys say the same thing when they are together?

Break (5')

3. Case study (40').

In one group the participants read the case study that is given to them.

Case n°1

A 15 year old girl has known that she is pregnant for the last 3 weeks.

She does not know the boy in question very well.

She went to see him to tell him about the situation.

He answered that he could not be sure that he was the father and began to cry. She stopped the conversation and left.

She has not told her parents or anybody else.

Questions:

1. Who do you think the young girl should talk to about what is happening?
2. Why would it be difficult for her to talk to her parents, her boyfriend, her friends, a professional?
3. Who do you think should advise her on her decision (e.g. parents, boyfriend)?
4. What aspects may affect the decision (e.g. school, age, law...)?
5. What do you think about the situation?

Break (5')

6. Prevention and attendant measures (30')

The coordinators ask two questions regarding the prevention of teenage pregnancies and attendant measures.

The boys and the girls work in 2 mixed groups. Each of the groups answer a question (10')

Questions:

- What should be improved or done differently so there are fewer unwanted (= accidental) teenage pregnancies?
- What should be improved or done differently so wanted teenage pregnancies (then bringing up the child) take place in good conditions?

Discussion (20')

At the end of the meeting:

The coordinators will have information about what girls and boys think about teenage pregnancies and the ideas to be developed in the action research.

Appendix 4: Focus group schedule – Professionals

Preparation: Professionals bring information about the methods of intervention, tools etc. used in their agencies and work.

Morning

Introduction – Purpose of the project and the day

Hospitality
People introduce themselves briefly
Check consent forms

Theme 1: Values & attitudes of young people- perceptions of professionals

Objective:

To collate the perspectives of professionals in respect of the values and attitudes of young people

Instructions: This session is conducted as a group. Everyone has a list of statements on stickers that they place on one of three sheets of paper. RC to hand record discussion and JB to put main themes on flip chart.

a) Attitudes and values towards sex and relationships. The facilitators read statements related to sex and relationships. People put their stickers on the relevant chart showing whether they agree a lot, disagree a lot or are unsure with each statement. After everyone has placed their sticker, there is a short discussion about why each 'corner' group chose that reply. There are no right or wrong answers. 45 mins

- a. **Abortion should be available to every woman who wants it**
- b. **16 years old is too young to be a parent.**
- c. **Contraception should be more easily available.**
- d. **You should not make love before you are 18.**
- e. **You should only have sex with people that you love.**
- f. **People should be sexually faithful**
- g. **Children should always respect their parents.**
- h. **Boys need more sex than girls**
- i. **Boys know more about sex than girls**
- j. **A boy who cries in public is a wimp**
- k. **Girls think love and tenderness are more important than sex.**
- l. **Contraception is a responsibility that has to be shared.**
- m. **A girl that carries a condom is easy**
- n. **A girl can ask a boy to go out with her**
- o. **Sex is more important for boys than girls**
- p. **A boy can choose not to have sexual relations**

Break

Instructions: Split into two groups – this is the professional perspective. Tape group work. One set of stickers that are passed around the group – everyone has a turn.

b) A Game: Values Continuum: the values and attitudes identified are then placed on a “**Values Continuum**”

At one end of the continuum is “agree strongly” and at the other end “disagree strongly”. People can place their values and attitudes where they like.

For example: people may place depictions of young parents at either end of the spectrum, and this would denote differing attitudes.

They can then explain:

i) why they have made their choices;

ii) what they think influences their views 45 mins

1. Being attracted by another person when you are already in a relationship.
2. Having sex with many people.
3. Going out with your friends without your girl friend/boy friend.
4. Fighting a lot.
5. Hitting.
6. Doing things to please your boy friend/girl friend.
7. Stop seeing a friend because your boy friend/girl friend does not like her/him.
8. Lie to your parents or your friends about what you are doing or where you are going.
9. Having a relationship with a person from a different religion.
10. Going out with someone from a different race.
11. Having sex without being in love.
12. Lying to your boy friend/girl friend if you think that the truth can hurt him/her.

Instructions: Join together as a large group. Put key issues on flip chart and notes of discussion.

3. **Word storm:** What do you think young people's attitudes and values are? 15 mins

Lunch

Theme 2: Professional interventions

Objectives:

To identify their methods of intervention, the tools used in sexual health and relationships education.

Instructions: all together in large group, sharing of practice, use of flip chart and notes

- a) **Review of i) methods and ii) tools:** Sharing of information about practice 20 min for each of a) and b)

Break

Theme 3: Priorities for new methods, tools & interventions

Objectives:

Establish how values and attitudes identified relate to the methods of work and tools described here.

Identify the key issues for professionals and what is missing in terms of methods, tools and interventions.

Identify those who wish to continue working on the project

Instructions: large group discussion on flipchart paper. Take each value in turn and attach methods/interventions diagrammatically.

Questions

Looking at the values and attitudes in turn, how do they relate to your ways of working?

What values and attitudes are addressed by what kinds of methods?

What is not addressed?

Is it important or even impossible to address all the issues around values?

What kinds of interventions are missing that could be useful?

What needs to happen differently?

Who would like to be involved in developing these further?

Who needs to be involved?

End of day

[Appendix 5: Tables showing responses to attitude statement and values continuum tasks](#)

Values Continuum Table – Professionals

Professional Group	Acceptable		Somewhat Acceptable		Neutral		Somewhat unacceptable		Unacceptable	
	Prof	YP	Prof	YP	Prof	YP	Prof	YP	Prof	YP
Being attracted by another person when you are already in a relationship	X							X		
Having sex with many people					X	X				
Going out with your friends without your girl friend/boy friend	X			X						
Fighting a lot								X	X	
Hitting								X	X	
Doing things to please your boy friend/girl friend			X	X						
Stop seeing a friend because your boy friend/girl friend does not like her/him							X	X		
Lying to your parents or your friends about what you are doing or where you are going			X	X						
Having a relationship with a person from a different religion	X	X								
Going out with someone from a different race	X					X				
Having sex without being in love			X	X						
Lying to your boyfriend/girlfriend if you think the truth can hurt him or her				X	X					

Values Continuum Table – Young People

Statement	Acceptable				Somewhat Acceptable				Neutral				Somewhat Unacceptable				Unacceptable				TOTAL
	boys 12-13	boys 16-18	girls 12-13	girls 16-18	boys 12-13	boys 16-18	girls 12-13	girls 16-18	boys 12-13	boys 16-18	girls 12-13	girls 16-18	boys 12-13	boys 16-18	girls 12-13	girls 16-18	boys 12-13	boys 16-18	girls 12-13	girls 16-18	
Being attracted by another person when you are already in a relationship			1	2	1	1	1		1	1	1						1				10
Having sex with many people	1	1						2		1	2		1				1		1		10
Going out with your friends without your girl friend/boy friend	2	1	3	2	1					1											10
Fighting a lot							1		2					1	1		1	1	1	2	10
Hitting											1	1	1		1		2	2	1	1	10
Doing things to please your boy friend/girl friend	1					1		1	2	1	2	1			1						10
Stop seeing a friend because your boy friend/girl friend does not like her/him													1		2		2	2	1	2	10
Lying to your parents or your friends about what you are doing or where you are going							1	1	2	1	2	1	1	1							10
Having a relationship with a person from a different religion	2	1	2	1				1	1		1							1			10
Going out with someone from a different race	1	1	1	1	2		2	1		1											10
Having sex without being in love	1	1		2			1			1			2		1				1		10
Lying to your boyfriend if you think that the truth can hurt him or her								1	2	1	2		1	1					1	1	10

Table showing collated scores across 2 sites (DGS and Shepway)

		Boys 16+	Boys 12-13	Girls 16+	Girls 12-13	Total
Abortion should be available to every woman who wants it	Agree	7	7	8	8	30
	Disagree	2	1	0	0	3
	Don't know	0	1	1	0	2
16 years old is too young to be a parent	Agree	7	3	2	3	15
	Disagree	0	1	4	0	5
	Don't know	2	4	3	5	14
Contraception should be more easily available	Agree	7	7	8	5	27
	Disagree	1	0	1	0	2
	Don't know	1	2	0	3	6
You should not make love before you are 18	Agree	5	0	5	1	11
	Disagree	4	5	3	4	16
	Don't know	0	4	1	3	8
You should only have sex with people that you love	Agree	0	9	2	6	17
	Disagree	4	0	2	0	6
	Don't know	5	0	5	2	12
People should be sexually faithful	Agree	4	7	7	7	25
	Disagree	1	0	2	0	3
	Don't know	5	2	0	1	8
Children should always respect their parents	Agree	6	5	3	4	18
	Disagree	0	4	3	1	8
	Don't know	3	0	3	3	9
Boys need more sex than girls	Agree	1	1	0	0	2
	Disagree	3	4	9	5	21
	Don't know	5	4	0	3	12
Boys know more about sex than girls	Agree	0	0	0	0	0
	Disagree	3	3	8	5	19
	Don't know	6	6	1	3	16
A boy who cries in public is a wimp	Agree	2	0	5	0	7
	Disagree	3	9	0	6	18
	Don't know	4	0	4	2	10
Girls think love and tenderness are more important than sex	Agree	2	1	4	5	12
	Disagree	0	4	1	0	5
	Don't know	7	4	4	3	18

Contraception is a responsibility that has to be shared	Agree	7	5	9	5	26
	Disagree	0	2	0	0	2
	Don't know	2	2	0	3	7
A girl that carries a condom is easy	Agree	0	2	7	0	9
	Disagree	6	4	2	7	19
	Don't know	3	3	0	1	7
A girl can ask a boy to go out with her	Agree	9	8	7	4	28
	Disagree	0	0	2	0	2
	Don't know	0	1	0	4	5
Sex is more important for boys than girls	Agree	0	1	0	0	1
	Disagree	3	3	6	8	20
	Don't know	6	5	3	0	14
A boy can choose not to have sexual relations	Agree	4	8	7	8	27
	Disagree	2	0	0	0	2
	Don't know	3	1	2	0	6

Let's Talk' Briefing paper: Results of professional workshop relating to Professional perceptions of current sex and relationship issues for young people and current range of interventions being delivered.

This paper sets out the results of discussions with 21 professionals from health promotion, school nursing, teenage pregnancy services, school teachers, college lecturers, children's health service personnel and managers of health services. These professionals took part in a workshop in phase 1 of 'Let's Talk'. The purpose of this workshop was

- to gauge attitudes and values to sex and relationships and compare them to our young participants' views,
- to explore priority issues for young people from professional's perspectives
- to compile a comprehensive list of current interventions and how they address priority issues.

Information from this workshop was intended to form the basis for discussions of possible interventions in phase 2.

This paper will set out a list of current issues, then match them to current interventions.

What do professionals feel the issues are for young people regarding sex and relationships?

These concerned behaviours that were considered to contravene safe sex messages due to a variety of factors – focus on risk

- 1 Casual sex
- 2 Overriding emotional needs – risky situations where emotional needs override safe behaviour, eg not wearing condoms in the heat of the moment (*this could also be applied to adults*)
- 3 Low self-esteem – creates a sense of pressure to have sex or to conduct certain risky behaviours as there is a lack of confidence
- 4 Peer pressure – linked to above, there is a herding instinct, wanting to be like everyone else despite what you really want to do
- 5 Losing control due to other stimulants such as alcohol and drugs. Young people are seen as having more disposable income and there is generally an increased binge drinking culture.
- 6 Taking risks in general – young people can be encouraged to take risks, especially boys who may be egged on by their mates, certain risky behaviours are seen as 'macho'. This is more contextual and affects sub-cultures of disaffected youths more.
- 7 Fatalistic attitudes – 'what will be will be' – taking chances and not being accountable for the consequences – passive behaviours.
- 8 Trying for a baby to compensate for lack of love in own life, way out of a situation, not doing well at school, poor relationship with family or fractured family dynamics
- 9 Misinformation, especially when relying on friends, creating risky behaviours, such as thinking the pill will prevent STIs, anal sex as a form of contraception (evident among 14-15 year olds)

- 10 Perceptions of what is 'normal' sexual behaviour, and cultural norms, through peers and family, but latterly through media. Also evident through young people not being able to communicate sexual needs in a relationship (inexperienced in relationships and not prepared for sexual encounters). Leads to men and women not enjoying what they do anyway.
- 11 Pressure from media to have sex. Everything, adverts to many programmes are highly sexualised, 'sex labels' sell – also other media such as internet, music. Very little monitoring of what young people are now exposed to. Magazines are now available that would have been on the top shelf. Certain sexual values are infiltrating society creating a 'numbing', an acceptance of behaviour perhaps outside of the norm (ie everyone's 'at it', it's social currency that women can use. What place caring relationships?
- 12 Negative parental influences, parents taking children to Ann summer's parties and lap dancing. Or not providing appropriate information and guidance due to cultural reticence
- 13 Negative stereotyping, especially against gay people. Prejudices seen in reception classes – teachers can fall into the trap of using certain language in front of children (gypsies – thieves). Importance of working with school committees and celebrating diversity.
- 14 Insecurity – unmet physical and emotional needs, girls getting pregnant to get out of situations, created by family breakdown. Society of instant gratification, including sex
- 15 Attitude to education – poor aspirations for future adult life.
- 16 Value of PHSE. There is a struggle to get other teachers to see the value of PHSE, one lesson a fortnight. Knock on effect to children who then perceive SRE as low importance compared to rest of curriculum. Big effect on rest of life. Every Child Matters and Healthy Schools agendas make the connections, healthier environment raises education attainment
- 17 Powerlessness. Lack of personal power. Need negotiating skills
- 18 Not wanting to recognise people as sexual beings – from parents to politicians. There is a coyness about this. The moral stance predominates despite agendas to the contrary. Older people making decisions about how young people should act. Bound to be in conflict.
- 19 Derogatory language – the way of labelling people use of 'shag' and 'bitch', not learning what is appropriate.
- 20 Expressing difference/sexuality – not enough about this in schools
- 21 Double standards. There are double standards; young people are bombarded with sexual images but not allowed the time (or priority in school) to discuss it and understand it – put it in context.

Current Interventions

1. PSHE (Personal, Social and Health Education)

PSHE, government imperative, includes everything schools do to promote pupils' good health and well-being. It is backed by the National Healthy Schools Programme – whole school approach to PSHE.

Skills based curriculum based on Bloom's Taxonomy of learning domains (Cognitive/Affective/Psychomotor – Knowledge/Attitude/Skills).

Knowledge, skills and understanding:

- Develop confidence and responsibility and making the most of their abilities.
- Preparing to play an active role as citizens
- Developing a healthy, safer lifestyle
- Developing good relationships and respecting the differences between people

Health promotion teams with KCC Education Service – Priority shifted so schools meet 'Healthy Schools' target by 2009. Half of schools engaged, problems are in engaging schools, getting them signed up and supporting teams to meet Healthy Schools criteria, and encouraging them to work in different ways, for example, drama project – older pupils wrote and delivered a play around three sexual health and relationships scenarios.

> Relates to 1, 5, 6, 9, 16, 17.

2. PSHE certification programmes

Two CPD programmes being managed by the Health Development Agency through the National Healthy Schools Standard, on behalf of DOH and DfES. One is for teachers, one community nurses.

Both programmes aim to:

- Improve the confidence of teachers and community nurses in delivering PSHE.
- Provide recognition for individual teachers and community nurses experience and skills
- Raise the profile of PSHE
- Contribute to the Teenage Pregnancy Strategy's goals to halve the under 18 conception rate by 2010
- Address health inequalities and social inclusion issues

> Relates to 1-18 benefits for professionals and young people.

3. SRE

Sex and relationships education is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes

SRE in non-school settings:

- SRE provision should include access to adults who can offer support to children and young people by talking confidently about sex and relationships without embarrassment
- Parents/carers should be encouraged and supported to talk to their children about sex and relationships
- SRE provision should include access to adults who are able to offer support to children and young people around a range of sex and relationships issues through providing information, enabling the development of a range of skills and through the development of values and attitudes
- Children and young people should be provided with written information (e.g. leaflets, flyers, website addresses etc.) appropriate to their age and maturity from which they can gain additional information, including details of local confidential advice services
- SRE provision should include access to adults who are able to offer support to children and young people through the use of a variety of resources for learning such as role-play, videos, discussions etc.
- The use of other people in supporting children and young people should be explored such those with specialist expertise in issues such as peer support, youth and community work, counselling etc. or those with first hand life experiences such as being a teenage parent.

4. PSHE certification for teachers and community nurses

The Department for Education and Skills and the Department of Health are jointly responsible for a continuing professional development programme for teachers and community nurses supporting and teaching PSHE.

The national scheme, known as the PSHE certification programme, has been running since 2001. Over 2,000 teachers and 150 community nurses have been 'certificated' under the programme and a further 2,300 people have been involved in the programme in 2005-06.

> Relates to casual sex, losing control, misinformation, powerlessness.

5. East Kent Coastal Teaching PCT - Health Promotion Service – Training programmes - Priority D: Improving Sexual Health

Communicating about sex: An introduction to.

Target group: Those whose job may involve communicating about sex with other people, e.g. youth workers and volunteers, social services staff, people who teach sex education.

Duration: 2 days.

Aim: To enhance the skills and confidence of participants in providing sexual health care/education to clients.

Objectives: To enable participants to:

- Have increased their confidence in communicating with clients about sex, relationships and general sexual health matters;
- Refresh their knowledge of basic communication skills;
- Have examined their personal feelings about sexuality issues;
- Have explored their own comfort levels when using sexual language;
- Have considered sexual health promotion guidelines for their own workplace.

Contraception and STI's: An introduction to.

Target group: Youth workers, connexions staff, residential social workers, reception staff etc.

Duration: 1 day.

Aim: To increase participants knowledge of sexually transmitted infections and contraceptive methods.

Objectives: To enable participants to:

- Understand how the main methods of contraception work,
- Be aware of the signs and symptoms of the most common STI's and their prevalence; Understand the disease progression and treatment of common STIs;
- Know where to refer patients to locally.

Great Expectations – looked after children and sexual health.

A course designed in conjunction with KCC and LAC nursing team to ensure delivery of a practical and accessible course addressing the issues relating to KCCs relationships and Sex Education Policy for LAC.

Target Group: Those who work with LAC as foster carers, managers or care workers in the public or private sector.

Duration: 2 Days

Aim: to facilitate practical examination and understanding of KCC Social Services policy of Relationships and Sex Education for looked after children in a foster care setting.

Objectives: Participants will have the opportunity to explore:

- The foster carer's role in contributing to the health and well-being of LAC in relation to sex and relationships;

- Issues around consent, confidentiality and communication in relation to LAC and sex;
- Practical info when responding to particular issues related to relationships and sexuality of children and young people.

Hepatitis B, C and HIV.

A course that provides basic information to heighten the understanding and awareness surrounding three blood borne viruses – Hep B, C and HIV.

Target Group: Staff who might come into contact with a client who may be a carrier of Hep B, C and HIV.

Duration: 1 day

Aim: To increase participant's knowledge of Hep B, C and HIV.

Objectives: To enable participants to:

- Understand the routes of transmission;
- Understand the disease progression;
- Understand any issues relating to testing, treatment and vaccination.

Seven C's to young people's sexual health.

A course that seeks to raise awareness and confidence of those working with young people in their provision of sexual health advice. The 'Seven C's' focuses on the importance of non-clinical skills such as attitudes, awareness, communication skills and understanding of sexuality and relationships.

Target group: Anyone working with or has a caring role for adolescents/young people, such as youth workers, foster carers and others.

Duration: 1 day.

Aim: To equip participants with a basic guide to the practicalities of young people's sexual health.

Objectives: To enable participants to be more aware of:

- Confidentiality
- Consent
- Choices – Sexual preference
- Celibacy
- Confidence
- Contraception (including condoms)
- Choices for young people.

> Relates to 2, 3, 4, 6, 7, 8, 9, 10, 11, 12, 13, 15, 18, 19, 20, 21.

Sexuality and learning disabilities.

A course to raise the awareness of the importance of sexuality, sexual expression and diversity of needs for those who have a learning disability.

Target group: All levels of staff who are working with people with learning disabilities.

Duration: 2 days.

Aim: To introduce the topic of sexuality and sex education as it refers to caring and education work with people with learning disabilities. To inform policy making.

Objectives: To enable participants to:

- Have had an opportunity to view their own sexuality and the wider influences on it;
- Be able to encourage and promote the creation of a 'Sexual Health Policy' or renew an existing policy;
- Briefly examine the 'Law and Sexuality' and how it relates to people with learning disabilities.

Whatever! – supporting young people's self-esteem and aspirations.

A course aimed at examining issues around why young people have low self esteem and why vulnerable young people in particular low aspirations. Includes looking at the link between low self-esteem and early sexual activity, leading to unplanned teenage pregnancy.

Target group: Anyone working with young people (particularly young people who are vulnerable to low educational achievement and teenage pregnancy) in a variety of settings – teaching, youth work, outreach work etc.

Duration: 2 days.

Aim: To enable participants to look towards ways of working positively with young people; supporting self esteem and raising aspirations, empowering young people to make their own informed choices.

Objectives: Explore:

- Why young people with low self esteem and vulnerable to low educational achievement and unplanned parenthood;
- The importance of emotional support and negotiation skills in addressing self-esteem issues
- Practical ways in which to support young people's self esteem and raise aspirations
- How to support independent decision making and own aspiration work
- The impact of the worker as positive role model.

6. 'Speakeasy'

Speakeasy offers a non-threatening group-based opportunity for parents to acquire the confidence and skills they need to talk to their children about sex and sexuality. It is designed to be fun and relaxed, providing an atmosphere where parents can learn together from their own experiences. It is locally organised and can link with educational, community and/or health provisions in a particular area. The emphasis is on making the courses as accessible as possible for those who will benefit.

The main aims of the courses are:

- to encourage parents to provide positive sex education in the home
- to encourage parents to take on the role of 'sex educator'.

Typical course outline

Week	
Taster	How we learned/What our children need Course outline/OCN accreditation
Week 1	Hopes, fears and expectations/Group agreement/ Language and the words we know/Start evaluation
Week 2	Name the parts/Looking at physical and emotional changes for boys and girls in puberty
Week 3	Needs of children at different stages of their life/Age appropriate information/Learning opportunities with our children
Week 4	Collage exercises on stereotypes and media/ Pressures and how to deal with them/Communication role play
Week 5	Methods of contraception including pros and cons/ Information on STIs
Week 6	Looking at SRE/Visit school or examine policy/Useful resources
Week 7	Safe from harm/Child safety/Review portfolio and complete/End evaluation

The courses have specific learning outcomes, but the structure and content of the course are needs-led in order to satisfy the particular requirements of each group. The participative and experiential style of learning is vital for a community-based programme as it gives ownership to the work.

By the end of the unit participants will have:

- an understanding of the physical and emotional changes taking place at puberty
- awareness of what sex education means in the context of family life
- confidence and skills in identifying and responding to the needs of their own children
- explored societal and cultural attitudes towards sex and sexuality as it relates to children
- knowledge of the different kinds of contraception that are available
- gained information on sex and relationships education in schools

- gained information and knowledge on child protection strategies.

Aim is to challenge attitudes, need for good facilitation The trainers have been trained in Kent, but resources are lacking to run courses? Lack of engagement from parents?

> Relates to issues 3, 9, 10, 11, 12, 13, 15, 17, 18, 19.

7. 'Let's Make It Happen' - SRE for Looked After Children (Kent Wide).

fpa manual to support trainers working in health, social services, education and voluntary agencies to facilitate training on sex and relationships issues for a range of professionals who work with looked after children and young people (aimed at foster carers, social workers). Issues when working with looked after children – consent, confidentiality, legal issues.

> Relates to 2, 3, 6, 7, 8, 9, 10, 12, 13, 14, 17, 18.

8. Options Pregnancy Crisis Centre - Based in East Kent

Voluntary organisation funded by Connexions offering education programmes in local schools and a drop-in centre.

Last year 2,296 young people in years 8, 9 and 10 received their 'Relationships' programme, an increase of 929 on the previous year. The programme aims to challenge young people to consider their attitudes and values by informing them of risks, discussing relationships, understanding media and peer pressure, raising self-esteem, developing respect for themselves and others, encouraging confidence to delay sex, informing them about accessing contraceptive services and empowering them to make healthy choices.

266 clients contacted the drop-in centre, 211 for pregnancy tests and/or crisis pregnancy counselling, 42 for baby clothes and equipment, and 13 partners made use of the male counselling service. The majority of clients test negative for pregnancy but their attendance gives the centre the opportunity to talk to the young people, give information about STI's and other related issues, and to signpost to other services if necessary. Post abortion and other pregnancy loss counselling also available.

> Relates to 1, 3, 4, 5, 6, 7, 9, 10, 11, 17, 18.

9. Oasis – NW Kent

Similar to Options Pregnancy Crisis Centre – addresses similar factors.

10. CAST – Maidstone

Similar to Options Pregnancy Crisis Centre – addresses similar factors.

11. Training for Hostel Workers – Maidstone Weald and SW Kent

Info on Protection, Contraception, STI's for those who have completed the 'Seven C's'

12. Connexions

Non stigmatising services offering access to information and services. Connexions services are for those wanting advice on getting to where you want to be in life – helping young people make positive choices for themselves. It also provides support up to the age of 25 for young people who have learning difficulties or disabilities (or both). The service is managed locally by Connexions Partnerships that bring together all the key youth support services. They can give you information, advice and practical help with all sort of things that might be affecting you at school, college, work or in your personal or family life e.g. information on career progression, self-esteem, coping with peer pressure, emotional needs, alcohol. They can also refer you to specialist support if it is needed.

Connexions Direct is part of the Connexions Service. It offers you information on a wide range of topics as well as confidential advice and practical help. Connexions Direct gives confidential advice and support by an experienced adviser.

If you both agree that you need more face-to-face support, Connexions Direct will refer you to your local Connexions Partnership for one-to-one support from a Connexions Personal Adviser (PA). The adviser will be able to identify your local partnership and its contact details. Connexions PA's good at building trust.

Young people clinics within Connexions buildings – specialist service within a service, can often reach more vulnerable young people on a one-to-one basis.

> Relates to issues 1-21.

13. Sure Start

Sure Start is a Government programme which aims to achieve better outcomes for children, parents and communities by:

- increasing the availability of childcare for all children
- improving health and emotional development for young children
- supporting parents as parents and in their aspirations towards employment.

We will achieve our aims by:

- helping services development in disadvantaged areas alongside financial help for parents to afford childcare
- rolling out the principles driving the Sure Start approach to all services for children and parents.

Sure Start covers children from conception through to age 14, and up to age 16 for those with special educational needs and disabilities. It also aims to help parents and communities across the country.

14. HomeStart

Through a network of more than 12,000 trained parent volunteers HomeStart support thousands of parents who are struggling to cope. We help to increase the confidence and independence of families by:

- Visiting families in their own homes to offer support, friendship and practical assistance.
- Reassuring parents that their childcare problems are not unusual or unique.
- Encouraging parents' strengths and emotional well-being for the ultimate benefit of their children.
- Trying to get the fun back into family life.

Volunteers, who have parenting experience themselves, can offer:

- Precious time for listening and talking.
- Help with the children.
- A break for parents.
- Practical help and reassurance.
- A chance to meet other parents in similar situations.
- Support to use local services and resources.

Parents ask for Home-Start's help for all sorts of reasons:

- They may feel isolated in their community, have no family nearby and be struggling to make friends.
- They may be finding it hard to cope because of their own or a child's physical or mental illness.
- They may have been hit hard by the death of a loved one.
- They may be really struggling with the emotional and physical demands of having twins or triplets - perhaps born into an already large family.

15. Healthy Living Centres

Healthy living centres provide an opportunity to improve health and reduce inequalities in health through local community action. The programme aims to target the most deprived areas in the first instance. Healthy living centres will be expected to show how they complement local Health Improvement Programmes and contribute to achieving local health priorities.

Three key elements are:

- an opportunity to mobilise community activity in improving health and reducing inequalities;
- a focus for bringing together health promotion in its widest sense across a broad range of interests which do not necessarily have a tradition of working together;
- the potential to improve access to mainstream services for those who for whatever reason do not currently use them, or to provide a better alternative to mainstream primary care.

Example courses: Parenting classes; 'Cooking on a budget', LifeSkills.

16. School Nurses

(DGS PCT) Community Staff Nurse (School nursing) - Job purpose: to work as a member of the School Health Team to promote the health of school aged children and young people by assisting with the provision of public health service for children and young people, to enable each child to reach his/her full development and educational potential.

(DGS PCT) School Nurse/ Community Specialist Practitioner (Schools)

To work in partnership with a range of health, education, social care professionals and voluntary sector to promote the health of school aged children and young people by assessment, planning, implementing and evaluating programmes of care that enable each young person to reach the full educational and developmental potential and by contributing to the provision of a child centred public health service for school-aged population.

(Maidstone) School Nurses provide: -

Healthy lifestyle days in school (sexual health); Lunchtime 'drop in' sessions for secondary schools, Parenting Groups i.e. Tots to Teens, Walk-in clinic; Speakeasy, Sex and Relationships updates for staff, carers and governors; Peer Education training; Peer

mentor/support training; Mock Family Planning sessions – young people are invited round a clinic, set scenarios, experience of using clinic, 2 schools engaged atm

> Relates to 1, 2, 3, 4, 5, 6, 8, 17, 18).

17. Peer Mentoring – ‘Safe Schools’ – Swanley

Training delivered to all PCTs. Training package to teach young people in years 10 and 11 to signpost peers to sexual health services. Promote themselves as peer supporters by wearing ‘4YP’ badge when working. Supported by adults. 1 school in each PCT area to start then rollout.

18. ‘Baby Think it Over’ – Connexions, NWK.

"Baby Think It Over" dolls are a 'virtual infant simulator' designed to give teenagers a realistic experience of caring for a baby.

The simulators are scale replicas of 3 month old babies, they weigh 7½ lbs., are anatomically correct male and female, and come in different ethnic minority models. They mimic the unpredictable and often intrusive behaviour of a baby. They require a 'carer' to respond to the 'baby's' cry by simulating feeding, nappy changing and winding-24 hours a day! A computer chip inside the simulator records response times, episodes of neglect and incorrect handling and measures the responses of the carer. This progress can then be printed out and discussed with the carer. The babies can be set to 'easy', 'normal' or 'cranky' mode. The simulator also responds to rough or incorrect handling by crying. The dolls are being used in schools, colleges and youth groups across the country. They have been introduced into curriculum subjects as an educational tool in child development, childcare, caring, SRE and PHSE lessons.

The goals of programmes are wide ranging, but the majority focus on teaching parenting skills and demonstrating the unpredictable, life-changing and time-consuming nature of babies. Many are using them in the context of their local teenage pregnancy strategy, in the hope that they will encourage young people to take greater steps to delay pregnancy and parenthood.

Despite widespread use of the simulators there is little evidence available of whether they have impact or what the impact might be. There has been no systematic evaluation in the UK. Anecdotal evidence suggests that those using the simulator feel they illustrate the strain having a baby would put on the family life, relationships and social life. The majority of young people seem relieved to hand back the 'baby', and determined to postpone childbearing. A small scale study in one West Midlands school (7) showed that after use of the dolls 31% of students were less positive about their ability to care for a baby; 48% said that they had changed their mind about parenting.

However, there has been no discussion of whether the infant simulators influence actual sexual behaviour or have any long-term impact.

Their use needs to be integrated into broader programmes; staff need training, young people need preparation before they take them home and opportunity for discussion afterwards. Supported in this way then the simulators maybe a useful addition to sex education and parenting programmes: systematic evaluation of outcomes will tell us how useful.

> Relates to 7, 8.

19. Outreach Workers – Mobile Phone, Emergency Contraception

Example 1: DGS Young Persons Sexual Health Outreach Nurse.

Job Purpose: Providing advice, information and contraceptive services for young people in alternative settings.

- To inform and advise young people on all choices of contraception and sexual and reproductive health, regardless of age, gender and sexual orientation.
- To issue supplies of contraceptives to young people using Patient Group Directives.
- To identify and assess health needs, implementing and evaluating programmes of care
- To be sensitive to the needs of young people, providing a friendly and non-judgmental environment.
- To work with front line multi-agency staff to identify young people at risk
- To reach young people who are most vulnerable and less likely to make use of more traditional services.

Mobile Phone service –

Covers 11 schools; young people call or text with health issues anonymously. Messages are responded to, recorded and audited.

Emergency contraception –

Mobile phone number, school has number, young people call or text if they need EC, being piloted in 1 school.

> Relates to 1, 3, 4, 5, 6, 8, 9, 10, 12, 13, 14, 18, 19, 20.

20. Website – 4YP

Gives up to date, local information about sexual health in Kent. Sections on: Contraception; Answering problems (STI's, Pregnancy); Keeping Safe (STI's); Emergencies (Where to get emergency contraception, testing; Clinics directory; Advice for Young Parents; Links to other websites; Q&A.

Available in youth centres and schools – problem with access – young people cannot access in these venues as the site is blocked (mention of word sex).

21. KTPP interactive CD-ROM 'The Edge'

Going live in May 2006. Interactive information bypassing difficulties in access to website - Covers issues like: Sex, Sexual Health, Negotiation skills, drugs and alcohol, terminology, local clinic info, STI's, contraception.

22. YAPs groups

Young and Pregnant Groups cater for pregnant teenagers and support them through their pregnancy, providing important professional guidance and information. They are run by a multi-agency team

Relates to: 1, 3, 4, 5, 6, 8, 9, 10, 12, 13, 14, 18, 19, 20.

Commentary

There are clearly a wide range of interventions being developed, modified and in operation through social, health and teaching agencies. The purpose was to identify where the gaps are and the general consensus was that the interventions would appear to cover most of the issues raised as priority issues.

Professionals felt that more could be done however with increasing self-esteem and empowering young people with the ability to make better choices. Although the interventions on offer were wide-ranging, it was still evident that they are not reaching the young people who may need them the most or were not having as big an impact as liked, as pregnancy rates were still high. Therefore ideas for improvement centred on improving education and access for any future developments, as well as getting young people involved in developing ideas.