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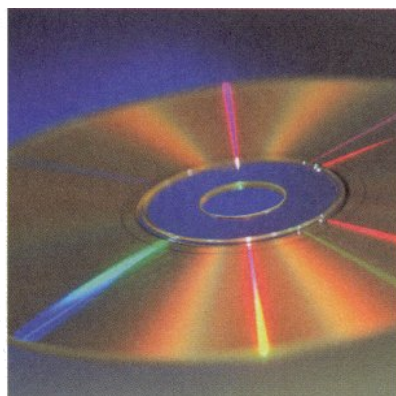
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Service Development Programme:  
Maximising Life Opportunities for  
Teenagers

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

**Survey Findings**



**Jenny Billings  
Sarah Appleton  
Charlotte Hastie  
Linda Jenkins**

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

**July 2005**



# **Service Development Programme: Maximising Life Opportunities for Teenagers.**

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

**Survey Findings Year 1**

**July 2005**

**Jenny Billings  
Sarah Appleton  
Charlotte Hastie  
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**Centre for Health Services Studies  
University of Kent**

**Funded by the Kent Teenage Pregnancy  
Partnership**

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

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

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Commissioned by Kent Teenage Pregnancy Partnership

Executive Summary of Survey Findings Year 1  
July 2005

## Introduction

This report provides the findings from a survey of teenagers' views and experiences of sex and relationships education and sexual health services from eight Primary Care Trusts (PCTs) in Kent.

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

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

## Method

This project invited 2,400 teenagers aged 15 and 16 from schools across Kent to take part in a survey. This survey will take place annually and aims to invite a total of 7,200 students to take part over the three-year duration of the project. Schools were selected to provide a broad overview across abilities and socio-economic backgrounds in each PCT. Different schools will be targeted over the course of the three-year project, in order to gain a variety of perspectives from across Kent.

## Main Findings

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

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

- Schools were a key source of information for the teenagers and boys in particular. Girls were more likely to seek information from outside sources than boys, and boys were more inclined to use the Internet, although numbers were small.

- Teenagers were most likely to value information on contraception and sexually transmitted infections from medical professionals such as doctors or school nurses. Pamphlets were not seen as a useful learning method.
- At home, mothers were the key source of sex and relationships information for boys and girls. Teenagers were most likely to trust information on relationships from their mothers, although once having sex, girls tended to move away from their mothers and trust sexual health services more.

#### The nature, strengths and weaknesses of sexual health education received

- Despite schools being a key source of sex and relationships information, teenagers did not always learn a lot from this source. Sex and relationships education provided them with information on contraception and sexually transmitted infections, although girls knew more than boys. Information on emotions, relationships and parenting however, was generally less available.
- Teenagers suggested that sex and relationships education was delivered at the right time, although information on alcohol and sex was most likely to have been delivered too late. They suggested that sex and relationships should be taught throughout their time at school with more detail added year on year.
- With regards to the environment, teenagers were not always comfortable receiving information about sex and relationships from teachers or asking questions. There was also limited opportunity to discuss topics in small groups.

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

- Most teenagers had not used sexual health services and some were unaware of where their local services are and what they did. Generally however, those that had used the services described a positive experience. Most felt that the services available and received were good.
- The issue of confidentiality was a strong theme, with teenagers concerned that their attendance would remain undisclosed and that parents would not find out. Some had also been in receipt of negative staff attitudes.
- Teenagers did suggest that the clinics were not open long enough, particularly if they travelled long distances between home and school. The differing needs of teenagers does make the provision of sexual health services challenging, as some wanted a very open and public service whereas others wanted services to be more discrete and hidden away.

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

- Teenagers have an understanding of contraception, sexually transmitted infections and how they are contracted, but there is still a

mismatch between knowledge and behaviour. The teenagers are still undertaking risky sexual behaviour and alcohol clearly plays a part. The difficulties that teenagers have in buying and discussing contraception also influenced their use of contraception, particularly among boys.

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


### Service improvements

- As noted previously, teenagers wanted better access to confidential services through increased opening times and discrete locations. Most, however, had not used sexual health services and simply wanted more information on where they are and what they do. Some suggested that the schools should encourage greater communication between clinics and schools by arrange visits of staff to speak about services.

## Recommendations

### Improving Sex and Relationships Education

- (i) As the school arena remains the most important forum for sex and relationships education, agencies involved in teenage pregnancy must continue to liaise with schools in supporting, developing and maintaining programmes. In particular, strategies for including those schools who provide minimal or no educational input must be developed and piloted, with greater cross-school learning regarding good models of practice.
- (ii) There are clear topic gaps in current provision. A greater focus should be given to informing teenagers more on the emotional side of their education, such as relationships and sexual feelings. Additional gaps include parenting, the emergency contraceptive pill, specific ways of contracting sexually transmitted infections and the legalities of sexual relationships.
- (iii) There is a need to inform teenagers of their sexual health services at an early stage; this includes not only contraceptive services but also sexually transmitted infection screening. School nurses and sexual health outreach workers would be well placed to provide this.
- (iv) The timing of sex and relationships education should be reviewed, particularly in relation to earlier delivery of drugs and alcohol and the frequency with which educational messages are given during the teenagers' school careers.

- 
- (v) The issue of gender should be taken into account when planning sessions. For boys, practices should be reviewed to take into account their differing knowledge levels and information help-seeking behaviours. For girls, there is the need to develop more confident negotiation skills around the sex act, to avoid pressure to have sex and create an ability to say 'No'. Separate discussion groups may provide an initial forum through which to address these issues.
  - (vi) Connected to (ii), consideration must be given to the manner by which and environment within which SRE is taught, focusing more on small group discussions and innovative techniques, with greater use of outside speakers. In addition, a review of the training needs of school nurses and teachers should be undertaken.
  - (vii) Given the low use of pamphlets and web-based information, a more in-depth review of suitable methods to inform young people about sex should be undertaken. Alongside this, strategies that promote maximum learning opportunities should be identified.

#### Improving Sexual Health Services

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



## **Acknowledgements**

We would like to thank all the young people that took part, as well as the schools for supporting the project. We would particularly like to thank the Head teachers, Heads of Year, Personal and Social Health Education (PSHE) teachers, school nurses and the support staff for their cooperation. Our gratitude must also go to the Connexions workers, Local Education Officers and Sex and Relationships Education Local Implementation Groups for their advice and support. Finally, we would like to thank the members of the project's steering group and the Kent Teenage Pregnancy Partnership for the funding.

## 1 Introduction

This report provides the findings from a survey of teenagers' views and experiences of sex and relationships education and sexual health services from eight Primary Care Trusts (PCTs) in Kent. The PCTs taking part were Ashford, Canterbury & Coastal, Dartford, Gravesham & Swanley, East Kent Coastal (Teaching), Maidstone & Weald, Shepway, South West Kent and Swale. The research was commissioned by the Kent Teenage Pregnancy Partnership and was undertaken by a research team at the Centre for Health Services Studies from the University of Kent. The research programme started in the summer of 2004 and will finish in spring 2007.

This project forms part of a three year Kent-wide service evaluation using the views and experiences of a wide range of teenagers from different backgrounds. The overall purpose of the research is to find out whether the education received and services used meet the needs of teenagers, by describing any strengths, weaknesses and gaps in the way they are currently provided. In addition to the survey with students there are two other projects:

**Project two** aims to capture the views and experiences of looked after young people from across Kent, through inviting 15 to 19 year olds to take part in focus groups.

**Project three** will invite young parents aged between 13 and 18 to take part in two interviews (antenatal and postnatal) to share their views and experiences on the issues covered in projects one and two, as well as their experiences of family support services.

The findings of this survey are divided into a number of sections:

- *Section 3: Demographic overview, trusted sources of sex and relationships information, and teenager' views of sex and relationships education*
- *Section 4: Teenagers' views and experiences of sexual health services*
- *Section 5: Teenagers' knowledge, attitudes and values towards sex and relationships*
- *Section 6: Sexually active teenagers: their experiences, use of services and knowledge.*
- *Section 7: Improving Sex and Relationships Education and Services: Teenagers' Comments*
- *Section 8: Discussion*
- *Section 9: Conclusion and recommendations*

Each of the sections will give a Kent overview, provide comparisons between PCTs and give a summary of key points.

## **2 Method**

This report draws on data obtained through a survey with students from schools across Kent between September 2004 and January 2005. This section highlights the methods used during the project and gives the response rates.

### **2.1 Purpose of Project One**

This project invited 2,400 teenagers aged 15 and 16 from schools across Kent to take part in the survey. This survey will take place annually and aims to invite a total of 7,200 students to take part over the three-year duration of the project.

The purpose of this project was to:

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

### **2.2 Selection of Schools and Sample Size**

Different schools will be targeted over the course of the three-year project, in order to gain a variety of perspectives from across Kent.

Sampling was organised such that in PCTs where there were a large number of schools, three schools were selected, and 100 pupils per school invited to participate. In PCTs with fewer schools all schools were selected to be invited over the three years, and 150 pupils per school were invited to participate, resulting in a target sample of 300 pupils per PCT and a Kent wide total of 2,400 per year. The schools have been grouped in such a way to provide:

- a broad overview across abilities and socio-economic backgrounds in each PCT as determined by the schools deprivation classification.
- some comparison between PCTs.
- Kent-wide information relating to types of schools per year.



### **2.3 Access to Schools and Distribution**

The Head Teacher was the first point of contact when trying to engage the schools in the research. This was in the form of a letter and followed up by a phone call a week later culminating in a face-to-face meeting if the schools were interested in taking part. The meeting enabled us to provide the school with further information on the project, identify a key staff member to support the project and for the school to advise on the best way to distribute the questionnaire in their school.

All the students that were invited to take part received an information sheet seven to ten days before they were due to complete the questionnaire. At this time a letter was also sent home to parents and guardians informing them of the project, and enabling them to withdraw their teenager from the study. The students consented to take part in the project through completing the questionnaire.

### **2.4 Response Rates**

Table 1 provides an overview of targets and actual response rates for each school and PCT.

In total 21 schools from across Kent took part in the project and 2,004 teenagers completed the questionnaire.

This resulted in a response rate of 83.5% for Kent; with an average response rate of 83% per PCT. Table 1 demonstrates that:

- Seven of the eight PCTS achieved a response rate of 78% or more, and half had at least a 90% response rate.
- There was an even spread of schools to represent the most deprived (31%), deprived (24%), affluent (26%) and most affluent (19%) areas in Kent.
- Schools in the most deprived areas tended to have lower response rate than schools from other areas of Kent.

**Table 1: Schools Selected per Primary Care Trust (PCT)**

(Deprivation score in parenthesis; 1 = high levels of deprivation; 4 = low levels of deprivation)

<b>PCT</b>	<b>Year 1</b>	<b>Target Sample</b>	<b>Distribution Method</b>	<b>Response</b>	<b>Target Response Rate (%)</b>
<b>Ashford</b>	Christ Church CE High School (1)	150	School	142	94.7
	Homewood School Comprehensive (3)	150	School	128	85.3
<b>Total</b>		<b>300</b>	<b>-</b>	<b>270</b>	<b>Average: 90</b>
<b>Canterbury &amp; Coastal</b>	Montgomery High School (1)	100	CHSS & School	27	27
	The Community College, Whitstable (1)	100	School	39	39
	Barton Court Grammar School (4)	100	School	86	86
<b>Total</b>		<b>300</b>	<b>-</b>	<b>152</b>	<b>Average: 50.6</b>
<b>Dartford, Gravesham &amp; Swanley</b>	Thamesview High School (1)	100	School	89	89
	Axton Chase Comprehensive (2)	100	CHSS	96	96
	Meopham High School (3)	100	CHSS	102	102
<b>Total</b>		<b>300</b>	<b>-</b>	<b>287</b>	<b>Average: 95.6</b>
<b>East Kent Coastal</b>	Castle Community High School (1)	100	CHSS	68	68
	St Edmond's Catholic Comprehensive (2)	100	CHSS	115	115
	Dane Court Grammar School (3)	100	CHSS	93	93
<b>Total</b>		<b>300</b>	<b>-</b>	<b>276</b>	<b>Average: 92</b>

**Table 1: Schools Selected per Primary Care Trust (PCT) continued from previous page**

(Deprivation score in parenthesis; 1 = high levels of deprivation; 4 = low levels of deprivation)

<b>PCT</b>	<b>Year 1</b>	<b>Target Sample</b>	<b>Distribution Method</b>	<b>Response</b>	<b>Target Response Rate (%)</b>
<b>Maidstone &amp; Weald</b>	Oldborough Manor Community (High) (1)	100	School	34	34
	The Maplesden Noakes High School (3)	100	School	124	124
	Cranbrook Grammar (4)	100	School	78	78
<b>Total</b>		<b>300</b>	<b>-</b>	<b>236</b>	<b>Average: 78.6</b>
<b>Shepway</b>	Brockhill Park School (2)	150	CHSS & School	127	84.7
	The Folkestone Grammar School for Girls (4)	150	CHSS & School	133	88.7
<b>Total</b>		<b>300</b>	<b>-</b>	<b>260</b>	<b>Average: 86.6</b>
<b>South West Kent</b>	Hugh Christie Technology College (2)	100	School	136	136
	Bennett Memorial Diocesan School (3)	100	School	70	70
	The Skinner's Grammar for Boys (4)	100	School	85	85
<b>Total</b>		<b>300</b>	<b>-</b>	<b>291</b>	<b>Average: 97</b>
<b>Swale</b>	Sittingbourne Community College (High) (1)	150	School	138	92
	Minster College – Comprehensive (1)	150	School	97	64.7
<b>Total</b>		<b>300</b>	<b>-</b>	<b>235</b>	<b>Average: 78</b>

## 2.5 Key Access and Distribution Challenges and Future Solutions

Timely access to the schools was hindered by a number of key challenges faced when negotiating with each school:

- **Schools declining to take part** in the first year meant that replacement schools needed to be invited to take part. Table 2 identifies the 12 schools that declined to take part this year and the reasons given. It is hoped that some of the schools that declined to take part will be in a better position to do so as the project progresses.
- **Networking** with key personnel including School Nurses, Connexions Workers, Local Education Officers and Sex and Relationships Education Local Implementation Groups has helped to anchor support for the project and with negotiating access to schools in the future. Unfortunately, it was not possible to use their support in the first year as the sampling phase of the research was delayed while waiting for ethical approval.
- **Communication with staff** sometimes proved difficult, as naturally they are teaching for the majority of the day. Therefore, even when preliminary agreement for the project was given it was hard to finalise arrangements, and staff that attended the initial meeting often required agreement from the Head teacher or other staff members. An OFSTED inspection in one school also meant that the completion of the questionnaire was delayed until December.
- **Availability of students** affected the target response rate, particularly as some schools did not have 100 year 11 students. This has been compensated for by over sampling in schools with larger year groups, although in some cases numbers were reduced as students were on field trips or not informed of the project by staff. Closer networking with the schools and discussing these issues when negotiating access arrangements should avoid this happening in the future.

**Table 2: Schools Declined or Postponed from Taking Part in Year One**

<b>PCT</b>	<b>School</b>	<b>Reason for Decline</b>
<b>Canterbury and Coastal</b>	Chaucer Technology	Refusal – get asked to take part in lots of surveys
<b>East Kent Coastal</b>	Sir Roger Manwoods	Postpone – couldn't get put through to Head by support staff
<b>Maidstone &amp; Weald</b>	Invicta Grammar	Refusal – no reason
	Maidstone Grammar for Girls	Refusal – don't wish to be involved
	St Simon Stock	Postpone – couldn't make contact with staff and attempts at contact with LEO failed.
	Maidstone Grammar for Boys	Postpone – couldn't get through to staff so replaced
<b>Shepway</b>	Southland Community	Refusal – no reason given
	Pent Valley High	Postpone – becoming a technology college and has lots of requests
<b>South West Kent</b>	Tunbridge Wells High	Postpone – not in position to take part at the moment
	Mascalls Comprehensive	Postpone – no time within curriculum and had no feedback from previous research
	Holmesdale Community High	Postpone – PSE teacher changing post
	St Gregory's Catholic	Postpone – unable to help on this occasion


## 2.6 Development of Instrument

The questionnaire was developed from a combination of widely used or validated tools from the following studies:

- Census 2001
- Health matters: Young people in West Sussex in the 1990s (Balding 1990)
- Kaiser Family Foundation: Survey on Teens and Sex: (PSRA 1996)
- ONS Health Education Monitoring Survey (ONS 1998)
- National Survey of Sexual Attitudes and Lifestyles 2000 (NATCEN 2000)
- ONS Omnibus Survey: Contraception and Sexual Health (ONS 2002)
- Survey by Centre for Sexual Health Research, University of Southampton (Clements et al 1999)
- Trent Young People's Lifestyle Survey 1994, University of Nottingham (Magowan and Roberts 1994)
- Teenage Sexual Health Project (Wilson 1995)

A range of different question types were used including rating scales, closed and some open-ended questions to allow for expression. The use of rating scales will be particularly important in order to measure movement in awareness, perceptions, attitudes and behaviour (Sonenstein 1997; Reiningger et al 2002). The survey contained four main sections linked to the aims and objectives. Particular areas of questioning included:

- Where teenagers get their information from and what sources of information and support are most valued such as formal over informal methods of information.
- Their views about the sex and relationships education they have received in school.
- Their opinions about sexual health services, how it is provided and how it should be provided.

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- Questions testing their knowledge and understanding, such as whether teenagers have retained key messages in relation to issues such as the morning after pill and condom use, and their views on relationships.

Demographic details of the respondents were also recorded. In addition, some questions asked about sexual activity, as it is important to link responses with knowledge, views and background to highlight specific areas where improvements are needed in service provision (see appendices for questionnaire).

Before access arrangements were negotiated with each school the survey was piloted with 24 members of the Kent Youth Group, aged 13 to 19. Following this and feedback from the Steering Group alterations were made to the wording of some questions and the format of the questionnaire.

## **2.7 Ethical Approval**

Before any progress could be made on the research programme it had to receive ethical approval, alongside sponsorship and indemnity from a Hospitals Trust. The research programme was granted ethical approval on the 16<sup>th</sup> of August 2004 from the East Kent Local Research Ethics Committee, and sponsorship and indemnity has also been received from the East Kent Hospitals NHS Trust:

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

This section is split into five key sub-sections:

*Section 3.1 Demographic data* identifies the number of teenagers that completed the questionnaire in Kent by describing the response rates and some basic demographic data.

*Section 3.2 Nature of information received* describes where teenagers get their information about sex and relationships from and also identifies the sources that they trust and value the most to provide them with information.

*Section 3.3 Sex and relationships education at school* examines the information that teenagers received from school about sex and relationships, and ascertains whether they felt that this information was appropriate to their needs.

*Section 3.4 PCT Comparisons* identifies any differences between the PCTs.

*Section 3.5 Key Points* draws out the main findings.

#### 3.1 Demographic Data

This section describes the basic demographic details of the teenagers that completed the questionnaire from across Kent (n=2004).

- The questionnaire was completed by approximately equal numbers of male and female participants. There were 952 boys (47.5%) and 1052 girls (52.5%).
- The respondents were aged between 14 and 17, although most were 15 (84%) or 16 (14%) years old.
- Table 3 shows that the majority of the teenagers were white (95%), which reflects the Kent area.



**Table 3: Ethnic origin**

<b>Ethnic Origin</b>	<b>Number</b>	<b>Percent (%)</b>
<b>White</b>	1882	94.7
<b>Mixed</b>	40	2
<b>Black</b>	13	0.7
<b>Asian</b>	26	1.3
<b>Chinese or other</b>	26	1.3
<b>Total</b>	1987	100

- When asked about their religion (n=1981), 61% suggested that they were not involved in any religion.
- Just over a third of the teenagers suggested that they were involved in a religion (37%). Most of the teenagers were either Christian (Church of England; 31%) or Christian (Catholic, 5%).
- Of the remaining 2%; three teenagers were Muslim, 2 were Sikh and 10 were coded as 'other' religion, including Jewish and Jehovah's Witness.
- It is interesting that while 37% suggested that they had a religion just 6% suggested that religion was very important to them.
- For the majority of teenagers religion was not important (76%) or quite important (18%).

### **3.2 Nature of Information received**

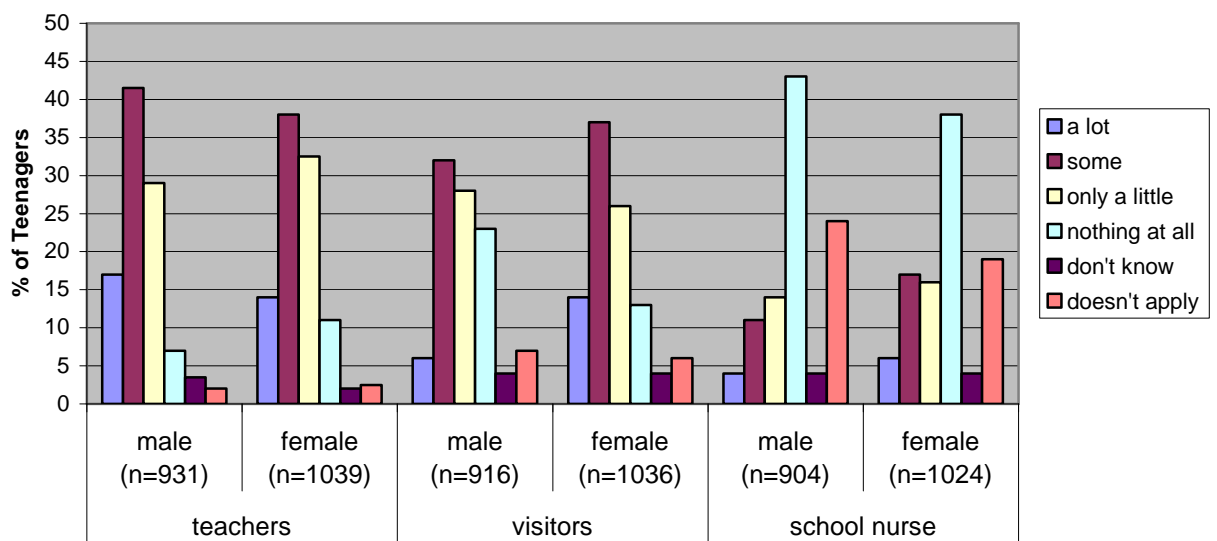
This section is split into seven sub-themes and focuses on the sex and relationships information that teenagers received from school, family and friends, the media and community services. It also provides the sources that they value and trust to provide them with the most reliable information.

**3.2.1 Information from school** was reported in relation to teachers, outside speakers and school nurses. The data presented in Chart 1 identified that:

- Teenagers had learnt most of their information from teachers: 58.5% of boys and 52% of girls suggested that they got a lot or some information from teachers.

- Information about sex and relationships was less likely to be received from the school nurse, as 43% of boys and 38% of girls stated that they learned nothing at all from this source. Comments made by teenagers in section 7.1.5 however provide some insight into possible reasons for this, including accessibility and perceived role.
- Visitors and outside speakers provided some or only a little information to approximately 60% of boys (60%) and girls (63%).

**Chart 1: Information from School**



3.2.2 *Family* were also a source of sex and relationships information. The key findings are outlined below and illustrated in Chart 2.

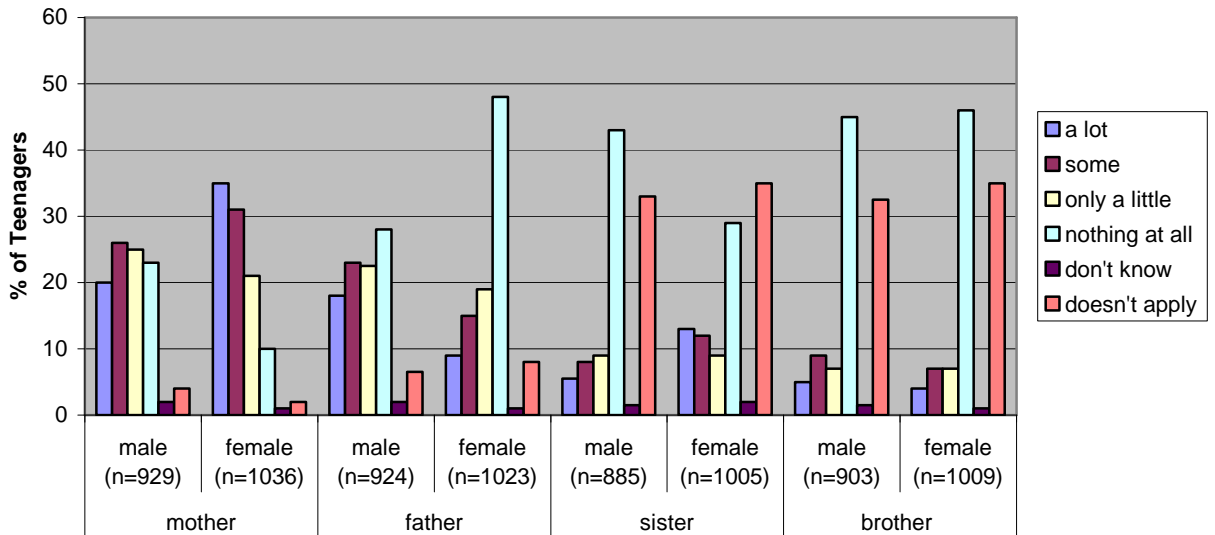
- Mothers were a key source of information for all respondents, 46% of boys and 66% of girls indicated that they received a lot or some of sex and relationships information from their mothers.

It is interesting to note the influence of gender on the information received from family:

- 23% of boys received no information from their mother and nearly half (48%) of girls learned nothing at all from their father.
- Sisters were more likely to be a source of information to the female respondents, and 43% of boys did not get any information from their sister.

- Teenagers were less likely to have received sex and relationships information from their brother; 45% of boys and 46% of girls having brothers learned nothing at all.

**Chart 2: Information from Family**



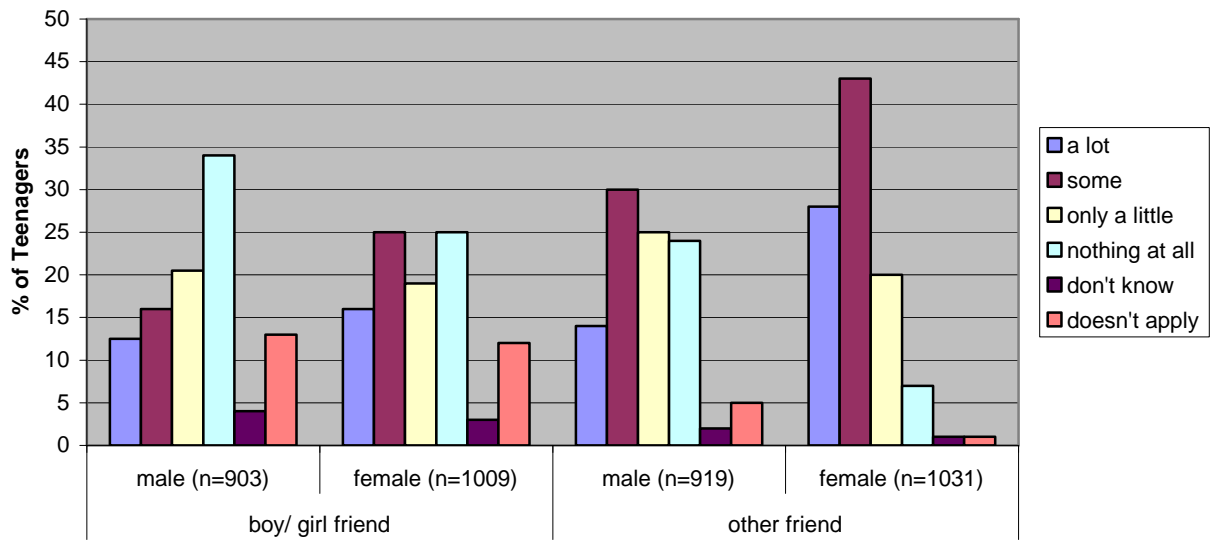
**3.2.3 Friends** had given most teenagers at least some information on sex and relationships (Chart 3). The majority of the teenagers did not learn a lot about sex and relationships from their boy or girl friends:

- 34% of boys and 25% of girls learned nothing at all.
- Girls were more likely to learn some information from their boy or girl friends (25%) than boys (16%).

There were differences between the teenagers in the amount of information that they received from other friends:

- Both boys (30%) and girls (43%) learned some information from other friends.
- Yet again, boys (24%) were less likely to receive information from friends compared to their female counterparts.

**Chart 3: Information from Friends**



**3.2.4 The media** tended to provide information to teenagers through television and magazines, rather than websites and other sources specifically focused on providing sex and relationships information. This is illustrated in Chart 4, and through the following key points:

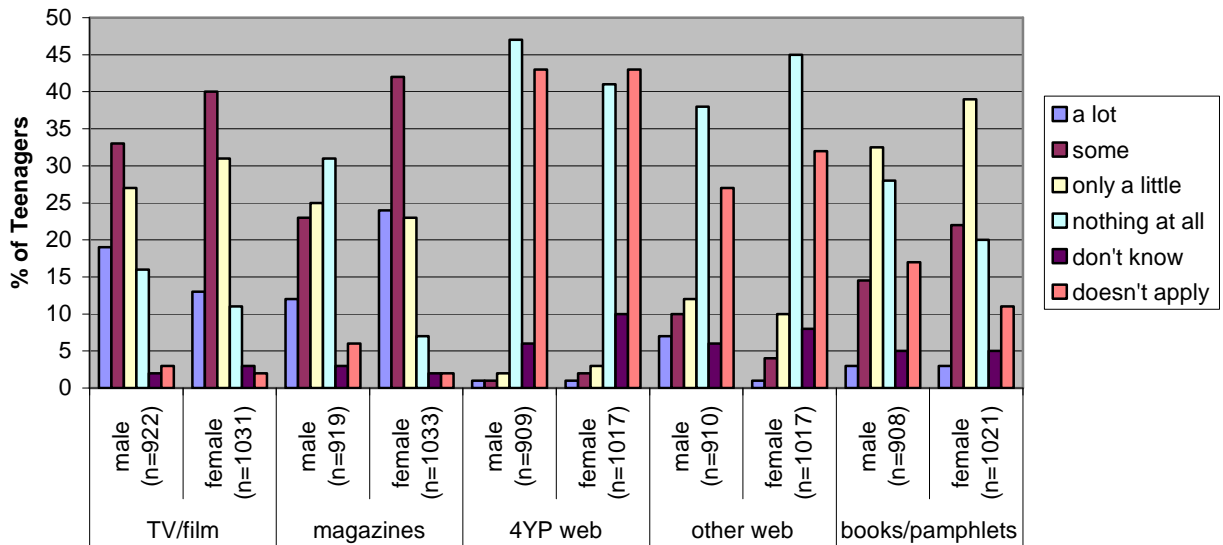
- The majority of teenagers learned some information about sex and relationships from television and films; 33% of boys and 40% of girls.
- Interestingly, 42% of girls learned some or a lot of information from magazines, compared with 23% of boys.
- 30% of boys learned nothing at all from magazines. This might reflect the different styles and content of magazines that are targeted at boys and girls.

Most teenagers had not used the 'foryoungpeople' (43%) or other websites (29%) to access information on sex and relationships:

- Those that did, learned nothing at all from the 'foryoungpeople' website (44%) or other websites (41%).
- It is useful to note however, that boys (10%) were more likely to learn some information from other websites than girls (4%).

There was little difference in the information that teenagers received from books or pamphlets, as 36% learned only a little.

**Chart 4: Information from Media**



3.2.5 *Community services* did not provide many teenagers with information on sex and relationships, as the majority had not used the variety of services available. These services included:

- Telephone advice lines (46% learned nothing at all; 43% doesn't apply; n=1921).
- Family planning/ young person's clinic (38% learned nothing at all; 39% doesn't apply; n=1937).
- Doctor or Nurse (41% learned nothing at all; 32% doesn't apply; n=1928).
- Youth worker (42% learned nothing at all; 41% doesn't apply; n=1917).
- Chemist or pharmacy (46% nothing at all; 35% doesn't apply; n=1915).

3.2.6 *Valued and trusted sources of information* were identified through four key aspects of sex and relationships education. This data will be used to highlight the five most trusted sources for information about pregnancy and contraception, HIV and AIDS, other sexually transmitted infections and relationships.

### *Pregnancy and contraception*

Information about pregnancy and contraception tended to be trusted the most from mothers and health professionals:

- Male respondents trusted pregnancy and contraception information from mothers (24%), doctors or nurses (16.5%), fathers (14%), teachers (12%) and school nurses (8.5%; n=952).
- Girls also suggested that mothers (34%) were the most trusted source of pregnancy and contraception information, as were family planning/ young person's clinics (25%), doctors or nurses (19%), school nurses (12%) and other friends (8%; n=1052).

### *HIV and AIDS*

In contrast, the majority of teenagers identified health professionals as the most reliable and trustworthy source for information about HIV and AIDS, and other sexually transmitted infections:

- Doctors or nurses were the most reliable and trusted sources of information about HIV and AIDS for male respondents (37%), then mothers (12%), teachers (11%), fathers (8%) and school nurses (7%; n=952).
- Medical professionals were also trusted to provide reliable information on HIV and AIDS by girls; doctor or nurse (43%), mother (14%), family planning/ young person's clinic (11%), visitors or speakers at school (9%) and school nurse (9%; n=1052).

### *Sexually transmitted infections*

The teenagers also trusted similar sources to provide reliable and trustworthy information about other sexually transmitted infections:

- Boys trusted information about other sexually transmitted infections from, doctors or nurses (34%), mothers (11%), teachers (10%), school nurses (9%) and fathers (6%; n=952).
- Girls trusted doctors or nurses (36%), family planning/ young person's clinics (14.5%), mothers (13%), school nurses (12%) and visitors or speakers at school (10%; n=1052).

### *Relationships*

Interestingly, very few respondents trusted health professionals to provide them with reliable information about relationships. Instead most teenagers trusted information from people that they had personal relationships with:

- Mothers (25%) were the most trusted source for boys, as were other friends (21%), fathers (18%), boy/girl friends (12%) and brothers (5%) and sisters (4.5%; n=952).

- Girls also trusted information on relationships from their mothers (45%), other friends (36%), boy/girl friends (11%), father (11%) and sisters (10%; n=1052).

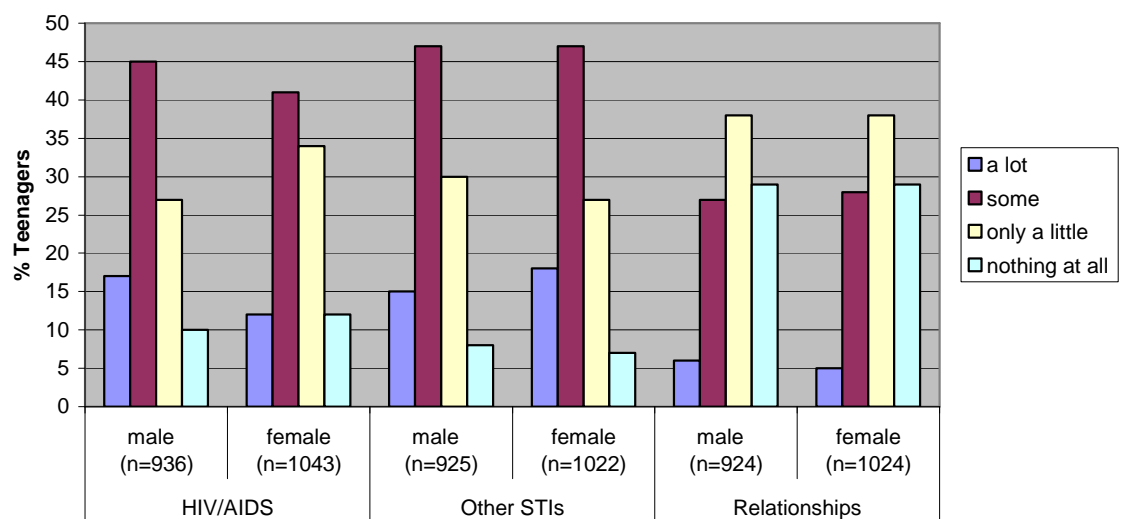
### 3.3 Sex and Relationships Education at School

The questionnaire asked specific questions about sex and relationships education at school. This section presents these findings, identifies whether this information was delivered at the appropriate time, and describes what teenagers would like to know more about.

3.3.1 *Information received from teachers or lessons at school* was most likely to be about HIV/AIDS and other sexually transmitted infections. Most teenagers had been given some information on these topics from teachers or lessons at school, as illustrated in Chart 5.

- Almost half of the teenagers learned some information from teachers or lessons on HIV/AIDS (45% boys, 41% girls), and approximately a quarter and a third learned only a little (27% boys; 34% girls).
- Again the majority of teenagers had learned some information from teachers or lessons on other sexually transmitted infections (47% boys; 47% girls).
- Unlike the sexual health topics, most teenagers learned only a little about relationships from teachers or lessons at school (38% boys; 38% girls).
- It is important to note that, 29% of boys and girls learned nothing at all about relationships from teachers.

**Chart 5: Information from Teachers or Lessons**



3.3.2 *Delivering sex and relationships education at the right time* is perhaps equally as important as delivering the right information. This will be explored through four key topics: pregnancy and contraception, sexually transmitted infections, the influence of drugs and alcohol on sexual behaviour, and physical and emotional growth.

*Pregnancy and contraception*

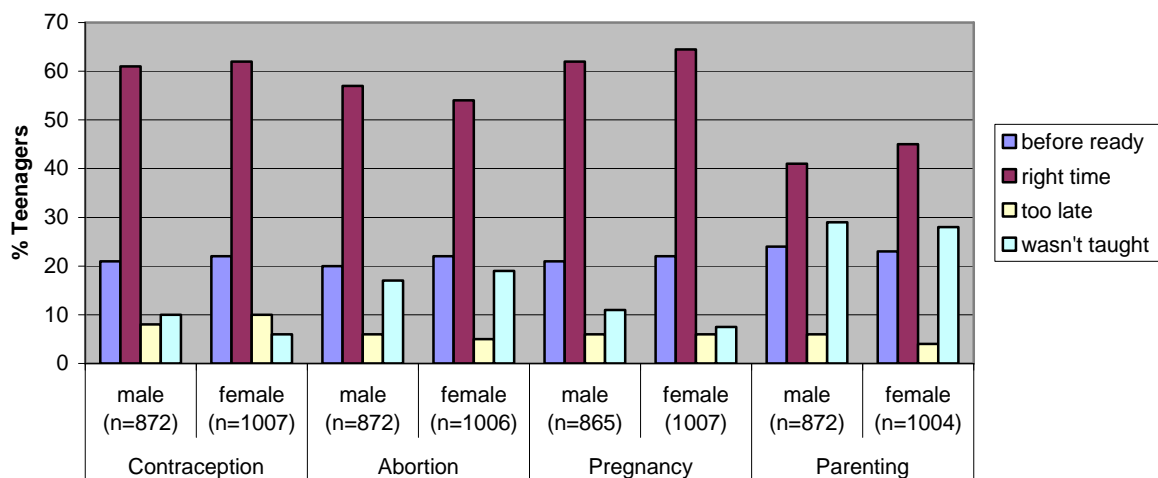
For most of the teenagers, information on pregnancy and contraception was received at about the right time (Chart 6):

- Approximately, 60% of teenagers were taught about pregnancy and contraception at the right time.
- Just over 20% suggested that they were taught about pregnancy and contraception before they were ready – the highest among all the topic areas.

The majority were taught about each of the topics identified in Chart Six at school. The teenagers however were least likely to have been taught about abortion and parenting at school:

- 17% of boys and 19% of girls were not taught about abortion in school.
- Parenting and childcare information had not been taught at school to 29% of boys and 28% of girls.

**Chart 6: Appropriate Delivery of Pregnancy and Contraception Information**



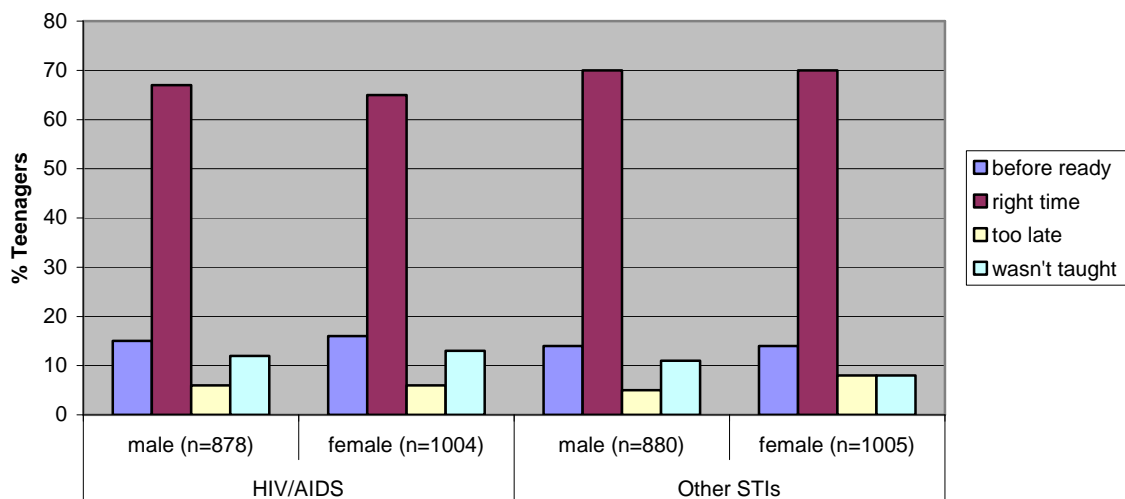


### Sexually transmitted infections

Similar findings were also found for the delivery of sexual health information including, HIV or AIDS and other sexually transmitted infections. This information was delivered at the right time for most teenagers (Chart 7):

- 67% of boys and 65% of girls felt that information on HIV/AIDS was provided to them at about the right time.
- 70% of boys and girls also felt that they were taught about other sexually transmitted infections at about the right time.
- It must be noted that some teenagers (12% of boys; 13% of girls) stated that they were not taught about HIV or AIDS, or other sexually transmitted infections (11% boys; 8% of girls).

**Chart 7: Appropriate Delivery of Sexual Health Information**



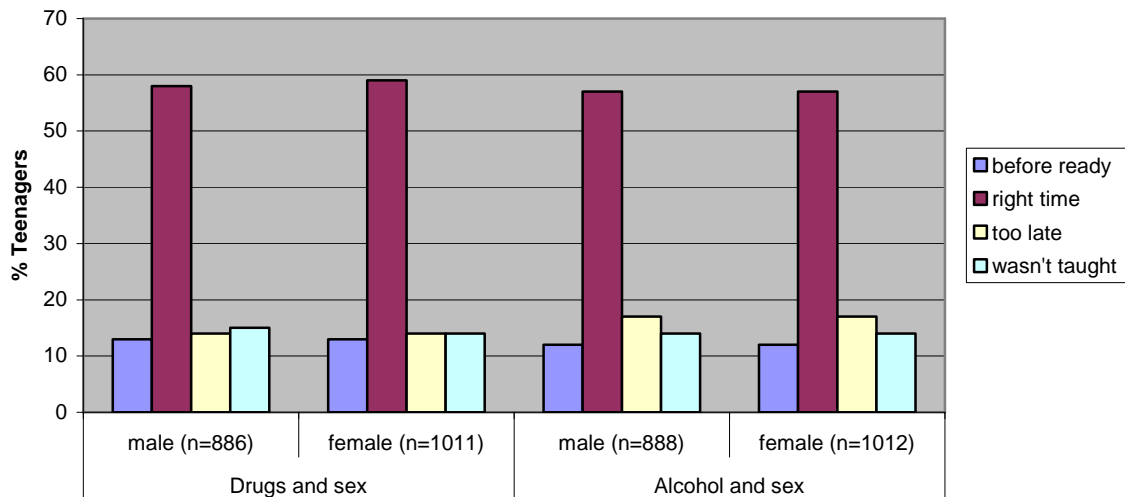
### The influence of drugs and alcohol

Again, the majority of teenagers felt that information on the influence of alcohol and drugs on sexual behaviour was provided at about the right time. It is important to note however, that teenagers were slightly more likely to suggest that this information had been received too late in comparison to the previous topics (Chart 8):

- Information on drugs and sex had been received too late by 14% of teenagers.
- The information given on alcohol and sex was delivered too late for 17% of boys and girls.

- Equally, the information on drugs and sex was provided before 13% of respondents were ready, and for alcohol and sex, also too early for 12% of teenagers.
- An average of 13% of teenagers stated that they had not been taught anything about this subject.

**Chart 8: Appropriateness of Information on Drugs, Alcohol and Sex**



### *Physical and emotional growth*

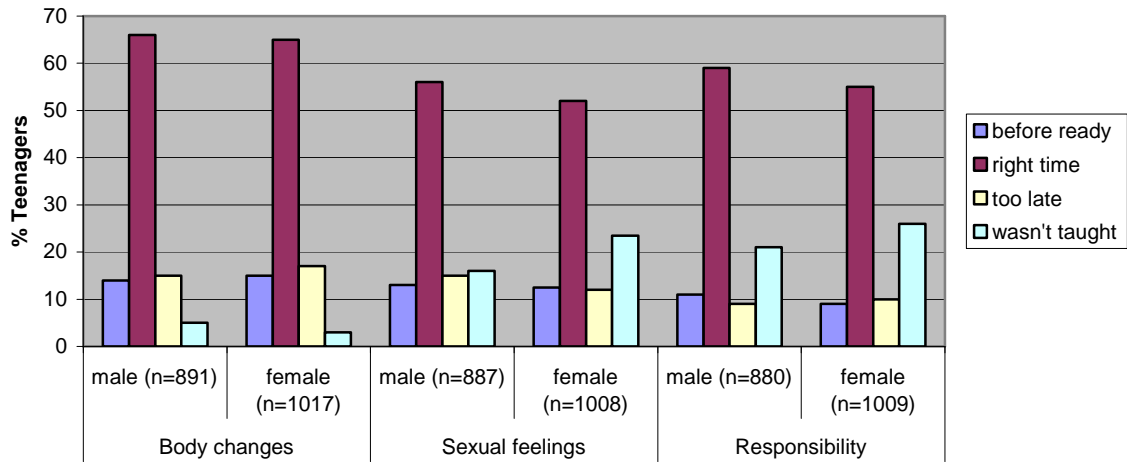
Most teenagers suggested that information on growing up and bodily changes was taught at about the right time (66% boys; 65% girls; Chart 9). For about half of the teenagers, information on sexual feelings and emotions, and responsibility in relationships was provided at the right time:

- 56% of boys and 52% of girls were taught about sexual feelings and emotions at the right time.
- 59% of boys and 55% of girls were taught about responsibility in relationships at the right time.

The teenagers were more likely to have been taught about growing up and bodily changes in school, compared to their emotional development or responsibility in relationships:

- About 20% had not been taught about sexual feelings and emotions (16% boys; 24% girls).
- Teenagers were least likely to have been taught about responsibility in relationships (21% boys; 26% girls).

**Chart 9: Appropriate Delivery of Information on Physical and Emotional Growth**



**3.3.3 Involvement of students in sex and relationships education at school** was explored through a number of key questions on the use of discussion groups, ability to ask questions and the emphasis on boys and girls. This next section explores teenagers' responses to these questions.

Most teenagers were uncertain or did not know if they felt that they could ask any question they wanted to during sex and relationships education in school. Approximately, a quarter of them agreed and a similar proportion disagreed with the statement 'during sex education I felt I could ask any question I wanted to' (Table 4).

**Table 4:**

During sex education I felt I could ask any question I wanted to					
	Strongly agree	Agree	Don't know/uncertain	Disagree	Strongly disagree
Male (n=908)	10.5%	28%	28.5%	23%	10%
Female (n=1005)	4.5%	26%	32.5%	29%	8%
<b>Total (n=1913)</b>	<b>7%</b>	<b>27%</b>	<b>31%</b>	<b>26%</b>	<b>9%</b>

Over a third of the teenagers suggested that they were not involved in choosing the sex and relationships education topics that they were taught at school (Table 5). Interestingly, the respondents were more likely to say that they did not know or that they were uncertain of their involvement, than to agree with the statement.

**Table 5:**

<b>During sex education I had a part in deciding what things were taught</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=900)	3.5%	16%	27%	28.5%	25%
Female (n=995)	2%	12%	25%	37%	24%
<b>Total (n=1895)</b>	<b>2%</b>	<b>14%</b>	<b>26%</b>	<b>33%</b>	<b>25%</b>

Respondents were more certain about how serious they took their sex and relationships education, as over half took it seriously (Table 6). Girls were more likely than boys to take their sex and relationships education seriously.

**Table 6:**

<b>During sex education I took my sex education classes seriously</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=899)	12%	44.5%	22%	14.5%	7%
Female (n=996)	16%	51.5%	21%	9.5%	2%
<b>Total (n=1895)</b>	<b>14%</b>	<b>48.5%</b>	<b>21%</b>	<b>12%</b>	<b>4.5%</b>

*The delivery of sex and relationships education at school* indicates how the teenagers were taught and how comfortable they felt receiving sex and relationships education at school.

Tables 7 and 8 highlight how comfortable the teenagers felt when discussing sex and relationships education topics with teachers and outside speakers.

**Table 7:**

<b>During sex education the school teacher(s) made me feel comfortable when talking about sex and related issues</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=904)	8%	38%	30%	16%	8%
Female (n=1006)	6%	41%	29%	19%	5%
<b>Total (n=1910)</b>	<b>7%</b>	<b>40%</b>	<b>29.5%</b>	<b>17%</b>	<b>6.5%</b>

**Table 8:**

<b>During sex education the outside speaker(s) made me feel comfortable when talking about sex and related issues</b>					
	Strongly agree	Agree	Don't know/uncertain	Disagree	Strongly disagree
Male (n=880)	6.5%	35%	37.5%	14%	7%
Female (n=988)	12%	45%	27%	12%	4%
<b>Total (n=1868)</b>	<b>9.5%</b>	<b>40%</b>	<b>32%</b>	<b>13%</b>	<b>5.5%</b>

Almost half felt that the teachers and outside speakers made them feel comfortable when discussing sex and related issues. It is interesting that almost a third did not know or were uncertain as to whether they felt comfortable with the teachers or outside speakers.

Nearly three quarters of the sample thought that their teachers appeared confident when delivering sex and relationships education (Table 9).

**Table 9:**

<b>During sex education the teacher appeared confident talking about the topics</b>					
	Strongly agree	Agree	Don't know/uncertain	Disagree	Strongly disagree
Male (n=899)	24.5%	45%	16%	9.5%	5%
Female (n=1001)	25%	49%	15%	8%	3%
<b>Total (n=1900)</b>	<b>25%</b>	<b>47%</b>	<b>15%</b>	<b>9%</b>	<b>4%</b>

The data in Table 10 indicated that under a quarter of the teenagers were given the opportunity to discuss sex and related issues in small groups, although boys were slightly more likely to have been involved in small group discussion than girls.

**Table 10:**

<b>During sex education the lesson topics were discussed in small groups</b>					
	Strongly agree	Agree	Don't know/uncertain	Disagree	Strongly disagree
Male (n=902)	5%	23%	22%	31.5%	18.5%
Female (n=1000)	5%	16%	21%	39%	19%
<b>Total (n=1902)</b>	<b>5%</b>	<b>19%</b>	<b>21%</b>	<b>36%</b>	<b>19%</b>

On the whole, teenagers were far more likely to discuss sex and related issues with the whole class, as nearly three quarters of the respondents agreed with this statement (Table 11).

**Table 11:**

<b>During sex education the lesson topics were discussed among the whole class</b>					
	Strongly agree	Agree	Don't know/uncertain	Disagree	Strongly disagree
Male (n=901)	32%	44%	14%	6%	4%
Female (n=1001)	27%	54%	10%	5%	4%
<b>Total (n=1902)</b>	<b>29%</b>	<b>49%</b>	<b>12%</b>	<b>6%</b>	<b>4%</b>


Teenagers were asked whether they felt that sex and relationships education placed greater emphasis on boys or girls. Approximately a third of the teenagers felt that there was equal emphasis on girls and boys (Table 12). Interestingly, girls were more likely than boys to suggest that greater emphasis was placed on girls during sex and relationships education.

**Table 12:**

<b>Is there equal emphasis on the sex education of girls and boys</b>				
	Equal emphasis	More emphasis on boys	More emphasis on girls	Don't know
Male (n=880)	37%	7%	30%	26%
Female (n=995)	29%	3%	43%	25%
<b>Total (n=1875)</b>	<b>33%</b>	<b>5%</b>	<b>37%</b>	<b>25%</b>

**3.3.4** *The need for more information* on specific topics was also identified and respondents were able to provide more than one answer. The data presented in this section highlights the top five topics that teenagers wanted to know more about:

- Boys (n=952) wanted more information on how to make sex more satisfying (49%), sexual intercourse (31%), being a parent (30%), sexual feelings, emotions and relationships (29%) and sexually transmitted infections (28%).
- Girls (n=1052) were more likely to want information on sexual feelings, emotions and relationships (44%), being a parent (43.5%), sexually transmitted infections (39%), making sex more satisfying (34%), and contraception (31%).



It is interesting that the boys were less interested in some of the topics that the girls wanted to know more about:

- Boys were less likely to want information on contraception (18%) than girls (31%), although this may reflect the different variety of contraception available to men and women, in that the men may feel they have fewer choices.
- Girls (12%) were less interested in receiving more information on masturbation in comparison to boys (22%).
- Girls (27%) were also more likely to want information on being able to say 'no' to sexual experiences than boys (14%).

Most of the teenagers wanted more information on being a parent, sexual feelings, emotions and relationships and making sex more satisfying.

### **3.4 PCT Comparisons:**

In general, the eight PCTs reflected the findings from across Kent. This section identifies some differences between them concerning the sources trusted by teenagers to provide them with reliable and accurate sex and relationships information, as well as any differences in their views about sex and relationships education.

- While most of the teenagers in Kent had learned very little from their school nurse, those in Shepway PCT (40% of boys; 33.5% of girls) had received more sex and relationships information from their school nurse than other PCTs.
- The majority of girls across Kent learned only a little or nothing about sex and relationships from their boyfriends. However most of the girls in South West Kent learned a lot from their boyfriends (26%) compared to the other PCTs.
- Most boys in Kent learned nothing from magazines, except for those in two PCTs, with 29% of boys in Canterbury and Coastal and 33% of boys in Swale PCTs getting some sex and relationships information from magazines.
- The majority of teenagers got a least some sex and relationships information from books or pamphlets. There were however, two exceptions with 38% of boys in Dartford, Gravesham & Swanley PCT and the majority of boys in Swale PCT (39%) learning nothing.

- With respect to the delivery of sex and relationships education, while most teenagers felt uncertain about asking questions, most boys in Canterbury & Coastal (41%), Maidstone and Weald (31%), East Kent Coastal (29%), and Swale PCTs (29%) felt they could ask any question. This was also evident among girls in Dartford, Gravesham & Swanley PCT (39%).
- When asked what they would like more information on, a higher than average number of girls in South West Kent and Swale PCTs wanted more information on being able to say 'no', and higher than average numbers of boys in Ashford and Dartford, Gravesham & Swanley PCTs wanted more information on masturbation.

### 3.5 Key Points

- The overall response rate was 83.5% (2004) for Kent with an average PCT response rate of 83%. Slightly more girls than boys responded. Most teenagers classed themselves as white and did not specify a religion. The average age was 15 years.

#### *Nature of information received*


- At school, teenagers were most likely to receive information on sex and relationships from teachers. Most suggested that they did not receive information from their school nurse, except for respondents in Shepway PCT.
- Of the family, mothers were most likely to be a source of sex and relationships information for girls and boys and the most trusted person to provide them with reliable information on pregnancy and contraception. Fathers were also a key source of information, but mainly for boys as nearly half of the girls learned nothing at all from their fathers.
- Girls were more likely to get information from their friends than boys, as a quarter of all boys learned nothing at all from this source. Television tended to provide more information to boys, and girls got more information from magazines. Both groups learned nothing or very little from pamphlets.
- The majority of teenagers had not used websites to access information on sex and relationships, although boys were more likely than girls to report some usage.
- Most had not used community services, such as telephone lines, family planning clinics, doctors or nurses as a source of sex and relationships information. However professionals were seen as the most trusted sources of information on HIV/AIDS and other sexually transmitted infections.



- Girls were more likely than boys to cite family planning/ young person's clinics as trusted sources of reliable information on pregnancy, contraception and sexual health.
- Information about relationships tended to be trusted from people that the teenagers had a personal relationship with such as mothers and other friends.

### *Sex and relationships education at schools*

- With respect to the delivery of sex and relationships education, most teenagers thought their teachers appeared confident, and half felt comfortable with teachers or outside speakers.
- Creating the right environment to encourage interaction with students during these sessions was less clear. Only a quarter of the sample were given the chance to discuss issues and most were uncertain or did not know if they felt comfortable asking questions.
- With reference to information taught, under half reported that they received some information from school on HIV/AIDS and other sexually transmitted infections. The majority of teenagers however did not seem to learn a lot of information about these topics.
- It was noteworthy that 13% of the teenagers reported not being taught about HIV/AIDS and 9% had not been taught about other sexually transmitted infections, amounting to approximately 400 teenagers.
- On the whole, teenagers were more likely to have been taught about physical changes than emotional development and relationships. The majority had not received much information on relationships, emotions and sexual feelings at school, and girls in particular suggested that they learned only a little or nothing at all. Respondents were also least likely to have been taught about abortion and becoming a parent.
- Most of the teenagers suggested that their sex and relationships education was delivered at about the right time, but a fifth felt it was too early. Girls were more likely than boys to suggest this.
- Out of all the topic areas, information on drugs and alcohol was rated highest as being given too late (17%) especially by boys, although the majority felt it was at the right time.

- 
- The teenagers were generally uncertain about their involvement in sex and relationships education. About a third were uncertain or did not know whether they felt that they could ask any question, and over half felt they did not have a part in deciding what topics were taught.
  - With respect to information that was lacking, boys tended to want more information on the physical aspects of sexual relationships, such as making sex more satisfying, sexual intercourse and masturbation.
  - Girls were more likely to want information on sexual feelings, emotions and relationships, contraception and sexually transmitted infections. Over a quarter of girls wanted more information on how to say 'no'.
  - All teenagers wanted more information on being a parent. On the whole teenagers tended to take their sex and relationships education seriously, although boys were marginally less likely to take it as seriously as girls.

## 4 Teenagers' Views and Experiences of Sexual Health Services

This section is divided into four key sub-sections:

*Section 4.1 Teenagers views of sexual health services* identifies the features of services that teenagers considered to be important.

*Section 4.2 Teenagers experiences of sexual health services* describes the teenagers' reported experiences of using services in Kent.

*Section 4.3 PCT Comparisons* draws out any differences in the findings for the eight PCTs

*Section 4.4 Key Points* summarises the main findings for this section.

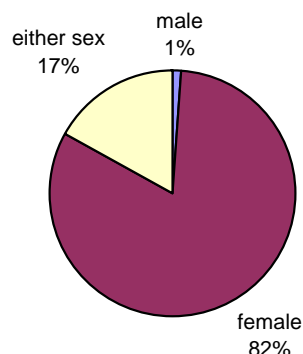
### 4.1 Teenagers' Views of Sexual Health Services

This section identifies teenagers' views on features of sexual health services, such as gender and age of staff, opening times and confidentiality.

**4.1.1 Male or female advisers** tended to be less important to boys, as 47% were not concerned with the gender of the person offering them advice (n=915; 31% preferred male advisers and 22% preferred female advisers).

Girls were more concerned about the gender of the person offering them advice on sex and relationships. They preferred to receive information from a female (82%; Chart 10).

**Chart 10: Preferred Gender of Person Providing Advice:  
females respondents (n=1044)**



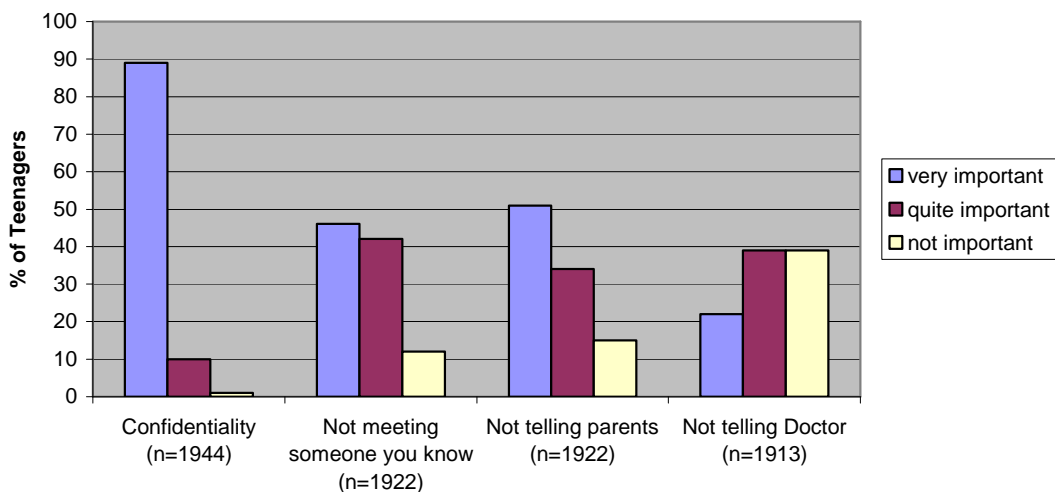
This difference between girls and boys reflects the data on the sex and relationships information that they receive from male and female family members. The boys were just as likely to receive information from their mothers as the girls, although the girls rarely received advice from their fathers.

4.1.2 *Important features of sexual health services* will be reported through three key themes; privacy, environment and staff, contraceptive and other services, and advice and counselling.

*Privacy*

- Confidentiality was a very important feature of sexual health services for teenagers (89%; Chart 11).
- Over half felt it was very important that their parents were not told about their visit, and a further 34% suggested that it was quite important.
- Informing doctors of their visit to sexual health services was not as important to most teenagers, although 39% suggested that it was quite important.
- 88% of teenagers attached some importance to not meeting someone that they knew (46% very important; 42% quite important).

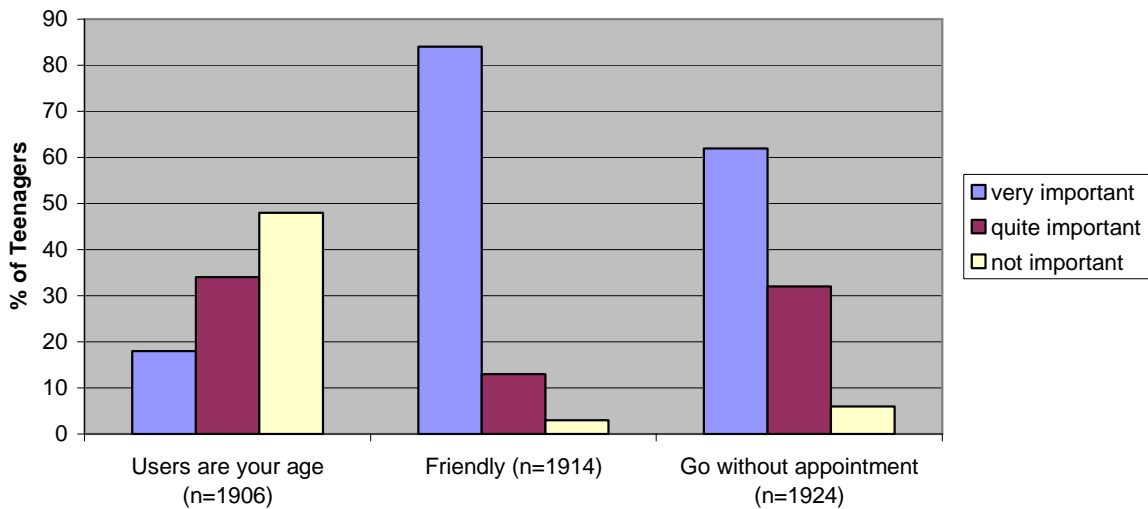
**Chart 11: Important Features of Sexual Health Services: Privacy**



### Environment

- 84% suggested that it was very important that clinics had a friendly atmosphere with staff that were easy to talk to (Chart 12).
- Teenagers were not concerned with the age of other people using the clinic (48% not important).
- After friendliness of atmosphere, respondents were more concerned with the accessibility of the services. 93% indicated that it was very (61%) or quite (32%) important to be able to attend a sexual health clinic without an appointment.

**Chart 12: Important Features of Sexual Health Services: Environment**



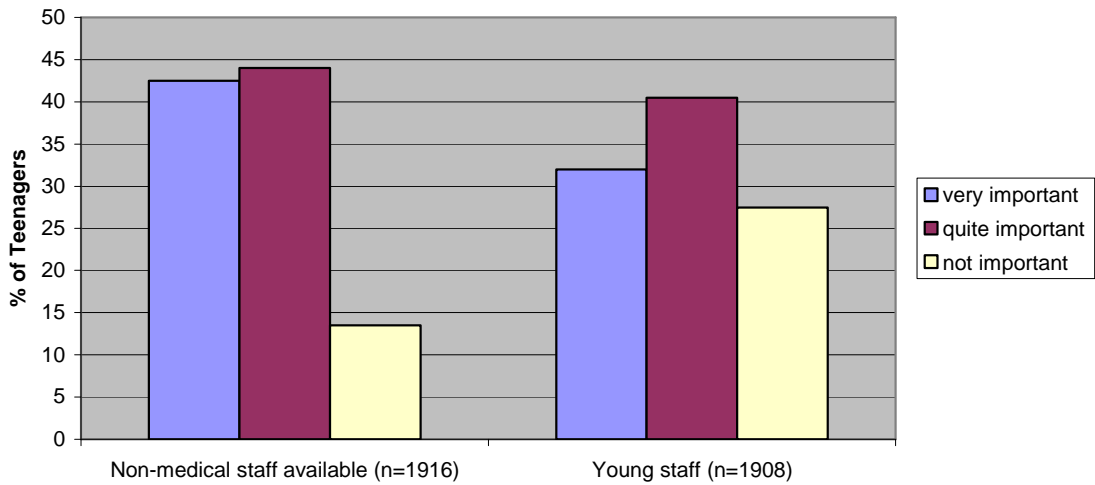
### Staff

The teenagers were asked about the kind of staff that they would prefer to be working in a sexual health clinic. The teenagers suggested that:

- It was important to have someone else to talk to other than a nurse or doctor at a sexual health clinic (42.5% very important, 44% quite important; Chart 13).
- Most felt that having young staff was quite important (40.5%) or very important (32%), although having young staff at the clinic was not important for 22% of the teenagers.



**Chart 13: Important Features of Sexual Health Services: Staff**

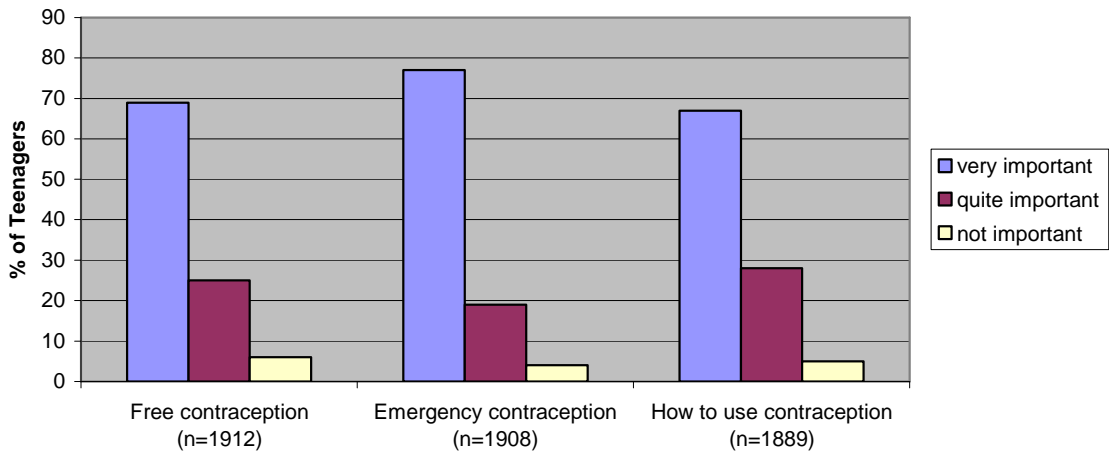


*Contraceptive and other services*

Generally, respondents identified contraceptive services as a very important feature of sexual health clinics, as less than 10% felt that these services were not important (Chart 14). Respondents considered the following issues to be most important:

- Free contraception at sexual health clinics (69% very important; 25% quite important).
- The availability of emergency contraception (77% very important; 19% quite important).
- Instructions on how to use contraception (68% very important; 28% quite important).

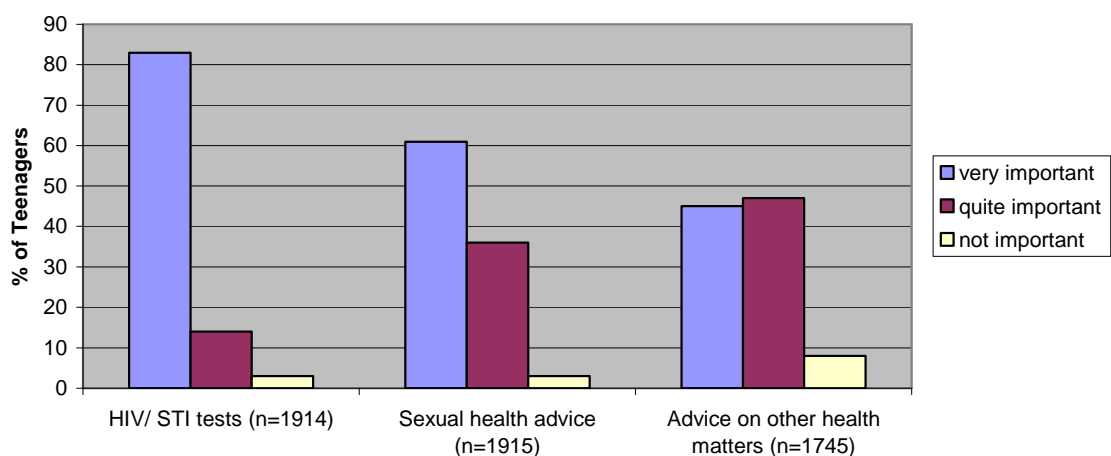
**Chart 14: Important Features of Sexual Health Services: Contraception**



With respect to other services:

- The provision of tests for HIV and other sexually transmitted infections was very important for 83% of teenagers.
- Over half also felt that it was very important for clinics to provide people with sexual health advice (61%, 36% quite important).
- 45% suggested that the provision of advice on other health matters was very important (Chart 15).

**Chart 15: Important Features of Sexual Health Services: Sexually Transmitted Infections**



### *Advice and counselling*

Nearly all of the teenagers felt that pregnancy advice, including the provision of pregnancy tests and unplanned pregnancy counselling at sexual health clinics, was important (Chart 16):

- 66.5% felt that it was very important and it was quite important to a further 29.5%.

It is important to note that while there were no clear differences between the boys and girls on the features of sexual health services outlined previously, there were differences for this feature:

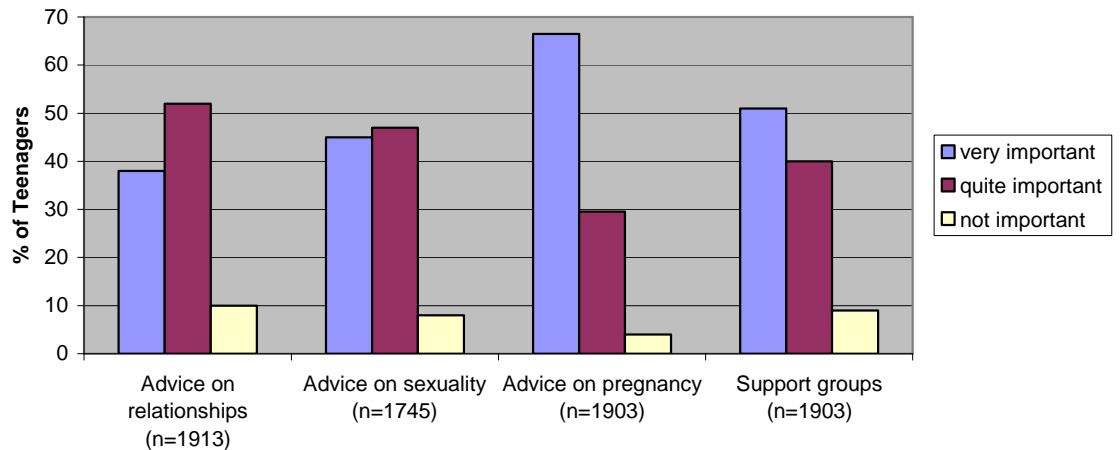
- 79% of girls suggested that the provision of pregnancy tests and counselling was very important in comparison to 51% of boys.

Respondents suggested that the availability of advice on relationships and sexuality at sexual health clinics was not as important as advice on pregnancy:

- Half of the teenagers identified advice about relationships as quite important (52%) and 38% as very important.

- Advice on sexuality was also important to nearly all of the teenagers (42% very important; 47% quite important).
- The provision of support groups, such as those for young mothers was also very important to most of the teenagers (51%).

**Chart 16: Important Features of Sexual Health Services: Advice and Support Services**



Overall, the teenagers suggested that confidentiality was the most important feature of sexual health services (40%, n=1692), and free contraception was the second most important feature (13%). A friendly atmosphere and staff that are easy to talk to (10%), tests for HIV and other sexually transmitted infections (9%) and the emergency contraception (8%) were also viewed as important features of sexual health services by the teenagers.

**4.1.3 Accessibility of sexual health services** is an important consideration when developing services for young people, as they may not have their own transport and could be attending school or college. The teenagers suggested that:

- It is easier for young people to access services in the evening between 3pm and 8pm (84%; n=2004).
- Sexual health services should be available near their school or college (43%; n=2004), at their local health centre (40%) and near their home (30%).



## 4.2 Teenagers' Experiences of Sexual Health Services

This section explores the teenagers' experiences of services in Kent. Teenagers were asked to identify where they accessed the services and to rate their experiences of family planning or young persons' clinics with respect to friendliness of staff, waiting times and accessibility.

### 4.2.1 *Contraceptive services* were used by some respondents, although most suggested that they had not used them:

- GPs had not been approached for contraceptive services by 90% of boys (n=740) and 82% of girls (n=836).
- 83% of boys (n=723) and 82% of the girls (n=825) had never been to a chemist for contraception.
- Family planning/ young peoples clinics had also not been used for contraceptive services by 88% of boys (n=725) and 74% of girls (n=847).

There were differences in the type of contraceptive services that boys and girls were likely to access:

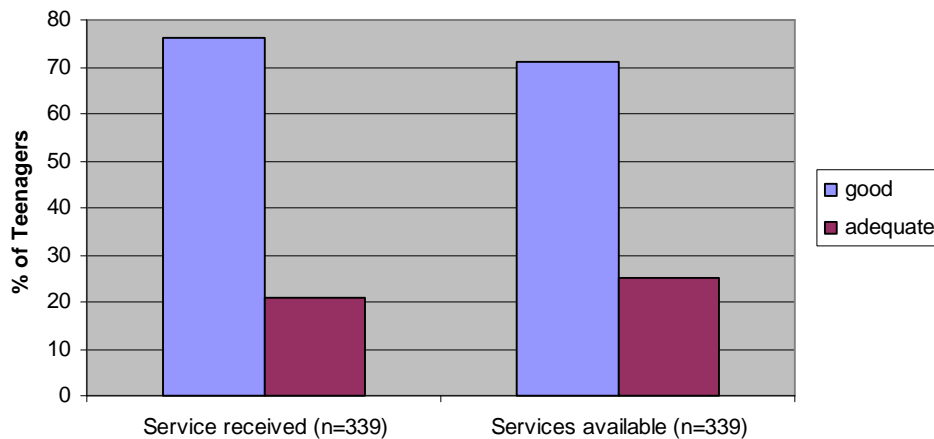
- Girls were more likely to get contraception from family planning/ young persons clinics (26%; n=847) than boys (11%; n=725).
- Boys were slightly more likely to get contraception from a chemist (24%; n=723) than girls (18%; n=120).

For those who used them, boys and girls were most likely to access contraception services when they were 14 or 15 years old.

### 4.2.2 *Family planning and young person's clinics* were used by 339 teenagers from across Kent, 104 boys and 235 girls. This next section explores the teenagers' views of the clinics and the services that they received (Chart 17):

- 76% rated the services that they received from the family planning or young person's clinic as good.
- Over three quarters also felt that the range of services available was good (71%).
- None of the teenagers suggested that the services that they received or were available were poor.

**Chart 17: Teenagers' Views on Services at Clinics**

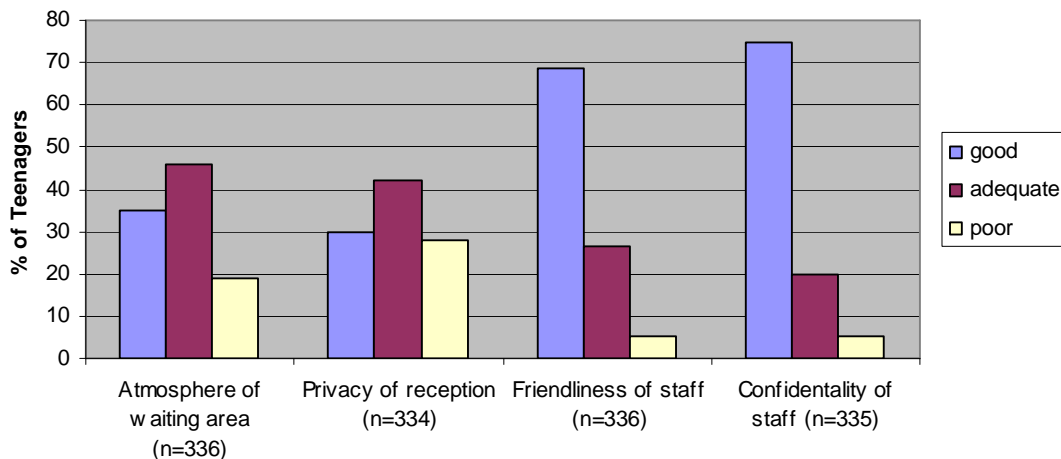


- Generally the teenagers suggested that the atmosphere in the waiting area was adequate (46%), although 19% rated the atmosphere in the waiting area as poor.
- The privacy of the reception or waiting area was rated as poor by 28% of the teenagers and 42% suggested it was adequate.

Staff were rated more favourably than the environment, as the friendliness or confidentiality of staff was highly rated (Chart 19):

- 68.5% felt the friendliness of the staff at the clinic was good, and 26.5% rated it as adequate.
- Three quarters identified the staff confidentiality as good (75%), and 20% of the teenagers felt it was adequate.

**Chart 18: Teenagers' Views on Atmosphere and Staff at Clinics**



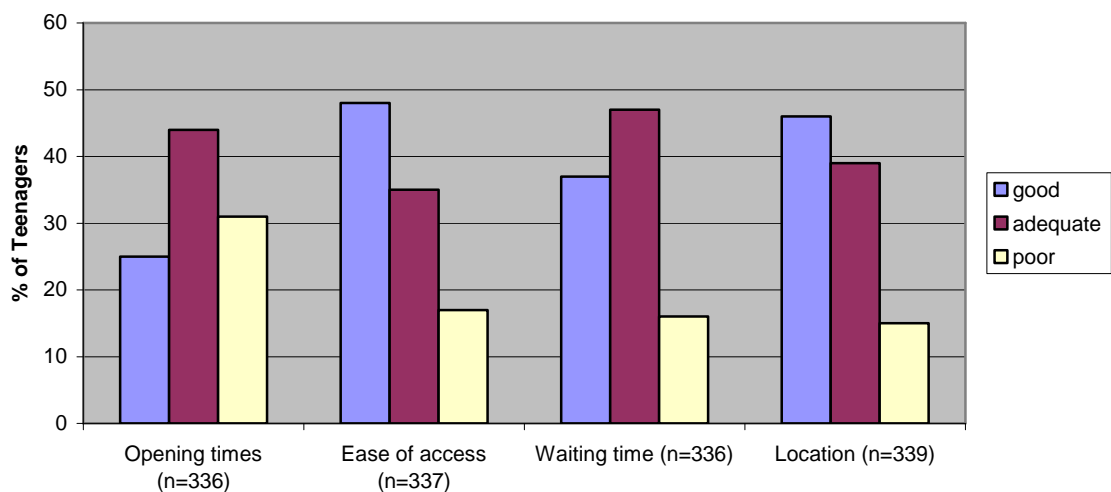
Interestingly, respondents were more likely to rate the accessibility of family planning or young person’s clinics as poor than any of the other features previously discussed (Chart 19). The opening times in particular were more likely to be rated as poor:

- 31% felt that the opening times of the clinics were poor and 44% suggested they were adequate.
- The waiting times were rated more favourably, as 47% felt they were adequate.

Most identified the location and access of their local family planning or young person’s clinic as good:

- Just under half rated the ease of access to their local clinic as good (48%).
- 46% felt that the location of the clinic they visited was good, although 15% suggested it was poor.

**Chart 19: Teenagers Views on the Accessibility of Clinics**



### 4.3 PCT Comparisons

This section compares teenagers’ views and experiences of sexual health services within PCTs. Overall there was agreement on the most important features of sexual health services for young people. Unlike the rest of Kent however, the teenagers in Swale PCT felt differently about two issues:

- Higher than average numbers of teenagers thought that it was quite important for people using the clinic to be a similar age (46%).
- Higher than average numbers also felt that the opening times were good (53%).

#### 4.4 Key Points

##### *Views on sexual health services*

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

##### *Experiences of sexual health services*

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

## 5 Teenagers Knowledge, Attitudes and Values Towards Sex and Relationships

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

It is divided into four sub-sections:

*Section 5.1 Teenagers knowledge, attitudes and values towards sex* looks at values and beliefs about sex, pregnancy and contraception, as well as their knowledge of sexual health.

*Section 5.2 Teenagers views about successful marriages and long-term relationships* identifies factors considered to be important to having a successful marriage or long-term relationship.

*Section 5.3 PCT Comparisons* will highlight any differences in the findings for the eight PCTs.

*Section 5.4 Key Points* summarises the key findings for the entire section.

### 5.1 Teenagers Knowledge, Attitudes and Values Towards Sex

This section describes respondents' agreement with a number of key statements. These statements identify their values towards sex, attitudes towards contraception, their beliefs about their peers' attitudes towards sex and their knowledge of sex and related issues.

*5.1.1 Values towards sex* were explored through the teenagers' agreement with three key statements identified in Table 13. The findings are presented for boys and girls to highlight identified differences:

- Most felt that people should be in love before they have sexual intercourse.
- Girls were more likely to think people should be in love before they have sex than boys.
- Over three quarters of the teenagers did not think that people should be married before they have sex.

**Table 13:**

<b>You should be in love before you have sexual intercourse</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=900)	17%	28%	23%	20%	12%
Female (n=1025)	26%	31%	24%	16%	3%
<b>Total (n=1925)</b>	<b>22%</b>	<b>30%</b>	<b>24%</b>	<b>17%</b>	<b>7%</b>
<b>You should be married before you have sexual intercourse</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=892)	2%	3.5%	13.5%	32%	49%
Female (n=1024)	2%	3%	14%	40%	41%
<b>Total (n=1916)</b>	<b>2%</b>	<b>3%</b>	<b>14%</b>	<b>36.5%</b>	<b>44.5%</b>
<b>One night stands are okay</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=890)	16%	28%	28.5%	18.5%	9%
Female (n=1021)	2%	14%	32%	32%	20%
<b>Total (n=1916)</b>	<b>8.3%</b>	<b>20%</b>	<b>30.4%</b>	<b>26%</b>	<b>15.3%</b>

The most notable difference between the boys and girls attitude towards sex was illustrated through their agreement or disagreement with the statement 'one night stands are okay':

- Boys were more likely than girls to concur with this statement while the majority of girls disagreed.

These findings are particularly interesting as they identify clear differences between the male and female teenagers' attitudes towards casual sex.

**5.1.2 Views on pregnancy and contraception** were also explored through the teenagers' agreement with a number of key statements (Table 14):

- Over half of the teenagers did worry about getting someone or getting pregnant.
- More girls strongly agreed with this statement than boys, although overall boys still agreed.
- Over half felt that contraceptives were easy for young people to get hold of.

- Most of the teenagers disagreed with the statement ‘I would be too embarrassed to talk to a new partner about contraception’, although boys were slightly more likely to suggest that they would be too embarrassed than girls.

**Table 14:**

<b>I worry about getting pregnant/ getting a girl pregnant at my age</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=881)	24%	40%	20%	11%	5%
Female (n=1010)	33%	40%	14%	9%	4%
<b>Total (n=1891)</b>	<b>29%</b>	<b>40%</b>	<b>16.5%</b>	<b>10%</b>	<b>4.5%</b>
<b>Contraceptives are easy for young people to get</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=871)	15%	35%	25%	17%	8%
Female (n=1002)	17%	37%	27%	15%	4%
<b>Total (n=1873)</b>	<b>16%</b>	<b>36%</b>	<b>26%</b>	<b>16%</b>	<b>6%</b>
<b>I would be too embarrassed to talk to a new partner about contraception</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=872)	7%	16%	31%	32%	14%
Female (n=1000)	4%	13%	26%	42%	15%
<b>Total (n=1872)</b>	<b>5%</b>	<b>14%</b>	<b>29%</b>	<b>37%</b>	<b>15%</b>

5.1.3 *Beliefs about peers* looked at teenagers’ beliefs about their peers’ sexual experience and the importance that their peers place on sex in relationships (Table 15):

- Most agreed with the statement ‘most of my close friends have not had sex’ although about a quarter suggested that they did not know or were uncertain.
- Girls were slightly more likely to suggest that most of their friends have had sex in comparison to boys.
- Just over half suggested that their friends did not make them feel that sex was the most important part of a relationship; however boys were more likely than girls to suggest that their friends did make them feel this way.

**Table 15:**

<b>Most of my close friends have not had sex</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=889)	17%	34%	27%	14%	8%
Female (n=1015)	15%	33%	17%	23%	12%
<b>Total (n=1891)</b>	<b>16%</b>	<b>34%</b>	<b>22%</b>	<b>18%</b>	<b>10%</b>
<b>My friends make me feel as though sex is the most important thing in a relationship</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=879)	10%	22%	27%	32%	9%
Female (n=998)	4.5%	10%	18%	45.5%	22%
<b>Total (n=1877)</b>	<b>7%</b>	<b>15%</b>	<b>23%</b>	<b>39%</b>	<b>16%</b>

5.1.4 *Teenagers' knowledge and views* of sex and related issues such as pregnancy and the efficacy of contraception, and the law, are explored in this section (Table 16).

- Nearly half agreed strongly that you could get pregnant the first time you have sex; boys were more likely to be uncertain about this statement than girls.
- Three quarters of respondents felt that there was a chance a girl could get pregnant even if contraception was used correctly; again boys were more likely to be uncertain about this.

**Table 16:**

<b>You can get pregnant having sex for the first time</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=880)	42%	30%	19%	5%	4%
Female (n=997)	56%	27%	9%	4%	4%
<b>Total (n=1873)</b>	<b>49%</b>	<b>29%</b>	<b>13%</b>	<b>5%</b>	<b>4%</b>
<b>Even if contraception is used correctly, there is still a chance that a girl can become pregnant</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=866)	25%	45%	22%	5%	3%
Female (n=995)	29%	51%	15.5%	3%	1.5%
<b>Total (n=1861)</b>	<b>28%</b>	<b>48%</b>	<b>18%</b>	<b>4%</b>	<b>2%</b>



With respect to sex and the law (Table 17) there were some interesting knowledge differences between the genders:

- Most teenagers agreed that it was illegal to have sex with a boy or girl under the age of 16, but girls were more likely to identify this as illegal than boys.
- Most were uncertain as to whether a doctor would need to inform the parents of a girl who was on the pill and under 16, but girls were perhaps unsurprisingly more likely to know this.

**Table 17:**

<b>It is against the law to have sex with a boy or girl who is under 16</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=871)	29%	34%	18%	10%	9%
Female (n=1001)	41%	39%	8%	8%	4%
<b>Total (n=1872)</b>	<b>35%</b>	<b>37%</b>	<b>13%</b>	<b>9%</b>	<b>6%</b>
<b>If a girl is under 16 and is on the pill, her doctor must tell her parents</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=865)	10%	18%	31%	23%	19%
Female (n=1001)	6%	10%	27%	26%	32%
<b>Total (n=1866)</b>	<b>8%</b>	<b>14%</b>	<b>28%</b>	<b>25%</b>	<b>26%</b>

5.1.5 *Views on condom use* in relationships are indicated in Table 18.

- Nearly three quarters of teenagers strongly agreed with the statement on intending to use condoms the first or next time that they have sex. Girls felt more strongly about this than boys.
- Just over half the girls strongly agreed that condoms should always be used during sexual intercourse, compared to around a quarter of boys.
- With respect to friends, most agreed that their friends thought that a condom should be used during sexual intercourse.

**Table 18:**

<b>I intend to use condoms the first or next time I have sexual intercourse</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=901)	66%	22%	8%	1%	3%
Female (n=1028)	74%	16%	7%	2%	1%
<b>Total (n=1929)</b>	<b>70%</b>	<b>19%</b>	<b>8%</b>	<b>1%</b>	<b>2%</b>
<b>You should always use a condom during sexual intercourse</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=897)	28%	31%	20%	17%	4%
Female (n=1025)	51%	28%	11%	10%	0%
<b>Total (n=1922)</b>	<b>40%</b>	<b>30%</b>	<b>15%</b>	<b>13%</b>	<b>2%</b>
<b>Most of my friends think you should use a condom during sexual intercourse</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=885)	21%	41%	29%	6%	3%
Female (n=1026)	34%	45%	16%	4%	1%
<b>Total (n=1918)</b>	<b>28%</b>	<b>43%</b>	<b>22%</b>	<b>5%</b>	<b>2%</b>

next section t

Table 19 looks further at issues around the use of condoms:

- Just under half of the sample did not know or were uncertain as to whether condoms reduced sexual pleasure and spontaneity.
- Nearly three quarters felt that they could use a condom properly, with boys tending to agree more with this statement.
- Almost a third of teenagers did not know if you could buy condoms under the age of 16, although most knew that you could.

**Table 19:**

<b>I think the use of condoms reduces sexual pleasure and spontaneity</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=885)	10%	22%	45%	17%	6%
Female (n=1003)	7%	14%	44%	26%	9%
<b>Total (n=1888)</b>	<b>9%</b>	<b>17%</b>	<b>45%</b>	<b>21.5%</b>	<b>7.5%</b>
<b>I feel that I know how to use a condom properly</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=887)	33%	44%	16%	4%	3%
Female (n=1001)	17.5%	45%	24%	10.5%	3%
<b>Total (n=1888)</b>	<b>25%</b>	<b>44%</b>	<b>20%</b>	<b>8%</b>	<b>3%</b>
<b>You can't buy condoms if you are under 16</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=868)	8.5%	8.5%	26%	27%	30%
Female (n=995)	5.5%	8%	30%	28%	28.5%
<b>Total (n=1864)</b>	<b>7%</b>	<b>8%</b>	<b>28%</b>	<b>28%</b>	<b>29%</b>

5.1.6 *Beliefs about condom use in relationships* are identified in this section. Table 20 looks at teenagers' views on having sex without a condom and the ability to initiate and discuss condom use with their partners:

- Girls were more likely to agree than boys that people should refuse to have sex with someone who objects to using a condom.
- Girls were also more likely to feel that they were able to insist that a condom was used during sex.
- Most teenagers agreed that they would discuss using a condom with their next or first sexual partner, though girls were again more likely to agree with this statement than boys.

**Table 20:**

<b>People should refuse to have sex with someone who objects to using a condom</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=886)	17%	32%	33%	12.5%	5.5%
Female (n=1011)	34%	34%	22%	7%	3%
<b>Total (n=1897)</b>	<b>26%</b>	<b>33%</b>	<b>27%</b>	<b>10%</b>	<b>4%</b>
<b>I feel I could insist that a condom was used during sex</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=869)	25%	43%	25%	5%	2%
Female (n=1010)	38%	40%	17%	4%	1%
<b>Total (n=1879)</b>	<b>32%</b>	<b>42%</b>	<b>20.5%</b>	<b>4.5%</b>	<b>1%</b>
<b>I intend to discuss using condoms before having sexual intercourse with my next/ first sexual partner</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=875)	18%	33%	32%	11%	6%
Female (n=1002)	26%	39%	26%	7%	2%
<b>Total (n=1877)</b>	<b>22%</b>	<b>36%</b>	<b>29%</b>	<b>9%</b>	<b>4%</b>

Responsibility for carrying condoms is identified in Table 21. The teenagers were also asked for their views about girls who carry condoms and how they would feel when buying condoms in a shop.

- The teenagers did not think that it was mainly the man's responsibility to carry condoms, but boys were more likely to agree than girls.
- The majority of respondents did not agree with the statement 'girls who carry condoms sleep around' but boys were more likely to strongly agree than girls.
- Both boys and girls suggested that they would feel embarrassed to buy condoms in a shop.

**Table 21:**

<b>It is mainly the man's responsibility to carry condoms</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=868)	10.5%	33%	23%	23%	10.5%
Female (n=995)	8%	18%	18%	40%	16%
<b>Total (n=1863)</b>	<b>9%</b>	<b>25%</b>	<b>21%</b>	<b>32%</b>	<b>13%</b>
<b>Girls who carry condoms sleep around</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=877)	11%	16%	28%	32%	13%
Female (n=999)	2.5%	2.5%	15%	45%	35%
<b>Total (n=1876)</b>	<b>7%</b>	<b>9%</b>	<b>21%</b>	<b>39%</b>	<b>24%</b>
<b>I would feel embarrassed buying condoms in a shop</b>					
	Strongly agree	Agree	Don't know/ uncertain	Disagree	Strongly disagree
Male (n=880)	17%	27%	18%	23%	15%
Female (n=1005)	18%	32%	19%	19%	12%
<b>Total (n=1885)</b>	<b>18%</b>	<b>30%</b>	<b>19%</b>	<b>20%</b>	<b>13%</b>

5.1.7 *Teenagers' knowledge of contraception* was identified through a number of questions that asked young people to identify the level of protection that different types of contraception afforded them and how many hours after unprotected sex the morning after pill can be taken.

- The majority of the teenagers knew that a condom prevents both pregnancy and sexually transmitted infections (79%, n=1873).
- More girls (83%; n=880) than boys (75%; n=993) knew that a condom protects against both pregnancy and sexually transmitted infections.
- Boys (12%) were more likely than girls (3%) to suggest that the condom protects against pregnancy alone.

The teenagers had a clearer understanding of how the contraceptive pill protected them during sexual intercourse:

- 89% (n=1868) knew that the pill prevents pregnancy.
- Girls (92%, n=999) were more likely to answer this question correctly than boys (85%, n=869).

- Only 5% of boys and 3% of girls answered a part of this question incorrectly, suggesting that the contraceptive pill protects against pregnancy and infection.
- More boys also indicated that they did not know the answer to this question (6% boys and 3% of girls).

The teenagers were least likely to know how to use the emergency contraceptive pill correctly:

- About a third (32%; n=1860) correctly stated that the emergency contraceptive pill can be used up to 72 hours after unprotected sexual intercourse.
- Again girls (44%, n=989) were more likely to get this question right than boys (18%, n=871).
- Boys were most likely to think that the emergency pill could only be used within 24 hours of unprotected sex (26%).

**5.1.8 Teenagers' knowledge of sexually transmitted infections** was assessed through their responses to questions that instructed them to identify sexually transmitted infections from a list of medical conditions, and to indicate how they thought they were contracted.

- Girls were more likely than boys to correctly identify chlamydia (84%, n=1052) and gonorrhoea (73%).
- 58% of boys identified chlamydia from the list, and 54% identified gonorrhoea (n=952).
- The majority knew that sexually transmitted infections could be contracted through vaginal sex: 92% of girls (n=1052) and 85.5% of boys (n=952) answered this question correctly.

The teenagers were less sure about the ability to contract sexually transmitted infections through oral sex:

- Only 60% of girls and 47% of boys correctly indicated that you could contract some sexually transmitted infections through oral sex.

From the seven questions that assessed the teenagers' knowledge of contraception and sexually transmitted infections:

- 7% of boys (n=893) and 25% of girls (n=1010) answered all the questions correctly. In general, all teenagers were most likely to know how the condom and pill protected them, that sexually transmitted infections could be contracted through vaginal sex and that chlamydia is a sexually transmitted infection:
- Most of the teenagers got at least five of the questions right. Those who scored less than five were more likely not to identify gonorrhoea from the list of sexually transmitted diseases.
- The teenagers were most likely to get the questions relating to the emergency contraceptive pill and the ability to contract sexually transmitted infections through oral sex wrong.

## 5.2 Teenagers' Views on Successful Marriages and Long-Term Relationships

This section highlights views on the factors that contribute to a successful marriage or long-term relationship, such as being faithful or sharing household chores. These findings are explored through three sub-themes including, issues of trust and mutual respect, domestic issues and shared values and beliefs.

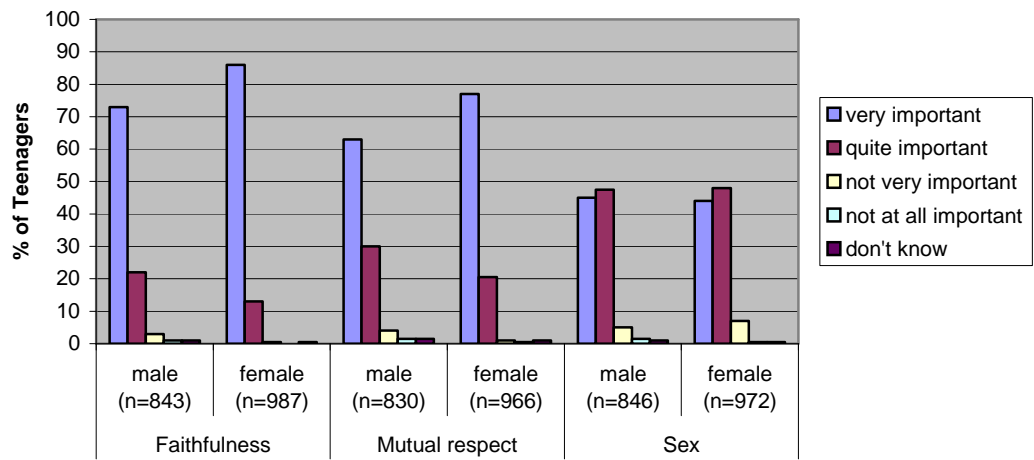
**5.2.1 *Issues of trust and mutual respect in relationships*** were identified by teenagers rating the importance of faithfulness, mutual respect and sex to a successful relationship (Chart 20):

- Faithfulness was very important to nearly all of the girls (86%) and approximately three quarters of boys (73%).
- Most of the teenagers also felt that mutual respect was an important factor in having a long-term relationship (70.5% very important): again, more girls (77%) rated this as very important than boys (63%).

A happy sexual relationship was less important to most of the teenagers:

- Nearly half of the girls felt that a happy sexual relationship was very important (44%) and it was quite important to 48%.
- Similarly, 45% of boys rated a happy sexual relationship as very important and 47.5% considered it to be quite important.

**Chart 20: Successful Marriage/ Long-Term Relationship: Trust and Respect**

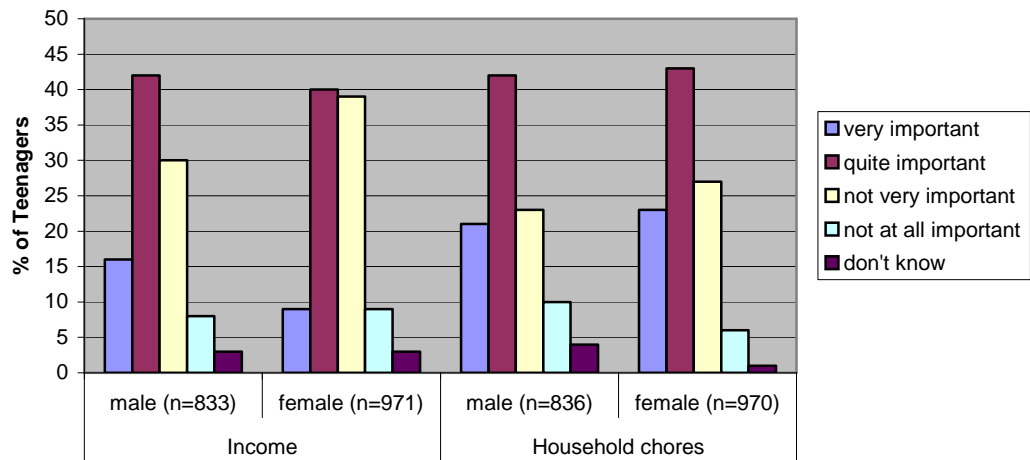


5.2.2 *Domestic issues* related to teenagers' views on how important an adequate income and the sharing of household chores were to a successful marriage or long-term relationship (Chart 21):

- Boys were more likely to rate an adequate income as very important (16%) than girls (9%).
- Most of the teenagers suggested that an adequate income was quite important to a successful marriage or long-term relationship (41%).
- 42% of boys rated sharing household chores as quite important, as did 43% of girls.
- Interestingly, 27% of girls and 23% of boys felt that sharing household chores was not important.



**Chart 21: Successful Marriage/ Long-Term Relationship:  
Domestic Issues**



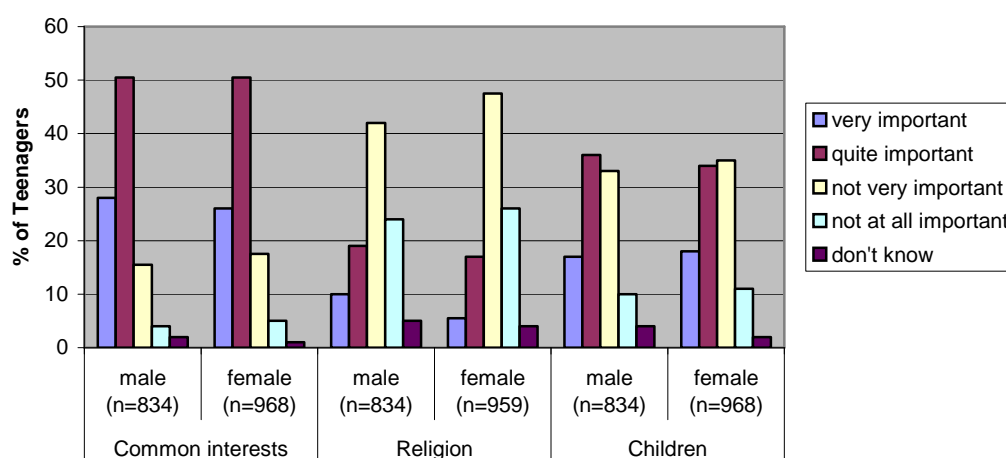
**5.2.3 Shared values and beliefs** were identified by asking the teenagers to rate the importance of sharing common interests and tastes, religious beliefs and also the importance of having children to a successful relationship (Chart 22):

- Half of the teenagers rated having common interests and tastes as quite important, and boys (28%) were slightly more likely than girls (26%) to suggest that these aspects were very important.
- 42% of boys and 47.5% of girls rated sharing religious beliefs as not very important, compared to 19% of boys and 17% of girls who thought it important.

There was a lack of consensus on the importance of having children to a successful relationship, although the boys and girls were similar in their responses:

- About a third rated having children as quite important (36% of boys and 34% of girls) and roughly 20% of all who responded thought it was very important.

**Chart 22: Successful Marriage/ Long-Term Relationship:  
Values and Beliefs**



### 5.3 PCT Comparisons

There were not any notable differences between the attitudes of the teenagers in each PCT. Some subtle differences were detected in the following areas:

- More boys (33%) and girls (47%) in Maidstone and Weald PCT (n=91) suggested that an adequate income was not important, compared to most teenagers who felt it was.
- While most teenagers felt that sex was quite important to a successful marriage or long-term relationship, most boys from Ashford (55%) and Shepway (50%) rated it as very important.
- Equally, over half of the girls in East Kent Coastal Teaching PCT felt that a happy sex life was very important to a successful marriage or long-term relationship (52%);
- In South West Kent PCT, higher numbers of girls (55%) and boys (47.5%) rated a happy sex life as very important.

### 5.4 Key Points


#### *Knowledge, attitudes and values towards sex*

- Most respondents felt that you should be in love before having sex, and this was more noticeable among female respondents, however three quarters of teenagers did not think that people should be married before they had sex.

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

#### *Views about successful marriages and long-term relationships*

- Teenagers shared their views on the importance of trust and mutual respect, sharing domestic chores, having an adequate income and sharing values or religious beliefs to having a successful relationship.
- The values rated highest among both boys and girls were faithfulness and mutual respect, and most felt that a happy sex life was quite important.

- 
- Boys were more likely to suggest that an adequate income was very important to a successful marriage or long-term relationship than girls. Teenagers in Maidstone and Weald felt this was less important.
  - Shared religious belief was the only factor that the majority of teenagers suggested was not very important to a successful marriage or long-term relationship:

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

This section focuses on the teenagers that reported having sex from across Kent. This section will be presented through five sub-headings:

*Section 6.1 Teenagers sexual experiences* describes the number of teenagers who reported having sex, teenagers' contraceptive use, readiness to have sex, reasons for and the age at which they first had sexual intercourse.

*Section 6.3 Trusted and valued sources of information* highlights the sources of sex and relationships information that the teenagers who reported having sex trusted the most, and compares these with the sources identified by the teenagers who have not had sex.

*Section 6.4 Use of sexual health services* identifies the use of sexual health services by the teenagers who reported having sex.

*Section 6.5 Knowledge of sex and related issues* will identify the teenagers' knowledge of contraception, sexual transmitted infections and how they are contracted.

*Section 6.7 Key points* identifies the key findings in this section.

### 6.1 Teenagers' Sexual Experiences

In Kent approximately 40% or 727 of the teenagers reported having sexual intercourse with slightly more girls than boys:

- 329 (40%) boys reported having sexual intercourse and 493 (60%) had not had sex (n=822).
- 398 (41.5%) girls reported having sex and 560 (58.5%) had not had sex (n=958).

When examining individual PCTs, boys were less likely than girls to report having sex. This was particularly noticeable in Canterbury & Coastal, Maidstone & Weald and Shepway PCTs (Table 22). In contrast, boys from Swale PCT were more likely to report having sexual intercourse than girls. Most of the teenagers however had not had sexual intercourse, although for boys, this majority was small.

**Table 22: Have you ever had sexual intercourse?**


Ashford PCT			Maidstone and Weald PCT		
	Yes	No		Yes	No
Male (n=102)	41%	59%	Male (n=86)	27%	73%
Female (n=135)	41%	59%	Female (n=97)	35%	35%
<b>Total (n=237)</b>	<b>41%</b>	<b>59%</b>	<b>Total (n=183)</b>	<b>31%</b>	<b>69%</b>
Canterbury and Coastal PCT			Shepway PCT		
	Yes	No		Yes	No
Male (n=51)	29%	71%	Male (n=54)	28%	72%
Female (n=83)	39%	61%	Female (n=192)	41%	59%
<b>Total (n=134)</b>	<b>35%</b>	<b>65%</b>	<b>Total (n=246)</b>	<b>39%</b>	<b>62%</b>
Dartford, Gravesham and Swanley PCT			South West Kent PCT		
	Yes	No		Yes	No
Male (n=125)	42%	58%	Male (n=175)	39%	61%
Female (n=127)	41%	59%	Female (n=83)	53%	47%
<b>Total (n=252)</b>	<b>41%</b>	<b>59%</b>	<b>Total (n=258)</b>	<b>44%</b>	<b>56%</b>
East Kent Coastal PCT			Swale PCT		
	Yes	No		Yes	No
Male (n=121)	45%	55%	Male (n=108)	55%	45%
Female (n=140)	48%	52%	Female (n=101)	35%	65%
<b>Total (n=261)</b>	<b>46%</b>	<b>54%</b>	<b>Total (n=209)</b>	<b>45%</b>	<b>55%</b>

It must be remembered however, that the small number of boys and girls in some PCTs will influence the findings. For example, in South West Kent more boys took part.

6.1.1 *Teenagers' first sexual experiences* were identified by asking the teenagers how old they were when they first had sex, their readiness to have sexual intercourse at that time and their primary reasons for having sex. Their use of contraception was also identified for the first time that they had sex and on subsequent occasions.

The average age for first sex for both genders was 15:

- Most boys were 15 (40%), 14 (34%) or 13 (13%) when they first had sex (n=310).
- Girls were also mainly 15 (42%), 14 (40%) or 13 (14%) (n=395).



Most of the teenagers' partners were also 15 when they had sex, although the girls were slightly more likely to have older partners:

- Most of the boys' partners were 15 (37%), 14 (28%) or 16 (13%) years old when they had sex, just 5% had partners who were 18 or over.
- The girls' partners were also mainly 15 (32%), 16 (25%) or 14 (15%) but some were 17 (14%), 18 (5%) or 19 (3%).

**6.1.2 *Readiness for first sexual experience*** was identified through two key questions relating to the teenagers' and their partners' willingness to have sex and whether they should have waited longer before having sex for the first time. Most of the teenagers suggested that they and their partner were both equally willing to have sex, but there were some subtle differences between the genders:

- 83% of boys and 73% of girls said that they and their partner were both equally willing.
- More girls (25%) suggested that their partner was more willing the first time that they had sex than boys (12%).

There were also differences in the teenagers' views on whether they would have waited longer to have sex for the first time:

- Most of the boys stated that they had sex at about the right time (57%).
- Half of the girls suggested that they had sex at about the right time (50%) but the remaining half felt that they would now wait longer before having sex (48%).

**6.1.3 *Primary reasons for having sex for the first time*** varied from being curious about what it was like, to being in love, getting carried away with feelings to wanting to lose their virginity. The teenagers were able to give more than one reason for having sex the first time, and so the teenagers' top five reasons are provided here:

- Both boys and girls indicated that they were curious about what it would be like (boys, 65%; girls, 66%), and it seemed a natural 'follow on' in the relationship (boys, 40%; girls, 50%).
- Equally and perhaps of more concern, both reported that they had been a bit drunk at the time (27%).

The main differences existed with the following:

- More boys indicated that they wanted to lose their virginity (38%; compared to 22% of girls).
- Girls were more likely to state that they were in love (43%) than boys (34%).

6.1.4 *Contraceptive use in the teenagers' first sexual experience* was explored through asking the teenagers what type of contraception they used, whether they discussed using contraception with their partner and who took responsibility for making sure contraception was used.

- With respect to condom use the first time, 74% of girls and 75% of boys had used a condom and 13% of girls used the contraceptive pill.
- The teenagers tended to use one form of contraception as only 8.5% of boys and 11% of girls had used both the contraceptive pill and a condom.
- Of concern is the finding that 18% of boys and 16% of girls used no contraception and 11% of girls used emergency contraception.
- Approximately half of the teenagers had discussed contraception with their partner before they had sex for the first time (41% of boys; 49.5% of girls).

Most of the teenagers suggested that both they and their partner took responsibility for making sure that contraception was used the first time they had sex (Table 23). The findings suggest however, that boys were more likely to be responsible for contraception if both teenagers did not take responsibility:

**Table 23:**

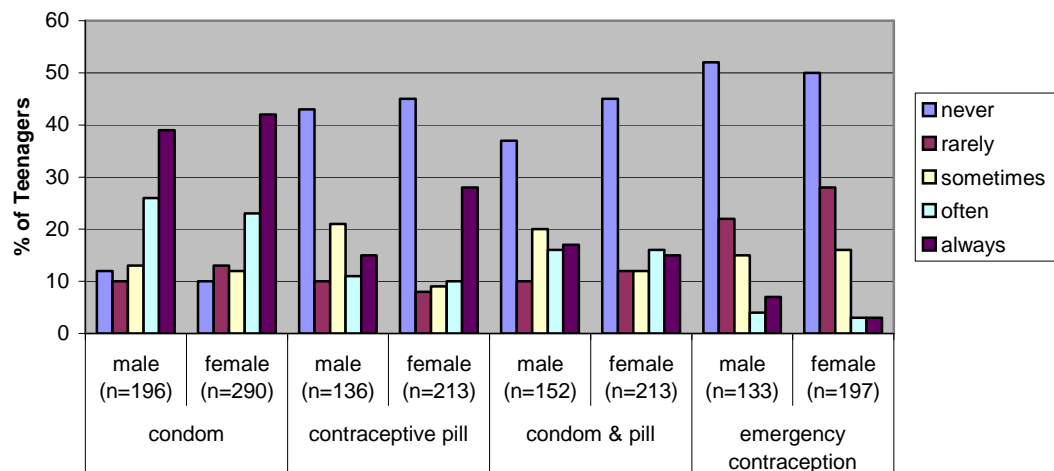
<b>Who took responsibility for making sure contraception was used the first time?</b>				
	Myself	My partner	Myself and my partner	Neither
Male (n=314)	27%	9%	45%	19%
Female (n=384)	8%	25%	50%	17%
<b>Total (n=698)</b>	<b>16%</b>	<b>18%</b>	<b>48%</b>	<b>18%</b>




6.1.5 Teenagers that reported having sex more than once were also identified through the survey. These teenagers were asked about how regularly they used different forms of contraception during sexual intercourse.

- Most of the teenagers who reported having sex also reported having sex more than once, although girls were more likely than boys to have had sex more than once (80.5% of girls; 69% of boys).
- Most of the teenagers who reported having sex more than once suggested that they always used a condom during sexual intercourse (39% of boys; 42% of girls: Chart 23).
- Condoms were more likely to be used on their own than with the contraceptive pill, and girls were more likely to suggest that they always used the contraceptive pill (28% of girls; 15% of boys).
- .Most of the teenagers who had sex more than once did not use the condom and the contraceptive pill all the time and emergency contraception was rarely used.

**Chart 23: Use of Contraception in Teenagers that had Sex more than once**



6.1.6 Reasons for not using a condom with a new partner were identified by asking the teenagers to select one or more reasons from a list that included not discussing the issue, not thinking of risks, worry over losing partner, difficulty raising the subject, problems staying 'turned on', being a bit drunk or not having a condom at the time. Most respondents suggested they always used a condom (26% of boys and 24% of girls). However the following are the three main reasons given



by girls and boys for why they did not. In general there was a similarity between the genders:

- Knowing their partner well enough was the most commonly cited reason for not using a condom by both boys (22%) and girls (23%).
- Not having a condom ( 21% of boys; 22% of girls) and being a bit drunk (21% of boys; 20% of girls) were also prominent.
- For the third reason, boys reported that they did not discuss the question (21%), and girls used a different method of contraception (22%).

## **6.2 Trusted and Valued Sources of Sex and Relationships Information**

This section identifies the sources that the teenagers who reported having sex trusted and valued to provide them with reliable and accurate information on pregnancy and contraception, HIV and AIDS, sexually transmitted infections and relationships. This data is compared with the sources trusted by the teenagers who had not had sex.

### **6.2.1 Trusted sources for boys**

In general, for boys there was little difference in who was their most trusted source for these topics:

- For pregnancy and contraceptive information, mothers were the most trusted source for both those boys who had sex (27%) and those who had not (23%).
- For HIV/AIDS and sexually transmitted diseases information, doctors and nurses were also the most trusted source for boys who had sex (37%) and those who had not (36%)

### **6.2.2 Trusted sources for girls**

For girls, there were some interesting differences that perhaps reflected service use and could be connected to the need for secrecy and privacy:

- Of those girls having sex, 38% trusted a family planning or young person's clinic to provide information on pregnancy and contraception compared to 17% of those not having sex. Those having sex trusted their mothers less for this information, (28%) compared to of those not having sex (37%),
- Similarly, while both groups of girls trusted doctors and nurses for information about HIV/AIDS and sexually transmitted diseases the most, those having sex next preferred the family planning clinic as a source (17.5%).

**6.2.3 Information about relationships** was mainly trusted from people that the teenagers had interpersonal relationships with, rather than professionals. Mothers and fathers were usually the most trusted sources for advice on relationships.

Boys who reported having sex trusted the following sources to provide them with reliable and accurate information on relationships:

- Mothers were the most trusted source for those having sex (24%) and those not having sex (27%), followed by fathers and friends.
- For girls, both trusted their mothers primarily (46% of those having sex; 43% not), followed by friends, although girls having sex were more likely to cite boyfriends as their third source.

### **6.3 Use of Sexual Health Services**

The next section reports on the teenagers' use of sexual health services and identifies differences between girls and boys. The teenagers were asked how old they were when they first used a family planning or young person's clinic and how many times they had used these clinics for contraceptive services.

**6.3.1 The average age of first use of family planning or young person's clinic for contraceptive services** was 14 for boys and 15 for girls who reported having sex. There were some differences between the boys and girls, as the girls were more likely to report visiting a clinic for contraceptive services:

- 75% of the boys that reported having sex had never been to a family planning or young person's clinic for contraception (n=269); in contrast, only 44% (n=175) of the girls that reported having sex had never been to a clinic for contraceptive services.
- Both boys and girls who reported having sex and going to a clinic for contraceptive services were usually 14 or 15 years old when they went.

### **6.3.2 Regular use of clinics for contraceptive services**

While girls who reported having sex were more likely to visit clinics for contraceptive services than boys, boys were more likely to regularly visit clinics than girls:

- 45% of the boys (n=69) that reported having sex visited a clinic for contraceptive services more than 5 times.
- Equally, 41% of the same sample visited a family planning or young person's clinic 1 or 2 times, and 20% visited 3 to 5 times.

- Most of the girls who reported having sex and visiting a clinic for contraceptive services visited 1 or 2 times (60%; n=197) with 21% visiting more than 5 times.


#### 6.4 Knowledge of Sex and Related Issues

This section focuses on the teenagers' knowledge of sex and related issues, including contraception and sexually transmitted infections. The teenagers were asked to identify how different forms of contraception protect them, when the emergency contraception can be used and how sexually transmitted infections can be contracted. This section explores these findings by comparing the knowledge of the teenagers who reported having sex with those who did not.

**6.4.1 Teenagers' knowledge of contraception** was identified through their agreement with a number of statements. The majority of the teenagers in this sample and across Kent knew how the condom and the contraceptive pill protected them during sexual intercourse, although girls were more likely than boys to answer these questions correctly.

- There were marginal differences only between boys who had sex (72%) and those who did not (78.5%) with respect to knowing that a condom prevents both pregnancy and infection.
- The difference was a little greater with girls; 87% of girls who reported having sex knew this compared to 79% of girls who had not had sex.
- Most of the teenagers also knew that the contraceptive pill only prevents pregnancy with little differences between groups, although girls having sex were more likely to answer this question correctly than boys having sex (82% compared to 94%).
- Only 23% of the boys who reported having sex knew when the emergency contraceptive pill could be taken compared to 15% not having sex.
- This can be compared to girls; of those having sex, 57% knew the answer and of those not having sex, 35% answered correctly. However, 20% of girls having sex did not know when the emergency contraceptive pill could be taken.

**6.4.2 Sexually transmitted infections** had to be correctly identified from a list by the teenagers that completed the survey. The teenagers had to correctly identify gonorrhoea and chlamydia from a list of five other infections or suggest that there were no sexually transmitted infections included in the list.



Again, the girls were more likely to answer these questions correctly and there was no real difference between the responses of the boys who reported having sex and those who did not:

- 65% of boys who reported having sex correctly identified chlamydia from the list of infections, as did 61% of the boys who had not had sex.
- Gonorrhoea was also correctly identified from the list by 58% of the boys who had sex and 59% of the boys who had not had sex.

Again, the differences between the girls was slightly wider:

- Chlamydia was correctly identified by 93% of the girls who had sex and 83% of the girls who had not had sex.
- 80% of the girls who reported having sex also correctly identified gonorrhoea from the list, in comparison to 73% of the girls who had not had sex.

## 6.5 Key Points

### *Teenagers' sexual experiences*

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

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

#### *Trusted and valued sources of information*


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

#### *Use of sexual health services*

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

#### *Knowledge of sex and related issues*

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

- 
- Teenagers having sex were less knowledgeable about the emergency contraceptive pill, with about a quarter of boys and half the girls getting the right answer. However, they were more knowledgeable than those teenagers not having sex.

## 7 Improving Sex and Relationships Education and Services: Teenagers' Comments

This section provides a thematic representation of the many written comments made by some of the teenagers throughout the questionnaire. Many of the comments underpin the statistical data in previous sections.

In total, 1819 comments were made by the teenagers.

- 907 were on sexual health services including contraception, access to services and advice and information at and on local clinics.
- 877 were on sex and relationships education.
- 35 were on the school nurse and sexual health services in school.

This section is presented in five key sub-sections:

*Section 7.1 Improving sex and relationships information* describes teenagers' views on sex and relationships education in school and in general and also highlights their views on improvements.

*Section 7.2 Improving sexual health services* identifies teenagers' experiences of services in Kent and explores their views on how access can be improved for young people.

*Section 7.3 Why we have a problem....* highlights some of the factors that teenagers identified as influencing high teenage pregnancy rates and offers some solutions.

*Section 7.4 Key points* draws out the key findings.

### 7.1 Improving Sex and Relationships Information

This section clusters teenagers' views on how sex and relationships information is provided to teenagers to identify ways in which they feel it could be improved. A section commenting on school nurse provision is also provided.

#### 7.1.1 Nature of information needed

Most teenagers suggested that they should receive more sex and relationships education in school, as the current provision did not provide them with enough information or detail. There is the suggestion that other sources are not ideal:

*'Some things [in the questionnaire] I wasn't too sure on so I think maybe there should be more talks about certain things' Dartford, Gravesham & Swanley PCT*



*'We should have more sex education in school. I learned most of what I know from television and friends'*  
Shepway PCT

In support of the data identifying the imbalance between physical and emotional information, there seemed to be a strong demand for more information on various aspects including, sexual feelings and emotions, sexuality, clinics and contraception:

*'There should be more sex education taught in schools. We should be taught what family planning and young person's clinics are like. We should be taught more about relationships. Also gay and lesbian and bisexual issues should be taught in schools so people will get used to it and it will help young people confused over their sexuality'* East Kent Coastal Teaching PCT

*'There needs to be more knowledge on the feelings and emotions that happen during sex instead of focusing directly on what happens physically'*  
Dartford, Gravesham & Swanley PCT

*'Learn more about the pill and things like that'*  
East Kent Coastal Teaching PCT

*'I think there should be more advice for young people having sex. If I had more advice I might not have sex'*  
South West Kent PCT

The following comment is typical of several teenagers highlighting how a lack of information on sex and relationships can leave some young people to be misinformed and vulnerable to the consequences of unprotected sex:

*'You don't need a condom if the girl is on the pill and you have to book the pill then go back four days later, what if you need them before that?'*  
Dartford, Gravesham & Swanley PCT

In addition, the use of websites was suggested as a confidential source of information, highlighting perhaps that not enough young people are currently aware of the websites that are available:

*'There should be more information about sex, like on the internet – an official site where people can find information'* South West Kent PCT

### 7.1.2 *Delivery of information in schools*

Respondents also thought that using outside speakers rather than teachers and applying different techniques would help to encourage open discussion:

*‘Could give more information at school with outside speakers as they are easier to talk to than most teachers’ Canterbury & Coastal PCT*

*‘Not many people know everything. There should be more people coming out to schools and talking about sex’ Swale PCT*

*‘[Things could be improved] By having more information available in schools, more talks in small groups rather than class discussion’ Dartford, Gravesham & Swanley PCT*

This once more reflects the apparent lack of involvement of students in the sessions.

Interestingly, the age of the people delivering the sex and relationships education at school was also considered to be important. More often than not the teenagers suggested that they would prefer to receive advice from younger people:

*‘At school it is awkward being taught by someone over 30. It (sex and relationships education) is more on the lines of fertilisation rather than the more socially important things’ South West Kent PCT*

*‘Younger but experienced people should come into schools for talks more often’ Swale PCT*

### 7.1.3 *Timing of information*

Issues were raised in relation to the timing of education. Comments suggested that sex and relationships education should be delivered throughout their time at school and earlier, as current provision failed to meet their needs:

*‘Sex education only seems to be given in year 6 at primary school which is too early for most people as they are not mature enough to take it in and it does not seem to properly be repeated again and people are unsure of what they learned in sex education as it seems so far back’ Ashford PCT*

*'I think sex should be made clearer to young people (yr 7) because this will stop more young pregnancies and help people be ready and know everything'*

*South West Kent PCT*

*'I did have sex education in year 6 but I was not there and I have not had it since and I think it is important that we have it now as we are now getting to that age and it is important. I also think it is important to be taught information on sexually transmitted diseases as I have never had that taught to me'* Ashford PCT

#### **7.1.4 Gender issues**

There were some interesting views about gender issues. Some argued that boys and girls should receive their sex education separately to encourage them to take it more seriously:

*'I haven't had sex education, I had to find out myself. Girls and boys should be taught separately about sex because girls develop quicker than boys and take it seriously'* Ashford PCT

*'Outside speakers should come to schools more often without teachers with them, just girl groups and boy groups'* South West Kent PCT

#### **7.1.5 Information provided by school nurses**

The teenagers made some positive comments about their school nurse and they were seen as a useful resource particularly in Ashford.

*'The school nurse is very helpful, she told me all I needed to know and I wasn't afraid to ask questions'*  
Ashford PCT

Comments such as this one indicate where school nursing is providing an environment conducive to encouraging interaction, unlike the approach experienced by most respondents. Despite this potential however, most of the teenagers suggested that the school nurses were not available enough:

*'We need more education on it, the school nurse is really nice but she is not here all the time'*  
Ashford PCT

*'I feel that the school nurse is not around enough'*  
Canterbury & Coastal PCT

*'More nurses should come to schools to educate pupils about sex and sexually transmitted infections'*  
Maidstone and Weald PCT

Some of the teenagers also suggested that it was difficult to talk to the school nurse about sex and relationships:

*'Get a better nurse who is willing to help people when they are ill and is easy to talk about sex to the pupils'*  
Shepway PCT

Others felt that they could not visit the school nurse for advice because people knowing where they were embarrassed them:

*'More confidential places which are less embarrassing and somewhere you can go on your own. People don't see the school nurse because people will know they are with her because they won't be in lessons, etc. It's embarrassing'* East Kent Coastal Teaching PCT

Reflecting once more on the gender issue, there was the suggestion that this was particularly true for boys, as other students might tease them if they knew they went to see the school nurse:

*'The nurse is mainly for girls, if a boy was to go and see the nurse he would be mocked for a long time'*  
Canterbury and Coastal PCT

Suggestions for improvement centred on the allocation of private meetings with the school nurse:

*'School should talk more about sex and relationships. We should have personal private meetings with the school nurse'* Maidstone and Weald PCT

## **7.2 Improving Sexual Health Services**

A total of 863 comments were made in relation to the experiences of using services and suggestions for improvements that were in general evenly spread throughout the PCTs.

This section focuses on the themes of confidentiality, location and information, opening times, attitude of staff and general improvements to services. Of interest is the theme of secrecy and parental awareness, a prominent feature of the statistical data and an undercurrent in many of the quotes. What is clear is that many teenagers do not want people and especially parents to know about service use.

### **7.2.1 Confidentiality**

Many comments made by the respondents reflected that teenagers needed to feel secure about confidentiality and privacy at the clinics. Large numbers of quotes highlighted the importance of parents not knowing:

*'The confidentiality could be improved in a doctor's surgery so our parent's wouldn't find out'* Ashford PCT

*'Promise of confidentiality, guarantee that parents will not be informed'* Maidstone & Weald PCT

*'Confidentiality – don't tell parents'* South West Kent PCT

*'Being confidential no one would like [their] parents or family to find out'* East Kent Coastal Teaching PCT

The issue of trust was also evident:

*'I think that children and teenagers should be able to trust the person they are talking to and know what they are doing or telling that person is confidential'*  
Canterbury & Coastal PCT

*'They should not tell no one what people tell them'*  
Dartford, Gravesham & Swanley PCT

#### *7.2.2 Location and information*

Comments in all PCTs related to lack of knowledge of where clinics were in their areas, which may connect to their under use. Teenagers offered suggestions as to how this could be improved, with a clear emphasis on greater liaison with schools:

*'They should be advertised more and known to the young people, and made more known. For example, small groups of girls could go to clinics to feel more comfortable'* Shepway PCT

*'Co-operation from schools and more publicity and information about them for example, I do not know where the nearest family planning clinic is'* Ashford PCT

*'I think that they should be more local, and people know where they are. I think they should come to our schools and tell us the services provided, help and location of the clinic'* Maidstone & Weald PCT

These comments reflect once more the need for clinic use to be 'hidden':

*'It [clinic] should be nearer and a place where anyone you don't want to know can't find out'* Swale PCT

*'Having family planning as a health centre so if you are seen by parents, for example, you can make up a reason why'* Shepway PCT

Some teenagers also felt that the location of sexual health services and contraception in particular should be available not only in clinics but as an outreach service in school:

*'At schools they should have more talks and also have condom machines as well'* Maidstone and Weald PCT

*'I think there should be a service in school for free contraception and emergency contraception'*  
Shepway PCT

*'I think free contraception should be available and there should be more taught about it in schools'* Ashford PCT

### 7.2.3 Opening times

The need for greater flexibility of opening hours echoed the overall rating of this issue as 'adequate' or 'poor', and indicates the importance of addressing access and use of sexual health services. The following quotes describe some of the problems encountered:

*'My clinic is open Mondays 'til 4 and I think Thursday and Saturdays, it could be open for more days of the week, many of my friends go there too and have to wait 'till Monday'* East Kent Coastal Teaching PCT

*'Our clinic opens 4pm-4.30pm. I think it should be open longer. We don't get home until 4'* South West Kent PCT

*'The family planning clinic I went to is only open on a Tuesday and you have to book, my friend needed the morning after pill so we had to go to [name of chemist] and everyone saw and it was some man that didn't know what he was up to'* Shepway PCT

Suggestions for after school and weekend opening times was apparent in many of the comments:

*'Open after school hours as it is difficult to go during the day'* East Kent Coastal Teaching PCT

*'I think that they should be friendly, easy to talk to, open as early as possible and as late as possible to allow people to go before or after school, know that you can trust them and they won't tell your parents, relatives or GP'* Ashford PCT

*'Open weekends, more nurses, longer opening hours. But definitely open on weekends'* Maidstone & Weald PCT

#### 7.2.4 Attitude of staff

Of concern were the comments relating to the teenagers worries about being judged or embarrassed by staff at the clinics, which may also reflect actual experiences:

*'They could not look like we are a disappointment'*  
Canterbury & Coastal PCT

Suggestions for improvements centred on the importance of interpersonal skills of staff and creating a relaxed environment:

*'Have experienced people who won't judge on matters and don't criticise your actions a lot'* East Kent Coastal Teaching PCT

*'Make them more convenient and available especially if you are worried and need someone who won't judge you to talk to'* Canterbury & Coastal PCT

*'Young people need to feel comfortable and relaxed to be able to confide in someone so staff need to be friendly and patient towards the person'* Dartford, Gravesham & Swanley PCT

*'Making the surroundings more comfortable and being able to tell a GP for example, without being embarrassed about what they think'* East Kent Coastal Teaching PCT

#### 7.2.5 General improvements to services

Other comments focused on the availability and location of contraception, including the role of schools in their supply:

*'The morning after pill should be available in schools and there should be young persons clinics held in schools. This should be confidential'* Maidstone and Weald PCT



*'Young people should be given free contraception more often'* Canterbury & Coastal PCT

*'More condom machines in public toilets and also in school toilets'* Swale PCT

The issue of privacy was again apparent here:

*'There should be more machines because they are cheaper and no one can see you getting them [condoms]'* Canterbury & Coastal PCT

and in relation to clinics:

*'At the clinic there should be more nurses so the queue and waiting times isn't long. When you are at the clinic they shouldn't call your name out in front of everyone'* Ashford PCT

Other teenagers felt that more topic specific information should be given:

*'There could be more issues raised, such as how to enjoy it [sex] safely and more general information, it should be made a timetabled lesson'* Canterbury & Coastal PCT

*'I think the issue of sexually transmitted infections is very important and not many young people know that and should be made more aware of the effects they can cause'* South West Kent PCT

*'We should be taught more about sexual health and the consequences of sex'* Dartford, Gravesham & Swanley PCT

*'I think that GP and chemists should give out free condoms'* Dartford, Gravesham & Swanley PCT

The cost of contraception was an issue for others:

*'Condoms are too expensive'* East Kent Coastal Teaching PCT

*'The morning after pill costs too much money – in chemist £26.00'* Canterbury and Coastal PCT



### 7.3 Why we have a problem...

This small but insightful subsection emerged as some teenagers offered some explanations for what they saw as the teenage pregnancy problem, along with some suggestions for improvement.

A majority view among this group was the feeling that sex and relationships was not openly discussed enough and that this led young people to be embarrassed and also uninformed:

*'I think that the main reason why there are any problems with teens and sex, and what to do about sexual health are that it is not discussed enough and people are embarrassed about it so people aren't well enough informed'* East Kent Coastal PCT

*'I think people at school should be more open to talk to students about sex and contraception'* Swale PCT

The gender issue surfaced again here as an explanation. There was a suggestion that not only should sex and relationships education be increased, but also boys and girls should receive differing amounts to prepare them for relationships:

*'Giving out free contraception does not prevent teenager pregnancy, because people still choose not to use it. Boys pressure girls into everything – they should get the most education, because they won't talk about it and they get girls pregnant'* Swale PCT

*Young people especially girls should have more lessons about sex so they don't make mistakes by being talked into having sex when they are really young and have to regret it for the rest of their lives'* Canterbury and Coastal PCT

*'The only problem I really have is talking to someone I don't know because I would get embarrassed, everyone gets embarrassed because we don't all talk about it enough and that's why girls end up getting pregnant.'* Canterbury and Coastal PCT

These comments project an astute view into the complex gender-specific and cultural pressures that are brought to bear in negotiating sexual relationships.

## 7.4 Key Points

### *Improving information and education*

- An increase in the amount of sex and relationships education taught throughout school years, more outside speakers, and more small group discussions.
- Greater emphasis on emotional issues, relationships and sexuality with more sensitivity towards the differing needs of girls and boys.
- More information about local sexual health services and for schools to provide access to sexual health services and contraception in particular through the provision of condom machines in toilets.
- More private time with and information from the school nurse.

### *Improving sexual health services*

- Respondents wanted confidential services they could trust and needed to be reassured that their parents would not be told about their visit.
- Teenagers wanted more information on the whereabouts of their local clinics, through greater advertising and more involvement with schools.
- Greater flexibility of opening times of clinics would also help teenagers to access services after school or at weekends, and in locations that were closer.
- More positive staff attitudes and sensitive interpersonal skills towards teenage users were needed to counter the perception of being 'judged' and viewed in a negative light.
- Other improvements included greater availability of condoms and topic specific information relating to sex and sexually transmitted infections.

## 8 Discussion


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

### 8.1 Sex and Relationships Information and Education

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

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

As specified earlier, along with girls, boys' main source seemed to be teachers. The adequacy of this however needs to be questioned from a number of angles. Firstly, boys were less likely to get the knowledge questions right than girls, and did not seem to learn very much from teachers particularly around HIV/AIDS. Further to this, there were clear indications from both boys and girls that the classroom approach does not seem to encourage an environment of discussion, important to field questions and cement understanding. In addition, a prominent finding related to gaps in the type of education received, with a greater emphasis on physical aspects to the detriment of emotional issues,




relationships and parenting. Even with this physical emphasis, there appeared to be more of a focus on bodily changes and boys requested more information on the sex act itself. While these features of the findings relate to both genders, the reliance that boys may have on school-based education is of concern, given that there seem to be some clear shortfalls in this method.

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

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

Despite girls knowing more about contraception and sexually transmitted infections than boys, the findings suggested that some girls might still lack the skills to negotiate safe or healthy sexual relationships with boys. Approximately, a quarter of the girls wanted sex and relationships education to teach them more about being able to say 'no'. Interestingly, a third of the girls were also unsure as to whether one-night stands were ok. Clearly, an awareness of contraception and sexually transmitted infections does help to prepare teenagers for developing sexual relationships that they feel comfortable with; this is particularly relevant for girls, as negotiating safe sex can be guided by unequal gendered power relationships (Gelder, 2002). This aside however, teenagers wanted and would benefit from talking more about the physical and emotional aspects of relationships.

With reference to other sources of information, it was disappointing that so few respondents use the highly publicised 'foryoungpeople' website created by the Teenage Pregnancy Partnership. Given the growing use of technology as a means of communication among teenagers, this method would seem in principle worthwhile, especially as there were




clear indications in our findings that written information such as pamphlets are not used or valued. An independent evaluation of this website has indicated that although there are a significant number of hits on the site, these include international sources and people other than teenagers (Limentani 2005). One explanation may be that access within schools or at home is restricted due to blocks imposed preventing access to websites of a sexual nature. However, further evaluation is indicated to discover how this could be improved.

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

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

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



that this would create an impediment to access that would be difficult to overcome.

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


## **8.2 Use of Sexual Health Services**

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

Girls were more likely to use sexual health clinics than boys, who were more likely to access contraceptive services from chemists. Possible explanations for this include, that sexual health services are mainly female staffed (Gelder 2002) and some boys perceive services as 'women-only' (McNulty and Richardson 2002). Interestingly, the boys in this project were not concerned with the gender of the person offering them advice. Recent advances in contraception have also shifted the responsibility for safe sex from men to women (Thomas and Holland, 1998). This could explain why more girls accessed sexual health services. This difference in the uptake of sexual health services by boys and girls may also contribute to the differences in their knowledge of contraception and sexually transmitted infections. For example, research by the Sex Education Forum (1997) argued that the gaps between boys and girls knowledge is due to the fact that boys are less likely to receive information at home or from health care professionals, and this was certainly evident in our findings.

It was not surprising to see that the teenagers who reported having sex were more likely to have used a family planning or young person's clinic for contraceptive services, and this is reassuring. The fact that boys appear to be using the services more frequently could be explained by the need to obtain regular supplies of condoms, compared to a lesser need for girls requiring hormonal contraception. Contact with these services might also have influenced the sources





that they trusted to provide them with reliable information on sex and related issues. For example, girls who reported having sex were more likely to trust sex and relationships information from a clinic than those who had not, moving away from mothers and friends as being the most trusted sources.


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

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

### **8.3 Attitudes and values**

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

The teenagers' attitudes towards contraception were also interesting. Half of the teenagers felt that contraceptives were easy for young



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


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

#### **8.4 Strengths and weaknesses of the study**

Overall, the high response rate was encouraging and the relatively even gender split has enabled some sound comparisons to be made. Surveys to teenage populations generally have difficulty in attracting high male response (Darroch and Singh 1999; Kirby 2001). The demographic profile of the respondents is unsurprising and closely matches that of Kent as a whole (Limentani 2005).

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





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

## 9 Conclusion and Recommendations

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

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

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


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

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

### The nature, strengths and weaknesses of sexual health education received

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

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



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

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

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

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

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

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

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

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


## Service improvements

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

### 9.1 Recommendations

#### Improving Sex and Relationships Education

- (viii) As the school arena remains the most important forum for sex and relationships education, agencies involved in teenage pregnancy must continue to liaise with schools in supporting, developing and maintaining programmes. In particular, strategies for including those schools who provide minimal or no educational input must be developed and piloted, with greater cross-school learning regarding good models of practice.
- (ix) There are clear topic gaps in current provision. A greater focus should be given to informing teenagers more on the emotional side of their education, such as relationships and sexual feelings. Additional gaps include parenting, the emergency contraceptive pill, specific ways of contracting sexually transmitted infections and the legalities of sexual relationships.
- (x) There is a need to inform teenagers of their sexual health services at an early stage; this includes not only contraceptive services but also sexually transmitted infection screening. School nurses and sexual health outreach workers would be well placed to provide this.
- (xi) The timing of sex and relationships education should be reviewed, particularly in relation to earlier delivery of drugs and alcohol and the frequency with which educational messages are given during the teenagers' school careers.
- (xii) The issue of gender should be taken into account when planning sessions. For boys, practices should be reviewed to take into account their differing knowledge levels and information help-seeking behaviours. For girls, there is the need to develop more confident negotiation skills around the sex act, to avoid pressure to have sex and create an ability to say 'No'. Separate discussion groups may provide an initial forum through which to address these issues.


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- (xiii) Connected to (ii), consideration must be given to the manner by which and environment within which SRE is taught, focusing more on small group discussions and innovative techniques, with greater use of outside speakers. In addition, a review of the training needs of school nurses and teachers should be undertaken.
  - (xiv) Given the low use of pamphlets and web-based information, a more in-depth review of suitable methods to inform young people about sex should be undertaken. Alongside this, strategies that promote maximum learning opportunities should be identified.

### Improving Sexual Health Services

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

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