



# The voice of young people

A Report on Attitudes to Sexual Health



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Way2Go, for a healthier you  
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## I Foreword



*The Voice of Young People – A Report on Attitudes to Sexual Health* is the third in a major series of research initiatives undertaken by Pfizer Healthcare Ireland over the last three years. The overall aim of the research, which previously focused on diet, lifestyle and obesity among children and then smoking among teenagers, is to help advance our understanding of the crucial drivers for health and wellbeing among Ireland's emerging generation.

It may sound like a cliché, but it's true nonetheless: more than ever before, today's adolescents are growing up in an increasingly sexualised culture. The explicit nature of many magazines and TV channels aimed at younger audiences portray early and casual sexual activity as both 'normal' and desirable. New media sources such as online social networking, SMS and mobile Internet are now powerful influencers of social and sexual norms among the young.

Yet, as this research clearly shows, many young people are still completing secondary school with a very inadequate knowledge, both of sexual health and also of the serious risks associated with STIs. Moreover, with a notable number of indicators suggesting under 16 year olds may now be sexually active, we as a society may need to review our strategies to ensure that our children are better informed at an earlier age.

Naturally, some parents are concerned at 'taking away their child's innocence' by engaging with them about sexual matters; however this research suggests that accurate, honest information, good communication and strong parental support are probably the most effective way to prepare our children for the challenges of adolescence and adult life.

Pfizer, through our 'Way2Go, for a healthier you' initiative, is committed to improving the health and wellbeing of our young population. Sexual health is an important, if often overlooked element of this, and we hope this report will make a useful contribution towards enhanced understanding in this field.



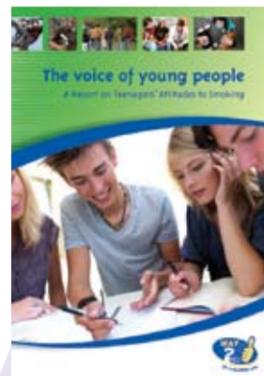
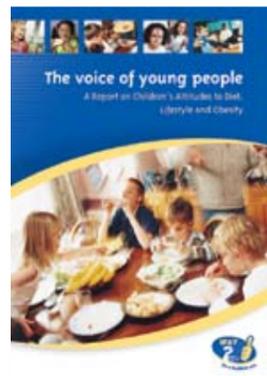
David Gallagher, Country Lead, Pfizer Healthcare Ireland

## Background

In 2005 Pfizer Healthcare Ireland established The 'Way2Go, for a healthier you' programme in partnership with The Department of Education & Science (SPHE), the Irish Heart Foundation, Dublin City University and the National Parents Council Primary. The aim of the programme is to promote healthier lifestyles for Ireland's young people and their parents.

As part of this initiative, in 2008 Pfizer published *The voice of young people - A Report on Children's Attitudes to Diet, Lifestyle and Obesity*. The report highlighted the rising problem of childhood obesity in Ireland and provided children with the opportunity to express their attitudes to diet, exercise and lifestyle.

In 2009 a second report entitled *The voice of young people - A Report on Teenage Attitudes to Smoking* built on our knowledge of Irish youth lifestyles and captured the views and experiences of Irish teenagers with regards to smoking.



This 2010 report, *The voice of young people - A Report on Attitudes to Sexual Health* seeks to understand young people's (18-20 years) attitudes to sexual health, their level of sex education and if and how young people are putting themselves at risk of contracting a sexually transmitted infection (STI). In particular we are keen to understand young people's awareness and understanding of STIs and if and how this knowledge impacts their attitudes to sex and in particular the practising of "safe sex".

The report also broadens its focus to include the views and experiences of parents (ie their role, concerns etc) in educating their children about sexual health in an increasingly "sexualised culture".

It is hoped the research will generate some positive recommendations and discussion from both audiences on how the issue of sexual health can be addressed with teenagers.

## Sexual Health – What is it?

The concept of sexual health as defined by the World Health Organisation (WHO) concerns itself not just with the absence of sexually transmitted infections or with sexual dysfunction but with a "positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."<sup>1</sup>

Although issues such as respect in sexual relationships were addressed in the focus groups with young people, the research focused more specifically on attitudes to contraception and the practising of safe sex. Hence the term sexual health in this study might be viewed to be somewhat narrower than that defined by the World Health Organisation.



## Sexually Transmitted Infections – A Real Problem?

Sexually transmitted infections (STIs) give rise to illness, infertility and death. The World Health Organisation (WHO) estimates that there are some 340 million new cases of syphilis, gonorrhoea, chlamydia and trichomoniasis in men and women aged 15-49 years worldwide each year.<sup>2</sup> Furthermore STIs increase the risk of the sexual transmission of HIV.<sup>3</sup>

Early detection and treatment of sexually transmitted infections is important in order to protect the health of any population and to prevent the spread of STIs worldwide.

The most recent national statistics on sexually transmitted diseases provided by the Health Protection Surveillance Centre 2006 reflect a trebling in the number of Irish STI notified cases between 1995 and 2006.<sup>4</sup>

Furthermore, there is an established body of international evidence to suggest that sexual ill health is not equally distributed amongst the population. The highest burden is borne by women, gay men, **teenagers, young adults** and minority ethnic groups.<sup>5,6</sup>

Pfizer identified the opportunity to proactively engage with young adults (18-20 years) on the subject of sexual health by conducting qualitative research with this cohort. In total, 12 focus groups were conducted with young people (six groups with females and six groups with males) across the three locations of Dublin, Galway and Cork.

Six of the groups comprised respondents aged 18 years (to have completed secondary school in 2009) and six with respondents aged 19-20 years (to be at least one year out of school). In addition, six of the groups were drawn from the BC1 strata (higher socio-economic groups) and six from the C2D strata (lower socio-economic groups) to be broadly representative of the 18-20 year old population.

In addition to the research with young people, four groups were conducted with parents of children aged 14-16 years to understand if and how they approach the issue of sexual health with their children. Each group comprised an equal mix of male and female participants (ie both fathers and mothers). Again two of the groups comprised BC1 respondents and two comprised C2D attendees.





## Report structure

This report seeks to firstly examine the issue of sexual health and in particular the growth in STIs in a global, European and Irish context (see: Section 3, STIs in Context), detail the extent of the problem, and examine key findings from domestic and international research.

**Section 4** Focuses on the primary research with young people (18-20 years) capturing young people's views and experiences with regards to sexual health and in particular their awareness and understanding of STIs. In addition, the research explores if and how young people practise safe sex and the extent to which they engage in risk-taking behaviour, either consciously or unconsciously. The section concludes with young people's suggestions regarding changes to the delivery of formal sex education in schools.

**Section 5** Addresses the views and experiences of parents (of children aged 14-16 years) in educating their children about sexual health.

**Section 6** (Conclusion) points to the complexity of the issue of sexual health and identifies the multiple interventions required to successfully address the issue. In particular it stresses practical steps that parents and schools can employ with young teenagers (1st year +) to encourage risk-reductive behaviours, protective behaviours and positive sexual health outcomes.

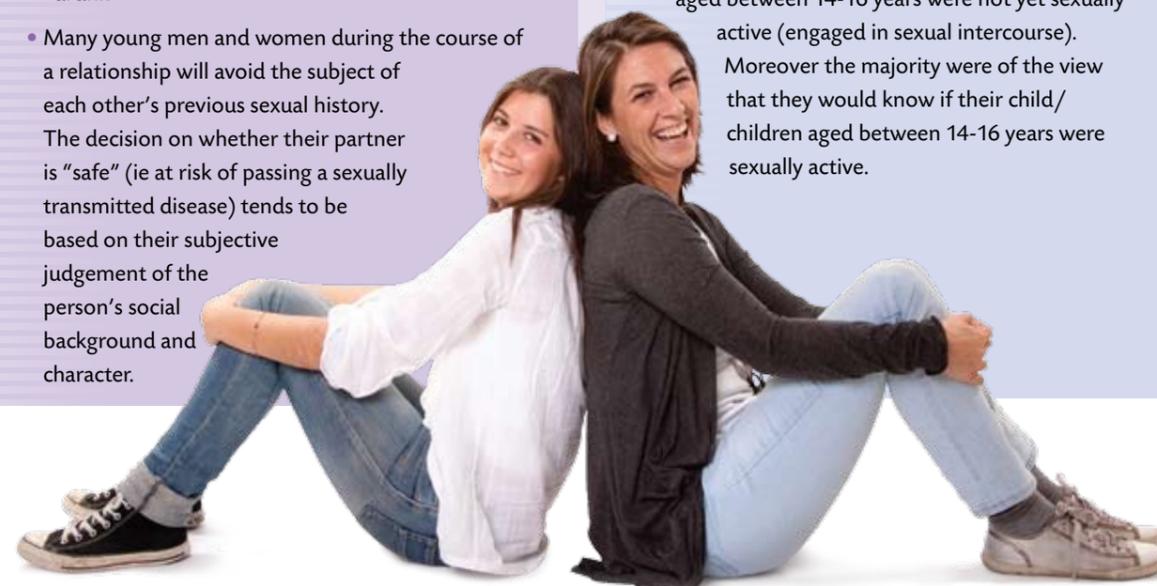
## Key Findings

### Young People

- The majority perceived the formal school-based sex education to be of limited value often coming "too little too late"
- Teenagers are often uncomfortable discussing the subject of sex with their parents due to: social embarrassment, a desire for privacy, differences in the social mores/values between parents and their children
- The majority reported becoming sexually active (sexual intercourse) between the ages of 16-17 years though a minority (both male and female) reported "having sex" at 15 years or younger
- The majority reported to date of having had more than one sexual relationship (ie more than one partner with whom they had sexual intercourse)
- A sizable number of both male and females acknowledged having a "one night stand" (sexual intercourse with no intention of a relationship) on more than one occasion
- Although the level of awareness of STIs is high amongst 18-20 year olds, the level of knowledge of the different diseases and symptoms and consequences of same is very low
- In the event of casual sex, condoms were viewed by all to be a necessity, primarily out of fear to avoid an unplanned pregnancy, with the concern about contracting STIs very much secondary
- A notable number of males and some females reported engaging in sexual intercourse on more than one occasion without using a condom. Very often in such circumstances, many report being "drunk"
- Many young men and women during the course of a relationship will avoid the subject of each other's previous sexual history. The decision on whether their partner is "safe" (ie at risk of passing a sexually transmitted disease) tends to be based on their subjective judgement of the person's social background and character.

### Parents

- In general, parents acknowledge they have a role to play in the sex education of their children
- Parents' views regarding the nature of their role vary somewhat, but the majority perceive their role to be to impart a value system to their children where the issue of respect, restraint and responsibility are understood, albeit indirectly
- The majority of parents see their role to delay their children's engagement in sexual activity for as "long as possible" and until they (the parents) deem their children to be emotionally mature enough to "manage" a sexual relationship
- Many parents acknowledge a difficulty in discussing the issue of sex with teenagers as very often their children will disengage
- Many parents were negatively predisposed towards their children being sexually active (ie engaging in sexual intercourse) before the age of 18 years
- The majority of parents do not openly discuss the issue of "safe sex" with their children, leaving the subject of contraception, STIs, crisis pregnancy etc to the schools
- Many parents claim to have a low level of knowledge regarding STIs and therefore perceive themselves to be ill equipped to educate their children on this issue
- Almost all parents perceive that their children aged between 14-16 years were not yet sexually active (engaged in sexual intercourse). Moreover the majority were of the view that they would know if their child/children aged between 14-16 years were sexually active.



## 3 STIs in Context



### A Global Problem

Sexually transmitted infections (STIs) present a serious public health concern and are a major cause of acute illness, infertility, long-term disability and death at a global level.<sup>2</sup> In 1993, the World Bank estimated that for women aged 15-44, STIs excluding HIV were the second most common cause of healthy life lost, after maternal morbidity and mortality.<sup>7</sup>

Measuring the global incidence of STIs is uncertain because of a lack of reliable surveillance systems in many countries. The problem is compounded by the fact that STIs are often asymptomatic and that appropriate diagnostic tools are often unavailable in poorer countries. Furthermore, under-reporting of STIs is a common problem in both developing and industrialised countries thus preventing an accurate assessment of the STI burden.<sup>2</sup>

International research demonstrates that the prevalence of STIs tends to be higher amongst urban v rural dwellers, unmarried individuals and young adults. Of the estimated 340 million new STI cases that occur each year, at least one third occur in young people under the age of 25. On average women become infected with STIs earlier than men.<sup>8</sup>



### A European Problem

Throughout the 1980s and early 1990s, there was a significant decline in the incidence of many acute STIs in the European Union.<sup>9,10</sup> The reduction coincided with the emergence of the global HIV/AIDS pandemic and a wide scale modification in sexual behaviour. Since the mid-1990s there has been a dramatic and sustained increase in the incidence of STIs, in particular gonorrhoea, syphilis and genital chlamydial infection.<sup>10,11</sup> Moreover the increases have been concentrated in **young people**, ethnic minorities and homosexual men.<sup>10,11</sup>

The notification of chlamydia is not mandatory in many EU countries. However in countries that collect such data, chlamydia is amongst the most commonly diagnosed bacterial STI and since the mid-1990s, broadly increasing trends have been identified.<sup>10</sup>

### An Irish Perspective

The surveillance of STIs in Ireland is largely based on notifications to departments of public health from STI clinics and to a lesser extent from laboratories and General Practitioners (GPs). Aggregate data on STIs are collated quarterly by the Health Protection Surveillance Centre (HPSC).

The most recent national statistics on sexually transmitted diseases provided by the HPSC in 2006 documented notifications at 9,892, reflecting a trebling in the number of STI notifications since 1995 (3,365). During 2006, three STIs accounted for 89% of all notifications: Ano-genital warts (35%); Chlamydia (32%); Non specific urethritis (22%).<sup>12</sup>

The HPSC data also demonstrates that STI notifications are more common amongst men (63%, n = 6,198) than women (37%, n = 3,652) **with young adults aged 20-29 years accounting for 65% of all STI notifications.**<sup>12</sup>

As the 2008 report *Health Status of the Population of Ireland* states "These data highlight the burden of disease due to STIs and are suggestive of considerable risk-taking behaviour. Disease prevention is a primary objective of public health and the data presented suggest that there is considerable scope for improvement in the provision of services for both STI diagnosis and prevention in Ireland."<sup>12</sup>

In addition to the statistical evidence documenting the growth of STIs in Ireland, other domestic research has uncovered important learnings regarding attitudes to sexual health and sexual behaviour. In particular the Irish Study of Sexual Health and Relationships (ISSHR) 2004-2005 survey found that individuals with lower levels of education and/or from lower socioeconomic groups are less likely to have received sex education. The ISSHR survey also demonstrated that only 37% of all men and 60% of women have "good" knowledge of chlamydia. Furthermore, lower levels of education amongst both men and women were associated with a lower likelihood of using condoms.<sup>13</sup>

The ISSHR survey also shows that younger people (under 35 years) are the most likely to report having been diagnosed with a sexually transmitted infection. In addition, both men and women in casual relationships or not in a relationship are more likely to report an STI, as are those who are sexually active before 17 years.<sup>13</sup>



# The Voice of Young People

## Aims & Objectives

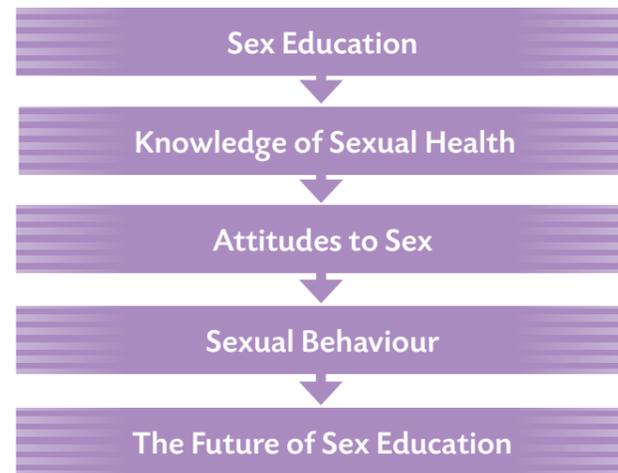
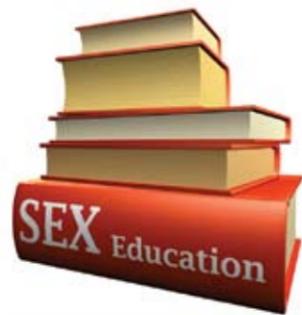
The aim of *The voice of young people – A Report on Attitudes to Sexual Health* is to explore young people's awareness and understanding of STIs. Moreover it explores if and how this knowledge or lack of knowledge impacts their attitudes to sex and sexual behaviour.

The research also afforded young people the opportunity to suggest how the issue of sexual health might be better addressed via formal education in school.

The final component of the research also sought the views and experiences of parents in educating their children about sex and sexual health.

It is hoped the research will generate positive suggestions on how the issue of sexual health can be effectively addressed by parents and teachers respectively.

In particular the research focused on a number of key themes:



## Sample Profile

In total 12 focus groups were conducted with young people, six groups with boys and six groups with girls. The groups were evenly split across three locations; Dublin, Galway and Cork and they included a spread of socio-economic groups.

In addition a total of four focus groups were conducted with parents of children aged 14-16 years. The groups were conducted in Dublin with an equal number of male and female parents in each group. Again two of the groups were drawn from the BC1 strata and two from the C2D strata.

## Young People's Views

### (i) General Attitudes to Sex Education

The Relationships and Sexuality Education (RSE) programme was introduced in Irish post primary schools in 1997. The aim of the programme, according to the Department of Education 1997 policy guidelines is to help children to: *acquire a knowledge and understanding of human relationships and sexuality through processes which will enable them to form values and establish behaviours within a moral, spiritual and social framework.*<sup>14</sup>

It was recommended that the teaching of RSE be located within the broader programme of Social Personal and Health Education (SPHE) in both primary and post primary schools. The Department of Education and Science guidelines for the introduction of SPHE at Junior Cycle were introduced in 2000, recommending the allocation of *one class period per week, organised in a manner that best meets the needs of the students and school organisation.*<sup>15</sup> RSE is one of ten modules prescribed by the Department of Education and Science curriculum for SPHE.

As a starting point to the discussion, young people were asked to recall how the subject of formal sex education was taught in primary and secondary school

### Inconsistency in Formal Sex Education

Notable inconsistencies emerged in how the subject of sex education was taught to students attending different schools. More specifically the following differences emerged, namely:

- **The quantity of time allocated to the subject** varied considerably between schools with some reporting a very limited time afforded to the subject matter.



“We didn't do anything on sex in school”

(Female, 18 years, BC1 Galway)

“When we were in Junior Cert they were going to get one of the younger teachers to teach us, it never happened”

(Male, 18 years, C2D, Cork)

Others reported that the subject of sex education was addressed at a number of stages in the school cycle most notably 3rd year, 4th year and 5th year.

- **The content and subject matter** differed between schools with some respondents reporting that the subjects of contraception and sexually transmitted infections were addressed while others reported that such material was never communicated.
- **The competency of the facilitator:** The majority of young people reported that very often the teacher tasked with teaching the subject of sex education lacked the required skill set to do so effectively.

In particular many respondents acknowledged that teachers were embarrassed about the subject and tended therefore to skip over the material in a superficial manner.

Even within schools evidence emerged that the “quality of sex education” varied depending on the individual teacher assigned to a specific class. In some cases individual teachers appear to have a special interest in the area and took personal responsibility for teaching the subject of sexual health as part of another subject (ie religion etc).

In other cases some students spoke very positively about the sex education that they received, particularly when the subject was delivered by outside facilitators or agencies.

- **The school ethos:** Evidence suggests that the school ethos also plays some part in determining what specific information regarding sex or sexual health is provided to students. In particular in schools with a Christian ethos this could affect how the subject is approached with students.



“I remember they said, If you have sex, you’ll get pregnant... One girl said, can’t you use condoms? and she said, we’re in a Christian school, I can’t talk about this”

(Female, 18 years, C2D, Dublin)

“In 5th and 6th year they did bring it into religion a bit. I remember them talking about infections and stuff, sheets were handed out”

(Male, 18 years, BC1, Cork)

“AIDS WEST came into us and did everything. They showed us every kind of contraceptive there is. This was 4th year. It was great, you could ask a question on a little piece of paper. It wasn’t embarrassing”

(Female, 19 years, BC1, Galway)

“We were taught by a teacher who we had for another subject. So it was real awkward. Everything was rushed. They wanted to get it out of the way as quickly as possible”

(Female, 18 years, C2D, Dublin)

“Some of the older teachers would not teach you about it. I think they didn’t have the experience”

(Male, 19 years, BC1, Dublin)

“We never got any information on contraception and STIs, we just learnt about the reproductive system in Biology”

(Male, 19 years, C2D, Dublin)

“My Principal was a nun, so was my Home Economics teacher, we had no chance of learning about anything”

(Female, 19 years, BC1, Dublin)

“It went into a lot more detail in Home Economics, they do the female cycle and they do stuff about the male, what happens when he’s growing up”

(Female, 18 years, BC1, Dublin)

“We had SPHE in 3rd year and again in 5th year in school. The teacher would bring in different topics. She talked about it once or twice”

(Female, 18 years, BC1, Dublin)



Despite the apparent variation in the formal teaching of sex education within schools a number of consistent themes emerged across all the groups:

- The majority perceived inadequate time is allocated to the subject, with classes/modules often delivered in a concentrated time period, thus limiting learning
- Very few of the teachers were viewed to be adequately trained to competently engage with students on the subject
- Many report that the subject of sexually transmitted infections is sufficiently important to merit additional time discussing the symptoms and consequences of STIs
- In the main respondents reported that specific information regarding contraception and STIs was very often only addressed after the Junior Cycle (ie 4th, 5th and 6th year). Many reported that such information needed to be introduced earlier in the school cycle (1st and 2nd year) to take account of the fact that students were now becoming sexually active at an earlier age.

### Consistency in Informal Sex Education

Informal sex education (ie outside the school curriculum) appears to be the primary method by which many teenagers learn about the subject. The majority of young people reported a discomfort with discussing the subject of sex with their parents due to a variety of reasons:

- Social embarrassment
- A desire for privacy
- A difference in the social mores/values of both groups

Hence many avoided discussing the subject of sex with their parents, often choosing to disengage if the subject was raised.

“I remember my Mam tried to say something to me in second year. I tried to get out of there”

*(Male, 19 years, C2D, Cork)*

In addition, a significant number of respondents perceived their parents to be uncomfortable with discussing the subject and therefore very often information is suggested or implied rather than openly discussed. In many cases young people spoke about the cues (ie tone of voice or general phrases) that parents give regarding the subject of sex or sexual health.

“They would often say things like, mind how you go out there! Or be careful! It’s said in a certain tone of voice that you know exactly what is meant”

*(Female, 18 years, BC1, Dublin)*

In a number of cases young people (particularly females), reported a parent actively encouraging them to take contraception to avoid the risk of a crisis pregnancy. However in such cases very often the approach on the part of the parent appears to be somewhat dictatorial, instilling fear in the child to avoid pregnancy at all costs.



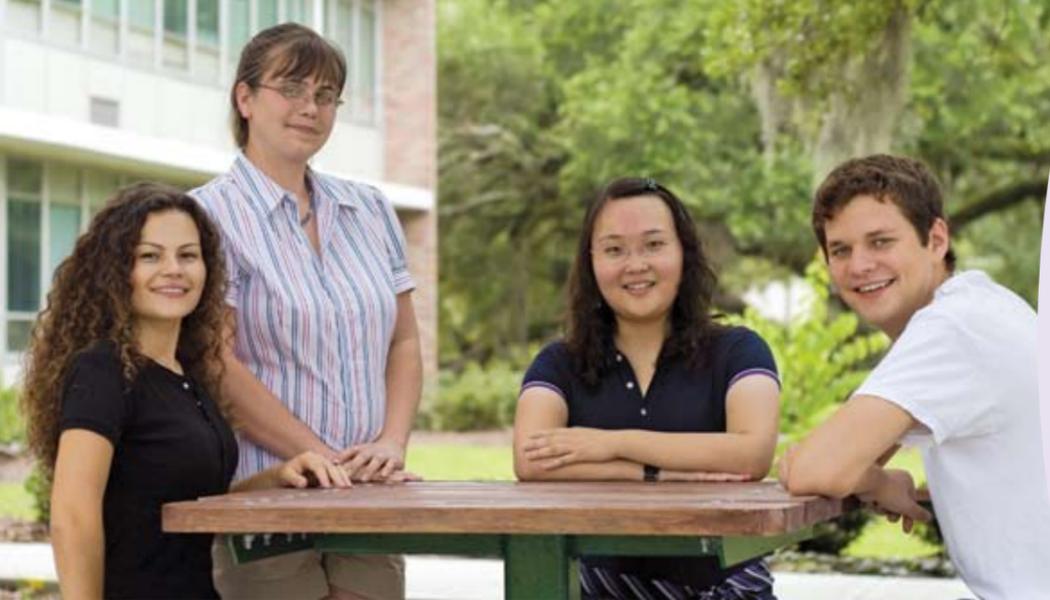
“She did sit me down and say, here are the dangers. My sister had a child when she was young. So I saw what happens. It was kind of a guilt trip you know. Look at your sister and what she’s done. I’d been thinking about it [pill] in my own mind but I didn’t like it being forced upon me out of someone else’s decision. The only reason I was put on it was because of what my sister did.”

*(Female, 18 years, C2D, Dublin)*

However very few young adults reported that the subject of sexually transmitted infections was ever raised as part of a discussion about sex with their parents. In particular when the subject of contraception was addressed during the course of such discussions it was almost always in the context of avoiding a crisis pregnancy.

Given that many young people have only limited discussions with their parents on the subject of sex, friends and sometimes older siblings emerged as the primary sources from which they learn about sexual issues.





## (ii) Knowledge of Sexual Health

### STIs: High Awareness but Low Knowledge

A high level of awareness of the subject of sexually transmitted infections (STIs) existed across all of the focus groups. The term STIs emerged spontaneously as part of the vocabulary to describe the potential consequence of unprotected sex.

Although many respondents reported that the subject had been addressed albeit superficially in school, young people's awareness of STIs appears to emanate from a range of sources; formal sex education, media, TV (programmes such as 'Embarrassing Bodies'), the Internet and peer discussions.

**“They didn't really cover the STIs in school except the names, it's mainly from the media that you learn about them”**

*(Male, 18 years, BC1, Dublin)*

**“I remember they showed us pictures of the different STIs and it was disgusting but it was only one class and you kind of forget all about it”**

*(Female, 19 years, C2D, Galway)*

Despite the high level of awareness of STIs amongst 18-20 year olds, a very low level of knowledge was evident of sexually transmitted diseases. In particular over and above the basic recall of some STIs most notably, AIDS, genital warts, herpes, chlamydia, little to no knowledge existed of the symptoms, duration and consequences of such diseases.

The majority of respondents tended to group all of the sexually transmitted infections as a single entity "STIs" and were largely unable to differentiate between the physical manifestations (save for AIDS) of any of the individual infections and their respective long-term health consequences.

In the main the primary concern amongst respondents with contracting an STI was not the potential health consequences but the social embarrassment that it might cause in the event of their friends finding out. Both males and females reported that the "leaking" of such information to their wider social group would in effect lead to social stigmatisation.

**“Getting an STI would be so embarrassing, nobody would want to know you, you'd be for ever known as the person who got the disease and your sex life would be over”**

*(Male, 18 years, BC1, Dublin)*

For a minority of respondents (particularly young girls) the prospect of becoming infected with an STI was deemed to be a bigger crisis than an unplanned pregnancy. The rationale amongst such respondents appears to be that the social stigma amongst their peer group including friends and families would be worse for an STI than an unplanned pregnancy.

**“If you got an STI, it would be really embarrassing but you'd just not tell anyone and go and get it sorted”**

*(Male, 20 years, BC1, Galway)*

**“It would nearly be easier to say you're pregnant. You would have your family supporting you”**

*(Female, 18 years, BC1, Dublin)*

Although a minority were aware that some STIs can cause infertility, very few were informed as to which specific infections (chlamydia, gonorrhoea etc) can do so. Moreover almost none were aware that such infections can lie dormant for a period of time without manifesting symptoms.

The majority of young men perceived that all STIs could be easily treated and few were aware of any long-term health consequences. There was no awareness amongst young men that they could be carriers of chlamydia and that the disease can lie dormant for any period of time without physical symptoms. No awareness emerged of the potential risk of sterility.



### STI - Sssh It's a Secret

Given the high level of social embarrassment associated with becoming infected with an STI, almost all respondents reported that they would not tell anyone if they got an infection. In particular both young men and women reported that they would not confront the individual from whom they contracted the infection out of fear that he/she might discuss the issue in public.

Moreover young people acknowledged that they would be hesitant to address the issue directly with their "infector" out of a concern that he/she might seek to publicly blame them as the source of the STI.

**“No way would you say anything to anyone, sure she might try and say you gave it to her”**

*(Male, 18 years, BC1, Cork)*

Furthermore many young men and women reported that they would be unlikely to tell anyone about the disease, but would seek to have it treated. A minority of young people reported that they would tell their closest friend about contracting such an infection. In almost all cases young people reported that they would keep it from their parents.

**“I couldn't tell my parents, it would be just way too embarrassing, what would they think of me?”**

*(Female, 19 years, BC1, Dublin)*

Many young people were of the view that they could seek treatment for an STI from their local doctor, however very few appeared willing to do so, again out of embarrassment. Although very few respondents were aware of the exact location of an STI clinic to treat such infections almost all reported that in the event of contracting an STI, finding a clinic would not pose a problem.

### (iii) Attitudes to Sex & Sexual Behaviour

#### Sexual Activity – When Does it Start?

The majority reported being sexually active (sexual intercourse) between the ages of 16-17 years. However a minority of males and female respondents claimed to have been sexually active at 15 years.

Although the research did not address the issue specifically, the fact that the majority of young people report to having sex at 16-17 years, we can assume that many engaged in other forms of sexual activity before the age of sexual intercourse.

Moreover a common theme to emerge across all groups irrespective of social class or geographic region was the perception that a higher percentage of people aged 14-15 years are now sexually active than five years ago. In particular, respondents in all groups consistently cited a range of sources as supportive evidence: younger pregnancies amongst school colleagues, discussions with younger siblings, discussions with friends with younger siblings, discussions with younger school pupils.



**“In our school we had a 5th year pregnancy, now we are seeing pregnancies in 3rd year”**

*(Female, 19 years, BC1, Dublin)*

**“You hear about it in school, who is riding who, now they're doing it in 1st year, for me it was 3rd year”**

*(Male, 18 years, C2D, Dublin)*

**“I heard my sister's boyfriend talking about condoms and she is only 15”**

*(Female, 18 years, BC1, Cork)*

Although we must be careful not to attach too much significance to what are in effect secondhand accounts regarding the sexual activity of younger teenagers (12-14 years), the fact that this view emerged across all of the groups, means we must be careful not to dismiss such information as merely "hearsay".



## One Night Stands - They are OK for Me but Not for You!

The issue of “casual sex” (ie sex outside of a relationship) engendered lively debate in all groups. In general there was agreement amongst both male and female participants that a distinction existed between a once-off “casual sex” encounter (that may be atypical behaviour on the part of the person) and “hunting/seeking” behaviour, where the person actively and repeatedly seeks out casual sex.

Many of the young men and women acknowledged to have engaged in a “one night stand” (once-off sexual intercourse with no intention of a further relationship), however for many of the females it appeared to be more atypical behaviour. In the case of young women the “one night stand” appeared to be more often with an associate/friend that they knew, whereas for men the encounter was as likely to be with someone they had never met.



“Being honest I would not really think about STIs at all, but pregnancy is something I would very much think about” (Female, 18 years, BC1, Cork)

Little to no evidence emerged of the “hunting/seeking” behaviour of casual sex on the part of young women; however many young men acknowledged to have engaged in such behaviour in the past. However we must caution that social norms may have prevented the frank disclosure of such information.

These findings regarding casual sex are somewhat consistent with a 2009 Irish Examiner opinion poll on the sexual behaviour of young Irish adults (18-34), where 71% reported a number of one night stands in the past. In the same study, men reported an average of six one night stands with women reporting an average of three. Furthermore 19% of 18-34 year olds reported to having had six or more one night stands.<sup>16</sup>

However; in the main young women reported a preference for sexual activity to occur within the confines of a relationship as for many it is linked with strong emotional ties above simply physical pleasure.

Both male and female participants acknowledged that the peer judgement of casual sex differed depending on the individual’s gender. For young men, such behaviour was often viewed by their peers (ie other young men) to be more socially acceptable and somewhat of a status symbol. Men were often afforded names such as “stud” or “player” as a badge of success.

Although such behaviour on the part of men was regarded as a “turn off” for many women and may give rise to certain social labels “man whore” or “male slut”, such terms were recognised by both men and women to be more mocking than scornful. Conversely, young women who engaged in regular casual sex tended to be viewed less favourably by both men and women respectively. Very often such women would be labelled with derogatory terms such as “slapper” and “easy”, which serve as a social stigma.

In particular many young men spoke of having little to no respect for women who engaged in such behaviour yet such men perceived no issue when they themselves engaged in such behaviour.

Moreover some young men also reported to having casual sex with women that they viewed to be “easy” and although such behaviour may cause them minor embarrassment it did not appear to have any negative consequences regarding their social status amongst their peer group.

## I Can Carry Condoms but You Can’t!

Although in theory both young men and women reported that the issue of males and females carrying condoms “on a night out” should be acceptable, in practice the reality appears somewhat different. Many young men acknowledged that if they witnessed a girl carrying a condom, it would indicate that she was “seeking sex”. Moreover such behaviour was viewed by men as evidence that the girl was “easy” and therefore they would have less respect for the person.

Similarly although a significant number of young girls reported that they “saw nothing wrong with girls carrying condoms on a night out” in fact only a very small minority chose to do so. The key deterrent to more girls carrying condoms was that they feared it would send an incorrect message to young men that they were seeking sex when in fact in many cases they may be simply trying to act responsibly (should such an encounter occur).

## When is Sex Safe?

Although all respondents reported the necessity for condoms in the event of engaging in casual sex, the primary motivation appears to be to avoid an unplanned pregnancy with the concern of contracting an STI very much secondary.

For some respondents (male and female), concerns about a crisis pregnancy lead to a number of forms of contraception being used (both condoms and the pill) as additional protection. Yet a notable number of both young men and women across all social classes reported that STIs were not something they considered when choosing to “sleep” with someone on a “one night stand”.

Despite both young men and women’s intention to always use condoms for casual sex, a notable number of males and some females reported in engaging in sexual intercourse (as a “one night stand”) on more than one occasion without using a condom. In almost all cases alcohol was acknowledged to be involved, with many reporting being drunk. In such cases often the issue appears to be that neither the young man nor the woman was carrying condoms.

“It’s not that you go out intending to sleep with someone, but sometimes you can’t help yourself”

(Female, 19 years, BC1, Dublin)



In fact, a significant number of young men reported that in the event of being drunk and not having condoms at their disposal they would most likely have sex anyway even if they knew the girl was not using any contraception (pill).



“I would like to tell you that I wouldn’t have sex with someone on a one night stand unless I had a condom and I would always try to wrap up, but if I was drunk; and I have been in that situation, I have just gone ahead” (Male, 19 years, BC1, Galway)

Again, such findings regarding casual sex are somewhat consistent with the findings of the 2009 Irish Examiner opinion poll where 77% of 18-34 year olds admitted to having unprotected sex and that alcohol can often play a key role.<sup>16</sup>

One interesting point to emerge from the focus groups was, that for both young men and women who had engaged in casual sex without a condom almost all were of the view that if they had contracted an STI it would have manifested via physical symptoms at this stage. Furthermore, given that this had not occurred to date, they were of the view that they were STI-free.

“Say you’re drunk and if you have sex with some randomer and you didn’t use a condom, you would be bricking it that she might get pregnant but if you don’t hear from her and as long as nothing falls off, you pretty much know you’re in the clear” (Male, 18 years, C2D, Dublin)

#### Sexual History- a Taboo Subject?

Many young men and women who were in or had been in a sexual relationship, report that very often the subject of both partners’ sexual history will be taboo. Hence, many choose not to address the topic as part of an open discussion because it may lead to emotional upset (ie jealousy, anger etc).

In such circumstances the most common form of contraception used is the pill. The decision by both young men and women as to whether their partner is “safe” (ie at risk of passing on a sexually transmitted disease) tends to be based on a subjective judgment of their partner’s social background and character.



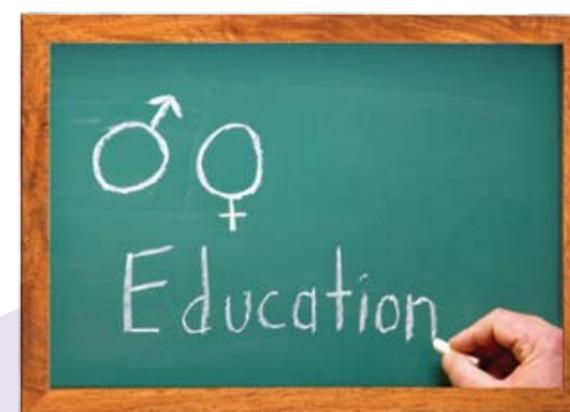
“I mean you know from her friends, or your friends would know her friends and you can see how they carry on; you’d know she wasn’t someone who sleeps around”

(Male, 18 years, C2D, Cork)

These findings again appear to reflect the behaviour of young people. As Infectious Diseases Consultant Dr Jack Lambert states, “Young people embarking on new relationships in Ireland don’t seem to go for testing or request that their partner is tested”.<sup>16</sup>

Given the fact that many young people do not discuss the issue of each other’s previous sexual history but yet choose to sleep together and use only oral contraception suggests that many young people may be inadvertently putting themselves at risk of an STI.

The recent findings from the 2009 Irish Examiner poll where one third of all adults reported having sex with their partner within the first three “dates”<sup>16</sup>, demonstrate the inadvertent risks young people are taking with regards to contracting an STI.



#### (iv) The Future for Sex Education?

Each of the focus group afforded young people an opportunity to suggest changes to how the subject of sex education, either formal or informal, might be improved. Although a minority reported that they would have liked to have had a more open discussion with their parents on the subject, many reported that they would be embarrassed trying to discuss the subject of sex or sexual health with a parent or parents.

In particular, young people were consistent in their views regarding the changes they wished to see implemented in formal sex education namely:

- Additional time to be allocated to the subject of sex education, with classes/modules delivered on an ongoing basis throughout the year so that issues can be explored in greater depth
- The subject of sexual health (contraception, STIs etc) to be addressed earlier in the school cycle (1st and 2nd year) to take account of the fact that students are now becoming sexually active at an earlier age
- In particular the subject of contraception and STIs to be afforded more time so that the risks, consequences, symptoms and treatments of all such infections are explained in detail to young people
- A preference for outside facilitators to deliver the programme to avoid embarrassment on personal issues/questions etc. Alternatively, all teachers to be adequately trained to discuss sex education issues in an open manner.

# Parents' Views

## Sex Education - When is the Right Time for Your Child?

Parents acknowledge that they have a role to play in the sex education of their children. However a key question that many parents report struggling with is **when is the right time to discuss the subject of sex with your child?**

Many parents report a concern about having the discussion with their child too early in his/her emotional development (before the child is emotionally mature enough to absorb such sexual information). The primary fear for parents appears to be that they might shock their child or "steal their innocence", something that they are very mindful to protect.

Conversely other parents reported that having delayed the conversation until what they deemed to be an appropriate age for the child, they experienced a difficulty in discussing the issue with their teenage son/daughter as he/she tended to disengage. Furthermore many parents report that their teenage children will actively try and avoid such discussions by using a variety of tactics; appearing uninterested, claiming complete knowledge of the subject etc.

In cases where parents chose to educate their children about sex, a number of consistent themes emerged. For young girls the subject of sex is usually discussed with their mothers and very often the discussion will be linked to a discussion around puberty and the menstrual cycle. This discussion appears to very often take place at the end of primary and the beginning of secondary school.

For young boys the same conversation will very often happen with either their fathers alone or both parents and again is usually linked with the onset of puberty. Some parents refer to this conversation as having "The Talk" and the discussion appears to usually centre on the biology or mechanics of sex. Other parents report providing the child with a book to assist them understand the subject with an offer of a further talk should the child deem it necessary.



## Sex Education - Parents v School

For parents who chose to discuss the subject of sex with their children at an early stage (onset of the child's puberty), it appears that very often the subject is not revisited as the child moves through adolescence.

Many parents therefore took the view that the issue of sex education had been addressed via a "one off discussion", and that if their child required any additional information he/she would approach one or other parent directly. However, in practice very few teenage children appear to revisit the issue with either parent, out of embarrassment or a preference to keep such issues private.

A significant number of parents acknowledged that they never addressed the subject of sex education with their children and articulated a number of different reasons for not doing so, one of the most popular being that the subject is covered in school.

“Being honest I haven't brought the subject up with my son because I'm a coward, I've tried to, but I find it very difficult” (Mother, BC1)

“In 6th class they're told about intercourse, STIs, everything. The facilitator spoke to us after they were in 5th and 6th class. She did a question box where they could put their questions” (Mother, C2D)

“I never had "The Talk". I let them find their own way. There is great sex ed in primary school now. All the parents were called in when they were in 5th class. I wouldn't say I didn't answer anything I wasn't asked.” (Mother, BC1)

Other parents acknowledged a degree of embarrassment about discussing the issue with their children and perceived that they lack the appropriate skills or tools to do so effectively.

Such findings are broadly consistent with previous research conducted by the Irish Study of Sexual Health and Relationships (ISSHR) which found that 46% and 45% of the population reported a difficulty in talking to their mother and father respectively about sexual matters. Furthermore 25% and 36% reported that sexual issues "never came up" with their mother and father respectively.<sup>13</sup>

## Sex Education – What is Your Approach?

Notable differences emerged regarding parents' approaches to addressing the subject of sex education with their children. A minority of parents adopted a very **authoritarian** stance, whereby their teenage children (under 16 years) are given overt instructions that teenage sex is inappropriate.

In such cases fear appears to be often used as a tactic to discourage such behaviour, with parents warning their children about crisis pregnancy. In some cases as the children get older the parent (usually the mother) may insist that the child (young girl) go on long-term contraception (pill) out of concern that the teenager may become sexually active and fall pregnant unintentionally.

It is important to note that in such cases the parents will also communicate that the availability of contraception is not a "free rein" to engage in sexual activity and that they expect their children to act responsibly. Parents also acknowledged that their authoritarian approach is very often driven by a fear that such a crisis pregnancy may place them in the undesirable role of "caretaker".

“I told my daughter she better not get pregnant because I wasn't ready to be a grandmother and I certainly wasn't going to end up looking after a grandchild”

(Mother, BC1)

“Let's be honest, if they do get pregnant, who is going to end up looking after the child? Us, not our sons or daughters, I'm not going to let that happen”

(Father, C2D)

Other parents were more **authoritative** than authoritarian; communicating unambiguously that teenage sex was something they disapproved of. In such cases the underlying parental message appears to be one of respect (ie not letting themselves or their parents down).

“I said to my daughter I hope you have more respect for yourself than to be having sex at your age”

(Mother, BC1)



Many parents appear to adopt the approach of the **silent witness**. Although such parents were concerned that their children receive an appropriate education about sex and behave responsibly, they tended not to discuss the subject with their children. Parents who acted in this way took the view that the subject was covered in school and that they perceived their role to provide guidance to their children either by responding to their questions on the subject directly or indirectly by serving as role models.

“I see my role in sex education as the same as in all their development, it's their emotional growth”

(Father, BC1)

For some parents their approach appears to be one that is closer to **blind witness** than a silent one. In such cases parents take the view that they would rather not be informed that their teenage child was having sex and moreover that it was not necessary that they are informed as long as their children were using contraception. Again such a parental approach cannot be dismissed as laissez faire because they do not condone their young teenage children being sexually active but yet they seem to accept such behaviour as part of the maturation process of adolescents.

“I don't feel there's a need for me to get into the birds and the bees. They're taught that in school”

(Father, C2D)

“I don't think there's a definite age. I wouldn't be happy if my 16 year old was having sex but I don't think there is any need for me to know as long as he's being respectful towards women”

(Father, C2D)

A minority of parents appear to act as **open communicators**, where they seek to encourage an open dialogue with their children on the subject of sex. However parents' desire for an open dialogue with their children on the subject should not be confused with a relaxed attitude towards their teenage children engaging in sexual activity. Very often such parents will also hold strong views that teenage children should not be sexually active.

“I thought she was really mature until she was doing the Junior Cert. When the pressure came on she really wasn't mature. For me it would be a disaster for her to be in a sexual relationship”

(Mother, BC1)



Furthermore the fact that some parents perceive that they are willing to openly discuss the subject of sex with their children does not necessarily mean that their children are open to doing so. In fact a number of such parents acknowledged that they have sought to engage their children on the subject but with little success.

“I have tried to talk to my daughter but she just puts up the hand and says, please Mum, don't, she won't tell me anything about boyfriends even”

(Mother, BC1)

## Parenting Approaches to Sex Education

<b>Authoritarian</b>	<ul style="list-style-type: none"> <li>Characterised by overt instructions</li> <li>Fear is the dominant tactic to deter teenagers becoming sexually active</li> </ul>
<b>Authoritative</b>	<ul style="list-style-type: none"> <li>Unambiguous views regarding sex are communicated</li> <li>Respect for oneself and parents are key messages used to deter sexual activity</li> </ul>
<b>Silent witness</b>	<ul style="list-style-type: none"> <li>Issue not discussed openly</li> <li>Watch and observe</li> <li>Try to intervene when they think it is appropriate</li> </ul>
<b>Blind witness</b>	<ul style="list-style-type: none"> <li>Issue not discussed</li> <li>Prefer “not to know”</li> <li>View that the school will manage the issue</li> </ul>
<b>Open Communicator</b>	<ul style="list-style-type: none"> <li>Seeks to communicate openly with their children about sex</li> <li>Perceive themselves as liberal and progressive</li> </ul>

Although parents do adopt a range of different styles in seeking to inform their children about sex, in the main the majority appear to perceive their role to be to impart a value system where the issues of respect, restraint and responsibility are understood. Whether such values are communicated overtly or covertly, many parents seek to discourage their children from engaging in sexual activity for as “long as possible” and until they (the parents) deem their children to be emotionally mature.

The exact age at which parents deem that their children are ready to become sexually active differs somewhat but the majority were negatively predisposed towards their children being sexually active before 18 years.



“I think 16 is far too young; I would like them to be in a relationship” (Mother, BC1)





## STIs- The Untold Story?

Given that many parents perceive their role to be to impart a value system to their children regarding sex, very often many parents do not appear to discuss many of the physical and emotional aspects of sex (ie use of condoms, STIs etc).

In particular almost all parents acknowledged that the topic of STIs is one that is rarely discussed. Moreover for many (save the authoritarian parents) the wider subject of "safe sex", including contraception and crisis pregnancy is not addressed.

“I really don’t know much about the different STIs so I don’t think I could tell my daughter anything, in fact I’m sure that already she knows much more than me” (Mother, C2D)

The rationale for avoiding the broader subject of contraception appears to be that again many parents report that the issue is covered in school. A significant number of parents appear uncomfortable with raising the subject and acknowledged being somewhat embarrassed to do so.

Furthermore many parents reported a concern that by engaging in such "overt" sexual discussions they may in fact send the wrong message to their children that they are condoning or even encouraging sexual activity.

“Being honest, we haven’t discussed the issue of contraception, because I guess we don’t want to feel that we are facilitating our daughter to have sex” (Father, BC1)

Moreover, with regard to the issue of STIs, many parents claimed to have an insufficient knowledge of the different diseases to educate their children. Parents therefore were of the view that they were ill-equipped to provide advice on the matter and that the school was in a much better position to approach the subject.

## Sexually Active – Not my Kids!

The issue of the age at which young people become sexually active raised a number of interesting themes. In the main, parents acknowledge that young people are living in a much more sexualised society than when they [parents] were teenagers. In particular parents commented about the sexual imagery in music videos and general television programming as two concrete examples.

Other examples included the types of clothing that many young girls (12-16 years) often wear either casually or when going to teenage discos etc. Furthermore some parents spoke about how many of the current role models (ie Britney Spears, Miley Cyrus) adopt sexually explicit poses for media photographs.

“Kids are exposed to a lot of sexual imagery. If you’re going shopping for clothes for a 10 year old it’s a nightmare. They’re between stages” (Mother, BC1)

A number of parents reported that the subject of young children becoming sexually active in their early teens is a topic widely reported in the media. Although some parents acknowledged that a minority of young teens are likely to be sexually active, many were of the view that the issue had been exaggerated.

“I think a lot of it is sensationalism. It’s blown out of proportion by the media” (Father, C2D)



Interestingly almost all parents were of the view that their children aged 14-16 years were not as yet sexually active although some acknowledged that they were aware that a minority of their children’s friends were having sex. In the main parents reported that they would be able to determine if their own child was sexually active. In particular parents pointed to specific behavioural cues that would suggest that their children were sexually active such as changes in physical appearance, spending more time in the company of members of the opposite sex etc.

“My young lad is 15, I wouldn’t dream of sitting him down” (Mother, C2D)

“I think you know by your child, my girl has a boyfriend but she is not streetwise, I would know if she was, she’s very innocent” (Father, BC1)

# 6 Conclusion

The issue of educating young people about sexual health is critical to encourage risk-reductive behaviours, protective behaviours and positive sexual health outcomes. However, this research indicates that although young people’s awareness of the term sexually transmitted infections (STI) is high, their knowledge of specific STIs and their respective symptoms and consequences remain very low.

Such findings are supported by other Irish research studies, most notably the ISSHR 2004-2005 survey demonstrating that only 37% of men and 60% of women have “good” knowledge of chlamydia.<sup>13</sup>

Furthermore this study suggests that young people have and do engage in casual sex (particularly young men) and that on occasion condoms are not used. Again, this finding is consistent with a 2009 research study which found that 71% of 18-34 year olds reported having “one night stands” and 77% reported having unprotected sex.<sup>16</sup>

Perhaps most worrying is the consistent view that emerged across all focus groups that a larger proportion of the current teenage population are becoming sexually active before the age of 16 years. This in turn points to the increasing need to educate young people at an earlier age about sexual health and the need for safe sex.

Many parents report a concern as to the appropriate age to educate their children on sexual issues due to anxieties about confusing “innocent” children. Other parents acknowledge that they lack the required skills to approach the issue in an effective way and leave it to be addressed by the school. Furthermore, the issue is complicated by the fact that teenagers often do not want to talk to their parents about sex and actively seek to avoid or disengage from parent’s attempts to do so. However, evidence suggests that very often young people are emerging from secondary school with inadequate knowledge of sexual health and the genuine risks and consequences of STIs.

Although it must be acknowledged that since 2007 the Government has taken a number of active measures to improve the Relationships and Sexuality Education (RSE) Programme within schools (via developing new project materials, undertaking inspections regarding programme delivery within schools etc), additional work is required to standardise and prioritise the teaching of RSE at secondary level.

As Dr Stephanie O’Keeffe, Policy and Research Manager of the Crisis Pregnancy Agency states, “There has been considerable improvement in implementation of the RSE programme but there is still a lot to be done”.<sup>17</sup>

Other commentators are more critical of the implementation of the RSE programme, namely Aoife Price, Welfare Officer of the Irish Secondary Students Union who states, “We have a very good RSE programme for schools, but it is not being taught in many schools. I think some teachers are embarrassed... There is a lot of pressure on young people to have sex in order to fit in. If there was proper sex education young people could learn that they do not have to have sex if they are not ready for it”.<sup>17</sup>

Niall Behan, Chief Executive of the Irish Family Planning Association claims the issue of sex education is a broader societal issue beyond merely the scope of the schools. In the Netherlands, Behan states, “sex is talked about openly and contraception is sorted out before adolescents have sex for the first time. The quality of the conversation in Irish households, and in wider society regarding our sexual behaviour needs to vastly improve”.<sup>16</sup>



## Teenage Sexual Health – Individual – School – Family Dynamic

In future it would appear that a critical component to addressing the issue of educating young people about sexual health lies in the inter-relationship between the individual child, the school and parents in establishing and reinforcing consistent messages.

However, to effectively achieve this goal requires increased liaison between schools and parents with regard to sex education. In particular, parents need to inform themselves as to the specific topics on sexuality covered by the school and identify any gaps that they may need to address with their children. It seems important that parents do not assume that because a sexual topic or subject has been covered in school that a child’s knowledge of the subject is therefore accurate.

Furthermore, it is likely that by parents fostering an open discussion about sexuality at a younger age (ie 5th and 6th class) they can encourage their children to ask questions in a more comfortable environment as their children enter adolescence.

In addition, a key responsibility also lies with the schools to prioritise the teaching of Relationships and Sexuality Education (RSE) in what is often an overcrowded curriculum. Furthermore, it is the responsibility of the school to ensure that all SPHE teachers are adequately trained and resourced and that all of the necessary modules/topics regarding sexual health are completed satisfactorily.



