Executive Summary
Report
October 2006

The sexual health and relationships of young people in Glasgow

Prepared for
Young People’s Sexual Health Steering Group

Contract No: 2653
Executive Summary

Background
Glasgow City Council and NHS Greater Glasgow & Clyde jointly support a partnership approach to improving a range of issues relating to young people’s sexual health and relationships. All the major Council and NHS services that have an interest in young people’s sexual health and well-being are represented on the Young People’s Sexual Health Steering Group (YPSHSG), which is the main mechanism for planning and co-ordinating work of this type in Glasgow City. It is chaired by the Deputy Leader of the Council and its work is supported by the post of Strategic Manager – Young People’s Sexual Health.

In October 2005 the YPSHSG launched a consultation programme with Glasgow City’s teenage population to find out their views on a range of sexual health issues. The YPSHSG commissioned FMR Research, an independent social research company based in Glasgow, to undertake the analysis of the data gathered, and report the findings.

The research objectives were:

- to analyse and report the findings of the quantitative aspect of the October 2005 young people’s consultation on sexual health
- to place the findings in the context of wider research, existing literature, and previous consultations in both Scotland and the UK
- to make recommendations to the YPSHSG on the findings.

Consultation process
Undertaken in October 2005, the consultation sought to gauge young people’s views on and experiences of a range of sexual health issues including:

- self-perception, control and self-esteem
- perceptions of school-based sexual health and relationships’ education
- sources of information on sexual health and relationships
- experiences of parental/carer support on sexual health and relationships
- behaviours in terms of sexual health and relationships
- attitudes to sexual health and relationships
- young people’s perceptions of their own skills in dealing with sexual health and relationships
- general demographics including deprivation category, ethnicity and religion

The self-completion questionnaire was designed by the YPSHSG and was distributed via a variety of channels including schools and informal youth settings. Young people were able to complete the questionnaire either on paper or online: 2,509 young people completed it on paper and the remaining 198 did so online.

The majority of responses came via secondary schools; however denominational schools did not follow the requested procedures for distribution. As a consequence, denominational school pupils are underrepresented by a factor of four in this consultation exercise. This must be borne in mind when any of the findings are being interpreted or reported elsewhere.
**Key findings**

**Profile of respondents**

Of the 2,707 questionnaires returned from young people, there were slightly more female respondents (54%) than males. The majority of respondents were either 14 or 15 years of age (58%).

Ninety-five percent of respondents (2,443) said that they were school pupils, the vast majority of whom had either attended or were attending a non-denominational school (91%, 2,208 respondents). This is likely to be a consequence of the decision taken by denominational schools as to how the questionnaire was distributed. Those who said that they had or were attending a denominational school tended to be older and most had completed the questionnaire online.

The majority of respondents (89%, 2,263 respondents) reported that they lived at home with their parents. Those who did not, generally lived with other family members (7%, 185 respondents), with the remaining 4% reporting either living with a foster or supported carer; in a children’s residential unit/school; having their own tenancy/student accommodation or “other”. Those young people not living with their parents were significantly more likely to live in an area of greater deprivation than those who did.

When asked if they identified with a particular religion or not, half of young people indicated that they had no religion. Of those who did identify with a particular faith (49%, 1,222 respondents) only 28% (342) respondents said that they regularly attended their place of worship. Young people who identified with a Christian faith were much less likely to practise when compared with Muslims or young people belonging to another faith group.

There was fairly low representation within the sample of respondents from Black and Minority Ethnic (BME) communities and also from young people reporting having a disability, with over 80% of the young people reporting that they were White Scottish and just 3% (68 respondents) indicating that they had a disability.

Monitoring questions were asked in relation to young people’s sexual orientation in order to ensure the survey met with the Steering Group’s standards around tackling inequalities. Consequently, 88% of respondents were coded as heterosexual and the remaining 12% as non-heterosexual (i.e. those who demonstrated any feelings that were not exclusively heterosexual). It is acknowledged however, that, if given the choice, young people may not have identified themselves in the manner in which results have been coded.

Although there were respondents from most of the demographic categories asked about, the preference would have been for a slightly more diverse sample in order to better understand the issues and get the views of as wide a group as possible. Those attending denominational schools, ethnic minority backgrounds, faiths other than Christian, and disabled young people were under represented and this may have had an impact on some of the findings.

**Self-esteem, control & relationship with parents**

Young people were asked a series of questions relating to their self-esteem, their perceived level of control and how close they felt they were to their parents. Previous research had indicated that each of these factors have a bearing on young people’s abilities to make positive decisions on health and well-being.
It was found that there are clear benefits to having a close relationship to one or both parents. Those who were closer to one or both parents had significantly higher self-esteem; perceived themselves to have more control over their life and health, and were happier with their appearance.

Although the majority (94%) of young people had medium or high self-esteem scores, 6% had low self-esteem with young women and non-heterosexual young men more likely than young heterosexual men to report low self-esteem. Three-quarters of respondents (76%, 2,042 respondents) were happy to some degree with their appearance. However, again a significant gender difference was found (p<0.001), with females likely to be less happy with their appearance than males. Both of these findings suggest that strategies that aim to build the self-esteem and a sense of control for young people, particularly in relation to young women, could be useful in relation to sexual health outcomes. Specific work around gender and tackling gender stereotypes, specifically in relation to appearance for young women and homophobia for young men, may also prove useful in building self-esteem.

Although most young people reported being close to one or other parent, only 13% of young people were spending most of their free time with their families, with most young people, particularly young males, spending most of their time with small groups of close friends. Young females were more likely to report that they spent their time with best friends or partners.

**Information sources**

This section of the report looked specifically at the different media through which young people receive information generally about sexual health and relationships and then specifically in relation to parents and school based SHRE. It also sought to examine how these media are perceived by young people and any relationships to other aspects of their lives.

The most commonly cited sources of information about sexual health and relationships were school based PSE lessons (78% 2070 respondents), friends (59%, 1567 respondents) and mother/female carer (56%, 1481 respondents). For young females, the most influential source was mother/female carer followed by friends, PSE lessons and magazines, whereas for young men PSE lessons were the most influential followed by friends. Those who cited magazines as an influential source of information had lower self-esteem. Although it could be assumed that this is a consequence of young women (who generally had lower self-esteem) being more likely to cite magazines, this was not the case and the two factors were independent of one another.

The three sources least likely to be named as influential were faith group (2%, 46 respondents), school sources other than PSE or school nurse (5%, 123 respondents) and health professionals (7%, 162 respondents).

Those who named either parent as an influential source of information were likely to perceive themselves as having more control in their life and/or over their health. Although both parents/carers were named as influential sources, fathers/male carers were so to a lesser extent than mothers/female carers.

Despite parents/carers, particularly mothers/female carers being named as an influential source, 43% of young people (1,104 respondents) reported that their mother/female carer had either hardly spoken to them or not spoken to them at all about sexual health and relationship issues. Almost three-quarters of respondents (73%, 1,689 respondents) reported the same in relation to their fathers/male carers. Overall, 30% of males (315 respondents) and 11% of females (131 respondents) reported that neither of their parents/carers had talked to them or hardly talked to them about sexual health and relationships. Interestingly, almost half of young people (48%)
wanted to have more dialogue with their parents/carers on these matters. Young women were significantly more likely to want such dialogue as were young people living in more deprived areas.

School based Sexual Health & Relationships Education (SHRE) was one of the most commonly cited sources of information on sexual health and relationships, although those from denominational schools were much less likely to cite this source than those from non-denominational schools.

Overall, 76% of young people (2038 respondents) stated that they thought their school-based (SHRE) had prepared them to some degree for dealing with sexual health and relationships issues. In contrast, 19% (524 respondents) reported more negative opinions. Notably, 4% (98 respondents) stated that they did not get any sexual health education at school. Of this 4%, Catholics and Muslims were more likely than the other religious groupings to have reported not having received any SHRE. Those who felt ill prepared to some degree by school SHRE were more likely to feel that they had little or no control over the way their life was going, and, to a lesser extent, little or no control over their health. They had lower self-esteem scores than those who felt well prepared by SHRE. Feeling more prepared by SHRE was related to an extent to:

- the type of school the young person attended. Those attending non-denominational schools felt more prepared than those attending denominational schools
- the provider of SHRE. Those who were taught by a PSE teacher or school nurse were significantly more likely than those taught by anyone else to have felt prepared by the SHRE they received
- the perceived quality of the SHRE. Those who perceived that certain topics had been taught well were more likely to feel prepared.

Young people were asked their opinions on a variety of topics ranging from those that should be taught at primary level to those taught later on in secondary. In subject matter these included topics on emotions, puberty, contraception, relationships etc. The vast majority of young people felt that all of the topics should be covered in school based SHRE. In addition they reported overwhelmingly (95% and 94% respectively) that school based SHRE should provide the same information to males and females and those of different religions.

**Attitudes to sexual health and relationships**

Young people were asked to signal their level of agreement to a number of attitudinal statements based around sexual health and relationships in order to see what young people felt generally, and also to determine the characteristics of those expressing particular views.

The vast majority of respondents disagreed that people should be married before they have sex; however, respondents generally agreed that you should only have sex if you are in a long-term relationship, with females much more likely to agree with this statement than males. This finding concurs with those of the NATSAL study that found that whilst sex before marriage was generally accepted by the respondents who took part, women and young people viewed having sex outside of a regular stable relationship less positively6.

Overall there were general levels of agreement with regards to most of the statements, with smaller numbers holding slightly different views to the majority and the factors determining this varied on most statements. Overwhelmingly, however, on all of the statements other than the one relating to abortion/termination, there were gender differences with males much more likely than females to disagree that:

- you should only have sex within a long-term relationship
- people should be married before they have sex
- it is okay to be a virgin
• it is okay for gay and lesbian people to raise children
• using sex to keep a boyfriend/girlfriend is wrong
• prostitution is unacceptable

In addition, they were more likely than females to agree that:
• it’s more acceptable for young men to sleep around than young women
• it’s a women’s responsibility to ensure there is contraception/protection
• that giving young people access to condoms encourages them to have sex

These results indicate that programmes around sexual health and relationships need to address gender differences and therefore may need to adopt gender specific approaches.

**Sexual health and relationships – behaviour**

Over half of the sample (56%, 1424 respondents) said they had experience of some form of sexual activity:
• 50% of all respondents had engaged in heavy petting or sexual touching
• 40% had taken part in oral sex and
• 31% had engaged in sexual intercourse.

When looking more closely at the findings of those young people who have engaged in some kind of sexual experience,
• 96% (1341 respondents) had engaged in heavy petting
• 71% (1089 respondents) had experience of oral sex and
• 62% (839 respondents) said they had experience of sexual intercourse.

Research has shown that the age at which young people are engaging in sexual activity is decreasing and the findings from this consultation would certainly support this. When looking at the responses of the 13-15 age group as a whole:
• 48% (787 respondents) had engaged in heavy petting
• 34% (585 respondents) had engaged in oral sex
• 27% (439 respondents) had engaged in sexual intercourse.

The average age for the whole sample on initial experience being:
• heavy petting or sexual touching = 13.80 (1,274 respondents)
• oral sex = 14.28 (668 respondents) (younger age taken when ages for giving and receiving provided)
• full intercourse = 14.39 (785 respondents)

Those who were not engaged in sexual activity were most likely to cite being too young; not ready yet; or not yet found the right person, as reasons for not having done so. The top three reasons given for having sex the first time were being in a relationship/in love; being ready for it; and being curious.

In examining the differences between those who had experience of sexual activities and those who did not the following were found:
• those who were older were more likely than younger participants to have experience
• those with sexual experience were less likely to cite their mother/female carer and PSE lessons as an influential source of information about sexual health and relationships and more likely to cite their boyfriend/girlfriend (p<0.001), friends (p=0.001) and health professionals
• those who had experience of sexual intercourse or other sexual activities were less likely to be very close to either one of their parents/carers; less likely to spend their free time with their family and more likely to spend their free time with boyfriends/girlfriends
• young people not living with their parents were more likely than those who were to have sexual experience
• those who had sexual experience were likely to feel less prepared by school based SHRE, and feel that a number of topics had been taught badly or too late
• those who were less likely to have experience of sexual intercourse of other sexual activities were more likely to be Muslim when compared to other religions; those practising their religion as opposed to those who had a religion and were not practising and those with no religion; and those from minority ethnic backgrounds when compared to white respondents

Of those who had engaged in some form of sexual activity, most were relatively positive about their initial experiences. However for a minority reflections on their first experience were negative when asked to reflect on their readiness, whether they felt pressured and whether they were sober. Whilst there were key influencers for each individual activity, generally the following respondent characteristics applied to one or more of the activities in questions:

• gender: females were generally more likely to reflect negatively than males
• self-esteem: those who reflected negatively tended to have lower self-esteem scores than those who were more positive about their experience
• age at first experience: those who were younger when the experience occurred were more likely to be negative about their reflection than those who were older when they first engaged in a particular activity
• control: those who felt more negatively had less perceived control over their life and health than those who were more positive in their reflection.
• closeness to one or other parent: those who were distant were more likely to reflect negatively on their first experiences.

Thirty-five percent of the total sample reported that they were currently in a relationship. Of these, 59% (515 respondents) stated that their relationship involved some form of sexual activity. The majority of young people in this latter category were in the older age bracket (over 16). A further 11% of young people (280 respondents) said that they were not in a relationship but were sexually active at the time of the study.

The NATSAL study devised a measure by which a person is taken to be ‘sexually competent’ for a particular sexual encounter where both parties were equally willing to participate, the individual was not under the influence of drink or drugs, protection was used, and there were no feelings of regret. In this consultation, where the full data existed to enable sexual competence at first intercourse to be calculated less than half of young people (46%, 229 respondents) could be classified as sexually competent. (However, it should be noted that 40% (344 respondents) of those who had had sexual intercourse did not complete all the questions necessary to assess a level of competency).

Although most young people in this consultation reported contraception/protection use on first intercourse, a quarter of young people on first intercourse used no form of protection. The main reasons given by those who did not use contraception/protection on their first occasion was not having any (39%, 74 respondents), followed by being drunk (15%, 28 respondents) and being spontaneous (14%, 27 respondents).

For those who did use some form of protection, condoms were the preferred method (96% of respondents) on first intercourse and for those currently in sexual relationships. However, those young people in this latter group who were over 16 were much more likely to report using hormonal contraception than those under 16. Young people were much more likely to cite
pregnancy as the main reason for using protection and to a much lesser extent sexually transmitted infections (STIs). This highlights a lack of awareness amongst young people about STI transmission and their vulnerability to infection. These results echo findings in the NATSAL study.

As well as having sex at an earlier age than in the past, the literature shows that some young people (aged up to 24 years) also have a high turnover of sexual partners. Nearly half of those young people who had engaged in intercourse reported having one sexual partner in the last year (49%, 358 respondents). However, 51% (374 respondents) of those who had engaged in intercourse reported having 2 or more partners in the last year. When asked how many sexual partners had they ever had only 35% (252 respondents) indicated that they had only ever had one partner. Forty-one percent (293) reported having 2 – 4 partners, with the remaining 25% stating that they had had five or more partners. In total, the mean number of sexual partners in the respondents’ lifetime was 3.3 for females and 5.1 for males.

Skills for dealing with sexual health and relationships

Young people were asked a series of questions asking them how able they felt to deal with certain sexual health and relationships issues. There answers were coded to give them an overall skills-score and then rated in relation to other characteristics. Those with higher sexual health skill levels were more likely to:

- be female as opposed to male
- be in the older age bracket (over 16)
- feel a lot of control over the way their life was going, their health and have higher self-esteem
- cite their mother/female carer as an influential source of information about sexual health and relationships
- to cite that school based SHRE had prepared them well or okay and that each of the grouped topics had been taught very well or okay

Those with higher sexual health skills were more likely than those with lower sexual health skills to use contraception at first intercourse. Of note was a positive correlation between skill level and age of first intercourse. The age at which young people were reporting first intercourse increased with increasing skill levels. Those with higher scores were also more likely than those with lower scores to agree with the statements reflecting a more positive attitude to sexual health and relationships e.g. “it is okay to be a virgin”.

Those who had higher sexual health skill scores had one or both parents/carers who talked to them a lot about sexual health and relationships, and reported comfortableness by both sides when talking about such issues. Indeed, the results indicated that those who had had more dialogue with their mother and, to a lesser extent, with their father, had higher sexual health scores, irrespective of all other factors. In contrast, those who had not discussed sexual health issues with their parents/carers and those who did not want to talk more to their parents had significantly lower sexual health skills scores.

Conclusions and recommendations

This consultation provides a substantial amount of data on young people’s perceptions and behaviours around sexual health and relationships, the relationship between which is often very complex. The main findings suggest that there are significant inequalities particularly with respect to gender which need to be addressed, and that parents, in conjunction with school based SHRE, have an important role in influencing factors which may impact on young people’s sexual health.
The key findings of the study and conclusions which have been drawn highlight a number of recommendations which we offer for consideration.

1. There is evidence from this consultation to suggest that dialogue with parents, closeness to parents and spending time with parents are closely related to attitudes, behaviours and outcomes around sexual health. Almost half of young people who participated said that they would like to have more dialogue with their parents/carers about sexual health and relationships. This presents an opportunity for the YPSHSG to look at innovative ways of encouraging positive communication between parents and children, with Education, Youth Services and Community Health and Care Partnerships likely to be able to play key roles in this. There is evidence of successful programmes to promote parent/child dialogue around sexual health and relationships both in the UK and the US, and of programmes using parents as peer-educators to encourage other parents to engage more with their children around these and other matters. Given the low numbers of fathers/male carers speaking to their young people about sexual health and relationships, and the lower numbers of parents/carers talking to their young males, a specific emphasis to encourage fathers/male carers and parents of young males to engage in such programmes may be justified.

2. Those who felt badly prepared by their SHRE had lower self-esteem, perceived less control over their life and health and were more likely to report having experience of sexual activity. The message from young people is that there is variation emerging in relation to school type: those from denominational schools were more likely to say they perceived their SHRE much more negatively than those from non-denominational schools and were less likely to report that it had prepared them well to deal with sexual health and relationship issues. In some cases, despite being of an appropriate stage of schooling, high numbers of young people reported that some topics were never taught at all and were covered too late. The YPSHSG should look at ways of ensuring consistency of approach, timing and quality across all schools in Glasgow, and in particular to address the apparent disparity between denominational and non-denominational schools. Although the vast majority (84%) of respondents said that SHRE had been delivered by a PSE teacher, there is a need to ensure that SHRE is consistently delivered by people who are trained for the role, in line with the National Strategy and Action Plan for Improving Sexual Health. The attitudinal differences revealed by this consultation (primarily by gender and religion) should also inform future educational work in this area.

3. A number of young people, particularly young women and those who were younger at their first experience, reflected negatively on their first sexual experiences. Although young women were generally more skilled than young men, programmes around sexual health should focus on skill based activities such as negotiating relationships; saying no to unwanted sex and how and where to ask for help in relation to sexual health and relationships for both genders with a specific emphasis on young males. With almost one third of respondents in this study reporting that they were under the influence of alcohol/drugs, education around the effects and dangers of drug and alcohol misuse, in addition to what is already ongoing in Glasgow, needs to be to wholly integrated into existing work on sexual health and behaviour.

4. Low self-esteem was an issue for a small percentage (6%) of young people who participated in the consultation, more so young women than young men. While there are conflicting views on the relationship between low self-esteem and early sexual behaviour, self-esteem in this study was related to perceived control; satisfaction with appearance; less negative reflections in relation to first sexual experiences; sexual competence at first intercourse (bearing in mind 40% young people did not get sexual competence score) and contraception/protection use at first intercourse. The idea of fostering self-esteem is a positive one and the YPSHSG should look at ways of integrating its work with other initiatives that seek to raise the confidence and aspirations of young people. Self-esteem programmes and programmes around sexual
health and relationships should consider the gender (sex) specific approaches and the differences between males and females.

5. There were relationships found in this study between information sources and a variety of outcomes for young people. Friends were an influential source of information for young people on sexual health and relationships, as were magazines and the internet. Young people who cited friends as an influential source of information were more likely to have had sex or sexual experiences as were those who cited their boyfriend/girlfriend or partner. While other research has highlighted the potential of using peer groups to disseminate information, it also raises concerns about the messages and their accuracy. The YPSHSG should look at the type of information passing through peer networks and other popular mediums, and at ways these mechanism can be used to promote positive and accurate messages. The clear message is that SHRE provided by statutory services, particularly PSE classes in schools, in conjunction with SHRE through informal/non statutory settings must be consistent and of high quality to combat any negative or factually incorrect messages young people may receive from elsewhere.

6. Twenty-five percent of respondents said that they had not used any contraception/protection on the first occasion they had sexual intercourse with most young people citing use of contraception/protection in relation to prevention of pregnancy rather than sexually transmitted infections. There is perhaps a need to ensure young people are fully aware of sexually transmitted infections, the risk of transmission and how to protect against them if sexually active. There is also a need to raise awareness amongst young people as to where and how to access contraception/protection.