

Sexual Health, Rights and Staying Safe

Young people's views on sex and UK sexual health services



UNICEF

UNICEF is the world's leading organisation working for children and their rights. We work with families, local communities, partners and governments in more than 190 countries to help every child realise their full potential.

UNICEF UK works in the UK to champion children's rights, advocate for lasting change and raise money for our work with children everywhere.

In October 2005, UNICEF launched *Unite for Children, Unite against AIDS*. This global campaign provides a platform for programmes, advocacy and fundraising to reduce the impact of HIV and AIDS on children and young people, and help halt the spread of HIV internationally.

There is a record number of 77,000 people with HIV in the UK, with more than a quarter unaware of their infection.ⁱ However, in contrast with the international picture, HIV and AIDS affect a comparatively small number of young people in this country. The focus of this report is on the general sexual health of young people living in the UK.

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Terrence Higgins Trust (THT)

THT was one of the first charities to be set up in response to the HIV epidemic and has been at the forefront of the fight against HIV, and improving the nation's sexual health, ever since. Each year we provide services and support to 85,000 people, including children and young people, while also campaigning and lobbying for greater political and public understanding of the personal, social and medical impact of HIV and sexual ill health.

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Background to this report

This report summarises the findings of research commissioned by UNICEF UK and the Terrence Higgins Trust (THT).

In December 2008 UNICEF UK, supported by THT, commissioned research consultancy 2CV to carry out qualitative research. The aim of the research was to bring to life the views and experiences of young people in the UK in relation to their sexual health, and to identify why some young people engage in risky sexual behaviour.

A mixed qualitative research approach was followed including individual and paired in-depth interviews and focus group discussions. All respondents completed a 'sexual health scrapbook'. The researchers at 2CV spoke to 38 young men and women age 12-24, both in and out of education, in urban and suburban settings including London, Bristol and Manchester.

In addition to this research, UNICEF UK carried out an online survey on sex and sexual health in April 2009; 535 young people responded.

www.stayingsafe.org.uk

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ⁱ This information is available because of anonymous testing. Health Protection Agency, *HIV in the United Kingdom: 2008 Report*, HPA, 2008, p.1.

The quotations featured in this report all come from research commissioned or undertaken by UNICEF UK and THT. They are not directly attributable to any of the young people pictured.

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Executive summary

UNICEF UK works to promote the rights and well-being of children and young people in the UK. In the context of UNICEF's global Unite for Children, Unite against AIDS campaign, in partnership with the Terrence Higgins Trust we commissioned research to improve our understanding of why some young people in the UK take risks with their sexual health.

We have sought to identify what influences young people's sexual behaviour and to explore motivations and drivers that contribute to risk-taking. We also hoped to understand the views of young people on how current sex and relationship education, sexual health services, and sexual health awareness campaigns in the UK could be improved.

This report summarises the findings of this research and the results of an online survey which 535 young people completed.

Sexual health of young people in the UK

In contrast with the global picture, HIV and AIDS affect a small proportion of young people in the UK. However, research from the Health Protection Agency (HPA) shows that the rate of other sexually transmitted infections amongst young people in the UK is high. In 2008, young people accounted for 65 per cent of all chlamydia, 55 per cent of genital warts and 52 per cent of gonorrhoea infections diagnosed in genitourinary medicine (GUM) clinics across the UK.¹

To live healthily young people need information on how to look after their sexual health and access to good quality sexual health services.

Young people's sexual health requires urgent attention

Young people between 16 and 24 years old are the age group most at risk of contracting a sexually transmitted infection. They accounted for more than half of the 263,500 infections diagnosed in GUM clinics across the UK in 2008.²

Having ratified the UN Convention on the Rights of the Child, the UK Government is obliged to strive to ensure that children³ have the highest attainable standard of health and access to health services.⁴

Our research shows that more needs to be done to ensure that all young people receive the information and services they need to protect their sexual health. In particular, our findings indicate that some young people, especially young women, find it hard to access sexual health services. They report that visiting a sexual health clinic can be an intimidating and awkward experience. This is exacerbated by the difficulties they experience in making appointments. Also, the long waiting times at walk-in or drop-in centres often mean young people

*"I've heard of them [gonorrhoea & syphilis] from that advert but I don't know what they are or how you catch them. I've got no idea."
(Female, 14)*

*"Chlamydia is that thing that sexy young clubbers get, not normal everyday people like me."
(Male, 16)*

- 1 Health Protection Agency, *Sexually Transmitted Infections and Young People in the United Kingdom: 2009 Report*, HPA, 2009. www.hpa.org.uk/publications
- 2 *ibid.* Health Protection Agency data regarding diagnoses of syphilis, gonorrhoea, genital herpes, genital warts and chlamydia.
- 3 The UN Convention on the Rights of the Child defines a child as a person under 18 years of age.
- 4 Article 24 of the UN Convention on the Rights of the Child: States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. www.unicef.org.uk/crc

“A girl at school had crabs once and she was bullied so much at school that she had to move school in the end.”
(Male, 19)

give up on waiting for an appointment and leave. More sexual health services are required that are designed and commissioned with, and directly addressing the needs of, young people.

As highlighted by our research findings, fear is the main driver behind safe sexual practises amongst young people, with fear of pregnancy their most immediate and tangible concern. As pregnancy is the number one issue on their agenda and overshadows all others, many feel ‘safe’ if they are using the contraceptive pill. Over a third of young people who had had sex reported that they only sometimes (28 per cent) or never (13 per cent) used a condom. And 70 per cent of those that had had unprotected sex did not feel that they needed to visit a sexual health service.

In 2008 the UN Committee on the Rights of the Child urged the UK Government to intensify its efforts to provide young people with appropriate sexual health services. Half of the young people who completed our online survey had visited a sexual health service. Encouragingly, 56 per cent said the experience had been good or very good, however 22 per cent said it had been bad or very bad.

UNICEF UK welcomes the UK Government’s plans to make Personal, Social, Health and Economic Education, including Sex and Relationships Education, statutory. We also recognise that the Government has allocated additional resources to improving the UK’s sexual health. However, more needs to be done to ensure that any new funding translates into positive improvements in young people’s health and service-level experiences.

Recommendations

We call on the Government to:

- 1. Provide young people with more accessible information on sexual health.**

We call on sexual health clinics to:

- 2. Provide a sexual health service that better meets the needs of all young people.**

We call on schools to:

- 3. Ensure that those who teach Sex and Relationship classes are properly trained in its delivery.**

Young people and sexual health

Let's talk about sex

Young people in the UK are more sexually active than in most other countries in the developed world. UNICEF's Report Card 7 on child well-being⁵ shows that more 15-year olds in the UK report having had sexual intercourse than young people of the same age in any of the 21 rich countries included in that report. Nearly two thirds (64.8 per cent) of the young people⁶ who responded to our online survey reported having had sex.

Research from the Health Protection Agency from 2008 shows that young people age 16–24 years accounted for 65 per cent of all chlamydia, 55 per cent of genital warts and 52 per cent of gonorrhoea infections diagnosed in genitourinary medicine (GUM) clinics across the UK.⁷

Furthermore, the number of diagnoses of sexually transmitted infections (STIs) among young people under the age of 16 rose from 2,629 in 2004 to 2,949 in 2008.⁸

For all the young people who took part in our study, whether sexually active or not, there was a high awareness of sex, mostly through television and magazines. However it was evident that knowledge of sex and STIs was limited and included half truths and urban myths.

The fear factor

For the young people who took part in our research 'fear' is the core driver behind safer sexual practices, with fear of pregnancy the most immediate and tangible concern.

Current campaigns have raised awareness of sexual health and of chlamydia in particular. But our research shows that young people believe that all STIs can be easily treated and cured.

"People are more concerned with pregnancy than what they are going to catch. It only takes four tablets to clear up an STI."
(Male, 23)

"My mates told me that if your bird stands up straight after sex then she won't get pregnant, but I reckon this is bollocks."
(Male, 14)

"No one wants to get pregnant 'cause it will change your life forever, you'll have no money and you'll get fat."
(Female, 13)

Pregnancy

Chlamydia

'Visibles'
e.g. warts,
crabs, herpes

**Gonorrhoea
& Syphilis**

HIV & AIDS

This diagram illustrates the order in which the young people ranked their sexual health fears.



*"I went to the clinic for some birth control and I was scared shitless, it was full of loads of dodgy people, well horrible."
(Female, 20)*

Different for girls

Our study shows that girls are far more concerned about how people might judge them if they are known to be sexually active. Young women also reported that they feared being seen going to a clinic and labelled promiscuous. Young men, on the other hand, saw clinics as a good source of information and free condoms, and some felt that visiting a clinic demonstrates their virility.

*"I would be embarrassed about going to a clinic. I'd imagine a load of prostitutes would be there, and everyone would think I was a slag."
(Female, 20)*

*"I love going to the clinic and chatting to the staff and getting my free condoms and that. I'm not embarrassed about it."
(Male, 19)*

5 UNICEF Report Card 7 (2007) An overview of child well-being, p. 30. www.unicef.org.uk/rc7

6 Ninety-seven per cent of the 480 respondents to our online survey who let us know their ages were 11–24 years old and 77 per cent were 15–19 years old. Sixty-two per cent of those identifying themselves as between 15 and 19 years of age reported having had sex. For respondents younger than 15 years, 7.6 per cent reported having had sex. For more information about our research methodology please see inside the back cover.

7 Health Protection Agency, Sexually Transmitted Infections and Young People in the United Kingdom: 2009 Report, HPA, 2009.

8 *ibid.* These data are for five selected STIs (syphilis, gonorrhoea, genital herpes, genital warts and chlamydia).

What stops young people from maintaining good sexual health?

"Chlamydia is like catching a cold. Down the doctor's and it's four pills to get rid of it."

(Male, 24)

Awareness

There is a lack of understanding of STI causes, symptoms and transmission routes. Many respondents reported that STIs feel distant. As pregnancy is their primary fear and overshadows all others, many feel 'safe' because they are using the pill.

"I'm not really sure what to look out for. I know you can't tell with chlamydia, but not sure about the others?"

(Male, 17)

Drink and Drugs

When under the influence of alcohol or drugs, young people are less likely to practise safer sex. Many young people who had had sex told us they had got drunk or high and taken a risk with their sexual health (42.6%).

"I will never go back to one of those clinics. The nurse was so rude and mean to me. Really upset me at the time."

(Female, 18)

Services

Half of our survey respondents had used sexual health services. The experience was rated as good or very good by 56%, however 22% said it had been bad or very bad. Many respondents found services impractical or inaccessible and over a third of young people having sex hadn't used a clinic at all. The majority of these said they didn't need to (69%), some said they didn't know where it was (11%), others thought the wait would be too long (8.5%) and many feared embarrassment or being judged by staff (20%). Young people also said they had fears around confidentiality and that their issues might be disclosed to their families.

"You know what you are meant to do about having safe sex but when booze is involved you can easily forget."

(Female, 20)

"Bad habits creep along quite quickly. You take a risk and nothing bad happens so you do it again."

(Female, 22)

"I shagged around quite a bit when I was in Asia and got a bit worried when I returned home so I went to a clinic."

(Male, 22)

Mindset

Focus groups and in-depth discussions revealed that misconceptions and denial can prevent young people from making effective judgments of risk. Many had a false sense of security, especially those who have practised unsafe sex with no apparent negative consequences. There was also a 'holiday' mindset – where young people report taking more risks when away from home.

"I'm in a relationship now with a girl. We've been together two weeks so far. I'll probably stop using condoms soon."

(Male, 18)

"Ha Ha! Crabs! I think a mate of mine had crabs once, all of us were well taking the piss out of him for that!"

(Male, 17)

Youth

What adults perceive as risk is often seen by young people as experimentation. Young people can reject 'adult' generated messages as they are perceived to be preaching and there can be pressure to conform to peer groups. On a more practical note, young people have less flexibility with their time which can deter them from using clinical services that only open during school hours, and generally have less privacy while living at home with parents.

Social pressures

For both young men and women there is a strong emphasis on reputation management. The desire to please and retain partners leads to a greater desire to practise 'good' sex rather than 'safe' sex. Both genders can experience difficulty negotiating the use of condoms as they fear judgement. They can also be self-conscious about discussing issues with friends who may gossip about them behind their back.

Which barriers can we tackle?

It is important to put these barriers in context. We live in an increasingly sexualised society, where young men and women feel pressure to look and act a certain way. Many of these barriers, particularly the psychological and emotional barriers, are linked to our culture. Culture change is often an unpredictable and slow process.

However there are some very tangible areas where action can be taken to encourage improvements in young people's sexual health. The following pages focus particularly on young people's access to sexual health information and services.

Focus on condoms

The data we collected suggests that young people are generally mindful of their sexual health. However, they do report sometimes having taken risks, especially while under the influence of drugs or alcohol.

Well over a third of the young people taking part in our online survey who reported having had sex said that they only sometimes (28 per cent) or never (13 per cent) used a condom. These young people were much more likely to visit sexual health services as a consequence. Young people who sometimes used condoms were much more likely to have visited a sexual health service (74 per cent) than those who never use them (38 per cent). Also, young people who had taken risks while drunk or high were much more likely to visit sexual health services than those who had not (69 per cent).

Overall, 18 per cent of young people who sometimes or never use condoms reported that they don't use sexual health clinics because they are too embarrassed or fear being judged by staff there. Seventy per cent of the same sample felt that, despite having unprotected sex, they did not need to visit a sexual health service.

The comments of the young people in this study demonstrate that strong gender stereotypes persist in relation to condom use. Almost two thirds (65 per cent) of young people felt that men and women would be viewed differently for carrying condoms.

*"If I asked my boyfriend to use a condom he might think I have something."
(Female, 16)*



The majority of respondents cited negative sexual stereotypes as the primary reason for this. Most respondents suggested that females are viewed as “sluts” or “slags” if they carry condoms, whereas males are viewed as “sensible” and “prepared.”

“Condoms are essentially seen as a masculine thing. Girls are branded as sluts or even conversely as frigid if they carry them.”

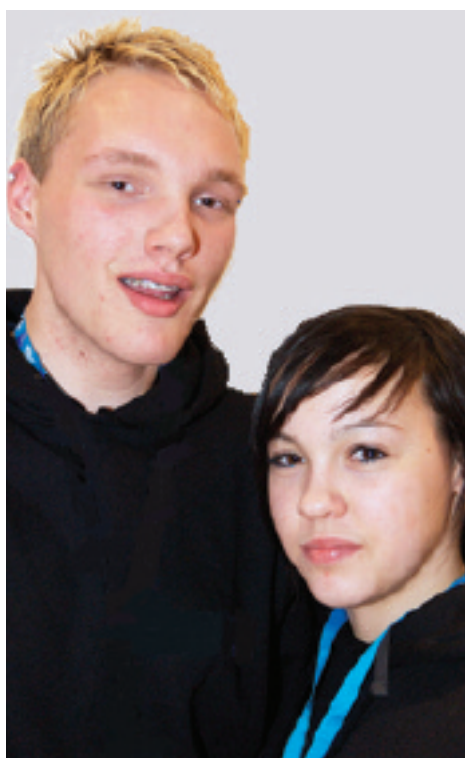
(Male, 18)

“It’s ‘cool’ for a guy to carry one, hides the fact he might not be getting anything, whereas for a girl it shows expectancy.”

(Female, 19)

“I wouldn’t as a girl carry condoms with me, it shouldn’t be so, but it feels more like the boy’s job to carry them... I would feel judged! I do keep them in my room though.”

(Female, 18)



Young people also report negative feelings regarding the actual use of condoms.

“Using a condom is a sacrifice on so many levels! You really have to stay strong to stick with them.”

(Male, 18)

“If you get lucky with a girl you don’t want to jinx it by getting the condoms out.”

(Male, 17)

Access all areas

Where are young people getting their information from?

Three quarters of the young people who responded to our survey said that they would turn to the internet for information on sexual health, making it by far the most popular option. The second most popular, cited by half our sample, was their friends. Young people were also more likely to approach sexual health services (33 per cent) and their GP (32 per cent) than their parents (20 per cent) for information.

Looking at our youngest respondents, 79 per cent of school age children turn to the internet for sexual health information, whereas only 15 per cent would seek help at school. Twenty-four per cent felt they could ask their parents, compared to 44 per cent who would ask friends.

Eighty-three per cent of our respondents felt that young people need a sexual health information service along the same lines as the Government's multimedia 'Talk to Frank' drugs campaign.

Through focus groups and in-depth discussions we evaluated young people's experience of four channels in particular: schools, the media, the internet and government campaigns.

Schools and education

We found that young people in the same school year, in the same region, but at different schools, were receiving very different messages. The amount and usefulness of sexual health information is deemed pot-luck, with the likelihood of success driven by the skills of individual teachers. Our sample were more likely to dismiss classes that felt heavily adult-generated and many reported difficulties in asking questions about what they were learning in group class settings.

Media

- TV Dramas – There was a feeling that spontaneous, heat of the moment, unprotected sex is glamorised and that the repercussions or consequences are seldom illustrated. Some programmes such as *Hollyoaks* were cited as being helpful in raising awareness of HIV and AIDS.
- TV Documentaries – *The Sex Education Show* and *Embarrassing Teenage Bodies* were both cited as good examples of STI and preventative behaviour education. Respondents liked the way they involved young people in the shows and that they seemed 'local'. They also valued the inclusion of graphic video and photos of STI infections on genitalia.

*"I love Hollyoaks⁹ but only girls I know watch it, not boys so I'm not sure whether boys know about HIV."
(Female, 14)*

*"You never see them catching anything on Skins.¹⁰ And they're at it all the time!"
(Female, 16)*

*"Watching programmes like Gossip Girl¹¹ gives you a really bad impression of safe sex. They always jump in the sack without condoms!"
(Male, 19)*

"If I need help with something then I would go on Google as that's the only place I'd know where to go."
(Male, 16)

"Embarrassing Teenage Bodies¹² featured some lads from Bristol. Seeing them made it more real somehow."
(Male, 17)

"You can go and see your doctor, but I would be worried that someone my mum knows would see me."
(Female, 16)

Online Sources

The internet is a popular place for young people to search for information about sexual health and STIs, but there were low levels of awareness of specific online resources. Whilst some young people may visit trusted websites like the NHS, the majority simply resort to using search engines and cannot necessarily trust the information they are receiving.

Government campaigns

Young people responded positively to awareness campaigns that use realistic scenarios with a local focus, but rejected anything that was preachy in tone. Interestingly, they were more likely to reject glossy campaigns as not being about people like them and glamorising the STIs they sought to warn against.

What are young people's experiences of sexual health services?

Half (51 per cent) of the young people who responded to our survey had visited a sexual health service. Very encouragingly, most young people (56 per cent) had had a positive experience. But 22 per cent said it had been bad or very bad.

The response to services (especially clinics) of the young people we spoke with varied by gender, with males more positive than females. Males saw them as a good source of information and free condoms, while young women reported that they feared being seen going into a clinic and labelled as promiscuous. For all, the non-appointment system¹³ can lead to young people missing out on services as it may be impractical or boring for them to wait.

Young people who reported a bad or very bad experience were most likely to have used a sexual health clinic (47 per cent) or their GP (31 per cent). Their reasons for why the service had not met their needs included that they found it embarrassing (50 per cent), they had to wait too long (46 per cent), or they found it intimidating (40 per cent), judgemental (38 per cent), and/or confusing (32 per cent).

Overall, young people, whether they had a positive or negative experience, felt it could have been improved by more friendly staff (30 per cent), a more welcoming environment (40 per cent), clearer information about the process (36 per cent), having the option to book appointments at the same time as a friend (31 per cent), more support (27 per cent), and shorter waiting times (38 per cent).

Of the sexual health services our sample had experienced, the most positively received were postal and other outreach services, with 69 per cent of the young people who had tried them rating them as good or very good. Similarly, 59 per cent of young people who had been to their GP rated the service good or very good, and school nurses scored a 36 per cent good or very good rating.

9 TV drama series.

10 TV drama series about teenagers.

11 TV drama series.

12 TV documentary.

13 A non-appointment system is a drop-in or walk-in service.

Recommendations

1. We call on the Government to provide young people with accessible information on sexual health.

Under the UN Convention on the Rights of the Child, the UK Government must provide young people with the information they need to keep themselves healthy. The findings of our research reveal that young people need an engaging multimedia campaign to provide them with accurate sexual health information.

2. We call on sexual health clinics to provide a sexual health service that better meets the needs of all young people.

Young people tell us that sexual health services could be improved. Twenty-two per cent of the young people we surveyed said their experience of a sexual health service had been bad or very bad.

We therefore call for young people to be involved in the design and creation of sexual health services in order to ensure that they are effectively meeting their needs. Our research findings indicate that taking steps to reduce waiting times, increasing a sense of confidentiality and increasing the use of online, telephone and outreach services may help in providing support for these young people. Adopting the Government's quality assurance criteria for youth accessibility to health services, 'You're welcome', may also go some way towards ensuring that more young people access sexual health services.

3. We call on schools to ensure that those who teach Sex and Relationship classes are properly trained in its delivery.

Respondents to our survey reported huge differences in the content and delivery of the sex education they received, and that the effectiveness of their lessons depended heavily on the quality of the teaching they received. We therefore welcome the Government's recent commitment to make Personal, Social, Health and Economic Education (PSHE), including Sex and Relationships Education, a compulsory part of the national curriculum.

We call on schools and local authorities to ensure that those teaching Sex and Relationship classes are well trained. Increased investment is also needed to ensure there is at least one qualified PSHE teacher in every school in the UK, something that will be vital if young people are to derive the most benefit from their lessons and accrue the knowledge that will ultimately lead to changes in their behaviour.

"We have a Brook centre attached to our college and the staff there are really helpful. They make it easy to ask them stuff."
(Male, 17)



In the know

Acknowledgements:

With thanks to the young people whose views and experiences informed this report.

Glossary

Acquired Immune Deficiency Syndrome (AIDS) is not a single disease or condition, it is a term that describes the point when a person's immune system can no longer cope because of the damage caused by HIV and they start to get one or more specific illnesses. People do not actually die from AIDS; they die from the cancers, pneumonia or other conditions that may take hold when their immune system has been weakened by HIV.

Chlamydia is the most common sexually transmitted infection in the UK. If untreated it can cause pelvic inflammatory disease, ectopic pregnancy and infertility. It is sometimes known as 'the silent disease' because many people show no symptoms and don't know they are infected until complications develop.

Genital herpes is caused by a virus called the Herpes Simplex Virus (HSV). It can cause painful blisters to appear on the genitals and surrounding areas, which often recur. Most people who have HSV do not have any symptoms, or do not recognise the symptoms because they are so mild, which increases the likelihood of transmission.

Genital warts are caused by a virus called Human Papilloma Virus (HPV). One of the most common sexually transmitted infections, around 50,000 young people in the UK are diagnosed with them each year.

Gonorrhoea (Neisseria gonorrhoeae) is an infection caused by bacteria that live in the urethra in men or in the vagina in women, as well as in the throat or the anus and rectum. It is the second most common bacterial STI in the UK, and current rates are highest in males aged 20-24 years and females age 16-19.

Hepatitis is inflammation of the liver and is caused by a virus. Several kinds of hepatitis virus can infect the liver, but the most common are the hepatitis A, B and C viruses. Hepatitis can cause liver damage and can be fatal.

Human Immunodeficiency Virus (HIV) gradually destroys an infected person's immune system, reducing their protection against infection and cancers. Initially, someone living with HIV may show no symptoms of HIV infection as their immune system manages to control it. However, in most cases their immune system will need help from anti-HIV medicines to keep the HIV infection under control. These medicines do not completely rid the body of HIV infection.

Pubic lice or 'crabs' are tiny insects, or parasites, that live in pubic hair and are also sometimes found in other body hair such as on the legs, under arms or on the stomach.

Sexual health services provide advice and information on sexual health, contraception and emergency contraception, as well as testing and treatment for sexually transmitted infections and pregnancy. Examples of sexual health services include:

- Clinical services including genitourinary medicine (GUM) and Contraceptive and Sexual Health (CaSH) clinics;
- Youth services providing sexual health information and referral;
- General Practice and pharmacy services;
- School and further education clinics and school nurses;
- Postal, internet and other outreach services, for example postal chlamydia screening.

Methodology

In December 2008 UNICEF UK, supported by the Terrence Higgins Trust, commissioned research consultancy 2CV to carry out qualitative research. The research aimed to bring to life the views and experiences of young people in relation to their sexual health, and to identify why some young people engage in risky sexual behaviour.

A mixed qualitative research approach was followed including individual and paired in-depth interviews and focus group discussions. All respondents completed a 'sexual health scrapbook'. The researchers at 2CV spoke to 38 young men and women age 12-24, both in and out of education, in urban and suburban settings including London, Bristol and Manchester.

Survey: quantitative and qualitative

In April 2009 we carried out an online survey and received 535 responses from young people. Ninety per cent of the respondents let us know their age. Of these, 97 per cent were aged 11-24 and 77 per cent were between 15 and 19 years of age.

The majority of respondents were at college (58 per cent), school (19.7 per cent) or university (9.9 per cent).

Just under 80 per cent of respondents described themselves as 'straight,' 7 per cent said they were gay and 4 per cent bi-sexual.

Gender and region

The breakdown of the 92 per cent of respondents who answered the demographic question was 71.5 per cent female and 28.6 per cent male.

Regional breakdown (percentage):

East Midlands	9.5
East of England	3.9
London	9.8
North East	3.7
North West	3.7
Scotland	2.5
Northern Ireland	0.8
South Central	6.8
South East Coast	5.6
South West England	38.4
Wales	6.6
West Midlands	4.1
Yorkshire and Humberside	4.6



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