

*A Survey of Teenage Sexual Health:
Knowledge, Behaviour and Attitudes
in East Yorkshire*

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Abbreviations

FPC: Family Planning Clinic

GP: General Practitioner

PSHE: Personal, Social and Health Education

SRE: Sex and Relationships Education

TKS: Total Knowledge Scores

VLE: Virtual Learning Environment

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Executive Summary

Background

Data suggests that a significant number of young people have had sex by the time they are 16 and current national conception rates (ONS 2009) suggest that considerable number of those individuals are not accessing or utilising effective contraception and hence engaging in risky behaviour. Many different education health and social care institutions and agencies are addressing the issues of teenage sexual health (Jolley 2001). Within such a climate, a broad understanding of young people's knowledge around sexual health and teenage pregnancy and its relationship to other risk factors is essential to tailor future services and address local population needs. Improving sexual health through increased access to services is a current priority for NHS East Riding.

Aims

The principal aims of this project were to evaluate the impact of the interventions of the East Riding Teenage Pregnancy Strategy on young people's awareness of, attitudes towards and access to local health service provision and develop an understanding of the knowledge base of young people across the East Riding in relation to sexual activity and practices, general sexual health and other risk taking behaviours.

Method

This study used a cross-sectional survey design. All schools across the East Riding were invited to take part. Data was collected through a questionnaire designed for the study in conjunction with a project advisory group. The questionnaire was administered to all students aged 13-16 (years 9-11) in the nine East Riding schools that agreed to participate. SPSS v17 was used to analyse the survey data, using statistical tests appropriate to the levels of data obtained, in order to identify both trends and correlations between variables.

Results

Background Characteristics

Nine out of 19 possible schools took part in the survey (47%). The return rate varied across those schools from 29%-87%. Of those respondents, the sample was roughly divided into half by gender and thirds by school year.

Developing a Knowledge Base

Analysis of the data showed that boys and girls needs vary in terms of who they find useful as a source of information. Girls overwhelmingly favour friends as a source of information, although both boys and girls feel comfortable talking to their friends about sex, results suggest that for boys this is less as a source of information. Boys actually prefer less personal sources of information such as the TV or internet as well as teachers. Both groups stated that telephone advice lines were not at all useful. Key information sources become more important as students progress up the school year, the variety of information sources sought increases and expert/professional sources of information become more important.

Both boys and girls consider SRE as aimed equally at boys and girls but findings do suggest that SRE becomes more focused on girls as school year increases. Qualitative data implies this might be linked to an increasing focus on teenage pregnancy from year 9 to year 11.

Young people consider that SRE is generally delivered at the right time, although as school year progresses more students are likely to report being taught topics too late. In terms of what students feel they know this again increases with school year, areas where knowledge seems low includes HIV/AIDS and termination of pregnancy. These findings are reflected further in the topics students want to know more about. Irrespective of gender or school year the consistent and primary topic young people want to know more about is 'being a parent'.

Service Knowledge and Use

The majority of students stated that they would seek advice from the GP (43.2%), although the FPC and the school nurse were also identified sources of advice. Boys and girls show differing preferred sources. More girls would access the FPC and more boys the GP. 74% of students stated they knew where to get contraception, although more girls than boys answered this question positively, positive responses also increased by school year. Embarrassment was overwhelmingly the most significant barrier to accessing services, followed by worries about confidentiality, worries about being judged, worries of being seen entering and worries about being medically examined. All of these worries were more important for girls than boys and interestingly a noteworthy worry for year 10 students overall.

More boys than girls identified a lack of information as a barrier to seeking professional contraceptive support, and this was also a barrier for year 10 and 11 students but decreased for year 11 students. More Y11 students are concerned with inconvenient opening times.

Behaviours

The proportion of students that state they have a boyfriend/ girlfriend increases as school year increases from a fifth in year 9 to over a third in year 11 (36%)

Reported experiences increase with school year. The largest group of respondents had experienced kissing on the mouth frequently with the proportion reporting this increasing with school year. This pattern of increased and more frequent experience as school year progresses is a consistent finding for the other three categories of light petting; heavy petting and going further. Two thirds of those who completed this survey answered this question and 69.5% stated that they had not gone further with a third of students reporting that they had. Breaking this down further in relation to age, the vast majority of 13 year olds state they have not 'gone further'; however 15% report that they have. Just under a quarter of 14 year olds state they have 'gone further' (24%). Over a third of 15 year olds (38%) and half of all sixteen year olds (51%), state they have 'gone further'.

Attitudes

Boys and girls had similar attitudes to relationships and sex and the majority agreed irrespective of gender or school year that a relationship does not have to include sex. More girls than boys agreed with the following statements and whilst the differences appeared small in percentage terms these findings were statistically significant:

- A relationship doesn't have to include sex
- You don't have to have sex to keep a partner
- First sex should be both special and planned
- I'll only have sex in a long term serious relationship
- I treat all people with respect whatever their sexual preference

Conversely more boys than girls were likely to agree with the following statements:

- Sex is the only way to be satisfied in a relationship
- It is ok to have sex on a one night stand
- Fancying someone is a good enough reason for sex
- Girls should be more responsible than boys for contraception
- If your partner won't have sex at first, just keep trying
- Having sex shows your friends you're grown up

Disagreement with the following statements increase as school year increases:

- I'll only have sex in a long term serious relationship
- I'll put off having sex until I meet someone I will live with
- Sex is the only way to be satisfied in a relationship

Total Knowledge Scores

In order to gain some sense of the level of student knowledge in relation to differing aspects of sexual health, data in this section was analysed by creating knowledge scores for each key subsection. The maximum TKS was 22. Girls demonstrate a stronger knowledge base, through a slightly higher mean TKS than boys (13.2 and 12.3 respectively). The mean average TKS increases across school years as the topics become more relevant to increasing individual experience. The spread of the scores is also less, demonstrating a reduced variety in scores and suggesting a consolidation of knowledge with age. Knowledge is relatively good by year 11 rising from 10.1 in year 9 to 15.2 in year 11.

Total Knowledge Scores and Contraceptive Practices

Those who said they knew where to get contraception were more likely to have higher TKS. Overall those who showed positive behaviours tended to have a higher TKS. Five behaviours were associated with the biggest differences between TKS for those who reported positive behaviours compared to those who did not. These include talked to friends about using contraception; talked to friends about using condoms; talked openly about sex with a boy/girl friend; used condoms; suggested using condoms with a boy/girlfriend.

Those who reported attending health service in the past two years for a range of contraceptive advice showed a higher TKS than those that had not with the exception of those who had sought advice about termination.

Total Knowledge Scores and Sexual Activity

Reported frequency of kissing on the mouth; light petting and heavy petting corresponds with higher individual TKS and the range of TKS in this group is narrower. An analogous profile of higher TKS is demonstrated for those who report 'going further'.

Sexual Activity

Those that have ‘gone further’ are more likely to feel that others have also ‘gone further’. The perception that students are sexually active increases as school year increases. Girls and boys show different reasons for ‘going further’, although the largest proportion of each stated that they ‘loved the other person’ (71% of girls and 51% of boys). Gender and not age or school year is an indicator of reporting particular reasons. Boys were more likely to state the following reasons for going further, all my friends were doing it; it made me cooler; I felt left out and it made me feel good about myself.

For all the reasons stated for not going further girls scored higher than boys apart from ‘I was scared’. The top four cited reasons for not going further were I didn’t want to; parents/carer would kill me; risk of pregnancy; I’d get a bad name. The reasons for not going further generally became less of a concern for year 11 students, with the exception of ‘I didn’t love the other person’.

Alcohol

The proportions of young people who drink alcohol monthly and weekly increases as school year increases, with over a third of year 11 students stating they have an alcoholic drink every week. Noteworthy is that 20% of year 9 students claim to drink weekly. Drinking enough to get drunk appears to more of a problem for boys than girls. Consumption of alcohol is linked to frequency of reported behaviours (kissing on the mouth; light petting and heavy petting) more often, as well as going further. Of those who answered this question a very high majority of each year group stated they felt having sex was more likely if a person was drunk.

Drugs

The majority of young people stated that they had never taken cannabis (82%) or legal highs (92%). Those who have are more likely to be boys and in year 11 but the numbers are very small. As with alcohol it seems that taking of cannabis or other legal highs occasionally or frequently is linked to frequency of reported behaviours, as well as going further. Overall the majority of students who completed this question felt that young people were more likely to have sex when under the influence of drugs (73%) although notably agreement with the statement was less strong than with alcohol.

Discussion

A key finding is that girls and boys used different information sources. This has clear implications for the development of sexual health promotion and teaching materials for young people. Young people are more likely to seek and access ‘expert’ sources of information as they become sexually more active and want to ensure that information and advice given is accurate. Whilst best friends are consistently highlighted as someone students feel comfortable talking to irrespective of gender or school year, demonstrating the potential influence of peer groups, students feel increasingly comfortable talking to professionals as they progress up the school years. It is of note to service providers that telephone advice lines are overwhelmingly seen as not useful to young people.

The underlying trend that as school year increases, students perceive that there is an increased focus on teenage pregnancy seems an important finding, particularly when boys do not necessarily consider this focus relevant to them. Overall, although there are some school year and gender differences, students feel SRE is well targeted at the right time. Students feel they know more as school year increases. In terms of how much students feel they know, generally knowledge is good. Total Knowledge Scores increase proportionately in line with sexual activity, information seeking and accessing of professional services. Of importance for curriculum content and delivery as well as health promotion initiatives, is that across those questionnaire sections a consistent and recurrent theme is HIV/AIDS, both in terms of a desire to know more and accuracy of knowledge. It is important to note that uniform by both gender and school year was the desire for more information about becoming a parent. An increased focus on the role of being a parent might impact on safe sexual practices.

There is a relative consistency between girls and boys in relation to what they would like to know more about. However the data in general appears to suggest that boys have a greater interest in knowing about the physical aspects of the sexual experience and girls are more interested in knowing about the potential consequences.

Overall, the GP was the favoured source of advice. More girls than boys however, were prepared to access other professional sources. The high levels of embarrassment and other barriers, which include ‘being judged’/‘being seen entering’, reported by students in relation to accessing sexual health services may also explain why the GP is preferred. The obvious role played by the GP in terms of sexual health advice and support for young people has

significance for the tailoring of services that are provided within GP surgeries. It is noteworthy that the barriers are of concern more to girls than boys. This may be linked to different social consequences of being seen as ‘sexually active’ faced by girls and boys.

Another barrier that might be important in terms of service delivery across East Yorkshire is that of inconvenient opening times. Importantly, study findings reveal that students with higher TKS are more likely to seek contraceptive advice, access health services and make positive choices.

The finding that a third of students in this survey had ‘gone further’ suggesting that they have engaged in some form of sexual activity is consistent with previous findings. Sexual activity demonstrates an increase in line with school year, which positively and intuitively links to an augmented desire for information, professional advice, support and services.

The attitudes of girls and boys towards relationships and sex are not dissimilar. Whilst boys are more likely than girls to agree with the statements that value sex above relationships, the greatest proportion of boys agree with statements that value sex in the context of a relationship. In line with increased sexual activity is a correlating perception that this behaviour is the norm amongst their peer group.

Alcohol use increases as school year increases. That a fifth of year 9 pupils claim to drink every week and a quarter claim to drink every month, has significant public health implications. Further, there does appear to be a clear relationship between the level of sexually oriented activity, the frequency of drinking and the frequency of being intoxicated

Drug use in this survey cohort does not seem to be significantly problematic and therefore does not have a significant impact on sexual practices; however, it does seem that the small proportions of young people that do use drugs are more likely to engage in sexual activity.

The data on alcohol and drugs may indicate an identifying profile of young people who are generally risk-taking, which may have message for health promotion and public health service provision.

Key points and Recommendations

1. Boys and girls access differing information sources in relation to sexual health and these sources could be used more effectively to gender orientate health promotion materials and support services.
2. Curriculum, development and teaching strategies need to develop teaching and learning strategies to ensure that the teenage pregnancy is seen as an equally relevant issue for boys as well as girls.
3. Teenage boys need to better understand their responsibilities in teenage pregnancy.
4. There needs to be an increased focus on sexual health promotion and SRE provision relating to issues surrounding HIV and AIDS and becoming a parent.
5. As boys are more interested in the physicality and girls are more interested in the consequences of sex, SRE providers must recognise the implicit difficulties of generically targeting SRE.
6. Education and health promotion that aims to impact on safe sex activity must be able to acknowledge and address different motivating factors for boys and girls.
7. High knowledge appears to be an important determinant of both accessing contraceptive services and positive contraceptive behaviours.
8. Service providers need to be aware of the key barriers for young people in accessing specialised sexual health services and consider how these issues can be better addressed.
9. The GP plays a key role in sexual health service provision in the East Riding. GP-led sexual health services need to ensure they are responsive to and focused on the needs of young people.
10. Greater understanding is needed about what would encourage students to talk to and seek advice from other professionals and specialist services.
11. An active focus should be maintained to convey the risks associated with drinking and sexual activity, considering further how these issues can be promoted effectively in SRE teaching and public health and health promotion strategies.
12. Targeted interventions in the East Riding need to be more concerned about issues relating to alcohol and behaviour than drugs and behaviour.
13. The increased association between sexual activity, alcohol and drug taking has the potential to highlight individuals with a risk-taking profile, which could be of value in developing targeted advice, support and teaching strategies.

1 Introduction

On behalf of the East Riding Teenage Pregnancy Strategy Partnership a sample of young people aged 13-16 across the East Riding Local Authority district were surveyed to establish sexual health knowledge, activity, practices, contraceptive use and the opinions and attitudes of young people toward sexual health services. The survey utilised elements of a questionnaire originally developed by Burack (1999; 2000) and elements of the more recent London based RELACH (Teenage Pregnancy Unit 2005).

1.1 Background

Survey data suggests that a significant proportion (estimated to be between a quarter and a third) of young people have had sex by the time they are 16. However, they are the group least likely to access contraceptive and sexual health advice, putting them at high risk of experiencing an unplanned pregnancy and/or contracting a sexually transmitted infection (STI) (Wellings et al. 2001). The consequences of unprotected sex are serious. Over 50% of conceptions to under-16s lead to an abortion (Office of National Statistics: ONS 2009), with the potential for physical and emotional consequences. It is well documented that teenage mothers and their children experience far worse health and education outcomes than older mothers, increasing their likelihood of long-term social exclusion (Department for Education and Skills: DFES 2007). STIs can cause fertility problems in later life and, in respect of HIV/AIDS, can be life-threatening (Tripp & Viner 2005).

The Teenage Pregnancy Strategy (Social Exclusion Unit 1999) has set a target of halving the pregnancy rate of women under the age of 18 years and of establishing a firm downward trend in the pregnancy rate of women aged less than 16 years. Following the introduction of the Teenage Pregnancy Strategy, until the most recent figures, the under-18 and under-16 conception rates had fallen, however ONS figures released in February 2009 demonstrate a rise in conception rates amongst 15-17 year olds, the first rise since 2002. These rates are indeed reflected in the figures for the East Riding locality, with rates rising from 29.7% to 32.6% from 2002 to 2007 respectively, represented by a year on year, albeit relatively small increase, between those dates (ONS 2009). Whilst this rate remains low compared to national averages, it is nonetheless a trend for concern, and catapults issues of sexual health education and services for young people into the spotlight, at a local level. Both locally and nationally, the rises seen overall have resulted in abortions rather than live births, however

this does suggest that a significant number of young people are not accessing or utilising effective contraception and hence engaging in more risky behaviour, highlighting lucidly the need for better advice and information about sex and relationships. The UK still has high rates of teenage pregnancy compared to its Western Europe neighbours. Although the incidence of some Sexually Transmitted Diseases (STI's) is declining, rates are highest among young people. Health Protection Agency 1998-2007 data demonstrates that overall STI rates across the Yorkshire and Humber have risen significantly since 2002, particularly amongst females. Evidence shows young people who become sexually active before age 16 are more likely to regret it, to not use contraception and to become pregnant before 18, than their peers (Department for Education and Skills: DfES 2007). Improving access to broader advice and support on relationships as well as to contraception and sexual health remains, therefore, key to helping young people make healthy and positive choices.

A quarter of young people are not aware they can access services without their parents being informed, particularly through GP surgeries. Ensuring a school-based service is promoted as a place where confidentiality is respected helps overcome these apprehensions. Many community services also have restricted opening hours, which make it difficult for young people (including many of those living in rural areas as in the East Riding) to access them (DFES 2007). A study commissioned by the teenage pregnancy unit in 2004, focusing on rural and seaside areas, identified the need for schools to build ongoing dynamic links with local sexual health services, particularly advice and information services, and contraception and related facilities, advertising them effectively to young people and ensuring they are accessible in terms of time and place, yet little evaluation of school based services in these type of geographies has since taken place.

Flexible accessible services that promote young people's confidence enough to seek advice on sexual health are hence imperative. Allen et al (2007) suggests that knowledge may not be an important determinant, but that relationships with parents and schools may have important influences on teenage pregnancy. Many different health and social care departments are addressing the issues of teenage sexual health (Jolley 2001) and there is no set model for school-based health advice services. Directed sexual health services may be delivered by GP's/practice nurses, school nurses, sexual health nurses, family planning nurses and/or sexual health outreach. However a number of other professionals who work with young people may also deliver sexual health advice or impact on sexual health practices

either directly or indirectly such as, connexions workers, youth workers, education welfare offices, family support workers, counsellors and CAMHS workers. Sex and Relationship Education (SRE) Guidance recommends that secondary schools should 'link sex and relationship education with issues of peer pressure and other risk taking behaviour, such as drugs, smoking and alcohol' (Department for Education and Employment: DfEE 2000, p 10). A holistic approach enables strategies which address the generally accepted associations between drinking alcohol and sexual activity (Allen et al 2007), particularly relevant in a culture of increasing alcohol use and binge drinking amongst young people (Mason 2005). 40% of sexually active 13 and 14 year olds were "drunk or stoned" at first intercourse and of 15 to 19 year olds who have had sex, it was with someone they knew for less than one day, 61% of females and 48% of males gave alcohol or drugs as a reason (Alcohol Concern 2002; Wight et al 2000). A broad understanding of young people's knowledge, around sexual health and teenage pregnancy and the relationship with other risk factors such as alcohol and drugs' is essential in order to tailor future service to address local population needs, impact on young people's health and wellbeing and conception and STI statistics.

In most schools, a school-nurse leads on co-ordinating health advice services, which includes broad advice on a number of health issues including sexual health. Positive associations have been shown between receiving information from school and use of contraception at first intercourse (Wellings et al 1995), however a more recent systematic review of interventions to reduce unintended pregnancies does not support this finding (DiCenso et al 2002). The degree to which sex education and contraceptive services is taken on by individual school nurses can vary according to the motivation, communication skills, and personal ethics of the individual nurse (Bekeart 2002). Improving the sexual health through increased access to Sexual Health Services in school based health clinics is current priority for the East Riding Primary Care Trust and within East Riding Local Strategic Partnership. As part of its strategy to reduce teenage pregnancy and improve the sexual health of teenagers an, an enhanced school nurse service (ESNS) has been established and currently exists in 14 schools within the district. Whilst the success of services is to some degree measured by the conception and teenage pregnancy statistics, understanding how services are embedding and effecting at a local level is also of both relevance and value. In light of the governments newly announced package of support and investment to help young people get better access to contraception, improve support for teenagers and raise the awareness of the risks of unprotected sex (Department of Children, Family and Schools 2009) an evaluation of the

impact of the ESNS/sexual health service provision in schools and its engagement and its relationship with other professionals who provide direct and indirect advice and support with regard to sexual health to young people within the East Riding of Yorkshire seems timely and important in the planning of future service provision.

1.2 Aims

The overall aims of the project were:

- To develop an understanding of the knowledge base of young people across the East Riding in relation to sexual activity and practices, general sexual health and other risk taking behaviours (e.g. alcohol and drug use)
- To identify gaps in the knowledge base of young people across the East Riding in relation to sexual health
- To explore the relationship between other risk taking behaviours and young people's sexual health practices
- To evaluate the impact of the interventions of the East Riding Teenage Pregnancy Strategy on Young people's awareness of, attitudes toward and access to local sexual health service provision

In addition we expect this work to have relevant practical implications and to achieve the following objectives:

- To assess the effectiveness of the local teenage pregnancy strategy interventions in terms of young people's knowledge, activity, awareness of and access to services
- To identify current good practice in sexual health service provision
- To identify those areas where practice could be improved
- To identify target areas for future service development
- To recommend future ways of working in relation to sexual health and teenage pregnancy services within the East Riding

2 Method

This study used a cross-sectional survey design.

2.1 Developing the Questionnaire

The questionnaire was developed by the research team in consultation with an advisory group. Initially a structured search was carried out to identify similar studies such as Burack (1999; 2000) and RELACH (Teenage Pregnancy Unit 2005). This allowed access to validated, pre-tested questions. The questionnaire is included in appendix 1, with the source of each individual question highlighted. All the questions reflected the project themes (Table 2.1) and were collated into one document.

Table 2.1 Project Themes

Questionnaire themes
General Sexual health knowledge
Sexual Activity and Practices
Peer Pressure
Risk Taking Behaviours
Alcohol Use
Drug Use
Awareness of Service Provision
Access of Services
Opinions and Attitudes towards School Sex Education and Health Promotion

Teenage Sexual Health Advisory Group

The questionnaire was developed in consultation with an advisory group. The Teenage Sexual Health Advisory Group met on a monthly basis and consisted of the Health and Social Care Research Team and the Young People's Advisory Group as well as researchers and lecturers from Education department, and other relevant professionals, such as the area Healthy Schools Coordinator, an Associate Consultant for Healthy Schools, a PSHE Citizenship and Drugs Education Consultant and the Teenage Pregnancy and Young People's Sexual Health Lead. The group removed questions which were considered inappropriate or which repeated information. Other questions were edited, for example the wording was changed to reflect local and current understandings. The layout of the questionnaire and the order of the questions were also considered to maximise both

questionnaire completion and honest response (Bowling 2002). More general questions came first and more sensitive questions were placed towards the end of the questionnaire.

Young People's Advisory Group

To ensure questions correctly targeted local understandings, were relevant to the contemporary climate and focussed on local service provision, a group of Young Advisors were included in the Teenage Sexual Health Advisory Group. The Young Advisors were drawn from the target population and co-ordinated by East Yorkshire Council. Five young people worked with the research group to ensure that the wording of the questionnaire was relevant to the age groups being targeted, that the formatting and layout was clear and accessible and that the substantive content would be acceptable, and therefore more likely to elicit an honest response.

SRE Teacher Group

The questionnaire was also considered by a group of Sexual and Relationships teachers during a training day. This group provided feedback in relation to the topics covered by the questionnaire and the approach taken to these topics, such as the wording of the questions and the answer options given. Comments were taken back to the advisory group, at which point relevant changes were made.

Pilot Study

The questionnaire was piloted at a comparative school which was not part of the study group. Twenty five students from the pilot school completed the questionnaire. Arising comments and suggestions were considered by the Advisory Group and relevant changes were made. One main issue was to include a 'don't know' option in a number of the questions.

2.2 Ethical Approval.

The study design and methodology were presented and passed by the Health and Social Care Ethics Committee, University of Hull, subject to a number of changes. These changes were completed as required.

Sampling

It was originally intended to sample students within schools, to gain similar sample size groups from each school. However, ethics committee guidance suggested that all students should be approached to ensure that confidentiality and anonymity of participating students could be assured.

Confidentiality

The questionnaire was anonymous. No names or marks were used to identify any of the participants completing the questionnaire; numbers were only assigned at the data input stage.

Initially, the questionnaire was to be administered using an interactive electronic version. However, because IT teams monitor computer use in the secondary school environment, using an electronic version could not ensure complete confidentiality and so hard copies of the questionnaire were distributed in booklet form.

Consent

Participation in the study was voluntary. Parental/carer as well as student consent was obtained for all students approached to take part in the study. Consent was on an opt-out basis. Information sheets and opt-out consent forms were sent to both students and parent/carers, allowing them a week to complete and return the form to the school. Parental or student opt-out meant that those students did not complete the questionnaire.

To ensure consent was informed parent evenings were offered at each school and a pdf of the proposed questionnaire was sent to the schools so they could include it as a link on the webpage or school's VLE. In addition, telephone and email contact details were included on the information leaflet and people were informed that the research team could be contacted at any point to obtain further information.

2.3 Selection of Schools and Sample Size

All secondary schools across East Yorkshire were invited to take part in the research project. The target group was students in school years 9, 10 and 11, that is, students between 13-16 years of age, as this is the risk group identified in the Teenage Pregnancy Strategy (2005).

A power calculation based on previous similar work (Burack 1999/2000), showed that a minimum sample of 12-15% of students aged 13-16 attending schools across the East Riding was required to provide representative data. Based on current school roles (*ER Education Website*) the target sample size was approximately 1000-1500 students, including a minimum of 125 young people from each school.

The impact of ethics on the original research design has been discussed above. A further consequence of this was a larger than anticipated sample therefore, a second level of sampling was necessary, which will be discussed in section 2.6.

2.4 Access to Schools

Initial contact was made by an email to the Head Teacher, outlining the main aims of the survey. Schools were then contacted by telephone a week later to maintain awareness of the project and to provide further information if required. A named member of staff was also contacted, usually an Sex and Relationships (SRE) teacher or the Healthy Schools Coordinator, with the information forwarded to Head Teachers , along with PDF versions of information and consent leaflets and the questionnaire. This ensured that school staff had access to a copy of the questionnaire in an appropriate format to include on their VLE/webpage.

2.5 Administering the Questionnaire

The questionnaire (which took about 30 minutes) was generally completed in a lesson, usually a Personal, Social and Health Education (PSHE) lesson although some were completed during tutorial time. Researcher support was offered to all schools during the completion of the questionnaire; however this was only taken up by one school. On the whole, schools preferred to organise completion of the questionnaire themselves.

During administration, an alternative health care or education professional was available (normally the Healthy Schools Coordinator but in some cases the school nurse and a Connexions worker). Credit card sized advice cards were provided to each student with relevant contact numbers of helplines and support agencies.

2.6 Response

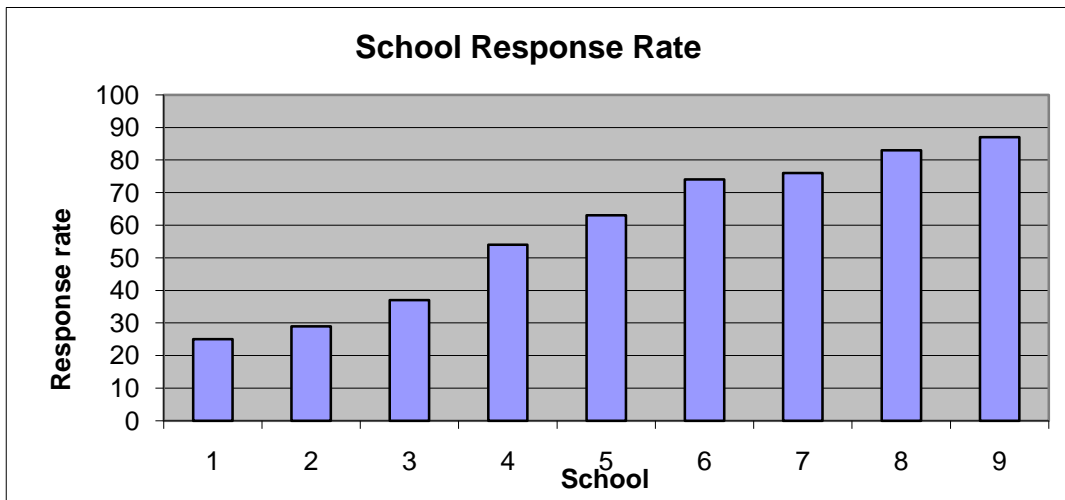
Initially 19 East Riding secondary schools were approached; 47.4% of these (n=9) agreed to take part (Table 2.2). The return rate varied between schools and ranged from 29.4%-87% (Figure 2.1), with a mean of 61.4%.

Due to the change in research design the number of returned questionnaires exceeded the parameters of the study. Therefore a second level of sampling took place post data collection. Completed questionnaires were divided by demographic variables (school, year, gender); following this initial stratification 50% were then chosen randomly. For some schools, this led to a sample below the 125 young people needed to produce statistically representative results (Burack 1999/2000). In these cases, the necessary minimum of 125 participants was used. The final sample was comprised of 2036 students aged 13-16 from nine participating schools across the East Riding (Table 2.2).

Table 2.2 School Response Rates

School (anonymised)	Return Rate (%)	Size of sample as % of total
1	87.1	50.1
2	82.8	49.8
3	75.8	53.2
4	74.0	50.3
5	63.0	49.7
6	54.0	50.3
7	49.6	54.4
8	36.5	57.1
9	29.4	53.6
Mean average	61.4%	52.1%

Figure 2.1 Graph showing the spread of response rates for participating schools (anonmised)



2.7 Problems relating to Access and Sampling

There were three main problems relating to access to and sampling of participants:

1. The survey was not administered uniformly across all schools. In order to access young people in school years 9, 10 and 11, the survey was largely administered by teachers and education staff within existing lessons, such as SRE, PE lessons or the tutor period. In some schools young people completed the questionnaire in essentially exam conditions, in other schools the questionnaire was used as a discussion tool amongst groups of students. These differing conditions may affect the answers given and may also influence whether an individual young person completed the questionnaire or not.
2. The time limited nature of data collection meant that certain schools who could not facilitate within the project timetable could not take part. This also led to one school withdrawing from the survey after initially agreeing to take part.
3. The sampling strategy as already discussed had to be changed as a result of ethical considerations.

2.8 Analysis

SPSS v17 was used to analyse the survey data, using statistical tests appropriate to the levels of data obtained, in order to identify both trends and correlations between variables.

3 Findings

3.1 Background Characteristics of Participants

- The sample was roughly divided into halves, more boys than girls took part in the survey; 51.1% of boys compared to 48.9% of girls
- Although the sample was roughly divided into thirds, more Year 11 students (36.0%) completed the questionnaire than other year group; fewest Year 10 students (31.5%) took part. Of those that participated 32.5% were Year 9 students.
- A third of the participants (at 33.8%) were 15 years old and just under a third were 14 years old (32.5%) with smaller proportions of 16 year olds (14.0%) and 13 years old (19.7%).
- School response rate showed a wide variety, ranging from 25-87%, with a mean rate of 58.7% (SD 7.9%)

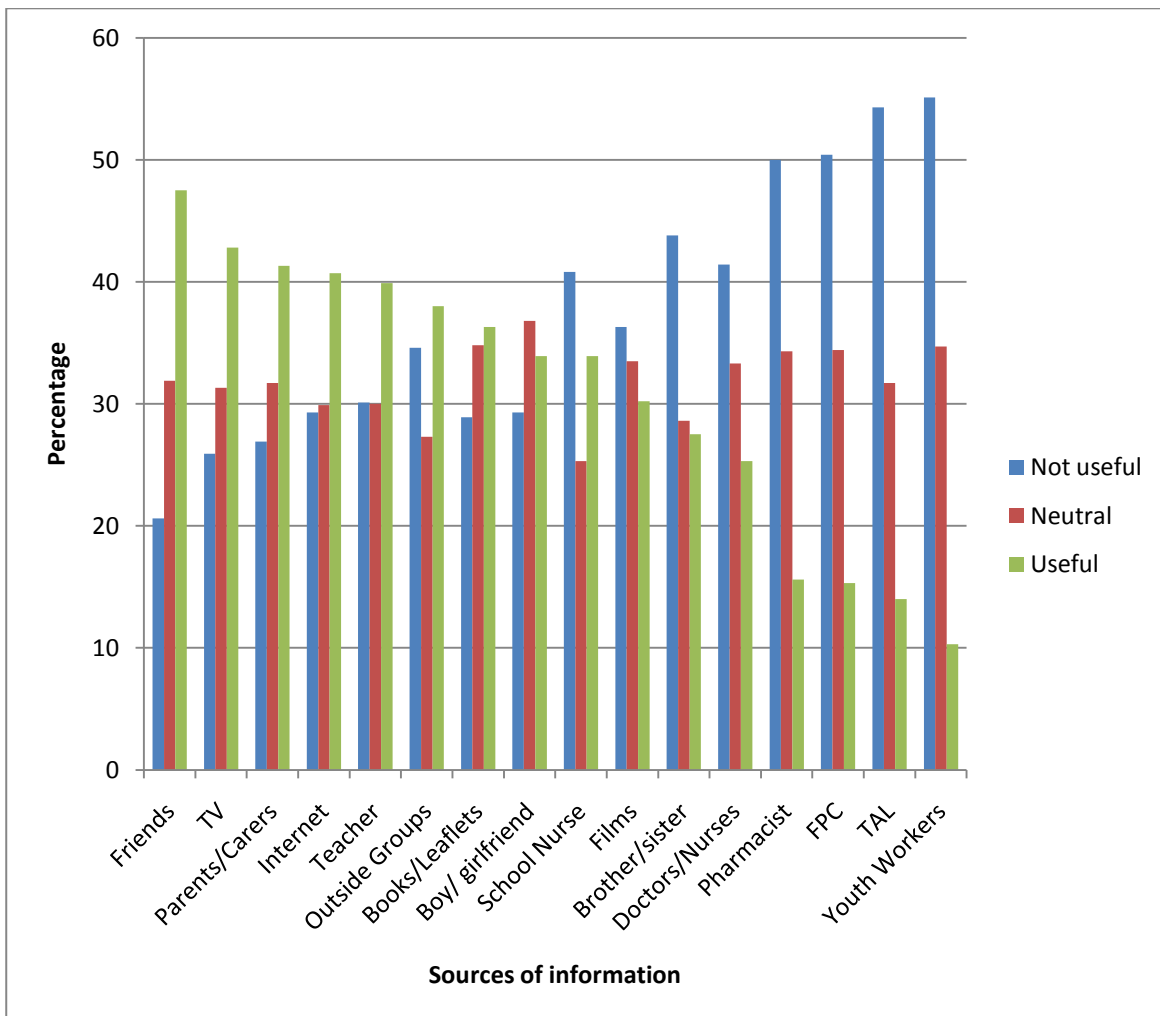
3.2 Developing a Knowledge base

3.2.1 Sources of Information

Figure 3.1 identifies the sources of information across the whole group.

- Young people found the most useful. It can be seen that friends (47.5%), a teacher (39.9%), visits from outside groups (38.0%), a parent/carer (41.3%), TV (42.8%) and the internet (40.7%) are seen as useful or very useful sources of information.
- Students report that they are neutral about boy/girlfriend (36.8%).
- The school nurse (40.8%), a brother or sister (43.8%), the family planning clinic (50.4%), doctors/nurses (41.4%), youth workers 55.1%), chemists/pharmacists (50.0%) and telephone advice lines (54.3%) are perceived to be not very or not at all useful as sources of information.

Figure 3.1: Comparing the utility of information sources



In terms of professional groups, findings demonstrate that boy's and girl's needs vary in who they find useful as a source of information, suggesting that they need to be approached differently and that a blanket approach to information giving is less likely to be successful.

- Girls are more likely to state that friends are by far the most useful source of information (52.7%), but also highlight that the school nurse (28%) and visits from outside groups (31.6%) are useful sources of information. Boys are more likely to find a teacher at school (34.6%), TV (31.6%) and the internet (26.7%) useful sources of information
- Girls are more likely to be neutral about teachers (31.5%), family planning (34.0%), TV (34.2%), or internet (34.3%). Boys are more likely to be neutral about friends (33.3%), visits from outside groups (28.8%) and brothers/sisters they get on best with (31.0%) as sources of information. And both genders are neutral about seeking information from parents/carers or films

- Both girls (37.8%) and boys (37.2%) are more likely to state that Telephone Advice Lines are not at all useful, however boys are also more likely than girls to state that the school nurse (30.4%) and Family Planning (34.8%) are not at all useful

Key information sources become more important as students progress up the year groups. It is noteworthy in relation to Telephone Advice Lines that students predominantly see them as not at all useful or are neutral about them as a source of information

- Y9 students were more likely than other year groups, to be neutral or to state that none of the named sources of information were useful
- Year 11 students identify the most number of useful sources of information than any other year group and do not identify any of the named sources as not at all useful

The variety of information sources perceived as useful expands as school year increases. Although friends continue to be a significant source of information, more expert sources become increasingly more important as students get older and the utility of the information becomes more potentially relevant.

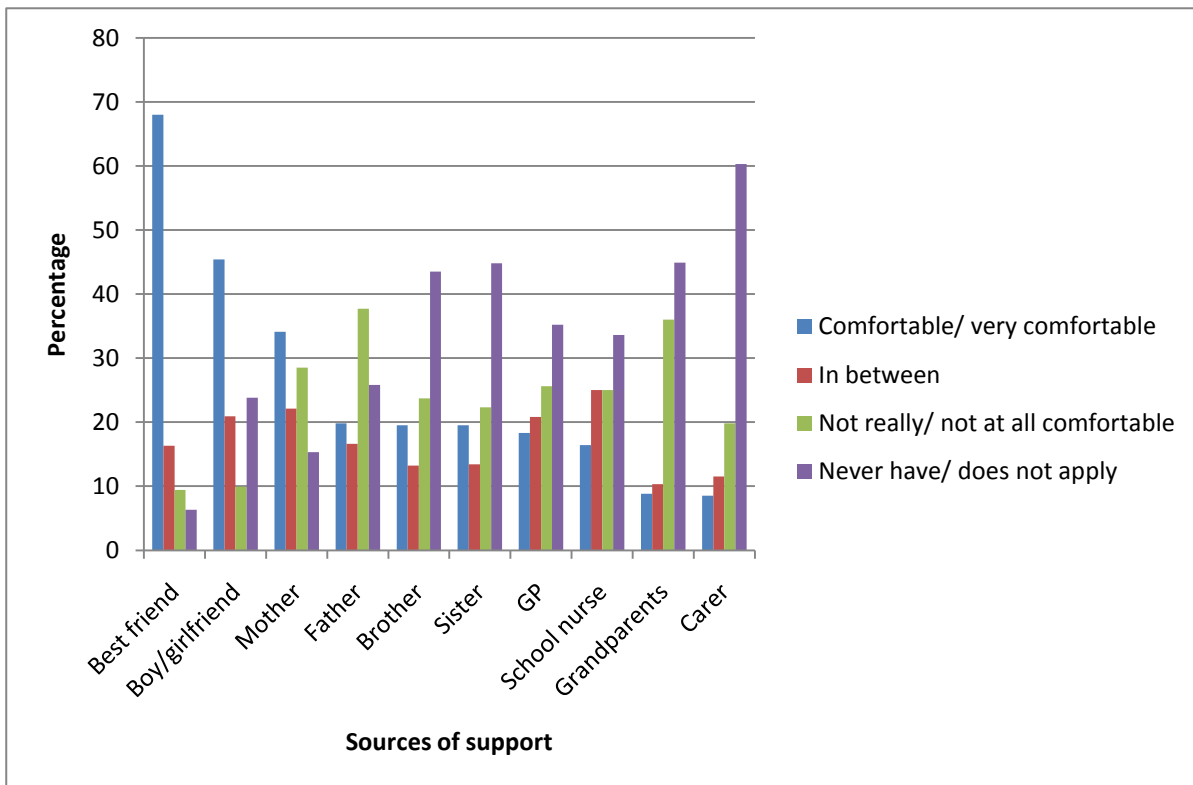
- Friends are a continuing key information source, both Year 10 and Year 11 students are more likely to state that they find friends a useful source of information, however, Year 11 students additionally identify the school nurse, visits from outside groups, TV, books /leaflets as useful sources of information
- Year 10 identified school nurse and telephone advice lines not at all useful

3.2.2 Comfort discussing SRE issues

Figure 3.2 illustrates across the whole group student comfort discussing SRE issues.

- Students reported that they felt comfortable or very comfortable discussing SRE issues with their best friend (67.9%), their boy/girlfriend (45.4%) and their mother/stepmother (34.1%)
- Students indicated that they were not very or not at all comfortable talking about these topics with their father/ stepfather (37.8%) or grandparents (36.0%)
- It is noteworthy that low numbers of students felt comfortable talking to any of the professional groups

Figure 3.2: Comparing levels of comfort when consulting different sources of support



The largest proportion of both girls (43.1%) and boys (32.7%) suggest that they are very comfortable when talking to their best friends about sex. This may seem to contradict the earlier finding (Section 3.1) that boys are more likely to be neutral about friends (33.3%) as a source of information, however it may indicate that although comfortable talking to their friends about sex, their ‘talk’ is not based on sharing information about available contraceptive support.

Girls are more likely to feel comfortable when talking to their mother/stepmother about sex (24.7%) and boys are more likely to state they feel either in between (20.8%) about talking to their father/stepfather about sex or never have talked to their fathers/stepfathers about sex (27.0%).

Year 9 students are more likely to only feel comfortable talking to their best friend about sex (31.8%). Whilst more Year 10 and 11 students stated they were very comfortable talking to their best friends about sex, these year group students become increasingly comfortable talking to their girl/boyfriend as school year and presumably emotional maturity increases.

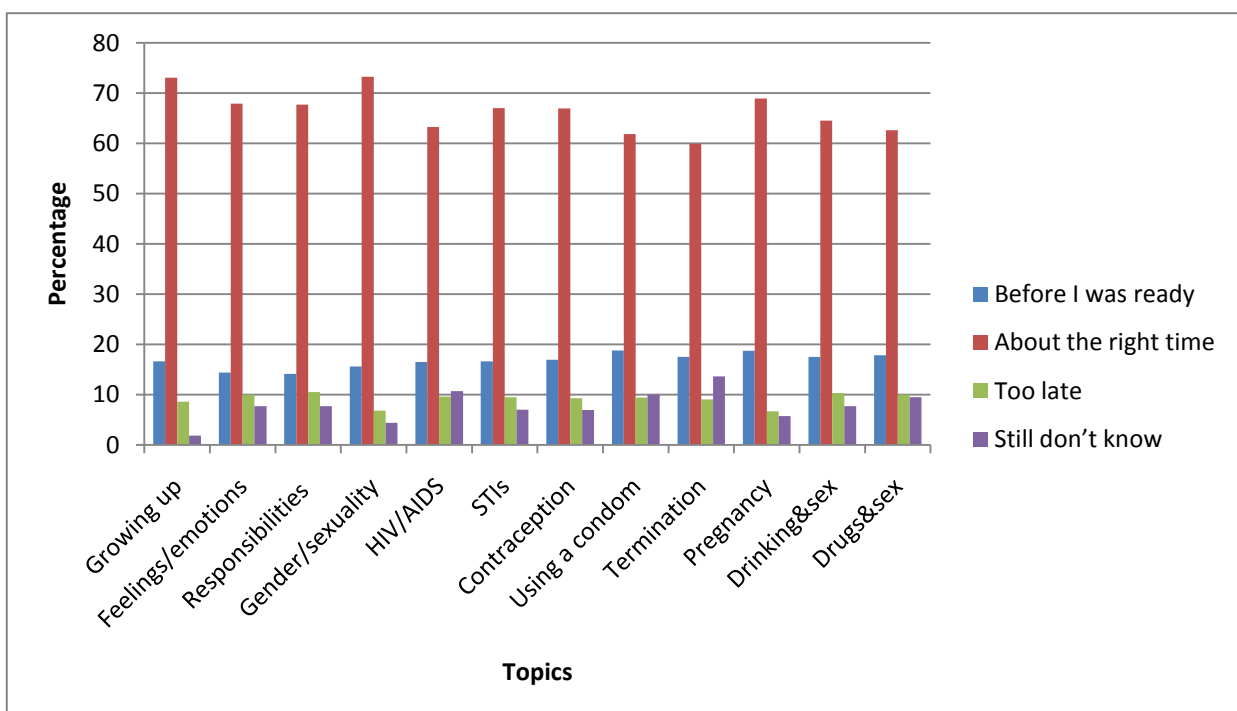
3.2.3 Young people’s view of who SRE is aimed at

- An overall positive findings is that both girls (55.8%) and boys (55.2%) are most likely to consider SRE as aimed equally at girls and boys
- Interestingly, however, boys are more likely than girls to think SRE is aimed more at boys and girls are more likely than boys to think that SRE is aimed more at girls
- The likelihood that an individual considers SRE to be aimed more at girls than boys increases as students move up school years. Qualitative comments suggest that this might be due to an increased focus on preventing teenage pregnancy in SRE in the higher year groups

3.2.4 How timely young people think SRE is

Across the whole data set, young people report that they were taught about the named topics at about the right time (Figure 3.3). Of the small numbers who felt this was not the case, slightly larger proportions felt they were taught about topics too early than too late. For example some students report that they were taught about pregnancy (18.7%), drugs and sex (17.8%), drinking and sex (17.5%) and termination (17.5%) too early, while other students report that they were taught about responsibilities in relationships (10.5%), drinking and sex (10.3%), drugs and sex (10.0%) and sexual feelings and emotions (10.0%) too late.

Figure 3.3: Comparing the timeliness of teaching named topics



As highlighted in figures 3.4 and 3.5, a number of small but statistically significant differences between reported opinions by gender were noted including: *growing up* (p=0.024), *sexual feelings and emotions* (p=0.017), *sexually transmitted infections* (p=0.017), *how to use a condom* (p=0.022) and *pregnancy* (p=0.004).

A notable difference between genders is related to being taught *how to use a condom*:

- More boys than girls reported that they were taught about *how to use a condom at about the right time* (64.4% compared to 59.1%: p=0.022)
- More girls than boys stated that they were taught about *how to use a condom too late* (10.8% compared to 8.0%: p =0.004) or that they **still don't know** (11.3% compared to 8.7%: p=0.022)

Figure 3.4: Comparing reported timeliness of learning about topics for boys

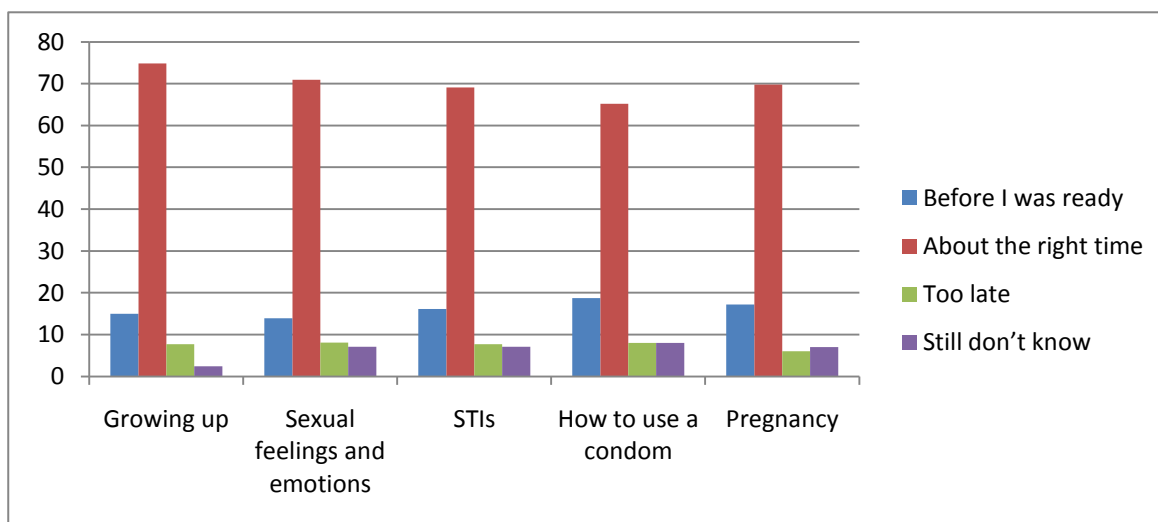
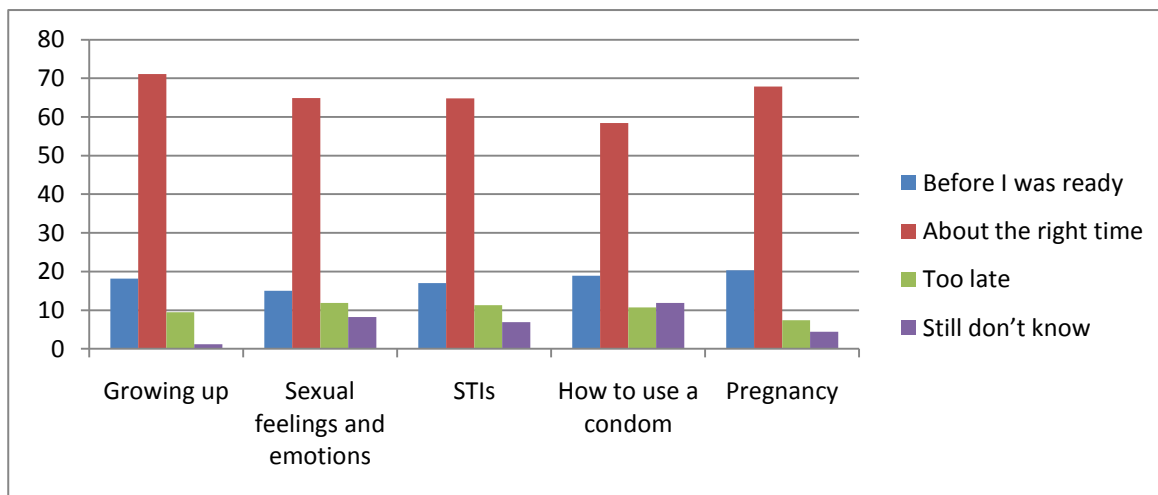


Figure 3.5: Comparing reported timeliness of learning about topics for girls



Differences between reported opinions are strongly related to school year (with the exception of *growing up*). In addition differences were apparent between Y9 students and older year groups.

- More Y9 students stated that they had been taught about the following topics **before they were ready** than older year groups: *gender and sexuality, drinking and sex and drugs and sex*
- A smaller proportion of Y9 students stated that they were taught about the following topics **at about the right time** compared to older year groups *gender and sexuality, HIV/AIDS, sexually transmitted infections, contraception (birth control), how to use a condom, termination, drinking and sex, drugs and sex*
- For example, fewer Y9 students reported that they were taught about *sexual feelings and emotions, contraception (birth control)* and *drinking and sex* **too late** than Yrs 10 and 11

Growing up

- The majority, nearly three quarters (73.0%) of the respondents who answered this question (98.3% of the total sample) stated they were taught about *growing up* **at about the right time**
- More boys than girls felt they were taught about *growing up* **at about the right time** (74.9% compared to 71.0%)
- For girls the experience of whether they were taught about *growing up* at the right time was more varied; although the numbers are small, a very slightly increased number of girls than boys stated that they were taught **before they were ready** (18.4% compared to 15.0%)
- 9.4% of girls compared to 7.8% of boys stated that they were taught about *growing up* **too late**
- Again, although the numbers are small, nearly twice as many boys than girls (2.3% compared to 1.2%) stated that they **still don't know**

Sexual feelings and emotions

- The majority, two thirds (67.9%) of the respondents who answered this question stated they were taught about *sexual feelings and emotions* **at about the right time**
- Slightly more boys than girls (70.7% compared to 64.9%) felt they were taught about sexual feelings and emotions at **about the right time**

- More girls than boys felt they were taught about *sexual feelings and emotions* **too late** (11.9% compared to 8.2%), however comparable numbers felt they were either taught **before they were ready** (girls 15.1% and boys 13.7%) or **still don't know** (girls 8.0%; boys 7.4%)
- Two thirds of all school years reported that they were taught about the right time (Y9, 66.0%, Y10 69.2%, Y11 68.4%)
- However those who felt they had been taught **too late** increased as school year increased, with the largest increase apparent between Y9 and older school year groups (Y9 7.8%, Y10 10.7%, Y11 11.5%)
- The numbers of those who felt they **still don't know** decreased as school year increased (Y9 10.6%, Y10 7.0% Y11 5.7%)

Responsibility in relationships

- Two thirds (67.7%) of those who answered this question (98.0% of the total sample) stated they were taught about *responsibilities in relationships* **at about the right time**, however the differences between responses were not associated with either gender (p=0.954), school year (p=0.288) or age (p=0.816)

Gender and Sexuality

- Overall, nearly three quarters (73.2%) of those who answered this question (n=1998) stated they were taught about *gender and sexuality* **at about the right time**
- The proportion of those who felt they were taught about *gender and sexuality* **at about the right time** increased with school year; however the rate was greatest between Y9 and older year groups (Y9 68.5%, Y10 74.1%, Y11 76.6%)
- A fifth of Y9 (20.5%) reported that they were taught about *gender and sexuality* **before they were ready**. The proportion of students who reported this decreased across school years, again with the greatest difference between Y9 and older school years (Y10 13.7%, Y11 13.0%)
- The numbers of those who report that they **still don't know** are small and decrease only very slightly as school year increases (Y9 5.0%, Y10 4.7%, Y11 3.6%)

HIV/AIDS

- Nearly two thirds (63.2%) of those who answered this question (98.4% of the total sample) felt they were taught about *HIV and AIDS* **at about the right time**
- The proportions of those who chose this option increases with school year, however the greatest change is between Y9 and older school years (Y9 57.7%, Y10 65.0%, Y11 66.4%)

- Fewer Y10 students stated that they had been taught about *HIV and AIDS* **before they were ready** than any other year group (Y10 14.4% compared to Y9 17.8% and Y11 17.2%)
- More Y11 stated that they had been taught about these issues **too late** (Y11 10.9% compared to Y9 8.7% and Y10 8.9%)
- The numbers of those who **still don't know** were fairly small and decreased steadily across school years (Y9 15.8%, Y10 11.6%, Y11 5.5%)

Sexually transmitted infections

- Two thirds (67.0%) of those who answered this question (98.4% of the total sample) stated that they were taught about *STIs* **at about the right time**. The pattern was associated with both gender and school year
- More girls than boys (11.4% compared to 7.6%) thought they were taught about *STIs* **too late**, however more boys than girls (7.6% compared to 6.3%) state that they **still don't know**
- Slightly more girls than boys (17.1% compared to 16.0%) stated that they were taught about these issues **before they were ready**, however this was still less than a fifth
- Two thirds of students in each school year state they were taught about *STIs* at **about the right time**; the proportion of students who report this increased as school year increased, however the greatest jump was between Y9 and older year groups (Y9 62.2%, Y10 68.7%, Y11 69.6%)

Contraception (birth control)

- Two thirds (66.9%) of those who answered this question (98.1% of the total sample) report that they were taught about *contraception* **at about the right time**, with 6.9% stating that they **still don't know**
- The proportion of students who report that they were taught about *contraception* **at about the right time** increases as school year increases, with the biggest jump being between Y9 and older year groups (Y9 60.6%, Y10 68.3%, Y11 71.2%)
- The proportion of students who state they were taught about these issues **too late** increases as school year increases, again with the biggest difference being between Y9 and older year groups (Y9 6.4%, Y10 10.1%, Y11 11.2%)
- Those that report that they **still don't know** decreases markedly across school years (Y9 13.8%, Y10 5.5%, Y11 1.8%)

How to use a condom

- The largest proportion of students who answered this question stated that they were taught about *how to use a condom* **at about the right time** (61.8%)
- The proportion of students who report that they were taught about *how to use a condom* **at about the right time** increased as year group increased, from just over a half of Y9 students (51.4%) to two thirds of Y11 students (67.8%), with the biggest jump being between Y9 and older school years (Y10 65.3%)
- The proportions of students who felt they were taught about these issues **too late** increased with school year (Y9 7.9%, Y10 9.0%, Y11 11.0%)
- The proportion of students who report that they **still don't know** decreases markedly across school years (Y9 20.0%, Y10 8.5%, Y11 2.5%)

Termination (abortion)

- Nearly two thirds (59.9%) of all those who answered this question (97.9% of the total sample) stated that they were taught about termination **at about the right time**, however 13.6% state they **still don't know**
- The proportion of students who state that they were taught about termination **at about the right time** increases as school year increases; the largest increase is between Y9 and older year groups (Y9 52.5%, Y10 61.2%, Y11 65.1%)
- The proportion of students who state that they **still don't know** decreases as school year increases (Y9 20.8%, Y10 13.3%, Y11 7.7%)

Pregnancy

- Just over two thirds (68.9%) of those who answered this question (98.3% of the total sample) reported that they were taught about pregnancy **at about the right time** and nearly a fifth (18.7%) stating they were taught about these issues **before they were ready**
- The pattern across school years shows that a larger proportion of Y11 students felt they were taught about pregnancy **at about the right time** compared to younger school years (Y9 67.1%, Y10 67.6%, Y11 71.5%)
- A higher proportion of older year groups reported being taught about pregnancy **too late** than Y9 students (Y9 4.9%, Y10 7.4%, Y11 7.7%)
- There is a marked reduction in the proportion of students who state that they **still don't know** as school year increases (Y9 8.9%, Y10 6.0%, Y11 2.6%)

- Slightly fewer Y11 students state that they were taught about pregnancy **before they were ready** than Y9 or Y10 students (Y9&Y10 19.1% compared to Y11 18.2%)

Drinking and sex

- Nearly two thirds (64.5%) of those who answered this question (98.2% of the total sample) stated that they were taught about drink and sex **at about the right time**, with 7.7% reporting that they **still don't know**
- The proportion of students who stated that they were taught at about these issues **at about the right time** increased with school year, with the largest jump being between Y9 and older school years (Y9 56.4%, Y10 65.7%, Y11 67.9%)
- The proportion of students who felt they were taught about drinking and sex **before they were ready** decreased with school year, the biggest drop was between Y9 and older year groups (Y9 20.7%, Y10 16.7%, Y11 15.4%)
- There is a slight increase in the proportion of students who felt they were taught about these issues **too late** as school year increases, with the largest increase between Y9 and older school years (Y9 9.2%, Y10 10.0%, Y11 11.5%)
- The numbers who reported that they **still don't know** were relatively low and decreased with school year (Y9 10.7%, Y10 7.6%, Y11 5.2%)

Drugs and sex

- Overall nearly two thirds (62.6%) of those who answered this question (97.8% of the total sample) stated that they had been taught about the problems of drugs and sex **at about the right time**, with less than a tenth (9.5%) reporting that they **still don't know**
- The proportion of students who felt that they had been taught about drugs and sex **at about the right time** increased as school year increased, with the largest jump being between Y9 and older school years (Y9 57.5%, Y10 63.6%, Y11 66.2%)
- There is steady decrease in the proportion of students who report that they were taught about these issues **before they were ready** as school year increases, with the largest drop being between Y9 and older school years (Y9 20.1%, Y10 17.4%, Y11 16.2%)
- About a tenth of each year group (Y9 9.6%, Y10 10.0%, Y11 10.5%) stated that they were taught about these issues **too late**
- An eighth of Y9 (12.9%) state that they **still don't know** about the problems of drugs and sex, however this decreases as school year increases (Y10 8.9%, Y11 7.2%)

3.2.5 How much students felt they knew

Overall across this section students demonstrated that they felt they knew more as school year increased.

Growing up

- Over three quarters of girls (76.1%) and around two thirds of boys (65.1%) felt they knew a lot about growing up
- Although those who state they know nothing at all about growing up represent a very small proportion of students, more boys than girls (2.4% compared to 0.9%) fell into this category
- The proportion of students who felt they knew ‘a lot’ about growing up increased as the school year increased; under two thirds (64.5%) of Y9 students compared to over three quarters (76.0%) of Y11
- The proportion of those who felt they knew ‘nothing at all’ was low and stayed fairly constant across the school years (between 1.3% and 1.9%)

Sexual feelings and emotions

- The proportion of those who state they knew ‘nothing at all’ about sexual feelings and emotions decreased as school year increased (Y9, 4.5% compared to Y11, 1.4%)
- The proportion of those who state they knew ‘only a little’ about sexual feelings and emotions also decreased as school year increased
- The proportion of those who felt they knew ‘some’ also decreased as school year increased however this trend was less extreme
- The proportion of those who state they knew ‘a lot’ increased as school year increased; a third of Y9 (32.7%), two fifths of Y10 (41.6%) and half of Y11 (50.8%) stated they knew ‘a lot’ about sexual feelings and emotions

Responsibilities in relationships

- Those that felt they knew ‘a lot’ increased as school year increased; two fifths of Y9 (45.0%), under a half of Y10 (47.0%) and over a half of Y11(55.0%) felt they knew ‘a lot’ about responsibility and relationships
- The proportions of those who felt they knew ‘nothing at all’, ‘only a little’ and ‘some’ about responsibilities in relationships decreased as school year increased

Gender and sexuality

- A majority in each year group felt they knew ‘a lot’ about gender and sexuality; this proportion increased as school year increased; over half (54.5%) of Y9, nearly two thirds (61.1%) of Y10 and nearly three quarters of Y11 (71.5%)
- The proportions of those who felt they knew ‘nothing at all’, ‘only a little’ and ‘some’ about gender and sexuality decreased as school year increased

HIV and AIDS

- More boys than girls (32.6% compared to 27.8%) state they know ‘a lot’ about HIV and AIDS. However more boys than girls (5.3% compared to 4.1%) also state they know ‘nothing at all’ about HIV and AIDS; however it should be noted that these percentage differences are very small
- Slightly more girls than boys (47.0% compared to 43.7%) felt they knew ‘some’ about HIV and AIDS and more girls than boys (21.2 compared to 18.3) state they know ‘only a little’
- The largest proportion of each year state (Y9 47.0%; Y10 43.7%; Y11 45.3%) that they know ‘some’ about HIV and AIDS
- The proportion of students that state they know ‘a lot’ increases as school year increases

STIs

- Students in Y9 (43.4%) and Y10 (50.0%) are more likely to state they know ‘some’ about STIs, however nearly half (45.7%) of Y11 students state they know ‘a lot’

Contraception

- The largest group in each gender stated they know ‘a lot’ about contraception; however this was still less than half (boys 43.0 % compared to girls 47.6 %)
- Twice as many boys than girls (5.8% compared to 2.6%) state they know ‘nothing at all’ about contraception
- Nearly half of Y10 students state they know ‘a lot’ about contraception, with over half (58.7%) of Y11 students stating they know ‘a lot’. However, over a third of Y9 students state they know ‘some’ about contraception
- A larger proportion of Y9 felt they knew ‘nothing at all’ (16.6%) and ‘only a little’ (28.8%) than any other year group

Condoms

- More boys than girls (58.9% compared to 50.9%) stated they knew ‘a lot’ about how to use a condom
- More girls than boys (6.0% compared to 4.8%) stated they knew ‘nothing at all’ about how to use a condom

Termination (abortion)

- Knowing ‘a lot’ about termination increased as school year increased, with nearly a fifth of Y9 (18.4%), nearly a quarter of Y10 (23.6%) and over a third (34.3%) stating they knew ‘a lot’ about termination

Pregnancy

- More girls than boys (44.6% compared to 37.7%) state they know ‘a lot’ about pregnancy. This may be as a result of an increased focus of SRE on girls as school year increases (see Section 2.3) as a measure to prevent teenage pregnancies
- This is further supported by the finding that, although the overall proportion of those who state they know nothing at all is very small, more boys than girls (5.7% compared to 2.8%) fell into this category
- Knowing ‘a lot’ about pregnancy increased with school year as more Y9 stated they knew nothing at all about pregnancy than any other year group (7.9% compared to Y10 2.8% and Y11 2.5%) and more Y11 stated they knew ‘a lot’ about pregnancy than any other year group (47.9% compared to Y9 36.1% and Y10 38.2%)

Drinking and sex

- The majority of both girls (86.7%) and boys (81.8%) felt they knew ‘some’ or ‘a lot’ about drinking and sex, however, more girls than boys (49.6% compared to 45.0%) state they know ‘a lot’ about drinking and sex)

Drugs and sex

- Girls may have a greater awareness of the potential dangers of drugs and sex as, although a comparable number of girls and boys (40.0% compared to 39.8%) state they know ‘a lot’ about drugs and sex, nearly twice as many boys than girls (9.0% compared to 5.0%) state they know ‘nothing at all’ about drugs and sex

- The proportion of students who state they know ‘a lot’ about drugs and sex increases as school year increases; for example, the largest group in Y9 state they know ‘some’ but the largest group in Y10 and Y11 state they know ‘a lot’ about drugs and sex

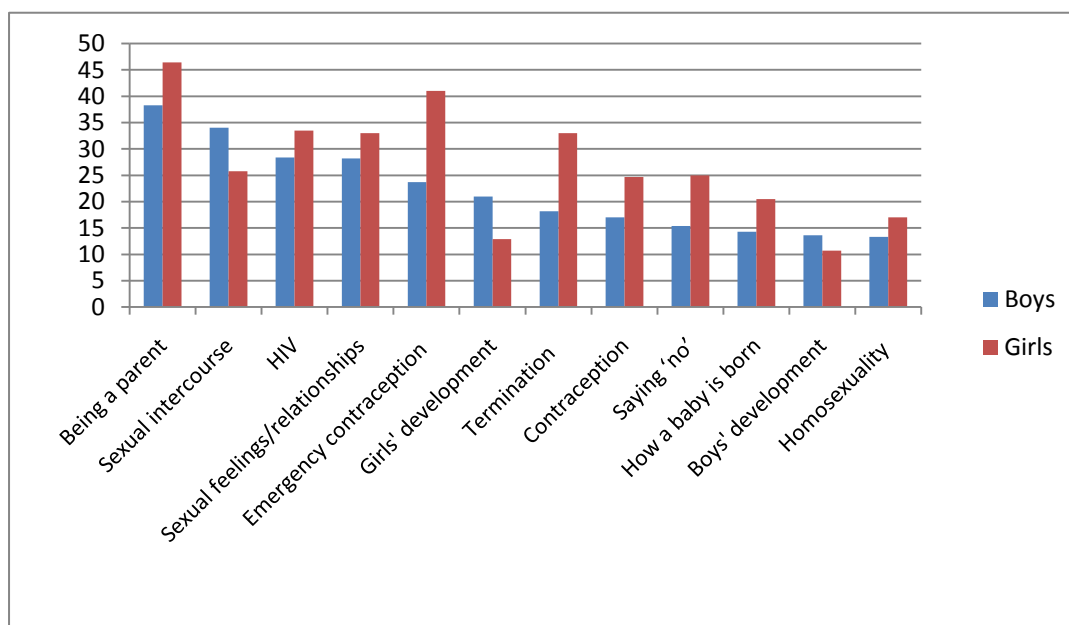
3.2.6 Topics young people would like to know more about

The top 5 topics that girls and boys who answered this question identified as issues they would like to learn more about are listed in the Table 3.1 below. Figure 3.5 graphically demonstrates the comparison between boys and girls in relation to the topics they would like to know more about.

Table 3.1: Comparing topics girls and boys would like to know more about

Girls	%	Boys	%
Being a parent	46.4	Being a parent	38.3
Emergency ('morning after') contraception	41.0	Sexual intercourse	34.0
Ways in which HIV can be passed on	33.5	Ways in which HIV can be passed on	28.4
Sexual feelings/ relationships	33.0	Sexual feelings/ relationships	28.2
Termination (Abortion)	33.0	Emergency ('morning after') contraception	23.7

Figure 3.6: Comparing topics girls and boys would like to know more about



The same five topics were at the top of each year table; however they were in different orders. Noteworthy is that each year group stated being a parent as the top topic they would like to know more about.

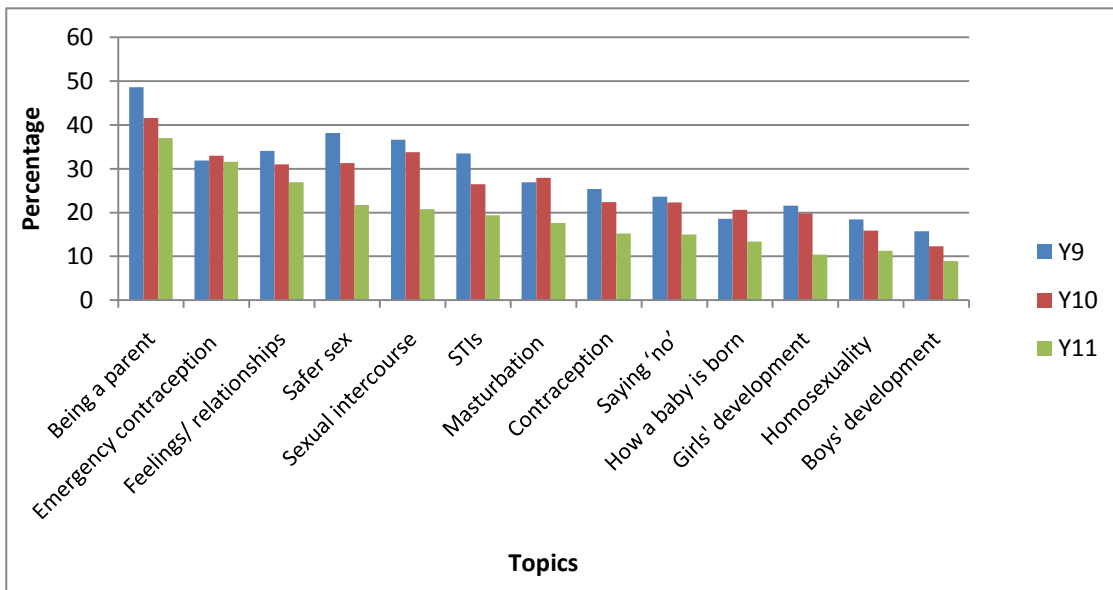
The top 5 topics, that students who answered this question identified as issues they would like to learn more about by year group is identified in Table 3.2 below. Figure 3.6 illustrates the differences between year groups in relation to the topics identified.

This apparent change in focus from yr 9 to yrs 10 and 11 may be because the topics a student would like to know more about reflects their current experiences and activities. However being a parent is consistent topic across both gender and year group.

Table 3.2: Topics different year groups would like to know more about

Year 9		Year 10		Year 11	
Being a parent	48.6%	Being a parent	41.6%	Being a parent	37.0%
Safer sex	38.2%	Sexual intercourse	33.8%	Emergency contraception	31.6%
Sexual intercourse	36.6%	Emergency contraception	33.0%	Sexual feelings/relationships	26.9%
Sexual feelings/relationships	34.1%	Safer sex	31.3%	Safer sex	21.7%
Sexually transmitted infections	33.5%	Sexual feelings/relationships	31.0%	Sexual intercourse	20.8%

Figure 3.7: Comparing topics that different year groups would like to know more about

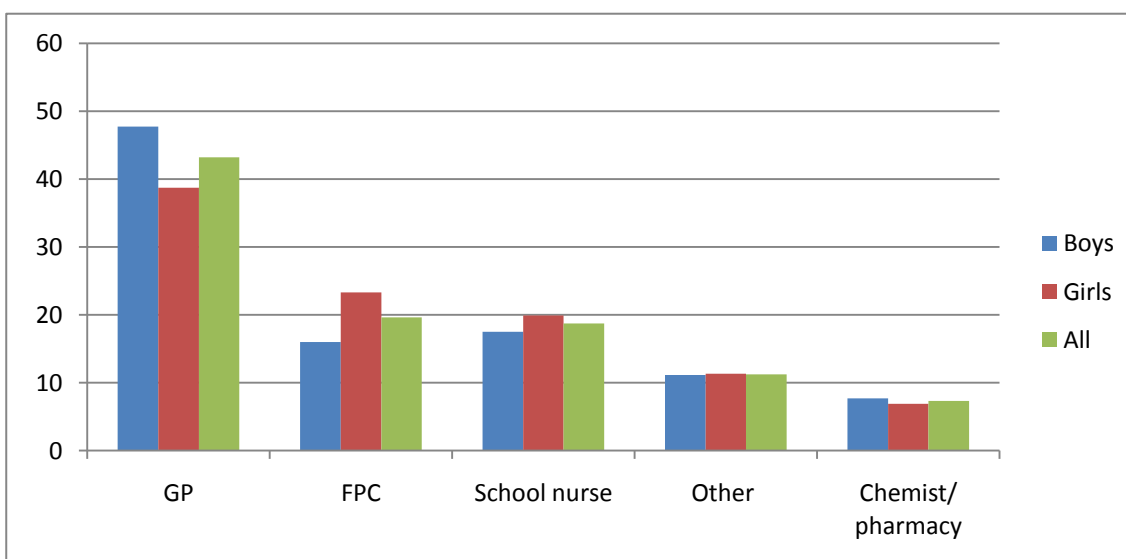


3.3 Service Knowledge and Use

3.3.1 Seeking individual advice from a professional

The majority of students stated that they would prefer to seek advice from a GP (43.2%). A fifth said they would prefer to seek professional advice from the FPC (19.6%) and a nearly a fifth from the School Nurse (18.7%). From the qualitative data collected, students indicate mostly family and friends when reporting other sources they would use in preference to the professionals stated in the question.

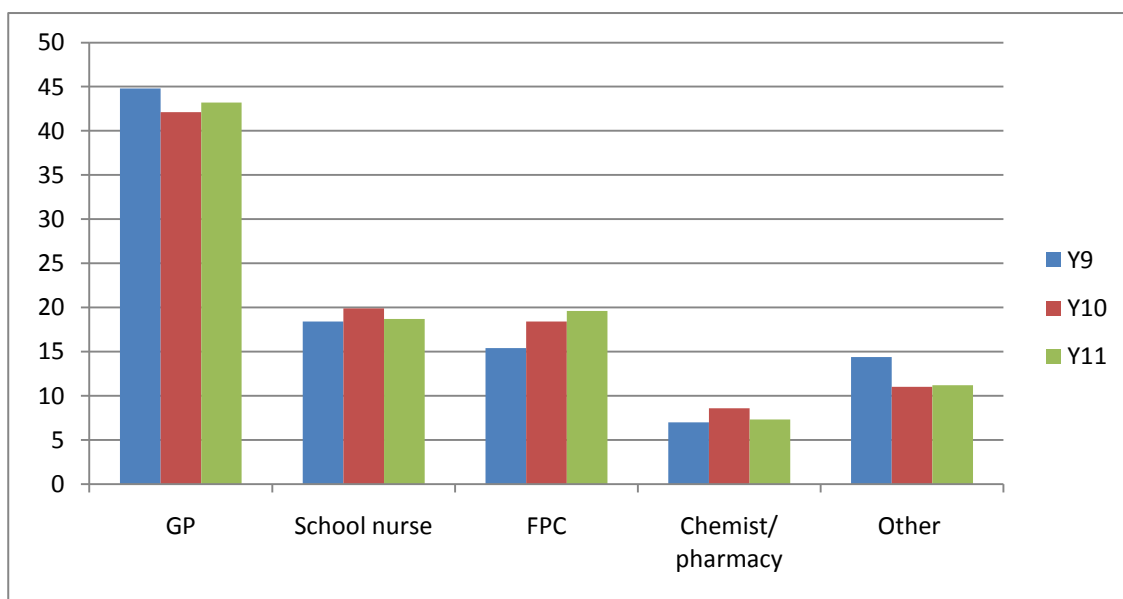
Figure 3.8: Differences between girls and boys when seeking advice from an individual professional



Whilst the preferred source of sexual health advice is overwhelmingly the GP (figure 3.7). More girls than boys would go to the FPC (23.3% compared to 16.0%).

Seemingly related to the response in Section 3.1, about sources of information, the preferred professional source of contraceptive advice changes to include more specialised services as school year increases.

Figure 3.9: Differences between school years when seeking advice from an individual professional



- More Y9 (44.8%) students who answered said they would prefer to go to their GP for contraceptive advice than either Y10 (42.1%) or Y11 (42.9%)
- More Y10 (28.5%) students who answered said they preferred to get contraceptive advice from School Nurse and Chemist/pharmacy than either Y9 (25.4%) or Y11 (24.4%)
- More Y11 (24.1%) students who answered said they would prefer to go to the FPC than any other school year group (Y9 15.4%; Y10 18.4%)

3.3.2 Knowing where to get contraception

- Three quarters of students (73.6%) who answered stated they knew where to get contraception

- More girls than boys stated they knew where to get contraception (77.8% compared to 69.5%)
- The proportion of students who stated they knew where to get contraception increased with School Year, from just over half in Y9 (55.1%), three quarters of Y10 (75.1%) to nearly 90% of Y11 (88.1%)

3.3.3 Barriers to accessing services

The top four barriers to accessing services identified by students are highlighted in Table 3.3 below and may explain the GP as the preferred source of professional advice (see Section 3.1); it is feasible to suggest that attending a doctor’s surgery is less likely to be clearly identified with seeking contraceptive advice.

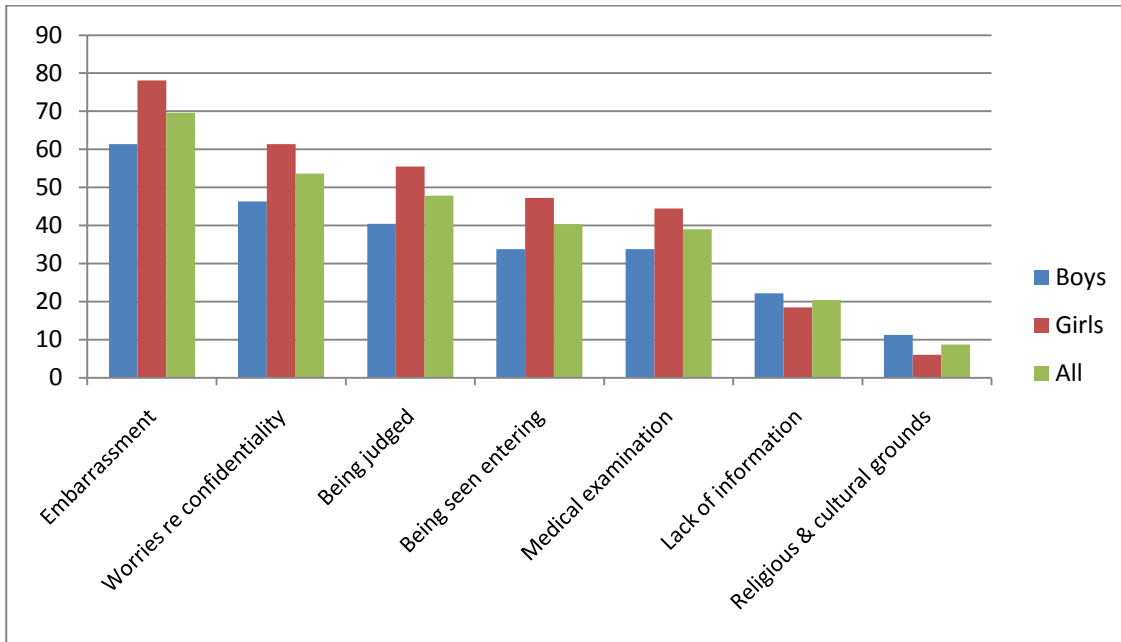
Table 3.3: Barriers to accessing services

Barriers	%
Embarrassment	69.6
Worries about confidentiality	53.6
Worries about being judged	47.8
Worries of being seen entering	40.3
Worries of being medically examined	39.0
Lack of information	20.4
Transport problems	16.0
Inconvenient opening times	11.9
Religious and cultural grounds	8.7
Other	4.8

Overall, more girls than boys identified embarrassment, worries about confidentiality, worries about being judged, worries about being seen entering, and worries about being medically examined than boys.

More boys than girls identified a lack of information as a barrier to seeking professional contraceptive support, which supports the earlier finding that more girls than boys knew where to get contraception (77.8% compared to 69.5%) (Section 3.2)

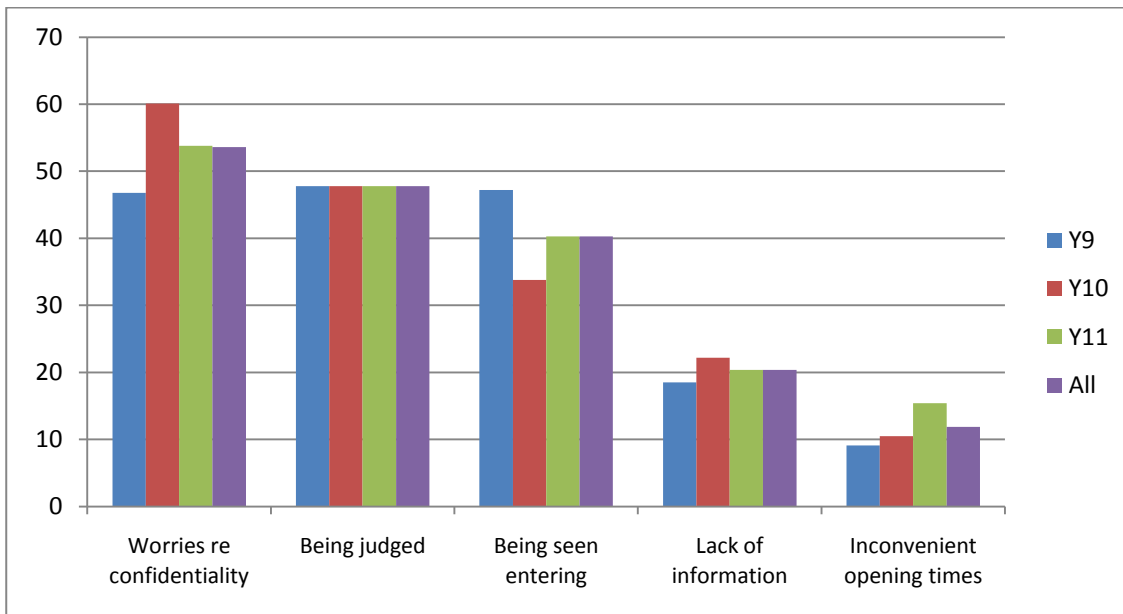
Figure 3.10: Comparing differences between girls and boys when reporting barriers to accessing services



Year 10 and 11 students consider worries about confidentiality and being judged as reasons for not seeking professional advice. In addition Y10 students are also concerned about being seen entering, where more Y11 students are concerned with inconvenient opening times. Concerns about being medically examined increases as school year increases.

Although Y9 and Y10 students identify a lack of information as a barrier, this decreases amongst Y11 students. This finding would seem to be coherent with the findings on information sources in Section 3.2.1. Lack of information, therefore, is more of a problem for Y9 and Y10. This is further supported by the previous finding that the proportion of students who stated they knew where to get contraception increased with school year, from just over half in Y9 (55.1%), three quarters of Y10 (75.1%) to nearly 90% of Y11 (88.1%).

Figure 3.11: Comparing differences between girls and boys when reporting barriers to accessing services



Embarrassment

- Two thirds of students who answered the question (69.6%) identified embarrassment as a potential barrier to seeking contraceptive advice from a health care professional
- This was identified as a problem by a greater proportion of girls (78.1%) than boys (61.4%)

Confidentiality

- Two thirds of girls (61.4%) compared to under half of boys (46.4%) identified worries about confidentiality as a potential reason for them not to consult formal (NHS/Medical) services
- A higher proportion of Y10 stated worries about confidentiality as a potential reason that would stop them seeking advice from medical sources than any other year group; 60.1% of Y10 students chose this option, compared to 46.8% of Y9 students and 53.7% of Y11 students

Worries about being judged

- Under half (47.8%) of students who answered this question identified worries about being judged as a potential issue that might stop them from seeking healthcare contraceptive services

- A greater proportion of girls than boys (55.5% compared to 40.4%) cited worries about being judged as an issue that might prevent them from seeking healthcare advice about contraception
- A smaller proportion of Y9 students identified worries about being judged as a potential problem than any other year group (Y9 43.2% compared to Y10 49.4% and Y11 50.7%)

Worries of being seen entering

- Two fifths (40.3%) of those who answered this question identified worries about being seen entering as a potential barrier to seeking contraceptive advice from healthcare sources
- A higher proportion of girls identified this barrier than boys (47.2% compared to 33.8%)
- This was a concern identified by a greater proportion of Y10 students than any other year group (Y10 44.9% compared to Y9 37.0% and Y11 39.1%)

Worries of being medically examined

- Nearly two fifths of students (39.0%) who answered this question identified worries of being medically examined as an issue that may stop them from seeking contraceptive advice from health care professionals
- A greater proportion of girls identified this as a potential problem than boys (44.5 compared to 33.8)
- The proportion of students who identify worries of being medically examined increases as age increases, from a third of year 9 students (33.8%) to two fifths (40.5%) of year 11 students

Lack of information

- A fifth (20.4%) of students answering this question identified lack of information as a problem that potentially might stop them from seeking contraceptive advice from medical sources
- More boys than girls saw lack of information as a problem; 22.2% of the boys who answered this question identified lack of information as a problem compared to 18.5% of girls
- This was fairly consistent across school years however, the proportion of year 11 students who answered this question and chose this option dips slightly (Y 11 17.2% compared to Y9 22.3% and Y10 22.2%)

- A lower proportion of Y11 students identified lack of information as a factor that could potentially stop them from seeking contraceptive advice from healthcare professionals than any other school year group

Inconvenient opening times

- Inconvenient opening times becomes of increasing concern as a barrier to seeking contraceptive advice from healthcare professionals as school year increases
- A greater proportion (15.4%) of Y11 students identified inconvenient opening times as a barrier to seeking healthcare advice about contraception than any other year group (Y9 9.1% and Y10 10.5%)
- Qualitative data given by year 11 students suggests that they are concerned by the fact that FPC and other contraceptive services are open during the day, while students are at school and therefore not all are able to access these services easily

Religious and cultural grounds

- Only 8.7% of all students who answered this question identified religious/cultural grounds as a potential reason why they would not seek contraceptive advice from a healthcare professional
- This was a reason selected by a greater proportion of boys (11.2%) than girls (6.0%)

3.4 Behaviours

3.4.1 Boy/girl friend

- About an eighth of the respondents who answered this question state they have never had a boyfriend/girlfriend (12.6%).
- About the same proportion of girls and boys state they have never had a boyfriend/girlfriend (12.2% and 12.9% respectively)
- Y 9 showed the highest proportion of those who had never had a boyfriend/girlfriend (14.9%)
- Less Y10 students state they have never had a boyfriend/girlfriend than Y11 students (10.4% compared to 12.5%)
- The majority of those who answered (59.2%) state they ‘used to have one, but not now’

- More boys than girls used to have a boyfriend/girlfriend, but not now (63.6% compared to 54.5%).
- Two thirds of Y9 (63.7%) and Y10 (63.2%) students state they used to have a boyfriend/girlfriend, but not now compared to half (51.7%) of Y11 students
- A third of girls (33.3%) state they have a boyfriend/girlfriend compared to just under a quarter of boys (23.5%)
- The proportion of students that state they have a boyfriend/girlfriend increases as school year increases, with a about a fifth (21.5%) of Y9 students stating they have a boyfriend/girlfriend, compared to just over a quarter (26.4%) of Y10 and over a third (35.7%) of Y11 students

3.4.2 Level of Experiences

Figures 3.11 and 3.12 demonstrate that experiences reported by students increase as school year increases and as students get older. Differences between frequency of experiencing kissing on the mouth and incidence of going further is related to gender, all other frequencies of experiences reported here are related to school year and age.

Figure 3.12: Comparing experience levels for girls and boys

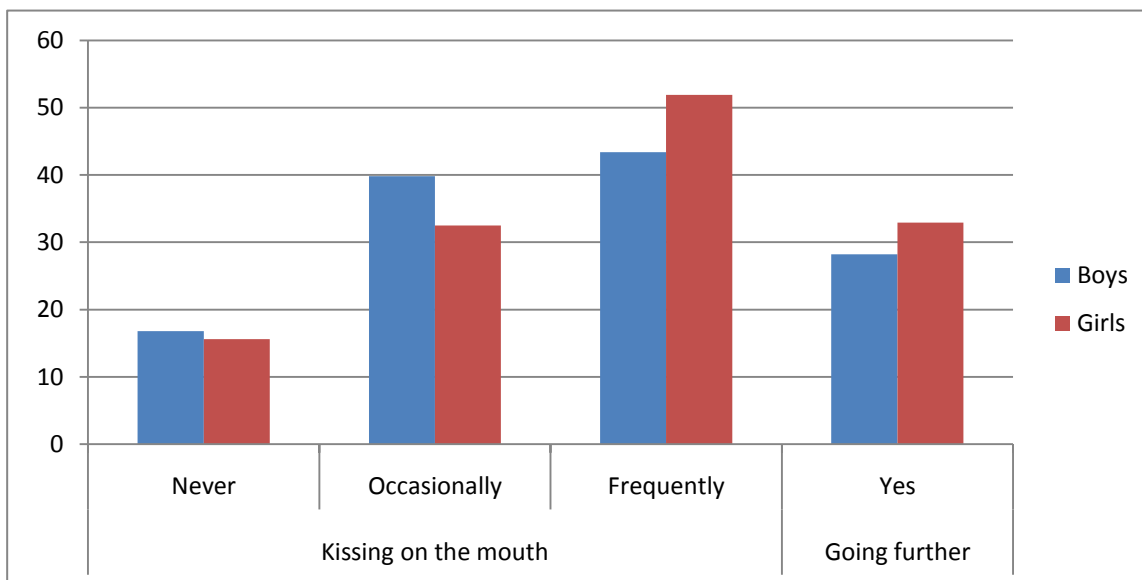
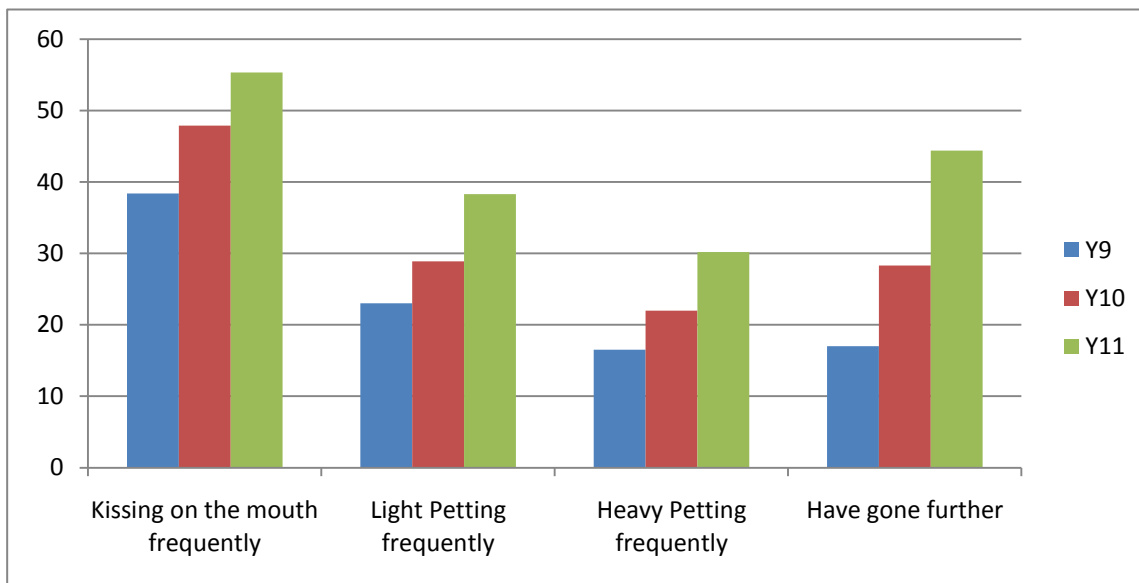


Figure 3.13: Comparing high levels of experience across school years



Kissing on the mouth

- The highest proportion of students, nearly half (47.7%) stated they had experienced kissing in the mouth frequently; a third (36.1%) said they had occasionally and 16.9% never had
- More girls than boys state they have experienced kissing on the mouth frequently. Just over half of girls (51.6%) compared to just under half (43.9%) of boys, and, although the proportions are roughly similar, slightly fewer girls stated they had never experienced kissing on the mouth than boys (15.5% compared to 16.9%) or that they had occasionally experienced kissing on the mouth (32.9% compared to 39.2%).
- The proportion of students that state they frequently have experienced kissing on the mouth increases as the school year increases; just over a third (38.4%) of year 9 students state they have experienced kissing on the mouth frequently but over half (55.3%) of year 11 students state they have

Light petting

- Year 11 students are more likely to have experienced light petting than any other year group. Under a quarter (23.0%) of year 9 students, nearly a third (28.9%) of year 10 students and 38.3% of year 11 students stated they had experienced light petting frequently. Where year 9 students are more likely to have never experienced light petting, year 10 students are more likely to have experienced light petting occasionally (44%)

Heavy petting

- More students stated they had never experienced heavy petting than chose any other category (44.5%)
- More year 11 students, nearly a third (30.2%), stated they had experienced heavy petting frequently, more than any other year group
- More year 9s, over half (57.0%) stated they had never experienced heavy petting, more than any other year group. A quarter (26.5%) of year 9s stated they had experienced this occasionally, compared to a third of both year 10 (34.3%) and 11 (34.8%)

Going further

About two thirds of those who took part in the survey completed this question. Most students, two thirds (69.5%), stated they had not 'gone further'; and only a third of students reported they had (30.5%).

A greater proportion of girls than boys (33.2% compared to 28.0%) stated they had 'gone further', whilst this a statistically different findings ($p=0.013$), it should be noted that the percentage difference is very small.

The proportion of these who reported they had 'gone further' increases as school year and age increased.

- More students in year 11 state they had 'gone further' than any other year group, however over half of the respondents state that they have not (55.6%)
- Year 9 students are most likely to state they have not 'gone further', however, just under a fifth (17.0%) state they have.
- Over a quarter of year 10 students (28.3%) state they have 'gone further', but the majority state they have not (71.7%)
- The vast majority of 13 year olds state they have not 'gone further'; however 15% report that they have
- Just under a quarter of 14 year olds state they have 'gone further' (23.7%); however, again the majority, over three quarters (76.3), state they have not
- Over a third of 15 year olds (37.7%) and half of all sixteen year olds (50.5%), state they have 'gone further'

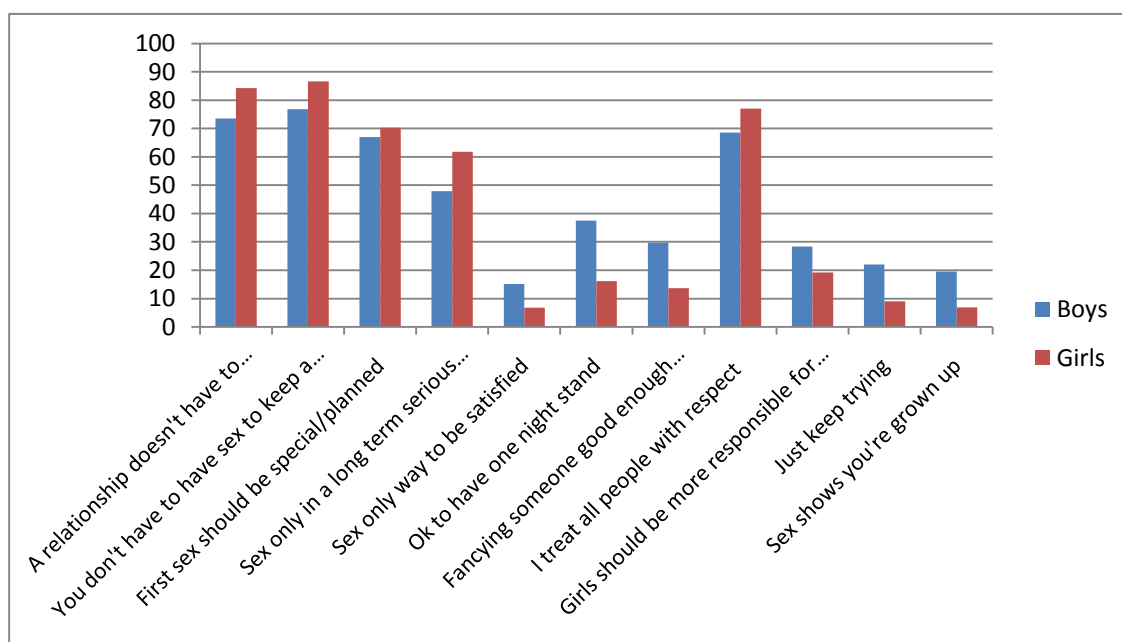
3.5 Attitudes

Table 3.4 illustrates that boys and girls had similar attitudes to relationships and sex, although there were also some gendered differences, those that were statistically significant are shown below.

Table 3.4: Showing statements with which girls and boys agreed/strongly agreed

Attitude	Boys (%)	Girls (%)
A relationship doesn't have to include sex (p=0.000)	73.5	84.3
You don't have to have sex to keep a partner (p=0.000)	76.8	86.6
First sex should be both special and planned (p=0.024)	67.0	70.3
I'll only have sex in a long term serious relationship (p=0.000)	47.9	61.8
I treat all people with respect whatever their sexual preference (p=0.000)	68.5	77.0
Sex is the only way to be satisfied in a relationship (p=0.000)	15.2	6.8
It is ok to have sex on a one night stand (p=0.000)	37.5	16.2
Fancying someone is a good enough reason for sex (p=0.000)	29.7	13.7
Girls should be more responsible than boys for contraception (p=0.000)	28.3	19.2
If your partner won't have sex at first, just keep trying (p=0.000)	22.0	9.0
Having sex shows your friends you're grown up (p=0.000)	19.5	6.9

Figure 3.14: Comparing proportions of boys and girls who agree or strongly agree with the statements



The sections below indicate those statements which were significant in terms of school year.

3.5.1 A relationship doesn't have to include sex

The majority of students in all school years either agreed or strongly agreed with the statement (Y9, 76.8%; Y10, 80.0%; Y11, 79.4%).

3.5.4 I'll only have sex in a long term serious relationship

Disagreeing increases as school year increases (Y9, 10.2%; Y10, 15.1%; Y11, 21.9%). Strongly agreeing with this statement decreases after Year 9 (Y9, 25.4%; Y10, 19.0%; Y11, 19.7%).

3.5.5 I'll put off having sex until I meet someone I will live with

The largest group disagree with this statement (36.1%). Over a third of Y9 state they are unsure (37.3%) however the tendency to disagree increases as school year increases (Y10 36.8%; Y11 43.6%).

3.5.6 Sex is the only way to be satisfied in a relationship

Although proportions of Y9 and Y10 students who disagree or strongly disagree are comparable (68.1% and 68.7% respectively), a smaller proportion of Y11 (74.9%) students disagreed or strongly disagreed with this statement.

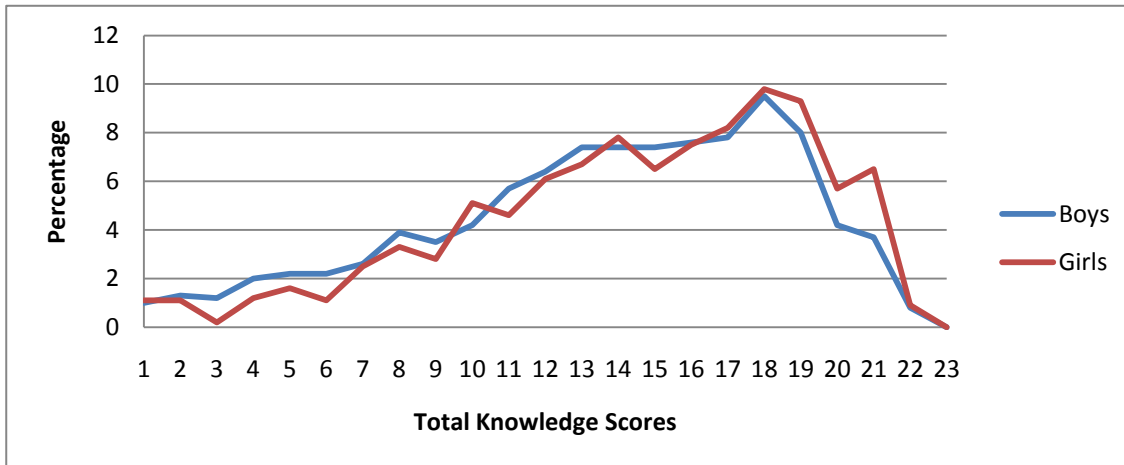
3.6 Total Knowledge Scores

In order to gain some sense of the level of student knowledge in relation to differing aspects of sexual health, data in this section was analysed by creating knowledge scores for each key subsection. The knowledge scores were derived by giving a point to each correct answer to the questions detailed in appendix 2. The sum of the points for each student who completed the questionnaire gives a Total Knowledge Score (TKS). The highest TKS possible is a total of 22 points, which represents 100% correct response to all questions identified below.

3.6.1 Total Knowledge Scores related to demographic profiles

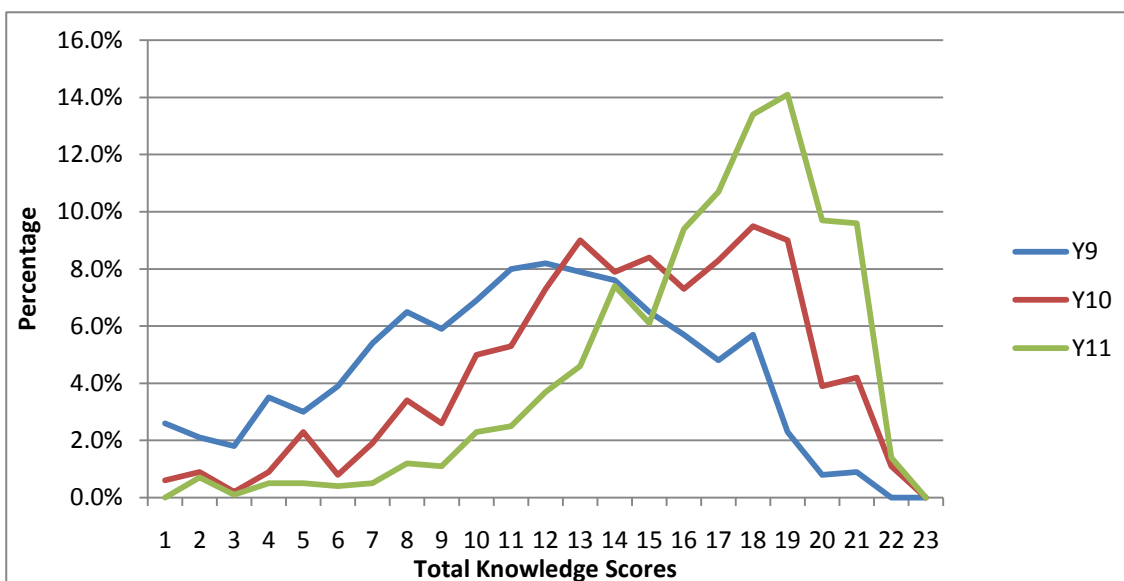
Girls demonstrate a stronger knowledge base, through a slightly higher mean TKS than boys. Girls showed an average score of 13.2 (SD=4.6) compared to boys, who had an average of 12.3 (SD=4.8), with both groups showing a similar distribution.

Figure 3.15: Comparing Total Knowledge Scores of boys and girls



The mean average TKS increases across school years as the topics become more relevant to increasing individual experience. The spread of the scores is also less, demonstrating a reduced variety in scores and suggesting a consolidation of knowledge with age. Year 9 showed a mean average of 10.1 (SD=4.6), Year 10 showed an average of 12.8 (SD=4.3) and Year 11 showed a mean average of 15.22 (SD=3.9).

Figure 3.16: Comparing Total Knowledge Scores across school years



3.6.2 Total Knowledge Scores and Contraceptive practices

Knowing where to get contraception

Those who said they knew where to get contraception were more likely to have higher TKS. People who said they knew where to get contraception had a mean average TKS of 14.4, compared to an average score of 10.0 for those who said they did not know where to get contraception.

Seeking contraceptive advice: behaviour over the last year

Overall those who showed positive behaviours tended to have a higher Total Knowledge Score. Those who reported positive behaviour showed a TKS ranging from 14.8 for those who stated they used condoms and other contraceptives to 13.9 who stated they had bought condoms and said ‘no’ to something sexual they did not want to do. Those who did not report positive behaviour showed TKS ranging from 11.6 to 13.0.

Differences in Total Knowledge Scores between those who reported positive behaviour and those who did not varied between 2.8 and 0.9.

Five behaviours were associated with the biggest differences between TKS for those who reported positive behaviours compared to those who did not (Table 3.5). Those that show the biggest difference are related to being able to talk about sex and contraceptives to friends and girl/boyfriends.

Table 3.5: Comparing the differences between TKS for those who report positive behaviour and those who do not

Difference between TKS	Behaviours
2.8	Talked to friends about using contraception
2.3	Talked to friends about using condoms
2.2	Talked openly about sex with a boy/girl friend
2.2	Used condoms
2.0	Suggested using condoms with a boy/girl friend
1.8	Carried condoms when you go out
1.8	Suggested using other contraception with a boy/girl friend
1.8	Used other contraception
1.4	Practised handling a condom on your own
1.3	Persuaded a boy/girlfriend to use condoms
0.9	Bought condoms
0.9	Said no to doing something sexual you don't want to do

Attending health services in the past two years

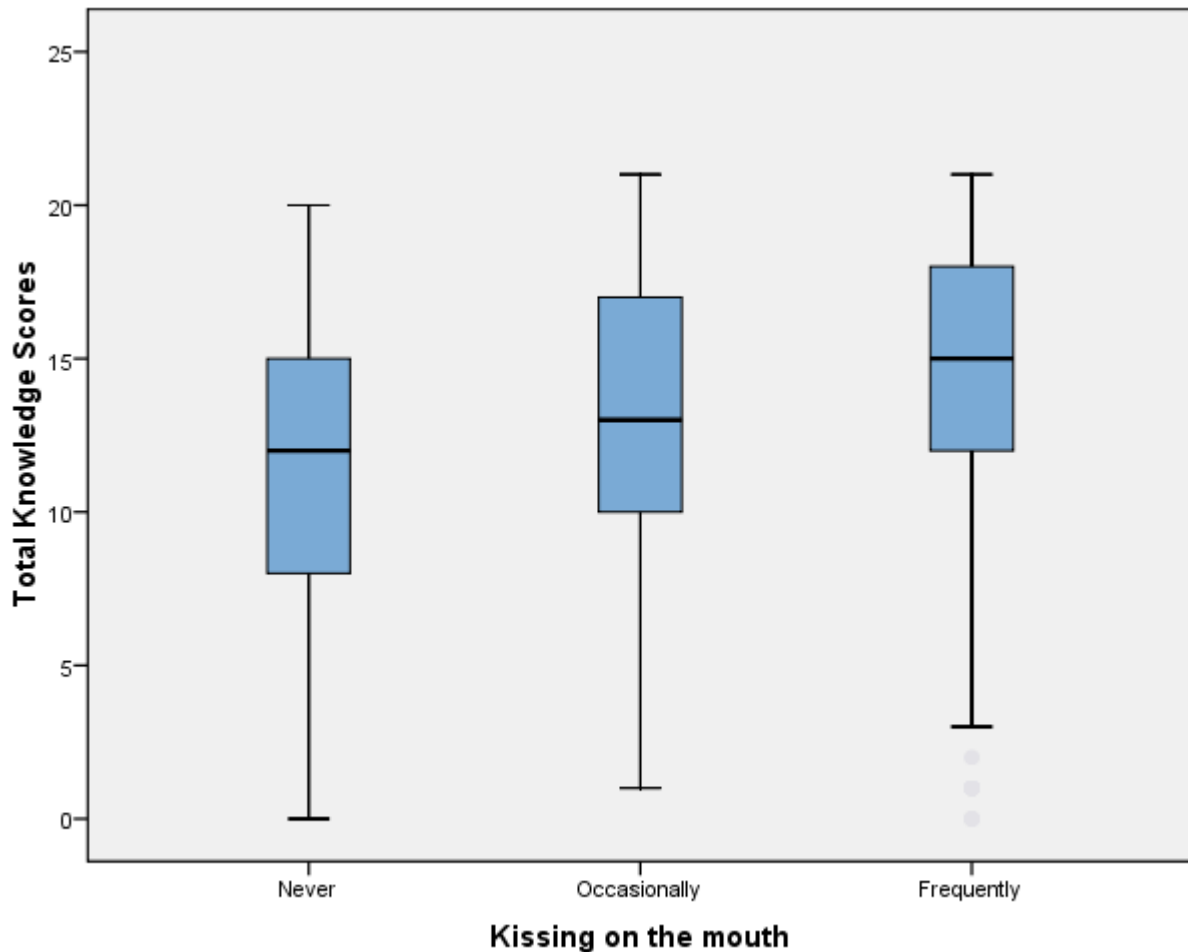
Those who reported attending health service in the past two years for a range of contraceptive advice showed a higher TKS than those that had not with the exception of those who had sought advice about termination (Table 3.6).

Table 3.6: Showing the differences in TKS for those who have sought certain professional contraceptive advice and those who have not

Difference between TKS	TKS of those that have compared (cf) to those that have not	Reasons to attend health services
2.7	15.7 cf 13.0	Other contraceptives
1.8	14.6 cf 12.8	Condoms
1.8	14.9 cf 13.1	Emergency contraception
0.9	14.1 cf 13.2	Advice about being pregnant
0.9	14.1 cf 13.2	Advice about sexually transmitted infections
-1.2	11.9 cf 13.1	Termination (abortion)

3.6.3 Total Knowledge Scores and Sexual Activity

Figure 3.17 Box plot comparing TKS for those who report experiencing kissing on the mouth

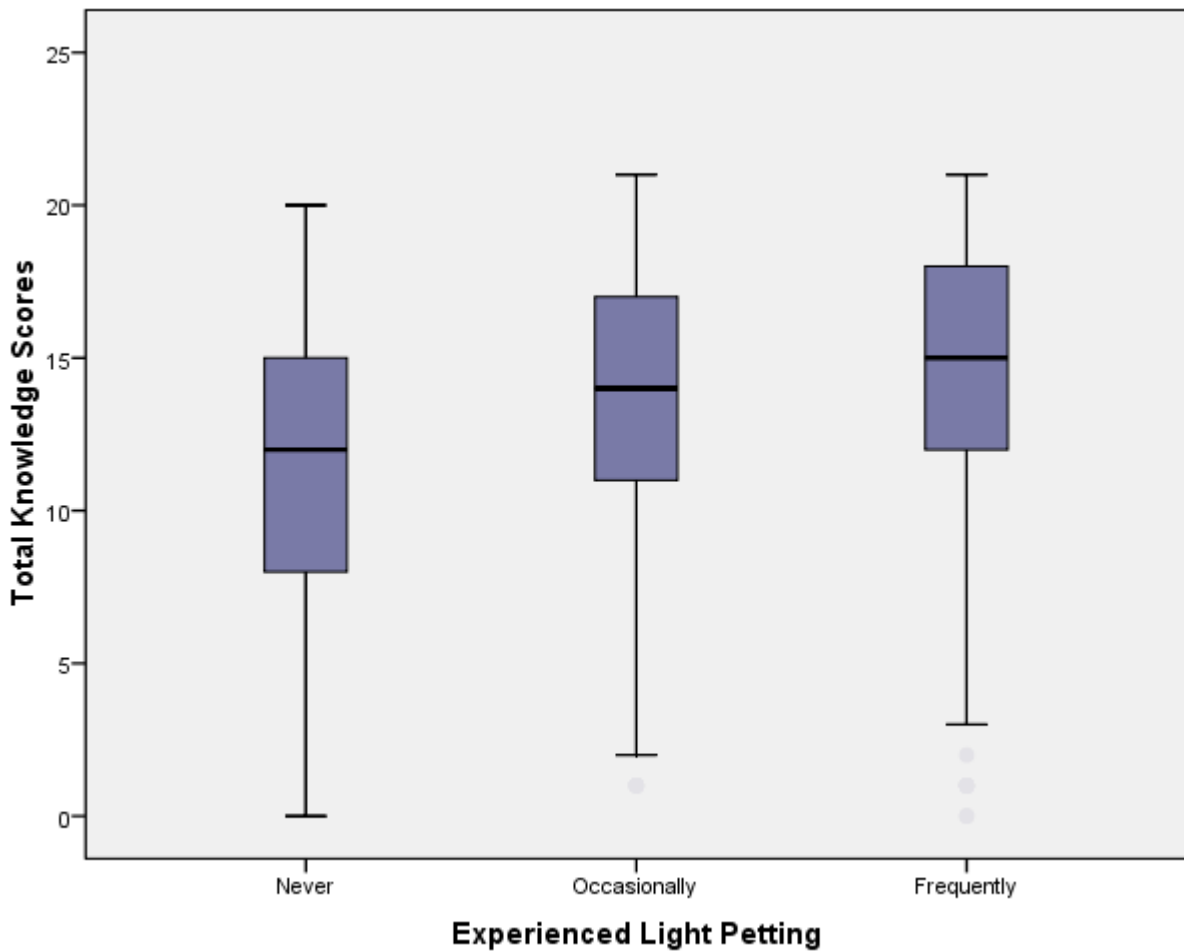


Kissing on the Mouth

As the reported frequency of kissing on the mouth increases, an individual's TKS increases, and the range of TKS becomes narrower (Figure 3.17).

Those who report that they have never experienced kissing on the mouth have an average TKS of 11.35 (SD=4.793), those who report they have experienced this occasionally have a slightly higher mean average TKS of 13.02 (SD =4.504) and those who report experiencing kissing on the mouth frequently have the highest mean average TKS of 14.22 (SD= 4.479).

Figure 3.18 Box plot comparing TKS for those who report experiencing light petting

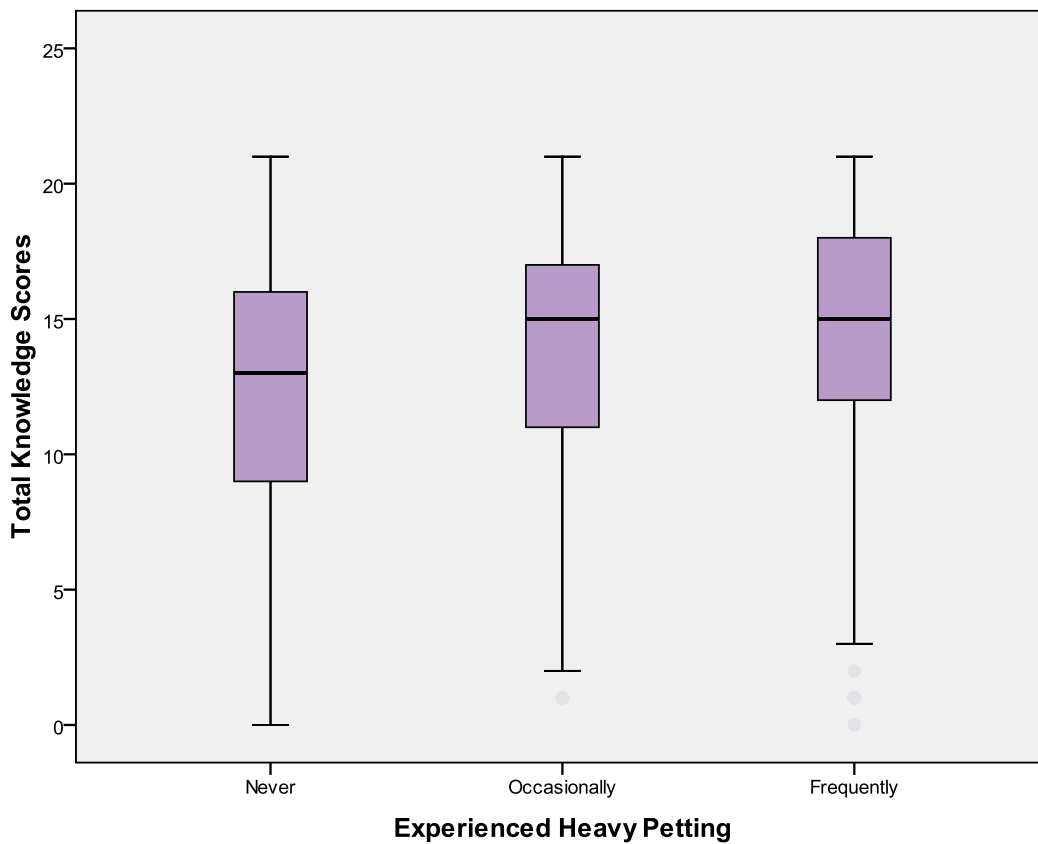


Light Petting

The mean average TKS increases and individual values generally become less varied as the level of reported experiences of light petting increases, however there are a number of outliers relating to those who report experiencing light petting frequently.

Those who report that they have never experienced light petting have a mean average TKS of 11.68 (SD=4.906); those who report having experienced this occasionally have a mean average of 13.75 (SD=4.318); and those who report experiencing light petting frequently have a mean average TKS of 14.33 (SD=4.433) (Figure 3.18).

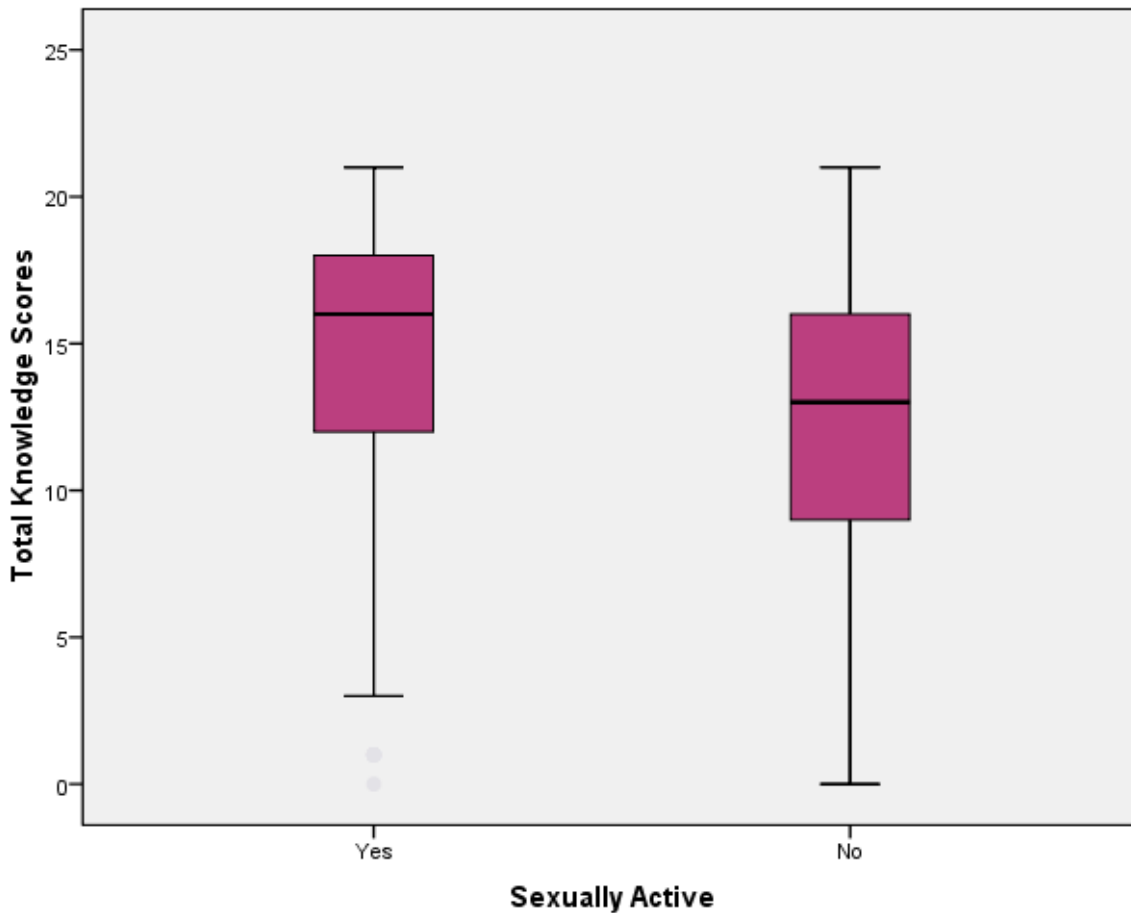
Figure 3.19 Box plot comparing TKS for those who report experiencing heavy petting



Heavy Petting

Those who report never having experienced heavy petting show a mean average TKS of 12.33 (SD=4.714); those who state that they have occasionally experienced this have a mean average TKS of 14.20 (SD=4.275) and those who state they frequently experience this have an average TKS of 14.25 (SD=4.618). There is a difference between those who state they have never experienced heavy petting and those that state they have, with those who state they never have, with an average TKS 2 points lower than those who state that they have experienced this. However there is little difference between those who state they have experienced heavy petting occasionally and frequently (Figure 3.19).

Figure 3.20 Box plot comparing TKS for those who report having ‘gone further’



Going Further

Those who have gone further have higher TKS and the range of the TKS of those who have gone further is smaller (Figure 3.19).

Those who report that they have not ‘gone further’ have a mean average TKS of 12.53 (SD=4.732); those who state that they have ‘gone further’ have a higher mean average TKS of 14.77 (SD=4.17).

3.7 Sexual Activity

3.7.1 ‘Going further’: How many students in your year group do you think have had sexual intercourse?

Those that have ‘gone further’ are more likely to feel that others have also ‘gone further’. For example, the largest proportion of those who reported being sexually active stated that they felt *most* girls in their year had gone further (22.0%). However, the largest proportion of those who reported not having been sexually active (40.9%) stated that *a few* girls in their year had gone further.

The perception that students are sexually active increases as school year increases. For example, those who have ‘gone further’ increasingly felt *more* boys in their year have been sexually active as school year increases. Y9 (52.5%) stated they felt that *a few* boys had gone further; Y10 (26.6%) stated that a *quarter* had and Y11 (27.8%) stated that *half* of boys in their year had gone further. This trend was also evident in relation to how students felt about whether girls had gone further; Y9 students were more likely to state that *a few* had ‘gone further’ (46.0%), Y10 students were more likely to state a *quarter* of girls had gone further (25.4%) and Y11 students were more likely to state that *most* girls in their year had gone further (26.8%).

3.7.2 Different reasons for girls and boys

Reasons for going further

Girls and boys show different reasons for ‘going further’, although the largest proportion of each stated that they ‘loved the other person’ (70.5% of girls and 51.3% of boys). Gender and not age or school year is an indicator of reporting particular reasons, except for:

All my friends were doing it

Of those who stated they had gone further, more boys selected this as a reason than girls (15.3% compared to 9.8%).

It made me cooler

Of those who said they had gone further four times as many boys chose this as a reason than girls (16.7% compared to 3.8%).

I felt left out

Although the percentages are small, of those who had gone further, twice as many boys than girls selected this as a reason (6.2% compared to 2.5%).

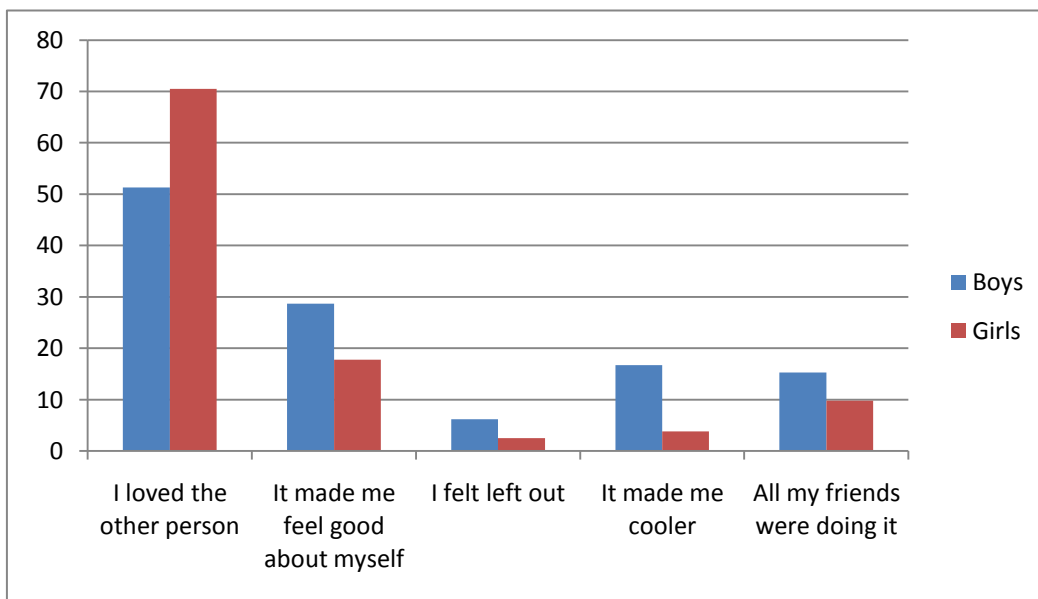
It made me feel good about myself

Again, of those who had gone further, more boys gave this reason than girls (28.7% compared to 17.8%).

I loved the other person

More girls chose this option than boys. Of those who had gone further 70.5% of girls selected this as a reason compared to 51.3% of boys.

Figure 3.21: Comparing different reasons girls and boys have given for 'going further'



Reasons for not going further

I didn't want to

Of those who had not gone further, over half of girls (52.8%) and under a third of boys (31.8%) gave this reason.

I was scared

More girls than boys gave this as a reason for not going further (5.5% compared to 8.8%).

None of my friends have

A changing pattern was apparent across school years; choosing this as a reason decreases as school year increases (Y9 13.9%; Y10 10.5% and Y11 6.2%).

Too risky, you might get pregnant

Twice as many girls sited this as a reason than boys (31.1% compared to 17.4%) and choosing this as a reason for not going further decreased as school year increased.

I knew I'd be sorry

More girls than boys identified this as a reason (22.9% compared to 12.4% respectively).

My mum/dad/carer would 'kill' me

Again, more girls than boys identified this as a reason (45.7% compared to 32.6%). The proportion of students (who had not gone further) that gave this as a reason decreased as school year increased (Y9 47.5%; Y10 41.8%; Y11 24.1%).

I didn't love the other person

Although the percentages are close, there is a difference between girls and boys in relation to giving this as a reason as slightly more girls identified this as a reason to not go further (18.3% compared to 11.9%).

Interestingly, there is an increase in the proportion of students that give this as a reason as school year increases (Y9 11.9%; Y10 13.4%; Y11 20.5%)

I'd get a bad name for myself

Nearly twice as many girls than boys cited this as a reason for not going further (28.2% compared to 15.0%). The proportion of students who give this as a reason decrease across school years (Y9 30.1%; Y10 19.1%; Y11 12.1%); a pattern that is also reflected with changing ages.

Too risky, you might get an infection

More girls than boys are concerned by this (23.6% compared to 20.6%). This concern changes across school years; Y9 and Y10 show a similar level of concern and 26.2% and

25.5% gave this as a reason (respectively). However, the proportion of those who have not gone further as a result of this concern reduces sharply for year 11 students (17.2%).

Figure 3.22: Comparing different reasons girls and boys have given for ‘not going further’

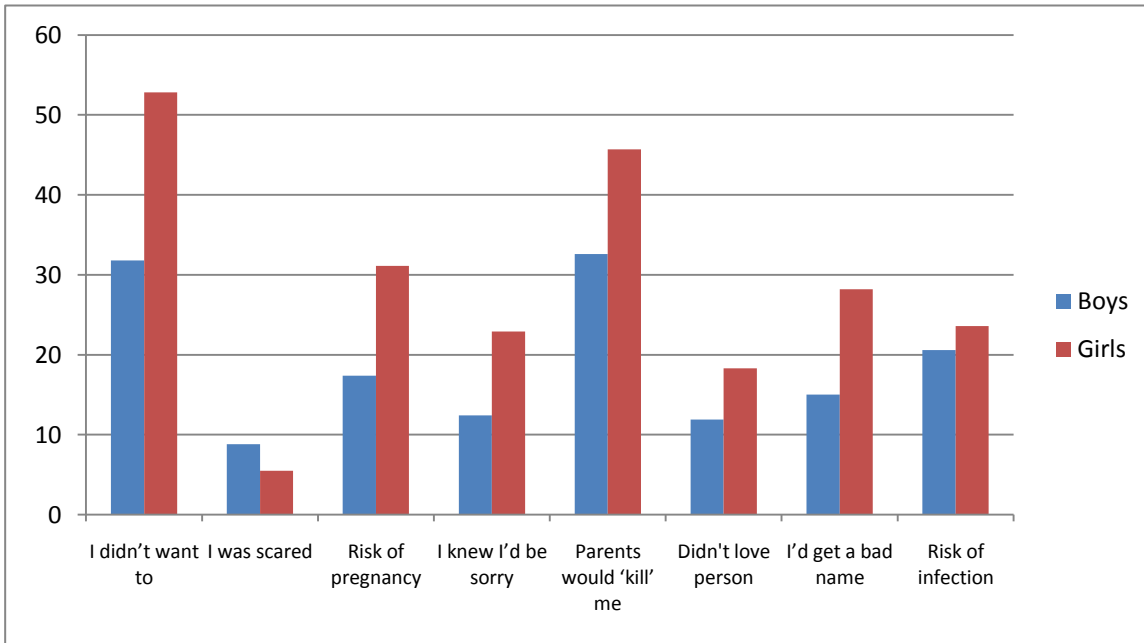
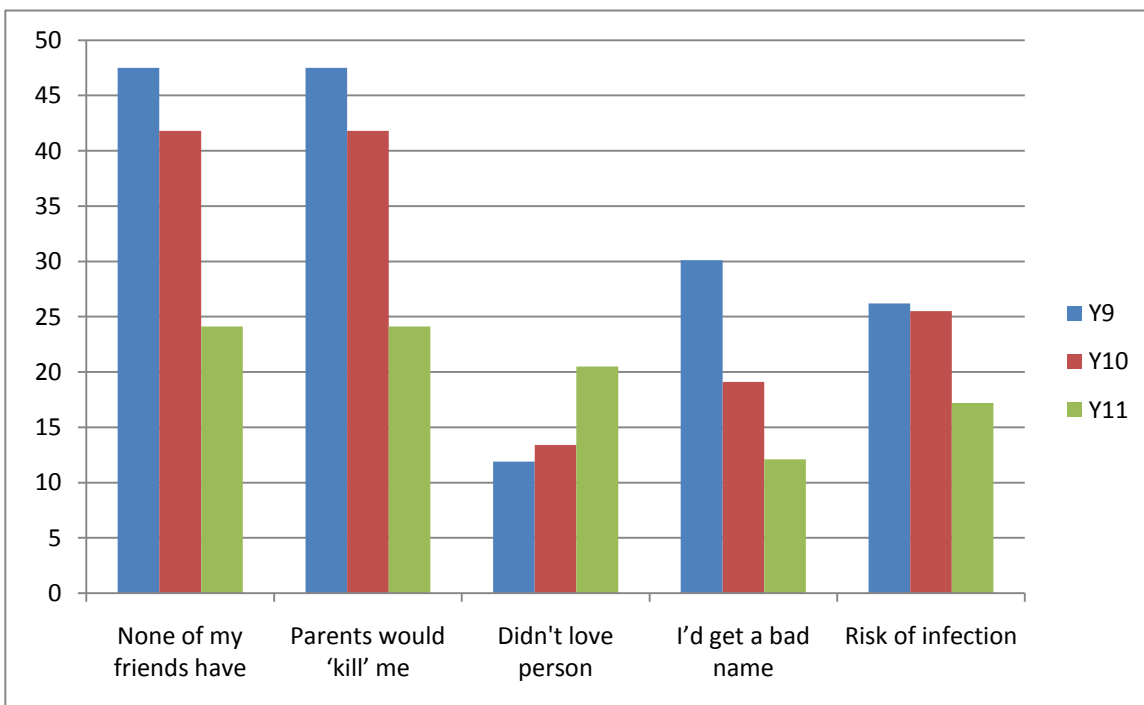


Figure 3.23: Comparing reasons different year groups have given for ‘not going further’



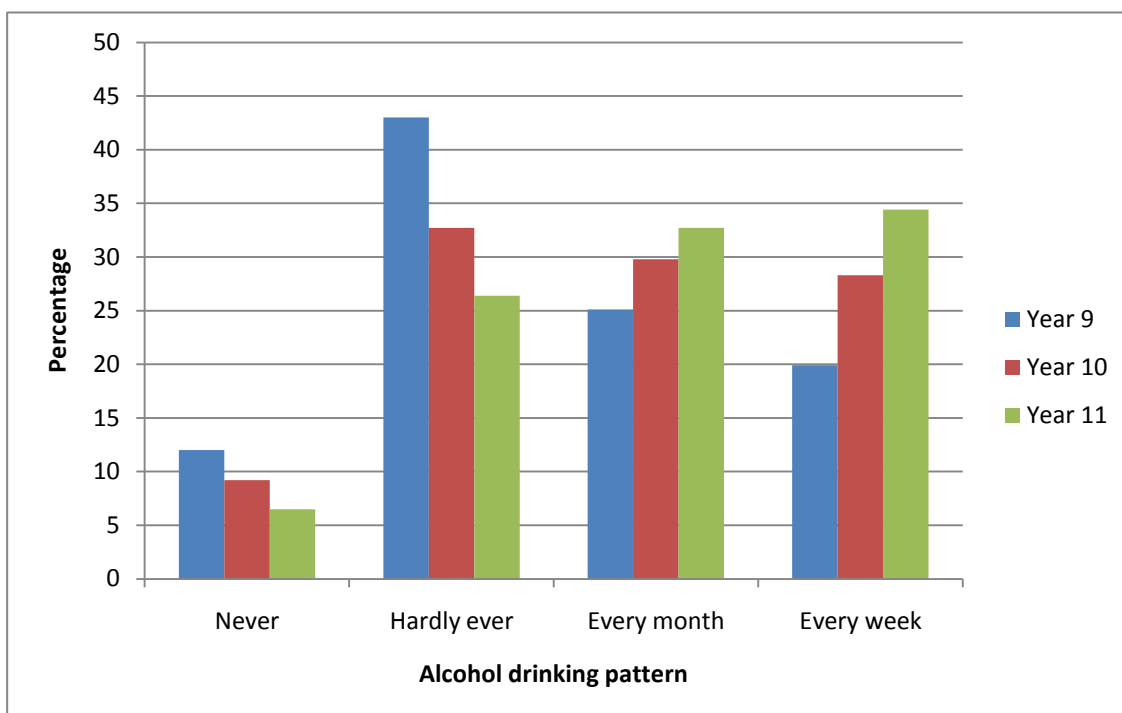
3.8 Alcohol

3.8.1 Drinking patterns

Drinking: Regularity of alcohol consumption

- A third (33.5%) of students state that they **hardly ever** drink anything alcoholic, such as beer, wine or spirits, however 28.0% of young people report that they have an alcoholic drink **every week**
- The proportions of young people who drink alcohol **every week** increases as school year increases, with over a third of Y11 students stating they have an alcoholic drink every week (Y9 19.9%, Y10 28.3%, Y11 34.4%)
- The proportions of young people who drink alcohol **every month** also increases as school year increases, with a quarter of Y9 students reporting that they have an alcoholic drink **every month** (Y9 25.1% Y10 29.8%, Y11 32.7%)
- Proportions of young people who state they hardly ever drink alcohol decreases as school year increases, with just under a half (43.0%) of Y9, just under a third (32.7%) of Y10 and just over a quarter (26.4%) of Y11 state they **hardly ever** drink alcohol
- Numbers of students who have **never** drank alcohol decreases as school year increases (Y9 12.0%, Y10 9.2%, Y11 6.5%)

Figure 3.24: Comparing alcohol drinking patterns across school years



Getting drunk: Regularity of intoxication

- The largest proportion of students, just over a third (39.0%) who answered this question (n=1876) state that they have **never** had so much alcohol that they were really drunk
- The same proportion of girls (19.7%) and boys (20.0%) state that they have **occasionally** had so much alcohol that they were really drunk; however boys were more likely than girls (43.3% compared to 34.8%) to report that they had **never** drunk this much
- Girls are more likely than boys to state that they have had so much alcohol to drink that they were really drunk for all other categories (**1 to 2 times; 3 to 4 times and frequently**)
- The proportion of young people who state that they have **never** had so much alcohol that they were really drunk decreases as school year increases; more Y9 (50.9%) students reported this than students in either Y10 (38.5%) or Y11 (29.6%)
- The proportion of those who state they have had so much to drink they were drunk on at least one occasion increases as school year increases (Y9 49.1%, Y10 61.5%, Y11 70.4%)

Figure 3.25: Comparing the regularity of ‘getting drunk’ between boys and girls

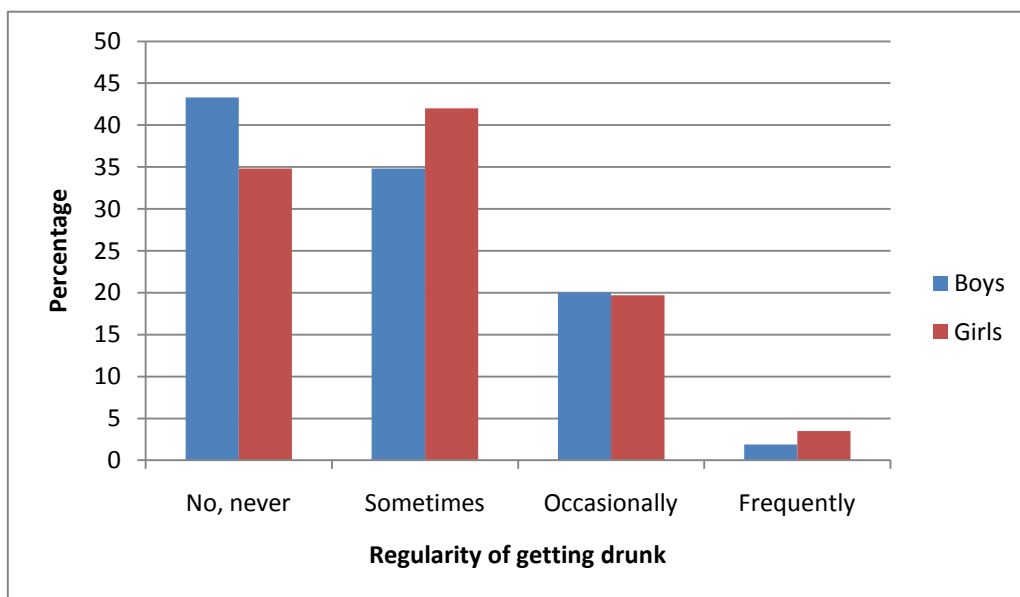
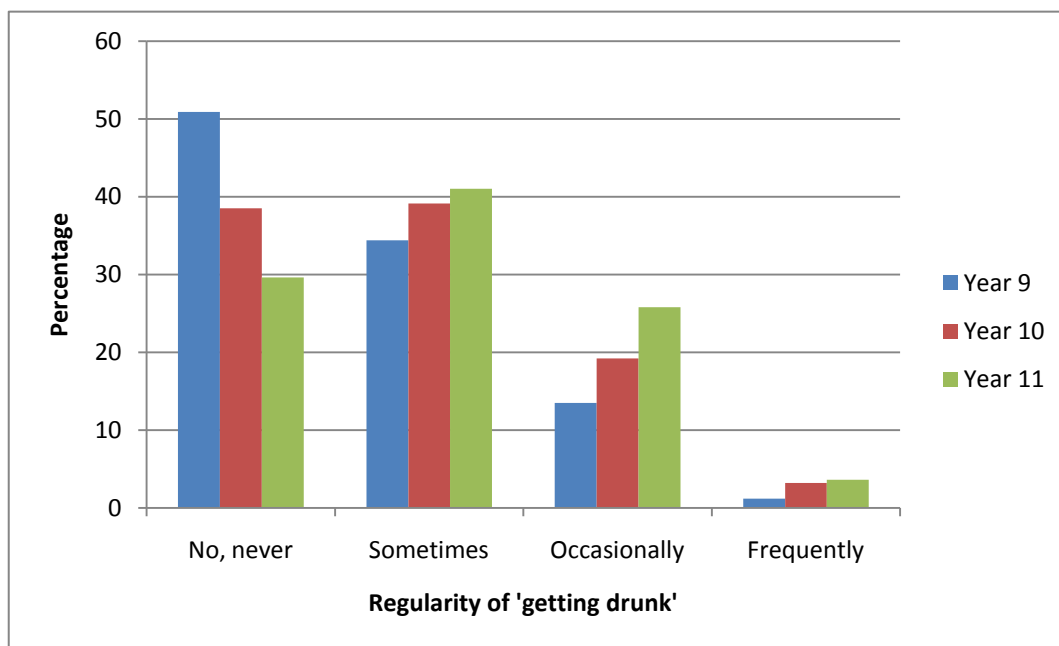


Figure 3.26: Comparing the regularity of ‘getting drunk’ across school years



3.8.2 Impact of alcohol consumption on sexual practices

Kissing on the mouth

The proportion of those who have **never** experienced kissing on the mouth increases as regularity of alcohol consumption decreases.

- Of those who report that they have **never** experienced kissing on the mouth, over three quarters (77.7%) state that they either **hardly ever** (51.7%) or **never** (26.0%) drink. Under a quarter (22.2%) of those who have **never** experienced kissing on the mouth report either **weekly** (9.4%) or **monthly** (12.8%) drinking patterns
- The pattern for those who state that they have **occasionally** experienced kissing on the mouth is more complex; although a quarter (25.3%) report that they drink alcohol **every week**, the largest proportion, over a third (37.1%) report that they **hardly ever** drink alcohol, with a third (30.3%) stating that they drink **every month**. Only 7.3% of those who have experienced kissing on the mouth **occasionally** report that they have never had an alcoholic drink
- Of those who state that they have **frequently** experienced kissing on the mouth, the largest proportion, over a third (36.7%) also state that they drink alcohol on a **weekly** basis; a further third (34.4%) report that they have an alcoholic drink **every month**. Just over a quarter (28.8%) state that they either hardly ever (24.8%) or **never** (4.0%) have an alcoholic drink

- Nearly three quarters (77.4%) of those who stated that they had **never** experienced kissing on the mouth also reported that they had **never** had so much alcohol that they were drunk. Relatively small proportions report that they have been drunk **1 to 2 times** (12.9%), **3 to 4 times** (3.1%) or **occasionally** (6.6%). No young person (0.0%) who stated that they had **never** experienced kissing on the mouth also reported that they had been drunk **frequently**
- This pattern becomes a little more spread out for those who report that they have **occasionally** experienced kissing on the mouth, as, although the largest proportion (42.0%) still state that they have **never** been drunk, over half (56.3%) report some experience of drinking so much alcohol that they were drunk, including nearly a quarter (23.5%) also state that they have been drunk **1 to 2 times**, 14.1% who state that they have been drunk **3 to 4 times** and 18.7% who state that they have been drunk **occasionally**
- This spread is more extreme in amongst those who report that they have experienced kissing on the mouth **frequently**. Less than a quarter (22.6%) state that they have never had so much to drink that they were drunk and nearly three quarters state that they have at some point been drunk, made up of 26.1% who reported being drunk **1 to 2 times**, 21.0% who report being drunk **3 to 4 times** and 25.9% who report being drunk **occasionally**. A small proportion (4.4%) report that they **frequently** drink so much that they were drunk

Light Petting

Those who hardly ever or never drink alcohol are more likely to have never or occasionally experienced light petting.

- Of those who had **never** experienced light petting the majority (69.6%) reported that they had **hardly ever** (49.8%) or **never** (19.8%) had a drink, with under a third (30.3%) stating that they drank alcohol **weekly** (11.1%) or **monthly** (19.2%). That is, 69.6% those who state that they have **never** experienced light petting do not have a regular drinking pattern, and report either hardly ever or never having an alcoholic drink
- Of those who state that they experienced light petting **occasionally**, the response was divided roughly three ways in relation to alcohol consumption with just under a third stating that they either drink **weekly** (31.1%), **monthly** (32.5%) or **hardly ever** (31.5%). Only 4.9% of those who state that they **occasionally** experience light petting also reporting that they have **never** drunk alcohol. However, this reflects an underlying trend as 63.6% of those who state that

they have **occasionally** experienced light petting also report that they have a regular drinking pattern, either weekly or monthly

- Of those who had **frequently** experienced light petting the largest proportions (40.9%) drink **weekly** or **monthly** (34.9%). Just under a quarter (24.2%) report either **hardly ever** (20.5%) or **never** (3.7%) drinking alcohol. Therefore, although the underlying trend is still apparent, and those who report that they have **frequently** experienced light petting are also more likely to report that they have a regular drink pattern (either **weekly** or **monthly**), nearly a quarter who have experienced light petting have **hardly ever** or **never** had an alcoholic drink
- Of those who report that they have **never** experienced light petting, two thirds (69.8%) also state that they have **never** had so much alcohol to drink that they were drunk. 28.8% report that they have been drunk on some occasion: 15.5% state that they have been drunk **1 to 2 times**, 5.6% **3 to 4 times** and 7.7% **occasionally**. Only 1.4% report that they have **frequently** had so much alcohol that they were drunk
- This pattern becomes more widely distributed, as of those who report that they have **occasionally** experienced light petting, nearly a third (32.2%) state that they have **never** had so much to drink that they were drunk and 66.3% stating that they have been drunk on some occasion: 27.6% **1 to 2 times**, 16.5% **3 to 4 times** and 22.2% **occasionally**. The proportion of those who state that they get drunk **frequently** remains stable (1.5%)
- Those who report experiencing light petting **frequently** are more likely (76.9%) to have been drunk on some occasion and the likelihood of experiencing light petting **frequently** increases with frequency of getting drunk (**1 to 2 times**: 23.0%; **3 to 4 times**: 24.7%; **occasionally**: 29.2%)

Heavy Petting

Increased regularity of drinking alcohol is related to a likelihood of experiencing heavy petting more often.

However, about a fifth of those who report **frequently** experiencing heavy petting also report either **never** or **hardly ever** drinking alcohol.

- Of those who have **never** experienced heavy petting, nearly half (46.7%) report that they **hardly ever** drink alcohol, under a quarter (22.7%) state they drink alcohol **every month** and comparable numbers state that they drink every week (15.4%) and have **never** had a drink (15.3%)

- Of those who have **occasionally** experienced heavy petting, the highest proportions report drinking alcohol **every week** (36.4%) or **every month** (34.7%) compared to about a quarter (25.5%) who **hardly ever** have an alcoholic drink and 3.5% who have **never** had an alcoholic drink
- Amongst those who have **frequently** experienced heavy petting, again the highest proportions state that they drink alcohol every week (42.4%) or **every month** (35.5%), with fewer reporting that they **hardly ever** (18.2%) or **never** (3.9%) drink alcohol
- Of those who have **never** experienced heavy petting, nearly two thirds (60.4%) state they have **never** had so much alcohol that they were drunk. And just over a third state that they have been drunk on some occasion, although this is more likely to be once or twice (19.3% **1 to 2 times**; 9.3% **3 to 4 times**, 9.8% **occasionally**) and just 1.3% who report being drunk **frequently**
- Of those who have **occasionally** experienced heavy petting the pattern begins to spread out. Under a quarter (24.0%) report **never** being drunk, with nearly three quarters (73.5%) stating that they had been drunk on some occasion (27.7% **1 to 2 times**; 19.0% **3 to 4 times**; 26.8% **occasionally**). Again, a small but increased proportion (2.4%) state they have been drunk **frequently**
- Amongst those who have **frequently** experienced heavy petting only 14.5% state they have **never** been drunk and again the majority (79.3%) state that they have been drunk on some occasion and this is more likely to be **occasionally** (22.5% **1 to 2 times**; 24.8% **3 to 4 times**; 32.0% **occasionally**). Although the numbers remain small, nearly three times as many of those who **frequently** experienced heavy petting report being drunk **frequently** than any other group (6.3%)

Going further

30.0% of those who completed the question reported that they had ‘gone further’ and 70.0% reported that they had not.

- A greater proportion of those who reported that they had ‘gone further’, when compared to those who stated that they had not, also reported drinking every week (43.4% compared to 21.3%) and every month (35.8% compared to 26.9%)

- In addition, those who stated that they had not gone further were more likely to report that they hardly ever (40.1% compared to 18.1%) or never (11.7% compared to 2.7%) drank alcohol
- Nearly half (49.5%) of those who stated that they had not gone further also reported that they had never had so much to drink that they were drunk, compared to less than a seventh (13.7%) of those who stated that they had gone further also stated that they had never had so much to drink that they were drunk
- Those who report ‘going further’ are more likely than those who stated that they had not gone further (46.1% compared to 35.1%,) to have been drunk on a few occasions (1 to 4 times)
- A higher proportion of those who report that they have ‘gone further’ also report that they get drunk occasionally compared to those who state they have not gone further (34.1% compared to 14.1%)
- Although the numbers are small, the incidence of those who get drunk frequently is nearly five times higher amongst those who state they have ‘gone further’ compared to those who state that they have not (6.1% compared to 1.3%)
- In addition, they are more likely to get drunk more often than those who report that they have not gone further

3.8.3 Attitude towards the increased likelihood of having sex when drunk

- Of those who answered this question a very high majority of each year group stated they felt having sex was more likely if a person was drunk (Y9 92.2%; Y10 90.7%; Y11 92.7%)
- Although the percentages were small, Y10 showed a higher proportion of those who disagreed that people were more likely to have sex when they were drunk than any other year group (Y10, 9.3% compared to Year 9, 7.8% and Y11, 5.3%)
- In addition, Y11 show the highest proportion who agree; this may be related to experience

3.9 Drugs

3.9.1 Drug taking patterns

Cannabis Use

- The majority of people (82.3%) stated that they had **never** taken cannabis, 14.1% report that they have taken cannabis a **few times** (between 1 and 9 times). Small but comparable proportions report using cannabis **regularly** (1.7%) and **frequently** (1.3%)
- A higher proportion of boys report using cannabis than girls. Although the numbers are small, more boys than girls report using cannabis **a few times** (16.0% compared to 13.1%), **regularly** (1.9% compared to 1.4%) and **frequently** (2.0% compared to 0.6%)
- In addition more girls than boys report **never** having taken cannabis (84.8% compared to 79.9%)
- The proportion of young people who state they have **never** taken cannabis decreases as school year increases (Y9 89.3%, Y10 82.9%, Y11 76.1%)
- The proportion of people who report that they have taken cannabis **a few times** increases as school year increases (Y9 8.7%, Y10 14.6%, Y11 19.6%), but does not exceed a fifth of students
- There is a slight increase in the proportions of Y10 who use cannabis **frequently** compared to other year groups (Y9 1.2%, Y10 1.6%, Y11 1.3%) and those in Y11 who use cannabis **regularly** (Y9 0.8%, Y10 0.8%, Y11 3.1%) but these differences are very small

Trying or using any of the following:

Herbal cannabis (grass, weed, green)

- 81.3% of those who completed this question report that they have never tried Herbal cannabis and although 2.6% state they are thinking about trying it, this represents a very small number of students; 13.3% have tried (10.1%) herbal cannabis or use it occasionally (3.2%); 2.9% report using herbal cannabis regularly
- The proportions of those who have never tried herbal cannabis decrease as school year increases (Y9 85.6%, Y10 83.4%, Y11 75.1%). The proportions of those who are thinking of

trying it also decreases as school year increases, although these differences are very small (Y9 3.1%, Y10 2.5% Y11 2.2%)

- The proportion of those who report they have tried herbal cannabis doubles between Y9 (6.9%) and Y11 (14.4%), although, again, the numbers are small
- There are slight increases in the proportions of those who use herbal cannabis occasionally (Y9 2.3%, Y10 2.5%, Y11 4.7%) and regularly (Y9 2.1%, Y10 2.9%, Y11 3.6%) as school year increases, but this numbers and the differences between them are very small

Cannabis resin (dope, hash)

- 85.1% of those who answered this question state that they have never tried cannabis resin; 8.5% report that they have tried cannabis resin, with very small proportions stating that they use it occasionally (2.6%) or regularly (2.1%)
- The proportions of students who have never tried cannabis resin decreases as school year increases (Y9 89.7%, Y10 86.2%, Y11 79.6%), with the proportions of those who have tried it increasing as school year increases (Y9 4.6%, Y10 7.9%, Y11 12.9%)
- The proportions of those who use cannabis resin occasionally doubles between Y9 (1.7%) and Y11 (3.8%) although the numbers remain very small

Stronger forms of cannabis

- 92.0% of those who answered this question stated that they had never tried stronger forms of cannabis
- More boys than girls have used stronger forms of cannabis; fewer boys state they have never tried it (89.4% compared to 94.4%); more boys state they have tried it (4.1% compared to 2.5%) and twice as many boys than girls use stronger forms of cannabis regularly (2.4% compared to 1.1%), although the numbers are very small

Legal highs

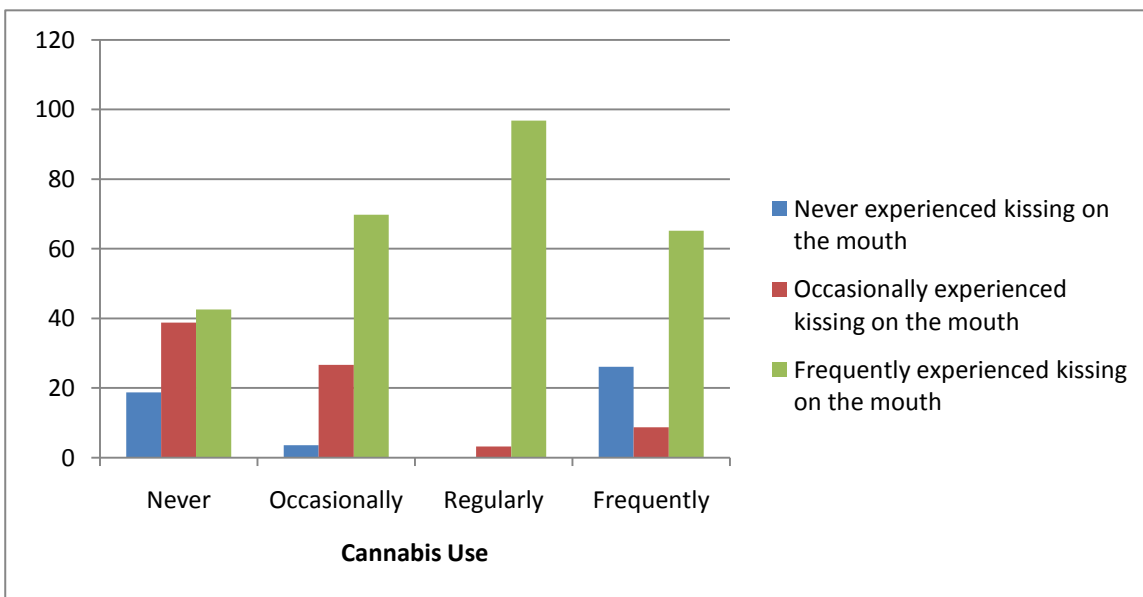
- 91.9% of those who answered this question stated that they had never tried legal highs, with small proportions stating that they had tried (2.9%) legal highs or used them occasionally (1.5%). 1.6% report using legal highs regularly
- More boys than girls are represented amongst those who have tried legal highs (4.3% compared to 1.7%) or use them regularly (2.3% compared to 1.1%)

- More girls than boys report never having tried legal highs (94.4% compared to 89.2%)
- The proportion of those who have never tried legal highs decreases slightly as school year increases (Y9 94.8%, Y10 92.9%, Y11 88.2%)
- Y11 are more likely to occasionally use legal highs than any younger year groups and this increases as school year increases (Y9 0.8%, Y10 1.3%, Y11 2.4%), they are also more likely to use legal highs regularly than any other year group (Y9 1.5%, Y10 1.5%, Y11 2.0%) although the numbers and differences are very small

3.9.2 Impact of drugs consumption on sexual practices

Kissing on the mouth

Figure 3.27: Comparing levels of reported cannabis use with those who have experienced kissing on the mouth



Of those who have **never** tried cannabis, 18.7% have **never** experienced kissing on the mouth, 38.8% have experienced kissing on the mouth **occasionally** and 42.5% report that they have experienced kissing on the mouth **frequently**.

Of those who have tried cannabis **occasionally** (between 1-9 times) most will have experienced kissing on the mouth at some point, about a quarter (26.6%) **occasionally** and over two thirds (69.8%) **frequently**.

A large majority (96.8%) who report **regular** cannabis use, also report that they have experienced kissing on the mouth **frequently**.

However, of those who report that they **frequent** use of cannabis, two thirds (65.2%) state that they have **frequently** experienced kissing on the mouth, although a quarter (26.1%) state that they have **never** experienced kissing on the mouth.

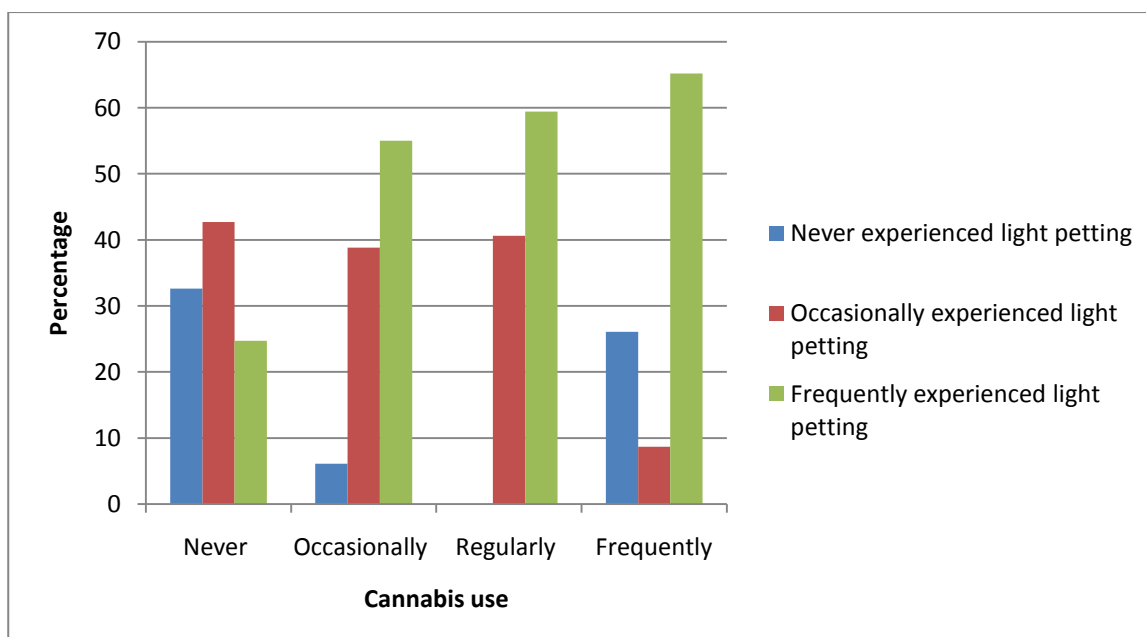
Although there is not a direct relationship, kissing on the mouth may be related to a number of other factors; it seems that those who use cannabis regularly are likely to have experienced kissing on the mouth frequently.

Table 3.7: Comparing levels of reported cannabis use (%) with those who have experienced kissing on the mouth (%)

Experiences of kissing on the mouth	Levels of Cannabis Use			
	Never	Occasionally	Regularly	Frequently
Never	18.7	3.6	0.0	26.1
Occasionally	38.8	26.6	3.2	8.7
Frequently	42.5	69.8	96.8	65.2

Light Petting

Figure 3.28: Comparing levels of reported cannabis use with those who have experienced light petting



Two fifths (42.7%) of those who have **never** tried cannabis **have occasionally** experienced light petting and a quarter (24.7%) have experienced light petting **frequently**; however over half of those who use cannabis **occasionally** (55%), over a third of those use cannabis **regularly** (38.8) and two thirds (65.2%) of those who use cannabis **frequently** have **frequently** experienced light petting.

Those who use cannabis **regularly**, therefore, have experienced light petting at some point (either **occasionally**, 40.6%, or **frequently**, 59.4%). Again, a quarter (26.1%) of those who **frequently** use cannabis report **never** experiencing light petting (possibly the same people as it is exactly the same proportions).

Table 3.8: Comparing levels of reported cannabis use with those who have experienced light petting

Experiences of light petting	Levels of Cannabis Use			
	Never	Occasionally	Regularly	Frequently
Never	32.6	6.1	0.0	26.1
Occasionally	42.7	38.8	40.6	8.7
Frequently	24.7	55.0	59.4	65.2

Heavy Petting

Figure 3.29: Comparing levels of reported cannabis use with those who have experienced heavy petting

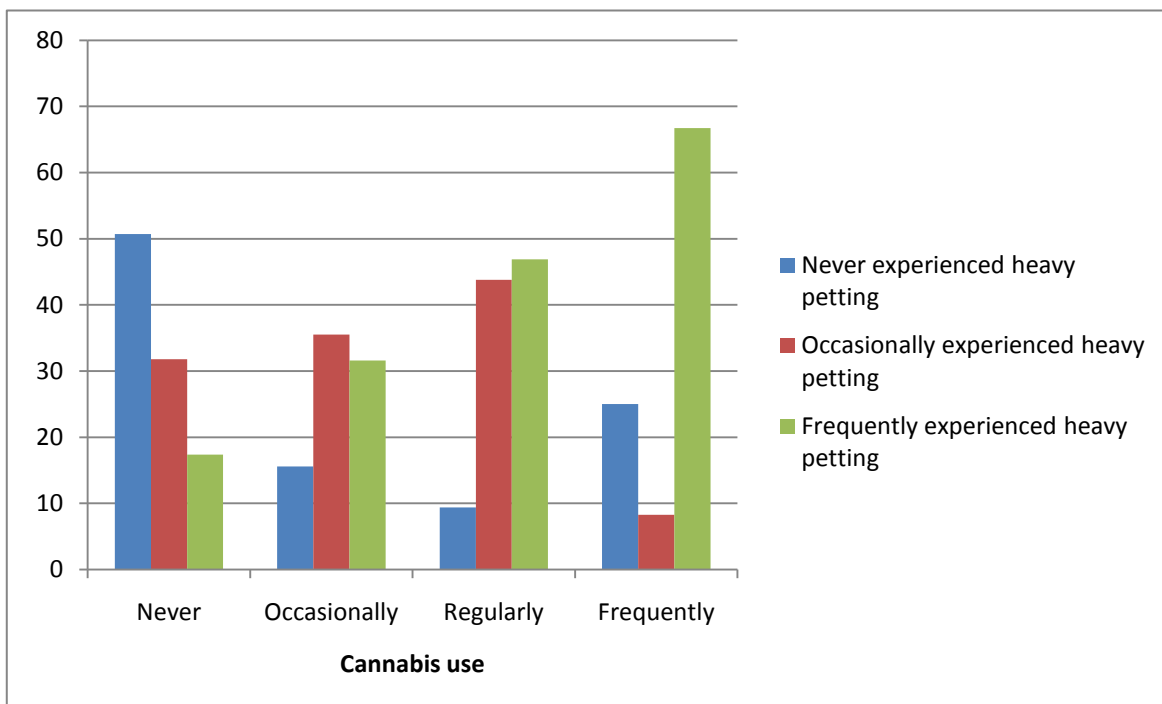


Table 3.9: Comparing levels of reported cannabis use with those who have experienced heavy petting

Experiences of heavy petting	Cannabis use			
	Never	Occasionally	Regularly	Frequently
Never	50.7	15.6	9.4	25
Occasionally	31.8	35.5	43.8	8.3
Frequently	17.4	31.6	46.9	66.7

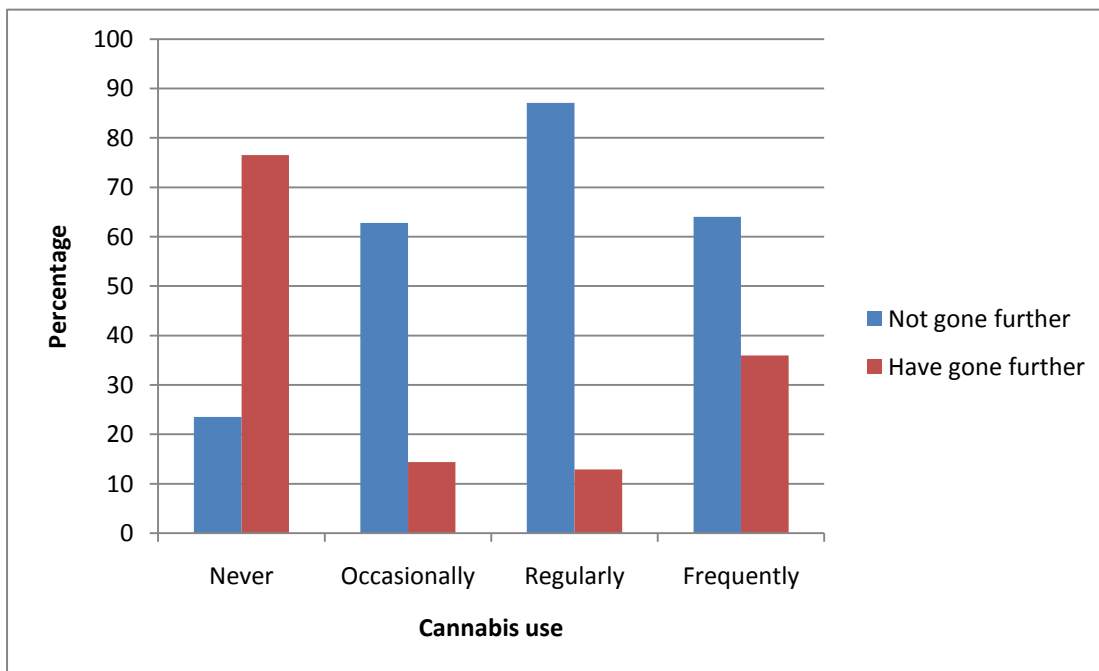
Going further

Of those who state they take cannabis occasionally, 62.8% also report that they have gone further; of those who state that they take cannabis regularly 87.1% state that they have gone further; and finally, of those who state that they frequently use cannabis 64.0% state that they have gone further. All these levels are higher when compared to the proportion of those who state that they have gone further, but also report that they have never taken cannabis (23.5%).

Table 3.10: Comparing levels of cannabis use and going further

Totalled by cannabis use				
Level of Experience	Cannabis use			
	Never	Occasionally	Regularly	Frequently
Have gone further	23.5	62.8	87.1	64
Not gone further	76.5	14.4	12.9	36

Figure 3.30: Comparing levels of cannabis use and going further



Summary

65.2% of those who frequently take cannabis have frequently experienced kissing on the mouth compared to 42.5% of those who have never taken cannabis but who frequently experience kissing on the mouth.

65.2% of those who frequently take cannabis have frequently experienced light petting compared to 24.7% of those who have never taken cannabis but who frequently experience light petting.

66.7% of those who frequently take cannabis have frequently experienced heavy petting compared to 17.4% of those who have never taken cannabis but who frequently experience heavy petting.

64.0% of those who frequently take cannabis have gone further compared to 23.5 % of those who have never taken cannabis but who have gone further.

Figure 3.31: Comparing levels of cannabis use amongst those who report high levels of experiences

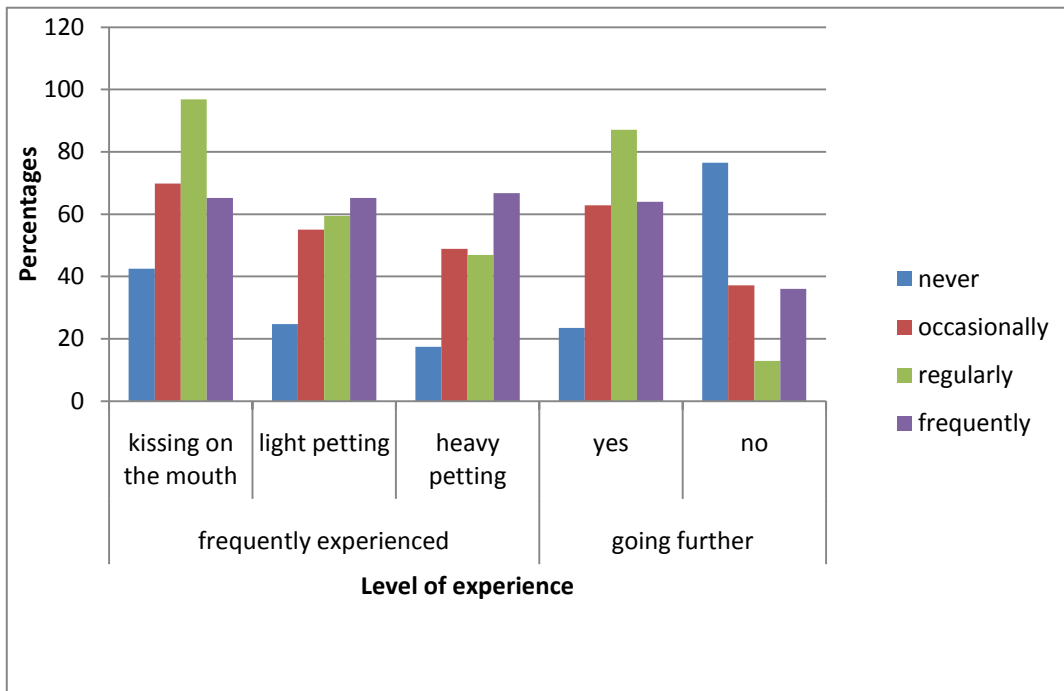


Table 3.11: Comparing levels of cannabis use amongst those who report high levels of experiences

Level of experience		Cannabis use			
		never	occasionally	regularly	frequently
frequently experienced	kissing on the mouth	42.5	69.8	96.8	65.2
	light petting	24.7	55	59.4	65.2
	heavy petting	17.4	48.9	46.9	66.7
going further	yes	23.5	62.8	87.1	64
	no	76.5	37.2	12.9	36

3.9.3 Attitude towards the increased likelihood of having sex when on drugs

Overall the majority of students who completed this question felt that young people were more likely to have sex when under the influence of drugs (73.4%) although notably agreement with the statement was less strong than with alcohol. More girls than boys agreed with the statement; that is, over three quarters of girls (76.9%) and over two thirds of boys (69.9%).

4 Discussion

The findings of this study raise some interesting questions for both education and service provision with regard to sexual health services. There are messages about the differences between boys and girls as well as lessons to be learnt about the relevance of SRE and sexual health promotion to the differing year groups. Findings from the different sections of the questionnaire are useful in creating a more in-depth representation of how information, knowledge, activity and access to services are interdependent.

Information Sources and Seeking Information

A key and useful finding in terms of both education and sexual health promotion is that girls and boys used different information sources. This has clear implications for the development of sexual health promotion materials for young people and those involved in health promotion need to consider if and how the preferred and differing information sources highlighted by boys and girls can be better utilised to best engage young people.

In terms of professional information sources the study findings demonstrate that professional sources of information are perceived as less relevant to younger students. The increased use of professional sources as student's age and progress through the school years would seem coherent with the findings relating to sexual activity. That is, it would seem feasible to suggest that young people are more likely to seek and access what they perceive as 'expert' sources of information as they become sexually more active and want to ensure that information and advice given is accurate. This interpretation is reinforced by the findings about who young people are comfortable talking to about sex. Of relevance is that while students overall feel comfortable discussing SRE issues, who they discuss them with changes with age and school year. Whilst best friends are consistently highlighted as someone students feel comfortable talking to irrespective of gender or school year, demonstrating the potential influence of peer groups, students feel increasingly comfortable talking to professionals as they progress up the school years. What students want to know more about may also illuminate this further. The desire to know more about emergency contraception, for example, becomes a top five issue for students in years 10 and 11 but not for year 9 students.

It is both interesting and of note to service providers that telephone advice lines are overwhelmingly seen as not useful to young people. This contradicts research highlighted by

Cater and Coleman (2006), which identifies telephone advice lines as one of the sources of information that teenagers would like access to.

Delivery of SRE

Important findings in relation to the how students perceive the delivery of SRE appear to be the perception that as school year increases, students perceive that there is an increased focus on teenage pregnancy. The data then potentially suggests that boys do not necessarily consider this focus relevant to them. Findings from Section 3.2.4 may appear to confuse the issue by suggesting that students feel that they are taught about pregnancy at about the right time, however, one possible interpretation is that while timing is right perhaps the focus still places the responsibility on girls. This point would seem strengthened by the finding that more girls than boys report knowing about pregnancy.

Overall, although there are some school year and gender differences, students feel SRE is well targeted at the right time. At times, Y9 students do not always see the relevance of SRE, as in Section 3.2.4, and are more likely to report that they are taught about SRE issues before they are ready. Conversely, however, as they move up the school years, students are more likely to report that they have been taught about SRE issues too late. Again it seems viable to suggest that this is again related to levels of sexual activity and the relevance that students are able to attribute to the issues they are being taught. Students feel they know more as school year increases, which demonstrates that the impact of SRE on knowledge is an incremental process. A pleasing and positive finding is that by Y11 the proportion of students who perceive themselves as uninformed is very low.

Knowledge and Gaps in Knowledge

In terms of how much students feel they know, generally knowledge is good, highlighted by responses in 3.2.5 (How much students felt they knew), 3.6 (Total Knowledge Scores) and 3.2.6 (Topics young people would like to know more about). Total Knowledge Scores increase proportionately in line with sexual activity, information seeking and accessing of professional services. Unfortunately the level of the data in this study is not able to determine the direction of these relations.

Of importance for curriculum content and delivery as well as health promotion initiatives, is that across those questionnaire sections a consistent and recurrent theme is HIV/AIDS, both in terms of a desire to know more and accuracy of knowledge.

It is important to note that overwhelmingly, students wanted more information about parenting. This was a finding which was uniform by both gender and school year. A potential message to take from this is that an increased focus on the role of being a parent might impact on safe sexual practices, lucidly highlighted by the following quote:

Teenagers need a lot more information and much, much more support. They should tell us about being parents then we will know what we need to avoid. (Year 10 Girl)

There is a relative consistency between girls and boys in relation to what they would like to know more about. However the data in general appears to suggest that boys have a greater interest in knowing about the physical aspects of the sexual experience and girls are more interested in knowing about the potential consequences. This may relate back to the difference in information sources accessed by boys and girls as they seek different types of information.

Also of note is on the whole girls want to know more about all topics except development of girls' and boys' bodies. It is not entirely clear why this is the case; one assumption could be that girls have a better baseline level of knowledge on these issues than boys.

Students appear to have a greater knowledge relating to issues around the problems of drinking alcohol and sex rather than issues relating to drug use and sex. This finding will be further elucidated in the later section on risk factors and sexual activity.

Service Use

Overall, the GP was the favoured source of advice. More girls than boys however, were prepared to access other professional sources. This may be linked to the finding that boys identify a lack of information to be a barrier to contraceptive advice; hence the GP appears to be the only available choice. Increased and targeted information for boys about other professional services may ameliorate this difference.

The high levels of embarrassment and other barriers, which include 'being judged' and 'being seen entering', reported by students in relation to accessing sexual health services may also explain why the GP is preferred. Reasons for attending the GP are not explicitly obvious and other explanations for entering a GP surgery can be legitimately given and are

less likely to be questioned. The obvious role played by the GP in terms of sexual health advice and support for young people has significance for the tailoring of services that are provided within GP surgeries.

It is noteworthy that the barriers are of concern more to girls than boys. This may be linked to different social consequences of being seen as 'sexually active' faced by girls and boys.

Another barrier that has been previously highlighted as a particular problem in rural areas (DFES 2007), might be important in terms of service delivery is that of inconvenient opening times, the issues of which are illustrated by the following comment:

Contraceptive places are open while we're at school and should be open after for us to go to. Make contraceptive place open on a Sunday because people have sex on Saturday nights!!! (Year 10 Girl)

Importantly, study findings reveal that students with higher TKS are more likely to seek contraceptive advice and health services and make positive choices, reinforcing the well-espoused argument that increased knowledge results in safer sexual practices (Wellings et al 1995).

Sexual Activity

The finding that a third of students in this survey had 'gone further' suggesting that they have engaged in some form of sexual activity is consistent with previous findings (Wellings et al 2001).

As highlighted earlier, sexual activity demonstrates an increase as school year increases, which positively and intuitively links to an augmented desire for information, professional advice, support and services. It appears, overall, that slightly more girls than boys are sexually active, it is important to be aware, however, that 'going further' may mean different things to different students and so these parameters of this category may be imprecise.

The attitudes of girls and boys towards relationships and sex are not dissimilar. It appears that girls have more of a leaning towards emotional aspects of relationships. However, whilst boys are more likely than girls to agree with the statements that value sex above relationships, the greatest proportion of boys agree with statements that value sex in the context of a relationship. Generally, these findings appear to reveal that young people have a responsible and mature attitude towards sex.

In line with increased sexual activity is a correlating perception that this behaviour is the norm amongst their peer group. The reasons boys give for 'going further' seems to suggest that peer group pressure may be more acute for boys than girls. The reasons girls give for going further are more personalised and based on individual risk decisions, a finding that seems consistent with the feelings girls display about accessing services.

Risk factors and Sexual Activity

Alcohol use increases as school year increases. However it is notable that a fifth of Y9 pupils claim to drink every week and a quarter claim to drink every month, which has significant public health implications. Such figures suggest quite significant levels, in health and social terms, of underage drinking, although the data also suggests that they are not drinking enough to get drunk. This is consistent with other research findings that have identified increasing alcohol use amongst young people (Mason 2005).

There does appear to be a clear relationship between the level of sexually oriented activity, the frequency of drinking and the frequency of being intoxicated, as has been previously identified (Allen et al 2007). Whilst students do recognise that getting drunk increases the risk of sexual activity this does not appear to act a moderating factor for alcohol consumption raising a challenge for services and SRE about how this can be better addressed.

Drug use in this survey cohort does not seem to be significantly problematic and therefore does not have a significant impact on sexual practices; however, it does seem that the small proportions of young people that do use drugs are more likely to engage in sexual activity, consistent with other study findings (Alcohol Concern 2002; Wight et al 2000).

The data on alcohol and drugs may indicate an identifying profile of young people who are generally risk-taking, which may have message for health promotion and public health service provision. SRE guidance currently recommends that SRE should be linked with other risk taking behaviour.

5 Key points and Recommendations

1. Boys and girls access differing information sources in relation to sexual health and these sources could be used more effectively to gender orientate health promotion materials and support services.
2. Curriculum, development and teaching strategies need to develop teaching and learning strategies to ensure that the teenage pregnancy is seen as an equally relevant issue for boys as well as girls.
3. Teenage boys need to better understand their responsibilities in teenage pregnancy.
4. There needs to be an increased focus on sexual health promotion and SRE provision relating to issues surrounding HIV and AIDS and becoming a parent.
5. As boys are more interested in the physicality and girls are more interested in the consequences of sex, SRE providers must recognise the implicit difficulties of generically targeting SRE.
6. Education and health promotion that aims to impact on safe sex activity must be able to acknowledge and address different motivating factors for boys and girls.
7. High knowledge appears to be an important determinant of both accessing contraceptive services and positive contraceptive behaviours.
8. Service providers need to be aware of the key barriers for young people in accessing specialised sexual health services and consider how these issues can be better addressed.
9. The GP plays a key role in sexual health service provision in the East Riding. GP-led sexual health services need to ensure they are responsive to and focused on the needs of young people.
10. Greater understanding is needed about what would encourage students to talk to and seek advice from other professionals and specialist services.
11. An active focus should be maintained to convey the risks associated with drinking and sexual activity, considering further how these issues can be promoted effectively in SRE teaching and public health and health promotion strategies.
12. Targeted interventions in the East Riding need to be more concerned about issues relating to alcohol and behaviour than drugs and behaviour.
13. The increased association between sexual activity, alcohol and drug taking has the potential to highlight individuals with a risk-taking profile, which could be of value in developing targeted advice, support and teaching strategies.

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Appendix 1: Teenage Sexual Health and Behaviours Questionnaire



Teenage Sexual Health and Behaviour Questionnaire

Thank you for agreeing to take part in the survey. This questionnaire, developed by a team at the University of Hull, will be given to several hundred young people between the ages of 13 and 16 at the secondary schools within the East Riding to find out about your views and what you think about sexual health and other support services. We are interested in your ideas whatever they are, so please answer these questions as fully and honestly as possible.

Your answers will be kept confidential and your responses will in no way be identified with you.

Section 1: This section asks for some general information about you

1. Are you male or a female? (Please tick the one that applies)

Female Male

2. Which year are you in at school? (Please tick the one that applies)

Year 9 Year 10 Year 11

3. How old are you now? (Please tick the one that applies)

13 years 14 years 15 years 16 years

4. What is the name of your school?

- Beverley Grammar School
- Beverley High School
- Bridlington School Sports College
- Cottingham High School
- Driffield School
- Goole High School
- Headlands School and Community Science College
- Hessle High School
- Hornsea School and Language College
- Howden School and Technology College
- Hull Collegiate School
- Longcroft School
- The Market Weighton School
- Northmoor Education Trust
- Pocklington School
- The Snaith School
- South Holderness Technology College
- South Hunsley School
- Withernsea High School Specialising in Humanities and Technology
- Woldgate College
- Wolfreton School

Section 2: This section asks you about sex education and what you think about some issues to do with sexual health. **It does not ask about personal behaviour in this section.**

5. How useful did you find the sources of information below when you were learning about sex and relationships (including pregnancy and contraception)? (Answer all the questions by ticking the box that apply to you)

	Not at all useful	Not very useful	Neutral	Useful	Very useful
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend/ Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits from outside groups like health visitors and youth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents or carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother / sister or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning / Young person's clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor / nurse at GP surgery / hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemist or pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books / leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone advice line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How comfortable or uncomfortable are you when talking with the following people about sex? (Please tick one box per line)

	Very comfortable	Comfortable	In between	Not really comfortable	Not at all comfortable	Never have - does not apply
Mother/ Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/ Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother/step brother you get on best with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister/step sister you get on best with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend /girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professional workers (eg Connexions advisor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you think sex and relationships education is aimed.....

(Tick the answer you feel is true for you)

<input type="checkbox"/>	more at boys than girls
<input type="checkbox"/>	equally at boys and girls
<input type="checkbox"/>	more at girls than boys
<input type="checkbox"/>	don't know

8. How much do you feel you know about...

(Tick the answers you think apply)

	Nothing at all	Only a little	Some	A lot
Growing up and changes in my body (i.e. puberty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual feelings and emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility in relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender and Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception (birth control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Abortion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking and sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs and sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Do you think you were taught about ... (Please tick one box for each statement)

	Before I was ready	At about the right time	Too late	Still don't know
Growing up and changes in my body (i.e. puberty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual feelings and emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility in relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender and Sexuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception (birth control)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Abortion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking and sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs and sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Which of the following topics would you like to know more about? (Tick all that apply)

- How girls' bodies develop
- How boys' bodies develop
- Sexual feelings, emotions and relationships
- Sexual intercourse
- How a baby is born
- Being a parent
- Contraception (birth control)
- Emergency ('morning after') contraception
- Termination (Abortion)
- Safer sex
- Sexually transmitted infections
- Homosexuality
- Masturbation
- How to be able to say 'no' to doing something sexual you don't want to do
- Having a blood test for HIV
- Ways in which HIV (the AIDS virus) can be passed on
- Other (Please state)

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Section 3: Next there are a series of questions about sex and sexual health.

For each one, please indicate whether you think the answer is true or false or that you don't know.

11. About sex and sexual health

	True	False	Don't know
It's against the law to have sex with a boy or girl who is under 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a girl is under 16 and is on the pill, her doctor must tell her parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex is safer than sexual intercourse because you can't get pregnant or catch an STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A girl under 16 thinks she may be pregnant, doctors will inform her parents if she seeks advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If someone had an infection caught from having sex, they may show no sign of it at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All infections caught from having sex can be cured with medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. About contraception

	True	False	Don't know
Even if contraception is used correctly, there is still a chance that a girl can become pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't buy condoms if you're under 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can get pregnant having sex for the first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A girl can get pregnant if she has sex standing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A girl can't get pregnant during her period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers under 16 can get free condoms from the Family Planning clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get free and confidential emergency contraception (the morning after pill)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. About sexually transmitted infections

	True	False	Don't know
HIV is the most common STI (sexually transmitted infection) in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia is most common STI (sexually transmitted infection) in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs (sexually transmitted infections) may cause infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs (sexually transmitted infections) may cause cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs (sexually transmitted infections) may cause testicular cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can catch an STI (sexually transmitted infection) during oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone with an STI (sexually transmitted infection) might not know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend was worried about STI (sexually transmitted infection), I'd know where to take them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing when you are at risk of STIs (sexually transmitted infections) is more important than knowing what the symptoms are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If I wanted individual advice from a professional about contraception I would prefer to go to... (Please choose one)

- GP
- School nurse
- Family planning clinic
- Chemist/pharmacy
- Other (Please state)

.....

.....

.....

.....

15. Do you know where you can get contraception?

- Yes No

If 'yes' please tell us below

.....
.....
.....

16. To prevent pregnancy the emergency contraceptive pill (morning after pill) must be used within....

- 12 hours 48 hours 72 hours 120 hours Don't know

17. Which of the following medical conditions is only a sexually transmitted infection (Please choose one)

- Thrush HIV Chlamydia

18. Which of the following could stop you from going to services like your GP, family planning, young person's clinic, pharmacy or chemist to use contraceptive services? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Worries about confidentiality | <input type="checkbox"/> Transport problems |
| <input type="checkbox"/> Lack of information | <input type="checkbox"/> Worries of being seen entering |
| <input type="checkbox"/> Worries of being medically examined | <input type="checkbox"/> Inconvenient opening times |
| <input type="checkbox"/> Embarrassment | <input type="checkbox"/> Religious and cultural grounds |
| <input type="checkbox"/> Worries about being judged | <input type="checkbox"/> Other (Please state) |

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Section 4: Next there are a series of questions to do with behaviour and what you actually do. **This section asks you about personal behaviour.**

19. How many boys in your year group do you think have had sexual intercourse? (Please tick only one box)

- All Most Three-quarters Half
 Quarter A few None

20. How many girls in your year group do you think have had sexual intercourse? (Please tick only one box)

- All Most Three-quarters Half
 Quarter A few None

21. Do you have a boy/girl friend at the moment?

- No, I've never had a boyfriend/ girlfriend
 I used to have one, but not now
 Yes

22. Have you experienced any of the following?

(Please answer each question)

	Never	Occasionally	Frequently
Hugging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kissing on the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light petting (touching or caressing above waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy petting (touching or caressing below waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Have you ever gone further (oral sex or sexual intercourse)?

- If **YES** go to question **24**
- If **NO** go to question **25**

24. If YES, please tell us a bit more by ticking all those below that apply

- | | |
|---|--|
| <input type="checkbox"/> I wanted to try it | <input type="checkbox"/> It made me cooler |
| <input type="checkbox"/> All my friends were doing it | <input type="checkbox"/> I felt left out |
| <input type="checkbox"/> I was curious | <input type="checkbox"/> It made me feel good about myself |
| <input type="checkbox"/> I felt pressured | <input type="checkbox"/> I loved the other person |
| <input type="checkbox"/> Other (Please state) | |

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25. If NO, please tell us a bit more by ticking all those below that apply

- | | |
|---|--|
| <input type="checkbox"/> I didn't want to | <input type="checkbox"/> My mum/ dad/carer would 'kill' me |
| <input type="checkbox"/> I was scared | <input type="checkbox"/> I didn't love the other person |
| <input type="checkbox"/> None of my friends have | <input type="checkbox"/> I'd get a bad name for myself |
| <input type="checkbox"/> I think it's too risky; you might get pregnant | <input type="checkbox"/> I think it's too risky; you might get an STI (sexually transmitted infection) |
| <input type="checkbox"/> I knew I'd be sorry | <input type="checkbox"/> Other (Please state) |

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.....

26. In the last year, have you done any of the following?

Talked to friends about using contraception	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Talked to friends about using condoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bought condoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Got condoms free from a clinic or drop in centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Practiced handling a condom on your own	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Carried condoms when you go out	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Talked openly about sex with a boy/girl friend	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suggested using condoms with a boy/girl friend	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used condoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Persuaded a boy/girl friend to use a condom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suggested using other contraception with a boy/girl friend	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Used other contraception	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Said no to doing something sexual you don't want to do	<input type="checkbox"/> Yes	<input type="checkbox"/> No

27. In the last two years have you gone to any health services to get any of the following?

Condoms	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other contraceptives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advice about being pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advice about sexually transmitted infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emergency contraception	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Termination (Abortion)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Section 5 Next there are some questions about beliefs about sex and relationships. We would like to know your opinions on some important issues concerning sex and relationships.

28. Please tell us whether you agree or disagree with the statements below (Please answer each question)

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
A relationship doesn't have to include sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You don't have to have sex to keep a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First sex should be both special and planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'll only have sex in a long term serious relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'll put off having sex until I meet someone I will live with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex is the only way to be satisfied in a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is ok to have sex on a one night stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fancying someone is a good enough reason for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I treat all people with respect no matter what their sexual preference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Girls should be more responsible than boys for contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your partner won't have sex at first, just keep trying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having sex shows your friends you're grown up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: The next sets of questions are about alcohol and drugs. **Remember that your name is not on the questionnaire, so no-one who knows you will find out your answers**

29. At present, how often do you drink anything alcoholic, such as beer, wine or spirits? Try to include even those times when you only drink a small amount

- Every day Every week Every month Hardly ever Never

30. Have you ever had so much alcohol that you were really drunk?

- No, never 1 - 2 times 2 - 3 times Occasionally Frequently

31. How old were you when you first had an alcoholic drink?

32. Do you think young people are more likely to have sex when they are drunk?

- Yes No

33. Have you ever taken cannabis (hash, dope, grass)?

- Never Once or twice 3 to 5 times 6 to 9 times
 Regularly (1 or more times a week) Frequently (1 or more times a day)

34. Do any of your friends ever use illegal drugs, such as smoking cannabis, or taking ecstasy, cocaine, or crack or MDMA (Mandy) and Ketamine?

- None A few Most Don't know

35. Have you tried, or do you use, any of the following? (Please tick one box per line)

Occasionally: 3-4 times in total
 Regularly: 1 or more times every week

	Never tried	Thinking about trying	Tried	Use occasionally	Use regularly
Herbal cannabis (grass, weed, green)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis resin (dope, hash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stronger forms of cannabis (skunk, oil)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms (mushies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue, gas, solvent or sprays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD (acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal highs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy (ekky, E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamines (speed, sulphate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meth amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minor tranquillisers such as Temazepam (jellies, wobbly eggs), Diazepam (Valium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MDMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (Charlie)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack (rock)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, brown, gear, skag)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Do you think young people are more likely to have sex when they are on drugs?

Yes No

Appendix 2: Questions used to generate Total Knowledge Scores

Sex and sexual health

It's against the law to have sex with a boy or girl who is under 16

If a girl is under 16 and is on the pill, her doctor must tell her parent

Oral sex is safer than sexual intercourse because you can't get pregnant or catch an STI

A girl under 16 thinks she may be pregnant; doctors will inform her parents if she seeks advice

If someone had an infection caught from having sex, they may show no sign of it at all

All infections caught from having sex can be cured with medical treatment

Contraception

Even if contraception is used correctly, there is still a chance that a girl can become pregnant

You can't buy condoms if you're under 16

You can get pregnant having sex for the first time

A girl can get pregnant if she has sex standing up

A girl can't get pregnant during her period

Teenagers under 16 can get free condoms from the Family Planning clinic

To prevent pregnancy the emergency contraceptive pill (morning after pill) must be used within how many hours?

Sexually transmitted infections

HIV is the most common STI (sexually transmitted infection) in the UK

Chlamydia is most common STI (sexually transmitted infection) in the UK

STIs (sexually transmitted infections) may cause infertility

STIs (sexually transmitted infections) may cause cervical cancer

STIs (sexually transmitted infections) may cause testicular cancer

You can catch an STI (sexually transmitted infection) during oral sex

Someone with an STI (sexually transmitted infection) might not know about it

Knowing when you are at risk of STIs (sexually transmitted infections) is more important than knowing what the symptoms are.

Which of the following medical conditions is only a sexually transmitted infection: Thrush, HIV or Chlamydia