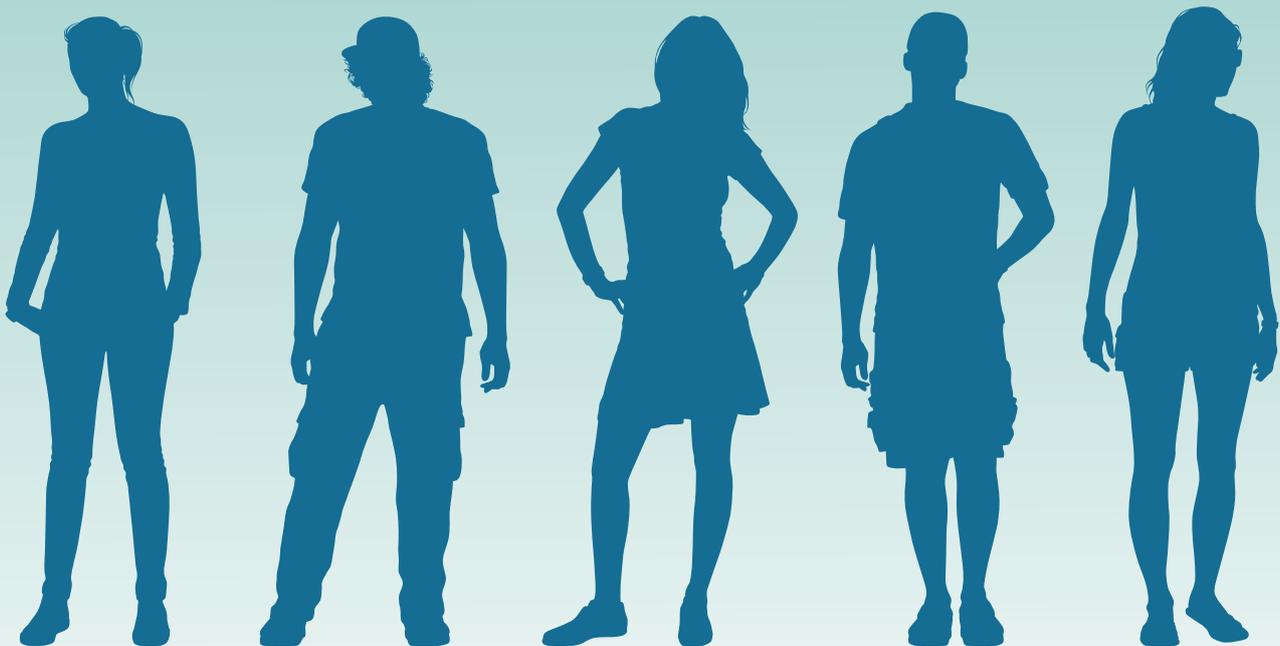

Young People's Views

and Experiences of Sexual Health and
Relationships in Greater Glasgow and Clyde



A report conducted by **We Are Snook**, **Young Scot** and **LGBT Youth Scotland**



Who was this work conducted with and for what reason?

Young People aged 13-17 across the Greater Glasgow and Clyde Area.

This consultation was undertaken using the principles of full involvement of young people to design and deliver the work. This approach enabled young people to describe in their own words, their views, experiences and concerns about sexual health and relationships and their thoughts on what support they would like to be provided and how they would like to see this done.

476 young people took part

- **either in focus groups; or**
- **responded to an online survey.**



What are the key findings of this report?

What Young People Learn From Adults

Young people find adults embarrassed to discuss healthy sexuality and drew attention to the incongruousness of this when society places great pressure on young people to be sexually active.

Young people want greater openness from adults which acknowledges adolescent sexual development as a natural part of growing up.

Very few young people mentioned parents as a source of support or information regarding sex and relationships. Many young people find discussing matters with parents difficult or embarrassing.

Young people report that the approach of services and of Relationships, Sexual Health and Parenthood Education (RSHP) is overly focussed on penetrative vaginal sex and that they would prefer a greater emphasis on what good relationships are like, emotions and on different forms of sexual contact, specifically mutual masturbation, oral sex and anal sex.

Young people had the strongest views regarding RSHP in school where their experiences were generally negative. Most young people reported receiving very little or no RSHP. Of those who reported receiving no RSHP Education, a significant proportion reported attending denominational schools. Young people themselves attribute the poor outcomes experienced by some young people as directly influenced by the gaps in RSHP.

Those who had received it found it overly biological, not relevant and not engaging. They viewed their teachers as being unconfident and unprepared in delivering RSHP.

While young people thought that it would be better if RSHP wasn't delivered by teachers who delivered other lessons, this appears to be a reaction to the didactic teaching styles associated with other subjects not being appropriate for this area of work.

Young people felt that teachers should have more time for delivery and more training. Young people felt youth workers and peer education could play a greater part in RSHP delivery.



Young people had strong ideas about the content of RSHP they wanted to receive and that this should be grounded in the reality of young people's lived experiences. Repeatedly young people requested facts, evidence and stories about natural teenage development and relationships.

Young people who are LGBT found RSHP to be completely heterosexual in its approach and not relevant to their needs.

The sexual context of young people's lives

Gendered norms impact greatly on young people. Boys are still expected to appear knowledgeable, experienced and to boast about sexual experience while girls are still expected to protect their reputation and for their participation in sex to be one of gradually decreasing resistance and being responsive to male advances.

Young people recognise that self esteem and body image influence decisions about sex and relationships. They do not feel adequately prepared to deal with this. Young women in particular feel pressure from stereotypical imagery presented in the media and pornography

Young people live with digital communication and do not view their online experiences separately from their offline ones. Young people use a range of apps to communicate with friends and also with strangers. Young people consider this is a positive aspect of their lives and they perceive the benefits as enhancing confidence, autonomy and sense of self.

While most young people have a degree of awareness of potential risks regarding online activity they often have a sense that "it won't happen to me" even though

most young people could relate adverse incidents they were aware of in their peer groups. They expect that receiving pornographic images is part of this online activity. Often young people can find themselves in sexually explicit online situations that they did not intend.

'Sexting' is very common and increasingly viewed as normal behaviour among young people although they do not use this term for it. Most young people had sent or forwarded sexually explicit images. Young people were unaware and taken aback to find out that this behaviour is legally classed as generating and sharing child pornography and is a serious criminal offence.

Young people are fully aware that adults who they may turn to for information or support about online activity are not well informed about these issues and are therefore not equipped to provide the right information and support.

Young people report that pornography is viewed as a means to learn how to "do" sex. They view the types of sex they see in pornography as normal. Almost all young men and over half of young women had viewed pornography.

Young people who are not yet sexually active have low expectations of what their first experience will be like and many expect it will be a negative or painful experience. There remains great peer pressure to be sexually active and to get first sex "over and done with" Young people would like more information which helps them work out how they will know what being "ready" for sex means.



Young people have very little information about sexual consent and are reticent to discuss it. Consent is viewed as something that only girls need to give or revoke. Young people find it easier to just “go with it” in sexual situations, even ones they don’t want, than to discuss it.

Young people also view sex and relationships within a context of excessive alcohol consumption as normal.

Most young people who have had sex felt ready for their experience although in most cases it was not planned. There is almost no discussion between young people and their sexual partners about what sex was being had and levels of happiness about it.

Almost all young people had examples from their peer group of relationships that had a degree of vulnerability or exploitation, especially where there was a concerning age gap between partners. This is particularly the case for LGBT young people, especially young men.

Services and Support

Young people had good knowledge levels about sexual health services and when they have used them they have found the experience positive. However they found that opening times of clinics and travel times to services in relation to school hours, made them difficult to access. Some young people need to prepare cover stories to access clinics to account for their time and in some cases these circumstances means effort of getting to a clinic can become too great and some young people choose to go with a risky situation.

Young people in Inverclyde were particularly vocal about the changes in

service in Greenock. Young people who had accessed other services such as YHS in Northwest Glasgow reported more positive experiences due to the opening hours better suiting their needs.

Young LGBT are particularly positive about Sandyford services although they would like the Sandyford young people’s service to be clearer that they are also for LGBT young people.

Feelings of embarrassment can prevent young people accessing contraception, emergency contraception and free condoms.

Being LGBT

Overall young LGBT people found their experience of information, education and services to be heavily geared towards heterosexual young people with staff seeming unaware of how to respond to their specific needs. LGBT young people had some information gaps about sexual risk relevant to their experience. Young LGBT people report that their experience of discrimination in schools often went unchallenged. They have little confidence in non LGBT specific youth provision.



What are the implications of the findings?

This report describes a situation where young people feel as if they have been left to “get on with it” by an adult world that seems ill equipped or unwilling to provide the appropriate level of information, education and support.

Unfortunately it seems that many issues faced by young people have not changed for the better over time and with the onset of digital communication technology, this creates a set of circumstances that health improvement, clinical services and a wide set of partners and stakeholders need to develop a coherent response to.

Sex is everywhere yet discussion of it is nowhere. Young people have unprecedented access to sexually explicit imagery and have grown up in a heavily sexualised media culture which encourages potentially unhealthy sexual activity. Despite this, the range of adults in their lives from parents, teachers and other staff working in different services find honest and positive discussion of natural adolescent sexual development challenging and embarrassing and young people are fully aware of the incongruity of this. Young people continue to learn from this reticence that sex is somehow shameful and taboo and these feelings translate into poor communication in sexual contexts and participation in situations which are not fully consensual, where alcohol is used to overcome inhibitions and suppress

embarrassment, and which are not fully protected against other adverse outcomes.

It is notable that in other surveys a much greater proportion of young people report that they do talk to their parents about relationships and sexual health. However these reports show that as young people reach the S3 year stage this seems to tail off and this is notable as it is also the time when up to a third of young people become sexually active.

In some ways it is reassuring that the issues they have raised matches our existing knowledge base which has informed our health improvement and service delivery approaches to date. In other ways, the results challenge us by acknowledging that the impact of this activity is insufficient and could be improved.

Entrenched gender roles continue to influence sex and relationship norms for young people which contributes to the need to tackle unhelpful gendered expectations of all children from the stage of infancy upwards.

It is evident that young LGBT people who have expressed greater needs feel ill served by current approaches to young people's sexual health.

That young people themselves placed the greatest importance on the issue of school based RSHP matches the importance



placed on it in national and local policy. This is an area of practice that locally has received significant development in recent years. The experiences of this group of young people are very different to those who have received RSHP in schools where clear programmes are in place and where young people are positive about their education.

This raises some questions about why the findings here are so different. It could be that the improvements sought in delivering RSHP had yet to translate to young people's experience. The roll out of programmes has been incremental and will not have reached all young people as yet. As young people attending denominational schools were able to state, there has been no partnership development work in this sector in which a third of all young people attend school. The priority given to RSHP in schools and the fidelity to the recommended approach to delivery in schools may not be sufficient on the ground.