

# Young People — Sexual Health & Wellbeing

## Key Messages

During 2014 NHS Greater Glasgow and Clyde and partners in local authorities and in community health (and care) partnerships undertook a series of consultation, evaluation and research processes. Viewed collectively, these include the views and experiences of young people and parents across the NHS Greater Glasgow and Clyde area

These processes were either fully concerned with young people's sexual health or had content relevant to the subject area. Taken together the findings from these reports, along with those from recent UK and Scottish Government reports, brings our understanding of the key relationships and sexual health issues for young people up to date while also providing a refreshed measure of the impact of current sexual health interventions. This also enables gaps in the current programme to be identified and prioritised.

A separate summary report describing key findings from each of these reports is available for those requiring a more detailed briefing. This document presents key points of relevance that emerged in reviewing the reports.

## General themes

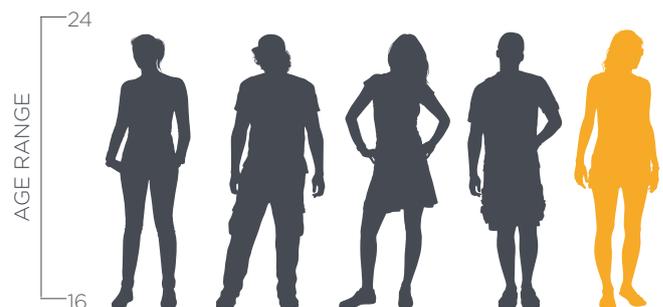


Young people feel they are growing up in a society that puts great pressure on them to be sexually active but find adults reluctant to discuss adolescent sexual development as a natural part of growing up and embarrassed to help them understand what 'being ready' for sex means. (1)

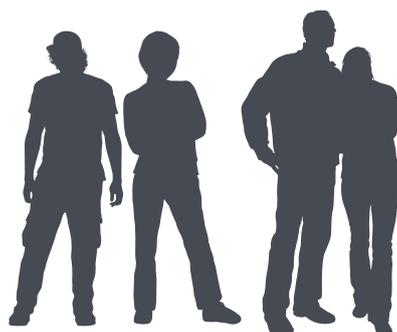
Young people report having very little information about consent and find it easier to just "go with it" in sexual situations than to discuss it. (1)

Almost all young people knew from their peers, examples of relationships that had a degree of vulnerability or exploitation, especially where there was an age gap with partners. This is particularly the case for young LGBT people, especially gay or bisexual men. (1)

Anal sex has emerged as behaviour that warrants focussed attention in relation to young people. Almost one in five young people within the age range 16 to 24 has had experience of heterosexual anal sex; there is emerging evidence that females feel pressured by partners to do this. (2)



Over half of men who have sex with men (MSM) had their first experience of anal sex as a teenager. (3)



Young people who are not yet sexually active, have ambivalent or low expectations of their first sexual experience. There remains great peer pressure to get first sex "over and done with". For most who have had sex, their first experience was not planned. There is almost no discussion with sexual partners about type and frequency of sexual activity and levels of happiness about it. Excessive alcohol consumption remains a normal circumstance for sexual experiences. (1)

Gendered norms continue to impact greatly on young people — boys are still expected to be knowledgeable, experienced and boast about sexual experience while girls are expected to protect their reputation and for their participation in sex to be one of gradually decreasing resistance to male advances. (1)



For most young women who have experienced sexual abuse or rape, the perpetrator was an intimate partner; for young men, the perpetrator, for most, was a family member or friend. For all people the median age at which this occurs is 18 for females and 16 for males. (2)



## Digital lives

In contrast to most adults, young people are digital natives who do not view their online experiences separately from their offline ones. By age 14/15yrs, screen based leisure time — gaming, social media, film, TV — accounts for a high percentage of total leisure activity and is perceived by young people as a positive aspect of their lives. (1,6,7)

Young women feel pressure to conform to stereotypical imagery presented in the media and pornography. (1)

Young people consider the pervasiveness of pornography (commercial and self/peer generated) in their lives to be normal. (1,9)



Young people perceived adults to be ill informed about the reality of their online lives and therefore not equipped to provide the right information and support. (1)

Most young people had received or sent sexually explicit images, viewed it as normal behaviour, and were unaware that it is legally classed as a criminal offence. (1)



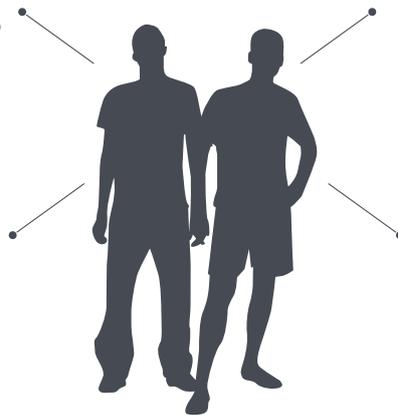
# Inequalities



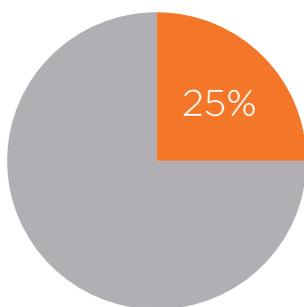
Young men who have sex with men (MSM) experience a disproportionate level of poor emotional, mental and physical health: difficulty with coming to terms with their identity, low self esteem exacerbated by homophobia, stress at coming out to others and experience of depression. Many young men cited the latter as contributing to risk taking sexual behaviours. (3)



Many young MSM presenting to Sandyford who report high numbers of condomless anal sex with a large number of sexual partners do not appreciate the significant HIV and STI risk their behaviour exposes them to. (3)

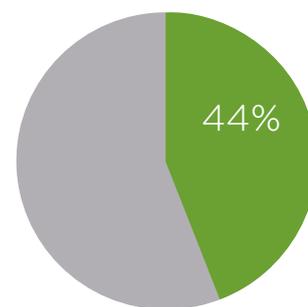


**YOUNG MSM  
(UNDER 25'S)**



NEW DIAGNOSES OF HIV AMONG MSM

Among all MSM, a quarter of new diagnoses of HIV and 44% of all rectal acquisitions of Gonorrhoea and Chlamydia are in young men. (3)



ALL RECTAL ACQUISITIONS OF GONORRHOEA & CHLAMYDIA AMONG MSM

There are areas in Greater Glasgow and Clyde where the overall sexual health of the population is particularly poor and where teenage pregnancy forms part of that experience. These areas are mostly in Glasgow City and consist of:

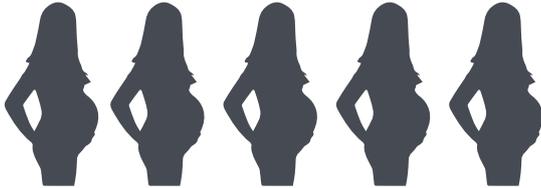


- DRUMCHAPEL
- MARYHILL AND SURROUNDING AREAS
- THE BRIDGETON, PARKHEAD AND DALMARNOCK AREAS OF THE EAST END
- TRADESTON AND GORBALS
- GOVAN AND IBROX
- OUTSIDE OF GLASGOW, THE POPULATION IN THE FERGUSLIE AREA OF PAISLEY ALSO EXPERIENCES POOR SEXUAL HEALTH. (8)



There is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group, a teenage female living in the most deprived area is 4.8 times as likely to experience a pregnancy as someone living in the least deprived area and nearly 12 times as likely to deliver their baby.

SIMD 5 AREA



SIMD 1 AREA



Young men are less likely than young women to feel they can talk to anyone (parents, teachers or friends) about relationships and sexual health (RSH) especially from age 13/14 yrs onwards. (5,6,7)

## Relationships, Sexual Health and Parenthood Programmes (RSHP) in School

Relationships, Sexual Health and Parenthood education when delivered well by schools positively affects the levels of knowledge and future aspirations for young people regarding their sexuality and relationships and is viewed as positive by young people, parents and carers and by teaching staff. (9)

**This positive outcome is most apparent when there is clear leadership across the school and support from senior management. (9,10)**

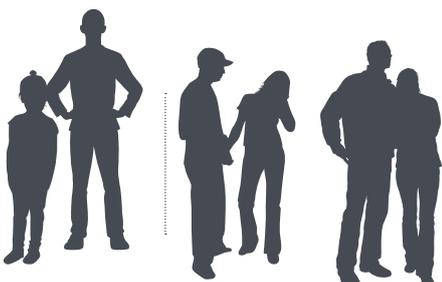
Young people want RSHP to focus less on the negative aspects and more on emotional safety and on different forms of sexual contact. They want more depth of coverage on social media and the impact of pornography. (1,9)

RSHP content and approach is not perceived to be inclusive of people who do not identify as heterosexual. (1)

When lessons are delivered by a consistent member of staff, who is confident, well prepared and who allows sufficient time to “get in to the detail”, they are valued by young people as a source of learning. However, although there is variation across local authority areas, those reporting this experience were not the majority. (1,9,10)

## Parents and Carers

Young people feel less comfortable discussing RSH with parents after age 13/14 yrs and by age 16/17 yrs are more likely to talk to their peers. (1,6,10)

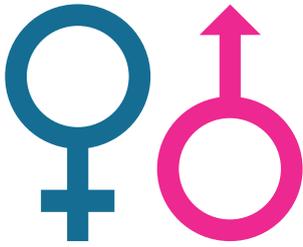


Parents view school based learning positively and want to back up the learning at home. Parents want school to home communication to be improved; they want to know more detail about the content and timing of lessons, in advance of them happening. (7,10)

Parents want to support their child’s learning on this topic throughout childhood but many view this topic through an adult sexualised lens and can perceive education on this topic to be “taking away children’s innocence”. (7)

Parents of children who attend denominational schools report greater information and support needs across all aspects of this topic to prepare them to support their child’s learning than do parents whose children attend non denominational schools. (7)

When structured homework activities are used, they help facilitate discussion at home. (9)



There is an (unintentional) gendered approach to parenting around this topic, which leads to gaps in young people's learning. Fathers and male carers are expected to take the lead in teaching sons, but feel ill prepared and perceive existing parenting support to be aimed at women.

Mothers can feel less confident about discussing this topic with sons. Parents are more likely to talk with girls about pressure around behaviour and looks and about physical changes at puberty, while condoms are mainly discussed with boys (7).

## Sexual Health Services

Young people cite location and opening times to be the main barriers to using sexual health services. (1)

Young gay men rarely attend services; particularly those under 16 yrs. Bisexual young men are even less likely than young gay men, to attend services. (3,8)

Where services are provided locally, young people are more likely to use these services whereas young people aged over 20 are more likely to use the main Sandyford Central service compared to local ones. (8,11)

Young LGBT people consider services to be geared towards heterosexual young people. (1)

Despite up to a third being sexually active, young men under 16 yrs old are not using sexual health services. Those in their later teenage years still form a very small proportion of young people attending sexual health services. (8,11)

**SEXUAL HEALTH SERVICES**

## References

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