

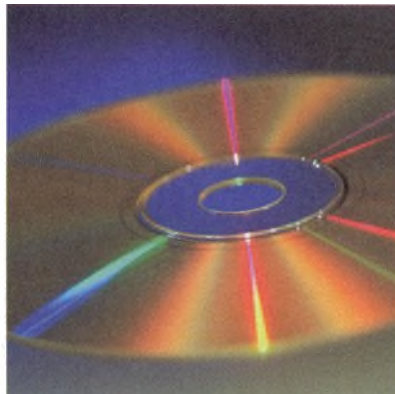


Centre for Health Services Studies

Service Development Programme: Maximising Life Opportunities for Teenagers

**Teenagers' Views and Experiences of sex and
Relationships Education, Sexual Health Services
and Family Support Services in Kent**

Survey findings for Year 2



**Jenny Billings
Charlotte Hastie
Linda Jenkins**

**Centre for Health Services Studies
University of Kent**

July 2006

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We would like to thank all the young people that took part, as well as the schools for supporting the project. We would particularly like to thank the Head teachers, Heads of Year, Personal and Social Health Education (PSHE) teachers, school nurses and the support staff for their cooperation. Our gratitude must also go to the Connexions workers, Local Education Officers and Sex and Relationships Education Local Implementation Groups for their advice and support. Finally, we would like to thank the members of the project's steering group and the Kent Teenage Pregnancy Partnership.

1 Introduction

This brief report provides findings from data collected in year 2 of a survey of teenagers' views and experiences of sex and relationships education and sexual health services in Kent. The data in year 2 was collected in Autumn 2005, a year after the data collected in year 1. The purpose of this report is to highlight the results in year 2 which differ from the year 1 survey data. It is to be used in conjunction with the report in year 1 entitled "Service Development Programme: Maximising Life Opportunities for Teenagers: Teenagers' Views and Experiences of Sex and Relationships Education, Sexual Health Services and Family Support Services in Kent: Survey Findings July 2005". The final report on the survey will consist of findings from further analysis of the data from year 1 and year 2 merged together, available at the end of 2006.

2 Method

The method was similar to the collection of year 1 data. The eight PCT's in Ashford, Canterbury & Coastal, Dartford, Gravesham & Swanley, East Kent Coastal (Teaching), Maidstone & Weald, Shepway, South West Kent and Swale took part in the study and 2,400 teenagers aged 15 and 16 were invited to take part from schools across Kent. Again the target was to achieve 300 responses from a variety of schools in each PCT, with 2-3 schools being surveyed in each PCT (Table 1).

Table 1: Schools Selected per Primary Care Trust (PCT)

(Deprivation score in parenthesis; 1 = high levels of deprivation; 4 = low levels of deprivation)

PCT	Year 2
Ashford	Highworth Grammar School for Girls (4) The Towers School (dropped out) (2)
Canterbury & Coastal	Herne Bay High School (2) Simon Langton Girls School (4)
Dartford, Gravesham and Swanley	Hextable Comprehensive (2) Gravesend Grammar for Boys (4)
East Kent Coastal	Clarendon Grammar School for Girls (3) Hartsdown Technology College (1)
Maidstone & Weald	Senacre Technology College (1) Valley Park Community School (2) The Cornwallis High School (3)
Shepway	The Channel School (1) Harvey Grammar School for Boys (4)
South West Kent	Tonbridge Grammar School for Girls (4) The Wildernesse School for Boys (2)
Swale	Borden Grammar for Boys (4) Westlands High School (1)

The majority of data was collected during classes, particularly PSHE (Personal, Social and Health Education) classes, either with researchers present or by the schools themselves. Data was only collected for one school within Ashford PCT, due to the second school dropping out at late notice. However extra data was collected from other schools in other PCTs from schools with similar characteristics. In total 2049 teenagers completed the questionnaire (85.4%), slightly more than the 2004 (83.5%) respondents in Year 1. Table 2 illustrates this target response rate and also the sample response rate (number of teenagers given a questionnaire in the schools) where available. This was very much determined by the number of students in year 11 in each school.

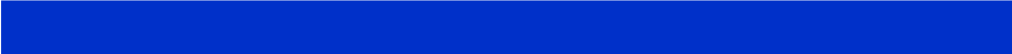
Table 2: Response Rate by Primary Care Trust (PCT)

PCT	Returns	Target	Target response rate(%)	Sample	Sample response rate (%)
Ashford	161	300	53.6		
Canterbury & Coastal	287	300	95.6	399	72.2
Dartford, Gravesham & Swanley	260	300	86.6	300	86.6
East Kent Coastal	277	300	92.3		
Maidstone & Weald	354	300	118		
Shepway	200	300	66.7	305	65.6
South West Kent	237	300	79	266	89.1
Swale	273	300	91	285	95.8
Total	2049	2400	85.4		

The questionnaire used in year 2 was proposed to be as similar as possible to that used in year 1 in order to make the data from the two surveys comparable. After the experience of using the survey questionnaire in year 1 small amendments were made to some of the questions and some questions removed in the questionnaire in year 2. These changes will be highlighted in the relevant sections in this report.

3 Demographic Data, Trusted Sources of Sex and Relationships Information, and Teenagers' Views on Sex and Relationships Education

Similar to Year 1 the questionnaire was completed by approximately equal numbers of male and female participants. There were 1006 boys (49%) and 1041 girls (59%). Gender was unknown for two respondents. 85% of respondents were aged 15, 15% were aged 16, two said they were aged 14 and age was unknown for ten respondents. The majority of teenagers were from a white ethnic background (94%; n= 1929). 48% (n= 961) suggested that they were involved in religion. Most of the teenagers were either Christian (Church of England; 33%) or Christian (Catholic, 5.5%), or Christian (other; 4%). The remaining 5% were Muslim, Sikh, Buddhist and 'other' religions.



There is an increase in teenagers involved in religion in year 2 compared to year 1 which may be due to the change in the religion question in the second year. In year 1 teenagers' were asked to write down their religion. This was so teenagers could put down an answer that was relevant to them and not be restricted to pre-determined answers. Using the answers from year 1 a suitable tick box question was constructed for year 2 which consisted of the religions mentioned above which may have been easier for teenagers to complete. Despite this change religion was still seen as unimportant by 76% (n=1531).

Information received about pregnancy and contraception at school was again asked in relation to teachers, outside speakers and school nurses. The respondents still learnt a lot of their information from school compared to other sources or information such as health services, the media and family and friends. Teachers were favoured over outside speakers in last years results. However this year more said that they had learnt most from outside speakers in their school: 49.5% (n= 486) of boys and 54.7% (n= 560) of girls. In comparison 49% (n= 490) of boys and 50% (n= 513) of girls had learnt most from their teachers. Another change to note in this years results is an increase in the information learnt from certain forms of media, magazines in particular. 60% (n= 610) of girls and 38% (n= 369) of boys had learnt some or a lot of information from magazines.

Similar patterns emerged regarding the most and the least trusted sources for information on pregnancy and contraception, HIV and AIDS, other sexually transmitted infections, and relationships. Even though it was still the most favoured choice from the list of sources, less respondents said their mother would be the source they would most trust to give them information on pregnancy and contraception: 18% of boys (n=184) and 27% (n= 281) of girls. Slightly fewer than last year said teachers were the most trusted source of information on HIV and AIDS; 6% (n= 60) of boys and 5% (n= 53) of girls. The decrease generally to the results of these questions may be due to a change in the question. In year 2 to simplify the question respondents were asked to write down the one source they most trust where as in year 1 they were able to write down more than one. However despite this change in year 2 some respondents still wrote down more than one source.

The questions on involvement of students in sex and relationships education at school showed some interesting differences in year 2 in relation to girls for some of the statements given. Less girls agreed with the statement that they felt they could ask any question they wanted to (23%; n= 234), that the teacher(s) made them feel comfortable when talking about sex and related issues (43%; n= 425), that they took their sex education classes seriously (55%; n= 549), and that the teacher appeared confident talking about the topics (65%; n= 650). Most interestingly for boys, more agreed with the statement that outside speakers at school made them feel comfortable when talking about sex and related issues (51%; n= 488). A change to note with this set of questions is the responses to the statements were simplified to only 'agree', 'uncertain' and 'disagree'. In year 1 there were five responses ranging from 'strongly agree' to 'strong disagree'.

4 Teenagers' Views and Experiences of Sexual Health Services

Differences were noted between boys and girls in their views on what were important features of sexual health clinics. Although these features were generally all seen as important by most, girls tended to find some aspects more important than boys. Those to note were confidentiality, not likely to meet someone you know, not telling your parents, friendly atmosphere/staff easy to talk to, being able to go without an appointment, emergency contraception provided, instructions on how to use contraception, pregnancy testing/unplanned pregnancy counselling, support groups (i.e. young mums), tests for sexually transmitted infections, and general advice on sexual health. An interesting difference was the change in response to the importance of advice on sexuality. The number who reported this as important has decreased; only 19% (n= 346) reported this as very important this year, and 47% (n= 795) quite important.

The questions on when it is easiest for young people to use sexual health services and what services have they used to get contraception were changed following responses to those questions in year 1, and produced some interesting results. In year 2 the question on when it was easiest to use services was simplified to give them the options: 'in the morning before school', 'lunchtime', 'in the afternoon after school', and 'in the evening'. 'At the weekend' was also added as an option this year. After school (47%; n=960) and evenings (39%; n=798) were still easier times, but the option of weekends proved to be the most popular (62%; n=1279).

The second questions on the services used to get contraception were condensed into one question to ask whether they had used a 'GP', 'family planning clinic/young person's clinic', 'chemist or pharmacy' to get contraception. This year a 'shop' and 'vending machine' were added as options. The vending machine was clearly the most popular choice for boys to get contraception (37% n=369). The family planning or young person's clinic was the most popular choice for girls (20%; n=208) but other choices were also nearly as popular. There was an increase in the number who said they had not used any 'services' to get contraception; 45% (n=449) of girls and 55% (n=569) of boys.

The respondent who said they had used a family planning/young person's clinic in this survey were not quite as happy as last year with the service they received and the range of services available. 65% (n= 340) rated the services that they received from the family planning or young person's clinic as good. 57.5% (n= 298) felt that the range of services available was good. Slightly less than last year thought that confidentiality was good (67%; n= 343), rated ease of access to clinic as good (44%; n=226), and location of the clinic as good (40%; n=205). The girls who had used a clinic thought that these aspects of the service were good compared to the boys. Despite the decrease in

satisfaction the results still suggest that the majority of users were satisfied with the service.

5 Teenagers' Knowledge, Attitudes and Values Towards Sex and Relationships

Similar to year 1 teenagers were asked whether they agreed or disagreed with a number of statements identifying their values towards sex, attitudes towards contraception, their beliefs about their peers' attitudes towards sex and their knowledge of sex and related issues. This year more respondents said they were uncertain when answering some of the statements. The statements in particular are:

'You should be in love before you have sexual intercourse (31%; n= 624)'

'I intend to discuss using condoms before having sexual intercourse with my next/first partner' (33%; n=661)

'Contraceptives are easy for young people to get' (34.5%; n= 687)

'I would feel embarrassed buying condoms in shops' (22.9%; n=459).

'It is mainly the man's responsibility to carry condoms' (27%; n=533).

Due to this increased uncertainty there is a decrease in the number of respondents agreeing with the above statements. Other results of interest are that less respondents agreed that people should refuse to have sex with someone who objects to using a condom: 39% (n= 379) for boys and 55% (n= 567) for girls. Interestingly, not so many girls were worried about getting pregnant at their age (63%; n= 650). This year even less teenagers agreed (particularly boys) that they would be too embarrassed to talk to a new partner about contraception: 15% (n= 148) for boys and 13% (n= 134) for girls. In year 2 the responses to these statement questions were simplified to three options 'agree, don't know/uncertain' and 'disagree, compared to five possible options in year 1 ranging from 'strongly agree' to 'strongly disagree'. It must be noted that some statements in this section were changed to quiz style 'true' or 'false' answers in year 2 as they were seen as more factual rather than about values or attitudes. Similar patterns emerged in the responses to these questions to the previous year. These five questions were:

'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'

'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'

In all the remaining quiz style questions which asked about contraception and sexually transmitted infections, respondents appear to be just as

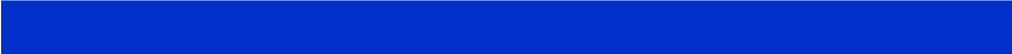
knowledgeable or slightly more knowledgeable than in year 1 (this was the trend for all teenagers whether they had had sexual intercourse or not). 92% (n=1827) of respondents knew that the pill prevents pregnancy, 38% knew that the emergency contraceptive pill must be used within 72 hours of unprotected sex. Among the girls 74% (n= 769) recognised Gonorrhoea and 94% (n= 977) recognised Chlamydia as sexually transmitted infections. 54.5% (n= 548) of boys recognised Gonorrhoea and 71% (n= 714) recognised Chlamydia. An increased majority knew that sexually transmitted infections could be contracted through vaginal sex: 97% of girls (n=1017) and 92% of boys (n=923) answered this question correctly. 63% (n= 656) of girls and 49.5% (n= 498) of boys correctly indicated that you could contract some sexually transmitted infections through oral sex.

Among the responses to the questions on teenagers' views on successful marriages and long-term relationships faithfulness and a happy sexual relationship were seen as more important compared to last year's results. Faithfulness was very important to 90% (n= 917) of girls and 79% (n= 752) of boys. 61% (n= 569) of boys rated a happy sexual relationship as very important and 33% (n= 308) considered it to be quite important. This compares to 52% (n= 522) of girls rating it very important and 43% (n = 437) quite important. There was a decrease in the importance of shared religious beliefs in relationship, with 35.5% (n = 334) of boys rating it as not very important and 33% (n= 314) not at all important. For the girls it was rated as not very important by 45% (n= 463) and not at all important by 28% (n = 285).

6 Sexually Active Teenagers: Their Experiences, Use of Services and Knowledge

In year 2 approximately 39% or 752 of the teenagers reported having sexual intercourse, which is similar to the previous year, with almost equal numbers of boys and girls reporting to have had sex. This year more of these teenagers reported that they felt they had had sex at the right time and less said they should have waited longer. 61% (n= 216) of the boys and 57% (n =218) of the girls felt they had sex at the right time for them. 39% (n= 150) of the girls felt they should have waited longer compared to 20% (n= 71) of the boys. The percentage of teenagers who gave a particular reason for why they had sex for the first time has reduced which is due to the change in the question. In year 2 teenagers were asked to give just one main reason that applied as opposed to ticking as many as they liked. However many teenagers still ticked more than one option which meant the answers had to be recoded. However being curious, being drunk, or being in love were still the most likely reasons for having sex for the first time for boys and girls.

More of the teenagers in year 2 said that they used a condom the first time they had sex; 80% (n =311) of girls and 79% (n= 286) of boys. There was also an increase in the number of teenagers who had discussed contraception with their partner before they had sex for the first time; 45% (n = 160) of



boys; and 51% (n= 198) of girls. There is an increase in the number of teenagers who said that they had had sex more than once; 85% (n = 320) of girls and 78% (n= 274) of boys. The percentage of answers for reasons for not using a condom with a new partner were more varied. Less of the teenagers suggested it was because they knew their partner well enough (14% of boys; n= 52 and 16% of girls n= 62). Interestingly fewer girls had not used a family planning/young person's clinic who reported having sex (60%; n= 217).

7 Improving Sex and Relationships Education and Services: Teenagers' Comments

Like year 1 teenagers' were asked to write comments about how sexual health service could be improved for young people. Similar themes were found with many saying services could be improved by being more widely advertised (as some were not aware of the services provided until completing the survey), services being open for longer hours, more friendly and relaxed environment, and some preferred to see younger staff. The teenagers were again asked to write down any general comments they had. Again, one common theme was that more information and sex education should be provided in school, and that sex should be more openly talked about within the school. Also some suggested that contraception and other services should be more easily accessible, confidential, with a view that contraception should be free. There was also the view that teenagers felt under pressure to have sex by their peers, but some also stated that they did not have that opinion.

8 Commentary

This short report has highlighted some of the differences in the data collected in year 2 compared to year 1 of the Survey of Teenagers' Views and Experiences of Sex and Relationships, Sexual Health Services and Family Support Services in Kent. We can conclude that the majority of results between year 1 and year 2 are very similar. This is probably unsurprising due to the second set of data being collected a year after the first from a similar sample across Kent. However it appears that respondents in year 2 to a small degree are more knowledgeable about the important issues of contraception and sexually transmitted infections, which appears to have been taken on board with more teenagers having used a condom the first time they had sex. Therefore perhaps it is surprising that fewer sexually active girls have used family planning/young person's clinics, although we have also shown this year that teenagers get contraception in a variety of ways other than services specifically available for young people. In addition to highlighting differences in results this report has also outlined the changes to some of the survey questions in year 2. These changes should be considered when assessing size or importance of differences in responses to these questions, as they may account for some of the differences in findings when compared with year 1.

