

## Our engagement with young people around sexual health: Summary of findings

*The full report, and a parallel report on mental health, will be launched at public “Young Voices Count!” [event](#) on 2<sup>nd</sup> November 2016, 4pm - 6.30pm, Cambridge House.*

*See also our public forum [report](#), “Parents and Families Event!” where we spoke with adults about their knowledge and experience of supporting young people around wellbeing, mental health and sexual health.*

### Background

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Over the summer of 2016, Healthwatch Southwark has engaged with young people aged 13-25 to find out about their experiences of sex education and information, access to services, and where they prefer to go for support. We conducted six focus groups reaching 38 young people who were members of local youth organisations, ran an online survey with 13 responses, and were kindly enabled by Walworth Academy to distribute a paper survey to their pupils aged 13-15 (mostly 14), to which we received 47 responses (note that not everyone answered every question, as reflected in counts below, and that there was also a ‘don’t know’ or ‘half and half’ option). Responses from the groups and online survey have been counted separately to the Walworth Academy responses, in recognition of the fact that many respondents attending the same school might well skew results.

Including Walworth Academy, we received responses from pupils from 5 Southwark schools/colleges, plus 15 other South East London schools and 6 north of the river, as well as responses from young people who had been educated abroad. At least 50% of respondents were Southwark residents. 57% were female and 35% male (others were non-binary or did not specify). We reached a wide range of ethnic and religious groups, particularly many Black and Latin American young people, and 31% were born abroad, including 4 refugees/asylum seekers. 11 respondents out of 98 had been ‘looked after’ (in care), and we also spoke to a number of young carers. 5 respondents were transgender or did not know. However, only 3 of our 98 respondents said they had a disability and only 1 said they were gay/lesbian (7 were bisexual), highlighting some gaps in our engagement to be addressed in the future.

### Key findings

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**49/57 workshop/online participants and 22/43 Walworth Academy respondents agreed that they knew how to protect themselves from STIs or unwanted pregnancy.**

Interestingly, the 2 group participants who actively disagreed were both Trans and educated abroad, though 7 at Walworth also disagreed. Most of the groups were able to list a variety of contraceptive methods between them, and nearly all survey respondents listed condoms. However, some young people felt that they did not have detailed knowledge of a range of

methods. Some felt that there was a '*difference between knowing and doing*', and some appeared to emphasise careful choice of who they slept with.

**38/47 workshop/online participants and 24/46 Walworth Academy respondents agreed that social media and new technology influence how young people behave sexually.**

Some felt that younger or more vulnerable teens are the most likely to be influenced. Many noted how easy it is to find sexual content on social media. Most of the described impacts were negative, for example people having a false idea from pornography about what sex ought to be like, or seeing things but not knowing how to do them safely. There were mentions of dangerous aspects such as revenge porn, live streaming, and ease of connection with older young people. Many noted the false and overtly sexualised images presented online, especially by celebrities, and how people might feel they needed to emulate this.

Other influences on sexual behaviour discussed were cultural norms (with many feeling sex was largely accepted, even expected), drugs and alcohol, peer groups, media and celebrities. In the light of all these influences, we discussed at what age young people should be educated about sex and met with a range of responses from age 7 to age 14. Some felt early sex education was important due to some people becoming sexually active young, whereas others had been uncomfortable when taught too much too young. People in all groups felt that sex education should be taught progressively and some wanted refreshers as they got older. Many people felt that the emotional elements of healthy relationships should be taught much earlier - even before the physical elements of sex.

**38/58 workshop/online participants and 24/45 Walworth Academy respondents agreed that it is easy for young people to get information about sexual health. 3 and 10, respectively, actively disagreed.**

Some felt that they had not even had basic information, '*All I want to know is how to be safe, I don't think I have been taught.*' Several felt that information was available only to those who actively sought it. However, there were mixed opinions on all the sources of information we discussed, including schools, leaflets, family and friends, the internet, and sexual health services. Many people were aware that much on the internet is inaccurate, but several trusted the NHS website.

**27/54 workshop/online participants and 26/47 Walworth Academy respondents agreed that their school/college provide(d) good information and education about sexual health, with 22 and 12 respectively disagreeing.**

Some schools focused on puberty or pregnancy prevention and gave little else. Others went into more detail and provided information in a variety of ways. Participants in at least three groups attributed their schools' reluctance to provide good sex education to religion or culture. Other elements affecting the quality of sex education included teachers' discomfort, having a teacher of the opposite sex, and limited and repetitive information. One group had had very poor experiences and were therefore adamant that sex education should be provided by parents, not schools - though some later conceded that certain models could be effective.

People from four different schools said they had had some information on healthy relationships, although this was often limited or too late. Many people wanted more education about abuse, rape, consent, gender roles/responsibilities, and healthy relationships in general.

Many young people in Southwark start and even finish their education abroad, where again the quality of sex education is variable. Some come from countries where sex, and particularly non-heteronormative sex, is taboo, and where cultural/religious influences play a very important role.

**34/54 workshop/online participants and 23/46 Walworth Academy respondents would feel comfortable talking to friends if they needed support around their sexual health, with 11 and 16 respectively disagreeing.**

Some felt that sex ought to be private or were concerned that their friends would *'joke about'* or be judgemental, or not have helpful information. Others were very open with their friends about sex, and saw this as part of modern culture.

**18/55 workshop/online participants and 20/45 Walworth Academy respondents would feel comfortable talking to parents/carers if they needed support around sexual health, but 22 and 17 respectively disagreed.**

Reasons for not talking to parents included feeling uncomfortable, parents feeling uncomfortable, and parents being opposed to young people being sexually active - again often because of strict cultural backgrounds (which sometimes also led to contradictory expectations for girls versus boys). While some parents were seen as prying too much, other young people appreciated their concern. Some were close to their families and did feel able to talk to their parents and get support from them.

**34/54 workshop/online participants and 24/46 Walworth Academy respondents would feel comfortable talking to health professionals if they needed support around sexual health - though it should be noted that in one workshop of 5 people, everyone said the service would have to be anonymous. 6 and 16 respectively disagreed.**

While some felt embarrassed, many recognised that professionals *'are more experienced'*, *'have the knowledge'*, and *'know what advice to give.'*

Some groups discussed their personal interactions with different professionals. One person had had poor experiences at the sexual health clinic, feeling judged even when they had gone for a check-up to be responsible. Others however had found professionals mostly respectful. Generally young people were positive about using the service in sexual health clinics. Reasons for this included not having to wait for an appointment, and anonymity - though others felt awkward because people would know why they were at the clinic, and some mentioned queues. Brook Sexual Health Clinic was praised due to its discrete entrance whereas Walworth Road Clinic was seen as less discrete in its location. A couple of people mentioned confidentiality concerns if talking to the GP or a school nurse.

15/42 workshop/online participants would feel embarrassed if someone knew they had sought support around their sexual health, and 16 not. Among Walworth Academy respondents 20/38 would feel embarrassed but 6 disagreed.

While some felt their sexual health was private and did not want others to know they had sought help, even if they would not actually be embarrassed, others were adamant that seeking help for sexual health was a sign of responsibility and set a good example to others. Some young people who were Trans felt a strong sense of shame partly due to their cultural backgrounds, and struggled to talk to anyone.

### Early indications of recommendations

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We have not yet finalised our recommendations arising from this engagement work. However, we asked the young people themselves what could be improved in terms of education in schools, health professionals' support to young people, preventing people from being embarrassed to seek help, and sexual health services in general. Key themes were:

- Colleges and schools should bring in external sex educators who can deliver sex education in a detailed, relevant and much more engaging way - a discussion rather than a lesson. However, better training for teachers is also needed.
- More education on healthy relationships is needed.
- Beliefs and culture should not be allowed to influence the sex education given. However, schools should work in partnership with parents, take backgrounds into account and be sensitive.
- Sex education should be progressive as students get older, and repeated.
- Students should be given the perspective of an educator of their own sex.
- Schools should normalise asexual/homosexual relationships.
- Sexual health services should publicise themselves better, including in the community and schools and on social media, and encourage people to get tested.
- One person suggested '*shock tactics*' about STIs, such as bus adverts. Adverts could also be used to reduce stigma around sexual health.
- Many people wanted an anonymous sexual health service.
- Reducing queues at clinics was mentioned.
- Some preferred younger staff and some older.
- Empathy and a non-judgmental attitude towards young people were seen as key - staff should recognise that the people attending services are the people who are trying to be responsible.