

Executive Summary

Recommendations (continued)

1. Do children and young people have access to Relationships and Sexuality Education (RSE)?

The future delivery of RSE in schools will have to reflect the changing environment of Personal Development as part of the revised school curriculum for Northern Ireland. It will take time for the impact of these changes to become evident, however, this survey is timely as it can support and assist schools in the implementation of these changes.

Evidence from the survey supports the following recommendations;

- Multi-disciplinary training and protocol development is required for professionals on young people's rights, including the right (or not) to confidentiality.
- RSE needs to be inclusive of LGBT groups and young people with disabilities.
- RSE should be timely, age appropriate and not based solely on a medical model. A core element should be emotional feelings and the ability to develop and maintain safe and satisfying relationships.
- RSE should include confidence building activities as a priority, particularly for young men who often require assistance to ask for help and support on sexual health issues.

2. How do young people view the sexual health services in North and West Belfast?

The survey indicates that young people in North and West Belfast value the sexual health services currently available to them from the statutory and voluntary sectors in their area. They particularly highlighted the high standard of information provided and the effective communication between them and staff members. However they also suggested how current services could be improved.

- Improvements should be made with regard to waiting times, location and opening times of services to reflect the needs of young people.
- Emergency Contraception (EC) should be available in all pharmacies in North and West Belfast.
- Sexual health service providers should be more proactive in addressing the needs of young men.

3. Is there a social climate that is supportive of young people's sexual health?

It is also important to consider the wider context in which the survey was carried out. In doing so, evidence from the survey supports the following recommendations;

- Information and training should be provided for young people on their rights including the right (or not) to confidentiality. This will enable them to make informed choices about which services they want to use.
- An open, inclusive public debate on the areas of RSE and sexual health services should be initiated with partners, stakeholders and in particular, community groups, faith groups, parents and schools.
- Professional education and training should include an exploration of attitudes and values, together with factual knowledge related to the sexual health of young people.

4. The way forward?

As well as the above, evidence from the survey also confirms the need for the following recommendations;

- Further research should be conducted to include a more representative sample of young people in North & West Belfast.

- Appropriate resources should be allocated in North and West Belfast to allow the best possible services to be provided to all young people with particular attention to LGBT groups, young males and young people with disabilities.

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A copy of the full report "How is it for you?", A Survey into the Sexual Health Services Needs of Young People in North & West Belfast is available to download at www.haz-nwbelfast.org.uk For further information on this or any other HAZ initiatives contact HAZ, 16 College Street, Belfast, BT1 6BT. Tel 028 9023 7026 or email hazadmin@nwb.n-i.nhs.uk

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HOW IS IT FOR YOU?

A SURVEY INTO THE SEXUAL HEALTH SERVICES NEEDS OF YOUNG PEOPLE IN NORTH & WEST BELFAST

EXECUTIVE SUMMARY

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Health Action Zone (HAZ)

HAZ was set up in 1999 in recognition of the persistent inequalities in health in North and West Belfast and the difficult issues faced by local communities. HAZ works in partnership with the community, voluntary and statutory sectors taking a broad social, economic, physical and cultural view of health and well-being, one which focuses on the importance of the determinants of health.

HAZ Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast

The aim of the Strategy is to promote the sexual health and well-being of young people in North and West Belfast. The key purpose is to enable young people to develop the knowledge and skills to make informed decisions and choices about personal relationships and sexual health. Central to this work is the need to develop a co-ordinated and integrated approach to promoting the sexual health and well-being of young people.

The six key objectives are to:

- Ensure that children and all young people have access to high quality Relationships and Sexuality Education (RSE) appropriate to their age and needs;
- Increase the availability and accessibility of sexual health services which meet the needs of young people;
- Ensure that young people have access to accurate information through existing and innovative methods of information dissemination;
- Promote a social climate which is supportive of young people and their sexual health needs;
- Encourage research on sexual health services and education initiatives aimed at young people; and
- Encourage evaluation and promote good practice in the field.

Survey of the Sexual Health Services Needs of Young People in North and West Belfast

The aim of this Survey, carried out in 2006, was to identify gaps in the sexual health services provision for young people in North and West Belfast. The survey also set out to contribute to an understanding of what young people want from sexual health services and how their needs could be met. Views were also sought from a small group of health professionals who work in North and West Belfast.

Due to the lack of recent literature available on the sexual health needs and experiences of young people living in North and West Belfast, a number of research projects in Northern Ireland and the rest of the UK were important for setting this survey into context. These include;

- The Northern Ireland Health and Well-being Survey (NISRA, 2002)
- The Young Life and Times Survey (ARK, 2004)
- Towards Better Sexual Health: a Survey of Sexual Attitudes and Lifestyles of Young People in Northern Ireland (Schubotz, Simpson & Rolston, 2002)
- Young Persons Behaviour and Attitude Surveys (NISRA, 2004a and 2004b)



Methodology

Two means of data collection were used in this piece of work.

1. Young people were approached to complete a survey questionnaire. Respondents were recruited through organisations that had regular access to young people through their provision of sexual health education and services in North and West Belfast. It was anticipated that both service users and non-service users would take part in the survey, however due to the nature of the sampling, the respondents were predominantly service users. Overall, 279 young people completed the questionnaire, 92% of these lived in North and West Belfast. Most respondents (86%) were aged 15-17 years. More males (57%) than females (43%) responded. Nine percent of respondents identified as gay, lesbian or bisexual.
2. Two focus groups were conducted, one with health professionals and one with young people. The aim of the focus groups was to collect more in-depth information that would complement the responses from the survey questionnaires. The questions asked in both focus groups were of a similar nature in order to establish comparisons between the two groups.

Six representatives of statutory and voluntary organisations took part in the group discussion with health professionals. Issues such as the main sources of information on sexual health services available to young people and perceived barriers to sexual health services were predominantly discussed.

Summary of findings

Sexual Health Information

The vast majority of respondents (87%) said they had received information on relationships and sexual health. Females (92%) were more likely than males (83%) to say that they had received such information. Respondents who identified as gay, lesbian or bisexual were significantly less likely to say that they received sexual health information (70%). The three topics covered most appropriately were found to be related to physical aspects of sexuality, whereas three worst covered areas related to emotional aspects of sexuality.

Males were almost four times as likely as females to disagree that it is easy to 'say no to having sex'. One in five gay, lesbian and bisexual respondents found it difficult to ask for what they wanted in relationships.

Sexual experiences

Nearly three quarters (73%) of respondents said they had had sex. The average age at first sex for these respondents was 14.5 years. Over half of all respondents had experienced not only heavy petting, but also sexual intercourse by age 15. At age 18, over nine in ten (96%) respondents said they had experienced sexual intercourse.

About two thirds of respondents (66%) said they had used contraception when they first had sex. Contraceptive use was significantly lower among respondents who said they were not heterosexual. Younger respondents were more likely than older respondents to say that they had used contraception at first sex; however they were least likely to use contraception with their current partner. The most commonly used method of contraception was condoms (95%), 27.1% used the contraceptive pill.

Forty percent of respondents said they had used Emergency Contraception (EC); 60% of these had used it once, 30% had used it more than once but less than five times, and 11%

had used it more than five times. Over three quarters of respondents (79%) got their EC from Brook, 8% got it from a chemist, 6% from GP and 5% from a family planning clinic.

Sexual Health Services

Over half of respondents (58%) said there was adequate sexual health information in their area. Respondents who said they had a disability were slightly less likely to think that sexual health services were adequate. Brook was identified by respondents as the main source of contraception as well as the main source of information on sexual infections. Friends, a chemist or respondents' partners were the next most often mentioned sources of contraception. The survey concluded that young women take more responsibility for accessing contraception and are more likely to look after their sexual health than males.

Young people who identified as gay, lesbian or bisexual were ten times more likely than heterosexual respondents to have used sexual health services and seven times more likely to use a sexual health helpline.

Recommendations

It is hoped that the following recommendations, which are drawn from the key findings, will inform current and future policy development. Some of the issues raised are not new; rather they reinforce similar recommendations made in the DHSSPS,NI Regional Teenage Pregnancy and Parenthood Strategy and the soon to be published Regional Sexual Health Promotion Strategy.

As emphasised in the strategies mentioned above and the HAZ Strategy to Promote the Sexual Health and Wellbeing of Young People in North and West Belfast, this survey concurs that a coordinated approach to the delivery of sexual health information, education and services is key to ensuring that young people receive education and services which meet their needs. The following recommendations are based on this premise.