

Youth sexuality national international

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[Youth Sexuality in Germany 2010 – Focus on Migration]
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This latest edition of FORUM describes current international research results relating to youth sexuality from Germany, Switzerland, France and the United Kingdom.

At the beginning of September, the German Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung – BZgA) published new data on youth sexuality in Germany in 2010. The results reported in the first article in this issue focus on migration: statements made by young people from a migration background on their attitudes and behaviour related to sexuality education, sexuality and contraception were evaluated separately and can thus be compared with the data from the main cohort – with interesting results.

The second article deals with condom use in 16–20-year-old young people in Germany, as revealed by the study “Public Awareness of AIDS”. The results of the study indicate that condoms are very widely accepted and are used both for protection against unwanted pregnancy and also for the prevention of sexually transmitted infections (STI). International experts consider whether, in view of high infection rates among young people in some parts of Europe, more emphasis should be placed on the use of condoms in STI prevention.

How can prevention messages reach young people from a migration background more effectively? This is a question of constant concern to BZgA – since around one third of all young people in Germany come into this group – and has now been addressed in a representative study. A new feature of this diagnostic study is evaluation using a milieu model, which allows responses from young people from a migration background to be differentiated and thus produces valuable results for research and practice.

An online survey in Switzerland provides information about sexual and contraceptive behaviour and knowledge about sex among young people aged between 10 and 20 years. In this survey, as in the BZgA studies, contraceptive behaviour has improved dramatically over recent decades, although sexually active boys, who show positive trends in the current study in Germany, stated in large numbers in the Swiss study that they did not use contraception the first time they had sex.

The contribution from France addresses the acceptability of condoms versus the Pill. Here, as in Germany, condoms are now consciously used for the prevention of sexually transmitted infections; in both countries, they are used particularly often in the early stages of a sexual relationship, particularly the first time the couple have sex, but are then replaced by the Pill and other methods of contraception as the relationship continues. The authors explicitly include factors such as sex and social status in their analysis.

A particularly large body of research data is currently available from the United Kingdom. The first article deals with the sources of information used by English teenagers to obtain information about sexual issues and the influence of their own sexual experience on that process.

A second article discusses how important it is to emphasize the positive aspects of sexuality in sexuality education and call things by their proper names, and the resistance this position has provoked in the United Kingdom.

The final UK article describes the use of reversible long-acting contraceptives for the prevention of unwanted pregnancies in British teenagers.

In this issue, we also report briefly in the section “Projects” on current projects, such as SAFE II, dealing with sexual and reproductive health of young people in Europe, and on a project by the Hamburg Institute for Sex Research and Forensic Psychiatry on the sexual and social relationships of 17- and 18-year-olds in Germany.

The next issue of FORUM will be an in-depth study of sexual abuse.

The Editors

Youth sexuality in Germany 2010 – Focus on migration

Results of a representative survey by the Federal Centre for Health Education

Angelika Heßling

For almost 30 years, the Federal Centre for Health Education [Bundeszentrale für gesundheitliche Aufklärung – BZgA] has analysed the attitudes and behaviour of 14–17-year-old young people in relation to sexuality education, sexuality and contraception. The current study is the seventh repeat survey.¹

The survey covered 2810 young people of German nationality, aged between 14 and 17, and their parents. In addition, 732 boys and girls of other nationalities were also surveyed. The responses of the latter were evaluated together with the results from the young people from the main cohort who had German nationality but came from a migration background (sample: “Young people from a migration background”).

Parents today: reliable partners for German young people

There have been enormous changes in the situation of young people of German nationality in a long-term comparison: in 1980, only 28% of boys were able to find someone in the parental home to approach with their questions about sex, whereas today the figure, at 62%, is almost as high as it is for girls (67%). The current proportion of parents who explain to their children about sex themselves is the highest ever recorded in the survey series: 77% of parents of girls and 66% of parents of boys personally took on the sexuality education of their children, generally (in approximately 90% of cases) in a gradual manner, in line with the child’s stage of development, rather than in a single talk on one occasion, as was not uncommon in the past, particularly with boys.

Parental home less proactive in migrant families

Mothers are still the ones most frequently involved in sexuality education, even for boys. Young people from a migration background, particularly boys, receive far less support in the parental home in respect of sexuality education than boys of German nationality. That fact is already shown by the question whether parents had played an important part in sexuality education, but parents are also considered as trustworthy interlocutors for sexual issues less often in migrant families: around half of girls (48%) and only one third of

boys (33%) talk to their parents. In comparison, around two thirds of German young people consider at least one of their parents to be a trustworthy interlocutor. Alongside best friends, parents are an important source of support, particularly for younger age groups. A total of 17% of girls and 22% of boys from a migration background have no-one with whom they could talk in confidence about sexual issues (German girls: 8%, German boys: 18%).

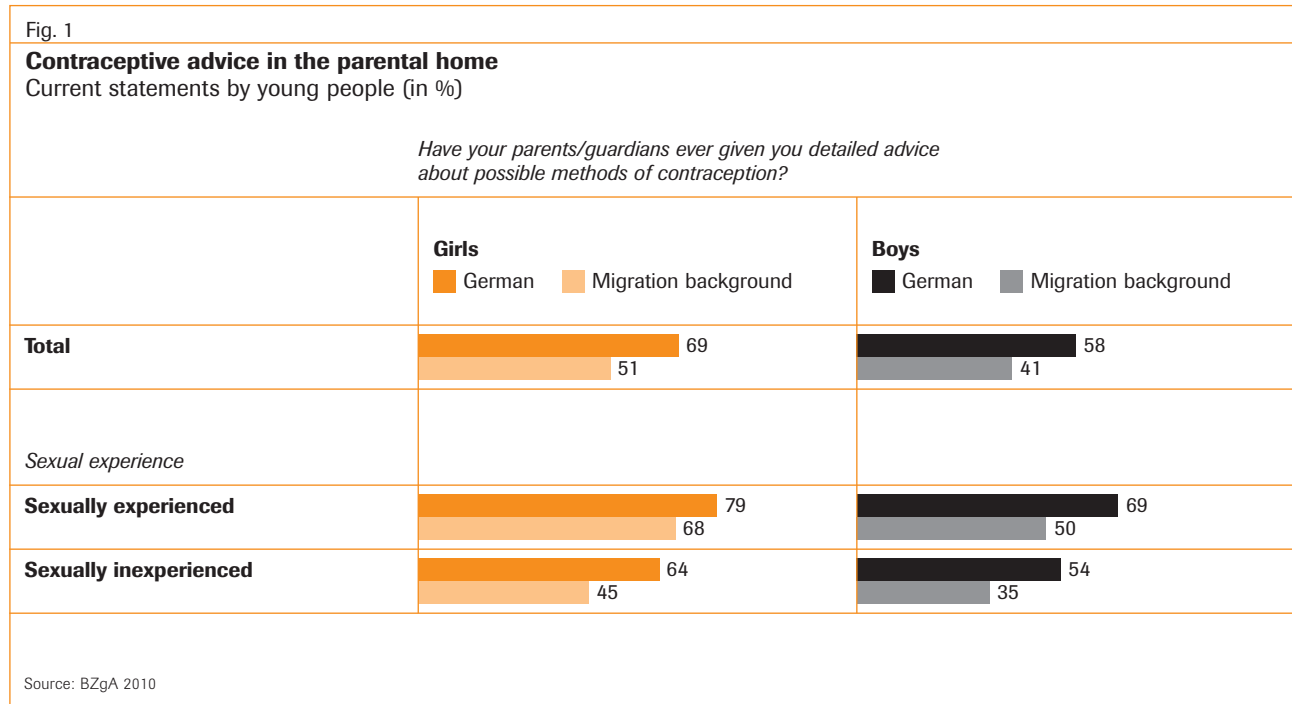
Self-evaluation by young people: generally well-informed, but gaps in detail

The majority of 14–17-year-olds today consider themselves sufficiently well informed overall about sexual matters. The figure for girls and boys of German nationality is over 80%, but it is lower for boys (72%) and girls (only 67%) from a migration background. Nevertheless, there are various topics about which young people lack information, even today. For example, one quarter of young people of German nationality and over 30% of young people from a migration background would like to learn more about contraception. The need is even greater for information about sexually transmitted infections and sexual practices and – for girls – pregnancy/birth and abortion. For girls of German nationality, the topic of sexual violence is also high up the list. For young people from migrant families, the topic of love and affection is strikingly important. Girls from a migration background, who are in general more insecure than other young people, would like to know more about many of the topics.

Contraceptive advice often given in German families

A total of 69% of girls and 58% of boys of German nationality have received advice from their parents about contraception. The figures for young people from a migration background are well below these: 51% for girls and only 41% for boys. The figures are even lower for Turkish girls (31%) and Turkish boys (36%), similar to those for Muslim young people (likewise around one third for both girls and boys). Moreover, among girls and boys of foreign origin, around one fifth were not satisfied with the advice they had received

¹ Study commissioned by BZgA and conducted in collaboration with TNS Emnid.



(the percentage of dissatisfaction among young people of German origin is in single figures). Young people with sexual experience received more advice.

Contraception: girls increasingly advised to use condoms

Whether or not they come from a migration background, boys are advised by their parents to use condoms for contraception, while girls are advised to use the Pill. However, one thing is striking: it is no longer the rule that girls are advised only to take the Pill. In one in five cases, girls are advised to use a condom as well as the Pill. And one parent in three – whether or not they come from a migration background – considers the best solution for their daughter to be condoms alone.

Increasingly important: the school as mediator

Sexuality education in schools is now almost universally available, whatever the sex and migration status of the young people concerned. At least three quarters of young people state that their knowledge of sexuality, reproduction, contraception etc. comes from school – no other source of sexuality education is cited more frequently. Approximately four out of five young people say that the topic of contraception has been covered. Teachers are the most important figures in sexuality education for boys. Among boys of German nationality, teachers are cited as often as the boy’s mother, and for boys from a migration background the school is actually the most important place for sexuality education.

In respect of topics in which the young people themselves identify gaps in their knowledge, teachers are the most important professionals acting as sources of knowledge for boys, of all backgrounds.

Consulting a gynaecologist: more common even among 14-year-olds

For girls, the school is not so important as for boys, because they have an additional source of information which is not available to the latter: doctors, generally gynaecologists. For approximately three out of 10 girls, from both a migration and a non-migration background, doctors are the preferred

source of knowledge for outstanding questions. Their importance to girls has increased further over the last four years.

Around one half of 14–17-year-old girls have already consulted a gynaecologist. Between 2005 and 2009, the figure increased markedly among 14-year-olds: from 28% to 34% for German girls, and from 22% to 28% for girls from a migration background. For girls with sexual experience from both a migration and a non-migration background, around nine out of 10 had consulted a gynaecologist. For girls who were not yet sexually active, the main reason for their first visit to a gynaecologist was questions about menstruation. Among girls with sexual experience, the main motivation was definitely contraception. When specifically asked whether they had ever sought advice about contraception from a gynaecologist, 82% of German girls with sexual experience and 76% of sexually active girls from a migration background answered in the affirmative.

Counselling centres – a small but important element of counselling services

Between 11% and 14% of all boys and girls had already visited an counselling centre to obtain information about contraception, although this is not a particularly high figure, and for around half of the young people the visit had been arranged through the school. There is some evidence that counselling centres are an important port of call for certain young people who are not necessarily well supplied with information from other sources. For example, three out of 10 boys from migrant families who had ever visited an counselling centre to obtain contraceptive advice stated that they had done so shortly before the first time they had sex and had wanted to get some information first – that figure is twice as high as for girls or German boys. Taking the group of boys of German nationality, the percentage who had visited counselling centres was particularly high among those who had had their first sexual experiences at an early age (sexual intercourse at age 14 or below). Of the German girls who had never consulted a gynaecologist, one in 10 had visited an counselling centre.

Fig. 2

Experience of sexual intercourse
Four-year trend, girls (in %)

There are various ways for men and women to show affection for one another. Mark with a cross the ones you have done or experienced (here: sexual intercourse).

Percentage	German	Migration background
Total	2009 37 2005 39	26 26
under 14	2009 7 2005 12	9 11
under 15	2009 21 2005 23	15 13
under 16	2009 50 2005 47	27 27
under 17	2009 66 2005 73	53 55

Source: BZgA 2010

Fig. 3

Experience of sexual intercourse
Four-year trend, boys (in %)

There are various ways for men and women to show affection for one another. Mark with a cross the ones you have done or experienced (here: sexual intercourse).

Percentage	German	Migration background
Total	2009 31 2005 33	37 44
under 14	2009 4 2005 10	10 29
under 15	2009 17 2005 20	25 12
under 16	2009 34 2005 35	38 52
under 17	2009 65 2005 66	72 79

Source: BZgA 2010

Media preferences: Internet at the forefront

Young people’s media preferences are increasingly being changed by the Internet. Almost all young people, both boys and girls, now have access to the Internet – including those from migrant families. In comparison with 2005 alone, the degree of interest in the Internet as a source of information increased by 10% among German girls and boys and even more markedly among young people from a migration background (girls: increased by 14%, boys: increased by 20%), with other media becoming correspondingly less important. Boys now mainly use the Internet – none of the other media options was cited more frequently as their preferred medium for information to fill gaps in their knowledge. For girls, that is not (yet?) the case: no single source of information emerges, although print media still predominate.

Body awareness varies by sex

The young person’s attitude to his/her own physicality varies markedly according to sex. For boys, the fitness aspect is the most important of all. In contrast, girls place more emphasis on a stylish appearance. Girls feel under much more pressure to match ideals of slimness than boys: one quarter of girls consider themselves to be “too fat” – but very few consider themselves “too thin”. In boys, the percentage who consider themselves overweight is significantly smaller (10% at most). In general, boys are more comfortable with their bodies: around seven out of 10 boys – a large majority – agree “entirely or mostly” with the statement “I feel good in my body”; for girls, the figure is less than half. Drastic action, such as surgery to improve their appearance, is still considered by only a minority of young people.

Initial contacts with the other sex develop between 14 and 17 years

The period covered by the survey, 14–17 years, is the time when sexual contacts with the other sex develop. By age 17, 90% of young people have experience of kissing and/or petting – it is only girls from migrant families who hold back more (in all age groups).

Beginning sexual activity – (German) girls and boys show similar behaviour

With the exception of the 16-year-old age group – where girls are still ahead – both girls and boys of German nationality indicate roughly the same level of experience of sexual intercourse at the same age. This trend towards convergence has been observed in all previous surveys, but the numbers are now (almost) equal. The number of young people with sexual experience is currently tending to decrease in both girls and boys compared with 2005: from 12% to 7% among 14-year-old girls and from 10% to 4% among 14-year-old boys; there is also a decrease of 7% among 17-year-old girls.

Different behaviour patterns in sexual contacts in girls and boys from a migration background

Boys from migrant families become sexually active earlier, and have therefore had more sexual experiences, than their German counterparts, while girls from a migration background are overall much more reserved than girls of German nationality. The greatest differences can be observed among 16-year-old girls (percentage of German girls with sexual experience 50%, percentage of girls from a migration background with sexual experience 27%), but even at age 17 just one half of girls from a migration background are sexually active, whereas the figure for other groups is two thirds or more. It is primarily Muslim young women, alongside girls of Turkish nationality, who engage in sexual activity in their teenage years in very small numbers and, if they do, in the late teenage years.

Different reasons for abstaining from sex

Yes to first kisses and physical contact, but no sex yet: a major reason for this among all young people is the lack of the right partner. After that, the reasons vary by sex and origin. Girls from a migration background often justify their reluctance by saying they are too young – the most common reason cited, at 48%. A total of 34% also said that they did not consider it right to have intimate contact with the other sex before marriage; as many as 59% of Muslim girls gave this as one of their responses. This attitude is rarely shared by girls of German origin (7%), or by boys. The fear that their parents might find out was likewise an argument for refraining from sex which was employed mostly by girls from a migration background (26%, as against 7–13% in other groups). A reason more relevant for boys than to girls was their own shyness and a fear of behaving clumsily. Boys from a migration background are also faced particularly often with the problem that their partner says no (23%).

Sexual assaults on girls are not unknown

A total of 13% of girls of German origin and 19% of girls from a migration background has been in the situation of having to fend off unwanted sexual attentions. The group most affected is sexually active girls (German: 22%, migration background: 30%), but girls with no experience of sexual intercourse are not always spared either (9/15%). In

one half of cases (49%), girls of German nationality succeeded in rejecting the sexual assault. Girls from a migration background put up more resistance to pressure from the boy (58%). However, among sexually experienced German girls, in one case in four (24%) sexual intercourse did occur. It is alarming to note that, of the small group of German girls who did not know, or barely knew, their first sexual partner, 43% reported that they had already been the victim of sexual violence in the past. Boys report sexual assault only in very small numbers (3% at most).

Contraception at a time of first sexual intercourse: positive trends recorded

The two most gratifying trends among young people of German nationality are the following: firstly, contraceptive behaviour among boys, which has always been worse up to now (with the exception of 1996), has improved to match that of girls. Secondly, the current figure for young people of both sexes who do not use contraception is the lowest ever, at 8%, and far lower than the earliest figure: in 1980, the figures – 20% for girls and 29% for boys – was several times higher than today. This may be partly due to the fact that more and more boys are having sex for the first time with a regular partner. With the exception of 1998, when the figure temporarily went back down to 40%, the figure has increased steadily from 41% in 1980 to 58% today.

Among young people from a migration background, too, contraceptive behaviour has improved – in this case compared with 2005. Among girls, the percentage of those who did not use contraception at all fell from 19% to 12%, and among boys the percentage fell much more markedly, from 34% in 2005 to 18% today. Nevertheless, contraceptive behaviour among young people from a migration background, particularly boys, is still very different from that of young people of German nationality. One reason in the case of boys is definitely that only a minority of boys from a migration background (40%) have sex for the first time with a regular partner; it is not infrequent for the first sexual partner to be a mere acquaintance or a complete stranger.

Condoms – the undisputed first contraceptive

In the 2009 survey, as before, condoms are by far the most popular method of contraception among both boys and girls: three out of four used a condom the first time they had sex. Only in the case of boys from a migration background was the percentage relatively low, at 59%, because of the large proportion who used no contraception at all. The increasingly popular combination of Pill plus condom is confirmed and continued in this survey. In the case of girls, particularly, this combination is becoming more and more frequent, indicating that, besides the desire for contraception, more thought is being given to AIDS prevention.

With experience, condoms make way for the Pill

The second time a young person has sex, the condom is still the most frequently used method of contraception, although the Pill is also used more frequently, more markedly among girls than among boys. As the young people gain experience, their contraceptive behaviour changes again. Condoms are used less frequently, and the Pill more frequently. This trend applies to young people of both sexes, but on closer examination more marked sex-specific differences are seen than in the first use of contraception. Among girls, the preference switches very strongly from condoms to the Pill,

Fig. 4

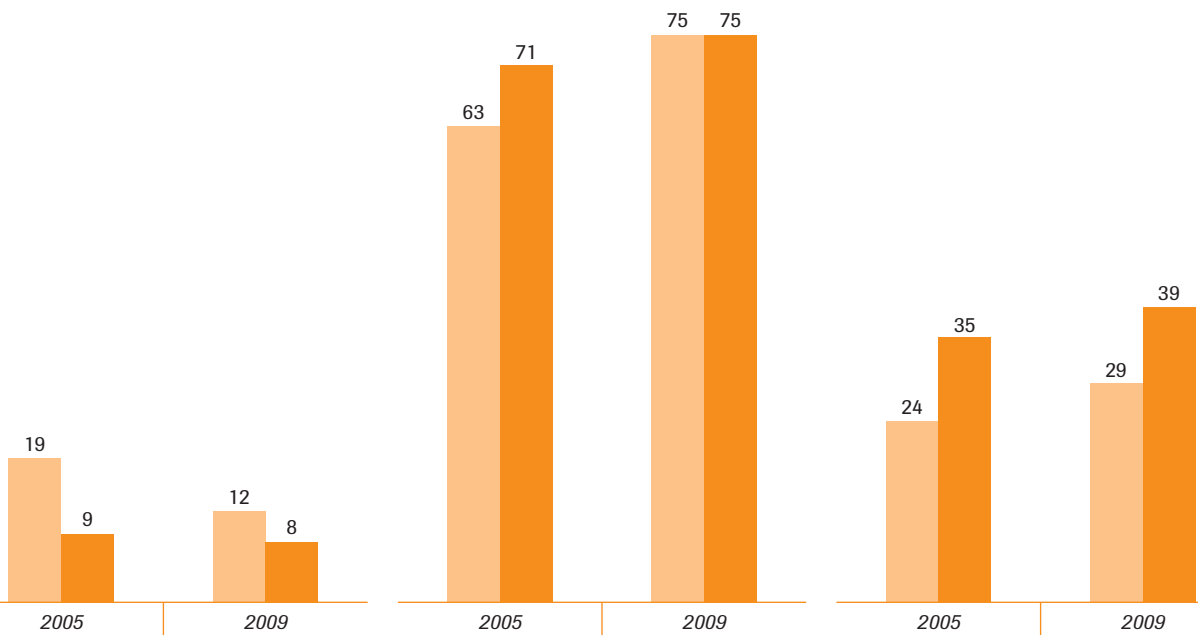
Contraceptive behaviour at first intercourse
Four-year trend, girls (in %, multiple answers allowed)

What did you and/or your partner do to avoid pregnancy the first time you had sex?

No contraception

Condom

Pill



German Migration background

Source: BZgA 2010, basis: girls with sexual experience

Fig. 5

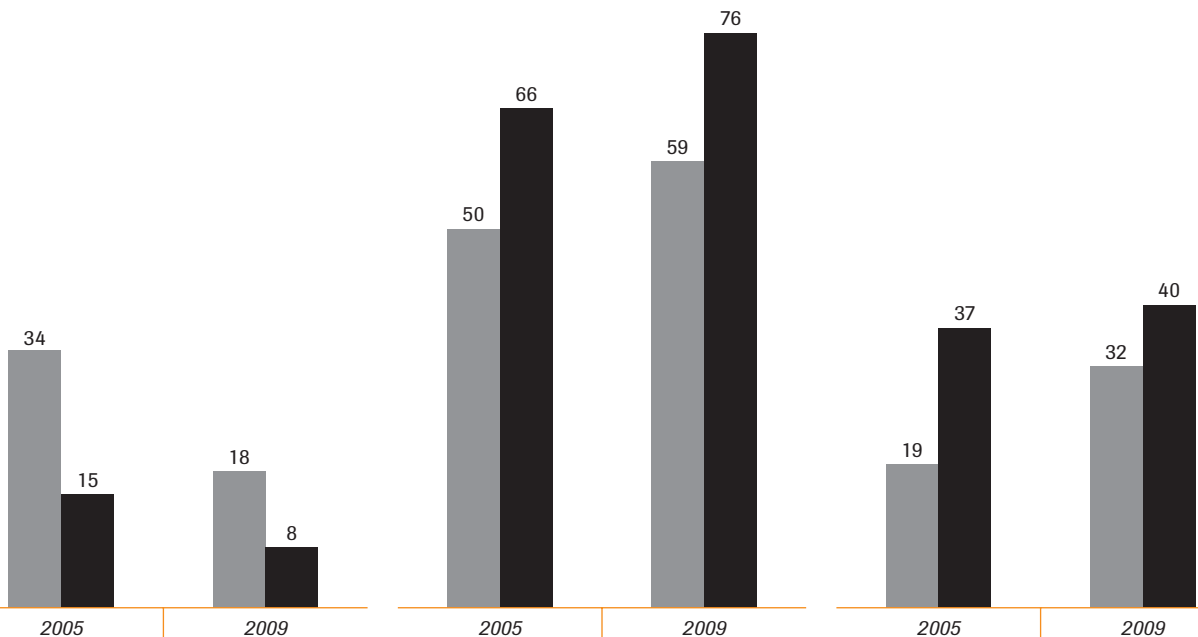
Contraceptive behaviour at first intercourse
Four-year trend, boys (in %, multiple answers allowed)

What did you and/or your partner do to avoid pregnancy the first time you had sex?

No contraception

Condom

Pill



German Migration background

Source: BZgA 2010, basis: boys with sexual experience

but in boys' last experience of sexual intercourse before the survey, condoms had still been used more frequently than the Pill.

Using no contraception at all after the first time is the exception

The percentage of girls and boys who do not use contraception at all even the second time they have sex is markedly lower than for the first time. The figure for German young people is only 3%, and for girls for a migration background it is 4%. One per cent fewer in each group say that they did not use contraception the last time they had sex. Boys from a migration background give the same responses as the others only by this third question; the figure for the second time they have sex stands at 7%, higher than the other groups, although it is lower by almost two thirds than their initial figure of 18%.

Main contraceptive method condom plus Pill: generally well accepted

Almost all sexually active young people have already had experience of condoms (around 90% or more). Consequently, the vast majority are not unfamiliar with problems with the use of condoms. The most common problem emerges as difficulty in rolling the condom down over the penis (German young people: 28%, migration background: 34%). One young person in five (22%/18%) had already had a condom burst or tear. Experience of the Pill as a contraceptive method was not so widespread as experience of condoms, but it still applied to a substantial majority. The obvious main problem with the Pill is the need to take it regularly. Over half of Pill users (57%/56%) had forgotten to take the Pill at the right time, and at least one in three had forgotten to take the Pill with them when staying away from home overnight. Three other problems were reported, each by approximately one quarter of girls: doubts about the Pill's effectiveness following vomiting or diarrhoea, breakthrough bleeding and (unwanted) weight gain. Nevertheless, those methods of contraception were generally rated very positively in all aspects (worst score 2.6 on a scale of 1 to 6). The exception was the rating of the effect of condoms on sexual enjoyment. This aspect achieved a score of only 3.3/3.6 (German/migration background).

"Morning-after Pill" now better known even among those not yet sexually active

What happens when no contraception has been used? Knowledge about the possibility of emergency contraception using the morning-after Pill is widespread among girls in all groups, and stands at 90% or more in the group for which it is particularly important: sexually active girls (whether from a migration or non-migration background). However, the level of awareness among girls who have not yet had sex has also increased considerably over the last four years. Overall, 12% of German girls who have had sex more than once have already been in the situation of having to use emergency contraception in the form of the morning-after Pill: a small number (2%) more than once. The figure is higher for girls from migrant families (18%), although the number of sexually active girls in the survey is very small, so the responses should be interpreted with caution. When the morning-after Pill has been used, it is generally because there was a problem with the other contraception used: approximately one girl in two states that a condom fell off

or tore (48%); approximately one third of the answers involve the Pill.

Children of my own? Yes, but not yet

Children are part of the life plan – this is clear even at a young age, at least to girls: over three out of four girls of German nationality and over four out of five girls from migrant families specifically choose the response "I should like children one day". Boys do not seem to have thought about the issue so much – twice as many boys as girls answer "don't know". Only a very small number of boys and girls have an explicitly negative attitude towards having children (4–7%). However, a pregnancy at their present young age would be "a disaster" for the majority of 14–17-year-old girls and boys, even more so for young people from a migration background than for those of German nationality.



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Source

Jugendsexualität. Repräsentative Wiederholungsbefragung von 14- bis 17-Jährigen und ihren Eltern – aktueller Schwerpunkt Migration – Best.-Nr. 13316200

The use of condoms to protect against HIV/AIDS and other sexually transmitted infections (STI) among young people in Germany

Ursula von Räden

Young people use condoms not only to prevent unwanted pregnancy, but also to protect against HIV and other sexually transmitted infections. Using data from the study “Public Awareness of AIDS”, we here present the knowledge, attitudes and condom use behaviour of 16-20-year-old young people in Germany.

Condoms are now the most widely used method of contraception for young people in Germany. For example, 75% of German girls and 76% of German boys use condoms the first time they have sex; in 1980, the figures were 32% for girls and 28% for boys. The number who do not use contraception at all the first time they have sex has halved since 1980 and now stands at 8% of German girls and boys. This is shown by the results of the representative repeat survey “Youth Sexuality” (BZgA 2006).

However, as well as preventing unwanted pregnancies, condoms also prevent the transmission of HIV and – albeit to a limited extent in some cases – other sexually transmitted infections (STI).

Since young people at the stage of looking for a partner often have sex with people whose HIV status they do not know for certain, they are at least potentially at risk of infection with HIV. The number of new HIV infections diagnosed annually among young people in Germany is, however, not high compared with that of the sexually active population overall. Of the approximately 2837 confirmed new diagnoses of HIV in 2009, 319 involved 15-24-year-olds (ROBERT KOCH INSTITUT 2010).¹ The group most affected, among young people as well as other age groups, was the group of men who have sex with men (MSM) with 200 diagnosed cases.

Young people should not, therefore, generally be considered a group at high risk of infection. However, as the new generation, they are a crucial target group for prevention activities, and as they begin sexual activities they have a particularly high need for education about the risks of HIV and STI and the appropriate prevention measures, such as the use of condoms. Having many partners at a young age leads to a comparatively high incidence² of some STI. Here we may cite in particular chlamydial infections (VAN DE LAAR/MORRÉ 2007), genital herpes and genital warts (FENTON/LOWNDES 2004).

Representative data on the prevalence³ of these infections among young people in Germany are incomplete and, in some cases, lacking altogether. Alarming results from

neighbouring European countries, for instance on the prevalence of chlamydial infections among young people, have led to large-scale education campaigns and screening programmes in some European countries (FENTON/LOWNDES 2004). Chlamydial infections may be transmitted even if a condom is used, but the risk of infection is significantly lower. The use of condoms also reduces the risk for all other sexually transmitted infections.

Method

The results relating to condom use reported here were obtained from the evaluation of the German national AIDS education campaign “Don’t give AIDS a chance”. The main aim of the campaign is to prevent the spread of HIV/AIDS and other sexually transmitted infections (STI). The first requirement for this is to achieve a high level of knowledge among the public about the risks of infection, non-risks and methods of protection and to maintain it long-term. The second is to promote the motivation to protect oneself and encourage protection behaviour. A third important issue is the promotion of a social environment which precludes the stigmatization and exclusion of people with HIV and AIDS. Knowledge, attitudes and behaviour related to protection against HIV/AIDS and other STI among the general public and groups of individuals have been studied since 1987 in the annual BZgA study “Public Awareness of AIDS”. The data clearly show whether, and to what extent, the aims of the campaign have been achieved. The survey was conducted by forsa. Gesellschaft für Sozialforschung und statistische

1 SurvStat, <http://www3.rki.de/SurvStat>, data as at: 5.4.2010

2 Incidence (number of new cases): number of new cases occurring in a defined population in a certain period of time (usually one year), compared with the same population, usually per 1000 or 100 000 [Ed.].

3 Prevalence is defined as the frequency of a disease or symptom in a population at a defined point in time [Ed.].

Tab. 1		
Sociodemographic features and sexual behaviour (unweighted random sample)		
16–20-year-old people (n=2.012)	female (n=943)	male (n=1.069)
	47%	53%
Educational qualifications		
No qualifications/Hauptschulabschluss [secondary-school leaving qualification]	7%	8%
Mittlerer Bildungsabschluss [intermediate secondary education qualification]	15%	16%
Abitur [university entrance qualification]/Fachabitur [university-entrance level vocational qualification]/university study	14%	12%
Still at school	63%	64%
Migration background		
No Migration background	74%	77%
Migration background	26%	23%
of whom percentage with German as mother tongue	50%	63%
Relationships		
No partner	50%	65%
In a relationship, living separately	45%	33%
In a relationship, living together	5%	2%
Sexual experience		
No experience of sexual intercourse yet	28%	25%
Sexual experience	71%	73%
Intercourse in the previous 12 months	64%	64%
Have had intercourse in the previous 12 months		
No migration background	70%	65%
Migration background	45%	62%
If intercourse in the previous 12 months		
One partner	78%	62%
More than one partner	22%	38%
Source: BZgA representative survey "Public Awareness of AIDS"		

Analysen by means of computer-aided telephone interviewing (CATI).⁴ This article is an evaluation of the repeat survey conducted in late 2009 among 16–20-year-old young people.

Social demography and sexual behaviour

As Table 1 shows, most of the 16–20-year-old young people in the survey (n overall = 2012) are still at school: 63% of the girls and 64% of the boys. A total of 14% of the girls and 12% of the boys have obtained their Abitur [university entrance qualification]; 15% and 16%, respectively, have the mittlerer Bildungsabschluss [intermediate secondary education qualification] and 7% and 8%, respectively, have the Hauptschulabschluss [secondary-school leaving qualification], or none at all. A total of 26% of girls and 23% of boys come from a

migration background. Persons from a migration background are defined, according to the Federal Statistical Office, as "all persons who immigrated into the current territory of the Federal Republic of Germany after 1949, all foreign nationals born in Germany and all those born German nationals in Germany with at least one parent who immigrated into Germany or was born a foreign national after 1949". A total of 50% of girls and 63% of boys cite German as their mother tongue. One half of the girls are in a steady relationship, and of those 5% share a home with their partner (male or female). Two thirds of the boys are not in a steady relationship (65%), one third have a steady partner (female or male) and 2% live with that partner.

Approximately one quarter of the young people have no sexual experience as yet (28% of girls and 25% of boys). A total of 64% of young people of both sexes had had sex in the 12 months preceding the survey. The data from the "Youth Sexuality 2010" study can be used for a partial comparison here. Among the 17-year-old group, the percentage with sexual experience stands at 66% for girls and 65% for boys. Using the "Public Awareness of AIDS" study, sexual experience can also be correlated with a migration background. Whereas 70% of 16- to 20-year-old girls from a non-

⁴ The random sample was a multi-stage random sample, based on the ADM telephone random sampling system, using a random sampling plan disproportionately allocated by age (16–20-year-olds: n=2012 subjects out of 7001).

migration background have already had sex, the figure for girls from a migration background is much lower, at 45%. In the case of boys, the figures are not very different: 62% of those from a non-migration background and 65% of those from a migration background have already had sex. In the last year, 22% of girls and 38% of boys have had sex with more than one partner.

Reasons for using condoms

The young people who had already had sex and who used condoms at least occasionally were asked whether they did so for the purposes of contraception, protection from AIDS and/or protection from other sexually transmitted infections. They were allowed to give more than one answer (see Fig. 1).

In 2009, 91% of sexually active boys and 85% of sexually active girls had used condoms primarily for contraception. Rather fewer cited the fact that condoms protect not only against unwanted pregnancies but also against HIV and other sexually transmitted infections as a reason for using them. Approximately three quarters (76% of girls and 75% of boys) also cited protection against HIV as a reason. Protection against other sexually transmitted infections is cited equally often as a reason for using condoms (by 75% of girls and 72% of boys).

Knowledge of and attitudes towards condoms

The decision by sexual partners to use protection is determined by various psychological and social characteristics of the individuals concerned, by the situation itself and by the success or failure of communication about protection behaviour between the sexual partners. Essential preconditions for the use of condoms for protection are practical knowledge about how to use condoms and the confidence that condoms can provide effective protection (see Fig. 2).

Almost all young people who have already had sex (99%) already have experience of using condoms and say that they know how to use a condom to provide reliable protection (98%/99%). Confidence in the reliability of the condom itself has increased significantly since the beginning of the AIDS education campaign. In 2009, 89% of girls and 91% of boys aged 16–20 were confident that condoms were reliable.

Prejudices against condom use have also decreased. Only a small number indicate a physical repulsion to condoms: 9% of girls and 7% of boys. Another important precondition ensuring that condoms will actually be used in practice is the individual's view of his/her own capacity to convince a partner (male or female) in a sexual situation to use the condom. A total of 93% of girls and 91% of boys rated their powers of persuasion in this area as good or very good.

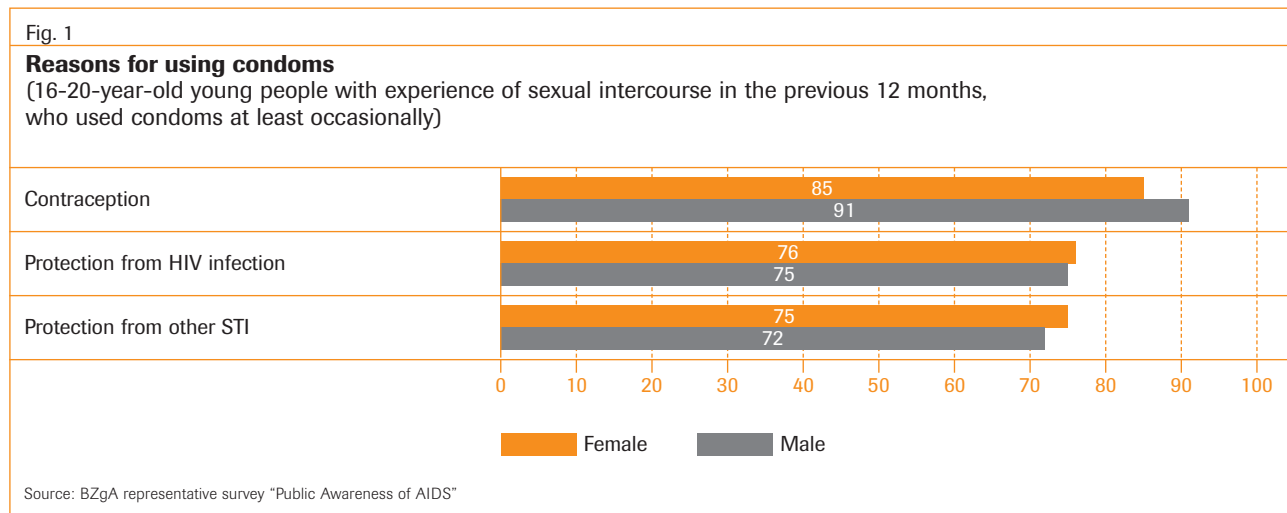
Possession of condoms as evidence of intention to protect oneself, and use of condoms

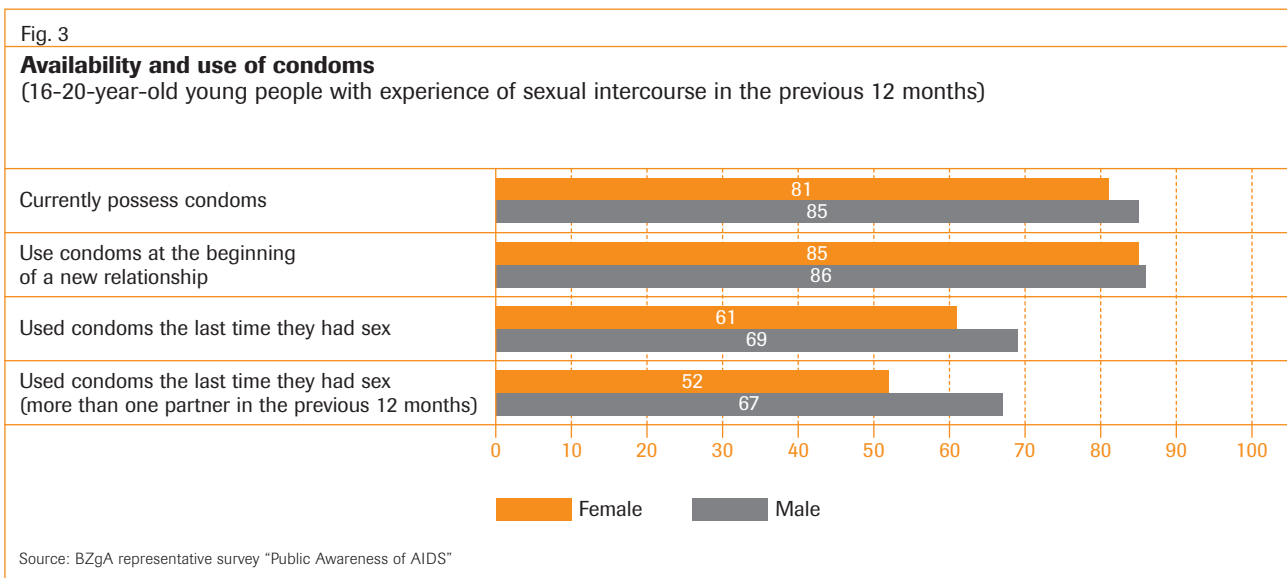
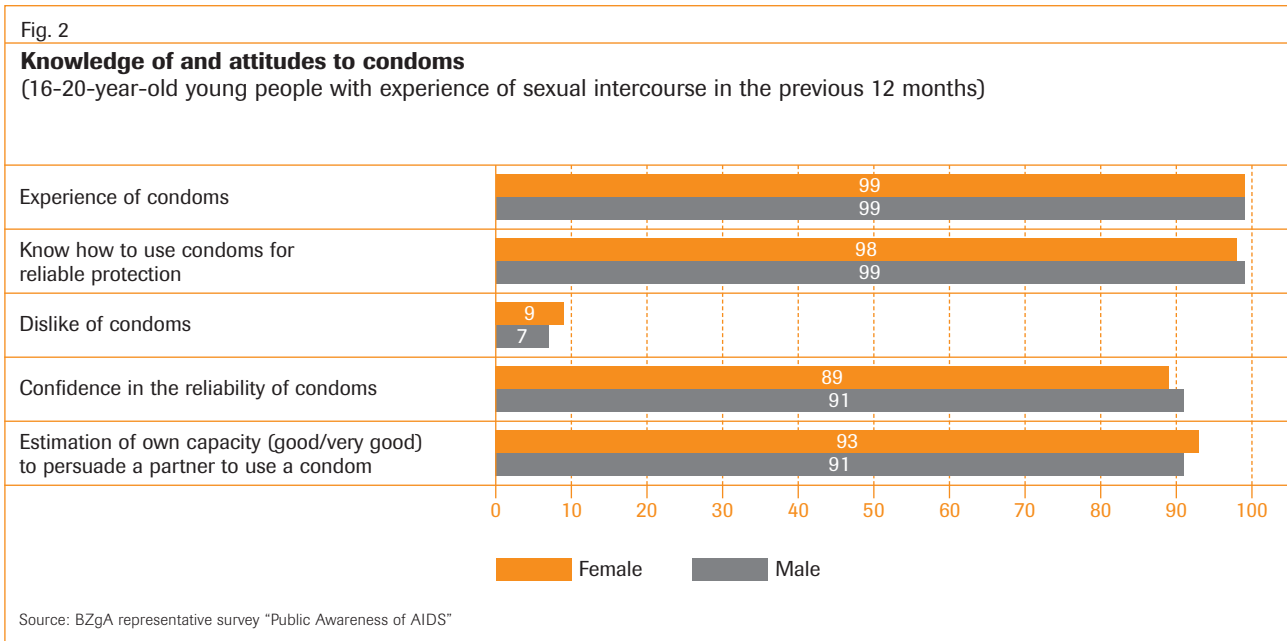
A high degree of acceptability of condoms is associated with a high degree of readiness to use them. The availability of condoms is a behavioural indicator for condom use, since it requires condoms to be acquired, which is a conscious act of preparation for condom use in a situation of intimacy. In 2009, 81% of sexually experienced girls and 85% of sexually experienced boys had condoms in their possession. This is a crucial precondition for being able to protect oneself against HIV and other STI (see Fig. 3).

A total of 85% of girls and 86% of boys who had begun new sexual relationships in the previous 12 months had used condoms in the initial stages of these relationships. The last time they had sex, 61% of girls and 69% of boys had used a condom. The percentage using condoms differs among girls according to the number of partners. Girls who had had sex with more than one partner in the 12 months preceding the survey had used condoms less often (52%) than girls of the same age who had had only one partner in that time. The explanation may be that girls with increasing sexual experience are more and more likely to adopt the Pill as a method of contraception. Among boys there is no notable difference (67% versus 69%).

Summary

There is a high degree of acceptance of condoms in young people aged 16 to 20 years in Germany. There is little reluctance to use condoms, and they are used both to protect against unwanted pregnancy and to protect against HIV and other sexually transmitted infections. The young people have great confidence in the protective effect of condoms and feel able to insist on their use in sexual situations. Their





readiness to use condoms, as measured by the availability of condoms, is also high. Over 80% of young people with sexual experience had condoms available in 2009.

At the beginning of a new relationship, 85% of girls and 86% of boys aged 16–20 used condoms. When asked about the use of condoms the last time they had sex, 61% of girls and 69% of boys had used them. From the study "Youth Sexuality 2009", we know that, as sexual activity becomes more frequent, contraception is ensured by means of the Pill, and sometimes both methods are used in combination. Girls, in particular, tend to stop using condoms as they gain in sexual experience and prefer the Pill.

Since, in the early stages of their quest for sexual identity, many of the young people change partners frequently, it is necessary to discuss whether condom use should receive greater emphasis as part of an intensified STI prevention campaign, given the high prevalence of STI among young people in parts of Europe (AVERY/LAZDANE 2008). The aim would be to increase awareness of STI among the younger population, increase their knowledge and increase the use of various protection measures and medical options (especially immunization, diagnosis and treatment).



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Sexuality and migration

Ways into sexuality education for young people

Ilona Renner

Young people from a migration background constitute about one third of all young people in Germany. This paper describes the various milieus which can be used to differentiate within this target group. On the basis of a survey of 14–17-year-olds, the author describes how this group can be reached with prevention messages.

The Federal Centre for Health Education (Bundeszentrale für gesundheitliche Aufklärung – BZgA) develops concepts, media and activities for sexuality education targeted at specific groups. These information materials and media are mainly aimed at young people, since the need for information about love, sexuality and relationships is particularly high for this age group. However, at the various stages of development, design and dissemination of the materials and media, there is always a question about the extent to which the target group is actually reached in practice. Which ways of reaching them are appropriate? Which strategies for approaching young people with a great need for information are successful, and which content is useful?

From a large body of pre-tests and evaluations, BZgA has already accumulated a broad basis of knowledge about its capacity to reach young people from a German family background. But how can sexuality education reach girls and boys from a migration background? Are the BZgA strategies on sexuality education acceptable to this group, too, or do young people from a migration background feel distanced from the subject or from the media and materials available? Are there specific information channels or needs for this group, and can language preferences be identified? In view of the fact that approximately one third of young people in Germany come from a migration background, the time has come to pay more attention to this target group.

BZgA therefore commissioned the research institute Sinus Sociovision to survey a representative random sample of young people aged between 14 and 17 about their attitudes, needs, information interests and media preferences in relation to sexuality, love and relationships.

One distinguishing feature of this study is its milieu-based perspective. In their daily work with young migrants, professionals see the enormous variation within this target group. The basic values, lifestyles and orientation patterns of individual groups of young people from a migration background differ considerably from one group to another. For this reason, we are not always justified in considering young people from a migration background as a homogeneous

group; averages derived from the entire population of young migrants are often deceptive and unhelpful as guidance for professional practice. This is particularly true of topics which are perceived as intimate and central to the individual's identity and which are perceived differently in different cultures, such as love, sexuality and relationships.

The research institute Sinus Sociovision has developed a set of tools for identifying different milieus. Questions on the young people's situation and social position and their attitudes and values allow all survey subjects to be positioned within the Sinus Migrant Milieu® model in order to identify the different lives, basic values, aims and lifestyles of the young migrant population. Behaviour, attitudes and information interests and preferences can thus be related to various youth milieus, allowing a differentiated and realistic view of this target group.

Study design

In 2008, Sinus Sociovision surveyed a representative sample of 2072 people from a migration background in Germany by means of personal oral interviews. In addition, a questionnaire was used for intimate questions, which the subjects filled out themselves, thus preserving their anonymity from the interviewer. The aim of this study was to analyse lifestyles, value systems, language knowledge, leisure interests, willingness to integrate and degree of religious belief. From the results, eight distinguishable milieus could be identified among adults from a migration background in Germany.

In an additional section of the survey, specific to BZgA, a further 608 young people from a migration background were recruited for the study. In addition to the questions from the basic study, the 14–17-year-olds were asked questions about sexuality, love and relationships. The evaluation of these data gives valuable indications for the development of strategies for approaching this target group.

We will first briefly describe the eight milieus to which

the young migrants belong, as identified by Sinus Socio-vision. Then selected results relating to the young people's attachment to Germany and their German language skills are presented, compared with those of the adults. Following this comparison of young people and older people from a migration background, which shows significant differences between the age cohorts, we will show that the young people cannot be considered as a homogeneous group, but have varying attitudes and differ in their language skills, depending on the milieu to which they belong. There are also clear differences in their basic attitudes to sexuality, love and relationships. What significance does this have for the reachability of these young people? Selected results are then presented.

Milieus of young people from a migration background

The eight milieus identified can be presented here only briefly. Detailed descriptions showing more fully the values and attitudes underlying them can be found in the report on the results of the study "Sexuality and Migration".¹

Hedonistic-subcultural milieu (33%): This milieu is characterized by a deliberate distancing from mainstream society: clothes, behaviour and speech diverge from the norm and conflict with authority in the parental home, at school and in society is seen as inevitable. Typical features are withdrawal into subcultural groups, passivity and refusal to comply with expectations, but also the desire for prestige and instant success. Young hedonists focus on the here and now and rarely make long-term plans.

Multicultural performer milieu (21%): Young people in this group see personal advancement and self-fulfilment in life as guiding principles. Recognition, self-reliance and independence are particularly important to them, and values such as openness and tolerance of views predominate. The feeling of being a trendsetter is also typical of this milieu; they find their migration background enriching, and their desire for achievement is associated with the desire for consumption, enjoyment and entertainment.

"Lost roots" milieu (12%): a lack of motivation, unwillingness to make an effort and frustration due to orientation problems in the host society and their often precarious life situation are typical of this group. A marked materialism, a fixation on externalities, adherence to (sometimes no longer relevant) traditions and a feeling of exclusion and injustice are characteristic of these young people.

Adaptive middle class milieu (11%): Satisfaction, a marked need for security and an optimistic view of life, moderation, stability and pragmatism are characteristic of this milieu. These young people seek to find a place in the centre of society. They are open and sociable and place great significance on the values of humanity and justice.

Status-oriented milieu (11%): Upward mobility in career and social life, success and material prosperity are central aims which are pursued by means of conformity, single-mindedness and hard work. Young people from this milieu have developed a prestige-oriented style of consumption and place a high value on status symbols.

Intellectual-cosmopolitical milieu (5%): Authenticity, self-reliance and personal growth are particularly characteristic of the post-material aspirations of this group, which also typically has a great interest and involvement in political

and social issues. Young people from this milieu are highly motivated to achieve, have an optimistic view of the future and consider themselves to be Europeans and world citizens, with a way of thinking about global issues which is commensurate with that belief.

Traditional working-class milieu (4%): Material security and traditional proletarian values such as helpfulness, solidarity, warmheartedness and modesty are particularly relevant factors in this environment. Young people prefer hierarchical structures; traditions are maintained, but there is no puritanism and no particularly strict sexual morality. Religious ties play a less important role.

Religious-fundamental milieu (3%): Young people belonging to this milieu embrace archaic values. Preservation of (the family's) honour, respect for authority, fulfilment of religious obligations, criticism of lax Western lifestyles, puritanism and the desire to return to the homeland are characteristic features of this group.

Young people and adults from a migration background: a comparison

Basic mentality patterns

In comparison with the total population of people from a migration background in Germany, young people aged between 14 and 17 are markedly more highly represented in the modern milieus towards the right-hand end of the migrant social model (Fig. 1). Young people from a migration background primarily show the mentality pattern associated with basic norm orientations BII (individualization: self-realization, enjoyment, bicultural ambivalence, criticism of own culture) and C (multi-options: patchwork of post modern values, search for meaning, multicultural identities). The increased trend towards modern attitudes to life and lifestyles among young people during adolescence is an important effect of separation from the parental home, and comparable phenomena are also observed in young people from a German family background.

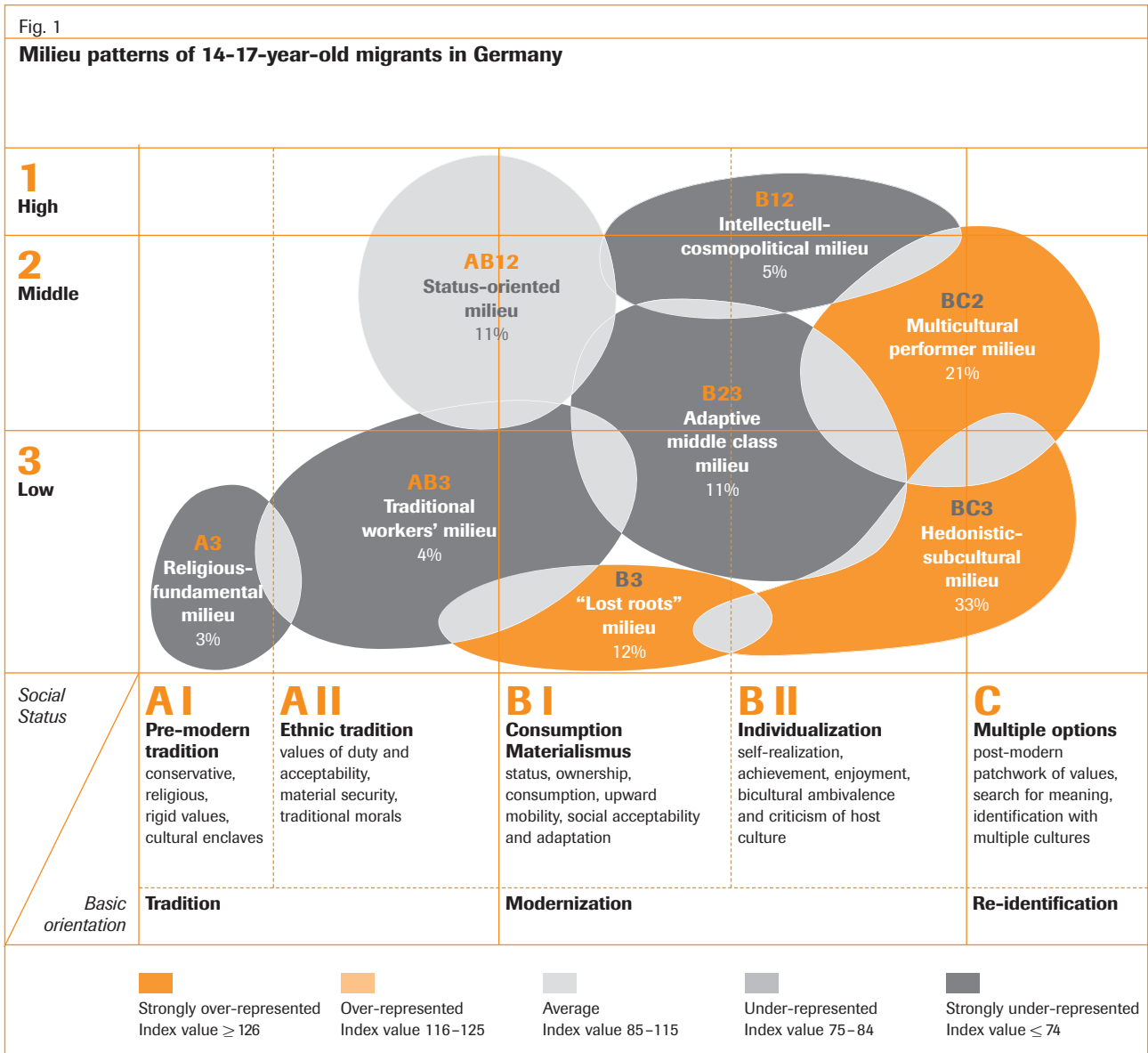
Attachment to Germany

Young migrants are (even) more strongly attached to Germany than adults. Whereas 39% of the total population of people from a migration background say that they have a "very strong" attachment to Germany, the percentage for 14–17-year-olds is over one half (53%). Conversely, a very close emotional link to the country of origin, or the country of origin of the parents, is less marked among young people than it is among adults (24% versus 37%). A total of 51% of young people also say that they are "very happy" and a further 32% said they are "happy" to be living in Germany.

Language knowledge and language practices

Having a command of the German language and using it in everyday life are important aspects of successful integration. Inadequate or non-existent language skills and failure to use the language make social and employment integration more

¹ BUNDESZENTRALE FÜR GESUNDHEITLICHE AUFKLÄRUNG (Ed.) (2010): Sexualität und Migration: Milieuspezifische Zugangswege für die Sexualaufklärung Jugendlicher. Köln, pp. 14–17 (also see Infotheque)



difficult and are seen by mainstream society as a sign of reluctance to integrate.

A total of 68% of adult migrants rate their own knowledge of German as “very good” or “good”. The figure for young people is considerably higher. In their own estimation, 90% of the 14-17-year-olds surveyed had good or very good language skills in German. This high level of linguistic competence is explained by their constant use of the language in everyday life. German has become the language in general use among the friends and acquaintances of these young migrants: 39% of young people speak (almost) exclusively German outside their own family, and a further 36% mostly German. Only 3% communicate mostly or (almost) exclusively in the language of origin of their own family – compared with 17% of adult migrants living in Germany.

A comparison of basic attitudes and skills relevant to integration in young people and adults from a migration background reveals a marked shift: Young people, many of whom were born in Germany, feel (even) more attached to Germany, have a very high degree of language knowledge and use their language skills frequently in everyday life.

Differences by milieu among young people from a migration background

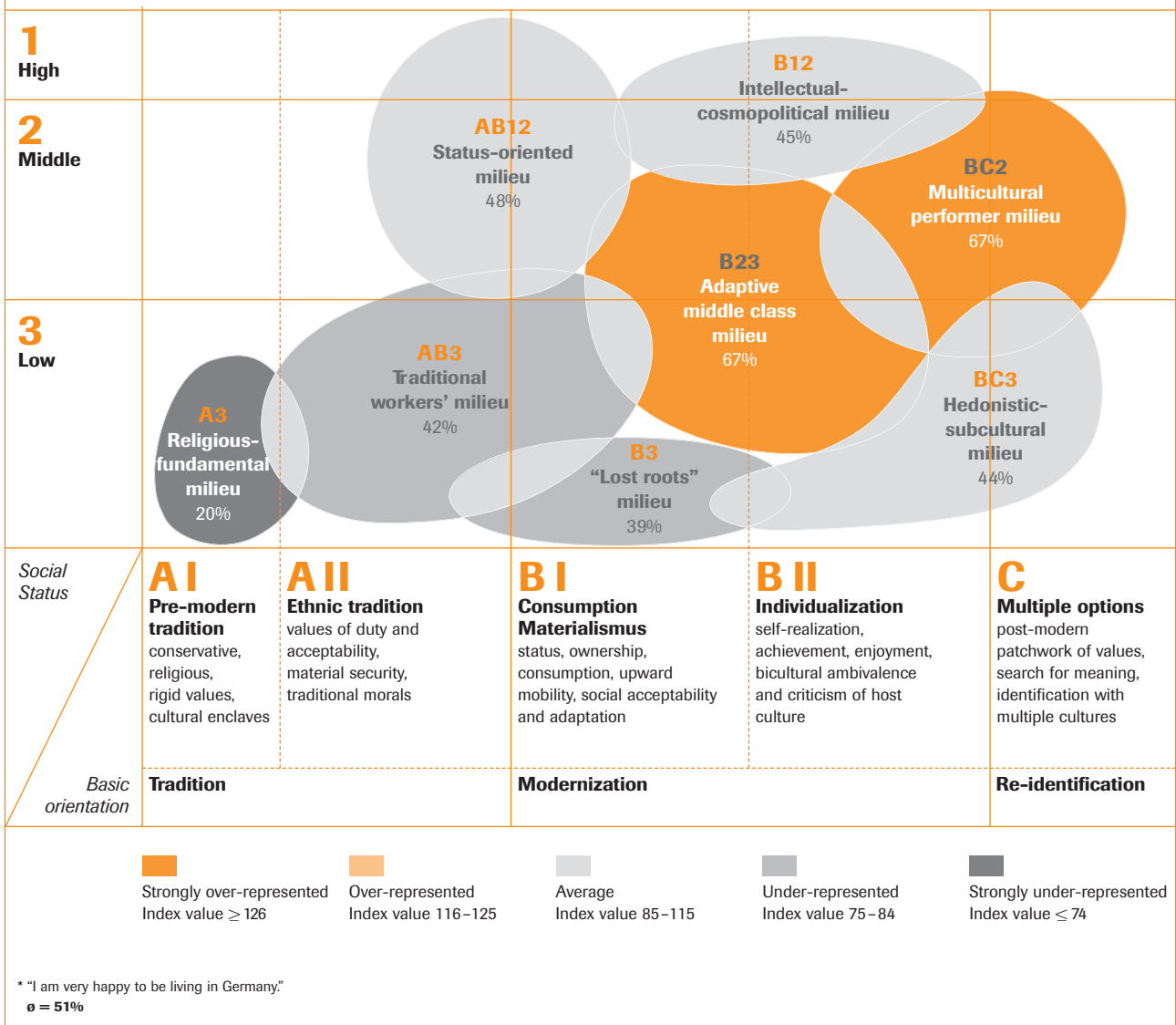
If we look at the young people not as a homogeneous group, but taking into account their various value systems and lifestyles, a strongly differentiated picture emerges:

Attachment to Germany

A total of 51% of the young people are “very happy” to be living in Germany. This attitude, which is often associated with a marked identification with the host country (of their parents), is not, however, equally distributed among young people from all milieus: by their own account, over two thirds of the young people classified as belonging to the “multicultural performer milieu” or “adaptive middle class milieu” by virtue of their values and lifestyles say that they are “very happy” to be living in Germany. Conversely, only 20% of young people from the “religious-fundamental” milieu and 39% from the “lost roots” milieu report this attitude. Significant differences can be observed between the individual value systems (Fig. 2); these are differences of practical relevance which are not visible if young people from a migration background are considered as a whole.

Fig. 2

Identification with Germany*
14-17-year-olds from a migration background (in the Sinus migrant milieus)



Language use

Three quarters of the young migrants talk to their closest friends and acquaintances "(almost) exclusively" or "mostly" in German. Here, too, there are marked differences between the milieus. Whereas over 90% of 14-17-year-olds from the "multicultural performer milieu" said they use German as their language of normal communication, the figure for the "religious-fundamental milieu" or the "traditional working-class milieu" is less than one half (Fig. 3).

There are similarly significant differences between the various milieus in relation to basic attitudes to sexuality, love and relationships. By way of example, a selection of these is summarized below.

Attitudes to sexuality, love and relationships

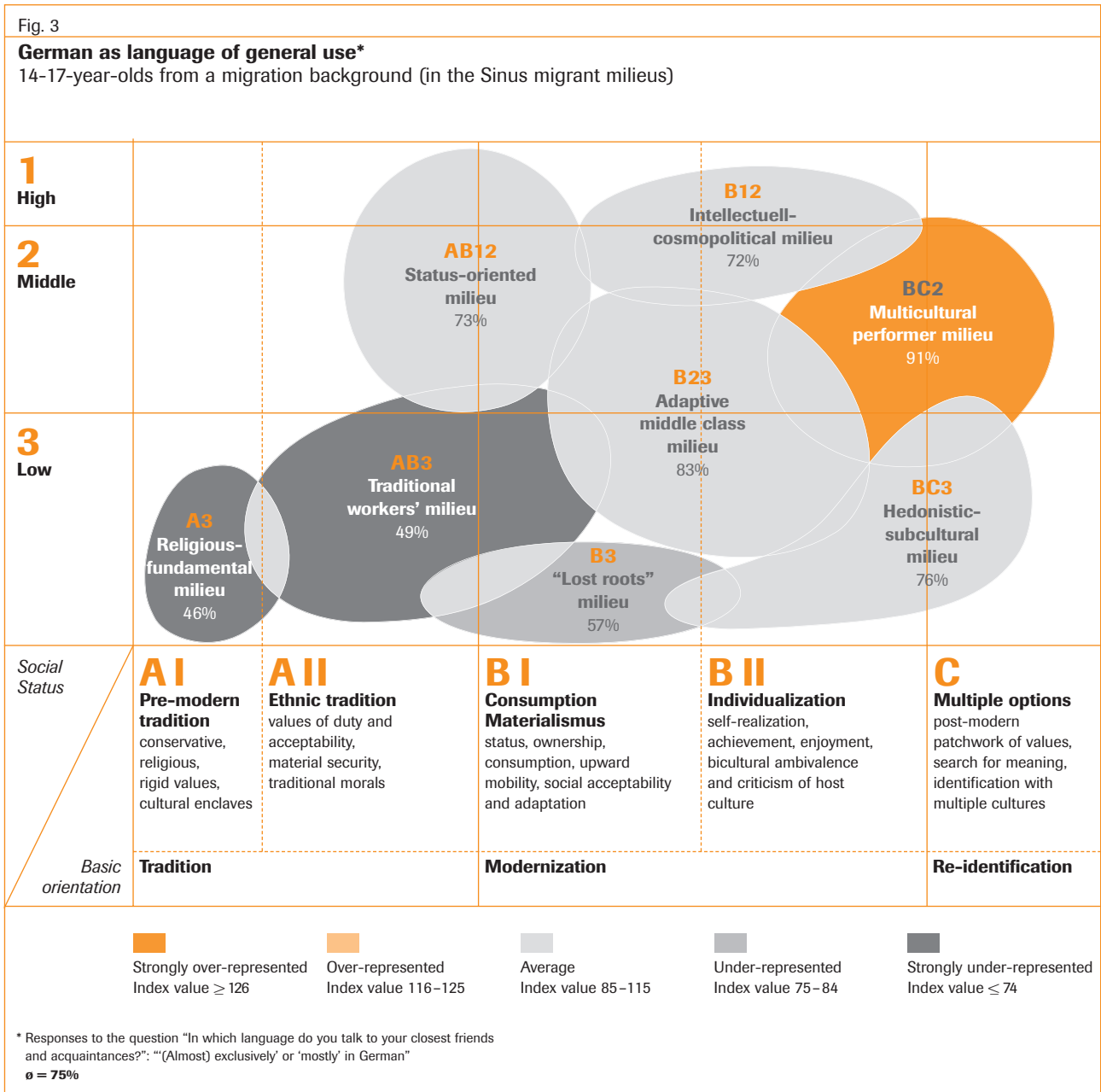
Attitudes to sexuality, love and relationships among young people from a migration background show very great differences by milieu.

Women and men have equal rights in relationships nowadays

In answer to the question about the status of women and men in a relationship, the great majority of young people answer that women and men are equal (65%) – although it is noticeable that considerably more girls (73%) than boys (59%) consider this statement to be true ("exactly right" and "partly right"). Considerable differences also become apparent in a comparison between milieus: whereas young people from the "adaptive middle class milieu" and the "multicultural performer milieu" are more likely than the average to claim equality between the sexes (79% and 83%, respectively), only 25% of people from the "religious-fundamental milieu" and 45% from the "lost roots' milieu" agree with this view.

Boys should take responsibility for contraception as well as girls

In an equal relationship, boys should take responsibility for contraception just as much as girls. This view was shared by 78% of girls and 65% of boys. Here, too, there are marked differences among the various milieus – similar in pattern to



attitudes to equality of the sexes in relationships: the proportion of young people who agree with this statement is considerably higher in the modern segments than in the traditional ones.

There is nothing wrong with sleeping together before marriage

A similar pattern of responses can also be observed in relation to the statement about sex before marriage: the proportion of young people agreeing with this statement varies considerably between the various value and lifestyle groups. For example, 71% of the 14-17-year-old "multicultural performers" see nothing wrong with sleeping with their partner before marriage. Among the young people classified in the "religious-fundamental milieu" by virtue of their values and lifestyles, only 28% are of the same opinion.

Reachability for sexuality education

Interest in information about sexuality, love and relationships

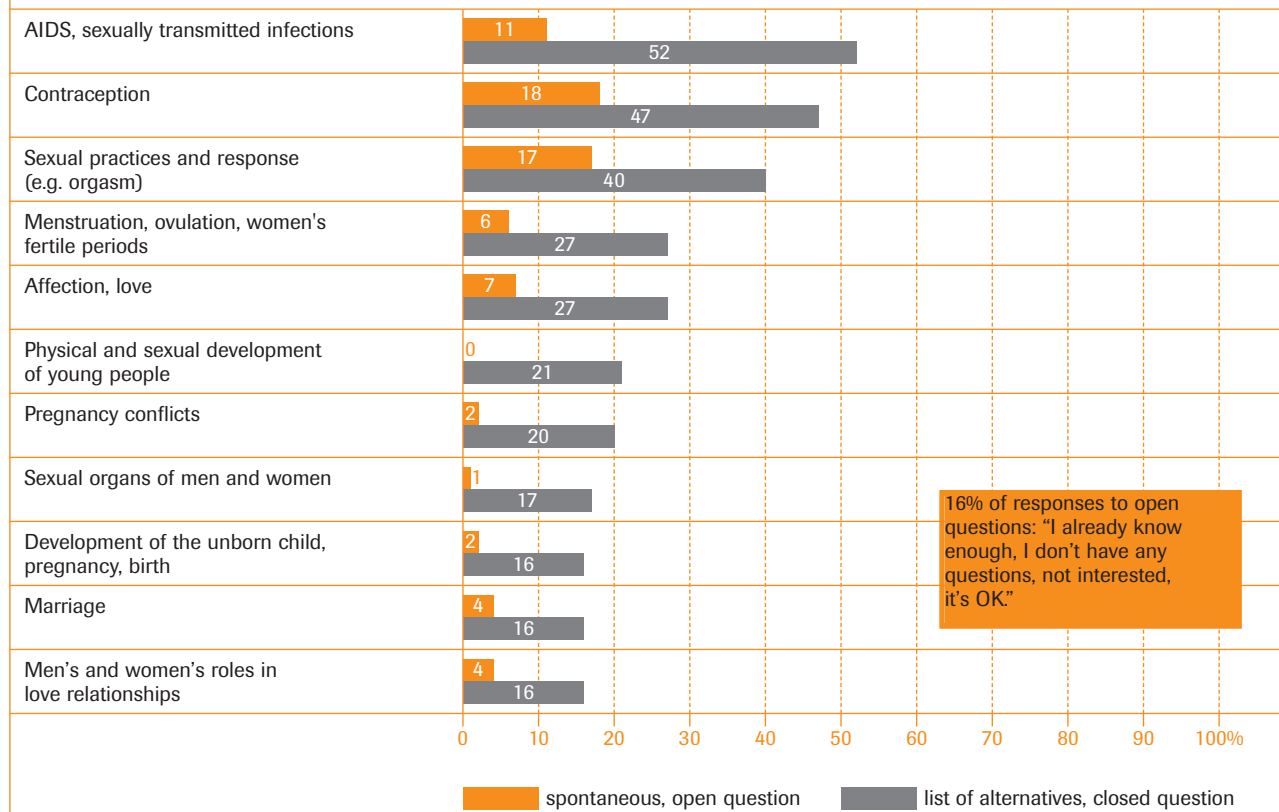
In the context of sexuality, love and relationships, many of the young people surveyed think primarily of contraception (18%) or sexual practices and sexual response (17%). The subject of AIDS is also in the minds of young people from a migration background (1%). These topics are things which "get to" young people and catch their attention, even if they are not specifically looking for information about them. Other aspects of sexuality, love and relationships are not cited spontaneously in significant numbers. For example, in response to an open question, i.e. one without a list of alternatives to choose from, there is little interest in information about the physical and social development of young people.

When a list of alternatives is provided, the topics of AIDS and sexually transmitted infections (52%), contraception (47%) and sexual practices and sexual response (40%) remain the most popular. It is notable that "biological" topics, including menstruation, ovulation and women's

Fig. 4

Topics of interest (1)*
 (open and closed questions)

* "The topics below deal with sexuality, relationships and love. Which ones are you particularly interested in? Which topics would you like to know more about?"



Source: All survey subjects (14-17-year-olds). N = 608.

fertile periods (27%), the physical and sexual development of young people (21%) or the sex organs in men and women (17%) – aspects which should have been taught at school and in the home – are among the relevant topics which young people would like to know more about, when they appear in the list of alternatives. Information about "soft" topics such as affection, love or the way the partners interact attract less interest (Fig.4).

However, interest in information about sexuality, love and relationships is not equally strong in the different lifestyle groups: when the various milieus are compared, young people from the "intellectual-cosmopolitical milieu" are, on average, interested in 5.5 of the 22 topics on the list, while "religious-fundamental" young people, on average, want to find out more about only 3 of the 22 topics (Fig. 5). This finding indicates that there are fundamental differences in attitude between the milieus on the subject of sexuality. People with little or no basic interest in the subject or a strong resistance to it are not likely to be easily reached by the mass media.

Language preferences

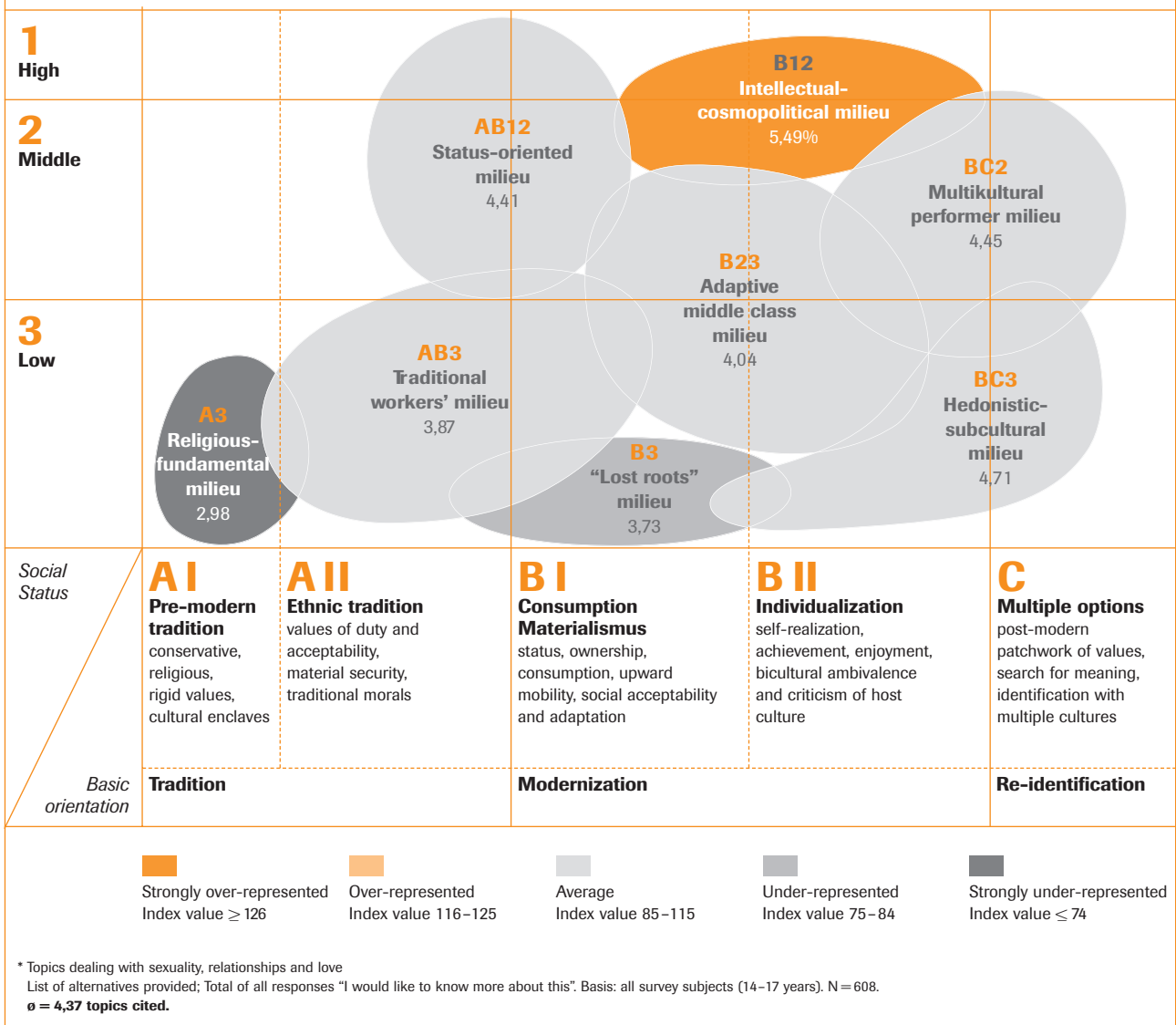
In order to achieve the aim of increased cultural openness, there is constant discussion about the value of translating German-language media related to sexuality education into other languages. We obtain an insight into this issue from the study results. In response to the question "In which

language would you prefer to get information on these subjects?", 62% of the 14–17-year-olds replied "In German" and a further 30% "Don't mind". Only 8% of the young migrants preferred to receive information in the language of their country of origin, or that of their parents. This attitude is strongly over-represented among young people from the "religious-fundamental" or "lost roots" milieus and those with a lower level of education (Fig. 6).

Young people who were mostly born and educated in Germany want to receive information about sexual matters in German. It is precisely those young migrants whose own culture of origin is characterized by sexual taboos who will probably understand and accept concepts related to sexuality, love and relationships more readily in German. It is therefore not generally recommended that media aimed at the target group of young people should be translated into other languages. Young people with traditional values and lifestyles seem to prefer a translation into the language of their country of origin or that of their parents. However, since these young people also show little interest in the subject in general and do not report any great need for information, it is questionable whether this target group can be reached by the mass media, even through information in their own language.

Fig. 5

Interest in information about sexuality*
Sinus migrant milieu



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Reachability through selected BZgA information materials

During interviews with young migrants, two advertisements ("Verhütung" ["Contraception"] and "Gefühle ohne Grenzen" ["Boundless Feelings"]) and the BZgA sexuality education brochure "sex 'n' tips" were shown to the respondents in order to assess the perception and acceptability of these media in this target group. The two promotional advertisements were developed by the publishers Bauer and Springer, with technical input from BZgA.

All questions relating to the design and content of these media clearly show that the advertisements and brochure reach the majority of young people from a migration background as effectively as they reach young people from a German family background. However, the survey also clearly shows that some of the young migrants, particularly those who are in particular need of education, information and assistance in sexual matters from the social and sociopolitical viewpoint of the host society, are not generally reached by these media.

Discussion

Between 36% and 43% of the young people surveyed said that they liked the BZgA media shown to them. However, in relation to the entire population of representatively selected young people in the survey, this result gives an impression which is, to some extent, false. A study of the various youth milieus reveals a differentiated and more realistic picture: Young people from the "modern" migrant milieus can be reached as easily as young people from a German family background. For instance, over one half of young people from the "multicultural performer milieu" say that they like the brochure "sex 'n' tips". However, it is also very clear that young people with more traditional values and lifestyles cannot gain much from these information materials: only 13% of "religious-fundamental" young people and 23% of young people classified in the traditional working-class milieu like "sex 'n' tips".

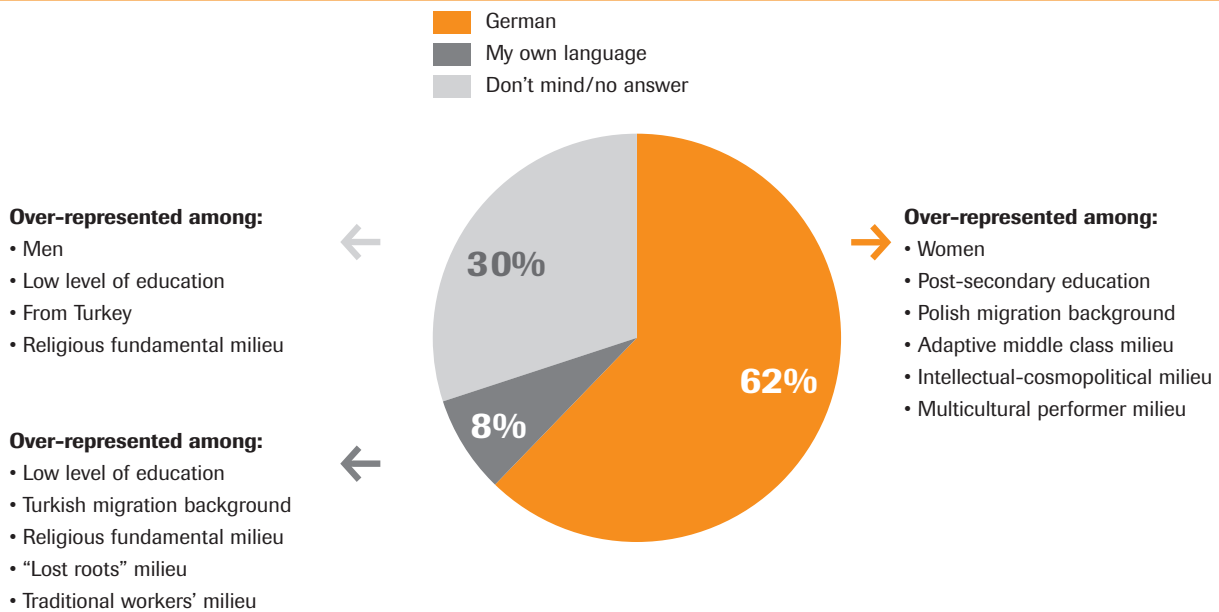
These results provide clear evidence that not all young subjects can be reached with the same media, and particularly not through print media. Different strategies must be developed for approaching the different milieus

Fig. 6

Language preferences*

Target-group-specific concentrations

* "In which language would you prefer to get information on these topics?"



Source: all survey subjects (14–17 years). N = 608.

and, where necessary, specially tailored content must be prepared to match their different lives and information needs. For this reason, BZgA uses individual communication strategies for sexuality education for young people, as well as a wide range of mass media. For instance, the project "Get going. My strengths, my future", an action-based, interactive activity, is aimed particularly at educationally deprived young people. Another example is the "Youth Film Days": in collaboration with local advisory centres and cinemas, schoolchildren with great information needs have the opportunity to watch films on specific topics, preparing for them and talking about them afterwards in the school setting.

Multimedia materials on love, sexuality and relationships, such as the BZgA youth portal www.loveline.de, can also provide a way of approaching hard-to-reach target groups because of their anonymity and culturally sensitive design.

The use of prevention folders with information about the body and contraception, which is used in consultations with individuals by gynaecologists or counsellors, also seems to be a promising strategy.

Studies, evaluations and, not least, regular feedback from everyday practice via expert meetings and workshops help with the development of media and activities such as these and thus help us to move closer to our goal of reaching as many young migrants as possible.



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First intercourse and contraceptive behaviour among young people in Switzerland

Nancy Bodmer

In a survey commissioned by the Eidgenössische Kommission für Kinder- und Jugendfragen [Swiss Federal Commission on Youth-Related Issues – EKKJ], young people were asked questions on sexual issues by means of an online questionnaire. The aim of the study was to conduct a descriptive analysis of the sexual behaviour of young people aged between 10 and 20 years in Switzerland.

The study aims to establish an empirical basis for answering the following questions, in the light of the general image of sexually uninhibited young people portrayed by the media: at what age do young people have sex for the first time? How much do sexually active young people know about sex? What is the contraceptive behaviour of young people?

The survey findings do not reveal any alarming sexual behaviour among young people. The majority of young people said that they had had sex for the first time in the year before they turned 17 and had used contraception. A number of factors which shed more light on these findings are described below. This article focuses on the young people's "first time" and their contraceptive behaviour on that occasion.

A healthy approach to sexuality – a developmental task of adolescence

The way young people deal with sexuality must be considered in a holistic manner as a task of developmental psychology and part of the process of becoming an adult, and not merely considered from the health aspect. Looking at it this way, it is clear that sexuality is not merely concerned with sexual activity alone, but is more wide-ranging. At the time of puberty, young people are confronted with a wide range of developmental tasks: creating a (gender-role) identity, accepting their own changing body, developing a desire for emotional independence from the parents and thinking about values, norms and their future (DREHER/DREHER 1985). Sexual behaviour during adolescence is therefore derived from a complex interplay of biological, emotional and cognitive processes, linked with social relationships specific to that stage of life (ZIMMER-GEMBECK/HELFAND 2008). The successful accomplishment of one developmental task (as defined by HAVIGHURST, 1948) is essential for the accomplishment of subsequent developmental tasks. For instance, a healthy and responsible approach to sexuality in adolescence allows individuals to engage in satisfying and

fulfilling relationships at later stages of their lives and to found their own family, if that forms part of their life plan. In order to accomplish this developmental task, children, and later young people, must learn to deal with their peers, to make – and to break – friendships and to set and respect boundaries in a relationship (GROB/JASCHINSKI 2003). Social behaviour is embedded in a process of change in social relationships which stretches over many years (FEND 2005). According to the educationalist HELMUT FEND (2005), sexuality today will ideally be negotiated on a basis of mutual respect and responsible interaction between two people. According to Fend, sexuality must be associated with responsibility and social bonding if it is to be any more than a one-off satisfaction of the needs of both parties. Psychological research into youth sexuality often focuses on factors leading to sexual risk behaviour. The high-risk variables identified include educational deprivation in the parents combined with low socio-economic status, inconsistent parenting and a failure to transmit clear values (WEICHHOLD/SILBEREISEN 2008). However, surveys in Germany in recent years (BZgA 2006) and Switzerland (NARRING et al. 2004) show that a majority of young people have sex for the first time at around the age of 17 and generally use contraception on that occasion. Only a marginal group of young people displays sexual risk behaviour. These young people have generally had a difficult time since childhood and have often shown behavioural problems, such as truancy, bullying of peers and other failures to observe boundaries, earlier on (FEND 2005; WEICHHOLD/SILBEREISEN 2008).

Youth sexuality in recent decades

According to earlier surveys in the German-speaking countries, the decline in age at first intercourse came to an end around the end of the 1970s (FEND 2005). The proportion of 17-year-olds with sexual experience rose in the 1970s and 1980s and then stabilized at around 50–60% (MICHAUD/AKRÉ 2009).

In a study of the health and lifestyles of 16-to-20-year-olds in Switzerland in 2002 (the SMASH-02 study, NARRING et al. 2004), approximately 5% of girls and 13% of boys said that they had had sexual intercourse for the first time by the age of 14. In 2006, a survey by KUNTSCHÉ and WINDLIN (2009) showed an increase in the number of girls with sexual experience by the age of 14. Approximately 10% of 14-year-old girls had already become sexually active. The SMASH-02 study found that as many young women as young men between the ages of 16 and 20 years had sexual experience.

Overall, studies from the German-speaking countries seem to show us that the transition to normativity [the point at which a behaviour becomes the norm – Ed.] occurs between the ages of 16 and 17. From this age, over one half of young people say that they have had sexual experience (BZGA 2006; MICHAUD/AKRÉ 2009).

In respect of contraceptive use at first intercourse, the above-mentioned studies show that approximately 86% of young people (MICHAUD/AKRÉ 1997), or 85% of boys and 91% of girls BZGA 2006), used contraception. This positive trend compared with previous decades is generally attributed to the effects of AIDS prevention campaigns.

Online study at the University of Basel

For the Swiss survey, a questionnaire with 43 questions was developed by the University of Basel. Some of the questions are based on the survey conducted by the Federal Centre for Health Education (BZgA 2006). Major findings were published in the 2009 EKKJ report “Jugendsexualität im Wandel der Zeit” [“Youth Sexuality Over Time”].¹ The questionnaire was published on Internet platforms for young people for a three-month period in 2009.² Particularly in the US-English-speaking world, computer-aided procedures are increasingly used for surveys on intimate subjects. It is assumed that, in a computerized procedure, the tendency to consider social acceptability when answering the questions is less marked. The Internet is also a forum for exchanging and obtaining information which is readily used by young people. After two months, over 1400 young people had filled in the online questionnaire.

Participants in the online survey

Data from 1449 young people aged between 12 and 20 years were analysed. That figure constitutes 98% of all completed surveys. The questionnaires from 10- and 11-year-olds were not completed properly, so that this small group had to be excluded from the survey.

As expected, the survey subjects were young people who, by their own account, often use the Internet: 97% said that they usually use the Internet when they are looking for information; this applies equally to girls and boys. A total of 59% of the young people said that they used the Internet every day. The age distribution of the young people shows that most participants in the study were in mid-adolescence, i.e. between the ages of 15 and 18 years. Because of the great

regional differences in school systems within Switzerland, no questions were asked about the young people’s school background. In the case of some evaluations, the only distinction made was whether young people who had completed compulsory schooling (generally between the ages of 16 and 17) were now undergoing vocational training (an apprenticeship) or were still at school.

First intercourse in mid-adolescence

The time of first intercourse can be very significant from a developmental psychology point of view, since the social and psychological circumstances in which it takes place may vary (FEND 2005) and the young people may be more or less well-prepared for it. Biological, cultural and social factors influence the beginning of sexual activity. Early sexual debut may be an indication of sexual risk behaviour. For that reason, the young people were asked in detail about their “first time”.

The proportion of sexually experienced young people among the survey respondents increases with age, as one might expect (Fig. 1). From the age of 17 years, over 50% of girls (65%) and boys (55%) say that they have already had sex. There are differences between the sexes: while among 13- and 14-year-olds more boys than girls say that they have engaged in sexual activity, the difference between the sexes is reversed in mid-adolescence: among 16–18-year-olds, more girls than boys say that they are sexually active. For the 17–19-year-olds, it makes no difference to the age of sexual debut whether they are in vocational training or still at school.

Early puberty is associated with early sexual debut (WEICHHOLD/SILBEREISEN 2008). This potential association was also investigated using the data from the Basel study. Early-maturing girls and boys (menarche/first ejaculation before the age of 12 years) did indeed cite an earlier age for their “first time”.

The potential effect of regular religious practice on sexual debut was also investigated. The study showed that such an effect does indeed exist from the age of 18 years. There were fewer young people with sexual experience (57%) among those aged 18 years and above who said that they engaged in religious activities at least once per month, compared with those of the same age who took part in religious activities less often or not at all (80%). In younger age groups, there was no significant correlation.

Context of first intercourse

Approximately 67% of girls and boys had sex for the first time with a steady partner. Approximately 12% of young people said that they knew their partner “only a little” or “not at all” (5%). In the case of around one third of the young people, the “first time” was planned. First intercourse was initiated by both partners in 62% of cases.

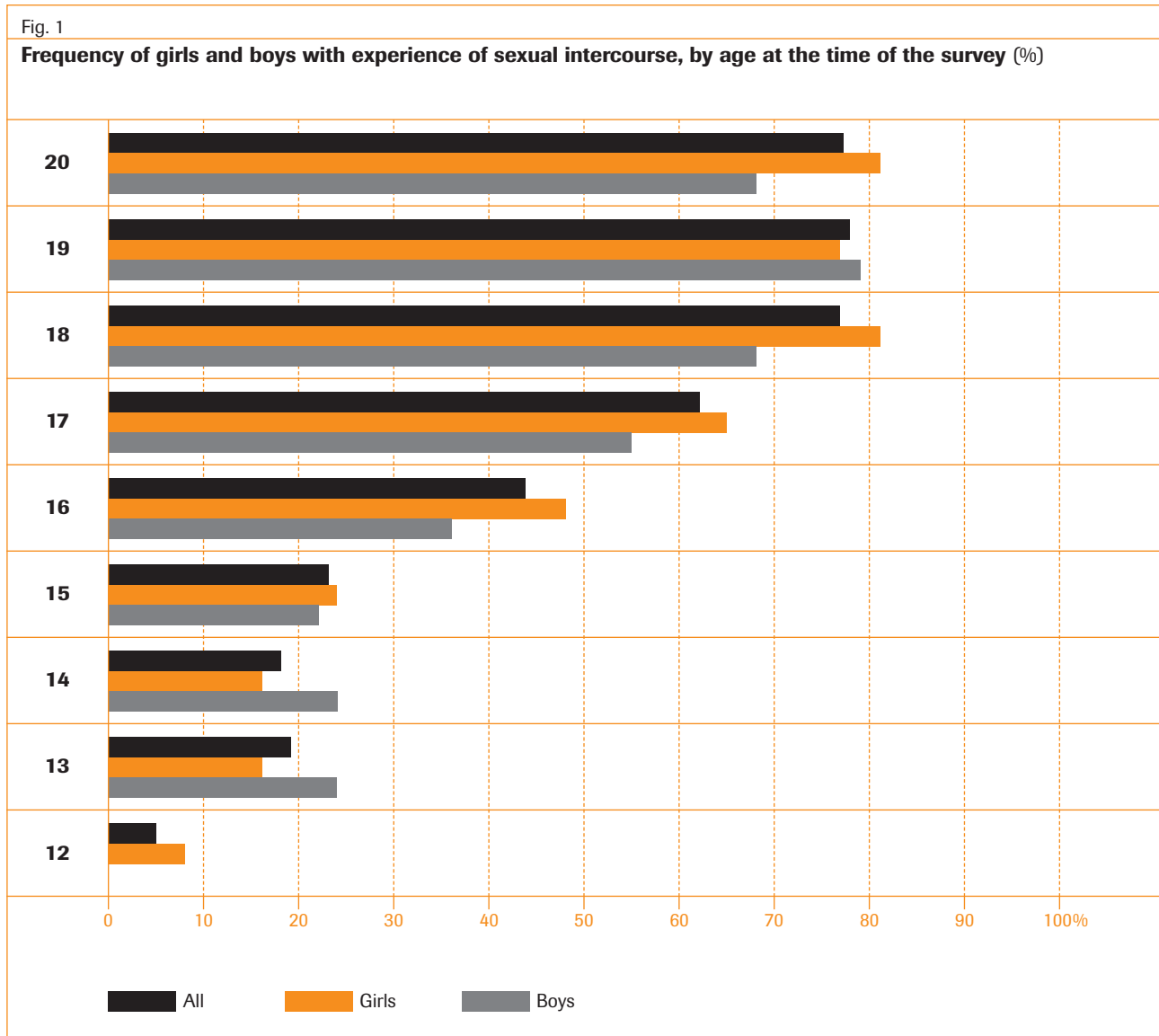
One half of the young people said that their “first time” was a good experience. That was the case for 54% of boys and 45% of girls. Around 10% of boys and 22% of girls found their “first time” to be an unpleasant experience.

Perceived norms at the time of first intercourse

Given the omnipresence of sexual content in the media, it might be expected that young people would feel under pressure to become sexually active as early as possible. Available data show that the perceived norms among young people relating to the right age for the first experience of

1 http://www.ekkj.admin.ch/c_data/d_09_Jugendsexualitaet.pdf

2 The websites concerned included infoklick.ch, tschau.ch (for German-speaking Switzerland) and ciao.ch (for French-speaking Switzerland). These sites offer online advice for young people on various subjects.



intercourse are entirely consistent with the real situation: most respondents assumed that young people today have sex for the first time around the age of 17 years.

Over one half of the young people said that the timing of their first experience of intercourse had been exactly right. A total of 10% of boys and 5% of girls said that their first experience of intercourse had been too long delayed. For approximately one third of boys and girls, it had been too early. Perceptions of the timing of the first experience of intercourse may be associated with the feeling of being under pressure: where girls said that they had felt under pressure the first time they had sex, they also felt it had happened too early. Furthermore, these girls also said that intercourse had been initiated by their partner. Conversely, boys who felt under pressure the first time they had sex tended to say that their “first time” had been too long delayed. More of these boys had sex for the first time with a partner they hardly knew than was the case for those who did not report being under pressure. Whereas the pressure experienced by girls probably came from their partner, the pressure on the boys may have come from themselves, and they may have either seized an opportunity or initiated sex themselves.

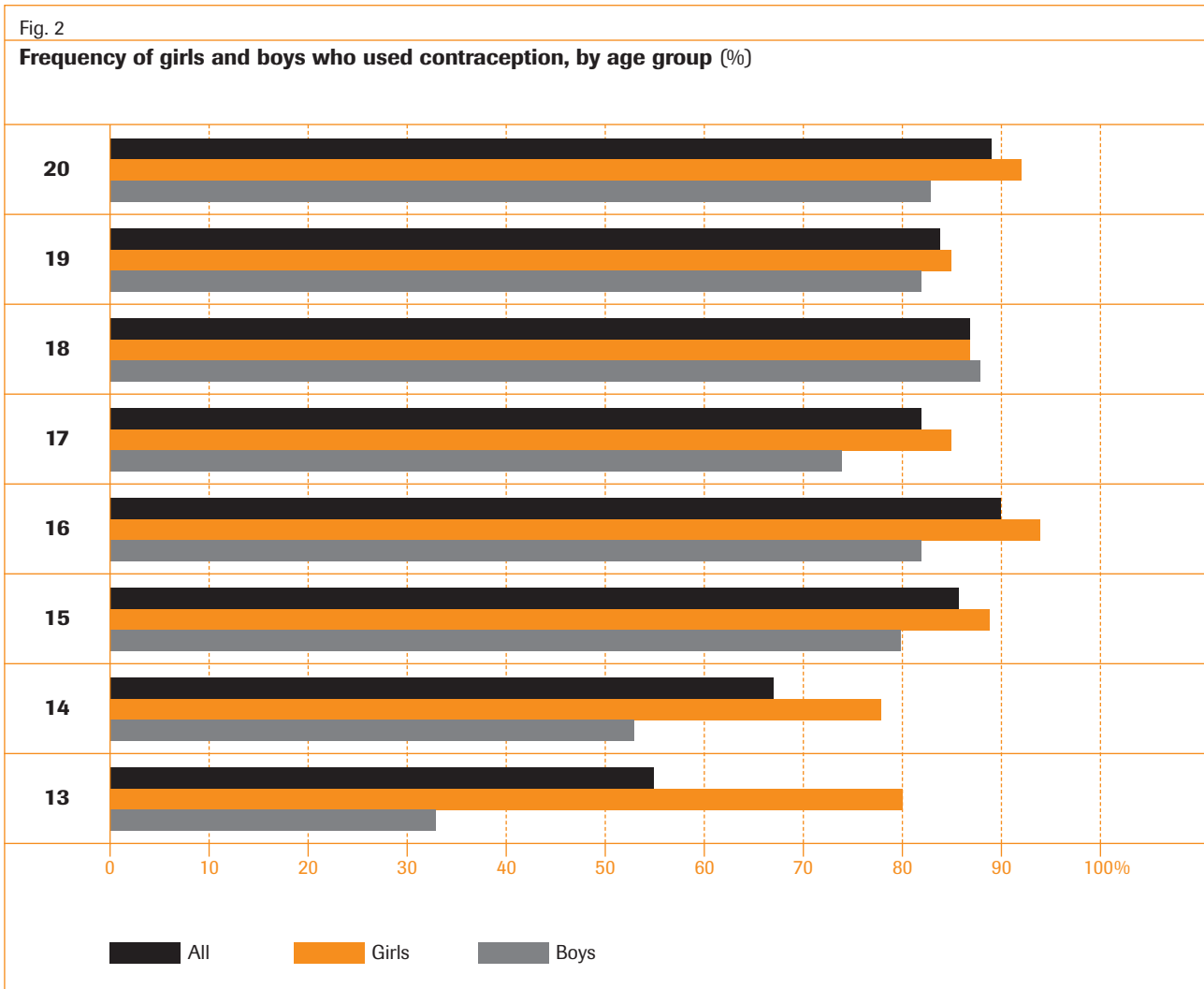
Contraception at the time of first intercourse

Contraceptive behaviour among young people depends on a wide range of factors and, ultimately, also on situational

factors. Approximately 14% of the young people surveyed said that they had not used contraception the first time they had sex. Further analysis of contraceptive behaviour shows that boys take more precautions as they grow older, while the proportion of girls who use contraception remains the same. An analysis of differences between the sexes shows that, in most age groups, more girls than boys say that they use contraception. Alarming figures can be observed among 13- and 14-year-old boys, where only 33% and 53%, respectively, say that they use contraception (Fig. 2). Where contraceptive behaviour is concerned, young people in vocational training do not behave differently from those who are still at school: by their own account, both groups use contraception equally frequently the first time they have sex. Whether or not young people use contraception the first time they have sex does not depend on their religious activities.

Since early puberty may lead to risk behaviour, the contraceptive behaviour of early-maturing young people was investigated. Early puberty does have an effect on contraceptive behaviour at the time of first intercourse. Girls who went through puberty early (menarche before the 12th birthday) used contraception less frequently than those who matured later. The equivalent association could not be detected among boys.

The main reason cited by both girls and boys for having unprotected sex was that everything happened too fast. The



second most frequent reason given was that they had no contraceptives available. Another disturbing response was that they had “been careful”.

Discussion

Overall, the figures from the Basel study show responsible sexual behaviour on the part of most young people. Approximately 14% of respondents said that they had not used contraception the first time they had sex. In the 1980s, the proportion of young people who did not use contraception was around 25%. A marked trend can thus be observed, which is probably due to more intensive health education and various prevention campaigns.

Around 20% of 13- and 14-year-olds said that they had sexual experience. Dealing with sexuality is a complex developmental task of adolescence, which makes many demands on young people. It is therefore not surprising that it is the sexually experienced boys from this young age group who engage in relatively risky behaviour. Approximately one half of boys in this age group said that they had not used protection the first time they had sex. The reasons why they did not use contraception show that they still have too little awareness of the responsibility which goes with their sexual behaviour. Educational activities have barely reached this target group, so myths often circulate among these young people. Contraception is still, as before, seen as the girl’s business. Here, too, there is a need to talk to young people

and give them information. Another potential risk group is that of early-maturing girls, who have been shown to be under particular pressure. The capacities of these girls, some of whom are insecure, must be strengthened. The fact that they are unable to resist pressure from others could be interpreted to mean that their self-esteem needs to be strengthened. Here, too, it may be possible to identify gender-role stereotypes, which should be discussed in depth at an early stage by means of appropriate interventions. Children and young people should be educated about sex as early as possible and in a way appropriate to their age, and this education should cover all areas involved in the developmental task of “learning to deal responsibly with sexuality”.



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Sexual and contraceptive behaviour and sexual health of young people in France¹

Nathalie Bajos, Nathalie Beltzer, CSF Group

Against the background of social change in France and the spread of HIV infection, this article investigates the significance and acceptability of condoms, particularly in relation to the contraceptive pill. The factors considered include age at first intercourse, gender and social status.

In the past few decades many changes have affected French society and have worked together to remodel the context in which sexuality is expressed. In the first place improvement in the social status of women, linked to a remarkable upsurge in female education and to the entry en masse of women into the salaried labour market, has contributed to strengthening their autonomy vis a vis men (FERRAND 2004). Since the 1970s one element of this autonomy for women has been the growing control they have gained over procreation (through modern contraception and recourse to voluntary termination of pregnancy), which has profoundly transformed their aspirations and their sexual experiences (BAJOS/FERRAND 2004).

Secondly, affective and conjugal trajectories have diversified. A growing percentage of individuals live together in couples without being married; and those who do marry do so much later, almost always after having already lived through a period of cohabitation, and often having already had children. The resulting diversification of experiences contributes to the widening of the range of possible scenarios for sexual relationships, and to the redrawing of the boundaries between youth and adulthood, which in the past were clearly separated by marriage.

The past decades have also been marked by the growing marginalisation, both social and economic, of some social groups. Women in particular have been affected by unemployment and difficulties in daily living, as have young people of immigrant origin.

Finally, the advent of the HIV epidemic, mainly transmitted by sexual contact, has overturned representations of the risks associated with sex, and has altered preventive practice, especially at the time of sexual debut (BAJOS/BOZON et al. 2008).

Gendered sexual debut

One of the major changes which has taken place over the past decades is undoubtedly the narrowing of the gap between the ages at sexual debut of women and men. At the end of the 1950s, women made their sexual debut two years later than their male counterparts (at 18.8 versus 20.6 years old), while today the gap between the two sexes is only a few months (17.2 versus 17.6 years old). The greatest changes took place in the 1960s, before medical means of contraception became widely available, and before the movement of May 1968 (BOZON 2008). In the 1980s and 1990s age at first intercourse levelled off, both for men and women, before beginning to fall again in the years since 2000 (Fig. 1).

But although ages at first intercourse may have converged, this very particular event continues to embody different meanings for the two sexes. For example, more women than men still have their first sexual experience with a partner who has already had intercourse, and who is at least five years older and they are more likely to have their first sex for love reasons whilst men's behaviours are driven by "curiosity" (Tab. 1).

The fact that the behaviour of young people is no longer so strongly controlled by their families does not make the differences between women and men in their sexual socialisation disappear or diminish. Men continue to experience an early training in individual desire, backed by cultural representations, rather than in relationships. By contrast young women are still educated, for the most part, to consider sexual debut as an experience which has to do with feelings and relationships (BOZON 2008).

Condom use: a dual function in the behavioural code of sexual debut

Diffusion of modern contraception since the 70's has certainly reduced the fear of unplanned pregnancy over the generations, and full note is here taken of what some

¹ This paper is based on the chapter "De la contraception à la prévention: les enjeux de la négociation aux différentes étapes de la vie sexuelle" in BAJOS/BOZON 2008.

authors have described as a “contraceptive revolution” (LERIDON 1987; HÉRITIER 1996). After a marked decline in the level of this fear when comparing older cohorts and those who made their sexual debut after the pill became available, there has been a levelling off. Nearly one woman in four and one man in six among the 18–29 years old are still worried about the risk of pregnancy at the time of sexual debut (Tab. 1). And this fear seems particularly high given the level of condom use at first intercourse (Fig. 2). But what we are seeing here is probably the combined effect of fear of pregnancy and of HIV infection in the younger generations, who made their sexual debut following the emergence of the AIDS epidemic.

However, while the risks of STIs concern men as much as women, women are more inclined to raise these concerns than their partners. The gap between the sexes in this regard is certainly smaller than in the case of contraception, where the risks and consequences are different for women than for men, but it does appear to suggest that women are still seen, and still see themselves, as “guardians of the temple of sexual and reproductive health”. Their more regular access to health professionals as part of gynaecological monitoring no doubt plays a part in this differentiation of social roles as do gender inequalities that still prevail in the different social spheres.

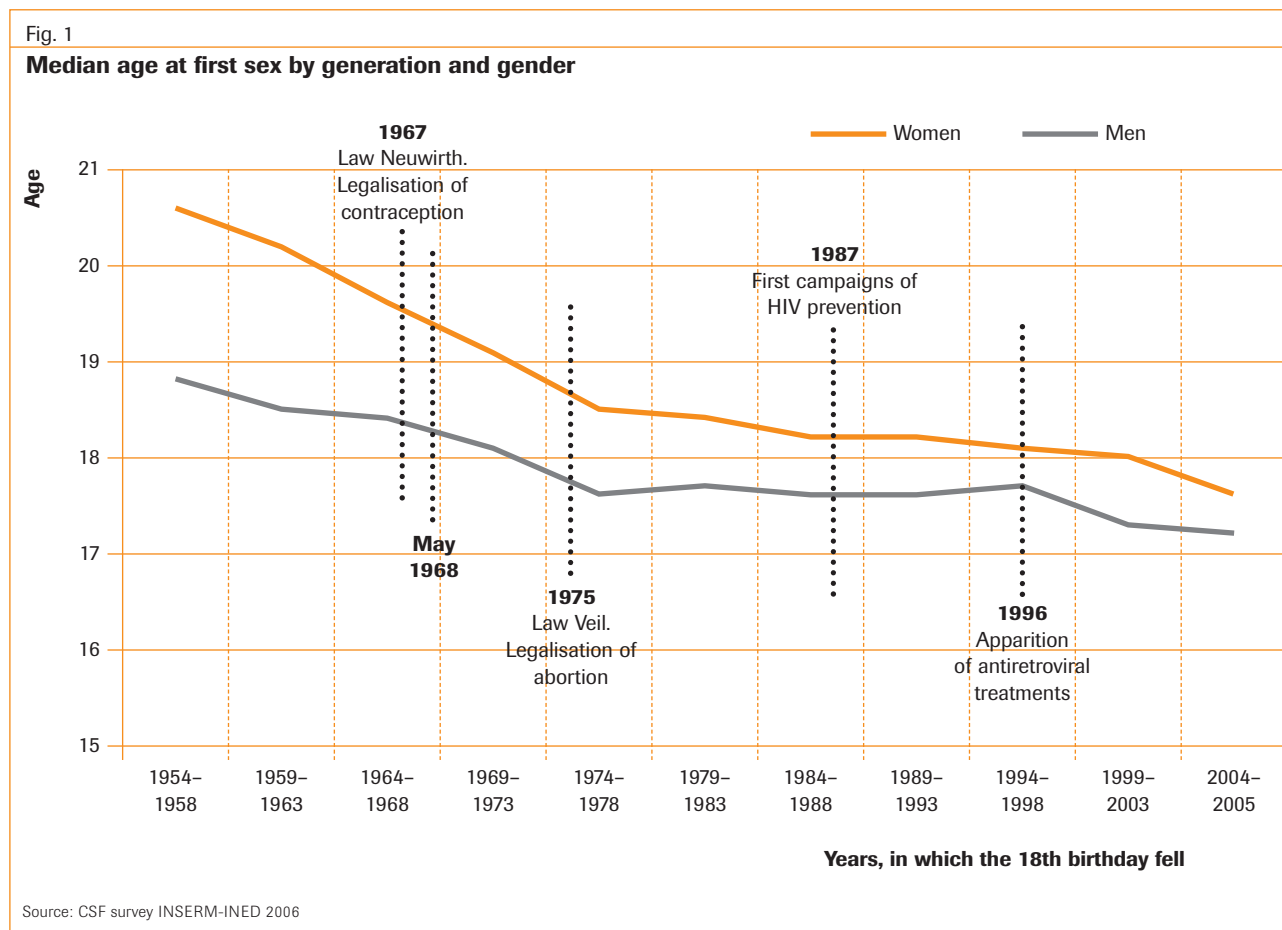
Contraceptive and preventive issues appear to be strongly linked; a classic analysis focussing on changes in the use of condoms at first intercourse, without considering the purpose of this and of the other methods of contraception which may be associated with it, obscures the more complex dynamics of the linkage.

Before the 1970s more than 70% of first intercourse took place without contraception. Thereafter, the proportions of

women and men using no method of contraception at first intercourse began to decline steadily, finally representing only 7% of women and men after 2000. From the 1970s onwards, women began to use the pill increasingly at first intercourse, but this progression was apparently interrupted by the advent of the AIDS epidemic: thus 46% were using it at the beginning of the 1980s, and 43% today. However, after their first intercourse, the pill has become the most commonly used method for young women, who use it even more than their elders did (ROSSIER/LERIDON 2004).

Changes in condom use in recent years have been spectacular and are a sign of the effectiveness of prevention campaigns, even though a plateau appears to have been reached since the early 2000s, especially for women (Fig. 2).

This increase in condom use was partly due to the increase in combined use of the pill and the condom, and partly to the use of the condom alone taking the place of use of the pill alone. In 2006 equal numbers of women were using the condom at first intercourse in association with the pill as were using it alone as a sole method of both contraception and protection. Including the responses of men, who reported much greater use of the condom alone, makes for a slightly different analysis. Of course not all respondents are aware of the contraceptive practices of their partners (10% of women aged 18 to 24 reported that they did not inform their partner that they were taking the pill). Use of the pill and the condom in association was less common among young women without educational qualifications, and these women were also much more likely to have used no method at all. The double protection of pill and condom was also less common among the most highly educated young women, but for different reasons: they more often used the condom exclusively.



Tab. 1		
Characteristics of first sexual intercourse in France. Women and men aged 18–29 years old in 2006		
<i>Charakteristics</i>	<i>Women</i>	<i>Men</i>
Age at first sexual intercourse		
Median age	18,0	17,4
< 15 years old	14,2%	25,3%
> 19 years old	32,1%	23,1%
Main reason		
Love, tenderness	43,3%	20,2%
To please the partner	4,4%	1,3%
Desire	25,6%	43,7%
Curiosity	11,7%	15,2%
Going one step	12,6%	16,3%
To do as friends	1,3%	2,3%
Total	100%	100%
Charakteristics of the relationship		
Proportions of first partners of the same age (between -1 and +1 year)	44,1%	74,2%
Proportions of first partners who are at least 5 more years	18,5%	3,9%
Future of the relationship with the first partner		
only one sexual intercourse	16,0%	26,4%
less than 6 months	17,7%	26,5%
more than 6 months (did not live together)	33,6%	29,7%
Live or have lived together	23,5%	11,0%
Total	100%	100%
Contraception – Prevention		
You were very frightened at the idea of getting pregnant (or the idea that your partner becomes pregnant)	23,4%	15,8%
Talked about contraception and AIDS before the first report		
Talked about contraception	63,7%	48,0%
Talked about IST/AIDS	44,7%	35,5%
Did not speak about contraceptive or IST/AIDS	28,1%	42,4%
Use of condom and pill		
Condom	85,3%	83,7%
Pill	39,6%	16,3%
Source: CSF survey INSERM-INED 2006		

There has been debate for some years about the issue of double protection through use of the pill and the condom (BERER 2006). Some countries such as the Netherlands have opted to promote such a model of protection at first intercourse, on the grounds that double protection enables condom failures, known to be more common at early stages of the sexual career, to be insured against (JONES/FORREST 1992; Fu et al. 1999). But the counter argument is that this policy could also result in giving the impression that the condom, because not totally effective as a contraceptive method, may also not be reliable as a method of prevention of STIs and of HIV infection. Easy access to emergency contraception, whose use by young women has risen sharply in recent years (MOREAU et al. 2006) and which enables condom failures to be compensated for, has somewhat modified this position

Compared to the pill the condom is a “low threshold” protection, meaning one that does not require preliminary medical consultations and which is easily adaptable to a

situation of uncertainty about the future of the relationship, such as the two partners usually find themselves in at first intercourse. Furthermore in many situations it remains easier to suggest the use of a condom for contraceptive rather than protective reasons, since the contraceptive request reveals neither one’s own sexual past nor the doubts one may have about one’s partner. Women who reported that they were not taking the pill were more inclined to use the condom at first intercourse. We also note that the great majority of individuals under 35 who made their sexual debut in the era of AIDS reported that they used the condom as a method of contraception (78% of women and 79% of men).

Everything then leads to the conclusion that young people making their sexual debut are attached to the specifically protective character of the condom, as it is promoted in prevention campaigns in a more global perspective of sexual and reproductive health.

Social inequalities in condom use

Today almost 90% of first sexual encounters are protected by the use of a condom. However individuals without educational qualifications remain behind the curve of this mass adoption of the condom: 65% of women without diplomas who made their sexual debut in the AIDS era used condoms, compared with 81% of the most highly educationally qualified, with 70% and 82% respectively of men reporting that they used a condom. In the same way it was young less-educated women who were most likely to report having had an abortion (11% versus 5% for the most highly educated).

Furthermore, and contrary to a widely held notion, individuals who made an “early” sexual debut – before the age of 16 – protected themselves as much as those whose debut was later, whereas it was men and women who made their sexual debut after 20 who were the most likely not to use a condom. In other social contexts, particularly in Great Britain and the USA, young people making an early sexual debut use condoms less (WELLINGS et al. 2001). In these contexts the timing of sexual debut seems to be much earlier in less well-off groups, who protect themselves much less well at first intercourse, while in France its timing is much less dependent on social origin. Moreover it is noticeable that prevention policies aiming to promote virginity before marriage, such as those in force in the United States, have the effect of stigmatising those young people who have their first intercourse outside marriage, and so make it even more difficult to put a preventive approach into practice (SANTELLI et al. 2006).

The relational issue

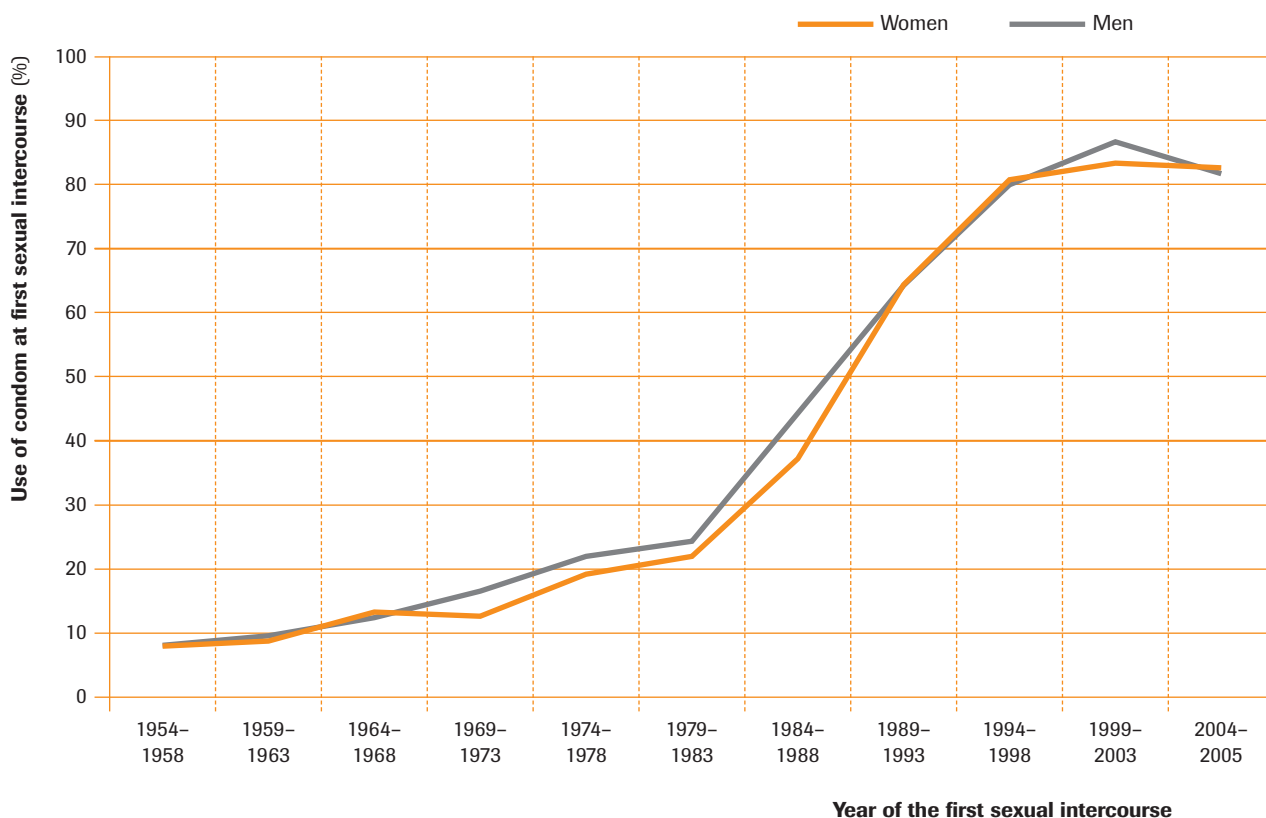
While the condom seems to have become a standard item in the protocol of sexual debut, it remains the case that its actual use, unlike that of other means of contraception such as the pill, is necessarily a central issue in the dynamic of the relationship.

Women and men whose first intercourse was with a partner who was considered as a future conjugal partner less often used a condom. This lower rate of condom use may not be linked to a desire for or indifference to pregnancy as such, but more probably to the fact that the HIV risk seems remote in such a relational context. In fact the pill was more likely to be used alone in these kinds of sexual relations: in 25% of cases compared with 13% when the partner was not considered a future conjugal partner. First sexual intercourse after the age of 20 was also less protected, both for women and for men. Besides the fact that at this age the first partner is more often perceived as a future conjugal partner, with whom the need for protection is less acute, this lower use of condoms perhaps also reflects a lack of ease in taking account of and negotiating issues of prevention, and the fact that at socially later ages the investment in the relationship has a more particular significance.

Women who did not want their first intercourse protected themselves less than others. They also reported a lower rate of condom use when their partner was two or more years older than them – the condom was used more when the two partners were of the same age. The opposite however was not true: where the woman was older than her partner, this

Fig. 2

Condom use at first sex by year of the first sexual intercourse and gender



Source: CSF survey INSERM-INED 2006

had no effect on prevention behaviour. These indicators suggest that power relations in the couple construct a specific attitude to risk, and may put women in a position of greater vulnerability in terms of prevention, a fact which is not unrelated to the social status of women in French society.

In a final analysis both women and men reported the same level of protection at first intercourse. Condom use seems to have become an aspect of the prescribed ritual for first intercourse, and so beyond the scope of negotiation, but it is still marked by gender relations.

Even though it fulfils a contraceptive role at sexual debut, the condom remains a method of contraception which is little used in the general population. The conditions in which its use ceases and gives way to another contraceptive method remain on the whole poorly understood. They are all the more important to explore in that the rise in abortion rates since the 1990's (VILLAIN 2008) among those under 25 may reflect, in part, a flawed and ineffective passage from one method of contraception to another.

Understanding in more detail the circumstances in which condom use ceases is necessary to pursue efficient policies promoting condom use in early sexual life, especially those directed at less well-off young people, and to strengthen the information available on the modalities of HIV testing.

Despite the intention of prevention policies to make the condom a commonplace item, it seems to remain one which is associated with the opening phases of relationships and with situations of uncertainty. Its use is thus very widespread at sexual debut, an event which has both of these characteristics. In other situations it is used less when women and men are in love with their partners. This means that the health objective, while not necessarily relegated to second place, has to enter into competition with the other social imperatives structuring sexual and preventive practices.

Conclusion

Social changes in French society over the past few decades, in particular the diffusion of medical methods of contraception managed by women and the emergence of a vital need to use condoms because of the outbreak of the AIDS epidemic, have played a part in modifying attitudes and practices in the face of sexual risks.

Promoted for preventive reasons, the condom is today very largely used at sexual debut and to a lesser extent at the outset of new sexual relationships. Its specifically preventive function has grown to encompass a wider perspective of sexual and reproductive health which includes contraceptive concerns. From the very first sexual encounters through to sex in adulthood, contraceptive and preventive issues appear closely linked at all phases of the cycle of sexual life, with the former engaging women and the latter men as a number one priority.

Twenty years after the start of the AIDS epidemic, social inequalities in access to prevention are still manifest. Social class inequalities are evident in the lower degree of protection available to those who have lower levels of sociocultural capital, reflecting a greater social distance from preventive discourse, or even financial difficulties in maintaining preventive behaviour. There are gender inequalities which are related to social models of female and male sexuality. Power relations within the couple, in France as in all coun-

tries (WELLINGS et al 2006), construct specific relationships to risk and place women in a situation of greater vulnerability, especially when they depart from a norm of sexual monogamy.

For multiple reasons, the health logic may thus be in competition with other social logics which structure sexual, contraceptive and preventive practices.



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Where do they go, and what do they want to know about?

A cross-sectional survey of teenagers' preferences for sources and topics of sex and relationships advice

Kubra Choudhry, Louise M. Wallace, Katherine Brown

The research data presented in this article shed light on the information sources used by young people in search of advice on questions about sex and relationship problems, the topics on which they would like advice and, finally, the effect of sexual experience on their choice of information sources and topics for advice.

Young people have been identified as a specific sub group experiencing poor sexual health (WEYMAN 2003). The United Kingdom has one of the highest teenage pregnancy rates in Europe (ADAMSON/BROWN/MICKLEWRIGHT et al. 2001). The most recent data published in 2009 indicate a rise in under 18 conceptions between the year 2006 and 2007 (OFFICE FOR NATIONAL STATISTICS 2009). The incidence of sexually transmitted infections is also said to be rising fastest amongst teenagers (HEALTH PROTECTION AGENCY 2008; NWOKOLO et al. 2002). In light of such findings, improving levels of sexual health amongst young people has become a national priority (DEPARTMENT OF HEALTH 2008). The UK government has set targets to reduce the conception rate of under 18's by 50% from 1998-2010, to offer all patients requiring GUM¹ services an appointment within 48 hours, to reduce the rate of new diagnoses of gonorrhoea, to increase the proportion of people aged 15 to 24 years accepting Chlamydia screening (DEPARTMENT OF HEALTH 2008).

Health care practitioners, researchers and educators have focused on the provision of high quality education and advice (SPRECHER/HARRIS/MEYERS 2008) as one of the most important measures to improve sexual health (WEYMAN 2003; LESTER 2006). The importance of this is echoed in the UK government legislation. Following a review, the UK Government announced in October 2008 that comprehensive Sex and Relationships Education will be made compulsory as a part of statutory Personal and Social Health Education curriculum (DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES 2008).

Where do young people go for sex and relationships information/advice?

There is considerable diversity in the sex educational needs and preferences of young people (KANE/MCDOWALL 2003). Although school is considered to be the main forum for the provision of sex and relationships information (BILLINGS/HASTIE/JENKINS/MACVARISH 2007), young people also consult a variety of other sources such as family, friends and the media (BILLINGS et al. 2007; REZNICK/TEBB 2007), with physicians, the internet, fathers and other relatives least likely to be consulted (REZNICK/TEBB 2007).

Informational needs and preferences have been shown to vary with factors such as age, ethnicity, family circumstances, educational attainment and gender (POWELL 2008). For example, girls will seek advice from other females such as girlfriends and mothers; a pattern not repeated for boys, who may not communicate with fathers, friends or uncles about sex (BILLINGS et al. 2007). Exploring informational preferences in relation to factors such as those outlined above allows some level of tailored information to be provided for target groups. However, young peoples' informational preferences not only for the source but the content of information require further investigation (REZNICK/TEBB 2008).

Sexual experience of young people

The majority of 16–19 year olds have had sexual intercourse (WELLINGS/NANCHAHAL/MACDOWELL et al 2001); with a minority of young people becoming sexually active before the age of 16 (WELLINGS et al 2001). Reports suggest almost 30% of young men and 26% of young women have had sexual intercourse before their 16th birthday (BROOK 2008). However, sexually active young people consider sources such as school sex education as the least useful sources of information for sex and relationships advice and/or information, for reasons that it was 'too late' and could not be related to

¹ "Genito-urinary medicine" – dealing mainly with the diagnosis and treatment of sexually transmitted infections (Ed.)

their life experiences (BUSTON/WIGHT 2002). This suggests that informational preferences may vary depending on level of sexual experience (BUSTON/WIGHT 2002) yet few studies have explored this in detail. Therefore, exploring sources and topics of sex and relationships advice warrants further investigation in relation to young people's sexual experience.

From a health promotion perspective it is important to understand the sources adolescents turn to for information about sexual health (REZNICK/TEBBS 2008). Although school sex education is the primary form of sex and relationship education that young people encounter (BILLINGS et al. 2007), the delivery of sex and relationships education in schools (i.e. whole class setting) makes it hard to account for individual differences that exist amongst young people. Whole class based education does not afford for privacy and confidentiality. This points to a need to focus attention not only on school sex education but on other methods accessible to and valued by young people.

Aims

This paper aims to provide insight into young people's preferences and experiences with regards to sex and relationships advice. The primary purposes were to identify;

- The sources of advice young people use to obtain information on sex and relationships
- The topics of advice they have needed advice on
- Whether the sources and topics of advice identified vary by gender and level of sexual experience.

Method

A cross-sectional survey design was employed where anonymous self completion survey were administered to young people (aged 13–18 years of age) across five schools, one youth centre and one young peoples learning organisational group. The schools/ youth groups were from socially mixed catchment area in semi rural and urban areas. The schools had similar characteristics in that they were all comprehensive, co-educational schools, with an intake of 11–18 year olds and had no religious affiliation.

A total of 1270 young people took part in the survey. The sample consisted of equal proportions of males (49.6%) and females (50.4%). The participants ranged from ages 12–18 years. The modal age was fifteen years old (35.5%).

Young people were asked whether they engaged in sexual activity. Of those that responded to the question regarding sexual experience (N = 971/1270); the majority (65.5%) could be classified as virgins.

The survey

The survey collated information on demographic details, sexual experience (whether young people were virgins or non virgins), young people's perceived confidence in their knowledge about sex and relationships, sources of advice that young people had ever used for sex and relationships information, topics of advice young people had needed advice on.

Results

Were young people confident in their knowledge about sex and relationships?

Young people were asked about confidence in their knowledge about sex and relationships. Of those who responded the majority (89.1%) were confident in their knowledge and felt they knew all that was needed to know about sex and relationships. This finding did not differ by gender and similar proportions of males (89.3%) and females (89%) expressed confidence in their knowledge, and sexual experience; where virgins (88.9) and non-virgin (89.7%) were confident in knowing all that was needed to be known about sex and relationships.

Where do young people go for sex and relationship information and advice?

The majority of those responding most frequently cited 'friends' (N = 625/1270) and 'Parents/Family' (N = 470/1270) as sources that they had consulted to obtain information about sex and relationships. Table one provides a breakdown of the results obtained.

Do males and females differ in the sources of advice they consult for sex and/or relationships information?

Figure one illustrates the sources of advice that young males and females had consulted. Chi square analyses² revealed significantly more females used their parents/family ($X^2(1) = 53.331, P < 0.001$), the doctor ($X^2(1) = 20.034, p < 0.001$), specialist sexual health services like Brook ($X^2(1) = 6.540, P = 0.011$), teachers ($X^2(1) = 5.348, P = 0.021$), friends ($X^2(1) = 90.853, P < 0.001$), and magazines ($X^2(1) = 91.766, P < 0.001$) as sources of advice for sex and/or relationships. Whilst males were significantly more likely than females to state that they had not consulted any of the listed services for sex and/or relationships advice ($X^2(1) = 91.766, P < 0.001$).

Do virgins and non virgins differ in the sources of advice they use to obtain sex and/or relationships information?

Figure 2 illustrates the sources of advice consulted by virgins and non virgins. Chi square analyses revealed non virgins were significantly more likely to consult specialist services such as the doctor ($X^2(1) = 104.52, p < 0.001$), specialist services like Brook ($X^2(1) = 61.689, P < 0.001$), and teachers ($X^2(1) = 12.770, P < 0.001$ for sex and/or relationships information. Virgins were significantly more likely to consult more informal sources such as friends ($X^2(1) = 5.238, P = 0.02$).

What topics of advice do young people want to know?

Of those that responded to the question the most frequently cited topic of advice that young people had ever needed advice on was relationship advice (N = 292/1270) and contraception (N = 222/1270). Table 2 highlights the topics of advice that young people had needed advice on.

2 The test investigates the way that the available data are distributed among the participants (Ed.)

Do males and females differ in terms of the topics of advice that they want advice on?

Figure 3 highlights the topics of advice that males and females had needed advice on. Chi square analyses of this data reveal statistically significant associations were documented between gender and the topics of advice that young people had sought advice on. Particularly in terms of just needing someone to talk to ($X^2 (1) = 23.468, P < 0.001$), contraception ($X^2 (1) = 22.406, P < 0.001$), advice about relationships ($X^2 (1) = 21.549, p < 0.001$), and sex tips ($X^2 (1) = 14.028, p < 0.001$).

Do virgins and non virgins differ in terms of the topics they have needed advice on?

Figure 4 illustrates the topics of advice needed by Virgins and non-virgins. Chi square analyses revealed there to be a significant association between level of sexual experience

and topics that young people had sought advice on. Virgins were significantly more likely than non virgins to want someone to talk to about sex and relationships ($X^2 (1) = 5.970, P = 0.01$), wanted advice on contraception ($X^2 (1) = 39.851, P < 0.001$), and needing advice about unprotected sex ($X^2 (1) = 31.661, P < 0.001$).

Discussion

The contribution of this paper lies in three areas. Firstly, it provides up to date information about the sources of sex and relationships advice that young people consult, the topics of sex and relationship advice that young people need. Finally, although previous research has explored how sources and topics of sex and/or relationships vary by gender

Tab. 1

Sources of advice that young people had consulted for sex and/or relationships information

Sources of advice	N	(% of total sample)
Friends	625	(49,2)
Parents/Family	470	(37,0)
None	256	(20,2)
Magazines	236	(18,6)
Teacher	215	(16,9)
Internet searches	152	(12,0)
Services like Brook, Family planning association, Marie Stopes, Connexions	130	(10,2)
Doctor	118	(9,3)
School nurse	56	(4,4)

NB. Young people were also given the option of "other" however this did not yield any responses

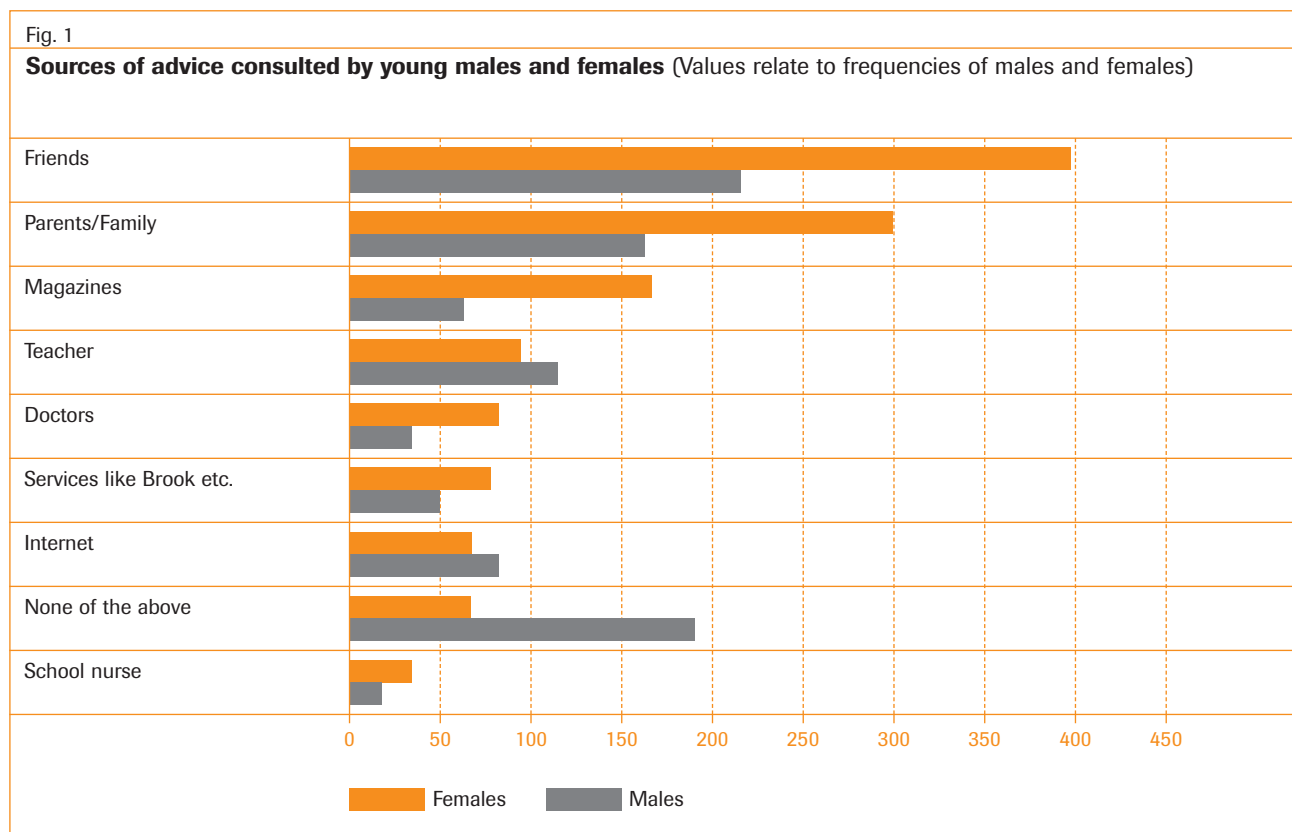
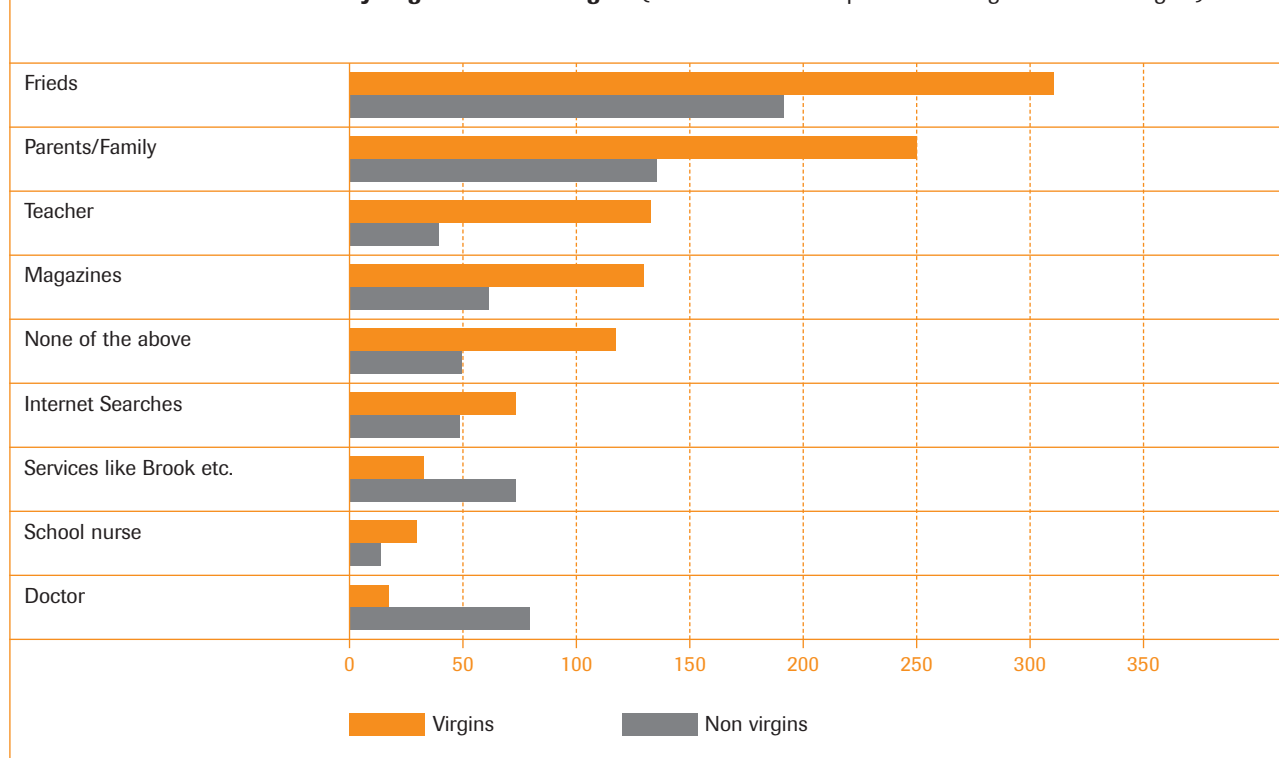


Fig. 2

Sources of advice consulted by virgins and non virgins (Values relate to frequencies of virgins and non-virgins)



Tab. 2

The topics of sex and relationships advice that young people had needed advice on

Topics of advice	N	(% of total sample)
Relationships Advice	292	(37.9)
Contraception	222	(28.8)
Just someone to talk to about sexual issues	177	(23.0)
Sex tips	164	(21.3)
Sexual relationships with someone of the opposite sex	155	(20.1)
Sexually transmitted infections	137	(17.8)
Unprotected sex	136	(17.7)
Unwanted pregnancy	96	(12.5)
Sexual relationships with someone of the same sex	43	(5.6)

(BILLINGS et al. 2007), a novel contribution of the paper is its exploration of how the above vary by level of sexual experience. It has been recognised that to be effective, sexual education must meet the needs and interests of young people (AGGLETON/CAMPBELL 2000). With this in mind it is thought that the findings of this have implications for targeted sexual health promotion for young people.

Where did young people go for sex and relationships advice/information?

Consistent with previous research (REZNICK/TEBB 2007) young people had sought information about sex and relationships from friends and parents/family. Females were more likely to consult sources for sex and/or relationships than males were. This is a worrying finding; young boys may not be well equipped to make positive sexual health decisions if

they are not accessing sources that will potentially provide them with useful sex and relationships advice. Future studies will benefit from adopting a qualitative methodology which will help to explore ways to engage boys in sex and relationships education and advice.

Non virgins were more likely than virgins to consult specialist services such as Brook and their doctor, whilst virgins were more likely to consult informal sources such as their friends. These findings highlight that young people are active in seeking information that can be related to their lived experiences. Given that school is the primary form of sex and relationship education for young people (BILLINGS et al. 2007), and will soon become a statutory part of the school curriculum (DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES 2008) it would likely be beneficial for schools to systematically provide young people with information on other sources of local advice that they can consult for further

Fig. 3

Topics of advice needed by males and females (Values relate to frequencies of males and females)

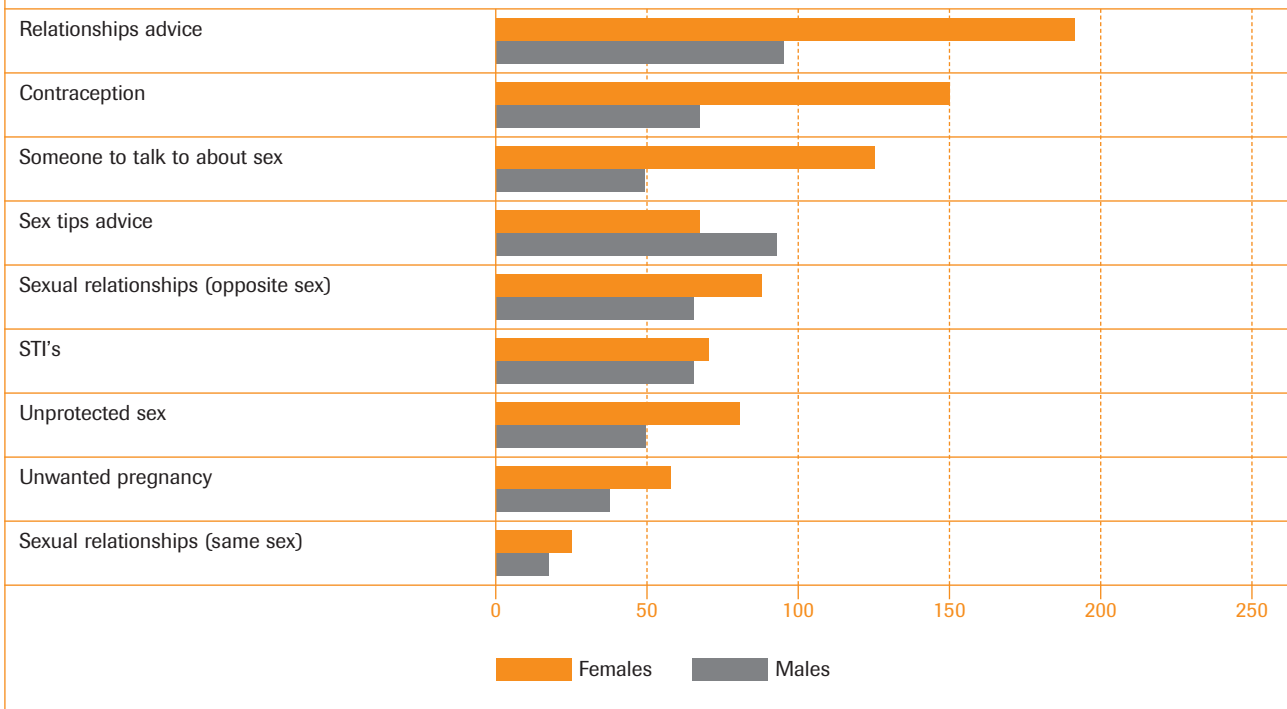
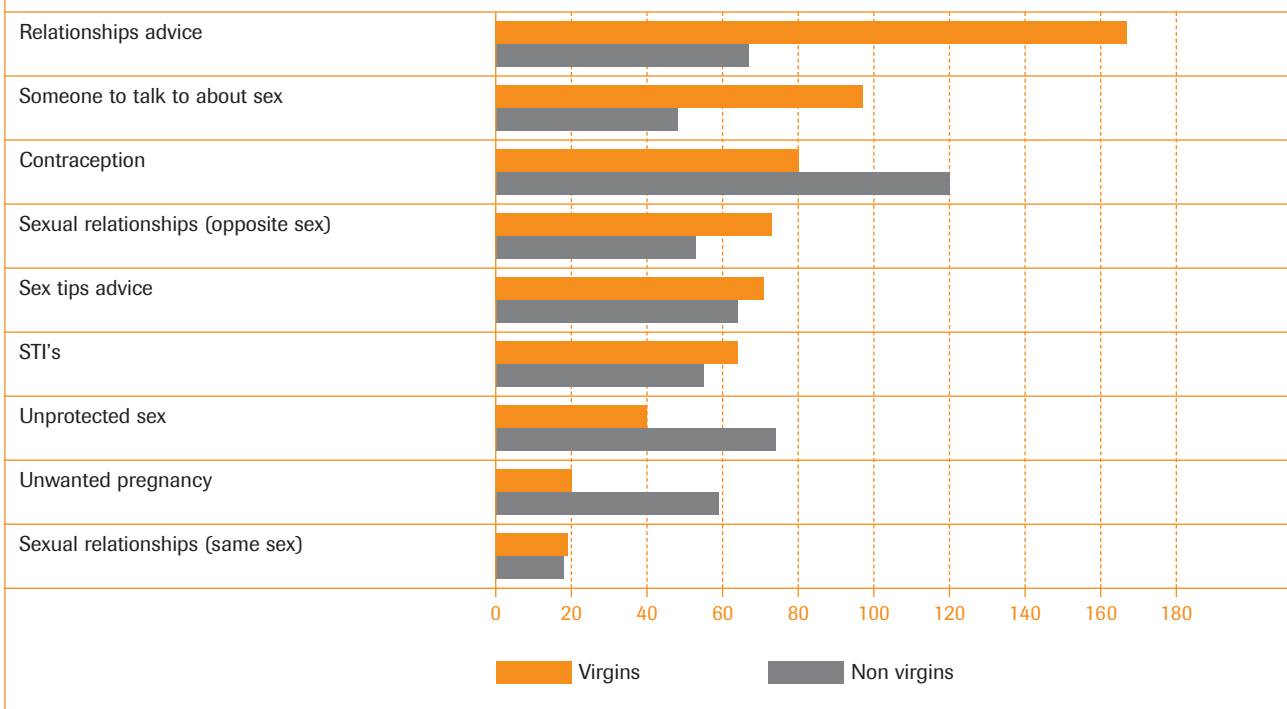


Fig. 4

Topics of advice needed by virgins and non-virgins (Values relate to frequencies of virgins and non-virgins)



information. For example information on specialised services would be beneficial for those young people who are sexually active in the school year group.

What did young people want to know?

Young people cited relationships and contraception as topics of advice they had needed information on. This finding is consistent with previous findings (REEVES et al. 2001). Females were significantly more likely to have sought advice on topics of sex and/or relationships than males. Virgins were more likely to want someone to talk to about sexual issues, contraception and unprotected sex than were non virgins.

These findings provide an important insight into the diversity of young people's informational needs and preferences; emphasising the notion that a 'one size fits all' approach to sex and relationship education is unlikely to benefit young people. Jim Knight (Minister of State for Schools and Learning) calls on school teaching methods to take into account the developmental differences of children and the potential for discussion on a one to one basis or in small groups (DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES 2008). However, schools also need to consider what is appropriate and inappropriate to discuss in whole class settings. As is evident from the current findings and past research young people consult various sources of sex and relationships advice, and has a specific need for the topic of information that they require; both of which are determined by a number of personal factors. It is not feasible to think that school sex education can comprehensively cater to every young person's individual needs, nor is it appropriate to assume that school is the only source of information that young people will consult. For this reason the focus should be on providing them with up to date information that signposts them to sources of advice that would be most beneficial to them.

The sexual experience factor

Although studies have been conducted on various sources of sex education; preferences of adolescents themselves have been largely ignored in the literature (SOMERS/SURMAN 2004; MACDOWALL/WLLINGS/MERCER et al. 2006). This study provides valuable data not only highlighting the sources of information that young people have consulted but also the kinds of topics that young people have ever needed advice on. Although previous research demonstrates the importance of considering factors such as gender, age and ethnicity when providing sex and/or relationship information (e.g. REZNICK/TEBB 2007; BILLINGS et al. 2007), the current study highlights the importance of considering factors such as level of sexual experience in an attempt to improve the provision of information to this target group.

Policies for service development and studies into young peoples' service needs are based on the assumption that they would prefer specialised services fit for their age group (REEVES/WHITAKER/PARSONAGE et al. 2001) However, this assumption needs rethinking. Young people rate age specific clinics as the least important aspect of service provision (REEVES et al. 2001). Although reasons for why this may be have not been explored the findings of the current study may shed some light as to why this may be. There is considerable diversity in sexual experience of young people, even within a given age category (BROOK 2008). The current study highlights that informational preferences vary greatly between

virgins and non virgins. Specialist services that tailor information for young people based on their sexual experience rather than their age may go some way in providing young people with the information that they desire.

A step in the right direction

Prevailing policy emphasises the need to consult and involve young people in the services which impact upon them (SELWYN/POWELL 2007). The findings of the current study, works towards this and have implications for how to focus prevention efforts. The overall indication from the findings is that a collaborative approach in providing information and advice to young people is an important step if the sexual health of young people is to be promoted.

There is no 'one size fits all' solution and there is no means of achieving universal coverage of sex and relationship education that caters to the needs of all young people (POWELL, 2008) at any given time. However a multi faceted approach that supplements information from the varied contexts that young people encounter and seek information from such as the family, school and community settings may help to ensure that young people receive and benefit from the information and education that they receive from various sources. With this in mind, it makes sense for the various sources of sex and relationships advice available to young people (such as the media, family, teachers, sex and relationships advice service) to focus their energies on specific topics for the provision of sex and relationship information.

The diversity in individual information needs poses a challenge for health professionals (KANE, 2003), striking the correct balance in the amount of information given to young people, correctly assessing individual information needs and tailoring the style, content and level of information to the client is difficult (KANE, 2003). It is hoped that findings such as the ones presented in this paper will help in providing more tailored information to the needs of young people; enabling them to make safe decisions with regards to their sexual health.



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Putting pleasure into policy

Roger Ingham

This short piece reports recent work in which we have been involved here in Southampton on the issue of sexual pleasure and young people. It concerns the challenging issue of whether highlighting the positive aspects of sex – as opposed to the negative aspects – may help to improve sexual health outcomes for young people.

The article is somewhat personal and anecdotal, but raises some interesting issues for further analysis. It may say more about the rather curious attitude to sex that we tend to have in the United Kingdom, but I suspect the issues do indeed have relevance on a more widespread scale.

Some years ago, I was invited to join a small international workshop to discuss aspects of sex and relationships education. The main aim of the meeting – supported by the Ford Foundation, the Centre for the Study of AIDS at the University of Pretoria and the Institute of Education at the University of London – was to explore current and potential future means of assessing the impact of programmes. There was a general feeling amongst the participants that current means of assessment tended to be concerned with reducing negative outcomes, such as teenage pregnancy levels, STI rates and – less commonly – psychological outcomes such as feelings of regret. Whilst these are no doubt worthy aims of programmes, the meeting explored what other alternatives might be considered.

A number of papers were presented and discussed at the meeting, and tidied up versions of these were published in a special issue of *Sex Education; Sexuality, Society and Learning* (2005, volume 5, number 4). My own contribution (INGHAM 2005) was concerned with the observation that much of current home- and school-based sex education not only ignores issues relating to sexual pleasure, but seems to actively discourage any notion that it may even be possible or desirable!

I suggested that it is perhaps understandable why some (or many) ‘educators’, be these parents or teachers, want to avoid giving the impression that sex might be pleasurable; even those who do not support the complete ‘abstinence-only’ approach to the topic may feel uneasy about moving in this direction. So, it may be easier to evade the area, to sidestep questions and to emphasise sex as being related to the function of reproduction rather than to the sharing of pleasures. But is this really an appropriate manner in which to regard young people, and is it likely to lead to lower risk behaviours?

Further, there is often a risk of confusing pleasure as shared with someone else and pleasure as achieved for oneself through masturbation (or ‘solosex’ as it is sometimes called). Those who seem to be most vocal in condemning young people’s sexual activities also tend to have pretty negative attitudes towards masturbation as well. LORD BADEN-POWELL, the initiator of the Boy Scout movement took a dim view of the practice, as did JOSEPH KELLOGG, the founder of the global breakfast cereal company; a good diet with plenty of roughage was regarded as leading to a healthy mind and a healthy body, with no thoughts of sex being entertained! Most faiths are highly critical of the practice, and some cultures maintain the belief that loss of semen will lead to lower fertility and strength later on life.

The majority of attention in the past has been on male masturbation and its negative impact of one kind or another; little attention has been directed towards female masturbation, amongst the reasons being, presumably, because the Bible did not condemn it, and there may have been a sense of disbelief (at least amongst men) that it actually occurred!

Soon after this workshop and the discussions on pleasure, one of my students asked me if there was any evidence of a link between women’s frequency of, and comfort with, masturbation and the numbers of partners that they reported. Her thinking was that if a woman could provide orgasms for herself then she may be less dependent on others to help her achieve one. We could find little literature on this possibility; there has of course been along history of writings from a feminist perspective about the ways in which interest in sexual pleasure tends to be male-serving, but we could find very little on this potential public health angle to female masturbation.

We successfully applied for some funding and my student – HARRIET HOGARTH – started on her PhD research. At an early stage of the work, she interviewed 20 women aged between 16 and 18 years of age about a wide range of their experiences of growing up, family communication, relationships, sex, and other issues – including masturbation. Once their initial shock at being asked about this

issue subsided, many of these young women had plenty to say on the subject; it was for many the first time that anyone had given them ‘permission’ to talk about a topic that was seen as being so personal and hitherto private.

We were very surprised by the extremely wide range of views and personal attitudes towards the issue that emerged from the analyses of the transcripts of these interviews. We have published a paper on the key findings of this initial study (HOGARTH/INGHAM 2009), so the detail is not repeated here. In summary, attitudes ranged from severe repulsion (for example, “I would never touch myself down there” and “Do girls really touch themselves ... I can’t believe that”) to complete acceptance (for example, “It was like discovering the pot of honey” and “it really helps to feel better ... well, not better, just calmer”).

Although this component of the research was a small-scale qualitative study (and subsequent work has explored some of the ideas on much larger samples through questionnaires), close analysis of the case histories of these young women revealed some seemingly consistent themes. For example, women who reported feeling relaxed about their own bodies and what they liked and did not like reported also being more in control of interactions with others; for example,

“I’m not sure how to put this but being or at least knowing me or at least my body has really helped me ... you know ... helped me know what I want”

“This is so personal I find it difficult to talk about ... I think I have more control over things like I can just put a stop to things that I’m not happy with ... you know ... when it’s not right”

So, feeling relaxed and comfortable about providing pleasure for oneself may have important public health implications, and is not just a matter of gender equity. The question then arises as to how such variations arise between these young women in this small and relatively demographically homogenous sample.

We observed that these more ‘relaxed’ women also reported having had more open discussions with their parents (normally mothers) about sex and relationships as they were growing up, a finding that was compatible with other research we have carried out on cross-national variations. Young people in the Netherlands (compared with those in England) report more open parental conversations, being more relaxed about their own bodies, and more in control of sexual events as assessed through lower reported regret, higher contraceptive use, greater mutuality, etc. (INGHAM/VAN ZESSEN 2009; also see SCHALET 2000). So, this general relationship seems to hold between countries as well as between families and individuals within countries.

A number of issues are raised by the issues being implied here. For example, how is that some parents apparently find it easier to talk to their children about sex and relationships? I think it is true to say that we don’t really know! Perhaps those who find it difficult have some personal concerns of their own that need to be addressed and worked through before they can be open with their children. Further, to what extent does the nature of the ways in which – as opposed to just the extent to which – parents answer questions from their children affect perceptions of sex and relationships at the time as well as subsequently? Little is

known about these dynamics; most research on parental communication has focused on the reported levels (often using fairly vague measures) rather than the precise details.

To explore this, we are getting more interested in how parents respond to questions about bodies and babies. We are just about to establish a set of focus group discussions – hopefully to be followed by interviews – on how parents answer their young children’s questions about where babies come from, why boys’ genitals differ from those of girls, why it feels like it does when they touch themselves in the genital region, what (sometimes curious!) names parents give to these body parts, and so on. In all cases, we will want to know why parents react the ways in which they do, and what implications they think this may have for their children’s healthy development.

What lies beneath these questions is the possibility that reactions to these early questions may have a profound influence later on. For example, is it possible that being told that touching genitals is “dirty” leads to inhibitions later? Is being told that babies come from a “special cuddle” that “mummies and daddies have” associated with a rather strange and restricted subsequent view of sex? If sex is closely and primarily associated with reproduction, what does this tell children about pleasure and sharing (and, indeed, same sex relationships)? Does evasiveness in addressing questions lead to a general mystification of bodies and sex in a way that is generally not healthy for open discussion (with parents and/or partners) later on?

Two recent examples from England illustrate the challenges in these areas. The first involves a cartoon booklet produced by the fpa (formerly the FAMILY PLANNING ASSOCIATION). This is designed to get young children aged 6 to 7 to think about their bodies and the changes that lie ahead. One picture contains a picture of a boy and girl, with the names of various body parts in boxes, and the task for the reader is to draw lines joining the names with the appropriate parts (a pdf version of the booklet is available).¹ Parts to be identified include head, hair, arm, nipples, foot, leg, vagina (or testicles and penis for the boy). It should perhaps be stressed that there is no further information or suggestions about what can be done with any of these body parts!

The reaction to the publication of this booklet was quite astonishing. The *Daily Telegraph* reported in a headline “Sex education booklet aimed at 6 year olds sparks row” and reported that parents’ groups had claimed that it will ‘rob children of their innocence’. The *Daily Mail online* reported “Now schools introduce a sex guide for your six-year olds”.

MARGARET MORRISSEY, ex-national chair of the PARENT-TEACHERS ASSOCIATION is quoted as saying: “giving clinical terminology to children so young is an unfair burden on them. I am sure most parents will agree the truth is the best answer but it is the degree of detail that is so important. It’s unfair to burden very young children with explicit details and then wonder why they say words and do things not acceptable in schools or in society. We cannot expect small children to cope with the amount of information government want primary school to implant into childish minds.” (her blog site, 18 September 2008)

There is an interesting aspect of this quote – that using correct terminology for body parts will lead to children “ ... saying words and doing things not acceptable in schools or society ...”. It is not immediately clear to me how the correct terms could have this effect! Note that Ms MORRISSEY does

¹ www.fpa.org.uk/Information/Informationforyoungpeople

not say which terms should be used instead, or whether no names at all should be used! As mentioned above, the risk of using made-up names is that these body parts become mystified and treated as quite different from other parts of the body, and this may have negative consequences in due course in relation to healthy development.

A further comment was reported by a general practitioner who is involved with a so-called family values organisation. He again failed to grasp the point that the booklet was doing no more than simply naming body parts ...

Dr TREVOR STAMMERS, of the FAMILY EDUCATION TRUST, said: "The FPA seem to think that by doing the same thing with younger and younger children they are going to get a different result. Actually they are going to reap the whirlwind. There is a constant emphasis on biological knowledge and an absence of understanding that feelings can be hurt and sex outside a loving relationship leads to damage and retreat."

So, even though the booklet is not about sex or pleasure at all, it is interpreted as being so, and this interpretation by supposedly high status spokespeople appears in the national press. Parents who have some genuine and understandable concerns about these challenging areas are almost certainly influenced by these reactions, and may amend their own views and behaviours accordingly.

The second example concerns a booklet that was produced by the SHEFFIELD CENTRE FOR HIV AND SEXUAL HEALTH, a longstanding and highly respected health promotion agency in Sheffield. This was produced in response to high demand from sexual health service staff, teachers, parents, youth workers and others to help them deal with issues relating to pleasure in their work with young people.

The booklet² discusses a number of reasons why pleasure should be raised (or at least not denied) in discussions with young people, and contains some suggestions for ways to introduce the issues in non-threatening ways. As a light-hearted comment to liven up the content, the phrase 'An orgasm a day keeps the doctor away' appears, and it is very obvious to most readers that this is intended to be a joke! But not so Dr STAMMERS, mentioned above. He was widely quoted as saying ... "the leaflet would encourage 'risky' behaviour and an increase in sexually transmitted diseases," he said. "I'd like to know what scientific evidence there is to back this up. There are an awful lot of overpaid and under-occupied health promotion officers around who are obsessed with sex." He added that inciting underage sex was "nothing less than encouraging child abuse" (*The Daily Mail*, 12 July 2009)

It was clear that he had not seen the booklet when he made these comments, otherwise he might have realised that there is nothing in it that "incites under-age sex" but that its primary focus is on masturbation. But the use of the phrase 'encouraging child abuse' may serve to frighten those working with young people away from discussing these issues if and when the topics arise, thereby further preventing a potential sex-positive approach in their work.

So, what might be some of the implications of these issues for policy? Much health promotion work is aimed directly at young people in an effort to try to prevent them from taking risks; this is necessary and – when carried out properly – can be effective. But it can be argued that equally important targets of health promotion should be those who work with young people, with the aim being to ensure that they are not frightened into avoiding certain issues and

topics by the 'moral guardians' who feel they should have the monopoly on how to deal with the sexual issues and concerns of young people.

Policy-makers can help in a number of ways:

- by including ways of talking about pleasure in training courses for teachers, youth workers and health service staff;
- by including the topic in parenting preparation and support courses;
- by getting across to parents and others that the impact of evasive and false answers to genuine questions by their young children may have negative consequences later on;
- by trying to ensure that policy decisions are based on research evidence – alongside rights-based approaches – rather than on rhetoric and false assumptions;
- by funding more research into positive aspects of sexual development;
- by understanding that mystification and secrecy about sex and bodies may create the very circumstances that make hidden abuse more likely to be perpetuated;
- by appreciating that knowledge about bodies can be to a large extent separated from what one chooses to do with that knowledge (and the bodies!).

2 www.sexualhealthsheffield.nhs.uk/publications/index.php



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Increasing the usage of long-acting reversible contraceptives among young women in the UK

Nicole Stone

The author briefly outlines the problem of the high teenage pregnancy rate in Great Britain. British health experts want to promote the use of reversible long-acting contraceptives to prevent unwanted pregnancies. She describes their acceptability, barriers to their use and research issues.

It has been widely publicised that the UK has both the highest teenage conception rate and the highest rate of teenage motherhood in Western Europe. Data collated by Eurostat and the UK OFFICE FOR NATIONAL STATISTICS indicate that, in 2008, the live birth rate among women aged 15–19 years in England and Wales stood at 26.0 per 1000, over twice the rate of France (11.4), four times the rate of Denmark (6.1) and five times that of the Netherlands (5.2) (EUROSTAT 2010; OFFICE FOR NATIONAL STATISTICS 2010).

Since the launch of the TEENAGE PREGNANCY STRATEGY (TPS) in 1999 progress to reduce conceptions among under 18s has been in the right direction; however, the decline has been slower than anticipated (SOCIAL EXCLUSION UNIT 1999; OFFICE FOR NATIONAL STATISTICS 2010). Furthermore, abortion which is frequently used as a proxy indicator for unplanned pregnancy, remains high. In 2008, approximately 98,000 young women aged 15–24 years in England and Wales had an abortion – for 31% of these women this was, at the very least, their second procedure (DEPARTMENT OF HEALTH 2009).

Although early motherhood has been shown to be a positive experience for some young women, teenage pregnancy is often a consequence of, and cause of, social exclusion (PHOENIX 1991; BOTTING/ROSATO/WOOD 1998, p. 19; KIERNAN 1997, p. 406). Further, teenage parents and their children face a greater risk of adverse health, educational and socio-economic consequences than do older parents and their children (BERRINGTON/DIAMOND/INGHAM/STEVENSON 2005; ALLEN/BOURKE DOWLING 1998). The promotion, provision and uptake of appropriate contraception to young people is therefore essential.

The condom and oral contraceptive pill are the two most popular methods of contraception used by UK young people as in many other European countries [THE NHS INFORMATION CENTRE 2009]. Both, however, have their limitations for use requiring the need for event or daily compliance.¹ Consequently, interest at the policy level has turned to the promotion of long-acting reversible contraceptives (IUD², IUS³, injectable contraceptives and implants) which afford

much better efficacy in preventing pregnancy. Despite the apparent benefits (health, practical and financial) usage remains relatively low, although at a much higher level than many other Western European countries (ARMSTRONG/ DAVEY/DONALDSON 2005; MAVRANEZOULI 2008, p. 1338). Data collected from family planning clinic visits suggest that in 2008/09, 13% and 17% of young women aged 16–17 and 18–19 years respectively, were using LARCs as their primary method of contraception with implants being the most favoured method. Among women aged 20–24 years usage rose to 22% (THE NHS INFORMATION CENTRE 2009).

In 2005, the TPS final evaluation report recommended that LARC should be more widely available to young women (TEENAGE PREGNANCY STRATEGY EVALUATION TEAM 2005). Furthermore, the National Institute for Health and Clinical Excellence (NICE) published its guidance on the effective and appropriate use of LARC noting the scarcity of robust UK based evidence to answer important clinical questions on the use of LARC, including factors which influence the uptake and patterns of use (NATIONAL COLLABORATING CENTRE FOR WOMEN'S AND CHILDREN'S HEALTH 2005). In particular the report recommended

- All women requiring contraception should be given information about and offered a choice of methods, including LARC;
- All currently available LARC are more cost effective than the combined oral contraceptive pill even at 1 year of use; and
- Increasing the uptake of LARC will reduce the number of unintended pregnancies.

1 Responsible and cooperative behaviour on the part of the patient/client (Ed.)

2 IUD = intrauterine device, coil (Ed.)

3 IUS = intrauterine system, hormone coil (Ed.)

Research from other nations has found low uptake of LARC to be associated with lack of knowledge, fear of side effects, and satisfaction with current method (TANFER/WIERZBICKI/PAYN 2000, p. 176). Once in use, discontinuation of LARC has been found to be linked to, among other things, bleeding problems, pain and weight changes (HAREL/BIRO/KOLLAR/RAUH 1996, p. 118; POLANECZKY/LIBLANC 1998, p. 81; LIM/RIEDER/COUPEY/BIJU 1999, p. 1068; LAKHA/GLASIER 2006, p. 287). To date, it is currently not known to what extent such issues, or the fear of such, impact upon uptake and continuation rates among young women in the UK.

Contraceptive choice is also found to be strongly influenced by providers' views and information and advice provided (GLASIER/YAN/WELLINGS 2007, p. 18; WELLINGS/ZHIHONG/KRENTEL/BARRETT/GLASIER 2007, p. 208). For instance, a UK study investigating attitudes towards LARC in general practice settings found that despite acceptance of their value in the prevention of teenage pregnancy practitioners were far less likely to recommend such methods to young women, contrary to NICE⁴ guidelines. Misconceptions about side effects and lack of confidence in the fitting of methods were also found to be significant barriers. Possibly unsurprisingly therefore, a recent study exploring the myths, knowledge and attitudes held by young people in relation to different forms of contraception found both young men and women to be lacking in knowledge regarding their full contraceptive choices, how different methods work and in many cases their extended value (DEFINE RESEARCH & INSIGHT 2007).

Given the recognition of the importance of LARC in preventing unplanned pregnancies, and thus in achieving the targets set by the TPS and reducing the number of abortions performed to young women, a full investigation into the barriers and opportunities for increasing LARC uptake among young women in the UK is both timely and necessary.

4 NICE = National Institute for Health and Clinical Excellence, England and Wales (Ed.)



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The SAFE-II-Project: Sexual Awareness for Europe

Ada Dortch

IPPF¹ European Network and WHO Regional Office for Europe along with 14 IPPF EN member associations, have formed a partnership in order to promote the sexual and reproductive health and rights (SRHR) of youth across Europe. The project, which builds on the achievements of the SAFE project (2005–2007), sets out to provide an overall picture of the patterns and trends across the region in order to develop new and innovative ways to reach young people with SRHR information and services, and to inform, support and advance policy development.

Project Goal

To enhance the SRHR of all youth across Europe through better co-operation among EU countries, co-ordination among agencies and harmonization of public health policies, health promotion strategies and programmes.

Project Objectives:

- To increase the adoption and implementation of sound, rights-based policies to protect, promote and ensure the SRHR of young people
- To improve understanding of the determinants of behaviors and practices affecting the SRHR of young people in Europe
- To improve the uptake of good practices aiming to improve the SRHR of young people in Europe
- To increase the commitment and support of a broad range of national and European stakeholders for young people's SRHR
- To strengthen the involvement and empowerment of young people in Europe in initiatives to address and improve their SRHR.

¹ International Planned Parenthood Federation

² YSAFE (Youth Sexual Awareness for Europe) is a website created by IPPF for young people, providing information, games and forums. This platform calls upon young people to participate actively in creating the political framework for sexual and reproductive health in their own region (Ed.)

The five components of the project

1. Improving policies on the SRHR of young people in Europe

This component aims to gain the adoption and implementation of the "Guide for developing policies on the SRHR of young people, developed under the SAFE project, which outlines key policy recommendations for improving the SRHR of young people in Europe and emphasizes five specific issues including: information, education and communication, health services, access to contraception, STIs and HIV/AIDS, and unwanted pregnancies and abortion. Activities will be implemented on the European and national levels. The Irish Family Planning Association will work closely with an additional three countries (Portugal, Slovakia, Cyprus) to conduct in-country advocacy to implement favourable policy change for the SRHR of young people. The key priority areas for advocacy in these countries will include monitoring and implementation of comprehensive sexuality education, access to contraceptive services, national health strategies for youth friendly health services; all with a special focus on vulnerable young people.

2. Developing the knowledge base on young people's SRHR

Researchers at the Rutgers Nisso Groep will be working closely with five IPPF Member Associations (Austria, Belgium, Czech Republic, Germany, and Spain) to conduct detailed situational analyses and qualitative studies that will investigate approximately three variables affecting the sexual behaviour of young people and the policies related to this. The research data from these five countries will in turn be used to inform future strategies, policies and interventions on young people's SRHR. The research areas will be determined with the partners at the beginning of June 2010.

3. Testing and sharing good practice

IPPF EN will work closely with four countries and WHO Implementing Best Practice (IBP) to enhance the knowledge of existing good practices regarding young people's SRHR by the development, dissemination and documentation of good practices. The replication of selected good practices will be developed, implemented and evaluated in four countries including: Estonia, Finland, Latvia, and Poland. The good practice projects will respec-

tively target: young men through a dedicated website on comprehensive issues related to SRHR; prevention of sexual violence and strengthening the capacity of young people to become empowered; reaching out to university students for increased awareness and skills on SRHR; and building the capacity of medical students on comprehensive SRHR.

4. Broadening the support base for young people's SRHR

This will be a cross-cutting component that will be mainstreamed throughout the project. Project partners will ensure a broad and continued involvement of key stakeholders throughout the project. SAFE II will develop linkages with stakeholders such as parents and family unions, teachers, youth and social workers' groups, nurses associations and other groups that may not be traditional allies of SRHR but whose support is essential in moving forward in such an important area as young people's SRHR.

5. Empowering young people to actively promote their SRHR

This will be a cross-cutting component that will be mainstreamed throughout the project. Active participation of young people in all aspects of the project will be critical to its success. For this reason, the project involves the IPPF EN national youth network (YSAFE)², include the participation of a YSAFE member on the SAFE II steering committee. In addition, the SAFE II project will be linked to another IPPF EN, which focuses on developing a youth movement to advocate for young people's SRHR in Europe by building the capacity of young people to advocate for their rights.

Dissemination of project results will be done at national and European levels through partner websites, dedicated publications, events and project conferences.

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Sexual and social relationships of 17- and 18-year-old young people

Silja Matthiesen

Aim of the research project

In view of the increasing public concern about the dangers of pornography use and sex chatrooms for young people and their sometimes chaotic sex lives, the aim of this study is to obtain reliable empirical data about the way that young people today organize their sexuality and their relationships and the values and ideals which guide them in this process. The study focuses on “youth sexuality and the Internet”, i.e. on the question of the way in which easy and constant access to sexually explicit images, chatrooms and films on the Internet is currently changing the sexual socialization environment of young people.

In Germany, there are many fears, some of them exaggerated, about the effects of the new media, but up to now there has been little empirical research. This study is intended to obtain detailed information about the amount of pornography used by young people, the way they use it, and the influence which pornography use has on sexual fantasies and sexual scripts. It also describes the significance of chatrooms for sexual socialization and meeting romantic or sexual partners.

Many studies on youth sexuality show that most young people organize their sexuality in the form of steady relationships – as adult men and women do. However, in adolescence steady relationships are often short-lived and serial. The study investigates the significance of sexuality in relationships and forms of sexuality outside relationships. It documents relationship and sexual histories over time which are typical of young people.

Method

In the autumn of 2009, 160 16–19-year-old women and men in Hamburg and Leipzig with various levels of education (Gymnasium [grammar school] and Berufsschule [vocational college]) were asked in structured interviews about their experiences of sexuality, love, relationships, pornography and the

Internet. The survey was approved by the Hamburger Behörde für Schule und Berufsbildung [Hamburg School and Vocational Education Authority] and the Sächsische Bildungsagentur, Regionalstelle Leipzig [Leipzig Regional Office of the Saxony Education Agency]. The overwhelming majority of the participating schools were interested by the study and were very helpful and cooperative. The respondents were very willing to participate; towards the end of the survey, participants sometimes had to be chosen by lot, as there were more people willing to be interviewed than were needed.

The interviews lasted between 20 minutes and two-and-a-half hours. A total of 149 personal interviews and 11 telephone interviews were conducted with 77 grammar school pupils and 83 vocational school pupils. All respondents were given the sum of € 30 for expenses.

Random sample N=160

	<i>Grammar school</i>	
	<i>Women</i>	<i>Men</i>
<i>Hamburg</i>	20	16
<i>Leipzig</i>	21	20
<i>Total</i>	41	36

	<i>Vocational school</i>	
	<i>Women</i>	<i>Men</i>
<i>Hamburg</i>	19	25
<i>Leipzig</i>	20	19
<i>Total</i>	39	44

The study is financed by the Federal Centre for Health Education (BZgA) for the period June 2009 to May 2011.

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BROCHURES

Liebevoll begleiten [Standing by lovingly]

The brochure “Liebevoll begleiten” describes the child’s development from the ages of 1 to 6, using examples of situations at various ages. This guide includes ideas for parents about ways that they can respond to their children’s questions and encourage and assist them as they develop bodily awareness and the capacity to form attachments and feel love. Important aspects such as feelings of shame and boundaries are also addressed, alongside the role of the media and protection from sexual abuse.

The brochure includes a number of interviews with experts on important issues, tips for recommended books, brochures and websites and addresses of advisory centres.

Ordering address:

BZgA
51101 Köln
Fax +49 (0)221 89 92 257
order@bzga.de
Order No. 13660500

Medien und Materialien der Sexualaufklärung und Familienplanung [Media and Materials for Sexuality education and Family Planning]

This overview of BZgA media and materials on sexuality education and family planning is now in its 28th edition. It provides information about media aimed at various target groups, the specialist research series “Forschung und Praxis der Sexualaufklärung und Familienplanung” [Research and Practice in Sexuality education and Family Planning], the Forum series, evaluations, film and websites, as well as materials from associated specialist fields.

Ordering address:

BZgA
51101 Köln
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MAGAZINES

Betrifft Mädchen [For Girls]

Issue 3/2010 of “Betrifft Mädchen” was published on 1 July 2010 and focussed on the subject “Beware – Girls and Politics”. The articles are about the political interests and voting behaviour of young women, political participation programmes from a gender aspect, prospects for participation by girls from a migration background, the European study EUYOUNG, etc. This magazine from the Landesarbeitsgemeinschaft (LAG) Mädchenarbeit [Land Working Group for Gender-Specific Youth Work for Girls], North Rhine-Westphalia may be ordered from Juventa Verlag at €6.50 plus postage.

Ordering address:

Juventa Verlag
Telephone +49 (0)6201 90 20 25
steinmetz@juventa.de
www.juventa.de
lag@maedchenarbeit-nrw.de
www.maedchenarbeit-nrw.de

BOOKS

Prävention und Gesundheitsförderung in der Stadtteilentwicklung [Prevention and Health Promotion in Neighbourhood Development]

Individual health behaviour, hazardous living conditions and socio-economic factors such as income, professional status and education are closely inter-

connected. Consequently, poverty is associated with considerable risks to health. Since social and health inequalities can be represented spatially, there is a growing focus on neighbourhoods in health promotion. This publication shows how health promotion can be successful at the neighbourhood level and the research which needs to accompany this approach.

The book provides recommendations about the contributions which the main actors – the Federal Government, the Länder, communities, health insurance companies and local neighbourhood management – should make to a strategic and conceptual approach and to the further development of health-promoting neighbourhood growth.

The book costs € 29.

Ordering address:

Deutsches Institut für Urbanistik
GmbH
Zimmerstraße 13–15
10969 Berlin
Telephone +49 (0)30 39 00 12 53
Fax +49 (0)30 39 00 12 75
verlag@difu.de
www.difu.de

STUDIES

Sexualität und Migration [Sexuality and Migration]

One third of young people in Germany come from a migration background. To find out how much interest this target group has in information on subjects such as love, relationships and sexuality, the way they access it and the sources of information they use, BZgA commissioned the representative study “Sexualität und Migration. Milieuspezifische Zugangswege für die Sexualaufklärung Jugendlicher” [Sexuality and Migration. Milieu-specific access to sexuality education for young people] (see article by Ilona Renner in this issue).

This study, conducted by Sinus Sociovision, basically shows that, as one might expect, young people from a migration background are not a homogeneous group, and that the differences between them have little to do with the countries of origin of their families. The decisive factor behind attitudes to love, sexuality and relationships, their interest information and their language preferences is their allegiance to various lifestyle and value groups or milieus.

The 52-page publication showing the results of the study can be ordered free of charge.

Ordering address:

BZgA
51101 Köln
Fax +49 (0)221 89 92 257
order@bzga.de
Order No. 13319300

INTERNET

Website of the National Centre on Early Prevention

The projects organized by the National Centre on Early Prevention (NZFH) research and evaluate the effectiveness and acceptability of various activities to support child development and promote better protection in early childhood. The Centre is jointly operated by the German Youth Institute and BZgA. The NZFH online forum provides background information, data and facts about early prevention and more in-depth information, for instance in outlines of current pilot projects and their accompanying research.

Contact:

www.fruehehilfen.de

Database on Gender-Specific Youth Work

The FUMA Fachstelle Gender [Gender Office], North Rhine-Westphalia, has created a database which, for the first time, collects together and presents projects and services for gender-specific youth work for girls. This complements the database on youth work for boys, which has been available since 2008. The database on youth work for girls enables professionals from children's and youth services, schools and leisure services to make contacts and include innovative ideas and concepts from other regions in their own practice.

Parents, children and young people will find exciting opportunities local to them on this portal.

Contact:

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Rathenaustraße 2-4
45127 Essen
Telephone +49 (0)201 18 50 88 0
Fax +49 (0)201 18 50 88 9
Kerstin.schachtsiek@gender-nrw.de
www.gendernrw.de

Gib AIDS keine Chance aktuell [Don't Give AIDS a Chance Update]

The Verband der privaten Krankenversicherung e.V. [Association of German private healthcare insurers – PKV] is providing a total of €16 million by 2015 for BZgA's AIDS prevention activities – this and many other items of news of relevance to AIDS prevention are summarized in the fifth "Don't Give AIDS a Chance Update" newsletter, issued in June 2010.

As usual, an overview of study results, including studies on trends in self-protection behaviour in Germany, cooperation between BZgA and Ukraine, the Deutsche AIDS-Hilfe [German AIDS Assistance] Internet advice service and the current "Liebesorte" [Places for Love] campaign is presented, with colour illustrations. In honour of the International AIDS Conference, the newsletter has been translated into English.

The next newsletter will be devoted to "25 Years of German Activities in AIDS Prevention".

Ordering address:

BZgA
51101 Köln
Fax +49 (0)221 89 92 257
order@bzga.de
www.gib-aids-keine-chance.de/div/newsletter
Order No. 70795000

CONFERENCE DOCUMENTATION

15. Kongress Armut und Gesundheit [15th Poverty and Health Congress]

On 4-5 December 2009 in Berlin, around 2000 participants from research, politics, administration and practice discussed the health impact of poverty and health promotion policies for socially disadvantaged people. At over 80 workshops, participants discussed how health promotion can be successfully organized for socially disadvantaged people, in day-care centres, schools, enterprises or neighbourhoods.

You may order documentation on CD-ROM for €5 plus postage, from sekretariat@gesundheitberlin.de.

Contact:

Gesundheit Berlin-Brandenburg
Arbeitsgemeinschaft für
Gesundheitsförderung
Friedrichstraße 231
10969 Berlin
Telephone +49 (0)30 44 31 90 60
Fax +49 (0)30 44 31 90 63
kongress@gesundheitberlin.de
www.gesundheitberlin.de

MUST, CAN, MAY – successful collaboration between youth work for girls and for boys

On 24 September 2009, an expert conference took place in Essen, focusing on collaboration between youth work for girls and for boys. "We must collaborate" may mean feeling obliged or not having a choice. "We can collaborate" means having the opportunity or the skills to succeed together. "We're allowed to collaborate" may mean exchanging experiences, participating or discovering completely new horizons.

The documentation from the conference, which is available for €8 plus postage, includes articles on work with girls, work with boys and the principles for successful collaboration, as well as reflections from practice and a "seven-point plan for successful collaboration between youth work for girls and for boys".

Ordering address:

Landesarbeitsgemeinschaft
Mädchenarbeit in NRW e.V.
Robertstraße 5a
42107 Wuppertal
Telephone +49 (0)202 75 95 04 6

lag@maedchenarbeit-nrw.de
 www.maedchenarbeit-nrw.de
 Landesarbeitsgemeinschaft
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 c/o Union Gewerbehof
 Huckarder Straße 12
 44147 Dortmund
 Telephone +49 (0)231 53 42 17 4
 www.lagjungenarbeit.de

INSTITUTIONS

Plattform Sexualpädagogik Südtirol [Sexuality education South Tyrol]

In November 2009, the Sexuality education Platform South Tyrol was founded in Bolzano. This network is affiliated to the Youth Work Office of the Land administration and to the German and Ladin Education Authority, which have commissioned a series of high-quality sexuality education materials in recent years.

The sexuality educationalists belonging to the platform support an emancipatory sexuality education approach, which supports people in experiencing their sexuality in a responsible and self-determined manner. They work in schools, youth activities and adult education. Through the network, they want to promote their common interests, encourage exchanges and maintain the quality of educational activities in a sustainable manner.

Contact:

www.sexualaufklaerung.it

Most BZgA media and materials on sexuality education and family planning are available to download as PDF files: www.sexualaufklaerung.de.

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FORUM *Sexuality Education and Family Planning*
A series of publications from the Federal Centre for Health Education (BZgA)
Department Sexuality Education, Contraception and Family Planning
Ostmerheimer Straße 220
5109 Köln

www.forum.sexualaufklaerung.de

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