

Health and Community Care

Young people's knowledge and understanding about sexual health and blood borne viruses

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In 2012 a set of questions about sexual health and blood borne viruses were asked from a representative sample of S3-S6 pupils in Scotland. The questions aimed to ascertain how often young people have been taught about sexual health; what their understanding is; and how they think they will use this understanding in the future. The results will inform the implementation of the Scottish National Framework for Sexual Health and Blood Borne Virus 2011-15.

Main Findings

- The majority of pupils recalled being taught about risks to health, including; how to avoid infections which might be caught from having sex; risks to health from illegal drugs; and ways to avoid pregnancy when having sex; how to say no to having sex when you don't want to have it; and how to avoid catching HIV.
- Fewer than half of pupils recalled being taught about how to avoid catching Hepatitis C.
- The majority of pupils identified almost all sexual health and blood borne viruses statements correctly, although there was some ambivalence about whether it was difficult for boys or girls to say no to sex.
- Although the majority of pupils identified correctly that the most common way of catching Hepatitis C is by sharing needles or syringes when people inject drugs, just under a third of pupils said they didn't know. The survey revealed wider uncertainty relating to whether it was possible to catch Hepatitis B by having sex without a condom or catch Hepatitis C by kissing an infected person.
- A large majority of pupils felt their education would help them with the sexual health actions in the future.
- Just over half of pupil thought their education would help with avoiding catching Hepatitis C, with almost a third of pupils indicated their education would either not help at all or not very much.
- Additional analysis by age, year group and deprivation did not reveal any significant variation within the results relevant to Hepatitis B and C. However there appears to be an age gradient in knowledge, with older pupils more knowledgeable about Hepatitis C than younger pupils. Further to this, it appears younger pupils are more confident than older pupils that their education would help avoid Hepatitis C in the future.

Introduction

A set of three questions were included in the Ipsos MORI Young People Omnibus Survey which reported in December 2012. The sexual health and blood borne viruses questions aimed to ascertain how often young people have been taught these topics; what their understanding is and how they think they will use this understanding going forward.

Methodology

The survey comprised a random sample of 59 secondary schools (drawn from 367 state secondary schools across Scotland), in which 2,154 pupils completed questionnaires. All state funded secondary schools in Scotland (excluding Glasgow and including Catholic schools) were included in the sample, while independent and special schools were excluded. The age groups included in the survey were 11-18 year olds in S1 to S6 but due to the sensitive nature of the sexual health questions only S3 to S6 were asked to complete these questions. The total number of pupils answering the sexual health questions was 1,177 (when weighted, 1,078).

Frequency of sexual health education

A large majority of pupils recalled being taught about: risks to health from illegal drugs (87%); ways to avoid pregnancy when having sex (82%); and how to avoid infections which might be caught from having sex (80%).

Two thirds of pupils recalled being taught a 'few' or 'many' times about how to say no to having sex when you don't want to have it (67%) and how to avoid catching HIV (67%).

Just over 4 in ten (42%) recalled being taught about how to avoid catching Hepatitis C with almost half (45%) of pupils who responded not remembering being taught about how to avoid catching Hepatitis C.

Additional analysis by age, year group and deprivation showed little variation in whether pupils recalled being taught about sexual health issues. However, for questions which received a more mixed response, there was some indication that pupils from least deprived areas were more confident about their answers than pupils from the most deprived areas (i.e. they were less likely to answer 'don't know').

Knowledge about sexual health

The majority of pupils identified the following sexual health and blood borne viruses statements as definitely or probably true:

- Even if someone says yes to sex, they have the right to change their minds at any time (89%)
- An effective way of avoiding most sexually transmitted illnesses (STIs) is to use a condom (83%)
- Someone with a sexually transmitted infection (STI) may show no signs of it (77%)
- When a girls says no to sex she always means no (73%)
- Viruses such as HIV can be spread by sharing needles or syringes when people inject drugs (64%)
- When a boy says no to sex he always means no (55%)

Pupils were more split on the following statements:

- Sterile injecting equipment is available from many pharmacies (chemists) across Scotland (44% definitely or probably true, definitely false 43%)
- It's difficult for girls to say no to sex (or kissing, touching or any other sexual activity) (43% definitely or probably true, definitely or probably false 35%)
- It's difficult for boys to say no to sex (or kissing, touching or any other sexual activity) (35% definitely or probably true, definitely or probably false 49%)

Although the majority of pupils said it was definitely or probably true that the most common way of catching Hepatitis C is by sharing needles or syringes when people inject drugs (64%), 30% of pupils who responded said they didn't know. Additional analysis showed those pupils who did not know ranged from almost half (47%) of 13 year olds to around a quarter (26%) of 17-18 year olds suggesting an age gradient in knowledge.

In addition, 53% of pupils who responded could not decide if the statement that the most common way of catching Hepatitis C is by kissing an infected person was true or false. Only around a third of 13-18 year olds identified the correct answer.

Pupils were also unsure about the statement Hepatitis B can be caught though having sex without a condom (53% of pupils didn't know). Additional analysis by age, year group and deprivation showed no consistent pattern in terms of whether or not they knew the correct answer.

Those statements where results show pupils were more ambivalent in their answers also show a slight indication that pupils from least deprived areas were more confident in their

answers than pupils from most deprived areas. For example, 13% of pupils from the least deprived areas answered 'don't know' when asked if a boy who says no to sex always means no compared to 22% in the most deprived areas. However, due to the relatively small sample sizes caution is required when interpreting such findings.

Informing future action

A large majority of pupils felt their education would help them either a great deal or a fair amount with the following actions in the future:

- Avoid catching a sexually transmitted illness (STI) (81%)
- Know where to go for help and advice about your sexual health (79%)
- Avoid catching HIV (77%)
- Say no to doing something that you don't want to (75%)
- Feel more confident in talking about contraception (72%)

A smaller majority of pupils who responded thought their education would help a great deal or a fair amount with avoiding catching Hepatitis C (65%). Although most pupils were confident the education they received would help them avoid Hepatitis C, 31% of pupils indicated their education would either not help at all or not very much. Interestingly, younger pupils were more confident than older pupils that their education would help avoid Hepatitis in the future (39% of 13 and 14 year olds in comparison with 26% of 17-18 year olds).

Summary

The majority of pupils who responded to this survey recalled being taught about most areas of sexual health, were able to identify correct statements about sexual health and blood borne viruses and felt their education would help inform future decisions about sexual health.

The questions relating to knowledge of Hepatitis B and C, and experiences of Hepatitis C education, are notable for the number of 'don't know' responses (much higher than for other sexual health questions within the survey). Additional analysis on the Hepatitis B and C responses by age, year group and deprivation on the whole do not show much variation within the results. However there appears to be an age gradient between knowledge (with older pupils having more than younger pupils) and, conversely, confidence that their education would help pupils avoid problems in the future (with younger pupils more likely to be confident than older pupils).

Implications

Survey results show that knowledge about sexual health and blood borne viruses in secondary schools is generally high (other than for Hepatitis B and C). It may be useful to revisit and strengthen Hepatitis B and C educational materials and teaching in secondary schools to improve knowledge and understanding of pupils on these issues.

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