



ROCHDALE  
TEENAGE  
PREGNANCY  
STRATEGY

**“More about emotion than action”:**

**What young people want  
from  
Sex and Relationships Education**

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**Further Copies From:  
Rochdale Teenage Pregnancy Strategy, Floor 8 Municipal Offices,**

# Introduction

The impact of Sex and Relationships Education (SRE) on the attitudes, knowledge and behaviour of young people is an important consideration for schools and is linked to the DCSF Personal, Social and Health Education framework and the National Healthy School Programme. Drawing on qualitative and quantitative data, this report explores the way in which young people perceive SRE in schools, highlighting patterns in knowledge, attitudes and behaviour in addition to allowing comparisons between data collected 2007 and 2004 (Redgrave and Limmer, 2005). The report discusses young peoples' wishes for their SRE and makes recommendations for the development of SRE in the future, while acknowledging that this is not just the responsibility of schools.

# Methodology

Methods of data collection and analysis replicated those in the 2004 study (Redgrave and Limmer, 2005) and interested parties are advised to refer to this and the summary report from the year 10 survey (2007) for full methodology.

Between May and June 2007, questionnaires were completed by over 80% of Rochdale's Year 10 pupils (more than 2200 individuals) with all 14 schools in the borough of Rochdale taking part.

Following the completion of the questionnaires, focus groups were completed in three of the schools (four groups in Rochdale and two in Heywood) involving 36 participants. The location of the groups was chosen in this way to facilitate the ethnic mix needed. The categories for the focus groups were-

- Asian Males (mixed ability)
- Asian Females (mixed ability)
- White males (mixed ability)
- White Females (mixed ability)
- Motivated young people (mixed gender)
- Non-motivated young people (mixed gender)

The young people who took part in the focus groups were identified by teachers from their schools. The group that should have been made up of white girls in fact contained a mix of ethnicities, as did the group made up of Asian boys.

This was due to a misunderstanding between the research team and the school. In total, eighteen boys (five Asian, thirteen white) and eighteen girls (nine Asian, nine white) took part.

## Data collection

In relation to SRE, topics covered on the questionnaire include:

- Sexual health knowledge
- SRE as a source of information
- Other sources of information about sex and relationships
- Whether young people felt they had learned a lot from SRE
- Whether young people liked SRE or not
- Reported sexual intercourse and oral sex

Questions asked in the focus groups in relation to SRE were:

- Describe what happens in a sex education lesson for you at the moment
- How do you feel about the sex education that you get in school?

- What would be your ideal in terms of school sex education?
- Do you talk to anyone else at the moment about sex?
- Do you use any other sources of information?

### Demographics of the Sample

All questionnaire and focus group participants were either 14 or 15 at the time of the study; the mean age of questionnaire respondent being 15 years and 2 months. The questionnaires were answered by males and females in roughly equal numbers. Twenty percent of the sample used in the quantitative analysis were Asian and the rest were white.

# Results

### Current SRE Provision

There was a feeling amongst young people that SRE in schools was sparse and came too late to make an impact on them. Young people described SRE as covering the scientific elements of reproduction and expressed concern at the lack of information given at an earlier age.

**Luke:** They just spoke to us about diseases and how to spot them...

**Lucy:** Something in year nine about testes and all that.

Some young people felt that the information given in SRE was irrelevant to them or that they already knew it.

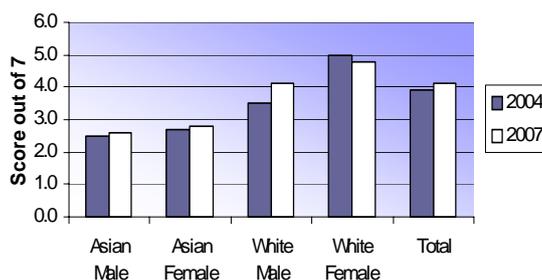
**Lucy:** I don't really think about it. I think I know what I need to know.

**Tom:** When they come in you already knew half of it any way.

However the perception of young people that they already know the information is not backed up by the results of the sexual health knowledge section of the questionnaire. Even though the average scores have shown an over all increase of 5% on 2004, the majority of young people got fewer than 60% of the questions correct.

Even amongst white females (the group who scored highest in this section in both 2004 and 2007) the majority got two out of the seven questions wrong. In addition, although more than 60% of white girls demonstrated high sexual health knowledge, the numbers in this group had declined by 13% since the 2004 study.

**Average Sexual Health Knowledge Scores 2004-2007**



Even when this discrepancy was pointed out to young people, they were clear that they must be the exception to the rule:

**Andy:** It's like learning to ride a bike – once you know you don't forget; it's always in your head somewhere.

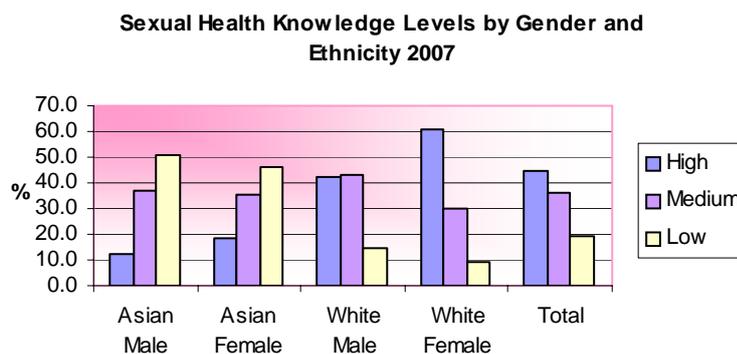
**Researcher:** What if I told you that lots of young people were getting the questions on the survey wrong?

**Tom:** Doesn't bother me!

**Anthony:** As long as *you* know innit...

**Wayne:** As long as I know I don't care about anybody else!

There were fewer numbers of Asian males and females in the high knowledge category than in the 2004 study; however there were also fewer in the low knowledge category - leading to a gain in average scores over the whole sample. White males show the most significant knowledge increase, with a gain of over 25% in the high knowledge category since 2004.



When asked why they thought that white young people score better on the sexual health knowledge questions, Asian young women gave a variety of responses:

**Researcher:** Does it surprise you?

**Maryam:** No 'cos they [*white young people*] have probably had more experience

**Nosheen:** It's the community we live in. Like white parents would talk to their children about it whereas Asian mums and dads just wouldn't bring the subject up.

Despite the over all increase of 5% in sexual health knowledge scores, it is clear that there is significant room for improvement in the sexual health knowledge scores, particularly within the Asian groups, for whom SRE is often the only accessible source of information.

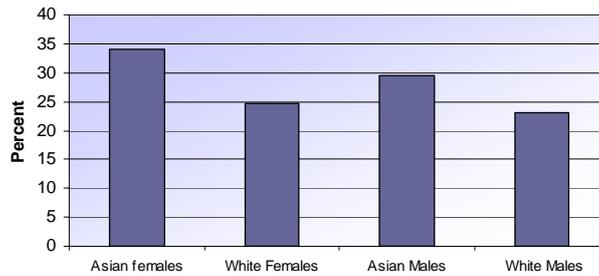
### Who feels positive about SRE?

A higher percentage of females feel positive about SRE (based on showing positive attitudes across a number of variables) than males. In terms of ethnicity, 32% of the Asian sample feels positive about SRE compared to only 24% of the white sample. Asian females are most likely to state that

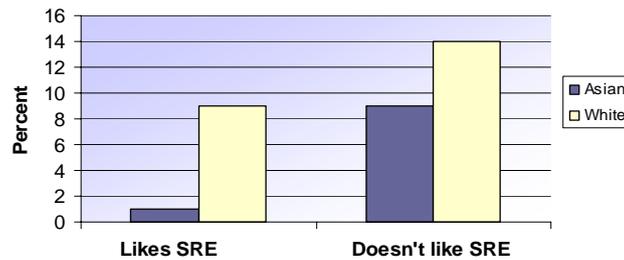
they feel positive about SRE and white males are least likely.

Despite this, Asian females generally demonstrate low levels of sexual health knowledge, from which it is possible to conclude that liking SRE is not enough to ensure good levels of learning in the subject, or that the frequency and scope of the SRE syllabus is not enough to ensure that learning is retained. From the data obtained about the educational aspirations of Asian females and the increased likelihood of those who like SRE staying on at school beyond 16 it is inferred that young people who are more engaged in education in general are more likely to feel positive about SRE.

**Feel Positive about SRE by Ethnicity and Gender**



**Intends to leave school at 16**



This suggestion is supported by evidence that those pupils who had been temporarily excluded from school are less likely to state that they feel positive about SRE than those who had never been excluded. One of the focus groups was made up of young people who had been identified by teachers as being unmotivated. The following quote came from that group:

**Lucy:** I wouldn't even listen to them [*people from other agencies coming into school*]. They have people coming in here doing talks in assembly or in your classroom and you're just sat there. You just get bored.

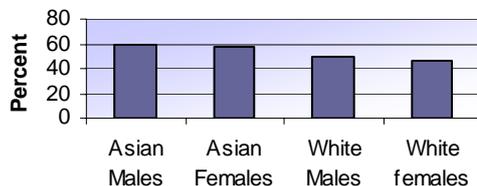
There is a cohort of young people who have complex issues around exclusion, crime, use of alcohol and sexual health. The links between reported behaviour and temporary exclusion from school suggest that this group could be identified and targeted for work around their problematic health related activities including drunkenness and unsafe sex. In light of this cohort's likelihood of relative disengagement with the school system, it seems logical that this targeted work be supplemented by health-based input outside school where possible. However, schools have a responsibility to work harder to engage in SRE those pupils who have been temporarily excluded .

**SRE as a source of information**

Despite the generally negative portrayal of current SRE in the focus groups, in the attitudes section of the questionnaire a large number of young people responded positively to the statement "I have

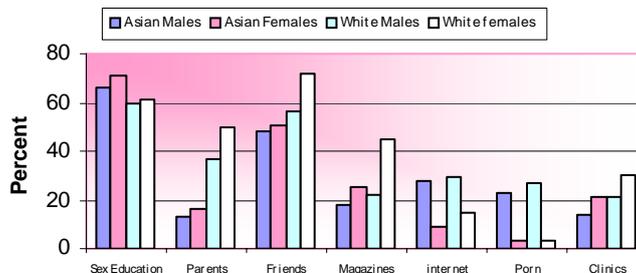
learnt a lot from Sex Education in School".

**Agreed with the statement  
"I have learnt a lot from Sex  
Education at School"**

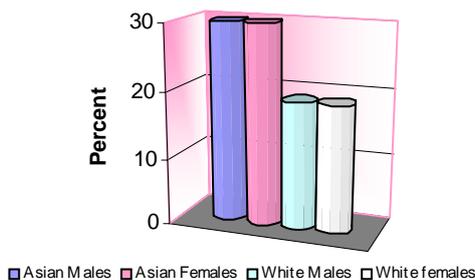


Sex education was stated as a source of information for the majority of young people, and for around one third of Asian young people and one fifth of white young people it is stated as the primary source. The group most often cited as the "main source" of information by all young people, however, was friends.

**Sources of Information by Gender and Ethnicity**



**SRE as the main source of information**



**Who do young people talk to about sex and relationships?**

On average, less than 10% of young people in the questionnaire sample said that they would talk to teachers, Connexions, Learning Mentors, or telephone help lines. The reluctance to talk to services appeared to stem from feelings that certain services (especially schools) could not ensure confidentiality or that they would not give relevant information.

**Louisa:** I could talk to a few [*teachers*] but you have to be careful what you say cos they can get in trouble if they don't tell your parents.

**Hope:** There are certain people who have that personality who know how to put things across. So you can actually talk to them and understand them, and it makes sense. Whereas some people, they tell you the facts and you can go away no better off.

**Louisa:** *[about the Learning Mentor]* She's not got confidentiality. If you tell her something she's got to tell your parents whereas doctors and stuff like that get in trouble for telling your mum.

### Young People in the "No-one to talk to" category

146 young people (6.5%) of the sample ticked none of the boxes in the "Who would you talk to about sex?" section. Three fifths of these young people were boys and nearly 80% of the sample was white. 8% of the sample stated their sexuality as Homosexual, Bi-sexual or Not Sure (compared to 5.5% of the total population).

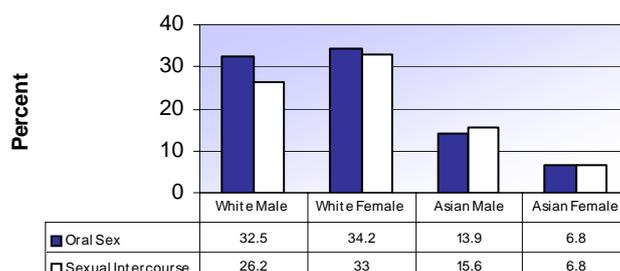
**Andy:** They'd just think you're an idiot, like "you've got yourself in trouble" – they wouldn't want to get involved.

1 in 10 of these young people had had sexual intercourse and 1 in 7 had had oral sex. This highlights the need for health educators to recognise and address the needs of lesbian, gay and bisexual young people as well as encouraging all young people to feel comfortable in talking to someone about sex and relationships.

### Sex

One quarter of the total survey sample reported having sexual intercourse and a third reported oral sex. One third of white young people and one in ten Asian young people reported having sexual intercourse. For those who reported having sex the average age of first intercourse was 14 years and 6 months. The number of young people reporting sexual intercourse and oral sex has decreased since 2004, and the reported age of first intercourse is older, which is a positive development.

**Sexual Activity by Gender and Ethnicity**



For the white sample the main worries about having sex before 16 are pregnancy and sexually transmitted infections; for Asian young people letting their parents down is of primary concern and Asian girls are more worried about damage to their reputation than white girls or boys (either Asian or white).

**Nosheen:** If your family found out they'd say "you've brought shame on the family" and like you'd get proper in trouble... And then they'd say to you "you're not a proper Muslim"

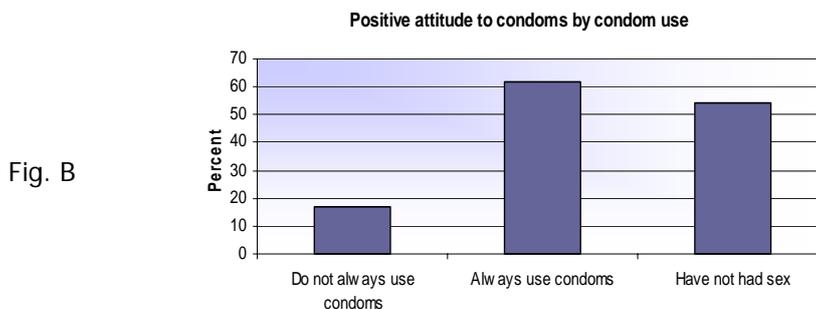
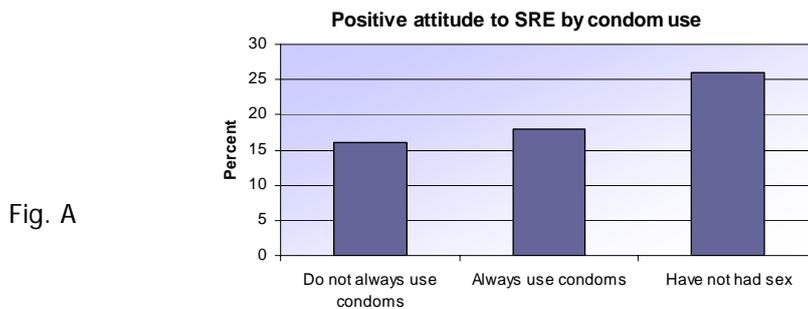
**Maryam:** To tell you the truth, white girls they don't care about their reputation as much as Asian girls do ... I think it's because of their parents as well - like Asian parents are much more strict than white parents...

### Young people and condom use

85% of young people who had had sex (whether unprotected or not) knew that free condoms were available from the Family Planning Clinic (sic), in comparison to only 68% of the group who had not had sex. This demonstrates that knowledge about services is not the main factor in determining condom use.

Similarly, those who had safe sex or had not had sex were equally likely to report School Sex Education as their main source of information. In the group who had had unprotected sex, however, SRE was less likely to be reported as the main source of information. In addition, those who did not always use condoms were less likely to have a positive attitude towards SRE in schools (See Figure A). This might reflect the dissonance created by their behaviour and the sexual health messages put across in SRE.

Those in the group who did not use condoms (either at first intercourse or in ongoing episodes) were less likely to have a positive attitude to condom use than either of the other groups (See Figure B).



The lack of condom use despite high knowledge of where to access them for free was explained by one young woman as being due to reluctance to go to services, stemming from embarrassment or shyness:

**Rebecca:** People don't want to walk in and ask for condoms even though they are there.

Divergent attitudes towards condoms also sparked interesting discussion within one of the focus groups, showing that even those who advocated the use of condoms and clearly understood their benefits held assumptions that condoms would have a negative impact on the pleasurable aspect of sex:

**Luke:** But [condoms] ruin sex as a whole, so it's obviously going to ruin a blow job.

**Louisa:** Would you rather have it slightly less pleasurable or catch a dirty STI, that you probably won't even know that you've got, that can make you infertile? And people will call you for having a disease.

Having a positive or negative attitude towards condom use was one of the only clear differences between the groups who did and who didn't use condoms. This emphasises the need for SRE to address not only the practical knowledge surrounding condom use, but also the attitudes and myths that accompany it.

### **Young person's perspective of ideal SRE sessions**

The next part of the analysis is drawn from the transcripts of the focus groups and is therefore qualitative. The young people were asked about what would constitute an ideal SRE session including who would deliver it, how often it would be delivered, where it would be delivered and in what format. Thematic Content Analysis was performed on the transcripts and emergent themes recorded as follows.

### **Information at an earlier age**

A number of young people felt that they would have benefited from having SRE at a younger age, and there was a perception that many young people had already had sex by the time they received SRE.

**Courtney:** We didn't get anything til we were like 14 or 15. It should be younger.

**Louisa:** They need it earlier – they complain about teenagers being pregnant but nobody's taught...we were only told about it in year nine and a lot of people had already had sex by then.

Young peoples' perception that most other young people had had sex was clear. The data from the year 10 survey, however, reveal that only one quarter of year ten students (who were aged in average 15 years and 2 months) reported that they had had sexual intercourse. Although a continuum of SRE beginning in primary school is the ideal, more needs to be done to dispel the myth believed by young people that all teenagers are having sex. This is particularly important when it is taken into account that those young people who believe that most of their peers have had sex (whether true or not) are more likely to have early sex themselves.

### **Extra information**

Some young people felt that the information given in SRE was restricted and should go further.

**Karim:** We want information about oral sex and anal sex and all of them – we want information about them - more informal.

Some attributed the lack of information given to an attempt to deter teenagers from having sex when they were under the age of consent.

**Hope:** In school it's like you're not allowed to have sex before 16 so they don't expect you to do it. They only go to a certain point and then they don't go any further.

The issue of oral sex was raised in three out of six focus groups as something that young people felt was neglected in SRE, and that they were discouraged from talking about.

**Lucy:** You know what makes me laugh? They talk about having sex and that but they don't talk about giving blow jobs. Perhaps I shouldn't bring it up...

**Ste:** It'd be a lot more useful if they were to talk about stuff like that 'cos, like you say, lots of people are doing oral sex much more than just like normal sex.

The following conversation between three young people clearly shows the differences in messages about oral sex.

**Louisa:** I think they should talk about it cos some people don't know if you can catch stuff from oral sex. I think you can cos it's bodily fluids... But people think... "Oh I'm just doing oral sex but it's alright cos I'm not going to catch anything". But you can catch stuff.

**Luke:** My mum's always told me to use a Johnny while getting oral sex but I don't think I have.

**Courtney:** How can you? If someone gave you a suck and they had it you can't catch it off them can you? It's their mouth!

The year ten data shows that 16% of young people who had not had intercourse reported having oral sex (as well as most of the sample that had also had intercourse), making the importance of discussing health messages about oral sex clear.

### **Who would deliver it?**

Although young people gave a wide variety of responses regarding who would ideally deliver their SRE, the main themes remained consistent over the groups: kindness, someone who would listen, someone experienced, friendly and approachable; and someone who will offer confidentiality in an appropriate way. Although they wanted to be able to speak in confidence to an adult, young people understood the implications of confidentiality policies and that if they were in danger confidentiality would have to be breached.

**Louisa:** [If I was to talk to someone]...it'd be somebody like the Family Planning people. The ones that you know have confidentiality where they're not allowed to say anything unless it's harmful to you or you're going to die or something.

Young people asked many questions in the focus groups which did not relate specifically to their own experience (see the following conversation) and therefore would not be a problem for schools in terms of applying confidentiality.

**Luke:** You know if you have AIDS and you have a cut in your mouth and you go with someone, can you get AIDS? You can swap AIDS can't you?

**Courtney:** What about hepatitis? Is it a sexually transmitted disease?

**Louisa:** People say you can catch it off a hairbrush. But people say that you can catch Chlamydia off a toilet seat, and that's the worst thing I've ever heard.

In terms of whether the delivery staff would be teachers or would come from outside the school young people in all focus groups were in agreement (see also the section about Teachers):

**Hope:** I don't think they need to have a special title do they?

**Halimah:** Kinder staff. It's people skills isn't it?

Young people were clear about wanting advice and guidance, delivered by someone whose opinions they could trust and who could advise them of the best course of action without judging them:

**Rebecca:** Having support. Someone to talk to about stuff and to help and guide us.

**Hope:** You need someone who can actually tell you what's right and what's wrong. And if you've done summat then how you can make it better. I am religious but not like a religious maniac. My mum goes to a Catholic church and I go to a protestant one; and if you could confess in a protestant church then I would, because even if you don't agree with what the priest is saying you know that he knows right. So it's like, to listen to what he's saying and to listen to how to make it better; that would make me feel better ...

In all the focus groups it was agreed that this person could, in theory, be of any age and either gender, although there were certain issues that boys preferred to discuss with a man, and some of the Asian girls (but by no means all) preferred to discuss SRE with women.

The advantages of people from external agencies coming in to deliver SRE were discussed, but revolved around developing a relationship with a person and feeling comfortable to discuss SRE without being judged suggesting that this could be achieved with any member of staff in or external to the school.

**Andy:** If someone new came in and you started off talking to them about stuff like that then you like be comfortable with them cos you've built a relationship with them about that thing.

**Saira:** You know someone else [*coming into the school*], they don't really care they just look after you they don't see the other side of you. All they are going to see is what you talk to them about.

## Teachers

In all six focus groups young people said that it would be possible to talk to a teacher about SRE, and in some cases a teacher was the preferred choice, because of their perceived knowledge, experience and trustworthiness. However all young people said it would be important to have a good relationship with that teacher first.

**Researcher:** Who would be your ideal to deliver that?

**Maryam:** Science teachers, cos they teach you more biology and things like that

**Wasim:** If it's a teacher you can learn more. If you get on with someone you can listen to them more.

**Maryam:** Me? I just think it's normal, so you can talk about it to anyone...nothing to be ashamed of! I was speaking to my form tutor about it the other day ...a man...he told us that we're having lessons next year like to do with this. It's cos I've just known him since I was in year eight so... and he's a science teacher as well.

Many individual teachers were cited as people who could be talked to. These people varied in age, subject that they taught, and gender, but had approachability, authority and experience in common.

They also made young people feel valued and respected.

**Evan:** Yeah it depends what kind of teacher it is. If it's a really good teacher you don't see them as a teacher but more of a friend or something - you have decent dialogue.

**Gaz:** Mr Y – I've had him in the past for history but he's proper down to earth and he knows what he's on about.

**Wasim:** Mr X you can talk to him – he gives you his point of view and everything. You can also have a laugh with him as well. That's a good thing – it builds your confidence doesn't it?

**Sabra:** I used to talk to my form tutor. Not about boyfriends or anything but just about family and she used to help me out a lot. Not all teachers are bad!

Despite this there were perceived drawbacks relating to talking to teachers about SRE, specifically that teachers are too busy to be bothered with problems; that talking to someone you see every day can cause embarrassment; or that they would be judged and the way in which they were viewed by their teacher would change, having a negative impact on their schooling.

**Hope:** If you say it to a teacher the teacher has far more important things to worry about than you having sex with someone, you know what I mean?

**Ayana:** Some people are shyer in front of a teacher

**Saira:** Teachers they see you as a student and it sometimes kind of changes their thoughts about you and everything.

The message from young people is that they want someone older, wiser, more experienced and trustworthy and who can give them guidance and support to talk to about relationships and sex. There is no advantage to being young and trendy; nor do young people say that they want someone who "speaks their language". The focus groups give examples of a 15 year old Asian girl talking to her "old" (in her words) male, science teacher about SRE, an Asian boy talking to a white male history teacher, and a white boy talking to a female teacher in her late forties. Teachers need not be afraid to teach SRE in ways that feel comfortable to them. Young people will seek out the teachers who suit their learning style and who they trust, respect, and have a good relationship with.

### **Splitting groups by gender**

The issue of whether SRE should be in groups split by gender was raised in more than one of the focus groups. Some young people felt that it was a good idea:

**Ste:** Boys and girls should be separate as they have different questions.

However the following exchange demonstrates the importance to this group of young men of being able to gain a female perspective:

**Evan:** You could bring a woman and a man *[to deliver SRE sessions]*.

**Wasim:** You could split the class into boys and girls.

**Nasih:** 'Cos then it'd be easier for boys to talk to a guy.

**Karim:** But you could still bring the girls in 'cos then you could get her point of view as well.

**Researcher:** **So it's important to have a girl's point of view as well?**

Yeah (general agreement)

**Wasim:** 'Cos you've got to know how they're feeling as well haven't you?

**Evan:** If you want a relationship it's not just going on in *your* heart.

**Karim:** It takes two to tango!

**Evan:** So you want to get her feelings as well. You want to know how she feels about everything.

**Researcher:** **What parts *would* you want to be done in single sex groups?**

**Afraz:** I wouldn't talk about masturbation in front of girls

**Researcher:** **What would you want to talk about with girls?**

**Evan:** How girls feel.

**Afraz:** More about emotions than action.

Discourse like the examples given previously between Lucy and Ste (Pg. 6) and Louisa and Luke (Pg 7) are excellent examples of the opportunities for learning given by mixed gender groups.

### **Peer mentors/mediators**

One of the focus groups took place in a school that has adopted a peer mediation scheme. Young people in both focus groups in this school said that, although they felt peer mediators were appropriate for the younger age groups, they would not talk to them themselves. Concerns about the role of peer mediators revolved around their perceived lack of experience and young age:

**Rebecca:** We have peer mediators but they are, like, kids! You are talking to someone like this and you want someone older, more experienced.

In addition concerns were expressed about the level of confidentiality offered by peer mediators in relation to them being pupils at the same school. This lack of trust was evident in the following conversation, even though young people understood that they were supposed to be offered a confidential service:

**Saira:** Cos it's like if you were talking to a peer mediator you'd tell them cos you trust them, and then they'd go and tell their close friend.

**Halimah:** The peer mediators aren't allowed to tell.

**Saira:** I think they would anyway – they just wouldn't really care.

Coupled with the discourse around teachers, it is clear that young people express a strong preference for someone who is older and more experienced with whom to discuss sex and relationships.

### **Young people who do not want SRE**

Some of the young people in the focus groups expressed feelings that they did not want to take part in SRE and did not want to know the information. Four out of nine Asian girls interviewed felt uncomfortable in talking about the sexual elements of SRE, did not feel that it was relevant to them,

and said that they would like SRE when they were older – either in college or before they got married. Some of the white young men too felt that SRE was unnecessary and expressed feelings of a degree of “overkill” when it came to SRE. This highlights the importance of delivering SRE over a longer time scale including to older age groups and along a continuum that develops in line with the individual’s requirements.

Some young people also felt that they were not entitled to information or services around SRE as they attributed fault to young people who were sexually active and therefore felt that those young people were undeserving of help.

**Saira:** It is kind of your fault for doing that. They should try like preventing it and stopping it.

**Louisa:** I think if they start teaching it younger the age that they first have sex will drop ‘cos they know more about it.

This attitude took its most extreme and disturbing form in the discussion by a mixed group of white and Asian boys of a girl who had been sexually abused.

**Nasih:** There’s this girl who used to come to this school and now she’s left - and she had sex with her uncle. She should have watched herself ‘cos people would abuse her and everything.

## Key findings

### Current Provision

- ◆ There has been an improvement in sexual health knowledge scores since 2004, particularly in white males.
- ◆ Although many young people feel positive about SRE and the majority cite SRE as a source of information about sexual health, this is not reflected in high knowledge scores.
- ◆ There is a cohort of young people who do not engage with SRE and are likely to also demonstrate challenging and problematic behaviour in other areas of their lives.
- ◆ There is a small group of young people who stated that they would not talk to anyone about sex – some of whom were already sexually active. This included a higher percentage of young people who were unsure of their sexuality, bi-sexual or gay than in the general sample.
- ◆ Although young people in the focus groups said that they would like to talk to adults about sex they were worried about confidentiality – particularly in schools.

### Sex

- ◆ The majority of young people are not sexually active by the end of year 10 and fewer young people reported sexual intercourse and oral sex than in the 2004 study.
- ◆ The majority of young people know that condoms are freely available and where to get them

from, however there are still some young people whose condom use is erratic.

- ◆ A positive attitude towards condoms was one of the only clear links to consistent condom use. Knowledge of where to obtain condoms was not a factor in their use.

### **Ideal SRE**

- ◆ Having more frequent SRE at an earlier age and with an increase in the amount of information given was most often cited by young people as how SRE could be improved.
- ◆ Oral sex was cited by young people as an area overlooked in SRE. The data from the year 10 study shows that many young people who have not had sexual intercourse (and the majority of those who have) have had oral sex.
- ◆ All the young people in the focus groups felt that it would be possible to speak to teachers about SRE, but were deterred from asking questions as they felt that teachers would not be able to maintain confidentiality.
- ◆ Young people do not mind who delivers SRE but express a preference for someone older than them and more experienced, who can give advice and guidance in a non-judgemental manner.
- ◆ Some young people do not understand the motives for teaching SRE in schools and feel uncomfortable with services they see as “encouraging” young people to have sex.
- ◆ There is a pervasive blame culture at the heart of many young people’s attitudes towards sex and relationships.

## **Conclusions and Recommendations**

- Overwhelmingly young people are positive about SRE and are willing to engage with schools and teachers.
- Schools need to ensure greater clarity around confidentiality issues. Young people should be clearly informed about the specific incidences that would cause a breach in confidentiality and these should be adhered to by all teachers.
- Senior management teams must ensure that structure, training and policies are in place to develop high quality SRE provision and not rely on ad hoc good practice from committed individuals.
- There is a need for schools to set a values context for SRE that recognises and explicitly states to young people that coercion and very early sex is likely to have a negative impact on their lives .
- Health providers, youth services and schools should have shared and equal responsibility for young peoples’ sexual health education.
- SRE providers should adopt a broader sexual health agenda including addressing oral sex as a

- The sexual health knowledge levels of Asian young people and white young men are still low. Targeted work should be developed to address this in culturally sensitive and appropriate ways.
- There is a cohort of young people who report problematic drinking and risky sexual health behaviours. Targeted work should be developed to tackle this cohort's risky health behaviour including the impact of alcohol on sexual health.
- The surveys in 2004 and 2007 show a clear link between high levels of alcohol use and risky sexual health behaviour. The two issues should be tackled together in SRE instead of being delivered as separate topics.

## Appendix 1

The following page lists questions asked of the researcher in the focus groups. This illustrates the breadth of young peoples' concerns about sex and relationships.

- Alex: Can people be in love? I think they can but, you know, like, celibate people?
- Louisa: A woman once told me that if you think you're pregnant and you keep thinking it, that can stop you coming on your period and make them irregular.
- Luke: Why does alcohol make you so horny?  
 Johnny: Yeah but it's on shrivel all night then though.  
 Luke: Yeah it doesn't happen! When you're under the influence of alcohol the blood just doesn't seem to rush.  
 Johnny: And what about weed? It makes me well horny.
- Courtney: What about hepatitis? Is it a sexually transmitted disease?
- Luke: You know if you have AIDS and you have a cut in your mouth and you go with someone, can you get AIDS? You can swap AIDS can't you?
- Courtney: If someone gave you a suck and they had [*a sexually transmitted infection*] you can't catch it off them can you? It's their mouth!
- Louisa: People say you can catch it off a hairbrush. But people say that you can catch Chlamydia off a toilet seat, and that's the worst thing I've ever heard.
- Luke: Is it true that you know when you pop the cherry on a girl... Is it true that after a year it grows back?  
 Louisa: I've been told that and I really believed...  
 Luke: Is that what makes sex hurt for the first time?

We felt it useful to include these questions as they should provide reassurance to staff that the majority of questions asked by young people about sex are abstract, benign and would not warrant a breach of confidentiality if addressed in school.