

Alcohol, Self-Esteem and Aspiration: Exploring the context of young peoples' sexual health risk taking



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Risky drinking and sexual behaviour continues to be seen as a particular problem for those working around teenage pregnancy, alcohol and sexual health and this reflects broader public health concerns in relation to rates of sexually transmitted infection (STI) and binge drinking. This study explores alcohol and sexual health and the links between them for 14-15 year olds. Building upon knowledge gained in the 2004 survey (Redgrave and Limmer, 2005) the scope of the study has broadened to investigate the links between alcohol, sexual health and self-esteem in this group; as well as looking in more detail at the impact of Sex and Relationships Education and other sources of information on the knowledge, attitudes and behaviour of young people in relation to sex and alcohol.

Questionnaires completed by over 80% of Rochdale's Year 10 pupils highlight patterns in knowledge, attitudes and behaviour in addition to allowing comparisons with the 2004 data. Focus groups reveal the way young people perceive their Sex and Relationships Education (SRE) in school, and the informal sources of information accessed by this age group. Vulnerable groups are identified based on important differences linked to gender, ethnicity, aspiration and risk taking behaviour.

Key Findings

Alcohol

- ▶ There have been significant improvements in alcohol knowledge scores since 2004
- ▶ 90% of white young people have ever drunk alcohol and the majority of these have been drunk at some point; however the figures show fewer young people drinking and being drunk than in 2004
- ▶ There is a cohort of young people who can be seen as problematic drinkers. The young people in this group are more likely to be female, white, have lower aspirations, describe their lives in negative terms, commit a crime and be temporarily excluded from school
- ▶ Those young people with high knowledge scores are less likely to report problematic drinking behaviour
- ▶ Those defined as heavy drinkers are more likely to have low alcohol knowledge and to drink in unsupervised settings such as on the streets or in a park
- ▶ Those defined as heavy drinkers are more likely to have had sexual intercourse, not to use condoms and have an ambivalent attitude towards early parenthood

Sex

- ▶ One quarter of the sample reported having had sexual intercourse – less than in the 2004 survey
- ▶ Early sexual intercourse is associated with low self-esteem and low aspirations in both genders
- ▶ Most young people know where to get condoms from and why they should be used, but a significant minority of those who are sexually active do not always use them. Information is not enough
- ▶ There has been an improvement in sexual health knowledge levels since 2004, particularly in white males
- ▶ Many young people feel positive about SRE though it is not always their primary source of information
- ▶ Young people felt most comfortable talking to friends and parents with few feeling comfortable to talk to services
- ▶ One in five girls and one in ten boys reported that they had gone further sexually than they had wanted or planned to because they were drunk

Methodology

The methodology replicates that of the 2004 study, with all 14 schools in the borough of Rochdale taking part. The three Roman Catholic (RC) High Schools in the borough took part in the survey using modified versions of the questionnaire. One of the schools did not allow questions on sexual health knowledge or sexual behaviour, and another requested that the section about sexual behaviour was removed. The third only requested removal of questions about contraceptive (condom) use. On the whole the response from all schools including the RC High schools was more positive than in 2004 and the distribution of the questionnaires and accommodation of the researchers was facilitated with enthusiasm.

Following the completion of the questionnaires, focus groups were completed in three of the schools (one in each Township of the borough, with the exception of Pennines) involving 36 participants. The categories for the focus groups were:

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

Data Collection and Analysis

Methods of data collection and analysis replicated those in the 2004 study and interested parties are advised to refer to this for full methodology.

In summary, the questionnaire contained many of the same questions as that used in 2004 in order that direct comparisons of the data could be made. In addition the questionnaire included the Rosenberg Scale of Self-esteem, a question about religion that had been overlooked in 2004 and a further question about sexuality. The majority of the questions were multiple choice, however a number of open ended questions were included. The questions did not presume that respondents had experience of alcohol or sexual activity.

The topics covered included:

▶ Knowledge

- Differences in strength and effects of alcohol
- Prevention of infection and pregnancy

▶ Behaviour

- Motivations for drinking and sexual activity
- Age at first drinking or sexual experiences
- Drunken experiences
- Sexual experiences
- Settings for drinking alcohol and how it is accessed

▶ Attitudes

- Where advice and support is accessed

- Perception of risks and benefits of drinking in relation to sexual behaviour
- Attitudes towards condom use
- Attitudes towards Sex and Relationships education in schools

Demographics of the Sample

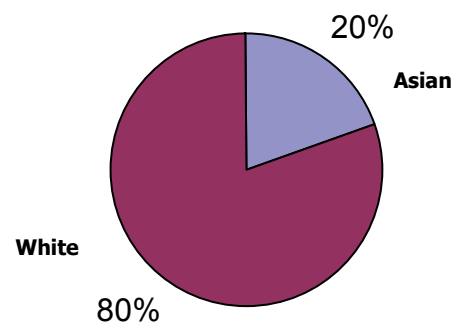
Age and Gender

All respondents were either 14 or 15 at the time of the study; the mean age being 15 years and 2 months. 47% of the sample was male and 53% female.

Ethnicity

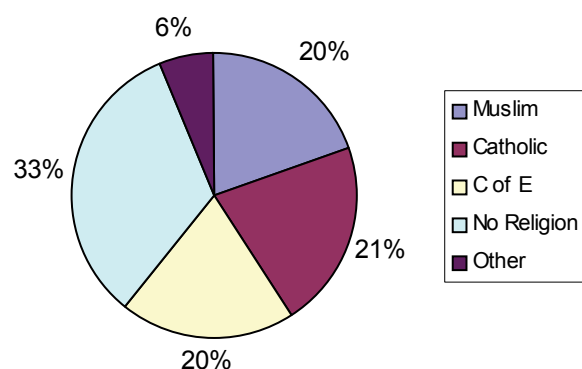
In order to more efficiently analyse data the 11 census categories for ethnicity were collapsed into "white" (including white British, white Irish and other white) and "Asian" (including Pakistani, Bangladeshi, Indian and other Asian). Only 5% of respondents were in any other ethnic group and therefore the number of people in these categories was too few and too diverse to afford a comparison with the white or Asian groups.

Collapsed Ethnicity

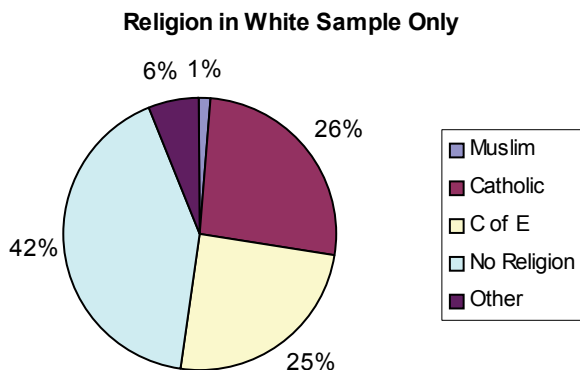


In the 2004 survey it was stated that "Young peoples' religious heritage is likely to reflect the results of the 2001 Census, where 9% identified as Muslim and 71% as Christian", however the results from the current survey suggest otherwise.

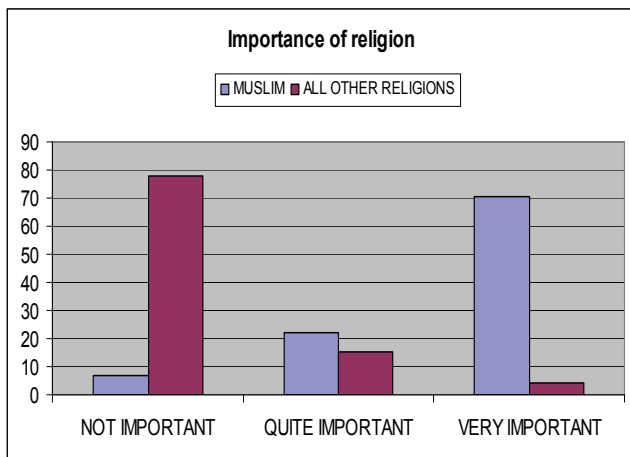
Collapsed Religion



The category “No Religion” represented the majority of white respondents and “Muslim” was stated by 93% of the Asian respondents. Christian religions made up only 41% of the total sample and so were less than the 2001 Census would suggest.



In addition, the 2007 survey asked young people to rate the importance of their religion to them in their everyday life. The results suggest that the majority of young people of Muslim faith consider their religion to be very important, with almost 80% of young people in all other religions stating that their religion was not important to them.



Sexuality

94.5% of respondents identified themselves as being heterosexual, with the other 5.5% being homosexual, bi-sexual or not sure of their sexuality at the time of the survey. This total is below the national average and probably reflects reluctance to acknowledge being gay in the school context. In addition, the survey asked whether all the young person’s sexual experiences were with someone of the opposite sex. A significant minority of respondents (17%) acknowledged same-sex experiences with highest reporting among asian young women.

Exclusion and Crime

Males are more likely than females to report being temporarily excluded (suspended) from school, with asian males more likely to report being temporarily excluded than any other group. For both asian and white young men there is a statistically significant link between committing a crime and being excluded from school, but white young men who are excluded are twice as likely to have committed a crime as asian young men.

Self-esteem and Aspirations

The survey used a standard measure for aspiration (i.e. the age at which a young person intends to leave education). Past studies have shown that there is a link between low educational aspiration and risky drinking and sexual behaviours (Redgrave and Limmer, 2005). The same relationship was evident in the 2007 survey, which also showed an increase in the number of young people stating that they intend to go to university.

Within the study young people undertook the Rosenberg self-esteem questionnaire. Three quarters of the sample were within the normal range, with 16% falling into the low-self-esteem category and 10% the high.

More than twice as many girls appear in the low self-esteem category than boys although there is no difference across ethnicity.

Young people were asked to use three words to describe how they felt about their lives at the time of the survey. Most described their lives in positive terms, however white females in particular were likely to use neutral or negative terms. Those with low self esteem were significantly more likely to describe their life in negative terms regardless of gender or ethnicity.

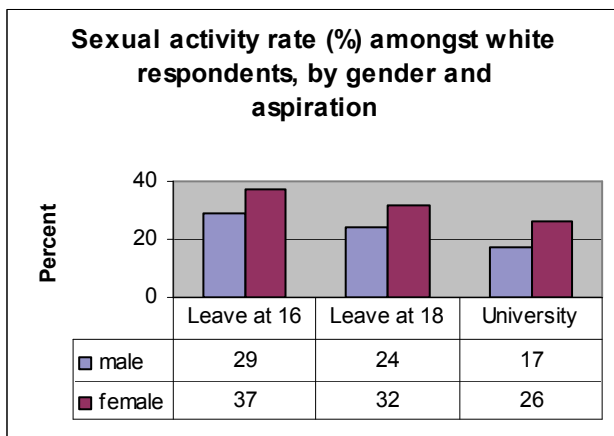
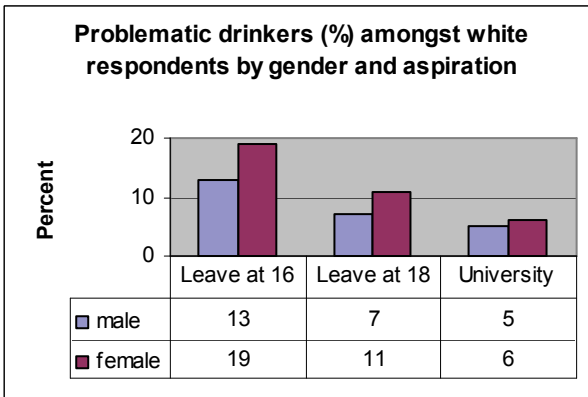
Boy: *“They’re well better than you and you’re like nothing to them...you’re not worth talking to...”*

Self-esteem and its impact on aspiration

In the sample as a whole, the impact of self-esteem on aspiration is limited. However the data suggests that higher self-esteem is linked with higher aspiration, and for white females this link is especially pronounced. Asian males are the only group in which low self-esteem and low aspiration are clearly linked.

Aspiration vs. Self-esteem as a predictor of poor health outcomes

Problematic drinking behaviour and risky sexual behaviours are linked more closely to low educational aspiration than to low self-esteem in both males and females.



The impact of self-esteem on health related behaviour is more complicated.

Although the self-esteem of females who are heavy drinkers did not differ from those in the general population, males who are heavy drinkers are more likely to have high self-esteem.

However when looking at sexual health risk-taking, both males and females with low self-esteem are more likely to say that they have had unprotected sex than those with high self-esteem.

The data relating to self-esteem is complex but the study suggests that low self-esteem is linked to unprotected sex but not to problematic drinking.

SRE

The survey showed that SRE is valued by young people, with between 60% and 70% of pupils citing SRE in school as their main source of information about sex and relationships. This was particularly the case for asian young people who were less

likely to access information about sex and relationships from other sources.

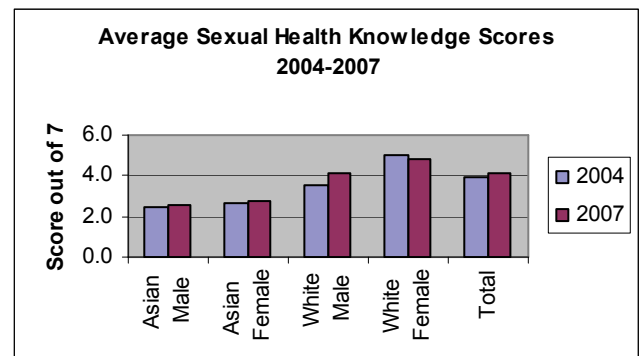
Further questions reveal that friends are often cited as the main source of information and, for white young people, parents are an important source.

Sexual Health Knowledge Scores

The average score on the sexual health knowledge section of the questionnaire has shown an over all increase of 5% on 2004. Although this is encouraging, there is significant room for improvement, particularly within the asian groups, for whom SRE is often identified as the only available source of information.

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.

White males show the most significant knowledge increase, with a gain of over 25% in the high knowledge category since 2004.



However, despite evidence to the contrary, many young people think they have all the knowledge they need around sex and relationships.

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

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. Asian females are most likely to state that they feel positive about SRE and white males are least likely.

Sources of information

The young people in the sample accessed information from a range of sources with informal sources (parents and friends) being the most popular. Of the more formal sources school sex education was the most important. For asian young people, school was a particularly important source of information and SRE input needs to reflect this. White young women were able to draw on the widest sources of information, particularly magazines, and had the highest knowledge levels.

Those who were having or had had unprotected sex were more likely to cite Sexual health Clinics as their main source of information. This is likely to be a reflection of the services accessed by this group. However those in this group were less likely to say that they would talk to parents.

Less than one in five young people in any group said that they would talk to GPs, Youth workers or web-based services and, on average, less than one in ten 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 could not ensure confidentiality.

“[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.”

“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.”

[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.”*

More than one in twenty young people in 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 almost all were white. One in twelve of these young people stated their sexuality as Homosexual, Bi-sexual or Not Sure (compared to one in twenty of the total population).

Boy: *“They’d just think you’re an idiot, like*

“you’ve got yourself in trouble” – they wouldn’t want to get involved.”

One in ten of these young people had had sexual intercourse and one in seven had had oral sex.

On the opposite end of the scale some young people didn’t mind who they spoke to about sex and relationships.

Asian Girl: 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.

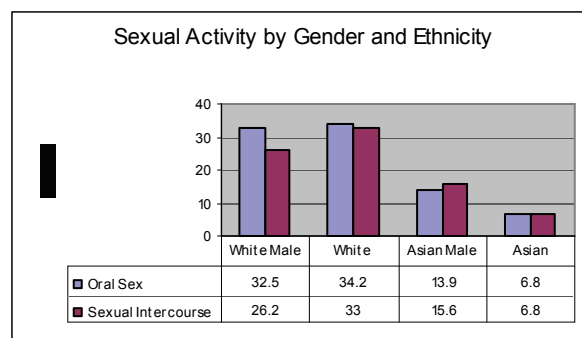
Researcher: *Would it matter if they were old?*

Asian Girl: *He is old!*

Sex

One quarter of the total sample reported having sexual intercourse and a third reported oral sex. White young people were much more likely to report intercourse than their asian peers, and girls more likely than boys. The average age at first intercourse was 14 years and 6 months.

16% of young people who had not had sexual



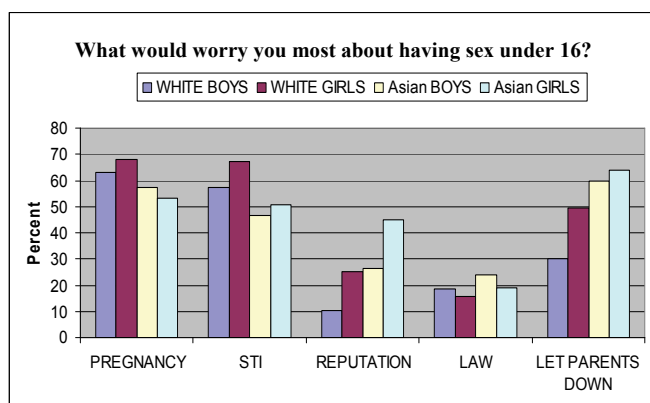
intercourse reported having oral sex and during the focus groups this came up as something that young people felt was neglected in SRE.

Girl: “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...”

Boy: “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...”

Almost one in five white girls and over one in ten white boys had gone further sexually than they wanted because they were drunk.

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 most worried about damage to their reputation.



Asian Girl: *“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””*

Asian Girl: *“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...”*

Benefits and risks of drinking alcohol when thinking about having Sex

Young people of both ethnicities stated increased confidence as the main perceived benefit of drinking alcohol when in a situation where they might go on to have sex. For the whole sample the main perceived risks of drinking alcohol in this situation were that they might feel out of control and might regret the experience.

Boy: *“It makes you more confident; it’s easier, innit?”*

One in twelve young women of both ethnicities were concerned about being forced into sex or raped if they had been drinking alcohol.

Sexual Behaviour Comparisons

For this section of the analysis young people who reported having sex were split into two groups – those who stated that they always used condoms

and those who stated that they did not. As it is not sex per se but unprotected sex that causes the most concern to health workers the researchers felt that this was a useful way in which to split the group.

Associated factors in sexual health risk taking included:

- Being female
- Living with only one parent
- Describing their life in negative terms
- Having low self-esteem
- Being a heavy drinker

There was no difference between the groups in terms of sexual health knowledge, knowledge of where to get free condoms from or attitudes to early parenthood.

The main factor associated with condom use was whether the young person had a positive or negative attitude towards condoms

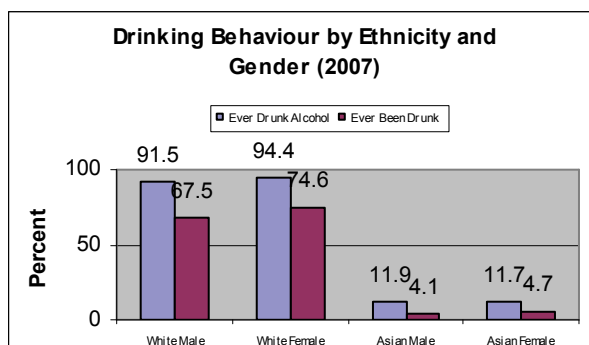
Boy: *“But [condoms] ruin sex as a whole, so it’s obviously going to ruin a blow job.”*

Even amongst those young people who recognised the benefits of using condoms there was an assumption that they have a negative impact on sex.

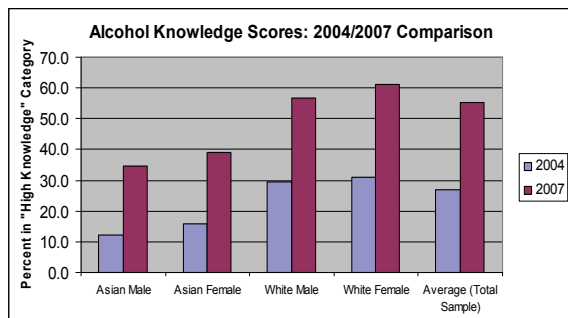
Girl: *“Would you rather have it slightly less pleasurable or catch a dirty STI, that you probably won’t even know that you’ve got, that can make you infertile? And people will call you for having a disease.”*

Alcohol

Almost all white young people had drunk alcohol with the majority having been drunk at some point. Nevertheless this represents an improvement on the 2004 figures, with an 8% reduction reporting drunkenness in the total sample.



The alcohol knowledge section in the 2007 survey show significant improvements in the percentage of young people achieving a high score.



More than twice as many scored highly on these questions than in 2004.

However, most young people still do not recognise that a bottle of “alcopop” contains more alcohol than half a pint of either standard strength lager or cider.

Those young people who have high alcohol knowledge scores are more likely to drink at home, with friends at a party or in a pub, club or restaurant than those with low alcohol knowledge scores. In addition those with high knowledge are more likely to have been bought alcohol by their parents. This indicates that accessing alcohol via individuals known to them and drinking in controlled or supervised settings is likely to have a positive impact on a young person’s knowledge and understanding of alcohol.

The average age for a young person to have their first experience of being drunk is reported as 13 years and 3 months - older than in 2004.

Young people’s reasons for drinking were overwhelmingly positive from their perspective. Two thirds of respondents stated that their main reason for drinking was to “have a laugh”. White girls were most likely to say that they drank alcohol in order to feel more confident. Around one in ten young drinkers said that they drank to drown their sorrows.

Drinking Behaviour Comparisons

For this analysis young people were split into groups according to whether they were light/non drinkers, moderate drinkers or heavy drinkers.

Associated factors in alcohol risk taking include:

- Being white
- Being Asian and ever having been drunk
- Being female
- Living with one parent
- Not having a parent in full-time employment
- Having low educational aspirations
- Having committed a crime
- Having been temporarily excluded from school

- Describing your life in negative terms
- Having low alcohol knowledge levels
- Having an ambivalent attitude towards early parenthood
- Being a boy with high self-esteem and low aspirations

Around nine out of ten of the heavy drinkers drink outside on the street or in a park compared with around three out of ten light drinkers. They are also more than twice as likely as light drinkers to take alcohol from their parents without their consent, and more likely to buy alcohol from an off licence, pub or supermarket. They are the least likely of all the groups to be bought alcohol by their parents. Heavy drinkers are also more likely to state negative reasons for drinking (e.g. to drown their sorrows or simply to get drunk) than moderate or light drinkers.

The study demonstrates that within a culture where alcohol is overwhelmingly accepted and where some level of drinking is nearly universal, there is a smaller cohort whose drinking is already problematic and linked to wider risk taking. It is at these young people that alcohol education needs targeting.

Heavy Drinking and Sexual Behaviour

More than half of the heavy drinking section of the sample reported having sexual intercourse compared with only one fifth of light or non-drinkers. In addition, of those young people who had had sexual intercourse the average age of first intercourse was younger for heavy drinkers than for the light or non drinking sample.

One third of heavy drinkers report having gone further sexually than they wanted to because they had been drinking.

80% of the heavy drinking group stated that they had done something they regret when drinking and were most likely of all the groups to cite this regret as “unwanted sexual activity”.

Female: *“But alcohol can make you more vulnerable. You see it all the time. Drunken girls running about screaming, stumbling and falling and lads going, “Right, I’ll walk her home”. Like on a Friday night when you see all the young girls [a boy] takes her off; something happens. And people will go “Oh I heard about you last night and she’ll go Oh I was drunk!””*

Given that we know that heavy drinkers are more likely to have sexual intercourse and that this is likely to be at an earlier age, it is of particular concern that one in ten heavy drinkers state that they did not use a condom the first time they had intercourse and one in five state that they do not always use a condom when having sex.

Conclusions and Recommendations

- ▶ There has been a reduction in the number of young people reporting having sexual intercourse since 2004. Despite this, a higher number of young people of both genders report having gone further sexually than they wanted to whilst drunk than in the previous study.
- ▶ Although for the majority of white young people drinking alcohol is the cultural norm, the number of young people who have ever drunk alcohol or been drunk has decreased since 2004. In addition the number achieving high scores on the alcohol knowledge section of the questionnaire has risen significantly in that time. The results of the survey are encouraging as they suggest that increasing young peoples' knowledge and understanding of alcohol increases the likelihood of them using alcohol in a controlled and responsible manner. While representing a significant achievement, the high scores probably reflect a number of interventions aimed at young people including national campaigns and media interest in binge drinking as well as an increased focus on alcohol in SRE.
- ▶ There is still a significant minority of young people who are sexually active and do not use condoms, and those young people who report heavy drinking are particularly likely to report unsafe sex. Low educational aspiration has again been shown to be one of the strongest associative factors in risk taking behaviour. The research strongly suggests that focussing on raising young peoples' aspirations would be more productive in improving health outcomes than raising self-esteem, increasing knowledge about sexual health or informing young people about sexual health services.
- ▶ 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. 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. This included a higher percentage of young people who were unsure of their sexuality, bi-sexual or gay than in the general sample. Sexual health educators should recognise and address the needs of those young people as well as encouraging all young people to feel comfortable in talking to someone about sex and relationships.
- ▶ Sex and relationships education is an important source of information especially for white young men and asian young people of both sexes. These are also the groups that have the lowest information levels. Schools need to build on young people's positive attitude to SRE and focus more clearly on the groups with the lowest knowledge levels.
- ▶ Asian young people consistently report lower sex and alcohol risk taking and generally have higher aspirations than their white peers. However there is a significant minority of asian young people for whom this is not the case and it is important that their needs are considered and addressed in culturally specific and appropriate ways.

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