



Healthwatch Southwark

Young voices on sexual health

November 2016

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Background and what we did

What is Healthwatch?

Healthwatch is an independent health and social care champion for local people. This means we represent your views to ensure services are shaped around your experiences and designed around your needs. We are the ‘critical friend’ to people who plan, provide and fund care.

We are part of a wider network of local Healthwatch across the country, as well as a national body, Healthwatch England.

Why speak to young people?

We want everyone’s voices to count towards improving services. Young people often do not get an opportunity to share their experiences so we wanted to engage specifically with them. We wanted to understand the challenges they face so that we can inform commissioners and providers who offer services for young people what they can do to improve the experience and access of young people using their services.

Why talk about sexual health?

Sexual health care is one of our priorities. Sexual health continues to be a challenge in Southwark and services are under pressure. According to the

[Lambeth, Southwark and Lewisham \(LSL\) Sexual Health Strategy 2014-2017:](#)

- Sexually Transmitted Infection (STI) rates across Lambeth, Southwark and Lewisham have continued to rise locally.
- In Lambeth, Southwark and Lewisham, diagnoses of gonorrhoea continue to be high.
- Lambeth and Southwark have the highest prevalences of HIV in the UK.
- Lambeth, Southwark and Lewisham have high teenage conception rates relative to London and England.
- All three boroughs have high abortion rates relative to England and London, and high rates of repeat termination.

We also know that there are plans to change provision of sexual health services. We therefore wanted to understand the experiences of young people when accessing sexual health information, education, support, services and advice.

How we reached young people

Workshops

We connected with community and voluntary sector organisations that offer services for young people, and visited groups. This enabled us to reach young people from a variety of backgrounds and ages in spaces they are familiar and comfortable with. We also felt that because some of the young people were already familiar with each other in the

Background and what we did

workshop they might feel more able to open up.

We ran six workshops where we asked young people to respond to statements by showing cards or moving about in the space. Whilst we noted how many agreed with each statement, our main aim was to provoke discussion and explore themes which were important to the young people in a semi-structured way. We have recorded where views were shared by many young people, or lone voices; sometimes a view was expressed by a handful of people but others were not probed as to their reaction. It was clear that the makeup and experiences of certain groups created distinct dynamics and we have also tried to reflect this in the report.

Whilst we reached fewer young people through the workshops than via online surveys and a survey at Walworth Academy (see below), we found that the discussions held in this format yielded much more detailed, qualitative insights.

Online

A parallel survey containing mostly the same questions was put online so that we could promote and distribute it via our website, twitter and e-newsletter. We encouraged partner organisations to cascade the survey through their networks to reach a wider audience.

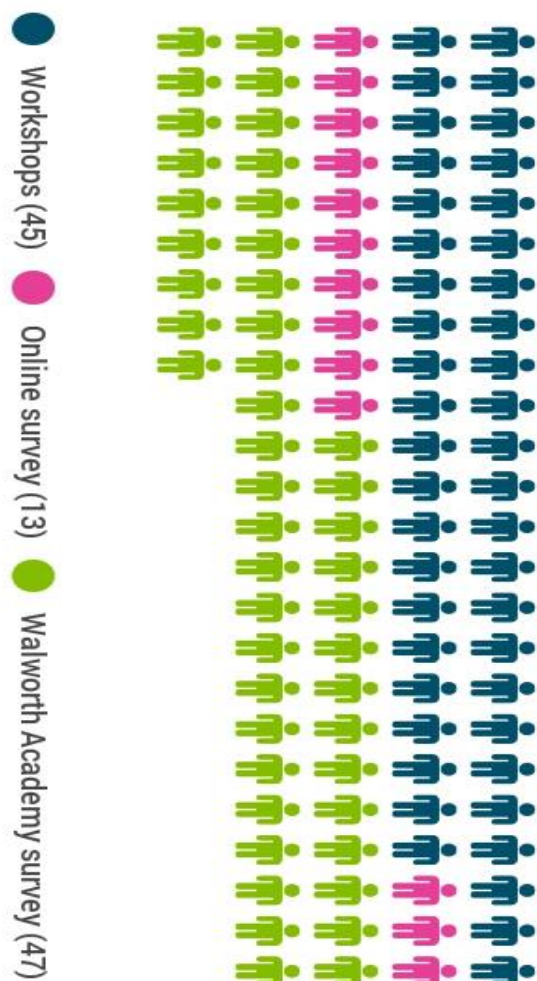
Survey

We sent paper copies of the survey to Walworth Academy (a Southwark

secondary school), with which we had a relationship. We gave the school one week to distribute the surveys on the last week before summer break.

While findings from the workshops and online survey are grouped together, findings from the Walworth Academy survey are presented **separately in green boxes** because we are aware that a large number of responses from students at a single school might well skew overall findings.

In total, 105 young people participated in this project:



Background and what we did

We do not claim that this report fully represents the views and experiences of all Southwark's young people - indeed, no report could.

However, we believe it is important to spend time building a dialogue with young people and hearing their views in depth, rather than simply focusing on large-scale capture of often more simplistic quantitative data.

Every voice counts and even if only a minority of people, or a particular group of people, report a problem in the health and social care system, this should be addressed wherever possible.

The recommendations presented in this report were suggested by young people themselves. They are broad areas and we welcome any opportunities to discuss how they can be translated into concrete actions for different agencies working together, and what resources would be needed to accomplish this.

Demographics

Please see Appendix 2 for detailed demographic data.

School

- 54 young people had been or were currently students at 5 Southwark schools and colleges.
- 20 young people had been students at 15 other South East London schools.
- 9 students at 6 North London schools.
- 7 people educated abroad.
- 15 people did not tell us.

Borough of residence

- 12/58 of our online and workshop responses and 37/47 of our Walworth Academy student respondents were Southwark residents - in total 58% of those whose home borough we know.
- 24 were from other South East London boroughs.
- 11 were residents of North London.
- 21 people did not tell us / didn't know.

Age

- Range from 13 to 25 years.
- Clusters at 14 years old (Walworth Academy survey) and 16 years old (Healthwatch hosting young volunteers through the HeadStart post-GCSE programme).

Gender

- Ratio of female to male participants - 56:34.

- 1 person was gender non-binary.
- 14 did not specify.

Gender status

- 4 people were transgender and 1 did not know if they were.
- 85 were cisgender (identified with the gender they were given at birth).
- 15 did not respond.

Sexuality

- 79 were straight/ heterosexual.
- 7 were bisexual.
- Only 1 said they were gay/lesbian/homosexual, highlighting an area for future engagement.
- 11 people did not state their sexuality.

Ethnicity (self-described)

White British (4), White European/other (5), Black British (15), Black African/African British (20), Black Caribbean/Caribbean British (6), Black other (2), Asian, Bangladeshi, Bengali, Pakistani or Indian [British] (7), Middle Eastern or Turkish [British] (4), Latin American (7), Mixed (9), Other or insufficient detail (11), Not specified (15).

Length of time in UK

Demographics

- 60 people said they had lived in the UK all their lives.
- 7 had been here over 10 years, 5 between 6 and 10 years, 6 between 2 and 5 years, and 10 less than 18 months. At least 4 were refugees or asylum seekers.
- 17 gave no answer.

Religion

Christian (41), Muslim (16), Sikh (1), Jewish (1), pagan (1), spiritual (2) and atheist (2), and no faith (11). 1 had not decided and 29 gave no answer.

Disability

- Only 3 respondents said they had a disability (including academic challenge and autism) - this highlights another gap for future engagement.
- 86 said they had no disability.
- 16 did not specify.

Looked after

At least 11 respondents were or had been 'looked after' ('in care').

Care for someone


24 people said they 'cared for someone else who had a disability or illness.' It is unclear whether all of these people were 'young carers' in the practical sense.

Knowledge of sexual health

Do young people know how to protect themselves?

“I feel confident that I know how to protect myself from sexually transmitted infections (STIs) or unwanted pregnancy”

What young people told us from workshops and the online survey...

-  49 people agreed with this statement
-  2 people disagreed with this statement
-  6 people weren't sure whether they agreed or disagreed

We wanted to find out how confident young people were in the information they had been given about sexual health, and then to test how extensive and accurate their knowledge was.

Interestingly only two people outright disagreed that they knew how to protect themselves, and they had both been educated at first abroad and were both

Trans. They told us young people get different messages - *“the Church says no sex until you’re married”* - and that sex education at school was too basic and covered only condoms and the Pill. The other five workshops managed to list, between their participants, a range of methods of protection, as did the thirteen online survey respondents.

All of the workshops and twelve online respondents mentioned condoms. One workshop mentioned male and female versions. A few workshops mentioned coils/IUDs, patches, injections and the Pill. Individual participants mentioned the vaginal ring, cap, and morning after pill.

Two workshops and one survey respondent suggested abstinence, *“self-control”*; *“Wait until you’re married to have sex so you know them better and have trust.”*

One workshop remarked that they were aware they could get free contraception from the GP or their college. However in another workshop, only one person of five had heard of C-cards (a scheme for 13-24 year olds to access free condoms), and others responded, *“We just haven’t been educated enough.”*

In one workshop there was emphasis on limiting the number of partners, possibly relying on this rather than condoms in some cases. There was some implication that there are certain ‘types’ of people to be avoided, though several young women wanted evidence of their

Knowledge of sexual health

partner's sexual health test results, *"When I meet a partner, I go and check before anything. I am very cautious."* One male said he would rather see the girl take a pill each day than use a condom.

Some people told us they had limited knowledge - *"condoms - and that's pretty much it."* One online survey respondent also listed the ineffective 'pull-out method'.

There were mixed views on whether in practice people protect themselves, with one saying - *"There is a difference between knowing and doing."* Past experiences might play a role - *"I've been clapped [had gonorrhoea] twice, it was really scary, now I'm much more picky about who I go with."*

What students at Walworth Academy told us...



22 people
agreed with this
statement



7 people
disagreed with this
statement



4 people
weren't sure whether they
agreed or disagreed

Influences on sexual behaviour

Social media and technology

“Social media and new technology influence how young people behave sexually”

What young people told us from workshops and the online surveys...

-  38 people agreed with this statement
-  1 people disagreed with this statement
-  8 people weren't sure whether they agreed or disagreed

Before discussing education, we wanted the participants to consider various influences and the ideas about sex which are presented to them.

Many young people noted how easy it was to post or find sexual content on social media:

- *“On Snapchat it is easy to post nude photos”*
- *“Twitter don't block porn”*
- *“Tumblr is anonymous and you can easily see some porn on there”*

People also mentioned the media content they might see, *“Music videos are so explicit”*.

The vast majority of people agreed that social media influences young people in their sexual behaviour, with some saying *“100% agree!”* or *“110%!”*

Some felt *“not everyone is the same”* - with vulnerable people more likely to be influenced. People in three workshops said younger teens were more impressionable and also exposed to more media: *“Younger people are affected more by societal pressures. If you are older, 18 to 19, you know who you are more.”* One also pointed out *“Maybe if social media doesn't affect you it can affect people around you, which then affects you.”*

Most of the described impacts of social media on sexual behaviour were negative. It was agreed by most that pornography can be hard to avoid. Several were unhappy about this - *“even on Twitter it is easy to stumble across some stuff that's not necessarily illegal but you didn't want to see.”*

Some participants thought that most young people got their knowledge of sex through porn. They felt porn could change people's expectations of sex - *“they see it and want to make it happen in real life.”* People in two workshops (one of which was all-female) felt that porn had a negative effect on gender expectations:

Influences on sexual behaviour

- *“Boys praise porn where boys are dominant - like pulling the girl’s head by the hair and holding it back”*
- *“Boys... watch videos and they think that is how you do it. It makes it look as though the girl gets pleasure [from that].”*

One person also felt that porn could affect sexual health, *“It might encourage people to do things and they don’t know how to do them safely.”*

Some even more worrying elements of pornography were also mentioned - revenge porn and the mobile app Periscope, *“It’s dangerous, it’s live filming. I heard someone streaming a film of kids having sex.”*

One person felt the ease of connecting with people could be a risk, *“Boys love to peer pressure girls - older boys take younger girls and call them their ‘young tings’ and you know what they want from them when they say that. They talk to them via social media, and boys may choose these girls based on their Instagram pictures - some look much older than they really are.”*

The false images presented on social media were also mentioned in three other workshops - *“This is the selfie generation. Social media is image-focused. It puts a fake image in people’s heads.”* People felt this could make young people insecure. Several online survey respondents also commented on the combination of

personal image and overt sexuality on social media, *“Young girls twerking online. It’s a shame that most role models like Kim Kardashian portray sexual images.”*

Finally, people commented on unrealistic or narrow depictions of relationships:

- *“Music videos portray heteronormative relationships”*
- *“On social media...they show drama, in relationships that aren’t really realistic.”*

What students at Walworth Academy told us...



24 people
agreed with this
statement



12 people
disagreed with this
statement



10 people
weren’t sure whether they
agreed or disagreed

One person agreeing said that *“Peer pressure, adults, have a strong influence”* and another gave the example of twerking. However, another felt, *“Noone can tell you what to do.”*

Influences on sexual behaviour

Other influences on sexual behaviour

Three workshops talked about cultural and religious norms. One person compared the UK to their previous home in West Africa, ***“In the UK you’re much freer to be and do what you want. In [country], people have to keep to themselves, so they don’t talk so much and are not aware of the consequences or side effects.”***

In another workshop several people expressed the feeling that sex was largely accepted, even expected, nowadays - ***“As we get more liberal, more young people do hook-up type relationships.”*** People in one group told us that whilst many young people locally belong to religions which disapprove of sex outside marriage, this advice was often ignored - ***“Sex is just an expectation. No matter if you are religious.”*** However, people also noted that it can be difficult to find approval - ***“You have to balance between being a slut and being a prude - it’s tough.”*** This tension was also evident in another workshop where people discussed sexual ‘reputations’.

Drugs and alcohol were mentioned as an influence by people in two workshops - ***“People at my school...have access to alcohol and drugs and make silly decisions.”*** One person connected this to the influence of friends - ***“people can have friends that are partying and taking drugs.”***

Other influences on sexual behaviour were mentioned:

- Peers and friends
- Family/parents
- Magazines
- Music and music videos
- TV (such as reality shows) and movies
 - ***“there is uncensored stuff, it looks realistic”***
- Celebrities (such as rappers)
- Parties
- One’s image in the mirror
- The opposite sex.

Getting information

At what age should young people be educated about sexual health?

We asked the participants to tell us, bearing in mind all the influences already discussed, at what age they thought children and young people need to be educated about sexual health.

Some felt that early sex education was important:

- *“Some people start puberty early on, they get curious”*
- *“People get pregnant at stupid ages so you need to have sex education in primary school...just not go into full-on detail.”*

Others felt strongly that they had been taught too young, and found it uncomfortable:

- *“It was just too much”*
- *“We got shown condoms, and some teachers gave a lot of detail, in primary school. I was a bit traumatised!”*
- *“If you know about stuff you then become more curious. Primary school is too young.”*

Suggestions for an appropriate age for sex education made in the workshops ranged from year 6 (age 10/11) to year 8 (age 12/13). Online suggestions ranged from age 7 to age 14.

One workshop participant explained their reasoning for suggesting age 11/12 - *“Some people realise at 10. I read a*

report that said in the UK most kids have seen porn by the time they are 12. And there is the influence of Facebook and Twitter - these do influence people and they can stumble on stuff about sex.”

People in all workshops felt that sex education should be taught in stages:

- *“My own child is in year 5 (age 9/10), they come home talking about kissing and love, I tell them about some things, bit by bit”*
- *“At year 4 (age 8/9) they should start at boys liking girls and girls liking boys and then build up”.*
- *“These shouldn’t be a one-off, we need refreshers.”*

One participant felt that parents are the best judges of when an individual is ready for sex education, *“some are ready for it in year 6 (age 10/11) but it’s individual and their parents might disagree.”*

In two workshops, several people stressed that the emotional/social aspects of relationships should come first:

- *“Consent should be taught very early on”*
- *“They should start with good relationships, it’s the wrong way round now - you get the sex stuff early but not relationships, which you get in year 11 [age 15/16], and by year 11 people have been beaten, had abortions, had their hearts broken!”*

Getting information

Ease of finding information and advice about sexual health

“It is easy for young people to get information and advice about sexual health”

What young people told us from workshops and the online surveys...



38 people
agreed with this
statement



5 people
disagreed with this
statement



15 people
weren't sure whether they
agreed or disagreed

We asked participants whether they thought young people can get information and advice about sexual health. We then discussed where they get information.

While most people said it was easy to get information, some felt that they had not even had the basics, *“All I want to know is how to be safe, I don't think I have been taught.”*

Several felt that information was available only to those who actively sought it out:

- *“There are still misconceptions about a lot of things. It's only there if you look”*
- *“People might know where to go but might feel uncomfortable or scared.”*

People in four workshops mentioned school as a source of information, with mixed views. Some for example said school was the best way of getting information and easier than talking to parents, whereas others had not found their school's sex education programmes effective or detailed enough (see below).

Three of the eight online respondents who said it was easy to get information mentioned school, the school nurse, or assemblies, one writing, *“this makes it easy because everyone is receiving the same information at the same time so it's not embarrassing.”*

Individuals in two workshops mentioned leaflets, with one saying *“they teach in a friendly way”*, but another said that *“leaflets are overdone and people don't get time to sit down and read it.”*

Another person mentioned TV publicity, but in a negative way, *“Adverts on TV are uncomfortable when watching with parents.”* One person online suggested books.

Getting information

People in one workshop talked about family and friends as a source of information, with mixed views about whether they could talk to their parents (again see below). Of the eight online respondents who said finding information was easy, two mentioned asking friends, one “*dad*”, and one “*boyfriends.*”

Three groups discussed **sexual health services** as a source of information, all positively. This merged into discussions about where young people would seek support if they had an actual sexual health concern - see pages 21-23 for detail.

The internet

Four of the workshops mentioned online information. In one workshop, participants said they would use the NHS website. In another, one person named the website ‘Sexperience’.

In the online survey, when asked what websites they would go to, respondents mentioned NHS, Google, and with one saying - “*To legit websites that I have heard have great advice.*”

However, in one workshop, no one was positive about information available online, with some being afraid they would find porn and others sceptical about information - “*Online, things are mis-portrayed. You might get some info but you might get trash, you don’t know.*” In the online survey, one person said that it is hard to get information - “*as the popular source that is not*

embarrassing to go to is the internet, which has many opinions and a few false facts about sexual health if someone doesn’t go to a right website.”

What students at Walworth Academy told us...



24 people
agreed with this
statement



10 people
disagreed with this
statement



11 people
weren't sure whether they
agreed or disagreed

People who agreed with the statement said:

- “*There are GPs and information everywhere.*”
- “*By asking your mum or carer.*”
- “*We have workshops in school.*”
- “*There are places to go.*”

Sexual health education in schools

“My school or college provides/provided good information and education about sexual health”

Getting information

What young people told us from workshops and the online survey...

-  **27 people** agreed with this statement
-  **22 people** disagreed with this statement
-  **5 people** weren't sure whether they agreed or disagreed

We asked young people whether their school or college provided them with good sex education. Overall, there was a lot of variation in how much sex education different schools had provided.

A couple had covered only puberty and gave little else. Others had focused on avoiding teenage pregnancy - *“they emphasised ‘don’t get pregnant’... it was really basic. I was really surprised, I was expecting something a bit deeper.”* This person would have liked detail on types of infections (STIs) and how they are transmitted, and where to go for help.

However, some covered sex education a lot - *“Our school was always talking about sex - on four out of our five PSHE days. It kind of felt like they were promoting you to have sex!”* One person said they had benefitted from a

sexual advisor coming in, and another had received a good information pack.

Among online survey respondents, examples of information provision in schools were sex education lessons, presentations, assemblies, *“several talks”*, and *“getting people from outside of school to come and talk about it.”*

Participants in at least three workshops attributed their schools’ reluctance to provide sex education to religion or culture:

- *“Our school was scared - it was a church school - they didn’t want to promote it so just touched on it”*
- *“In some cultures it’s shameful to have sex, so schools are worried about talking about it.”*
- *“The only time we touched on sex was in RE [Religious Education], about sex being wrong outside marriage.”*
- *“I went to a Catholic school [possibly abroad]. There was one lesson on sex and it was...tragic! Someone in the class said you couldn’t research information about sex before you’re married or it’d make you gay, and the person who came in to give the talk nodded. It discouraged me from listening to them any further.”*
- *“It was more ‘don’t do that’, rather than education.”*

Getting information

What students at Walworth Academy told us...



26 people
agreed with this
statement



12 people
disagreed with this
statement



9 people
weren't sure whether they
agreed or disagreed

Some who agreed with the statement mentioned workshops and *“classes on SRE [sex and relationship education] which help a lot”*, whereas someone who disagreed wrote, *“They skim through these topics.”*

Quality of discussions in schools

Teachers' discomfort with the topic of sex was mentioned in a few workshops:

- *“He didn't want to talk about it and kept using euphemisms.”*
- *“He felt uncomfortable which made us feel uncomfortable.”*
- *“Our teacher was all [trying to be cool] ‘let's talk about sex!’ I didn't like it, I'd rather read about it”.*
- *“One teacher phrased it as ‘when a man has intercourse with a woman’ - that's not how people talk about it!”*

- Girls in a workshop said that having a male teacher had been unhelpful - *“he didn't really understand the female perspective, and school didn't make an effort to get a woman in.”*

The one online survey respondent who disagreed that their school had provided good education said it had been limited and repetitive, *“we were taught about the same topics by different visitors instead of learning new things.”*

Among one workshop group there was a strong sense that sex education should be the responsibility of parents, and that they would not want schools teaching their younger relatives about sex. This view was connected to poor experiences of sex education among the group:

- *“Teachers don't teach it well - I'd rather do it myself at home”*
- *“You can't trust teachers, they say the wrong thing”*
- *“Schools sometimes mislead you. We never got taught properly.”*

However, one person had seen the Channel 4 programme *Sex in Class* about a Belgian educator's controversial approach, and said that if schools in the UK could deliver education like this, they would be in favour. Everyone also agreed that healthy relationships and basic biology should be taught.

Education about healthy relationships and gender roles

Getting information

In most of the workshops we also discussed whether young people were educated about healthy relationships. People from four different schools said that they were, though this was not always adequate - ***“They did mention healthy and unhealthy relationships but didn’t go into what that meant”***. One of the schools had covered domestic violence in preference to comprehensive sex education. Another had covered the topic, but in year 11, which was seen as too late. One person had received more, ***“I had a lesson on consent - yes means yes, and no means no. Also had a session on porn and addictions.”***

Other schools did not cover this topic - one person said - ***“Young people should be taught the signs to spot relationship abuse, not just physical.”*** Another said that schools should help address ‘rape culture’ - ***“the victim tends to be a girl and she gets blamed for what she wears or for drinking. There’s a lot of pressure on girls.”***

Some Latin American young women said that they felt they had been taught more about consent back home than in England. They felt schools should cover healthy relationships (trust, communication, respect, consent) in mixed-sex classes - ***“teach boys how to treat girls. They let boys do what they want.”*** Two individuals said they thought schools placed unfair pressure on girls to take responsibility around preventing teenage pregnancy.

Of the twelve online respondents who answered this question, seven said that they do get information on healthy relationships, with one specifying ***“in PSE and citizenship”***. A further three said they get some information, ***“in school sometimes”*** and ***“a little”***. However, two had had no information or ***“not as much information as I would like to have.”***

Education about sexual orientation

Thought we did not have time to ask about this in all groups, we asked Trans/bisexual young people whether schools had provided education about non-heteronormative relationships. Both participants said that they had not, and agreed with each other that teachers are not very educated about sexuality and identity and tend to assume all pupils are straight. They agreed when their youth worker said that even good sex education does not usually cover asexuality. However, one person in another group said, ***“Our school talked about sexuality more than sex in general - they showed the same video over and over.”***

Support from those close to a young person

Talking to friends

“I would feel comfortable speaking to my friends if I needed to talk to someone about my sexual health”

What young people told us from workshops and the online survey...

-  34 people agreed with this statement
-  11 people disagreed with this statement
-  9 people weren't sure whether they agreed or disagreed

We asked young people whether they felt able to speak to their friends about their sexual health. While the majority felt they were able to talk to friends about sexual health, some were adamant that sex was private and not to be discussed outside the relationship - *“It’s not their business, it’s for me to look after myself”*.

A few even said that their friends’ reactions might be negative:

- *“You could ask them a serious question but they could joke about it”*
- *“My friends destroy my thoughts about sexuality. They talk about sex in lots of detail and are very open so if you don’t have the same mentality you can get scared.”*
- *“Some people can be judgemental. What if they didn’t want to be your friend anymore?”*
- *“If it was something bad they might tell someone.”*
- One young Trans person said, *“I couldn’t really - I still feel shame.”*

However, in one workshop, while one individual said, *“It’s intimate. If someone asked me I wouldn’t lie, but sex is personal to me”*, many of the others in this workshop were very surprised, even sceptical, about this view. Their views included:

- *“It’s not a big thing any more like it was back in the day. People are like, ‘oh yeah you had sex, did you enjoy?!’”*
- *“Everyone’s doing it no one’s going to get called slutty.”*
- *“Once you’re age 15+, people see it as acceptable.”*
- *“My friend turned 16, we gave her condoms and a thong.”*

Another individual said that if they got pregnant they would want advice from friends about how to tell their parents. Reasons given online for talking to friends included *“they give advice”*, and friends being trustworthy, reliable, and good to

Support from those close to a young person

confide in - *“certain friends who I trust, I can tell anything.”*

Individuals in two groups did point out that asking friends for actual information might not be helpful, *“I don’t think many would understand [i.e. have knowledge] - they’re all in the same boat.”*

What students from Walworth Academy told us...

-  23 people agreed with this statement
-  16 people disagreed with this statement
-  7 people weren't sure whether they agreed or disagreed

Talking to parents

“I would feel comfortable speaking to my parents if I needed to talk to someone about my sexual health”

What young people told us from workshops and the online surveys...

-  18 people agreed with this statement
-  22 people disagreed with this statement
-  15 people weren't sure whether they agreed or disagreed

We asked young people whether they felt able to speak to their parents about their sexual health. We received mixed responses.

Fewer people felt comfortable talking to parents about sex than to friends. Reasons given included feeling uncomfortable or embarrassed or that it was not appropriate:

- *“If I was pregnant I would have to tell them. But if I was having sex I just wouldn’t feel comfortable”*
- *“I don’t have trust or that connection to talk to my parents”*
- *“[I’m a] very private person”*
- *“My parents aren’t open about that stuff.”*

Several people recognised that *“Parents find conversation difficult. They were not exposed to sex as much as we are. My mum tried to talk about it but just laughed as she was embarrassed.”*

Support from those close to a young person

Some parents were unwilling to discuss sex at all:

- *“When I was younger my mum made up a story of how babies were born instead of telling me the truth”*
- *“I had a ‘military’ upbringing at home, never talked about it - got pregnant, kicked out of school, became an adult.”*
- Several (aged 15/16) said their parents saw them as too young - *“They think I’m too young to talk about stuff like that...they have a mentality of back in the day.”*

In several cases parental opposition to sex, as well as to talking about sex, was connected to culture:

- *“My parents are [South American nationality]. We don’t talk about stuff like that. We don’t have that connection. It’s a taboo.”*
- *“Having Bengali and Muslim parents, sex or relationships is a big no. If I did I would be out of the house.”*
- *“Not in my house. The word sex doesn’t exist. My parents are traditional African - I can’t tell them if I have a boyfriend.”*
- *“My parents make jokes like ‘you gonna marry a Ghanaian and cook for him’, but I know if the real thing happened they’d be like, ‘get out!’ My dad would go on a mad one.”*

Some parents were seen as prying too much, *“I wouldn’t tell, but my mum finds stuff out... I can’t hide stuff from her. I don’t like this... She’ll search my*

dustbin!” An online respondent felt that though they could talk to parents about anything, *“they may get a little too noseey”*.

However, one person said that they appreciated their parents’ concern - *“if I have a boyfriend, I’ll tell [Mum], and every week she’ll ask if I’m sexually active/pregnant. She’s not too hard or too soft on me, and she’s quite young, so I’d feel I can tell her. It’s a bit annoying but I know why she’s asking.”* Another person responded, *“I wish they did [check in with me]!”*

A few others would also feel able to talk to their parents, with one saying they could always talk to their mother, another that their parents *“always used to talk about it from a very young age”*, and another *“I would just say ‘Mum I got a problem!’* One person explained, *“My mum tells me. She’s cool. She had me very young. When she talked to me about periods she told me about sexual health.”* One online respondent said, *“My parents can give me the best advice and are there for support.”*

One group made up entirely of girls, several of whom said they were from traditional African families, discussed differences in how parents deal with the sexuality of daughters versus sons. Many thought that boys were given more freedom:

- *“It’s a double standard - they accept boys bringing girls home. She’s a slut, he’s a boss.”*

Support from those close to a young person

- *“If my female cousin brings a boy home she gets cussed, but for her brother, my auntie just told him firmly ‘no means no’ [about consent] and that’s it.”*
- *“Some boys I know have sex in their parents’ house if their parents are away; they talk more freely with their parents. Parents just say, ‘be careful, don’t get her pregnant.’”*

What students at Walworth Academy told us...



20 people
agreed with this
statement



17 people
disagreed with this
statement



8 people
weren't sure whether they
agreed or disagreed

Support from professionals

Talking to professionals

“I would feel comfortable speaking to a health professional if I needed to talk to someone about my sexual health”

What young people told us in workshops and the online surveys...



34 people agreed with this statement



6 people disagreed with this statement



14 people weren't sure whether they agreed or disagreed

The majority of people said they would feel comfortable speaking to a health professional. Some explained that they trusted professionals' advice:

- *“They are more experienced”*
- *“They have the knowledge”*
- *“They know what advice to give.”*

Others explained why they did not feel too embarrassed:

- *“The doctor is there for advice, it's not personal so they won't care”*
- *“That's their job, to make you feel comfortable - though some do judge”*
- *“If they are experienced they make you feel comfortable.”*

However, some others would not find this so easy, with one even saying, *“Unless I was really worried or dying I wouldn't go to a doctor. I don't want to be judged”*. A young Trans person also said, *“I'm not sure. I think I'd have issues with that. I still feel ashamed.”*

One person suggested, *“Boys don't like to get tested - they think they'll stick something in [their urethra]. But I don't think that's true!”*

Three people mentioned concerns about confidentiality - *“The doctor I go to has a big mouth so my parents would find out.”* Another said they would not see their school nurse - *“they're not trustworthy. A sexual health nurse is more professional.”* There was confusion about whether a school nurse could or would break confidentiality.

Some Latin American young people found language a barrier - *“The only boundary is the English. I would feel more comfortable if the doctor could speak the same language, rather than use a translator.”*

Support from professionals

What students at Walworth Academy told us...



24 people
agreed with this
statement



16 people
disagreed with this
statement



6 people
weren't sure whether they
agreed or disagreed

People who felt they would be able to talk to professionals said, *"They can help"* and *"Yes, 'cause they got advice."* However, who disagreed said they were *"not close to them."*

Choice of services

Online respondents were asked to specify which professionals (out of GP, practice nurse and sexual health clinic) they would prefer to go to if they needed to talk to someone about their sexual health. Seven chose clinic staff, one adding *"they know their stuff"*. Three people said they would go to the GP and two said the practice nurse.

This was discussed more broadly in workshops. When asked whether they would talk to a professional, people in two workshops said spontaneously that they would go to a sexual health clinic,

and many had good awareness of these. One person said *"I would ask the doctor, not sure if I would ask the pharmacy."* Few participants were aware of pharmacies offering sexual health services.

One workshop also discussed whether they would rather go to the GP or a clinic. They agreed that waiting times for GP appointments were too long - *"it takes a month, and you aren't going to wait a month to have sex!"*

However, if this were different, a couple of people would choose their GP - reasons given were:

- *"They know you, it's easier, more personal, you feel more comfortable"*
- *"At the clinic everyone just stares and looks shy, you all sit in there together"*
- *"In a clinic it is obvious what you are there for."*

Others would prefer the clinic because:

- *"It's straightforward - you just go in and out"*
- *"It's an effort to go to the GP, and when you are there they don't know what they are doing."*

How well the young people knew the health professional would influence where they would seek help. A couple of participants specified that they preferred to see a professional with whom they had no long-term relationship, *"If it's a doctor I have seen for months and we have a*

Support from professionals

relationship then I wouldn't feel comfortable to talk to them".

However, another would prefer someone they knew, *"If it was the same GP all the time then maybe, but this isn't likely."*

Some groups discussed their personal interactions with different professionals. One felt, *"I wouldn't talk to the GP - they're not nice. But people in the sexual health clinic at least some of them are nice - some are rude but some are nice."* Another person from this same workshop shared a poor experience at the sexual health clinic, feeling judged, *"When you're young, they're really nice to you... but when you're our age [19] then they're like, why are you here? They're disrespectful...After a certain age they make it harder to get help. The older you get they expect you to come less. When I come and need help, don't scare me and judge!"*

Sexual health clinics

Some practical considerations at different sexual health clinics were discussed by one of the groups.

One said, *"Going to Brook is the easiest way to get information."* One participant said of Brook, *"I only found out last month that it was a sexual health clinic - but that makes it less embarrassing [because it's discrete]."* Another agreed, *"Yes, if it's too hidden people won't get checked out but if*

it's too obvious, they're scared. Brooks gets it about right."

The Camberwell clinic, in contrast, was seen by some as less private - *"it's a busy area with loads of buses and near Nando's. There's a sign saying free condoms. You have to walk past a few times before going in, to check no-one is going to see you!"*

The young people mentioned a clinic where there was a young people's drop-in on Wednesdays and liked this - *"It's good there's a young people session because I went [to another clinic] with my friend, both in school uniform, and everyone was looking down on you [for being young]."*

Two people mentioned queues and opening hours, saying, *"When I went seven months ago the queues were long."*

Embarrassment and stigma

Embarrassment and stigma

“If people knew I had asked for support around my sexual health, I would feel embarrassed”

What young people told us in workshops and the online surveys...



15 people
agreed with this
statement



16 people
disagreed with this
statement



11 people
weren't sure whether they
agreed or disagreed

We asked young people whether they'd feel embarrassed if people knew they had asked for support on their sexual health. We received mixed responses.

A few people were afraid of word spreading about them seeking help, and of judgement:

- “If they knew they might tell other people”
- “If you go people assume things.”

Reasons given online for feeling embarrassed included - *“that is private information, no one should know about it”*, and *“they would jump to conclusions”*. Reasons connected to social judgments were *“they would feel you are too sexually active”* and *“having problems, especially sexual health, connotes having slept around and contracting STIs.”*

Some were less worried:

- *“Hell no, I don't care what people think!”*
- *“It's human nature, you can't beat yourself up.”*
- One person pointed out that going to the clinic was responsible, *“when you go you set a good example to other people”*.
- Another online respondent agreed, *“I shouldn't feel embarrassment for wanting to know if my sexual health is ideal. It's my body and I need to take care of it.”*

Several people felt that embarrassment levels were down to personality, and sometimes age - one felt *“the older you are the less embarrassed”*, but another *“no, then you understand more so people talk.”*

One young Trans person had mentioned shame as a reason for not talking to friends or medical professionals about sexual health. We discussed this further - *“Maybe that has something to do with my home country - there is a lot of stigma around being Trans. People think Trans people are perverts - and*

Embarrassment and stigma

if they have sex, they're even more perverts. So maybe I feel like a pervert myself."

Another young person agreed about the impact of growing up in a different country, *"In [home country] you couldn't talk about not being straight. There'd be serious punishments.... I think you do become more comfortable after a while [being in this country]. After my first few sexual experiences I did feel really bad, I thought God was going to send me to hell. It takes a while to feel comfortable in your body."*

What students at Walworth Academy told us...



20 people
agreed with this
statement



6 people
disagreed with this
statement



12 people
weren't sure whether they
agreed or disagreed

Recommendations

We asked young people what advice they would give to those who plan and run sexual health services when they look at improving information and support for young people, and reducing embarrassment about seeking help.

Bring experts in to schools to deliver sex education.

The expertise and skills of the person delivering education are crucial. The large majority of the young people we spoke to wanted external experts to come into schools to talk to them, because they felt this was more comfortable and because the speakers would be better informed and prepared to deal with the topic.

“I’d prefer professionals to come in because you can’t ask a leaflet questions.”

“They should come into schools to talk about their service and run activities and workshops to make young people aware.”

“Nurses know what they are talking about.”

Be creative and engaging with sex education.

While some young people felt that it was simply a case of more sex education being needed, most focused more on the quality of education in schools, saying it needed to be more engaging, interactive and effective. Ideas included asking young people about their pre-existing knowledge, much more discursive sessions and multimedia approaches.

“Sex ed should be a discussion not a lesson.”

“Make their visits more intriguing, show us a film, get icons to visit the school and teach about sex (e.g. rappers, actors).”

“They should have ads on buses. Like when they did the anti-smoking campaigns and you could see the decay inside the lungs - people need to see the disease, photos of the symptoms. Shock tactics!”

Recommendations

More sustained/refreshed education is needed.

There were mixed opinions about when sex education should start in schools - some saying it should start young, and some saying that it shouldn't be taught too young.

However, what young people did agree with was that sex education shouldn't be a one-off; it should be built up gradually according to the age/maturity of the students. Some also wanted refreshers as they got older.

"[It would be better] if they continued it into more than one year of secondary school."

What about the social aspects of sex?

Young people want education in schools to cover emotional aspects of sex as well as looking at the different experiences of people of different genders and sexualities.

"Give more information on the emotional side"

"They should try harder to normalise asexual/homosexual relationships."

"Teach us about healthy relationships."

Based on our discussions we recommend that information given in schools should cover:

- Healthy relationships
- Consent
- Abuse - physical and emotional
- Impact and influences (e.g. social media)
- Gender roles
- Sexuality

Deal with stigma and taboos.

While many young people themselves might be quite open about sex, some still felt embarrassed at the idea of seeking professional help and many mentioned cultural restrictions on what they could discuss with family or learn at school.

Several people agreed that general social attitudes need to change in order for people to talk about sexual health, and to encourage people to seek out services. This should be encouraged by schools and the media as well as when professionals interact with young people.

"Talk to [young people] about what they feel embarrassed about so that [professionals] can help them to feel more confident."

Recommendations

“Adverts that stop people from being embarrassed about getting tested, and send a message that it is responsible. I saw one for Durex where they had a focus group of boys and girls, and girls asked [how the boys felt] about girls bringing condoms.”

“Talk about sexuality, morals, shouldn’t be a taboo. Encourage open discussions.”

“Sexual health experts telling them seriously that there is no point hiding their sexual health concerns if [they] need to tell someone.”

Promote sexual health services.

Several participants said that better publicity is needed about the sexual health services available to young people. This includes having health professionals coming in to schools to talk with young people, and promoting their services so they can access them in the way they want at a time they need to.

“Be on social media to reach out to a larger base of youths.”

“Use more engaging ways to attract people and to let them know that there are services available to help them.”

Offer anonymous help.

While this may be a difficult request to fulfil, services need to be aware that many young people would find it much easier and more likely to access help and at least information if it was anonymous, e.g. online discussion.

“It’d be a lot easier to reveal yourself... they’re more likely to talk about things they wouldn’t normally.”

“Anonymous forums would make it easier to reveal yourself and to be open about sexuality.”

“Respect that some people value anonymity.”

Make services friendly for young people.

Participants were clear that medical professionals who help them must be able to interact in a comfortable,

Recommendations

respectful, non-judgemental way with young people, especially around a sensitive topic like sexual health.

They must also give information clearly and allow young people to ask questions at the appointment and following the appointment if any information was unclear.

“They should try and make it as least embarrassing as possible and welcoming so people don’t feel too embarrassed.”

“Talk to people calmly and speak about the positive.”

“Have empathy; listen carefully to them.”

Other characteristics of a good service mentioned were:

“Help them with everything not just what’s easy.”

“Confidentiality”

“Allow people to see the same health professional each time”

Accessible services

Young people discussed the differences between GPs and sexual health clinics, and accessibility was an important element. They suggested:

“Shorter queues”

“More local clinics”

“Quick accessible service”

Appendix 1: Survey questions

These are the questions used for the online survey. Very similar questions were used for workshops, though these took a more semi-structured approach.

1. I feel confident that I know how to protect myself from sexually transmitted infections (STIs) or unwanted pregnancy: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
2. Can you describe some ways people can protect themselves?
3. Social media and new technology influence how young people behave sexually: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
4. What are the other things that influence young people in their sexual behaviour?
5. Bearing in mind these influences, at what age do you think children and young people need to be educated about sexual health?
6. It is easy for young people to get information and advice about sexual health: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
7. [Those who agreed to Q6] Where do you get information? What makes this easy for you?
8. Do you get information about safe, healthy relationships as well as the physical aspects of sexual health?
9. Where would you best like to get information and advice about sexual health? In what format?
10. My school/college provides/provided good information and education about sexual health: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
11. What would make schools/colleges better at giving information and education about sexual health?
12. I would feel comfortable speaking to my friends if I needed to talk to someone about my sexual health: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
13. I would feel comfortable speaking to my parents/guardians if I needed to talk to someone about my sexual health: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
14. Have you ever talked with your parents about sex and sexual health? Have they raised it with you?

Appendix 1: Survey questions

15. I would feel comfortable speaking to a health professional if I needed to talk to someone about my sexual health: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
16. Which health professional would you be most likely to go to? *GP, practice nurse, Someone at a sexual health clinic, Other?*
17. What could medical professionals do better to support young people?
18. We have mentioned parents, friends, school staff, and health professionals. Is there anybody else you would speak to about your sexual health?
19. Would you go online for information or support, and if so where? Please explain why.
20. If people knew I had asked for support around my sexual health, I would feel embarrassed: *Strongly agree, agree a bit, disagree a bit, strongly disagree, don't know.*
21. What do you think would help people to stop feeling embarrassed about asking for support?
22. Finally, what advice would you give to the people who plan and run sexual health services when they look at improving information and support for young people?

Appendix 2: Detailed demography

These are the more detailed demographic details for the 105 young participants in this project, separated according to the mode of participation.

Current or last school or college attended:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)
Southwark schools (54 pupils at 5 schools)			
Walworth Academy			47
St Saviour's and St Olave's - for girls, CofE	3		
St Michael's Catholic College	1		
The Charter School	2		
LESOCO	1		
Other South London schools (20 pupils at 15 schools)			
Sydenham School - for girls (Lewisham)	1	4	
Trinity Lewisham - CofE		1	
Forest Hill School - for boys (Lewisham)	1		
Platanos College (Lambeth)		1	
La Retraite RC Girls School (Lambeth)	2		
Kids Company (Lambeth)	1		
Lambeth Academy	1		
Lambeth College	1		
Charles Edwards Brooks (now called St Gabriel's College) - CofE (Lambeth)	1		
Norwood Girls' School (Lambeth)	1		
The John Roan School (Greenwich)	1		
St Ursula's Convent School (Catholic Girls) (Greenwich)	1		
Crown Woods (Greenwich)	1		
Woolwich Polytechnic - for boys (Greenwich)		1	
Norbury Manor Business and Enterprise College for Girls (Croydon)	1		
Schools in north London (6 schools)	9		
Schools abroad	7		
No answer	9	6	

Appendix 2: Detailed demography

Borough of residence:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Southwark	11	1	37	49
Lambeth	6	2	2	10
Lewisham	4	4		8
Greenwich	2	1		3
Croydon	1			1
Bromley	1	1		2
Camden	1			1
Hackney	4			4
Haringey	3			3
Newham	1			1
Waltham Forest	1			1
Ealing	1			1
Don't know			2	2
No answer	9	4	6	19

Age:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
13 years	0	0	2	2
14 years	2	0	39	41
15 years	1	3	2	6
16 years	17	6	0	23
17 years	4	0	0	4
18 years	4	0	0	4
19 years	3	0	0	3
20 years	0	0	0	0
21 years	3	0	0	3
22 years	0	0	0	0
23 years	2	0	0	2
24 years	1	0	0	1
25 years	1	0	0	1
No answer	7	4	4	15

Appendix 2: Detailed demography

Gender:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Female	31	7	18	56
Male	6	2	26	34
Non-binary	1	0	0	1
No answer	7	4	3	14

Gender status:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Cisgender	35	9	41	85
Transgender	2		2	4
Don't know	0		1	1
No answer	8	4	3	15

Sexuality:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Straight/heterosexual	30	9	40	79
Gay/lesbian/homosexual	0	0	1	1
Bisexual	6		1	7
No answer	9	4	5	18

Disability:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Not disabled	35	9	42	86
Disabled	2	0	1	3
No answer	8	4	4	16

Appendix 2: Detailed demography

Ethnicity:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
British unspecified	1	0	2	3
White British	1	0	3	4
White European	1	0	1	2
White unspecified	0	0	2	2
White other	0	0	1	1
Black [British]	5	3	7	15
Black African [British]	5	3	12	20
Black Caribbean [British]	4	1	1	6
Black other	1	0	1	2
Asian, South Asian, Bangladeshi, Bengali, Pakistani or Indian [British]	3	1	3	7
Middle Eastern or Turkish [British]	1	1	2	4
Latin American (including Brazilian, Columbian, Mestizo, and Afroamerican)	7	0	0	7
Mixed White/Black	2	0	1	3
Mixed Black/Asian	1	0	0	1
Mixed unspecified	0	0	2	2
Mixed other	2	0	1	3
Other or insufficient detail	4	0	4	8
No answer	7	4	4	15

Length of time in UK:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Whole life	23	4	33	60
Less than 2 years	8	0	2	10
2-5 years	2	0	4	6
6-10 years	1	1	3	5
More than ten years	2	4	1	7
No answer/unclear	9	4	4	17

Appendix 2: Detailed demography

Refugee status:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Not a refugee/asylum seeker	37	8	32	77
Refugee or asylum seeker	0	1	3	4
No answer	8	4	12	24

Being looked after:

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
Have not been looked after (in care)	33	9	37	79
Are or have been looked after (in care)	5	0	6	11
No answer	7	4	4	15

'Do you care for somebody else who has an illness or disability?'

	Workshops (45)	Online survey (13)	Walworth Academy survey (47)	Total (105)
No	31	6	25	62
Yes	7	3	14	24
No answer	7	4	8	19