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SCHOOL HEALTH
RESEARCH NETWORK

School practices important for young people's sexual health

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Schools can be an important influence on the sexual health and wellbeing of young people, through both sex and relationships education (SRE) in the formal curriculum and through other aspects of the school environment, such as offering sexual health clinics. What is the relationship between these elements of sexual health promotion practices in schools in Wales and young people's sexual health?

What we already know...

Adolescence is a critical period for establishing norms around sexual activity and in the UK, many young people leave compulsory education having engaged in sexual intercourse and risky sexual behaviour.

SRE is associated with improved uptake of contraception and a reduction in pregnancies, abortions and sexually transmitted infections.

Increasing contraceptive availability is a key factor in improving sexual health outcomes and provision of contraception on school grounds is recommended in the UK.



What we did...

- We used data from 3,781 students aged 15 to 16 who took part in the 2015/16 Student Health and Wellbeing Survey in Wales.
- Students reported whether they had ever had sexual intercourse.
- Those that answered 'yes' were then asked the age they first had sex and whether they had used a condom the last time they had sex.
- Information on the school environment pertaining to sexual health was collected from the 59 schools the students attended.
- Schools reported who had the main responsibility for delivering SRE, whether their school had an on-site 'drop-in' service specifically for sexual health, and whether their school had on-site provision of free condoms for students.

In a nutshell

- **24.9% of Year 11 students had engaged in sexual intercourse but over half had not used a condom at last intercourse.**
- **SRE delivery by specialist SRE/health education teachers, school nurses and outside agencies was associated with positive sexual health outcomes.**
- **Providing an on-site sexual health service was associated with increased condom use, but provision of free condoms was associated with lower use.**
- **On-site sexual health services and free condom provision were not associated with young people becoming sexually active.**



@SHRNWales



SHRN@cardiff.ac.uk



SHRN.org.uk

What we found...

Sexual behaviour

- **24.9%** of year 11 students had engaged in sexual behaviour and **56.8%** had not used a condom the last time they had sex.

Delivery of SRE

- There was a strong association between who delivered SRE in schools and whether students reported ever having had sex, with delivery by non-specialist teachers being associated with more students having had sex. In particular, being taught SRE by a **school nurse** or by a **specialist SRE or health education teacher** was associated with lower odds of sexual activity.
- There was a positive association between SRE delivery by school nurses and later age of sexual debut.
- SRE delivery was also associated with condom use, with students more likely to use condoms if SRE

was delivered by school nurses or by outside agencies.

Provision of an on-site sexual health service

- Access to an on-site sexual health service was not associated with young people reporting they had ever had sex nor with the age they first had sex.
- An on-site sexual health service increased the odds of using condoms by **46%**.

Provision of free condoms on-site

- There was no association between on-site condom provision and experience of sexual intercourse.
- Students at schools that provided condoms were more likely to first have sex at an older age, but less likely to have used a condom the last time they had sex.



Issues to consider

This study included a large number of students from schools that are representative of secondary schools in Wales as a whole.

All students had the option to say 'I do not want to answer' to the sexual health questions in the survey and these individuals were not included in the study.

Information on the content of SRE and the amount of time devoted to it were not collected.

All the data was collected at the same point in time (a cross-sectional survey) so we cannot say with certainty that the schools' practices around sexual health were directly causing the sexual health outcomes.

What does this mean for my school?

- **Who delivers SRE in your school may be important for student sexual health outcomes.**
- **This research found that SRE delivery by specialist SRE/health education teachers, school nurses and outside agencies is linked to positive sexual health outcomes.**
- **We were not able to test how student outcomes varied between teachers receiving differing levels of support. It is likely that some teachers do very well delivering SRE, but that this varies by things such as the level of support and training they receive to deliver SRE.**
- **Provision of on-site sexual health clinics and free condoms are associated with positive sexual health outcomes for young people and are not associated with initiating sex at an early age.**

Read the research paper in full. Download for free here:

<https://doi.org/10.1093/eurpub/ckx203>

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