educational attainment of young people at many levels including health inequalities and education for health.

More recently, initiatives such as 'Sure Start' and 'The Children's Fund' have brought together voluntary and statutory agencies to address the delivery of services for children and how to improve the delivery of these services, with particular reference to addressing health deprivation, access to health services and the social exclusion agenda.

Local needs

Local information and local health needs are essential prerequisites of designing new services and addressing priorities within localities. Invariably the profiles derived from the work of the Schools Health Education Unit have provided a firm basis for assessing these plans.

Service delivery can only be based upon the delivery of clear plans and these in turn are underpinned with valid and reliable information. Increasingly, it has been my experience that detailed locality based information is hard to find and there are issues about how well such information is correlated across information systems drawn from different agencies. It is something that we are all working towards; the SNEU profiles have proved to be invaluable because they provide information at a very local level about what is happening on the ground.

Profile

How young people’s health needs and behaviours are profiled within the individual from the collective within the school or across schools, provides insights into health needs, trends and localities. They may appear similar, yet vary considerably according to their own local make-up. As a means of engaging people across agencies it is an important tool: the ability to take a school’s profile and re-analyse it across the constituent GP practices is to my knowledge unique and yet drives forward the means by which agencies can have that dialogue across the table.

What of the future?

I would return to my key theme of integration. There will be opportunities with the forthcoming ‘NHS National Service Framework for Children’, for agencies to review the extent of their joint collaboration. This could include reviewing joint planning and joint commissioning arrangements.

Strategy

How well are children’s services planned from a strategic point of view? Is there an opportunity to look at how to bring together many of the present initiatives, such as ‘Sure Start’, ‘The Children’s Fund’ and ‘The National Healthy School Standard’ into a single strategic framework?

Certainly the establishment of this National Service Framework will mean that children, their needs and their families needs will be firmly towards the top of the policy agenda.

Those of us engaged in the delivery of services for children should take this opportunity to ensure that long-standing recommendations about planning with a child-led focus, rather than an organisational focus, should be put into practice. This means looking at pathways of service delivery that cuts across organizations and cuts across funding streams and resource allocation. It can be done, and importantly the opportunity to see that it is done is arriving now!

Onward

Education and Health continues to inform, inspire and encourage debate. I wish the Journal and the team at the School’s Health Education Unit every success in continuing to build the bridges that enable agencies and individuals to engage in addressing the needs of young people today.

Teenage birth rates in England are higher than any other Western European country...there has also been a steady rise in the first time infection rates for STI...promoting the consistent use of condoms among young people continues to be a public health issue of critical importance.

Using a longitudinal design, this research identified 6 distinct patterns of condom use/non-use for fifty six 16-19 year olds, and suggests ways to increase the consistency of condom use.

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Lester Coleman

Promoting consistent condom use among young people: comparing intentions with reported behaviour

An in-depth study suggests ways in which teachers and youth workers may be able to increase the consistency of condom use among young people.

The prevention of unintended conception among young people in the United Kingdom is a matter of great concern. Teenage birth rates in England are higher than any other Western European country. In addition, over one-third of all these conceptions has resulted in a termination of pregnancy, a proportion that has remained relatively constant over the last 10 years.

There has also been a steady rise since the early 1990s in the first time infection rates for genital wart virus, herpes simplex virus and chlamydia trachomatis among females aged 16-19 years. The inconsistent use of condoms among young people, as documented by a number of sexual behaviour surveys, supports this reported increase. Since condoms offer an effective barrier against these Sexually Transmitted Infections (STI), including HIV, promoting the consistent use of condoms among young people continues to be a public health issue of critical importance.

Using a longitudinal design, in this case interviewing the same young people on two separate occasions, this study intends to detail the processes surrounding condom use (and non-use). At the first interviews, young people’s intentions towards future condom use will be recorded and then compared with actual reported behaviours during the follow-up interview. It is in this way that the paper will contribute to our greater understanding as to why some people may choose contraception (and specifically condoms) more than others. For example, why a person may report intercourse without using a condom even though he or she had intended to do so. Moreover, such an in-depth investigation may identify areas that ultimately increase the consistency of condom use. Sexual health promoters, such as teachers, youth workers and health professionals, may be assisted by following the examples of how successful condom use is enacted as well as noting indicators for the non-use of condoms.

Methods

Fifty-six in-depth interviews were conducted among young people (63 women and 13 men aged 16-19) recruited from a number of sites within the Southampton Community Health NHS Trust: eight young people’s family planning clinics, four youth clubs and two youth advisory centres.

At the end of the first interview, all participants were asked to consider a hypothetical scenario of first intercourse with a new partner and whether or not they intended to use a condom or not. The experience of first intercourse with a partner was chosen since it represents an identifiable and notable act of intercourse comparable across the sample. In addition, because contraceptive non-use tends to be more likely on this occasion compared to subsequent acts of intercourse with the same
partner. Detailed information on contraceptive non-use (and the potential challenges upon this) would be more likely to be generated. The reason for assessing the specific use of condoms was based upon the assumption that in all such cases of first intercourse, unless both partners were virgins or had been tested negatively for STI, there would be a potential risk from STI. Moreover, to record intentions and behaviours purely for contraceptive (as opposed to condoms) could not only overlook the likely potential for STI, but also fail to explore the interactive processes by which partners negotiate such precautions on this first occasion of intercourse together.

Following the implications of previous research into intention measurement, it was decided to record a measure of behavioural expectation alongside the intention. The intention to use condoms, for this specific encounter, was obtained as follows: "on this occasion of first intercourse with a new partner, would you intend to use a condom?" The expectation towards condom use was measured by: "on this occasion of first intercourse, do you think that you would really or definitely manage to use a condom?"

At the start of each interview, each young person was requested to sign a form giving their consent to be interviewed. They were reminded about the absolute confidentiality and anonymity surrounding their responses and they were invited to use fictitious names during the interview, and/or on the consent form, if they preferred. For most of the respondents were asked if they objected to the interview being tape-recorded; all were content to allow their responses to be recorded in this way.

All interviews were fully transcribed and analysed as follows. The intentions and expectations recorded at interview 1 were essentially highly structured questions and were initially noted as yes or no responses. Whether condoms were used was noted. In the reported intercourse with new partners (in between the interviews) were similarly noted. However, the search for potential explanations from the data, for example, why condoms were or were not used (in light of the intentions and expectations) involved more of a thematic analysis. The themes and meanings focused upon were drawn from the informal and open discussion, during the second or follow-up interview, surrounding the lead up to the recalled incident(s) of first intercourse. This included intrapersonal issues such as mood, reasons for intercourse, perceived vulnerability; interpersonal themes such as verbal and non-verbal communication between partners, power imbalances and pressures; and contextual themes such as location, alcohol consumption, expectation of intercourse, condom availability. Ultimately, the intentions and/or non-use of condoms on these recalled instances of intercourse were recorded.

Results
Of the 56 participants originally interviewed, 22 (18 women and 4 men) of these were successfully recalled for a second interview, between 8 and 10 months after the first. The second interviews were typically five to six months and one hour in duration (marginally longer than those at interview 1). Of the 22 reinterviewed, 14 (11 women and 3 men) had experienced intercourse with a new partner since interview 1; only these participants were able to provide information surrounding their intention and expectation relationship with actual reported behaviour (although they generated a substantial amount of meaningful data).

The analysis revealed six distinct patterns of condom use/non-use, based upon respondents' intentions, expectations, actual reported use and whether they had initiated this use (usually by mentioning condoms or contraception prior to intercourse).

Pattern 1 - Consistent users
These young people are the most effective contraceptive and condom users, with all their experiences of intercourse (both with steady partners and one-night stands or ONS) having included condom use.

For example, Dave - aged 19 (fictional names are provided throughout) had always used condoms with his four lifetime partners and Karen (aged 18) had done the same with her seven. They both reported a positive relationship between their intentions, expectations and behaviour. Positive in the sense that they responded yes to initiation to use, yes to expectation of use and yes to actual reported use; negative, in contrast, refers to no for expectation of use, no to actual use, etc.

Both were able to use the issue of condoms prior to intercourse with their first partner since interview 1 (which were both ONS). With both participants having the foresight to obtain condoms beforehand, in the case of both unexpected encounters, all conditions were indicative of successful condom use. The clarity and timing of their discussions are illustrated as follows and have been presented alongside their intentions (outlined first) from interview 1.

...consistent users... are likely to have the foresight and ability to prepare and plan for largely unexpected instances of intercourse by obtaining and carrying condoms in advance.

Karan:
"I don't think I'd ever have sex without using some form of contraception, usually a condom. For the first time I would definitely use a condom."

Dave:
"I was sort of like getting a bit mite into it and I just goes on you going to have sex, are you going to shag me and she goes umm, yeah, and I goes well there's some condoms in a drawer in there... I was so abrupt about it, but he never sort of like said no or whatever... condom used - interview 2"
have you got any and he said no, well it all right, and i said no. i said i might get pregnant, something like and he said no it'll be alright like that. it [intercourse] sort of happened.

condom used - interview 1

Both cases identify specific triggers in increasing their self-efficacy and general confidence in using condoms. For Becky, it was the trauma of a pregnancy scare that made her really take the issue of contraceptive and condom use more seriously.

Becky:

"I don't know [pregnancy test] two minutes I think for it to show up when you're pregnant you know. I just sat there with my friend like looking at the clock and it was just like the seconds were tick- ing away... and it was like the worst two minutes of my life so I'm not going through that again, no way.

interview 2"

For Michelle, it was the experience of a partner first talking about condoms and from then on it seemed more natural to engage in such discussions.

Michelle:

"When XXX said to me before we had sex we were going to use condoms... and it progressed from there. When you're younger just well yeah when you were younger it was more difficult to say that.

interview 2"

This theme of taking the first step in talking about condoms was also reported by Becky. Following her pregnancy scare (reported above), she had initiated (for the first time) a discussion about condoms with her partner. With this discussion being received positively, the perceived threat of a partner's negative reaction to such a discussion had been dispelled and thus her ability to negotiate condom use in future situations had similarly increased.

Becky:

"I said if we're going to do this [intercourse] we're going to do it properly... I always thought I might ruin it, run the moment sort of thing, cause that's like going through all the preparation again and that seemed clinical but you know it made everything a bit more comfortable.

interview 2"

Pattern 3 - Influenced users

Those people whose use of condoms is particularly subject to their partners' actions are termed the 'influenced users'. When examining their positive intention to use a condom alongside the expectation that condom use may not occur, it could be argued that these cases do not exhibit as much willpower or belief in their own capabilities to use condoms when compared to the consistent and convicted users described previously. Jane (aged 16) and Kevin (aged 16) had estimated that they might well not use condoms on their first intercourse with a new partner (despite intending to), but almost to their own surprise had managed to do so. The following example illustrates how Jane recorded her expectation (at interview 1) and then reported her actual use of condoms (at interview 2).

Jane's partner's role in ensuring condom use is quite clear.

"I think it if [condom use] would depend on, like if he looked like a blite [blonde] that would just try it on with everybody, cause usually you can tell how forward they are, whether they like it or not the time and if they're really shy then you know that they haven't got anything to hide really.

interview 1"

"We was at my house... I think he just got one [a condom] out, we didn't really talk about it.

interview 2"

Jane and Kevin, having experienced both use and non-use of condoms in between their interviews, can be classified as influenced users. For both, condoms had always been available at the time of intercourse, so the key difference may well be their partners' preferences (and initiation) for condom use or non-use. For example, Kevin reports from two ONS where condoms were and were not used respectively.

Kevin:

"I started kissing her and that and I said to her, I want sex, and she goes you got anything, I go yeah, showed her a johns. I interviewed 2"

"I just carried on [after partner said she didn't like condoms]. She said I'm on the pill you know, so didn't bother using them... there was nothing in the way like, you just feel complete.

interview 2"

In contrast to the previous two patterns of use, the lesser ability to communicate their intentions, to negotiate in scenarios of conflicting intentions, plan and prepare for intercourse results in the 'influenced users' as having less control over whether condoms are used. When considering their previous behaviours and low expectation of condom use this is of little surprise that, at interview 2, all four cases reported intercourse with a new sexual partner without the use of a condom. The 'over-optimistic' does not lack willpower or a belief in his or her constancy in using condoms (as shown by their expectations), but does lack the facility (such as communication skills) to transfer positive intentions and expectations into subsequent behaviour. A lack of planning and preparation is also evident, for example in Julie's case (see above) who 'never had anything [a condom] on us'.

Pattern 5 - The resigned

The key difference between the 'resigned' and the 'over-optimist' is that the former expresses less willpower and believes that they are incapable of using condoms and, given their previous behaviours, are perhaps more realistic with this prediction. Those cases categorised as the 'resigned' (Sarah, aged 16, Samantha, aged 16, Sue, aged 16 and Jo, aged 17) have regularly failed to use contraception and condoms with their previous partners, for example,

Sue:

"I really liked him so I went round there [to his house] and ended up in his bedroom... it was just like a mad like of the moment type thing, I was umm, a million miles away... that [contraception] was the last thing on my mind.

interview 1"

Although an awareness of condom use is reflected by their positive intentions to use condoms with future partners, the negative expectations illustrate a lack of determinism or belief in their own ability. In line with their previous behaviours, these cases are perhaps more realistic compared to the 'over-optimists' about their likelihood of using condoms. For example,

Sarah:

"I think I would be pretty determined to use a condom, but then again I might give up in the end and just umm, do it anyway cause I sort of give in quite easily.

interview 1"

When considering their previous behaviours and low expectation of condom use it is of little surprise that, at interview 2, all four cases reported intercourse with a new sexual partner without the use of a condom. It appears that the inability to initiate discussions about condoms may contribute to this lack of use (as for the 'over-optimists'), together with this perceived inability of translating their intentions into practice (unlike the 'over-optimists'). For example,

Jo:

"I stayed round his house that night basically, it was the first time I'd stayed there so I just kind of happened... I didn't sort of think about it (condom
Choosing to consistently not use condoms represents the greatest task of those challenged with promoting the sexual health of young people.

Discussion
From the detailed qualitative analyses of the 14 cases that had experienced intercourse with a new partner since interview 1, six contrasting versions of condom use were defined according to the intention-behaviour relationship. The patterns of condom use included two of consistent use ('consistent users' and 'converted users'), one of inconsistent use ('influenced users') and three of consistent non-use ('over-optimists', the 'resigned' and 'consistent non-users').

These patterns help to identify the actions and processes that lead to the successful use of condoms. For example, the 'consistent users' illustrate the benefit of communication skills and in this way support other studies that have argued this importance. Moreover, these most effective condom users illustrate the importance of planning and preparation (i.e., in obtaining condoms, preparing what to say to a partner, etc.). In addition, the 'converted users' demonstrate the relationship between skills enhancement and increased controlled (or ensuring future use, the 'influenced users' and the 'consistent users') also highlight the powerful influence of past upon current behaviour.

Health interventions
The varying patterns of condom use and non-use also illustrate that particular health interventions may well be more relevant to some young people rather than others. For example, resisting pressure or persuasion from the sexual partner, through negotiation as well as assertiveness training, would be the key to transform 'influenced users' into 'consistent users'. Those cases who intended to use condoms but nonetheless expected that they might not (such as the 'resigned') would appear to be the greatest beneficiaries from STI awareness, negotiation strategies and self-efficacy regarding condom use. Planning and rehearsal of these actions could be a means of increasing their effectiveness.

For those whose expectation towards future use is more positive (as for the 'over-optimists'), it appears that acquiring the necessary skills to translate this expectation into use would be more appropriate, assuming that their will-power (as indicated by their expectations) towards condom use is relatively high. For example, communication skills enhancement interventions enabling them to initiate conversations about condom use prior to intercourse, could help translate these positive expectations into use (as shown by the 'consistent users').

The 'consistent non-users' represent the greatest challenge to interventions aimed at improving the sexual health of young people; they have no intention or intention to use condoms. Raising awareness to the potential for conception and STI (and pathways for prevention), focusing upon the perceived severity and susceptibility to the health issues associated with condom non-use, together with promoting more positive attitudes towards condoms would appear to be a prerequisite for changing their intentions. Promoting a greater sense of belief and will-power could then help formulate more positive expectations, at which point communication skills enhancement interventions could follow to foster greater consistency in condom use. Furthermore, and as illustrated by this last example, these various patterns of use/non-use may reflect the potential to implement promotion efforts in a sequential manner according, perhaps, to different levels of age or sexual experience (in essence moving people from potential 'consistent non-users' to 'consistent users').

Sexual health education
The strengths of this research lie in its greater descriptive clarity and explanation surrounding contraceptive use and non-use. Indeed, with several themes unearthed quite inductively, this research clearly may have an important contribution to make upon sexual health education and promotion.

The quotes, included in this paper, could enable sexual health promoters to inform and develop activities with young people. The description of the six patterns of behaviour provide opportunities for young people to reflect on their own sexual health strategies.

However, given the sample size, selection of interviewees and the geographical limitation, it is important to stress that the application of this work must be subject to wider investigation and verification by additional, more valid research. This additional research could investigate the condom use patterns of a randomly selected sample and one that is more substantial and geographically and ethnically diverse, allowing it to draw conclusions that are more generalizable. With this in mind, the extent to which the research presented in this paper may contribute to innovative health education and policy must still be subject to further research, which this paper has hopefully been able to stimulate.

References