



Indications of Public Health in the English Regions

6: Sexual Health

This pdf is an edited version of the full report and contains only pages 81-86

The complete report is available via this link:

www.swpho.nhs.uk/resource/browse.aspx?RID=29235

Authorship and Acknowledgements

This report has been produced jointly by the South West Public Health Observatory (SWPHO) and the Health Protection Agency (HPA) Centre for Infections on behalf of the Association of Public Health Observatories (APHO), and in collaboration with other Public Health Observatories (PHOs).

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Reports in the series

The reports in the 'Indications of Public Health in the English Regions' series address areas covered by the White Paper *Choosing Health*.¹ Previous reports addressed the following topics: general health; lifestyles; ethnicity; child health, and can be found at www.apho.org.uk/apho/searchResponse.aspx?text=Indications. Topics to be addressed in future reports include: mental health; older people; alcohol; substance misuse.

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6.4 Schools Health Related Behaviour Questionnaire

Indicator description

Selected illustrative results from combined 2002–04 surveys of year 10 (14–15 year old) pupils:

- main source of information about sex;
- percentage finding school sex and relationship education useful;
- percentage thinking HIV/AIDS can be treated and cured;
- percentage thinking the contraceptive pill or emergency pill will stop HIV/AIDS infection;
- percentage 'never heard of' or 'knowing nothing about' the emergency pill;
- percentage not knowing if there is a 'special contraception and advice service for young people' available locally.

Rationale and background

Given the high rates of teenage conceptions and sexually transmitted infections, there is a need to target health promotion towards young people (including improving school sex and relationship education as discussed in Section 4.3) and monitor its effectiveness. This requires an understanding of young people's knowledge, attitudes and behaviour, but most national sexual health related surveys are aimed at adults. However, the Schools Health Education Unit (SHEU) has undertaken an ongoing survey in UK schools since 1976 using the Health Related Behaviour Questionnaire.⁵⁸ This covers a wide variety of topics such as social and personal issues, diet, exercise, alcohol and drug use, smoking, safety issues, health service use, computer use and access to money. Revisions relating to sexually transmitted infections and contraception were introduced in 2002.

The SHEU stresses that the survey is not conducted in the usual sense of a national survey with randomised selection of schools to represent the population as a whole.⁵⁸ Rather, surveys are carried out in response to requests and funding from local health organisations and other authorities interested in promoting the use of the questionnaire. This can lead to clustering of sites, which makes them unrepresentative at regional and national levels. Combining data from several years is one way of increasing the sample size and geographical spread. There have also been regional initiatives – for example, the South West Regional Health Authority funded surveys in four schools in each of eight Local Authorities in 2002/03, with the idea that the Local Authorities could choose to fund additional schools themselves. Within schools, representation is achieved by selecting about 100 pupils from each year group involved, with numbers equally split by gender and reflecting the academic profile of the year group.

Combined data for 2002–04 represents only 408 non-randomised schools in England, or 2% of all schools. There is an imbalance in numbers of participating schools between regions, with nearly a third (118 schools) in the East of England and only three schools in the East Midlands. It is therefore not currently possible to produce reliable comparative regional indicators of sexual health based on this survey.

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However, selected regional analyses relating to Year 10 (14–15 year olds) are included in this section to illustrate the kind of information that is available and the variation in responses that can arise. They also provide an interesting context for Section 4.3 on improvements to schools sex and relationship education. To provide some geographical context, only those schools providing information on i) the proportion of the school population eligible for free school meals and ii) catchment area type have been included in the analysis (see Appendix 4 for further details).

Main findings

- It is not currently possible to produce reliable comparative regional indicators of sexual health based on this survey due to the non-randomised representation of schools. However, selected regional analysis of responses from 14–15 year olds have been included to illustrate the variations in children's sexual health knowledge, attitudes and behaviour.
- The East of England pupils appear to particularly rely on their parents (56%) as the main source of information about sex rather than school lessons (14%), whereas the North East pupils have a higher proportion (27%) relying on school lessons. The North East pupils particularly value school lessons on sex (56%) compared with those in the East of England (33%).
- A higher proportion of the North East pupils (11%) hold the erroneous view that AIDS can be cured compared with those in the East of England (4%). A high proportion (30%) of the East of England pupils think that the contraceptive pill or 'morning-after' emergency contraceptive pill can prevent HIV infection, and nearly half (45%) admit they know nothing about emergency contraception.
- A higher proportion (53%) of the London pupils don't know if there is a 'special contraception and advice service for young people' available locally compared with those in the East of England (36%).
- Given the wide variety of health-related topics included and usefulness of the data to many agencies, serious consideration should be given to centrally funding this survey to enable appropriate sampling of schools across England.

Regional commentary

The following selected analysis of 2002–04 data relates to 30,381 pupils in Year 10 (aged 14–15 years) from 266 schools in England. The East Midlands has been excluded given the small number of schools involved. The remaining regional coverage ranges from seven schools (571 pupils) in Yorkshire & the Humber to 73 schools (9,311 pupils) in the East of England. This equates to 0.3% of schools in Yorkshire & the Humber and 2.7% of schools in East of England. The proportion of the school roll eligible for free school meals ranges from 13% in the South East to about 40% in the North West, North East and London. The proportion of the school catchment from inner city areas ranges from about nil in Yorkshire & the Humber and the South East to nearly a third (29%) in London. The proportion from rural areas ranges from about nil in the North East and London to nearly two thirds (60%) in Yorkshire & the Humber. The overall gender split is 52% male, 48% female. Appendix 4 provides further background details.

Figure 6.4.1 shows that the percentage of pupils selecting 'school lessons' as the main source of information about sex ranged from only 14% in the East of England to just over a quarter (27%) in the North East. A high proportion (56%) of the children in the East of

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England relied on their parents for information. For the other regions, the percentage of selecting 'parents' was pretty similar, ranging from 15% in London to 21% in the West Midlands. Just over a tenth (13%) of those in the East of England relied on friends. For the other regions, the proportion relying on friends was again pretty similar, ranging from just over a quarter (27%) in the North East to nearly a third (32%) in the North West. The proportions relying mainly on other sources of information such as television, magazines, books, leaflets, Internet, other relatives etc. were similar to the proportions relying on friends. Analysis by gender indicates that a slightly higher proportion of girls relied on school lessons and also 'other' sources of information, whereas a slightly higher proportion of boys relied on friends. The SHEU 2004 annual report suggests that 'information about sex' could mean different things to different people and the range of preferred sources may reflect those differences.

Figure 6.4.2 shows the percentage of children finding school lessons on sex and relationships 'quite useful' or 'very useful'. (Other options were 'some use', 'not at all useful', 'can't remember any'). Those holding this positive view ranged from a third (33%) of children in the East of England to over half (56%) of those in the North East. Analysis by gender indicates that a slightly higher proportion of boys held this view.

Figure 6.4.3 shows the percentage of children who thought that HIV/AIDS 'can be treated and cured'. (Other category options were 'can be treated but not cured', 'know nothing about it', 'never heard of it'). Those holding the erroneous view ranged from 4% of children in the East of England to 11% of those in the North East. Analysis by gender indicates that a slightly higher proportion of girls held this view.

Figure 6.4.4 shows the percentage of children who thought the pill or 'morning-after pill' was reliable to stop an infection like HIV/AIDS. Surprisingly, nearly a third (30%) of those in the East of England thought that this was the case. Confusion in other regions ranged from 6% of those in the South West to 15% of those in the North East. Analysis by gender indicates that a slightly higher proportion of girls held this view.

Figure 6.4.5 shows the percentage of children who have never heard of or know nothing about emergency contraception or the 'morning-after-pill'. This applied to nearly half (45%) of those in the East of England. The lack of knowledge in other regions ranged from 5% in Yorkshire & the Humber to 10% in the North East. Analysis by gender indicates that a slightly higher proportion of girls held this view.

Figure 6.4.6 shows the percentage of children who didn't know if there was a 'special contraception and advice service for young people' available locally. This ranged from just over a third (36%) in the East of England to just over half (53%) in London. Analysis by gender indicates that a slightly higher proportion of girls answered 'don't know'.

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Figure 6.4.1 *Surveyed children's (year 10) main source of information about sex, 2002–04*

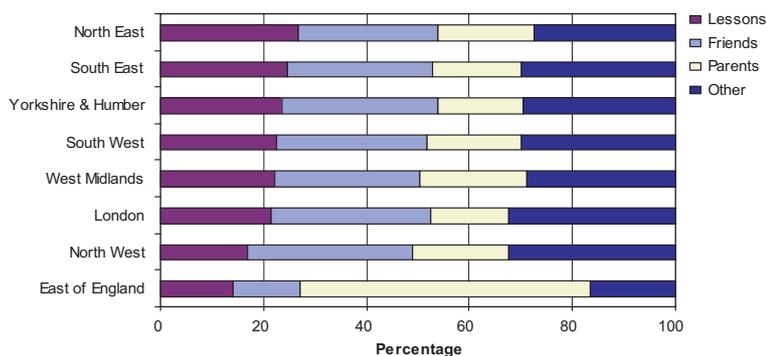


Figure 6.4.2 *Percentage of surveyed children (year 10) who found lessons about sex and relationships quite useful or very useful, 2002–04*

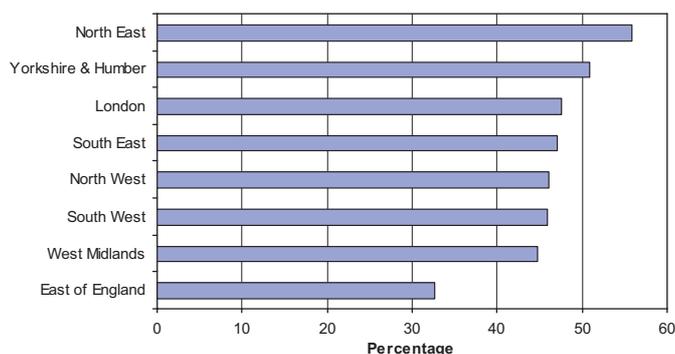
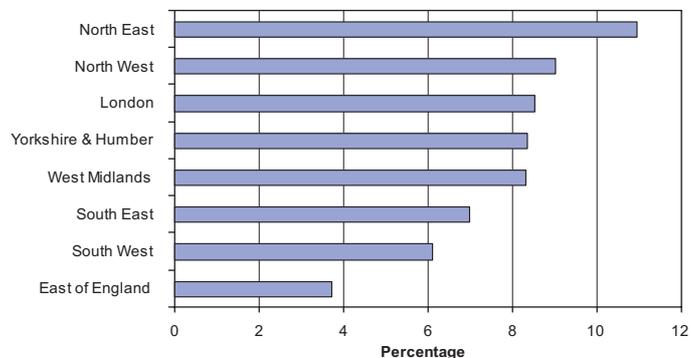


Figure 6.4.3 *Percentage of surveyed children (year 10) who think HIV/AIDS can be treated and cured, 2002–04*



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Figure 6.4.4 Percentage of surveyed children (year 10) who think the contraceptive pill or emergency contraceptive pill ('morning-after-pill') are reliable to stop infection like HIV/AIDS, 2002-04

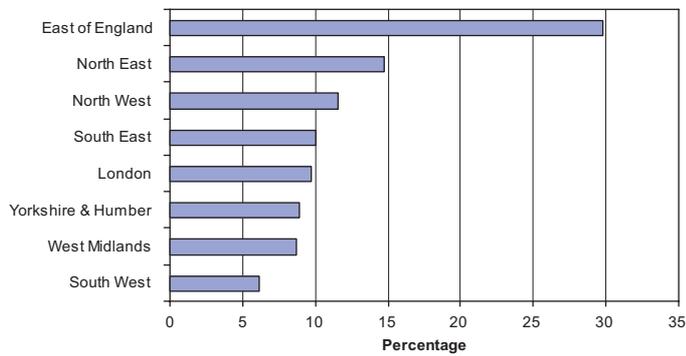


Figure 6.4.5 Percentage of surveyed children (year 10) who have never heard of or know nothing about emergency contraception or the 'morning-after-pill', 2002-04

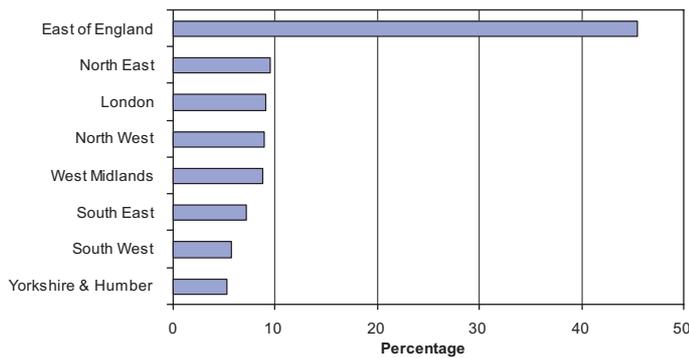
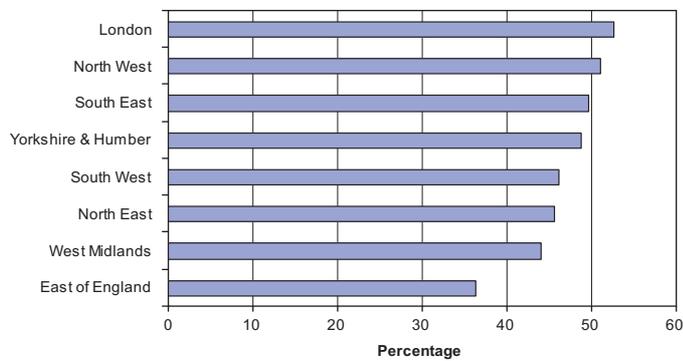


Figure 6.4.6 Percentage of surveyed children (year 10) who don't know if there is a special contraception and advice service for young people available locally, 2002-04



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Data sources

Data were obtained on request from the SHEU. This was provided in anonymised form to prevent identification of schools and pupils. Information is available at regional and Local Authority levels based on the location of the school.