



hbsc
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN
SCOTLAND



Briefing Paper 22

Sexual health of 15-year olds in Scotland 3: Protection at last intercourse

Candace Currie, Mareike Franz, Juliet McEachran, Ross Whitehead, Winfried van der Sluijs & the HBSC Scotland Team*
August 2015

Sexual health is defined as a state of physical, emotional and social well-being regarding an individual's sexual behaviour.¹ Adolescence is a key period in the development of personal relationships and sexual behaviour and one aspect of positive sexual health includes safe sex with contraception and adequate protection against sexually transmitted infections (STIs). This 22nd HBSC Briefing Paper (BP) examines protection at last sexual intercourse among 15-year olds** who have ever had sex, using data from the HBSC Surveys in Scotland in 2010 and 2014. It follows BP20 and BP21, which present findings on other aspects of sexual health using the same survey data. These examine social and individual factors associated with sexual behaviour and circumstances of first sex respectively.

Summary of key findings

- Of all contraceptive methods used at last sexual intercourse, condoms are the most frequently reported by boys and girls in both 2010 and 2014
- From 2010 to 2014 there has been a decrease in proportion of boys and girls reporting using condoms at last sexual intercourse
- Whilst the numbers reporting the use of withdrawal as a contraceptive method are small, there is some indication that the use of this method increased between 2010 and 2014
- Reported pill use at last sexual intercourse also increased between 2010 and 2014 among boys and girls

*Dorothy Currie, Jo Inchley and Fergus Neville

**Prevalences for 2014 may vary slightly from other reporting due to different categorisation of variables.

Reported methods of protection at last sexual intercourse

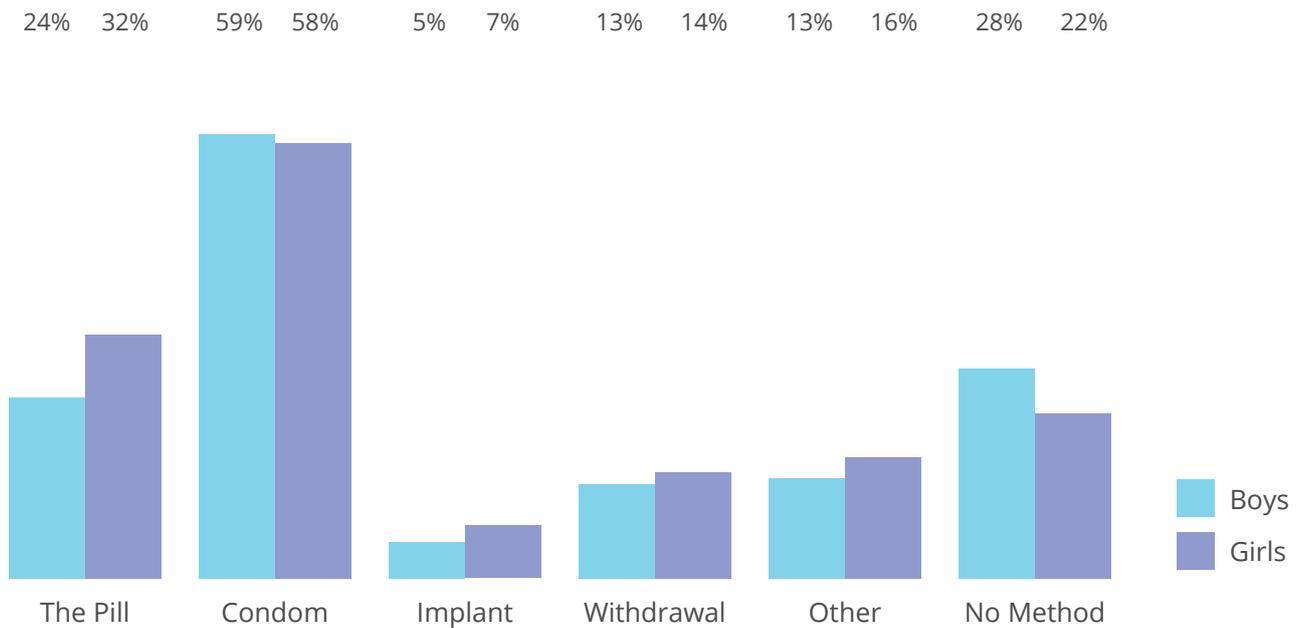


Figure 1: *Reported methods of protection used at last sexual intercourse (2014)****

- Condoms are the most commonly-reported method of protection at last intercourse among 15-year old boys, but rates declined over the past four years from 75% in 2010 to 59% in 2014****. Boys reporting that their partner used the contraceptive pill at last sexual intercourse increased from 13% in 2010 to 24% in 2014.
- Condoms are also the most frequently reported method by girls. Similar to boys, reported condom use at last sexual intercourse decreased from 70% in 2010 to 58% in 2014. The reported use of birth control pills increased among girls between 2010 and 2014, from 22% to 32%, respectively.
- The number reporting the use of contraceptive implants at last intercourse is small. However, there is some evidence to suggest a slight increase in use between 2010 and 2014, particularly according to boys' reports (2% in 2010 to 5% in 2014).
- Similarly, reports of withdrawal as a contraceptive method are relatively rare, and the use of this method also appears to have increased from 2010, especially among girls with 14% reporting using this method at last intercourse in 2014, compared to 8% in 2010.

Background

Unprotected or poorly-protected sexual intercourse bears an increased risk of STIs as well as of unintended pregnancy. In an international comparison of European countries, the most common contraceptive method among adolescents is condom use, which is considered appropriate to prevent pregnancy as well as protect against STIs.² However, rates of condom and contraceptive pill use were relatively low in Scotland compared to other countries in 2010.³

***Includes S4 pupils ranging between the ages of 14 and 16 years

****Note that whilst estimates in 2010 and 2014 are not directly comparable owing to questionnaire changes, the magnitude of change indicates that there has been substantive reduction in condom use between 2010 and 2014

Policy context in Scotland

The Scottish Government's Sexual Health and Blood Borne Virus (SHBBV) Framework aims to improve sexual health outcomes in young people in Scotland, with a focus on reducing the inequality gap. The Framework aims to take an integrated approach looking wider than just the risk behaviour and focusing on the shared influences that affect young people. This is delivered through life-long education, increasing access to integrated services, improving joint working between services, reducing stigma and increasing positive messaging on sexual health and well-being.

'Outcome one' of the Framework aims to have fewer newly-acquired blood borne virus and sexually-transmitted infections and fewer unintended pregnancies. This is achieved through a multi-agency approach with quality, comprehensive Relationships, Sexual Health and Parenthood education and integrated, accessible services for young people. This combination helps ensure that young people have the information they need to make an informed choice about their sexual health and have access to contraception with an opportunity to ask professionals for further advice.

HBSC data

The Health Behaviour in School-Aged Children Study (HBSC) in Scotland is the only source of nationally-representative self-reported data on the sexual behaviour of young people aged 15 years. Previous briefing papers and reports have presented trends from 1998 – 2010,^{2,4} and international comparisons between Scotland and other countries in Europe and Canada in 2002,⁵ 2006⁶ and 2010.⁷

Methods

This BP presents 2010 and 2014 national survey data from the HBSC Study in Scotland. HBSC is a unique cross-national research study of the health and health behaviours of adolescents across Europe and North America. The HBSC study collects data from 15-year olds (S4 pupils in Scotland) on reported sexual intercourse and contraception use. A national sample of 2,566 pupils from S4 took part in the survey in 2010 and 2,983 pupils from S4 took part in the survey in 2014.

NOTE: Full descriptions of all variables presented in this briefing paper are presented on the HBSC National Study website.⁸

Discussion of key findings

Condom use remains the most common method of protection at last sex among young people in Scotland, although there has been a decrease in use by boys and girls. Significant increases in reported use of the pill by girls was seen since 2010. This may indicate easier access to, or acceptability of, sexual health services. The gender difference in contraceptive pill use may be explained by boys not knowing whether their partner uses this contraceptive method.

There are indications that the use of withdrawal has increased among both boys and girls between 2010 and 2014 although due to small numbers the finding should be treated with caution. Other research has reported that some young people may learn about sexual behaviour from pornographic material.⁹ However it is not possible to test whether this could explain the observed increase in reporting of withdrawal as HBSC does not currently collect data on use of pornography.

BP 20 shows that there has been a decrease in the percentage of 15-year olds girls who report having had sex between 2010 and 2014, however a greater proportion of those who are sexually active are from more socioeconomically-deprived backgrounds. Furthermore, higher levels of non-protection from STIs are reported in this briefing paper. These results suggest that continued efforts are required to enable young people to protect themselves effectively against both STIs and unintended pregnancies.

Note on authors

Mareike Franz was an ERASMUS funded visiting post-graduate student from the University of Bielefeld to the University of St Andrews. Mareike conducted data analysis and contributed to the drafting of this Briefing Paper. She was jointly supervised by Candace Currie, Principal Investigator for HBSC Scotland and Juliet McEachran.

Acknowledgements

Thanks are due to Gareth Brown, Felicity Sung at the Scottish Government and Ruth Johnston (Scottish Government and NHS Health Scotland) for their discussion and input on the policy context.

We are grateful to the pupils, schools and education departments who participated in the survey. Thanks are due to the International HBSC Study network for production of the study protocol.

We would like to thank NHS Health Scotland for funding the HBSC national team to conduct the HBSC Study in Scotland.

Thanks to Felicity Wild for the design work and Jill Calder for the illustrations.

References

1. Berkeley, D. and Ross, D. (2003). Strategies for improving sexual health of young people. *Culture, Health and Sexuality*, 5: 71-86.
2. Godeau, E., Nic Gabhainn, S., Magnuson, J. and Zanotti, C. (2011). A profile of young people's sexual behaviour: findings from the Health Behaviour in School-aged Children study. *Entre nous*, 72: 24-27.
3. Currie, C., Zanotti, C., Morgan, A., Currie, D., de Looze, M., Roberts, C., Samdal, O., Smith, O.R.F. and Barnekow, V. (Eds.) (2012). Social determinants of health and well-being among young people: Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. *Health Policy for Children and Adolescents No. 6*. Copenhagen: WHO Regional Office for Europe.
4. Kirby, J., van der Sluijs, W. and Currie, C. (2010). HBSC Briefing Paper 18: Sexual health among young people in Scotland.
5. Currie, C., Roberts, C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O., Barnekow-Rasmussen, V. (2004). *Young People's Health in Context*, Health Behaviour in School-aged Children study: International Report from the 2001/2002 Survey. *Health Policy for Children and Adolescents No.4*, WHO Regional Office for Europe, Copenhagen, Denmark.
6. Currie, C. (Ed.). (2008). *Inequalities in young people's health: HBSC international report from the 2005/2006 Survey (No. 5)*. World Health Organization.
7. Currie, C., Zanotti, C., Morgan, A., Currie, D., de Looze, M., Roberts, C., Samdal, O., Smith, O.R.F. and Barnekow, V. (2012). Social determinants of health and well-being among young people. *HBSC International Report from the 2009/2010 Survey*. *Health Policy for Children and Adolescents No. 6*, WHO Regional Office for Europe, Copenhagen, Denmark.
8. CAHRU (2015). *HBSC's Scotland's 2013/14 national questionnaire*. Available at <http://www.cahru.org/publications/briefing-papers-and-factsheets/14-scottish-questionnaire>
9. Häggström-Nordin, E., Sandberg, J., Hanson, U. and Tydén, T. (2006). "It's everywhere!" Young Swedish people's thoughts and reflections about pornography. *Scandinavian Journal of Caring Science*, 20: 386-393.