Department for Education

Experiences of Relationships and Sex Education, and sexual risk taking

Young people's views from LSYPE2

Research brief

November 2021

Hazel Stewart, Marguerite Adewoye, David Bayliss, Rushda Khandker

Department for Education

Government Social Research

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Summary

This research brief examines young people's attitudes towards Relationships and Sex Education (RSE) and subsequent sexual risk-taking when they were aged 18/19. It is based on data from the sixth wave of the second Longitudinal Study of Young People in England (LSYPE2) and makes comparisons to findings from the first Longitudinal Study of Young People in England (LSYPE1).

In 2018, 6,922 young people were interviewed for LSYPE2. Here, their responses to a range of questions about attitudes to Sex and Relationships Education and sexual risk-taking have been reported. This brief compares the responses of young people with different characteristics, including special education needs and disabilities (SEND), sexuality, eligibility for free school meals (FSM), gender, religion, participation in risky behaviours, and indicators of poorer mental health.

The data in this report relate to the period **before** new guidance was introduced in 2020. Relationships Education is now compulsory for all primary school pupils, Relationships and Sex Education (RSE) is compulsory for all secondary school pupils, and Health Education is compulsory for pupils in all state-funded schools. The statutory duty to implement the new subjects came into force in September 2020. However, to allow schools to prioritise subjects during the pandemic and to manage home-learning, the Department introduced flexibilities which allowed schools to start teaching later in the academic year 20/21. The changes to the guidance reflect the Department's commitment to ensuring that provision is more consistent across the country, and that all young people are equipped for the challenges they may face in adolescence and adult life.

Main findings

The findings presented in this research brief are based on descriptive statistics. A statistically significant association shows a relationship between two variables. It does not provide evidence that the two variables are causally linked. For more information on specific values and confidence intervals, please see the appendices.

Attitudes towards the usefulness of sex and relationships education in 2018

- Young people who did not receive any RSE in schools were more likely to go on take more sexual risks, including intercourse before the legal age of consent, unprotected sex and contraction of a sexually transmitted infection (STI).
- Young people whose parents identified as non-religious were more likely to say they learnt about sexual matters from family members. Those from religious backgrounds were more likely to rely on different sources of information.
- Just under half of young people described the RSE they received at school as either ‘fairly useful’ or ‘very useful’. However, nearly 1 in 5 young people described the RSE received in school as 'not at all useful'.
- Young people of minority sexual orientations (i.e. gay, lesbian, bisexual or other), those with disabilities, and those who participated in other risky behaviours were significantly more likely to say that their school RSE was 'not at all useful'.
- Those who said that they were taught about consent, LGBT relationships, and relationships in general, were more likely to describe the RSE they received as useful than those who were not taught about these topics.
- 1 in 10 FSM-eligible young people did not learn about STI’s, consent, LGBT relationships or relationships in general in their school RSE. This is higher compared to young people who were not FSM-eligible (nearly 1 in 20).

Patterns of sexual risk-taking in young people between 2009 and 2018

- Findings suggest that in 2018 fewer young people had sex before they turned 16. However, the proportion of young people who said they always had unprotected sex increased. Fewer young people favoured condoms as their most regularly used contraceptive.

- Sex before the legal age of consent was slightly more prevalent in certain groups in 2018, such as those who identify as bisexual, have disabilities, are FSM-eligible and frequently partake in binge drinking.

- Having unprotected sex and contracting STI's were slightly also more common in young people with particular characteristics, such as those who identified as gay or lesbian, or those who took part in other risky behaviours, such as drinking and drug use.

The association between sexual risk-taking behaviours and wellbeing

- Young people who experienced higher psychological distress at ages 14/15 were 12 percentage points more likely than those who were not distressed to have sex before the legal age of consent.

- Young people who had ever had higher psychological distress between age 16 and 19 were 10 percentage points more likely to say that they had had sex without precautions or contraception than those who had not experienced psychological distress between these ages. They were proportionately more than twice as likely to have contracted a sexually transmitted infection than their peers.

Introduction

Aims

There is considerable evidence to support the idea that comprehensive RSE provided to all young people in England can reduce cases of having sex before the age of consent, improve use of contraception, reduce rates of unwanted pregnancy and occurrences of multiple partnerships, and reduce the contraction of sexually transmitted infections (Public Health England, 2019[1]).

There is some evidence of disparities in sexual risk-taking: young people who are from ethnic minority backgrounds, identify as LGBT, or are from poorer socioeconomic backgrounds are more likely to be diagnosed with an STI (Public Health England, 2019).

The longitudinal National Survey of Sexual Attitudes and Lifestyles[2] found that young people who cited school as their primary source for RSE were less likely to be diagnosed with STI's and experience unplanned pregnancies. However, these young people expressed the need for improved RSE in schools, alongside a greater involvement of parents and health professionals.

This research report aims to add to the existing evidence base on sex education and sexual risk-taking, and to support development of future policy. It does so by examining the differences in young people's perceptions of the RSE they received according to a range of characteristics. It is based on pupils' responses to survey questions specifically designed to look at attitudes towards RSE and patterns of sexual risk-taking. Longitudinal evidence is particularly suited to this as it can provide an insight into the changing perceptions of young people both between the 2009 and 2018 cohorts, and as individuals develop.

[1] Public Health England, 2019. Health matters: preventing STIs. Sourced from: https://www.gov.uk/government/publications/health-matters-preventing-stis/health-matters-preventing-stis Accessed [4.2.20]

[2] Tanton, C., Jones, K.G., Macdowell, W., et al. 2015. Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles.

Background

LSYPE2 is a large study of young people, managed by the Department for Education (DfE). It is also known as the 'Our Future' study. LSYPE2 started in 2013 and began following young people from the age of 13/14.

The general aims of LSYPE2 are:

- to follow a sample of young people through the final years of compulsory education
- to follow their transition from compulsory education to other forms of training, employment and other activities
- to collect information about their career paths and the factors affecting them
- to provide a strategic evidence base about the lives and experiences of young people.

This report is based on RSE focused questions asked during the sixth wave of the study in 2018. During this wave, 6,922 young people were interviewed at age 18/19.

Sex and Relationships Education policy in England

RSE refers to Relationships and Sex Education. Following changes to guidance that came into force from September 2020, Relationships Education is now compulsory in primary schools, Relationships and Sex Education (RSE) is compulsory in secondary schools, and Health Education is compulsory for pupils in all state-funded schools.

At the time of data collection in 2018, the subject was referred to as Sex and Relationships Education in the LSYPE2 questionnaire, which is reflected in the wording of some questions included in the report. At that time, RSE was not compulsory in schools: only the sexual health aspects of RSE were a compulsory part of the National Science Curriculum. While the 2000 Sex and Relationship Education Guidance outlined the goals of RSE, it was not compulsory, and academies and free schools were not required to follow the National Curriculum. As such, there was significant variation in RSE provision. Nonetheless, schools had a statutory obligation under the Children Act (2004) to promote their pupils' wellbeing, and under the Education Act (1996) to prepare children and young people for the challenges of adult life, of which sexual health and relationships are a part.

From 2020, all schools in England are required to follow new statutory guidance to ensure provision is more consistent across the country and all young people are equipped for the challenges they may face in adolescence and adult life (DfE, 2019). [3] Schools that were ready to begin following the new statutory guidance were encouraged to begin doing so from 1st September 2020. Those schools that were not ready to begin teaching the new subjects, or unable to adequately meet the requirements set out in the statutory guidance were encouraged to begin teaching the new content by at least the summer term of 2021.[4] All schools must be teaching the full new curriculum from September 2021.

Methodology

Sampling

The young people in LSYPE2 were sampled through a two-stage process. Schools were sampled first, followed by the pupils within those schools. The sample includes young people in local authority (LA) maintained schools, academies, and independent schools, but for practical reasons excludes small schools and overseas students. It includes special schools as well as mainstream provision. This sample was designed to ensure the widest feasible perspective on young people's experiences. Robustness of data was also ensured through cognitive testing of research questions and study pilots.

Attrition

Response rate at wave 6 was 53% of the wave 1 sample. The data analysed for this report are weighted to compensate for the impact of sample attrition between waves.

Item non-response

All young people who decide not to answer a question or said that they didn't know the answer were excluded from the analyses. However, these data accounted for a small minority of the overall sample (less than 5% of responses to these questions were

[3] DfE, 2019. Relationships Education, Relationships and Sex Education, and Health Education in England. Government consultation response.
[4] DfE, 2021. Statutory guidance, Implementation of relationships education, relationships and sex education and health education 2020 to 2021. https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/implementation-of-relationships-education-relationships-and-sex-education-and-health-education-2020-to-2021

missing), and data was weighted to minimise bias which may have occurred as a result of this.

Statistical testing

All differences that are reported below are statistically significant at the 5% significance level. To see results in table format, including confidence intervals, please see the appendix published separately. Confidence intervals have been calculated using a mean sum of squares of weights value of 1.30. This analysis, while weighted, involves a face-value look at basic correlations, and makes no attempt to establish causal pathways, therefore it cannot be said if relationships discussed involve causal, reverse, confounding or mediating causation. However, it is likely that all four causal pathways are present to some extent.

Support for participants

Considering the sensitive nature of some of the questions asked, measures were taken to support young people in their completion of the survey, in line with the Department's and the Market Research Society's ethics processes. Questions related to young peoples' sexual history, engagement in risky behaviours, and mental health were asked as part of a self-completion section on all modes, with the option to skip questions at the participant's discretion.

Participants were also signposted to charities and support services relevant to the topics covered in the survey, such as sexual health or addiction. For those young people completing the survey online, links to resources were provided at the end of the questionnaire. For young people completing on telephone or face-to-face modes, interviewers were trained to ask participants if they would like details these organisations; links were provided to those young people that requested them.

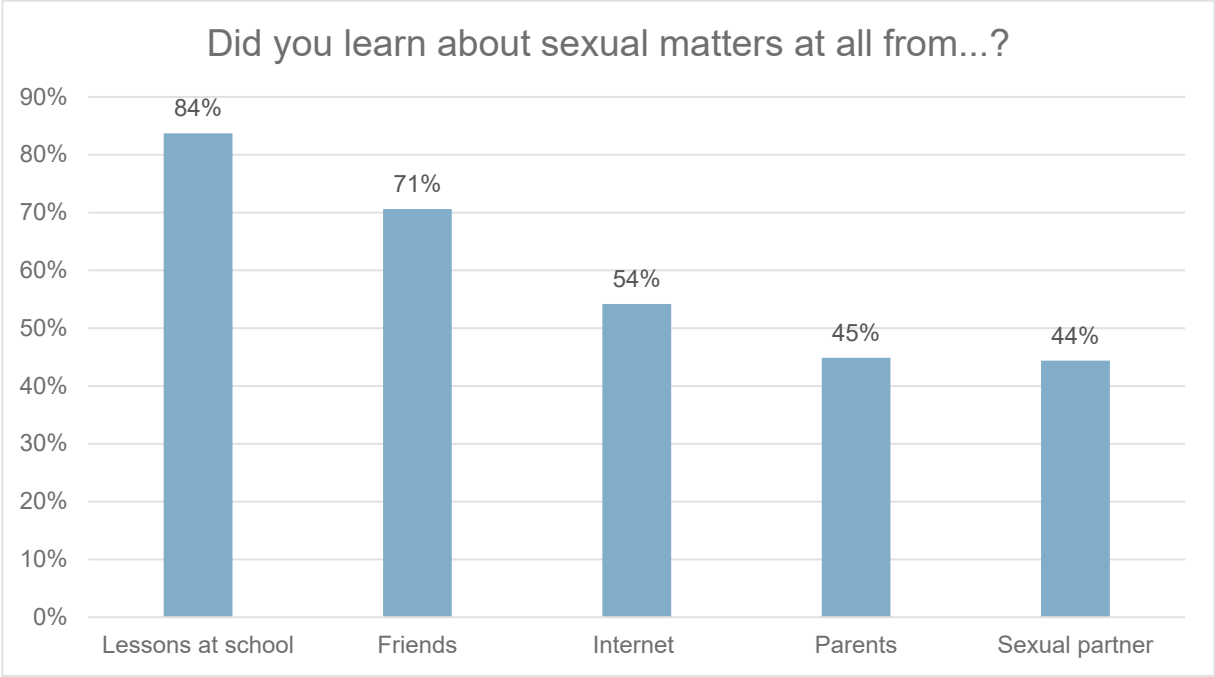
Findings

In the sections below, we look at how young people perceive their RSE and sexual risk-taking behaviour, before comparing whether different groups of young people with certain characteristics perceive their RSE differently and have different behaviours concerning sexual risk-taking. Where comparable evidence is available, we also compare how these factors have changed since LSYPE1, an earlier cohort which turned 18/19 in 2009.

Where young people learnt about sexual matters

Regardless of personal characteristics, the majority of young people learnt about sexual matters from lessons at school, friends and the internet. A smaller, but still substantial, proportion of the sample also responded that they learnt about sexual matters from parents and sexual partners[5] (Figure 1).

Figure 1: The sources of information young people accessed

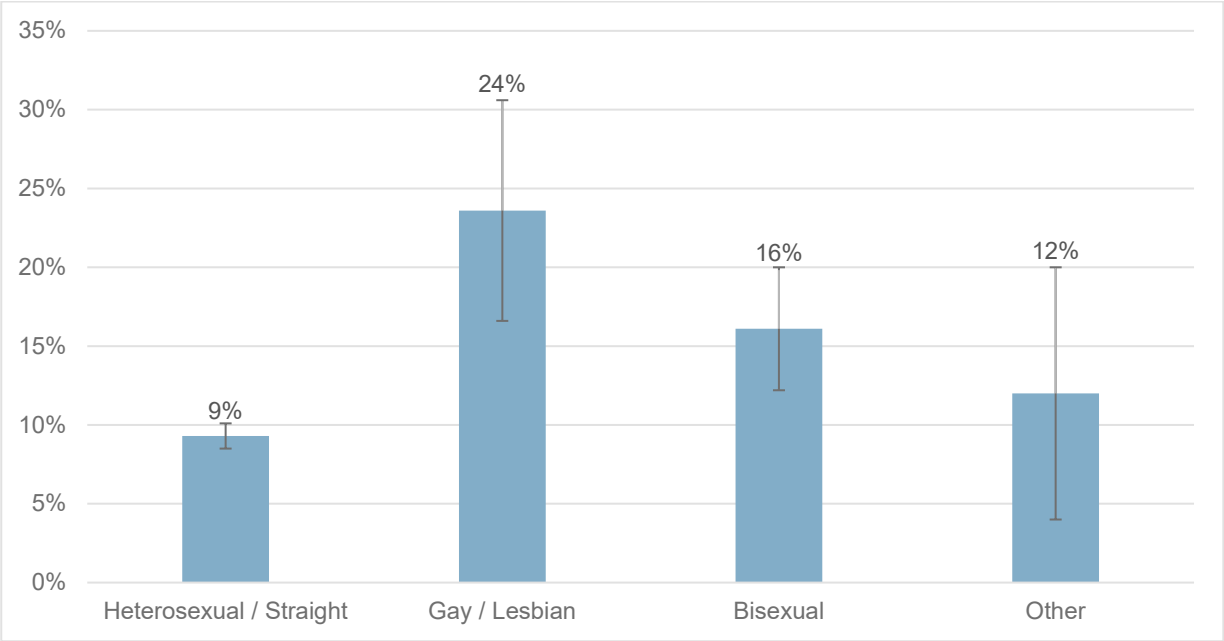


Source: Longitudinal Study of Young People in England: cohort 2, wave 6. Unweighted base = 6839.

[5] This broadly corroborates previous findings in the National Survey of Sexual Attitudes and Lifestyles (2013), which found that adolescents cited their main sources of sex education as lessons at school, friends of the same age, partners, the media and family. For more information, see the Natsal 3 refrence tables here: http://www.natsal.ac.uk/media/3935/natsal-3-reference-tables.pdf

The source of information about sexual matters that young people learnt from varied by characteristics such as their sexuality. For instance, 24% of young people from minority sexual orientations (gay, lesbian and bisexual young people) did not learn about sexual matters from lessons at school, parents or other family members, compared to only 9% of heterosexual young people (Figure 2). Young people from minority sexual orientations were more likely to say they had learned about sexual matters from the internet (69%) than heterosexual young people (53%). The amount of young people from minority sexual orientations who said they learned about sexual matters from their friends (71%) or partners (45%) was the same as for heterosexual young people.

Figure 2: The sexuality of young people who did not learn about sexual matters from school or parents



Source: Longitudinal Study of Young People in England: cohort 2, wave 6. Error bars represent 95% confidence intervals. Unweighted base = 6777.

The religion of the young person's main parent was also associated with where they learned about sexual matters. Of young people whose parents identified as Christian or from another minority religion, 59% said that they did not learn about sexual matters from their parents, compared to 51% of those whose parents were non-religious.

Stage of education at which young people received RSE

Around half of young people responded that they received RSE both in primary and secondary school (49%). A smaller proportion responded that they received RSE only in secondary school (35%), and some that they only received RSE in primary school (13%). A very small minority of young people responded that they did not receive any RSE at any stage of school (4%).

The stage of school at which young people reported receiving their school RSE was associated with a range of factors:

- Young people who were not eligible for FSM were more likely than FSM-eligible peers to have received RSE at both primary and secondary school, by 10 percentage points[6] (52% vs. 42%).
- Young people in London were slightly more likely to receive RSE in primary school than those in the rest of England (16% vs. 13%).
- Over a third (36%) of young people who did not have long-term physical or mental health conditions or illnesses said they received RSE in secondary school, compared to just around a third of their peers who did (31%).
- Half of young people (51%) whose parents identified as non-religious said they received RSE in both primary and secondary school, compared to 49% of those with Christian parents, and 45% of those with parents who identified with a minority religion.

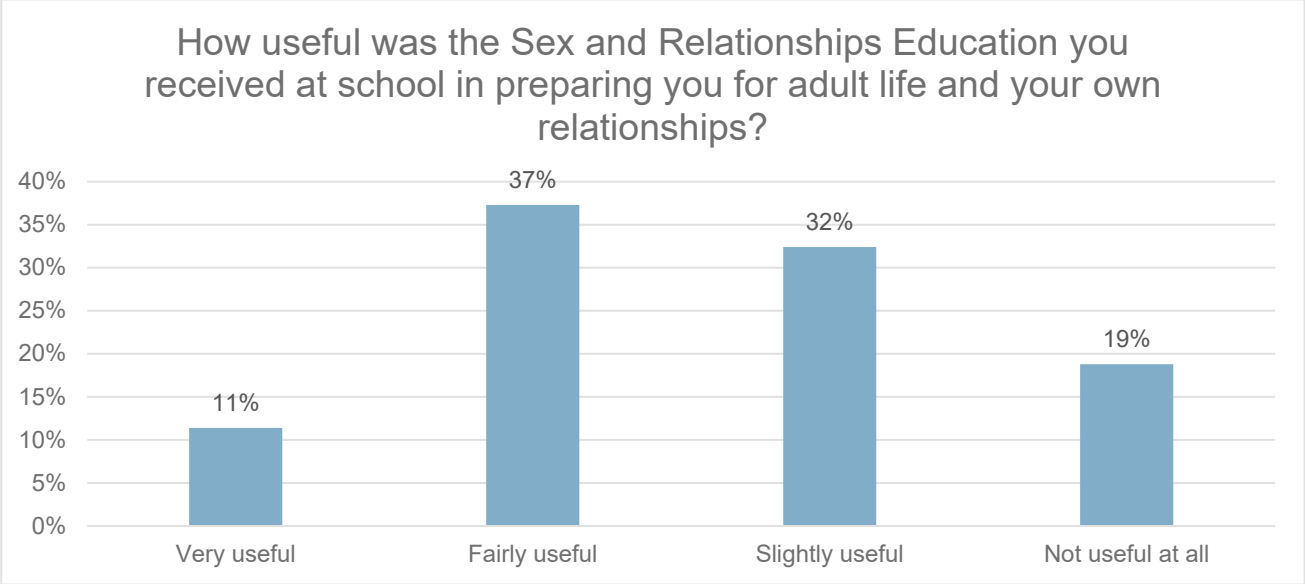
While this analysis does not show a causal relationship, the evidence from LSYPE2 shows that those who reported that they had not received any RSE were more likely to take more sexual risks across a range of measures. They were 11 percentage points more likely than those who received RSE in both primary *and* secondary school to have said that they had had sex before the legal age of consent (35%, versus 24%); 13 percentage points more likely to have said that they had had unprotected sex (57%, versus 44%), and 6 percentage points more likely to have said that they had contracted an STI (10% versus 4%).

[6] While these findings highlight significant discrepancies in the current provision of RSE across England, it should be noted that the 2020 Relationships and Sex education and health education policy has been specifically designed to improve access to RE and RSHE at all stages of schooling for all pupils.

Perception of the usefulness of school RSE

When considering the usefulness of their school RSE, 3 out of 4 young people thought that it was at least slightly useful, whereas 1 in 4 described their school RSE as not at all useful.

Figure 3: How useful young people found their RSE in preparing them for adult life and their own relationships



Source: Longitudinal Study of Young People in England: cohort 2, wave 6. Unweighted base = 6598.

Young people who identified as gay, lesbian, or bisexual were significantly more likely to respond that their RSE was not at all useful (gay/lesbian 35%; bisexual 25%; heterosexual 18%; other 19%).

There also was a disparity in how useful young people found their RSE to be based on whether they had SEND, or reported a long-term physical / mental disability or illness. Almost a quarter of young people (24%) who had a long-term disability said their RSE was ‘not at all useful’, compared to 19% of those without.

Young people with parents of minority religions were more likely to describe their RSE as ‘very useful’ (17%) compared to those whose parents identify as Christian (10%).

Furthermore, there was a disparity in how useful young people found the RSE they received by whether they were eligible for FSM. Those who were eligible for FSM were

more likely than their non-FSM eligible peers to perceive their RSE as ‘very useful’: 15% versus 10% respectively.

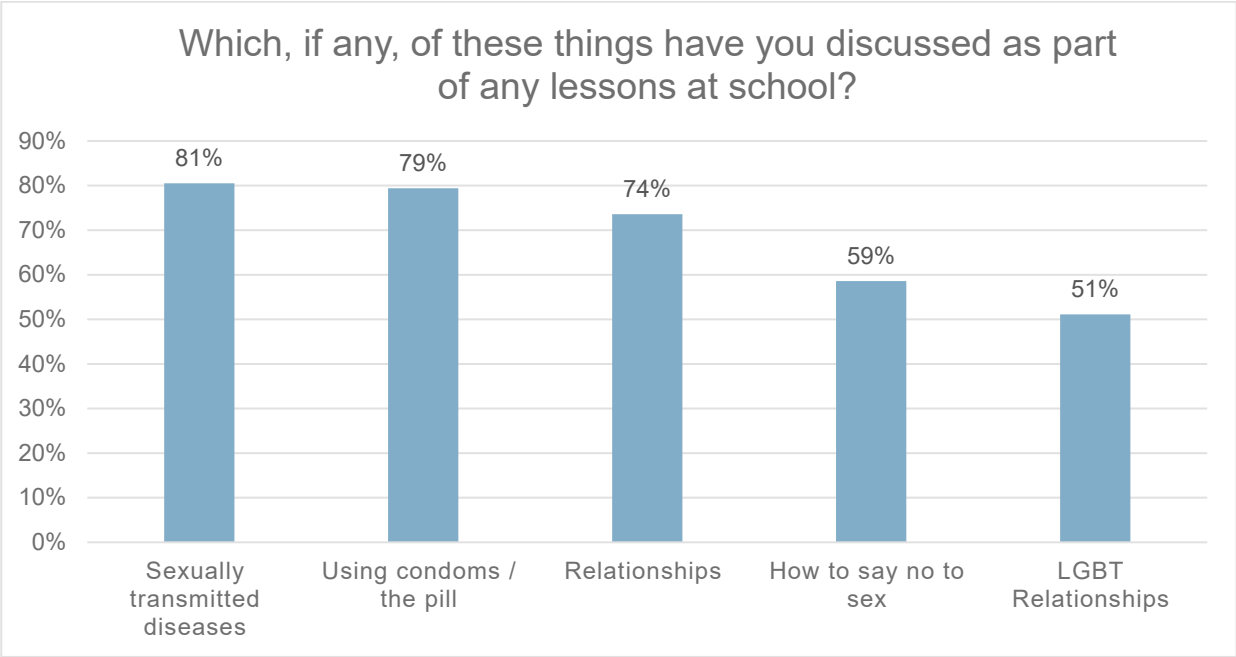
Additionally, there were notable regional variations in how useful young people found their RSE. Young people in London were more likely than those in the rest of England to describe their RSE as ‘very useful’ (15% versus 11%). However, this may be a product of a higher concentration of disadvantaged young people, and young people from diverse ethnic and religious backgrounds in London rather than a product of, for example, better teaching of RSE in London.

Finally, young people who participated in other risky behaviours, such as binge drinking, were less likely to say they found their RSE useful. Young people who partook in binge drinking were significantly more likely to report that they did not find their RSE to be useful (22%, compared to just 14% of those young people who did not binge drink).

Content of RSE lessons in school

In wave 3 of the survey (2016), when participants were aged 14/15, young people were asked about what specific topics had been discussed during their school lessons. The most discussed topic in school RSE was sexually transmitted diseases, with 81% saying they had discussed it. This was followed by discussions concerning condoms/the pill (79%), relationships in general (74%), how to say no to sex/understanding when someone says no to sex (59%), followed by gay/lesbian relationships (51%).

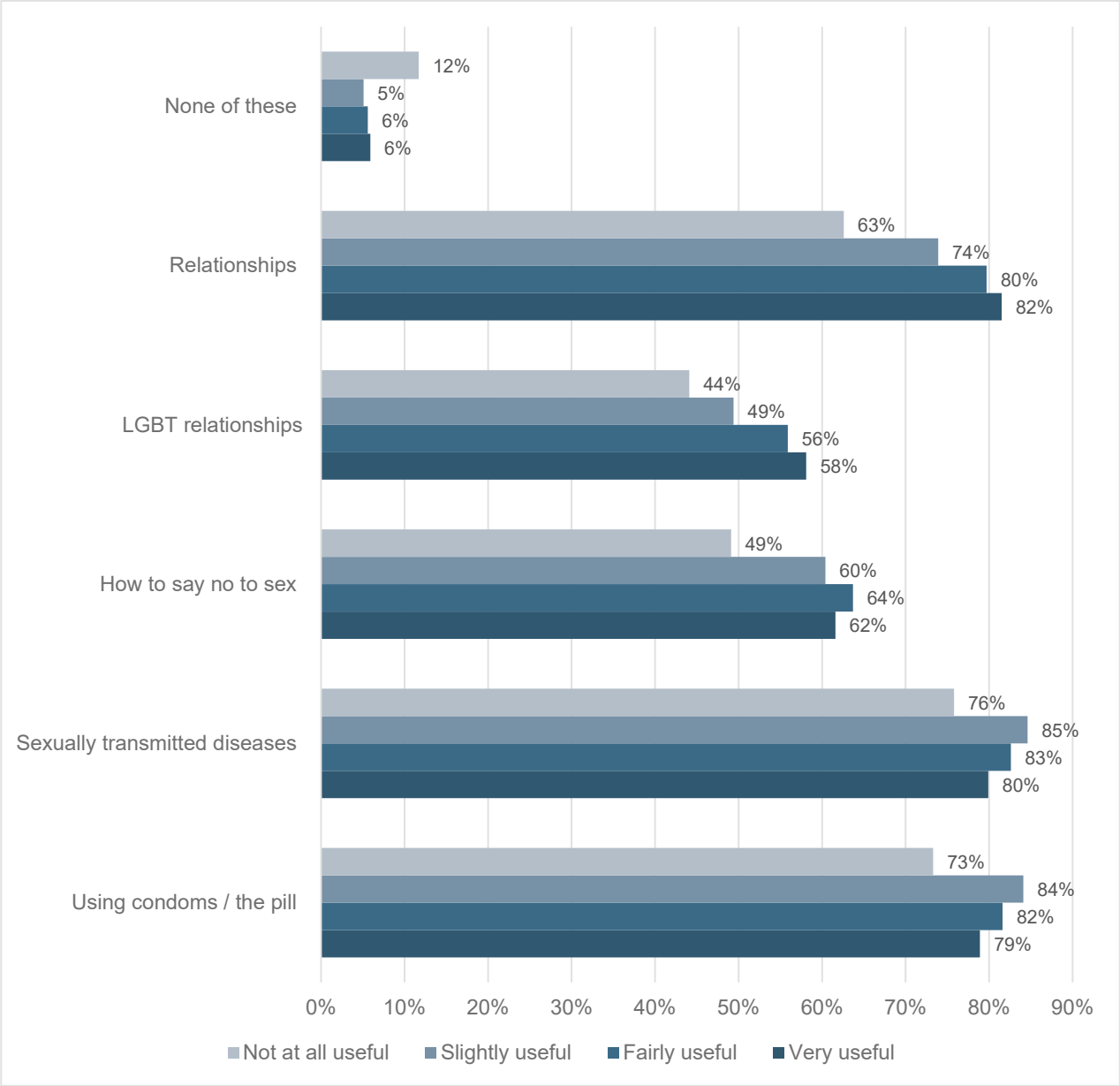
Figure 4: Topics discussed as part of RSE lessons at school



Source: Longitudinal Study of Young People in England: cohort 2, wave 3. Unweighted base = 6903.

Young people who were taught about ‘how to say no to sex’, ‘LGBT relationships’, or ‘relationships’ at wave 3 (2015, aged 15/16) were more likely to say that their RSE was ‘very useful’ three years later at wave 6 compared to those who had not.

Figure 5: How useful young people found their RSE and the topics covered by their lessons in school



Source: Longitudinal Study of Young People in England: cohort 2, wave 3 and 6. Unweighted base = 6497.

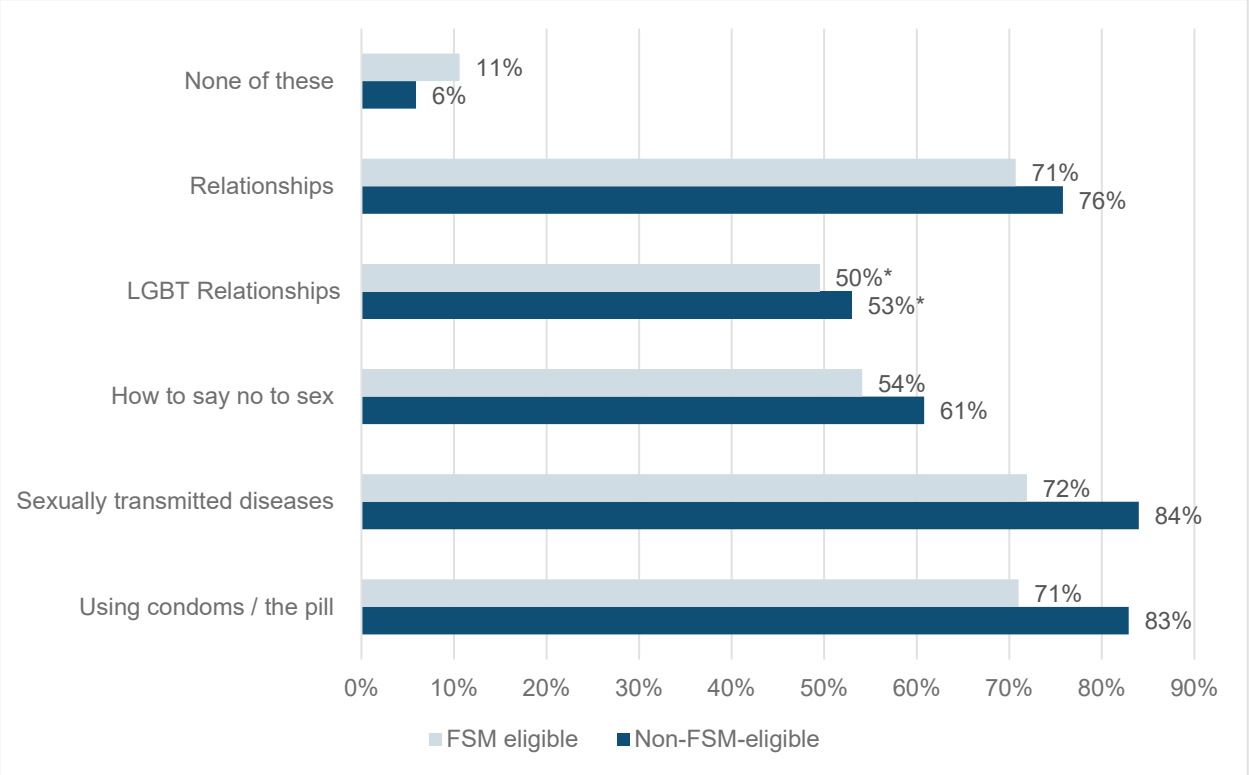
Topics covered in RSE lessons varied regionally. For example, young people in London were less likely than those in the rest of England to have said that they were taught about sexually transmitted diseases, consent, and using condoms or the pill, despite being significantly more likely than those in the rest of England to say their RSE was ‘very useful’.

There were also some differences between genders. Male and female young people were equally likely to have learnt about minority sexualities, consent and contraception. However, females were more likely to say that they had been taught about relationships (76%) compared to males (72%).

Young people with long term mental or physical disabilities / illnesses also reported differences in topics covered by their RSE. They were less likely to say that they had been taught about gay / lesbian / bisexual relationships (46%) than their peers without disabilities (52%). There was no significant difference for those with disabilities being taught about consent, relationships, contraception, or sexually transmitted diseases.

Finally, there were a number of differences across the topics covered by RSE for those who were FSM eligible: 11% of young people who were eligible said they did not learn about relationships, consent, sexually transmitted diseases and using condoms/the pill in their RSE lessons at school, compared to just 6% of their non-FSM eligible peers.

Figure 6: Topics covered by RSE lessons for young people who had ever been eligible for FSM



Source: Longitudinal Study of Young People in England: cohort 2, wave 3 and 6. Unweighted base (FSM-eligible) = 1903. Unweighted base (non-FSM-eligible) = 4246. *This is not a statistically significant difference.

Sexual activity in young people

By age 18, 70% of young people in the LSYPE2 cohort reported that they had had sexual intercourse with someone. This was lower than in the first LSYPE cohort, where 83% of young people aged 18/19 in 2009 said they had had sex.

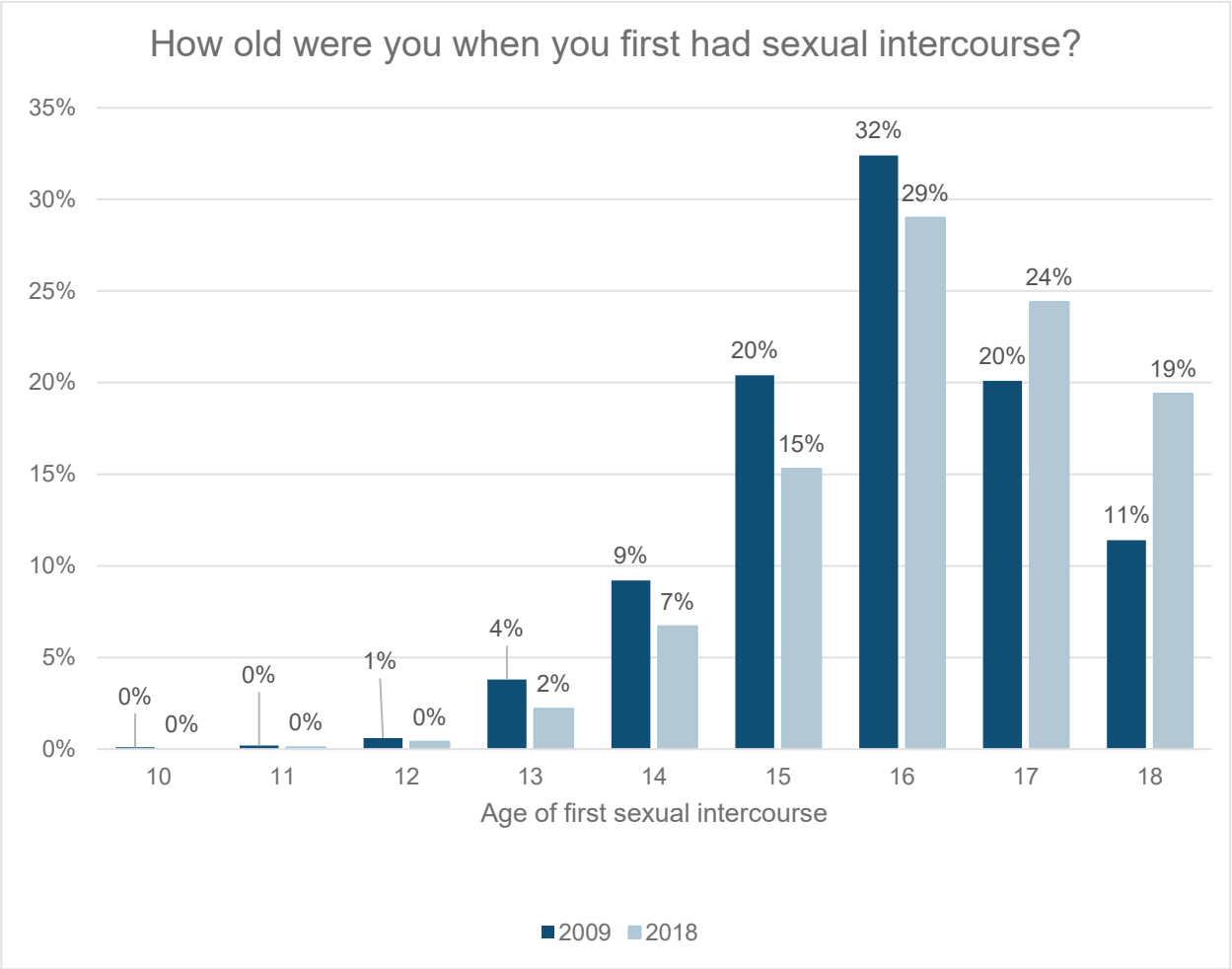
Age of first sexual intercourse

At wave 6, 75% of young people who were sexually active had their first sexual intercourse after age 16. However, a quarter reported having their first sexual intercourse before age 16, the legal age of consent[7].

The number of young people who said they had had their first sexual intercourse before age 16 was lower at LSYPE2 compared to LSYPE1. In 2009, 34% of sexually active young people aged 18/19 said they had sex before age 16, versus 25% in 2018.

[7] This broadly corroborates findings from the National Survey of Sexual Attitudes and Lifestyles (2013), which found that just under a third of young people aged 16-24 had had heterosexual intercourse before the age of 16. For more information, see the Natsal 3 refrence tables here: http://www.natsal.ac.uk/media/3935/natsal-3-reference-tables.pdf

Figure 7: Age of first sexual intercourse in LSYPE1 (2009) and LSYPE2 (2018)



Source: Longitudinal Study of Young People in England: cohorts 1 and 2, wave 6. Unweighted base = 7088 (in 2009), 4547 (in 2018).

The proportions of young people who had had sex before the legal age of consent varied when looking at characteristics: 34% of sexually active young people with a long-term disability said that they had had sex before the legal age of consent, versus 23% of those who did not have a long-term disability. When comparing findings from LSYPE1, there has been a reduction in the proportion of young people without long-term disabilities having sex before age 16 (34% in 2009, compared to 23% in 2018). However, the proportion of young people with a long-term disability having sex before the legal age of consent has remained broadly consistent between the cohorts (36% in 2009 and 34% in 2018).

Pupils eligible for FSM were also more likely to have sex before age 16. In 2018, 31% of sexually active people who were eligible for FSM had had sex before the legal age of consent, versus 23% of young people who were not eligible for FSM.

Finally, young people who participated in other risky behaviours, such as binge drinking, were also more likely to have had their first sexual intercourse before age 16. In 2018, 27% of young people who partook in binge drinking had sexual intercourse before age 16, compared to 19% of those who did not. Comparatively, in the first cohort, over a third (35%) of young people who partook in binge drinking, and 26% who did not binge drink, said they had their first sexual intercourse before age 16.

Interestingly, there was an overall reduction in young people engaging in all risky behaviours listed in the survey (including first intercourse before age 16) between the 2009 and 2018 cohorts. For example, the proportion of young people who said they had participated in binge-drinking in the last year dropped from 91% to 69%.

Contraception use

In 2018, condoms were the most regularly used contraceptives by young people, with 68% of sexually active young people saying they used condoms regularly[8]. This was followed by the pill at 59%, and emergency contraception at 13%. However, when compared with the LSYPE1 cohort, condom use had reduced significantly: 80% of sexually active young people in 2009 responded that they used condoms regularly, compared to 68% in 2018.

Occurrence of sex without precaution or contraception

In 2018, of those who were sexually active at the time of the survey, 44% of young people had had sex without contraception or precautions, whereas 56% had only practiced safe sex.

Sexually active young people who identified as lesbian, gay, bisexual or another minority sexual orientation were significantly less likely to use contraception or precautions. 59% of gay/lesbian young people and 48% of bisexual young people reported having

[8] This data broadly corroborates patterns identified in the National Survey of Sexual Attitudes and Lifestyles (2013), which found the most frequently used methods of contraception in young people between 16-24 were condoms, the pill, implants, and emergency contraception. For more information, see the Natsal 3 refrence tables here: http://www.natsal.ac.uk/media/3935/natsal-3-reference-tables.pdf

unprotected sex, compared to 44% of heterosexual cohort members. The proportions of young people across all sexualities having unprotected sex did not change between 2009 and 2018. However, of those young people who identified as heterosexual, the proportion having sex without precaution or contraception increased between cohorts, with 34% having had unprotected sex in the 2011 cohort versus 44% in 2018.

There was a similar trend for those who said that they did not identify with the gender they were assigned at birth, though this group was very small within the sample. 68% of sexually active young people who did not identify with the gender they were assigned at birth reported having unprotected sex, compared to 44% of sexually active young people who identify with their assigned gender. This was a statistically significant finding; however, as a result of small sample sizes, this was the only statistically significant difference for this group identified in this analysis.

Young people who engaged in other risky behaviours were also more likely to have sex without contraception or precautions. For example, of those young people who had used drugs, 66% had had sex without using precautions or contraception, whereas only 39% of young people who had not used drugs said the same. This suggests a correlation between participating in non-sexual and sexual risky behaviours.

Frequency of sex without precaution or contraception

Of those respondents who had had unprotected sex, 35% said that they had sex without precautions or contraception around half the time or more, whereas 65% responded that they had sex without precautions or contraception rarely or less than half the time.

There was a statistically significant difference in the frequency of unprotected sex for young people between 2009 and 2018. In 2009, only 5% of young people who had had unprotected sex, *always* had unprotected sex; this rose to 8% in 2018.

There were differences in the frequency of having unprotected sex by sexual orientation. For example, 34% of straight young people who had had unprotected sex said that they did this around half the time or more, versus 63% of gay and lesbian young people.

There was no significant difference in whether young people had ever had unprotected sex by gender. However, 39% of males who said they had unprotected sex said they did so around half the time or more, compared to 31% of female.

Contraction of Sexually Transmitted Infections

Only 4% of young people in the cohort said they had contracted an STI. The vast majority of those who responded that they had contracted an STI also responded that it had been treated. Only 5% of those who had contracted an STI responded that it had not been treated, which represents less than 0.2% of the whole population.

There was no statistically significant difference between the proportion of young people who said they had contracted an STI in 2009 and 2018. In 2009, 5% of young people reported that they had contracted an STI, compared to 4% of young people in 2018.

A higher proportion of gay / lesbian young people said they had contracted an STI (9%) compared to heterosexual young people (4%).

Young people who participated in other non-sexual risky behaviours, such as binge drinking, were also more likely to say they had contracted an STI: 5% of young people who partook in binge drinking said they had contracted an STI, compared to 3% of those who had not.

There was also a statistically significant gender difference in whether young people had contracted an STI. Of male young people, 3% said they had contracted an STI, compared to 6% of females.

The association between wellbeing and sexual risk-taking behaviours in young people

LSYPE2 uses a GHQ-12 score[9] to estimate psychological wellbeing. A high score indicates psychological distress of potential clinical significance, while a low score indicates low psychological distress. This measure of psychological distress was first taken at ages 14/15, and then taken again at every wave between the ages of 16-19.

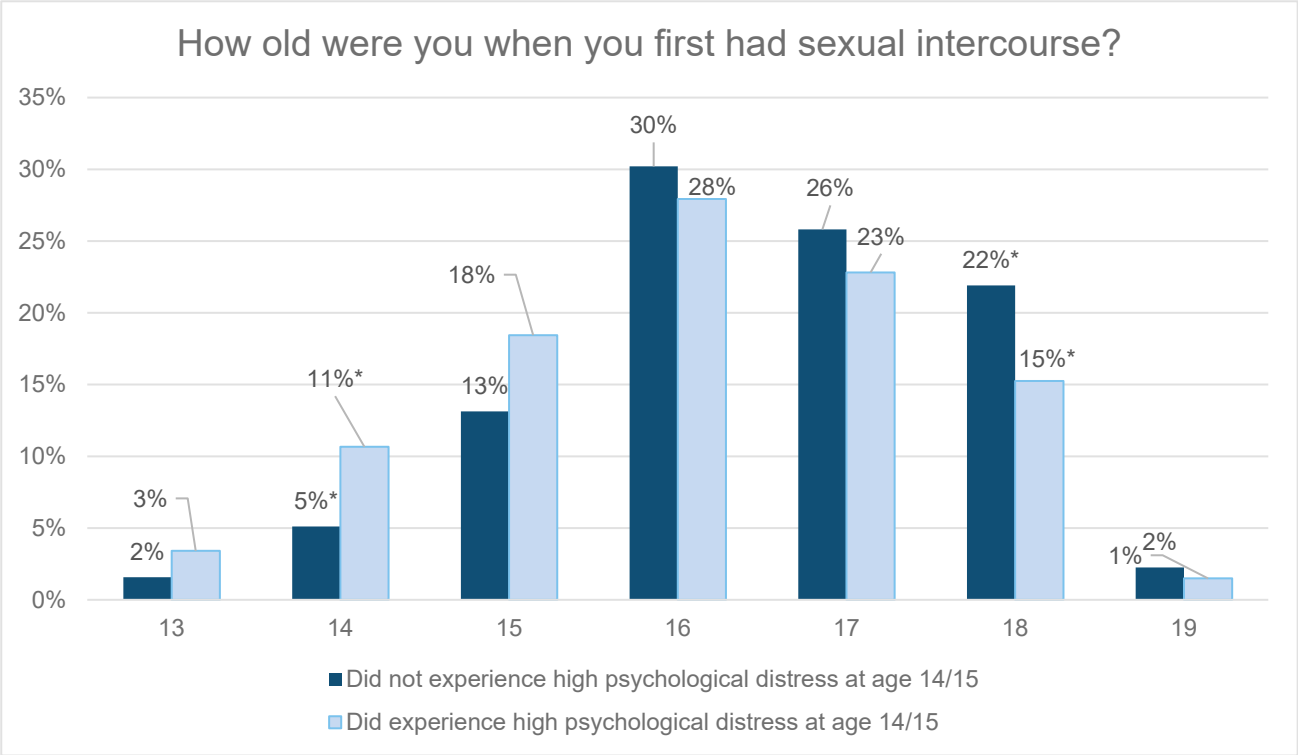
Age of first sexual intercourse

This analysis identified a significant relationship between young people having high psychological distress at age 14/15, and the likelihood that they would have their first sexual intercourse before age 16. 33% of those who had a high psychological distress

[9] The measure of psychological health we used was the 12-item General Health Questionnaire (GHQ-12). This measures broad psychological wellbeing including whether individuals feel they are under strain, whether they can concentrate and make decisions, and whether they can overcome difficulties and enjoy their day-to-day activities.

score at age 14/15 went on to have their first sexual intercourse before age 16, versus 21% of those who did not experience high psychological distress at this age. This analysis only included those who had reported sexual activity before the age of 19/20.

Figure 8: Age of first sexual intercourse and psychological distress at ages 14/15



Source: Longitudinal Study of Young People in England: cohort 2, wave 6. Unweighted base = 3421. * Denotes statistically significant difference.

Sex without precautions or contraception

Young people who had experienced high psychological distress at any age between 16 and 19 were significantly more likely than those who had not to have had sex without contraception or precautions. 49% of those who had experienced high psychological distress said that they had had unprotected sex, versus 38% of those who had not experienced high psychological distress. This analysis only included those who had reported sexual activity before the age of 19/20.

Contraction of sexually transmitted infections

Young people who had experienced high psychological distress at any age between 16 and 19 were more than twice as likely to say that they had contracted an STI. 5.4% of young people who had experienced high psychological distress said that they had

contracted an STI, versus 2.6% of young people who had not experienced high psychological distress at any time between ages 16 and 19. However, it should be noted that small sample sizes of young people who had contracted STIs were very small. This analysis only included those who had reported sexual activity before the age of 19/20.

Conclusions

This research brief shows that most pupils learnt about sexual matters from lessons at school, and that the majority of this group found them to be useful to some degree. However, it highlights some of the key disparities in perceptions of RSE and likelihood of sexual risk-taking for young people with differing characteristics. Young people who did not receive any RSE were more likely to take sexual risks, such as unprotected sex, and were more likely to contract an STI. Additionally, though almost half of young people felt the RSE they had received in school had been useful, nearly 1 in 5 found it to be 'not at all' useful. Overall, it identifies that some young people were less likely to receive RSE, such as those eligible for FSM. Others, such as those with SEND or those who identified with minority sexual orientations, were less likely to receive RSE they found useful. Furthermore, though fewer young people had sex before the legal age of consent in 2018 compared to 2009, sexual risk taking had not decreased. These finding show a range of potential shortcomings in the older RSE curriculum, particularly for young people from certain groups.

The new statutory guidance addressed some of these gaps, and seeks to support all young people to be happy, healthy, safe and well-equipped for adult life. For secondary school pupils, the new guidance covers age-appropriate Relationships and Sex Education and will include factual knowledge around sex, sexual health and sexuality, set firmly within the context of relationships. It additionally covers contraception, sexually transmitted infections, developing intimate relationships and resisting pressure to have sex. These changes allow young people to learn what a positive, healthy relationship can look like, about consent and how to keep themselves safe in a variety of situations. In Health Education, there is a strong focus on mental wellbeing, including a recognition that mental wellbeing and physical health are linked. Additionally, the statutory guidance states that all pupils should receive teaching on LGBT content during their school years, and that there should be equal opportunity to explore the features of stable and healthy same sex relationships. There is scope to ask future cohorts of young people about their views on the new RSE curriculum in new studies run by the Department.

The Department is committed to supporting schools in their preparations and has published non-statutory implementation guidance titled 'Plan your Relationships, Sex and Health Curriculum', alongside teacher training materials. The support is available on a one-stop page for teachers on GOV.UK.

Department for Education

Reference: DFE-RR1172

ISBN: 978-1-83870-315-8

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

For any enquiries regarding this publication, contact us at:
team.longitduinal@education.gov.uk, or www.education.gov.uk/contactus

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