

Sexual health and under-18 conceptions

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Contents	
Welcome	1
Sexual activity	1
Use of contraception	2
Conception and birth	2
Sexually transmitted infections	3
Recent reports	3
Recent reviews	4
Recent research	4
Policy & guidelines	6
Useful resources	6
References	7
Conclusion	8

Welcome

Developing a sense of sexual identity is a key part of adolescent development. Staying safe, healthy and happy through the process is important. Yet this is a topic where there are many challenges in collecting regular, robust information. This update is timely because the latest National Survey of Sexual Attitudes and Lifestyle was recently published (NatSal-3 2013),¹ providing new, up to date information about young people's sexual behaviour. The annual data on under-18 conceptions have also been released recently.²

Topics covered by earlier updates in this series include adolescent mental health, substance use, obesity, self-harm, attention deficit and hyperactivity, health implications of new technologies, sleep, long-term conditions, accidents and injuries, health inequalities, disability, and physical activity. You can obtain copies of all our past Research Updates at www.ayph.org.uk.

Sexual activity

By age 16, around one third of young people have had sexual intercourse (Health Behaviour in School Aged Children).³ This aligns with findings in the new NatSal-3 survey (31% of young men and 29% of young women had heterosexual intercourse before 16).⁴ There has been no significant change in these figures since NatSal-2, published in 2002. The average number of partners reported by the 16-25 year olds is under six.⁵

Young adults are more likely to report oral sex than vaginal sex in the last year, and anal sex is not uncommon, reported by nearly one fifth of 16-25 year olds in the last year.⁶

Three per cent of 16-25s report they are gay or bisexual. A quarter in this age group report no partners in the last year.⁷

Use of contraception

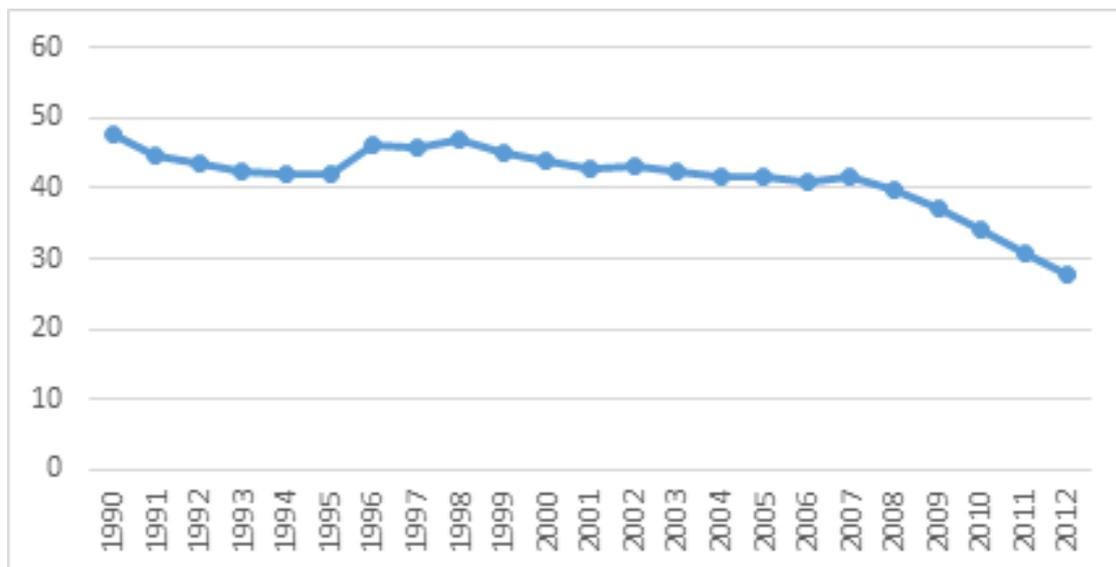
Surveys show that attendance at sexual health clinics in the last five years is highest among young women aged 16-24 compared with older age groups.⁸ In NatSal-3, 44% of this age group had been to a clinic in this time, compared with 21% of those aged 25-34, and six percent of those aged 35-44.⁹ Rates for young men are lower, with 31% of those aged 16-24 attending, but these rates are still higher than older age groups. Office of National Statistics (ONS) data from surveys of contraception and sexual health confirm a similar pattern with the highest rates of contraceptive service use being among those aged 16-19 years. Community based clinics are particularly important for protecting the sexual health of this age group, with a quarter of those aged 16-19 visiting NHS community contraceptive clinics in one year.¹⁰

The most common type of contraceptive used by young women attending clinics is the oral pill, followed by the male condom. Use of the male condom is highest in the youngest age groups, and is overtaken by the oral pill in those aged 15 and above.¹¹ However, long acting reversible contraceptives such as IU devices, injectable contraceptives and implants account for approximately one fifth of those aged over 15 years: a significant proportion. (ONS 2012). However, NatSal-3 estimated that approximately 15% of those aged 16-24 had at least two partners with whom no condom was used in the past year.¹²

Conception and birth

In 2012, 27.9 per 1000 young women under-18 (15-17 inclusive) became pregnant in England and Wales, a fall of 10% from 2011, and a reduction of over 40% since 1998 (ONS, see figure).¹³ This is the lowest rate since records began in 1969. The proportion of under-18 conceptions that result in a termination of pregnancy has remained fairly stable since the mid 2000s at around half¹⁴, although it varies around the country from 41% in Yorkshire and Humber to 62% in London.

Under-18 conception rate per 1000 (source: ONS Conceptions in England and Wales 2012)



Poverty and deprivation are strongly associated with under-18 conception. The rate of progress in reducing teenage pregnancy from 1998-2012 also varies widely around the country. If all local authorities were doing as well as the top 25% the England reduction would be 52%. More needs to be done to accelerate progress in the less successful areas. In addition, the UK still has the highest rate of teenage pregnancy and abortion in Western Europe.¹⁵

Sexually transmitted infections

In 2010-12, NatSal-3 analysed urine tests from a representative sample of 1,832 young people aged 16-24 years, to assess levels of sexually transmitted infections. Prevalence of **chlamydia** was 3.1% in women and 2.3% in men, with rates highest in women aged 18-19 (4.7%), and men aged 20-24 (3.4%). Those in the most deprived areas were more likely to test positive. The authors estimated an annual rate of chlamydia diagnosis of 2016 per 100,000 population aged 16-24 years in England.¹⁶ However, two-thirds of those testing positive for chlamydia only had one partner in the last year.

Rates of high risk types of **human papillomavirus (HPV)** were higher in young women than young men, rising from 16% of young women aged 16-17, to 27% of those aged 20-24. Rates for young men were 5% to 8%. Vaccination coverage extended to more than half of those eligible (ie, at school when the vaccines were introduced) but coverage was lowest in the most deprived areas.¹⁷

The number of **HIV diagnoses** in the UK is still on the rise, many being diagnosed in late stages of infection, although it is still rare. Prevalence rates for women overall were 0.1% and for men were 0.2%. Numbers are too small to estimate prevalence for the youngest age groups in this NatSal-3 sample.¹⁸

Recent reports

Conceptions in England and Wales 2012

Office for National Statistics (2014)

www.ons.gov.uk/dcp171778_353922.pdf

Annual bulletin from ONS showing further declines in the rates of under-18 conceptions in England to 27.9 per 1000 young women under 18 in 2012. Under-18 conceptions now at the lowest level since 1969 when records began. Most under-18 conceptions are unplanned, with around 50% ending in abortion.

Young people's knowledge and understanding about sexual health and blood borne viruses

The Scottish Government (2013) Research Findings No.123/2013

<http://www.scotland.gov.uk/resource/0043/00435750.pdf/>

A survey of over 2,000 school pupils in Scotland revealed what they remembered being taught about sexual health, what their understanding was, and how they thought they might use it. The results will inform the implementation of the Scottish National Framework for Sexual Health and Blood Borne Viruses, 2011-2015.

Report on inquiry into teenage pregnancy

The Scottish Parliament, Health and Sport Committee 5th Report (2013)

http://www.scottish.parliament.uk/S4_HealthandSportCommittee/Reports/heR-13-05w.pdf

Results of an inquiry to assess whether interventions in Scotland were sufficient to reduce unplanned teenage pregnancy, and to identify the actions to be taken.

NHS Contraceptive Services: England, 2012/13 Community Contraceptive Clinics

Health and Social Care Information Centre (2013)

<http://www.hscic.gov.uk/catalogue/PUB12548/nhs-cont-serv-comm-cont-clin-eng-12-13-rep.pdf>

Latest annual report on attendances at clinics and use of contraceptives, with statistics often broken down by age group. Approximately 11% of females aged 15 attended NHS community contraceptive clinics in 2012/13, and 20% of those aged 16-19. Oral contraceptives were the most common form of contraception for all age groups of women. Altogether, emergency contraception was dispensed on prescription on approximately 362,000 occasions in 2012/13.



Recent reviews

Programs to reduce teen pregnancy, sexually transmitted infections, and associated sexual risk behaviours: A systematic review

Gosling B, Colman S, Trenholm C, et al (2014) *Journal of Adolescent Health*, epub ahead of print
http://aspe.hhs.gov/hsp/13/Reduce-TeenPregnancy/rpt_tppevidence.cfm

A sizeable body of research on ‘what works’ now exists in relation to teen pregnancy, STI prevention and sexual activity behavior change. This review of American studies identified 31 program models with statistically significant effects on at least one of these outcomes, but they note the need for more work on ethnic minorities and other populations at higher risk of teenage pregnancy etc.

Sexual health in adolescents

Slater C and Robinson A (2014) *Clinics in Dermatology*, 32, 189-195
[http://www.cidjournal.com/article/S0738-081X\(13\)00152-1/abstract](http://www.cidjournal.com/article/S0738-081X(13)00152-1/abstract)

Reviews the biological, cognitive, behavioural and socioeconomic factors that contribute to poor sexual health outcomes in young people, and identifies key characteristics of successful adolescent services.

Trends in ages at key reproductive transitions in the United States, 1951-2010

Finer L and Philbin J (2014) *Women’s health Issues*, epub ahead of print
<http://sparky.guttmacher.org/pubs/journals/j.whi.2014.02.002.pdf>

There has been little change to self reported age at menarche since 1951 but changes to other key reproductive transitions such as age at first sex (which declined at the end of the 20th century but has increased slightly since then); interval from first sex to first contraceptive use (narrowed); time between age at first sex and age at first birth (increased), as well as other interesting findings. The authors argue for more focus on long-acting methods of contraception.

A review of interventions with parents to promote the sexual health of their children

Wight D and Fullerton D (2013) *Journal of Adolescent Health* 4-27
<http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12012028388#.U15yKstQSM8>

Successful programmes were those where the parenting component was a significant part of the activities, where parents were involved for at least 14 hours, where the programme was community-based, and where there was an encouragement of delayed sex.

Recent research

The use of message framing to promote sexual risk reduction in young adolescents: a pilot exploratory study

Camenga D and Fiellin L (2014) *Health Education Research*, 29, 360-366
<http://her.oxfordjournals.org/content/early/2014/01/21/her.cyt156.abstract>

Twenty-six adolescents (10-14) participated in six focus groups, creating and discussing posters to persuade their peers to delay the initiation of sexual activity. Arguments were ‘gain-framed’ (such as focusing on achievement) or ‘loss-framed’ (such as focusing on pregnancy). A combination of both strategies was preferred for promoting reduction in sexual risk behaviours.



Uptake of the HPV vaccination programme in England: a cross-sectional survey of young women attending sexual health services

Sacks R and Wilkinson D (2014) *Sexually Transmitted Infections*, online first
<http://sti.bmj.com/content/early/2014/02/18/sextrans-2013-051179>

Uptake of the UK human papilloma virus (HPV) vaccination was 66% in the first three years of the programme. Results from this questionnaire survey of young women aged 13-19 attending sexual health services showed that 74% had been offered the vaccination, with lower offer uptake in ethnic minorities, those not in education, employment or training (NEETs), smokers, and those with previous STIs, suggesting more work needs to be done to reach these groups.

Risk perceptions and subsequent sexual behaviour after HPV vaccination in adolescents

Mayhew A, Kowalczyk Mullins T, Ding L, Rosenthal S et al (2014) *Pediatrics*, 133, epub ahead of print
<http://pediatrics.aappublications.org/content/early/2014/01/28/peds.2013-2822.full.pdf+html>

Concerns have been raised that the HPV vaccination could lead to riskier behaviours, but in this survey of 339 young women aged 13-21 years risk perceptions following vaccination were not associated with riskier behaviours. There is growing evidence that HPV vaccination does not lead to changes in sexual behaviours in young people.

Social media-delivered sexual health intervention: A cluster randomized controlled trial

Bull S, Levine D, Black S, Schmiege S and Santelli J (2012) *American Journal of Preventative Medicine*, 43, 467-474

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3479665/>

Exposure to a new Facebook page about STI prevention messages was compared to an existing Facebook page on current events. Random assignment of 1578 young people was undertaken through an innovative recruitment strategy intended to tap into social networks. At two months effects were observed for increased condom use and proportion of sex acts protected by condoms. The effects were not evident at six months.

Series of Lancet articles presenting the NatSal-3 findings including:

Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (NatSal)

Mercer C, Tanton C, Prah P, Erens B et al (2013) *The Lancet*, 382, p1781-1794

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62035-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62035-8/fulltext)

Prevalence, risk factors and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (NatSal)

Sonnenberg P Clifton Sm Beddows S, Field F et al (2013) *The Lancet* 382, p1795-1806

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61947-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61947-9/fulltext)

The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (NatSal-3)

Wellings K, Jones K, Mercer C, Tanton C et al (2013) *The Lancet* 382, p1807-1816

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62071-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62071-1/fulltext)



National Institute for Health and Care Excellence (2014) New guidance for schools and GPs aimed at reducing teenage pregnancy rates in England. <http://www.nice.org.uk/newsroom/pressreleases/NewNICEPublicHealthGuidanceToReduceUnwantedPregnancies.jsp>. Reassures health professionals providing emergency contraception that it can be given to under-16s without parental knowledge. Emphasises that contraception should be readily available in schools, colleges and youth clubs.

Department of Health (2013) A Framework for Sexual Health Improvement in England. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf Recommendations to reduce inequalities and improve sexual health outcomes. Promotes accurate, high-quality and timely information, confidential, open-access, integrated health services, early diagnosis and treatment of STIs, and joined up provision for patients receiving services.

Society for Adolescent Health and Medicine (2014) Sexual and reproductive health care: A position paper of the Society for Adolescent Health and Medicine. Published in the Journal of Adolescent Health, 54, 491-496 http://www.adolescenthealth.org/SAHM_Main/media/Advocacy/Positions/Apr-14-Sexual-Repro-Health.pdf Asserts the right to access to a range of facilities and services, but emphasises the role of sociocultural actors affecting access.

Department for Education (11 Sept 2014) Personal, social, health and economic (PSHE) education, Guidance. <https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education>

Useful resources

- **Updated data on sexually transmitted infections and teenage pregnancy** can be obtained and analysed by age group through Public Health England tools. Guide to national and local sexual and reproductive health data: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141016664, portal to sexual and reproductive health profiles data: <http://fingertips.phe.org.uk/profile/sexualhealth>
- **Teenage Pregnancy Knowledge Exchange** <http://www.beds.ac.uk/howtoapply/departments/healthsciences/teenage-pregnancy-knowledge-exchange>, an initiative of the University of Bedfordshire, the first national source of expert knowledge and advice on all aspects of teenage pregnancy. Resources include 'Teenage pregnancy and sexual health.', a useful overview article by the Director of the TPKE, published in Nursing Times in 2013.
- **FPA factsheets** www.fpa.org.uk/resources/factsheets
- **Respect Yourself**, www.respectyourself.org.uk an organization texting helpful daily messages to young people about health promotion.
- **AYPH Be Healthy project resources** <http://www.ayph-behealthy.org.uk/> range of resources for young people and practitioners.
- **Brook** www.brook.org.uk, range of resources for young people and practitioners including their 'Choosing what's best for you' factsheet, and the Brook Sexual Behaviours Traffic Light tool leaflet.
- **BASHH and Brook** child sexual exploitation proforma 'Spotting the signs'. <http://www.bashh.org/documents/Spotting-the-signs-A%20national%20proforma%20Apr2014.pdf>



REFERENCES

- 1 Mercer C, Tanton C, Prah P et al (2013) Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*
- 2 Office for National Statistics (2014) Conceptions in England and Wales, 2012.
- 3 Brooks, Magnusson, Klemra E et al (2011) Health Behaviour in School Aged Children (HBSC): England National Report. Hatfield: University of Hertfordshire
- 4 Mercer C, Tanton C, Prah P et al (2013) Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*
- 5 Mercer C, Tanton C, Prah P et al (2013) Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*
- 6 Mercer C, Tanton C, Prah P et al (2013) Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*
- 7 Mercer C, Tanton C, Prah P et al (2013) Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*
- 8 AYPH (2013) Key Data on Adolescence, Chapter 5, Sexual Health. London: AYPH
- 9 Sonnenberg P, Clifton S, Beddows S et al (2013) Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *The Lancet*
- 10 Health and Social Care information Centre (2013) NHS Contraceptive Services: England, 2012/13, Community Contraceptive Clinics. HSCIC
- 11 Health and Social Care information Centre (2013) NHS Contraceptive Services: England, 2012/13, Community Contraceptive Clinics. HSCIC
- 12 Mercer C, Tanton C, Prah P et al (2013) Changes in sexual attitudes and lifestyles in Britain through the lifecourse and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *Lancet*
- 13 Office for National Statistics (2014) Conceptions in England and Wales, 2012.
- 14 Office for National Statistics (2014) Conceptions in England and Wales, 2012.
- 15 Siva N (2013) Studying sexual health in the UK. *Lancet*, 9907, p1770
- 16 Sonnenberg P, Clifton S, Beddows S et al (2013) Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *The Lancet*
- 17 Sonnenberg P, Clifton S, Beddows S et al (2013) Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *The Lancet*
- 18 Sonnenberg P, Clifton S, Beddows S et al (2013) Prevalence, risk factors, and uptake of interventions for sexually transmitted infections in Britain: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal). *The Lancet*

Conclusion

New data, in particular from the NatSal-3 and from the annual data on under-18 conceptions, provide an updated picture of the sexual health of young people. Of particular note is the reliance of this age group on community based clinics, the association between poverty, deprivation and under-18 conceptions, and the rates of chlamydia and human papillomavirus. Although under-18 conceptions continue to fall, the UK still has the highest rate of teenage pregnancy and abortion in Western Europe. Research alerts us to the importance of parents, peers and social media in reducing sexual risk behaviours.

For more information

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