

CHAPTER 5: Sexual health and identity

Average age of first heterosexual intercourse is **16 years**



502

young people aged 15-24 in the UK were diagnosed with HIV in 2017, down by **40%** since 2007

6.9%

of young people aged 16-24 say they have been pressurised into sex

Average age for child sexual exploitation concerns to be identified is **15-17**

4.2% of young people aged 16-24 identify as gay, lesbian or bisexual

In England, Wales and Scotland the under 18 conception rate has continued to fall since the 1990s



In 2017, the rate of under 18 pregnancies in England and Wales was the lowest since 1969, at 17.9 per 1,000 young women



The number of live births to teenagers in Northern Ireland has fallen from **2,107 in 1984 to 692 in 2017**



In 2015 the UK birth rate among women aged 15-19 was the third highest among economically similar countries



More than 1 in 5 pregnant young women under the age of 25 reported being a smoker at their booking appointment



of young pregnant women under 18 are **underweight** at their booking appointment

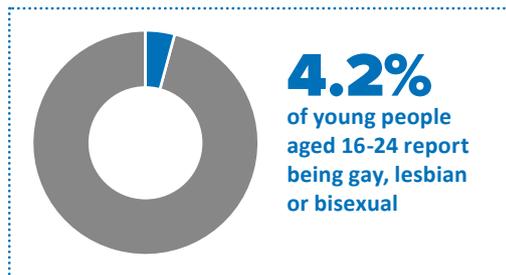


of young women aged 18-24 are **overweight or obese** in early pregnancy

Sexual health and identity

Developing a sense of sexual identity is a key task of the transition to adulthood. Staying safe, healthy and happy through the process is important. As a result, the sexual health and behaviour of young people is a huge topic in adolescent public health, with important ramifications for wellbeing, education and service provision. There is a lot that we know, but this is also a topic where there are many challenges in collecting regular and robust information.

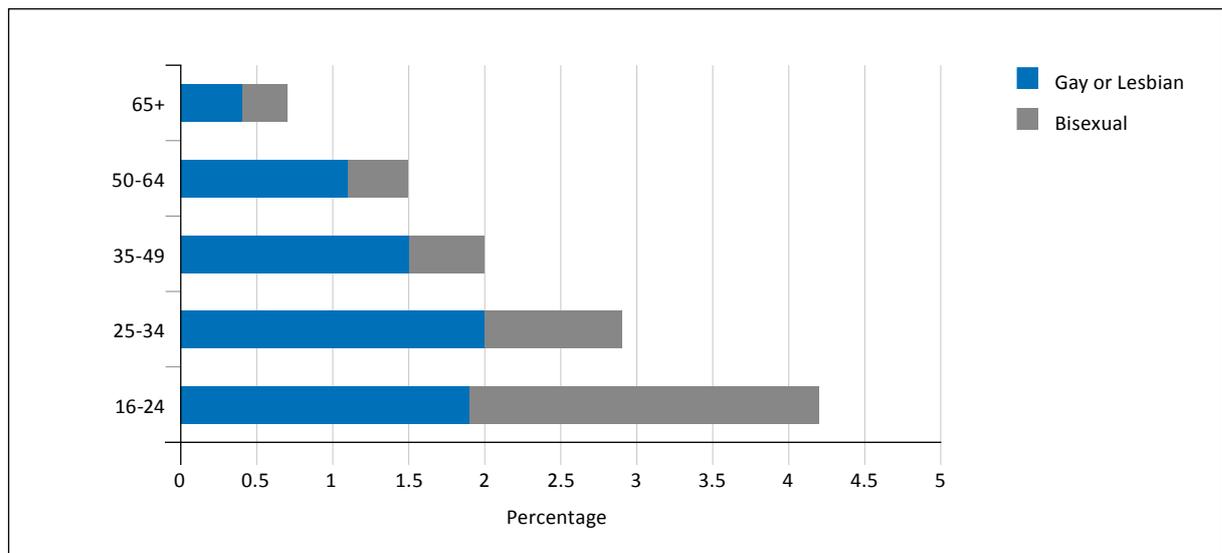
Sexual identity



Source: ONS, 2019a

Overall in 2017, 2% of the UK population identified themselves as lesbian, gay or bisexual. **Chart 5.1** shows that among the 16-24 population this rose to 4.2%, the largest rate in any age group. This is likely to be an underestimate, as some respondents chose to respond “other” or “don’t know”, or did not give an answer.

Chart 5.1: Identification as gay, lesbian or bisexual, by age, UK 2017



Source: Office for National Statistics (2019a) Sexual Orientation UK: 2017 > [DOWNLOAD DATA](#)

Sexual identity and gender identity are distinct, and data on gender identity in the UK are currently limited. There are no data, for example, on the proportion of young people who would identify themselves as transgender. The Office for National Statistics (ONS) is researching whether and how to develop a population estimate. The tentative estimate is currently that there are approximately 200,000-500,000 trans people in the UK, but a breakdown by age has not been attempted (Government Equalities Office, 2018).

Sexual activity

The third National Survey of Sexual Attitudes and Lifestyle (Natsal-3) reported in 2013, providing a raft of information about sexual behaviour of adults aged 16-74 (ie, over the age of consent) in Great Britain in 2012. These data will not be updated for some time now. The youngest age group in the published data was 16-24 year olds. Among the sexually active, vaginal and oral sex remained the most common practices reported in the past year. Overall, three quarters of sexually active respondents had heterosexual vaginal sex in the last year (Geary et al., 2016). **Chart 5.2** summarises the main findings about the sexual experiences of this age group as reported in 2012. The results confirm the fairly consistent finding that the average age of first heterosexual intercourse is 16 years, and that nearly one third of both men and women reported that they first had heterosexual intercourse before they turned 16. This still means that the majority do not have sex until they are 16 or older. This is an interesting finding especially as parents and young people often overestimate levels of young people's sexual activity.



Source: NatSal3, Mercer et al, 2013

Chart 5.2: Sexual activity of young people aged 16-24, Great Britain, 2012

	Men	Women
Age at first heterosexual intercourse	16 years	16 years
Heterosexual intercourse before 16 yrs	30.9%	29.2%
Average number of sexual partners	6.5	5.2
At least one new partner in last year	46.0%	38.3%
Genital contact without intercourse past year	71.3%	72.6%
Occasions of sex in the last four weeks	5.1	5.8
Anal sex in the past year	18.5%	17.0%

Source: Natsal-3, Mercer et al (2013) Lancet, vol 382, No. 9907, p1781-1794 > [DOWNLOAD DATA](#)

The patterns of sexual activity in Chart 5.2 are notably similar for men and women, although the men aged 16-24 reported an average of 6.5 sexual partners compared to the women, who reported 5.2, and men were more likely to report a new sexual partner in the last year. A significant proportion of both genders reported new partners in the last year and this is important when we consider how best to ensure they have the sexual health advice that they need.

For information about young people under 16, one of the main sources of data is the Health Behaviour in School-Aged Children (HBSC), which collected data for England, Scotland and Wales in 2014. These data are also becoming outdated, but in summary they showed that a quarter of 15 year old boys and one fifth of 15 year olds girls reported having had sexual intercourse by this age (Brooks et al, 2015). It is interesting to compare the HBSC trends and those reported in Natsal-3. HBSC trends indicate a declining trend in 15 year old sex from 2002 onwards. However, Natsal-3 found that the proportion reporting first heterosexual intercourse before age 16 years increased in successive birth

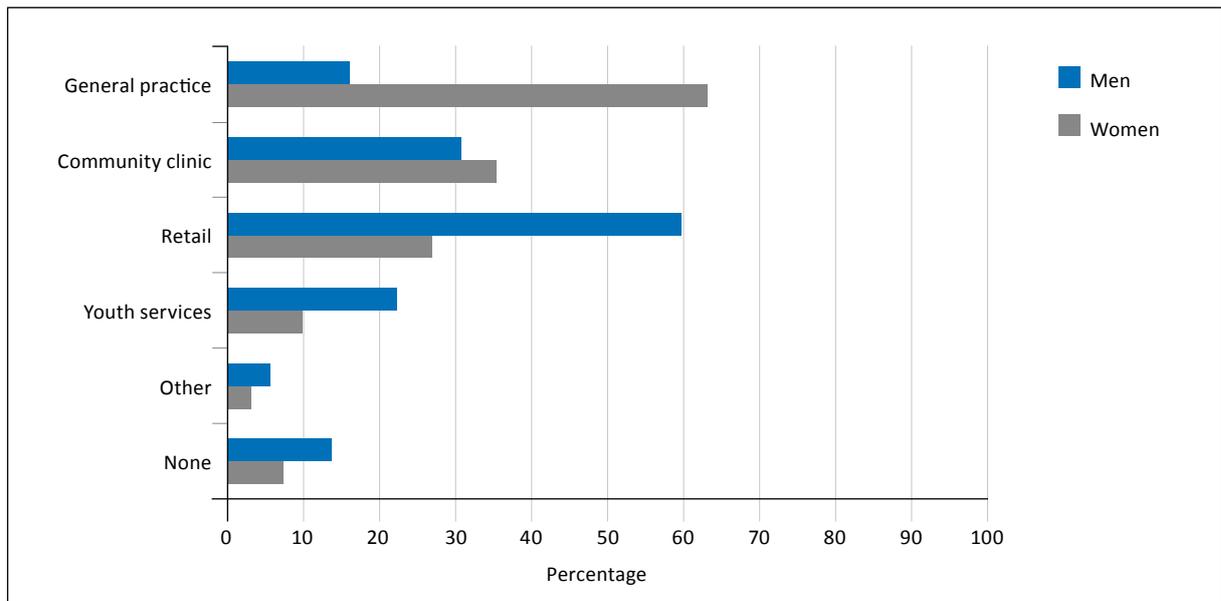
cohorts (Mercer et al, 2013). It is not clear how we account for the trends seen in the HSBC survey, nor the different picture suggested in Natsal-3, although it is worth noting the survey methods are not identical.

Use of contraception

Use of contraception is important both for preventing conception and also for protecting against sexually transmitted infections (STIs). The English Sexual Health Framework (Public Health England, 2013) specifically aimed to increase knowledge and awareness of all methods of contraception for all ages. The majority of young people use contraception during heterosexual sexual intercourse. Again, answering the question of how many poses methodological challenges. The Natsal-3 survey reported that of the 75% of young people aged 16-24 who were sexually active, 86% reported that they had obtained contraceptives in the last year (Geary et al, 2016). This cannot tell us if they used them on any given occasion, of course. Data on contraceptive use by those aged 15 is available from the Health Behaviour in School-Aged Children study. Of those who had had sexual intercourse, the majority (85%) reported using some kind of contraception. Use of condoms at last intercourse was the most common method in this younger age group, used by 61% of the boys and 57% of the girls. The contraceptive pill was the second most common method, followed by the morning after pill (emergency contraception) or another method (Brooks et al, 2015).

Chart 5.3 presents data from Natsal-3 showing that young people aged 16-24 who had vaginal sex in the last year reported that they were most likely to obtain contraceptives from general practice (young women), and retail outlets (young men), but both genders used a range of sources (Geary et al, 2016). The chart also illustrates that community clinics are important sources of contraception for young people who are sexually active.

Chart 5.3: Source of contraceptive supplies, 16-24 year olds by gender, Great Britain, 2012

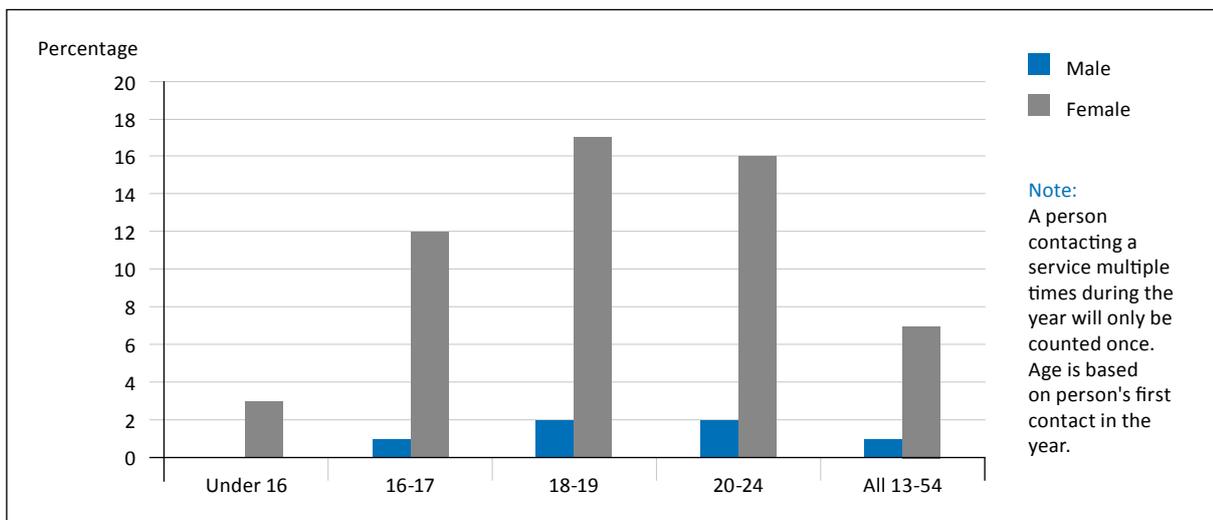


Source: Geary et al (2016). *BMJ Open* 2016;6:e011966 > [DOWNLOAD DATA](#)

Overall, young people are the age group most likely to visit community contraceptive clinics.

Chart 5.4 shows Public Health England service data on the proportion of young women of different ages who have been in contact with reproductive health services in the last year, in comparison with the whole population of women aged 13-54. Females aged 18 to 19 were most likely to use a sexual and reproductive health service, with 17% of the age group having at least one contact. Men rarely visit community contraceptive clinics according to these service level data.

Chart 5.4: Likelihood of contact with a sexual and reproductive health service, by age and gender, England, 2017/18

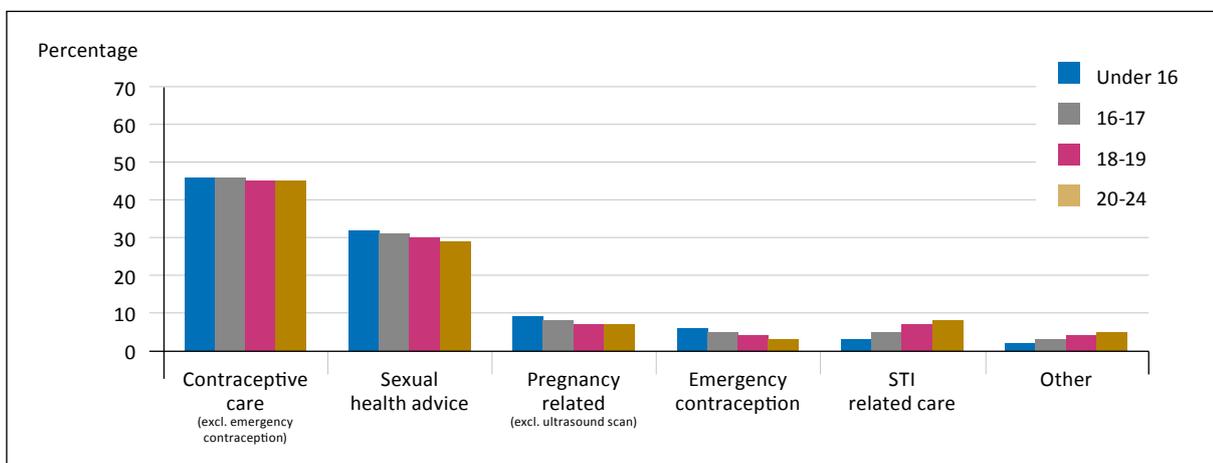


Source: Health and Social Care Information Centre. NHS Digital.

Statistics on Sexual and Reproductive Health Services England 2017/2018 > [DOWNLOAD DATA](#)

It can be seen from the data illustrated in **Chart 5.5** that the most common reason for visiting sexual health clinics is contraception, followed by general sexual health advice. Other reasons include pregnancy related issues, emergency contraception and advice on sexually transmitted infections.

Chart 5.5: All activity at sexual and reproductive health services, by age and activity type, England, 2017/18



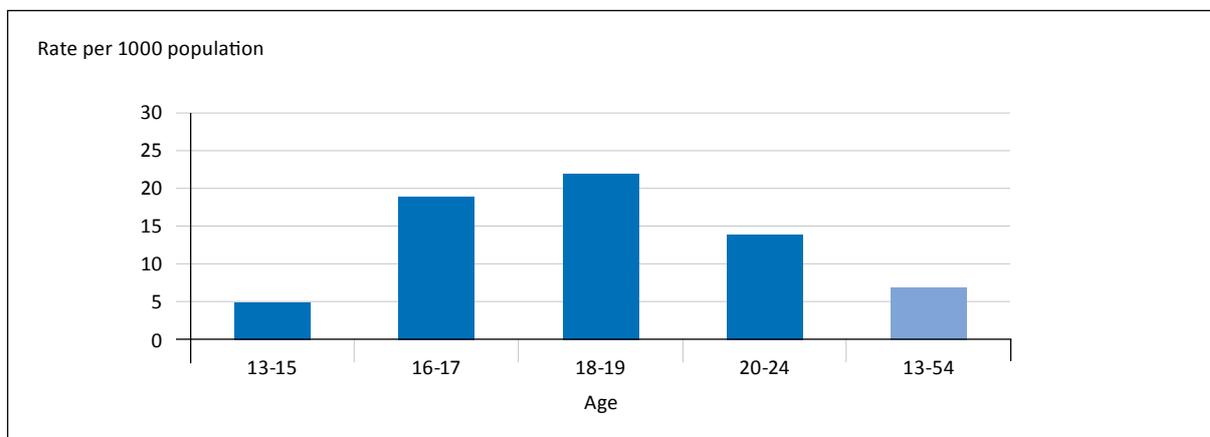
Source: NHS Digital Sexual and Reproductive Health Activity Dataset (2017/18)

Note: Other relates to abortion, implant removal and ultrasound scan > [DOWNLOAD DATA](#)

According to official statistics, use of emergency contraception is not common in young women.

Chart 5.6 shows that rates in 2017/18 for women aged 13-54 in England were generally low (7 per 1000 population of that age), but the highest rate was among 18-19 year olds (22 per 1000 of that age). However, it should be noted that this is likely to be an underestimate. Some young people, for example, will ask others to purchase it for them. It is clear that inequalities exist, with girls aged 13-15 provided emergency contraception at a rate three times higher if they are in the most deprived decile when compared to the least deprived decile (Chart 9.6).

Chart 5.6: Young women provided emergency contraceptives by sexual and reproductive health services, by age, England, 2017/18



Source: Health and Social Care Information Centre. NHS Digital.

Statistics on Sexual and Reproductive Health Services England 2017/2018 > [DOWNLOAD DATA](#)

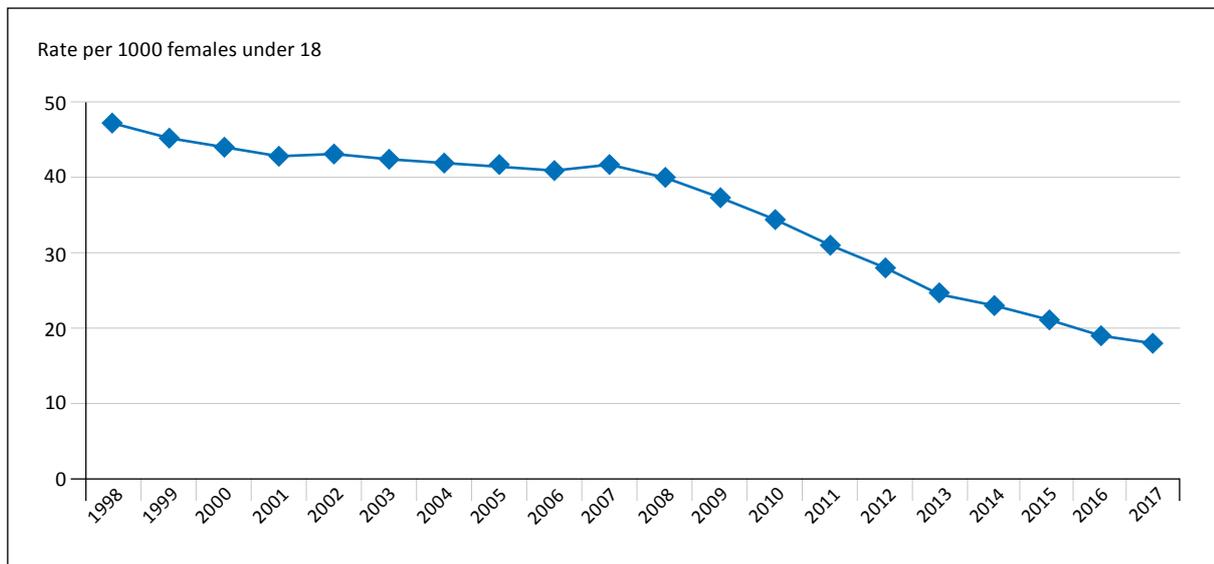
Research has shown that young people receiving good quality relationships and sex education at school are more likely to use condoms and other forms of contraception when they first have sex (Kirby and Lepore, 2007). New legislation has recently introduced compulsory relationships, sex and health education in all state secondary schools in England and Wales, effective from September 2020. Relationships and sex education is already compulsory in Northern Ireland. Schools in Scotland do not have to provide relationships and sex education, but most do. This is an important part of helping young people to understand their sexual health needs, and to direct them to appropriate services. Natsal analysis has suggested that those who reported that their main source of information had been in lessons at school were less likely to have an unplanned pregnancy, and that school was the preferred source of information about sex when growing up (Wellings et al, 2013).

Conception and birth

Over the last two decades there has been a significant fall in teenage pregnancy. In England, the Teenage Pregnancy Strategy ran from 1999-2010, over which time there was a reduction of 24% in the under 18 conception rate. Reductions have continued in the intervening years since the strategy ended, and continuing to reduce teenage pregnancy remains a priority for public health across the UK (Scottish Government, 2016; Public Health England, 2018a; Public Health Wales, 2016). Although teenage pregnancy rates continue to fall, finding ways to supporting local efforts to maintain the downward trajectory is critical.

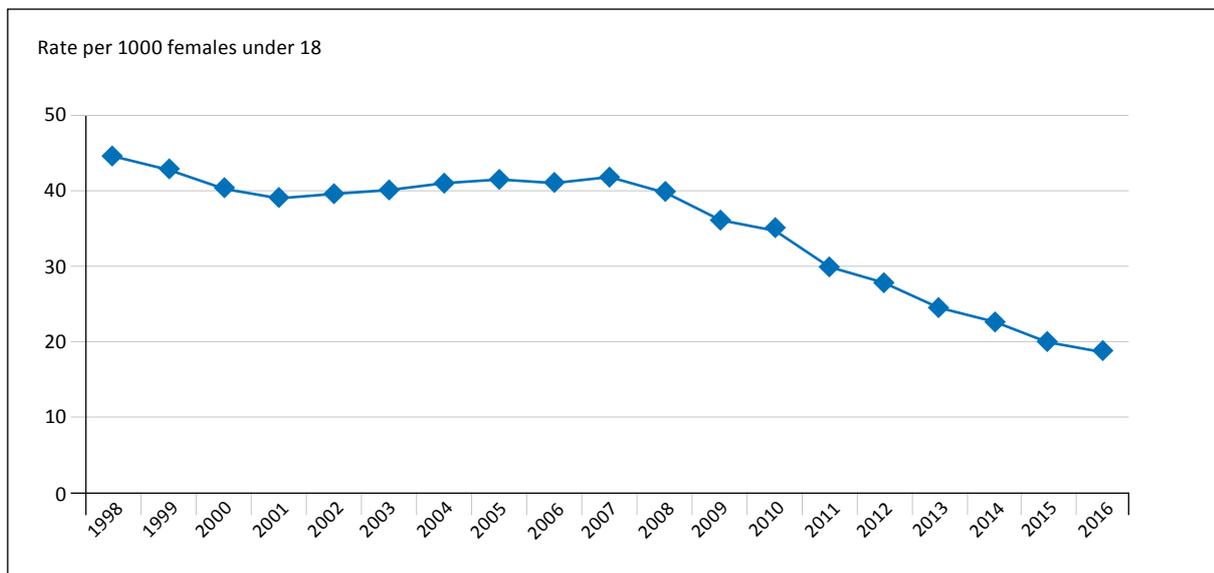
By 2017 the reported number of conceptions in the under 18 age group in England and Wales was the lowest since 1969, at a figure of 17.9 per 1000 girls of that age (Office for National Statistics, 2019b). However, there is still considerable variation across the regions in England. [Charts 5.7](#) and [5.8](#) illustrate how this rate (per 1,000 females aged 15-17) has fallen since the late 1990s, both in England and Wales and in Scotland. In addition, in England and Wales, the proportion of under 18 conceptions that result in an abortion has remained fairly stable since the mid-2000s and in 2017 stood at 51.7% (Office for National Statistics, 2019b).

Chart 5.7: Under 18 conception rate in England and Wales, 1998-2017



Source: ONS, Conception Statistics, England and Wales, 2019 Conceptions outside marriage/civil partnership data
[> DOWNLOAD DATA](#)

Chart 5.8: Under 18 conception rate in Scotland, 1998-2016

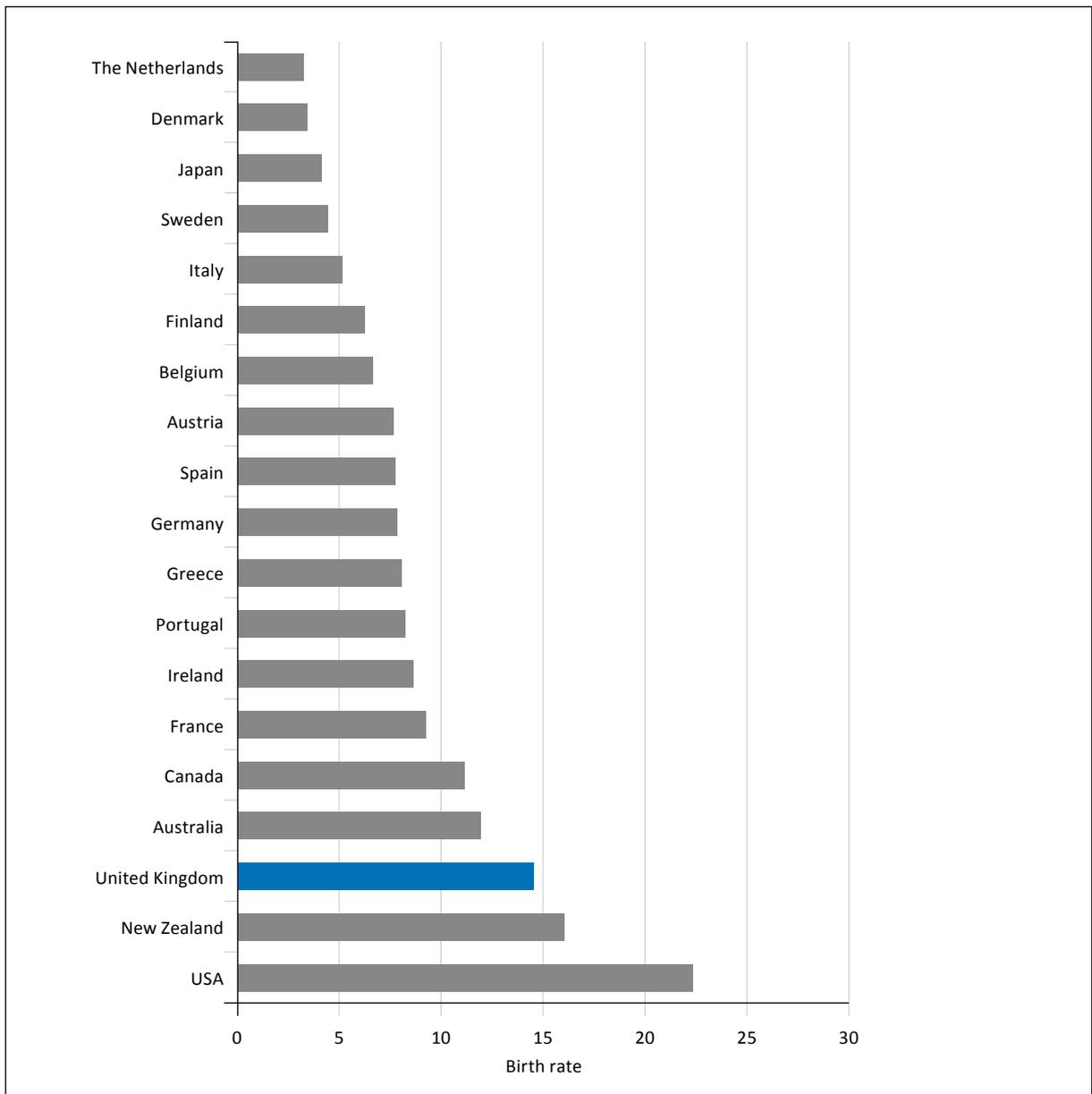


Source: ISD Scotland: Teenage Pregnancy Year of Conception Ending 31st December 2016 [> DOWNLOAD DATA](#)

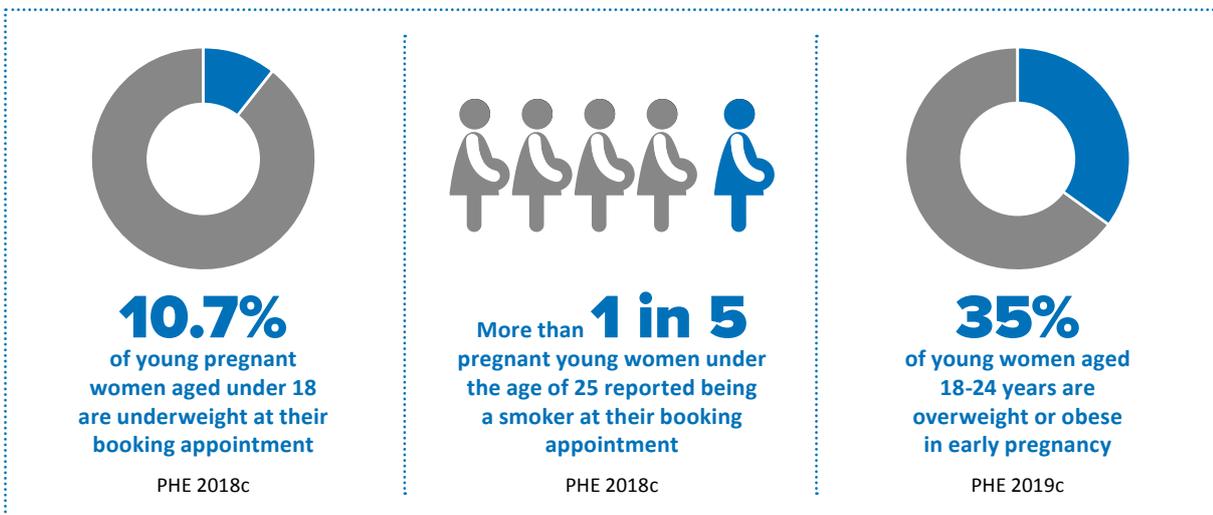
As far as Northern Ireland is concerned, conception rates are not available, but we can look at the number of live births. In 2017 there were 692 live births to mothers under 20 (Northern Ireland Research & Statistics Agency, 2019).

Looking at international rates, comparable conception data are not available for all countries, but comparisons can be made for birth rates per 1,000 women aged 15-19 drawing on World Health Organisation Global Health Observatory Data. **Chart 5.9** plots the births per 1,000 young women aged 15-19 in the UK in 2015 and for a selection of other high-income countries. The data are collected at the age the mother gives birth, not adjusted for age of conception, so these data are not directly comparable to the under 18 conception data published annually by ONS. The UK birth rate among women aged 15-19 was one of the three highest among economically similar countries.

Chart 5.9: International comparisons of birth rates to women aged 15-19 per 1000 live births to women of that age, 2015



Source: Global Health Observatory Data (Last accessed January 2019) > [DOWNLOAD DATA](#)



Source: Maternity Services Data Set England, PHE

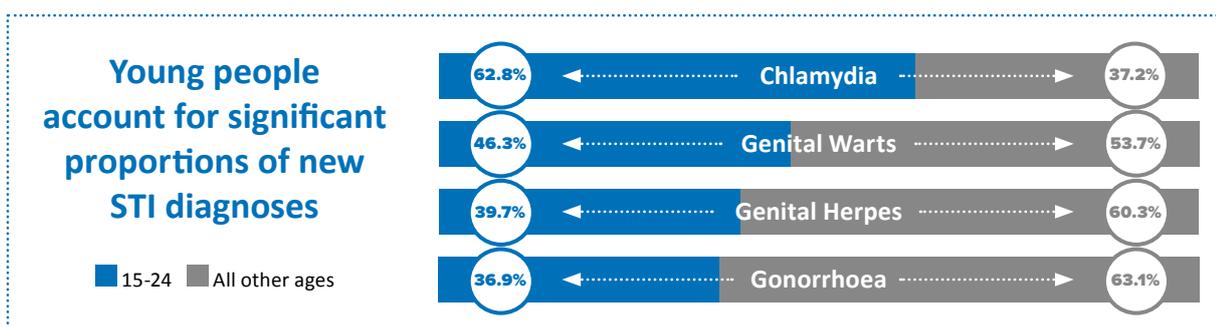
Among those young people who do go on to give birth, pre-conception health is important both for them and their child. In England data are available from Public Health England analysis of the Maternity Services Dataset (Public Health England, 2018c). These show that younger women were more likely than other ages to be underweight at their booking appointment, with more than one in nine (10.7%) young women aged under 18 years underweight at their booking appointment.

Around 35% of young women aged 18 to 24 years were overweight or obese in early pregnancy and this rises slowly to just over 40% in pregnant women aged 40 and over. Being overweight or obese at the booking appointment is more prevalent in areas of higher deprivation.

The data also showed that more young pregnant women aged 18 to 24 attended antenatal care at a later stage than older women, although those under 18 did not seem to book late at a higher rate than women in their 30s (Public Health England, 2018c).

Sexually transmitted infections

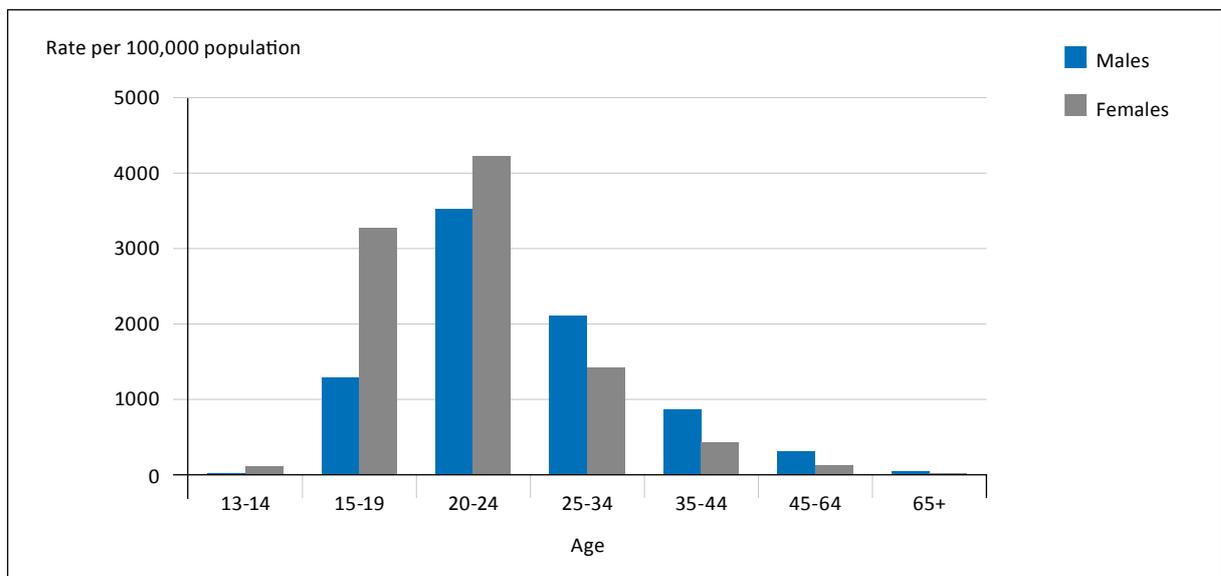
As well as pregnancy, sexual behaviour carries the possibility of sexually transmitted infections (STIs). Public Health England data on the number of STI diagnoses in England make it clear that the highest rates of infection in heterosexuals are among those aged 15-24. Indeed it is estimated that those under 25 accounted for 62.8% of all new chlamydia cases in 2016 (Public Health England, 2018b), as well as significant proportions of other STIs as well.



Source: Public Health England (2018) Sexually transmitted infections and Chlamydia screening, 2017

Chart 5.10 demonstrates that the 20-24 age group is most at risk of STIs for both genders. Among women, the second age group at risk is 15-19 but in males it is the 25-34s. Under the age of 24, rates are higher in young women than young men. Helping all young people to protect themselves is a major public health issue, but the higher rates in young women indicate that particular attention needs to be paid to health promotion strategies targeted directly at them.

Chart 5.10: Rates of new STI diagnoses by age group and gender, England, 2017



Source: Public Health England (2018) Sexually transmitted infections and Chlamydia screening, 2017 > [DOWNLOAD DATA](#)

Chart 5.11 presents the rates of selected STI diagnoses, per 100,000 population, for young people in England in 2017 by gender and age. Chlamydia is clearly the most frequent STI diagnosis, followed by genital warts and gonorrhoea. Cases of syphilis are rare.

Improvements in screening and diagnosis have meant that more STI cases are identified now than previously, so untangling the underlying trend is complicated. England’s National Chlamydia Screening Programme, launched in 2003, has diagnosed well over half a million infections in 15-24 year olds, increasing its visibility in the statistics. On the other hand, rates of anogenital wart diagnoses in 15-24 year olds have been in decline over the last five years (Public Health England, 2018b).

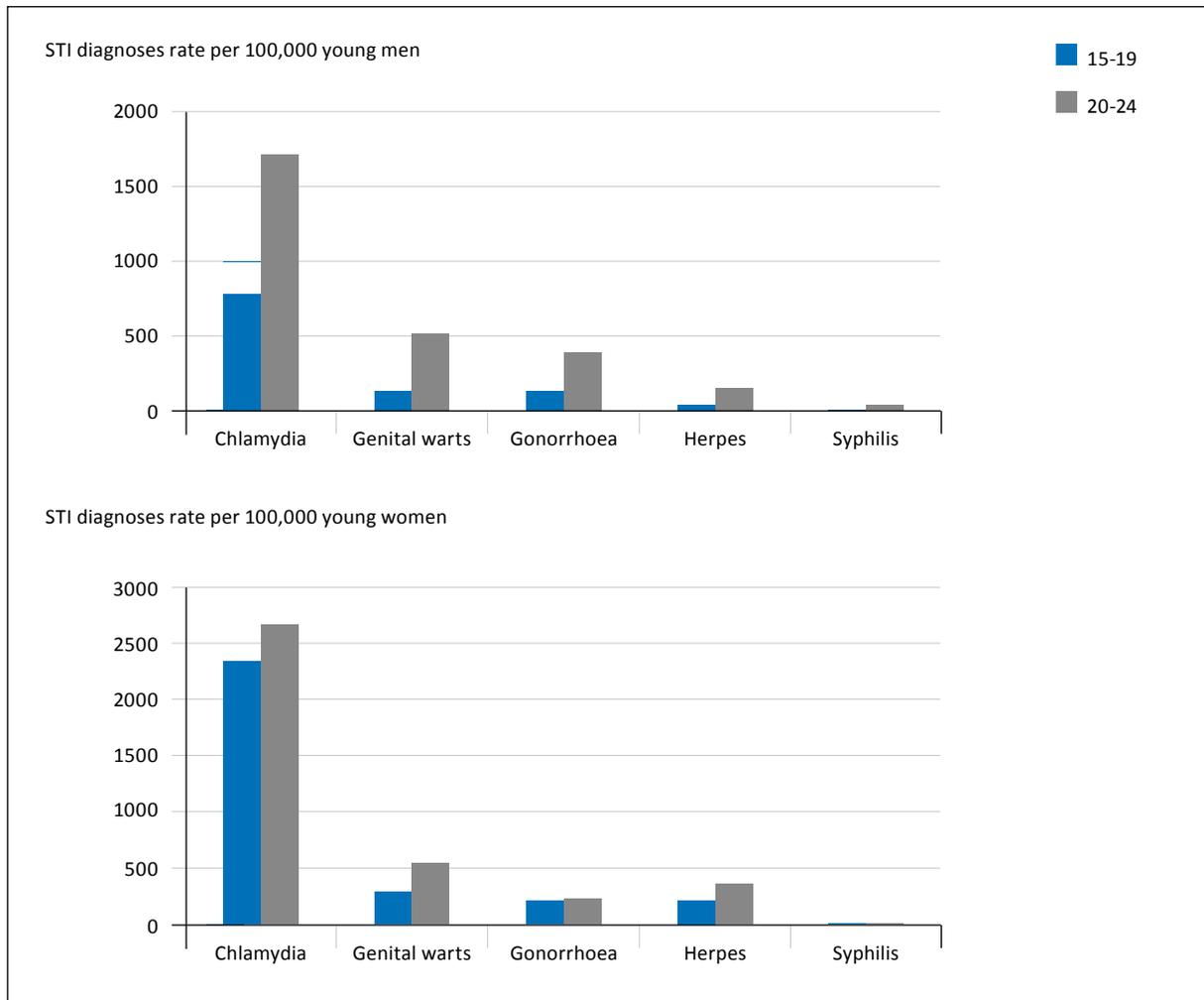


Rates of anogenital wart diagnoses in 15-24 year olds have been on the decline since 2013

Source: Public Health England 2018b

The introduction of the HPV (human papilloma virus) vaccination in adolescent girls through the National HPV Vaccination programme may potentially have had an impact on recent trends in new diagnoses of genital warts which have gone down. From September 2019, boys will be offered the HPV vaccine free in schools from age 11 to 13 in Scotland, and age 12 to 13 in the rest of UK.

Chart 5.11: Rates of selected STI diagnoses per 100,000 population by age and gender, England, 2017



Source: Public Health England Sexually Transmitted Infections and Chlamydia Screening in England, 2017 > [DOWNLOAD DATA](#)

Most of the data in this section have related to England, but sexually transmitted infections in young people in other countries of the UK show a similar pattern, although Scotland and Wales do not have organised screening programmes. In Scotland in 2018, available data suggest that two thirds of all chlamydia diagnoses were made in people under 25 (54% of male and 74% of female diagnoses in this age group respectively). The majority of these diagnoses were in those aged 20-24 (Health Protection Scotland, 2018).

Finally, in 2017 there were 502 new HIV diagnoses among those aged 15-24 years in the UK, which represents a fall of 40% over the previous 10 years since 2007. In addition, 356 children under-15 were receiving care for diagnosed HIV infection, together with 2,349 young people aged 15-24 (Public Health England, 2018d).

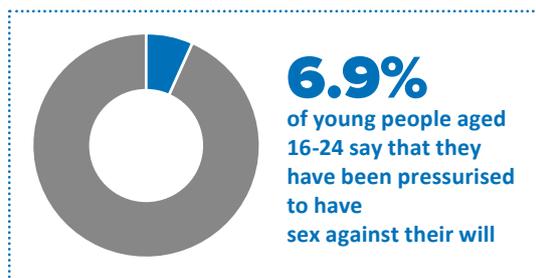
83.8%
of Year 9
females in
England
completed
the two-dose
HPV vaccination
course in
2017/18



Source: Public Health England Human Papillomavirus (HPV) vaccination coverage in adolescent females in England: 2017/18

Sexual abuse

It is not possible to establish the number of sexual offences against children in the UK, as the age of the victim of the sex offence is often not given. Only a very small minority of sexual offences against children will get as far as a prosecution, and most sexual abuse is not reported. Interviewing children about sexual abuse is a very skilled area of research and requires particular ethical scrutiny. This is an area where estimating prevalence is extremely difficult.



Source: Natsal-3, Mercer et al, 2013

However, some studies have suggested that a significant proportion of young people aged 10-24 will have experienced sexual abuse. In 2011 the NSPCC undertook a major piece of research interviewing 1,761 young adults aged 18-24 years, 2,275 children aged 11-17 years and 2,160 parents of children aged under 11 (Radford et al, 2011). The authors estimated that 1 in 20 young people will have experienced contact sexual abuse in the UK. Rates were higher (up to 1 in 6) for all kinds of sexual abuse.

The Natsal-3 survey provided important data on rates of non-volitional sex in the 2013 survey. Respondents answered questions about whether anyone had made them have sex against their will. In the 16-24 year old group (of whom there were 1,700), 16.4% reported that someone had attempted to have non-volitional sex with them, and 6.9% reported that they had experienced non-volitional sex. In one quarter of the cases, the young people had told the police (Maddowall et al, 2013). The median age for the whole sample (aged 16-74) to report non-volitional sex was 18 in women and 16 in men. The majority of the perpetrators were reported to be family, friends or current intimate partners. The Natsal-3 researchers concluded that this kind of sexual experience is mainly one that happens at a young age, and is strongly associated with poor health (physical and mental), risk behaviour such as binge drinking, and abortion and pregnancy before age 18. Natsal-3 also showed that young women who cited school as the main source of sex and relationship education were less likely to report having non-volitional sex, although this did not apply to young men.

Finally, official estimates of the numbers of young people who are trafficked or are victims of sexual exploitation are very low, because so few cases become subject to official proceedings. However, high profile cases in recent years have shed light on the number of cases that may be implicated. The English Children's Commissioner at the time estimated that at least 16,500 children in England were at risk of child sexual exploitation between April 2010 and March 2011, and 2,409 children were victims of CSE in gangs and groups between August 2010 and October 2011 (Berelowitz et al, 2012). In the Rotherham case, 1,400 children are thought to have been sexually exploited over a 16 year period (Jay, 2014). Between November 2014 and October 2015, around 9,000 children at risk of child sexual exploitation were identified by police forces across England and Wales (NSPCC, 2017). The average age when concerns are first identified has been suggested to be 12-15 years (Beckett, Holmes and Walker, 2017), and the majority of victims are girls (NSPCC, 2017).

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