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The First Time: Young People and Sex in Northern Ireland

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The sexual health of people, particularly young people, in Northern Ireland is currently poor. Yet there has been little research conducted on sexual attitudes and lifestyles. This paper is based on data from the first ever major research project in this field in Northern Ireland. Using quantitative and qualitative methods, it targeted young people aged 14–25. A combination of a self-administered survey questionnaire, focus group discussions and one-to-one interviews was found to be most suitable for the collection of sensitive data on sexuality in a country where the social and moral climate had previously prevented studies of this nature. Information was collected on sexual attitudes and behaviour generally. This paper focuses on one crucial issue: the age of first sexual encounter. It explores the attitudes of young people to that experience and the use of contraception. Many of the findings match those of similar large-scale surveys in England and Wales, including the modal age of first sexual encounter and the influence of peer pressure on decision-making about first sex. There were significant gender differences in both behaviour and attitudes. It is hoped that the research results will influence future education and health policy, which has all too often been based on ignorance.

Introduction

The Family Planning Association defines sexual health as:

> … the capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm. (1999)

By such a broad measure the sexual health of the population of Northern Ireland is

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clearly poor. This is reflected in the high incidence of teenage births, and increases in HIV/AIDS and other sexually transmitted infections (STIs), among other factors (Department of Health, Social Services and Public Safety [DHSSPS] 2000, 2002). The uncertainty around the legality of abortion in Northern Ireland means that accurate statistics on teenage conceptions are not available. Nevertheless, the DHSSPS accepts that Northern Ireland has:

> a percentage of live births to mothers aged under 20 years which is higher than almost all other countries in Europe and almost five times as high as in the Netherlands. Among 15-19 years old the local birth rate and that for Scotland and England is broadly similar at around 30 per 1,000 women. (DHSSPS 2000, p. 10)

Policy-makers and decision-makers have expressed particular concern about the sexual health of young people yet, unlike the rest of the United Kingdom, comprehensive data about the sexual attitudes and lifestyles of young people in Northern Ireland are not available. In January 2000, with funding from the health and social research programme of the National Lottery Charities Board (now The Community Fund), the Family Planning Association of Northern Ireland (fpaNI) and the University of Ulster began a three-year research project to collect and analyse such data in order to inform policy discussions on the improvement of the sexual health of young people in Northern Ireland.

Not only did the research project represent the first time that sexual attitudes and behaviour of young people in Northern Ireland were so comprehensively surveyed, but among the most interesting results to emerge from the research were those relating to the first sexual intercourse of respondents (Schubotz *et al.* 2002). Sexual intercourse is known to be an important rite of passage in the formative years of young people. The purpose of this paper is therefore to examine these results and their implications for the discussion of sexual health in Northern Ireland.

Rationale for the Research

In 1994 the first British national survey of sexual attitudes and lifestyles (NATSAL) was published (Johnson *et al.* 1994). This survey was repeated in 2000 and first results were published at the end of 2001 (Johnson *et al.* 2001; Wellings *et al.* 2001). The 1994 British survey was acknowledged as the largest and most detailed survey of sexual behaviour undertaken anywhere in the world. Initially it was intended that Northern Ireland would be included and a local university was contracted to undertake this part of the research. However, problems in accessing sources of data soon emerged and, subsequently, the contract was transferred to a Belfast-based market research company. This company also experienced difficulties in accessing data, primarily because interviewers refused to go to people's homes to ask questions they regarded as sensitive, and eventually they also withdrew from the survey.

The failure to include Northern Ireland in a UK-wide survey of sexual attitudes and lifestyles speaks volumes of the social climate that exists in the society towards sexual health. It is probably valid to assume that young people in Northern Ireland

are little different from their counterparts in Britain, yet in Northern Ireland having sex is still largely seen as a behaviour that is predominantly reproductive in nature. The importance of sexual pleasure is ignored, mystified or stigmatized and this hinders the development of healthy sexual attitudes that include the right to self-determine one's sexual lifestyle. Positive sexual health has much to do with openness about sexuality, yet in Northern Ireland sex and sexuality have tended to be viewed from a very conservative perspective and the positive learning of other countries has tended to be ignored.

The socio-religious divide in Northern Ireland has to a considerable degree contributed to the current situation. Compared with the other parts of the United Kingdom, churches remained in a much more powerful position in Northern Ireland, in particular in the segregated educational system. Schools in Northern Ireland are divided by religion. In the Catholic-maintained sector the pupils are mainly Catholic, while the state sector is mainly composed of Protestant pupils. Ninety-five per cent of pupils attend classes where 95 per cent or more of their classmates are of the same religious background as themselves. The planned integrated sector, which by law has a minimum of 40 per cent of pupils from each of the two major traditions, is tiny, accounting for only three per cent of pupils in Northern Ireland. Religious beliefs influence both main sectors. Not only do the management committees of Catholic and state schools contain members of the clergy of each relevant denomination, but principals and management committees constantly stress the need to be aware of the religious affiliation and sensitivities of parents.

As a result there is a pervasive conservatism throughout the school system, which is especially visible when it comes to matters of sexual morality. That conservatism tends to be most pronounced in the Catholic-maintained sector. In relation to sex education, Catholic schools, for example, follow a programme called 'Education for Love', which is influenced by Catholic moral teaching and thus, for the most part, ignores the importance of the right to self-determine one's sexual identity and neglects insights about sexual orientation. However, this is by no means exclusively the case in the Catholic school sector. Although considerable progress has been made with the publication of the new guidelines for Relationships and Sexuality Education in schools, which acknowledge the divergence in sexual lifestyles (CCEA 2001), in practice schools often follow a value-laden approach, teaching still from a Christian moral point of view, and promote the values of marriage as the preferred, if not the only, type of permanent relationship. While Section 75 of the 1998 Northern Ireland Act now requires organizations to target a broad range of inequalities, including those between persons of different marital status and sexual orientation, in practice this equality is far from achieved.

Conservatism continues to be evident in many other ways, not least in a reluctance to raise the issue of sex even in the otherwise sober context of social research, as the failure to include Northern Ireland in the NATSAL survey, mentioned earlier, reveals. In similar vein, research carried out by a local health board (Northern Health and Social Services Board 1999) into the lifestyles of young people

in its area included a section on sexual activity; however, young people under the age of sexual consent (17 years old in Northern Ireland) had to obtain parental consent before completing this section. Yet they were not required to obtain consent when providing information on drugs, alcohol and smoking, all of which are totally illegal or illegal below a certain age.

In short, there is a clear absence of any reliable information on the timing and circumstances of first sexual intercourse in Northern Ireland. Despite that, it is often claimed by the media, and even in some government documents, that young people in Northern Ireland are increasingly engaging in sexual intercourse at an earlier age. Two notable attempts to address this gap in knowledge were the 1997/98 World Health Organization *Health Behaviour of School Children* survey (HBSC) (Health Promotion Agency for Northern Ireland [HPANI] 1994) and the 1997 Northern Health and Social Services Board/Homefirst Community Trust *Young People's Health and Social Needs* survey. Both were concerned with the overall health of young people and also included data on sexual health. However, the former was restricted to 14–16 year olds and the latter to the geographical area of the Northern Health Board, which only covers one-quarter of Northern Ireland's population and excludes all of its four cities.

In 2001, for the first time, a sexual health section was also included in a Northern Ireland Health and Social Wellbeing Survey (Northern Ireland Statistics and Research Agency [NISRA] 2002a). A representative sample of 5205 adults aged 16 and over were surveyed. However, only those aged 16–44 completed the sexual health section, among them 788 young people aged 16–25. Since the survey had a wider focus on health and social well-being, only a limited number of questions were asked in relation to sexual health. Notably, NISRA also collected data on the age of first sexual intercourse, use of contraception, sources of sex education and sexual orientation, which provide an interesting point of reference for the data achieved in the present survey. We will discuss this in more detail.

Methodology

Methods of Data Collection

Unlike the British NATSAL surveys (which included people between the ages of 16 and 60), the research project undertaken by fpaNI and the University of Ulster addressed in this paper focused on the sexual attitudes and lifestyles of young people aged between 14 and under 25 years. Specifically the research had six main aims: to provide reliable data on the nature and extent of sexual activity among young people in Northern Ireland; to provide information on the social attitudes of young people in Northern Ireland with regard to sexual and moral issues; to offer some insight into the categories of young people most at risk from unsafe sexual practices; to assess the informational and motivational needs of young people with regard to positive sexual health; to provide baseline data to evaluate the impact of health

prevention strategies; and to help inform decisions regarding policies relating to the sexual health of young people in Northern Ireland.

A combination of quantitative and qualitative research methods was utilized—namely, a self-administered survey questionnaire, focus group discussions, and narrative, one-to-one interviews. The survey used an opportunistic sampling technique. In total 2450 questionnaires were distributed to young people in schools, universities, institutes of further and higher education, youth centres, sports clubs, residential homes and workplaces throughout Northern Ireland. A total of 1268 questionnaires were completed and returned, a response rate of 51.6 per cent. Of these, 1013 were eligible for analysis, the remainder having been inadequately completed, or completed by young people outside the eligible age range.

In order to achieve as representative a sample as possible, the target number of respondents in each Health and Social Services Board (HSSB) area was calculated on the basis of the most recent population estimate available at the time (NISRA 1999).

The questionnaire was divided into five sections, four of which could be completed by all respondents, whether or not they already had sex. In the first four sections respondents were asked about their social background and upbringing, their general health—including alcohol and drug-taking experiences and habits, their views on sexual relationships and sexual health, as well as their knowledge about sexual health matters such as STIs. In the final section of the questionnaire those respondents who had already had sex were asked about their personal experiences. The questions were put in such a way that comparability with the British Sexual Attitude and Lifestyle survey (Johnson *et al.* 1994) and existing studies in Northern Ireland (for example, Robinson *et al.* 1997, HPANI 2000) was possible. At the same time, due to the explorative and pioneering character of the survey in Northern Ireland, a considerable number of questions asked were formulated specifically to suit the objectives of the present project. Once collected, data from the questionnaires were analysed using SPSS [1].

We were aware from the start that the fact that the survey was not based on a random sample was liable to invite methodological criticism. The decision to chose this particular sampling method was as much based on practicality—i.e., the available budget, time-frame and human resources (one full-time staff only)—as on experience. As pointed out earlier, previous attempts to conduct comprehensive large-scale surveys on sexual health in Northern Ireland—never mind randomized household surveys—failed before they even got off the ground. We were also aware that with respondents as young as 14 years of age in the target group we would permanently be faced with the issue of parental consent—and often school management committee consent for that matter. It was therefore decided that a self-administered questionnaire, which stressed anonymity and gave participants the freedom to complete the survey in their own time and in a place where they felt most comfortable, was most appropriate if we wanted to achieve the aims and objectives

set out in the research proposal. An incomplete survey with vital sections about sexual orientation, attitudes to birth control, the use of contraceptive barrier methods or sexual bullying and harassment excluded in order to accommodate conservative moralists, was not an option we were prepared to consider.

The combination of survey, focus groups and one-to-one interviews allowed for data triangulation and strengthened the reliability of the survey data collected.

Seventy-one focus group discussions took place. Some groups met for one-off discussions, some met a few times, while others followed a sexual health programme involving a range of group activities. Young people often worked in small groups alongside each other before they were asked to give a feedback to the whole group and share what they learned. For the majority of groups the participation in the research project constituted the first opportunity to discuss sexual issues openly in a formal setting with their peers. While most groups were well established, a degree of uncertainty remained as to how comfortable participants would be to discuss sexual attitudes and lifestyles in such a formalized way. For fear of discouraging openness it was therefore decided not to tape the sessions. The request to tape-record focus groups would also have added another obstacle in particular in relation to the participation of schools in the research, and we felt that the contribution of schools was vital to the study. Thus we decided that, instead of taping the focus groups, notes were recorded after every discussion, and these, along with written responses from participants, including diagrams and drawings completed in group activities, became part of the data pool of the research project.

Fifteen one-to-one interviews took place, each lasting between 45 and 140 minutes. Interviewees were recruited either from among those who had completed questionnaires or who had participated in a focus group. The interviews were semi-structured in order to encourage as much free narration as possible by the respondents. It was left to the interviewees to choose the location and the time of the interview (i.e., the circumstances where they would feel most comfortable to talk). All interviewees consented to the recording of the interviews.

Sexual health *per se* is a sensitive subject area, in particular in Northern Ireland where a model of sexual behaviour solely based on marriage and reproduction is often still promoted. Some aspects such as homosexuality and abortion are particularly taboo. In such an environment, we felt that a self-completion questionnaire also had obvious advantages over a household survey—computer-assisted or not—where an interviewer is present. The problems arising from such an interview situation in which a random sample is acquired—unfamiliarity with and lack of trust in interviewer, fear of break of confidentiality, bias towards reporting behaviour that is perceived as socially accepted, etc.—ensure that random sampling is not a foolproof research method, even if sometimes presumed to be so. Comparing some of the results achieved in the present survey with those from the aforementioned Northern Ireland Health and Social Wellbeing Survey (NISRA 2002a) give clear evidence for this and will be discussed later.

Obstacles in Accessing Participants

There were two expected sources of difficulty in accessing young people: institutional and individual.

Given that the sampling method already described was used, large organizations that care for or work with young people, such as schools, universities, training organizations, or colleges, were ideal potential sources of data. However, the sensitivity surrounding the research issue meant that often the decision on the participation of young people lay with, for example, head teachers or school management committees. This not only created time delays but was also frustrating as personal access by the researcher to decision-making committees was in the majority of cases denied. Schools were particularly reluctant to participate. The reason given for non-cooperation was rarely the sensitive nature of the questionnaire. Often school representatives argued that the busy school curriculum did not allow for research like this being carried out or that the school already took part in too many other research projects. However, on the occasions when the request and a copy of the questionnaire were submitted to a management committee or board of governors of a school or further education college, the request was denied on the grounds that sexual matters were raised too openly in the questionnaire or that homosexuality could not be discussed in the school or college. A minority of schools and colleges on the other hand agreed to facilitate the research without preconditions. These schools were more likely to be state-controlled (Protestant) schools or planned integrated schools than (Catholic-) maintained schools.

We found that cooperation or non-cooperation was often decided on an individual level by a teacher, youth worker or school principal or vice principal. In order to overcome institutional obstacles, the researcher therefore had to become part of an extended social network that included youth organizations, peer education projects and training organizations. While fpaNI's involvement in the research project may have caused some institutions not to cooperate, because of the organization's pro-choice stance in relation to termination of pregnancies, the extensive contacts of the fpaNI opened up opportunities for the researcher to meet with key personnel at community group level. This led to invitations to make presentations at conferences, launches of various reports and at teacher training days, all of which became opportunities to recruit respondents.

The second obstacle was the resistance of individuals to cooperate in a sensitive subject area, the roots of which lay in cultural and social stigmas attached to this issue. In the early stages of the research it soon became apparent that the quickest and most effective means of engaging with young people on the sensitive issues of sex and sexuality was first to establish some level of rapport with them rather than simply disseminating questionnaires. Consequently, the researcher often facilitated interactive participative group work session. We argue that it was this approach that minimized a low return rate of questionnaires and the tendency to give socially expected answers.

Results

In all, the number of those surveyed represented 0.34 per cent of the total number of 14–25 year olds in Northern Ireland. This compares with the 0.03 per cent sample used in the British surveys (Johnson *et al.* 1994). As regards gender, 40 per cent of the respondents were male and 60 per cent female [2]. In terms of age, 45.8 per cent were aged 16 or younger, 38.9 per cent were between 17 and 20 years, and 14.6 per cent were over 20 years old. And as regards religion, 39.1 per cent were Catholics, 43.0 per cent Protestant, 9.1 per cent held other religious beliefs, 6.7 per cent had no religious affiliation, and 2.1 per cent did not state their religious affiliation. The comparable results of the religious breakdown in the Census 2001 show that, of all residents living in Northern Ireland, 40.3 per cent were Catholic, 39.5 per cent Protestant, 6.4 per cent had another religious affiliation and 13.9 per cent had no religious affiliation or refused to state it (NISRA 2002b). Considering that the Catholic population is larger in the younger age cohort, these figures show that a fairly accurate sample was achieved in relation to religious affiliation. Because young people in full-time education were a lot easier to access than those who had already left the system, there is an imbalance in favour of younger respondents in the sample.

Timing of First Sex

Determining the age of first intercourse and the reasons underpinning this decision as accurately as possible is significant since it is known that those who engage in early first intercourse are at greater risk of unprotected sex and, in the case of heterosexual sex, unplanned pregnancy (Johnson *et al.* 1994; O'Donnell *et al.* 2001). Results from the survey showed that a slight majority of all the young people questioned (53.3 per cent) had experienced sexual intercourse. About one-third (36.7 per cent) of all respondents had intercourse before age 17, which is the legal age of sexual consent in Northern Ireland (unlike England and Wales, where it is 16). Among sexually active respondents, 50.7 per cent had sex before age 16. Of all young people who took part in the survey, 27.4 per cent had sex before age 16.

First intercourse was most likely to occur at 15 or 16 years (20 per cent and 18.7 per cent of respondents, respectively). The average age of the first sexual partner was 17.3 years. This is similar to the findings of the HBSC survey (HPANI 2000). Comparable data from NATSAL 1994 suggest that around 20 per cent of the British 16-year-old to 24-year-old age cohort had first sex at 16 years of age or younger (Johnson *et al.* 1994). The follow-up survey (Wellings 2001) revealed that the percentage of those who first have sex at 16 or younger has slightly increased among the 16-year-old to 19-year-old cohort. In a representative study of under-15 year olds in Scotland, Wight *et al.* (2000) found that 18 per cent of males and 15.6 per cent of females had experienced heterosexual intercourse.

Gender differences were most significant in relation to the timing of first sex. Young men reported that they had experienced their first sexual intercourse on

average one year earlier than young women (age 14.9 years and 15.9 years, respectively). There was also a gender difference in the reported age of first sexual partner, with young men reporting an average age of 16 years and young women of 18.2 years. A total of 61.9 per cent of sexually active young men but only 43.6 per cent of sexually active young females said they had their first intercourse before they were 16 years of age ($p < 0.000$).

Religion was a significant variable in relation to some but not all of the results. Religious affiliation was clearly a relevant factor in terms of the timing of first sexual intercourse. Only 37.6 per cent of Catholics said they had sex before age 16, compared with 62.5 per cent of Protestants, 58.7 per cent of atheists, and 56.4 per cent of those from other religions ($p < 0.000$). Catholic respondents were more likely to say they planned their first sexual encounter (i.e., were less likely to have sex on the spur of the moment). And Catholics and young people with no religious affiliation were slightly more likely than Protestants to be in stable relationships when they first had sex. For young women, a belief that religion was 'very important' significantly correlated with a delay in first sex until they were age 16 or older ($p < 0.012$), while young men who said that religion was 'very important' were more likely to have sex before 16 years of age. Statistically this difference was not significant ($p < 0.141$). For young men in Northern Ireland an expression of strong religious belonging is often an artefact of their desire to belong to their socio-religious group. We found evidence for this when some young men were unable to name the church they claimed they belonged to, and instead stated they were 'loyalist', 'republican' or 'unionist'; that is, political rather than religious categories. The analysis of the relation between religious beliefs and timing of first sexual intercourse for young men is blurred by this.

As already stated, the previous absence of data in Northern Ireland presents difficulties in making conclusions about changes in patterns of sexual behaviour; however, a breakdown of different age cohorts can provide some indication of possible changes. Such a procedure was also used in NATSAL (Johnson *et al.* 1994). The authors concluded that the average age of first sexual intercourse decreased with the current age of the respondents and became successively lower in the more recent birth cohorts. Similarly, the present study found a decline in the median age of first sexual intercourse for the younger age cohorts compared with the older age groups. The results also follow a similar pattern regarding the growing number of young people who have sex before they are 16 years old (Figure 1). However, these calculations can never be more than approximations as the sections that are excluded from the analysis are naturally larger for the younger age cohorts. The data from the present survey compare better with NATSAL's findings than with those of NISRA (2002a).

Circumstances of First Sex

Information was sought on the circumstances of first sexual intercourse with a view to revealing details of young people's sexual knowledge and behaviour. A total 53.6

Age cohort	Percentage of young women who had sex before age 16				Percentage of young men who had sex before age 16			
	Johnson (1994)	Wellings (2000)	**Present survey**	NISRA (2001)	Johnson (1994)	Wellings (2000)	**Present survey**	NISRA (2001)
16–19	18.7	25.6	**24.0**	8.7	27.6	29.9	**37.8**	17.4
20–24	14.4	28.4	**20.7**	13.3	23.8	25.8	**21.7**	22.7

Figure 1 Proportion of respondents reporting sexual intercourse before age 16. Comparison of four studies.

per cent of respondents said they first had sex in what they regarded as a steady relationship (see Figure 2). At the same time, the most likely answer to be given by the young people when asked why they had sex for the first time was 'on the spur of the moment' (45.2 per cent of males and 30.2 per cent of females). Only 15.7 per cent of respondents said that they planned their first sexual encounter together with their partner.

Respondents were asked to judge in retrospect whether the timing of their first sex had been right. A total of 57.6 per cent said that their first sexual intercourse happened at the right time and just under one-third (31.6 per cent) said they had had first sex too early. A small number of respondents (3.5 per cent) said they would have liked to have had sex earlier. Age was clearly a relevant factor in these judgements; over two-thirds of those who first had sex *after* their 16th birthday felt it happened at the right time, whereas over one-half of those who had sex *before* they were 16 years old said that they had sex too early or were pressurized into it ($p < 0.000$). Only 46.7 per cent of these respondents felt that their first sexual encounter happened at the right time.

A gender breakdown of the replies likewise revealed differentials: 27.8 per cent of all males and 34.7 per cent of all females said they had sex too early. About 11 per cent of females but only 2.7 per cent of males felt that they were pressurized into their first sexual encounter ($p < 0.001$) [3]. Young females often reported merely going along with their partner's wishes. Females who had sex before they were 16 years old were more likely to say that they had sex too early (49 per cent) or did not want to have sex at all (11.8 per cent). Generally, males were more likely to say that their first sexual encounter came at the right time ($p < 0.000$). A total of 56.8 per cent of those males who became sexually active before their 16th birthday were happy with the timing. Overall, 61.4 per cent said they had their first sexual intercourse at the right time. In comparison, only 37.9 per cent of those females who first had sex before they were 16 years old felt that it happened at about the right time ($p < 0.000$).

Contraceptive Use at First Sex

The survey sought to ascertain the factors that might determine safe behaviour at the time of first sexual intercourse. A total 68.3 per cent of respondents said they had

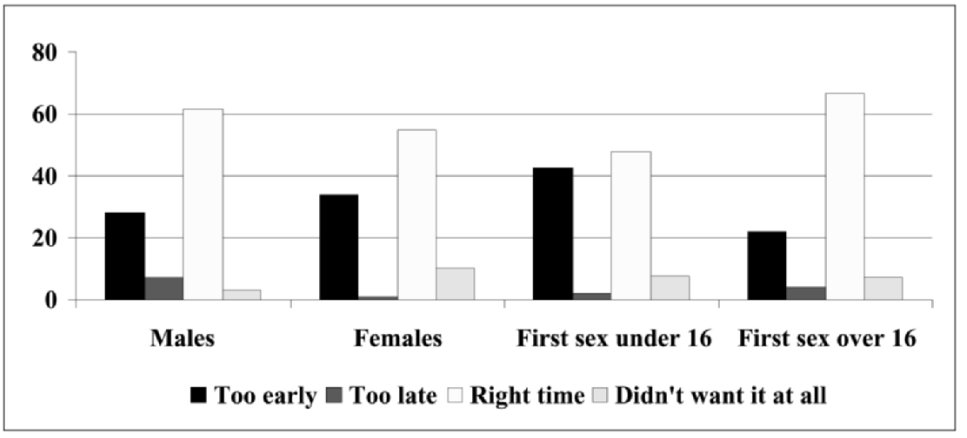

Figure 2: Retrospective Feelings about First Sexual Intercourse by Gender and Timing (in %)

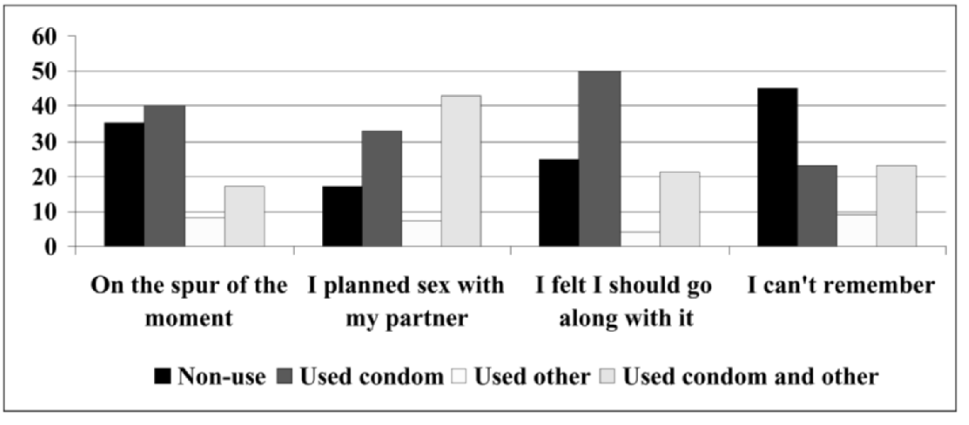

Figure 3. Use of Contraception at First Sexual Intercourse by Circumstances in which Sex Took Place (in %)

used a condom when they first had sexual intercourse, while just over one-third (which included many of the same respondents who had used a condom) said they had used other contraceptives. For those using condoms on first intercourse, age was an insignificant variable ($p < 0.108$) and gender was significant at a low level ($p < 0.022$). However, the likelihood of using a hormonal contraceptive increased with the age of the young person at first sexual intercourse.

The factors governing non-use of contraception on first intercourse confirmed expectations. Almost one-half (48 per cent) of young people who had sex the first time they met their partner did not use any contraception. Similarly, 35 per cent of those who had first sex on the spur of the moment used no contraception. This

compares with 16 per cent of those who were in a steady relationship and 17 per cent of those who planned their first sex together ($p < 0.001$). The young people who were least likely to have used contraception on first sex were those who reported that they had sex against their wishes, had taken drugs, or were drunk at the time. The young people most likely to use contraception were those who regarded sexual intercourse as a natural development of their relationship and those who said they had sex because they were in love. No correlation was found between the use of contraception at first sex and the religious affiliation of respondents ($p < 0.268$) and the importance that religious belonging had for respondents ($p < 0.677$) (see Figure 3).

Finally, the survey provided data in relation to homosexuality. Ten per cent of all male respondents and 13.7 per cent of all female respondents said they were sexually attracted to people of the same sex at least once. A total 2.2 per cent of the males and 1.3 per cent of the females expressed exclusively homosexual feelings. It was found that 11.7 per cent of the sexually active males and 3.7 per cent of the sexually active females said they had a same-sex partner on at least one occasion. The NATSAL survey of 1994 found that about 92–95 per cent of both males and females were attracted to or had sex with exclusively opposite sex partners. The authors of that survey stated that due to the stigmatization of homosexual activity the number of homosexually inclined people in Britain might actually be higher. The results of the present survey vary little from these findings.

As indicated earlier, the Northern Ireland Health and Social Wellbeing Survey (NISRA 2002a) provides an interesting point of reference for a number of results obtained in the present survey. While in both surveys young men were almost twice as likely as young women to report first intercourse by the age of 16 and Protestants were almost twice as likely as their Catholic counterparts to have had sex before 16, some distinctive differences were found between the two surveys. NISRA reported that 21 per cent of 16-year-old to 25-year-old respondents failed to use any contraception at first sex compared with 28 per cent in the present survey. NISRA also found that 70 per cent of young men used a condom when they first had sexual intercourse, whereas the present study reported 55 per cent. There was no significant difference in relation to young women, with NISRA reporting 71 per cent and the present study 70 per cent. In particular, in relation to sexual orientation NISRA's results vary significantly from the data collected in the present survey. Only 1.3 per cent of respondents said they were homosexual or bisexual with a further 0.9 per cent saying that they did not know. The comparison of data in relation to first sexual intercourse with NATSAL (Figure 1) and with data available from young people in Scotland (Wight *et al.* 2000) also raise more questions about NISRA's design than that of the present survey.

We suggest that the use of confidential self-administered questionnaires for the current survey—compared with the NATSAL and NISRA surveys, which both used one-to-one interviews with the interviewer present—is more likely to produce reliable data regarding sexual orientation and contraceptive use. Using no contraception during sex and not being heterosexual are socially unaccepted behaviours, which may prompt respondents to not report them if an unfamiliar interviewer is

present. However, because of the homophobic social climate in Northern Ireland, young gay people could still be reluctant to state their sexual orientation truthfully, or in fact not even be aware of it no matter what survey design. Therefore if anything, the number of people with a predominantly or exclusively homosexual orientation is probably higher than our data suggest.

Impact of Sex Education

Finally, although not directly linked to the focus of this paper, it is important to consider the extent to which the quality and content of sex education received by young people might impact on the timing and circumstances of first sex.

Respondents reported that they had learned most about sexual matters from friends (80.4 per cent) [4], with school ranking a close second (74.4 per cent). The young people also found information from their friends most helpful (43.4 per cent), followed by the information they received from school (37.6 per cent). The category most specified as the *preferred* source of sex education—named by 40 per cent of respondents—was school. It is appropriate at this point to reflect briefly on the differences of these two sources and to what degree they may impact on the decision-making about first sexual intercourse.

Two patterns became clear: first, a number of topics regarded as controversial were likely to be avoided entirely in sex education in schools, but not in discussions with peers; and second, the overall approach to sex education in schools was highly imbued with a moral imperative that was for the most part heterosexual, pro-marriage, and often pro-reproduction; this does not apply to discussions about sex with friends. Issues such as homosexuality, wet dreams, orgasm or masturbation were not discussed in school in the case of about two-thirds of those surveyed. We found some evidence of recent change, with younger respondents reporting a higher occurrence of information being delivered on a number of those 'controversial' areas; but there is still some distance to go; for instance, there is no evidence of any more open or liberal approach to topics such as abortion, and the pro-marriage bias of sex education input is as strong with the younger as with the older respondents. The research also found that if sexual feelings and emotions were discussed, it was most likely to be from a *sex-negative* point of view (i.e., encouraging young people to delay sexual initiation or simply to say 'no'). At times the research officer was informed by teachers involved in sex education programmes that they were advised either by the board of governors or by the principal of their school not to discuss, for example, homosexuality or bisexuality with students.

The research clearly showed that self-determined sexual exploration and sexual pleasure were topics that were least likely to be addressed. However, from as early as the 1940s it has been known that the vast majority of young people make their first sexual experiences without any partner (Kinsey *et al.* 1948, 1953). Masturbation has been shown not to be an indicator of failed sexuality, but an important aspect of self-determination and sexual pleasure (Giddens 1992; Women's Health Newsletter 2001). As a result of the failure of significant adults and agencies to deliver

unbiased, balanced and person-centred sex education, young people resort to sources of information that are often less reliable.

Buston and Wight (2002) gave evidence that information from peers can also play a crucial positive role, in particular when sex education in school is only taught sporadically and too late. However, anecdotal evidence from focus group discussions and data from one-to-one interviews conducted during the present study would suggest that young people are often confronted by their friends with myths, especially in relation to effective methods of contraception, sexual orientation, STIs and the functioning of the reproductive system (Schubotz *et al.* 2003). Furthermore, ambiguous and vague *sex-encouraging* messages that accompany these myths or misinformation may be more likely to be internalized by young people due to the fact that they do not feel patroniszed by their peers and they believe that their feelings are treated with respect. This may lead to an informal peer pressure to conform with behaviour that is believed to be the social norm, but in fact may not be.

We argue, therefore, that the combination of sex education as a sensitive and potentially controversial subject area and socio-religious division in Northern Ireland, which enables denominational organizations to maintain a high influence on the running of schools, and in the society as a whole, creates a climate for young people in Northern Ireland that puts their sexual health at risk. Many respondents in the survey revealed *sex-negative* attitudes: sex is risky, sex outside marriage is a sin, homosexuality is against nature or the bible, etc. At the same time, some of the young people who reproduced such attitudes were in fact engaging in these 'forbidden' practices. There were, for example, unmarried but sexually active respondents who said that sex before marriage was wrong. The cognitive dissonance displayed has potentially severe implications for the development of sexual health in terms of guilt, shame and the willingness to go for check-ups for STIs, but can also impact on their personal development as a whole.

Conclusion

At the beginning of the present article we referred to the Family Planning Association's definition of sexual health. It stresses the capacity and freedom to enjoy sexuality without exploitation, oppression, physical or emotional harm. This definition is essentially a *sex-positive* definition without any underlying religious or moral concepts of sexuality. It is individual-centred rather than value-laden.

We have presented data from the first large-scale survey of sexual attitudes and lifestyles in Northern Ireland, a society so far excluded from any such survey. Our focus was on the occurrence of first sexual intercourse as an important rite of passage in the formative years of young people. We have presented some key findings that mainly reveal gender-related differences in attitudes and occurrence of sexual intercourse, but also some variations in relation to religion, the key marker of the socio-religiously divided society in Northern Ireland.

The findings are very much in line with those from the rest of the United

Kingdom and previous and recent studies in Northern Ireland. Moreover, they reveal that the moral panic about young people and sex that is frequently to be heard in the mass media and public debate has little sound basis. The fact that almost 45 per cent of all respondents never had sex brings into question the 'popular' belief of a so-called promiscuous teenage culture. This conclusion is underlined by the extent to which these young people continued, like people in previous generations, to see long-term relationships, whether termed 'marriage' or otherwise, as a model towards which they were aiming. Almost two-thirds of the respondents said that their ideal for the future would be to be either married or in a stable steady relationship with no other sex partners. Forty-three per cent also felt that they wanted just one regular partner and only one-fifth said they preferred more than one regular partner or casual sex. For the vast majority of respondents, a long-term relationship with one partner was the ultimate desirable ideal.

Moreover, while a majority of young people is experiencing first sex outside of marriage, the majority of them are engaging in mature behaviour when it comes to contraception and safe sex. A total of 63.8 per cent in our survey reported using contraception at first sex; although less than the proportion for Britain and other European countries, this still represents a firm base on which to build.

At the same time, the picture is far from rosy. The sex education being delivered to young people in the formal education sector is frequently inadequate and over-determined by religious needs. Young people are often forced to rely on the frequently erroneous support of peers and friends or the sexualization of everyday life by the mass media. They are thus expected to steer a course between the sex-encouraging messages of peers and the media and the sex-negative messages of parents and the school system without sufficient training to allow for mature and reasoned judgement.

A minimum requirement for a healthier future for Northern Ireland's young people is that the sex-negative and value-laden concepts of human sexuality are dropped. The so-called sex abstinence approach that has been increasingly introduced in educational programmes in the USA, and has found supporters in Britain and Ireland too, is unlikely to succeed in the long run. It discourages self-esteem and individual decision-making processes and therefore deprives young people of a healthy development of their individuality and personality. What is required instead is a *sex-positive* approach, which encourages young people to discuss matters of sexual health widely and freely—with their peers, parents and in their schools.

Notes

[1] Most data were categorial and at a nominal or ordinal measurement scale. Therefore mainly descriptive statistics were utilized to analyse the data. Significance levels were calculated using Pearson's chi-square. Multiresponse analyses were used to examine, among others, sources of sex education and subjects covered, or use of contraception if more than one method was used.

[2] A similar gender imbalance as was found in the British Surveys of Sexual Attitudes and Lifestyles (Johnson *et al.* 1994; Wellings *et al.* 2001). In the present survey, while females

were more likely to return questionnaires, more males than females took part in focus group discussions.

[3] Wight *et al.*'s (2000) study of the extent of regretted intercourse of young people in Scotland compares very favourably with these results.

[4] This is a highly significant finding, given that information from friends is likely to be the least reliable and correct. The implications of so many people relying on friends for sex education has profound consequences for the sexual health of young people.

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Sex education in Northern Ireland schools: a critical evaluation

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To date there has been little research on young people and sexuality in Northern Ireland. This paper draws on the first major study in this area to analyse the delivery of formal sex education in schools. Both quantitative and qualitative methods were used to access young people's opinions about the quality of the sex education they had received at school. Overall, they reported high levels of dissatisfaction, with notable variations in relation to both gender and religious affiliation. In one sense their opinions mesh well with those of young people in other parts of these islands. At the same time the specificity of sexuality in Ireland plays a key role in producing the moral system that underlies much of formal sex education in schools. Underpinned by a particularly traditional and conservative strain of Christian morality, sex education in Northern Ireland schools is marked by conservatism and silence and by the avoidance of opportunities for informed choice in relation to sexuality on the part of young people.

Introduction: the inadequacy of formal sex education

The perceived inadequacy of formal sex education in Britain and the Republic of Ireland is beyond question (see, for example, Health Education Authority/MORI, 1990; Woodcock *et al.*, 1992; Health Education Authority, 1994; Johnson *et al.*, 1994; Lees, 1994; Massey, 1995; Inglis, 1998; Harrison, 2000; Hilton, 2001; Buston & Wight, 2002; Forrest *et al.*, 2002). While a number of studies have focused on parents' views of that inadequacy (Allen, 1987; Wyness, 1992; National Foundation for Educational Research, 1994), by far the most articulate and devastating critique has come from young people themselves. For example, Measor (2000, pp. 123–142) lists a range of criticisms raised by young people that include the following: the avoidance of discussion of emotional aspects of sexuality; the focus within sex education on reproduction rather than sexuality; the absence of a 'discourse of desire', especially for girls, and a concentration instead on the dangers of desire for women—pregnancy, abortion, sexually transmitted infections (STIs), etc; a narrow definition of sexuality simply as sexual intercourse; the frequent

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avoidance of any proper discussion of homosexuality; the failure to engage boys, who complain of an emphasis solely on what happens to girls; and an awkwardness on the part of teachers with the resultant failure to answer 'awkward' questions.

Two decades ago, Jackson (1982, pp. 137–1378) decried the fact that the chief aim of sex education was apparently to dissuade young people from expressing their sexuality at all. Ten years later, Scott and Thomson (1992, p. 132) concluded that: 'School sex education is a patchwork of concern, doubt, confusion and mismanagement in which good practice and intentions often founder'. The consensus among contemporary researchers is that these conclusions are still substantially valid and that all too little has changed over the past two decades.

Sex education in Northern Ireland

While the suspicion must be that the situation in relation to sex education in Northern Ireland—geographically and historically part of the island of Ireland, yet for two centuries part of the United Kingdom—is unlikely to be radically different from the picture painted earlier, there is remarkably little evidence to prove or disprove that conclusion. In fact, the paucity of information on the subject is indicative of the status of public debate about sex in Northern Ireland society; such debate is rare outside occasions of moral panic.

There is a reluctance to raise the issue of sex even in the otherwise sober context of social research. Thus research carried out by a local health board (Northern Health and Social Services Board, 1999) into the lifestyles of young people in its area included a section on sexual activity; however, young people under the age of sexual consent (17 years of age in Northern Ireland, compared with 16 years in England) had to obtain parental consent before completing this section. They were not required to obtain consent when providing information on drugs, alcohol and smoking, all of which are totally illegal or illegal below a certain age.

Similarly, Northern Ireland was excluded from the British National Surveys of sexual attitudes and lifestyles (Johnson *et al.*, 1994, 2001; Wellings, 2001). Initially a local university was contracted to undertake the Northern Ireland-based part of the sexual attitude and lifestyle survey. Problems arose when staff of the university realised that they were unable to access sources of data, primarily because interviewers refused to go to people's homes to ask questions they regarded as sensitive. A Belfast-based market research company, which was then contracted, experienced the same difficulties and eventually withdrew from the contract.

Information is equally sparse in relation to sex education in Northern Ireland. A survey conducted by the Health Promotion Agency for Northern Ireland (1996) found that abortion and homosexuality were the subjects that parents were most likely to want excluded from sex education and therefore the subjects least likely to be included in sex education in schools. Interestingly, this survey only involved teachers and parents; the views of young people were not sought. While a number of more recent studies (Health Promotion Agency for Northern Ireland, 2000;

Northern Ireland Statistics and Research Agency, 2002) did investigate the sexual behaviour and attitudes of young people, none provided a clear insight into the content and quality of sex education in schools nor offered young people the chance to articulate their judgement as to the quality of that education. One exception to that rule is Accord's (2002) survey of year 12 pupils in 17 post-primary Catholic schools in Northern Ireland. Interestingly, despite being a survey of Catholic pupils in Catholic schools by a Catholic organisation (formerly the Catholic Marriage Guidance Council), the research revealed that only a minority of pupils agreed definitively with a number of statements derived from Catholic moral teaching; thus only 18% supported the view that there should be 'no sex before marriage'.

A much more substantial exception to the general silence is Simpson's (2001) ethnographic study of four second-level schools. On the basis of interviews with teachers and pupils, as well as observation in a number of classrooms, she concluded that sex education in Northern Ireland schools was strongly underwritten by powerful ideologies. In the Catholic-maintained sector, a conservative ideology prevailed that stressed the sanctity and permanence of married life and the reproductive imperative. Self-discipline and chastity were emphasised. In addition, many Catholic schools have in place a programme entitled 'Education for Love', which emphasises the importance of marriage to the preservation of the community. At times teachers face a 'morality versus practicality' dilemma when discussing issues such as sex outside marriage and the use of contraception other than natural methods. However, in relation to issues such as abortion, there is no such dilemma. The showing of graphic films, such as the 'Silent Scream', which portray abortion simply as murder of an unborn child, and the total absence of any information that promotes the view that it is a woman's right to make informed choices about the outcome of an unplanned or crisis pregnancy, ensures that religious doctrine on abortion is legitimised and perpetuated.

A more liberal ideology prevailed in the controlled sector. This was not progressive or radical; a strong Christian moral ethos was apparent. But because of the relative pluralism in the sector—with parents and children from a range of Protestant denominations—and the absence of the 'Education for Love' programme or an equivalent, there was scope for ambiguity on issues such as sex outside marriage. Nevertheless, potentially controversial issues such as abortion and homosexuality were either approached within a rigid conservative Christian paradigm or were simply ignored.

Essentially, regardless of the education sector, it was evident that sex education was used to reaffirm the dominant sexual and moral values of society, values with strong and often explicit religious overtones. Instead of focusing on advocating responsibility within relationships and the fostering of mutual respect, the emphasis was on what were perceived as negative aspects of sexuality. Within that approach topics such as abortion and homosexuality (for both education sectors) and sex outside marriage (particularly in the Catholic sector) were constructed as 'contentious'.

Methodology

This is the context in which the first Northern Ireland-wide study of sexual attitudes and lifestyles of young people, a collaborative effort involving the University of Ulster and fpaNI (The Family Planning Association of Northern Ireland), was undertaken (Schubotz *et al.*, 2002, 2003). It was funded by the health and social research programme of the National Lottery Charities Board (now The Big Lottery Fund).

Unlike the British survey (which surveyed people between the ages of 16 and 60), the research project addressed in this paper focused on the sexual attitudes and lifestyles of young people aged 14–25 years. A mixture of quantitative and qualitative research methods was utilised—namely, a self-administered survey questionnaire, focus group discussions (71 in all), and narrative, one-to-one interviews (15 in total). In total, 2450 questionnaires were distributed to young people in schools, universities, institutes of further and higher education, youth centres, sports clubs, residential homes and workplaces throughout Northern Ireland. A total of 1268 questionnaires was completed and returned, a response rate of 51.6%. Of these, 1013 were eligible for analysis, the remainder having been inadequately completed or completed by young people outside the eligible age range.

The survey was not based on a random sample. Thus, in order to achieve a degree of representativeness, a target was set of a proportionate number of young people from each of the four Health and Social Services Boards in Northern Ireland. The numbers were calculated on the basis of the most recent population estimate available at the time (see Northern Ireland Statistics and Research Agency, 1999). The results were weighted to allow for a slight under-representation from one Board area.

In all, the number of those surveyed represented 0.34% of the total number of 14–25 year olds in Northern Ireland. This compares with the 0.03% sample used in the British surveys (Johnson *et al.*, 1994). As regards gender, 40% of the respondents were male and 60% were female, a similar gender imbalance as was found in the British Surveys of Sexual Attitudes and Lifestyles (Johnson *et al.*, 1994; Wellings, 2001). (While females were more likely to return questionnaires, more males than females took part in focus group discussions.) In terms of age, 45.8% were aged 16 or younger, 38.9% were between 17 and 20 years old, and 14.6% were over 20 years old. And as regards religion, 39.1% were Catholics, 43.0% were Protestant, 9.1% held other religious beliefs, 6.7% had no religious affiliation, and 2.1% did not state their religious affiliation. The religious composition of the sample was representative of the religious balance in Northern Ireland overall.

Sex education in Northern Ireland: research results

We asked young people to indicate where they would have liked to receive more sex education. Respondents were asked to list three preferences in rank order. The answers are summarised in Figure 1.

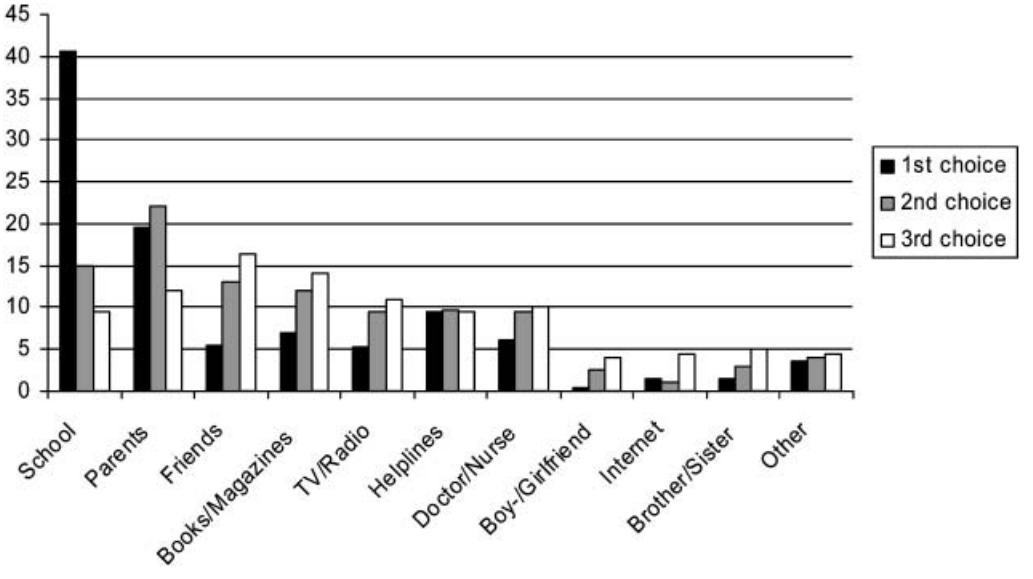

Figure 1. Sources from which respondents would have liked to learn more about sex (%)

Figure 1 shows that the young people surveyed felt that more sex education should be delivered through the school (40.3% of all first-choice answers). As is evident, this is far ahead of the next choice made, parents, which constituted 21.9% of all first-choice answers. This should come as no surprise; it is often too embarrassing for young people to talk about sex with their parents, and friends are potentially an unreliable source of creditable information. While mass media sources, such as television and the Internet, are anonymous, they offer little opportunity for reliable interactive learning, which is arguably more important in this area of education than in many others (e.g. mathematics). School would seem to offer the best possible combination of reliability and interactivity, and while there is still the embarrassment factor, it is arguably less in that setting than in others that are on offer. It is, above all, a non-threatening environment in which such a sensitive issue can be discussed.

That said, while the respondents chose school as the most desirable venue for sex education, this choice of itself does not reveal whether the quality of sex education in schools as experienced by the respondents is actually high. In short, does the choice represent a vote of confidence or an aspiration? Evidence from the survey, both quantitative and qualitative, allows us to venture an answer to this question.

Gender and the quality of sex education

Table 1 reveals that there is a hierarchy in the subject areas covered in sex education in school. Whereas 61% or more of all respondents in the sample covered each of 11 of the 15 topics, four topics—homosexuality, wet dreams, orgasm or masturbation—were covered by fewer than 32% of all respondents. A gender breakdown of the results reveals some stark findings. Girls reported receiving more exposure, and

Table 1. Respondents, by gender, and topics covered at least once in sex education classes (%)

Subject area	Gender		All
	Males	Females	
Sexual development	89.9	93.1	91.8
Pregnancy	77.9	89.4	84.9
Sexual intercourse	86.4	82.1	83.8
Contraception	77.9	87.5	83.7
Menstruation	53.3	93.4	77.6
Abortion	71.5	79.3	76.2
AIDS/HIV	70.9	75.0	73.4
Safer sex	70.7	70.0	70.2
Marriage	67.2	68.6	68.0
Personal relationships	67.5	68.2	67.9
Other STIs	57.9	63.9	61.5
Homosexuality and bisexuality	29.6	33.5	32.0
Orgasm	36.5	25.0	29.5
Wet dreams	36.0	24.3	28.9
Masturbation	34.4	20.1	25.8

often significantly more, to most topics than boys, a pattern that was most pronounced when it came to issues related to reproduction. For example, 93.4% of girls reported covering the topic of menstruation compared with only 53.3% of boys; 89.4% of girls covered the topic of pregnancy compared with 77.9% of boys. Clearly these issues were seen by the sex educators concerned simply as 'girls' issues'.

In the 11 topics, boys reported more exposure in only two: sexual intercourse and safer sex. However, of the last four topics, boys reported significantly more exposure in three. These topics were wet dreams, orgasm and masturbation. It is difficult to avoid the conclusion that for sex educators these are seen primarily as 'boys' issues'.

The identification of topics as being specifically related to boys or to girls is at one level unremarkable—wet dreams versus periods. But there is more than a biological imperative involved here. Strong moral messages are being imparted, overtly and otherwise. The approach to young people and sex is at best cautious, at worst negative. The issue is seen more often than not as a problem—whether in health terms or morally. As a result, there is an avoidance of rigorous and open discussion of sex in general, or specific topics in particular. Moreover, when topics are raised it is often within a unidimensional moral framework that stresses heterosexuality, reproduction and biological functions while avoiding other issues such as homosexuality, contraception, abortion and the whole area of eroticism and desire. 'The joys of sex' may exist for adults in Northern Ireland, not least in the books available in shops. But the religious and moral climate is such that little attempt is made to prepare young people for this aspect of adulthood—recognising the responsibility and indeed pitfalls of sex, while at the same time exploring sexuality, recognising the positive aspects of sex and thereby making informed choices.

Religion and the quality of sex education

That said, it is clear from the results of our research that there are differences in the experience of school sex education depending on the religious affiliation of the young people concerned (see Table 2).

As can be seen in Table 2, with one exception (Catholics in relation to STIs), 63% or more of both Catholics and others reported having discussed 11 of the 15 topics, but the figure was only 33% or less in relation to the bottom four topics. Within that overall stark division, there are clear distinctions between the experiences of Catholics and others. Respondents who attended Catholic schools were less likely than their counterparts from other schools to have received classes on all issues apart from marriage and abortion. Most significantly, students at Catholic schools were least likely to be taught about contraception and safer sex. In the light of Simpson's (2001) findings, neither of these facts should be surprising. A focus on marriage (as reproduction) and abortion (as taboo), as well as the avoidance of the 'contentious' issues of contraception and safer sex, follows logically from Catholic moral teaching.

All sex education issues—apart from abortion and marriage—were less frequently discussed in Catholic schools than in other schools in Northern Ireland. The differences were statistically significant for menstruation and contraception, and highly significant for safer sex. In fact, no other statistically significant predictor but attending a Catholic-maintained school was found for receiving sex education on marriage. Similarly, although being female was the strongest predictor for receiving sex education on abortion, the only other statistically significant predictor was again

Table 2. Respondents, by type of school attended, and topics covered at least once in sex education classes (%)

Subject area	Type of school attended	
	Catholic schools	Other schools[a]
Sexual development	89.2	93.0
Pregnancy	83.0	85.8
Sexual intercourse	81.6	84.8
Contraception	77.7	86.5
Menstruation	75.4	78.6
Abortion	80.3	74.3
Personal relationships	63.6	70.0
AIDS/HIV	69.8	75.1
Safer sex	63.3	73.5
Other STIs	54.1	65.0
Marriage	74.4	65.0
Homosexuality and bisexuality	32.8	31.6
Wet dreams	30.5	28.2
Orgasm	27.2	30.7
Masturbation	23.9	26.6

[a]The category 'other schools' includes state-controlled schools, independent schools, special needs schools, and planned integrated schools and non-Catholic schools outside Northern Ireland.

attending a Catholic school. Conversely, in relation to education on safer sex, attending a Catholic school was the strongest predictor for *not* receiving any information—not surprising given the Catholic church's stance on artificial methods of contraception—with age being the only other statistically significant predictor.

Young people's voices: sex and negativity

In their accounts of sex education at school, some young people revealed that they were well aware of the moral imperatives at the heart of the sex education curriculum and of the limits of tolerance towards those who, inadvertently or otherwise, question those imperatives. One 19-year-old man recounted what happened when the discussion in class turned to sexual issues that are not linked to reproduction:

> They didn't want to talk about human beings and their sexual activities. So you just were taught about sexual intercourse causing pregnancy, but you were never taught about masturbation; you were never taught about oral sex, all the different, other types of sexual practices and you were never taught about homosexuality or all the different types of feelings and stuff. Nobody wanted really to speak about it. If you had a question, you know, you felt embarrassed to ask. Maybe you didn't understand a particular point that was raised and you felt embarrassed, so you didn't ask … I remember an incident where we were taught about safer sex and about all the different types of STDs and it was automatically assumed that you knew what oral sex was about. But I remember one particular person in that situation having said: 'What is oral sex?' And the teacher just couldn't answer it; she just said, 'I have a section in a book that I will give to you'. She could not tell that pupil what oral sex was. And that made him feel very embarrassed, because the rest of the class was laughing at him. He asked a genuine question.

Normally teachers can assume the powerful role of the knowledgeable party in the communication process with the students, who, in turn, are the recipients of information. In sex education this structure of communication is maintained as long as descriptive topics such as puberty, the development of bodies, the period or STIs are discussed. In the earlier narrative, the young man describes a situation where this hierarchy is turned upside down. In not explaining what oral sex is, the competence of the teacher in the subject area is questioned. Answering the question, on the other hand, would mean that the notion of sex as a solely reproductive exercise would be questioned. The only acceptable solution for the teacher was to advise the student to look up the answer in a book. The knowledge cannot be communicated directly.

Other participants in focus groups and interviews reported similar experiences where teachers gave out handouts but did not communicate orally with their students about 'contentious' issues. One young female, who went to a Catholic school, recalled that her teacher answered a question about contraceptive use through writing on a blackboard in the classroom: 'The Catholic Church does not approve of the use of contraception!'.

A third example was given by a 17-year-old gay man in a one-to-one interview:

> We were actually given a class in reproduction … and I turned round and said something at some stage and the teacher screamed and told me to get out of class. I think it was about how do gay people do it? And she said: 'You should know'. And I just

> looked at her and said: 'Is that a bad answer or a good answer?' And she just looked at me and said: 'Go down to the office now'. And I went down to the headmistress and she said: 'What was the question you asked?' And I said: 'How do gay people have sex?' And she turned round and said: 'You should know'. And I said: 'Well, the teacher teaches reproduction; she should know as well'. And the headmistress said: 'Out now', and she expelled me for three days.

In this scenario, the young man put the teacher—and, in fact, the school's ethos—to the test. The teacher was aware that she was being tested, but was unable and unwilling to cope with the student's challenge. The headmistress also felt incapable of solving the problem. The breach of the unspoken agreement between students and teachers not to bring up 'contentious' issues and not to ridicule teachers or the school's ethos earned the student an expulsion.

There is no doubt that for many pupils there is a neat fit between the moral and religious values of their home, community and school, and that these are therefore reflected in their statements about sex, especially in their focus on sex as problematic, even negative.

Sex was frequently presented as risky or dangerous. One 19-year-old male wrote: 'Our society has a lot of problems with single parents, underage sex, teenage pregnancies, etc … a main reason is lack of responsibility and a surplus of encouragement from the media and irresponsible individuals who encourage such behaviour'. A 20-year-old male argued for a higher age of consent because 'at under 18 it can be risky as they don't know the full risks they take'.

For some, it was seen as 'morally wrong to have intercourse before marriage' (18-year-old female), while others articulated opposition in specifically religious terms. A 19-year-old female wrote: 'No sex before marriage. It's biblically wrong. Too many pregnancies'. A 15-year-old male stated: 'My religion teaches that sex before marriage does not please God'. Another female, 21 years of age, wrote: 'Not before marriage—because it's against the Catholic religion'. A total 10.2% of those surveyed believed that sex before marriage was always or mostly wrong. In terms of gender, this constituted 8.4% of males and 11.4% of females. A distinctly worrying strain of homophobia was also apparent: 58.9% of males and 34% of females questioned stated that sex between two males was always wrong. As for sex between two women, 23.6% of males questioned and 33.6% of females felt it was always wrong.

Earlier we considered the greater reluctance of Catholic schools to deal with what are regarded as contentious issues in sex education. Despite that, it was clear that negative attitudes to sex were not confined to Catholic respondents. In fact, if anything, young Protestants emerged in some respects as more conservative. Thus, 6.7% of Catholics and 12.5% of Protestants believed that sex before marriage was always or mostly wrong. A total 32.4% of Catholics and 56.6% of Protestants felt that sex between males was always wrong, while for sex between females the breakdown was 20.2% of Catholics and 39.6% of Protestants.

At the same time there were many respondents who questioned the moral and religious values at the heart of the sex education they had experienced and who aspired to an approach that was less directive, more positive about sex.

One 20-year-old female respondent, for example, wished she had had 'more books in school which look not just at reproduction'. Information should have been 'on more than just negative effects', wrote another 20-year-old female, while a 25-year-old female said there should have been 'more about sex in relation to emotional upheaval it causes. Less moralising and more on how it affects self-esteem if it's gone wrong'. A 17-year-old female concluded: 'The school always took a religious attitude. I would have preferred it not to be looked down so much'.

One 14-year-old female summed up the criticisms in a very mature manner:

> I think there should be more information about rape/sexual abuse and also homosexuality and bisexuality. My generation need to change their attitudes on how they feel towards such as the above. I also think we should be given more information on abortion and relationships. As well as being taught about the anatomy of the body when talking about sex, I think we should be given more information on what it is actually like.

Finally, some respondents clearly revealed that they were trapped between the moral imperatives of their upbringing and the practicalities of their everyday lives. It was not uncommon for respondents who articulated strongly negative and religious attitudes in relation to sexual practices—such as the use of contraception or sex before marriage—to go on to reveal that they were in fact engaging in those same practices. This cognitive dissonance may have potentially severe implications for the development of sexual health in terms of guilt, shame and the willingness to go for check-ups for STIs, but can also impact on their personal development as a whole. These results were also a strong reminder that the notion that everybody has a choice whether or not to engage in early sexual relationships does not take into account the social conditions, especially in marginalised communities, which can often limit the options available to young people.

Sex education: actual and potential

In order to emphasise the discrepancy between what young people are taught in sex education in school and what many of them would like to learn about, we derived a 'Sex Education Content Exercise'. Participants in a number of focus groups were broken into subgroups and received a list of 20 subject areas that could be included in sex education classes. Some subgroups were asked to rank in order the subject areas about which they received the most information at school ('did groups'). The other subgroups were asked to prioritise the same subjects according to how they felt they should have been covered in sex education ('should groups'). Table 3 represents a typical outcome of one such focus group discussion, in this case conducted with fourth-form pupils (14–15 year olds) of an independent co-educational grammar school.

As Table 3 reveals, several of the least important issues for the 'should' groups were ranked highest in the 'did' groups and vice versa. This confirms a number of findings already alluded to in this paper. Issues judged to be 'contentious'—such as masturbation—are unlikely to be discussed in most schools, no matter which sector. Sexual feelings and emotions were not given priority in sex education as it exists or

Table 3. Sex education content exercise

Rank	'Should group' 1	'Should group' 2	'Did group' 1	'Did group' 2
1	Sexual intercourse	How to make sex more satisfying	Menstruation	Marriage
2	How to make sex more satisfying	Contraception	Pregnancy	How to keep a relationship going
3	Safer sex techniques	Masturbation	How girls' bodies develop	Sexual feelings and emotions
4	Contraception	The period	How boys' bodies develop	How to say 'no' to sex
5	Aids	Sexual intercourse	Puberty	Pregnancy
[...]				
18	Abortion	Marriage	How to make sex more satisfying	Masturbation
19	Marriage	Wet dreams	Masturbation	How to make sex more satisfying
20	Pregnancy	How to say 'no' to sex	Orgasm	Orgasm

were likely to be presented in a negative way. If they were discussed at all, the young people were either encouraged to delay sexual initiation or simply to say 'no'. Overall, sexual desire—'how to make sex more satisfying', for example—ranked low in the hierarchy of topics actually covered in sex education. Yet sexual desire was high on the agenda of aspiration, with the more factual topics—such as 'pregnancy'—and negative topics—'how to say no to sex'—ranked low. The young people revealed a desire to receive balanced and reliable information about sexual matters in a much less judgemental way, but within the system as it exists they are given little space to approach sex in such a mature and adult manner.

The specificity of sexuality in Ireland

Complaints about the over-emphasis on biology and on sex as risk, as well as the denial of sexual pleasure, especially to girls, are also revealed by research on sex education in schools outside of Northern Ireland (for example, Fine, 1988; Allen, 2001; Hilton, 2001, 2003; Nilsson & Sandström, 2001; Atkinson, 2002; Bay-Cheng, 2003). This raises the question of what, if anything, is unique about sex education in Northern Ireland, and how that uniqueness might be explained.

Sex education in Northern Ireland schools takes place in a society where there is a culture of silence, conservatism and tradition in relation to sex and morality. These characteristics derive from the continuing power of the churches in society. Ultimately, that power can only be understood in historical terms.

In the mid-1800s one-half of Ireland's estimated population of eight million was lost through death or emigration when the main staple food of the peasantry, the potato, failed. As one element in this disaster was the constant subdivision of land among male offspring, a solution emerged in the aftermath of the Famine: the

practice whereby only one son inherited (Connell, 1968). In this economic and sexual revolution lie the roots of later mass migration and also of rates of late marriage, and indeed non-marriage, in the Republic of Ireland far ahead of any other Western country well into the 1980s (Inglis, 1998, p. 36).

Anthropological studies in the Republic of Ireland in the latter half of the twentieth century revealed the extent to which these patterns depended on a rigid suppression of sexual desire. Humphreys (1966) concluded that Dubliners were ignorant of much of the factual information about sex and were ill at ease talking about the subject. In rural areas the pattern was, if anything, more pronounced. Arensberg and Kimball (1968) noted that sexual interest in the part of County Clare they studied was only permitted among married people. Messenger (1969) also researched in the west of Ireland and concluded that 'sexual puritanism' was the most prominent trait in Inis Beag, and indeed in the Irish personality overall. The notion of psychological disorder also came through strongly in Scheper-Hughes' (1981) study, again in the west of Ireland; she referred to a pursuit of sexual purity that in the end led to 'emotional and sexual flatness'.

This culture of sexual repression was perpetuated through the power of the Catholic church after the Famine. With independence in 1921, the church in the Republic of Ireland was now in a position to influence directly the laws and policies of the new state in relation to sexual morality. Legal developments in the newly-independent state reveal this. In 1923 a Censorship of Films Act was passed, and in 1929 a Censorship of Publications Act was passed, both of which were designed to prevent matters of a sexual nature being shown or printed. In 1933 it became illegal to transport or sell contraceptives, and in the same year the Public Dance Hall Act placed severe restrictions on dancing, which was felt by Catholic priests to be an 'occasion of sin'—namely, behaviour enticing people to (heterosexual) sex.

In addition, the domination of the primary and secondary education sectors by orders of Catholic priests, brothers and nuns ensured that the church controlled sex education—or more correctly, the lack of it. Unhindered by any state directives, the Catholic church was free to monopolise the education of the young on matters of sexual morality. At the core of their teaching was the view that the family was the base of society—not just any family, but one that was 'based on a heterosexual, monogamous, procreative and indissoluble union' (Hug, 1999, p. 3). The emphasis was on sex outside marriage as sin, on chastity, and on the segregation of the sexes.

It was only in the last decades of the twentieth century that things began to change. Following Carlson's (1991) typology of sex education, Inglis (1998, p. 16) argues that the traditional approach put forward by the Catholic church and supported by the state came under pressure from a libertarian stance—stressing sexual pleasure, diversity and individual sexual rights—from the mass media and key social movements, including feminism and gay liberation. As a result the state took up the issue of sex education in schools for the first time and put forward a progressive policy—one based on the secular and utilitarian management of sexual problems. In itself the state's proposed policy for Relationships and Sex Education (RSE) in 1997 was highly innovative in the Irish context, but when it came to

implementation, the state was still not prepared to confront the power of the church directly. Schools were allowed to opt out of various elements of the programme. 'In effect, RSE became a mandatory programme without a mandatory curriculum' (Inglis, 1998, p. 5).

Up until the 1980s, the patterns of delayed marriage and celibacy were as prevalent in Northern Ireland as in the Republic. In one sense, this is not totally remarkable. The Famine did not recognise a border, even less one that was 75 years in the future. Moreover, a large proportion of the population in the new state of Northern Ireland formed in 1921 was Catholic and therefore presumably amenable to the same influences of the hierarchy and clergy that prevailed elsewhere on the island. At the same time, the majority of the population in Northern Ireland was and is Protestant. But as Hug (1999, p. 3) points out, 'the Protestant churches were inspired by the same Puritanism as the Catholic Church, the ideal of social purity being a Victorian prerogative as much as a Catholic one …' There are, of course, nuances within Protestantism on the issue of sexual morality that are missing in the more monolithic structures of the Irish Catholic church; the Church of Ireland, for example, has a relatively liberal approach to issues such as divorce. Despite that, some of the more fundamental Protestant sects are as likely to be at least as negative about sex as the Catholic church.

Perhaps the most significant difference between the two states in Ireland is that no church in the North had the same ability directly to affect state laws and policy as the Catholic church had in the South. It might have been expected that the more fundamentalist Protestant groups might have done so in the North, in effect creating a polity underpinned by religious and indeed denominational doctrine, a mirror image of the South. But, despite the desires of some, in fact no church or sect in the North had such direct influence. That is not to say they did not have indirect effects, especially in relation to matters of sexual morality. Thus, the churches played a role in blocking or slowing down the liberalisation of laws that might have come about as a result of modernisation. Abortion remained illegal in Northern Ireland even after it was legalised in other parts of the United Kingdom in 1969 (Lee, 1995). Similarly, homosexuality, legalised in England and Wales in 1967, was only legalised in Northern Ireland in 1982, and then only after a successful case against the state brought at the European Court of Human Rights. When all is said and done, it is clear that for much of the twentieth century there was a deep social conservatism in the North, which was seen in relation to sexual morality in particular.

As in the Republic, a small number of anthropological studies in Northern Ireland confirmed this conservatism. Harris (1972) echoes Connell when she concludes of a small border town in 1950s and 1960s Northern Ireland that most farms were too small to support two families or to undergo subdivision, the result being patterns of late marriage and non-marriage. Leyton (1975), examining a more prosperous and Protestant area of County Down in the mid-1960s, saw the source of levels of late or non-marriage as loyalty to the natal family. To marry is in effect to 'betray one's family'; for the majority of 'children', marriage and consequent sexual activity comes only with the death of a parent. Buckley (1982, p. 86) concluded that the people in a

mixed rural area of County Down in the mid-1970s were 'by the standards of modern urban popular culture rather puritanical in their sexual attitudes'.

It is within this historical legacy that the school system of Northern Ireland was formed in 1921. The first Minister of Education, Lord Londonderry, attempted to establish an education school system that was integrated (as regards religion), secular and therefore relatively free of denominational involvement in the running of schools. Catholic and Protestant churches refused to agree to this, each for their own reasons, and the ambitious plan failed (Akenson, 1973). As a result, a segregated system was established: Catholic grant-maintained schools, which have an almost exclusively Catholic intake of students, on the one hand, and a state-controlled system with an overwhelmingly Protestant intake on the other. In addition, representatives of churches or religious lay organisations were strongly represented on management committees of schools in both sectors. It was the 1980s before a grass-roots system, the integrated sector, began to emerge; 5% of pupils now attend formally integrated schools. But other pupils still attend religiously segregated schools, which essentially have either a Catholic or a Protestant ethos. Although a planned integrated status of schools does not *per se* guarantee a better provision of sex and relationship education, it is the religious ethos of the segregated schools that has a direct impact on what is and what is not taught in RSE.

As revealed earlier, most Catholic ('maintained') schools teach a programme called 'Education for Love', which presents sexuality and relationships from a Catholic moral point of view, and disapproves of sexual activity outside marriage. In state ('controlled') schools it was only in 1989 that the aims and objectives of sex education were formally detailed for the first time in a circular from the Department of Education, Northern Ireland (1987). As in the Republic at the same time, the state in the North deferred to the power of the churches. While it was stated that 'controversial issues' such as contraception, STIs, abortion and homosexuality should not be avoided, the Department stressed that sex education 'should be taught in a sensitive manner which is in harmony with the ethos of the school or college and in conformity with the moral and religious principles held by parents and school management authorities' (Department of Education, Northern Ireland, 1987, p. 1).

The impact of the Education Reform Order 1989 on schools in Northern Ireland with regard to sex education was twofold. On the one hand all schools were legally required to teach health education (one component of which is sex education) as one of six compulsory cross-curricular themes. However, there was no official requirement for schools to teach sex education, and many chose not to. Furthermore, the Order strengthened the power of the boards of governors and parental councils of schools (McKeown & Connolly, 1992). With a general neo-liberal atmosphere in society, 'opting out' became one of the most frequently used catch phrases in educational debate in the United Kingdom, emphasising that parental interest and choice had the final word in whether or not young people would take part in certain curricular activities. In some respects—for example, in relation to the growth of integrated education—this proved a progressive policy in Northern Ireland. In relation to sex education in schools, however, it ensured the continuing power of religious morality.

Thus, when finally in 2001 new guidelines for RSE were published for primary and post-primary schools, it was emphasised that although 'parents have no statutory right to withdraw a child from classes in RSE … schools should, though, try to take account of any parental concerns expressed to them' and 'should, as far as possible, make alternative arrangements for any pupil whose parents wish him/her to be excused from particular, or all, sex education classes' (CCEA, 2001, p. 11). In effect, parents can still 'opt out' of RSE and the power of religious morality remains unchallenged.

Although considerable progress has been made with the new guidelines for RSE in Northern Ireland's schools, as far as the acknowledgement of the divergence in sexual lifestyles is concerned the guidelines are still value-laden from a Christian moral point of view and promote the values of marriage as the preferred type of permanent relationship (CCEA, 2001).

Conclusion

In relation to sex education, there is much that emerges from this first major survey of young people's sexual attitudes and lifestyle in Northern Ireland which will be familiar to those who are aware of sex education in these islands. As elsewhere in these islands, and indeed further afield, there are common complaints about the inadequacies of formal sex education in schools. In addition, young people clearly reproduce the moral attitudes embedded in the wider society and conveyed, in part, through formal sex education in schools. In one sense, therefore, there is nothing particularly unique about the picture that emerges from Northern Ireland.

That said, the extent to which sex education in Northern Ireland is explicitly formed by religion is noteworthy and sets this society apart in significant ways from many other Western European societies. The power of the churches to determine and reproduce sexual morality is, as has been explained, ultimately a legacy of history, but continues to be highly determinant in forming the policies that pertain in the school system.

In this context it would be both unrealistic and totalitarian to deny the moral values of significant numbers of parents, teachers and indeed pupils. To suggest that religion have no input into sex education is unrealistic. At the same time, it is not unreasonable to suggest that religion should not be the only source of moral values underlying sex education in schools. This, to all intents and purposes, is the case in Northern Ireland schools where a particular brand of relatively conservative Christianity infuses what is taught and in what manner, and, perhaps more significantly, what is avoided. Yet Northern Ireland is not an island of tradition in an otherwise multicultural and postmodernism world, much as some of its more conservative citizens might wish. There are now more children of non-Christian religions, in particular Muslims and Hindus, than there ever have been. There are, in addition, many parents who have rejected formal religion and are raising their children accordingly as humanists, socialists or atheists. Such parents should not be presumed to be immoral or even amoral; yet Northern Ireland society, law and

policy, as well as its school system, provides little space for any alternative moralities other than the dominant Christian one on offer.

One sign of the overall health of a society is the space that is available for a genuine encounter and dialogue between different, even competing, value systems. (There is much potential value in allowing the space for a multiplicity of ways of viewing the world.) Specifically in relation to the topic at the core of this article, sex education in Northern Ireland could be greatly improved by being opened up to a wider range of moral views. Carpenter (2001) notes the liberating and healthy effects of the approach of German teen magazines in giving advice to teenagers on the loss of virginity in comparison with US magazines; the former 'script' is characterised as 'sex positive' and 'non-ambivalent', while the latter is 'sex negative' and 'ambivalent'. Yet, as she notes, it is in Germany, with its open debate on sexuality and its acknowledgement of sexual desire and the pursuit of sexual pleasure by teenagers, rather than in the United States, with its fear and denial of teenage sexuality, where the rates of teenage pregnancy are much lower.

In the US context, Elia (2000) has argued for a more democratic approach to sex education to replace the top-down pedagogy with its insistence on bio-medical information and instilling traditional sexual morality. Similarly, Goldfarb and McCaffree (2000) have suggested the application of democratic principles to sexuality education. At the heart of such an approach is trust in young people's own ability to make informed choices on sound moral grounds when provided with adequate information. It requires the replacement of silence and avoidance with open discussion and dialogue. It seeks not to deny young people's sexuality, but to recognise that there is place for a 'discourse of erotics' (Allen, 2001), a 'discourse of desire' (Fine, 1988), for young people no less than for adults. Such an approach would genuinely engage young people in a way that much sex education does not currently do and would better prepare them for the world of adulthood.

On the basis of our research, there is evidence that many young people in Northern Ireland would welcome such a democratic approach to sex education and would rise to the challenge of dialogue in a constructive, mature and mutually respectful way. Although beyond the scope of this research, it is also possible that many parents, no less than parents surveyed in Australia, for example (Berne *et al.*, 2000), would agree that it is futile to dictate the sexual decisions of their children and would prefer that young people be given the knowledge and skills to make informed choices. In this sense the policy shift required is both reasonable and perhaps even possible—namely, to move beyond the legacy of Ireland's history to allow other voices than those of institutionalised Christianity to influence sex education in Northern Ireland's schools.

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Sexual behaviour of young people in Northern Ireland: first sexual experience

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ABSTRACT *Two National Surveys of Sexual Attitudes and Lifestyles in Britain (Natsal) were conducted, one in 1990 and one in 2000. Northern Ireland was excluded from both studies. Now, for the first time, comparable data about sexual attitudes and lifestyles of young people (14- to 25-year-olds) in Northern Ireland are available. Data were collected through self-administered questionnaires, one-to-one interviews and focus-group discussions. As in Natsal 1990 and 2000, young people were asked about their sexual attitudes towards sex, experiences of sex education, knowledge of sexually transmitted infections (STIs) and, if sexually active, about the circumstances in which sexual intercourse occurred. A total of 1013 young people in the target age group completed the self-administered questionnaire. Young people in Northern Ireland do not differ significantly from their counterparts in Britain in terms of sexual lifestyles and attitudes. Some 53.3% of all respondents reported that they had had sexual intercourse. Condom use at first sex was reported by 64% of sexually active respondents; 27.4% said they used no contraception; 26.7% of all respondents said they had sex before age 16. Respondents who first had sex when they were 15 or 16 years were more likely than other respondents to say that 'being drunk' was the main reason why intercourse occurred. Peer pressure to engage in sex was more prevalent among males than females. Young people in Northern Ireland regard friends as their most important source of sex education. School is the second most important source but most respondents wanted more sex education in school. It is important that it is needs focused and includes potentially sensitive and contentious information.*

Introduction

In 1994 the first British national survey of sexual attitudes and lifestyles (Natsal, 1990) was published (Johnson *et al.*, 1994). At that time it was acknowledged as the largest and most detailed survey of sexual behaviour undertaken anywhere in the world. Initially it was intended that Northern Ireland would be included; however, neither a local university nor a Belfast-based market research company were able to conduct the survey, primarily because interviewers refused to go to people's homes to ask questions they regarded as sensitive. Thus, unlike the rest of the UK, comprehensive data about the sexual attitudes and lifestyles of young people in Northern Ireland were not available.

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Regardless of the absence of data, it has often been argued that Northern Ireland is different from the rest of the United Kingdom. This argument has been particularly used to justify sexual health policies that differ from those in Britain, especially with regard to the age of sexual consent and the availability of services—or the lack of them—in respect of unplanned pregnancy solutions. The fact that Natsal failed to collect data in Northern Ireland but not in Britain was evidence that in Northern Ireland sexual health was more a sociopolitical issue than elsewhere.

The health and social research programme of the National Lottery Charities Board (now the Community Fund) enabled fpaNI (the Family Planning Association) as a voluntary organization to address the paucity of sexual health research in Northern Ireland. In conjunction with the University of Ulster (UU), fpaNI began a three-year research project to collect and analyse such data in January 2000. In this article we report on some results from the survey that was conducted during this period (Schubotz *et al.*, 2002). We focus on early sexual intercourse and circumstances surrounding that event. We do not restrict that to heterosexual experiences but also include homosexual ones.

Methods

Being aware of the sensitivity that is attached to sexual health matters in Northern Ireland and that previously contributed to Natsal's failure to conduct a randomized large-scale household survey in Northern Ireland, we had to take particular care in choosing a research design that was more likely to produce the data required. First, unlike the Natsal studies (which surveyed people between the ages of 16 and 60), we focused on the sexual attitudes and lifestyles of young people from 14 to 25 years of age only. Most of the likely respondents in this age group would still be in full-time education. Schools, colleges of further education, universities, training and employment agencies, but also youth projects, hostels and sport clubs provided a potentially good opportunity to access large numbers of respondents. It was this age group that was seen as particularly at risk of poor sexual health. Young people were most likely to be sexually active, most at risk from unsafe sexual practices and therefore most vulnerable and in need of informational and emotional support regarding their sexual health and well-being.

A self-administered confidential survey questionnaire was designed and distributed, using a quota sampling technique. The target number of respondents was 1000.

Conscious of the methodological restraints that non-probability sampling techniques may cause, a mixed-method approach was thought to improve the credibility, reliability and validity of the data collected. Thus, 71 focus-group discussions and 15 one-to-one in-depth interviews (Schubotz *et al.*, 2003) were also conducted, to triangulate the survey results with qualitative data. The focus-group discussions had a variety of formats and involved a range of group activities that were suitable as research instruments (Krueger, 1998). One-to-one interviews, lasting between 45 and 140 minutes, were tape-recorded and transcribed and analysed.

The questionnaire was divided into five sections. In the first four sections respondents were asked about their social background and upbringing, their general health—including alcohol and drug-taking experiences and habits—their views on sexual

relationships and sexual health, as well as their knowledge about sexual health matters such as STIs. These four sections could be completed by all respondents, whether or not they already had sex.

In the last section of the questionnaire respondents who had already had sex were asked about their personal experiences. When possible, questions were put in such a way that comparability with Natsal 1990 and 2000 was possible. However, some questions asked in the survey were formulated specifically to suit the objectives of the present project or to allow comparability with existing data from Northern Ireland (Robinson *et al.*, 1997; HPA, 2000). In fact, some decisions in the design of questionnaire were taken in order to go beyond the scope of Natsal.

First sexual intercourse constitutes an important rite of passage in the formative years of young people. Their attitudes to sex will be determined by their perceptions of what is culturally and socially appropriate behaviour. The age when first intercourse takes place is a crucial factor in the development of these perceptions. Unlike Natsal 1990 and 2000, we therefore did not limit questions regarding circumstances in which sexual intercourse occurred to respondents who had first had sex when they were 13 or older. Instead, all respondents were given the opportunity to report consensual and non-consensual sexual experiences at any age. The use of a self-administered questionnaire supported this approach.

In relation to first sexual intercourse Wellings *et al.* (2001) constructed a 'sexual competence' measure. In order to do so, variables related to respondents' willingness to engage in sexual intercourse, their autonomy of decision-making, the contraception they used and the level of regret after intercourse had occurred were used to establish the 'sexual competence' with which respondents engaged in their first intercourse. The same information in relation to first sexual intercourse was gathered in the present study and will be reported below.

However, we argue that the 'sexual competence' measure has weaknesses in relation to young people's self-reporting. In particular, it is questionable whether feelings of regret about the timing of sexual intercourse can reliably contribute to a measure of sexual competence. We found—and it has been well documented elsewhere (Giddens, 1992; Katz, 1999; Singh *et al.*, 2000; Conner & Flesch, 2001) that young men in particular can be under considerable peer pressure to engage into sex at a young age. Young females, on the other hand, can be under pressure to maintain their chastity (Platt, 1995; Holland *et al.*, 1998; Tabberer, 2000). Self-reporting of sexual experiences and attitudes is ultimately influenced by those social concepts. Males are more likely than females to report that their first sexual intercourse happened at the right time, because they are expected to be sexually active. According to the article by Wellings *et al.* (2001, Table 3, p. 1847), 55.8% of all females were sexually not competent when they first had sex, compared with 45.7% of all males who were not. That gender gap is even bigger for those who first had sex before they were 15. Some 66.6% of males are classed as non-competent compared to 91.1% of females.

We argue that sexual competence used in that way is not an objective measure. In fact, younger males in our survey were more likely to report less knowledge about sexual matters and fewer sex education classes (see Table 1), which should clearly contribute to a sexual competence score. Finally, the perspective that respondents take

Table 1. Percentage of respondents in the sample able to name sexually transmitted infections

	All	Males	Females	Under 16 years old	Over 16 years old	Attended Catholic Schools	Attended other[a] schools
AIDS/HIV	58.5	53.0	62.3	53.4	62.7	62.4	56.6
Genital Warts	23.6	18.9	26.9	16.8	29.4	25.5	22.7
Gonorrhoea	23.4	21.7	24.6	11.0	34.0	29.8	20.4
Pubic Lice	22.7	22.9	22.6	17.0	27.6	23.9	22.1
Syphilis	18.6	20.5	17.2	7.8	27.8	22.4	16.8
Chlamydia	16.4	8.8	21.9	9.3	22.5	18.0	15.8
Hepatitis B	9.8	8.8	10.4	2.4	16.1	11.5	9.0
NSU	7.2	6.7	7.6	7.1	7.3	4.7	8.4
Others (e.g. thrush, herpes)	19.9	15.8	22.7	10.1	28.2	24.2	17.8

[a]The category 'other schools' includes state-controlled schools, which have an overwhelmingly Protestant intake, special schools for disabled people, planned integrated schools, which have a balanced intake of Protestant and Catholic pupils and schools outside Northern Ireland.

with regard to their first sexual experience is likely to change over years. Whereas a 16-year-old male who had his first intercourse at 15 years of age may be inclined to report that it happened at the right time, he may not have the same opinion when he is older. We have therefore decided in the tables not to construct a sexual competence measure but still report the data connected to that score in the Wellings study, which are clearly important for an understanding of sexual attitudes and lifestyles.

A large number of our respondents were still at pre-GCSE level. It was therefore difficult to establish their socioeconomic status. It is now accepted that the traditional way of doing so, analysing parents' occupational and educational background, is ambiguous and has resulted in unreliable responses or a high percentage of non-response. We have followed Currie & Klocke's (2000) recommendations and attempted to establish the wealth of respondents' background through variables such as available spending money, ownership of PCs and cars and the number of annual holidays.

Data from the questionnaires were analysed using SPSS. All open-ended answers and comments were word-processed but are not reported here. This also applies to data gained through qualitative sampling techniques, i.e. focus groups and one-to-one interviews.

Results

Data were collected from May 2000 to March 2002. During that period 2450 questionnaires were distributed to young people, of which 1268 questionnaires were returned (response rate: 51.6%). Overall, 1013 questionnaires were fully completed, or to a meaningful degree, by young people in the study's target age group of 14- to 25-years. On the basis of population estimates for 1998 this represents a 0.34% non-probability sample of all 14- to 25-year-olds in Northern Ireland. Of the 1013 respondents 41.4% ($n = 419$) were male and 58.6% ($n = 594$) female; 45.8% were aged 16 or younger, 40.4%

were between 17 and 20 years and 13.8% were over 20 years old. The average age of respondents in the sample is 17.33 years. Using a quota when distributing the questionnaires, an accurate representation of respondents in relation to their socio-religious background was achieved. With regard to the area in which respondents lived, young people living in the Eastern Health Board, which includes Belfast and Lisburn, two of the four cities in Northern Ireland, were only slightly over-represented.

In all, 83.3% of respondents were in full-time education; 43.9% were still at school. Some 4.6% of the respondents held a third-level qualification; 19.3% had A-levels or similar qualifications (such as Advanced GNVQs or Irish Leaving Certificates); 35.9% had GCSEs or similar qualifications (such as NVQs, GNVQs or Irish Junior Certificates); 40.2% did not have any formal qualification (yet).

Among all respondents, 54.9% reported that they were sexually active;[1] 53.3% ($n = 540$) had experienced sexual intercourse. The median age for first sexual intercourse for all respondents was 15 years (10th percentile 13, 90th percentile 18). Altogether, 69.2% ($n = 370$) of all sexually experienced respondents were below the legal age of consent (17 years in Northern Ireland) when they first had intercourse. For males the median age of first sexual intercourse was 15 (10th percentile 12, 90th percentile 18) and for females 16 (10th percentile 14, 90th percentile 18).

If an age cohort is selected that is identical to Natsal 2000 the results from the present survey are as follows: Of the 16- to 24-year-olds ($n = 714$) who completed the survey 62.9% ($n = 449$) had experienced sexual intercourse. The median age for first sexual intercourse for that group was 16 (10th percentile 13, 90th percentile 19). For males in that age group the median age was 15 (12, 18) and for females 16 (14, 19).

Because the research focused exclusively on young people and was conducted for the first time in Northern Ireland it is not very meaningful to report on longitudinal changes in the timing of first sexual intercourse. Nevertheless a breakdown into age groups can give a sense of recent changes in sexual attitudes and lifestyles of young people. On a descriptive level, we found, for instance, an increase of condom use amongst males in the younger age groups compared with the over 20-year-olds in the sample (Table 2). About three quarters of 14- to 15-year-olds in the sample reported condom use at first sexual intercourse compared with just under two-thirds of respondents in the whole sample. On the other hand, there was a relative stability of condom use amongst females. Overall, almost two-thirds of young people in the sample reported condom use at first sexual intercourse; 9.5% of respondents reported using natural family planning methods and 15.1% said they used withdrawal as a contraceptive method, both of which can be regarded as not safe when used by sexually inexperienced respondents.

A total of 27.6% of all sexually active respondents did not use any contraception when they first had intercourse and over one-third did not use a condom. At this level of analysis, use of other, especially hormonal, contraception increased significantly with age of first sexual intercourse. Among 14- and 15-year-olds who had sex, 28.9% said they used hormonal contraception. This compares with 36.0% of 17- to 20-year-olds and 40.5% of respondents over the age of 20. The main reason for this was the reduced accessibility and availability of hormonal contraception for respondents under 17 years of age. Respondents under 17 years of age found it significantly more difficult to access contraception than older respondents ($p < 0.001$). However, the fact that older

Table 2. Age, use of contraception, parenthood and abortion of sexually active respondents at first intercourse

	Males			Females			All
	Age at interview (in years)			Age at interview (in years)			
	14–15	16–19	20–25	14–15	16–19	20–25	
No. of respondents in age group	131	211	77	155	322	117	1013
Sexually active	21.4%	57.1%	88.3%	31.2%	53.7%	82.9%	52.71%
n	28	120	68	48	173	97	534
Age at first intercourse							
Median age	14	15	17	14	16	17	15
10th, 90th percentile	(11–15)	(12–18)	(13–21)	(13–15)	(14–17)	(15–20)	(13–18)
aged under 16	22.1%	38.9%	29.9%	31.2%	23.3%	13.7%	26.9%
n	29	82	23	49	75	16	273
Use of contraception[a]							
Used a condom	73.3%	52.0%	62.1%	75.6%	61.7%	75.5%	64.0%
Used nothing[b]	25.8%	38.7%	28.4%	24.0%	27.3%	16.3%	27.7%
Used pill	29.4%	23.8%	41.3%	15.2%	38.1%	42.9%	21.5%
Parenthood before age 18	0	1.8%	3.0%	0.6%	1.5%	3.1%	5.9%
Unplanned pregnancies	n.a.	n.a.	n.a.	0.6%	1.5%	4.3%	1.5%
Abortion	n.a	n.a.	n.a.	0	0.6%	3.4%	1.0%

[a]Figures do not add up to 100 because some respondents used more than one method, e.g. condom and pill.
[b]Includes respondents who said they could not remember using contraception and those who said they used 'withdrawal' as contraceptive method.

respondents were more likely to plan their first sexual intercourse with their partners, i.e. had talked about the use of contraception, may also be a contributor to the increased use of hormonal contraception.

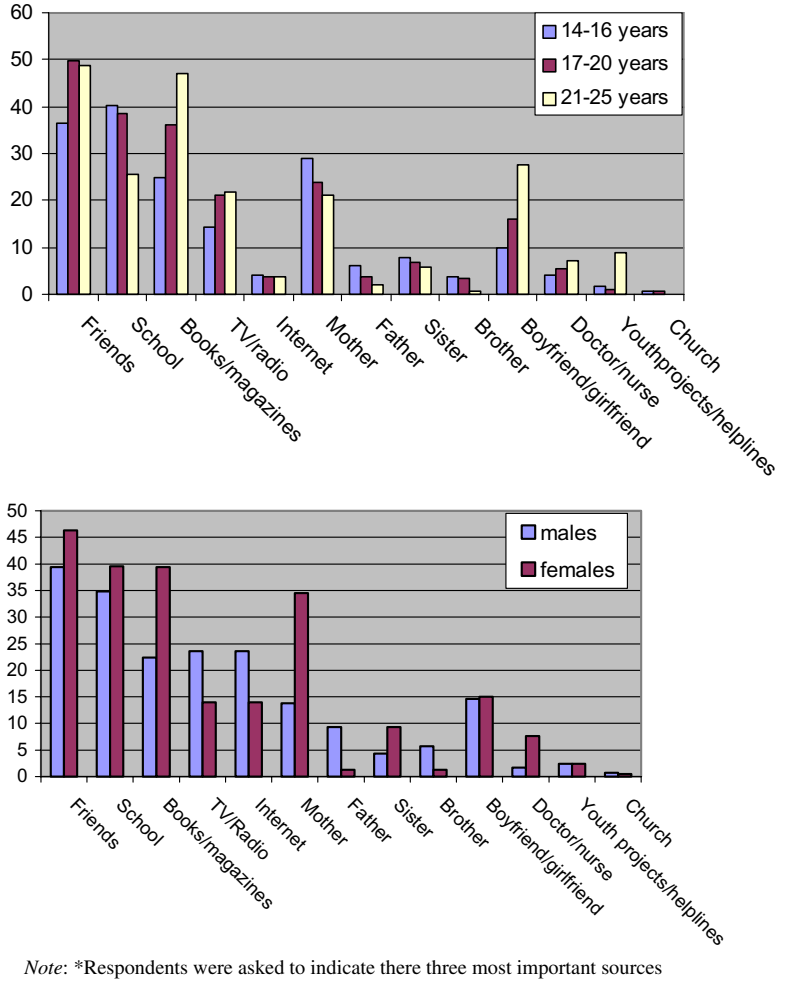
Some 3.7% ($n = 19$) of all respondents in the sample reported having children, 2.0 had children before they were 18 years of age. Ten respondents (six females and four males) reported that they or their partners had had one or more abortions. The cell count in the sample is too low to report trends reliably but the proportion of young people who reported abortions and unplanned pregnancies was higher among young people who became sexually active before they were 16.

A check-up visit at a GUM clinic was reported by 3.5% of sexually active respondents, and 0.9% said they received some form of treatment. Statistically, females and males did not differ in that respect ($p < 0.673$). A total of 4.1% of respondents said they were tested for HIV/AIDS; 23% of respondents who had already had sex, and 16.3% of all respondents, said they had at least once avoided having sex for fear of catching an STI.

Compared with the British survey in which school was identified as the most important source of information about sexual matters, 80.4% of young people in Northern Ireland—both male and female—said they received most information about sex from their friends. In the survey respondents also rated their friends as the most helpful

source of information (43.4%) (Figure 1). School was the second most important source of information (74.4%) and was also rated as the second most useful source (37.6%). The younger age groups of respondents were more likely to have received sex information in school and were significantly more likely to rate this information as most useful to them ($p < 0.000$). Only 8.5% of 14- to 16-year-olds said they did not receive any sex education in school. This figure was 18.8% for 17- to 20-year-olds and 25.8% for 21- to 25-year-olds. Only 26.5% of respondents in the oldest age group said this information was most useful, compared with 43.1% of 17- to 20-year-old respondents and 47.8% of 14- to 16-year-olds in the sample.

We suggest that there are two possible explanations for that variation. On the one hand, sex education in Northern Ireland may actually have changed recently to accommodate better the needs of young people. Coincidentally the new guidelines for



Note: *Respondents were asked to indicate there three most important sources of sex education; percentages, therefore, do not add up to 100.

Figure 1. Main sources of information about sexual matters according to age groups and gender (%)*.

Relationships and Sexuality Education (RSE) in schools were published (CCEA, 2001a, 2001b) when the present survey was conducted. Additional focus may have been put on that subject during that time. However, older respondents in the sample, who are sexually more experienced than their younger counterparts, may also have rated the formal sex education they received in the school as less valuable compared with other sources of information they had accessed after they had left school. Open-ended answers in the questionnaires and comments on sex education given in focus-group discussions and one-to-one interviews like the following would support this view:

> You have one unit per week, which is half an hour like, thirty-five minutes' health education. And you get health education for six months, which is all that the school supplies. And then for six months you get sex education. It was more biology, you know, what exactly happens, that's all it was. Just a wee bit about protection. It was useless. Well, it wasn't my idea of sex education. (18-year-old female)

Although school was only the second most important source of information about sexual matters, school was still by far the most popular answer option (40.3% of all first choice answers, $n = 281$) amongst respondents when they were asked where they would have preferred to learn more about sex.

We found that some subject areas were more likely to be taught in sex education in Northern Ireland's schools than others. Issues that are regarded as sensitive or contentious, such as homosexuality, wet dreams, orgasm or masturbation, were seldom discussed. Yet, respondents said that they wished these issues were more openly talked about and more often in schools:

> I think there should be more information about rape/sexual abuse and also homosexuality and bisexuality. My generation need to change their attitudes on how they feel towards such as the above. I also think we should be given more information on abortion and relationships. As well as being taught about the anatomy of the body when talking about sex, I think we should be given more information on what it is actually like. (14-year old female)

Apart from abortion and marriage, all sex education issues were less frequently discussed in Catholic Maintained schools than in other schools in Northern Ireland. Statistically these differences were significant for menstruation ($p < 0.043$) and contraception ($p < 0.019$) and highly significant for safer sex ($p < 0.003$). Marriage ($p < 0.000$) and abortion ($p < 0.001$) were significantly more frequently discussed in Catholic Maintained schools. Binary logistic regression models showed that receiving sex education on marriage, abortion and safer sex are significantly related to which school respondents attended. No other statistically significant predictor but attending a Catholic Maintained school ($p < 0.008$, Wald $= 7.506$) was found for receiving sex education on marriage. Although being female was the strongest predictor for receiving sex education on abortion ($p < 0.000$, Wald $= 14.460$), the only other statistically significant predictor was again attending a Catholic Maintained school ($p < 0.024$, Wald $= 5.060$). In relation

to education on safer sex, attending a Catholic Maintained school was the strongest predictor for *not* receiving any information ($p < 0.001$, Wald = 11.015), with age being the only other statistically significant predictor ($p < 0.020$, Wald = 5.422). Older respondents were more likely to have received information on safer sex. As in the British study, family structure, educational level and main source of sex information were linked to early age of sexual intercourse (Table 3). Of the males who lived with both biological parents 25.1% had sex before they were 16 compared with 40.4% who lived with their mother only, and 66.7% ($n = 6$) who lived with their father only. For females the difference is similar: 19.7% of females who lived with both biological parents had sex

Table 3. Prevalence of first intercourse before 16 years and non-use of contraception at first sexual intercourse

	First intercourse before age 16[a]		Non-use of contraception at first intercourse[b]	
	Males	Females	Males	Females
Communication with parents about sex				
Discussed with mother	31.1%	22.8%	21.3%	18.9%
Not discussed with mother	30.7%	26.2%	42.0%	32.2%
Discussed with father	32.3%	19.7%	27.5%	18.2%
Not discussed with father	29.6%	27.3%	39.2%	25.3%
Family structure[c]				
Lived mainly with both natural parents	25.1%	19.7%	31.6%	19.9%
Lived with one natural parent	41.1%	31.8%	41.4%	31.2%
Felt not close to mother	41.7%	41.5%	35.7%	38.7%
Felt not close to father	37.0%	38.1%	41.2%	38.0%
Educational level[d]				
No formal qualification	31.7% (60.7%)	31.3% (11.1%)	34.3% (50.0%)	30.9% (33.3%)
GCSE or similar qualification	35.6% (36.8%)	21.7% (20.6%)	43.9% (45.0%)	24.7% (24.8%)
A-levels or similar qualification	21.1%	12.2%	9.3%	16.4%
Higher qualification	15.8%	14.3%	35.7%	12.0%
Main source of information about sex[e]				
Lessons at school	30.8%	19.1%	30.2%	40.6%
Parents	27.6%	24.4%	6.3%	28.4%
Friends and other	32.1%	22.9%	50.0%	57.1%

[a]All respondents.

[b]All respondents who have had intercourse.

[c]We asked participants to indicate who they currently lived with most of the time, rather than who they mostly lived with until their 16th birthday. We have therefore no information about the family structure of some young people who lived away from home most of the time (e.g. university students). Thus all respondents who lived away from home are excluded from the statistics in the table.

[d]In parentheses: respondents over the age of 16 only.

[e]Respondents were asked to identify their three main sources of sex information, thus, percentages do not always add up to 100%.

before they were 16 compared with 27.7% who lived with only their mother. This figure rises to 28.6% for those ($n = 2$) who lived with only their father, 50% ($n = 14$) for those who lived with a biological and a step-parent and 100% ($n = 2$) for those who lived with one step-parent only. However, family structure was closely related to affluence and educational aspirations of respondents. Those who lived with both biological parents were about twice as likely as respondents who lived with only one biological parent to attend university but less than half as likely to be unemployed or to take part in a training or employment scheme. Young people who lived with both biological parents were also half as likely as their counterparts to have achieved no educational qualification by age 18. Sexually active young people who were able to discuss sexual matters with their parents were more likely to use contraception than young people who did not discuss such issues with their parents ($p < 0.008$). On a descriptive level we found that, as in Natsal 2000, young women who discussed sexual matters with their parents were also more likely to delay their first intercourse. However, communication about sexual matters with the parents seemed to have little or no effect on the timing of first sexual intercourse for young men. If anything, young men who said they did discuss sex with their families appeared to be slightly more likely to already have had sex before age 16.

Peer pressure tended to be a bigger factor for young men than for young women when they engaged in sexual intercourse: 19.1% of all sexually experienced male respondents compared with 11.6% of females reported enticement through peers as one of the reasons why they first had sex ($p < 0.000$); 4.5% of sexually experienced males and 3.5% of sexually experienced females reported peer pressure as the main reason why they had intercourse (Table 4). Peer pressure was highest for 16-year-old males—7.7% said it was the main reason why they had sex—and 15-year-old females (8.8%). Some respondents verbalized the impact that they felt peer pressure had on young people's decision to become sexually active:

> Peer pressure can be a major factor in teenage lives especially when it comes to sexual matters. I think that they feel pressure to do it within their circle of friends. Curiosity also for most, wanting to know what it is like and then discovering 'oh I wasn't ready for that'. (19-year-old female)

Males were more than twice as likely as females to say that intercourse occurred when they first met their partner or shortly after they met (see Table 4), but less likely to regard their relationship as steady when intercourse occurred (males: 19.6%, females: 35.4%, $p < 0.000$). Nevertheless, females were still more likely than males to regret the timing of their first intercourse and more than three times as likely to feel under pressure from their partners ($p < 0.000$). As expected, females were also less likely to say that they initiated intercourse themselves. At all ages, males were more willing to engage in sex. Some respondents also suggested that females were emotionally more affected by sex than males:

> I mean I would want more sex. I could always have sex seven times a day, never mind seven times a week, because it must be something in me. She wouldn't be

Table 4. Prevalence of contextual factors surrounding first intercourse (%)

	Age at first intercourse					
	≤ 14 ($n = 90$)	15 ($n = 40$)	16 ($n = 26$)	17 ($n = 19$)	18–25 ($n = 41$)	All ($n = 216$)
Males						
Regret						
Happened too early	43.4%	15.4%	26.9%	21.1%	12.2%	28.3%
Did not want it to happen at all	1.1%	7.7%	0	5.3%	2.4%	3.1%
Willingness						
Went along with partner's wishes	1.1%	0	0	0	0	0.4%
Was pressurized into sex	1.1%	2.6%	0	0	0	0.9%
Contraception[a]						
No condom	55.6%	40.0%	32.0%	27.8%	22.5%	42.0%
No contraception	48.9%	30.0%	28.0%	15.8%	12.2%	33.8%
Status of partner						
Met for the first time	17.8%	10.0%	3.8%	10.5%	19.5%	7.9%
Main reason[b]						
Peer pressure	0	2.5%	7.7%	5.3%	7.3%	4.5%
Drunk	13.7%	16.1%	14.3%	5.3%	9.7%	12.3%
Females	≤ 14 ($n = 71$)	15 ($n = 68$)	16 ($n = 75$)	17 ($n = 45$)	18–25 ($n = 60$)	All ($n = 319$)
Regret						
Happened too early	52.9%	45.6%	34.7%	13.6%	16.7%	33.9%
Did not want it to happen at all	14.7%	8.8%	9.3%	11.4%	6.7%	10.0%
Willingness						
Went along with partner's wishes	5.95	6.1%	5.3%	6.8%	13.3%	6.9%
Was pressurized into sex	4.4%	3.0%	0	4.5%	0	2.4%
Contraception[c]						
No condom	40.8%	33.9%	37.4%	17.7%	25.0%	35.0%
No contraception	35.2%	27.8%	24.0%	11.1%	15%	22.4%
Status of partner						
Met for the first time	4.2%	8.8%	4.0%	0	6.7%	3.0%
Main reason[d]						
Peer pressure	0	8.8%	0	0	3.3%	3.5%
Drunk	8.7%	20.5%	10.0%	11.4%	3.5%	10.5%

[a]Respondents who said they could not remember condom or contraceptive use are included as non-users.
[b]Includes only those who gave being drunk and being under peer pressure as one of their three main reasons for having intercourse.
[c]Respondents who said they could not remember condom or contraceptive use are included as non-users.
[d]Includes only those who gave being drunk and being under peer pressure as one of their three main reasons for having intercourse.

> as keen, all the time like. But I got the realization, I mean, keeping it to every so often and slower is much nicer than every day and quicker, you know, so. It isn't sex, it is making love, isn't it? (23-year-old male)

> Girls have an emotional involvement. Boys put it in, take it out, take it home, get it washed. (22-year-old male)

The impact of alcohol on respondents' first sexual intercourse does not vary significantly between the genders. For 12.3% of males and 10.5% of females, 'being drunk' was the main reason why they first had intercourse; 37.1% of all respondents said they were under the influence of alcohol when they first had sex. The impact of alcohol was highest amongst 16- and 17-year-olds. Although still under the legal drinking age, this is the time when alcohol becomes widely available for young people. Among those respondents who delayed their sexual relationships until they were 18 or over, alcohol played a lesser part in the circumstances that led to intercourse.

Discussion

The Towards Better Sexual Health Survey has provided data on sexual attitudes and lifestyles of young people in Northern Ireland. It is hoped that these data will contribute to future policy-making in the area of sexual health. Claims that Northern Ireland is very different from the other parts of the United Kingdom are not supported through the research conducted. In fact, a comparison of the data presented in the present article with the British surveys of sexual attitudes and lifestyles suggests that the sexual behaviour of young people in Britain is very similar to that of young people in Northern Ireland. The data from Northern Ireland were also awaited by policy makers in the Republic of Ireland, where, so far, a paucity of research into sexual attitudes and lifestyles continues to exist.

Although in 2001, for the first time, sexual health issues were also included in the Northern Ireland Health and Social Wellbeing Survey (NISRA, 2001), the present study was the first large-scale study to be conducted specifically in the area of sexual health in Northern Ireland. Thus, longitudinal statements are not appropriate. What can be said though is that, as in Britain, around one-quarter of the corresponding age cohort of 16- to 24-year-olds have sexual intercourse before 16 years of age, some of them as early as 12 and 13. It is good news that the proportion of young people using contraception, especially condoms, from their first sexual intercourse on seems to be rising. However, concerns are regularly expressed about the emotional and physical maturity of many under-16-year-olds when they have sex. Yet, when asked for their opinion concerning what point in their life they felt sexual intercourse should take place at, the vast majority of young people in the survey said that it should be when one feels emotionally ready for a sexual relationship. It should be the main task of relationship and sexuality education (RSE), inside and outside school, to enable young people to determine that point in their lives confidently and without pressure.

An important result that should be addressed urgently is the neglect of many schools to discuss the emotional aspects of sexuality with young people. This is an area in which Northern Ireland has maintained unique features due to the socioreligious conflict. The extent and quality of sex education taught often depends on the religious ethos of a school. We argue that sex education cannot be restricted to 'facts and figures' but has to provide the opportunity to discuss feelings and emotions too. It is important that this outlook is adopted across all school sectors in Northern Ireland. Understandably some teachers—and some pupils too—may feel uneasy about the teaching of RSE. Therefore we would strongly support the notion that more extensive and in-depth training has to be provided to support teachers. Schools should also be more open to peer-education projects to discuss sensitive issues with young people in the classroom.

Recent outbreaks of syphilis and Chlamydia trichomatis in Northern Ireland show that there is no room for complacency in respect of safer sex messages. These messages have to be based on an understanding of why young people have sex and why young men in particular may be inclined or pressurized to adopt risk-taking behaviours.

Note

1. We gave respondents the option to differentiate between 'having sex' and 'having sexual intercourse'. The vast majority of young people associated the term 'sex' with sexual intercourse; however, some did not and said their sexual experience fell short of intercourse. Lesbian respondents, for example, commented positively on that option in the survey questionnaire.

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Living a fairy tale: the educational experiences of transgender and gender non-conforming youth in Northern Ireland

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ABSTRACT

This article investigates educational experiences of transgender and gender non-conforming (TGNC) youth living in Northern Ireland (NI) through a mixed-methods research design and analytical framework of heteronormativity. It draws on large-scale survey data which, for the first time in NI, captured the experiences of 16 year olds who identify as TGNC. This provides a baseline for the demographics of TGNC youth living in NI and the levels of homophobic and transphobic abuse they experience in school. Survey data are triangulated with findings from five qualitative interviews exploring the subjective experiences of TGNC youth in educational environments. Interview data reveal how heteronormativity is embedded in educational policies and practices. This institutionalisation of heteronormativity was found to be linked to the influence of conservative Christian values, which inhibit open and positive dialogue about TGNC and non-heterosexual identities, in educational domains. We show how educational environments shaped by heteronormativity and conservative Christian values serve to undermine the self-determination and freedom of expression of TGNC youth. In conclusion, we offer practical examples of counter-heteronormative interventions that will assist educators and schools in NI to develop empathetic practice and supportive environments that will erode the inequality and injustice TGNC youth experience in pedagogical institutions.

KEYWORDS

Transgender; gender non-conformity; heteronormativity; counter-heteronormativity; education; school; religion; Christianity

> Watching fairy tales, I thought that some witch had cast a spell on me as a baby. That was what I thought when I was a kid that it was a sick joke and one day it would be cured. I really thought I was the only one in Northern Ireland. (Sarah)

Introduction

Transgender and gender non-conforming (TGNC) youth embody, self-identify and/or express their gender in a way that differs from their assigned birth gender. Research has shown that the lived experiences of TGNC youth are deeply impacted by

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heteronormativity. Heteronormativity is defined here as a dominant mode of social organisation based on: a foundational division of boys/men from girls/women; and the institutionalisation of heterosexuality as natural and normal. Heteronormative societies promulgate a patriarchal gender hierarchy, which privileges boys/men who conform to a hegemonic notion of masculinity. In turn, heteronormativity implicitly condones, and actively legitimises, forms of violence against people who do not conform to cultural gender norms, including those who identify as TGNC. Research has shown that heteronormativity within educational environments has a detrimental impact on the lives of TGNC youth. However, no academic research into the educational experiences of TGNC youth living in Northern Ireland (NI) has been published to date.

In this article, we investigate the educational experiences of TGNC youth who live in NI through a mixed-methods design. We analyse data drawn from the 2014 Young Life and Times Survey (YLT) and five semi-structured interviews conducted with TGNC youth (aged 12–23). Analysis of YLT survey data suggests that, despite diverse demographics, TGNC youth collectively experience high levels of homophobic and transphobic abuse in educational settings compared with other pupils. Analysis of interview data offers deeper insight into the different ways in which heteronormativity shapes TGNC youth's educational experience. In particular, it reveals how conservative Christian values prevent open and positive dialogue regarding TGNC and non-heterosexual identities. We show how this discursive erasure has a profound impact on TGNC youth because it limits their capacity for self-determination and inhibits their freedom of expression. To conclude we highlight counter-heteronormative interventions that can aid educators and schools to benefit TGNC youth.

Literature review

Within heteronormative societies, knowledge systems, social institutions and the political economy are founded on, and serve to re-produce, a binary heterosexual gender order, which divides humans into two genders (male and female) and assumes heterosexual relations to be healthy and normal (Ingraham, 1994; Moi, 2005). This basic gender division underpins patriarchal social relations, which endow boys/men with power and privilege over girls/women; and affords advantages and opportunities to heterosexuals over non-heterosexuals. In heteronormative societies, cisgenderism—which assumes a person born with a penis/vagina will identify as a man/woman and will express themselves as masculine/feminine—is naturalised and normalised (see Ansara & Hegarty, 2012). Consequently, gender atypical behaviour is highly stigmatised—as abnormal, deviant and/or pathological—and may produce non-violent and violent reactions in others (Nielsen, Walden, & Kunkel, 2000). Research has shown that young people who do not conform to the cultural expectations of their assigned birth gender and identify as TGNC are subjected to multiple forms of prejudice, discrimination and violence (Toomey, McGuire, & Russell, 2012).

Since the mid-2000s there has been a relative explosion in research exploring the experiences of TGNC people in the United States and the United Kingdom. Researchers have invariably found the TGNC community to be marginalised and vulnerable to discrimination (Lombardi, Wilchins, Priesing Esq., & Malouf, 2002). Emphasis has been placed on the negative physical and mental health impacts of this victimisation, which

includes impaired self-esteem and internalised transphobia (Austin & Goodman, 2016; Burgess, 1999), self-harming (Roen, 2016) and depression, substance abuse, forced sex and attempted suicide (Clements-Nolle, Marx, & Katz, 2006). The victimisation of TGNC identified people is often compounded by a lack of safe environments, poor access to physical health services, inadequate resources to address mental health and a lack of continuity of caregiving by families and communities (Grossman & D'augelli, 2006). Specific research into the lives of TGNC youth remains sparse; however, the evidence that does exist suggests educational environments are central to TGNC youth's lived experience.

Educational environments play an important gendering function and often reproduce gender stereotypes (see Connell, 1989). As such, schools can be hostile environments for those who transgress gender norms (Irwin, 2002). The structure (e.g. single-sex schools) and the ethos (e.g. religious affiliated schools) of educational establishments can serve to reinforce a binary gender, heteronormative order (Bantjes & Nieuwoudt, 2014; Saltmarsh, 2007). School curriculums that negate adequate information about gender and sexual diversity limit pupils' understanding of the biological and social factors involved in gender identity formation (Boskey, 2014). This can serve to discursively erase the existence of TGNC and non-heterosexual identities (Rofes, 2000) and impedes all pupils' awareness and understanding of their own gender and sexual identity (Sigall & Pabst, 2005). Uniform and haircut policies often enforce gender norms (Mitchell & Howarth, 2009). The existence of bullying policies, and the strength with which they are enforced, meanwhile, communicates whether harassment of TGNC youth is acceptable or not (Linville, 2011). A lack of training often leaves educators unprepared to adequately meet the needs of, or act as allies for, TGNC youth (Case & Meier, 2014). All of these different factors shape a particular school's milieu and, in turn, shape how teachers and students interact with TGNC pupils. In school environments that are overtly heteronormative, any gender atypical behaviour can result in homophobic and transphobic bullying (Linville, 2011). The risk of violence means many TGNC may "choose" to self-regulate, conform to gender norms and forego their authentic gender identity while at school (see Nielsen et al., 2000).

Research findings from the United States and the United Kingdom have thus highlighted some of the ways in which TGNC youth's educational experiences are inflected with heteronormative expectations and practices that expose them to multiple forms of violence: discursive, psychological and physical (Yep, 2003). If harmful heteronormative practices are to be challenged at a local level it is essential to analyse how heteronormative educational practices manifest in particular historical and regional settings (see Ingraham, 1994). Furthermore, within a given context it is important to consider how TGNC youths' gender identity intersects with other aspects of their identity, such as their sexuality, ethnicity, skin colour, class, disability and religion (Yep, 2002). Critical analysis of heteronormativity in educational settings thus requires attentiveness to contextual specificities and matters of intersectionality.

Little research has been conducted to date into the experiences of NI's TGNC community. The few policy reports that have been published (McBride, 2011, 2013; McBride & Hansson, 2010) reveal TGNC youth living in NI share similar experiences to those already described: high levels of prejudice, discrimination and violence in private and public domains, which results in negative health outcomes. However, there has been no

attempt to date to link the experiences of TGNC youth living in NI with the particularities of NI's historical trajectory, which has been dominated by conservative Christian values since its inception.

The conservative Christian moral order that is said to pervade NI (Conrad, 1999; Inglis, 1987; Livingstone, Keane, & Boal, 1998; Mitchell, 2006) has been found to negatively impact public and political attitudes to lesbian, gay and bisexual (LGB) and TGNC rights (Hayes, 1995; Hayes & Nagle, 2015; Kitchin & Lysaght, 2004). Conservative Christianity also has a strong influence over the education system, because schools receive government funding on the basis of having a Christian-based ethos and curriculum (DE, 2015). This influence has, in the past, led to a delay in the introduction of compulsory sex education in NI's schools compared with other parts of the United Kingdom. Today, sex education is often taught with explicit religious overtones whilst religious and sexual education is still taught in ways that reaffirm heteronormativity (Rolston, Schubotz, & Simpson, 2005). In this article, we examine the subjective experiences of TGNC youth living in NI as they relate to these structural conditions.

Methods

Researchers have noted that there is an urgent need for specific data about TGNC youth (Rachlin, 2009). This need is impeded, however, by the multiple challenges in securing the participation of TGNC youth in research projects, which has resulted in their perspectives and experiences being excluded from studies on gender and sexual minorities (Elze, 2009). There are attitudinal and methodological reasons for this. Because of the high level of discrimination and victimisation experienced by most, if not all, TGNC people, many are disinclined to engage with qualitative researchers due to the potential for their anonymity and confidentiality to be compromised. Meanwhile, the fact that the TGNC community has been a largely "invisible" population until recently has also resulted in their exclusion from anonymised population survey research. Conventionally, the TGNC community has been included as "T" in LGBT studies, but the comparatively small number of TGNC respondents meant that their views and experiences were rarely captured sufficiently. It is only recently, as awareness of the TGNC community has increased and TGNC people become more willing to self-identify, that large-scale surveys, such as the European Union Agency for Fundamental Rights study (European Union Agency for Fundamental Rights, 2014), have begun to capture demographic data on gender identities that fall outside the male–female binary. In large-scale population surveys the proportionally small number of TGNC respondents still limits the scope of statistical analysis, which can present barriers to publishing findings. However, despite these limitations, large-scale surveys offer the opportunity to compare the experiences of TGNC respondents with members of the "general population". This is what the 2014 YLT survey has to offer in relation to understand the educational experiences of TGNC youth in NI.

We report the findings of the 2014 YLT survey (ARK, 2015). YLT is an annual attitude survey of 16 year olds undertaken in NI. The random sample for the YLT survey is drawn from the Child Benefit Register. YLT is a postal survey with online and telephone options. In 2014, 1,939 respondents completed the YLT survey. For the first time, respondents were given the option to self-identify as male, female, other, male-to-female transgender, or female-to-male transgender. Ten respondents in the sample identified as gender non-

conforming—five said they were transgender; and another five said they were something other than male or female, but not transgender. For analytical purposes, we group these respondents here as TGNC. This relatively small number offers little scope for detailed statistical analysis of experiences within the group of TGNC respondents, but does enable binary analyses between TGNC respondents and other respondents. For analytical purposes we compare them with cis-hetero female/male respondents (i.e. those who identify as female/male and opposite-sex attracted) and non-heterosexual (i.e. those who identified as female/male and same-sex attracted). Survey data thus provide an important baseline for the number of 16 year olds living in NI who identify as TGNC as well as their experiences of homophobic and transphobic name-calling in educational settings.

The 2014 YLT contains questions, also for the first time, on transphobic name-calling and insults. At the design stage, detailed negotiations took place with the funder, advocacy organisations and academic experts regarding the wording of the questions addressing transphobia. Strong differences in opinion emerged around the issue of whether or not to provide examples of transphobic terms in the question wording. On the one hand, some academics thought examples would help respondents recognise transphobic language and therefore aid reliable reporting. On the other, some representatives of TGNC advocacy organisations felt examples of abusive language could introduce young people to derogatory terms that they could use in the future. The funder followed the advice of the latter. The final version of the questions on transphobic insults included the words "tranny" and "transgender" as examples. This ignored the warning of one advisor who suggested "a transphobic insult would rarely use the term 'transgender'" and the advice of academics who suggested that some young people would not recognise certain terms, such as "she-male", "he-she", "fag", "queer" and so forth, as having transphobic connotations. Because of the wording of the question, therefore, there is a possibility that the level of transphobic name-calling is under-reported.

In recognition of the methodological limitations of the small proportion of TGNC respondents in the YLT survey and the possibility of under-reporting, we conducted semi-structured interviews with TGNC youth to obtain subjective accounts of educational experiences. Recruitment procedures suggested by Elze (2009) were utilised, including attending youth groups, snowballing and referrals through adolescent service providers. These approaches, however, were only viable due to first author's history of engagement with NI's TGNC community. Researcher legitimacy was thus an important factor in making qualitative research possible on this sensitive topic (see Browne & McBride, 2015). Eight young people who participated in a youth group for TGNC youth initially agreed to be interviewed. However, only three of these made themselves available for interview. The five young people who chose not to be interviewed had all experienced high levels of harassment and abuse at home and/or at school, which may have contributed to their decision to withdraw their participation. Another two young people were accessed through snowballing. In total, five young people were interviewed. Of these, three identified as male and two identified as female. Their ages ranged from 12 to 23. Interviews were audio recorded and anonymised on transcription. Once transcribed, the interview data were coded thematically and analysed for emergent themes. Because of the relatively small number of qualitative interviews conducted we do not draw firm conclusions in our analysis, but outline preliminary findings that require further investigation.

Finally, it is important to note that both authors identify as cisgender and heterosexual. Researcher positionality is extremely important when it comes to conducting research on historically marginalised groups (see McBride, 2016). Our status as "gender conformist" can be viewed in numerous ways. On the one hand, it affords us critical distance from what is an emotive issue. On the other, there is a risk of unintentionally reproducing unhelpful stereotypes and misconceptions. In light of this, we have approached this research with the question of how it might benefit TGNC youth (Rachlin, 2009). With this in mind the researchers set themselves the modest goal of aiming to produce knowledge that will contribute to the development of counter-heteronormative strategies and practices in educational settings.

Results

Survey findings

Demographically, TGNC respondents reflected the wider population dynamics of NI, with eight of the 10 YLT respondents identifying as White, and local diversity in terms of national identity (British, Irish, Northern Irish), financial background (high, medium, low income), location of home (city, town, rural), the type of school they attended (grammar, secondary, "special needs") and the religious mix of their schools (Protestant, Catholic, integrated/mixed) was represented. Within this diversity, however, three important commonalities emerged.

First, only four out of the 10 TGNC respondents had a religious affiliation, compared with the YLT average of 72%. This suggests a higher level of religious disengagement among TGNC youth. Second, seven out of 10 TGNC respondents identified as sexually attracted to same-sex people. This suggests a considerable overlap between TGNC and non-heterosexual identification in this age group. Finally, half of the TGNC respondents identified as having a long-term illness or disability, compared with the survey average of 10%. The YLT survey does not capture details of disability or long-term illness, so it is not clear whether respondents considered their gender identity to be in any way associated with this.

YLT respondents were asked whether they themselves or their classmates had been insulted or called names using derogatory homophobic terms. Less than half of respondents who completed the YLT survey (46%) said they had never experienced homophobic name-calling or insults by other pupils. Over half of all respondents reported that they were at the receiving end of homophobic name-calling to various degrees ranging from "rarely" to "often" (almost every day). The gender difference here is significant, with 58% of cis-hetero identified females and 29% of cis-hetero males, but only two (20%) TGNC respondents, saying they were never called homophobic names by their classmates. TGNC respondents were also more likely to be victims of homophobic name-calling than non-heterosexual respondents (three said they had never been called homophobic names). One in three TGNC respondents said this happened very often—that is, almost daily—compared with 16% of cis-hetero males and 5% of cis-hetero females. Cis-hetero males were also more likely than cis-hetero females to report that they themselves (7%) or their classmates (14%) were ever called "gay" or "queer" by a teacher (cis-hetero females: 4% and 9% respectively). This compared with four in 10 TGNC respondents

who said they had been called homophobic names by their teachers. Again, this figure was even higher than among non-heterosexual respondents (18%).

In contrast to homophobic experiences, transphobic name-calling and insults were found to rarely occur in school. Nine in 10 (89%) of all 16 year olds had never personally been called transphobic names by other pupils. In comparison, five in 10 TGNC respondents reported never being called transphobic names. Even more striking was the difference in terms of awareness of classmates being called transphobic names. Two thirds of cis-hetero males and cis-hetero females (68%) said that this never happened, compared with just half of non-heterosexual respondents and just one TGNC respondent. Almost all cis-hetero males and females (97%) said they had never been called transphobic names by teachers, whereas only seven in 10 TGNC respondents said this. TGNC respondents were also much more likely than cis-hetero males and females to say that teachers had used transphobic terms against classmates and that teachers were called transphobic names by pupils.

Interview results

Gender identity development

Each interviewee described becoming self-aware that their gender identity did not match the social expectations of their assigned birth gender before the age of 10; with four interviewees stating this occurred between the ages of three and five. This self-awareness was typically associated with non-stereotypical desires, such as to dress and/or play with toys associated with the "opposite sex". Each interviewee reported a large gap between developing this self-awareness and living authentically in their preferred gender identity:

> For me my life started in my late teens and twenties, up until now it has been a process it hasn't really been a life. (Sarah)

This inability to live authentically and fully embody their subjective gender identity was intimately connected to access to knowledge. For each interviewee, representations of TGNC identities in offline and online media played a pivotal role in their own gender identity development:

> I didn't realise that female-to-male actually existed until I watched a film when I was 21 about a female-to-male person and I realised they exist and you could do something to live your life the way you wanted because before that I just thought oh my god I'm stuck and can't do anything. (Johnathan)

> I didn't have the internet until I was 16 but I knew from when I was 9. Things in the media like Dana [international performing at the 1998 Eurovision Song Contest], Nadia [a transgender identified contestant in a 2004 reality TV show] and [There's Something About] Miriam [a 2003 reality TV show about a male-to-female trans person] helped things to click into place before I could "google it" and find out. (Nicola)

This delay between self-awareness and access to relevant knowledge led some interviewees to experience confusion and conflate their gender identity and sexual orientation:

> I came out as a lesbian at 13 because I was just feeling weird and thought that will do for now. At 15/16 I came to realise that I wasn't a lesbian, but I didn't know how to phrase it [being TGNC]. (Mark)

> Some people thought I was lesbian because at one point I had a girlfriend. The people in the school didn't understand that I was a guy they just thought I was a lesbian. (Johnathan)

Lack of knowledge thus not only constrained interviewees' self-understanding and capacity to articulate their gender identity, it also shaped how other people viewed them.

Heteronormativity in educational environments

All of the interviewees described negative schooling experiences due to heteronormative policies and practices. This is evident in the experiences of the two interviewees who attended "single-sex" schools:

> My first three years [at secondary school were] single sex on the same ground as the female school. There were two communities [of boys]: your "hoods", i.e. smoking dope and all that there, and the likes of going to band parades. If you were in-between or different you were outcasted. (Nicola)

> Being at an all-girls school was just so difficult. I had to wear a stupid girl's skirt and it was just horrible. I just wanted to be a guy and I couldn't understand why there were millions of girls. (Johnathan)

Like Johnathan, interviewees who attended co-educational schools also had to negotiate heteronormative uniform policies:

> During my A-Levels I was pain in the ass. I was pushing the uniform rules and cutting my hair shorter and shorter. Wearing a girl's uniform was like going to school in drag every day in the worst possible way. I just constantly felt this wasn't the right thing for me. I just never felt comfortable in it at all. It didn't even look right on me. Outside school I had a masculine presentation. People thought I was a trans woman [male-to-female] who didn't pass in the school uniform. I was going into the girls' toilets, in a girl's uniform, and getting asked if I was in the right bathroom. (Mark)

Unlike Mark, whose school uniform became a site of subversive resistance, Sarah, who also attended a co-educational school, "chose" to suppress her gender identity while at school:

> All the way through high school I had to hide who I was. I really just thought "just get through this just stay at the back of the class, don't look at anybody, don't make eye contact with anybody, just get the hell through this and then you can do whatever the hell you want after school". (Sarah)

Sarah's fear of reprisal was not paranoia. She and two other interviewees who began living in their preferred gender identity, either part-time or full-time, while still at school reported experiencing homophobia and/or transphobia:

> There was some [transphobic] bullying at the start of the year. No one really said anything to me it was mainly someone else who would talk about me behind my back. Later in the year he wanted me to fight him, but that never happened. (Jack)

> I was getting bullied, getting "tranny" and "queer" shouted at me. Younger students were shouting abuse. It was consistent but I felt that it wasn't enough to go to a teacher about it or that they wouldn't believe me. It was mostly verbal. Very low-level, but it was constant. It happened so often, I didn't know what would happen when I went into corridor. (Mark)

> Secondary school was like having the rug pulled from under you. I was being treated like shit. It toughened me up, but the school didn't do anything despite knowledge of the bullying.

> There is a lot of homophobia with the teachers, they used the word "fag" and "queer" regularly. (Sarah)

Three interviewees discussed how their school curriculum and the attitudes of teachers were influenced by conservative Christian values:

> In my school we had religious education and in religious education I got the feeling that it's not okay to be gay and it's not okay to be lesbian and that was it. Trans people we weren't told anything about them, didn't know they existed. It would have been useful [to have information] because I actually spent a lot of sixth form hiding in my room because I wasn't happy what-so-ever. I would have understood why I felt depressed. I probably would have been much happier. Really need more information when you're younger. (Johnathan)

> There's an [non-governmental organisation] that offer LGBT workshops to teachers, [the non-governmental organisation] said we have gone to your school but they have refused to take up the training. [My school] had a Christian ethos, although it didn't feel stiflingly religious. We would always have RE lessons and it got to the point where I would stand my ground and say look "according to your religion I am an abomination so we are never going to get on here. You're not going to get through to me". They didn't like me after that. (Mark)

> For me I was the only person I knew [who was TGNC], I never met anyone like me so it was really difficult to understand what I was to do. It was really weird at times being the only person and nothing known much about it. [During a tutor group a preacher said gay people go to hell.] For me at that time it was so traumatising. That's a moment I'll remember for the rest of my life. I felt like a Jew in Nazi Germany. I had read a book and related to the situation. (Sarah)

For these three interviewees, conservative Christian values negatively impacted their educational experiences by erasing TGNC identities and stigmatising non-heterosexuality.

Counter-heteronormative practices in educational environments

Only one interviewee described a positive schooling experience. Following a terrible experience in primary school, in which he was rendered nameless by teachers who refused to call him by his preferred name or recognise his self-designated gender, Jack recounted how his time in secondary school was completely different:

> My mum told the principle [that I was being bullied] and they handled it as though I hadn't told them. They spoke to him [the bully] saying they had heard rumours around school about a fight and therefore he wouldn't think it was me and then it [the bullying] stopped. All the teachers are fine. I wear a boy's uniform and I use the boys' toilets and just get changed separately really. I am able to talk to my form tutor if I have any problems. (Jack)

To better understand Jack's experience, one of his parents was interviewed:

> Jack has moved to secondary school. He is being treated perfectly well by the headmaster and the teachers there. There have been a couple of minor bullying issues, but they have been dealt with. They are very open to be spoken to. We had a number of meetings before he started attending school and now I have a meeting with them at least once a term. I meet with the headmaster, the deputy head, a representative from the education board, and also a member from the [Children and Adolescent Mental Health Services] CAMHS team. So the CAMHS team and school link up and talk to each other. On a school level they do all they can to accommodate him. However, they said in the last meeting that the reason they were so good was because we have been through a court process and the court ordered

> that Jack be treated as a boy. That sounded ambiguous to me. What is the policy for someone who doesn't have a legal backing? It seemed to suggest that it was only because of the court that Jack is where he is. But that is the only negative I would say. They do very well by him. (Anthony)

Jack's experience suggests that proactive engagement can pre-empt some of the difficulties that arise when a young person who identifies as TGNC seeks to attend school in their authentic gender identity. It also suggests that ongoing dialogue between families, educators and other service providers can enable positive responses to unforeseen challenges.

Discussion

Findings from the YLT survey have provided a baseline for the relatively small number of 16 year olds living in NI who identify as TGNC. They also revealed the diverse demographics of this particular group of young people. However, across this diversity three tentative commonalities emerged in relation to religious disengagement, identification as non-heterosexual and living with a long-term illness or disability. Although these identified commonalities require further investigation, these findings suggest that the identity of TGNC youth in NI is made up of multiple, intersecting social categorisations that go beyond gender identity. This may expose some TGNC youth in NI to overlapping and interdependent systems of discrimination and victimisation. This is reflected in the baseline findings, which revealed that TGNC respondents are more likely to experience both homophobic and transphobic abuse than either cis-hetero or non-heterosexual respondents. They were also likely to experience such abuse more frequently and have a more heightened awareness of homophobic and transphobic insults being directed at classmates or teachers than others.

Qualitative data showed how experiences of TGNC youth's experiences of homophobia and transphobia are connected to the heteronormative structures, ethos, curriculum and policies of some schools in NI. Single-sex arrangements and gender-normative uniform and haircut policies, for example, were found to impose gender binary stereotypes on TGNC youth. This leaves them with the "option" of going to school every day in drag, as one interviewee put it, or breaking school rules, which in turn makes them vulnerable to informal (e.g. name-calling) and formal (e.g. detention) sanctions. Interviewees who transgressed uniform and/or hair policies invariably experienced homophobic and transphobic abuse from pupils and teachers either infrequently or on an almost daily basis. All schools in NI are expected to operate effective anti-bullying policies, which prevent name-calling and bullying from taking place in school. However, this research found that interviewees were often unwilling to report experiences of homophobia and transphobia due to the religious ethos of their school. This is in line with the finding that interviewees who attended schools with a conservative Christian ethos reported that knowledge regarding TGNC identities was actively suppressed and non-heterosexual identities were discussed in a defamatory way. Such erasure and stigmatisation had a profound emotional impact on interviewees and for some rendered a life beyond the narrow confines of their assigned birth gender unimaginable. This suggests that despite NI's strong equality legislation, some TGNC youth are not treated equally in educational environments due to the overbearing nature of conservative Christian values, which silences open and positive discussion of gender variance and non-heterosexuality.

Taken together, survey and qualitative findings suggest that there is a need to develop a broad range of counter-heteronormative interventions within NI's education system to overcome the challenges that TGNC youth experience. First, there is a need to develop, and sustain, pedagogical interventions that increase TGNC youth's social connectedness and enhance their resilience by equipping them with strategies to negotiate the heteronormative world they inhabit (see Austin & Goodman, 2016). Second, schools should make a greater effort to provide parents and families of TGNC youth with information, education and access to peer and professional support (see Riley, Clemson, Sitharthan, & Diamond, 2013). Third, school curriculums need to integrate comprehensive understandings of gender identity and sexuality (see Boskey, 2014) and educators must be provided with the adequate skills and resources to communicate this knowledge effectively (see Case & Meier, 2014). Fourth, there is a need to draw on past experiences, such as Jack's detailed earlier, to develop a model for how schools can comprehensively support TGNC pupils (see Luecke, 2011). Such a model should be pre-emptive, based on sustained dialogue between key actors and grounded in the principles of acceptance, support, freedom of identity expression, validation and recognition (see Ehrensaft, 2014; Riley et al., 2013). It will also require the creation of safe spaces for TGNC youth, such as toilet and changing facilities, and require reconsideration of uniform and haircut policies. Fifth, in light of the high level of homophobic and transphobic abuse TGNC youth living in NI experience, there is a need to equip school counsellors, social workers, medical and mental health staff with the appropriate knowledge and skills to address TGNC youth's needs (see Clements-Nolle et al., 2006). Finally, our findings suggest that TGNC youth in NI have complex identities and that professionals working with them will need to adopt a "multidimensional" approach, which explores how different aspects of their identity interact. In particular, an effort needs to be made to neither confuse nor conflate issues of gender identity with sexuality, but to recognise that TGNC youth's gender identity and sexual orientation are likely to be fluid and evolve over time. This indicates that a one-size-fits-all professional approach or educational model will neither be appropriate nor effective. Rather, general guidelines are required that can be applied in an idiosyncratic manner.

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Research Update

Messed up? Sexual Lifestyles of 16-year olds in Northern Ireland

E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

Dirk Schubotz

Introduction

The British National Survey of Sexual Attitudes and Lifestyles (NATSAL) is one of the largest and most comprehensive sexual attitude and lifestyle surveys in the world. The survey takes place approximately every ten years and gives important insights into the sexual health of the British adult population. Very few people now deny that humans are sexual beings from birth and that a healthy sexuality is part of an overall healthy upbringing and lifestyle. With this in mind, studies such as NATSAL provide crucial information not just for health professionals, but for policy makers in general.

Northern Ireland is not included in NATSAL, therefore comprehensive data on if and how the sexual attitudes and lifestyles of people in Northern Ireland differ from the rest of the UK are not available.

However, with funding from the Office of the First Minister and Deputy First Minister of the Northern Ireland Executive (OMDFMNI), sexual health questions were incorporated into the 2011 Young Life and Times (YLT) survey. This Research Update provides a summary of these findings.

YLT is an annual study of 16-year olds in Northern Ireland, undertaken by ARK. Every 16-year old born in February and March of the survey year who is resident in Northern Ireland and is registered to receive Child Benefit is invited to take part in the postal YLT survey. In 2011, 1,434 respondents completed the survey, a response rate of 37 per cent.

Sex education

All respondents were asked how easy or difficult they found it to talk about sexual matters to a range of people. As Table 1 shows, close friends and boyfriends or girlfriends are the people that respondents found it easiest to talk to, with nearly two thirds saying this was easy. Around one quarter of respondents found it easy to talk to their mother or sister, if they had one. Only four percent thought it was easy to talk to their teacher about sexual matters.

Despite this unease of talking to teachers about sexual matters, lessons at school were identified as the most helpful source of information about sexual matters (42% of respondents saying this). Thus more than twice as many respondents rated school lessons as the most helpful source than they did friends (18%), the second most helpful source identified.

Respondents were asked how they would have preferred to get more information

Table 1: How easy or difficult is it for you to talk to the following people* about sexual matters?

	%			
	Easy	Neither easy nor difficult	Difficult	Don't know
Boyfriend or girlfriend	66	20	6	8
Close friends	65	25	6	5
Mother	28	28	35	9
Sister	26	26	34	15
Brother	16	18	52	15
Father	12	19	57	12
Teacher	4	15	59	23

*Those saying they don't have this person are excluded.

about sexual matters. The comments confirmed that school is by far the preferred source of sexuality education, with many respondents saying that they would have liked more lessons in school. As the following quote shows, despite the fact that so few respondents felt at ease talking to their teachers about sexual matters, school lessons were often seen as providing the most reliable information.

'It's good to get sexual information from school because with your friends and the internet and radio there can be rumours and what they are saying isn't factual, whereas the majority of the time school is very factual and it's an important part of life.'

However, some respondents were also critical about the negativity with which sexuality education is taught in school and about the timing of these classes, for example:

'Less stuff on the dangers of sex (pregnancies STI's) but more on the time when you should have it (in a loving relationship) and explain what happens physically. Don't lecture it and show it in a negative way, it should be positive.'

'More so from school because we only had sex ed in 1st year when I did not need to know about it because I was not sexually active or interested but now I am [and this] is when I need this advice but there is none on offer.'

Crucially, despite the fact that Relationship and Sexuality Education now forms part of the compulsory post-primary school curriculum, some respondents still reported that they had received none:
'Lessons at school, my year group did not get ANY sexual health education, a disgrace!'

Whether they had had sex or not, respondents were asked whether they would find it easy to access contraception, if they needed any. Sixty-two percent said they would find this easy. Females and males did not differ significantly in their response to this question

Sexual experience

Around one quarter of respondents (26%) reported that they had had sex. 46 percent of these were 16 years of age when they did so, 31 percent were 15 years old whilst the remaining 22 percent were younger. Proportionately, females were slightly more likely than males to say that they had had sex (28% and 23% respectively). However, among respondents who had had sex, males were much more likely to say that they had done so before they were 16 years of age (61%) than females (49%). Twelve percent of males and two percent of females who had had sex, said they had sex at least once with a same-sex partner.

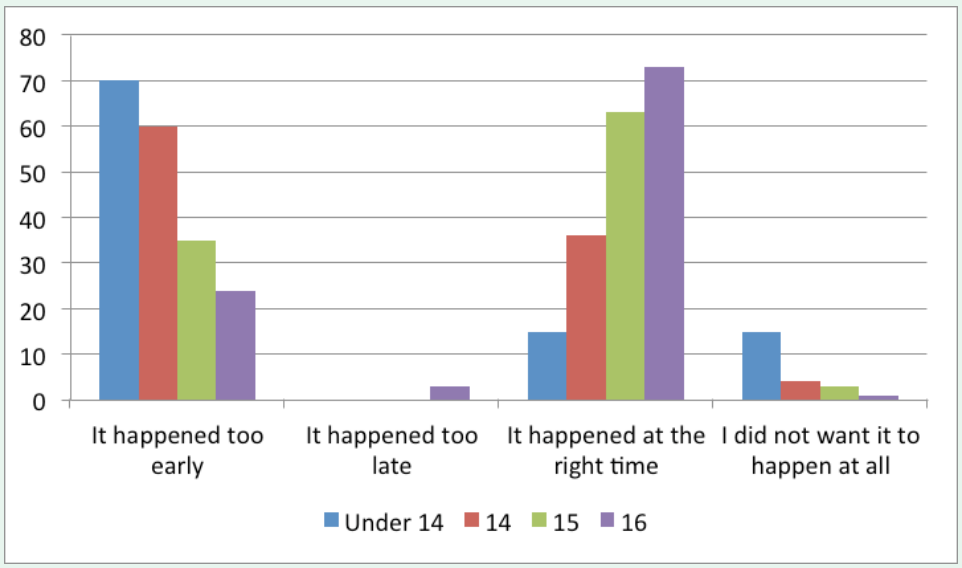
Most respondents (81%) who had had sex said they or their partners had used a condom when they first had sex. Nine percent of all respondents who had had sex said they did not use any means of contraception when they first had sex or they could not remember whether they did.

YLT asked respondents to reflect on the timing of the first time they had sex: 30 percent said that this had happened on the spur of the moment, whilst 29% said they had planned this together with their partners. Males were much more likely than females to say that it just happened on the spur of the moment (40% and 23% respectively) whilst females were more likely than males to say that they had planned this together with their partner beforehand (31% and 25% respectively). Ten percent of females but only one percent of males said that they didn't really want to have sex but felt they should or that they were forced into having sex.

Looking back, 62 percent of respondents felt that the first time they had sex came at the right time; however, 34 percent felt it happened too early. Figure 1 shows that the older respondents were when they first had sex, the more likely they were to say that the timing was right. Seven out of ten respondents who had sex before they were 14 years of age felt that this was too early. In contrast, nearly three quarters (73%) of those who first had sex at 16 years of age felt that this was the right time.

Respondents were asked for the reasons why they first had sex. Multiple responses were possible in this question. Table 2 shows that curiosity and the feeling that sex seemed like a natural follow-on to the relationship were the two main reasons

Figure 1: Looking back on it, which of the following describes best how you feel about the first time you had sex? By age of first sex (%)



why both males and females said they first had sex. The third most common reason overall given by respondents for having sex was that they were in love, however, females were much more likely to say this (43%) than males (29%). In fact, males were more likely to say that they wanted to lose their virginity (32%) than that they were to say that they were in love (29%). Females and males were equally likely to say that they had sex because everyone else seemed to be doing it (28% and 29% respectively). The table also shows that more females than males felt not ready to have sex and that only females said they were forced to have sex against their wishes.

Respondents were asked how long the relationship with their first sexual partner continued and how many sexual partners they have had. Figure 2 shows that about one third (31%) of the respondents who had had sex said that they were still in the relationship with this first partner. On the other hand, one in five respondents said that their relationship had not continued at all after they had sex. Females (35%) were much more likely to say that their relationship was still continuing than males (24%). In contrast, males (24%) were more likely than females (17%) to say that their relationship had not continued at all. The earlier respondents said they had sex, the more likely they were to say that the relationship did not continue at all.

As Figure 3 shows, over half of respondents (54%) said they had had one sexual partner only. Only eight percent of respondents said that they had more than five sexual partners. Females and males did not differ significantly in respect to the number of sexual partners they had.

Just over one in four respondents (26%) who had had sex had used after-sex contraception (or 'emergency contraception'). Sixteen percent had used this once, eight percent two or three times, and two percent more than three times.

Table 2: Which of the following things applied to you at the time you first had sex? By gender (%)

	%		
	Males	Females	**All**
I was curious about what it would be like	58	51	**54**
It seemed like a natural follow-on in the relationship	43	48	**46**
I was in love	29	43	**37**
Most people in my age group seemed to be doing it	29	28	**28**
I wanted to lose my virginity	32	16	**22**
I was a bit drunk at the time	23	19	**21**
I got carried away by my feelings	19	17	**18**
I didn't feel ready to have sex, but went along with what the other person wanted	7	12	**10**
I had taken some drugs at the time	3	1	**2**
It happened against my wishes	0	2	**1**
Something else	1	3	**2**

Figure 2: How long did the relationship with your first sexual partner continue after the first time you had sex? (%)

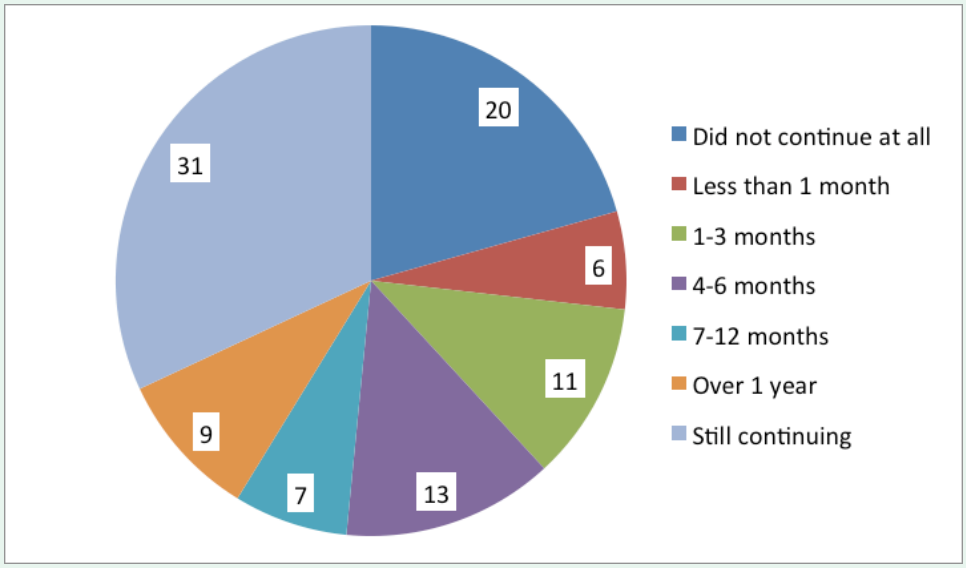
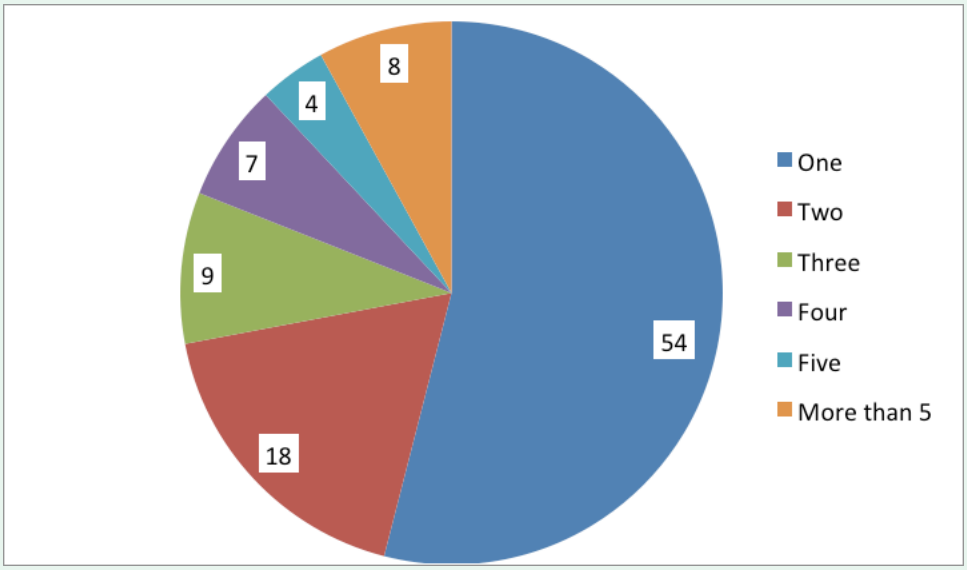


Figure 3: Altogether, how many partners have you had sex with? (%)



Conclusions

The results of the 2011 YLT survey show that nearly three quarters of 16-year olds had not had sex. Among those who did, almost half said having sex for them was a natural follow-on in the relationship they were in at the time. About one in three had planned their first sexual encounter together with their partner, and three in ten were still in a relationship with their first sexual partner. Looking back, six in ten respondents said that their first sex came at the right time for them. The majority of those who had had sex only had one sexual partner. Eight in ten respondents used a barrier method (condom) when they first had sex which protects them from sexual transmitted infections.

All these findings are myth-busters in the face of those who portray young people as irresponsible, promiscuous, sexed-up beings who don't think much about the consequences of entering a sexual relationship. However, the findings also show that those teaching sexuality education with a 'no sex before marriage' agenda need to acknowledge that many young people don't make this choice. The YLT data clearly show that school-based sex education is young people's preferred choice as they find this most trustworthy. However, in order not to fail young people, the YLT findings suggest that a more open and positive approach is required for this.

Apart from the standard of sex education, there are some other reasons for concern. The findings clearly show that the later respondents have sex the less they are likely to regret this and the more they are likely to be in a stable relationship with their partner. One third of males also said they had sex because they wanted to lose their virginity which would be an indication that especially young males may still experience pressure from their peer group to have sex. As one respondent commented:

'I know a number of 12-14 year olds who are already considering to have sex simply because their friends have said they had.'

So, is the sexual health of 16-year olds in Northern Ireland just '*messed up*' as one 16-year old felt? Whilst there is little reason to be as negative as some of the respondents were themselves, there is no room for complacency and still much more work to be done so that young people feel they can openly discuss sexual matters with adults.

Key points

- 16-year olds find it easiest to talk to their boyfriends or girlfriends and to their friends about sexual matters.
- 42% of respondents said that school was the most helpful source of sex education. School was respondents' preferred way of receiving sex education.
- 26% of 16-year olds had had sex. 81% of these respondents said that they had used a condom when they first had sex.
- 62% of respondents said that their first sex came at the right time.
- The three main reasons for having sex were: curiosity (54%), seeing sex as a natural follow-on to a relationship (46%) and being in love (37%).
- 54% of those who had had sex only ever had one sexual partner, only 8% said they had more than 5.

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The **Young *Life and Times survey*** is carried out annually and documents public opinion of 16 year olds on a wide range of issues. It is a joint project of the two Northern Ireland universities. This research was funded by OFMDFMNI. Check the web site for more information on the survey findings (**www.ark.ac.uk/ylt**) or call the YLT Director on 028 9097 3947 with any queries.

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Researching Young People and Sex in Northern Ireland

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ABSTRACT: *This paper reports on the first substantive attempt to accomplish in Northern Ireland what has been done in a number of other societies: namely, the investigation of the sexual attitudes and lifestyles of young people. Co-managed by the Family Planning Association Northern Ireland and the University of Ulster, the three-year research project focused on young people in Northern Ireland aged 14–25 years. In this paper we present some baseline results from the survey, which took place from May 2000 to March 2002 and achieved a quota sample of 1,013 respondents. They include the following: 53.3% of all respondents reported that they had sexual intercourse. Condom use at first sex was reported by 64% of sexually active respondents, 27.4% said they used no contraception. Peer pressure to engage in sex was more prevalent among males than females. Young people in Northern Ireland regarded friends as their most important source of sex education. School was the second most important source, but most respondents wanted more sex education in school. Beyond these baseline data, the findings of the research allow for an informed discussion of a number of key issues of concern regarding young people's sexual health, including the timing and circumstances of first sexual intercourse, and issues arising from sexual orientation. Finally, we suggest that an essential requirement for improved sexual health of young people would be to follow a more sex-positive approach, which encourages young people to discuss sexual matters openly with their peer and others.*

Introduction

In Britain two national surveys of sexual attitudes and lifestyles were conducted in the early 1990s and in 2000 (Johnson *et al.* 1994 and 2001; Wellings *et al.* 2001). In January 2000 – with funding from the health and social research programme of the National Lottery Charities Board (now The Community Fund) – FPANI (Family Planning Association of Northern Ireland) and the University of Ulster began a three-year research project to collect and analyse such data in order to inform policy discussions on the improvement of the sexual health of young people in Northern Ireland. Unlike the British studies (which surveyed people between the ages of 16

and 60), the research project addressed in this paper focused on the sexual attitudes and lifestyles of young people from 14 to 25 years of age. It is this age group which is most likely to be sexually active, most at risk from unsafe sexual practices and therefore most vulnerable and in need of information and emotional support regarding their sexual health and well-being.

Johnson *et al.* (1994:1) stated that it was mainly the 'emergence of a world-wide epidemic of a sexually acquired infection, human immunodeficiency virus (HIV), in the 1980s' which 'served to demonstrate the need for research into sexual lifestyles. Sexually transmitted infections (STIs) like AIDS/HIV, syphilis and chlamydia have been on the increase in Northern Ireland too. It is therefore paramount to collect reliable data on the nature and extent of sexual activity among young people to gain insight into sexual practices that may put them under risk of contracting STIs. However, sexual health incorporates more than just the absence of STIs and the ability to procreate; more widely, it involves 'the capacity and freedom to enjoy and express sexuality without exploitation, oppression, physical or emotional harm' (FPA 1999).

Consequently, the present study emphasises not only the medical aspects of sexual health, but also social attitudes that young people in Northern Ireland hold in respect to sexual and moral issues. These attitudes are closely linked to the social climate in which young people grow up and which determines attitudinal and behavioural patterns. With data collection now complete, the purpose of this paper is to present some selected key findings of the research to an academic audience in Ireland. For the first time in Northern Ireland baseline information is now available in respect to:

- the age when first sexual intercourse occurs,
- the use of contraception, if any, at first sexual intercourse,
- factors influencing the occurrence of first sexual intercourse, such as drugs, alcohol,
- the number of sexual partners to date,
- the incidence of unprotected sex,
- attitudes to homosexuality, abortion, premarital sex, casual sex, etc.
- the extent of knowledge of sexually transmitted infections and HIV/AIDS,
- the experience of sex education in school, home and elsewhere.

Methodology

The survey utilised a number of qualitative research methods, namely focus group discussions and narrative, one-to-one interviews. However, one key objective was the collection of reliable baseline data on the nature and extent of sexual activity among young people in Northern Ireland which service providers and policy makers would be able to use for future educational and health initiatives and programmes. Thus a large-scale quantitative survey was also conducted.

The questionnaire was divided into five sections, four of which could be completed by all respondents, whether or not they already had sex. In these first four sections respondents were asked about their social background and upbringing, their general health – including alcohol and drug-taking experiences and habits – their views on sexual relationships and sexual health, as well as their knowledge about sexual health matters such as Sexually Transmitted Infections (STIs). In the last section of the questionnaire sexually active respondents were asked about their personal experiences. The questions were put in such a way that comparability with the British Sexual Attitude and Lifestyle survey (Johnson *et al.* 1994) and existing studies in Northern Ireland (e.g. Health Promotion Agency for Northern Ireland 2000; Robinson *et al.* 1997) was possible. At the same time, due to the explorative and pioneering character of the survey in Northern Ireland a considerable number of questions asked were formulated specifically to suit the objectives of the present project. Data from the questionnaires were analysed using SPSS. All open-ended answers and comments were word-processed.

We were well aware of possible obstacles in the collection of valid and reliable data. To begin with, cultural expectations of significant others and peers are important factors in determining how young people portray their lifestyles and sexual experiences (Beck and Beck-Gernsheim 1990; Conner and Flesch 2001; Giddens 1992; Holland *et al.* 1998; Holmberg 1998; Katz 1999; Platt 1995). In particular, males may be tempted to boast the number of their sexual partners and give a lower age for their first sexual intercourse in order to improve their image amongst their peers, while females may understate the number of their sexual partners for fear of being accused of 'sleeping around'. Previous surveys of sexual attitudes and lifestyles have revealed different levels of inaccuracies or inconsistencies in self-reporting (Johnson *et al.* 1994; Health Promotion Agency 2000; Schofield 1973; Singh *et al.* 2000). However, in each case this only applied to a small minority of respondents; overall, data were considered to be accurate. In similar vein, we argue that, due to the self-administration and confidentiality of survey questionnaires in the present research, the data reported below are in principle reliable.

In addition, the social climate in Northern Ireland surrounding sex, sexuality and sexual health (Hug 1999) created institutional and individual obstacles to accessing valid sources of data. Firstly, during the research process we found that even schools which operated a comprehensive and long-term RSE (Relationships and Sexuality Education) policy often specifically requested their teachers not to discuss homosexuality and bisexuality in the classroom. In that respect, young gay people who are at school age today seem to share the experiences of gay men and women who grew up in their parents' generation, that is, having to deny their sexual orientation (Ryan 2003). Whilst new guidelines for the RSE curriculum in schools were recently published (Council for the Curriculum, Examinations and Assessment 2001), issues such as abortion and homosexuality are still regarded as contentious or taboo. Openness about such contentious issues, which was central to our research, thus often resulted in the refusal of schools or training organisations to accommodate participation in the research.

Secondly, whilst sexual lifestyles are probably a sensitive topic in any society, no matter how openly sexuality can be discussed, the issue is compounded in Northern Ireland as a result of the general political situation. To take one example: the socio-religious segregation which affects almost every area of life in Northern Ireland ensures that 95 per cent of all marriages are single-identity marriages. During the present research young people gave evidence that socio-religious boundaries still affect friendship and relationship patterns. Some interviewees explained how they were threatened by paramilitary organisations because they were in a relationship with someone from 'the other side' of the socio-religious divide. In such a situation, questions about dating and marriage can enter an area of increased political sensitivity, with consequences for the ability to extract full and reliable information.

Despite these potential obstacles, the researcher who is prepared to be innovative, sensitive and committed can succeed and thus access invaluable data. The existence of extended family structures, informal social networks and 'local grapevines' in Northern Ireland (Brewer *et al.* 1998) means that interviewees often know each other well; as a result, the occurrence of distrust or the rejection of a researcher by one interviewee can easily lead to the failure of the entire research project in a whole community. Conversely, a sensitive and non-hierarchical approach to a respondent can affect not only that individual respondent but also enhance the reputation of the researcher throughout the 'local grapevines'.

Results

Data collection took place from May 2000 to March 2002. In total, 2,450 questionnaires were distributed to young people in schools, universities, institutes of further and higher education, youth centres, sports clubs, residential homes, and work places throughout Northern Ireland. Conscious efforts were also made to include ethnic minorities in the survey. 1,049 completed or partially completed questionnaires were returned. In all, 1,013 questionnaires were filled in fully by young people in the study's target group of 14–25 year olds. Of those 1,013 respondents:

- 41.4 per cent were male and 58.6 per cent female;[1]
- 45.8 per cent were aged 16 or younger; 40.4 per cent were between 17 and 20 years and 13.8 per cent were over 20 years old;
- 43.9 per cent were at school; 15 per cent were university students; 20.4 per cent attended a further education college; 6.7 per cent worked; 1.6 per cent were unemployed and 8.1 per cent were on government training schemes;
- 4.6 per cent held a third-level qualification; 19.3 per cent had A-levels or similar qualifications; 35.9 per cent had GCSEs or similar qualifications; 40.2 per cent did not have any formal qualification (yet).

Generally females were more likely to return questionnaires; however more males than females took part in the 71 focus group discussions. Fifteen young people – eight females and seven males – participated in one-to-one in-depth interviews.

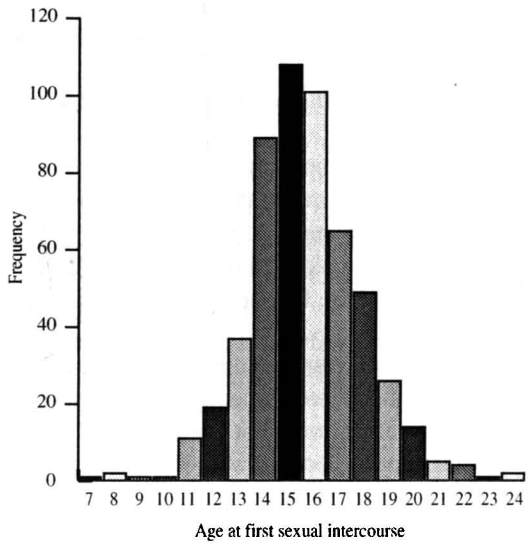
First Sexual Intercourse

> Sex is a natural thing and I feel people should do it when they are ready for it as a person. People shouldn't have to do it because they're a certain age or they're married. They should do it when they feel comfortable and are ready for it. (19 year-old female)

First sexual intercourse constitutes an important rite of passage in the formative years of young people. Their attitudes towards sexual intercourse are influenced by the interactions and social relations with their significant others and by the societal context in which they grow up. Therefore, sexual attitudes and opinions that young people hold tell us a great deal about the social climate of the society in which they live.

Determining the age of first intercourse and the reasons underpinning this decision as accurately as possible is also significant since those who engage in early first intercourse are thought to be at greater risk of unprotected sex and, in the case of heterosexual sex, unplanned pregnancy (Darroch *et al.* 2001; McGuigan 2000; Johnson *et al.* 1994). In our survey 55 per cent of all respondents reported that they were sexually active; 53 per cent had experienced sexual intercourse. Half of the sexually active respondents said they first had sexual intercourse before they were 16 years old. The highest number of people in the sample reported that they had their first sexual intercourse at the age of 15 and 16 (20 per cent and 18.7 per cent respectively; see Figure 1) This is similar to the findings of the Health Behaviour of School Children survey (HPA 2000) and to the results from the British Sexual Attitude and Lifestyle surveys (Johnson *et al.* 1994; Wellings 2001).

Figure 1: *Age of first sexual intercourse (non-sexually active respondents excluded)*



Other data regarding the circumstances in which first sexual intercourse occurred were as follows:

- 53 per cent of respondents said they first had sex in what they regarded as a steady relationship.
- The most likely answer to be given by the young people when asked why they had sex for the first time was 'on the spur of the moment' (45 per cent of males and 30 per cent of females).
- 'Being in love' was the main reason for having sex given by 32 per cent of the sexually active females and 14 per cent of the sexually active males.
- 43 per cent of the males and 34 per cent of the females said they were drunk when they first had sex.
- 10 per cent of the males and 4.5 per cent of the females said they had taken some drugs when they first had sex.
- Overall 58 per cent (61.5 per cent males, 54 per cent females) of the sexually active respondents were happy with the timing of their first sexual intercourse. 28 per cent of all males and 34 per cent of all females said they had sex too early.
- It was not uncommon, especially amongst young females, that the respondent reported merely going along with their partner's wishes. 10 per cent of females and 3 per cent of males felt that they were pressurised into their first sexual encounter. Although of those who said they had sex against their wishes – that is that they were raped or massively pressurised into sex – is very low, it is three times higher amongst those who had sex before they were 16 than those who had sex later.
- Rape was only reported once in the self-administered questionnaires.
- Only 15.5 per cent of respondents said that they planned their first sexual encounter together with their partner (see Table 1).

Differences in circumstances, frequency and feelings about sexual intercourse

Gender differences accounted for the main variations in the survey in respect to first sexual intercourse. Males reported that they experienced their first sexual intercourse on average about one year earlier than females (males 15 years and females 15.8). With regard to age of the first sexual partner there was an even more significant difference, the age of the first sexual partner of males being 15 years compared to 17.5 for females.

Only 39 per cent of the female respondents who had sexual intercourse before they were 16 years old said it happened at the right time. Over 61 per cent of those females felt they had sex too early or did not want to have sex at all (12 per cent). Young males were significantly happier with the timing of their first sexual intercourse. Overall 62 per cent of sexually active boys felt their first sexual intercourse happened at the right time. However, almost twice as many boys who first

Table 1: *How did respondent's first sexual encounter come about?*

	Males	Females	14–16 year olds	17–20 year olds	21–25 year olds	First sex before 16	First sex after 16
	%	%	%	%	%	%	%
It happened just on the spur of the moment	45.2	30.2	42.0	35.9	29.2	44.0	27.9
I expected it, but did not know when	22.8	20.2	19.5	23.0	20.0	19.5	23.0
I expected it at the time	7.0	12.7	8.3	11.1	11.7	7.1	13.6
I planned it to happen	6.1	6.6	5.9	4.1	12.5	4.9	7.5
I planned it together with my partner	13.2	17.2	16.6	14.1	17.5	14.7	17.7
I didn't really want to, but I felt I should	0.4	6.9	0.6	4.8	8.3	3.4	5.7
I was forced into sex against my wishes	0.9	2.4	2.4	1.9	0.8	2.6	0.8
I can't remember	4.4	3.6	4.7	5.2	0.0	3.8	3.8
I was drunk at my first sexual encounter	42.6	33.6	35.3	39.4	26.6	43.6	31.4
I had taken some drugs at my first sexual encounter	10.3	4.5	11.7	7.0	2.9	10.0	4.4

had sex before they were 16 compared to those who delayed their first intercourse until their 16th birthday or later said it happened too early (35 per cent and 19 per cent).

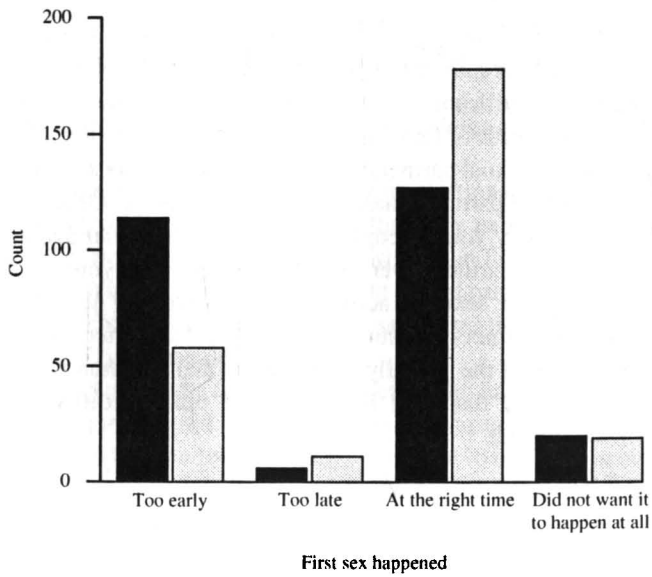
Gender differences were also apparent when considering the number of sexual partners. 18 per cent of all sexually active respondents reported that they only ever had one sexual partner; significantly 64 per cent of these were female. Just over half of all males and two thirds of females who had engaged in sexual intercourse had between one and four sexual partners. Within the total sample, a young person had an average of 6.2 sexual partners, males reporting on average 7.9 partners, and females 5.0. Not surprisingly young people having sex at an earlier age are more likely to have more sexual partners over time. Those who were younger than 16 years old when they became sexually active had on average 7.7 sexual partners compared to 4.7 sexual partners for those who first had sex later. Only eleven respondents – 1.8 per cent of the sexually active cohort and less than 1 per cent of all respondents – disclosed that they had had more than 30 different sexual partners (mode: 1, mean: 4.0).

Age The 16th birthday is an important stage in the lives of young people. The majority leave school at that age and enter a further education institution, an apprenticeship or start working. Some activities and behaviours become legal for

16 year olds, such as smoking or driving a moped. The age of medical consent is 16 years too. That means 16 year olds can decide about their contraceptive uptake. The 16th birthday is also perceived to be the age of consent for sex. Very few young people are actually aware that the age of sexual consent in Northern Ireland is 17, one year higher than in the rest of the UK. We found in the survey that the 16th birthday is also an important threshold as far as sexual attitudes of young people are concerned. The majority of respondents (55 per cent) felt that individual maturity rather than chronological age is relevant to when people should become sexually active; but of those who felt people should not have sex before a certain age (22 per cent), most were likely to select 16 as the age before which young people should not have sex.

The significance of the 16 year old threshold was further reflected in the feelings of the sexually active respondents in respect to their first sexual encounter. As stated above, more than half of the sexually active respondents were happy with the timing of their first sexual experience. However there are significant differences between those who had become sexually active before their 16th birthday and those who delayed their first sex until after that time. Only 48 per cent of those who first had sex before they were 16, compared to 67 per cent who had sex later, felt that the timing for their first sexual experience was right (p=0.000). The percentage of those who felt they had sex too early is almost halved amongst those who delay their first sexual experience until after their 16th birthday (42 per cent and 22 per cent). The number of those who feel they were pressurised into their first sexual intercourse also decreases with higher age (see Figure 2).

Figure 2: *Feelings about timing of first sex in relation to age*



There is also a correlation between sex at young age, sex on the spur of the moment and sex because of the partner's wishes. People who first had sex before they were 16 years were also less likely to plan their sexual encounter with their partner beforehand. As younger people find it significantly more difficult to access contraception, and are less likely to use any (see below), this can have severe implications for their sexual health.

Religion and Socio-religious Belonging

The interconnection of socio-economic, cultural, political and religious belonging in Northern Ireland has been discussed comprehensively elsewhere (Dunn 1995; McGarry and O'Leary 1995). When we asked respondents in our survey to indicate their religious belonging and the importance of it for them, we found evidence for that overlap. Many young Protestants were unable to identify their denomination (e.g. Church of Ireland, Presbyterian, Free Presbyterian, Methodist and so forth.) from the given list, but still felt that their religious belonging was important to them. They just stated that they were Protestants, or in some cases even loyalists. As there is only one Catholic church, clearly young Catholics were somewhat in an advantaged position when they answered the question about their religious belief, but still a small number of respondents said they were 'republican' rather than Catholic. Answers to the question of the importance of religious belonging are therefore only to some degree related to the frequency at which respondents attended religious services or to the depth of their religious beliefs.

Nearly four in ten (38.7 per cent) of all respondents were Catholics, 44.0 per cent Protestant; 8.6 per cent held other religious beliefs, 6.5 per cent had no religious affiliation, and 2.4 per cent did not state their religious affiliation. Overall 57 per cent of the respondents said that religious belonging was very important or important to them, with the remaining respondents stating that religious belonging was of little or no importance to them.

Religious differences accounted for few and mostly insignificant differences in sexual attitudes and lifestyles of young people in Northern Ireland. There is no correlation between the importance of religious belonging and feelings about the timing of first sexual intercourse, but more young people who had a strong sense of religious belonging delayed their first sexual intercourse until after their 16th birthday ($p=0.046$, x^2 9.714; see Table 2). Catholics and young people with no religious affiliation were significantly more likely than Protestants to be in stable relationships when they first had sex ($p=0.000$). Although Catholic respondents were significantly more likely to say they planned their first sexual encounter than Protestants, i.e. were less likely to have sex on the spur of the moment, there was no statistical significance in religious affiliation regarding the age when sexual intercourse occurred.

Table 2: *Feelings of religious belonging and age of first sexual intercourse*

Importance of religion	First sex	
	Under 16 years %	Over 16 years %
Very or fairly important (N=271)	45.4	54.6
Not or not very important (N=267)	55.8	44.2

Contraceptive Use

Over three quarters of the respondents, both male and female, said it was easy for them to access contraceptives. Unsurprisingly males and females varied significantly in the sources through which they accessed contraceptives. Over-the-counter access to contraception was the preferred option for both male and female respondents as well as respondents in all age groups, but males are significantly less likely to use sexual health clinics and most likely to purchase condoms over the counter or through vending machines. It was also to be expected that younger respondents would find it significantly harder to get contraceptives than their older counterparts. They rely more on their friends when they need contraceptives. Seven per cent of the 14–16 year olds also said they got contraceptives from their parents (see Table 3).

Table 3: *Respondents who find it easy to access contraception at sources.*

	Males %	Females %	14–16 year olds %	17–20 year olds %	21–25 year olds %	1st sex before 16 %	1st sex after 16 %	All %
Easy to access	75.4	79.0	68.5	82.4	93.5	87.6	89.8	77.5
Source								
Chemist	62.3	68.5	57.3	71.6	78.3	67.2	68.8	66.0
FPC	22.9	47.1	34.7	36.4	47.1	47.1	41.0	37.1
Bar toilet	53.5	22.1	27.2	39.6	48.6	38.3	42.1	35.1
Shop	12.6	6.9	26.9	29.8	39.1	34.7	30.8	29.8
Friends	30.5	29.1	33.0	25.4	31.9	40.9	25.2	29.8
GP	8.8	37.7	15.7	29.1	49.3	26.3	40.6	25.7
Brook	8.4	21.5	19.4	12.0	16.7	25.2	16.5	16.0
Parents	5.7	4.4	6.9	3.4	2.2	7.3	2.3	4.8

Older age groups are more likely to use their GPs or Family Planning Clinics for contraceptive services, which is partly a reflection of the fact that hormonal contraceptives that require a prescription or medical treatment are less commonly used

amongst younger teenagers. Focus groups during the research revealed that there is a lack of awareness among young females in particular that under 16-year olds *can* actually ask their GPs or Family Planning Clinics for contraceptive treatment without parental consent: 'The pill should be available at 15. Some people at this age are ready for sex if they are in a serious relationship. After morning pill, shouldn't be as dear.' (15 year old female) But also amongst older respondents there was generally the feeling that: 'Contraception should be made easier to younger people. There may be an age restriction but young people will continue to have sex and the number of young mothers will rise if nothing is done.' (17 year old female)

Although the vast majority of respondents who did use sexual health clinics for contraceptive advice and treatment were satisfied with the services provided, they also criticised the fact that members of the medical profession sometimes held negative attitudes, especially in respect to the provision of emergency contraception. Just over half (51 per cent) of all sexually active respondents or their female partners had used emergency contraception at least once. Over three quarters of those who had done so did not report any problems in accessing emergency contraception. The difficulties reported were exclusively based on too short or inconvenient clinic opening times, the subsequent unavailability of appointments, the attitude or intrusiveness of staff and worries about the confidentiality of treatment.

> I think there should be a clinic which is near to everyone and is open 24 hours and seven days a week for emergency contraception. (17 year old female)
>
> The attitude of the staff was awful. They were very accusative and condescending. I was feeling worse than when I came. (21 year old female)
>
> Hard to get an appointment without stating what it was for. Doctor unsupportive and judgemental. (24 year old female)

Judgemental and unsupportive attitudes of medical stuff were also reported in relation to unplanned pregnancies. One respondent said:

> I have got pregnant I was suicidal and went to the doctor. She was no help what so ever and made me feel ten times worse she gave me a lecture and told me she could not help me. I was 18 years old something should be done about it. (20 year old female)

In contrast, youth advice services and sexual health clinics for young people were often praised for their welcoming, friendly and helpful approach. Northern Ireland's only Brook Advisory Centre, which due to its locality and age limit for clients is almost exclusively used by young respondents from the Greater Belfast area, also received positive feedback.

> I think it is brilliant what Brook does for young people + even older. It provides them with information they may otherwise not have, but will most definitely need. Your services are good, supportive + helpful. (14 year old female)
>
> There should be more places like the brook clinic because I think their brilliant. They offer lots of support and it's all done in confidence. I recommend them to my friends if they need help. (15 year-old female)

Table 4: *Use and Sources of Contraceptives at First Sex*

	Males	Females	14–16 year olds	17–20 year olds	21–25 year olds	1st sex before 16	1st sex after 16	All
	%	%	%	%	%	%	%	%
Condom use	58.0	68.1	65.8	59.7	71.2	56	72.3	64.0
Use of other contraception	45.6	53.9	46.9	52.8	50.6	37.9	62.3	50.8

More than four in ten (44 per cent) of the respondents said they sometimes carried condoms, the majority of them when they go out. Eight per cent of the respondents said they always carry condoms. Again, this percentage varies significantly with age of the respondents, with only 4.5 per cent in the 14–16 year age group carrying condoms all the time, 8.3 per cent in the age group of 17–20 year olds and 16.7 per cent in the 21–25 age group. More females than males said they never carried condoms (67 per cent and 40 per cent). It can be argued that young teenagers are less likely to be sexually active and therefore less likely to carry condoms. As seen above, teenagers under 17 years of age and young people who first had sex before they were 16 are most likely to have their first sexual encounter just on the spur of the moment. As the results from Table 5 show, they are also least likely to use contraception. In total, 64 per cent of all sexually active respondents said they used condoms when they first had sexual intercourse. Just over half of all sexually active respondents said they used other contraceptives. A cross tabulation of those two variables reveals that of those who did not use condoms when they first had sexual intercourse:

- 34 per cent did not use any other form of contraception and neither did their partner;
- 2 per cent did not use contraception themselves and were not sure if their partner did;
- 5 per cent said they practised a method of natural family planning;
- 31.5 per cent relied on withdrawal;
- 3 per cent could not remember if any contraception was used at all.

Of those who said they could not remember whether or not condoms were used when they first had sex:

- 16 per cent could not remember using any other contraception either;
- 36 per cent did not use any other contraception themselves;
- 4 per cent said they did not take any precautions themselves and were also unsure if their partner did;
- 8 per cent relied on withdrawal;
- 8 per cent used natural family planning methods.

It is generally accepted that an effective use of natural family planning methods requires a high degree of discipline and training, and young people are unlikely to have either. It is therefore safe to say that apart from the 36 per cent of sexually active respondents in the sample, who did not use condoms when they first had sex and took the risk of contracting a STI, three quarters of these respondents – that is 27 per cent of sexually active respondents – were at the additional risk of unplanned pregnancy. A quarter of all respondents said that, when they first had sex, it was the first sexual encounter for their partners too. This somewhat reduces the number of those who are at an immediate risk of contracting a STI; however, taking into consideration the likelihood of over-reporting of contraceptive use, it is probably safe to say that half of the sexually active respondents took considerable risks when they first had sexual intercourse.

Sexual Orientation

Although some smaller studies and projects (Birkett 1999; Rainbow Project 2000) have recently dealt with issues such as homosexual coming out or homophobic bullying, no Northern Ireland-wide data have so far been available about the number of homosexual or bisexual people in Northern Ireland. In research projects where young people were asked to give details about their sexual behaviour (HPA 2000, NHSSB 1999) questions about sexual orientation were not even asked.

In the present study participants were asked about their sexual orientation. We also asked if they experienced disapproval of their sexual orientation, if they were bullied and if they received treatment because of that. Two per cent of the young men and 1.4 per cent of young women expressed exclusively homosexual feelings, but 11 per cent of all male, and 13 per cent of all female respondents said they were at least once sexually attracted to people of the same sex. Around 10 per cent of both males and females said that they experienced disapproval due to their sexual orientation or sexual behaviour. This does not exclusively refer to homophobia. Less than 3 per cent of all respondents reported incidences of bullying, but amongst those the majority was bullied because of their sexual orientation. Thus, young homosexual people in particular often felt that they had to keep their sexual feelings secret.

> I've never told my parents that I am sometimes attracted to women because its never been necessary. I've never been in a relationship with a woman, but if I was I would tell them, though I know they would disapprove. (female, 20, Belfast)
>
> I identify myself as being male homosexual and come from a homophobic family. My family would find it very difficult in coming to terms with my sexual orientation. (male, 19, Belfast)
>
> I didn't know I was attracted to women until it just happened. When it did I didn't tell anyone for fear they would reject me and treat me differently. I felt that I had let my family down and I didn't 'come out' for about four years. (female, 25, Belfast)
>
> I thought that my family would disown me and my friends would as well but my friend recently told me she was bisexual and I was cool with that so now I might tell her about me. (14 year old male)

Eleven per cent of the sexually active males and two per cent of the sexually active females said they had a same-sex partner on at least one occasion. Five per cent of the sexually active males and one per cent of the sexually active females reported exclusively homosexual sex. These data compare well with the British Survey of Sexual Attitudes and Lifestyles (Johnson *et al.* 1994). Because of the social climate, young gay people could still be reluctant to state their sexual orientation truthfully, or in fact not even be aware of it. Therefore if anything, the number of people with a predominantly or exclusively homosexual orientation is probably higher than our data suggest.

Sex Education

> Lessons at school teach only the mechanics of sex – they do not explain the experience. (20 year old female)

Whether or not sex is openly discussed, messages about sexuality and relationships are given through agents of socialisation from early childhood on and children internalise these partly consciously, partly unconsciously. Simple issues like body hygiene or image and sexual self-exploration, which are all essential parts of the growing-up process, will ultimately come up in the home environment and will eventually also be discussed within the peer group. The ability to make informed choices about one's sexual behaviour requires social and emotional competencies to choose and the self-esteem to express one's choices firmly. The delivery of ambiguous messages through significant others, a lack of openness, or the refusal to give such information can cause embarrassment, shame or self-denial. The lack of knowledge and the use of unreliable sources of information can have fatal implications for the sexual health and well-being of young people and can affect their whole life.

As far as formal sex education is concerned, the conduction of the present survey coincided with the publication of the new (RSE) Guidelines for Northern Ireland's schools (CCEA 2001). Our study has revealed that RSE in a majority of Northern Ireland's schools often does not deliver the information on which young people can base these choices. Neither does it encourage individual choice in the first place. Rather, Simpson (2001) found evidence that sex education acts as an agent of social control in order to legitimate a model of sexual behaviour which is embedded in the context of Christian marriage. In doing so, it negates behaviour which may be regarded as deviant or a threat to the existing structures of society.

Two questionable sex-education approaches have recently become popular and influential in Northern Ireland and should thus be referred to in this context. The first approach is the so-called abstinence education, which originated in the USA, but has also attracted interest in Ireland and the UK (Blake and Gill 2001). Secondly, and more specifically to Northern Ireland, Dr Barr, a local GP, has developed a programme called 'Love for Life', which he delivers in schools throughout Northern Ireland. Although Dr Barr regards his programme as a complementary resource to

RSE, we have evidence from teachers that instead of being complementary, the on-off 'Love for Life' session is often the only sex education that is being delivered in some schools. What abstinence education and 'Love for Life' have in common is they do not provide an opportunity for young people to explore varying sexual attitudes and moral codes and develop skills necessary to negotiate and communicate personal feelings and emotions in their relationships. Sexual diversity is not taken into account and in that way the programmes neglect in particular the needs of young gay people.

Schools thus become arenas where opposing ideologies and competing concepts of sexuality are discussed in the shortest possible space of time. On the one hand, the values of love, Christian morality and marriage are being praised in the classroom, whilst maybe half an hour later the very same values are being fundamentally negated in the schoolyard and sex outside a stable relationship becomes a worthwhile goal in order to impress classmates. What both sources of information have in common is the ambiguity and vague use of terminology, such as love, morality and sin on the one hand, and safety, going steady and even sex on the other. Thus schools reinforce the construction and reinforcement of gender roles and identity, which can contribute to the oppression of both men and women.

During our survey we found that sexual feelings and emotions and ways of making relationships satisfying are hardly ever discussed in RSE, and if they were it was most likely to be from a negative point of view, i.e. encouraging young people to delay sexual initiation or simply to say 'no' to sex. Viewpoints and experiences such as the following from a fifteen year old girl, expressed in our survey, have little room in RSE.

> I feel that my sex life is healthy and that I experienced my first sex with the right person and at the right time. I have enjoyed all my sexual experiences since and still am. I and my partner explore each others bodies and please each other very well because we talk to each other about sex and trust each other. Neither of us is infected by diseases.

Though the new RSE guidelines specify that contested and contentious subject areas such as homosexuality or abortion have to be discussed in a more open, non-judgemental manner, in practice they are often ignored or discussed in a condemnatory manner. In fact, the research officer was sometimes informed by teachers involved in sex education programmes that they did not feel comfortable exploring these issues with their students or that they were advised not to discuss them at all. Sex education in Northern Ireland is in effect heterosexually biased and geared towards traditional Christian principles of family life, with marriage as the only legitimate goal promoted.

Northern Ireland's schools are ideologically divided, and not surprisingly the division is religiously determined. However regardless of the ideological position adopted the study clearly shows that sex education can never be value-free; all are used to influence directly the sexuality of young people.

In that respect, it is interesting to look at the sources of sex information for young people. Peers are the main source of young people's sex education or 'mis-learning' (Simpson 2001). Eighty per cent of all respondents said they received information through their peers, 43 per cent felt that this was one of the most important ways to receive sex information. Although about three quarters of all respondents also said they received sex information in school, and 38 per cent felt this was one of the most important ways, significantly only 5 per cent of the young people found it easy to talk to their teachers about sexual matters. This compares with over two thirds of all respondents who said they were at ease when they talked to their friends about sex. This in itself is nearly twice as high as the percentage of those who said they could easily talk to their mother and almost six times as high as the figure for the father. Females and males vary especially as regards the ease with which they can talk to their fathers, mothers, brothers and sisters (see Table 5).

Table 5: *Sources of Sex Education and Ease with them when talking about sex*

	Males			Females		
	Info received %	Most useful %	Easy to talk to %	Info received %	Most useful %	Easy to talk to %
Mother	27.4	13.8	23.4	63.3	34.5	49.3
Father	28.6	9.3	16.9	11.2	1.3	7.2
Brother	16.7	7.5	19.6	8.7	1.3	11.8
Sister	10.0	4.3	14.8	22.4	9.3	33.8
School (talk to teacher)	69.2	34.8	4.1	78.2	39.6	5.2
Friends	76.6	39.4	54.9	83.2	46.3	74.6
Boy- or girlfriend	37.5	14.6	7.2	40.1	15.0	7.2
Books or magazines	58.0	22.4	n.a.	74.1	39.4	n.a.
TV and radio	62.7	23.6	n.a.	55.8	14.0	n.a.
Internet	28.4	6.9	n.a.	9.3	1.9	n.a.
Doctor	8.1	1.7	n.a.	24.4	7.6	n.a.
Church (talk to priest/minister)	5.0	0.7	1.2	3.5	0.5	1.0

We also asked respondents how they would have liked to receive sex education. Fifty-eight per cent of those who said they would have preferred to receive sex education in another way than they actually did, stated they would have liked more sex education in school. This is by far the most frequent answer given in our survey. Although young people were often dissatisfied with the approach of RSE in the classroom, they still felt that school was the safest environment for them to learn about sex. The following selection of quotations is evidence for some of the points that were criticised about sex education in school:

> More about sex in relation to emotional upheaval it causes. Less moralising and more on how it effects self-esteem if it's gone wrong. (25 year old female)
>
> In school you can mess about with the teachers but they very rarely talk about it. (15 year old male)
>
> The school always took a religious attitude. I would have preferred it not to be looked down so much. (17 year old female)
>
> Open talk about homosexuality. (19 year old male)
>
> I think there should be more information about rape/sexual abuse and also homosexuality and bisexuality. My generation (14 years old) need to change their attitudes on how they feel towards such as the above. I also think we should be given more information on abortion and relationships. As well as being taught about the anatomy of the body when talking about sex, I think we should be given more information on what it is actually like. (14 year old female)

Generally males are less likely to receive sex education in school or are less likely to remember it, which is just as detrimental. Especially in subject areas such as menstruation, contraception and pregnancy the percentage of males who never received any information or could not remember it was sometimes twice as high as that of females. These issues are often still regarded as 'female' subjects. Here, obsolete concepts of masculinity and femininity, according to which the female's role is to nurture and bring up the family and is in charge of birth control, whereas the male 'breadwinner' provides the necessary finances, have continued to exist.

Attitudes towards Sex

> No one should have the right to tell anyone when or where they are ready to have sex. (23 year old female)

In the study we asked young people about their attitudes towards a range of sexual behaviours and lifestyles. The data collected are extensive and not every aspect can be discussed here. In the present article we will focus on young people's attitudes towards sexual orientation and frequent partner change, their views on present and future lifestyles, and we will also briefly ponder young people's attitudes to the heavily debated and emotionally loaded subject of abortion. Firstly, however, we look at the question of why and when young people think is the right time to have sex.

Generally, young people's attitudes to sex are determined by their perceptions of what is culturally and socially appropriate behaviour. As Devlin (2003) shows, the construction and presentation of young people's sexuality in the media can itself be ideologically loaded. Apart from the media, parents, school, peers and feelings of socio-religious belonging also encourage often conflicting and ambiguous or contrasting feelings, which result in pressures and challenges. Although the vast majority of respondents said that it should be up to the individual and his/her maturity to decide when to engage into sexual activities, we found that conflicting perceptions – negative as well as positive attitudes to sexuality – were

expressed in our research. In this sense, young people of this generation express attitudes similar to those of the older generation interviewed by Hilliard (2003).

> Ideally I wouldn't have had sex before marriage but this is difficult and I felt happy enough after having sex for the first time because I had waited for the right man. (21 year old female)
>
> I feel that there shouldn't be a restriction on something that's so natural & the homosexual age of consent is quite wrong. It should be up to the person to decide. (21 year old male)
>
> If a person feels they are ready then they shouldn't have to conform to some government law, which states a certain age. (17 year old male)
>
> Both male & female should be mature enough to have sexual intercourse. Having sex involves not only the physical side but emotional & spiritual side as well. It is like 2 becoming one it is written in the bible. (22 year old female)
>
> People should not have to wait until they are married. (18 year old female)
>
> My religion teaches that sex before marriage does not please God. (15 year old male)
>
> I believe sex should only be for those who want to spend the rest of there life together. Do not agree with pregnancy before marriage, therefore its safer to not take the risk. (18 year old female)

We found that some young people who expressed religious or quasi-religious attitudes towards sex according to which they should not have sex before marriage and should only have sexual intercourse in order to procreate, were in fact already sexually active, sometimes well before the age of sexual consent which is 17 years in Northern Ireland, and with more than one sexual partner. We also found that some respondents who were aware of peer expectations to engage in sexual activities felt unable to resist that pressure and were unhappy with the timing of their first sexual intercourse. Significantly more males (20 per cent) than females (12 per cent) in our survey said that they became sexually active because most people of their age group were sexually active too. In both cases the incongruence between their sexual attitudes and sexual activity can have serious impacts on the sexual health of the respondents.

Table 6: *Perception about when people should have sex*

	They are ready %	They are married %	A certain age %	Don't know %
Boys should not have sex before	59	12	25.5	3
Girls should not have sex before	60	14	24	3

The vast majority of respondents thought that young people should delay their first sexual intercourse until they are emotionally ready and mature enough to deal with it (see Table 6). Over half of the respondents said that young people should be at

least 16 years of age before they have sex (49 per cent said boys should be 16 and 51 per cent said girls should be 16). However, around one quarter of the respondents also said that first sexual intercourse should not take place before age 18. There is a correlation between strong feelings of religious belonging and the feeling that sex should not take place before marriage (p=0.000); however, Catholics were actually only about half as likely as their Protestant counterparts to say that young people should be married before they first have sex. Young Catholics and people without any religious affiliations tended to hold more liberal views than their Protestant counterparts, especially when asked about homosexual sex and one-night stands (see Table 7)

Young men were more likely than young women to disapprove of homosexual sex. Focus group discussions during the research showed that homophobia amongst young people has its roots largely in a lack of understanding of homosexual feelings and a subsequent anxiety and uncertainty about people who are or are perceived to be gay. The lack of opportunity to discuss homosexuality in a non-threatening and open way contributes to young people's fears. The stronger the feelings of religious belonging people expressed across all religious affiliations the less they found sexual behaviours or lifestyles acceptable that do not correspond with religious teaching.

We also asked young people their opinions about abortion, one of the most contentious and debated sexual health matters in Northern Ireland. We were aware from the start that young teenagers may find it difficult to relate to issues of pregnancy, never mind decision-making about termination. However, we were also aware that in the year 2000 according to the Office for National Statistics at least 336 women under 25 years of age travelled to England to access an abortion. Exact statistics are not available because some women are known to give false addresses.

At the moment, the termination of pregnancies is illegal in most cases in Northern Ireland; however, we felt that sexual health service providers need to have knowledge about possible changes in the attitudes of young people and the subsequent need for facilities – be it counselling or termination in Northern Ireland. Seven participants in the survey said they or their partners had once terminated a pregnancy; another three participants said that they had terminated more than one pregnancy. Six of those ten participants had their first sexual experience before they were 16 years old; at the time of the survey two were between 14–16 years old, three were between 17 and 20 years old and five were between 21 and 25 years old.

Respondent's opinions were almost equally split between all answer options available (see Fig. 3. In total, 29 per cent said, abortion should be easier to obtain in Northern Ireland, a further 29 per cent said things should remain as they are at the moment, 27 per cent said they didn't know or expressed no opinion, but only 15 per cent felt it should be more difficult to get an abortion in Northern Ireland. Older respondents in the sample were more likely to say that abortion should be easier to obtain. Young men felt slightly less than young women that it should be more difficult to obtain an abortion, but they were more likely to express no opinion or to be uncertain. Overall, there was no majority amongst the respondents for any

Table 7: *Respondent's views about selected sexual lifestyles**

	Sex before marriage	Sex outside steady relationship	Sex between two men	Sex between two women	One-night stands	More than one sex partner
	%	%	%	%	%	%
Males						
always or mostly wrong	8.4	78.5	62.4	27.4	19.7	50.6
not wrong at all	65.3	6.3	23.4	48.9	42.5	17.3
Females						
always or mostly wrong	11.4	87.8	42.6	42.9	40.2	70.1
not wrong at all	56.3	1.3	31.1	31.7	18.5	5.2
Catholics						
always or mostly wrong	6.7	84.9	38.7	26.0	27.0	63.0
not wrong at all	58.8	2.6	35.0	45.0	30.6	9.1
Protestants						
always or mostly wrong	12.5	86.1	64.1	48.3	36.6	63.6
not wrong at all	61.1	3.4	16.3	27.6	24.5	8.3
Atheists						
always or mostly wrong	0	83.0	24.6	13.9	13.9	50.8
not wrong at all	75.4	3.1	61.5	72.3	38.5	12.7
Other						
always or mostly wrong	24.3	76.7	52.7	39.7	43.1	58.1
not wrong at all	45.9	6.8	31.1	41.1	30.6	23.0
Total						
always or mostly wrong	10.2	84.1	50.7	36.5	31.9	62.1
not wrong at all	60.0	3.3	28.0	38.7	28.2	10.1

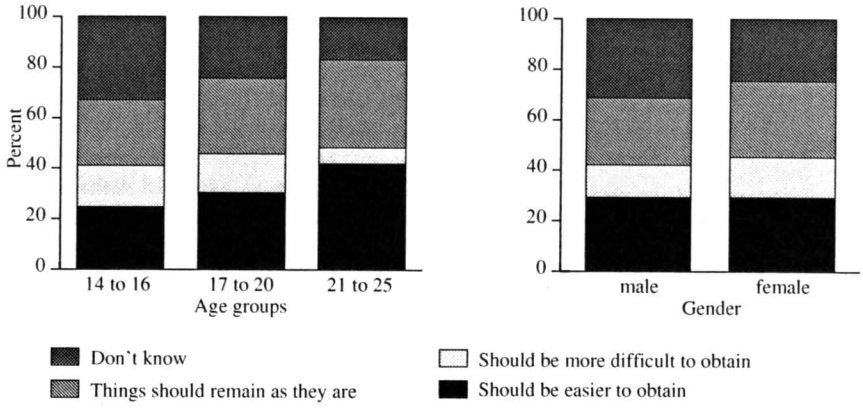
* Respondents from different Protestant denominations (e.g. Church of Ireland, Methodist, Presbyterian or Free Presbyterian) tended to vary in their attitudes towards sexual behaviour. In Figure 9, all Protestant denominations were categorised together as 'Protestants'. 'Other' religions represent for example: Jews, Hindus, Buddhists, Bahá'ís etc.

change in the legislation, however with increasing age young people are more likely to take a pro-choice stance on the issue of abortion.

Conclusion

We have presented some initial findings from the first major survey of sexual attitudes and lifestyles of young people in Northern Ireland, a society so far excluded from any such survey. We have focused mainly on the data obtained through a self-administered questionnaire. These data will help inform policy

Figure 3: *Attitudes to Availability of Abortion in Northern Ireland*



makers and service providers in relation to the sexual health of young people. We have pinpointed the essential requirement of appropriate education and health promotion programmes if sexual health is to be improved in Northern Ireland.

At this point it is important to remember that sexual health involves more than the absence of STIs or the ability to have children. It also involves the right:

- to enjoy sexual relationships free from fear, shame and guilt;
- not to be pressurised into sexual activities against one's free will;
- not to be denied the expression of one's sexual feelings.

The Family Planning Association's definition of sexual health presented at the start of this paper is essentially *sex-positive* in nature without any underlying religious or moral concepts of sexuality. It is individual-centred rather than value-laden. We have presented some evidence that sexuality and sex education in Northern Ireland are still contentious subjects, deeply embedded in Christian moral thinking and teaching, which essentially aims to strengthen the bonds to denominational organisations and in that sense contributes to the preservation of the socio-religious conflict in Northern Ireland. Paradoxically, politicians who are otherwise found on opposing ends of the socio-religious divide in Northern Ireland are united when issues like abortion or the availability of emergency contraception over the counter are discussed. However, in that respect Northern Ireland does not differ from any other European country where more liberal and realistic laws have already been passed through the parliament.

Programmes such as sex abstinence education of 'Love for Life' are unlikely to succeed in the long run. They discourage self-esteem and individual decision-making

and therefore deprive young people of a healthy development of their individuality and personality. What is required instead is a *sex-positive* approach, one which encourages young people to discuss matters of sexual health widely with their peers and others.

Notes

1 A similar gender imbalance was found in the British Surveys of Sexual Attitudes and Lifestyles (Johnson *et al.* 1994; Wellings 2001), which used face-to-face interviews only, with a random probability sample based on postcode address file. In the original survey 45 per cent of the respondents were males, in the follow-up survey 40 per cent were male

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