



## Adolescent Sexual Health Behaviours in Ireland Submission to the Sexual Health Strategy

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### Health Behaviours in School-aged Children Study (HBSC)

HBSC is a cross-national network of 52 research teams investigating child and adolescent health in Europe and North America. The network collaborates to collect standardised data from nationally representative samples of young people every four years. Ireland has been a member of HBSC since 1998, with the most recent data collection taking place in 2018. Sexual Health is a key component of health and information on sexual behaviour is collected from participating young people aged 15 years and older. Sexual health has been included in the HBSC Ireland study in 2010, 2014 and 2018.

Childhood and adolescence are critical developmental periods with unique challenges and opportunities to influence health and wellbeing (Inchley et al., 2020a). Investment in these life stages and support for these key formative years can provide better outcomes for children, with an ecological life-course approach recommended (Tomlinson et al., 2021). Investment is particularly important to address inequalities in health. The right to health and development for children and adolescents is central to the United Nations Convention on the Rights of the Child (United Nations, 1989).

This submission summarises what is known to date about sexual behaviour among adolescents from the HBSC Ireland studies. It includes information on rates of sexual initiation, early sexual initiation, sexual regret, contraception use, international comparisons and trends over time in adolescent sexual health behaviours. The findings included are drawn from national and international reports, factsheets and peer-reviewed journal articles. More detailed tables are presented from page three.

The Irish HBSC team operate a knowledge translation helpdesk to provide evidence to policy and decision-makers. Greater detail on the findings reported, methodologies employed, and analytic approaches, or further analyses of the existing datasets, can be requested by contacting us at [hbsc@nuigalway.ie](mailto:hbsc@nuigalway.ie).

### *Summary of sexual initiation*

Sexual initiation by ages 15-17 is more likely among boys, older adolescents, and those from lower social class families, in rural areas and not living with both biological parents; it is predicted by substance use, bullying involvement, and spending time with friends. Those who like school and find it easy to talk to their parents are less likely to be sexually initiated.

### *Summary of early sexual initiation*

Sexual initiation before age 14 is more common among boys; it is predicted by substance use, bullying, and consumption on unhealthy food. Those who report ill-health and close relationships with family are less likely to report early sexual initiation.

### *Summary of contraception use*

Condom use at last intercourse is reported by most adolescents and is generally associated with other positive health behaviours, such as physical activity, toothbrushing and seat-belt use. No social class or family affluence differences are found in condom or contraceptive pill use. Non-use of contraception is more common among boys, younger adolescents and use of illicit substance and medication use.

### *Summary of sexual regret*

Almost one quarter of sexual initiated adolescents reported that they did not want to have sex at the time of their first intercourse or would rather have had it later; this was most common amongst girls, those from low affluent families and those with partners more than two years older than them. An age gap of more than two years with their first sexual partner was reported by 27.4% of Irish 15-year-olds.

### *Summary of international comparisons*

Irish 15-year-olds rank relatively low on rates of sexual initiation (32<sup>nd</sup> of 45 countries in 2018), and above the middle on condom and contraceptive pill use at last intercourse.

### *Summary of trends over time*

Between 2010-2014 there was little change in rates of sexual initiation, but between 2014 and 2018 the rates have decreased. Rates of contraceptive pill use and especially condom use at last intercourse have also decreased over time.

### **Policy needs**

- Safer adolescent sexual behaviour should be addressed in the contexts of young people's lives, thus evidence-based initiatives to support families and schools, and to reduce substance use should be supported.
- Condom use, as a barrier method to protect against Sexually Transmitted Infections is particularly important to promote; free and easy access to condoms is essential for adolescents.
- The implications of sexual regret are not yet fully understood; but the high rates of young people reporting sexual regret mean that further educational initiatives to improve consent and reduce coercion are essential.

**Table 1. Sexual initiation**

Issue	Pattern	Source
<b>Having had sex</b>	At age 15-18, boys are more likely to report ever having had sex (25.7%) than girls (21.7%) (Young et al., 2018; Költő et al., 2020); Older school students (Young et al., 2018) and those from lower social class groups, or living with one parent (HBSC Ireland, 2016) or in a stepfamily (Young et al., 2013a) are more likely to report having had sex	Young et al. (2018) Költő et al. (2020) HBSC Ireland (2016) Young et al. (2013a)
<b>Predictors of sexual initiation</b>	Alcohol, tobacco, and cannabis use, living in poorer neighbourhoods and having good communication with friends is predictive of being sexually initiated (Young et al., 2013; Young et al., 2018); living in a rural area (Burke et al. 2014); feeling pressured by schoolwork and spending four or more evenings out with friends is also predictive (HBSC Ireland, 2016; Nic Gabhainn et al., 2012). Sexual initiation by age 15 is also positively related to both somatic and psychological symptoms (Young et al., 2013)	Young et al. (2013b) Young et al. (2018) HBSC Ireland (2016) Nic Gabhainn et al. (2012) Burke et al. (2014) Young et al. (2013a)
<b>Protective factors</b>	Involvement in music and drama is protective against sexual initiation (Young et al., 2018); liking school and finding it easy to talk to their mother and father is also protective (HBSC Ireland, 2016; Nic Gabhainn et al., 2012; Young et al., 2013)	Young et al. (2013b) Young et al. (2018) HBSC Ireland (2016) Nic Gabhainn et al. (2012)
<b>Children in care</b>	An analysis of 2010 data from the Midwest region demonstrated higher rates of sexual initiation among 15–17-year-olds in care (65% of boys and 52.6% of girls)	Burke et al. (2013)

**Table 2. Early sexual initiation**

Issue	Pattern	Source
<b>Having had early sex</b>	First sex below 14 years old is more likely in boys than in girls; comprising 22.8% of boys and 13.4% of girls who have ever had sex (Young et al., 2013a; 2018)	Young et al. (2018)
<b>Predictors of early sexual initiation</b>	Early sexual initiation is associated with rural living, cannabis involvement and bullying others for both boys and girls (Young et al., 2018). Early sexual initiation among boys is predicted by alcohol involvement, unhealthy food consumption and taking medication for psychological symptoms (Young et al., 2018; 2013a); and early initiation of risk behaviours, including substance use (Burke et al., 2018). Early sexual initiation among girls is predicted by being bullied (Young et al., 2018); unhealthy food consumption and early initiation of risk behaviours, including substance use (Burke et al., 2018)	Young et al. (2018) Burke et al. (2018)
<b>Protective factors for early sexual initiation</b>	For boys, better communication with friends and symptoms of ill-health were protective of early sex (Young et al., 2018), fewer close friends and more supportive family (Burke et al., 2018). For girls, taking medication for physical symptoms and attending regular health checks was protective of early sex (Young et al., 2018)	Young et al. (2018) Burke et al. (2018)

**Table 3. Contraception use**

Issue	Pattern	Source
<b>Condom use</b>	Condom use was reported by 80% of 15–18-year-olds at last intercourse in 2010 (Young et al., 2018), 73% in 2014 and 64% in 2018 (Költő et al., 2020). There is no difference between social classes in condom use (Költő et al., 2020), or between levels of family affluence (Young et al., 2013). Condom use is higher at last sex than at first sex (Walker et al., 2021)	Young et al. (2018) Költő et al. (2020) Young et al. (2013b) Walker et al. (2021)
<b>Predictors of condom use</b>	Boys' condom use was predicted by older age, higher family affluence, bullying others, frequent physical activity, and health other health protective behaviours (Young et al., 2018) Girls' condom use was predicted by healthier food consumption, higher quality of life and being bullied (Young et al., 2018). Among both boys and girls, those who were more physically active and who reported more parental influenced behaviours (i.e. tooth brushing and seatbelt wearing) were less likely to have last engaged in intercourse without using a condom (Young et al., 2013b)	Young et al. (2018) Young et al. (2013b)
<b>Predictors of non-condom use</b>	Girls who also reported taking medication for physical and psychological symptoms were less likely to report condom use than other girls (Young et al., 2018);	Young et al. (2018)
<b>Contraceptive Pill use</b>	Contraceptive pill use at last intercourse was reported by 29% in 2018, with no differences across social class groups (Költő et al., 2020), or family affluence (Young et al., 2013) Contraceptive pill use was higher at last sex than at first sex (Walker et al., 2021)	Költő et al. (2020) Young et al. (2013b) Walker et al. (2021)
<b>Dual contraceptive use</b>	Use of both condom and contraceptive pill at last intercourse was more commonly reported by girls and older adolescents (Young et al., 2013b)	Young et al. (2013b)
<b>Contraception non-use</b>	Non-use of contraception at last intercourse was more common among boys and by younger adolescents and was predicted by substance use (both alcohol and cannabis), and medication use for physical symptoms (Young et al., 2013b)	Young et al. (2013b)

**Table 4. Sexual Regret**

Issue	Pattern	Source
<b>Rates</b>	Internationally around a fifth of 15-year-olds regret the timing of their first sexual intercourse, in Ireland 21.7% reported they would rather have had it later and 2.4% that they did not really want to have intercourse at the time. A further 12.6% had not asked themselves that question.	Moreau et al. (2019)
<b>Predictors of regret</b>	Girls, those from low affluence families, and those with a partner more than two years older than them were more likely to regret the timing of their first sexual intercourse. Irish 15-year-olds were significantly more likely to report regret than French 15-year-olds	Moreau et al. (2019)
<b>Age patterns</b>	27.3% of Irish 15-year-olds reported an age difference of more than 2 years between partners, a little lower than the international average of 31.7%	Moreau et al. (2019)

**Table 5. International Comparisons**

Issue	Pattern	Source
<b>2010</b>	In 2010, Irish 15-year-olds ranked 27 <sup>th</sup> of 39 countries in Europe and North America on ever having had sex (Nic Gabhainn et al., 2012). Dual use of condom and contraceptive pill at last intercourse was similar in Ireland (16.3%) compared to the international average (15.7%). Reports of withdrawal as a method of contraception at last intercourse among those who did not use either a condom or contraceptive pill was much lower in Ireland (1.6%) than internationally (19.4%) (Young et al., 2013)	Nic Gabhainn et al. (2012) Young et al. (2013b)
<b>2014</b>	In 2014, Irish 15-year-olds ranked 32 <sup>nd</sup> of 40 countries in Europe and North America on ever having had sex (HBSC Ireland, 2016)	Moreau et al. (2019)
<b>2018</b>	In 2018, Irish 15-year-olds ranked 32 <sup>nd</sup> of 45 countries in Europe and North America on ever having had sex; 19 <sup>th</sup> on use of contraceptive pill at last intercourse, 19 <sup>th</sup> on condom use at last intercourse and 14 <sup>th</sup> on the use of neither condom or contraceptive pill at last intercourse (Inchley et al., 2020)	Inchley et al. (2020)

**Table 6. Trends over time**

Issue	Pattern	Source
<b>Sexual initiation</b>	There was no difference between 2010 and 2014 in the proportion of 15–17-year-olds that reported ever having sex (Gavin et al., 2015). However, between 2010 and 2018 there was a statistically significant decrease in the proportion of young people aged 15-17 who reported that they have ever had sex: 25.5% in 2010; 22.0% in 2018 (Gavin et al., 2021)	Gavin et al. (2015) Gavin et al. (2021)
<b>Condom use</b>	Between 2010 and 2018 there was a statistically significant decrease in the proportion of young people aged 15-17 who reported that they used a condom at last intercourse: 78.0% in 2010; 65.9% in 2018 (Gavin et al., 2021)	Gavin et al. (2021)
<b>Contraceptive pill use</b>	The proportion of 15-17 year olds who had ever had sex and reported contraceptive pill use at last intercourse was 33% in 2014 and 29% in 2018 (Költő et al., 2020)	Költő et al. (2020)

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