



Young People

January 2011

FPA defines sexual health as *the capacity to enjoy and express sexuality without exploitation, oppression or physical or emotional harm*. FPA believes that a positive attitude towards young people's sexuality and relationships is at the core of promoting positive sexual health. We believe that sex and relationships education (SRE) should help to equip young people to enjoy sex and relationships that are based on qualities such as mutual respect, trust, negotiation and enjoyment. Young people must also be able to access sexual health information and services which meet their needs.

1. FPA believes that young people need to be equipped with the knowledge and skills to develop sexual behaviour that is safe and enjoyable for them and for others.
2. FPA believes that all young people have the right to high quality, appropriate and relevant SRE and that SRE should be compulsory within the National Curriculum in both primary and secondary schools.
3. FPA believes that sexual development takes place from birth, and that sexuality affects people for the whole of their lives, regardless of whether they are sexually active.
4. FPA believes that young people's sexual development is generally perceived in a negative way and should instead be viewed positively.
5. FPA believes that all sexual health service providers, including general practice, contraception and genito-urinary medicine (GUM) clinics, youth advice clinics and telephone helplines, must ensure that they are accessible, appropriate and welcoming to young people and should offer high quality, confidential services.
6. FPA believes that parents, carers and all professionals working with young people – including in health, education, social services and youth services – should have access to support, advice, information and training on sexual health issues.
7. FPA believes that the sexual health needs of young people are best served by multi-agency and multi-disciplinary approaches, and that young people should be fully consulted in the development of services.
8. FPA believes that the law must protect young people from abuse, but it should not be an obstacle to their sexual development or their ability to get help and advice when they need it.

It is essential to recognise the different pressures exerted from birth on boys and girls which will have an impact on their sexual attitudes and behaviour in later life: the values and pressures of male and female peer groups are different; the personal, psychological and physiological needs of men and

women vary; the influence of social and cultural factors on how a young person will express his or her sexuality cannot be underestimated; and there is clear gender difference in how sexual behaviour is viewed. Social class and educational achievement also have a strong influence on sexual development; young people from lower socio-economic groups or those who leave school without qualifications are much more likely to engage in first sex before the age of 16¹. The pressures to conform to a societal norm are enormous, and there can be a huge personal cost for anyone who does not 'fit' that norm. The need to conform is particularly strong during adolescence: young people often experience pressure to become sexually active, and research shows they have misconceptions about the sexual behaviour of their peers².

Young people's sexual experimentation should be seen as one step in the process of the development of an adult identity, but it is relatively unusual for it to be viewed in such terms. Puberty and adolescent sexuality are too often viewed in a negative light, and young people's behaviour is pathologised as a result. This has been exacerbated in England and Wales by the Sexual Offences Act 2003, in Northern Ireland by the Sexual Offences (Northern Ireland) Order 2008 and in Scotland by the Sexual Offences (Scotland) Act 2009, which technically criminalise all sexual activity for under-16s, even where this is consensual. This criminalisation of normal adolescent sexual activity has created fear and confusion and is a further example of the negativity with which such activity and experimentation is viewed. FPA recognises the importance of protecting children and young people from unwanted or inappropriate sexual activity, but we also recognise how important it is for young people to be able to make informed choices about their own sexual behaviour, and we believe that these pieces of legislation make it more difficult for them to do so.

SRE must be inclusive and relevant and should meet the educational and emotional needs of *all* young people. An emphasis on qualities within relationships such as respect for others, honesty, trust, self-respect and self-esteem avoids stigmatising or promoting any one form of relationship or sexual orientation. The role of SRE is also crucial in reframing sexuality in a positive light. SRE should both explore and challenge conventional notions of masculinity and femininity. It should help young people to develop the knowledge, skills and attitudes to feel happy and supported in their sexual identity and to support and respect the sexual identity of others. High quality SRE, linked to confidential health services and combined with honest communication at home, has been shown to delay the start of sexual activity³. It also means that young people are more likely to use contraception when they do have sex.

Sexual health services for young people should be built around the expressed needs of young people and underpinned by an understanding of the impact of sexual orientation and gender on their sexual and social identity and behaviour. Research⁴ shows for example that there are many ways in which services actively discourage the involvement of boys and young men through their publicity, their image in the community, the attitudes of staff, or through the lack of a suitable waiting area. We believe links between education and

health services should be encouraged, including providing holistic health provision on-site in secondary schools, colleges, and universities, to meet young people's needs. All sexual health services for young people should include advice and support about the availability of contraception, screening for STIs and other services.

Young people consistently say that they are deterred from accessing services because of fears that their confidentiality will be compromised or that they will encounter judgmental attitudes. In England and Wales, the Sexual Offences Act 2003 created fear and confusion among young people and professionals about the right to confidentiality. Although this legislation did *not* affect young people's right to confidential information and advice, uncertainty around the Act may make young people less likely to seek help or advice about their sexual health and development, and may make professionals more cautious about providing this help and advice. Where young people are accessing sexual health services, it is crucial that professionals do not confuse child protection issues with the normal sexual development of young people. It is important that health professionals continue to be confident in advising and providing services to young people in accordance with the latest guidelines on confidentiality⁵.

A positive attitude towards young people's sexuality is at the core of promoting positive sexual health. Young people need to feel comfortable and assured about the changes brought by puberty and the impact of these changes on their relationships and emotions. They need to have correct information about safer sex, and to develop the personal skills and confidence to negotiate the sexual relationships that they want at the time that is right for them and their partner, including the ability to resist the pressure to have sex until they are ready.

The role of parents, carers and professionals in meeting young people's information, emotional and physical needs is crucial. Parents and carers report that they are given very little help in talking to their children about sex⁶. They need to have improved support, information and advice to enable them to talk more easily with their children about sex and relationships. An exploration of sexuality, sexual orientation, gender, sexual stereotypes and discrimination should also form an essential component of training for all professionals working with young people in a health, education, social services or youth work capacity.

Further information

Aggleton P et al, *The implications of research into young people, sex, sexuality and relationships* (London: Health Education Authority, 1999)

FPA, *FPA's guide to commissioning sexual health services for young people* (London: FPA, 1999)

The Sexual Offences Act 2003 (London: TSO, 2003)

Sexual Offences (Northern Ireland) Order 2008 (Belfast: TSO, 2008)

Sexual Offences (Scotland) Act 2009 (London: TSO, 2009)

FPA policy statements on *Sex and Relationships Education* and *Boys and Men* (2011)

¹ Wellings K et al, 'Sexual behaviour in Britain: early heterosexual experience', *The Lancet*, no 358, vol 9296 (1 December 2001), 1843-1850.

² Dennison C, *Teenage Pregnancy: an overview of the research evidence* (London: Health Development Agency, 2004)

³ Swann C et al, *Teenage Pregnancy and Parenthood: A review of reviews, evidence briefing* (London: Health Development Agency, 2003)

⁴ Pearson S, 'Promoting sexual health services to young men: findings from focus group discussions', *Journal of Family Planning and Reproductive Health Care*, vol 29, no 4 (October 2003), 194-198

⁵ Department of Health, *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health* (London: DH, 2004)

⁶ Social Exclusion Unit, *Report on Teenage Pregnancy*, (London: SEU, 1999)