

# INCREASING THE KNOWLEDGE BASE ON YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN EUROPE

Summary report of qualitative research conducted in five European countries under the SAFE II project



# Increasing the Knowledge Base on Young People's Sexual and Reproductive Health and Rights in Europe

Summary report of qualitative research conducted in five European countries under the Sexual Awareness for Europe (SAFE II) project

**RutgersWPF**

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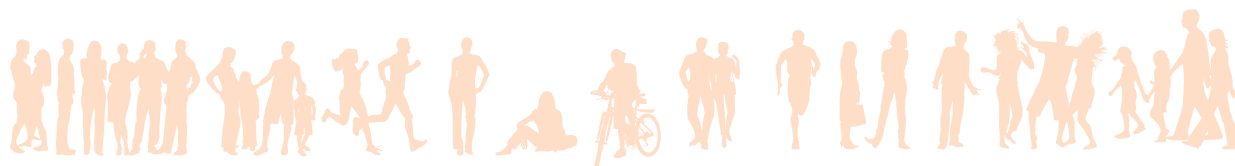
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Despite the limitations of the research and challenges faced throughout this project, we value the qualitative data that was gathered, the partnerships that were established with universities and research institutes, and the involvement of young people. We are confident that the research data will be used to inform future strategies, policies and interventions on young people's sexual and reproductive health and rights, and hope it provides a stimulus for further qualitative research in this field. Furthermore, we hope this project helps to enrich understanding of the diversity of young people and their specific needs, which is crucial for improving the health and well-being of all young people in Europe.

**Vicky Claeys**  
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# 1. Introduction



This report summarizes qualitative research conducted in five European countries under the SAFE II project, which aims to enhance the sexual and reproductive health and rights (SRHR) of young people across Europe, and builds on the achievements of the SAFE project (2004–2007). The project seeks to enhance the SRHR of young people in Europe through better cooperation among EU countries, coordination among agencies and harmonization of public health policies, health promotion strategies and programmes. One of the specific objectives of the project is to improve understanding of the determinants of behaviours and practices affecting the SRHR of young people in Europe, and to provide an overall picture of the patterns and trends related to young people's SRHR. This new knowledge has been gathered into a Research Work Package which practitioners, programmers and policymakers can use to develop new and innovative ways to reach young people with SRHR information and services, and to inform, support and advance policy development.

The SAFE II project is a collaborative effort between the International Planned Parenthood Federation European Network (IPPF EN) Regional Office, 14 of its Member Associations,<sup>1</sup> and 10 collaborating partners including the World Health Organization (WHO) Regional Office for Europe. The IPPF Member Association in the Netherlands, RutgersWPF (formerly known as Rutgers Nisso Group), was the lead agency on the SAFE II Research Work Package and worked in close collaboration with the following IPPF EN Member Associations: FPFE (Spain), profamilia (Germany), Sensoa (Belgium), SPRSV (Czech Republic) and OEGF (Austria).

## How the research was conducted

Each of the Member Associations chose its own research subject, which helped to ensure that the findings were useful and appropriate for their national contexts and their organization's interests and strategies. The Austrian Member Association, OEGF, looked at the process of peer group communication and its effects on sexual behaviour. FPFE in Spain studied teen and youth pregnancy and formulated recommendations related to the needs expressed by the young women who participated in the study. Sensoa in Belgium looked at the experience of early first sexual intercourse and the determinants which shape that experience. SPRSV in the Czech Republic focused its research on young people's needs and the sources of information they use in relation to SRHR. profamilia in Germany

explored young people's desires and needs regarding health and rights services and derived practical requirements for youth-friendly SRHR services.

Each of the research teams conducted an initial inventory of the evidence available on young people's SRHR in their respective countries, and undertook an analysis of information gaps. They participated in a training workshop on qualitative research conducted by RutgersWPF and IPPF EN, which generated a series of research questions, methods of data collection and research design that helped to establish the methodology for each of the country studies. RutgersWPF also conducted a workshop on research reporting and making conclusions, which provided information that the Member Associations could use as they finalized their reports, produced a fact sheet with the results of their studies and disseminated the results nationally and abroad. The Member Associations worked independently on their research but were invited to share experiences and expertise both with each other and with the RutgersWPF research team throughout the process.

## Benefits of the project

In addition to the new knowledge generated by the country studies, which is summarized in the following pages, there were a number of other important outputs. In particular, RutgersWPF researchers taught and guided the researchers in the Member Associations, some of whom were young and relatively new to this type of research. The two workshops were vital opportunities for face-to-face learning, and were followed up with feedback on various elements of the research throughout the project.

Another important outcome was the development of an inventory of literature on young people's sexual health. The original SAFE II project description recommended the formation of a research task force to undertake a review of the literature. However, budget limitations and the broad scope of the topic (SRHR of young people in Europe) made it difficult to fully carry out this task. Nevertheless, RutgersWPF was able to compile country inventories for the five national studies (Austria, Belgium, Czech Republic, Germany and Spain) and an overview of recent, relevant literature. Researchers at RutgersWPF analysed and categorized this information by subject, and it is available and accessible on the SAFE II website ([www.ysafe.net/safe](http://www.ysafe.net/safe)). The inventory, along with the research results summarized in the rest of this report, help to build the knowledge base on the SRHR of young people in Europe and provide unique data that can lead to more effective policies and programmes.

<sup>1</sup> The Member Associations are non-governmental organizations working at the national level to ensure that the SRHR of women, men and young people are met with adequate programmes, policies and resources.



## 2. Belgium: Early first sexual intercourse – looking for determinants of a positive experience

Sensoa, IPPF EN Member Association from Belgium, and the University of Gent cooperated on SAFE II. The team chose to focus on a group about which so far little is known but which is considered vulnerable: young people who start having sex at an early age. Overall, the research offers a better and more modified (qualified) understanding of early first sexual intercourse. More specifically, it focuses on the experience of that first intercourse and the determinants which shape the experience.

### Research method

A theoretical model for the experience of first intercourse founded on literature was constructed which focused, first, on the protective or adverse circumstances under which the first intercourse took place and, second, on the influence of social norms and expectations. It was hypothesized that age alone does not explain the first intercourse experience, but instead is correlated with sexual readiness, which in turn defines the degree to which the young adolescent is able to create beneficial circumstances for first intercourse. To answer the research questions, personal interviews were conducted with 24 young people who experienced their first intercourse at age 14 or younger. This age condition was motivated by earlier research indicating that at age 14 less than 20% of young people have had sex, and thus this can be classed as 'early'. The respondents were between 16 and 18 years old at the time of the interviews. An advisory committee of young people was established, meeting several times to discuss and interpret the interviews. This was done to improve youth involvement in the research and to ensure that the right conclusions would be drawn from the interviews. Another way of improving youth involvement was to contract university students to conduct the interviews.

### Results

As early first intercourse is generally believed to be harmful, the question posed was whether this was true, and why. The results showed that for most respondents their first intercourse was a positive experience, as measured by positive emotions towards the first sexual partner. In the absence of deeper emotions towards the first partner, first intercourse could also be experienced positively due to the level of purely physical pleasure it induced. For some respondents with an initially positive experience of first intercourse, feelings of ambiguity occurred when reflecting on it later in adolescence. This ambiguity manifested itself as negative feelings about one's age at first intercourse or about the first partner. Negative experiences of first intercourse in terms of regret and lack of satisfaction were mainly found among young people who experienced their first time as an occasional sexual encounter or under pressure in a relationship. Thus the quality of the relationship with the partner appears to be of major importance for the



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experience of first intercourse. Nevertheless, the youth advisory committee also warned against too serious, long-lasting, 'adult-like' relationships at such an early age, mainly because this might jeopardize relationships with friends.

Several aspects of the decision to have one's first intercourse were identified as determining the experience of it. Having had time to think about it, having a certain level of sexual and relationship experience, feeling able to have sex for reasons that are important to oneself, and feeling respected and not pressurized, are aspects of this decision which lead to a positive experience and little or no regret about it afterwards. The members of the youth advisory committee, however, strongly noted the responsibility of the young adolescents themselves for identifying their sexual wishes and boundaries and also for acting on them. There also seems to be little understanding of young people who did not manage to do so and, as a consequence, regretted their first intercourse.

As all the respondents experienced their first intercourse at a relatively early age, they can be categorized as having had an 'atypical sexual trajectory'. Research has shown that the majority of young people follow a 'typical sexual trajectory' in which they move progressively from less to more intimate sexual behaviour, with substantial time between the different steps. A minority follow an 'atypical trajectory' in which they either move on to sexual intercourse before experiencing less intimate forms of sexual behaviour, or move very quickly



through the different steps. This research clarifies who these young people with an atypical sexual trajectory are and what their experiences look like.

Two types of atypical trajectories were identified: a linear trajectory in which a progressive passage from less to more intimate sexual behaviour was made, but at an accelerated pace, and a non-linear trajectory in which several steps were skipped and the young person moved on to sexual intercourse before experiencing other types of less intimate sexual behaviour. The results are clear in that the non-linear sexual trajectory entails a bigger risk of a negative experience of first intercourse. Furthermore, this sexual trajectory was generally associated with having the first sexual intercourse outside a relationship. Another interesting finding was that some of these first sexual encounters in a non-linear trajectory were isolated acts not followed by more sexual activity.

Most of the respondents did not openly discuss their sexual experiences with their parents, and for many their parents did not know about their first intercourse. An open communication with parents was not found to be a necessary condition for a positive experience of first intercourse, but those who could talk about it appreciated the open communication. There are big differences in the underlying motivations of respondents to remain silent about becoming sexually active. For some it is a matter of avoiding family conflict, while for others the topic is too private to discuss. The members of the youth advisory committee suggest that an open attitude towards sex and relationships on the parents' part is important for young people, rather than actually communicating about these issues.

The respondents show great diversity in whether and how they talk to their friends about their first sexual intercourse. Some respondents kept quiet for a while because of feelings of shame, while others immediately told their friends and felt proud of it. The youth advisory committee suggests that peers do not have the power to shape the experience of first intercourse, but they will reinforce the experience which is

already there. When first intercourse is experienced negatively, negative reactions from peers will intensify negative emotions, whereas when experienced positively, those positive reactions will intensify the positive feelings.

It is clear that young people who initiate sexual intercourse at an early age show specific vulnerabilities. They may not be sufficiently prepared to deal with making decisions about it, or they may be faced with different relationship dynamics from what their peers experience at that age. When asked about their needs for help and support at the time of their first intercourse, most respondents say that they found the support they needed among their friends. When it comes to the need for information, however, most respondents report that at that point they were insufficiently informed about sex and relationships. The sex education provided at school was either too narrowly focused on biological aspects of reproduction or was given too late. Young people want to know more about the relationship aspects of sexuality, and they want to know about it before they actually become sexually active. Later during adolescence, however, they become self-sufficient in finding the information they need, mainly through the Internet and communication with peers.

The research conclusively confirms the hypothesis that age alone is not a good predictor of the first experience of intercourse. Several protective and adverse circumstances for the first experience of intercourse were identified. Moreover, some respondents were found to be more able than others to achieve those protective circumstances. The ability to create the right conditions for the first intercourse to take place can be considered an indicator of sexual readiness. Consequently, sexual readiness is a far more meaningful determinant of the first experience of intercourse than age. Of course, age in its turn will correlate strongly with the young person's sexual readiness. The reactions from the social environment could be associated with the first experience of intercourse, but it is suggested that these social environmental aspects are only enforcing the emotions already there.

## Conclusions

The results of this research offer clear support for advocating for more and broader sex education for young people, starting at an early age. Not only do young people demand this themselves, the research also shows that early starters who engage in serious relationships are exposed to relationship dynamics which can make them more vulnerable and for which they could use adult guidance.

This research will also serve to support young people to deal with the question of how to know whether or not they are ready for sexual intercourse. This question is often posed by young people, but is not easy to answer. The results from this research will be used to increase knowledge

on the topic of sexual readiness by Sensoa (Belgium). This will be done by using the information on sexual readiness on its websites and in publications as well as by integrating it into its existing programmes for sexual health promotion.

The research should also stimulate researchers, policymakers and care and prevention workers to think about early starters in a more qualified way. It is clear that this group of young people should not be framed as sexual risk-takers or as victims. The group of early starters is very diverse and many have engaged in their first intercourse after a serious decision-making process.



### 3. Austria:

## Peer communication and healthy sexual behaviour

The Austrian Family Planning Association (OEGF), Member Association of IPPF EN, focused on the process of peer group communication and its effects on sexual behaviour. In this study a peer group is defined as a group of people of approximately the same age with whom the young person regularly interacts. These can be his friends or members of a set with whom leisure time is spent. Research goals include improving knowledge about relevant aspects of young people's communication about sex, as well as gaining insights into antecedents of peer group communication that affect sexual health. This includes healthy behaviour, such as birth control and STI prevention, as well as the ability to enjoy sexuality in a self-determined and competent way.

#### Research method

A focus group discussion with experts in the field of youth work and youth sexuality was conducted to identify key characteristics of peer group communication in general as well as in connection to sexual behaviour. The focus group discussion yielded input that was used to develop a semi-structured interview guide. Narrative one-on-one interviews were then conducted with 14 teenagers (seven boys and seven girls aged 13–17). Nine of them were from immigrant families (Turkey, Kosovo) and four lived in supervised accommodation. Different venues for recruiting subjects were explored to encompass different socioeconomic backgrounds. Contact was established with a number of youth centres and the *First-Love* clinics of two hospitals, as well as park attendants and Scout groups. The *First-Love* walk-in clinics are counseling departments in hospitals for young people under the age of 18, where they can talk about sexual issues and problems with psychologists or doctors.

#### Results

The study shows that teenagers' sexual behaviour seems to depend on the settings in which peer group communication takes place. When adolescents report talking to peers in different settings, it tends to be accompanied by sexual behaviour that is risky in terms of not using protection or being persuaded to have sex. The Internet is an important place of communication—for example, social networks such as Facebook, where they meet prospective partners and where relationships are defined or even ended. They talk to their parents at home, but to talk undisturbed to friends they go elsewhere. Peer communication – especially among boys – often involves talking about sex when they have drunk too much or when they are out on the streets. In general, participants prefer to talk about sexuality in a private setting, to one other person or in a small group and where they will not be disturbed.



Having best friends to talk to, preferably of both sexes, seems to be a deciding factor for whether or not a teenager shows sexual behaviour that is healthy or risky. Having a best friend tends to increase the likelihood of healthy sexual behaviour. Adolescents find that it is important to be able to turn to an adult for advice; this could be a parent, teacher or youth worker etc. Same-sex partners are especially important to turn to. Adolescents in steady relationships prefer to discuss sexuality with their partners. Conversations about sexuality, but at a more superficial level, also take place between classmates or within the extended circle of friends.

This study found that young people who were self-determined in their sexual behaviour and knew how they wanted to have sex did not often discuss their problems with their friends. All teenagers talked with their friends about being in love and their first experience of sexual intercourse, regardless of their sexual behaviour. The conversations frequently involved their own or their peers' relationships, their first kiss, contraception, pornography or the end of a relationship. Some adolescents did not talk to anyone about their first intercourse until a week later.

Adolescents who reported well-considered opinions or healthy sexual behaviour also tended to talk less about emotions (positive or negative). On the other hand, teenagers who showed sexual behaviour that threatened their emotional or physical health reported a greater variety of emotional states. Although protection of their privacy was important to most of them, falling in love and having romantic feelings for someone were frequently discussed. They especially discussed new feelings and experiences with their closest friends. Some girls did not tell their closest friends about their first sexual experience immediately, because they were afraid of their friends' disappointment or of being reproached. Trust was also a frequently mentioned emotion. Nearly every teenager in the study felt that it was important to have a person they could trust.

Teenagers who were asked about sexuality by adult confidants (parents, counsellors) showed healthy sexual behaviour and had well-considered ideas of what this entailed. The same was found for reports of non-judgmental and accepting ways of communication by others and being firm in one's beliefs (for example, not being influenced by others). A common form of communication was exchanging reporting and listening. Adolescents liked to give advice to their peers, but they also asked their peers' opinions, thus also receiving advice in return. Having a serious conversation was equally important to adolescents as fooling around and cracking jokes in a relaxed atmosphere. Sexuality is often referred to in such a setting, but seldom in the sense of a conscious and planned discourse. It is noticeable that the boys tended to exaggerate and liked to show off when it came to telling their side of a story, whereas girls were more

likely to play a situation down. The adolescents reported that they talked about sexuality frankly but in little detail.

The present study indicates that healthy sexual behaviour is connected with certain aspects of peer group communication such as the communication partner or type of communication. Having a best friend as a communication partner seems to be a protective factor for risky sexual behaviour. Discussions with peers about feelings and inner experiences were not generally very open, maybe because adolescents seem to find it difficult to verbalize their emotions and innermost feelings at a metalevel. However, it was found that girls talked about sexual matters and their feelings more often than boys. Communication among boys is often incidental and accompanied by alcohol consumption. This possibly lowers the inhibition threshold, making it easier for boys to talk about intimate subjects.

The present study also shows that adolescents in empathic and supportive parent-child relationships tend to find it easier to build and maintain close and trusting relationships with peers. Consequently, adolescents who described the communication with their parents as rather aloof and the child-parent relationship as unsupportive were less likely to have a trusting and close relationship with their peers. Some young people reported that their parents were not interested in their personal and intimate lives. Furthermore, these adolescents reported finding it difficult to trust other people and often did not believe in what others said, especially when it comes to sex-related discussions with friends.

## Conclusions

Overall, this study illustrated that the quality of relationships with family as well as peers is essential for teenagers, and that there is a connection between the emotional atmosphere within the family, the quality of relationships with peers and sexual behaviour and attitudes.

Potential prevention measures should focus particularly on adolescents from socially deprived backgrounds. These are probably predisposed to show risky sexual behaviour due to the tendency to less open communication styles in their families. As adolescents who show unhealthy sexual behaviour also more often exhibit risky behaviour in general (alcohol consumption, going out a lot, frequently changing partners), a closer investigation should be made into

possible ways of preventing the risk factors involved. New programmes may be needed that specialize in working with parents, teaching about risk factors and communication skills and other skills necessary for promoting a warm emotional atmosphere within the family.

The results clearly underline that it is important that future sexuality education programmes provide the possibility to discuss issues in gender segregated and small groups, since young people tend to prefer to talk about sexuality in a private setting. Girls in particular prefer to talk about intimate matters with females. For boys a relaxed and light-hearted approach to the subject of sexuality is important.



## 4. Czech Republic: Sexuality – young people's information needs and sources

Discussions about sexuality education in schools were taking place in the Czech Republic at the time when the Czech organization SPRSV, Member Association of IPPF EN, was involved in the the SAFE II project. These discussions gave the organization the impulse to focus the research on gaining knowledge about young people's information needs regarding sexuality and the sources they use. Over the duration of the SAFE II project the situation in the Czech Republic has significantly deteriorated, and thus the project has gained in importance. The Czech Republic has been one of the least religious and most liberal countries in the world for years. After the elections of June 2010, however, conservative religious forces have gained many important posts, and the situation started to change. Sexuality education has been a part of the school curriculum for many years, but parental rights are now significantly prioritized over children's rights, and children and young people are treated as passive objects.

### Research method

The research goal was translated into five elementary survey questions:

- What are the key information needs?
- What are the key information sources?
- What is the perception of family sexuality education and communication about sexuality?
- What is the perception of school sexuality education and communication about sexuality?
- What is the perceived relationship between information about sexuality and sexual behaviour?

To obtain answers to the research questions, interviews were held with 87 young people aged 15 to 24 years. During the interviews a topic list was used, with a combination of several questions to cover each research question. Several separate questions regarding families and schools were included because these are the key areas with respect to sexuality education in general and the current situation in the Czech Republic.

The interviews were conducted by members of the SPRV informal group of young people, Netopeer. The group has existed since 2004 and has about 100 members. The topic list was checked and adapted at a meeting between the young researchers and other youth members. An educational workshop about the qualitative research took place at the meeting of the young interviewers in March 2011 in Prague. The analysis was carried out explicitly taking differences in age and gender into account.



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### Results

#### Key information needs

Young people are interested in information about sexuality and sexual maturity. Their interest evolves overtime, depending on their current stage of development and life situation. The key topics are conception, anatomical differences between the sexes, sexual maturity, coitus, contraception and protection against sexually transmitted infections (STIs). When they are older, significant issues are reproduction, sexual deviations, sexual violence and partner relationships.

Young people feel confident in terms of information but not in terms of social and communication skills helping them to attract and keep partners. The girls' needs seem to be more differentiated and complex than the boys' needs. Boys in general are more interested in 'practical' information about prevention of unwanted pregnancy and STIs.

#### **Key information sources**

Key information sources for children and young people are school and the family, then the Internet, professionals (doctors), either directly or in school, and also peers. They expect to get experience from their peers rather than exact information. Girls rely on magazines; young men also stress the importance of their own experience, especially in the field of sexuality. The influence of particular sources varies according to age (from family and schools to the Internet and professionals), but in general the majority of young people would appreciate more relevant and appropriately given information about sexuality in school and in the family.

#### **Perception of family sexuality education and communication about sexuality**

Young people consider the family to be the main source of information about sexuality. Some are deeply convinced about the role of the family, although not everyone is completely sure, and they often do not have enough experience and examples from their own family. Young people also realize that their family cannot provide all the particular and complete information even under ideal circumstances. Therefore, they acknowledge the important role the school plays regarding

sexuality education. In many families current sexuality education only consists of 'warning' against the negative results of sexuality (STIs, unwanted pregnancy). This kind of communication is not appreciated much by young people.

#### **Perception of school sexuality education and communication about sexuality**

School is considered to be important in the process of sexuality education, although young people's current experiences of sexuality education in school are not very positive, due to the insufficient space given to this issue or the inappropriateness of the information provided. School should complement and support, and eventually replace, the family role; however, these expectations are not currently being met very successfully in the Czech Republic. School sexuality education is appreciated because it is available for everybody, delivers messages without emotional context and offers background information on SRHR.

#### **Impact of information about sexuality and sex education**

Based on the research data, we may assume that information about sexuality and communication in this field has a certain impact on young people's sexual behaviour, in particular in the sense of emphasizing prevention of unwanted pregnancies, and even STIs. Having sufficient information at least encourages self-confidence among young people and helps partners to communicate more easily about contraception. Communication about sexuality within the family also appears to have a slight relation to the ability to communicate afterwards with one's own partners.

## **Conclusions**

The results show that young people have a need and interest for SRHR information and that these needs evolve over time, depending on their current stage of development and life situation. School and family are young people's main sources of information, although their current experience with sexuality education in school is not very positive. Sexuality education in schools should move from a focus solely on sexual health to a focus on social competences for building and maintaining relationships

and encouraging self confidence and communication in a partnership. Peer also play an important role and should be actively engaged in sexuality education programmes, especially by sharing their stories and supporting communication within a peer group.

The research results will be used to create new projects and to persuade decision-makers about young people's needs for education in the field of SRHR.



## 5. Spain: Factors that influence teen and youth pregnancy

The Spanish Family Planning Federation (FPFE), Member Association of IPPF EN, has carried out a study into teen and youth pregnancy. The main objectives of the research were to gain a better knowledge of the context of teen and youth pregnancy and the factors surrounding it, and to formulate recommendations related to the needs expressed by the young women. The study does not address decision-making about pregnancy.

### Research method

The study started by reading and analysing documents within a bibliographic review. It was considered that the qualitative in-depth interview was the most suitable technique given the objectives of the research. Qualitative interviews are oriented towards capturing the discourses, so they allow the young women's opinions and meanings to be collected in a private context. The project included the training of all people taking part in the research. Therefore, there was an intensive, participatory two-day training about the project. The interview script was developed, specific enough so it could be comfortably used in interviews with minors, but flexible enough to fit into the methodological requirements of an in-depth interview.

The study was performed by having 25 in-depth interviews, both with indigenous and Latin American girls, with an average age of 20 years.

### Results

This study confirms that a minority of the teen and youth pregnancies were planned, but the majority of them – regardless of the outcome – were not. Many of these unintended pregnancies were not unexpected, but this does not mean that the girls always felt prepared for the situation that arose. Therefore, the experience of pregnancy in all its complexity, including the decision about continuation or termination, meant an experience for almost all the young girls for which they were not prepared.

Pregnancy can be seen in relation to a desire or aspiration, which is always complex, subjective, changing and difficult to assess when talking about past events. Independently from this desire, pregnancies can be planned or not planned, which would be easier to get closer to than ambiguities around desire, love and longing.

This research has made evident that, in the experiences of teenagers and young women, the most significant factors



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are those related to her social situation (her occupational situation, her personal projects, her experience of that moment in terms of satisfaction), her social and sexual skills, and the quality of her relationship with her sexual partner at the time. Relating to this, we can see the use of social-sexual skills, but also gender roles and identity performance. Thus, there are many elements of gender inequality in young women's sexual experiences, including experiences of gender violence.

Young women of Latin American origin are torn between two cultural systems. They differ from young women from ethnic Spanish origin in having smaller personal networks and, occasionally, intense feelings of loneliness in their daily lives. They experience specific gender pressure, a tense family context because of the migratory process, higher expectations of successful emancipation and emancipating differently from ethnic Spanish women.

Throughout the study, it is made apparent that in the interviewees' experiences other elements have had an im-

pact equal to or greater than the biological consequences of getting pregnant. It is all about having or not having a satisfactory personal life and projects at the time. They also experience moral censure from friends and relations and thus lack of support, lack of specific resources directed towards teen and youth pregnancy, lack of orientation and monitoring about other options regarding the pregnancy, and moral judgments about the potential result of the pregnancy (whether it is interrupted or not).

FPFE has gained knowledge about the use of different resources for young men and women. Also, the interviewees have voiced interesting wishes and suggestions related to their needs. Most of them are about a methodology suitable for young people, better access to resources and innovation of specific services that offer comprehensive care, suitable for young people's health, to make informed and independent decisions.

## Conclusions

Many of the interviewees' wishes match the conclusions reached by the discussion group of professionals working in the field of sexual and reproductive health, as well as FPFE's approach and the perspective found in the existing specific literature: there is an institutional deficit with regards to the attention given to teenagers and young people on a social, educational and healthcare level.

With regards to the education system, or to sexuality education, as it is conveyed in the Charter of Rights of FPFE, sexual education must be included in the complete educational community: families, teachers, educational profes-

sionals, healthcare professionals, social workers etc. Formal education must be included in the academic curriculum, taught by experts and must be scientific. A broad perspective of sexual education must comprise not only reproductive matters but also communication, pleasure, self-esteem and negotiation.

The research also stresses the importance of giving voice to young people so that they can express and formulate their needs and wishes, promoting the creation of associations based on respect for young people's autonomy and with the objective of building support and self-support networks among young people.



## 6. Germany:

# Young people's desires and needs regarding out-of-school sexuality education services

What do young people want? What SRHR services do they need? What conditions must be fulfilled for them to feel that what is offered is genuinely tailored to their needs, available, acceptable and accessible?

To find the answers to these questions, pro familia, the IPPF EN Member Association in Germany and one of the main providers of out-of-school sexuality education services in Germany, sought young people's views.

### Research method

Interviews and group discussions were conducted with 38 young people in two German cities, all of whom used pro familia services. The analysis of the extensive data yielded 21 needs and desires, which have been translated into qualitative indicators which are practical requirements for youth-friendly SRHR service providers addressing the needs and desires of young people.

### Results

The study identified 21 needs and desires of young people. The criteria for assessing the quality of access to the services (availability, acceptability, accessibility and participation) were used to structure the data from the interviews and group discussions. In other words, the data underwent content analysis to determine whether they contained comments regarding the availability, accessibility, acceptability and level of participation of the services under research.

### Times

Services must consistently be made available at times when young people are free to use them – also during school holidays, when young people particularly need youth-friendly services. Therefore, a key challenge for youth-friendly services is to align the professional providers' culture with young people's time-related needs and culture. Young people expect more flexible times at which services are available, such as telephone consultation hours in the evenings and at weekends.

### Rooms

The young people who took part in the study attach great importance to the aesthetics, design and functionality of the rooms in which the services are offered. This is apparent from the number of comments they made in this respect and the fact that this aspect was discussed at such length during the group discussions. Aesthetics, design and functionality convey messages of high or low esteem; ultimately, they also express the extent to which young people are acknowledged as having rights. Rooms should also be barrier-free, and venues should be easily accessible by public transport.



© pro familia. Group discussion with members of the Young Mothers Group (accompanied by their babies).

### Settings

Youth-friendly settings are characterized by being prepared for spontaneous visits from groups of young people and having the necessary personnel and services to cater for them. Young people who turn up without an appointment should not be turned away. It is very important to them that friends who accompany them to the advice centre feel welcomed both by personnel and in the setting. Because the telephone is an essential medium for young people, telephone consultation hours are an important service.

### Respect and protection of the right to privacy

The young people who took part in the study frequently stressed that their right to privacy was respected and protected—in particular, their wish for distance. They did not want to be forced to discuss a particular topic or to disclose personal information. Therefore, the services – and especially group counselling—in which they participate should not implicitly convey the message that they have already had, or want to have, sex. In addition, they want absolute confidentiality. Trust that the services create a professional environment in which confidentiality is practised in a consistent and sensitive way is of great importance to them. This is of particular significance for girls from traditional or religious families. They worry that people will speak badly of them if they are seen at the advice centre or using its services and that their reputation will suffer as a result. This can be a serious problem for girls from traditional or religious families, and the boys share their concern.



#### Right of access to information and knowledge

Young people claim the right to access information and knowledge about contraception and sexuality. Young people who come into conflict with parental expectations when they use such services emphasize the need to acquire this knowledge so that they can have a good relationship with their partner in later life.

Girls whose familial, cultural or religious context requires that they refrain from sex before marriage regard this norm as a compass for their daily lives. At the same time, they interpret it in an enlightened way, stressing their right of access to knowledge about how to handle contraceptives and sexuality, and requesting services that provide such knowledge.

#### Schools in the role of intermediary

Young people welcome the fact that SRHR services are offered by the school. When such services are considered part of the school programme, it saves young people from having to justify their participation to parents and peers, conveys a sense of security and reduces their fear of the unknown. At the same time, they feel that the services should be voluntary and that nobody should be forced to take part. This is particularly emphasized in situations where young people are concerned about whether their rights to privacy and confidentiality are protected – or where such protection is not guaranteed. The voluntary nature of the offerings should be conveyed and realized in a credible and professional way.

#### Ensuring access through high-quality information about the services in advance

Young people who took part in the study stress the importance of high-quality information about the services in advance. They cite two ways in which this need can be satisfied. First, they would like online information featuring a detailed description of the services, the persons who deliver

them and the rooms in which they take place. Because they want to have a clear picture of what is ahead of them, visual materials, including videos, are very important, as are images of the rooms in which the services take place. This reflects the great importance that young people attach to the aesthetics and functionality of the rooms, as mentioned above. The second way in which advance information can be transmitted is via the young people themselves, acting as ambassadors for the services.

#### Free condoms and (unwanted) pregnancy counselling

Young people express a need to obtain free condoms and advice about how to use them. Of equal importance to them is the availability of counselling in crisis situations, especially in the case of pregnancy – or concern that one may be pregnant – and relationship crises. Advice centres should issue condoms to young people free of charge and be prepared for crisis-laden, sensitive situations that arise in the context of unwanted pregnancies. Free pregnancy tests and a counselling service (in a youth-friendly setting) are very important services.

#### Continuity of services

The continuity and long-term funding of youth-friendly services must be ensured. These services must be anchored in the city and in cooperation with schools, youth centres etc., and they must be well known. Trusting the services and especially the persons who deliver them is of great importance to young people. This trust is built up over the years through positive experiences on the part of the young people themselves and their friends and siblings.

#### Participation – role switching

The young people who took part in the study would like to convey their thanks and appreciation to the professionals or the institution. This can be interpreted as a desire for a partial switch (change of perspective) from the role of service user to that of active giver.

## Conclusions

Practical requirements for youth-friendly SRHR services – referred to as 'qualitative indicators' – have been derived from young people's desires and needs. These indicators can give orientation to providers and at the same time serve as a touchstone. They can guide their actions and services and support them in their lobbying activities. Moreover, it

is hoped that these indicators will bring about a systematic change of perspective on the part of professionals, prompting them to incorporate into their work the principle that the design of SRHR services should at all times be guided by the rights, desires and needs of young people, and encouraging them to intensify their lobbying activities.



## 7. Summary

The SAFE II research projects have resulted in new insights in the reproductive and sexual health of young people in Europe. The five Member Associations have cooperated with national stakeholders and young people to gain knowledge in specific fields relevant to the further development of young people's SRHR. Because the Member Associations were free to choose their own subject, the research subjects fit with their national contexts and their interests and strategies, which improves the implementation of the results.

### Common grounds

The five pieces of research had several aspects in common. First of all, they shared the same goal: to improve understanding of the determinants of behaviour and practices that affect the SRHR of young people in Europe. The perspective of sexual and reproductive rights was a common starting point. The methodology used matches this view. All the research used in-depth interviews and focus groups as sources of information. Qualitative interviews are oriented towards capturing the discourses, so it allows young people's opinions to be gathered effectively. Moreover, interviews and focus groups are useful to illustrate quantitative information that is currently known about young people's sexual health, and how each influence factor appears – or does not – in the informants' experiences. Every research project worked with interviewers who were not professionals but consultants or young peers that were trained. This matching of the age group of the interviewers and the interviewees worked very well, because (young) people often talk more openly when they feel understood and at ease.

Another common ground was the diversity within the respondent groups of young people. Young people are definitely not one group, and stereotyping had to be avoided in the analysis. Gender played a role in each research project, as a factor influencing behaviour and attitudes.

### Factors that shape young people's experience

Two pieces of research focused on young people's experiences of specific aspects of sexual and reproductive health: in Belgium, the topic was early sexual intercourse; in Spain, teen and youth pregnancy. From these studies it became clear that the most significant factors for the experience are the quality of their relationship with their sexual partner at the time, the feeling of control over the situation, the social and sexual skills they had and whether they felt respected and not pressurized.

### Young people's information needs

From these five research projects we can conclude that young people have a clear need for information from schools, the internet and accessible services, and at the same time they need contact with and support from peers and parents. All five show that young people feel insufficiently informed about sex and relationships. The Czech study shows that young people feel confident in terms of information but not in terms of social and communication skills helping them to attract and keep partners. The Belgium study concludes that the sex education provided at school is either too narrowly focused on biological aspects of reproduction or was given too late. Young people want to know more about the relationship aspects of sexuality, and they want to know it before they actually become sexually active. The German study shows that young people claim the right to access information and knowledge about contraception and sexuality. Other needs and desires resulting from this study are flexible opening times, attractive design of rooms, being treated with respect by someone they trust and having access to free condoms and counselling.

### Peers and parents

Peers play a very important role in the lives of young people and support them with information, stories and emotional support. The Austrian study indicates that healthy sexual behaviour is connected with certain aspects of peer group communication such as communication with a partner or the type of communication. Having a best friend as a communication partner seems to be a protective factor for risky sexual behaviour. Trust and privacy are important issues for sharing important issues. Gender also plays a role: boys tended to exaggerate and liked to show off when it came to telling their side of a story, whereas girls were more likely to play a situation down.

The Belgium study found that parents play a less important role in direct communication about sexual experiences, but an open attitude towards sex and relationships

on the parents' part is important for young people. The Czech study shows that in many families sexual education only consists of warning against negative results of sexuality and that this kind of communication is not appreciated much by young people. Communication about sexuality within the family also appears to have a relation to the ability to communicate afterwards with one's own partners. The Austrian study confirms that adolescents in empathic and supportive parent-child relationships tend to find it easier to build and maintain close and trusting relationships with peers.

### The merits of qualitative research

An important result of the SAFE II research projects is the stimulus that it has given to qualitative research. A qualitative approach by definition gains insight into how people give meaning to their experiences in the field of sexual health. All five projects share that perspective and together open a window onto young people's experiences of sexual health, in addition to the quantitative, epidemiological approach. They have enriched our understanding of young people's sexual health and the diversity of their needs.

### Recommendations

From these five research projects several shared recommendations can be made:

1. Take young people seriously and do not regard them as just running risks, playing games or being vulnerable. Look at their diverse experiences and listen to their own stories. Give voice to young people so that they can express and formulate their needs and wishes.
2. Advocate for more and broader sex education for young people, starting at an early age. A broad perspective of sexuality education must comprise not only reproductive matters but also communication, pleasure, self-esteem and negotiation.
3. Sexuality education programmes should provide the opportunity to discuss issues in gender segregated and small groups, since young people tend to prefer to talk about sexuality in a private setting.
4. Use the information from this research to improve websites for young people on sexuality and existing programmes for sexual health promotion.
5. Develop education for parents about communication skills and other skills necessary for promoting a warm emotional atmosphere within the family.
6. Prevention measures should focus particularly on adolescents from socially deprived backgrounds, as they are predisposed to show risky sexual behaviour due to the tendency to less open communication styles in their families.
7. SAFE II is just the beginning of the qualitative exploration of young people's sexual health. We should start searching for new research opportunities and funding on qualitative research on young people's sexual health in Europe. The qualitative approach enriches our insight into young people's sexual and reproductive health; therefore, it must be included in future research.

