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The Irish Study of Sexual Health and Relationships Summary Report

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The Irish Study of Sexual Health and Relationships

Summary Report

October 2006

DEPARTMENT OF HEALTH AND CHILDREN

crisispregnancyagency

The Irish Study of Sexual Health and Relationships

Summary Report

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Published by the Crisis Pregnancy Agency and the Department of Health and Children

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Note: Figure 34 in the original version of this report has been edited to more accurately represent the data. Figure 34 is now represented as Figures 34a and 34b on page 32.

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Foreword by Minister for Health and Children, Mary Harney TD

I welcome the Report on the Irish Study of Sexual Health and Relationships (ISSHR).

The National AIDS Strategy Committee (NASC), in its report Aids Strategy 2000 recommended that a national survey be undertaken of sexual knowledge, attitudes and behaviours in Ireland. Such a survey is in line with research in other European countries. Its purpose is to provide useful information on attitudes and behaviours and to provide a benchmark for evaluating the impact of our policies and practices in relation to HIV and other STIs and in relation to our overall sexual health.

On foot of the NASC recommendation, my Department and the Crisis Pregnancy Agency commissioned the Irish Study of Sexual Health and Relationships in 2003. The results of that survey form the basis of this report. The survey was conducted by the Economic and Social Research Institute (ESRI) and the Royal College of Surgeons in Ireland (RCSI).

The ISSHR provides nationally representative statistical data describing levels of sexual knowledge, attitudes and behaviours of adults (18 years and over) in Ireland for the first time.

The data contributes to an informed understanding of the factors related to the broad spectrum of sexual behaviour and practice. It allows us to develop a greater insight into the contribution individual behaviours, appropriate service development and education and prevention activities can make to securing good sexual health and avoiding negative outcomes. The study underlines the need to develop appropriate responses in relation to sexual health inequalities, sexual practices and behaviours, sex education and life-long learning and service development and planning.

The Report provides detailed information and analysis of the responses received from 7,441 participants. I commend and congratulate all those involved in the survey and preparation of the Report, the participants who spoke candidly about this intimate, sensitive area of their lives, the 27 interviewers, the ESRI and the RCSI. The data it provides will inform the development of policies and services in the area of Sexual Health and Relationships in future years.

Mary Harney TD

Minister for Health & Children

Introduction

IT is a great pleasure for me to welcome the Irish Study of Sexual Health and Relationships (ISSHR). It is the largest nationally representative study on sexual knowledge, attitudes and behaviour ever undertaken in Ireland.

This study was commissioned by the Department of Health and Children and the Crisis Pregnancy Agency (CPA) in response to a recommendation of the National AIDS Strategy Committee.

The Crisis Pregnancy Agency became involved in the project in the light of international evidence showing that aspects of sexual health, such as contraception, crisis pregnancy and sexually transmitted infections, should be examined jointly. The study builds upon the already extensive research conducted by the CPA since its establishment.

The CPA and the Department of Health and Children funded this research because the sexual health sector needs robust and comprehensive data to effectively plan sexual health policies and strategies and to inform effective approaches to promoting positive sexual health messages.

The findings of this report will be considered by various organisations and will inform the future development and strategic direction of the CPA's work in reducing the number of crisis pregnancies.

The report will also provide valuable and sought-after information for individuals, organisations and policymakers working to prevent and manage crisis pregnancy and sexually transmitted infections in Ireland. It will contribute to the development of a national sexual and reproductive health strategy.

I would like to thank the research teams, led by Dr Richard Layte of the ESRI and Professor Hannah McGee of the RCSI, and the team at Trinity College. I would also like to thank the people who gave of their time and expertise in steering and managing this project and in critiquing this report. A special word of thanks is due to the staff of the Crisis Pregnancy Agency and the Department of Health and Children for their strong commitment to completing this project.

Olive Braiden

Chair

Crisis Pregnancy Agency

About the authors

Dr **Richard Layte** is a sociologist at the Economic and Social Research Institute. His work examines the way in which health and the use of health care services are influenced by socio-economic factors. Recent work includes papers on smoking and social class, contraceptive use and class, unemployment and mental health, and equity in health care utilisation in Ireland. He is the co-principal investigator on the ISSHR Study.

Professor **Hannah McGee** is a health psychologist and director of the Health Services Research Centre, Royal College of Surgeons in Ireland (RCSI). Her research addresses the psychological and social factors associated with health, illness and healthcare in Ireland. Ongoing work includes national studies of ageing, stroke care and population health behaviour. She is the co-principal investigator on the ISSHR Study.

Amanda Quail is a research fellow at the Economic and Social Research Institute. Her research centres on the psychological, educational, health and social development of children and young people. She is currently working on the National Longitudinal Study of Children in Ireland.

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The views expressed in this report are those of the authors and do not necessarily reflect the views or policies of the sponsors.

Acknowledgements

THIS study was commissioned by the Department of Health and Children (DoHC) and the Crisis Pregnancy Agency (CPA).

The authors would like to acknowledge the role played by a large number of people outside of the study team who contributed to the completion of the study.

First, we wish to acknowledge the co-operation of the 7,441 individuals who gave their time to take part in the study and who discussed with us many extremely personal aspects of their lives. Without their generous assistance, this study could not have yielded the wealth of information that will be invaluable in developing locally informed policies and services in the coming years.

The ESRI Survey Division, and James Williams, Amanda Quail, Ita Condron and Pauline Needham in particular, not only contributed hugely to the design of the survey and its protocols, but also showed fine judgement and professionalism in guiding the fieldwork to successful completion.

The study team also wishes to acknowledge the hard work and commitment of the 27 interviewers who worked on the project: Miriam Ahern, Eimear Breheny, Delia Brownlee, Laura Callaghan, Claire Corcoran, Jessica Dempsey, Riona Donnelly, Frances Lyne, Phil Fitzsimons, Catherine Glennon, Kate Halligan, Kathleen Hyland, Hillary Heeney, Fiona Kane, Aoife Kearney, Ciara Lawless, Emer McDermott, Anne Marie McGirr, Charleen McGuane, Carmel McKenna, Katherine Norris, Marita O'Brien, Aideen O'Neill, Patricia O'Neill, Martine Taylor, Anne Toner and Eileen Vaughan.

A large number of other people contributed to the development of the methodology, protocols and data analysis of the ISSHR study. The research team acknowledges their contribution.

The following were members of either the Management and/or Steering Committee for part or all of the project: Bernie Hyland (HSE), Sharon Foley (CPA), Caroline Spillane (CPA), Dr Nazih Eldin (HSE), Dr Stephanie O'Keeffe (CPA), Olive McGovern (DoHC), Mary Smith (CPA), Frances Shearer (Department of Education & Science), Mick Quinlan (Gay Men's Health Project), Deirdre Seery (Alliance SHC), Madeleine O'Carroll (CPA), Cíara O'Shea (DoHC), David Moloney (DoHC), Brian Mullen (DoHC), Deirdre Sullivan (CPA), Deirdre McGrath (CPA), Paul Walsh (CSO), Lucy Deegan Leirião (CPA), Prof. Linda Hogan (TCD), Paula Mullin (DoHC) and Chris Fitzgerald (DoHC).

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This study had a long gestation. Many groups and individuals encouraged and recommended the development of a robust evidence base on sexual health issues in Ireland. We thank all those who enabled this work. We hope that the ISSHR findings will help develop a better understanding of the interplay of sexual knowledge, attitudes and behaviours in contemporary Ireland, and inform the development of improved sexual health policy and services for all.

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ASHR	Australian Study of Health and Relationships
CATI	Computer-aided telephone interview
CPA	Crisis Pregnancy Agency
DoHC	Department of Health and Children
ESRI	Economic and Social Research Institute
GMHP	Gay Men's Health Project
GUIDE clinic	Genito-urinary infectious disease clinic
GUM	Genito-urinary medicine
HIV	Human Immunodeficiency Virus
HPSC	Health Protection Surveillance Centre (formerly the NDSC)
HSE	Health Service Executive
ICCP	Irish Contraception and Crisis Pregnancy Study
IDU	Intravenous drug user (IVDU)
IFPA	Irish Family Planning Association
ISSHR	Irish Study of Sexual Health and Relationships
ISSP	International Social Survey Project
KABS	Knowledge, attitudes and behaviour surveys
MSM	Men having sex with men
NASC	National AIDS Strategy Committee
NATSAL	National Survey of Sexual Attitudes & Lifestyles
NDSC	National Disease Surveillance Centre
NHSLS	National Health and Social Life Survey
ONS	Office of National Statistics (UK)
RANSAM	Sample selection programme developed at the ESRI
RCSI	Royal College of Surgeons in Ireland
RDD	Random digit dialing
RSE	Relationship and Sexuality Education
SAVI	Sexual Abuse and Violence in Ireland Study
SILC	Survey of Income and Living Conditions
SPHE	Social, Personal and Health Education
STD	Sexually transmitted disease
STI	Sexually transmitted infection
WHO	World Health Organisation

Glossary

Cohort	A generational group.
Concurrency	Simultaneous occurrence (in ISSHR, of more than one sexual relationship).
Confidence interval	This provides an upper and lower bound within which we can be sure that true value will be found 95% of the time (derived from the 'standard error').
Cumulative distribution	A description of the population, once ranked by another factor. In ISSHR it is used in the construction of the 'median' statistic (eg, when assessing the median number of sexual partners). Individuals are ranked from those with the lowest number to those with the highest. The median value is that of the person who is half way up the ranked population (ie, at the 50% percentile).
Design effects	A measure of how much statistical uncertainty is introduced into a survey by the manner in which individuals are selected for interview.
Dichotomised	Separated into two parts or classifications.
Disaggregation	The separation of an aggregate body into its component parts. In statistics, categories may be split or disaggregated to reveal finer details.
Older women	This is a relative term used to make a distinction between different age groups in a study. The term 'older' is not used in a pejorative way for men or women.
Religiosity	The condition of being religious. The sociological use of this term has no pejorative connotation.
Sex and sexuality	Sex is used in this report to mean sexual activity. Sexuality encompasses sex, gender identities and roles, sexual orientation, pleasure, etc. It is affected by many factors and their interaction (biological, social, psychological, historical, cultural, economic, political, legal, religious and spiritual).
Sexual health	Sexual health is used to mean, not merely the absence of infection, disease, dysfunction or infirmity, but a state of general well-being (physical, emotional, mental and social) in the area of sexuality.
Standard errors	A quantification of the uncertainty in a measure. The smaller the absolute number of individuals interviewed and the less 'random' the selection procedure, the greater the standard error.
Survey instruments	The questionnaires used to interview individuals who agree to take part in the study.
Survivor curve	The generic name for a technique that examines the rate of change in a variable over time. A survivor curve usually plots the proportion of a population who have not yet experienced some outcome. It may also be used to plot a 'failure rate': the proportion who do not experience some outcome.

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1 Introduction

1.1 Background

SEX and sexuality are core dimensions of the human experience and an important determinant of well-being. An individual's sexual behaviour and sexual health cannot be separated from their social and cultural context. This is brought out in the World Health Organisation (WHO) definition of sexual health. It is concerned not just with the absence of disease or dysfunction but with a broad definition of health:

> *"Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence."* [1]

The study of sexual health among the population in Ireland is at a relatively early stage. Before the ISSHR survey, there was little understanding of the relationship between sexual knowledge, attitudes and behaviours (KAB). A number of groups and organisations – such as the National AIDS Strategy Committee, the Department of Health and Children (DoHC) and the Crisis Pregnancy Agency (CPA) – recognised this lack. As a result, a scoping study for a national survey of KAB issues was commissioned in autumn 2002.

The scoping study, having consulted widely with stakeholders in the area of sexual health and education, made a number of recommendations for a national KAB survey for Ireland. On July 17th 2003, the CPA and the DoHC published a tender document which requested proposals for the first national sexual KAB survey.

The primary aim of the project, as set out in the tender document, was the collection of reliable nationally representative baseline information that would:

- build a representative and reliable national picture of sex and sexual **behaviour** in Ireland
- measure levels of sexual **knowledge** among people in Ireland
- reliably assess national **attitudes** toward important constructs related to sex, sexuality, service use, etc, to examine patterns (similarities and differences) among different cohorts and patterns underlying these variations
- examine, explore and reliably describe the interrelationships between knowledge, attitudes and behaviours in the context of theory, sexual health promotion and policy development

[1] WHO. Progress in reproductive Health, p67. Geneva: WHO, 2004

1.2 Objectives of the study

THE research objectives of the study were defined as:

- To establish baseline data that will enable key variables to be monitored, replicated and tracked over time.
- To provide nationally representative statistical data describing levels of sexual knowledge, attitudes and behaviours in Ireland, to better inform policy and practice.
- To understand the factors (behavioural, attitudinal and knowledge level) related to the broad spectrum of sexual behaviour and practice and to feed this information into policy and practice. Key sexual behaviours and practices of interest include risk-reductive behaviours, protective behaviours, positive and negative sexual health outcomes.
- To generate a better understanding of the factors that contribute to unplanned pregnancy, STIs and the interrelationships between these factors.
- To examine this data with respect to key variables (eg, urban/rural categories, gender, education levels) so as to assess any significant patterns with respect to behaviour, attitudes or service usage, for example.
- To compare findings with international data and with previous Irish data and to feed this information into policy and practice.

The contract to carry out the study was awarded to a consortium of researchers from the Economic and Social Research Institute (ESRI), the Royal College of Surgeons in Ireland (RCSI) and the Department of Genito-Urinary Medicine, Trinity College Dublin (TCD).

This report is one of five which present the findings of the study and is a summary of the Main Report and Overview.

2 Methodology

THE study – as specified in the scoping study for a national survey of sexual knowledge attitudes and behaviours[2] – was based on a representative national sample, using a telephone survey, of the adult population aged between 18 and 64. The telephone survey offers high levels of anonymity and cost-effectiveness, as well as providing scientifically sound, high-quality data. The ethics committee of the Royal College of Surgeons in Ireland examined and approved the questionnaire and procedures of the study.

2.1 Sample size

THE study initially aimed to interview 10,000 members of the public, but budget constraints meant that this was reduced to around 7,300. The sample was constructed to represent the proportion of men and women and other population sub-groups in the population. Since a higher level of risky sexual behaviours was expected among younger people, it was decided to 'over-sample' individuals aged 18 to 29 so that there was a larger number of this age group for analysis.

2.2 Measures used

A COMPUTER-AIDED telephone questionnaire was developed which included a range of questions to measure the key factors in the area of sexual knowledge, attitudes and behaviours. Successful questions from other national KAB surveys (including the British NATSAL survey and Australian ASHR study) were used so that the Irish results would be as comparable as possible. The questionnaire had 12 sections covering:

1. Introduction and respondent agreement
2. Learning about sex
3. Knowledge, attitudes and beliefs
4. First sexual experience
5. Sexual attraction

[2] Rundle K, Leigh C, McGee H, Layte R. Irish Contraception and Crisis Pregnancy (ICCP) Study: A Survey of the General Population. Dublin: Crisis Pregnancy Agency, 2004.

6. Heterosexual partnerships and practices
7. Homosexual partnerships and practices
8. Most recent sexual event
9. Sexual problems
10. Sexual experience outside Ireland and the UK
11. Sexually transmitted illnesses and use of health-care services
12. Demographics and personal characteristics

2.3 Procedures

TELEPHONE interviews, using computer-aided phone techniques, were conducted by a trained and experienced phone interview team, based at the Economic and Social Research Institute, between August 2004 and April 2005. Study-verification procedures, in the form of a freephone telephone number to the study's principal investigator and Garda confirmation, were established so that participants could confirm the legitimacy of the research. Interviewers were trained to recognise and monitor distress in respondents and a number of strategies were used to minimise the impact of the interview on respondents.

2.4 Response rate and representativeness

A TOTAL of 87,440 unique phone numbers were called as part of the main fieldwork.

- Of these 87,440 calls, 37,674 were to valid numbers (ie, to a private residential household).
- Of these 37,674, 12,510 contained a person within the required age range (18 to 64).
- From this total (12,510) of eligible numbers, 7,441 completed interviews were obtained.

The final response rate was 59.5%.

The sample was statistically 'weighted' to represent the demographic structure of the Irish population as found at the 2002 Census. Table 1 shows the overall distribution of characteristics for selected characteristics.

Table 1: Unweighted, weighted and population proportions of selected characteristics: by gender (%)

	Men (n=3,188)			Women (N=4,253)		
Demographic Characteristics	**Un-weighted Sample**	**Weighted Sample**	**General Population**	**Un-weighted Sample**	**Weighted Sample**	**General Population**
All*	42.8	50.1	50.1	57.2	49.9	49.9
Age*						
18-29	38.1	31.1	30.7	35.2	31.8	31.2
30-39	17.2	23.9	24.3	22.4	23.6	23.8
40-49	20.6	21.1	21.5	19.5	21.3	21.2
50-59	17.8	17.6	17.3	17.3	17.1	17.6
60-64	6.4	6.3	6.2	5.7	6.2	6.2
Relationship status*						
Single	45.4	44.7	45.0	38.1	41.8	42.2
Married	47.1	49.0	48.7	55.5	51.8	51.5
Cohabiting	7.5	6.3	6.3	6.4	6.4	6.3
Highest education*						
Primary or less	9.2	17.4	17.5	8.0	14.4	14.4
Lower secondary	18.5	24.4	24.4	16.8	22.0	22.0
Upper secondary	25.7	31.0	30.9	25.9	32.7	32.7
Post Leaving Certificate	11.2	10.5	10.5	15.2	12.5	12.5
Third level	35.5	16.8	16.8	34.1	18.5	18.4
Region*						
Dublin	30.6	29.4	29.4	26.7	31.1	31.1
Border, Midlands & West	25.4	25.9	25.8	28.2	24.9	24.9
Rest of country	44.0	44.7	44.8	45.1	44.0	43.9
Social class#						
Higher prof. & managerial	22.3	17.9	19.5	11.1	9.2	11.4
Lower prof. & managerial	21.9	19.1	13.9	29.6	22.9	20.9
Clerical/administrative	13.5	13.3	15.1	29.5	30.5	34.8
Skilled manual	22.8	27.2	28.4	1.8	2.1	1.7
Semi-skilled manual	12.3	13.1	13.3	19.3	23.2	21.8
Unskilled manual	7.4	9.4	9.6	8.8	12.1	9.4

** Central Statistics Office* (2004)
 # Living in Ireland Survey (2001)

3

Learning About Sex

3.1 Experience of sex education, its source and type

RECEIPT of sex education and the content of this education may have a significant influence on a person's level of sexual knowledge. Sex education can occur in a number of contexts, including the home and school. However, in the ISSHR survey, only 53% of men and 60% of women reported having received sex education. This is largely due to the fact that the Relationships and Sexuality Education (RSE) programme was not introduced in Irish schools until 1997. The introduction of this programme is the primary reason why the proportion who have received sex education is highest among people currently under 25.

The ISSHR survey also shows that people with higher levels of education and/or of a higher social class are more likely to have received sex education. Analyses show that this difference is due to the lower likelihood of sex education at home for working-class people.

Individuals are most likely to have received sex education on the physical aspects of intercourse itself, but the distribution of topics changes across age groups. Contraception and safe sex played a smaller part in the sex education experienced by older people; the role of sexual feelings, relationships and emotions plays a smaller role in the education of younger people.

Most people who received sex education did so in school; school has become the predominant source among younger age groups.

- Most under-35s have received sex education to some degree.
- 88% of men and 93% of women under 25 have received some sex education.
- Individuals with lower levels of education and/or of lower social class are less likely to have received sex education.
- Respondents were most likely to be taught about biological aspects of sex and sexual intercourse (51%) and least likely to receive information on sexual feelings, relationships and emotions (27%).
- Sex education received by younger age groups is much more likely to have included information on contraception and safe sex than that received by older age groups.

Figure 1: Proportion receiving sex education: by gender and age group

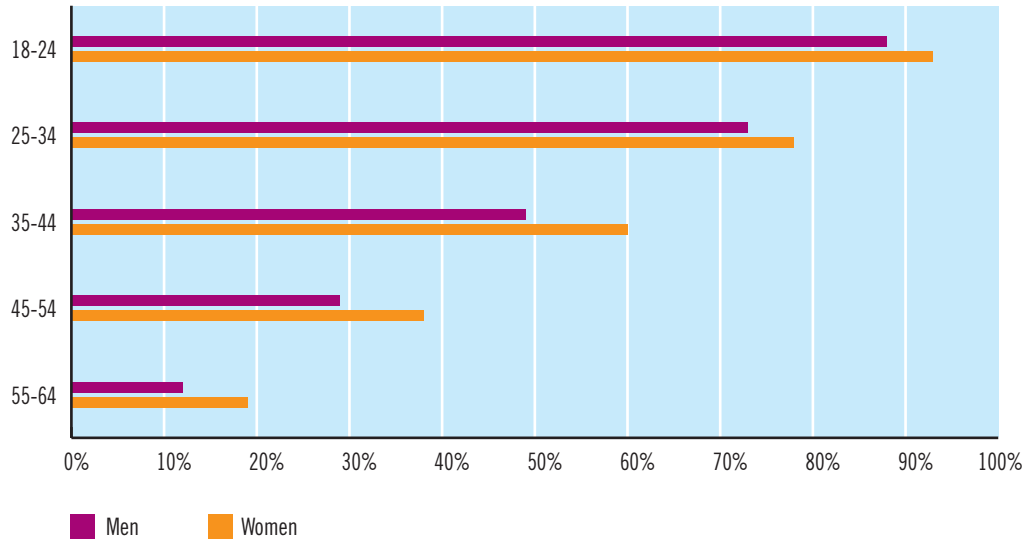
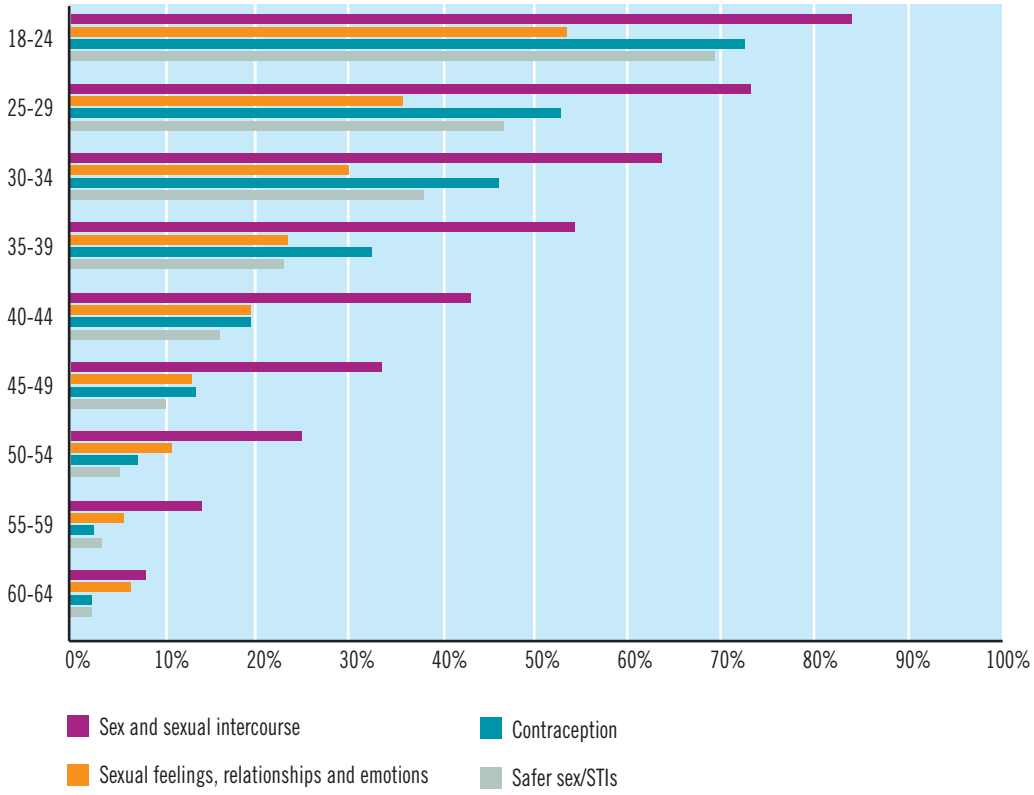


Figure 2: Proportion receiving sex education on four topics: by age group



3.2 Ease of talking openly with parents about sex

The ISSHR survey examined the ease with which respondents talked to their parents about sex. Overall, for most people, either sexual matters never came up with parents or, when they did, discussion was 'difficult'. Both men and women were more likely to find talking to their mother easier than talking to their father. However, while women were more likely than men to find talking to their mother 'easy', men were more likely than women to find talking to their father 'easy'.

The results strongly suggest that there has been a significant improvement in communication between parents and children on sexual matters over time. People who are currently younger were far more likely than older age groups to report 'easy' discussion with parents.

Among men, level of education also plays a role (but not with women); men with higher levels of education were more likely to report easy discussions with parents about sex when they were growing up.

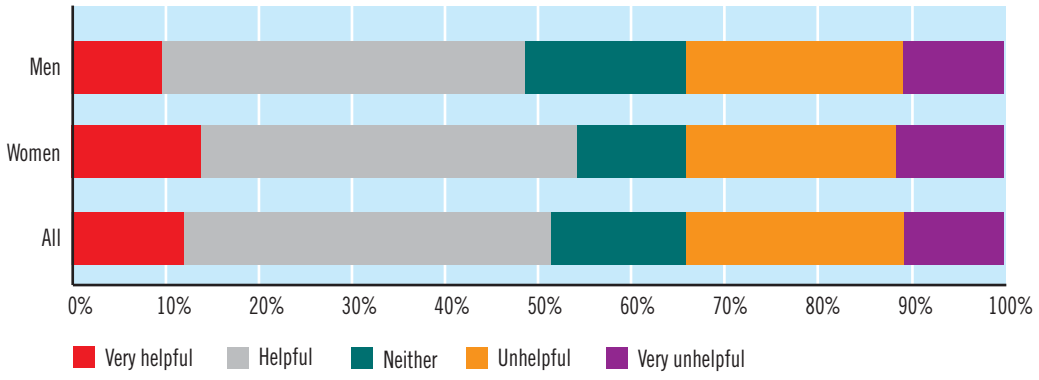
- 46% of individuals reported that talking to their mother about sexual matters was 'difficult' and 45% that talking to their father was 'difficult'. A minority of individuals found talking to either parent 'easy'.
- 25% said sexual matters 'never came up' with their mother and 36% that they never came up with their father.
- Both men and women found it easier to talk about sexual issues to their mother than their father.
- Women (29%) were more likely than men (17%) to find it easier to talk to their mother.
- Men (13%) were more likely than women (9%) to find it easy to talk to their father.

3.3 Relationship between sex education received and its helpfulness

JUST over half of those individuals who reported receiving sex education said this was 'helpful' or 'very helpful' in preparing them for adult relationships. Men and women were just as likely to report that their sex education was unhelpful, but women were more likely to report that it was helpful while men were more likely to see it as neither helpful nor unhelpful. Younger age groups were significantly more likely than older ones to report that the sex education they received was helpful.

- Overall, more women (54%) than men (49%) who had received sex education reported that this was helpful.
- Under-25s were significantly more likely than all older groups to report that their sex education was helpful.
- Even among the youngest age group, 42% of men and 34% of women found their sex education 'unhelpful'.

Figure 3: Perceived helpfulness of having received sex education while growing up: by gender



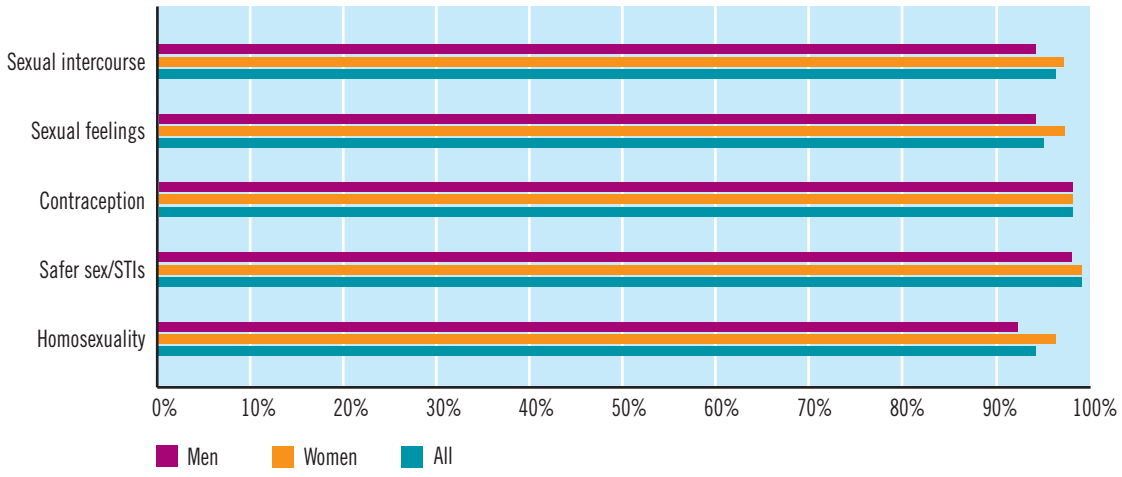
3.4 Views on the sex education that young people should receive

THE overwhelming majority of individuals surveyed believed that young people today should receive sex education on five topics that were presented to them.

The proportion was higher among women, but even among men, over 92% supported education on each of the topics. Younger respondents were more likely to support sex education on all subjects, except in the case of young men, among whom the proportion supporting education on homosexuality is lowest of all groups. Individuals who have higher levels of education or who are less religious are more likely to support sex education.

- At least 92% of respondents support sex education for young people on the subject of sexual intercourse, sexual feelings, contraception, safer sex and homosexuality.
- Support for sex education on homosexuality was lowest but, even here, 92% of men and 96% of women supported this.

Figure 4: Support for sex education on different subjects: by gender

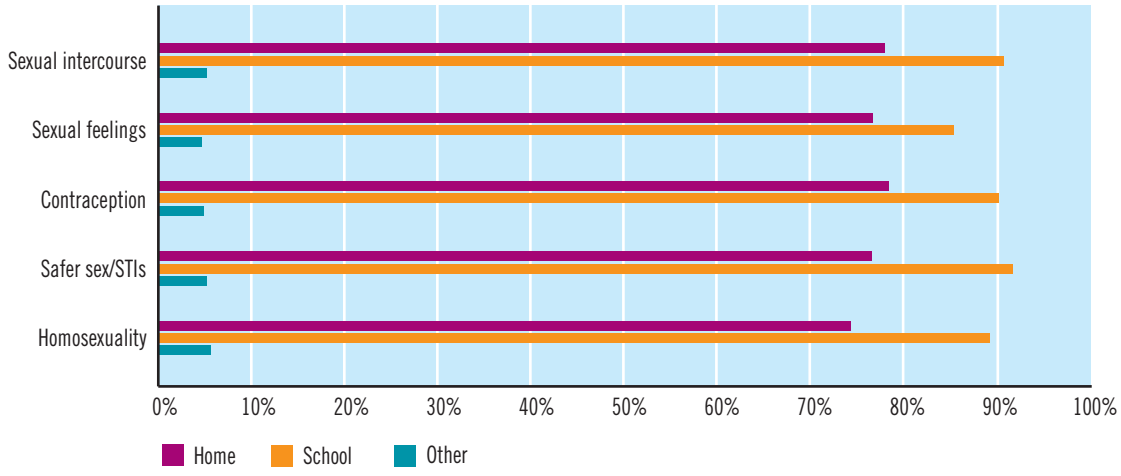


3.5 Views on where sex education should be provided to young people

RESPONDENTS to the ISSHR survey were first asked if young people today should receive sex education. If they said yes, they were asked where sex education should be provided – the home, school or 'other location'. Around 90% of people who support giving sex education advocate this being delivered in schools; 80% suggest it should also be given in the home. Men, younger people and those with lower levels of education are more likely to advocate confining sex education to the school.

- Around 80% of people who support sex education advocate this being taught in the home and around 90% advocate it being taught in school.
- 66% of men and women advocate sex education being given in both the home and school. This view is more prevalent among women, people with higher levels of education and those currently aged between 35 and 54.
- Men, young people and the lower educated are more likely to support sex education in the school only.

Figure 5: Proportion supporting provision of sex education in the home, school or other: by topic



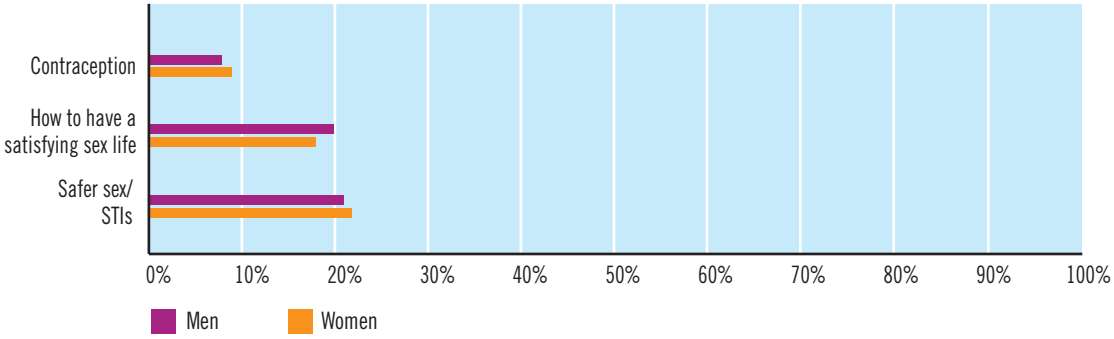
3.6 Extent of satisfaction with current knowledge

MOST people report that they are satisfied with their level of knowledge on contraception, on how to have a satisfying sex life and on safe sex/STIs. However, around 20% would like more information on both subjects.

Among women, there are pronounced differences across age groups in terms of the desire for more information. Younger women are more likely to want more information on all issues. Among men, age differences emerge on the subject of safe sex/STIs. A higher proportion of young men report wanting more information about this.

- Around 9% of respondents would like more information on contraception, 19% more information on having a satisfying sex life and 22% more information on safe sex.
- A significantly higher proportion of women aged 18 to 24 (15%) than of older age groups would like more information on contraception.
- Younger respondents and particularly younger women would like more information on how to have a satisfying sex life and having safer sex.
- There is little age variation among men except on the subject of safe sex/STIs. Younger men are more likely to report a desire for more information.

Figure 6: Proportion reporting that they would like to know more: by subject and gender



4 Sexual Knowledge, Attitudes and Beliefs

4.1 Sexual knowledge

ACCURATE knowledge is a prerequisite if a person is to take effective protective action. This section reports the results of ISSHR questions on the level of knowledge of fertility, emergency contraception (EC), Chlamydia and HIV/AIDS.

Most men and a substantial minority of women do not know the most fertile period of a woman's cycle. The level of incorrect knowledge increases across all age groups over time (as shown by comparisons to previous surveys). Levels of knowledge do not vary by age for men, but younger women are significantly less likely to have accurate knowledge about fertility.

Very high proportions of both men and women have incorrect knowledge of the time limit for the effective use of emergency contraception ('the morning-after pill'). Knowledge is worse among men and older individuals.

Higher proportions had good knowledge of the STI Chlamydia and HIV/AIDS. As with knowledge of EC, older people and men were less likely to have good knowledge. Across all the areas of knowledge examined, people with lower levels of education were less likely to have accurate knowledge.

- Men have significantly worse knowledge than women of when a woman is most fertile.
- Among women, 56% of under-25s cannot correctly identify a woman's most fertile period.
- Lower levels of education and being single or in a casual relationship are related to low levels of knowledge of fertility.
- 21% of men and 42% of women know the correct time limit for the use of emergency contraception.
- Younger and better-educated respondents are more likely to know the correct EC time limit.
- 54% of men and 73% of women have heard of Chlamydia.
- 37% of men and 60% of women have 'good' knowledge of Chlamydia.
- Higher levels of education among women and professional social class among men are associated with higher levels of knowledge.
- 71% of men and 69% of women can correctly answer three questions about HIV/AIDS.
- Younger and better-educated respondents are more likely to answer correctly all three questions.

Figure 7: Answers to "When during the menstrual cycle is a woman most likely to conceive?": by gender (the correct answer is about half way between periods)

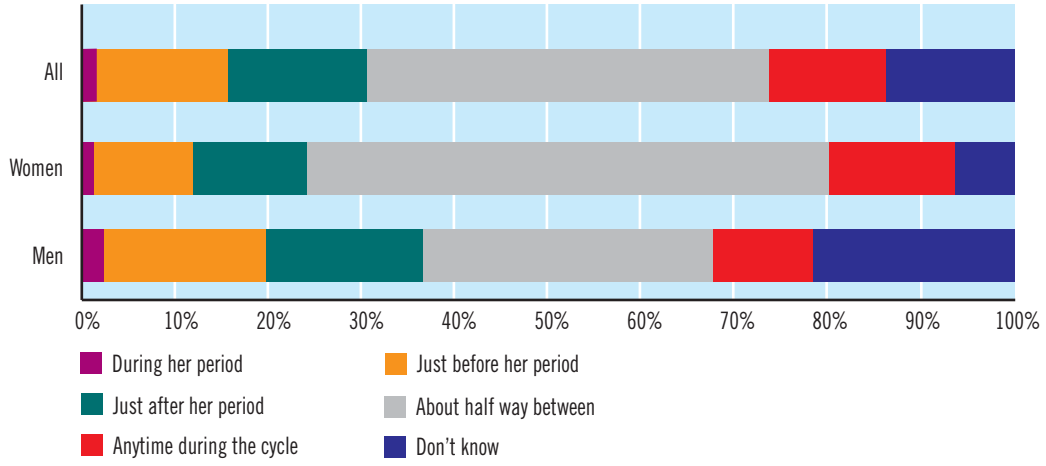


Figure 8: Answers to "How long after intercourse is the emergency contraceptive pill effective?": by gender (the correct answer is up to 72 hours)

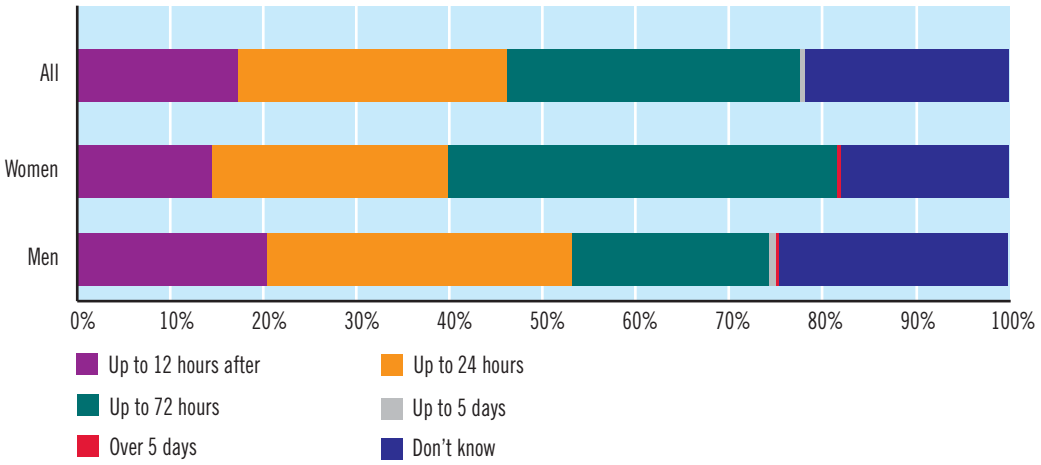


Figure 9: Proportion who had heard of Chlamydia and correctly answered specific questions on Chlamydia: by gender

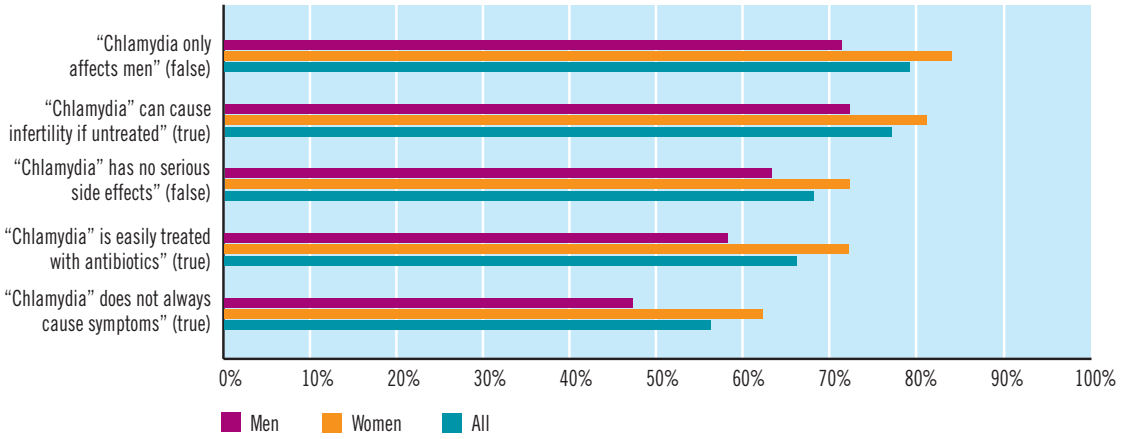
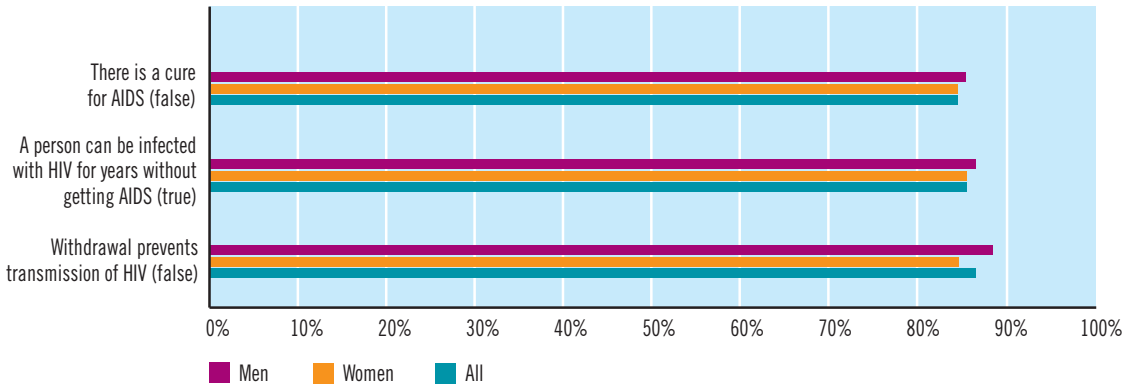


Figure 10: Proportion correctly answering each of three questions about HIV/AIDS: by gender



4.2 Sexual attitudes

THE ISSHR survey examined the patterning of attitudes in the Irish population to sex before marriage, casual sex in the form of 'one-night stands', homosexual sex, abortion and use of the emergency contraceptive pill (EC).

Irish sexual attitudes, having changed substantially over the last three decades, are now more accepting of behaviours previously seen as wrong and unacceptable. The rate of change has been fastest among younger people, such that there is an increasing gap between the attitudes of younger and older individuals. Young people now tend to see sex as a matter of individual conscience, or even as a lifestyle choice, whereas older people are still more likely to view sex within a more traditional moral framework.

Level of education and social class also tend to be strongly associated with sexual attitudes. People with higher levels of education are far more likely to express more liberal attitudes towards sexual behaviour. People with primary education alone or lower secondary education are more likely to see homosexual sex, casual sex and abortion as wrong.

- Irish attitudes on a range of sexual issues have grown more liberal in the last three decades.
- Between 1975 and 2005, the proportion of Irish people agreeing that sex before marriage is 'always wrong' fell from 71% to 6%.
- Attitudes of younger people have become more liberal at a faster pace than those of older people.
- Those with higher levels of education are more likely to report more liberal attitudes.
- 31% of men and 50% of women see casual sex as 'always wrong'. Among men and women under 25, these proportions fall to 15% and 29% respectively.
- 47% of men and 59% of women believe that homosexual sex is 'never wrong'. Among under-25s, these proportions increase to 57% and respectively.
- 35% of men and 37% of women see abortion as 'always wrong'.
- 53% of men and 48% of women believe that using emergency contraception is 'never wrong'.

Figure 11: Attitudes to sex before marriage: by gender

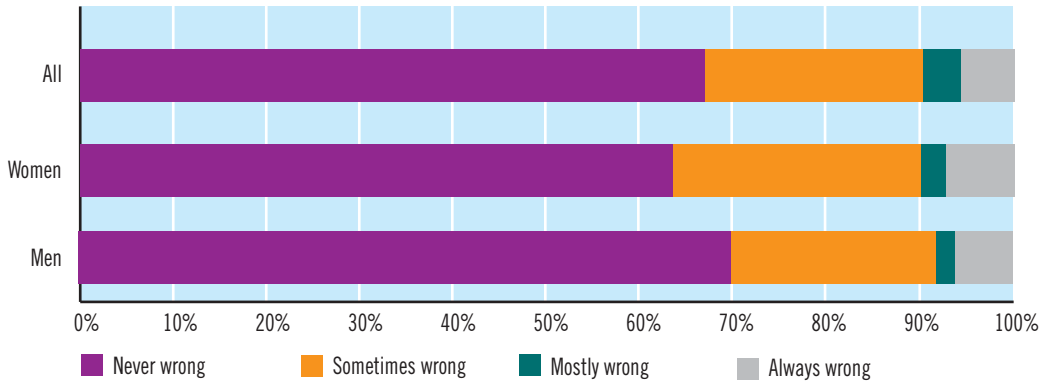


Figure 12: Attitudes to 'one-night stands': by gender

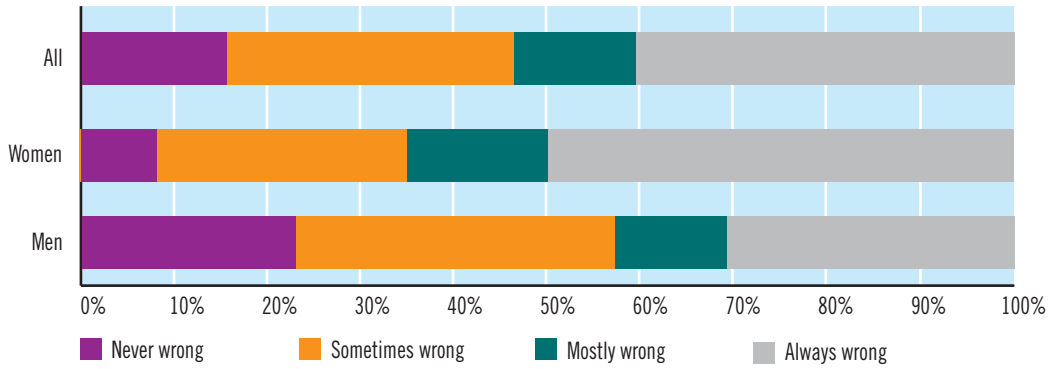


Figure 13: Attitudes to homosexual sex: by gender

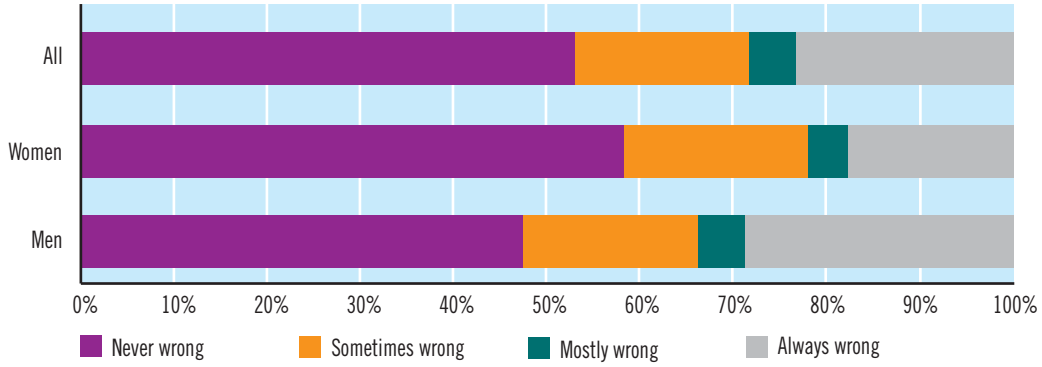


Figure 14: Attitudes to abortion: by gender

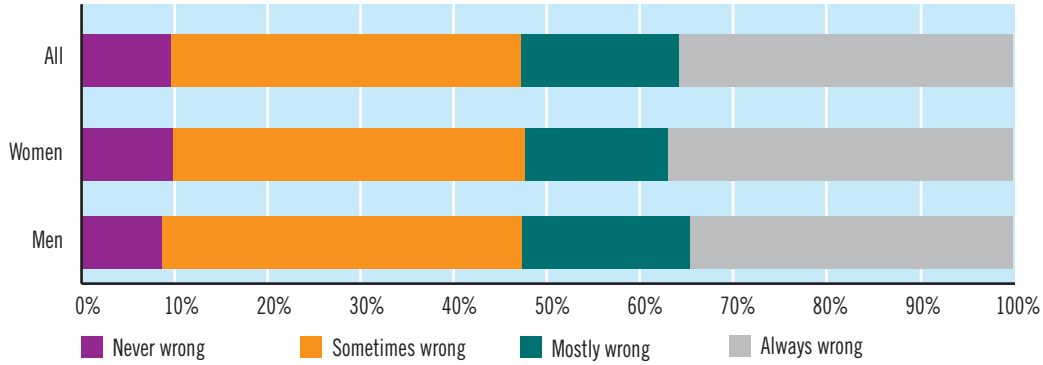
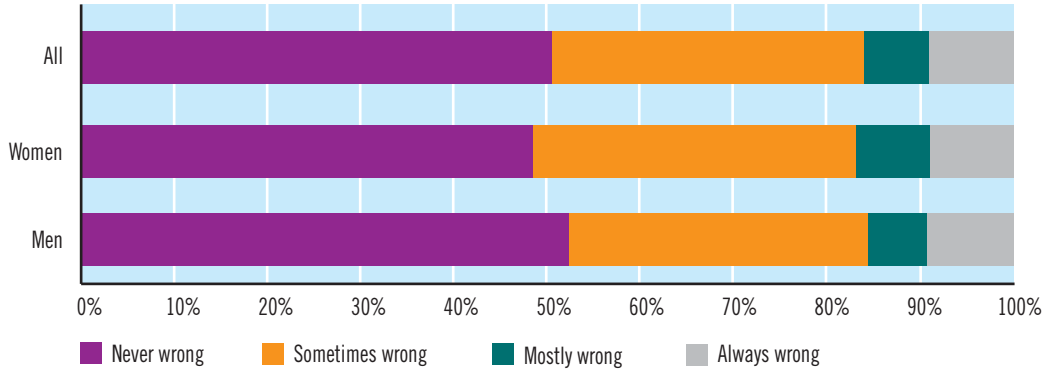


Figure 15: Attitudes to emergency contraception: by gender



4.3 Beliefs about contraception

THE ISSHR survey shows that the cost of the contraceptive pill is not an issue for most women. However, it is an issue for a substantial minority, particularly those with lower incomes (as proxied by their educational level).

Concerns about the side-effects of the contraceptive pill were more common among women. They were highest among the two oldest age groups who are less likely to be using the pill. However, over half of all women in the youngest age group and two-thirds of those aged 35 to 44 still had concerns on this issue. This could have implications for the use of the pill.

Concerns about weight gain while on the pill were less common among women than concern about side-effects. Women with lower levels of education tended to see weight gain as a concern.

Most men and women did not see the cost of condoms as an issue. However, as with the cost of the pill, condom costs were a concern to lower-income groups, as measured by age group and level of education.

Most men and women thought that EC should be available in Ireland. People were divided over whether it should be available 'over the counter' or only on prescription.

- 32% of women reported that the cost of the contraceptive pill would discourage them from using it.
- 29% of women with third-level qualifications felt that cost would discourage them from using the pill, compared to 35% of women with primary education alone.
- 58% of women reported that medical side-effects would discourage them from using the pill. The proportion was significantly lower among younger women.
- Only 12% of women suggested that weight gain as a result of using the pill would discourage them from using it, but this proportion was significantly higher among women with lower levels of education.
- 15% of men and women overall reported that the cost of condoms would discourage their use. The proportion was significantly higher among younger respondents and those with lower levels of education.
- Over 90% of respondents felt that the emergency contraceptive (EC) pill should be available in Ireland.
- 52% of men and 42% of women thought that EC should be available over the counter.
- People in a professional occupation and the unmarried were more likely to support over-the-counter sales of EC.

Figure 16: Degree to which the cost of the contraceptive pill would discourage use: for women

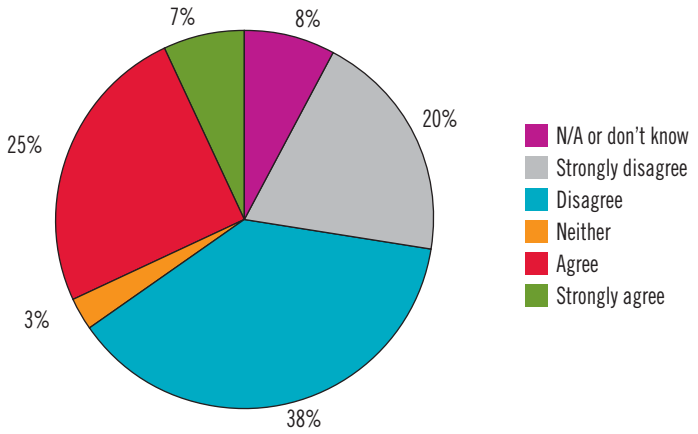


Figure 17: Degree to which possible medical side-effects of the contraceptive pill would discourage use: for women

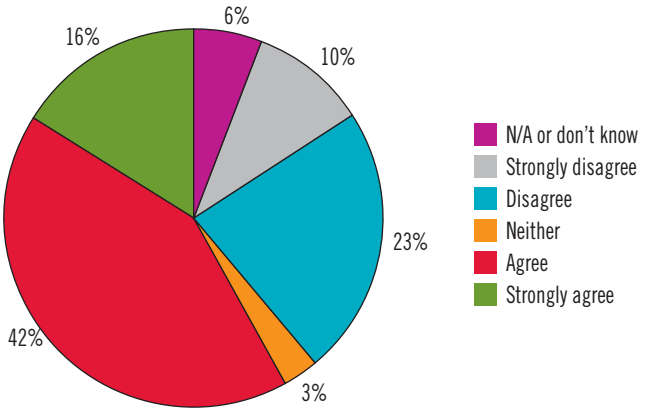


Figure 18: Degree to which possible weight gain on the contraceptive pill would discourage use: for women

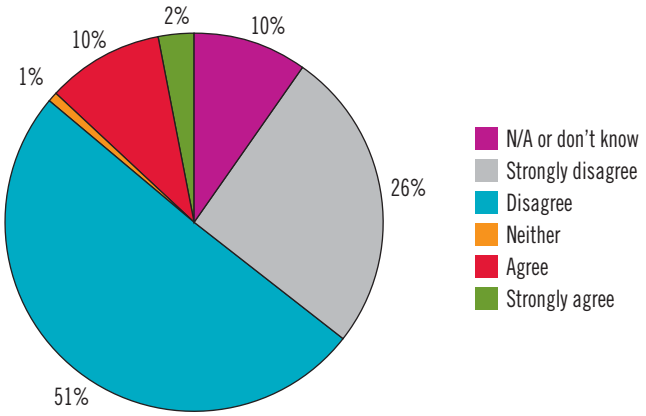


Figure 19: Degree to which the cost of condoms would discourage use: by gender

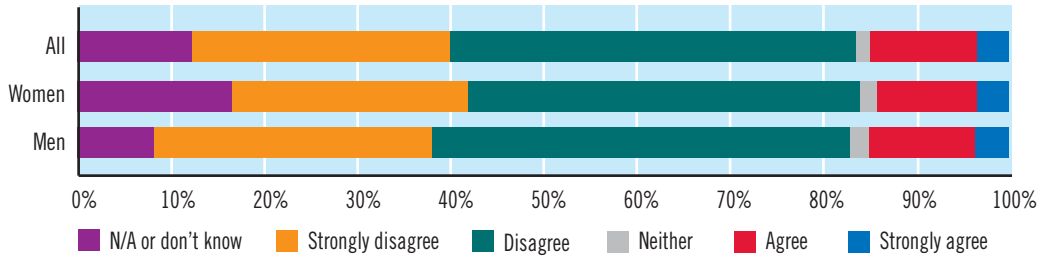
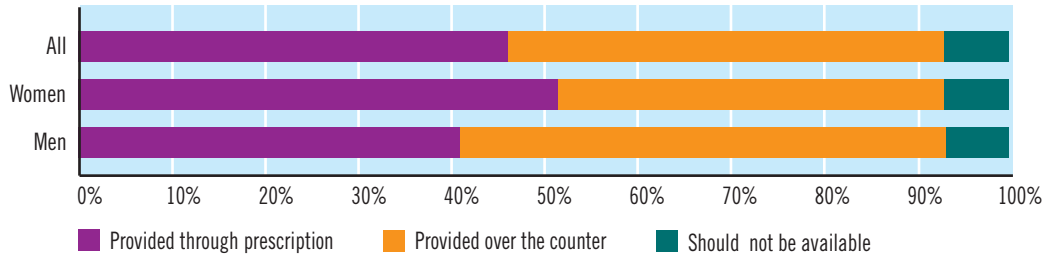


Figure 20: Beliefs about whether emergency contraception should be available in Ireland and how: by gender



5

Sexual Identity, Sexual Attraction and Sexual Experience

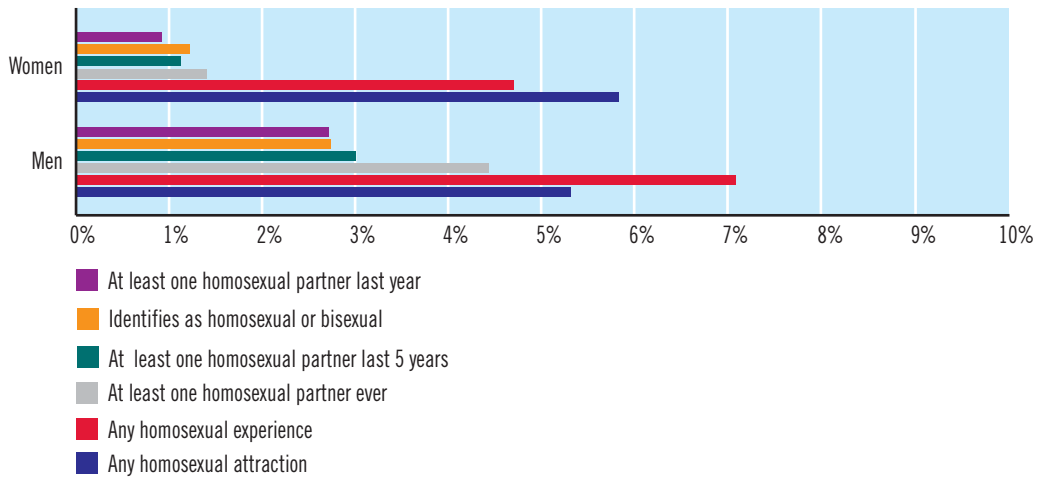
5.1 Sexual identity, attraction and experience

SEXUAL identity and attraction are complex. Individuals may feel significant attraction to the same gender without regarding themselves as either homosexual or bisexual.

In the ISSHR survey, the overwhelming majority of individuals defined themselves as heterosexual. Most also reported opposite-sex attraction only. However, significantly more people reported some same-sex attraction than identified as bisexual or homosexual. Similarly low proportions of men and women have had same-sex sexual experience.

- 2.7% of men and 1.2% of women self-identify as homosexual or bisexual.
- 5.3% of men and 5.8% of women report some same-sex attraction.
- 7.1% of men and 4.7% of women report a homosexual experience some time in their life so far.
- 4.4% of men and 1.4% of women report a genital same-sex experience in their life so far.
- 3% of men and 1.1% of women report a genital same-sex experience 'in the last five years'.

Figure 21: Proportion with homosexual experience & attraction: by gender



5.2 Sexual identity, attraction and experience by age group

HOMOSEXUAL and bisexual identity, as well as some level of same-sex attraction, are more likely to be reported by younger respondents.

Among women, the youngest age group are far more likely than all other age groups to report some same-sex non-genital experience; a far lower proportion have ever had same-sex genital experience. The age of first same-sex genital experience is falling steeply across female age groups.

Among men, patterns of same-sex sexual contact by age are complex. Men aged between 45 and 54 are most likely to have had non-genital same-sex experience and genital same-sex experience. Men aged 25 to 44 are more likely to have had a same-sex experience in the recent past. The age pattern of same-sex experiences among men aged 45 to 54 suggests early same-sex contact that was not carried forward into adulthood. The youngest age group of men are less likely to have had a same-sex sexual experience. If they did have such an experience, it is more likely to have happened later.

- Younger Irish women are far more likely than older women or men to report some same-sex attraction and experience.
- Among women, the probability of ever having genital contact with a same-sex partner or with a same-sex partner in the recent past is highest for women aged 25-34.
- For ever having genital contact with a same-sex partner, men aged between 35 and 54 have the highest probability.
- The median age for first genital same-sex experience is 16 among men and 23 among women.
- Men aged between 45 and 54 are not only most likely to have had a same-sex experience, but also to have had this earlier than all other age groups (median of 14).
- Women under 35 experience same-sex relationships far earlier than was the case with older age groups.

Figure 22: Same-sex attraction and experience: by gender and age group

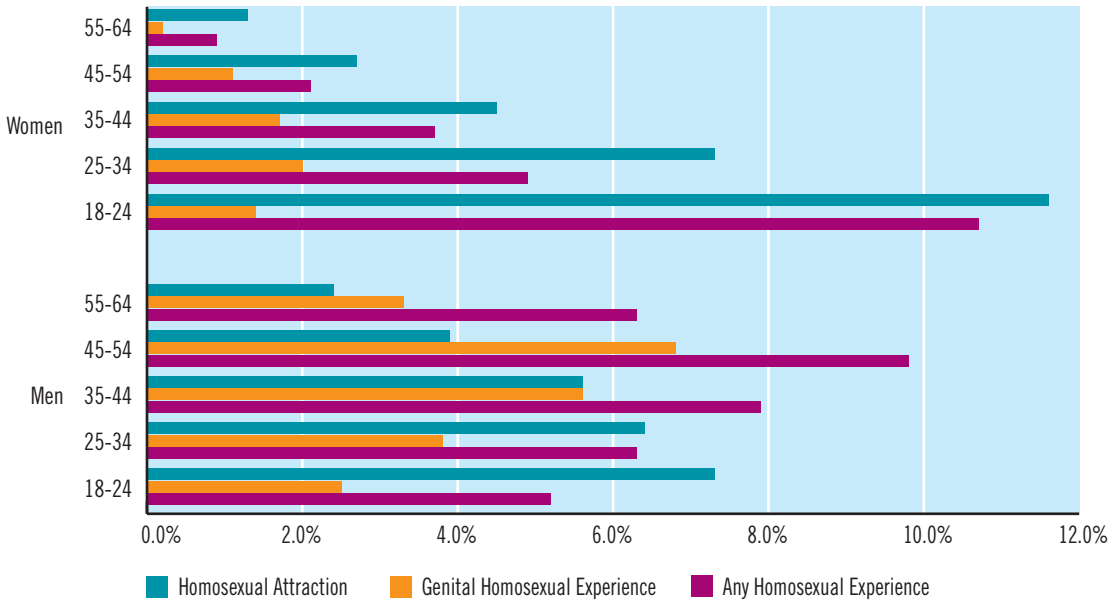
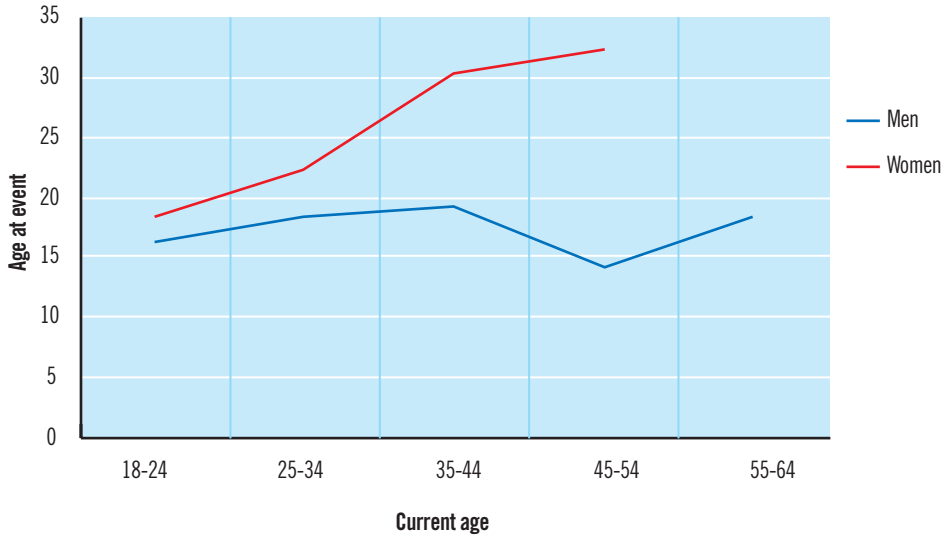


Figure 23: Median age of first genital same sex experience: by gender

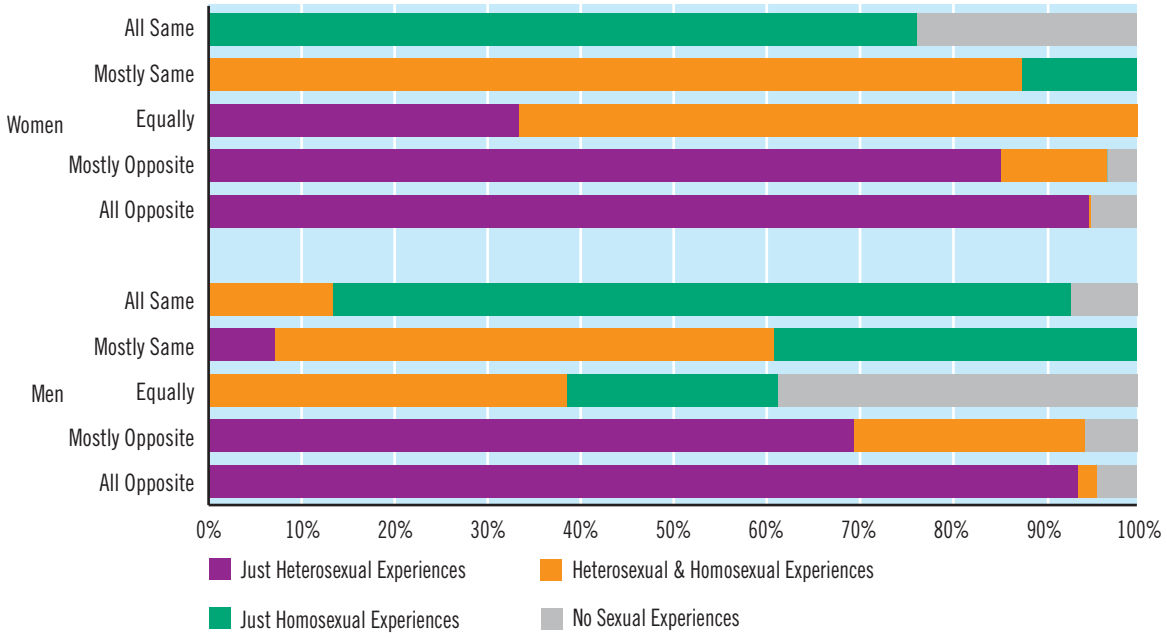


5.3 The relationship between sexual identity, attraction and experience

PEOPLE who report same-sex attraction are far more likely to also report same-sex sexual experience. As the level of same-sex attraction increases, so does the proportion that have had same-sex genital experience. However, of those that have some level of same-sex attraction, a minority have experienced a same-sex genital partnership.

- Orientation of sexual attraction is strongly related to orientation of sexual experience.
- 2% of men and 0.2% of women who have opposite-sex attraction alone have ever had a same-sex partner.
- 25% of men and 12% of women who are 'mostly attracted' to the opposite gender have had a same-sex partner.
- 47% of men and 24% of women who have some degree of same-sex attraction have had a same-sex genital sexual experience.

Figure 24: Relationship between sexual attraction and life-time genital sexual experience: by gender



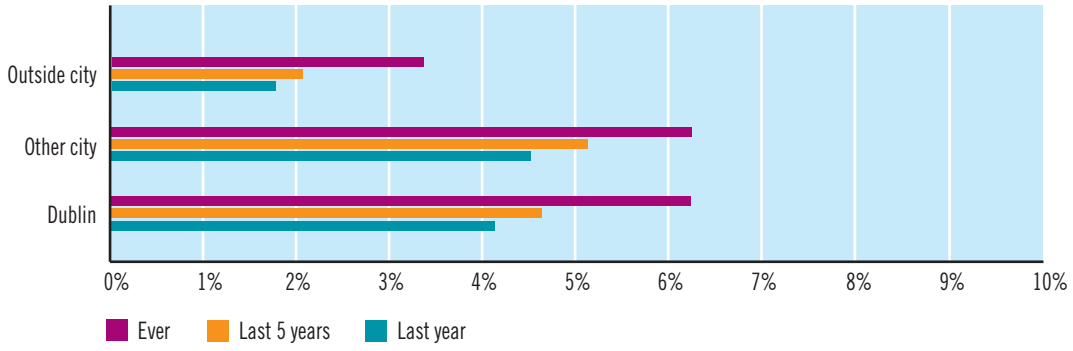
5.4 Socio-demographic variation in prevalence of homosexual experience

THE ISSHR data show that the likelihood of having a same-sex genital relationship is associated with socio-demographic characteristics other than age. Married men and women are significantly less likely to have had a same-sex relationship over all time periods. Those who are cohabiting tend to have the highest probability of same-sex experience over all time periods.

Geographical location also seems to be a factor, but only for men. The proportion of men in large cities reporting same-sex genital experience is over twice that found in other locations.

- Men and women who have never married are most likely to have had a same-sex relationship 'ever' and in the recent past.
- Men with same-sex experience are most likely to live in a city. Women who have had same-sex experience tend to live in smaller geographic locations.

Figure 25: Proportion of men with a genital same-sex experience over different periods: by current location



5.5 Exclusivity of sexual preference over lifetime

REPORTED same-sex experience is infrequent in the Irish population. Most people who have had a same-sex experience have also had opposite-sex experience. It could be inferred that sexual preferences are stable within distinct periods but, if analyses are confined to recent periods, most people who have had same-sex relationships have also had opposite-sex relationships.

These findings suggest that the widely held belief that individuals are either heterosexual or homosexual is wrong, and that most people having same-sex relationships are actually bisexual in orientation.

- Most men and women currently having same-sex relationships are bisexual.
- Only 35% of men with a same-sex experience 'in the last year' have had sex with men alone.

6

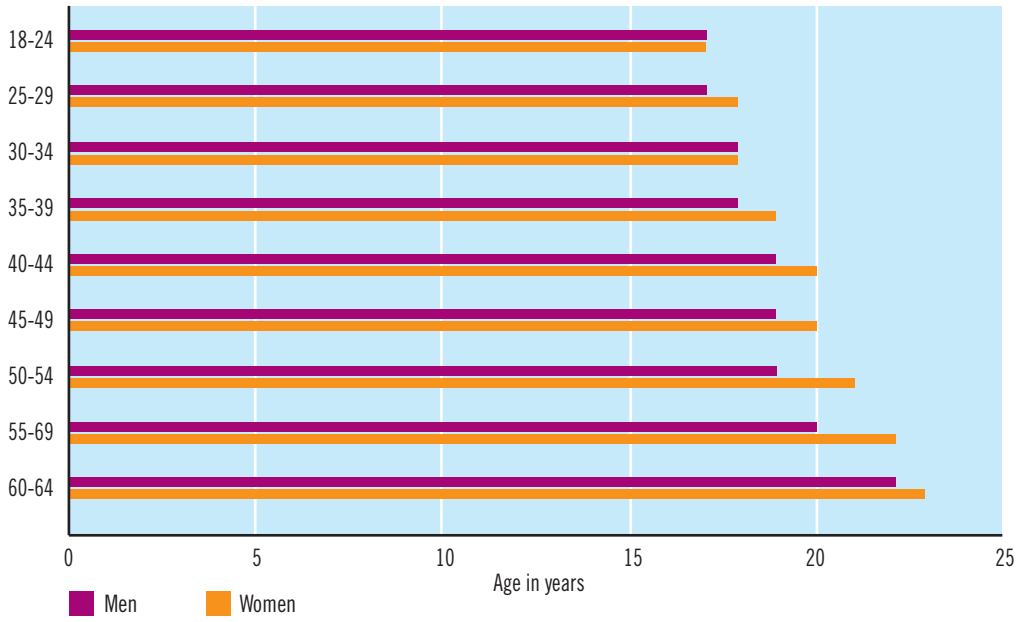
First Heterosexual Intercourse

6.1 The age of first vaginal intercourse

THE average age of first vaginal intercourse for both men and women has steadily declined over the last half century. Most people now in their 20s will have had their first experience of vaginal sex before they were 18. This is true of a small minority of people currently aged over 50.

- The median age of first vaginal intercourse is 18 for men and 19 for women.
- Median age of first intercourse has been falling steadily across age cohorts. The median age for men currently aged 60 to 64 was 22; for women, 23. For men and women currently under 25, it is 17.

Figure 26: Median age at first vaginal sex: by gender and age group



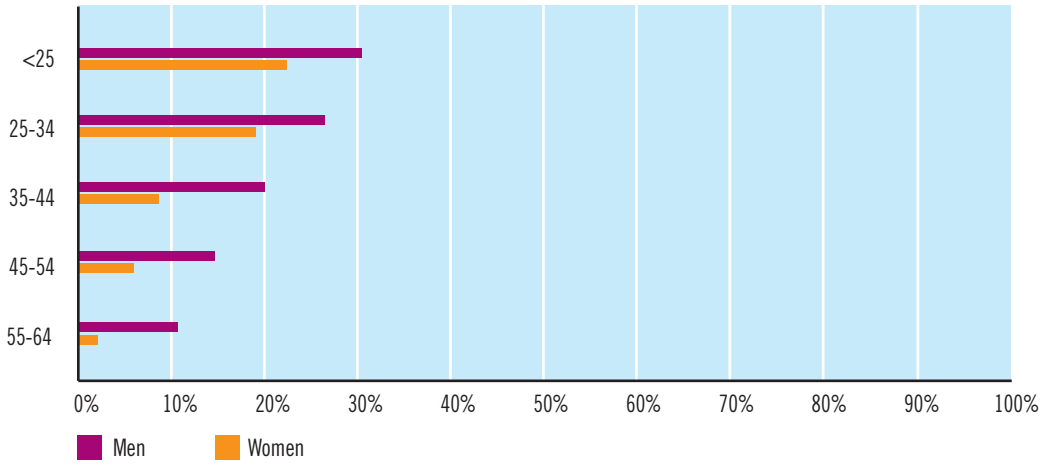
6.2 First vaginal intercourse before age 17

THE steady decline in age of first vaginal sex over recent decades means that the proportion reporting sex before age 17 is significantly higher among younger individuals than among older people.

Early vaginal sex is also associated with less educational achievement and, among men, being in the manual working class. Age of menarche has been falling among women over generations; this may contribute to the earlier experience of vaginal sex among young women. Women whose first period arrived before age 13 are almost twice as likely as those whose periods began after this to report sex before 17.

- 21% of men and 12% of women first experienced vaginal intercourse before 17.
- The proportion experiencing first vaginal sex before 17 has increased across age cohorts: from 11% of men and 2% of women aged 60 to 64, to 31% of men and 22% of women aged 18 to 24.
- People with less education are more likely to experience vaginal sex before 17. The differential is larger for men than women: 29% of men with lower secondary education report sex before 17, compared to 16% of men with third-level education. The proportions for women are 14% and 9% respectively.
- The manual class and, in particular, the unskilled manual class are associated with earlier vaginal sex.
- 18% of women who experience their first period before 13 report sex before 17, compared to 9% of women whose periods began after 13.

Figure 27: Proportion having vaginal sex before age 17: by gender and age group



6.3 Use of contraception at first intercourse

A HIGHER proportion of women than men report using contraception at first vaginal intercourse. Use of contraception at first intercourse has increased over time. Younger respondents are more likely to report use than older respondents.

The proportion using contraception at first intercourse has increased from around 40% among people currently aged 55 to 64, to over 90% among those aged 18 to 24. This increase in use is largely due to the greater availability of contraception in recent decades, but may also be due to greater sexual knowledge among younger people and to liberalising sexual attitudes.

Higher levels of contraceptive use are also associated with having a higher level of education and being in a non-manual social class. Younger age at first sex (under 17) is associated with a lower likelihood of using contraception among both men and women.

People who received sex education on contraception and were able to talk to their parents about sexual matters are more likely to use contraception at first intercourse.

- 67% of men and 74% of women report using contraception at first intercourse.
- Use at first intercourse has risen steadily across age cohorts, from 39% of men and 40% of women currently aged 55 to 64, to 88% of men and 94% of women aged 18 to 24.
- 79% of men and 86% of women with third-level education report using contraception at first intercourse, compared to 43% and 42% of men and women with primary education alone.
- 69% of men whose first intercourse occurred after age 17 used contraception, compared to 58% whose first intercourse was before 17.

Figure 28: Proportion using contraception at first vaginal intercourse: by gender and age group

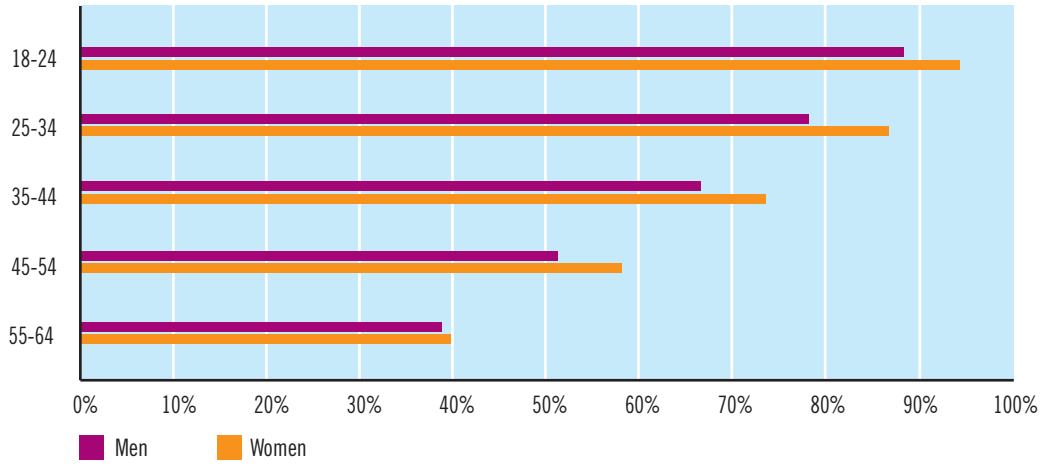
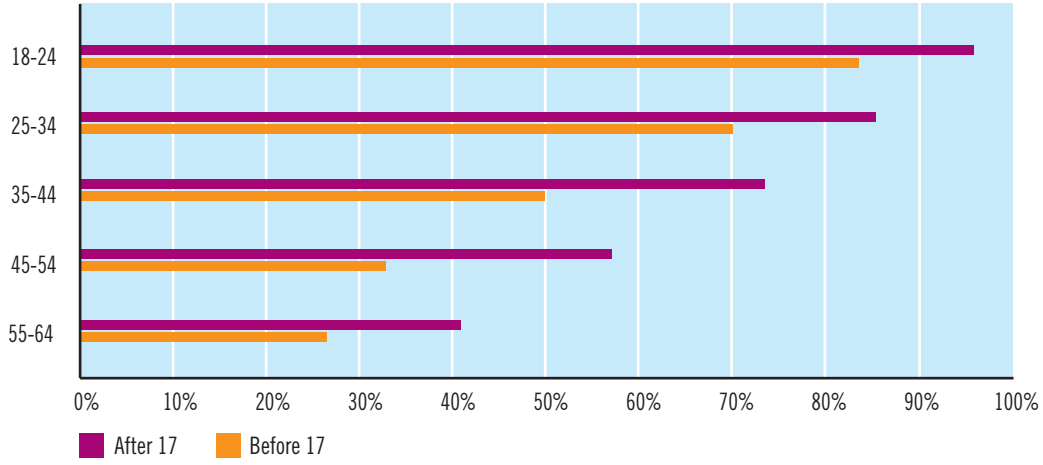


Figure 29: Proportion using contraception at first vaginal intercourse: by age group and whether sex occurred before the age of 17



6.4 Reasons for not using contraception

THE most cited reason for not using contraception at first vaginal intercourse, among people where the woman was not trying to become pregnant or was infertile, is that contraception was not available at that time. This is unsurprising, since controls on the distribution of contraception were not withdrawn until the early 1990s. Younger age groups are significantly less likely to cite non-availability as a reason for non-use.

Among both men and women, lack of planning for sex on the first occasion is the next most frequent reason cited, followed by a lack of understanding of the risks. Women with less education are more likely than others to cite lack of understanding.

Alcohol and drug use emerges as a reason for non-use in around 12% of cases among people under 30.

- Of all participants who had not used contraception at first intercourse (but were not trying to become pregnant or were infertile), 31% of men and 24% of women reported that this was because none was available.
- The proportion reporting non-availability as a reason fell from 42% of men aged 45 to 64 to 10% of men under 30. Among women the proportion dropped from 33% to 8%.
- Around 60% of men and women under 30 cite lack of planning, forethought or understanding as the main reasons why contraception was not used at first vaginal intercourse.
- Alcohol or drug use was cited as a reason by around 3% of respondents overall, but by around 12% of respondents currently under 30.

Figure 30: Men's reasons for not using contraception at first intercourse: by age group

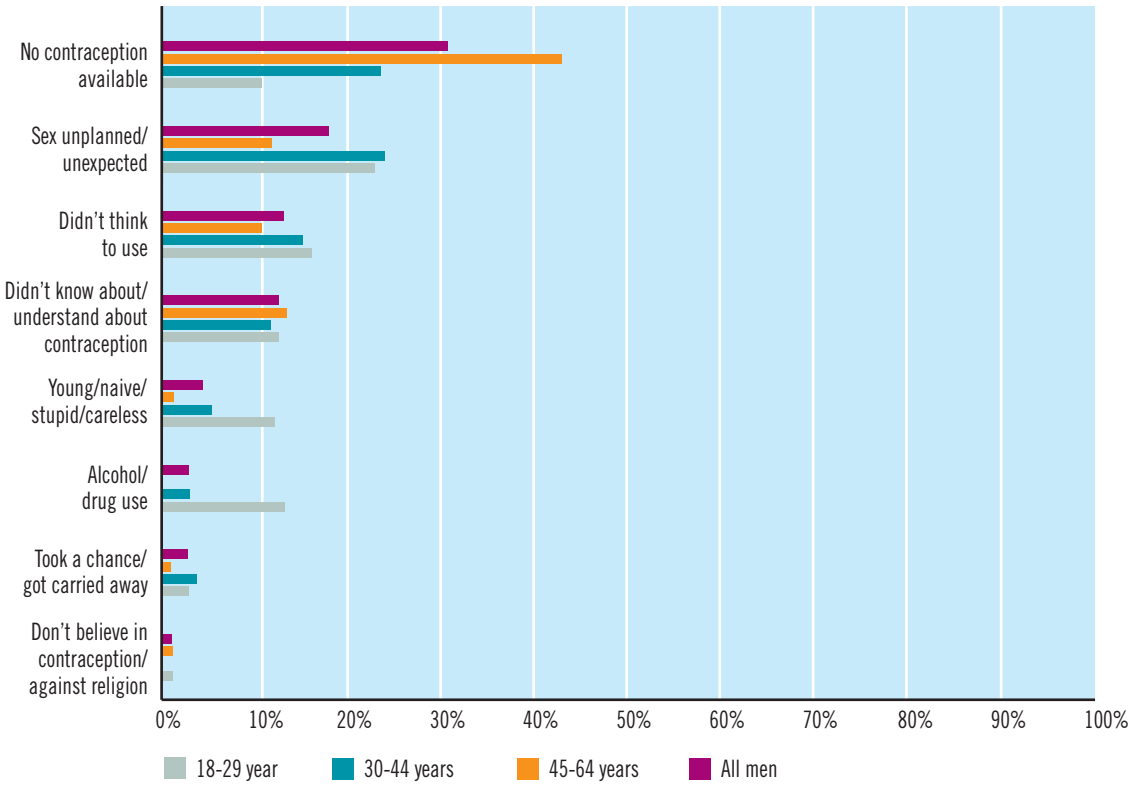
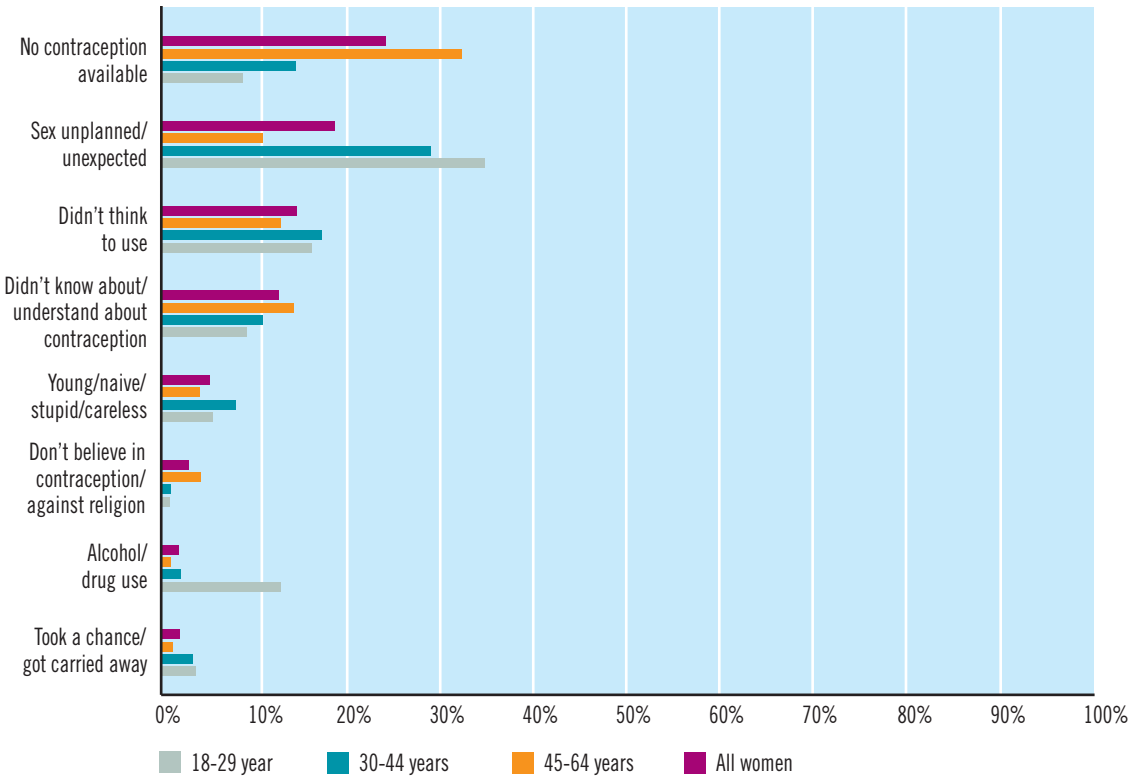


Figure 31: Women's reasons for not using contraception at first intercourse: by age group



6.5 Planning, willingness and regret

MOST men and almost half of women who have had vaginal sex state that neither they nor their partner planned sex on their first occasion. There is some evidence of greater planning among the oldest group of women, but the lack of an overall trend across age groups suggests little change in patterns over time.

Most people report that they willingly had sex on the first occasion, although women are more likely than men to report that their partner was more willing than they were. The level of willingness among women is significantly related to age at first intercourse; younger age is associated with lower levels of equal willingness.

Most men cite being 'curious' as the main reason for sex occurring at the time it did, followed by 'it was about the right time'. Women are more likely to report first that 'it was about the right time' and then that sex was a 'natural follow-on' in the relationship. Younger individuals are more likely to cite curiosity and peer behaviour as the chief reasons, whereas older respondents are more likely to say that they were 'in love', that it was a 'natural follow-on', or that they were 'carried away by their feelings'.

Most men and women state that sex occurred at around the right time, but women are more likely to express regret, as are younger respondents. Younger age at first sex is associated with a higher probability of later regret.

- 64% of men and 48% of women report that neither they nor their partner planned their first experience of vaginal intercourse.
- 92% of men and 86% of women report that both they and their partner were equally willing at first intercourse. Where partners were not equally willing, the female partner is more likely to have been less anxious to have sex.
- Women who had vaginal sex for the first time at a young age are far more likely to report that they were less willing than their partners.
- Older people are more likely to cite 'love' and 'being carried away by feelings' as reasons for their first intercourse. Younger respondents are more likely to cite being 'curious', that 'most people the same age seemed to be doing it' or a desire to lose their virginity.
- Men under 35 are 50% more likely than men over 54 to say they 'should have waited longer'. Women under 25 are 2.4 times more likely than women over 54 to express regret.
- Lower age of first sex is strongly associated with regret at the timing of first sex, among both men and women.

Figure 32: Level of planning: by gender and age group

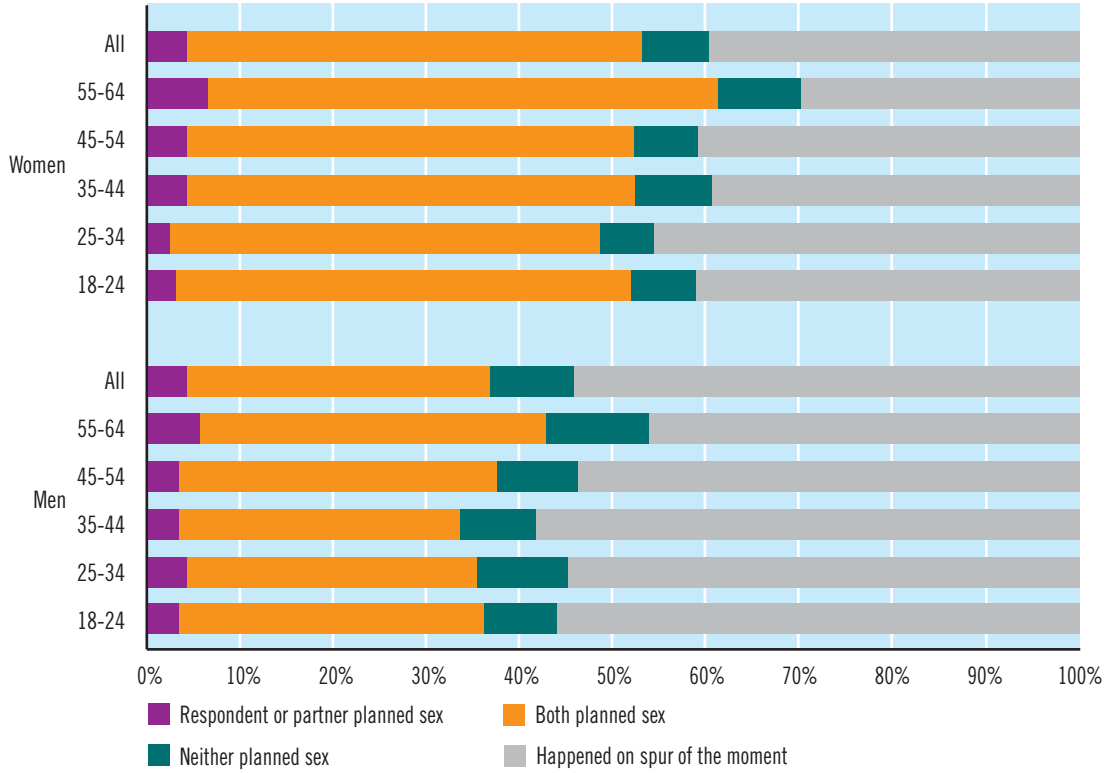


Figure 33: Level of willingness: by gender and age group

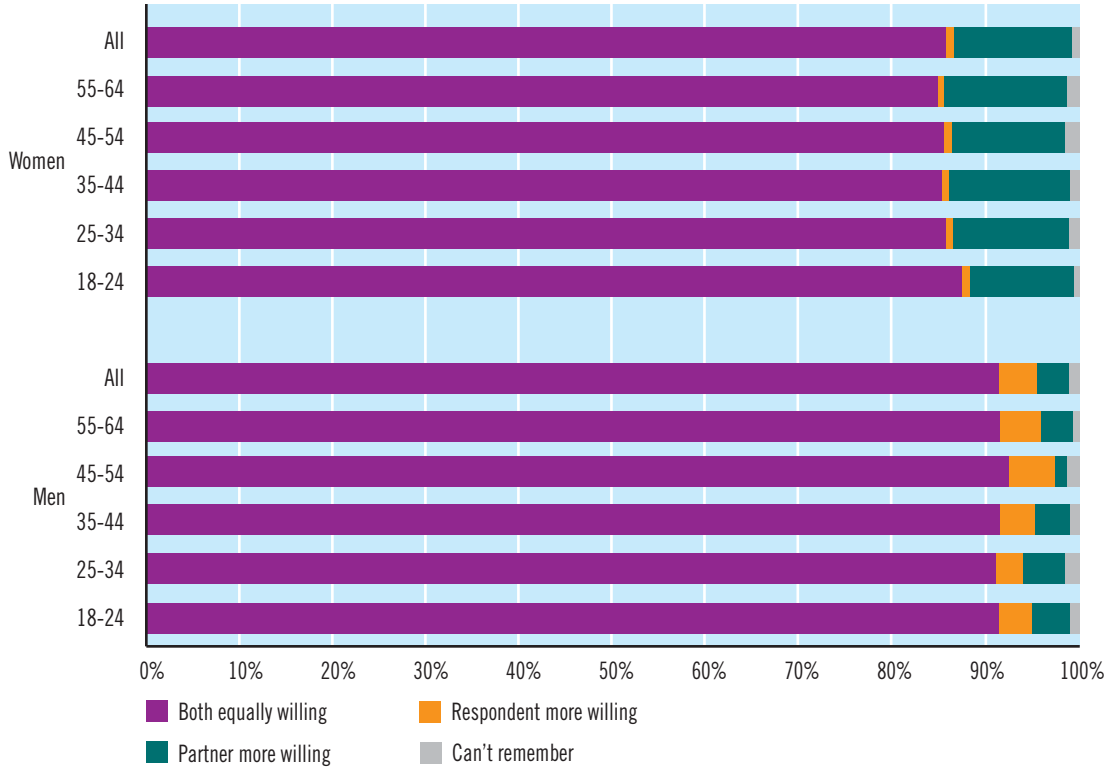


Figure 34a: Agreement with contextual statements relating to first vaginal intercourse: men

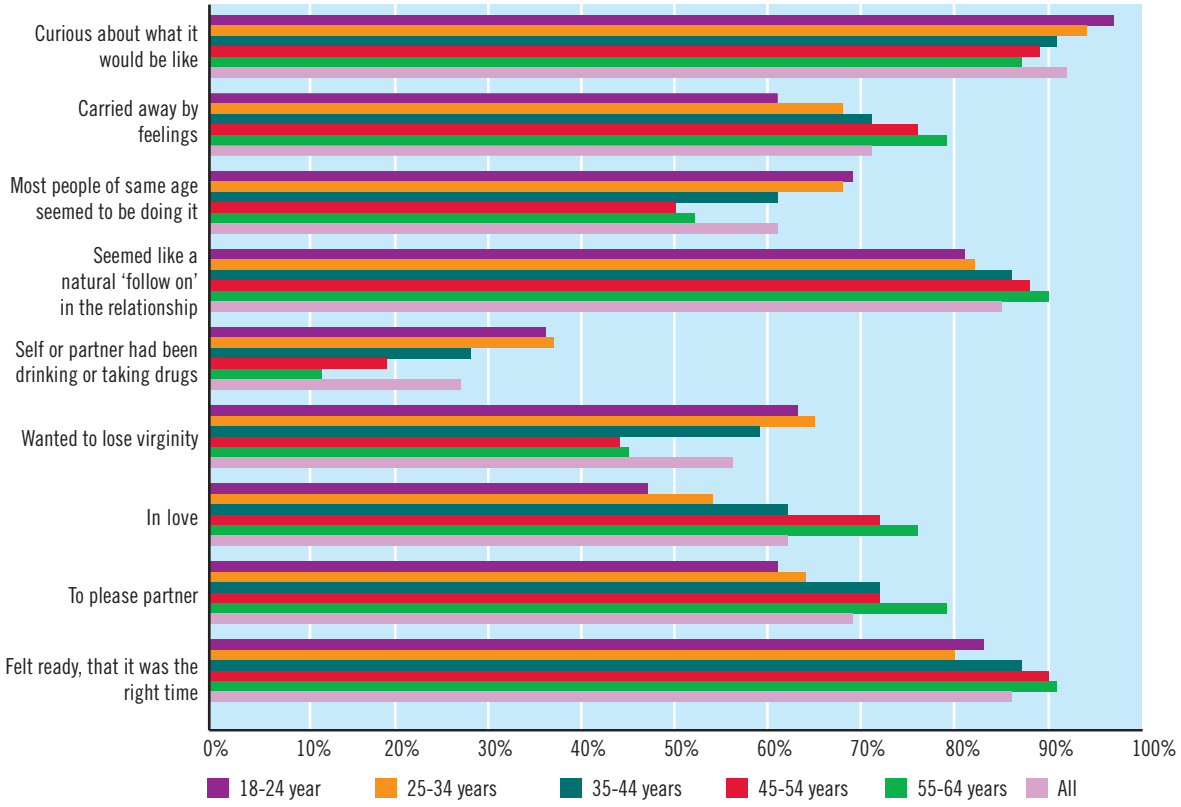


Figure 34b: Agreement with contextual statements relating to first vaginal intercourse: women

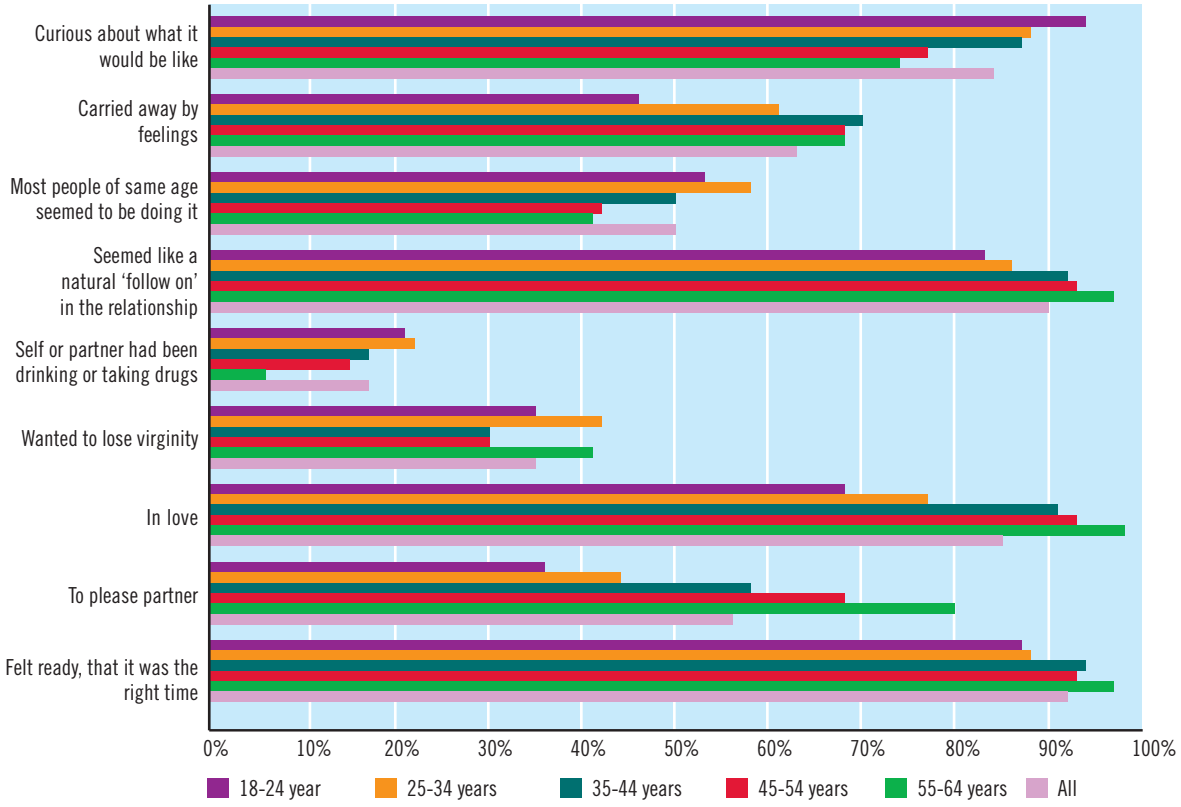
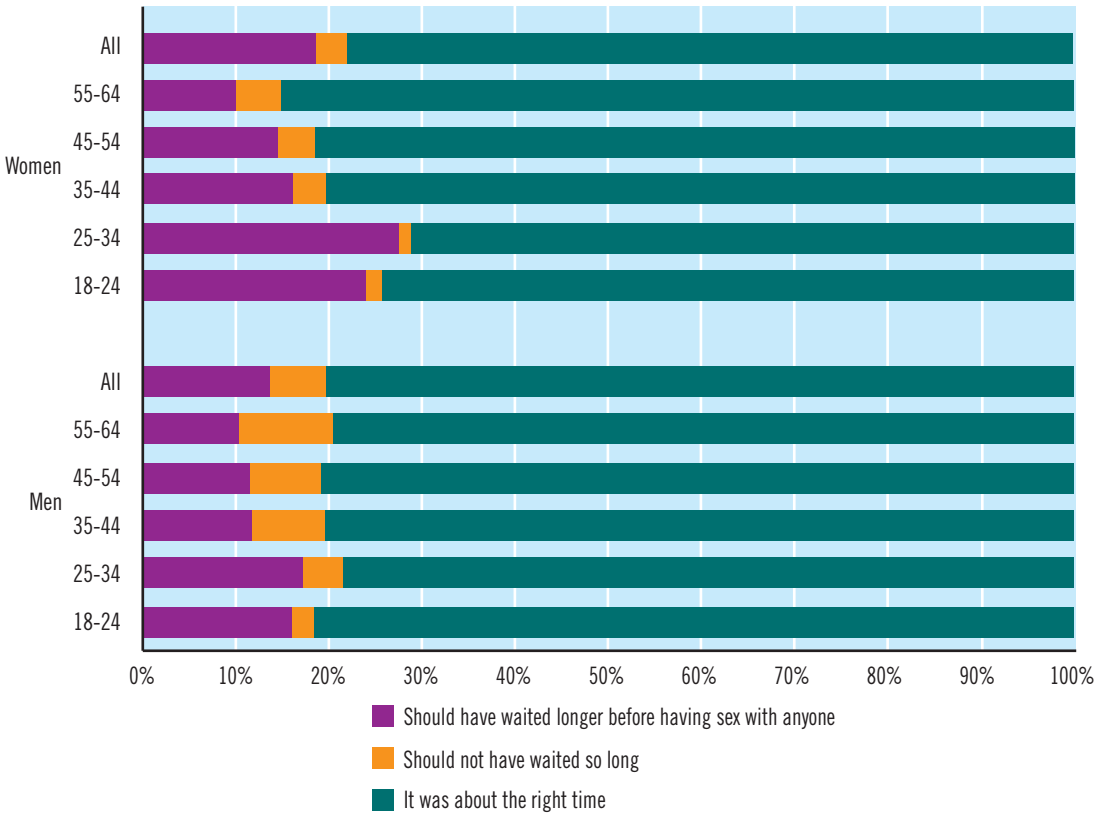


Figure 35: Level of regret: by gender and age group



7

Heterosexual Partnerships: Number of Partners and Male Experience of Commercial Sex

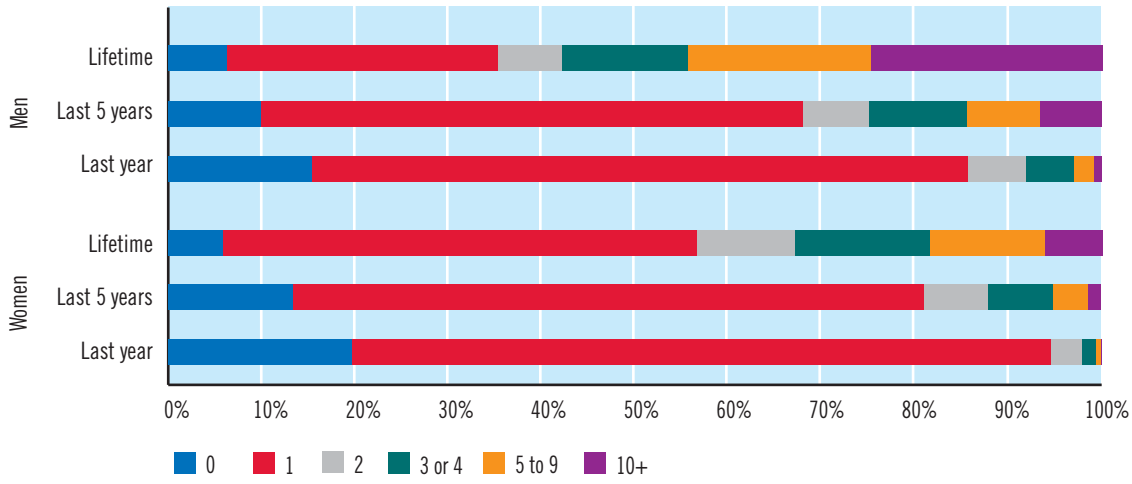
7.1 Number of partners over different time intervals

THE overwhelming majority of Irish men and women have had some form of genital sex. Around a third of men and over half of women have had a single sexual partner in their life so far. A quarter of men and 6% of women have had 10 or more partners.

The average number of sexual partners is influenced substantially by a small number of men and women who report a large number of partners. The shorter the period over which the number of partners is recalled, the higher the proportion who have had a single partner. International comparisons show that Irish people tend to have fewer partners on average than in other countries, but this varies substantially by age. Young Irish people have as many partners as their peers in other countries.

- 94% of both Irish men and women have 'ever' had a sexual partner.
- 29% of men and 51% of women have had a single sexual partner in their life to date.
- 25% of men and 6% of women report having 10 or more partners in their life to date.
- The proportion with a single partner increases as the period covered decreases: 58% of men and 68% of women have had a single partner 'in the last five years' and 70% and 75% have had a single partner 'in the last year'.
- Less than 1% of people report 10 or more partners 'in the last year'; 7% of men and 1% of women report 10 or more 'in the last five years'.

Figure 36: Number of heterosexual partners over different time periods: by gender



7.2 Current age of individual and number of heterosexual partners

YOUNGER Irish people have more sexual partners on average than older individuals, both over their lifetime and in the recent period. This is partly because of a pronounced pattern of non-marriage and celibacy among the oldest age group, but it also reflects a substantial change in behaviour, as sex before marriage becomes the norm. International comparisons suggest that the behaviour of younger Irish people has converged with that in Britain and Australia.

- Younger men and women have had substantially higher numbers of partners than older respondents:
  - 46% of men aged 55 to 64 have only ever had a single sexual partner, compared to 23% of men aged 18 to 24
  - 76% of women aged 55 to 64 have had a single sexual partner, compared to 35% of women aged 18 to 24
- Older Irish people have had fewer sexual partners than their peers in other countries, but numbers of partners among younger Irish people are now similar to those among their peers in other developed countries.
- A small absolute number of young people have high numbers of partners. Only 2.5% of men and 0.4% of women aged 18 to 24 report 10 or more partners 'in the last year'.

Figure 37: Number of heterosexual partners for men in lifetime: by age

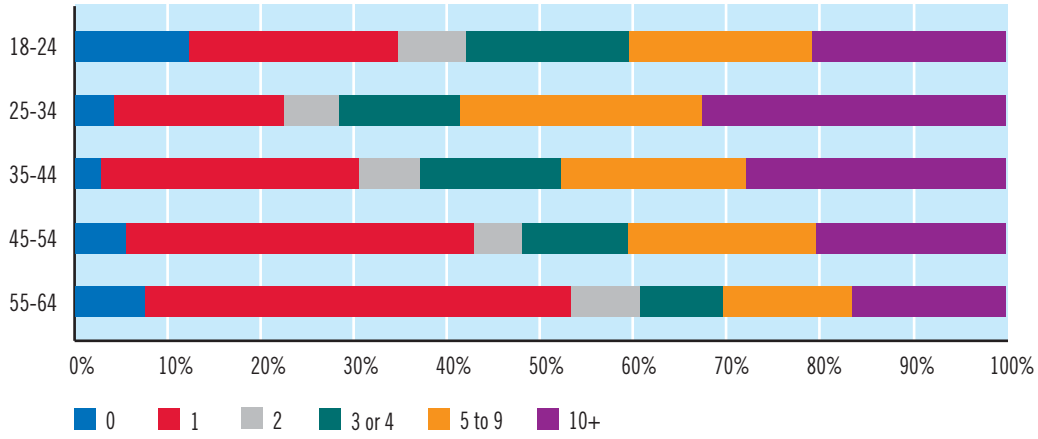
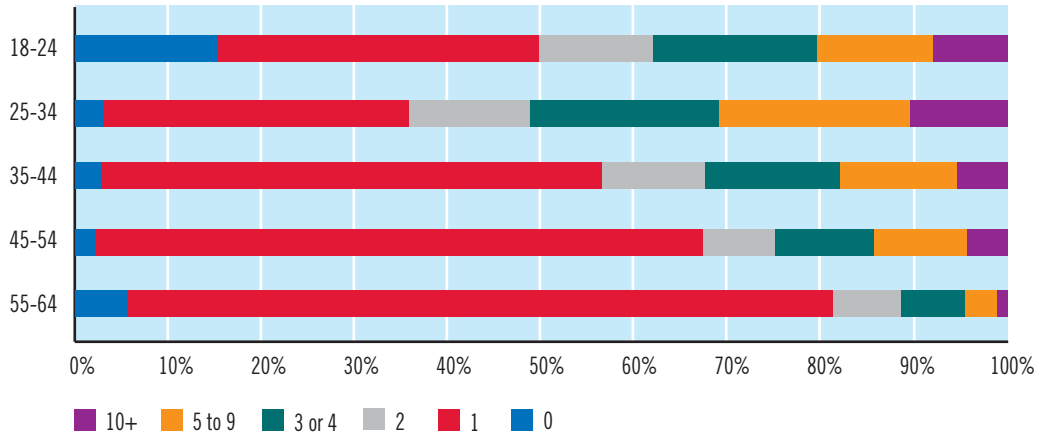


Figure 38: Number of heterosexual partners for women in lifetime: by age



7.3 The influence of other factors on number of sexual partners

ONLY a small proportion of people report multiple sexual partnerships 'in the last year' (where multiple is defined as two or more partners). The best predictors of having two or more partners are younger age, not being in a relationship and being in a casual relationship. Having two or more partners is also associated with being in a higher social class and having a higher level of education, even among younger age groups where multiple partnerships are more common. Age of first intercourse also emerges as a strong predictor of having two or more partners.

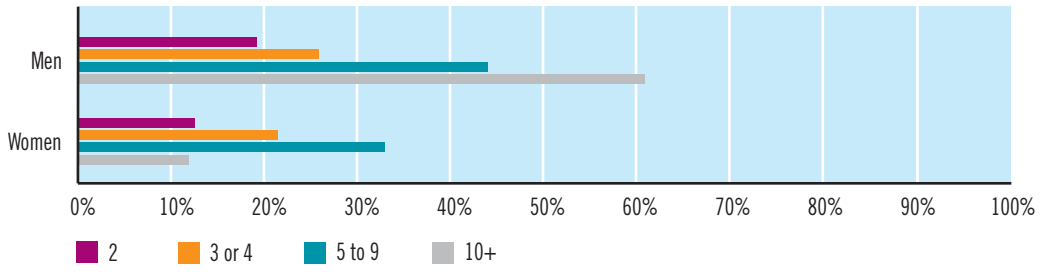
- Men and women under 25 are far more likely than all other age groups to have had more than one partner 'in the last year':
  - 37% of men and 16% of women under 25 had two or more partners 'in the last year', compared to 9% and 2% of men and women aged 35 to 44
- People in casual relations (46% of men and 29% of women) or not in a relationship (30% of men and 12% of women) are most likely to have had two or more partners 'in the last year'.
- People with more educational qualifications or in a higher social class are more likely to have higher numbers of sexual partners.
- People who had vaginal sex before 17 are almost three times more likely, than those who began sex later, to have a high number of partners 'in the last year'.

7.4 Monogamy and concurrency in relationships

THE extent of concurrency in sexual relationships – relationships that overlap in time – has important implications for the spread of sexually transmitted infections, particularly if the probability of concurrency increases with the number of sexual partners. Only a small proportion of men and women report two or more partners 'in the last year', but there is a relationship between number of partners and concurrency, particularly among men. The pattern of increasing concurrency with higher numbers of partners is particularly strong if both homosexual and heterosexual relationships are counted.

- Men with a higher number of partners are also more likely to have had concurrent relationships (two or more partners at roughly the same time).
- 61% of men with 10 or more sexual partners 'in the last year' also had concurrent relationships.

Figure 39: Proportion of individuals with 2 or more partners in the last year also having concurrent relationships: by gender



7.5 Men's experience of commercial sex

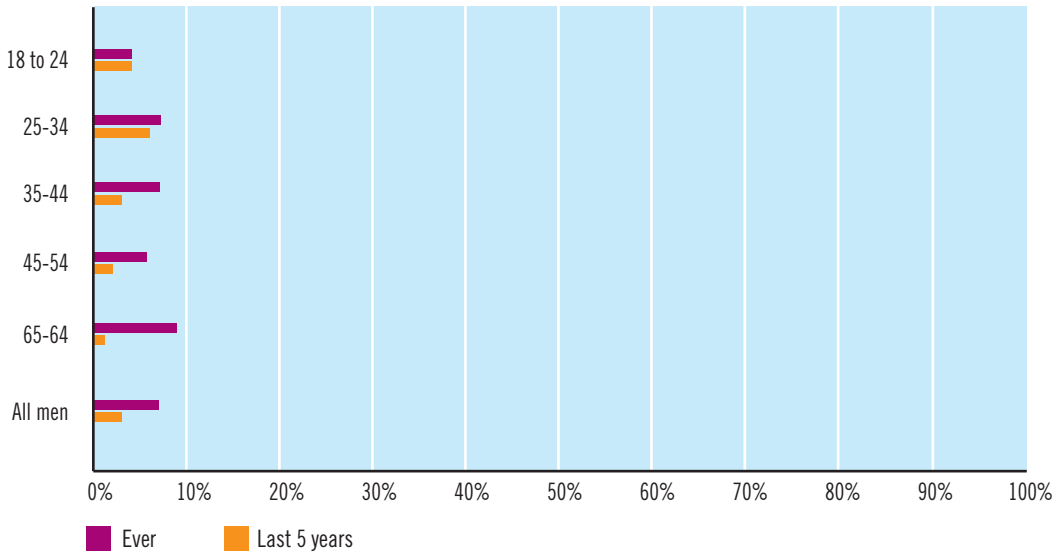
A SMALL but significant proportion of Irish men have paid a woman for sex. A smaller proportion have done so recently.

The oldest age group of men are most likely to have 'ever' paid a woman for sex, whereas men aged 25 to 34 are most likely to have paid for sex 'in the last five years'. Men aged 18 to 24 are the second most likely group to have paid for sex over the last five years. This suggests that there may be an increasing trend of payment for sex among younger men.

Single men and those in professional and managerial positions are most likely to pay women for sex, as are men who have 'ever' had a same-sex partner and those who have had a large number of unpaid partners.

- 6.4% of men reported 'ever' having paid for sex; 3.3% reported doing so 'in the last five years'.
- Men aged 55-64 are most likely to have 'ever' paid for sex, but men aged 25-34 are most likely to have done so 'in the last five years'.
- Single men and those with higher professional occupations are most likely to have paid for sex both 'ever' and 'in the last five years'.
- Men who have 'ever' had a same-sex partner are 80% more likely than other men to have paid a woman for sex.
- Men with a higher number of unpaid female sexual partners are also more likely to have paid for sex.
- 44% of men who have paid for sex did so with one paid partner, 50% of such men did so with between two and nine partners, and 6% with 10 or more.
- 83% of men who have ever paid for sex report that they always used a condom, 7% used them inconsistently and 11% never used them.

Figure 40: Proportions of men who have paid a woman for sex ever and over the last 5 years: by current age



8 Heterosexual Practices and Frequency of Sex

8.1 The repertoire and frequency of different practices

THE most widely experienced sexual practice among both men and women is vaginal intercourse, followed by oral sex. A minority of individuals in the ISSHR survey, and more men than women, reported having experienced heterosexual anal sex.

Around half of all people interviewed reported having had vaginal sex 'in the last week' and around two-thirds 'in the last month'. Oral sex appears to be largely a reciprocal practice; a large majority of men and women who reported any oral sex reported both fellatio and cunnilingus.

- 94% of men and women have experienced vaginal sex.
- 76% of men and 61% of women have experienced oral sex.
- 11% of men and 8% of women have experienced anal sex.
- Around half of Irish men and women will have had vaginal sex in the last week and 68% in the last month.
- 39% of men and 29% of women will have experienced oral sex in the last month.
- Oral sex is largely reciprocal for those that practice it; less than 10% only give or only receive oral sex.

8.2 Determinants of the repertoire of sexual practices

AN individual's sexual repertoire both in the past and in the more recent period is associated with a number of factors. The oldest age group in the ISSHR study (aged 60 to 64) are more likely than their peers in other countries to have never married and to have remained celibate. This is reflected in this group's lower rates of ever having experienced vaginal sex. Young people and the oldest age group are least likely to have experienced vaginal sex.

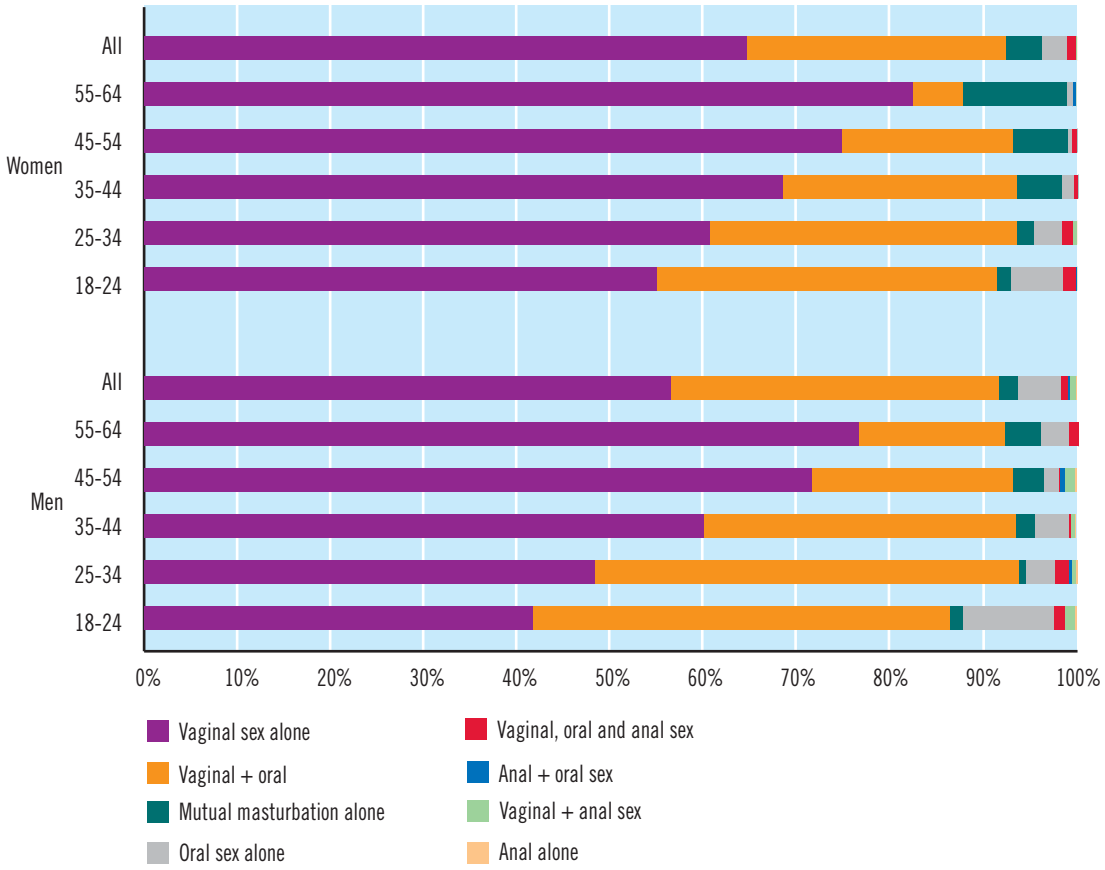
Recent experience of vaginal sex is also strongly related to relationship status. Married people are most likely to have experienced it 'in the last year', followed by those who are cohabiting or in a steady relationship.

Age and relationship status are also very important factors in the experience of oral and anal sex. There is good evidence that both oral and anal sex have become more common over time. Older individuals are less likely to report having ever experienced oral sex and much less likely to report oral sex in the most recent period. Among younger people, on the other hand, oral sex is now an established part of the sexual repertoire and an integral aspect of most sexual episodes.

As regards relationship status, people in less formal relationships are more likely to have experienced oral sex. Anal sex has been experienced by a minority of individuals, but there is evidence that its popularity is increasing among younger age groups.

- The proportions 'ever' experiencing vaginal sex increase with age at first, but decline in the oldest age groups.
- 87% of men and 77% of women aged 25 to 34 have had oral sex, compared to 48% of men and 24% of women aged 55 to 64.
- Anal sex is increasing in prevalence; it has been experienced by 6% of men and 4% of women aged 55 to 64, but by 18% of men and 13% of women aged 25 to 34.
- The likelihood of recently experiencing vaginal or oral sex is strongly associated with relationship status.
- People with higher levels of education are more likely to have recently experienced vaginal and oral sex.

Figure 41: Sexual practices at most recent event: by gender and age group



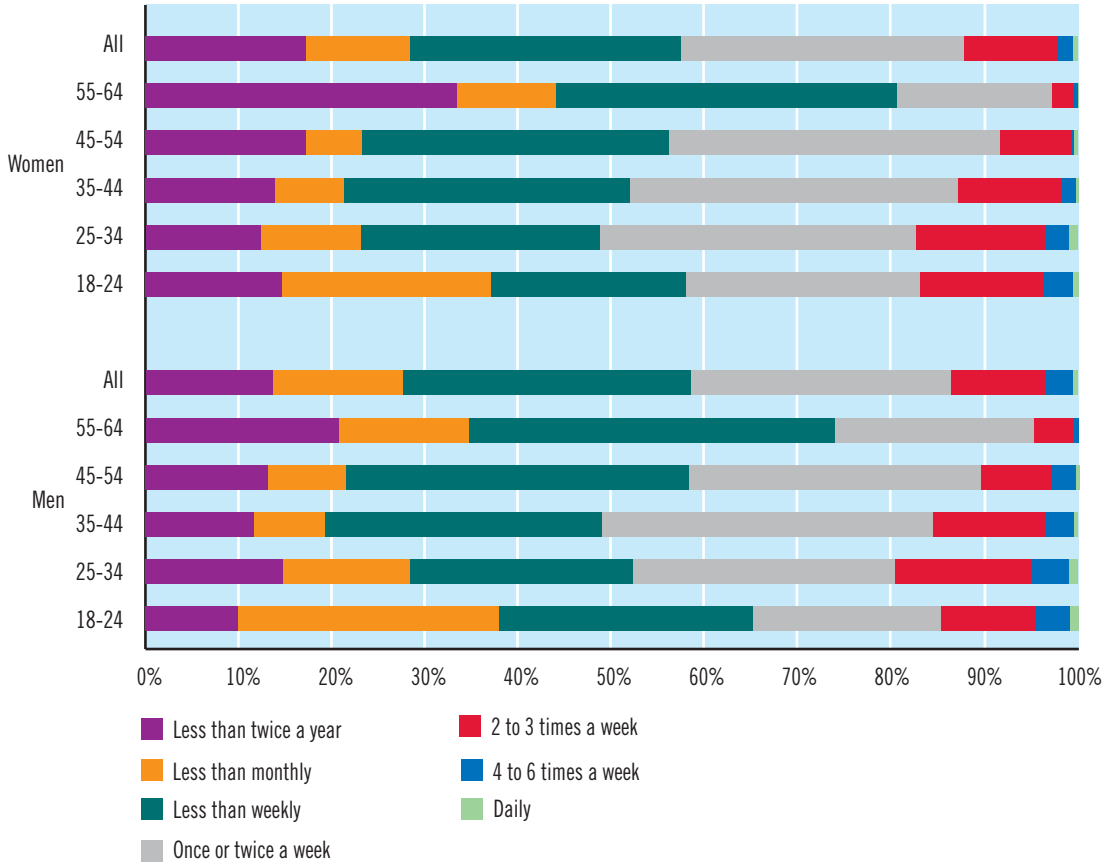
8.3 Frequency of sex

THE frequency of sex across the population is of importance as a factor in the spread of STIs and for an understanding of the dynamics of sexual relationships.

Most adults aged 18 to 64 have sex less than once a week and a quarter less than once a month. Age is a crucial factor; frequency is lower among the oldest and youngest groups, but age also interacts with relationship status. For example, among the youngest age group, those who are in a sexual relationship have the highest frequency of sex. Interestingly, women with higher levels of education have a higher frequency of sex.

- 58% of men and 57% of women aged 18 to 64 have sex less than once a week.
- 14% of men and 17% of women have sex less than twice a year.
- 50% of married people have sex less than weekly.
- Age and relationship status are the primary determinants of frequency of sex.

Figure 42: Total frequency of genital sexual events: by gender and age group



8.4 Preferred frequency of sex, physical pleasure and emotional satisfaction

OVERALL, significantly more women than men report that their frequency of sex is 'about right'. More men than women report that they would like to have sex more frequently.

Among women, there is a strong relationship between frequency of sex and the extent to which the woman reports that this frequency is 'about right'. Greater frequency is associated with greater agreement that the frequency is satisfactory. Among men, the pattern is more complex. Men with the lowest and highest frequencies of sex say they would like a higher frequency, whereas men with a medium level are more likely to report that the frequency is 'about right'.

Men are more likely than women to report that sex with their current or last partner is 'extremely' pleasurable. A higher proportion of women than of men report that sex is 'moderately' or only 'slightly' pleasurable.

Patterns of emotional satisfaction are almost identical among men and women. Levels of emotional satisfaction and sexual pleasure rise after age 24, are highest in men and women aged 25 to 44, and decrease among older age groups.

- 57% of men and 70% of women believe that their current frequency of sex is 'about right' for them.
- The higher the frequency of sex for women, the higher the proportion who report that it is 'about right'.
- Among men the proportion seeing frequency as 'about right' is highest for those with a medium frequency of sex.
- The highest proportion of those who would like less frequent sex is among those currently experiencing the least frequency.
- 79% overall report that sex is 'extremely' or 'very' pleasurable.
- 40% of men find sex 'extremely' pleasurable compared to 33% of women.
- 78% report that sex is 'extremely' or 'very' emotionally satisfying.

Figure 43: Frequency and desired frequency of sex: by gender

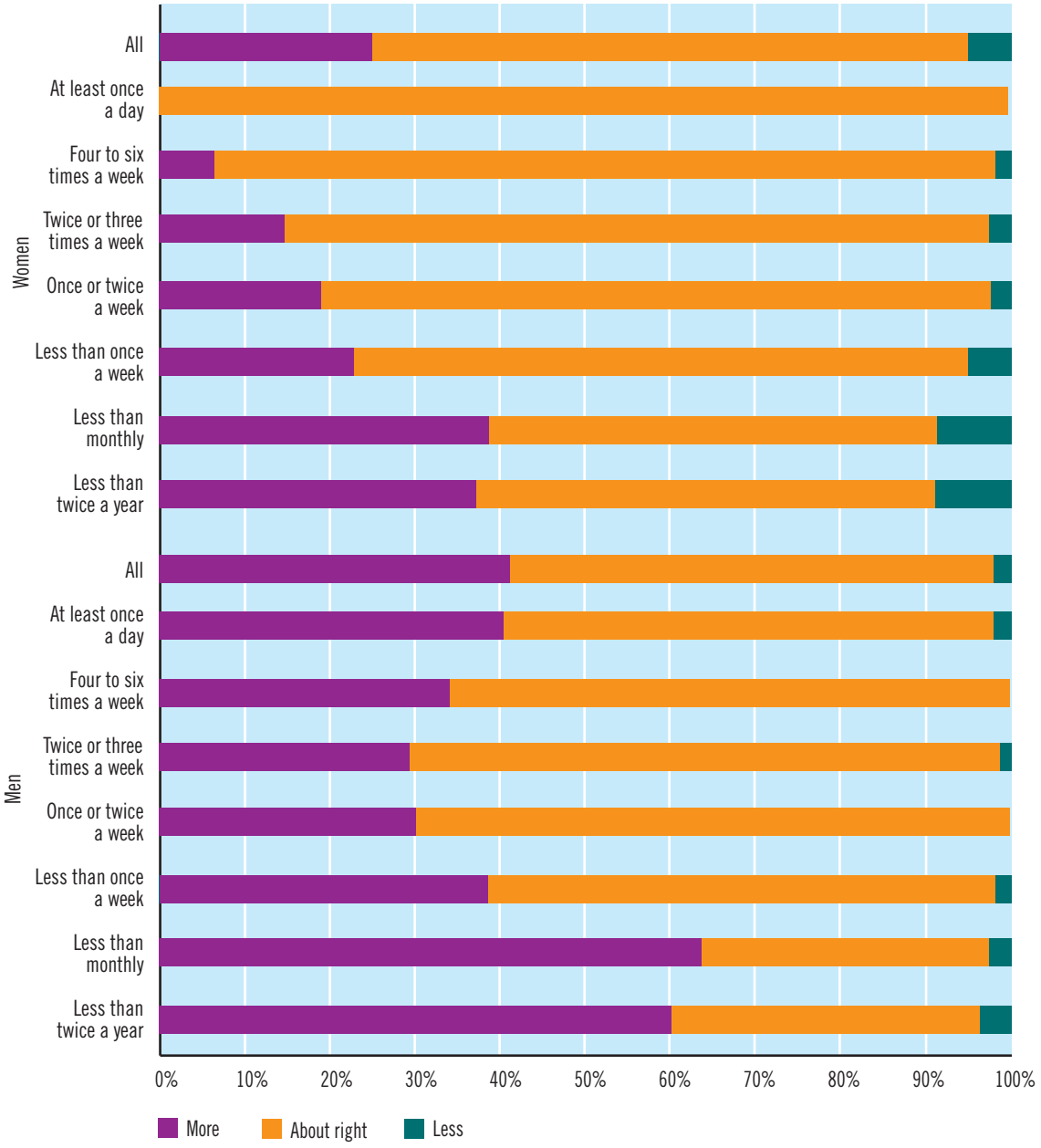
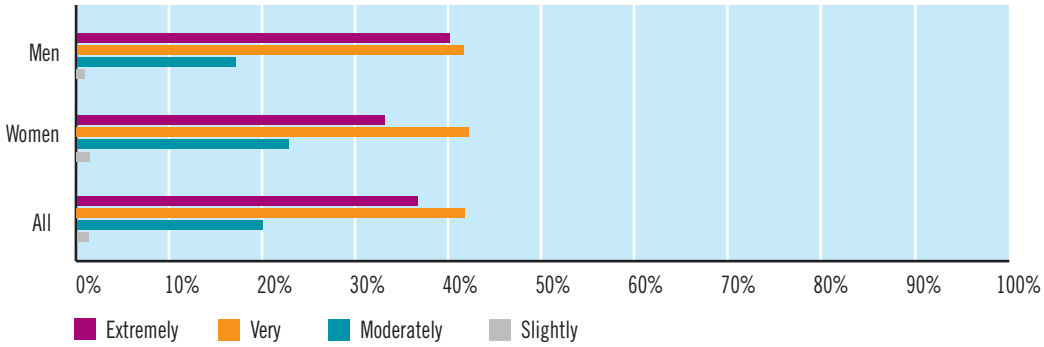


Figure 44: Extent of physical pleasure with current or last partner: by gender



9 Homosexual Partnerships and Sexual Practices

9.1 Numbers of same-sex sexual partners over different periods

THE ISSHR survey investigated the number of same-sex partners over different periods experienced by men and women who reported at least one same-sex partner over their lifetime so far.

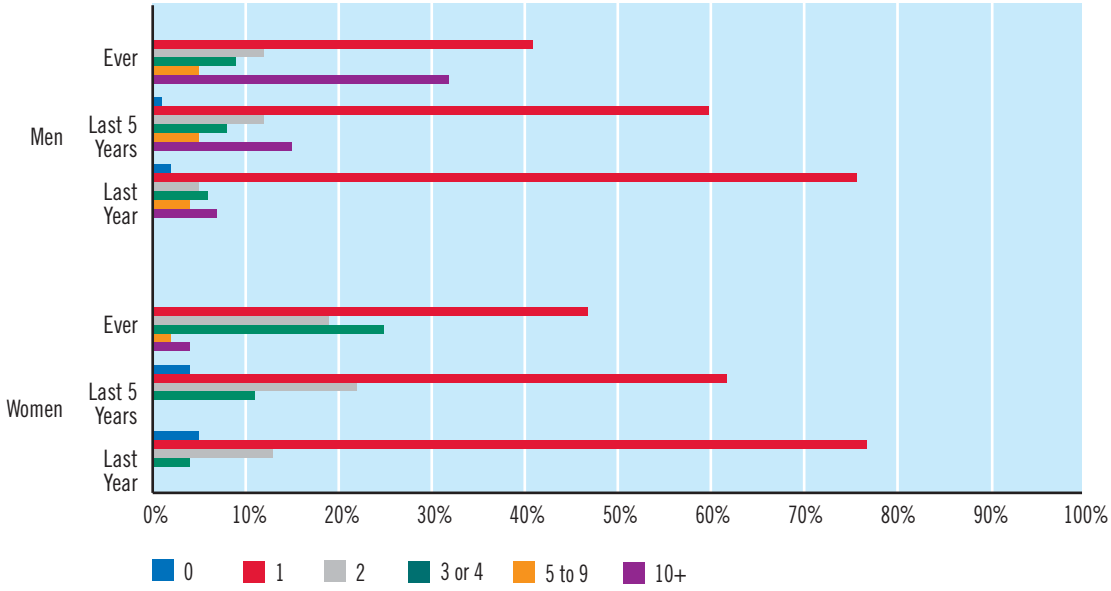
Most men who have had same-sex contact tend to have approximately as many (male) partners as men who have had sex with women only. Just over 40% of such men have had a single partner in their lifetime and just under another fifth have had two to four partners. However, around a third report 10 or more partners, a larger proportion than that found among men with opposite-sex experience alone.

The absolute number of women who report same-sex contact is so small that analyses are difficult, but results suggest that women with homosexual experience tend to have had a smaller number of partners than women with heterosexual experience alone.

- Most men who currently have sex with men (MSM) have similar numbers of partners as heterosexual men.[3]
- 32% of MSM have had 10 or more partners in their life so far, compared to 21% of the general male population.
- Women with homosexual experience tend to have lower numbers of partners than the general female population.

[3] As noted above (see section 5.1), sexual identity is a complex issue. The term 'heterosexual' is used here to describe those who report opposite-sex sexual experience alone; the term 'homosexual' is used similarly.

Figure 45: Distribution of number of homosexual partners over three time periods: by gender



9.2 Frequency of oral and anal sex

ONLY a minority of both men and women who have experienced a same-sex partnership will be currently practising oral and anal sex. Most men (70%) who have had same-sex genital contact have never either given or received anal sex, and less than 10% have had anal sex 'in the last month'.

- A minority of men (33%) who have 'ever' experienced homosexual contact report homosexual oral sex 'in the last year'.
- 17% of men who have ever experienced homosexual contact report homosexual anal sex 'in the last year'.
- 27% of men who have ever had homosexual contact report never having homosexual oral sex and 68% report never having homosexual anal sex.
- 20% of women who have ever had homosexual contact report never having homosexual oral sex.

9.3 The reciprocity of oral and anal sex

THE ISSHR data suggest that, as found with oral sex in opposite-sex relationships, oral and anal sex in same-sex relationships is largely reciprocal, although the small number of individuals in the sample makes definitive statements difficult.

- Oral sex tends to be reciprocal among homosexual partners, although the level of reciprocity is lower among women.
- Reciprocity of anal sex among men who have sex with men is lower than for oral sex.

10 Risk-Reduction Practices

10.1 Use of contraception at most recent sexual intercourse

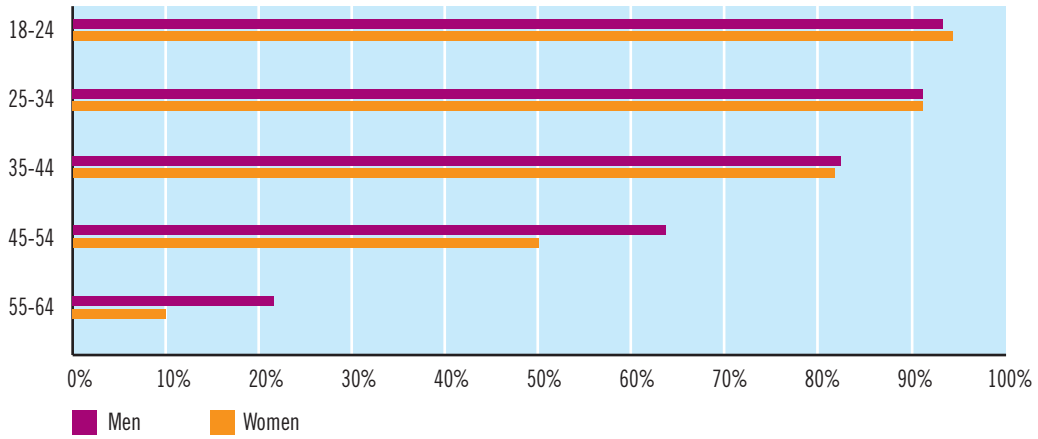
MOST people report using contraception if they were not intending to conceive, although rates of use vary significantly across groups.

Younger individuals who are not married are most likely to use contraception. There is a significant pattern of non-use among older men and women who are married but not post-menopausal. Almost a fifth of women aged 35 to 44 did not use contraception 'on the last occasion', even though they were still at risk of conception. This could be a significant risk factor for crisis pregnancy.

Irrespective of age, women with higher levels of education are more likely to have used contraception at their most recent intercourse. Early first sexual intercourse is associated with less use of contraception later in life.

- 74% of men and 69% of women who did not wish to conceive used contraception on their most recent occasion of vaginal sex.
- Use of contraception varies widely by age: 93% of men and 94% of women aged 18 to 24 who did not intend to conceive used contraception at their last intercourse, compared to 81% of men and 82% of women aged 35 to 44.
- Lower levels of education among women are associated with a lower likelihood of using contraception at most recent intercourse.
- Men and women in less formalised relationships are more likely to use contraception.
- Knowledge of and attitudes to contraception are not associated with use.
- People who experienced vaginal sex before 17 were less likely to use contraception on the first occasion of vaginal intercourse.

Figure 46: Proportion using contraception at most recent sexual intercourse: by gender and age



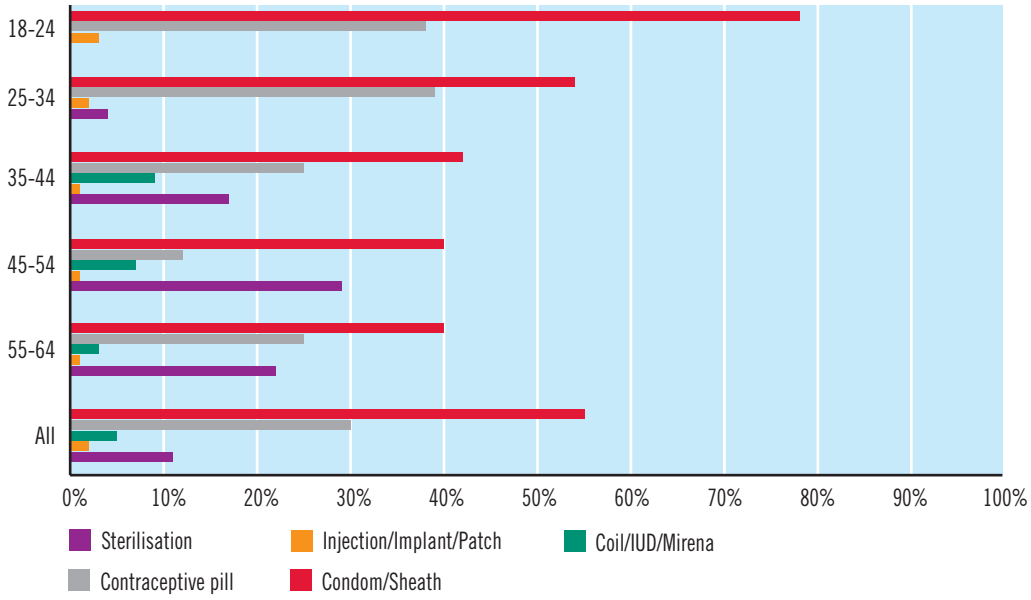
10.2 Type of contraception used

AMONG people who report using contraception at their most recent intercourse, the most common forms used are condoms and the contraceptive pill. Patterns of usage are similar for men and women. However, the type of contraceptive used varies significantly across age groups. Younger individuals are more likely to use condoms. The proportion using the contraceptive pill increases with age until the age of 35, at which point it decreases among both men and women. In older age groups, the coil/IUD/Mirena and particularly sterilisation become much more common.

The type of contraception used is also strongly related to relationship status. Condoms are the dominant form used among those who are just beginning a relationship but, as the duration and seriousness of the relationship increases, so does the proportion using the contraceptive pill. Among married people, sterilisation is almost as common as use of the pill.

- Condoms are the most frequently reported method of contraception: 57% of men and 52% of women report using condoms on their most recent occasion of vaginal sex.
- Around 30% of partners used the contraceptive pill on the most recent occasion.
- Younger respondents are more likely to use condoms; 82% of men and 74% of women aged 18 to 24 used a condom on the most recent occasion.
- The contraceptive pill is used more often than condoms by younger respondents in more settled relationships.

Figure 47: Use of common forms of contraception on most recent occasion of sexual intercourse: by age



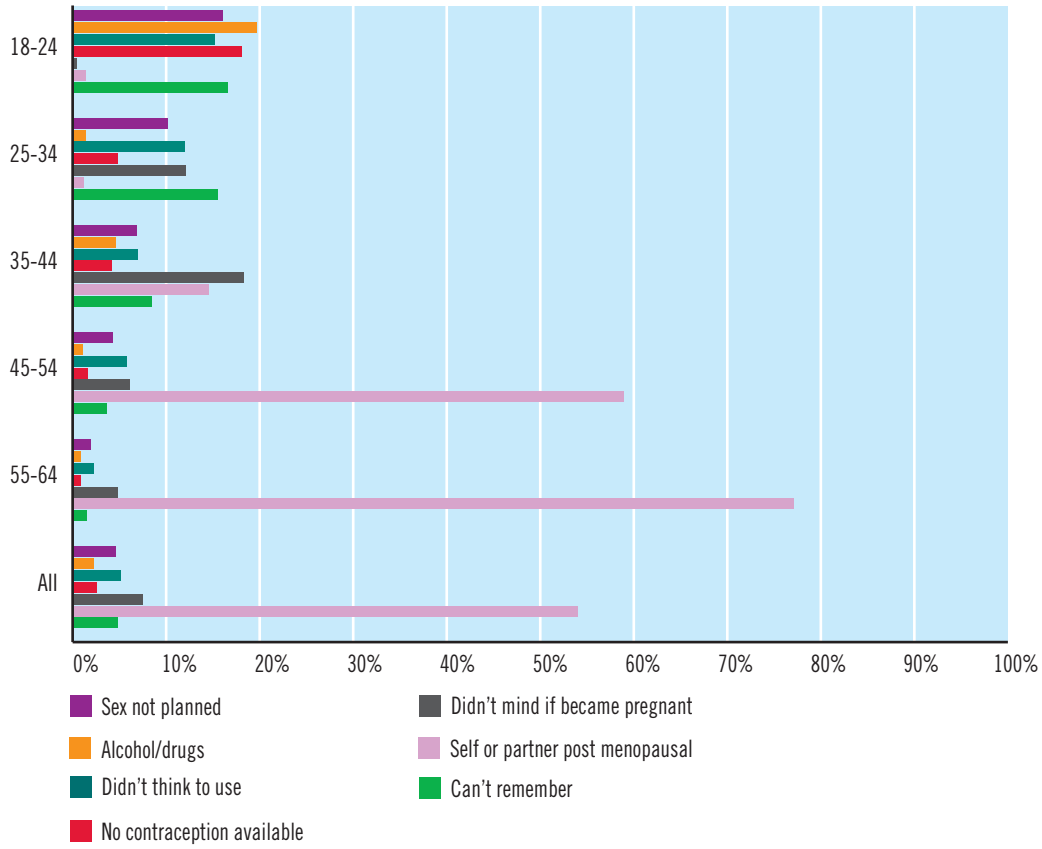
10.3 Reasons for not using contraception on the most recent occasion of vaginal intercourse

IN the ISSHR survey, people who did not use contraception were asked why not. The most common reason cited overall was 'being post-menopausal'. This was most common among those in the oldest age group, but a significant proportion of women in younger age groups also cited this reason, even though other evidence suggests that only a small proportion of women under 45 are post-menopausal.

Among younger age groups, the most commonly cited reason was drinking alcohol/taking drugs.

- 'Not being prepared' for sex is the most common reason reported across all age groups.
- 15% of women aged 35 to 44 who have a risk of pregnancy report not using contraception because they believe they are post-menopausal.
- The most common reasons given by people aged 18 to 24 were: drinking alcohol/taking drugs (20%); not being prepared for sex (16%), no contraception available (18%) and 'not thinking to use' contraception (15%).

Figure 48: Reasons for not using contraception at most recent sexual intercourse: by age group

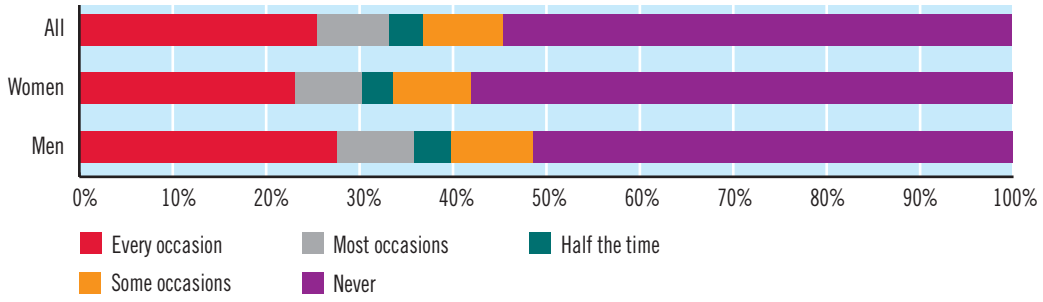


10.4 Consistency of condom use in the last year

THE ISSHR survey asked people who had had vaginal or anal sex in the last year how consistent their condom use had been over this period. Only a minority of individuals consistently used a condom, but the proportion varies strongly with age group and relationship status. Among younger groups in casual relationships, consistency of use is far higher, but even here substantial minorities inconsistently use condoms.

- Men are more likely than women to report consistently using condoms 'in the last year'.
- Younger people are more likely to consistently use condoms 'in the last year': 57% of men and 51% of women aged 18 to 24 consistently used a condom, compared to 15% of men and 13% of women aged 45 to 54.
- 47% of men and 45% of women in casual relationships consistently used a condom 'in the last year', but just 13% of married men and 11% of married women.
- People who began having sex before age 17 are more likely to be inconsistent users of condoms 'in the last year'.

Figure 49: Profile of condom use in the last year: by gender

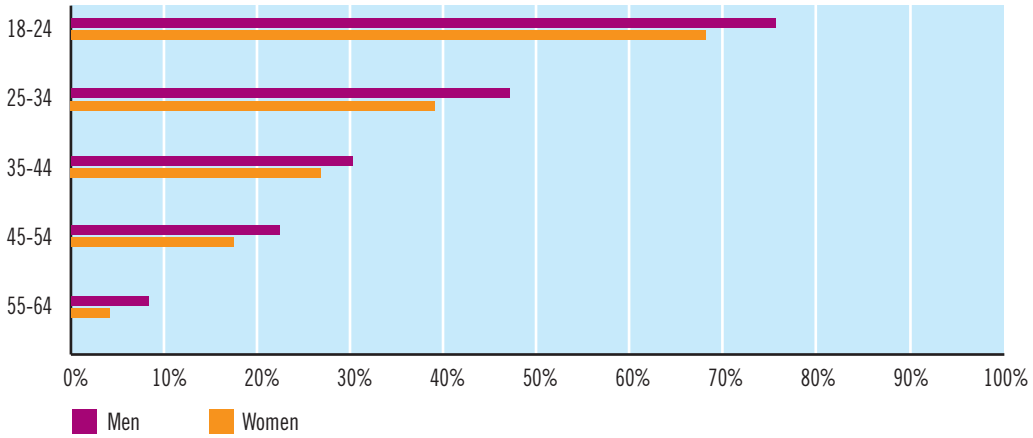


10.5 Condom use on last occasion of sexual intercourse

PATTERNS of condom use on the last occasion of vaginal or anal sex largely replicate the patterns found for consistency of use 'in the last year'. Once again, men are more likely to report condom use, as are young individuals and those whose relationship to their partner was casual. People with higher levels of education use condoms more, even across age and relationship status. Those who first had vaginal sex before 17 are significantly less likely to have used a condom on the last occasion of sex, as are those who report high levels of alcohol consumption.

- Men (37%) are more likely than women (31%) to have used condoms on the last occasion of vaginal sex.
- Younger people are more likely to have used condoms on the last occasion: 76% of men and 68% of women aged 18 to 24 did so, compared to 22% of men and 17% of women aged 45 to 54.
- Lower levels of education among both men and women are associated with a lower likelihood of using condoms.
- The less time partners have known each other and the less formalised the relationship, the more likely they are to use condoms: 78% of men and 71% of women who had just met their partner at the time of intercourse used a condom, compared to 17% of married men and 16% of married women.

Figure 50: Proportion using a condom at most recent sexual intercourse: by gender and age

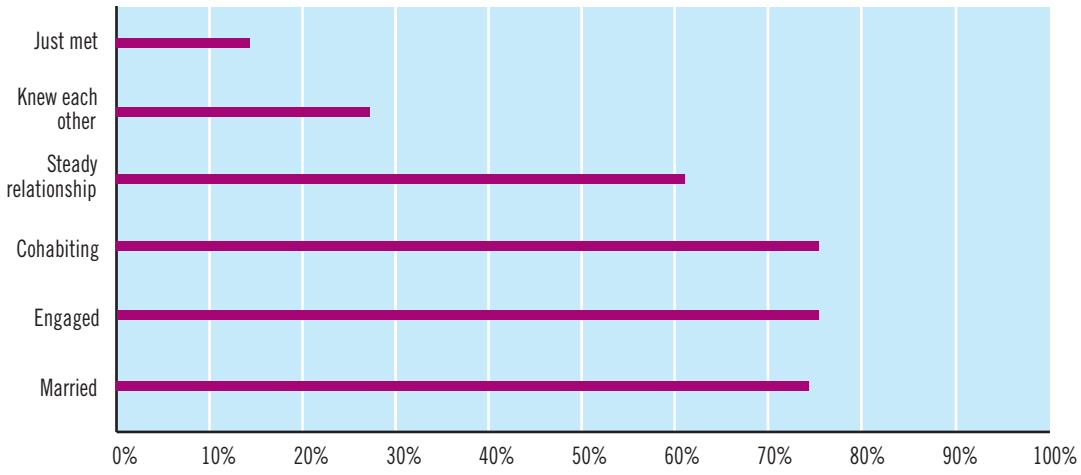


10.6 Reasons for not using condoms on last occasion of intercourse

MOST people who did not use a condom on the last occasion of sexual intercourse report that this was because they trusted their partner not to have an STI/HIV. This proportion is lower among younger age groups and those in casual relationships but, even among those who had just met their partner, a substantial minority report that trust in their partner was the main reason why they did not use a condom.

- 69% of respondents who did not use condoms on the last occasion reported that they did not do so because of trust in their partner.
- The proportion trusting their partner varies by age and nature of relationship.
- 27% of respondents who knew but had not previously had a relationship with their sexual partner reported not using condoms because they trusted that the partner would not have an STI.
- 14% of respondents who had just met their partner before having sex with them for the first time reported not using a condom because they trusted that the partner would not have an STI.

Figure 51: Proportion reporting that the reason no condom was used on the last occasion of intercourse was because they trusted their partner: by relationship status

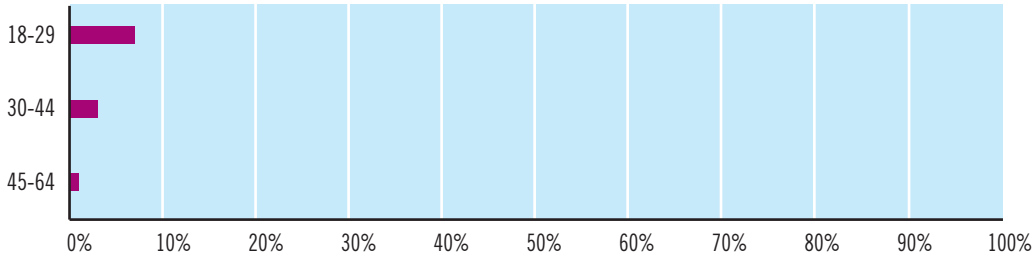


10.7 Sexual partnerships and use of protection while outside Ireland

THE ISSHR survey asked respondents whether they had had unprotected sex with a new partner while abroad 'in the last five years'. Only a small proportion of both men and women had done so, with men more likely than women. The primary determinants of having experienced unprotected sex abroad are the person's relationship status and age. Younger, unmarried men are more likely to have done so.

- 3.5% of men and 1.2% of women had unprotected sex with a new partner while abroad 'in the last five years'.
- Younger men (aged 18 to 29) are more likely than older men to have had unprotected sex abroad.
- Unmarried men and men in casual relationships in particular are far more likely to report unprotected sex while abroad 'in the last five years'.

Figure 52: Proportion of men having unprotected sex whilst abroad in the last five years with a new partner



11

Experience of Crisis Pregnancy, Abortion and Sexually Transmitted Infection

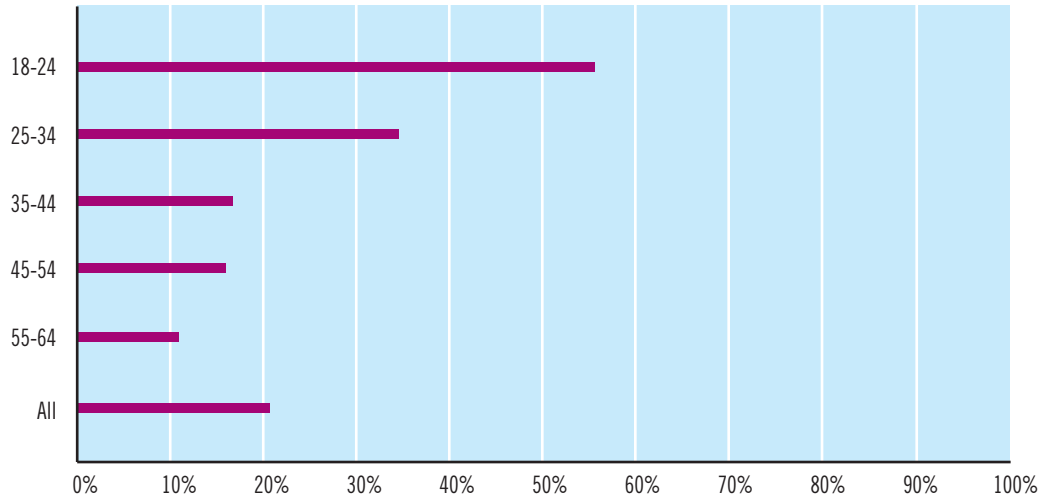
11.1 Experience of crisis pregnancy

THE overwhelming majority of crisis pregnancies are defined as such because the pregnancy is unplanned and occurs at a time when circumstances are considered unsuitable. The ISSHR survey shows that 21% of women who have been pregnant have experienced a 'crisis' pregnancy (13% of all women aged 18 to 64).

Young women are more likely to define a pregnancy as a crisis because of their circumstances. This is reflected in the ISSHR survey, where the proportion experiencing a crisis pregnancy decreases with age. However, the average age at which crisis pregnancies occur has fallen through time. Women aged 18 to 24 are likely to experience a crisis pregnancy at a younger age than older women. This may be related to more widespread early sex among younger age groups in recent decades, but could also be related to changing levels of fertility across time and within different age groups. The association of early sex with a risk of crisis pregnancy is shown by the fact that women who had sex before 17 are over twice as likely to have experienced a crisis pregnancy as women who first had vaginal sex at 17 or older.

- A fifth (21%) of women who had been pregnant had experienced a crisis pregnancy.
- A larger proportion (56%) of young women (under 25) experienced their pregnancies as a crisis. The proportion for older women (aged 35-54) was 16%. Overall, however, younger women had experienced fewer crisis pregnancies.
- The median age at which women experience crisis pregnancy has fallen significantly across age cohorts. In women under 25 it is 19, compared to 32 among women aged 55 to 64.
- Higher social class is weakly associated with an increased probability of crisis pregnancy.
- Women who had vaginal sex before 17 are almost 70% more likely than those who did so later to experience a crisis pregnancy.

Figure 53: Proportion of women who have been pregnant who have experienced a crisis pregnancy: by current age



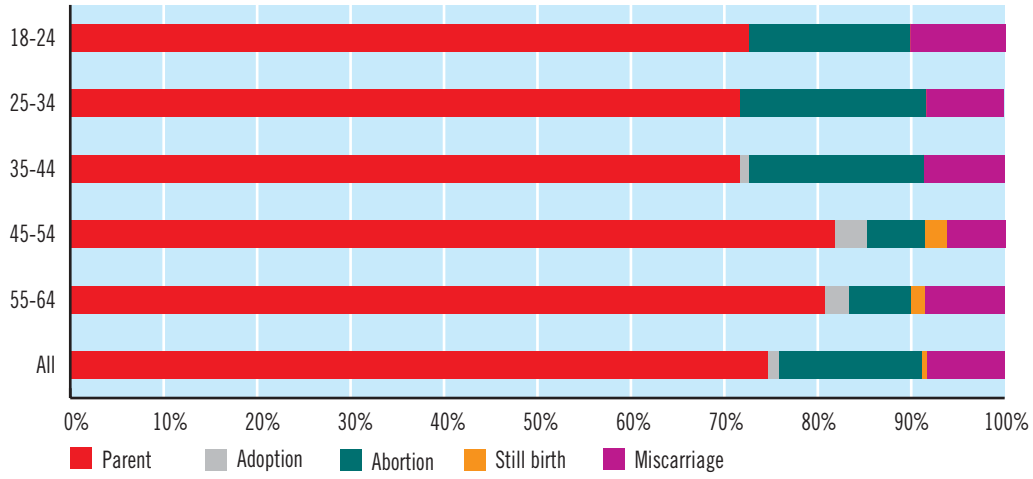
11.2 Outcomes of crisis pregnancy

THE ISSHR survey shows that most women who experienced a crisis pregnancy became a parent. However, the outcomes of crisis pregnancy have changed profoundly through time. Women currently aged 45 or over are far more likely than younger women to have become a parent or offered their child for adoption after a crisis pregnancy.

Although becoming a parent is still the dominant outcome among women in younger age groups, they are more likely than older women to have experienced abortion. Among women under 35, there are no instances of having a child adopted. This is reflected in official adoption figures, where numbers have fallen dramatically in recent decades.

- 75% of women became a parent after their crisis pregnancy and 15% had an abortion. The child was adopted in 1.2% of crisis pregnancies.
- The proportion of younger women who became a parent following crisis pregnancy is lower than among older age groups: 73% among women under 25 compared to 82% among women aged 45-54 and 81% among women aged 55-64.
- 20% of women aged 25 to 34 terminated their crisis pregnancy, compared to 7% of women aged 55 to 64.
- Older age at crisis pregnancy is associated with a greater likelihood of becoming a parent; younger age is associated with a higher probability of abortion.

Figure 54: Outcomes of crisis pregnancy: by current age group



11.3 Experience of abortion

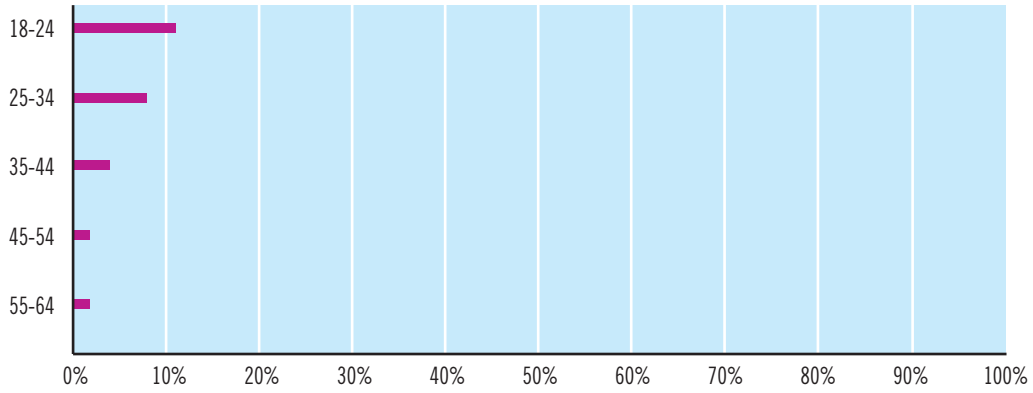
A large number of women have travelled to Britain for abortions since British law was changed to allow abortion in 1967. (They have also travelled further afield.) Official sources from Britain show an increasing number of women with Irish addresses having abortions in British clinics.

The ISSHR survey asked women whether they had ever had an abortion. Results show that the overall prevalence in Ireland is low compared to that internationally.

Higher education and non-manual social class are associated with higher levels of abortion, as is having vaginal sex before the age of 17.

- Between 1980 and 2000, the absolute number of women travelling to Britain for an abortion almost doubled: from 3,320 to 6,381.
- Overall, in the ISSHR survey, 4% of women reported having had an abortion. In the international context, this prevalence is low to average.
- Higher education and non-manual social class are associated with a greater likelihood of experiencing abortion.
- Women in less formalised relationships are more likely to have experienced an abortion.
- Women who had vaginal sex before 17 are almost three times more likely to have experienced an abortion than women who had sex for the first time after 17.

Figure 55: Proportion of women who have been pregnant experiencing an abortion: by age



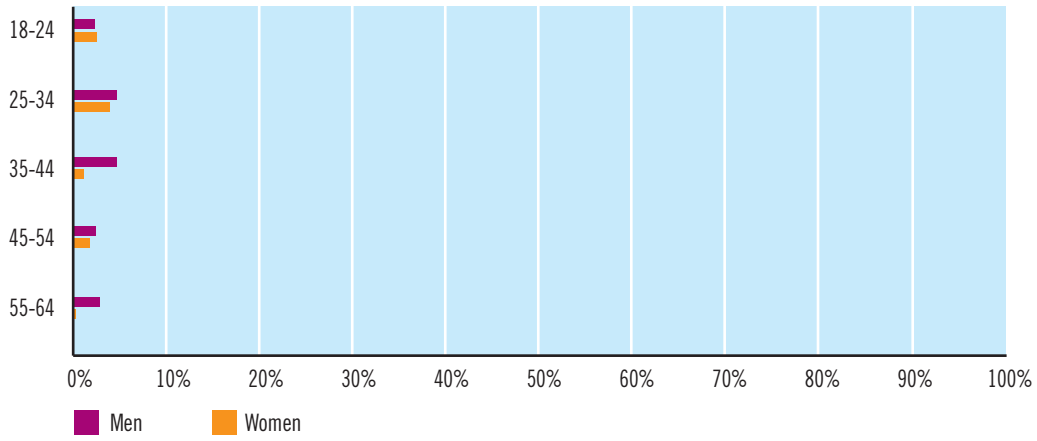
11.4 Experience of sexually transmitted infections

THE ISSHR survey shows that around 3% of men and 2% of women report having been diagnosed with a sexually transmitted infection (STI). Younger individuals are more likely to report this, and those aged 25 to 34 the most likely. Among women, those with higher levels of education and/or with professional or managerial occupations are most likely to report STI diagnosis, even within age groups.

Both men and women in casual relationships or not in a relationship are more likely to report being diagnosed, as are those who began having vaginal sex before 17. Men who report a same-sex partner 'ever' are significantly more likely to report STI diagnosis; it is not clear whether this is due to higher levels of infection or to higher levels of knowledge and health-seeking behaviour among such men.

- 3.4% of men and 1.8% of women have been diagnosed with an STI.
- Experience of STIs is most likely among men and women aged 25 to 34.
- Among women, higher education and non-manual social class are associated with a higher risk of experiencing an STI.
- Men and women in casual relationships or not in a relationship are most likely to report an STI.
- Both men and women who had sex before 17 are more likely to report STI diagnosis.

Figure 56: Proportion diagnosed with a sexually transmitted illness: by gender and age



11.5 Use of STI services

USE of sexual health services is an important factor in sexual health. The ISSHR survey included questions on whether an individual had ever sought advice on sexually transmitted infections and, if they had, where they had sought this advice and where they would prefer to get such advice.

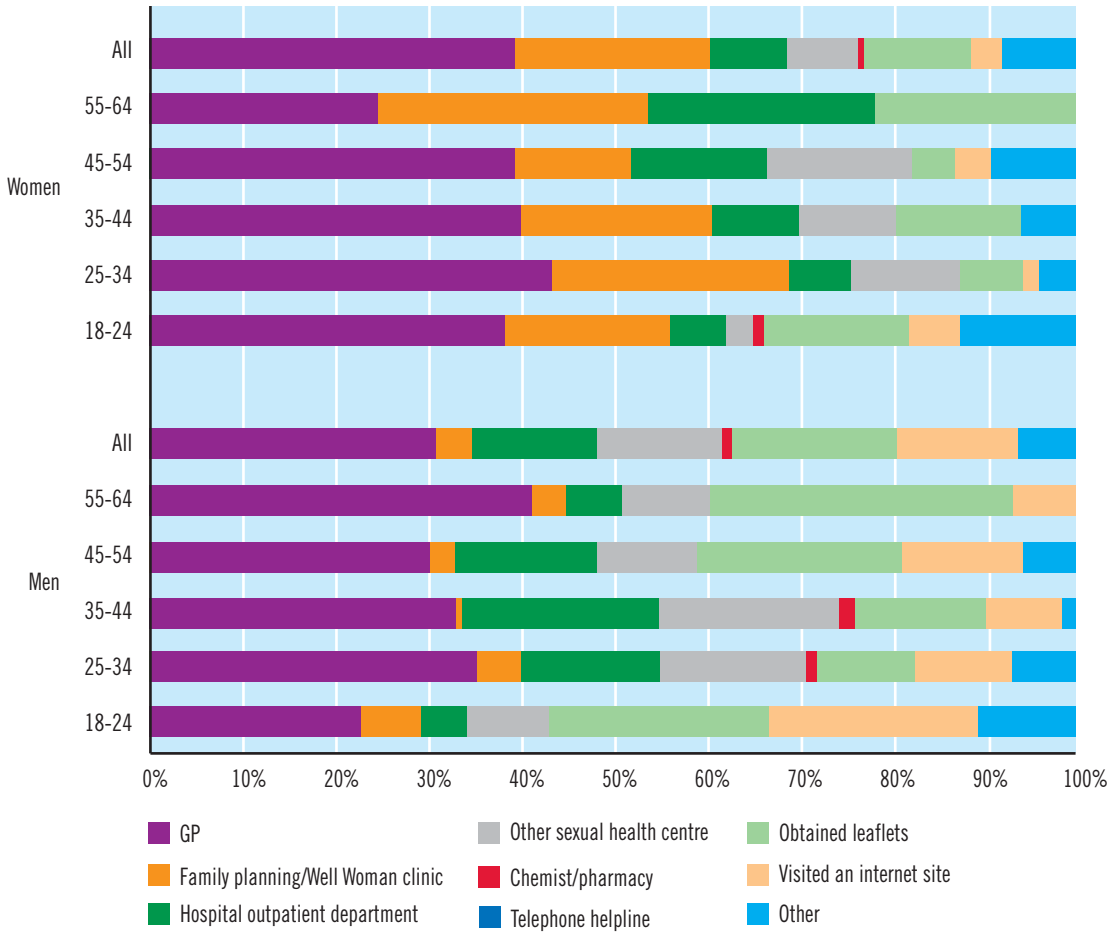
Results show no significant differences between men and women, but younger age groups are more likely to have sought advice, as are people with higher levels of education (particularly third-level). Relationship status also proved important; unmarried people are significantly more likely to have sought advice on STIs.

Concerning availability of services as a factor, analyses show that people living in a city are significantly more likely than others to have sought advice.

GPs are the most common source of advice on STIs, particularly among women. Women are also more likely than men to go to family-planning or Well Woman clinics for advice, although to a far lesser extent than to GPs. Men are more likely than women to use the internet as a source. Most men and women would prefer to get advice from their GP.

- In total, 9.4% of men and 8.3% of women had sought advice on STIs.
- Men and women who were cohabiting, in a steady relationship, in a casual relationship or not in a relationship were more likely than married men and women to have sought advice about STIs.
- Men and women who resided in a city were more likely than those living in a town or rural area to have sought advice on STIs.
- GPs were the most common source of advice on STIs, especially for women (43% women v 32% men).
- Women were more likely than men to have sought advice from family-planning/Well Woman clinics (22% v 4%).
- Men were significantly more likely than women to have used an internet site as a source of advice (14% v 3%).
- Most men and women (60% and 51% respectively) said they would prefer to seek advice from their GP.

Figure 57: Source of advice about STIs: by gender and age



Recommendations

1. Parents need to be acknowledged as the primary relationships and sexuality educators of their children, and to be supported in that role. They need supports provided through a range of initiatives. These supports should particularly address the needs of parents who most need assistance in sex education, such as those in lower socio-economic groups.

2. Sex education needs to be tailored to the needs of all groups, and to those of disadvantaged groups in particular.

3. More generally, health and education policymakers need to work with the wider policy community and government to improve both the educational attainment and perceived opportunities of disadvantaged groups.

4. Innovative methods of providing adult education on sexual health generally should be developed to improve levels of sexual health knowledge across all groups. Specific attention should be directed at vulnerable groups, particularly those in lower socio-economic groups.

5. A holistic programme of relationships and sexuality education needs to be fully implemented as appropriate in all primary and secondary schools nationally. The capacity of these programmes to increase sexual knowledge and competence should be evaluated and augmented where necessary.

6. Public education campaigns should be used to alert all groups, but particularly younger people, that unprotected sex carries with it the double risks of unintended pregnancy and sexually transmitted infections including HIV.

7. Health promotion strategies need to foster more responsible public behaviour concerning the use of alcohol and illicit drugs, given their role in unprotected sexual encounters.

8. Health promotion strategies need to foster more responsible public attitudes to individual planning for safe sex, including consistent use of effective methods of both contraception and protection.

9. Health promotion strategies need to take account of the need for contraceptive choices that suit the sexual lifestyle and beliefs of individuals. Professionals may need training to be able to assist individuals to select from the range of options available.

10. Knowledge of emergency contraception should be made widely available, especially to people in lower socio-economic groups.

11. Public education campaigns should alert older women and their sexual partners about the risks of assuming they have low fertility.

12. Serious attention should be given to reducing the cost of contraception and protection, especially the cost of condoms.

13. Research on sexual knowledge, attitudes, behaviours and health in Ireland should be integrated to ensure best use of public resources in developing a knowledge base capable of informing policy and practice.

14. More detailed research needs to be carried out on the sexual knowledge, attitudes and behaviours of lower socio-economic groups.

15. A national survey of sexual knowledge, attitudes and behaviours should be carried out among young people in Ireland.

The recommendations as outlined form separate but overlapping and complementary components of what needs to be an integrated approach to the overall challenge of promoting sexual health in Ireland. Much is already being done in a variety of setitings towards this agenda. To ensure that the issues outlined can be addressed in a comprehensive, effective and efficient manner, leadership and coordination is now needed. That leadership is best provided through the development of a National Sexual Health Strategy. We now have a timely and comprehensive Irish evidence base from which to develop such a Strategy.