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Sex in Ireland in the last decade: sexual health research and its policy implications

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SEX IN IRELAND IN THE LAST DECADE:
SEXUAL HEALTH RESEARCH AND ITS POLICY IMPLICATIONS

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

SEX IN IRELAND IN THE LAST DECADE

There has been significant investment in sexual health research in Ireland over the last decade. Researchers at the Royal College of Surgeons in Ireland (RCSI) have been involved in the three national, cross-sectional, general sexual health surveys, involving 13,000 adults, that have been conducted in Ireland since 2003*. The first was The Irish Contraception and Crisis Pregnancy (ICCP) Study 2003 (ICCP-2003)[1], which was designed to establish nationally-representative data on current attitudes, knowledge and experience of contraception, crisis pregnancy and related services in Ireland. This was followed, in 2006, by The Irish Study of Sexual Health and Relationships (ISSHR)[2], which was designed to build a representative and reliable picture of sex and sexual behaviour in Ireland, including levels of sexual knowledge. Most recently, The Irish Contraception and Crisis Pregnancy Study 2010 (ICCP-2010)[3], was a repeat of the earlier ICCP study, providing an important opportunity to explore trends over time.

This brief is based on a research project conducted in 2012 entitled: 'Exploring trends in sexual activity, contraceptive use, and pregnancy experiences in Ireland: a secondary analysis of national survey data from the last decade' which was designed to review the state of current knowledge in the area of sexual health, with the aim of informing policy and identifying future research directions. Four main research questions were explored:

1. Who is talking to their children about sex?
2. Does sex education have an impact on age and contraception use at first sex?
3. Who has experienced a crisis pregnancy in Ireland?
4. Who has ever had an STI and/or HIV test?

Suitable participants and variables across datasets were identified and extracted for analysis. All participants were younger adults aged 18-45 years. Further methodological details are available on request from carolinekelleher@rcsi.ie

*RCSI also completed a separate, related national survey of sexual violence in 2001 (SAVI: Sexual Abuse & Violence in Ireland)[4]

QUESTION 1: Who is talking to their children about sex?

What we know

Parental involvement in sex education can serve to reinforce, and often supplement, key messages received about sex in school[5] and can impact on their child's sexual health in the future[6]. Recent national research found that fewer parents surveyed in 2010 have talked to their children about sex and related topics (70%) than those surveyed in 2003 (82%)[3].

Parents included in our analysis

Parents (21–45 years) of a child/children aged 6 years or older at the time of the study (n=966) were included in analyses.

What we found

Parents who reported speaking to their children about sexual matters were more likely:

> to be women
> aged between 36–45 years,
> to have a larger number of children

What this means

Best international evidence would suggest that sex education should begin at an early age, with age-appropriate and accurate information[7]. Continued efforts to encourage parents to be involved in educating their children about sex should target fathers, younger parents and those with a smaller number of children (and most likely younger children). Given the key role of parents in sex education[8], a stand-alone, national survey specifically designed to assess parental involvement in sex education, including the barriers and facilitators to that involvement, and the content and scope of information delivered, is needed. A more detailed discussion of this can be found elsewhere[9]. The HSE Crisis Pregnancy Programme has recently commissioned a qualitative study exploring factors that inhibit and enable communication about sexuality, relationships and growing up, between parents and primary school children. This could potentially inform a robust quantitative national study of parent's role in sex education which would provide a reliable evidence-base that would underpin this area.

QUESTION 2: Does sex education have an impact on age and contraception use at first sex?

What we know

Several studies suggest early first sex (i.e. before the legal age of consent, which is 17 years in Ireland) is associated with more risky sexual behaviours later in life, such as having a higher number of sexual partners, and gaps in contraception use[10-11]. Sex education appears to have a positive influence on first sex by delaying its occurrence and increasing contraceptive use on this occasion[2,12]. There is also some evidence, although not definitive, that sex education can have a long-term positive impact

on sexual health behaviours such as reducing the likelihood of an STI diagnosis and increasing the likelihood of STI testing in adulthood[12].

Participants included in our analysis
Participants who reported ever having experienced heterosexual intercourse were included in the analyses (n = 2,861).

What we found
- Approximately 7 in 10 adults received sex education (at home and/or at school) while growing up (69%)
- 26% of men and 16% of women had sex before the age of 17 years
- Having a higher level of education (Leaving Certificate level or higher) was associated with older age at first sex
- There was no association found between receiving sex education and age at first sex; however, adults who received sex education were more likely than those who did not, to use contraception the first time they had sex and be consistent contraception users over the last year
- Using contraception at first sex also increased the likelihood of consistent contraception use in the last year.

What this means
Receiving sex education was associated with safer experiences of first sex. A lower level of education was associated with early first sex; therefore, early school-leavers may be more at risk. Using contraception at first sex appears to have a positive influence on contraception use later in life.

QUESTION 3: Who has experienced a crisis pregnancy in Ireland?

What we know
Preventing unplanned or unwanted pregnancies is a challenge internationally[13], as unplanned births are associated with detrimental maternal health behaviours[14] and neonatal health outcomes[15], and are costly for public health systems[16]. In ICCP-2010 over a third of women who had ever been pregnant reported a crisis pregnancy[3], thus crisis pregnancy is a significant issue for Irish healthcare planners. Some of the main reasons that Irish women reported a pregnancy as a 'crisis' was that it was unplanned, they were too young or they did not feel ready. Other factors that became more prominent in the most recent study, were economic difficulties, perhaps reflecting social and economic changes in Ireland over the past decade[17]. In order to capture women's changing experiences over time it is important to track the factors associated with women experiencing a crisis pregnancy - and the outcomes of these crisis pregnancies - to ensure that policy direction and service provision accurately meet women's needs.

Women included in our analysis
Analyses included women aged 18-45 years (n=6502).
From this, a sub-sample of women with a recent experience of crisis pregnancy (i.e. last 6 years) was also analysed (n=336).

What we found
- More women in 2010 reported a recent crisis pregnancy compared to women surveyed in 2003
- Comparisons across the three surveys found that women who reported a recent crisis pregnancy in 2010 were more likely to be in the older age group (34–45 years), be married, and have 2 or more children, compared to women with this experience from the earlier studies
- Focusing on the women in the 2010 study alone, married women, women aged 18 to 35 years, and those with lower levels of education were more likely to report a recent crisis pregnancy
- The proportions choosing parenthood in response to their crisis pregnancy remained almost the same between 2003 (71%) and 2010 (70%)
- Those who opted for abortion increased slightly between 2003 (n=16) and 2010 (n=23). However, due to small numbers no further reliable conclusions can be drawn
- Women who received sex education and used contraception at first sex were also less likely to report having experienced a recent crisis pregnancy.

What this means
Ireland has moved from a period of economic boom to a recession in the 7-year period between the first ICCP study in 2003 and the most recent one in 2010. These changes may be influencing how women feel about becoming pregnant and whether or not they view their pregnancy as a crisis. For example, a higher proportion of women in the older age group experienced a crisis pregnancy in 2010 than in 2003 or 2006. In line with this, in 2010, recent crisis pregnancies were also more common in married women and in those with 2 or more children than in the earlier studies. Although fewer younger women reported a recent crisis pregnancy in 2010 than in the earlier studies, in all the studies they were still more likely than their older and more educated study counterparts to have had this experience. Together these findings support the idea that crisis pregnancies can affect women of all ages, relationship statuses, and across all socio-economic groups. A key finding, important for both policy development around the provision of sex education and service planning, was that women who received sex education and used contraception at the time of first sex were less likely to report having experienced a crisis pregnancy.

QUESTION 4: Who has ever had an STI and/or HIV test?

What we know
The prevention and control of sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), is an important public health issue that remains under-resourced and inadequately monitored globally[18]. Rates of notifiable STIs continue to rise in many countries[19]. For example, the most recent figures from Ireland indicate that there was a 60% increase in STIs notified over the last decade (2001–2011)[20]. National sexual health awareness campaigns in Ireland, encouraging the uptake of sexual health screening, have largely focused on adults aged 18-29 years and groups/individuals who engage in high-risk activities, such as men who have sex with men (MSM) or commercial sex workers[21]; however, no data exists on predictors of STI/HIV screening in Irish adults[2]. Contemporary information on the type of people who do and do not engage in sexual health screening would be helpful to inform service planning and a timely contribution to planned release of the first national sexual health strategy by the Irish government.

Participants included in analysis
Analyses included adults who had ever had sexual intercourse, aged 18–45 years (n=7308). Women who reported STI and/or HIV screening as a routine aspect of their pregnancy-related care were not included.

What we found
- The average number of sexually active years for this group was approximately 13
- Approximately 25% of adults (n=1811) reported ever having had a STI and/or HIV test, and this proportion was larger in ICCP-10 (56%) than in ISSHR (44%).
- Women were approximately 1.5 times more likely to have been tested than men
- Respondents were also more likely to have reported a history of STI/HIV testing if they had a higher level of education, were from managerial and professional social classes, lived in an urban location or had been sexually active for longer
- STI/HIV testing was reported less often by married

individuals, heterosexual respondents and by respondents who reported using contraception on the occasion of first sex

> Reporting receiving sex education while growing up was not associated with higher or lower STI/HIV testing.

What this means

These findings present a snapshot of adults living in Ireland who have and have not engaged in STI and/or HIV screening in the past. However, information on when, where and why they engaged in this testing remains unknown and this limits the conclusions that can be drawn. Differences found between demographic groups could reflect more health-conscious/seeking behaviour among certain groups, or increased risk behaviour, which has been found to be associated with STI testing[22]. The higher levels of STI and/or HIV screening in homosexual and bisexual respondents are perhaps reflective of targeted awareness campaigns in these communities. Differences in STI screening rates over time need to be investigated further; although increases in service provision in the time period between studies could offer one explanation. The association between contraception use on the occasion of first sex and a decreased likelihood of STI/HIV screening can be used to inform targeted preventative strategies that encourage protective behaviours throughout the lifespan.

Recommendations from the RCSI research team

1. Sex education was associated with safer experiences of first sex, more consistent contraception use, and reduced likelihood of crisis pregnancy. These findings support the need for a sustained focus across the health, education and voluntary sectors on the delivery of evidence-informed, age appropriate Relationships and Sexuality Education (RSE) for children and young people of all ages in the school, home and community settings.

2. Broader research identifies certain groups who are more vulnerable to early first sex (e.g. young people from disadvantaged socio-economic groups, early school leavers). Targeting vulnerable children and young people with age appropriate RSE in the school, home, and community should be priority.

3. Parents and guardians need to be encouraged, supported and provided with the appropriate tools to provide age appropriate sex education for their children. The health education and voluntary sector should also target parents (e.g. younger parents, fathers) who are less likely to engage in this type of education with their children.

4. Given the broad range of women who experience crisis pregnancies, as per the national strategy on crisis pregnancy[23], high quality crisis pregnancy, and post abortion counselling services need to be sustained in order to effectively respond to the needs of all women, and availability of these services widely promoted.

5. A greater understanding of the reasons why there are differences between demographic groups in terms of STI/HIV testing is needed. This could inform the development of integrated preventative strategies, alongside the provision of STI and/or HIV screening services.

6. In response to the overall findings, it is essential that people living in Ireland are aware of the sexual health prevention and support services available to them, both locally and nationally. It is also essential that they can access up-to-date and accurate sexual health information and services easily.

7. The knowledge gaps identified by our research would support the call by the Royal College of Physicians of Ireland Policy Group on Sexual Health[24] for a national evidence-based STI screening policy with clear national guidance on the indications for STI screening.

8. Further nationally representative research on sexual behaviour, patterns of contraception use, and reasons for STI/HIV testing etc. is critical in order to: record improvements and changes; inform planning and future actions; and the allocation of resources. For example, we need to explain and understand the reported increase in STI/HIV screening between 2010 and 2004/2005. Further research would help identify whether this reflects a promising trend in awareness and surveillance, or highlights a concern regarding increasingly risky sexual behaviours.

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