'All the interviewees found education about sex and relationships to be woefully inadequate.'

Frances Hudson & Jackie West

Needing to be heard: the young person's agenda

Young People and Clinics: Providing for Sexual Health in Avon was a project involving Jackie West, Frances Hudson, Ruth Levitas and Will Guy. It was funded by Avon Health.

There is a need to tailor services more closely to the sexual health needs of young people.

Family planning has expanded nationally in recent years to include clinic sessions specifically for young people seeking help and advice on sexual matters. The number of Brook Advisory Centres has also increased.

In the Avon area there are currently eight Young People's Clinics run by Healthcare Trusts, as well as the Brook Advisory Centre. Provision in the area is uneven, and the Brook in central Bristol is the only one offering services to young people six days a week, as opposed to one session a week at all the others. Only three are open on Mondays, of which the Brook is one.

Despite the *Health of the Nation* targets and research on consumer views, very little is known about teenagers' own views on sexual health provision for themselves, of the clinics they attend, or on factors influencing attendance and non-attendance. This, no doubt, reflects society's legal and moral confusion related to young people's sexuality and sexual activity. However, a number of recent local surveys (Ford 1991, Tully 1993, BASHPS 1993, Evans 1995) indicate a need to tailor services more closely to the sexual health needs of young people.

Discovering young people's views

The project described here, which ran from mid-January to mid-June 1995, aimed at assessing young people's use and views of clinic provision in Avon, and their preferences.

Two methods of enquiry were used.

One was to conduct 79 semi-structured in-depth interviews, mostly paired, with 147 young people (89 female and 58 male). The sample, mainly aged 14–21, was drawn from schools, youth centres, and FE colleges in socially-representative areas in Avon: outer urban estates, the inner city, relatively affluent suburbs, and smaller towns. Ethnic minority interviewees constituted 10% of the sample.

The second was to ask those attending eight of the nine young people's clinics in Avon to fill in a questionnaire, a total of 403 being completed. The social class composition of the respondents corresponded very closely to that of the Avon population.

Although the two approaches were quite different, and were undertaken and analysed by different people, the findings both of the interviews and the clinic survey have given us in many respects very similar results. This 'researcher triangulation' increases our confidence in the data.

The interviews, which are discussed here, lasted anything from 40–90 minutes, depending on the circumstances (school timetable, noisy youth centre, curious others, etc.) and the degree of interest and 'engagement' shown by the interviewees. Volunteers were gathered by means of focus groups in each venue, where the researcher introduced the project, explaining its rationale and the importance of the young people's views. She opened up a discussion, often using wordstorming to encourage participation. The researcher herself has a background in teaching, and worked for many years in a unit for schoolgirl mothers where sex and relationships education played a considerable part.

Most of the young people chose to be inter-

viewed with a friend — this considerably increased their willingness to be interviewed (a common problem in research on sensitive issues). We could also include those who were less confident and less articulate. In addition, power shifted towards the pair. Respondents could express themselves more fully than they might otherwise have done, and many interviews revealed clear differences of opinion between the participants.

Many appreciated the attention and respect that the interview brought them.

We felt that, in order to gain information about clinic provision, our interviewees would find it easier to start by discussing sex education, as this is an unthreatening subject on which all young people would have something to say. Indeed, it broke the ice, and the discussion then ranged over a wider area to include sexuality and relationships as well as their perception of and use or non-use of clinic services.

Participants were not asked whether they were sexually active, and at no time were questions of a prying nature put to them. Questions and statements were offered as discussion openers in order for their views to be expressed, and they were free to discuss their own situation only if they wished. Many, in fact, appreciated the attention and respect that the interview brought them and were pleased to have the opportunity of sharing their considered opinions.

Findings

Our findings give us much more than information about young people's use or non-use and preferences with respect to clinic provision, and may be grouped under five headings.

1. Sex education

As 'front of house' the receptionist is the vital link between clients and their continual wellbeing.

In spite of school sex education programmes and the goodwill of teachers, all the interviewees found education about sex and relationships woefully inadequate.

- Too much negative focus on prevention (pregnancy and HIV/AIDS).
- Real ignorance of other STDs.
- Too many videos and little or no discussion.
- Little or no opportunity to talk or explore ideas or opinions.
- The groups are too large and inhibit discussion.
- There is no help with preparation for the emotional side of relationships.
- The sessions are insufficiently comprehensive, and are inconsistent throughout the school career.
- There is no opportunity to acknowledge, let alone discuss, sexual orientations.
- Due to the emphasis on reproduction, and thus on heterosexual relationships, alternatives to sexual penetration in a relationship are taboo.
- In spite of the emphasis on prevention, school sex education programmes rarely include information as to the whereabouts of local clinics providing means of prevention.
- There is widespread ignorance among young people about emergency contraception and the anatomy of the opposite sex.
- There is felt to be no opportunity to reconcile the different attitudes to sex and relationships of young men on the one hand and young women on the other.
- Young people experience and expect adult disapproval for their behaviour.

2. Clinic use

Clinics were seen by most respondents as providing 'family planning', and therefore were not for young people in general — certainly not for young gays and lesbians.

Fewer than half knew where their local clinic was, and only a few of these had actually sought sexual health advice there, although certainly those who had attended had found the clinic helpful. Few visited their GP for such advice; clinics were perceived as being more specialised and confidential, and the medical staff there more inclined to take time to understand young people's problems.

However, the receptionist's role came under attack: as 'front of house' the receptionist is the vital link between clients and their continual wellbeing. Young men are particularly easily put off: family planning is seen as a female prerogative.

3. The ideal clinic

Young people want a clinic that, paradoxically, is both local and offers anonymity, where they can have free and unrestrained discussion in a confidential, sympathetic environment where they know and trust the staff. They want a wide range of services at a suitable time of day

(afternoon and early evening) at least three days a week, including Monday, on a drop-in basis. These services should include staff and receptionists who would not be disapproving or judgmental, and a resident counsellor. These latter were perceived as being almost more important than the medical staff, as all the young people interviewed were adamant that what they lacked most of all — both at home and at school — was someone who would listen to them unconditionally, without judgment, without disapproval, and with respect; and who would help them work through issues — not necessarily to do with sex — that concerned them.

The vocabulary of sex is problematical for the young.

It was generally felt that a local telephone helpline specifically for young people would be a facility that all would feel confident using, and would help get over the hurdle of taking the first step towards airing a problem.

4. Talking about sex and relationships

In spite of good relationships with their parents and families, the general consensus was that parents are not the people with whom to discuss these matters. Also, the vocabulary of sex is problematical for the young; other than slang, which is all they feel they have, little opportunity is given them to explore or use meaningfully the language of sexual and emotional relationships.

Mothers tend to be over-protective of girls while yet remaining coyly unspecific, shy with boys, and unclear with both; while fathers are heavy and shy with girls and jokey with boys. Teachers are seen by young people as subject experts, not properly trained to deal with the sensitive area of sex, embarrassed by the subject, harassed by the timetable, and altogether inappropriate. They want someone specially trained in the subject in relation to young people, and who would give time in schools, youth clubs, and clinics (as appropriate) to small groups of young people.

A need for anonymity on one hand, and openness, honesty, trust, and the opportunity to talk on the other.

Many felt the interview setting itself was the ideal, appreciating the chance to talk freely for the first time about issues that mattered to them, that had preoccupied them for some time, or that concerned them now as things came up, and where they felt their opinions were genuinely and respectfully sought. There was widespread preference for this listener to be a woman.

5. Managing sexual relationships

The link between abstract knowledge about 'safer sex' and their personal lives is not being made, according to the young people interviewed.

Erratic use of condoms as well as of the contraceptive pill are examples of this. A typical young relationship, by admission, means that first intercourse would not be protected because 'it just happens'; then he will sometimes but not always use a condom, as he might not have one on him; then, as the relationship establishes itself into one that feels stable, she goes on the pill 'so he doesn't have to use a condom any more'. Alcohol plays its part too: many admit to having unprotected sex under its influence, which is considered a pity but normal.

Embarrassment plays a large part in the management of sexual relationships. Few of our interviewees felt comfortable talking about sex and relationships with their partner. There is no suitable language for such talk with which young people are familiar. And without language it is difficult to discuss ideas and opinions and express wishes or needs assertively. For example, a girl is seen as accusing a boy of sleeping around if she asks him to use a condom for STD (including HIV) protection, while this is not the case if the object is to avoid pregnancy, which for the vast majority of the young people (male and female) is the real fear.

Discussion

Much of our research says little that is new, and is complemented by recent studies in the same area (for example Ford 1991, Phelps et al. 1992, Mellanby et al. 1995, Holland et al. 1990, Lee 1988, Ingham et al. 1992, Peckham 1993). However, several striking points emerge from these findings, and there are a number of issues arising from the interviews that are worthy of comment, for they are somewhat surprising. In this respect they offer new challenges, and could make providers aware of additional ways of tackling users' needs.

A key element in the findings is the conflict young people experience between their need for privacy, confidentiality, and anonymity on one hand, and the need for openness, honesty, trust, and the opportunity to talk on the other. In this respect, the creation of a local helpline would go some way towards meeting this need.

However, the main finding from the 79 transcripts of interviews with 147 young people aged between 13 and 23 is their lack of opportunity to talk freely and comfortably about issues concerning sex and relationships. In order

to feel comfortable, a number of conditions must be met. The right person must be accessible; the place where they talk must feel safe; and time is needed so that they do not feel they are being rushed or that concerns are being glossed over and not taken seriously.

Where sex education in schools aims to inform, at best it confuses and even perplexes. Where it aims to help, reassure, explain, and support, it significantly fails. There is no guarantee that what is delivered in schools is absorbed, understood, or remembered, let alone put into practice at a personal level. Messages about safer sex are not easy to internalise and do not therefore influence actual behaviour unless the link is made between abstract knowledge and personal responsibility in relationships. Much contraceptive practice is based on false logic arising from misremembered. misunderstood, unsuitable and ill-timed information.

The young people detect a lack of respect and general disapproval among adults regarding their presumed lifestyles.

Young people do not need a barrage of information on HIV at the expense of other STDs, and they would like the opportunity of talking about the emotional aspects of relationships, sexual or otherwise, as well as feelings and attitudes, which may not be related to sex at all. While they are being heavily encouraged to be sexually responsible, they are given no resources with which to be so, neither sufficient information nor the skills and language to negotiate relationships safely. The young people interviewed did not feel that they could comfortably explore these areas either during sex and relationship classes or at home with their parents.

Where sexual health services are available, they are very patchy geographically, and information about these services and their whereabouts appears to be deliberately withheld from young people. They detect a lack of respect and general disapproval among adults regarding their presumed lifestyles. This makes it difficult for them to ask questions and embark on discussions. One of the very few opportunities for opening up a discussion on sexual matters at home is, by common consent, a programme on television where HIV/AIDS features, whether it be a soap or a documentary. But such discussions are not always very satisfactory.

A counsellor could also take on some of the responsibility for sex and relationships education in the local school.

On the whole, the young men interviewed were more pleasantly surprised than the young women at how much they appreciated the opportunity the interview setting provided of talking freely. This illustrates the extent to which young men need special attention in this area if we are to encourage their interest, respect, and sense of responsibility. Their needs are greater than might appear, for they are often ignored: the sexual double standard in our society whips them up into flippant camaraderie and invests them with a kind of power they neither really understand nor know how to handle. When it comes to creating and using a vocabulary for sex and feelings, language is a greater problem for males than for females. This is an area requiring extensive input.

Such input could be achieved if the young people's expressed need for a counsellor as part of the local clinic staff were taken up. The idea came directly from the interviewees, who felt that such a person could also take on some of the responsibility for sex and relationships education in the local school, as an established subject for small-group work in all years.

Many young people are anxious, shy, or worried; they may be feeling inadequate and ignorant. Their behaviour may appear defensive or furtive; they may be feeling inept, embarrassed, and lacking in confidence. All these emotions may well be exhibited as belligerence, rudeness, and an unwillingness to communicate. The way young people subsequently handle their responsibilities may often be a direct result of the way they have been treated at the initial encounter with the clinic at the reception desk. The first impression makes all the difference to their continued attendance, hence the reputation of the clinic's staff and services — and ultimately, in these times of scarce resources, to the clinic's continued existence.

From research to practice

Although this research has highlighted some issues of which we were already aware, there are also others that surprise and encourage us. The willingness and honesty of the majority of the interviewees, the openness of the young men in particular, and the heartfelt desire for more attention and respect are, we feel, significant. There is a feeling that now we must stop researching and begin to put some of the recommendations into practice. For we raise expectations with research of this kind. We owe our young people the respect they deserve by following through some of their suggestions.

Generally, our recommendations include more comprehensive and systematic sex and relationships education in schools, starting at the beginning of their time there. The responsible staff should be specially trained, and share space and time between the clinic and the school, being available for small-group and individual work as well as class work. More openness, honest discussion, and respect for individual differences are required if young people are to become responsible, understanding, and considerate in all their relationships.

Three courses for receptionists and other administrative staff have been completed . . .

Specific recommendations include:

- Smaller groups in school PSE classes.
- The setting-up of a local helpline.
- Specific training for staff who undertake sex and relationships education, whether in school, clinic, or youth centre.
- Training for front-of-house staff (clinic receptionists), who can make or break the young person's confidence.
- More clinic sessions for young people at convenient times during the week.

Postscript: some action

. . . and a sexual health helpline will be launched in November.

Most encouragingly, the recommendations have been taken seriously by Avon Health Authority, which was responsible for the research.

The report went to the Authority in July 1995, and it decided to address two of the recommendations. In November 1995, therefore, the project researcher undertook two tasks: to plan and run courses for receptionists in family planning and young people's clinics in Avon, and to carry out a feasibility study for a sexual health telephone helpline for young people in the area.

Three courses for receptionists and other administrative staff in sexual health clinics within the Authority area have been completed. Each course, of three half-days each, ran over a period of several weeks in order to give the participants time to relate their raised awareness to their workplace practice. The course contents focussed particularly on understanding, empathising, and responding appropriately to young people's sexual health needs. These needs can often be expressed in ways that adults find difficult to handle. A significant aspect of the course also involved looking at the work involved in clinic reception and administration, as well as the difficulties encountered.

Thirty-four people, representing 11 clinics (including the Genito-Urinary Medicine clinic) attended these courses, and the feedback on all three has been very encouraging, emphasising a strong desire for regular follow-up sessions.

Following the feasibility study for the young people's sexual health helpline, Avon Health has agreed to fund the setting-up and running of such a service for a six-month period, after which it will be reviewed in the light of use and performance. The helpline is envisaged as essentially an information and referral service as well as a 'short-listening' service. The launch is planned for November 1st this year. Bearing in mind that the young people interviewed wanted a counselling-type service in their local clinic for all sorts of worries and support, and not just for their sexual health, and bearing in mind also the lack of financial resources for extra health services, a helpline as a hub for all services for young people in the area seemed the best option.

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The full report can be obtained from the Department of Sociology, University of Bristol, Bristol BS8 1UQ (0117 928 8216).

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