

Addressing the Needs of Young People

A Broader View of Sexual Health

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Background

International Context

As young people are generally less vulnerable to disease than children or the elderly, their health was not a priority internationally for many years (WHO 1993). However, in 1989, the Health of Youth was chosen as the subject for the Technical Discussions at the 42nd World Health Assembly, focusing the attention of the world on this neglected population (WHO 1993). It was recognised that young people, aged between 15 and 24, are 'highly vulnerable to the radical changes in social conditions that have occurred in recent times, and which can have a profound effect on their health' (WHO 1993, p.ix). Among other issues, it was highlighted that changes in social and sexual mores in many societies have increased the risk of unwanted pregnancy and sexually transmitted diseases. In association with this was the recognition of the propensity for young people to experiment with alcohol and drugs, both of which have become more widely available in many places. Not only were the problems associated with the sexual and general health of young people noted, however. An important tenet of this new focus was that young people are both willing and able to take greater responsibility for their health and their lives once we, as adults, listen to them, respond to their needs and engage them in determining their own future, in cooperation with others (WHO 1993).

An interagency and interdisciplinary approach was thus highlighted as essential to successful health promotion. This requires the involvement of the key actors in society who influence adolescent healthcare and behaviour in the development of programmes and services to meet the health needs of all young people. In addition to families and the health sector, governments should support the involvement of young people in the promotion and protection of their own health, particularly in such areas as sexual health education and the avoidance of risk-taking behaviour. According to WHO (1993), this involvement should extend to the planning, design and implementation of all research undertaken in the field of health. In addition, close collaboration with non-governmental organisations, particularly those for and of youth, was highlighted as of particular importance. The subsequent 1995 UN World Programme of Action for Youth on Health made a commitment to providing information and services to adolescents in order to help them understand their sexual and reproductive health (UN 2005).

“During the past ten years, countries have made significant progress in addressing adolescent reproductive health issues, including the need for information, education and services that enable young people to prevent

unwanted pregnancies and infection” (UN 2005, p.134). Increasingly, efforts are being undertaken as part of a comprehensive approach aimed at reaching young people in diverse situations and equipping them with the life skills they need to make informed decisions about their health and shape their own futures. Throughout the UK, where such problems became evident, a number of adolescent friendly services have been established and these serve as examples of good practice (Ní Riain & Mulvehill 2008; Department for Children, Schools & Families 2009). This is in addition to a governmental Teenage Pregnancy Strategy launched in 2000, highlighting the importance of assisting young people to develop assertiveness and negotiating skills to help them make positive choices about their personal relationships and resist pressure to have early or unwanted sex (Teenage Pregnancy Unit 2004).

However, problems persist, as in many countries throughout the world those who become sexually active at an early age are less likely to protect themselves (WHO 1993; Wellings et al 2001; Lazdane & Lazarus 2004; Teenage Pregnancy Unit 2004; UN 2005;). Consequently, early pregnancy and sexually transmitted infections (STIs) continue to be a major concern. This is in addition to the significant increase in the use of alcohol and drugs and its associated effects on mental health (European Commission 2000; Denyer et al 2002). Accordingly, there has been a renewed focus on the urgent need for youth-friendly services and improved access to sexual and reproductive health information, both in the school and out-of-school settings (Lazdane & Lazarus 2004; UN 2005).

Ireland

Irish sexual culture, particularly among young people, mirrors the increasingly liberal social climate recognised by the 1989 World Health Assembly. The international trend over recent decades, displaying a lower age of sexual initiation, is reflected in the somewhat limited Irish studies conducted to date (Bonner 1996; MacHale & Newell 1997; Irish Times 2003; Hyde & Howlett 2004; Mayock & Byrne 2004; Layte et al 2006; Mayock et al 2007). Current Irish research suggests that it is likely that up to one-third of sixteen-year-old school-goers may be sexually active, with young men considerably more likely than young women to be initiated into sex by the age of seventeen (Layte et al 2006; Mayock et al 2007). Those who had sex at a younger age were less likely to use contraception, with the most common reasons consisting of the spontaneity of sex, alcohol, normative or gender expectations or a feeling of invulnerability to STIs (Hyde & Howlett 2004; Mayock & Byrne 2004; Layte et al 2006). In general, among teenagers, the risk of pregnancy is regarded as greater than that of STIs and this is associated with a lack of knowledge concerning the latter (Doocey et al 2003; Hyde & Howlett 2004;

Mayock & Byrne 2004). In 2005, 3.9% of the total births were to teenagers aged between 15 and 19 (O'Keefe et al 2006). Although the birth rate amongst teenagers has remained relatively stable over the past decade, the number of Irish teenagers seeking abortions in British hospitals has risen steadily over this period (Hyde & Howlett 2004). In addition, there has been a consistent rise in STIs reported in Ireland in the last decade (Department of Health and Children 2003; Hyde & Howlett 2004). Furthermore, substance abuse and its associated mental health issues have become increasingly common (Denyer et al 2002).

The prevalence of sexual violence in Ireland remained unknown up until 2002 when the Sexual Abuse and Violence in Ireland (SAVI) report was published, revealing that one in four children will experience sexual abuse before the age of 18 (McGee et al). Almost half (47%) of those who reported experiences of sexual violence in this study stated that they had never previously disclosed this abuse to others. According to the 2008 Rape Crisis Network Ireland (RCNI) statistics, there is a significant time lag between the experience of sexual violence and seeking support through a rape crisis centre, highlighting the difficulty of responding appropriately to survivors of this nature, particularly those who are young (RCNI 2009).

In line with the trend in international practice, the focus of health service planning and delivery in Ireland had been on adult and child services, here up until 2001. However, a number of strategy documents begun to emerge which identified young people as a 'target population', particularly in the context of health promotion and risk prevention activities (Denyer et al 2002). Consequently, the focus shifted to the delivery of adolescent (12-18) and youth (15-24) friendly health services. A number of these services have been included in a review of promising practice by the HSE (Ní Riain & Mulvehill 2008).

It has been recognised that young people have particular needs and face many barriers in accessing health services (Denyer et al 2002; Ní Riain & Mulvehill 2008). The key elements of an adolescent friendly service have thus been identified as including accessibility, flexibility, staff with appropriate skills and training, availability of good quality information on services and health issues in appropriate formats, and partnership working (Denyer et al 2002; Ní Riain & Mulvehill 2008).

Sexual Health in Context

‘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’ (WHO 2004, p.67). While there is greater openness in Irish society regarding sex and sexuality, this is a recent development, as these topics remained largely taboo due to the domination of the Catholic Church (Inglis 1998; O’Connell 2001). However, according to Mayock & Byrne (2004), the sexual health behaviour of young people remains mysteriously hidden, and is rarely the subject of public discussion. ‘Adolescence is a period during which young people begin to experience new demands and expectations in social situations, and this requires different social interaction skills from those they employed during childhood’ (Mayock & Byrne 2004, p.19). A number of factors which influence and shape young people’s decisions about sex and parenthood have been identified, namely, experience and level of education, ambitions for the future, family structure and peer networks (Kirby 2001; Fullerton 2004; Layte et al 2006).

Although research indicates that open communication about sex in the home can help delay sexual initiation and increase the use of contraception among young people (Burtney 2000; Wellings et al 2001; Schubotz et al 2002), it has been found that a considerable amount of Irish adolescents either do not discuss this topic with their parents or predominantly experience protective discourses in which female passivity and male dominance are entrenched (Hyde & Howlett 2004; Mayock & Byrne 2004). Research, aimed at exploring the information and support needs of parents living in the Northwest to assist them in their role as primary sex educators, found that both parents and young people believe that moral guidance from parents is of vital importance (Fullerton & Lee 2005). The young people involved also expressed the desire for their parents to discuss sexual health issues with them, yet the parents felt that they required support in order to do so, with both identifying the need for more information about safe sexual health to be made widely available from a range of sources. The main sources of knowledge concerning sex for young people in Ireland are their own social network, friends and youth media (Hyde & Howlett 2004; Mayock & Byrne 2004).

Addressing Young People’s Sexual Health Needs

Previous research and discussions regarding young people’s sexual health issues have concentrated on the negative, problematic and "high risk" aspects of adolescence (Denyer et al 2002; France 2004; Mayock & Byrne 2004). “More recently there has been a shift in focus to the various skills and strategies used by adolescents to protect and promote their health and to enable them to overcome the risk factors” (Denyer et

al 2002, p.18). It has been recognised that young people need to be taught the skills and provided with the necessary information and access to contraceptive services and advice so that they can communicate and negotiate and therefore make informed choices about their general and sexual health needs (Denyer et al 2002; Department of Health 2003; Fullerton 2004; Mayock & Byrne 2004).

Accordingly, international research has encouraged the development of skills-based sex education programmes designed to develop competence, self-esteem and confidence, allowing the twin objectives of delaying the age of sexual debut and reducing the level of adverse outcomes to be realised, whatever the age of debut (Layte et al 2006). Official recognition of the need for relationships and sexuality education in Ireland arose from the radically changed context of sexuality, including the increasing evidence of early sexual activity among young people (Mayock & Byrne 2004). Following revelations concerning child sexual abuse, the 'Stay Safe' educational programme, aimed at teaching personal safety skills, was formally introduced into schools in 1991. In addition, Relationships and Sexuality Education (RSE), which was to be taught within the context of Social, Personal and Health Education (SPHE), was subsequently introduced as part of the curriculum in primary and post-primary schools in 1997, becoming mandatory in 2003. RSE is focused on building the self-esteem and confidence of young people, in conjunction with the negotiation of sexual partnerships and the use of contraception and protection. However, it has been noted that this programme has not yet been fully implemented, with many teenagers reporting that teachers failed to discuss the broader social, moral and emotional issues or the practice of safer sex, these participants displaying a continued lack of knowledge concerning contraception, relationships and STIs (Hyde & Howlett 2004; Mayock & Byrne 2004; Layte et al 2006; Mayock et al 2007). Given that the opportunity to discuss sex and sexual health issues in an open and positive environment encourages young people to develop the confidence and competencies in order to progress into the realm of sexual relationships without feeling apprehension, fear or shame (Aggleton et al 1998), this is of particular concern.

The Teenage Health Initiative (THI) was devised as a personal development and sex education programme aimed at delaying the onset of early sexual activity among teenagers and is operated by Foróige in partnership with local Health Boards and delivered in the main in an out-of-school setting (Kearns et al 2008). 'Given the strength of evidence concerning the influence of general education and levels of disadvantage on sexual behaviour, youth development programmes provide a necessary space in which sexual health information can reach vulnerable youth' (Kearns et al 2008, p.11). As youth organisations often provide education and training

on public health issues in a participatory atmosphere, it has been recognised that it is often easier for young people to raise and discuss sensitive issues in these forums (WHO 1993). In addition to this is the importance of adult mentors, other than parents, in relation to emotional support and guidance (Johnson et al 2003). The THI programme is delivered via group work and on a one to one basis, with individual work generally conducted with a view to preparing individuals for entering a group work setting (Kearns et al 2008). While THI enables teenagers to become more comfortable discussing sexual and personal issues in addition to supporting parents, a number of gaps have been identified, namely the lack of males accessing and delivering the programme, the lack of a specific programme for parents and the exclusion of topics such as rape and personal safety (Kearns et al 2008). In addition to educational programmes, websites such as SpunOut.ie and leaflets and posters produced by Health Promotion Units provide young people with information and advice in relation to their sexual health needs.

‘In more recent times youth research has started to pay more attention to the need to listen to young people and has recognised them as competent and reliable witnesses to their own lives’ (France 2004, p.46). It is evident that involving young people in the development of the services that affect them offers valuable benefits to both the services and the young people who want to be consulted, listened to and treated with respect (Denyer et al 2002; Kirby 2001; Keenaghan & Roche 2007; Ní Riain & Mulvehill 2008).

To date, progress has been made in Ireland in relation to improving young people’s access to health services, information and advice regarding their sexual health, yet further work is required in this area. It is evident that the key aspects of improving service delivery to this population consist of a partnership approach and consultation with young people (Ní Riain & Mulvehill 2008). This study seeks to build on the evidence to date, thereby exploring ways in which we can reach out more proactively to young people in the Sligo and Leitrim areas with those who work with young people and young people themselves.

Methodology

As highlighted in the previous chapter, while significant progress has been achieved in the area of sexual health in Ireland in recent times, additional work is required. It is evident that improvements are needed in relation to the provision of information and advice to young people in addition to improving their access to health services, including those that address sexual violence.

As part of their strategic plan, the Rape Crisis and Sexual Abuse Counselling Centre, Sligo, Leitrim and West Cavan (SRCC) designated young people, aged between 14 and 21, as a specific population requiring focused attention. This resulted from a lack of referrals within this age group to the centre. Consequently, it was decided that it was necessary to make the services of the SRCC known to young people and to make the SRCC relevant to young people on a broader scale than sexual violence. The SRCC thus sought to create a partnership with relevant youth and community organisations that identify sexual health as a priority in their work, health services and young people in the Sligo and Leitrim area. Disclosure workshops, aimed at raising awareness of the services provided by the SRCC and equipping those who may come into contact with survivors of sexual violence with the skills to deal with disclosures of this nature, were offered to the professionals in these organisations and services. However, in order to achieve the aims identified, it was evident that, in conjunction with these workshops, research exploring ways in which we, as a partnership, can reach out more proactively to young people was required. This study thus sought to develop in-depth, detailed understandings of how we can better address the sexual health needs of young people. By creating links between the relevant organisations and services, knowledge was shared and means of enhancing this knowledge identified.

Research Aims

The core objective of this study was to investigate ways in which we can reach out more proactively to the young people of Sligo and Leitrim in relation to making sexual health issues easier for them to negotiate. The project had the following three aims:

- to explore the experiences of professionals working with young people in order to gain an insight into how young people view and understand their sexual health;
- to gain the perspectives of professionals and young people on how to better address the sexual health needs of young people; and
- to create a partnership with professionals and young people in order to realise the feasible ideas generated.

Research Design

This study was exploratory in nature, seeking new insights and generating ideas in order to gain an enhanced understanding of the topic under investigation (Robson 2002; McGivern 2003). A qualitative approach was considered appropriate as it facilitates an understanding of the meaning the participants attach to the topic and is rich in context (Taylor & Bogdan 1998). Accordingly, qualitative research methods lend themselves to studying an area that is both complex and nuanced in nature (Rubin & Rubin 2005). This project thus sought to build on the findings established to date via both quantitative and qualitative studies conducted nationally and internationally.

Recruitment and Sampling Strategy

In order to explore the ways in which we could reach out more proactively to young people, a purposive sampling strategy was used to recruit 21 professionals who work with young people aged between 14 and 21 and 19 young people within this age group (Ritchie et al 2003). According to Denzin (1988 cited in Robson 2002), triangulation in qualitative research can be achieved by including different informants, thereby viewing the topic from diverse perspectives. The inclusion of young people in this study has the added value of introducing the authentic voice of personal experience.

In order to ensure diversity within the sample, the rationale for selecting participants involved a number of key stratifying variables (Bryman 2004), namely gender, professional role, geographic location and age. A variety of professional roles were represented, namely youth workers, counsellors, coordinators and nurses. The combination of these key factors has the advantage of providing a holistic picture.

The participants of this study were accessed via the SRCC, a database of youth and community organisations held by them, health services known to them and additional youth organisations researched. Contact was made with professionals from these organisations/services and each received a detailed description of the study aims and proposed research strategy. At this juncture, access to young people was also negotiated with those from the youth and community organisations. Confidentiality and anonymity were guaranteed and participants were encouraged to ask questions in an effort to ensure that they were fully informed prior to participation. Consequently, they understood what the research was about and participated in a meaningful and open way (Kvale 1996).

Data Collection Method

The research method comprised a mix of focus groups and semi-structured, in-depth interviews, the latter for those professionals who were unable to participate in a group discussion. Both methods were deemed appropriate due to their flexibility and sensitivity (Robson 2002). In-depth interviews are seen as ‘...a way of collecting data which is capable of centralising the respondents own experiences, being responsive to the respondent, being flexible and reflexive, and negotiating the power relations between the researcher and researched’ (Mahon et al 1998, p.41). Four interviews were conducted, of which two involved two participants.

‘From a methodological viewpoint, one of the advantages of focus groups is that they expose respondents to the views of other participants, thereby creating an environment that is conducive to dialogue and group interaction’ (Mayock & Byrne 2004, p.33). The generation of group discussion and debate produces deeper insights which, in turn, facilitate the expression of ideas that otherwise might remain underdeveloped (Morgan & Krueger 1993; Kitzinger 1995; Krueger & Casey 2000; Bryman 2004). This mutual support also encourages open conversation about embarrassing subjects and feelings that are common to a group but which are considered to deviate from mainstream culture (Kitzinger 1995). This is particularly important when researching stigmatised or taboo subjects such as sexual health and sexual violence. As the focus of the researcher is also a topic of shared interest among the participants, it allowed for a mutually beneficial and collaborative relationship, aimed at empowerment, to develop (Goss & Leinbach 1996; Morgan 1997). Disagreement and group consensus on issues that were debated were features of each of the group discussions conducted.

Each focus group comprised a maximum of seven participants, with the exception of one mini-group discussion involving three professionals. A balance was sought between the need for enough people to ensure a lively discussion and the danger of an overwhelming group size. As this project involved knowledgeable participants and a complex topic, the ideal size was deemed to be 6 to 8 people (Krueger & Casey 2000; Bryman 2004), with six focus groups conducted in total. The group discussions with young people involved pre-established groups, one all male between the ages of 19 and 21, one all female between the ages of 16 and 17 and one a mixture of both male and female between the ages of 15 and 17. A concern has been expressed that such cohesive groups may provide a narrow range of views (Krueger & Casey 2000), but fortunately this was not the case as their level of comfort ensured that the discussion was as natural as possible and that they were confident in expressing their own opinions (Kitzinger 1995).

As noted previously, the male and female professionals have their work with young people in common, but represented a variety of roles nonetheless. 'The focus group is characterised by homogeneity but with sufficient variation among participants to allow for contrasting opinions' (Krueger & Casey 2000, p.71). All of the focus groups and interviews were conducted in Leitrim, Sligo Town and Sligo County.

Separate topic guides were devised for the professionals and the young people, the data generated from the focus groups and interviews with the professionals informing the questions for the latter. As questions of a general nature were involved, the schedules were used as a guide and, where appropriate, the researcher deviated from the order of these in response to issues raised by individual respondents (Taylor & Bogdan 1998). Each focus group and interview began with an introductory section, designed to set the scene and also function as an ice-breaker, in an effort to establish comfort and trust. Aware that the topic of sexual health is one that can induce embarrassment among young people, cognisance of their comfort prevailed at all times. A combination of open-ended, probing, follow-up and clarifying questions was used in order to elicit depth, detail, vividness, nuance and richness (Rubin & Rubin 2005). Emergent themes were thus explored and followed up in subsequent focus groups and interviews.

The topics explored were informed by a review of the literature in the area and also with due consideration of the research questions. The discussion guide was devised in accordance with the following broad themes: the improvement of our relationship with young people, improved means of providing information and advice to young people, means of supporting parents to meet the sexual health needs of their children and ways in which young people can contribute to meeting their own sexual health needs. All of the focus groups and

interviews were recorded and transcribed for analysis. Notes were also taken upon completion, thus enabling the researcher to ‘...recall and reflect upon what has been learned from the particular interview, including the interpersonal interaction’ (Kvale 1996, p.129). The focus groups and interviews lasted approximately sixty minutes on average.

Ethical Considerations

‘Ethics has to do with the application of a system of moral principles to prevent harming or wrongdoing others, to promote the good, to be respectful, and to be fair (Sieber 1993, p.14). In addition to the above considerations, both confidentiality and anonymity were guaranteed to all participants. The project was introduced via a participant information sheet outlining the nature of the research and its requirements and informed consent obtained. Respondents were made aware that they could decline to answer any question or discuss any issue they felt uncomfortable with. It was also advised that they could terminate the interview or leave the focus group at any time.

As a number of young people under the age of 18 were involved in the focus groups, participant information sheets were also provided to their parents and their consent obtained in addition to their children’s. The topic of young people’s sexual health is sensitive and often controversial. However, the experiences of the young people were not sought as the focus was on their ideas of how we can better serve them in this area. The researcher was, nonetheless, continually mindful of their wellbeing and Children First Guidelines (Department of Health & Children 1999). Prior to the commencement of the focus group, the participants were advised that they could expect total confidentiality unless they disclosed information indicating that they or others were in physical or psychological danger. Ethical approval was received from the Research Ethics Committee (REC) at Sligo General Hospital.

As noted by Sieber and Stanley (1988 cited in Lee & Renzetti 1993, p.11), ‘[s]ensitive research addresses some of society’s most pressing social issues and policy questions. Although ignoring the ethical issues in sensitive research is not a responsible approach to science, shying away from controversial topics, simply because they are controversial, is also an avoidance of responsibility’. The aim of this research was to produce not only gains in knowledge but also feasible ideas that will be acted upon.

Method of Analysis

The first tentative steps of analysis began with the oral summary of key points during each focus group and interview in addition to the noting of themes from these as each one was transcribed and read prior to conducting the following one. The framework used to guide this part of the process was therefore of an iterative nature, with a ‘...repetitive interplay between the collection and analysis of data’ (Bryman 2004, p.399). Next, all of the focus group and interview transcripts were re-read, ensuring awareness of the overall picture. The first codes were developed from the aims of the project, in conjunction with the expectation of certain responses. Additional codes emerged directly from the data, namely the topics and issues raised by the participants. According to Rubin and Rubin (2005:15), ‘[q]ualitative research is not simply learning about a topic, but also learning what is important to those being studied’. In addition, Melia (1997 cited in Barbour 2001) notes the added value achieved by this method as opposed to the grounded theory method of excluding anticipated coding categories. Once satisfied the categories accurately reflected the data, the transcripts were coded accordingly.

An argument against coding is that it ‘...results in a loss of a sense of context and narrative flow’ (Coffey & Anderson 1996 cited in Bryman 2004, p.406). A number of steps were taken in an effort to avoid this potential for loss of meaning. Once all of the transcripts were coded, the data units were then brought together in separate code books relating to each coding category. Themes, patterns and contradictions were next sought within the data, ensuring that the richness of the information was not lost (Khosropour & Walsh 2001). A summary of elaborated themes was produced from each code book and relationships between these themes were then explored. The material from the focus groups and interviews was thus combined in order to ‘...stitch together descriptions of events into a coherent narrative’ (Rubin & Rubin 2005, p.201). The different approaches to reaching out more proactively to young people were thus combined into a holistic account. In relation to the focus groups, the analysis focused on extensiveness rather than frequency, namely the amount of people who referred to a particular theme (Krueger & Casey 2000). It also incorporated a ‘between’ and ‘within’ each focus group approach.

Limitations

A number of limitations need to be borne in mind. Qualitative research does not lay claim to universal generalisability (Kvale 1996). These results paint a picture of the participants’ perceptions as understood by the researcher. ‘All observations are made through the researcher’s selective lens’ (Taylor & Bogdan 1998,

p.160). The researcher was mindful of the fact that personal values, personality and style of interviewing affect the interpretation of qualitative data (Kvale 1996; Rubin & Rubin 2005). Designing a topic guide that was flexible and responsive to issues raised by the participants was one attempt used to reduce possible bias.

Discussion of Findings

As outlined in the previous chapter, an exploratory study was conducted in order to investigate the ways in which we can reach out more proactively to the young people of Sligo and Leitrim in order to make sexual health issues easier for them to negotiate. In this chapter, a discussion of the findings from the focus groups and interviews carried out with both professionals who work with young people, and young people themselves, is presented. In line with the aims of this research, the findings first provide an insight into the way in which young people view and understand their sexual health. Next, the respondents' perspectives on how to better address the sexual health needs of young people, including improving our relationship, the promotion of informed decision making, support for parents and the contribution of young people, are outlined. Finally, throughout this discussion, a number of recommendations are made regarding the ideas generated. A partnership has been created with the participants of this research, via the initial contact made and the focus groups and interviews conducted, and these recommendations involve a development of this partnership.

Sexual Health as Viewed & Understood by Young People

While Irish sexual culture, particularly among the young, mirrors the increasingly liberal international social climate, the sexual health behaviour of young people remains mysteriously hidden and is rarely the subject of public discussion (Mayock & Byrne 2004). However, it is important to establish how young people view and understand their sexual health in order to better identify the ways in which we can promote informed decision making among them. In this section, an insight is provided into what young people are saying, and more importantly, not saying about their sexual health through an exploration of themes which emerged, namely taboo, awareness and vulnerability.

Sexual Health as Taboo

No matter how you try to improve, like to be able to talk to people, it's still going to be a dodgy subject anyway, no matter how much you try and improve. I know it's better to improve the situation but it's still going to be one of those topics that you're not gonna, it's not as easy to talk about as anything else so.

The awkward nature of this quote from a young female aged 17 sets the scene for the manner in which the participants perceived the topic of sexual health as viewed within Irish society today. According to Inglis (1998) & O'Connell (2001), there is currently a greater openness in Ireland regarding sex and sexuality thanks to the end of Catholic Church domination. However, this study's findings suggest that the topic of sexual health remains taboo to a large extent. There was a general agreement among all of the participants that sexual health is where drugs and alcohol were ten years ago, expressing the view that young people are generally more open about drinking and smoking marijuana than they are about discussing their sexual health needs. Several participants felt that there continues to be a stigma attached to sexual health issues, in relation to STIs and abortion in particular. Ireland was set in contrast to other societies that address such issues and move on, as opposed to the sense of shame they felt is engrained in the Irish psyche.

It was evident that the majority of participants in the focus group with young females regarded the topic of sexual violence as particularly taboo. Reference was frequently made to a perceived stigma that is attached to the experience of rape in this regard, with these respondents expressing a fear that their parents would hold them responsible, particularly if they knew, or were in a relationship with, the perpetrator and their parents were unaware of this. Given the fact that almost nine out of every ten perpetrators of sexual violence are known to their victims (RCNI 2009), this is of particular concern. A small number of these respondents noted that a young person who has experienced sexual violence would need to tell their parents eventually and therefore highlighted the importance of having someone trustworthy to aid them in this process. The discussion that thus developed presented an opportunity to highlight the important role played by the SRCC and its counsellors for those in need of support and advice regarding such scenarios.

The issue of blame in relation to sexual violence was first highlighted in Ireland by the 2002 SAVI report (McGee et al), in which it was revealed that 42% of women who were sexually assaulted did not tell anyone about their experience prior to interview, with the reasons provided including a fear that they would be held accountable or self-blame. Unfortunately, these fears have been justified as a significant minority of respondents of both the SAVI research and a subsequent 2008 Irish Examiner poll (Ryan 2008) confirmed that they would hold a female rape victim responsible if she were dressed provocatively or under the influence of alcohol or drugs. In addition to the concern expressed by the female teenagers in relation to being held accountable, a female youth worker referred to the fact that young women often blame themselves in

situations involving sexual violence, based on their behaviour or dress, and she believed that this prevents them from accessing a rape crisis centre. The current statistics from the RCNI reveal that there is a significant time lag between the experience of sexual violence and seeking support through a rape crisis centre, highlighting the difficulty of responding appropriately to survivors of this nature (RCNI 2009). It is clear that these attitudes towards the experience of rape must be challenged in order to better serve those who are its victims.

It was also evident that an understanding of sexual coercion created a difficulty for the female teenagers in one of the group discussions and, therefore, an SRCC counsellor has made contact with the relevant youth worker in order to organise the provision of a talk to these participants in relation to following up on the issues raised.

When it comes to their sexual health, young people were regarded as quite secretive by many professionals, this theme arising in all of the focus groups and interviews conducted with them. It was advised that they either think they know more than they actually do or that they want their basic questions answered without engaging in an actual discussion. Several of these participants drew attention to the fact that parental consent and child protection guidelines can often act as barriers to such discussions. In addition, a small number of professionals remarked that when young people do approach them there is immediacy to their needs as they wait until the situation is critical. According to a female nurse:

I find the girls you know they come for their check-up and they're very, very anxious about something, that they fear they've picked up something and they want that checked, but they don't want really to go into any discussion you know about their actual sexual health and how to look after themselves.

The view was expressed by a small number of both professionals and young people that, once the latter enter their late teens, they become more comfortable with discussing their sexual health needs. However, a counsellor from the SRCC noted that, when it comes to sexual health, young people are not saying anything about sexual violence in particular.

Awareness

A perceived lack of knowledge and understanding on the part of young people emerged as a common theme across the focus groups and interviews conducted with the professionals. Reference was frequently made to the need to raise their awareness and provide them with the necessary information in order to develop their knowledge and diffuse prevalent myths, thereby preparing them for scenarios which may arise. In one of these group discussions, it was noted that young people are more concerned with getting pregnant than contracting an STI as young people lack awareness of what is most prevalent in relation to such infections. This finding is consistent with those of a number of previous Irish studies focusing on the sexual health of adolescents (Doocey et al 2003; Hyde & Howlett 2004; Mayock & Byrne 2004). Several young people, both male and female, were in agreement that their peers require more information in order to make informed decisions.

‘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’ (WHO 2004, p.67). However, in the present study, concern was expressed by a majority of professionals in relation to young people getting so drunk that they are either unaware of what they are doing and therefore cannot protect themselves or they cannot remember if anything happened. Of greater concern is the fact that several professionals and young people believed that young girls are not identifying sexual violence and do not understand that they have the right to say no to sexual coercion. As a female youth worker comments:

...through my previous work, I just, girls would come in and say what they got up to over the weekend and as we were sitting there as workers we were hearing that they'd been raped over the weekend or that they'd been sexually assaulted over the weekend and the girls were coming in and telling us what a great time they'd had and that they had to have sex with so and so because otherwise this would have happened, but that was all part of the norm...

These participants felt strongly that awareness needs to be raised in relation to the extent of sexual violence within relationships, highlighting the fact that the rape crisis centre advertisements which have emerged concerning this issue cannot work alone, as discussion is also required. In addition, several professionals remarked that a lot of young people are unaware of the legal age of consent and its associated crime of statutory rape. It was felt that it is the obligation of those who work with young people to ensure such

awareness; otherwise the young males that they know may become unwitting perpetrators and therefore victims in their own right.

In relation to sexual health services, there was a general feeling that young people are not sufficiently aware of what is available, particularly in situations where something bad has happened or may have happened but they cannot remember. The suggestion put forward by a female nurse that young people build a rapport with a GP in order to overcome their fears relating to confidentiality was met with agreement by the other professionals participating in this focus group.

Vulnerability

A small number of participants were of the view that modern society forces young people to mature at an earlier age than ever before. It was felt that today's young people are required to cope with more at a younger age and this is compounded by what their parent(s) are going through. Furthermore, a number of professionals viewed family background as a factor influencing young girls' perspectives on contraception and violence. A minority of these linked a troubled background with being open to any form of abuse, what young people see as acceptable at home influencing their self-worth. Associated with this is their perception of sex as love and getting pregnant as an escape route, the baby representing something of their own that can provide them with the love and identity they perceive as lacking. A small number of professionals also suggested that young girls feel worthless unless they are in a sexual relationship and therefore submit to such relationships being conducted on their partners' terms. According to a female youth worker, all of these interconnected issues link back to a lack of self-esteem on the part of the young females. The importance of self-esteem will be explored in greater depth throughout this discussion of findings.

Improving our Relationship with Young People

A number of key issues were highlighted in the previous section in relation to how young people view and understand their sexual health. It is clear that the discomfort experienced by many young people concerning the discussion of their sexual health needs can be compounded by a lack of knowledge and low self-esteem. With these factors in mind, in this section, the ways in which adults can improve their relationship with young people are explored.

There was widespread agreement across the sample that, whatever the topic, the creation of trust and rapport with young people is of vital importance. Being open, friendly, comfortable and honest were all viewed as ways in which adults can improve their relationship with young people, thereby inspiring comfort in discussing their sexual health needs. Several participants also pointed to the need for adults to listen to young people instead of being judgemental and demonising them. By not treating them as a problem, but instead being there for them, adults develop a better understanding of where young people are coming from and encourage them to open up more. A majority of participants also felt that adults should speak to young people in their own language in order to prevent a barrier from forming. According to a female youth worker, this involves:

treating young people with respect and treating them equally and if they have something to say, I'd always listen to them and not react, just take their opinions on board, respect what they have to say and empower them to make their decisions and if you are there as a guide or facilitator they will acknowledge that you are treating them with respect and then that, like not treating them as a problem...they're just more isolated then, like that they're not important or part of society

Several participants identified the need for young people to have emotional support and therefore felt that having a designated person to approach when a problem arises was essential. While these participants viewed this person as someone they trust who has the required expertise, a small number of young people expressed a preference for a stranger, with the importance of help lines mentioned in this regard.

Promotion of Informed Decision Making

It has been recognised that young people need to be taught the skills and provided with the necessary information so that they can communicate and negotiate and therefore make informed choices about their general and sexual health needs (Denyer et al 2002; Department of Health 2003; Mayock & Byrne 2004). In this section, building upon sections one and two, in which factors that influence how young people view and understand their sexual health and ways in which adults can improve their relationship with them were identified, a holistic picture of the most effective means of promoting informed decision making is explored. The provision of information and advice, in conjunction with developing the skills of young people via personal development programmes, the method of their delivery and additional channels of communication are considered in this respect.

Personal Development Programme

Self-esteem was highlighted in section one as an integral factor influencing the attitudes and behaviour of young people. Accordingly, there was a general agreement among the participants of this study that sexual health cannot be viewed in isolation as it is an integral part of one's overall personal development. In addition to providing young people with the knowledge they require, it was felt that we therefore need to build their self-confidence and self-esteem and develop their skills and abilities, thereby empowering them to make informed decisions and feel comfortable with discussing any issues that may arise. These findings are consistent with the recommendations of both national and international research in relation to skills-based education (Denyer et al 2002; Department of Health 2003; Mayock & Byrne 2004; Teenage Pregnancy Unit 2004; Layte et al 2006; Kearns et al 2008). The following excerpt from a focus group with professionals demonstrates this point well:

P1: When I would talk about this topic [sexual health] as well I would always do it in conjunction with alcohol and drugs and building self-esteem because their sexual health and their use of alcohol and drugs is so closely connected that you know that's, you'd have to cover kind of maybe a broader health education or health programme rather than just the sexual health because a lot of times their behaviour is influenced by what they've actually consumed on the night

P2: Yeah I agree with you because I think it's all about building trust and it's, I don't think it's all about providing services for people to avail of when they are in dire need

P1: No

P2: You know whether it's sexual health or rape crisis, I think what we could prevent is a lot better but I think we're back down to empowerment and taking sexual health or anything else and trying to deal with it just alone I think in my experience is, that's where the difficulty arises. It needs to be part of an integrated, ...giving people back, not giving them back control but first if all bringing young people to a level where they feel that they are in control of themselves and what's going on so they're much more willing and capable and able of saying yes or no or making decisions based on personal development...

As sexual health is a difficult and often embarrassing topic for young people, it was acknowledged that it is important that any discussions regarding such issues be treated delicately, thereby reducing the stigma

attached. It was therefore recommended that personal development programmes begin with issues such as self-worth and relationships before tackling the specific subject of sexual health, affirming the existing format of THI. While THI was mentioned by a number of participants in this respect, the majority were unaware of its existence and it is therefore noteworthy that these participants were of the view that this format is indeed the ideal. As THI is a foróige programme, it is evident that its expansion to other youth and community organisations would be beneficial. However, an evaluation of THI highlighted a number of gaps, including the exclusion of topics such as rape and personal safety. In keeping with this finding, a number of professionals noted that by including the issue of sexual violence in this broader view of sexual health, discussions of this nature would become less scary to young people. It was revealed in an interview with one female youth worker that an official best practice manual for THI is currently being developed by the Foróige Best Practice Unit and she is a member of the working group charged with this task.

For those young people who have left their teenage years, group workshops utilising a similar format were recommended. It was evident that education programmes which focus on the development of life skills require ongoing reinforcement.

Recommendation:

- **SRCC in conjunction with RCNI to design a module on sexual violence for inclusion in the THI official best practice manual. There is an opportunity to link in with the Sligo based youth worker who is part of the THI working group charged with developing this manual**

Stranger versus Someone Known

There was much discussion among the participants regarding the ideal individual to deliver this type of personal development programme within youth and community organisations, with the benefits and drawbacks of a known person and a stranger debated. The majority, who were in favour of a person young people have a rapport with delivering the programme, were of the opinion that otherwise the information would wash over them or there would be mistrust. Interestingly, the argument for someone unknown to young people centred on the issues of trust and embarrassment. While all of these latter participants agreed that rapport is important, it was felt that, if the young person knew the individual very well, they may experience embarrassment or they would worry that their parent(s) would be informed of any issues they

discussed. In the focus group which comprised a mixture of male and female teenagers, a discussion regarding trust led to the guidelines of child protection, the researcher confirming that a professional cannot disclose information unless there is a concern that the young person or others are in danger.

Several of the professionals, across all of the focus groups and interviews, believed that, given the relationship already established, qualified youth workers should be trained to deliver personal development programmes to the young people within their organisations. However, a number of other professionals and young people expressed the view that youth workers should deliver the general aspects of this programme, with a GP or nurse brought in to deliver the specific details relating to contraception and sexually transmitted diseases. These participants favoured this format as medical professionals are the experts in these areas and therefore it was felt that young people would listen to them more attentively. In addition, the importance of breaking down the barrier between young people and medical professionals, thereby providing a local link, was emphasised.

...you know because at the end of the day that's where they have to go to get contraception or get any advice if they are worried about anything so it kind of breaks down that wee bit if a barrier, that people are afraid to go into the doctors and ask questions like that

While one youth worker did consider fellow youth workers who have a rapport with young people as ideal to deliver the general aspects, she believed that the programme can also work with strangers as they can build up a relationship via its structure.

A number of characteristics were highlighted by the participants as essential for those delivering personal development programmes, namely interest, motivation and comfort. Reflecting the findings regarding the ways in which adults can improve their relationship with young people, one young male remarked that, in addition to comfort, these individuals need to have an understanding of where young people are coming from. It is worth noting that a number of the youth workers involved in this study currently deliver personal development programmes in one or other of the formats described above within their youth and community organisations. Many of these professionals highlighted the importance of training for youth workers not only in regards to content and the organisation's ethos but also in recognising their own value base in relation to

self-respect and the timing of sexual initiation. Even where SRCC counsellors come in to deliver a talk on sexual violence, queries or issues of this nature will inevitably arise on a day to day basis within youth and community organisations. Highlighting the difficulty of discussing the topic of sexual coercion, those who felt this issue should be addressed, recommended that youth workers come together in order to deal with their own issues first.

I think it would be useful before, and it's back to coercive sex again, before anything went on is that the youth workers in Sligo are actually brought together in workshops to discuss that whole issue because I would also have concerns that youth workers are affected by it and I know through work before the staff found it very, very challenging because of their own different experiences (Female Youth Worker).

It has been recognised that teenage pregnancies, STIs and their consequences disproportionately affect the most disadvantaged groups and communities in society (Kearns et al 2008). The majority of the youth and community organisations who have participated in this study represent groups and communities of this nature and therefore they would be specifically catered for within the following recommendations.

Recommendation:

- **Training in the delivery of THI to be offered to all interested youth workers. Delivery at local level is possible in partnership with Foróige. Funding will need to be agreed between all interested parties**
- **SRCC to manage workshops for youth workers in order to come together to address their issues in relation to sexual coercion**

Group Work versus One to One

Discussions regarding the preference for group work or one to one as the method through which personal development programmes should be delivered yielded a number of significant insights. The benefits of group work were extolled by the majority of participants as the ability to reduce the stigma attached to sexual health, the openness that would develop from the shared experience and the ability of young people to ask general questions or to anonymously write questions down and put them in a secret box to be answered at the end. The following excerpt from a focus group with teenage girls is indicative of the positive feelings expressed towards group work:

P1: It's easier in groups to learn about

All: Yeah

P2: Cause then not one person is looking for that information; it's not obvious like

P1: Yeah

P2: Cause like we don't know to say like 'I would really want to know about this' but nobody knows if anyone is interested or not, we'd still all just listen

P1: Yeah it's easier in a group because you just have someone come in and just kind of basically give you information

P3: Yeah because you can ask a question if want or you don't have to say anything so you still get the information but take what you want from it you know, without being embarrassed or without having to really put yourself, or if you want to you can

I: Would you all agree with that?

All: Yeah

In contrast, it was recognised by a small number of professionals that, as some young people are more ready than others and it is difficult to be open and make personal disclosures in front of a group, one to one discussions would better meet their specific needs. The fact that power exists within a group was also suggested as a deterrent to asking general questions, particularly if discomfort prevails. Several participants agreed that comfort and trust within a group are of key importance and therefore advocated small groups rather than larger ones. Disagreement was evident within two of the group discussions with young people, one all male and one all female, regarding the separation of the sexes. Some felt that a mixture would induce embarrassment and that the males would cause disruption, while others asserted that segregation would reinforce the sense of stigma and taboo attached to sexual health.

The discussions within each focus group led to a consensus that group work should be used to introduce a personal development programme in a broad sense, with follow-up via one to one discussions involving personal issues where necessary. The professionals who participated in an interview reinforced this agreed scenario. It is clear that, once the ground work is laid within a group situation, individual follow-up becomes a natural progression for those in need. Professionals and young people differed in their opinions, however, regarding who should initiate this follow-up. A number of young people stated that they would prefer to approach an adult if they were experiencing a problem, whereas a small number of professionals advised that with certain young people, being alert to their disposition during a group work discussion is of vital importance.

Sometimes if you do group work you can tell...you're looking into a few faces of the group and you just know there's somebody...it has hit somebody and you just know, you see the emotion coming in their eyes or their nervousness or something and in those situations...I'd kind of make it my point to check in with that person, not in a big formal way but just try to get them on their own and say 'well what did you think of that what I was going on about today, were you alright, was everything ok with you' and if you know them well, looking them straight in the eye you kind of know and you give them the opportunity to say it out to you. If you just try to get them on their own in a way that's not threatening or overpowering them and you've opened a doorway from them to say 'is everything alright, are you sure' or even sometimes you'll say 'well I kind of noticed when I was talking about this that you were'
(Female Youth Worker).

In addition, role plays, where scenarios are explored together, were advocated as part of the group work process. A number of participants also noted that, whatever the medium, it is of vital importance that the information provision does not constitute a lecture scenario.

Additional Channels of Communication

According to Phelps et al (1992), in reality, young people may find it difficult to access clear and accurate information, and the information they have about their developing bodies and about sexuality is frequently flawed or wrong. As there are a range of mediums through which information regarding sexual health can be provided to young people, it is thus vital to identify the most effective ones in order to build on the provision of a personal development programme. The view was expressed by a male nurse that, whatever means of

communication are utilised, it is essential that young people from every strata of society are targeted, including those who are isolated and do not have the same access to education, supports and technology as others. Leaflets and posters represent the most common means of providing information to young people on a myriad of issues, including sexual health. The value of leaflets was regarded as questionable by many participants, nonetheless, as it was noted that they are often either embarrassing to access or simply disposed of. A small number of professionals also highlighted the fact that literacy levels can constitute a problem. However, the majority of participants were of the view that leaflets can be a useful tool if they can be accessed in privacy and are unique, engaging and age appropriate. A small number of youth workers reported the improvement achieved by placing leaflets in a private location, such as a hallway or toilets. Wallet cards, which have a list of useful contact details for young people, were also proposed as a helpful method of communication by a small number of participants. Finally, a minority of professionals advised that any campaign aimed at raising awareness of sexual violence should not only focus on the responsibility of young people to protect themselves and their friends when out at night, but also on the responsibility of the perpetrator.

Youth media has been recognised as one of the main sources of knowledge concerning sex for young people in Ireland (Hyde & Howlett 2004; Mayock & Byrne 2004). This research similarly indicates that technology represents the modern preference of young people, with leaflets and posters viewed as outdated by some participants. All of the respondents recognised the need for websites such as Bebo.com, Facebook.com and SpunOut.ie to be used in order to reach young people, in addition to text messaging and chat rooms, where privacy can be guaranteed. Television was also advocated by several participants as an effective means of communicating with this population, with advertisements, soap operas and sex education programmes mentioned in this regard. The perceived benefits were described as their ability to provide information and advice and generate discussion. These perspectives signified the advantage of the indirect nature of soap opera storylines in facilitating discussions and providing advice on how to handle a particular situation, in addition to showing young people that others experience the same problems. Speaking on this issue one young female aged 16 stated:

It can be without bringing yourself into the loop, 'mam, what do you think of that', you get the opinion without really having to ask for it like so that could be easier.

However, a small number of young people cautioned against the negative reactions of the parents involved in these storylines in terms of inducing fear among their peers that this would also happen if they were to make similar disclosures at home. Nonetheless, all of the young people in one focus group felt that these storylines can also be useful for parents in terms of displaying how to deal with a situation without pressuring their child before they are ready. A number of benefits were attached to sex education programmes by a number of young people, namely the provision of information and advice and the establishment of doctors as trustworthy and understanding. Finally, a minority of professionals referred to word of mouth among the youth population as an invaluable resource.

Recommendations:

- **SRCC to advertise the service more widely in youth-friendly locations, considering toilet stickers within this plan**
- **Design an information page on the SRCC website, to include the details of, and links to, all of the organisations and services available to young people in the Sligo and Leitrim areas and SpunOut.ie**
- **SRCC to design information pages on Bebo and Facebook outlining their services**
- **Design wallet cards to include a list of useful contact details for young people**
- **Approach Sligo Comhairle na Nóg to discuss the possibility of collaborating on the creation of these website information pages and wallet cards**

Key Actors

The importance of an interagency and interdisciplinary approach to successful health promotion, involving the key actors in society who influence youth healthcare and behaviour, has been established (WHO 1993). In this section, the perspectives gleaned from the study in relation to a number of these key actors are presented. Several issues, highlighted in section one, are returned to here, predominantly indicating how the attitudes of parents can negatively influence those of their children. In terms of meeting the sexual health needs of young people, the findings discussed here provide a considerable insight into how the services of the SRCC and the school-based RSE were viewed, how parents can be supported and the contribution young people can make. In addition, ideas have been generated regarding how the relationship between the key actors in society can be improved and enhanced.

SRCC, Youth & Community Organisations & Health Services

A number of difficulties were associated with young people accessing the services of the SRCC. Several participants felt strongly that its name would be frightening to both parents and young people, as it seems too far removed from their everyday lives. It was thus proposed that, if the SRCC were to have a designated part of their service for young people, it would be advantageous to have a different name attached, with self-respect and respect for others featuring as options for inclusion. Another suggestion offered by two female youth workers involved the centre having a designated counsellor to work with young people, acting as a liaison between youth and community organisations and health services and the SRCC, and promoting the message to parents that it is a viable option if sexual violence does arise as an issue. Associated with this was the assertion that often youth and community organisations have designated referral pathways, involving decisions by HSE social workers and GPs.

Recommendations:

- **SRCC to organise for the young people who attend the youth and community organisations who participated in this study to visit the Centre and meet the counsellors who work there**
- **SRCC to do more work on the issue of viable referral pathways for young people with the relevant statutory and youth work agencies in relation to sexual violence, taking cognisance of the 1999 Children First Guidelines (Department of Health & Children)**
- **SRCC to consider establishing a designated part of their service for young people which would go by a different name**
- **SRCC to identify a designated young persons' counsellor who would act as a liaison between youth and community organisations and health services and the SRCC**

School

Reflecting the earlier belief that the topic of sexual health continues to be taboo within Irish society, many of the young people believed that there is a far greater focus on the provision of information regarding drugs and alcohol, particularly in the school environment. It was evident that the young people involved in this research have received little, or no, formal sex education within this environment, the provision of RSE invoking criticism. Furthermore, the general feeling across all of the focus groups and interviews was that RSE is not being taught properly in schools, if at all, a small number of professionals criticising the exclusion of

contraception and the emotional aspect of relationships. These criticisms are in agreement with those reported in previous Irish studies (Hyde & Howlett 2004; Mayock & Byrne 2004; Layte et al 2006).

The difficulties associated with the provision of RSE ranged from teachers not wishing to teach this subject but having no choice, to embarrassment on their part, to the difficulty of boundaries regarding their relationship with students they already teach other subjects to. Relaying his personal feelings on this matter, a male youth worker stated:

I suppose you can understand from a teaching point of view...they're taught to teach English and it's given to some teacher and they've to be strict with them about homework and Geography and I'm going to talk to them about sex so it can go against their role...because you have to kind of, you have to be on their level and the nature of a teaching relationship isn't always on the same level, it can't be really I don't think.

A significant majority of young people and a small number of professionals therefore felt that an external facilitator would be better placed to deliver such education, with several recognising the importance of sex education beginning in 5th and 6th class. Some of these advocated the inclusion of information on contraception, while others felt that this issue should be reserved for older teenagers as those who are younger should not have to worry about this yet or feel pressured by this information.

Recommendation:

- **The Department of Education to be made aware of the findings of this study. Particular attention to be brought to the expressed views regarding the use of external facilitators to deliver RSE or a personal development programme which would be complementary to RSE**
- **SRCC and RCNI to discuss how to include sexual violence on the school curriculum within the delivery of RSE**

Parents

According to Fullerton & Lee (2005), parents are the primary educators of their children within the sphere of relationships and sexuality, with their moral guidance viewed as of vital importance by both parents and young people. It has also been found that open communication about sex in the home can help delay sexual initiation and increase the use of contraception among young people (Burtney 2000; Wellings et al 2001; Schubotz et al 2002), yet a considerable amount of Irish adolescents do not discuss this topic with their parents (Hyde & Howlett 2004; Mayock & Byrne 2004). This latter finding was borne out in the accounts provided by the participants of the present study as there was much discussion surrounding the difficulties experienced by both parents and children concerning the discussion of sexual health with each other, with the view expressed by several young people that it is more difficult to talk to their parents than it is to other adults or friends. A number of factors were identified as hindering young people from being open with their parents, including an overprotective attitude and a lack of trust. Young people remarked that there is a fear that if they were to divulge certain information to their parents, their freedom would be restricted. It was believed that it would be easier if parents trusted their children, gave them space and discussed information with them rather than treating it as a warning. Linked to this was the assertion by a small number of professionals that young people only tell their parents what they think they want to hear. These perspectives offer a valuable insight into some of the possible reasons for the secretive nature previously associated with young people, here in relation to their parents.

However, it was clear that, regardless of their attitude, a small number of young people would prefer not to talk to their parents because of the young persons' discomfort, thus favouring the receipt of a leaflet or booklet from them. This not only mirrors the earlier commentary by professionals in relation to the secretive nature of young people and their preference for information without engaging in a discussion, but also again provides a valuable insight into a possible reason, where it relates to parents. However, many young people advised that parents need to realise that sexual health is a serious issue for them but also that it should not be treated as taboo or scary.

You know like if it comes up it's more like a warning to you. It's not like they're trying to help you understand it or discuss it with you, like they're not on the same side as you... like it's more like they're talking down to you and you can't get an honest answer out of them because they're like 'make sure this doesn't happen to you' and so you can't get an honest opinion (Young Female Girl aged 16).

For those young people and parents who would prefer to be able to engage in a discussion regarding sexual health, a number of youth workers viewed their role as support for the parents via helping their children approach the subject with them. Part of this is developing the young person's understanding that their parent(s) come from a different time, where sex was not discussed at all.

A lack of awareness on the part of young females in relation to sexual coercion was highlighted in section one and this theme is returned to here as a small number of female participants believed that parents, females in particular, are also unaware of sexual coercion or its impact and so are not in a position to educate and support their children. As young people learn from their elders, it was clear that this lack of awareness needs to be challenged before we can address what is going on with young people. The nature of the relationship between a child and their parent(s) was highlighted as an important factor influencing the behaviour and attitudes of young people, particularly in relation to their sexual health. A number of negative relationships were identified, incorporating a lack of boundaries, interference, and role reversal. Young people need boundaries and so, while it was felt that it is good to be open with one's children, it is important not to let the relationship develop into a friendship where self-respect can become the casualty. The following excerpt from a focus group discussion with professionals illustrates this point well:

P1: Em, you always see today, em, the more inappropriately vocal the parents were, or in my opinion, the more inappropriately vocal the parents were about their sexual behaviour, the more likely the kids were to tell them what they got up to but it wasn't done, to me it didn't seem to be done in a healthy way, where anybody was going to learn anything from anybody. It was just, you know, discussion of antics

P2: Yeah, without the boundaries

P3: Sometimes I think it's parents, it's friends not parents. I think when that kind of talk goes on and it's seen as an ok thing to do, to talk about how bad you, how drunk you were last night, then you're not talking to your parents then you're just talking to, you know it's like flat mates. D'know it's not really, that relationship is gone there, you know because if you were talking to your parents there would be a bit of respect too because you know you want your parents to think that you respect yourself and your body. So I think that kind of relationship has gone out the window when they start going down that road really

P1: Yeah, exactly

A number of professionals identified the difficulty of parents denying their children something as they wish to maintain a positive relationship with them, with the added difficulty for single parents noted. It was felt that a contrasting problem exists where parents demand to be involved in every aspect of their children's lives, thereby resulting in conflict and communication breakdown. In terms of role reversal, it was noted that parents are often incapable of taking care of their children, let alone respond to their sexual health needs. It was felt that these parents are dealing with their own problems, including sexual health issues, and this not only places anxiety on their children but also affects their decision making.

Dangerous attitudes towards teenage pregnancy and protecting oneself from contracting an STI were previously highlighted in relation to young people. However, a small number of professionals also associated these attitudes with parents, remarking that for many it is a godsend when their daughter gets pregnant either because they want a grandchild or believe that it means their daughter will become less troublesome. In contrast, it was noted that some parents simply put their daughter on the contraceptive pill as their only worry relates to pregnancy. It was felt that not only is there a lack of understanding regarding comprehensive contraception, but this scenario also results in pressure on the young girl, particularly where they had not yet considered their sexual initiation.

Raising children, teenagers in particular, can be very difficult and, therefore, the need for parents to have support and guidance was identified by many of the participants. It was felt that if parents were to access parents' programmes, they would be in a better position to understand teenage life, how to communicate and how to manage risks or suspicions by not needing to know everything, in addition to trusting their child instead of judging them. It was also recommended that parents be acknowledged and therefore encouraged to attend separate information evenings on sexual health in order to become aware of what their children are learning and going through. Consequently, they can obtain the tools to help them open up discussion, as noted in a recommendation reported in the THI evaluation (Kearns et al 2008). In keeping with these ideas, the parents of young people in the North West, who participated in previous research conducted, reported that they required support in relation to meeting the sexual health needs of their children (Fullerton & Lee 2005).

However, a small number of young people expressed considerable doubt that parents would attend information evenings if they were available. Interestingly, a number of youth workers who have provided similar information evenings advised that, in their experience, it is the parents who are most in need that do not attend as it is only until a crisis arises that they will seek help. It was felt that prior to this, they do not think that it affects them and therefore remain unprepared for the possibility. This attitude relates back to that of young people, outlined in section one, who also often wait until a situation reaches crisis point before they decide to face it. The female youth worker who is currently on the working group who are in the process of designing an official best practice manual for THI recommended house visits prior to delivery of the programme in order to advise parents what will be covered, thereby opening up an avenue for them to ask questions and be involved. Once the programme is completed, advice can then be provided to parents on how they can talk to their children about the general issues which arose.

Recommendation:

- **Youth and community organisations delivering THI to provide separate information evenings for the parents of the young people participating**

Young People

It has been recognised that young people are both willing and able to take greater responsibility for their health and their lives once we, as adults, listen to them, respond to their needs and engage them in determining their own future, in cooperation with others (WHO 1993). A number of ideas were put forward in relation to the ways in which young people can contribute to meeting their own sexual health needs, namely through peer education, art, drama and projects. A considerable amount of participants advocated peer education, for example older youth sharing sexual health information with younger teenagers, as it was agreed that young people would generally listen to their peers more readily than they would to an adult. A number of stipulations were recommended, nonetheless. It was felt that younger teenagers would need to have a good relationship with the older youth, that those chosen would be trustworthy, the older youth would need to be at least in transition year and that it would be closely monitored. Those who were opposed to the idea, the minority, felt that younger teenagers might not trust their older peers and therefore would not listen to them. A female youth work, who was in favour of peer education, believed that it would work better if done inadvertently, where older youth share information naturally, rather than being requested to.

The impersonal nature of soap opera storylines was a theme that was returned to in relation to the use of drama as a means of youth contribution, with discussions centring on the process of young people writing and directing a play based on the topic of sexual health. There was a strong sense that young people would learn from such an experience given the feelings of control, exploration, self-expression and self-esteem that would result. One proviso, offered by a small number of youth workers, was the assurance that a play of this nature would not benefit the more confident youth alone. On this note of inclusiveness, art, music and debates were viewed by a small number of professionals as preferable to drama, while producing the same benefits. The following quote from a female youth worker evokes the essence of social inclusion, reflecting the earlier assertion regarding channels of communication reaching young people from every strata of society:

I'm sure given the smallest opening for them to express themselves I think yes and the likes of drama definitely would be em, a great opportunity for them to act out whatever things that are relevant issues to them so yeah I think that would be a great idea. It would stick with them if they get the opportunity to do it but you still need to engage the young people who aren't being engaged...they never forget those things. Some young people never get a chance and if they do get one little chance it changes their lives forever, you know it changes the paths of maybe if they were from a very disadvantaged background. It can influence their lives in a whole new way. So I think anything that we can do to encourage them and make them feel more confident.

It is worth noting that in terms of age, it was felt that plays and projects would be most suitable for school going teenagers and module development, as part of a humanities or social science course, for older youth.

Many participants were in agreement that teaching young people how to research information would be another effective means of empowering them to contribute to their own sexual health needs. However, a small number of professionals cautioned that this would need to be monitored and that an adult would work on the information with them. In keeping with both national and international recommendations (Denyer et al 2002; Kirby 2001; Keenaghan & Roche 2007; Ní Riain & Mulvehill 2008), a small number of professionals also advocated the involvement of young people in the development of sexual health services and workshops. A male nurse summed up these thoughts succinctly in the following comment:

...we're still at the stage of providing services, creating meals and expecting people to eat them instead of going back and saying to the people 'well look, and you'll go out and get some of the ingredients as well and we'll all get together.

Recommendation:

- **Explore the idea of a youth theatre-based group producing a play focused on the theme of sexual health**

Partnership Approach

In conclusion, reflecting the nature of this project and the findings of previous Irish research (Ni Riain & Mulvehill 2008), a number of professionals and young people recognised the importance of establishing links and creating a partnership with all of the organisations and services which serve young people and young people themselves. This would enhance the knowledge of what is available to young people so that valuable referrals can be made, thereby ensuring that organisations and services work more effectively both individually and collectively. This research indicates that the development of self-esteem, in conjunction with the provision of information and advice, ideally begins at home and is reinforced in both the school and out-of-school settings. Where an emphasis is placed on each of these avenues, should any, for whatever reason, fail in their task; one or both of the others can ensure that no young person falls through the cracks.

Recommendation:

- **Build upon the partnership created via this project in order to realise the feasible ideas generated and continue to work together**

Conclusions and Recommendations

The 1989 World Health Assembly recognised that young people are highly vulnerable to the changes that have occurred in the social and sexual mores in many societies in recent times, thus increasing their risk of unwanted pregnancy, STIs and the misuse of alcohol and drugs. It was also acknowledged, however, that young people are both willing and able to take greater responsibility for their health, in cooperation with the relevant actors in society, once provided the opportunity. Progress has been made over the past ten years in addressing these issues, with the introduction of education programmes designed to equip young people with the life skills they need in order to make informed decisions, and the establishment of youth-friendly health services. However, problems persist worldwide in this area and Ireland is no exception, as a combination of factors, namely the lower age of initiation, a tendency towards unprotected sex and the misuse of alcohol and drugs, continue to result in unwanted pregnancies and STIs. Sexual violence poses an added concern, with non-disclosure, or indeed delayed disclosure, providing a significant challenge to an appropriate response to young survivors of this nature. This research thus aimed to investigate the ways in which we can reach out more proactively to the young people of Sligo and Leitrim, in order to make sexual health issues easier for them to negotiate, through the perceptions of young people and those who work with them.

The study's findings suggest that the topic of sexual health remains taboo to a large extent within Irish society and this is reflected in how young people view and understand their needs in this area, with many professionals regarding them as quite secretive. Sexual violence was deemed particularly taboo by several female teenagers and it is evident that the prevailing attitudes of blame need to be challenged. A lack of knowledge and understanding was associated with young people, particularly in relation to the most prevalent risks they face. Of particular concern was the strong belief that young girls are not identifying sexual violence and do not understand that they have the right to say no to sexual coercion. Societal pressure and family background were highlighted as factors influencing the vulnerability of young girls, with what is deemed acceptable influencing their self-worth. It is evident that discomfort and lack of knowledge can often be compounded by a lack of self-esteem and therefore we need to continue raising young people's awareness and building their skills and abilities in order to promote informed decision making. In addition, the findings indicate that where this is complemented by knowledge of the services available, young people will no longer wait until a situation has reached a critical stage before addressing it.

The manner in which we achieve these aims centres on the need to foster positive relationships, as self-esteem, confidence and competence building ideally begins at home and is then reinforced in both the school and out-of-school settings. Given that it influences the behaviour and attitudes of young people, the core relationship between parents and their children was highlighted as being of paramount importance, particularly in relation to their sexual health. The inherent difficulty related to these parties engaging in a discussion concerning this topic was recognised, and yet the findings are also suggestive of a need to rethink adult attitudes in relation to over protectiveness and a lack of trust. The need for a balance to be struck between openness and establishing boundaries was thus highlighted. Furthermore, it was apparent that some parents are also unaware of the most prevalent risks facing young people and are therefore not in a position to provide education and support. As sexual coercion constitutes one of these dangers, it is clear that this lack of awareness needs to be challenged before we can address what is going on with young people. Parents require programmes and information evenings as a means of support and guidance, which would contribute to a better understanding and trust of their children in addition to developing the tools they need to open up discussion.

In terms of the school and out-of-school settings, a number of recommendations have been proposed. The provision of RSE was generally viewed in a negative light, with the difficulty of teachers providing sex education to their students recognised. It seems likely that an outside facilitator would be better placed to deliver RSE or a personal development programme that would be complementary to it. Given the fact that sexual health cannot be viewed in isolation as it forms part of one's overall personal development, such programmes were viewed as the ideal means of promoting informed decision making among young people. In addition, it is clear that the inclusion of sexual violence in this broader view of sexual health would reduce the stigma associated with it. As with THI, by beginning a personal development programme with the issues of self-worth and relationships, a natural progression into the area of sexual health would be achieved. Ideally, youth workers would be trained to deliver the general aspects of THI within their organisations via group work, with both a medical professional and an SRCC counsellor brought in to give talks on contraception and sexual violence, respectively. As separate information evenings mentioned previously in relation to parents were also recommended as part of THI, this format represents a valuable partnership approach. Given the impersonal nature of group work, it was recommended that it be followed by one to one discussions, where necessary. As ongoing reinforcement has been deemed essential, group workshops were proposed for older youth.

Youth workers were identified as the ideal individuals to deliver THI as they have already established trust and rapport with the young people in their organisations. In addition to these characteristics, it was found that in order for adults to improve their relationship with young people, in general, they need to understand where young people are coming from, speak to them in their own language and be open, honest and comfortable regarding topics such as sexual health. Additional channels of communication that were deemed relevant to young people comprised leaflets, wallet cards containing useful contact details, technology and the media. It is clear from these findings that leaflets can be a useful tool once they are easily accessible, age appropriate, unique and engaging. Websites such as SpunOut.ie, chat rooms and text messaging were highlighted as modern means of reaching young people in a private manner, while soap opera storylines were viewed as an effective means of generating discussion and facilitating an understanding of how to respond to certain situations which may arise. This research also illustrated a range of ways in which young people can contribute to meeting their own sexual health needs, including peer education, projects, module development, drama and researching information for themselves. There was a strong sense that once carefully established and monitored, these opportunities would prove successful.

Finally, as the initiating body, a number of valuable insights into the perceived difficulties associated with young people accessing the services of the SRCC were provided. It was found that existing referral pathways within organisations, and the perception of the name as frightening to both parents and young people, constitute barriers which clearly need to be addressed. If the centre were to have a designated part of their service for young people, having a different name attached was viewed as a potential solution. Undoubtedly, also establishing a dedicated counsellor for young people, who would act as a liaison between the SRCC and youth and community organisations and health services, would be beneficial. The message would thus be promoted that the SRCC is a viable option if sexual violence does occur.

This study's findings indicate that much can be gained from consulting with young people and those who work with them. It is also clear that much more can be achieved by creating a partnership through which their proposals can be addressed. In light of this, a number of recommendations are suggested.

Recommendations:

Rape Crisis and Sexual Abuse Counselling Centre, Sligo, Leitrim and West Cavan (SRCC) & Rape Crisis Network Ireland (RCNI)

- SRCC in conjunction with RCNI to design a module on sexual violence for inclusion in the Teenage Health Initiative (THI) official best practice manual. There is an opportunity to link in with the Sligo based youth worker who is part of the THI working group charged with developing this manual (see page 21)
- SRCC to manage workshops for youth workers in order to come together to address their issues in relation to sexual coercion (see page 23)
- SRCC to advertise the service more widely in youth-friendly locations, considering toilet stickers within this plan (see page 27)
- SRCC to design information pages on Bebo and Facebook outlining their services (see page 27)
- SRCC to organise for the young people who attend the youth and community organisations who participated in this study to visit the Centre and meet the counsellors who work there (see page 28)
- SRCC to do more work on the issue of viable referral pathways for young people with the relevant statutory and youth work agencies in relation to sexual violence, taking cognisance of the 1999 Children First Guidelines (Department of Health & Children) (see page 28)
- SRCC to consider establishing a designated part of their service for young people which would go by a different name (see page 28)
- SRCC to identify a designated young persons' counsellor who would act as a liaison between youth and community organisations and health services and the SRCC (see page 28)
- SRCC and RCNI to discuss how to include sexual violence on the school curriculum within the delivery of Relationships and Sexuality Education (RSE) (see page 29)

Youth & Community Organisations

- Training in the delivery of THI to be offered to all interested youth workers. Delivery at local level is possible in partnership with Foróige. Funding will need to be agreed between all interested parties (see page 23)
- Youth and community organisations delivering THI to provide separate information evenings for the parents of the young people participating (see page 33)

Department of Education

- The Department of Education to be made aware of the findings of this study. Particular attention to be brought to the expressed views regarding the use of external facilitators to deliver RSE or a personal development programme which would be complementary to RSE (see page 29)

Partnership

- Build upon the partnership created via this project in order to realise the feasible ideas generated and continue to work together (see page 35)
 - Design an information page on the SRCC website, to include the details of, and links to, all of the organisations and services available to young people in the Sligo and Leitrim areas and SpunOut.ie (see page 27)
 - Design wallet cards to include a list of useful contact details for young people (see page 27)
 - Approach Sligo Comhairle na Nóg to discuss the possibility of collaborating on the creation of these website information pages and wallet cards (see page 27)
 - Explore the idea of a youth theatre-based group producing a play focused on the theme of sexual health (see page 35)

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