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Sexual Behaviour and Contraceptive Use: Comparing adolescents and young adults in Ireland

Secondary Analysis of the Irish Contraception
and Crisis Pregnancy (ICCP) study, the Irish
Study of Sexual Health and Relationships
(ISSHR) and the Health Behaviour in School-
aged Children (HBSC) study

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1. INTRODUCTION

Sexual health is key aspect of physical and social well-being. Healthy sexual practices lead to enhanced well-being, the ability to control fertility and pregnancy as well the experience of positive personal relationships (HSE Eastern Region, 2005). Sexual health has been recognised as a key issue for the population of Ireland in national health policy documents (e.g., Department of Health and Children, 2000) and regional sexual health strategies (HSE Eastern Region, 2005; Southern Health Board, 2001; HSE Midland Area, 2005). These documents emphasise the need for a reduction in sexual health problems and the promotion of good sexual practices. At the time of writing a national sexual health strategy is pending.

Adolescence is an influential time of physical, emotional, social and sexual development. Adolescents typically engage in experimental behaviours that help them to establish their individual identity as they make the transition into adulthood (National Youth Council of Ireland, 2004). This experimentation includes risk behaviours which can impact their present or future quality of life. Sexual behaviours such as early sexual initiation, inconsistent condom use, multiple sexual partners and casual sex are recognised risk factors for unplanned pregnancy and STI transmission (Kirby, 2001; McBride, Morgan & McGee, 2012; Paul, Fitzjohn, Herbison, & Dickson, 2000; Rundle, Layte & McGee, 2008). This highlights the need for sexual health promotion among adolescents to remain on the political and practice agenda.

The area of adolescent sexual behaviours has however been under-researched compared to that of the adult population in Ireland. This is similar to the adolescent populations of countries such as the US and UK. At present there are limited data on adolescent sexual health and behaviours available in Ireland. Some regional and local studies have been conducted exploring the sexual behaviour of adolescents (e.g., Bonner, 1996; McHale & Newell, 1997). Data have also been collected on the sexual health of the young adult population in Ireland (Shiely, Kelleher & Galvin, 2004; Layte, McGee, Quail, Rundle, Cousins, Donnelly, Mulcahy & Conroy, 2006; McBride *et al.*, 2012). This includes some retrospective accounts of adolescent sexual behaviour (e.g., Layte *et al.*, 2006).

The purpose of this report was to explore how patterns of sexual health behaviour reported by adolescents compared to accounts reported by young adults. The findings identified whether there are sufficient differences between adolescents and young adults reported sexual behaviours to warrant further data collection from adolescents in Ireland. Secondary data analysis was conducted on both the Irish Study of Sexual Health and Relationships (ISSHR) and the Irish Contraception and Crisis Pregnancy (ICCP) Study datasets exploring accounts of sexual initiation and contraceptive use within the youngest cohorts. These findings were compared with the accounts of adolescents from the Health Behaviour in School-aged Children (HBSC) study. The analyses explored adolescent and young adult sexual behaviour and contraceptive use in relation to common socio-demographic factors measured in each of the three studies; gender, age, country of birth, urban rural status and socio-economic status.

The Irish Study of Sexual Health and Relationships (ISSHR)

The ISSHR was commissioned by the Crisis Pregnancy Programme (CPP) and the Department of Health and Children and is a nationally representative survey of the sexual knowledge, attitudes and behaviours of the population of Ireland. Data were collected in 2004 from adults aged 18-64 using telephone interviews. The findings have been used to describe the inter-relationships between knowledge, attitudes and behaviours in the context of theory, sexual health promotion and policy development (Layte *et al.*, 2006).

The Irish Contraception and Crisis Pregnancy study (ICCP)

The ICCP study is a cross-sectional telephone survey of adults aged 18-45 years living in Ireland. The study was commissioned by the Crisis Pregnancy Programme and data were collected in 2010. This follows an earlier round of data collection in 2003. The study provides data on adults' knowledge, attitudes and behaviours in relation to sex, contraception and pregnancy in Ireland. The findings have been used to explore trends in relation to sex, contraception and pregnancy in Ireland (McBride *et al.*, 2012).

The Health Behaviour in School-aged Children (HBSC)

The HBSC study is a WHO cross-national research project which aims to increase the understanding of young people's health, well-being and behaviours, including sexual behaviours. Internationally comparable data are collected from over 200,000 students aged 11, 13 and 15 year olds every four years across 43 participating countries. HBSC Ireland is the key nationally representative and internationally comparable study providing a representative profile of the health, wellbeing and associated behaviours along with the social and developmental context of young people in Ireland. The findings are used to inform and influence population health, health services and health education policy and practice at local, national and international levels (Kelly, Gavin, Molcho & Nic Gabhainn, 2012).

2. METHODS

2.1 Data collection methods

ISSHR

The sampling frame of the ISSHR consisted of the national non-institutionalised population in private households. Data were collected from adults aged 18-64 years via phone interviews - which ensured participant anonymity. Computer-Aided Telephone Interviewing (CATI) was employed, which negated the need to code from paper questionnaires and. The use of random digit dialling (RDD) created a sample of phone numbers of the national population. Numbers were stratified (according to area code) within the population so that all areas of Ireland were included in the final data set. The Economic and Social Research Institute's (ESRI) RANSAM

system was used to carry out this stratification. A total of 7,441 completed interviews and 227 partial interviews were collected, providing a combined response rate of 61.3% (Layte *et al.*, 2006).

ICCP

The ICCP recruited a national sample using a telephone interview methodology. It involved a cross-sectional representative sample of men and women aged 18 to 45 years and living in Ireland. This allowed attention to be focused on those individuals for whom contraceptive practice, service usage and service perceptions are most relevant in terms of up-to-date evaluation of services and future planning. Quota sampling was used to ensure that the sample was representative of the general population.

Computer-Aided Telephone Interviewing (CATI) was used for data collection. Telephone interviews provide respondents with anonymity. Landline and mobile telephone numbers were randomly generated using random digit dialling (RDD) via either the RANSAM system of the ESRI (landline) or a large database of mobile telephone numbers devised to contact potential participants. A total number of 3,002 interviews were completed (1,416 landline and 1,586 mobile) providing an overall response rate of 69% (McBride *et al.*, 2012).

HBSC

Sampling for the HBSC Ireland 2010 study was conducted to reflect a representative proportion of children in Ireland. Census data were used to indicate population distribution across geographic regions. The sampling frame consisted of both primary and post-primary schools, lists of which were provided by the Department of Education (formerly Education and Science). Schools within geographical regions were randomly selected for participation, followed by the random selection of class groups within schools. In primary schools, sampling consisted of 3rd to 6th class, whereas in post-primary schools, all classes were sampled, with the exception of Leaving Certificate groups.

School principals were approached by letter and following positive responses, HBSC questionnaires were offered in English or Irish. Questionnaires were provided to students along with blank envelopes to facilitate anonymity; information sheets for teachers, parental consent forms where necessary and classroom feedback forms were also provided. A helpline was established in NUI, Galway to manage general queries surrounding questionnaire completion. All returns were facilitated through the provision of FREEPOST envelopes. Postal reminders were dispatched to schools followed by telephone calls from research staff at the Health Promotion Research Centre, NUI Galway in order to maximise response rates. Data were entered according to the International HBSC protocol (see www.hbsc.org) (Kelly *et al.*, 2012).

2.2 Questions and data management

For the purposes of comparison, socio-demographic indicators common to all three studies were identified. These included gender, age, country of birth, urban-rural status and social class. Measures common to all three studies relating to sexual initiation and contraceptive use were also identified. The question phrasing and response options for each measure are outlined below along with the re-coding approaches taken to each dataset to facilitate cross comparison.

2.2.1 Age of sexual initiation

ISSHR: Participants were asked whether or not they ever had vaginal sexual intercourse and at what age this had first happened.

ICCP: Participants were asked whether or not they have ever had sexual intercourse and how old they were when they first had sexual intercourse with someone of the opposite sex.

HBSC: Participants were asked whether they have ever had sexual intercourse (sometimes called ‘making love’, ‘having sex’, or ‘going all the way’) and how old they were when they had sexual intercourse for the first time. Possible response options included ‘11 years or younger’ up to ‘17 years or older’.

Participants who reported having ever had sexual intercourse were categorised into groups based on their reported age of sexual initiation; those who had initiated sexual intercourse at age 14 or 15 (14-15) and those 17-18 year olds who reported sexual initiation before the age of consent (17 years). Those who had engaged in sexual intercourse before the legal age of 17 were identified among those participants aged 17-18 years (*HBSC*) or 18-20 years (*ISSHR*, *ICCP*).

2.2.2 Contraceptive use at last intercourse

ISSHR: Participants were asked whether any method of contraception or any protection against STIs were used on the most recent occasion by the participant or their partner. If they answered yes, participants were asked which method was used. This was an open question and no prompts or response options were offered.

ICCP: Participants were asked if any method was used to avoid pregnancy, including withdrawal or a safe period, at the most recent sexual intercourse with a member of the opposite sex. This was an open question and no prompts or response options were offered.

HBSC: Participants were asked about the method(s) of contraception used at last intercourse. Possible response options included two reliable methods of contraception - ‘birth control pills’ and ‘condoms’ and one non-reliable but frequently reported method - ‘withdrawal’. In addition, the response options ‘other’, ‘no method was used to prevent pregnancy’ and ‘not sure’ were offered. Participants were also provided with space to report other methods of pregnancy prevention used at last intercourse. A second question designed to address condom use

specifically for the purpose of STI prevention was also asked. Students who reported condom use on either condom questions were credited with condom use.

Contraceptive methods were categorised for analysis identifying those who reported using condom, contraceptive pill, dual methods (condom and pill) or no method of contraception at last intercourse.

2.2.3 Age

ISSHR: Participants were asked to report their age.

ICCP: Participants were asked to report their age.

HBSC: Participants were asked which month and year they were born.

The sample was comprised of adolescents (15-18 years) from the HBSC study and young adults (18-24 years) from both the ISSHR and ICCP surveys. Adult participants from the ISSHR and ICCP studies were divided into two age groups; young (aged 18-20) and old (aged 21-24 years). The HBSC participants aged 15-18 were divided into four groups corresponding to their age in years; 15 years, 16 years, 17 years and 18 years.

2.2.4 Born in Ireland

ISSHR: Participants were asked where they were born. Response options included the island of Ireland, Great Britain, other European Union or elsewhere.

ICCP: Participants were asked if they were born in the Republic of Ireland, Northern Ireland or elsewhere.

HBSC: Participants were asked whether they were born in Ireland and were given the option of responding yes or no. If responding no, participants were asked to report in which country they were born.

Born in Ireland was represented by those participants who were born on the island of Ireland, including both the Republic of Ireland and Northern Ireland.

2.2.5 Urban and rural

ISSHR: Participants were asked whether their household is situated in open country, a village, a town, a city or in Dublin City or County.

ICCP: Participants were asked the size of location in which their household is situated. Response options included open country, village (200-1,499), town (1,500-2,999), town (3,000-4,999), town (5,000-9,999), town (10,000 or more), Waterford City, Galway City,

Limerick City, Cork City, Dublin City (including Dun Laoghaire; D1-D24) or Dublin County (Outside Dublin city).

HBSC: Participants were asked where they live. Response options included city, town, village or country.

Urban status was represented by those who live in towns or cities, while rural status was represented by those who live in the open country or a village.

2.2.6 Social class

ISSHR: The Central Statistics Office (CSO, 1986) measure of social classification (occupation and income level of respondent) was used to identify social class for each respondent.

ICCP: The Central Statistics Office (CSO, 1986) measure of social classification (occupation and income level of respondent) was used to identify social class for each respondent.

HBSC: The Central Statistics Office (CSO, 1986) measure of social classification (occupation and income level of respondent) was used to identify social class for each respondent. In the case of the HBSC study social class was determined by parental occupation and used the highest social class available for each respondent.

Social class was represented by SC 1-2, SC 3-4 and SC 5-6 corresponding to high, middle and low social class respectively.

2.3 Analytic sample

ISSHR: The 18-24 year old sample consisted of 1667 participants, of which 759 were male (45.5%) and 908 were female (54.5%).

ICCP: The 18-24 year old sample consisted of 616 participants, 285 were male (46.3%) and 331 were female (53.7%).

HBSC: The 15-18 year old sample consisted of 4479 participants, of which 2408 were boys (53.8%) and 2071 were girls (46.2%).

The ISSHR and ICCP study samples were weighted prior to analysis to ensure that the completed sample was representative of the target population. Details of the weighting procedures can be found in the ISSHR and ICCP study main reports (Layte *et al.*, 2006; McBride *et al.*, 2012). Sampling for the HBSC study is conducted to reflect a representative proportion of children in Ireland. The 15-18 year old subset of the HBSC sample used in this analysis represents the structure of the overall HBSC sample which is representative of the CSO 2006 census. The primary sampling unit for data collection in the HBSC is at a classroom

level. Therefore clustering was accounted for based the Primary Sampling Unit (classrooms) using the Complex Samples function on SPSS.

Chi-square tests were used to test for relationships between categorical variables at $\alpha = 5\%$. These tests are reported with chi-square values, degrees of freedom and p-values.

3. Results

All analyses were conducted separately by gender. Only those respondents who reported ever having had vaginal, heterosexual sexual intercourse were included in the analysis. Of the ISSHR sample 1337 reported ever having had sexual intercourse (84.1% of males, 82.1% of females). In the ICCP sample 477 reported ever having had sexual intercourse (85.2% of males, 91.4% of females) and in the HBSC sample 1058 reported ever having had sexual intercourse (28.8% of boys, 22.8% of girls).

3.1 Age of sexual initiation

Age of sexual initiation was reported in the ISSHR, ICCP and HBSC studies. Table 1 considers each study separately and presents the age of reported sexual initiation by gender, ranging from 11 years or younger to 18 years old.

Table 1: Age of sexual initiation by gender for all three studies

	ISSHR		ICCP		HBSC	
	Male % (n)	Female % (n)	Male % (n)	Female % (n)	Boys % (n)	Girls % (n)
11 years or younger	0.3 (2)	0	0	0	3.5 (69)	1.0 (18)
12 years	0.9 (6)	0.3 (2)	0	0	4.7 (93)	1.8 (32)
13 years	1.4 (9)	0.7 (5)	2.6 (6)	0	7.1 (141)	3.2 (59)
14 years	5.4 (34)	2.4 (18)	4.7 (11)	1.3 (3)	12.9 (254)	8.2 (150)
15 years	15.3 (97)	8.0 (59)	17.1 (41)	10.8 (27)	21.4 (423)	16.5 (300)
16 years	34.5 (219)	24.6 (182)	37.4 (91)	27.4 (68)	27.5 (544)	22.0 (401)
17 or 18 years	84.2 (534)	76.7 (567)	85.3 (178)	77.5 (192)	29.5 (582)	23.4 (427)

3.2 Sexual initiation at ages 14-15 years

Sexual initiation at the age of 14 or 15 years was reported by 16% of males (n=104) and 8.9% of females (n=56) in the ISSHR. In the ICCP study, 14.3% of males (n=35) and 10.9% of females (n=27) reported initiation of sexual intercourse at age 14 or 15. In the HBSC study 45.6% of boys (n=282) and 54.9% of girls (n=241) reported first having sexual intercourse at age 14 or 15 years. Note that these are percentages of those who had reported ever having sexual intercourse.

Table 2 explores the associations between socio-demographic characteristics and having reported engaging in sexual intercourse at age 14 or 15 years.

Table 2: Associations between sexual initiation at ages 14-15 and socio-demographic characteristics, significance of differences by gender and study

	ISSHR		ICCP		HBSC	
	Male	Female	Male	Female	Boys	Girls
Age^a	--				---	---
Born in Ireland^b		-				
Urban^c						
Social class^d			++		+	

+/- Significant at $p < 0.05$, ++/-- significant at $p < 0.01$, +++/--- significant at $p < 0.001$

^a The ISSHR and ICCP samples were dichotomised at 20 years old (see section 2.2.3), thus the younger age group was aged 18-20 and the older age group was 21-24. The HBSC sample was divided into four groups corresponding to their age in years. For males, the older section of the ISSHR and HBSC samples were significantly less likely to report having initiated intercourse at age 14 or 15. The same pattern was found among the female HBSC sample.

^b Being born in Ireland was significantly associated with lower levels of reported sexual initiation at age 14 or 15 years for females (ISSHR).

^c No significant associations were found between urban living and sexual initiation at age 14 or 15 years across the ISSHR, ICCP or HBSC studies.

^d Lower social class was significantly associated with higher levels of reported sexual initiation at age 14 or 15 years for females (ICCP) and for boys (HBSC).

3.3 Sexual initiation before the legal age of consent (<17 years)

Sexual initiation before the legal age of consent, which in Ireland is at 17 years old, was reported by 41.5% of males (n=102) and 29.4% of females (n=86) aged 18-20 years in the ISSHR. Sexual initiation before the legal age of consent of 17 years was reported by 20.5% of males (n=27) and 24.8% of females (n=33) aged 18-20 years in the ICCP study. Sexual initiation before the legal age of consent of 17 years was reported by 27.5% of males (n=141)

and 30% of females (n=122) aged 17 or 18 years in the HBSC study. Again, these percentages are of those who have reported ever having had sexual intercourse.

Table 3 explores the associations between socio-demographic characteristics and having reported sexual initiation before the age of 17 years.

Table 3: Associations between sexual initiation before the age of consent (<17) and socio-demographic characteristics, significance of differences by gender and study

	ISSHR		ICCP		HBSC	
	Male	Female	Male	Female	Boys	Girls
Age^a	n/a	n/a	n/a	n/a	n/a	n/a
Born in Ireland^b						
Urban^c			+++			
Social class^d		+	*	*		

+/- Significant at $p < 0.05$, ++/-- significant at $p < 0.01$, +++/--- significant at $p < 0.001$

* The small numbers/absence of respondents prevented further analysis

^a Age was not tested for in this instance as only those adolescents aged 17 and 18 years were available for analysis and so did not provide an adequate comparison for the ISSHR and ICCP study.

^b No significant associations were found between being born in Ireland and sexual initiation before the age of consent (<17) across the ISSHR, ICCP or HBSC studies.

^c Living in an urban area was significantly associated with higher levels of reported sexual initiation before the age of consent (<17) for males aged 18-20 years (ICCP).

^d Lower social class was significantly associated with higher levels of reported sexual initiation before the age of consent (<17) for females aged 18-20 years (ISSHR).

3.4 Condom use at last intercourse

Condom use at last sexual intercourse was reported by 69.7% of males (n=454) and 65.2% of females (n=411) in the ISSHR. In the ICCP study 69.3% of males (n=158) and 52.9% of females (n=139) reported using a condom at last sexual intercourse. In the HBSC study, 79% of boys (n=489) and 80% of girls (n=351) reported condom use the last time they engaged in sexual intercourse.

Table 4 explores the associations between socio-demographic characteristics and having reported condom use at last sexual intercourse.

Table 4: Associations between condom use at last sexual intercourse and socio-demographic characteristics, significance of differences by gender and study

	ISSHR		ICCP		HBSC	
	Male	Female	Male	Female	Boys	Girls
Age^a		-	-	--		++
Born in Ireland^b						
Urban^c						
Social class^d			+			

+/- Significant at $p < 0.05$, ++/-- significant at $p < 0.01$, +++/--- significant at $p < 0.001$

^a The ISSHR and ICCP samples were dichotomised at 20 years old (see section 2.2.3), thus the younger age group was aged 18-20 and the older age group was 21-24. The HBSC sample was divided into four groups corresponding to their age in years. For females in the ISSHR and for both males and females in the ICCP study, the older sections of the samples were significantly less likely to report condom use at last intercourse. For boys, the older section of the HBSC sample was significantly more likely to report condom use.

^b No significant associations were found between being born in Ireland and reported condom use at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^c No significant associations were found between urban living and reported condom use at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^d Lower social class was significantly associated with higher levels of reported condom use at last sexual intercourse for males (ICCP).

3.5 Contraceptive pill use at last intercourse

Contraceptive pill use at last sexual intercourse was reported by 25.6% of males (n=167) and 40.3% of females (n=254) in the ISSHR. In the ICCP study, 29.4% of males (n=173) and 51.8% of females (n=120) reported using the contraceptive pill at last sexual intercourse. In the HBSC study 19.4% of boys (n=120) and 26.9% of girls (n=118) reported contraceptive pill use the last time they engaged in sexual intercourse.

Table 5 explores the relationship between the socio-demographic characteristics of those who have reported use of the contraceptive pill at last sexual intercourse.

Table 5: Associations between contraceptive pill use at last sexual intercourse and socio-demographic characteristics, significance of differences by gender and study

	ISSHR		ICCP		HBSC	
	Male	Female	Male	Female	Boys	Girls
Age^a						++
Born in Ireland^b						
Urban^c						
Social class^d						

+/- Significant at $p < 0.05$, ++/-- significant at $p < 0.01$, +++/--- significant at $p < 0.001$

^a The ISSHR and ICCP samples were dichotomised at 20 years old (see section 2.2.3), thus the younger age group was aged 18-20 and the older age group was 21-24. The HBSC sample was divided into four groups corresponding to their age in years. For girls, the older section of the HBSC sample was significantly more likely to report contraceptive pill use.

^b No significant associations were found between being born in Ireland and reported contraceptive pill use at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^c No significant associations were found between living in an urban area and reported contraceptive pill use at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^d No significant associations were found between social class and reported contraceptive pill use at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

3.6 Dual use of condom and contraceptive pill at last intercourse

Dual use of condom and contraceptive pill at last sexual intercourse was reported by 12.7% of males (n=83) and 20% of females (n=126) in the ISSHR. In the ICCP study 17.2% of males (n=42) and 21.4% of females (n=53) reported using both condom and contraceptive pill at last sexual intercourse. In the HBSC study, 16.2% of boys (n=100) and 22.1% of girls (n=97) reported dual use of both condom and contraceptive pill the last time they engaged in sexual intercourse.

Table 6 explores the associations between socio-demographic characteristics and having reported dual methods of contraception (condom and pill) at last sexual intercourse.

Table 6: Associations between dual use of both condom and contraceptive pill at last sexual intercourse and socio-demographic characteristics, significance of differences by gender and study

	ISSHR		ICCP		HBSC	
	Male	Female	Male	Female	Boys	Girls
Age^a				-		++
Born in Ireland^b						
Urban^c						
Social class^d		-				

+/- Significant at $p < 0.05$, +/-/- significant at $p < 0.01$, +++/--- significant at $p < 0.001$

* The small numbers of respondents prevented further analysis

^a The ISSHR and ICCP samples were dichotomised at 20 years old (see section 2.2.3), thus the younger age group was aged 18-20 and the older age group was 21-24. The HBSC sample was divided into four groups corresponding to their age in years. For females, the older section of the ICCP sample was significantly less likely to report the use of dual methods at last sexual intercourse. For girls, the older section of the HBSC sample was significantly more likely to report the use of dual methods at last sexual intercourse.

^b No significant associations were found between being born in Ireland and reported use of the dual methods of contraception at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^c No significant associations were found between living in an urban area and reported use of the dual methods of contraception at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^d Middle social class was significantly associated with lower levels of reported dual contraceptive use at last sexual intercourse (ISSHR).

3.7 Non-use of contraception at last intercourse

Non-use of contraceptive methods at last sexual intercourse was reported by 7.5% of males (n=45) and 7.8% of females (n=47) in the ISSHR. In the ICCP study 6.4% of males (n=15) and 6.6% of females (n=16) reported using no method of contraception at last sexual intercourse. In the HBSC study, 9.7% of boys (n=56) and 5.6% of girls (n=23) reported no method of contraception the last time they engaged in sexual intercourse.

Table 7 explores the associations between socio-demographic characteristics and not using contraception at last sexual intercourse.

Table 7: Associations between no method of contraception at last sexual intercourse and socio-demographic characteristics, significance of differences by gender and study

	ISSHR		ICCP		HBSC	
	Male	Female	Male	Female	Boys	Girls
Age^a						-
Born in Ireland^b		-				
Urban^c				+		
Social class^d			*	*		

+/- Significant at $p < 0.05$, +/-/- significant at $p < 0.01$, +++/--- significant at $p < 0.001$

* The small numbers of respondents prevented further analysis

^a The ISSHR and ICCP samples were dichotomised at 20 years old (see section 2.2.3), thus the younger age group was aged 18-20 and the older age group was 21-24. The HBSC sample was divided into four groups corresponding to their age in years. For boys, the older section of the HBSC sample was significantly less likely to report non-contraceptive use at last intercourse.

^b Being born in Ireland was significantly associated with lower levels of reported non-contraceptive use at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

^c Living in an urban area was significantly associated with higher levels of reported non-contraceptive use at last sexual intercourse for females (ICCP).

^d No significant associations were found between social class and the reporting of non-contraceptive at last sexual intercourse across the ISSHR, ICCP or HBSC studies.

4. SUMMARY

The purpose of this report was to explore how patterns of sexual health behaviour reported by adolescents compared to accounts reported by young adults (18-24 years). The analysis explored adolescent and young adult sexual initiation and contraceptive use in relation to demographic characteristics including gender, age, country of birth, urban rural status and socio-economic status. While some associations between demographic characteristics and sexual behaviour were found among both adult and adolescent samples, differences were also identified between adolescents and young adults' sexual initiation and contraceptive use.

Sexual initiation

A higher proportion of adolescents reported engaging in sexual initiation at the age 14 or 15 than was reported by the young adult respondents. In the adolescent sample, younger boys and girls reported significantly higher levels of sexual initiation at age 14 or 15 years than older respondents. In the adult sample, very few respondents reported initiating sexual intercourse at age 15 years or earlier. Where response levels were sufficient to conduct analyses, a significant association was found between adult age and sexual initiation at age 14 or 15 years (ISSHR). Males aged 18-20 reported higher levels of early initiation than those aged 21-24 years. A relationship between social class and age of sexual initiation was identified in both adolescent (HBSC) and adult (ICCP) samples. Lower social class was significantly associated with higher reported levels of sexual initiation at age 14 or 15 for boys in the HBSC study and female adults in the ICCP study. The proportions of sexual initiation before the age of 17 years did not differ greatly between the three studies. However, a relatively larger percentage of males aged 18-20 years in the ISSHR reported engaging in intercourse before the age of consent compared to the ICCP and HBSC studies. Living in an urban area was associated with higher levels of reported engagement in sexual intercourse before the age of consent for males (18-20 years) in the ICCP study. Lower social class groups were significantly associated with higher levels of reported sexual initiation before the age of 17 years for females in the ISSHR. In addition to those associations present in both adult and adolescent samples, some findings were specific to the adolescent sample.

Contraceptive use

Adolescents reported slightly higher levels of condom use at last intercourse than did young adults. Younger age in adolescent boys was significantly associated with lower reported condom use (HBSC) while younger age in male (ICCP) and female (ISSHR, ICCP) young adults was associated with higher reported condom use at last intercourse. Contraceptive pill use was more prevalent in the young adult sample than among adolescents. Older adolescent girls, however, reported significantly higher levels of contraceptive pill use than younger girls at last intercourse (HBSC). Both adult and adolescent samples reported similar levels of dual contraceptive (condom and pill) use. While older adolescent girls reported significantly higher levels of dual contraceptive use compared to younger girls (HBSC), older young women reported lower levels of dual use than younger women at last intercourse (ICCP). Both young

adult and adolescent populations reported similar levels of non-contraceptive use at last intercourse. Younger age was associated with higher levels of reported non-contraceptive use among adolescent boys (HBSC).

5. CONCLUSION

The area of adolescent sexual behaviours has been under-researched compared to that of the adult population in Ireland. The purpose of this report was to explore how patterns of sexual behaviour reported by adolescents compared to accounts reported by young adults. It sought to identify whether there were sufficient differences between adolescents and young adults to necessitate further data collection from adolescents in Ireland.

Low social class was associated with sexual initiation at age 14 or 15 among both adolescent boys (HBSC) and adult females (ICCP). The presence in both populations may suggest consistency in the relationship between social class and sexual risk behaviour from adolescence through to adulthood. The report findings also identify demographic factors that differentiate between adults and adolescents in relation to their sexual initiation and contraceptive practices. Overall risky sexual behaviours including early sexual initiation (i.e., initiation at age 15 years or younger), sex before the legal age of consent (age 17 years) and less reliable contraceptive practices were reported among younger adolescents or those from rural areas. Conversely in the adult sample, older age (21-24 years) was associated with less engagement in reliable contraceptive practices. This may be explained by differences in relationship circumstances in early adulthood compared to adolescents such as long-term stable relationships or attempting to get pregnant. The findings highlight that among adolescents there appear to be some factors such as age and rural status which are associated with their sexual initiation and contraceptive practices. In comparison to adults, adolescents are likely to have less control over these factors which makes them a uniquely vulnerable group in terms of sexual health behaviours. This also has implications with regards to sexual health policy as adolescents may require specific consideration when it comes to sexual health strategies, interventions and policies.

The current analysis is limited by the availability of only four comparable demographic factors across the three studies therefore care must be taken when extrapolating from these findings. Also the possibility of a cohort effect must be considered when comparing different age groups. Recall bias, specifically in the case of the adult populations, may also affect the study outcomes. However the current differences between adolescent and young adult populations provide a rationale for further exploration into other potential demographic, social and behavioural characteristics not measured in the current analysis which may be specifically related to the sexual health practices of adolescents. A more comprehensive understanding of sexual behaviour at this key developmental stage may further differentiate adolescent and adult sexual

behaviour and highlight points for specifically targeted health promotion intervention and policy addressing the individual needs of adolescents.

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