Addressing the Needs of Young People
A Broader View of Sexual Health

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Abstract
This paper presents the findings of an exploratory study investigating the ways in which we can better address the sexual health needs of young people (14–21). Six focus groups and four in-depth interviews were conducted with young people and a wide range of professionals who work with them in the Northwest. It was evident that sexual health continues to be a difficult area for both young people and parents, with a perceived lack of awareness and understanding associated with sexual violence in particular. Personal development programmes were deemed essential, with the value of including the topic of sexual violence in this broader view of sexual health highlighted. Complementary to interagency collaboration, which would ensure that valuable referrals are made, a number of participative and creative approaches involving young people and parents were identified. Implications are discussed in the context of broadening the concept of sexual health and partnership approaches.

Keywords
Young people; sexual health; sexual violence

Introduction
To date, progress has been made in Ireland in relation to improving young people’s access to health services and in the provision of information and advice regarding their sexual health, yet further work is required in this area. 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. The SRCC thus sought to create a partnership with relevant youth and community organisations, health services and young people in the Sligo and Leitrim area. This was with a view to developing in-depth, detailed understandings of how we can better address the sexual health needs of young people. By means of predominantly focus group research, this paper aims to examine the knowledge shared and identify means of enhancing this knowledge, and although the study reflects a local context, it is likely to have broader relevance at a national and, indeed, international level.
Background

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, 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, sexually transmitted infections (STIs) and the misuse of alcohol and drugs (WHO, 1993). However, it was also acknowledged 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 with the opportunity (WHO, 1993). An interagency and interdisciplinary approach was thus highlighted as essential to successful health promotion.

Progress has been made internationally 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 (UN, 2005; Ní Riain & Mulvehill, 2008; Department for Children, Schools and Families, 2009). However, problems persist worldwide in this area, as a combination of factors, including the lower age of initiation of sexual activity, a tendency towards unprotected sex and the misuse of alcohol and drugs, continue to result in unwanted pregnancies and STIs (Wellings et al., 2001; Denyer et al., 2002; Lazdane & Lazarus, 2004; Teenage Pregnancy Unit, 2004; UN, 2005). 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 – Sexual Health in Context

Irish sexual culture, particularly among young people, mirrors the increasingly liberal social climate recognised by the 1989 World Health Assembly, with international trends towards earlier sexual activity over recent decades also reflected in the (relatively few) Irish studies conducted to date (e.g. Hyde & Howlett, 2004; Mayock & Byrne, 2004; Layte et al., 2006; O’Keefe et al., 2006; Mayock et al., 2007). As this research highlighted the fact that those who engage in sexual activity at a younger age were less likely to use contraception, it is clear that we need to investigate ways in which to better promote informed decision making among young people. Sexual violence poses an added concern, with non-disclosure, or indeed delayed disclosure, providing a significant challenge to an appropriate response (McGee et al., 2002; RCNI, 2009). In line with the trend in international practice, the focus of health service planning and delivery in Ireland was on adult and child services until 2001, when a shift in focus lead to the delivery of adolescent (12–18) and youth (15–24) health services. A number of these have been included in a review of promising practice by the HSE (Ní Riain & Mulvehill, 2008).

While there is increasingly greater openness in Irish society regarding sex and sexuality (Inglis, 1998; O’Connell, 2001), the sexual health behaviour of young people remains poorly understood, and is rarely the subject of public discussion (Mayock & Byrne, 2004). In order to gain an insight into the behaviour and attitudes of young people and thereby develop better responses aimed at addressing their sexual health
needs, more discussion is necessary. The importance of open communication concerning sex in the home has also been highlighted (Burtney, 2000; Wellings et al., 2001; Schubotz et al., 2002), yet it is evident that parents require support in order to fulfil their role as primary sex educators effectively (Hyde & Howlett, 2004; Mayock & Byrne, 2004; Fullerton & Lee, 2005). 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: 18). 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 (RSE) in Ireland arose from the radically changed context of sexuality (Mayock & Byrne, 2004). Introduced as part of the curriculum in primary and post-primary schools in 1997, RSE became mandatory in 2003. However, it has been noted that this programme has yet to be 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 research 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), operated by Foróige in partnership with local Health Boards and delivered in the main in an out-of-school setting, was devised as a personal development and sex education programme aimed at delaying the onset of sexual activity among teenagers (Kearns et al., 2008). 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). While THI enables teenagers to become more comfortable discussing sexual and personal issues, a number of gaps have been identified, including 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, Crisis Pregnancy Agency campaigns such as ‘b4udecide’ and ‘Think Contraception’, leaflets and posters produced by Health Promotion Units and websites such as SpunOut.ie promote healthy decision making.
among young people in relation to their sexual health needs. However, it is evident that more work is needed in this area in addition to improving access to health services, including those that address sexual violence. Research shows 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 (Kirby, 2001; Denyer et al., 2002; Keenaghan & Roche, 2007; Ní Riain & Mulvehill, 2008).

It is the aim of this paper to investigate the ways in which the SRCC, in partnership with youth and community organisations and health services, can reach out more proactively to young people in Sligo and Leitrim in relation to making sexual health needs easier for them to negotiate. While reflecting a local context, the findings should have a broader relevance at a national and, indeed, international level. The main focus is on the importance of broadening the concept of sexual health and recognising the contribution of partnership approaches to successful health promotion.

Methodology
An exploratory study was conducted, seeking new insights and generating ideas in order to gain an enhanced understanding of the topic under investigation (Robson, 2002; McGivern, 2003). As community-based action research, it involved the active participation of service providers and the young people whose sexual health needs they wish to better address, resulting in practical outcomes related to these participants’ work and lives respectively (Winter et al., 1989; Stringer, 2007). 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). The research sought to build on the findings to date of quantitative and qualitative studies conducted nationally and internationally.

Participants
Six focus groups, three with young people and three with professionals, and four semi-structured, in-depth interviews with professionals, two of which were ‘paired depths’, were conducted in 2009. Twenty one participants were professionals who work with young people aged between 14 and 21; and 19 were young people within this age group. The inclusion of young people in the study had the added value of introducing the authentic voice of personal experience. The mutual support generated within focus groups encourages open conversation concerning embarrassing subjects and feelings that are common to a group but which may be considered to deviate from mainstream culture or attitudes (Kitzinger, 1995). This is particularly important when researching stigmatised or taboo subjects such as sexual health and sexual violence.

‘The focus group is characterised by homogeneity but with sufficient variation among participants to allow for contrasting opinions’ (Krueger & Casey, 2000: 71). 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. To give a holistic picture, a variety of professional roles were represented, namely youth workers, sexual violence and addiction counsellors, coordinators of youth and community organisations and nurses,
including individuals who work in an STI clinic. The participants of the 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 identified.

**Procedure**

Each focus group comprised six participants, with the exception of one group of seven young people and one mini-group discussion involving three professionals. A balance was sought between the need for enough individuals to ensure a lively discussion and the problems associated with over-large groups. The discussions with young people involved groups that were pre-established within the organisations they attended, 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 males and females 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 it is the view of the current author that the young participants in this study appeared confident in expressing their own opinions.

Separate topic guides were devised for the professionals and the young people, the data generated from the research 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). 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). The main areas addressed in the topic guide explored the understandings and behaviour of young people in relation to their sexual health, how professionals who work with young people can promote informed decision making among young people in relation to their sexual relationships, how parents can be supported to respond to the sexual health needs of their children and how young people can contribute to addressing their own information needs in this area. Emergent themes from the initial discussions were thus explored and followed up in subsequent focus groups and interviews, which were recorded and transcribed for analysis, and which lasted approximately sixty minutes on average.

Confidentiality and anonymity were guaranteed and informed consent obtained from all participants and the parent(s) of those under the age of 18. The topic of young people’s sexual health is sensitive and often controversial. However, the actual experiences of the young people were not sought in this research as the focus was on their ideas of how we can better serve young people in this area. The researcher was, nonetheless, mindful at all times of the wellbeing of participants and was guided by the national Children First Guidelines (Department of Health & Children, 1999). Ethical approval was received from the Research Ethics Committee (REC) at Sligo General Hospital.

In order to analyse the data, twenty main coding categories were devised, the first codes 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 interviewees. Once satisfied these codes accurately reflected the data, the transcripts were coded accordingly. 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 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: 201). In relation to the group discussions, the analysis focused on extensiveness rather than frequency, namely the number of participants who referred to a particular theme (Krueger & Casey, 2000), and incorporated a ‘between’ and ‘within’ each focus group approach.

A number of limitations need to be acknowledged. As a small-scale qualitative study the findings of this research do not lay claim to universal generalisability (Kvale, 1996). The young people recruited for this study were participants in the organisations involved and they cannot be said to be representative of young people in general, even within their own local areas. The results paint a picture of the participants’ perceptions as understood by the researcher. Finally, given the gender breakdown within the professional groups represented, only a small number of males were included in the sample.

Findings

As it is important to establish the understandings and behaviour of young people regarding their sexual health in order to identify the ways in which we can better address their needs; the findings first provide an insight into this area. These findings thus outline the participants’ perspectives in addition to what the experiences of the professionals reveal about the behaviour of young people. Next, suggested ways in which informed decision making among young people can be promoted are presented. Finally, participants’ perspectives are summarised on how parents can be supported, relevant services can be improved, and how young people can contribute to meeting their own sexual health information needs. There was a striking consistency between the perspectives of young people and professionals, young males and females and between the different professional groups.

Sexual Health: Young People’s Understandings and Behaviour

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.

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. There was a general agreement among all of the participants that sexual health is where drugs and alcohol were ten years ago; that young people are generally more open about drinking and smoking marijuana than they are about discussing their sexual health needs. A small number of professionals remarked that when young people do approach them there is an urgency about their needs as they wait until the situation is critical. It was also felt that they are often unaware of the services available to them.
It was evident that sexual violence was deemed particularly taboo by several female teenagers, with reference frequently made to a perceived stigma that is attached to the experience of rape. The following exchange which took place in a focus group with young girls highlights the fear engendered by such stigma, particularly regarding acquaintance rape:

P1: If it was someone you know; there's such a stigma on it like I don't think that there would be a lot of people that you would be able to trust to actually tell them. Just say for instance sake you're going out with someone and then you were with them...and then they raped you and then you go to your parents and say 'ok this happened to me'... what if they didn't know that you're in that kind of relationship...How are you going to explain to them and then they're going to think...

P2: You should have told them about it in the first place

P1: I didn’t know that you were...doing that sort of thing like. Can you trust them that much to say it to them; it’s such an awkward topic.

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. Furthermore, a female youth worker believed that self-blame prevents survivors of sexual violence from accessing a rape crisis centre (RCC), a finding which is consistent with Kelleher & McGilloway’s (2009) Irish study which highlighted a number of barriers to accessing RCC support services.

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, particularly in relation to the most prevalent risks they face. Of greater concern is the fact that several professionals and young people believed that young girls are not identifying sexual violence as an issue and do not understand that they have the right to say no to sexual coercion. As a female youth worker commented:

...through my previous work... 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...or that they’d been sexually assaulted and the girls were 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...

Societal pressure and family background were highlighted as factors influencing the vulnerability of young girls, with what is deemed acceptable influencing their self-worth. 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.

Promotion of Informed Decision Making
Reflecting the need to build self-esteem, the preferred means of promoting informed decision making among young people in relation to their sexual health were personal
development programmes and group workshops for older young people, followed by one to one discussions where necessary. The following excerpt from a focus group with professionals demonstrates this point well:

**P1:** When I would talk about this topic [sexual health], 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...

**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 ... It needs to be part of an integrated... 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... of saying yes or no or making decisions...

In order to reduce the stigma attached to the topic of sexual health, it was recommended that personal development programmes begin with issues such as self-worth and relationships, affirming the existing format of the Teenage Health Initiative (Kearns et al., 2008). A number of professionals also noted that by including the issue of sexual violence in this broader view of sexual health, discussions would become less intimidating to young people. The expansion of Foróige’s THI programme to other youth and community organisations is one suggestion (a female youth worker mentioned in an interview that she is a member of the working group for a best practice manual for THI being developed by the Foróige Best Practice Unit).

As queries and issues regarding sexual coercion will inevitably arise on a day to day basis within youth and community organisations, it was also recommended that youth workers come together in order to deal with their own issues first. Several professionals and young people expressed the view that, given the relationship already established, youth workers would be the ideal individuals to deliver the general aspects of a personal development programme, with a GP or nurse brought in to deliver the specific details relating to contraception and STIs. The importance of young people building a rapport with 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 of a barrier, that people are afraid to go into the doctors and ask questions like that.

(Female Youth Worker)

In relation to additional channels of communication, the view was expressed by a male nurse that, whatever means 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 as others to education, supports and technology. While youth-based websites were viewed as the most appropriate modern means of reaching young
people, other tools were also seen as having a role to play, including attractive and engaging leaflets and wallet cards with useful information and contact details.

**Key Actors in Society**

There was much discussion surrounding the difficulties experienced by both parents and children concerning their discussion of sexual health, with a number of factors identified as hindering young people from being open with their parents, including an overprotective attitude and a lack of trust. 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:

> 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... it’s more like they’re talking down to you... ‘make sure this doesn’t happen to you’ and so you can’t get an honest opinion.

(Young Female aged 16)

The perceived lack of awareness and understanding on the part of young people regarding sexual coercion and the most prevalent risks they face was also associated by a small number of participants with parents’ inability to educate and support their children. The need for parents to have support and guidance via programmes and information evenings was identified by many of the participants. It was also suggested that existing referral pathways within organisations, and the perception of the SRCC name as frightening to both parents and young people, constitute barriers to accessing support.

Reflecting the earlier assertion that the topic of sexual health continues to be taboo within Irish society, many young people believed that there is a far greater focus on the provision of information regarding drugs and alcohol, particularly in the school environment and this only serves to reinforce the stigma attached.

> We got way more information on alcohol and drugs in health ed, mother of god more drugs... by making it [sex] so different, it makes you more uncomfortable with it.

(Young Female aged 17)

There was a general consensus across all of the focus groups and interviews that RSE is not being taught properly in schools, if at all, with a small number of professionals criticising the exclusion of contraception and the emotional aspect of relationships. The difficulty of teachers providing sex education to their students was recognised by both young people and professionals, and the need for external facilitators was suggested.

The view was broadly shared that that young people can contribute to addressing their own sexual health information needs through a number of avenues, including peer education and drama. Writing and directing a play on the topic of sexual health could enable young people to develop feelings of control, exploration, self-expression and self-esteem. 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...a great opportunity for them to act out whatever things that are relevant issues to them...
It would stick with them if they get the opportunity to do it... Some young people never get a chance and if they do get one little chance it changes their lives forever... So I think anything that we can do to encourage them and make them feel more confident.

In addition, it was felt that older young people would benefit from the inclusion of a module on sexual health as part of a humanities or social science course.

Discussion

It is widely recognised that Irish sexual culture, particularly among the young, mirrors the increasingly liberal international social climate, yet the sexual health behaviour of young people remains poorly understood and is rarely the subject of public discussion (Mayock & Byrne, 2004). It is important to establish the understandings and behaviour of young people regarding their sexual health in order to better identify the ways in which we can promote informed decision making among them.

Sexual Health: Young People’s Understandings and Behaviour

According to Inglis (1998) and O’Connell (2001), there is currently a greater openness in Ireland regarding sex and sexuality as the culture of silence has gradually eroded. However, 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 understand their needs in this area, with many professionals regarding young people 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. There is considerable room for improving young people’s knowledge and understanding, particularly in relation to the most prevalent risks they face, a finding which replicates those of a number of previous Irish studies focusing on the sexual health of adolescents (Doocy et al., 2003; Hyde & Howlett, 2004; Mayock & Byrne, 2004).

‘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: 67). However, there was a strong belief that young women are not identifying sexual violence and do not understand that they have the right to say no to sexual coercion. Notably, the same concern was not expressed in regard to young men, perhaps reflecting the traditional view that the onus is on girls alone to manage the issue of consent.

It is evident that discomfort and lack of knowledge can often be compounded by a lack of self-esteem and therefore there is a need to continue raising young people’s awareness and building their skills and abilities in order to reduce the stigma attached to sexual health issues and 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.

Key Actors in Society

Positive relationships are key to achieving these aims, 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 (Fullerton & Lee, 2005), the core relationship between parents and their children was highlighted as being of paramount importance, particularly in relation to their sexual health. It was recognised that it can be difficult for parents and children to discuss sex, and yet the findings also suggest a need to rethink adult attitudes in relation to overprotectiveness and a lack of trust.

Furthermore, informants felt 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 happening with young people. In keeping with the findings of Fullerton and Lee (2005), the study suggests that parents require programmes of information, 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 relationships and sexuality education (RSE) was generally viewed in a negative light, with the difficulty of teachers providing sex education to their students recognised. It was suggested that an outside facilitator would be better placed to deliver RSE. Criticism was expressed in relation to the exclusion of contraception and the emotional aspect of relationships, a finding that is in agreement with those reported in previous Irish studies (Hyde & Howlett, 2004; Mayock & Byrne, 2004; Layte et al., 2006).

As the commissioning 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 SRCC name as frightening to both parents and young people, constitute barriers which clearly need to be addressed. Working on solutions to these issues would ensure that the message that the SRCC is a viable option if sexual violence does occur would be promoted.

**Promotion of Informed Decision Making**

Supporting the recognition of the need for information to be reinforced by self-esteem, personal development programmes were deemed essential, with several participants highlighting the value of including the topic of sexual violence in this broader view of sexual health. 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) and an evaluation of THI conducted by Kearns et al (2008). 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 could be achieved. While youth workers could deliver the general aspects of THI via group work, a medical professional might be brought in to give talks on contraception and STIs. In addition, and as already mentioned, separate information, support and guidance is required for parents.

Youth media has been recognised as one of the main sources of sexual knowledge for young people in Ireland (Hyde & Howlett, 2004; Mayock & Byrne, 2004). In keeping with this finding, websites such as SpunOut.ie were highlighted as an effective
means of reaching young people, while leaflets and wallet cards containing useful contact details are also helpful. This research also illustrated a range of ways in which young people can contribute to meeting their own sexual health information needs, including peer education, module development and drama. There was general agreement among respondents that once carefully planned and monitored, such opportunities would prove successful.

Conclusion
The 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. This paper has shown that there is a need to broaden both the concept of sexual health and the collaborative partnerships that have been recognised as essential to successful health promotion (the Appendix to this article includes recommendations from the original research report for the Rape Crisis and Sexual Abuse Counselling Centre and other partners). A broader view of sexual health would continue to promote the recognition of the personal development aspect and also include the topic of sexual violence which has hitherto received insufficient attention.

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Appendix:  Recommendations from Research Report

SRCC and Rape Crisis Network Ireland (RCNI)

- There is an opportunity for these organisations to work with Foróige in relation to designing a module on sexual violence for inclusion in the THI official best practice manual. Once included, RCC counsellors would ideally be brought in to give talks on this aspect of the programme.
- SRCC should manage workshops for youth workers in order to come together to address their issues in relation to sexual coercion.
- 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.
- SRCC to consider establishing a designated part of their service for young people which would go by a different name and advertise this service more widely in youth-friendly locations.
- 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.
- SRCC and RCNI to discuss how to include sexual violence on the school curriculum within the delivery of RSE.

Youth and Community Organisations

- Training in the delivery of THI to be offered to all youth workers, with delivery at local level possible in partnership with Foróige and funding to be agreed between all interested parties.

Department of Education

- The Department of Education to be made aware of the findings of the study, with particular attention 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.

Partnership

- Build upon the partnership created via this project in order to realise the feasible ideas generated and continue to work together, utilising such channels of communication as youth media and drama.
Biographical Note
Since graduating from the M.Sc. in Applied Social Research at Trinity College Dublin with a distinction in 2008, Caroline Forde has been working as a research and policy intern for the Rape Crisis and Sexual Abuse Counselling Centre, Sligo, Leitrim and West Cavan (SRCC) and the Rape Crisis Network of Ireland (RCNI). She has recently submitted a PhD proposal on the topic of sexual violence to the Global Women’s Studies Department in NUI Galway.

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