

**Your Voice Your**

**Health Camden**

**Series:**

**Sexual Health**

**Report**

**April 2024**

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## 1. Introduction to the Project Series

Healthwatch Camden set out to explore the health concerns of young people between the ages of 13-24 years in Camden, in three key areas:

- Mental Health
- Sexual Health
- Use of E-Cigarettes (Vaping)

There is growing, and evolving need among young people for support, awareness, and access to services for these health issues. We want to listen to the experiences and perceptions of young people and take their feedback to local health and social care commissioners, in the hope that their voices are central to any decision-making to improve health outcomes in this age group.

## Objectives

- To conduct online surveys and face-to-face focus groups with youth who live, study, work, or access services in Camden.
- To produce three separate snapshot reports (Your Voice Your Health Camden Series) highlighting young people's current experiences and perceptions about Mental Health, Sexual Health, and Vaping.
- In addition to documenting current trends, the three individual reports will put forward recommendations made by the young people, with the aim of guiding effective interventions to foster well-being in Camden.

We are very grateful to the three youth organisations in Camden for their collaboration and help in allowing us to conduct a total of 140 individual surveys and 8 focus groups across our three studies. Thank you to the young people for choosing to take part and sharing your views with us.

## 2. Your Voice Your Health: Sexual Health

Sexual health is a significant aspect of a young person's overall health and well-being. The World Health Organization (WHO) defines sexual health as "a state of physical, emotional, mental, and social-well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity" (1). Adolescence (ages 10-19 years) is a time of change and experimentation but also vulnerability when it comes to their sexual health. During this time, young people develop behaviours, attitudes, norms, relationships, and practices related to their sexual health (2). However, it is also a time of greater risk-taking behaviour, especially in relation to their sexual health, with outcomes that can affect them well into adulthood. Sexually transmitted infections (STIs) and unplanned pregnancy are amongst the most important outcomes of sexual health that contributes to poor health, particularly in the most deprived neighbourhoods<sup>13</sup>. Therefore, it is crucial that young people at this age are safeguarded, and they are equipped with information and tools which help them develop the skills necessary to make healthy decisions.

### 2.1. Youth Sexual Health in the UK

Every individual's sexual health is a function of complex and interconnecting biological, psychological, and social factors in their life<sup>5</sup>. Young people under twenty-five, particularly those from high-risk groups, can be particularly vulnerable to poor sexual health outcomes. These are a function of various health-related and societal challenges they face:

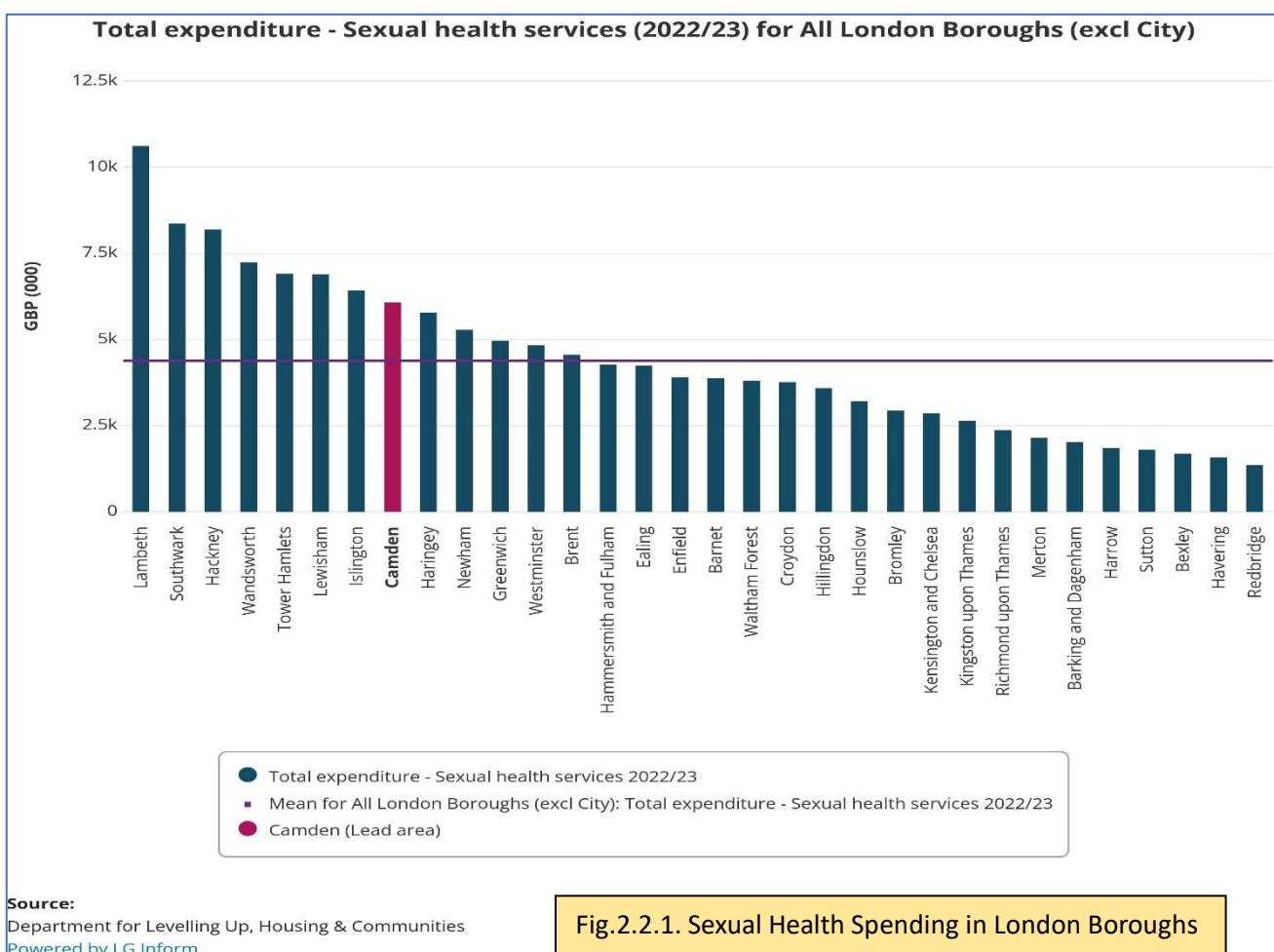
- **Sexually Transmitted Infections (STIs)** : STIs are often asymptomatic. If left untreated, they can cause pelvic inflammatory disease or infertility, and may be transmitted to others<sup>13</sup>. Young people have high rates of STIs such as gonorrhoea, genital chlamydia infection, and warts<sup>3</sup>. Increase in Chlamydia diagnosis rates in this age group have been largely driven by increased testing through the National Chlamydia Screening Programme, but low levels of external barrier contraception use have also played a role.
- **Access to Sexual Health Services**: Young people face several barriers to accessing clinics. These include cultural stigma and misconceptions, concerns about privacy and confidentiality, fears about staff being unfriendly, and the convenience of clinic locations and opening hours<sup>2</sup>.
- **Substance Use**: Young people with alcohol or substance use problems have been found to be more likely to have multiple partners, less likely to use external barrier contraceptives consistently, and as a result, be at a greater risk for STI's<sup>5</sup>.
- **Sexual Identity and Mental Health**: Developing a sense of sexual identity is one of the defining features of the transition to adulthood. However, the experiences young

people have because of their sexuality can impact their mental health. They are vulnerable to bullying, being treated unfairly, or having unsupportive friends and family<sup>6</sup>.

- **Access to online Sexual Health Information:** Young people increasingly seek information and advice related to sexual health online. The problem arises when these unregulated spaces are rampant with disinformation, inaccurate, and problematic sexual health content.

## 2.2. Sexual Health in Camden<sup>7,8</sup>

Spending on sexual health services in Camden for 2022/23 was higher than most London Boroughs (Fig. 2.2.1.), with a steady increase year on year. High prevalence and increased testing in Camden has resulted in a large increase in STI diagnoses, with 4129 new cases in 2022. Camden ranked 5<sup>th</sup> highest for HIV prevalence even though the number of new HIV diagnoses dropped from 60 in 2018 to 44 in 2022. There were 10 pregnancies per 1,000 girls (aged 15-17) in 2022, and 66% of young people under the age of 18 years who conceived underwent abortion<sup>7,8</sup>.



Overall, public spending on sexual health services has been a challenge. Between 2015 and 2024, there was a reduction of £880 million in real terms (based on 2022/23 prices) in the public health grant received by councils in England<sup>9</sup>. Public health charities and medical authorities have been pushing the government to increase funding to local authority public health budgets so that local sexual health clinics can meet the rising demand, and publish a new 10 Year Sexual and Reproductive Health Strategy for long term prevention and treatment of infections<sup>9</sup>.

### **2.3. Sexual Health Education**

Relationships and Sex Education (RSE) is a required subject in secondary schools across the United Kingdom. The RSE curriculum is designed to be comprehensive and covers a wide range of topics, including physical development, sexual health, sexuality, relationships, consent, and safety<sup>10</sup>. The curriculum aims to provide students with accurate and age-appropriate information, while also being inclusive and respectful of all sexual orientations and identities<sup>10</sup>. However, the implementation of this curriculum can vary across different regions in the UK, and ongoing efforts are being made to update the curriculum to reflect societal changes and medical advancements.

Over the last year, there have been various controversies and challenges surrounding the RSE curriculum, leading to a government-initiated review scheduled for completion by 2024<sup>11</sup>. These challenges included inconsistent implementation across schools influenced by factors such as restricted teaching time, monetary constraints, and the need for specialised teacher training, as well as gaps in addressing essential aspects of sexual and reproductive health. A primary concern that prompted this review was the discourse surrounding the curriculum's age-appropriateness and content, particularly in relation to specific parental and religious beliefs<sup>12</sup>. This review epitomises an endeavour to achieve equilibrium between providing comprehensive sexual health education and accommodating the diverse perspectives and values of a contemporary, digitally interconnected society<sup>11</sup>.

This research aims to explore the perspectives of young people aged 13-24 in Camden regarding their sexual health and well-being. It looks at their experiences, if any, around sexual health education and support services, to gain an insight into their perceptions and expectations of these provisions. We review the cognitive, behavioural, and societal risk factors that contribute to their sexual health experience, in the hope that their feedback and recommendations can guide improvements in resource provision, awareness, and service delivery.

## Young Person's Feedback

### 1. Definitions of Sexual Health

For young people, a positive sexual health experience can enhance their quality of life and allow them to build healthy inter-personal relationships beyond adolescence. We asked our local youth what sexual health meant to them. There were three core themes within their responses:

#### Wellbeing

Physical and mental wellbeing in relation to sexual health was a common interpretation for many of the young people. This reflects a broader health paradigm that situates sexual well-being within the larger context of an individual's health.

*"Your physical and mental wellbeing when it comes to sexuality".*

*"A state of complete wellbeing with regards to sexuality"*

*"Sexual health means to value yourself and decide what's right for me Also protect, build and maintain a positive mindset."*

This demonstrates the respondents' recognition of the integral role of sexual health in their general well-being.

#### Safe Practices

There was a strong emphasis on sexual health being defined by safe sexual practices. This echoes educational campaigns that advocate for protection and informed decision-making in sexual activities. Almost half of the participants rated consent as being the most important aspect of sexual health.

*"Sexual health is keeping yourself safe when looking at relationships and intimacy"*

*"Practising safe sex and being aware of sexual rights and respecting others sexual rights."*

*"Means how a person would be able to stay safe with their sexual health."*

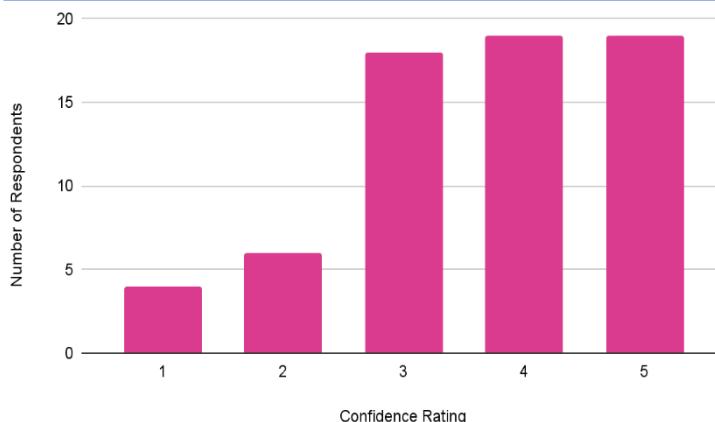
#### Disease Prevention

Others viewed sexual health as the absence or prevention of sexually transmitted infections or diseases, mirroring public health initiatives that prioritise disease prevention.

*"Being safe and clean when having sex so you don't end up getting one of those STI things."*

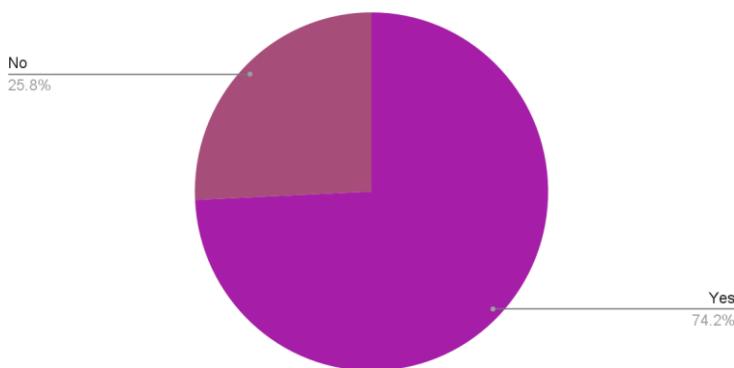
*"Being sexually healthy is being free of STD's and illness"*

## 2. Gaps in Knowledge and Education

**Fig.2.1. Confidence of Sexual Health Knowledge**

We asked participants to rate how confident they felt about their overall knowledge of sexual health, on a scale of 1 to 5, with 5 being extremely confident. Most of the young people rated their confidence between 3-5, with very few rating it a 1 (little to no confidence) (Fig. 2.1.). An average score of 3.65 however, suggests that while there is a baseline level of understanding and knowledge, there is still room for improvement which can be addressed through effective education and awareness strategies.

Do you feel like you have enough information about sexual health to make an informed decisions?

**Fig.2.2. Level of Information**

The role of sexual health education in bridging these knowledge gaps cannot be overstated. Although most young people felt confident in their level of knowledge and felt that they had

enough information about sexual health to make informed decisions (Fig.2.2.), many expressed that current educational practices often failed to resonate with the real-life experiences, needs and concerns of young people. They felt that the content delivered is often too clinical, focusing on the biological aspects without delving into the practical implications of sexual health. An overwhelming majority of participants

*"No because there is no real-life experience involved or risks explained"*

*"...It is focused around contraception and STIs which is very important, but doesn't touch much on violence or healthy relationships."*

*"No, because it's not in-depth enough and I don't learn about different aspects of relationships."*

*"Yes and no because they are just teaching the curriculum rather than real life stuff".*

Such an approach leaves young individuals ill-equipped to deal with the realities of sexual relationships. There is an urgent need to strengthen sexual health resources related to respect, communication skills, attitudes, and other positive psycho-social aspects of sexual health<sup>15</sup>.

Some of their views around the lack of "depth" and "connection" with the material provided shows their understanding of sexual health encompassing more than the external physical health manifestations. Their desire for more relatability, engagement, and genuine curiosity on the part of the teachers reflects their desire for guidance around safely exploring aspects of sexual health like sexuality, understanding of the self, reproduction, and consent.

*"No, because it's not in-depth examples and I don't feel connected"*

*"No because they [teachers] are not intrigued in the conversations"*

*"Making it relatable [how to improve education]"*

However, some young people felt that it would be better to learn about these topics in a 1-2-1 setting instead to allow scope for discussion and questions in a safe environment.

*"It could be in more intimate spaces with deeper reflection and conversations"*

*"1-2-1 conversations"*

This is consistent with findings from the 2022 national survey which found that young people felt the RSE they received was not comprehensive or relevant enough for them <sup>14</sup>.

### **Mental and Emotional Aspects**

Although the significance of mental health in relation to sexual health is part of the statutory RSE guidance, it is often an overlooked aspect. Many young individuals feel unprepared to navigate the psychological impact of sexual health.

*"We rarely talked about how our sexual choices could impact our mental health."*

*"Sort of, you learn a lot about contraception and where to find help for abortions. However, they never teach you about how to cope with these events."*

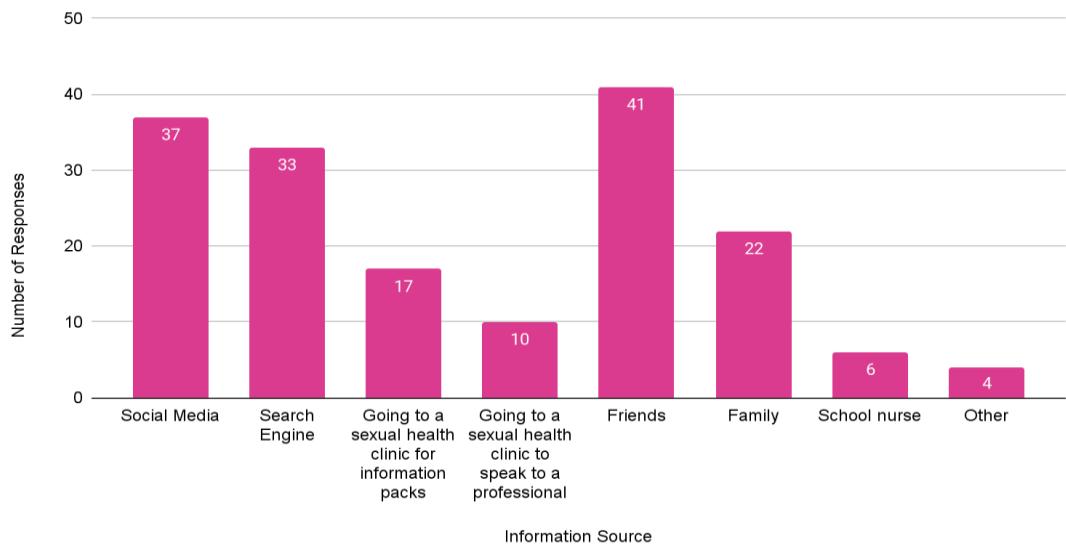
*"They don't seem to understand our anxiety, like the teachers don't get it"*

Implementing a new curriculum that effectively addresses the emotional and psychological impacts of sexual health choices can foster a more empathetic and supportive environment for young people. This approach aligns with recent calls for sexual health education to be more comprehensive, with a health promotion approach rather than just a preventative one<sup>15</sup>.

### 3. Sources of Information

We asked participants about where they went for information and guidance if they had any questions or concerns related to their sexual health. We found that the sources of sexual health information were multifaceted, with young people seeking information predominantly online (Fig.3.1.).

**Fig.3.1. Sources of sexual health information.**



### Reliance on Personal vs Digital Networks

Digital platforms, including online search engines, websites, and social media, are frequently used for their convenience and anonymity<sup>16</sup>. Many respondents turned to these platforms for quick answers, driven by a desire for privacy in what they considered were sensitive matters. This reliance on digital sources reflects a broader trend in information-seeking behaviour among youth, where immediacy and discretion are highly valued.

*"I search it up online because I like it to be private"*

*"I don't speak to anyone. I ask Google".*

In contrast, personal networks, consisting of friends, family, and older siblings, were also a prominent source of information, prized for their relatability and trustworthiness.

*"I talk to my friends as they are studying medicine, so they seem to have the knowledge but also I feel comfortable talking to them about this stuff."*

*"Friends, I feel as if we can relate more."*

*"My parents, as I'm able to receive good advice. "*

This reliance on personal networks illustrates the importance of empathetic and contextually relevant information, which digital platforms may lack.

The juxtaposition of digital platforms and personal networks in informing and influencing young people's perspectives on sexual health highlights the complex nature of their information-seeking behaviours. Recognizing the value and limitations of both can help plan balanced and targeted interventions to improve sexual health outcomes in this group.

With heavy reliance on digital platforms for sexual health information, it becomes even more important for the new Online Safety Act to be fully implemented so that sexual health disinformation is tackled; children and young people are prevented from accessing harmful and age-inappropriate content; age-limits are strictly enforced; and parents are provided with clear ways of reporting problems<sup>17</sup>.

## Services

From the results, we saw that young people were less likely to approach a GP or sexual health clinic for advice and information. The few who did, preferred to collect information packs rather than speak to a professional in person.

This illustrates hesitations and apprehension in young people about seeking accurate, reliable information directly from medical professionals. It also suggests potential barriers to young people's access to medical professionals which require further elucidation if their health-seeking behaviours are to be improved. The reduction in public health grant for local councils over the last few years, for e.g. cuts in sexual health advice, promotion, and prevention services<sup>13</sup>, makes it extremely difficult for local services to innovate and address these barriers to seeking help among young people.

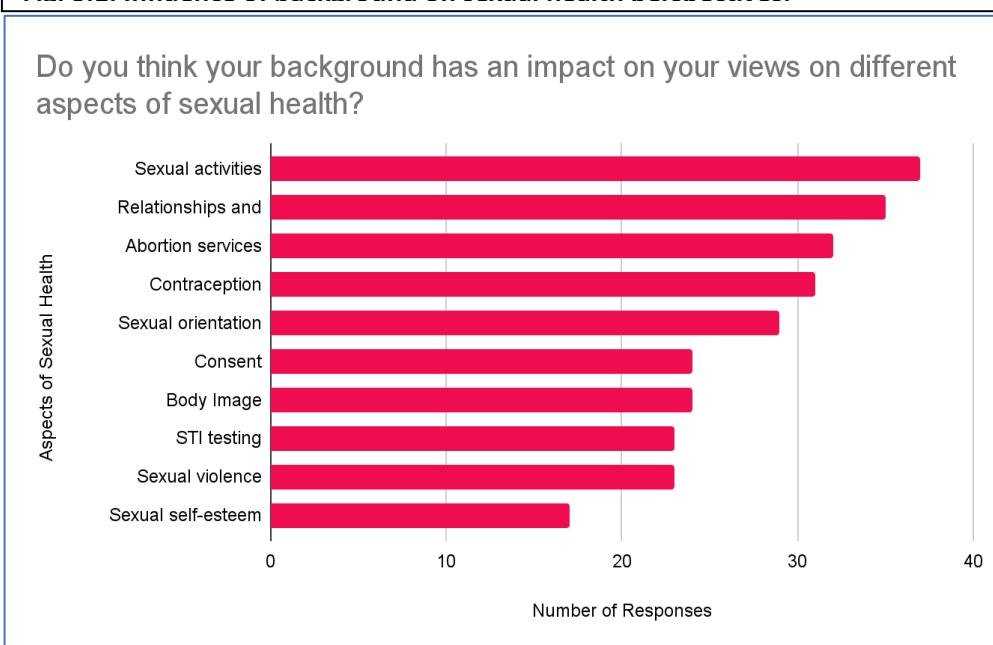
## 4. Factors Influencing Sexual Health Perspectives

We wanted to explore the ways in which young peoples' understanding and attitudes about sexual health, and sexual health services, were influenced by various social factors.

### Culture and Religion

There is evidence to suggest that cultural and religious background plays a pivotal role in shaping a young person's approach and practices around sexual health<sup>18,19</sup>. We asked our participants what aspects of their views on sexual health were influenced by their own background. The top three aspects were: sexual activities, relationships and intimacy, and abortion services (Fig.3.1.1.)

**Fig. 3.1. Influence of background on sexual health perspectives.**



A predominant theme was the significant impact of religious and cultural upbringing on young people's sexual health, from shaping their beliefs and values especially about topics such as sexual activity, to guiding their decisions and behaviours in these areas.

*"My religion impacts on my decision of sexual health and sex before marriage"*

*"Religious teachings play a big role in my beliefs about sex."*

*"I come from a religious background, so I'm not really encouraged to seek these services"*

Some respondents explained how their cultural or familial background imposed certain limitations on different aspects of sexual health. These included strict beliefs about premarital sex, contraception use, abortion, and even the openness to discussing sexual health matters.

*"My background doesn't support abortion or sex before marriage. They are important choices".*

*"As a Christian I'm taught that sex is an intimate act between two individuals, so this means that most of my views surrounding sexual health comes from my faith. This means that I*

*have a fixed idea of what relationship and intimacy should be like and that sexual activities can only be within marriage and that there are only two genders "*

*"There are certain things we just don't do or talk about in my culture."*

*"My background and religion make me restricted"*

These influences highlight the need for sexual health education and services to be culturally responsive, demonstrate religious literacy, and seek to tailor services to accommodate these diverse beliefs. This is especially important in Camden, which has a diverse population, and where Asian ethnic groups are projected to grow over the coming years<sup>22</sup>. Improving communication and engagement with the young people, especially those from BME backgrounds, to increase their confidence in these services is crucial to improving health outcomes.

## Peer Networks

The perceptions and attitudes of young people towards sexual health are influenced by their peer groups and the social dynamics they navigate<sup>20,21</sup>. It is a complex and important relationship, where peers not only help form a young person's views and behaviours around sexual health, but they can also completely change the individual's outlook in significantly constructive or detrimental ways. We know that for our participants, their friends and family members were prominent sources of sexual health information, often serving as role models or advisors.

*"Apart from my religion, I think that the biggest factor would be my family and the people I surround myself with. This is because I look up to them and take their advice and viewpoints into consideration, I think that I share similar views and values with friends and family."*

*"I think when discussing with friends, their opinions could influence me."*

This influence can either steer young people towards more open and informed perspectives, or conversely, lead to the internalisation of myths and harmful viewpoints.

*"Friends make certain things acceptable and others not."*

The role of peer groups and social dynamics in shaping young people's attitudes and behaviour around sexual health underscores the importance of recognising, understanding, and addressing them in the context of sexual health education and services. Interventions can only resonate with young people if they demonstrate an understanding of needs and realities within their social environments.

## Dual Impact of Social Media

The influence of digital content related to sexual health, especially those available on social media platforms, on our participants' views about sexual health can be characterised by its dual nature; of providing both beneficial insights, as well as harmful misinformation.

For most young people, social media acts as a gateway to content about sexual health. Many organisations and health professionals use these platforms to disseminate information, educational materials, and guidance on sexual health-related issues. This quick, discreet, and easy access to reliable sources, is instrumental in making a positive impact on the sexual health knowledge of young people.

*"Sexual violence, abortion, consent. Social media has really brought the topic mainstream which made it very clear of the importance of these topics."*

*"Social media brings more light into aspects like consent, sexual orientation and body image that allows me to be more aware of them. It also allowed me to have a positive view on sexual health as it shows that there is more to it than just consent."*

*"Contraception is a very important aspect happening at the moment and social media is helping young girls and boys understand why it is important."*

*"Relationship and intimacy is very apparent on social media. Makes me think of how relationships should be."*

Social media also provides a platform for people to share their personal experiences related to sexual health. This aspect is particularly impactful in engaging young people as it brings real-life perspectives and stories to the forefront that they can relate to. Respondents commented on the potential of social media as a powerful tool for sexual health advocacy and awareness.

*"Social media has allowed a voice for those who are victims of sexual violence. This also relates to consent which I have seen lot of media on social media platforms and streaming apps such as YouTube explaining the concept of consent."*

*"Sexual violence is something people talk about a lot on social media and it can be effective and eye opening as many people may be in the same shoes and have no clue what to do but seeing it on social media they may feel heard and know what to do after watching a video on it."*

*"Contraception, Consent, Body image. Social media surprising has increased my awareness of these issues positively by drawing light to them and the troubles that people face with regards to them"*

*"Body image – I come across a lot of posts around body positivity and it makes me feel better to see a more accepting society and people accepting themselves"*

On the other hand, we know that social media is also often a source of myths and misconceptions about sexual health which can spread quickly and widely. For example, the alarming myths circulating on social media about STIs and pregnancy in young people<sup>23</sup>. The emphasis on unhealthy body image, which can lead to feelings of insecurity, and proliferation of harmful misinformation<sup>24</sup> were some of the concerns of our participants.

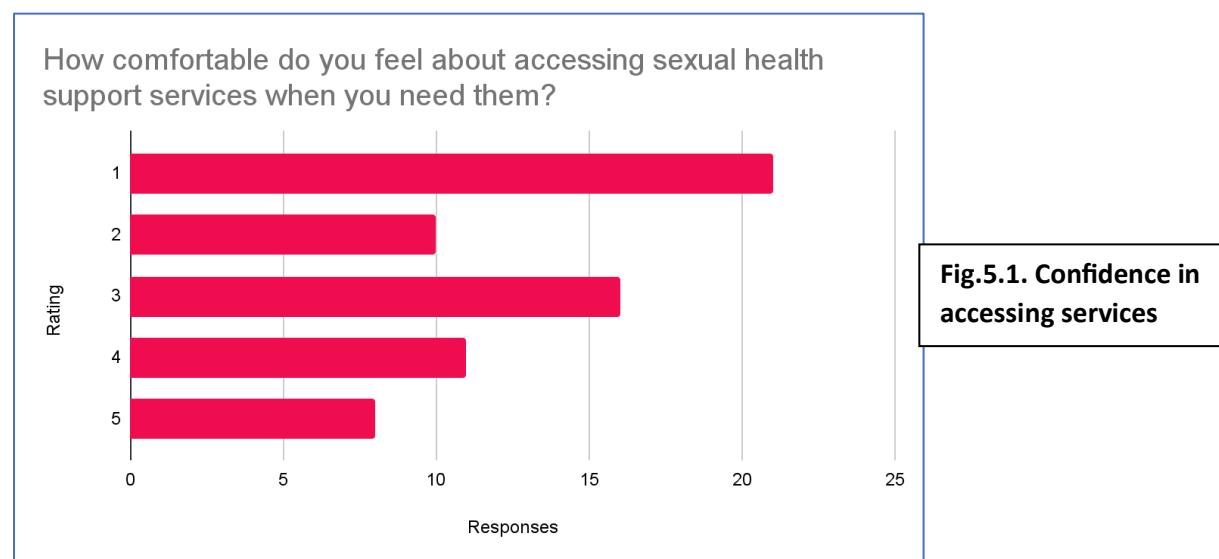
*"Body image is shown a lot on social media and has influenced my views at times. Sometimes, it can make you feel insecure or share the wrong information that can harm you."*

*"When it comes to body image and relationships and interactions it is mostly advertised in the wrong way which makes people on social media feel pressured to do things they are clearly not ready to do."*

Recognizing the dual nature of the influence of social media on sexual health, importance must be given to educating young people to engage critically with digital content. This means helping them to discern between beneficial and misleading information, encouraging them to question the credibility of sources, and to understand the context and potential biases of the information they encounter online. Fostering these skills, through education and awareness, will allow young people to navigate the vast digital landscape in a healthy and safe way.

## 5. Perspectives on Support Services

We wanted to understand the awareness of young people in Camden about the various sexual health services available in Camden, their perceptions about these services, and their experiences, if any, with accessing and utilising them.



We asked young people to rate how comfortable they felt accessing sexual health services if they needed it. An average rating of 2.6 out of 5 (Fig.5.1.), with 5 being extremely comfortable, indicates poor levels of health-seeking from formal sexual health services among the participants. Based on their feedback, we tried to identify potential barriers contributing to this.

### **Lack of Knowledge**

When asked if participants knew of any sexual health services in Camden, only 30% of the young people were aware of services available in the borough. Almost 70% of them did not know about any services that were available to them. In addition to exhibiting low health-seeking behaviour, this lack of knowledge among young people is of concern as it means they will be unable to seek help when they need it, leading to poor health outcomes. The diversity in the services available can also be daunting and confusing, leaving many to feel unsure about where to begin seeking help.

***"Not much information about how to access it"***

***"Because I don't know where they are located if I need them"***

We also asked young people if there were any sexual health services or resources in Camden that they found helpful or easy to access. Most participants again highlighted that they were unaware of any services or resources in Camden, and a small subset identifying pharmacies, GP's, and sexual health clinics as being useful. While there is some awareness of sexual health services in Camden, there is a clear need for improved outreach and education to ensure that all young people know and access support available to them.

### **Stigma**

Stigma and embarrassment regarding sexual health among young people can present significant barriers to accessing necessary services and openly discussing their concerns. It is deeply ingrained in societal perceptions, particularly around sensitive topics such as STIs and sexual behaviours and causes substantial psychological hurdles for young people in understanding their sexual health<sup>25</sup>.

Many of the participants expressed fear of judgement, from their families, their peers, and their community, when it came to seeking sexual health services.

***"I'd feel judged if my friends knew I visited a sexual health clinic."***

***"May feel judged or worried I might bump into someone at the service"***

***"Being seen by family"***

***"It's weird what if someone sees me"***

Stigma brings secrecy and shame in young people. Some of the young people said that they felt uncomfortable, embarrassed, or ashamed to talk about their sexual health with health professionals.

*"Embarrassment, fear of getting bad news"*

*"I don't need to and don't feel comfortable telling my problems to a stranger"*

*"It can feel awkward or embarrassing"*

*"Low self-esteem"*

This sentiment is not isolated, and it underscores how societal stigma can profoundly impact personal health decisions. Feelings of awkwardness or embarrassment are common, as sexual health is closely tied to personal aspects of life. The hesitancy to discuss this topic, especially if it involves physical medical complications, stems from the fear of sharing personal information. For e.g. young people might present to their GPs with STI symptoms like arthritis, hepatitis or rash, but they might not volunteer information about sexual activity.

*"It is a personal topic and afraid of sharing. Especially with medical problems, I'm afraid to speak about it so anything sexual related can be more of a nervous topic to speak about with someone."*

*"Sexuality a taboo subject. But because it's about intimacy, it gets awkward"*

Furthermore, the reluctance young people display in discussing their sexual health is often exacerbated if their cultural and religious background has an influence.

*"Talking about sexual health is seen as taboo in my community, making it harder to seek help."*

*"When it comes to STI testing and contraception, I'm mindful of how I access these services due to my religious and cultural background leads to a lot of judgement, so it's harder for me to access these comfortably"*

Stigma attached to sexual health prevents young people from getting the guidance necessary to explore the topic in a healthy way. It can make for a very isolating experience for the young person.

## Privacy Concerns

Although sexual and reproductive health services follow established standards and practices, concerns around privacy and confidentiality significantly influence young people's willingness to engage with these services<sup>26</sup>. The lack of awareness about the privacy safeguards that are in place during medical consultations or the confidentiality assurances in other non-clinical services, leaves young people feeling apprehensive about their private

matters becoming public knowledge. Such fears about breaches in confidentiality, as voiced by several respondents, act as major deterrents to young people accessing a sexual health service.

*"I'm always worried about who will find out about my visit to the clinic."*

*"It doesn't feel private enough".*

*"What if I am recognised or my business is shared?"*

A major obstacle for many young people is the discrimination they face by some health service staff in accessing contraceptive and STI services in primary care settings<sup>27</sup>. The fear of judgement or the awkwardness they would feel if they encountered someone familiar at a sexual health clinic also plays into these concerns. Ensuring that these clinics are delivered in a way that minimises these fears and educating young people about anonymity and confidentiality within sexual health services, could go a long way in improving young people's comfort levels and willingness to access them.

Sexual health is an integral part of a person's identity. These fears expressed by participants relate to issues around trust in services. Young people want to feel confident that a defining and sensitive aspect of their identity is not vulnerable to judgement; that they won't be discriminated against due to their sexual health choices. Services need to do better in understanding these needs if they wish to improve sexual health outcomes in this population.

## Youth Recommendations

In our consultation with young people, we gained valuable insights into their perceptions of sexual health and the services available to them. Central to our approach was the direct engagement with young voices, allowing us to understand their perspectives and aspirations regarding sexual health support in Camden. The recommendations presented here reflect their input, offering key insights and suggestions for improving sexual health education and services to positively impact their health outcomes.

### Enhanced Sexual Health Education and Settings

#### i. An Improved School Curriculum:

- Increase the comprehensiveness and detail of sexual health education in schools to better reflect realistic situations and choices faced by young people.
- Include more practical information about the sexual health services and support available within the borough to empower young people with essential resources and guidance.

- Ensure that the curriculum reflects the complexity of young people's lives, particularly those from Black and Minority Ethnic (BME) backgrounds.
- Incorporate diverse cultural and religious influences in a responsive and respectful manner to enhance relatability to the topic of sexual health.
- Encourage parental involvement in sexual health education discussions, raising parental awareness about the significance of sexual health education for their children, fostering supportive home environments for these conversations.
- Increase in the frequency of sexual health education being delivered, and for people like health professionals or other peers to deliver some of the material instead of teachers. This provides young people with more frequent opportunities to ask questions about sexual health, to people with whom they can feel more open and comfortable.
- Identify spaces other than schools where young people can receive this education, for e.g. in 1-2-1 settings, or through their youth groups where they feel markedly more comfortable and safer in exploring such a sensitive topic with a trusted person. This is particularly important for improving sexual health outcomes in young people from BME backgrounds, where an understanding of the diverse cultural and religious beliefs is the foundational component of a productive discussion.

## **Sexual Health Services**

- i. Young people in Camden express a strong desire to increase their awareness and understanding of the sexual health services available to them:
  - Enhancing the online presence of these services through strategic digital marketing, particularly through social media campaigns and online outreach initiatives, can significantly enhance their visibility among young people.
  - Utilising physical outreach opportunities via primary care networks, Voluntary, Community, and Social Enterprise (VCSE) organisations, Further Education locations and other informal public spaces can have a profound impact on providing young people with information about available options. This approach creates a conducive environment where young people feel comfortable and free from judgement to absorb the information provided.
- ii. Enhance Online Provision of Sexual Health Information and Advice:
  - Prioritise digital availability of sexual health information and advice online to meet the preferences of young people.
  - Innovate by offering capacity for medical interventions and initial consultations discreetly and privately through online platforms, complementing physical clinical services.

iii. Sexual Health Services need to place greater importance on fostering young people's trust:

- Prioritise privacy and confidentiality by improving physical accessibility to services, to ensure young people can access them without fear of being recognised by peers or family.
- Create supportive and inclusive spaces by establishing environments where young individuals feel safe, understood, and free from judgement.
- Cultivate a culturally sensitive approach that respects diverse backgrounds and influences, promoting a non-judgmental atmosphere.
- Mandate staff training to recognise and appropriately address discriminatory behaviour.
- Expand outreach service delivery to youth clubs, bridge the gap and extend sexual health services to youth clubs to facilitate easier access for young people.
- Utilise familiar community spaces to provide support and education, addressing the diverse needs of young individuals and fostering safety, respect, and understanding.

## Conclusion

Our research aims to demonstrate the all-encompassing ways in which a young person's biological, psychological, and social environment exerts influence on their perceptions and experiences of sexual health.

Many young people don't rely on local services and medical professionals for information or advice about their sexual health. Instead, there is growing reliance on digital and personal networks which can have both positive and negative consequences for their sexual health. Those very features of digital networks, especially social media platforms, that make it effective in disseminating sexual health knowledge, i.e. ease in accessibility, greater reach, and anonymity when seeking sexual health information, leaves the young person extremely vulnerable to sexual health misinformation and harmful content. We will be keeping a close eye on the implementation of the Online Safety Bill, which has the potential to drastically improve safeguards for children and young people accessing sexual health content online.

Personal networks provide young people with the opportunity to explore their sexual health in a safe space, through trusted figures like their parents and friends. However, most of the time the level of information is not comprehensive enough for young people to be able to make informed choices about their sexual health.

The diverse population of Camden necessitates sexual health services and education that demonstrates cultural responsiveness and religious literacy. With the inherent influence of personal and social factors in shaping a young person's beliefs, attitudes, and behaviour around sexual health, addressing them will be crucial for any public health intervention to improve outcomes in this population. Stigma associated with sexual health is attributable to some of these beliefs and value systems, with young people feeling embarrassed and

ashamed about discussing their sexual health with peers, educators, or medical professionals. It also affects health-seeking behaviours, where young people refrain from attending sexual health clinics even if their location was known about, due to fear of being identified by staff, peers, or members of the community.

Sexual health education in schools can play an important role in guiding young people away from these unhealthy emotions. It can achieve this by fostering safe, dynamic conversations about sexual health among their pupils, with a comprehensive, relatable, and practical curriculum. Currently, although young people receive compulsory sexual health education (RSE) in school, a large majority of them were completely unaware of the sexual health services available around them. This is potentially indicative of young people's lack of meaningful engagement with the RSE material. We found that the current curriculum failed to address the wider scope of sexual health topics which were important to them, such as the emotional and social dimensions of sexual health.

We hope that this research provides a vital contribution for commissioners towards understanding the evolving needs of young people in relation to their sexual health. We are very grateful to the young people who gave us the opportunity to hear their perspectives and experiences, and the local youth groups who collaborated with us on this project.

## Appendix

### Methodology and ethics

We sought to understand the perspectives and experiences of our Camden youth around sexual health. We achieved this through qualitative surveys conducted with 64 Camden residents between the ages of 13-24 years, who are regular attendees of local youth clubs. Between May-June 2023, we drafted our survey questions and collaborated with local youth clubs to gain feedback on how to improve the survey questions as well as the research design.

During July 2023, we began recruiting young people through the youth group leads. Sampling was purposive as the group leads approached participants who matched age requirements and topic specifications. At the beginning of the surveys, we obtained written consent from the young people.

We made it clear to our participants that it was not compulsory to answer any questions they were not comfortable with and that they were able to withdraw from the survey at any point. We utilised the survey methodology for this research, but in the familiar setting of their youth club, to allow them to comfortably share as much or as little as they liked, given the sensitivity of the topic. Participant details and responses were encrypted and accessible only by the research team and were deleted following the completion of the report. Any personal details of participants throughout this report have been anonymized.

For this study, we used thematic analysis to analyse the survey data. We familiarised ourselves with the data, conducted a round of inductive coding and then followed up with an analysis session to discuss the themes and sub-themes we found. We then refined our final list of themes and sub-themes as a team and produced the skeleton of our report's framework.

## Limitations

There are some limitations to our research. As the respondents self-selected, there may have been voluntary response bias, whereby those with more negative experiences may have felt more driven to participate. Since we used a survey methodology, there was limited depth to some of the answers. Considering the topic of discussion, we believe conducting a survey allowed us to reach participants who may have otherwise been uncomfortable to participate and share their views on this sensitive topic.

We also recruited participants via three youth groups which were chosen in a non-targeted manner. One of the groups sees majority attendance from youth belonging to a specific minority ethnic group. This is reflective of the Camden ward where the youth group exists. This could have resulted in selection bias, and the participants, although easily accessible, may not be representative of the broader Camden population. We believe in the generalisability of the findings to reflect the wider young population of Camden.

## Demographics

This report is based on qualitative surveys with 64 young people aged 13-24 years from two youth organisations. 18 were between the ages of 13-15 years, 22 aged 16-17 years, and 24 aged 18-22 years.

## Sexual Health Support Resources

If the report raised any concerns that you wish to seek advice or support about, help is available:

Brook (free confidential sexual health services for young people under 25 year old) - <https://www.brook.org.uk/about-brook/>

NHS Sexual Assault Referral Centre - <https://www.nhs.uk/service-search/other-health-services/rape-and-sexual-assault-referral-centres>

Childline (Helping anyone in the UK under 19) - <https://www.childline.org.uk/>

Women's Aid (National charity working to end domestic abuse) - <https://www.womensaid.org.uk/>

Young Minds (Advice and support to young people for their mental health, including support for parents and carers) - <https://www.womensaid.org.uk/>

Respond (Supporting people with learning disabilities, or autism, with trauma) -  
<https://respond.org.uk/>

## About us

Healthwatch Camden is an independent organisation formed to give patients, service users, carers, and residents a stronger voice to influence and improve how health and social care services are provided to the people of Camden. Our duties (which are set out under the Health and Social Care Act 2012) are to support and promote involvement of Camden residents in the planning, running, and monitoring of services; to produce reports and make recommendations for services based on their views and experiences; and to offer information on choices they can make in accessing and utilising services. Our remit extends across all publicly funded health and social care in the borough.

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