Sexual health initiative fails to change the behaviour of young people

An evaluation of a £5 million government-funded project to improve the sexual health of young people has concluded that it had a 'limited beneficial impact' and failed to reach vulnerable teenagers.

Healthy Respect Two represented the second phase of an initiative of the Scottish government that set out to integrate education, sexual health services and information for young people aged 10 to 18, though sexual health services were aimed at 13 to 18 year-olds.

The project operated across Lothian including the city of Edinburgh from 2005-2008 and was supported by an overarching communications strategy that included branding and media campaigns. However, a team of researchers, led by Professor Lawrie Elliott of Edinburgh Napier University, found that the initiative had not resulted in the behavioural changes that had been hoped for.

The evaluation report stated: 'Our data suggests that the impact of sex and relationships education was mainly confined to improvements in knowledge; there were no changes in the attitudes and intentions which, we anticipated, would lead to changes in behaviour.'

While the researchers reported beneficial effects of the programme for boys (albeit measured in terms of condom use rather than abstinence), they found that girls ' gained very little or experienced health losses'. Girls involved in the Healthy Respect Two intervention were more likely to use sexual health services and 'significantly more likely to feel pressured into, and subsequently regret, their sexual debut' than girls in the comparison area.

The report states: 'This evaluation found a marked improvement in knowledge for all groups except less affluent girls, but virtually no change in attitudes, intentions, or behaviour. Indeed, girls' attitudes and intentions deteriorated thus any beneficial impact of SHARE was largely confined to knowledge.' [1]

These findings lend further support to the argument that providing young people with more sexual knowledge and making contraceptives readily available to them will not lead to positive changes in attitude and behaviour and may, in fact, make things worse.

In a keynote speech at the Wellbeing in Sexual Health (WISH) conference in Edinburgh on 14 September, Professor Elliott drew attention to several other evaluations which had similarly found little or no positive impact on the sexual behaviour of young people as a result of sex education initiatives: [2]

- APAUSE 2004 – improved knowledge and attitudes and limited effect on behaviour; [3]
- RIPPLE 2004/8– fewer reported pregnancies but no effect on behaviour; [4]
- SHARE 2002/6 – improved knowledge but no impact on behaviour, conceptions or abortions; [5]
- Teenage Pregnancy Strategy 2005 – reductions in pregnancy but more sexual risk behaviour; [6]
- Healthy Respect 1 2005 – improved knowledge but no impact on behaviour; [7]
- Healthy Respect 2 2010 – improved knowledge and limited impact on behaviour. [8]

Professor Elliott suggested that we may have reached a threshold in what can be achieved by population based interventions and commented: ' Our findings challenge the conventional wisdom that traditional public health methods such as education in schools linked to sexual health clinics are able to affect the sexual health of the neediest in society.' [9]

References

1. Elliott L et al (2010), Evaluation of Healthy Respect Phase Two: Final Report , NHS Health Scotland.
2. Elliott L, ' Lessons from Healthy Respect 2: should we have targeted or universal interventions?' Wellbeing in Sexual Health Conference, Edinburgh, 14 September 2010.

3. Blenkinsop S et al (2004), Evaluation of the APAUSE SRE Programme, NFER.
4. Stephenson J et al (2008), The long-term effects of a peer-led sex education programme(RIPPLE): A cluster randomised control trial in schools in England. Public Library of Science Medicine,
5, 1579–1589. 5. Henderson M et al (2007), The impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations: final results of cluster randomised trial, BMJ, 334, 133–135.
. Wellings, K et al (2005), Teenage Pregnancy Strategy Evaluation. Final Report, University College London.
7. Tucker J et al (2005) External Evaluation of Healthy Respect: A National Health Demonstration Project, Final Report. Scottish Executive, Edinburgh.
8. Elliott L et al (2010) op. cit. 9. Edinburgh Napier University press release.

This Bulletin may also be downloaded from here
http://www.famyouth.org.uk/bulletin.php?number=141