

# Sexual Health and Wellbeing in Young Adulthood<sup>1</sup>

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## OVERVIEW

This research bulletin summarises the results from a series of ESRI research reports on the sexual health and wellbeing of young adults in Ireland, undertaken as part of a research programme funded by the HSE Health and Wellbeing Division. We used data from the '98 Cohort of Growing Up in Ireland (GUI), collected in 2018 when the young people were aged 20, to examine issues of policy relevance in three key domains of sexual health and wellbeing: pornography use; sexual initiation; and sexual health literacy. In the following sections, we summarise the findings from each of the three reports, before concluding with overarching themes and some implications for policy and practice.

## USE OF PORNOGRAPHY

In recent years, widespread internet access and mobile-phone use have meant that pornography has become increasingly available, affordable and easier to access anonymously. Access to pornography by young people may promote sexual risk-taking, normalise gender power imbalances in relationships and negatively affect their mental health and wellbeing.

The research found that online pornography use was highly gendered, with 64 per cent of young men and 13 per cent of young women reporting use. Men from more advantaged backgrounds were more likely to use pornography than those from less advantaged backgrounds (75 per cent vs. 50 per cent). Pornography use was lower among those with a religious affiliation and where there was greater

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<sup>1</sup> This Bulletin summarises the findings from three ESRI research series reports:

Nolan, A. and Smyth, E. (2024) "Use of Pornography among Young Adults in Ireland", *ESRI Research Series Report No. 177*, Available online: <https://doi.org/10.26504/rs177>

Nolan, A. and Smyth, E., "Sexual Initiation and Sexual Health Behaviours among Young People in Ireland", *ESRI Research Series Report No. 201*, Available online: <https://doi.org/10.26504/rs201>

Nolan, A. and Smyth, E., "Sexual Health Literacy and Sexual Health Behaviours among Young People in Ireland", *ESRI Research Series Report No. 200*, Available online: <https://doi.org/10.26504/rs200>

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parental monitoring in adolescence. There was no strong relationship between the provision of sex education at school and pornography use, although young people who were more reliant on the Internet or (in the case of men in particular) their friends rather than their parents for information about sex in adolescence were significantly more likely to use pornography at age 20.

The study also looked at the relationship between pornography use and two sets of outcomes: sexual behaviour and wellbeing. Users and non-users of pornography did not differ in their use of contraception in general, but users were significantly less likely to engage in regular condom use. Men who used pornography had poorer wellbeing than non-users, reporting lower life satisfaction, more depressive symptoms and poorer self-image. Among both women and men, those who used pornography had higher levels of aggression and were more likely to cope with stress by using negative strategies, such as drinking alcohol or drug-taking, or taking to their bed.

### **SEXUAL INITIATION**

The experience of sexual intercourse for the first time is a significant life event. Age of first sexual initiation is a major area of policy and research focus, as the circumstances of first sex (e.g., whether contraception was used, whether it was perceived to have occurred 'at the right time'), and the consequences of first sex for later outcomes (e.g., diagnoses of sexually transmitted infections (STIs), early parenthood), have important implications for health and wellbeing.

The research found that just over one-third of males and females first had sex by the age of 17, while a further 50 per cent first had sex before the age of 20. The remaining 15 per cent had not had sex by the age of 20. Some groups, such as those from a migrant background, LGBTQ+ young people, and those with a disability, were more likely to delay sexual initiation. Peer networks emerged as an important factor for sexual initiation; young men and women who were more reliant on their friends for information about sex were significantly more likely to have sex earlier, as were those who had larger and more diverse (in terms of age composition) peer networks, and peers who themselves were having sex. Engagement with school, and the degree to which young people felt that school prepared them for adult life were associated with later sexual initiation. Relying on a teacher as a source of information on sex and relationships was also associated with later sexual initiation.

In terms of the circumstances of first sex, about half of young men, and 61 per cent of young women, were in a steady relationship with the person with whom they first had sex. Those who first had sex at an earlier age were significantly more likely to be in a steady relationship when they first had sex. Approximately 90 per cent of young men and women used contraception when they first had sex. Those whose first sexual experience occurred in the context of a more casual relationship were significantly less likely to use contraception at first sex.

Young women were significantly more likely to express regret over the timing of first sex than young men: a quarter of young women thought that it had happened 'too soon', in contrast to 10 per cent of young men who thought it had happened

‘too soon’. Later age of sexual initiation was associated with a lower probability of perceiving that first sex had occurred ‘too soon’.

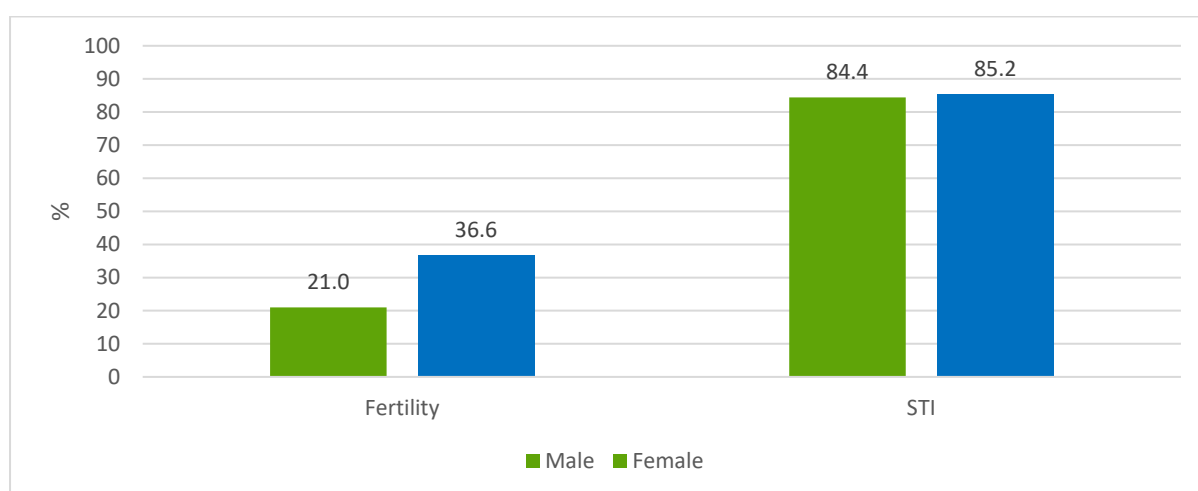
By the age of 20, approximately 4 per cent of young men and women reported that they ever had an STI, and 2 per cent had one or more children. There was no association between age of sexual initiation and STI diagnoses once number of partners was taken into account.

### SEXUAL HEALTH LITERACY

Young people are at highest risk for adverse sexual health outcomes, such as sexually transmitted infections (STIs) and unplanned pregnancies. Recent rises in notifications of certain STIs in Ireland, which are increasing among young people aged 15–24, have raised concerns over the extent to which young people have the skills and information to make healthy choices in relation to their sexual health and wellbeing. Sexual health literacy – i.e., the degree to which individuals can find, understand and use information and services to inform decisions and actions – is a key protective factor for the prevention of negative sexual health outcomes and for allowing young people to be more in control of their own sexual and reproductive health. The GUI data on sexual health literacy was based on answers to two questions that gauged knowledge of female fertility and STI prevention methods.

Knowledge of the best method for STI prevention was high among young people aged 20 (with over 80 per cent of men and women correctly identifying condoms). However, knowledge of fertility (specifically the period during the female menstrual cycle when pregnancy is most likely to occur) was much lower, with just 21 per cent of men, and 37 per cent of women, answering correctly (see Figure 1).

**FIGURE 1 SEXUAL HEALTH LITERACY AMONG 20 YEAR OLDS (% WITH CORRECT RESPONSES)**



Source: *Growing Up in Ireland, Cohort '98, wave 4 (age 20).*

Notes: Population weights are employed.

Sexual health literacy levels were slightly higher among those from more advantaged backgrounds. Cognitive skill development was significantly related to sexual health literacy, especially among women, with vocabulary skills at primary

level and Leaving Certificate grades both associated with better sexual health literacy.

In terms of sexual health behaviours, approximately one-third of young men and women always used condoms when having sex. A significant minority (nearly 40 per cent of men, and 32 per cent of women) reported that they do not always use either condoms or other forms of contraception when having sex. While use of contraception at first sex was high (at nearly 90 per cent), a significant proportion of those who were sexually active discontinued contraception use and were not using it when surveyed (nearly 30 per cent of men and just over 20 per cent of women). There was little significant relationship between sexual health literacy and condom and contraception use, however. Much stronger associations were apparent for factors such as peer culture and relationship status. For example, being in a relationship was associated with a shift from condoms to other forms of contraception. Those whose peer group at age 17 were sexually active were less likely to use condoms or other forms of contraception, and more likely to discontinue use over time.

#### **IMPLICATIONS FOR POLICY AND PRACTICE**

The findings from this series of reports generated several common themes and concerns that deserve continued policy attention.

While many behaviours were similar for young men and women (e.g., age of sexual initiation, knowledge of the best method of STI prevention), some were more starkly patterned by **gender** (e.g., pornography use, regret over the timing of first sex, knowledge of fertility). The scale of these differences, and the fact that risk and protective factors also differed between young men and women, shows the need for gender-specific targeted supports.

Across all three research areas, the findings highlight the need for **improved education (via the formal Social, Personal and Health Education (SPHE) and wellbeing curricula) and improved supports for parents in talking to their children about sex and relationships**. The revised junior and senior cycle SPHE curriculum both highlight the importance of using the curriculum to investigate the influence of pornography on attitudes, behaviours and relationship expectations. The new specification for the senior cycle also takes a broad view of sexual health, including fertility across the life cycle, safer sex and how to access information and services. This is crucial given the low levels of fertility awareness found among young men and women; it is evident that existing RSE provision has not provided an adequate knowledge base on fertility. To support these curriculum developments, it is crucial to build upon existing continuous professional development, including the recent graduate diploma in SPHE/RSE, to enhance teacher confidence in delivering the SPHE curriculum to future cohorts of young people.

The influence of **peer culture** emerges as a key predictor of many of the behaviours examined in this research. Those who relied on their friends for information on sex and relationships were significantly more likely to have sex earlier. Sexual culture within the peer group in late adolescence (i.e., in terms of feeling that most of their friends are having sex and reporting direct pressure to have sex) has long-term

effects in terms of lower levels of condom use and greater discontinuation between first and current sex. The findings of this research highlight the importance of addressing peer culture and potential pressure in providing information through and outside the formal curriculum (e.g., through youth services). The existing evidence base on the effectiveness of peer-based interventions in influencing sexual health behaviours is limited, highlighting the need for further research and evaluation of new and existing programmes.

The recent increase in STIs among young adults points to the need for ongoing public health messaging around **safe sex**. While levels of contraception use at first sex are high (around 90 per cent), a substantial minority discontinue contraception use between first and current sex (nearly 30 per cent of men, and just over one-fifth of women). Condom use is particularly low, with around one-third of men and women always using condoms when they have sex. This pattern highlights the need for renewed public health messaging about the benefits of barrier contraception in preventing both pregnancy and STIs. The importance of providing targeted information for certain groups, e.g., LGBTQ+ young people is evidenced by their lower levels of protection at first sex and the somewhat higher levels of STIs found among the sample.

The National Sexual Health Strategy is the strategic framework for the sexual health and wellbeing of the Irish population. The strategy adopts a life-course approach to sexual health, one which acknowledges the importance of developing healthy sexuality throughout childhood and adolescence and builds on that foundation for positive sexual health and wellbeing into adulthood and older age. It is clear from the research findings described here that safe sexual behaviours and positive sexual health outcomes among young adults need to be underpinned by a multi-pronged approach involving parents, peers, schools, youth clubs, public health professionals and other service providers. The findings in relation to online pornography use in particular highlight the need for **further coordination across other policy areas**, including digital literacy skills and online media regulation.