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HPRC
Health Promotion Research Centre

Sexual health across the life course: *Evidence from past and future population health studies in Ireland*

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University
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‘Hidden’ crisis... disturbing images



Silence



Unresolved past



Confusion



Lack of literacy



Overlooking violence



Ageist views on sexuality

How can evidence help?

- Keep a track of trends and newly emerging phenomena
- Understand causal links and mechanisms of behaviours
- Explore trajectories: childhood experiences ↔ adolescent and adult behaviour ↔ current behaviour, recollection and narratives in older age
- Inform decisions on where and how to invest (money and work)
- Check if interventions work
- Challenge narratives and combat injustice

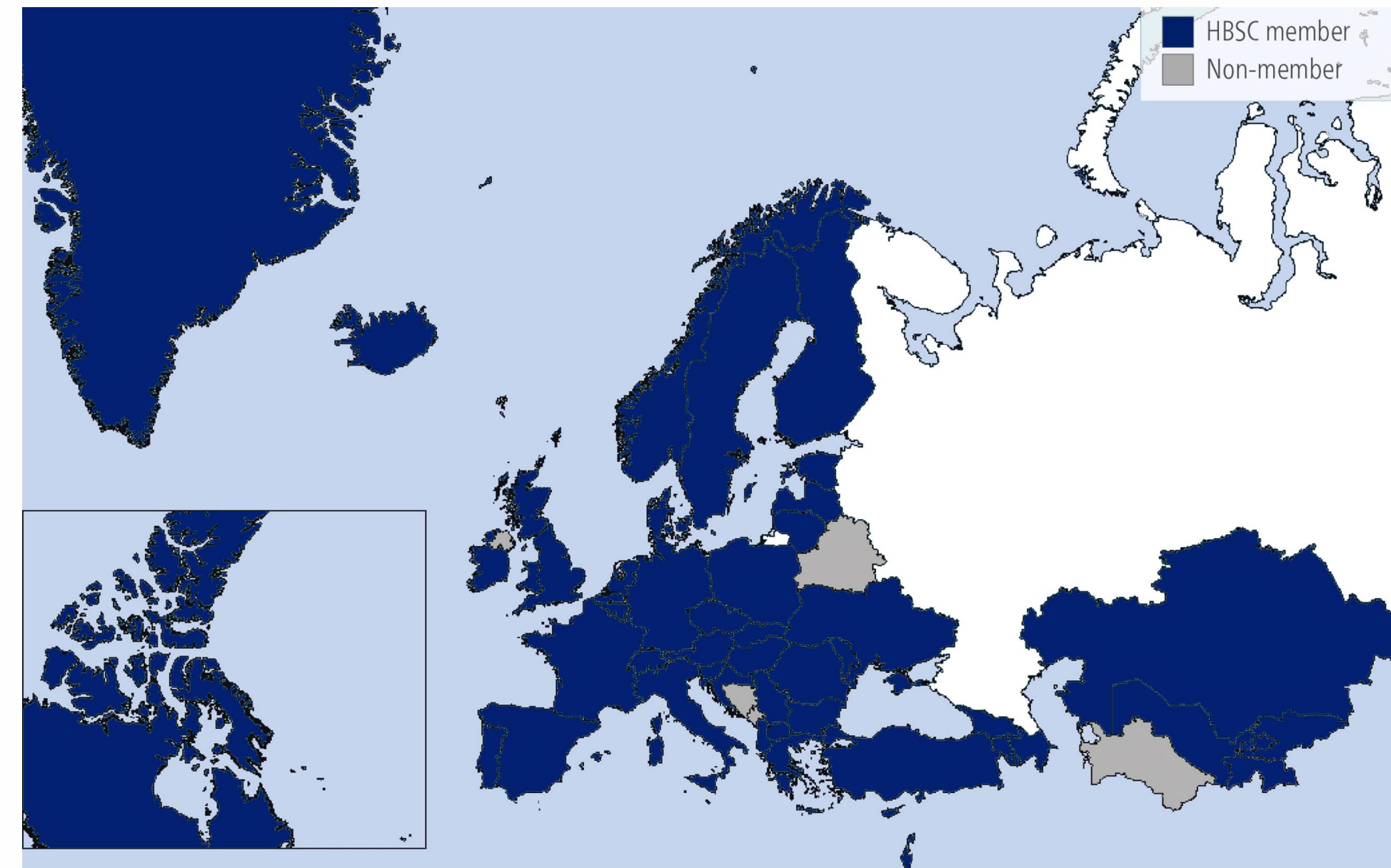


Health Behaviour in School-aged Children



hbsc
HEALTH BEHAVIOUR IN
SCHOOL-AGED CHILDREN
ÉIREANN / IRELAND

- WHO collaborative cross-cultural study
- First survey in 1983; Ireland joined in 1998
- Four-year survey cycles
- Currently 51 countries; in 2021/22, data were collected in 44 countries
- Covers the WHO European region (including Central Asia) and Canada



Dissemination of HBSC work



Publications – HBSC international



Publications – HBSC Ireland



Sexual behaviour in HBSC:

Mandatory questions

1. Have you ever had sexual intercourse?

(Sometimes this is called “making love”, “having sex” or “going all the way”)

☐ Yes

☐ No (*Please go to the next page*)

2. How old were you when you had sexual intercourse for the first time?

☐ 11 years old or younger

☐ 12 years old

☐ 13 years old

☐ 14 years old

☐ 15 years old

☐ 16 years old

☐ 17 years old or older

3. The last time you had sexual intercourse, did you or your partner use a condom?

☐ Yes

☐ No

☐ Don't know

4. The last time you had sexual intercourse, did you or your partner use birth control pills?

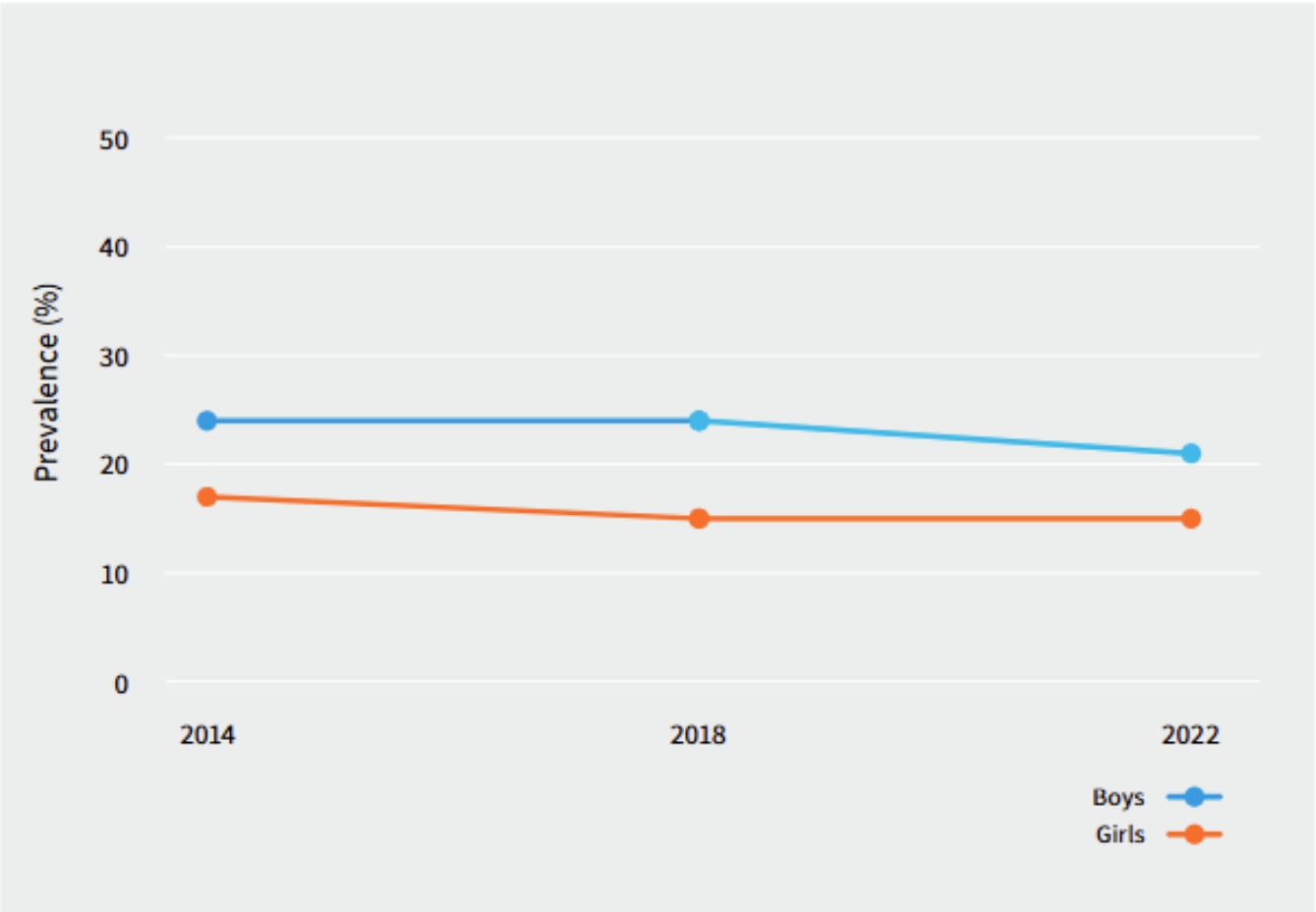
☐ Yes

☐ No

☐ Don't know

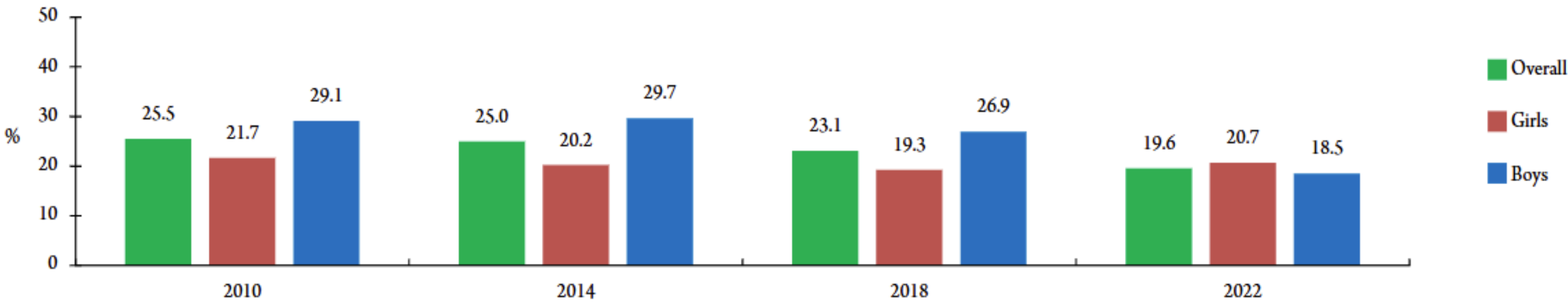
Trends in sexual initiation (15 or younger)

Fig. 2. Trends in having had sexual intercourse among 15-year-olds, from 2014 to 2022 by gender



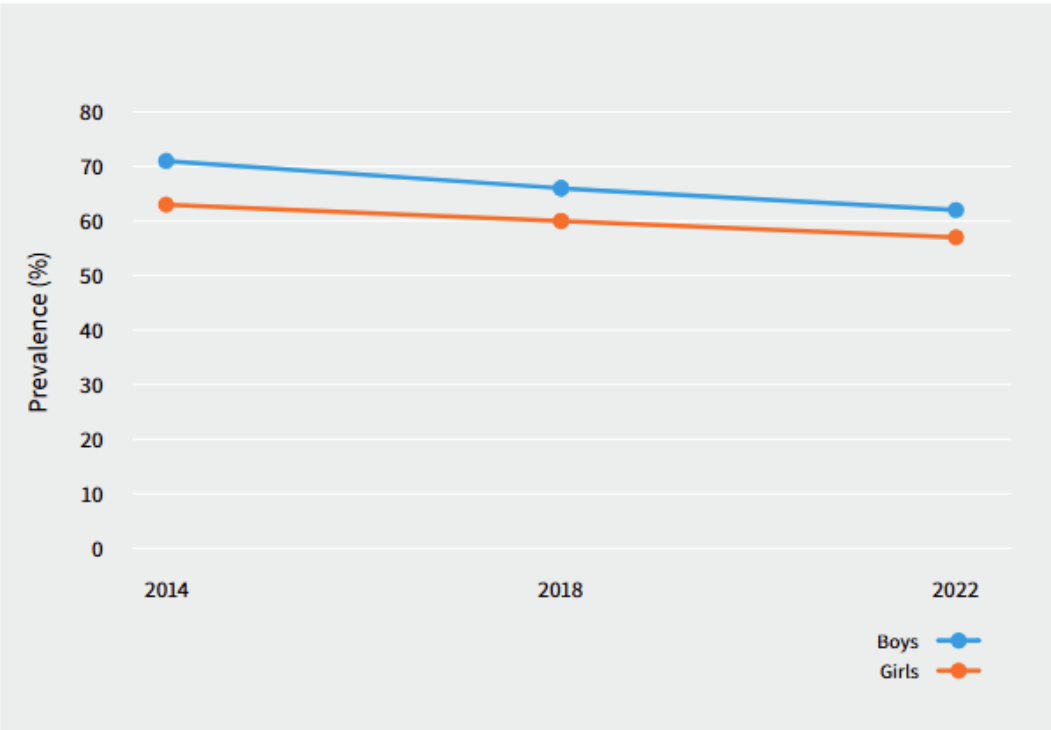
Note: the HBSC average for this figure does not include Armenia (girls), Cyprus, Denmark (Greenland), Kazakhstan, Kyrgyzstan, Norway, Serbia and Tajikistan, as data were not available for all three survey years.

Figure 13: Percentage of 15-17 year olds who reported having ever had sexual intercourse, overall and by gender from 2010-2022



Trends in condom and contraceptive pill use

Fig. 3. Trends in condom use among 15-year-olds who reported having had sexual intercourse, from 2014 to 2022 by gender



Note: the HBSC average for this figure does not include Armenia (girls), Cyprus, Denmark (Greenland), Kazakhstan, Kyrgyzstan, Norway, Serbia, Switzerland and Tajikistan, as data were not available for all three survey years.

Figure 14: Percentage of 15-17 year olds who reported using a condom at last sexual intercourse, overall and by gender from 2010-2022 (of those who have ever had sexual intercourse)

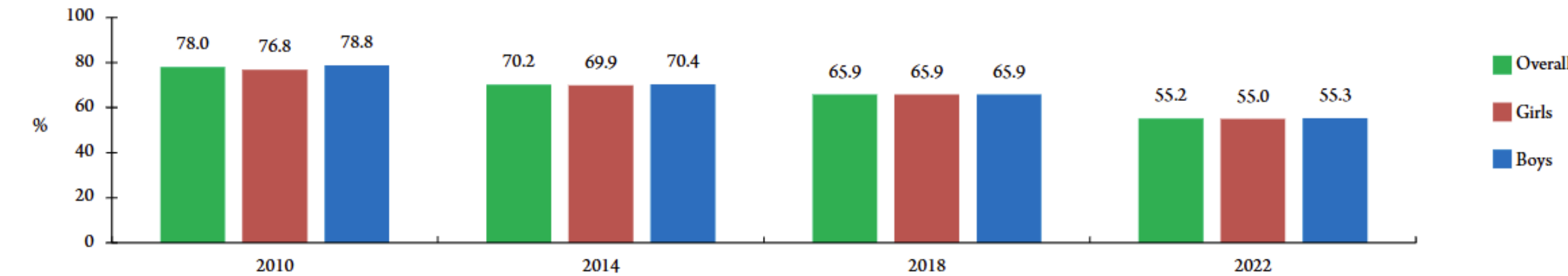
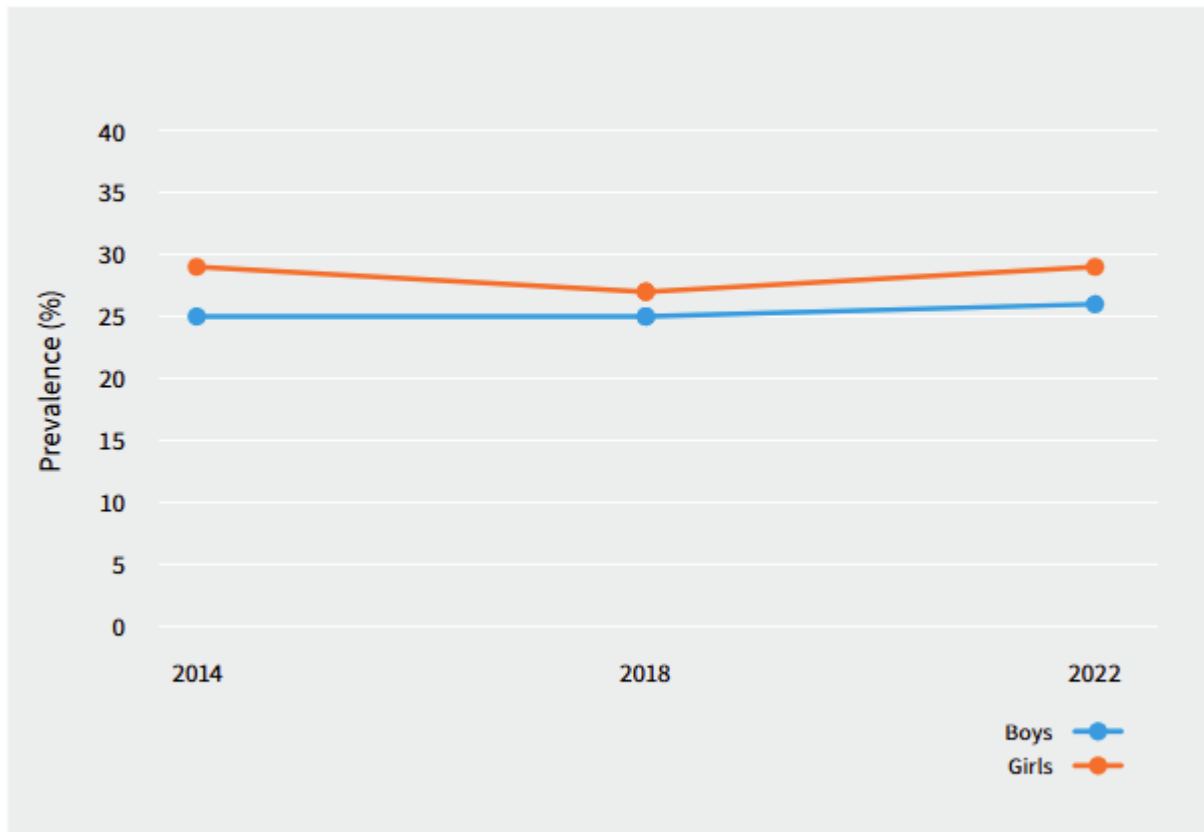
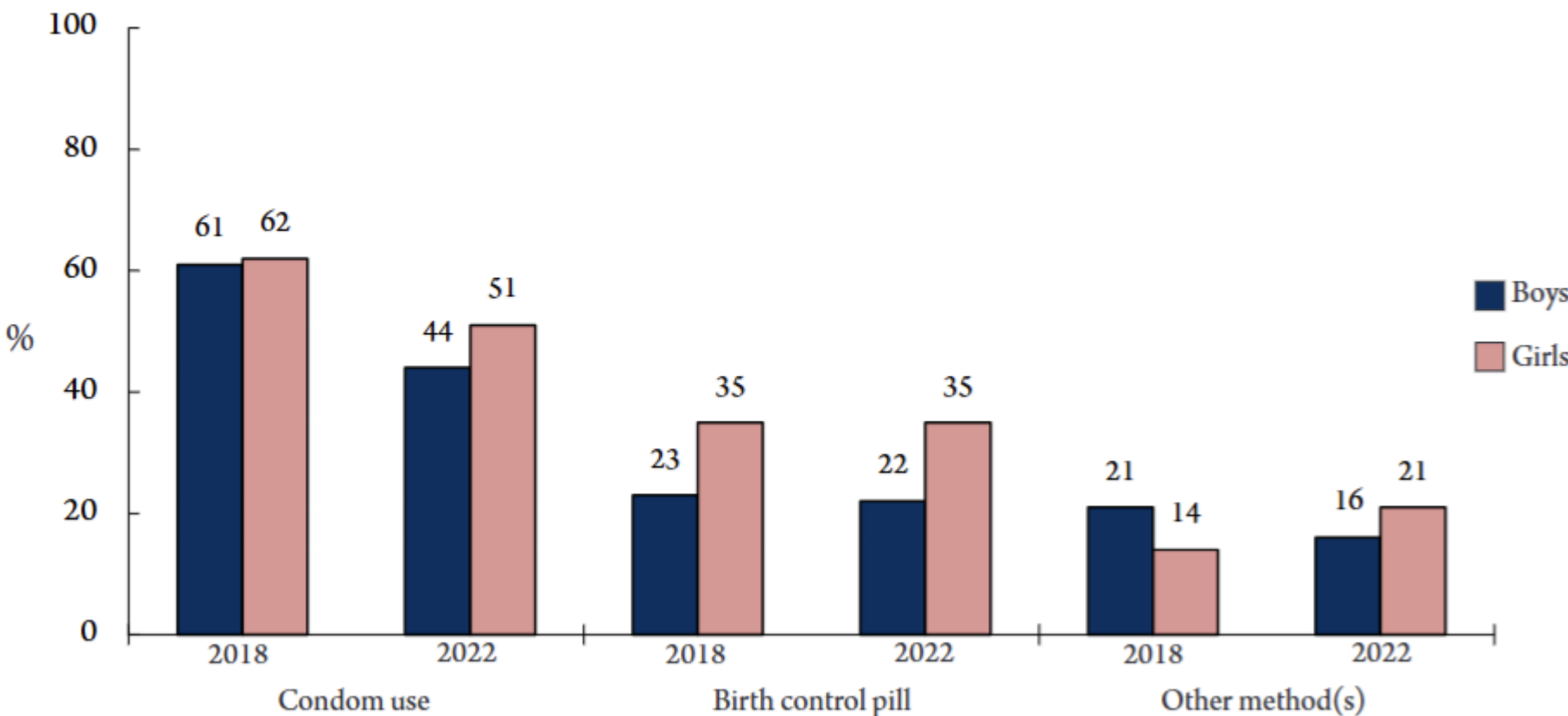


Fig. 4. Trends in contraceptive pill use among 15-year-olds who reported having had sexual intercourse, from 2014 to 2022 by gender



Note: the HBSC average for this figure does not include Albania (girls), Armenia (girls), Cyprus, Denmark (Greenland), Kazakhstan, Kyrgyzstan, Norway, Poland, Serbia, Switzerland and Tajikistan, as data were not available for all three survey years.

Figure 82: Percentages of 15 to 17 year olds who report the method of contraception at last intercourse, by gender



Trends in early sexual initiation (before the age of 14)



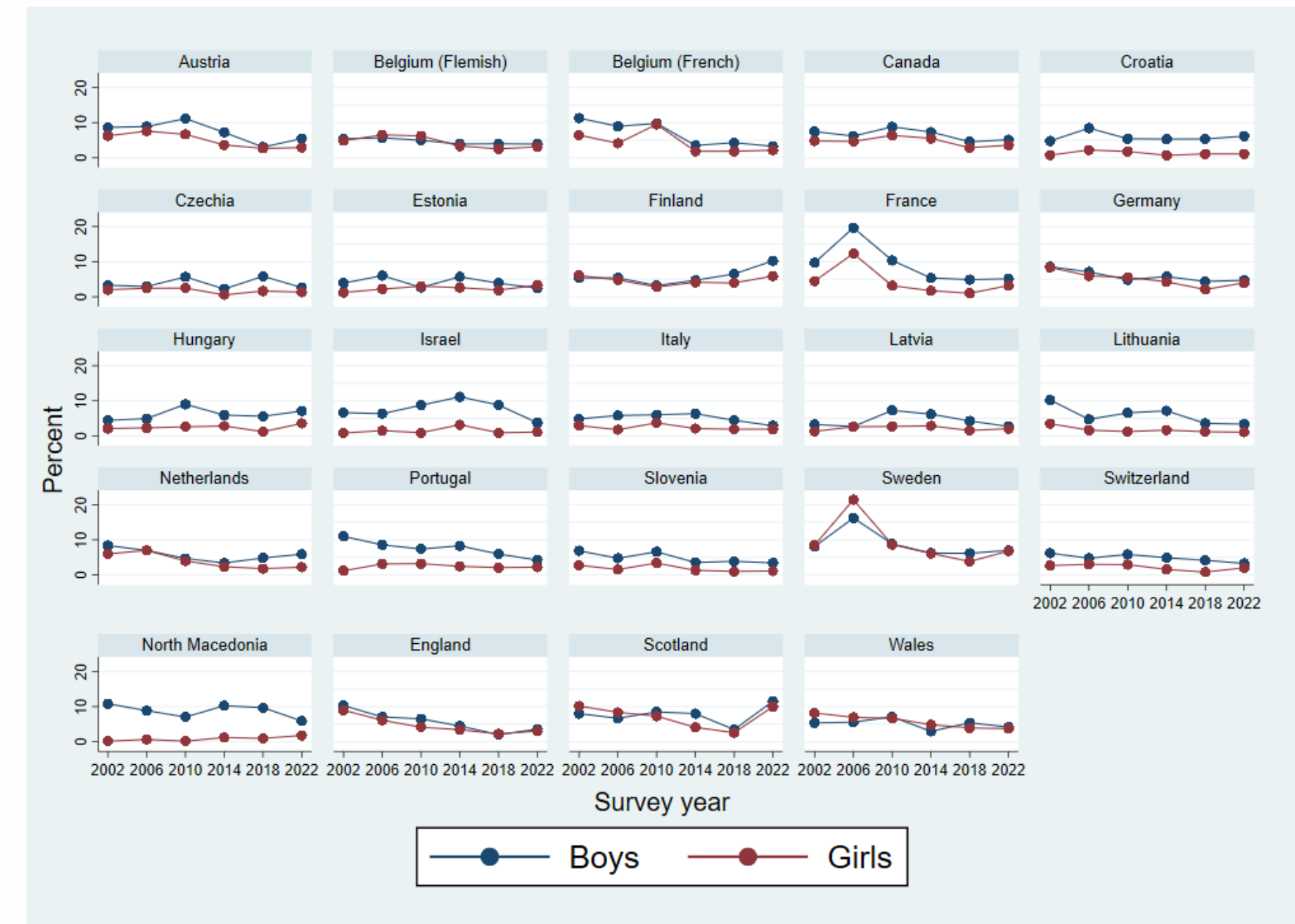
International Journal of Public Health
ORIGINAL ARTICLE
published: 11 March 2025
doi: 10.3389/ijph.2025.1607711



Cross-National Trends in Early Sexual Initiation Among 15-Year-Old Adolescents, 2002–2022

András Költő^{1*}, Kristina Winter^{2,3}, Rachael Maloney¹, Louise Lunney¹, Christiana Nicolaou⁴, Alina Cosma^{5,6}, Margreet de Looze⁷, Colette Kelly¹ and Gina Martin⁸






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- 2002: 5.6%; 2022: 3.8% (bell-shaped curve)
- School explains a larger part from the time variation than country
- Girls and children from medium-affluent families are less likely to report early initiation
- Having a supportive parental figure × change between 2018 and 2022 protective against early sexual intercourse

<https://doi.org/10.3389/ijph.2025.1607711>

Sexual Behavior in Sexual Minority and Non-Minority Youth from Eight European Countries

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and Elizabeth M. Saewyc ^f

^aHealth Promotion Research Centre, University of Galway; ^bCentre for the Development, Evaluation, Complexity and Implementation in Public Health Improvement, Cardiff University; ^cSocial and Public Health Sciences Unit Institute of Health & Wellbeing, University of Glasgow; ^dDepartment of Human and Social Sciences, EHESP School of Public Health; ^eCERPOP Inserm UMR1295; ^fStigma and Resilience Among Vulnerable Youth Centre, University of British Columbia

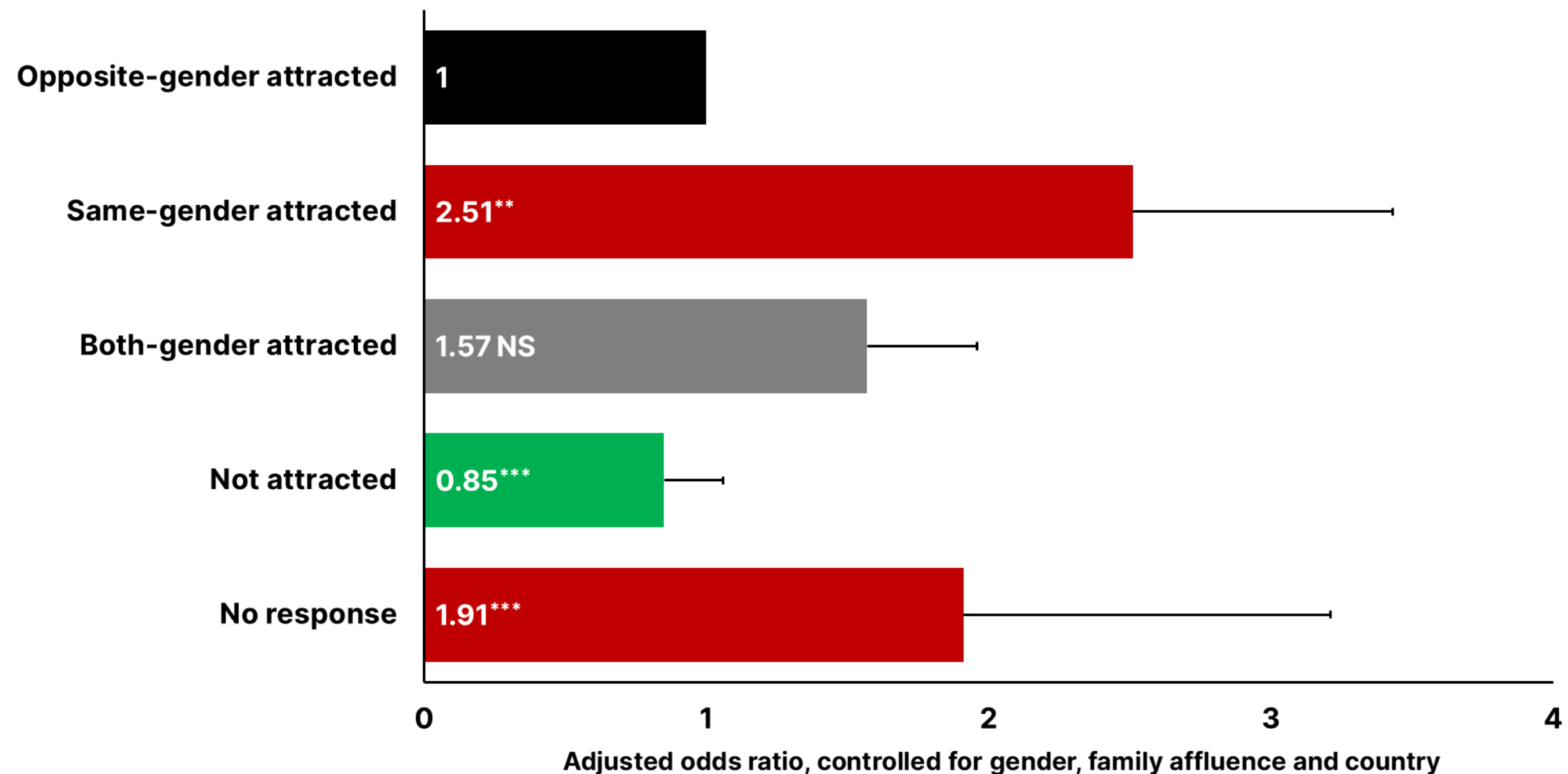
Compared to non-minority (opposite-gender attracted) youth, what are the odds of sexual minority (same- and both-gender attracted) youth, not attracted youth and non-responders to report

- Sexual initiation
- Early sexual intercourse (before the age of 14)
- Not using condom, pill or neither of the two at last intercourse?

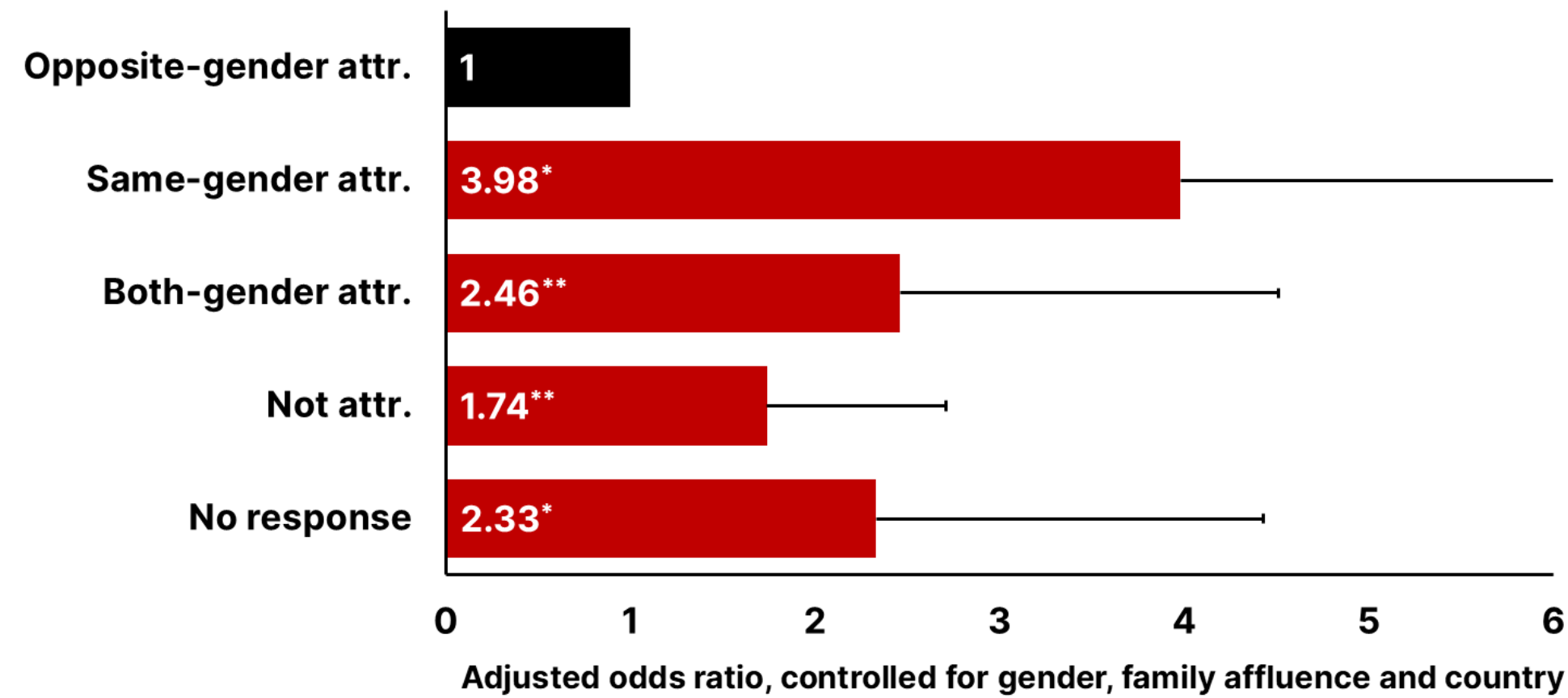
N = 10,853 youth aged 14.5–16.5 from England, France, Hungary, Ireland, Moldova, Netherlands, North Macedonia and Spain (2018 HBSC round)

Sexual behaviour in sexual minority and non-minority youth

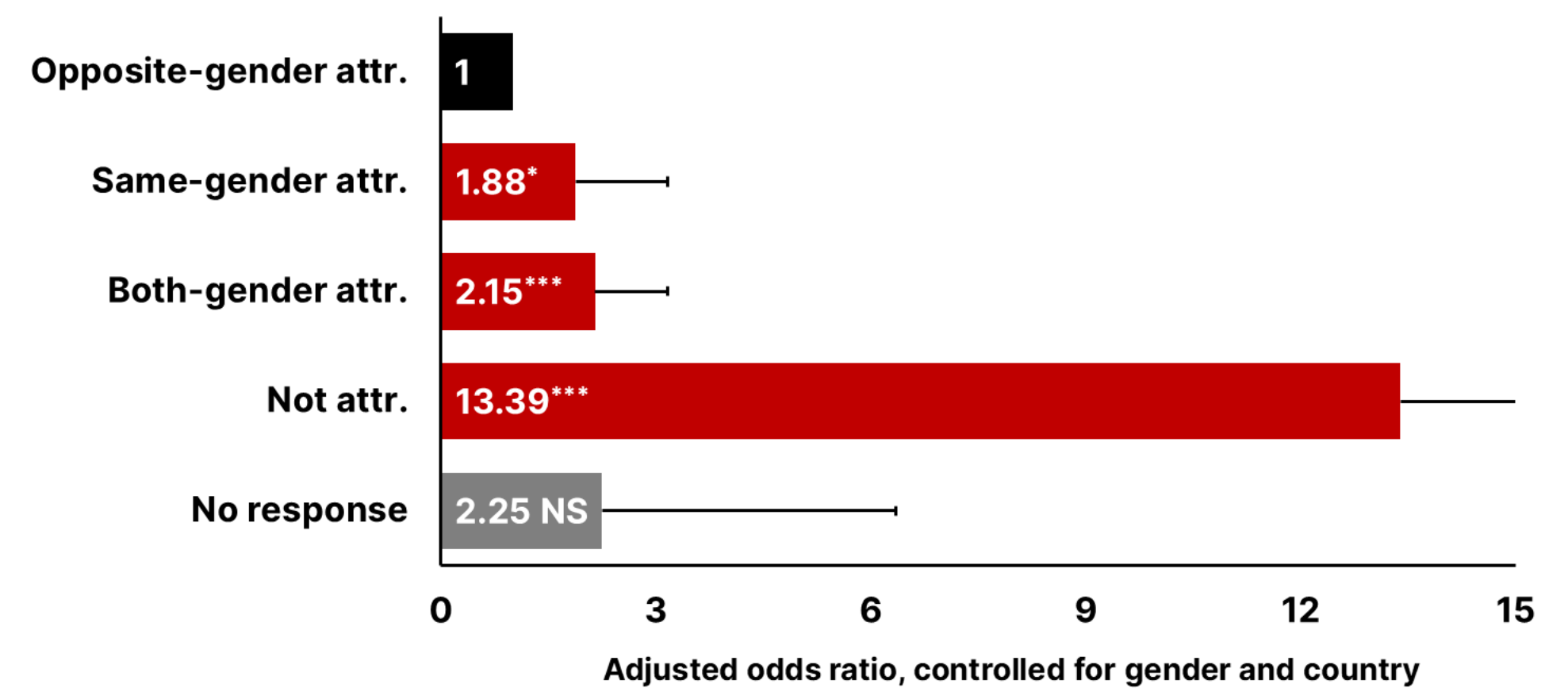
Odds for ever having had sexual intercourse (N = 10,583)



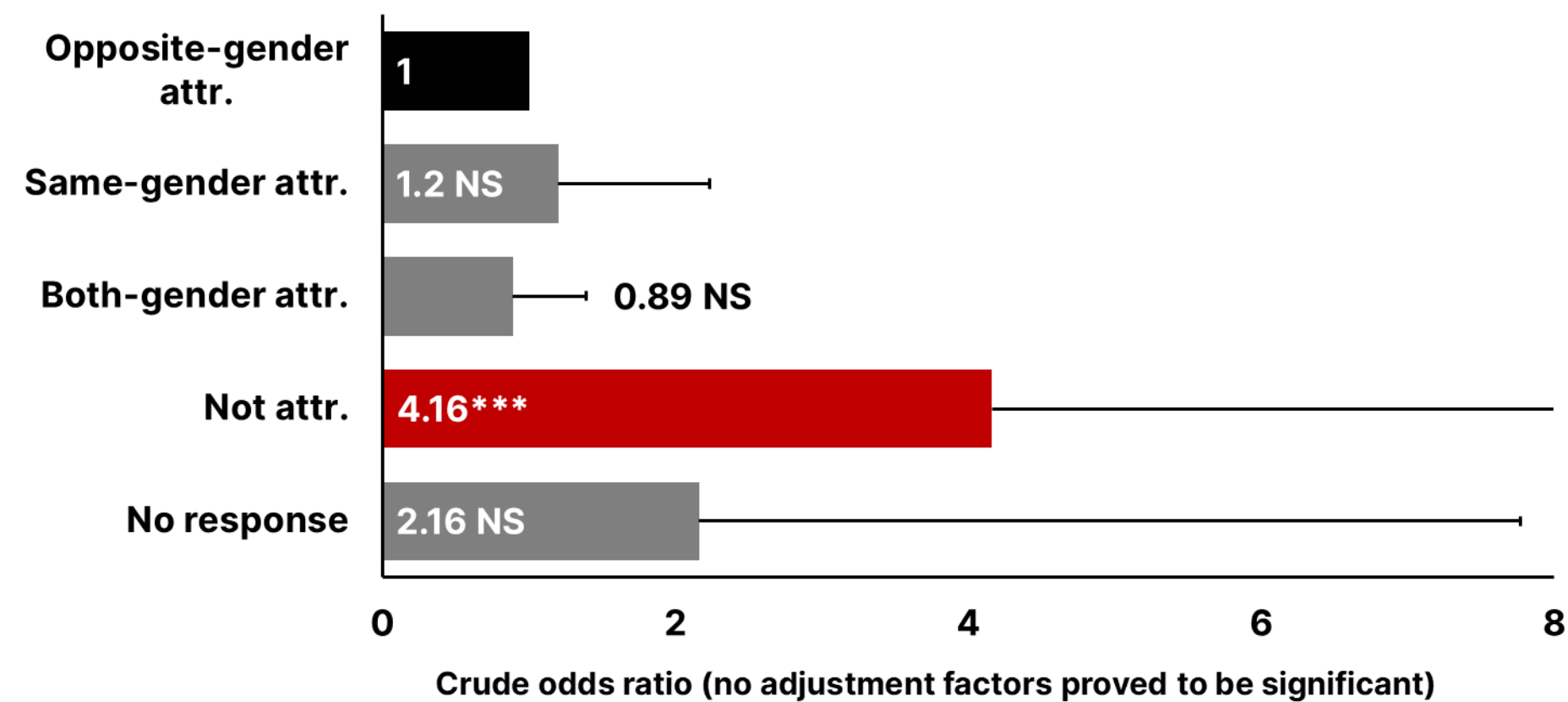
Odds for early sexual intercourse ($N=1824$)



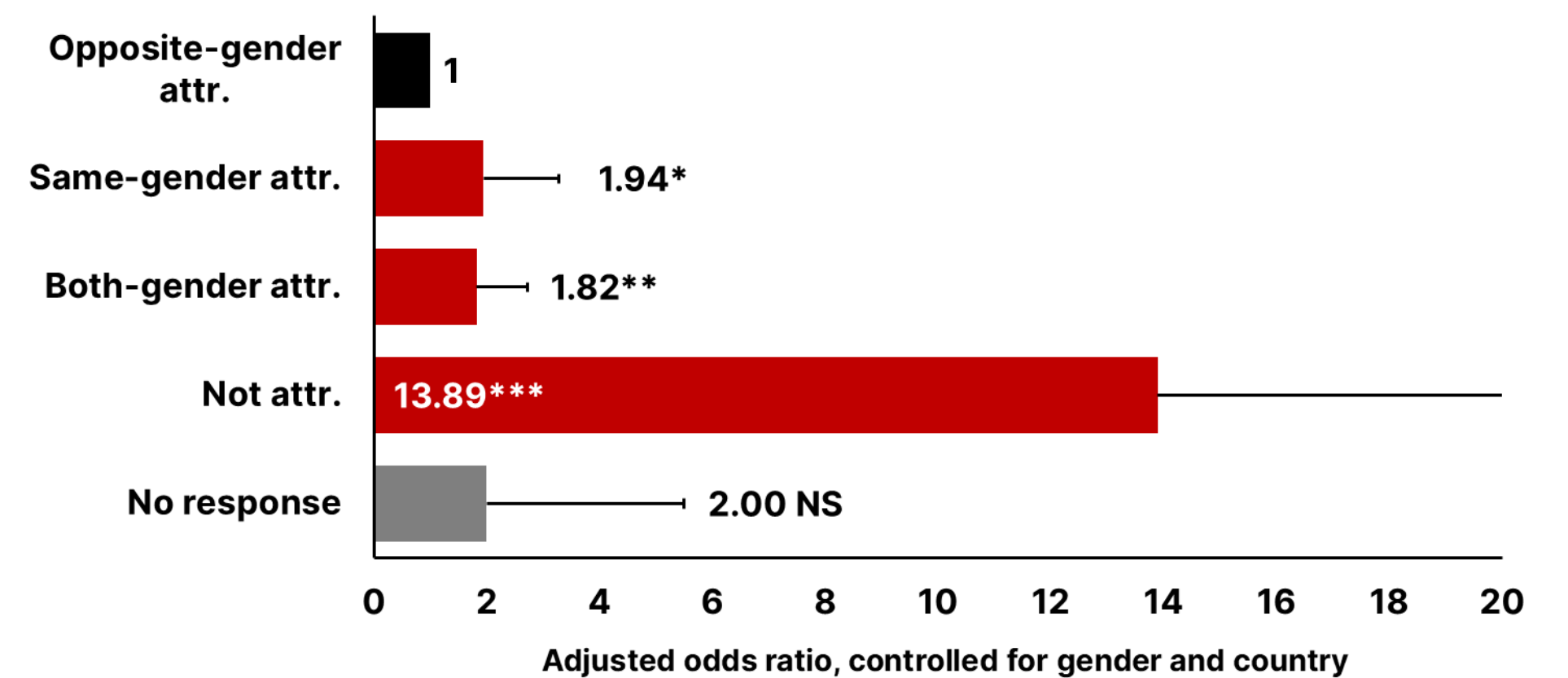
Odds for not using condom (or unsure) at last intercourse ($N=1908$)



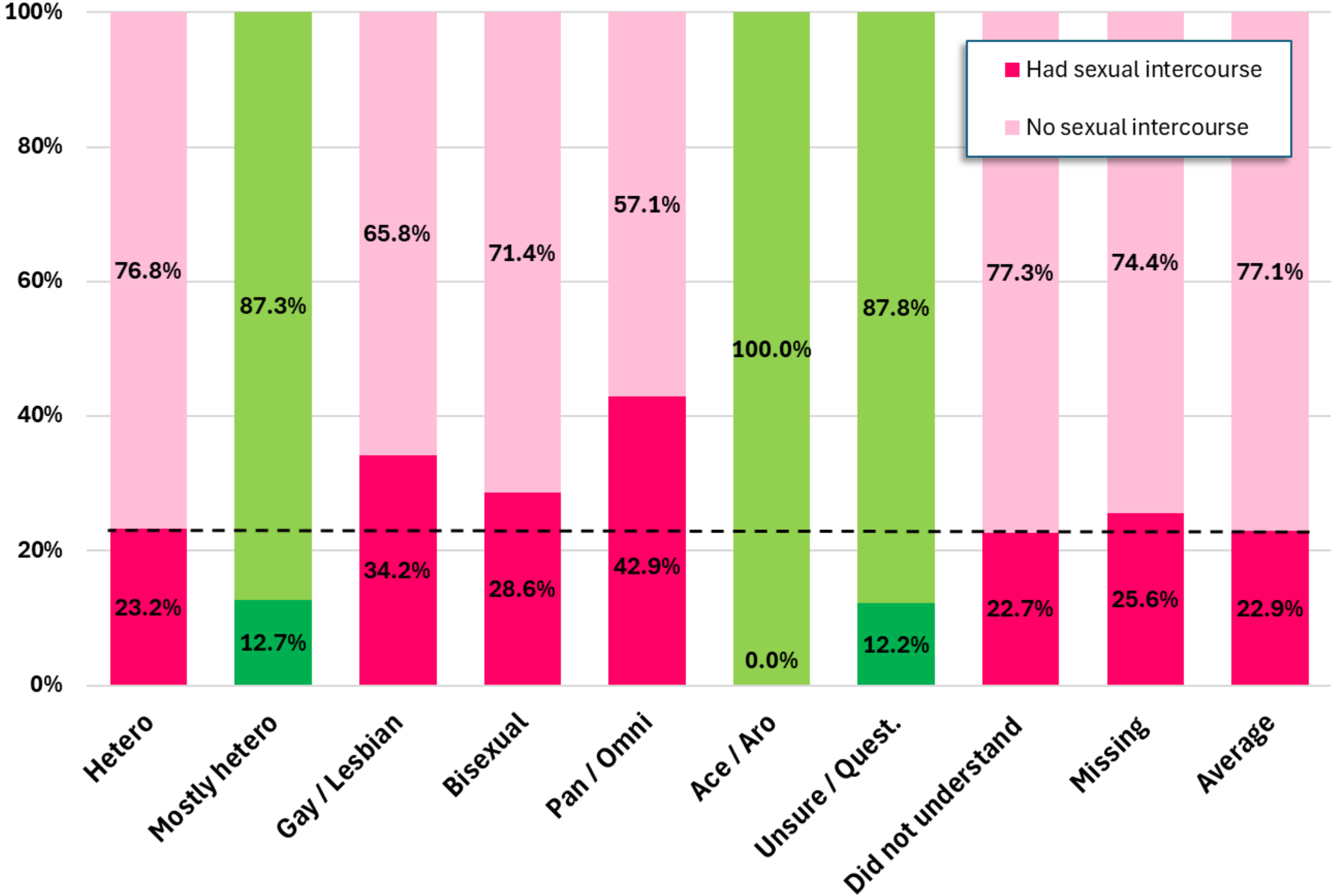
Odds for not using contraceptive pill (or unsure) at last intercourse ($N=1868$)



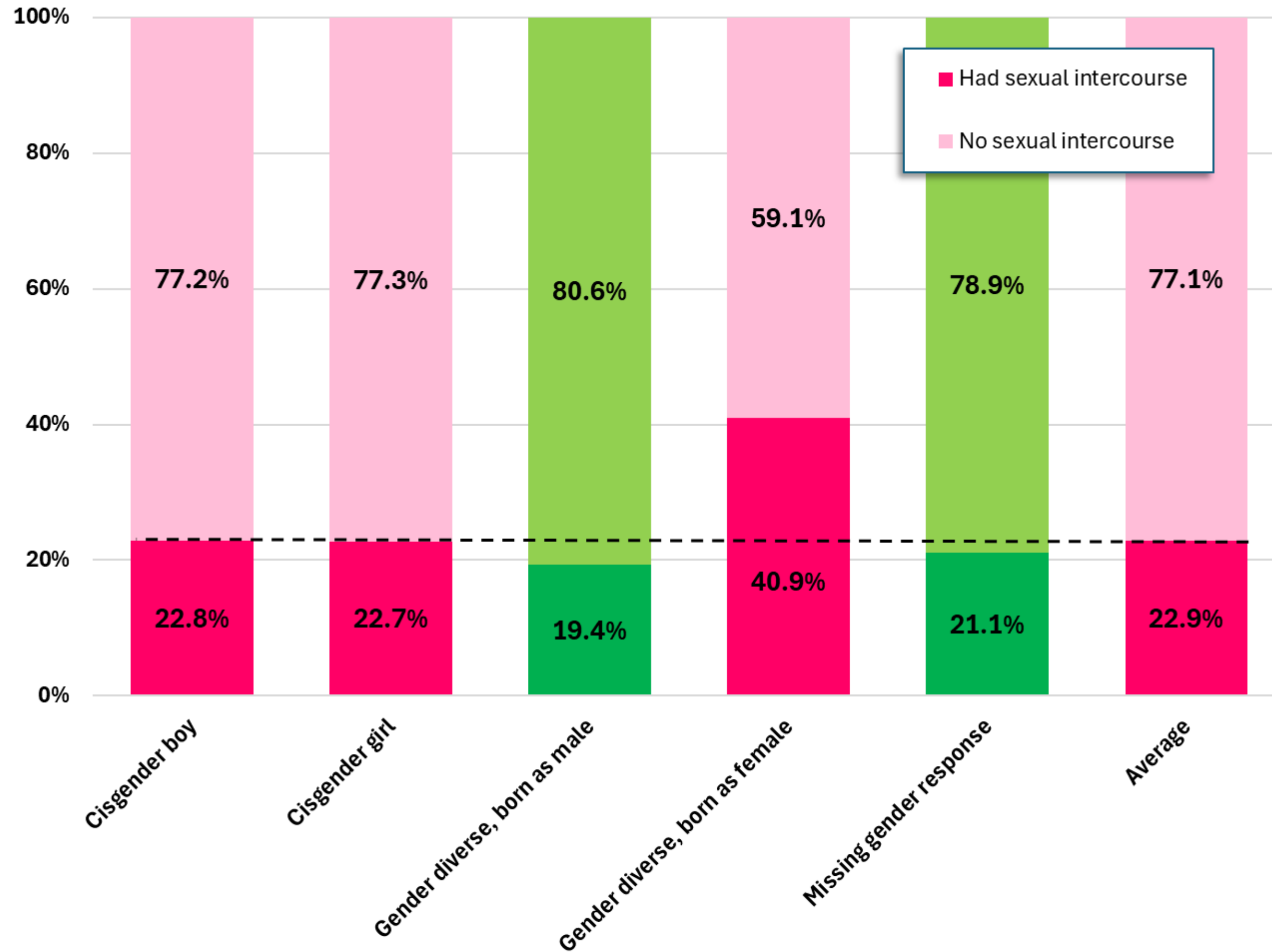
Odds for not using condom or contraceptive pill (or unsure) at last intercourse ($N=1899$)



Having had sexual intercourse, across sexual orientation groups (N = 1543)



Having had sexual intercourse, across gender identity groups (N = 1543)



Acknowledgements



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The **young people** who shared intimate details of their lives with us and their **parents**

School teachers and **principals**

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Funding: The Department of Health (Healthy Ireland)



The need for a comprehensive national survey on sexual health in Ireland

On-going surveillance of notifiable Sexually Transmitted Infections (STIs) –
biological data

National surveys: The Irish Study of Sexual Health and Relationships (ISSHR) 2006; Irish Contraception and Crisis Pregnancy (ICCP) Study 2010

Healthy Ireland surveys; Health Behaviour in School-aged Children (HBSC); CSO Sexual Violence Survey 2022; International Sex Survey (Ireland) 2022, What Ireland thinks of Sexual Violence 2025

International surveys: Natsal (since 1990); GeSiD (2018) and other studies

Societal changes since the 2010s

Perspective: sexual behaviour as a risk → sexual health and well-being

Legislation: Marriage Equality and Gender Recognition Acts (2015); Removal of the 8th Amendment of the Constitution and introducing legal abortion (2019);

Services: Over-the-counter availability of Emergency Contraception (2015); HSE PrEP programme (2019), Free Contraceptive Scheme (2023)

Lifestyle: Contraception; pregnancy termination; sexual abuse and violence; LGBTQI+ identities; mental health; STIs; pornography; COVID-19, etc.

But **the hidden crisis** is still there (shame, embarrassment, taboo and silence)

Irish National Survey of Sexual Health (INISH): Work in Progress

- Set up systems and procedures for Feasibility Study
- Full Data Protection and Ethics approval
- Public and Patient Involvement Panels
- Develop the survey methodology and instrument: collecting good practices, ethics, method, sampling, recruitment
- Public procurement to identify and hire data collection company
- In-house pilot (n = 15), cognitive interviews (n = 5)
- Set up study website: www.universityofgalway.ie/inish
- Train interviewers

Currently: interviews ongoing

| RANK | Priorities by the General Population PPI Panel (<i>n</i> = 7) | Priorities by the Special Populations PPI Panel (<i>n</i> = 12) | Priorities by the Steering Group (<i>n</i> = 10) | Priorities by the HSE SCHPP Staff (<i>n</i> = 7) | Priorities by the sex research community in Ireland (<i>n</i> = 10) | Priorities by the stakeholders participating in Tierney and Kelleher's scoping study (<i>n</i> = 72) |
|------|--|---|--|---|--|---|
| 1 | Abortion: access to services and follow-up supports | Sexual health training for people in public health | Contraceptive and condom use | STI Testing and prevention | Sexual behaviours | Sex education |
| 2 | STIs: Information, testing, and elimination | Barriers to accessing sexual health services | STIs | Marginalised populations | Consent | Sexually transmitted infections/HIV testing |
| 3 | Sex education | Comprehensive sexual and reproductive health education in schools | Access to sexual health services | Education | Contraception | Access to contraception |
| 4 | LGBTQ+ inclusivity | STIs and STI prevention | Sexual Orientation and Gender identity | Sexual behaviours | Pornography | Non-consensual sex/coercion |
| 5 | Consent | Sexual health in older population | Sexuality and Relationships Education | Condom use | Sexual violence and abuse | Sexual health and reproductive knowledge |
| 6 | Kinks & safety | Toxic masculinity/rape culture | Sexual health needs of marginalized groups | Access to sexual health information | Sexual pleasure | Experience of crisis pregnancy |
| 7 | Pornography consumption | Sex work, sex work industry | Consent | Sexuality across the lifecourse | Trans inclusion | Contraception use and methods |
| 8 | Sexual pleasure | Trans healthcare | Experiences of unplanned/crisis pregnancy; abortion; abortion services and their accessibility | STI Awareness, incl. HIV | Crisis pregnancy and abortion | Sexual pleasure and wellbeing |
| 9 | Stigma and shame reduction | Abortion: access to information and services | Sexual health and well-being; sexual pleasure | Sexual knowledge | Diversity | Knowledge, attitudes and beliefs about abortion |
| 10 | Contraception | Consent | Sexual health knowledge | Pleasure | Gender inequality | Knowledge, attitudes and beliefs about different kinds of relationships and sexual lifestyles |

| | | | | | | |
|----|---|--|--|--------------------------------------|---------------------|---|
| 11 | People's perceptions of sex and associated psychological associations (e.g. overt/repression) | Image based sexual abuse (IBSA) | HIV | Consent | Sexual literacy | Pornography |
| 12 | Healthy relationships | Menopause: realistic information and management | Sexual behaviours | Sexual function | Condom use | Mental health |
| 13 | Information on Sexual Assault Treatment Units (SATU) and rape crisis centres | Pleasure and sexual well-being | Pornography | Abortion | LGBTQ+ | Gender identity |
| 14 | Misinformation and debunking myths | Pornography | Relationships | Access to services | Lifecourse | Condom use and access to condoms |
| 15 | Pregnancy | Changes in Capacity Act concerning sexual activity | Reproductive health | Pornography | Masturbation | Drug and alcohol use |
| 16 | Trans identities and trans bodies | Boundaries: importance of personal boundaries, individual differences in behaviour | Domestic, sexual and gender-based violence | Contraception | Service provision | Gender-based violence |
| 17 | DoxyPeP/DoxyPrEP | Clearer routes to reporting: intimate partner violence or sexual assault or image based sexual abuse | Sexting; online sex | Stigma | Sex education | Knowledge, attitudes and beliefs about HIV |
| 18 | Intersex, variations of sexual development | Condom and pill use; other forms of protection | Sexual health needs of older adults | Communication with partner | Sex education | First sexual experience |
| 19 | Menstruation | Sexual functioning | Sexual health attitudes | Overall health | Sexual health | Use of technology (internet, apps) in sexual lifestyles |
| 20 | Polycystic Ovarian Syndrome (PCOS) | Sexual violence and harassment | Chemsex | Sexual violence | Sexual well-being | Sexual practices for both same and opposite sex partners |
| 21 | Polyamory, ethical non monogamy | De-stigmatisation of various sexual practices (BDSM, kink, fetish, etc.) | Intersex | Sexual orientation, gender identity | STIs | Sex work |
| 22 | Sex work | Doxy PrEP availability over-the-counter | PrEP | Information available for immigrants | Technology | Emergency contraception |
| 23 | Sex and religion | Fear of speaking out on sexual health issues | Sexual dysfunction | PrEP awareness | Attitudes | Human papillomavirus (HPV) vaccine |
| 24 | Allowing spaces for questions | Mental and physical health in relation to sexual health | Stigma | Sex work | Bodily autonomy | Media, communication and norms |
| 25 | Trauma | Orgasm equality | | | Communication | Sexual function |
| 26 | | Revenge porn | | | Menstrual health | Menopause |
| 27 | | Self referral of sexual health issues and associated ill-effects (e.g. long waits & expensive fees) | | | Prejudice | Most recent sexual event |
| 28 | | Chemsex (sex and drugs) | | | PrEP | Sexual guilt |
| 29 | | Infertility and its prevalence | | | Reproductive health | Experience with pregnancy/ pregnancy history |
| 30 | | Queer/LGBTQ+ information and stigma breaking | | | Sexual initiation | General health |
| 31 | | Sexual shame | | | | Fertility intentions and infertility |
| 32 | | "Where do you have sex (the place)?" | | | | Masturbation |
| 33 | | "How many pregnancies have you had/conceived" | | | | Sexual intercourse |
| 34 | | Miscarriage | | | | Periods |
| 35 | | | | | | Sexual problems |
| 36 | | | | | | Sexual attraction |
| 37 | | | | | | Sex outside Ireland and the UK/sex with people from other countries |

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- Funding: HSE Sexual Health Programme
- Our participants

<https://www.universityofgalway.ie/inish/acknowledgements/>

Take home message

- Sexual and reproductive health matters for the whole life course
- 'Hidden' SRH crisis: systematic silencing and self-silencing
- Challenge narratives, combat injustice
- Use the evidence – data and research methods
- Break the silence



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Thank *you*

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