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Sexual health across the life course:

Evidence from past and future population health studies in Ireland

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‘Hidden’ crisis… disturbing images

Silence

Unresolved past

Confusion

Lack of literacy

Overlooking violence

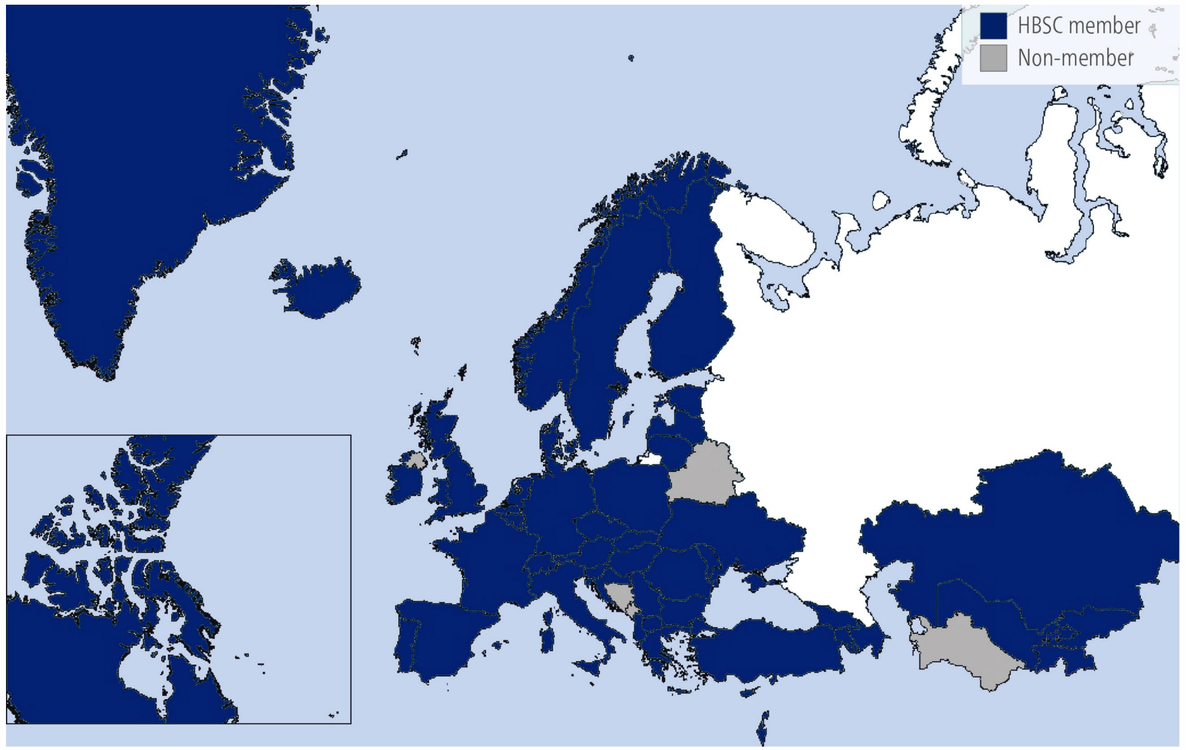
Ageist views on sexuality

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

- 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?

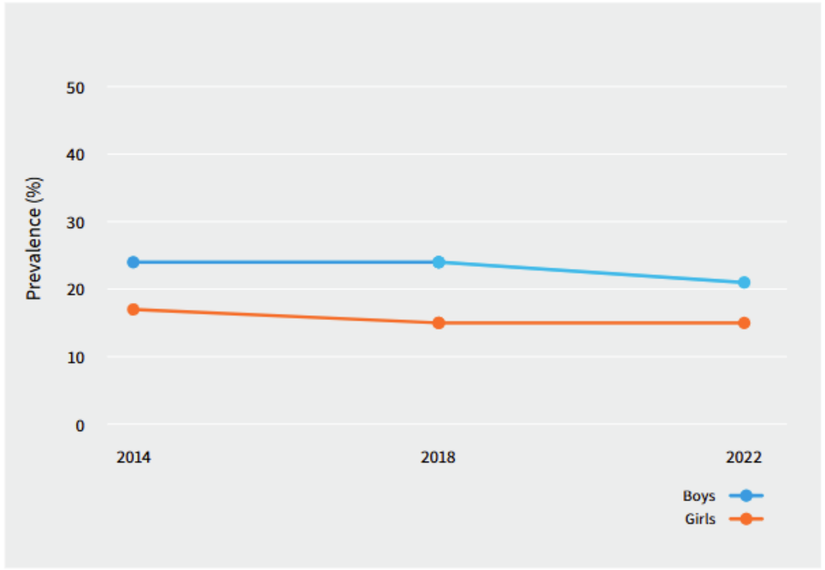
- ☐ Yes
- ☐ No
- ☐ Don’t know

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

- ☐ Yes
- ☐ No
- ☐ Don’t know

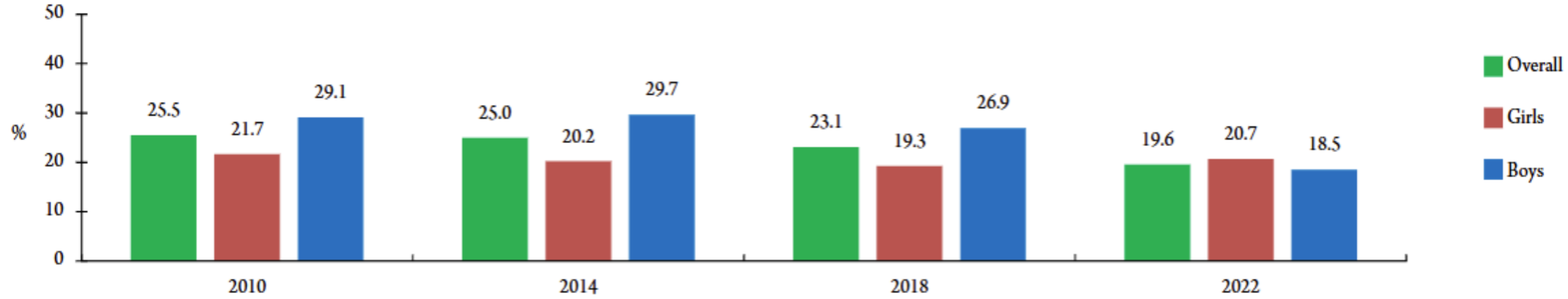
Trends in sexual initiation (15 or younger)

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



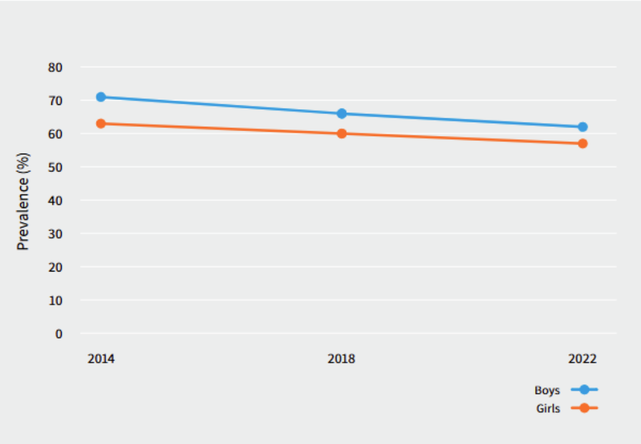
Note: the HBSC average for this figure does not include Armenia (girls), Cyprus, Denmark (Greenland), Kazakhstan, Kyrgyzstan, Norway, Serbia and Tajikistan, as data were not available for all three survey years.

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)

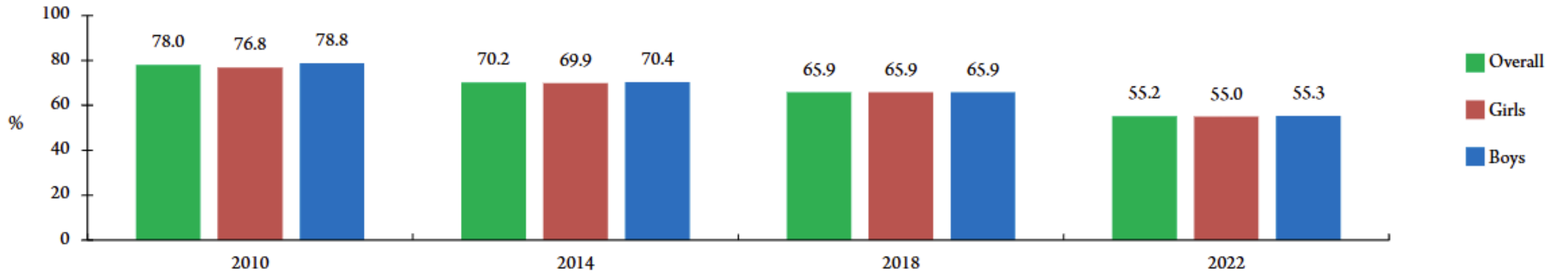
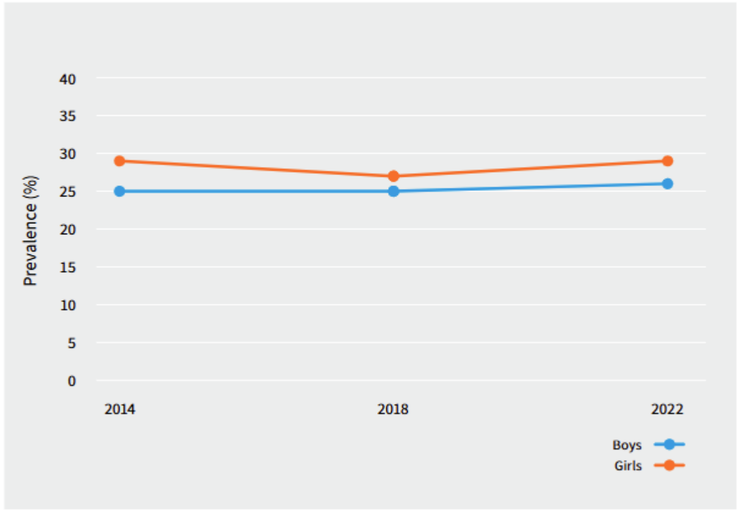
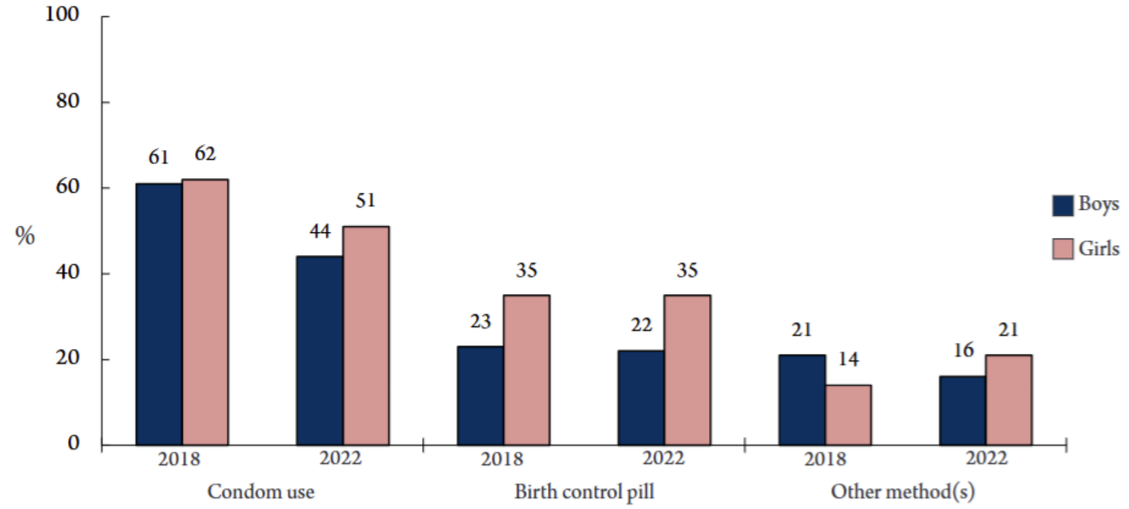


Fig. 4. Trends in contraceptive pill use among 15-year-olds who reported having had sexual intercourse, from 2014 to 2022 by gender



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)

IJPH | SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

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 Maloney[1], Louise Lunney[1], Christiana Nicolaou[4], Alina Cosma[5,6], Margreet de Looze[7], Colette Kelly[1] and Gina Martin[8]*

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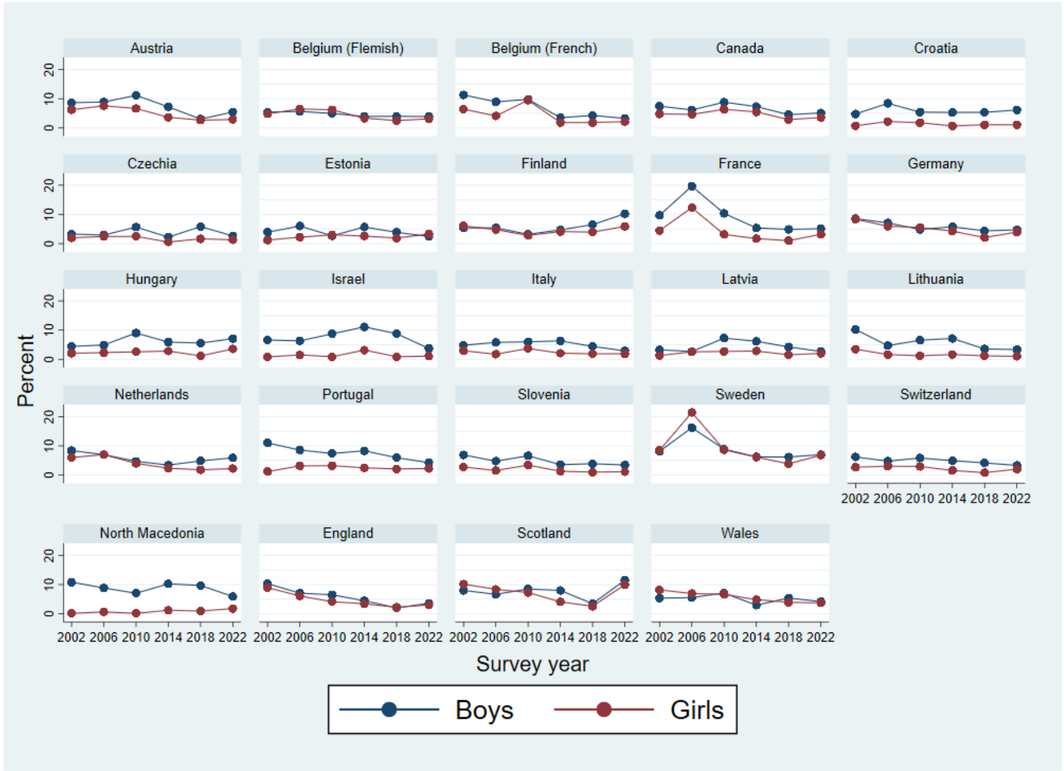
https://doi.org/10.3389/ijph.2025.1607711



- 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

THE JOURNAL OF SEX RESEARCH
https://doi.org/10.1080/00224499.2024.2429535

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

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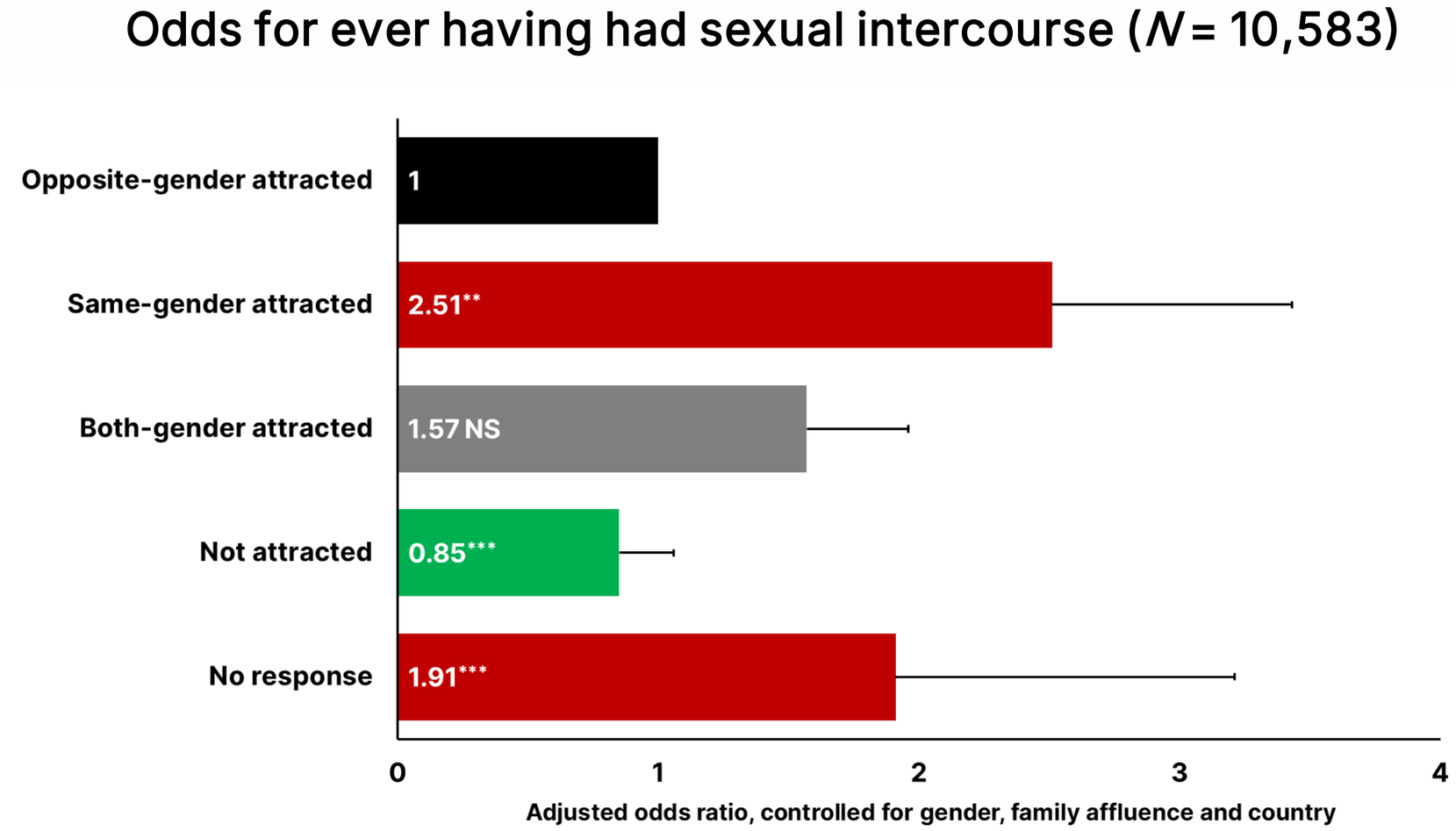
[a]Health Promotion Research Centre, University of Galway; [b]Centre for the Development, Evaluation, Complexity and Implementation in Public Health Improvement, Cardiff University; [c]Social and Public Health Sciences Unit Institute of Health & Wellbeing, University of Glasgow; [d]Department of Human and Social Sciences, EHESP School of Public Health; [e]CERPOP Inserm UMR1295; [f]Stigma 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

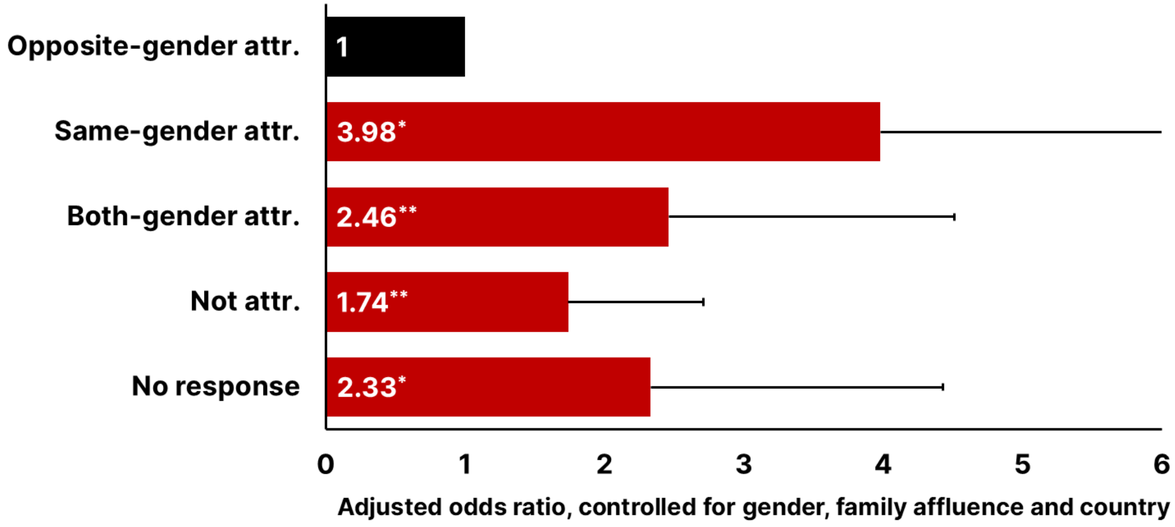
- **Sexual initiation**
- **Early sexual intercourse** (before the age of 14)
- **Not using condom, pill or neither** of the two at last intercourse?

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

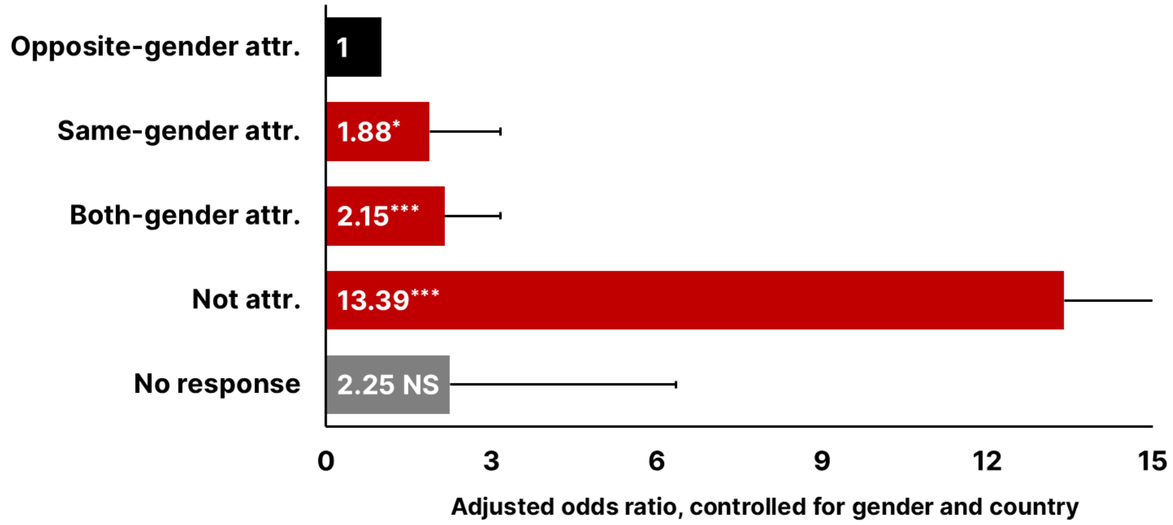
Sexual behaviour in sexual minority and non-minority youth



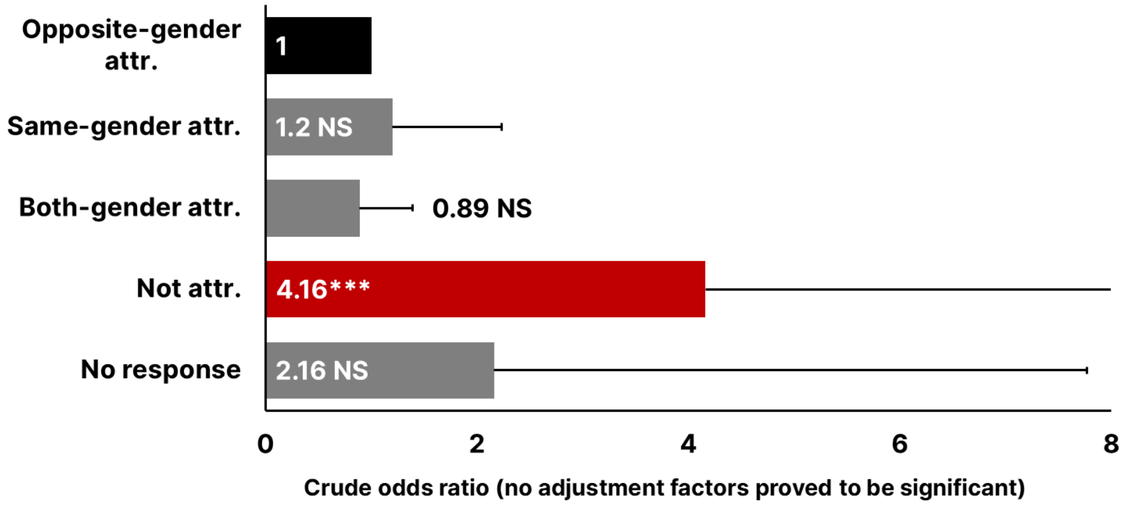
Odds for early sexual intercourse (*N* = 1824)



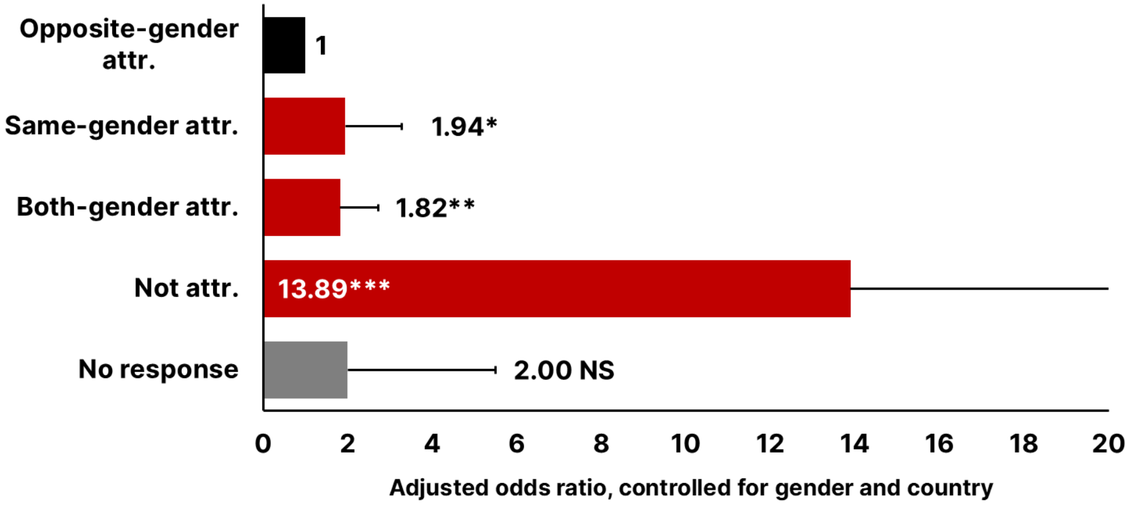
Odds for not using condom (or unsure) at last intercourse (*N* = 1908)

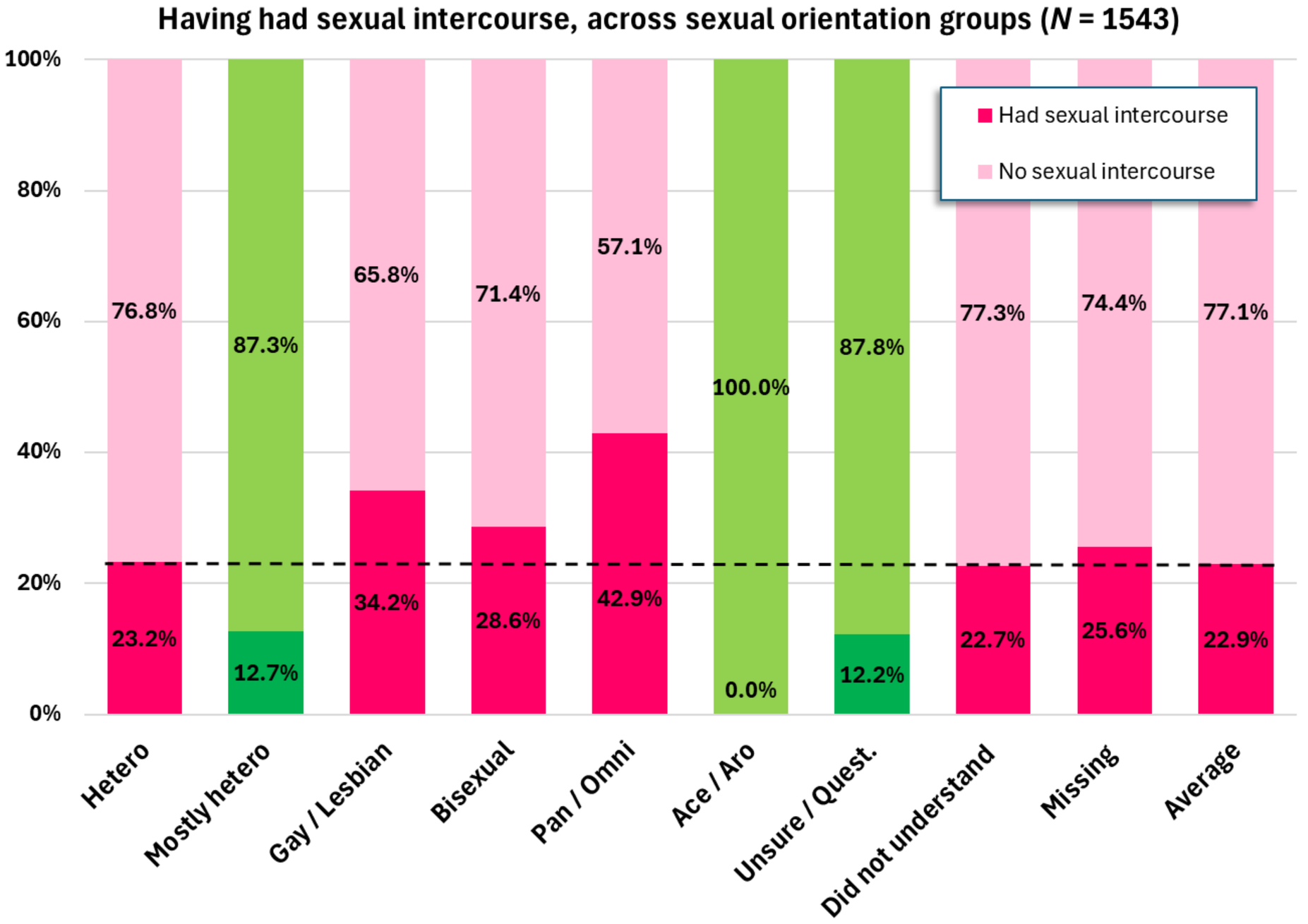


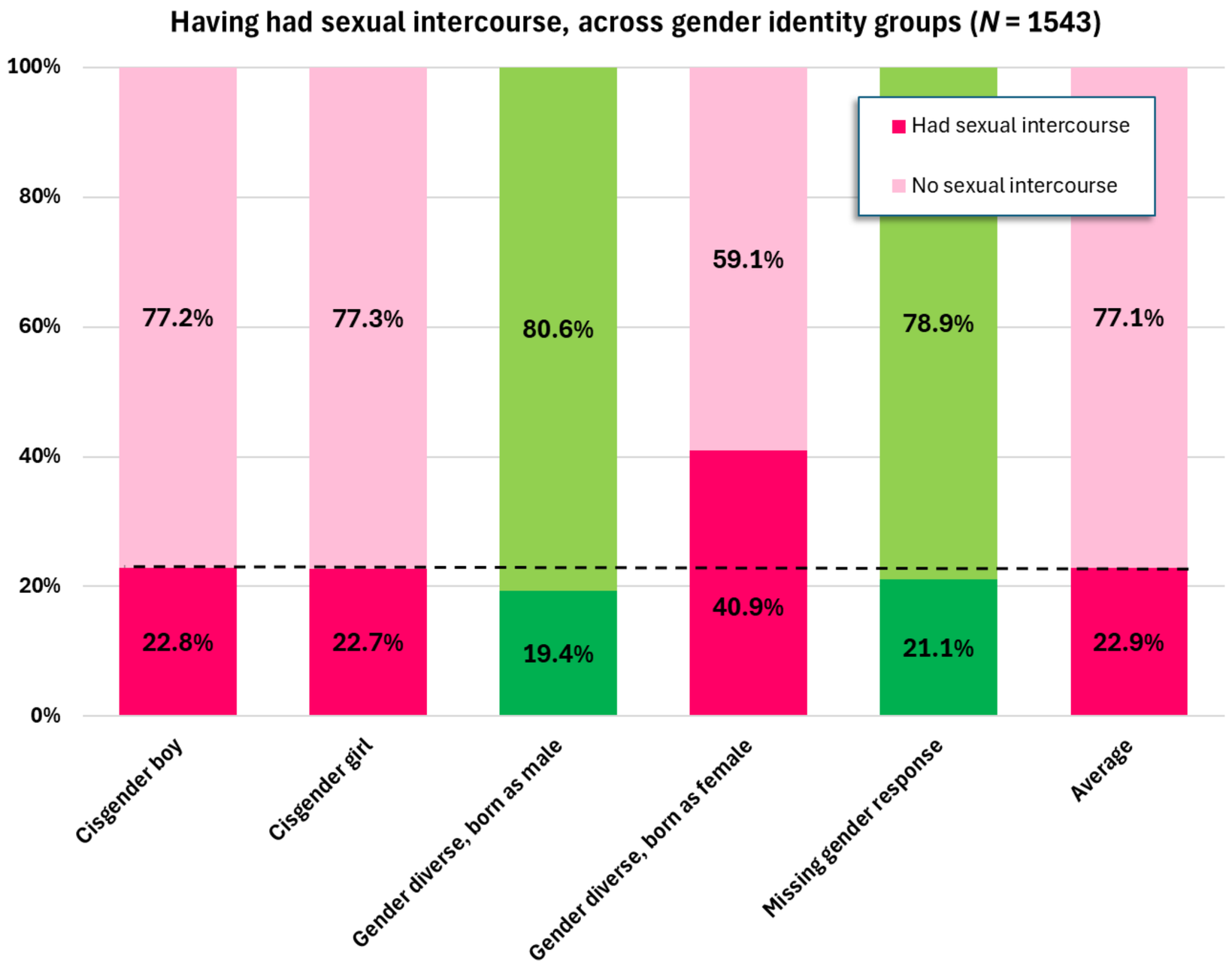
Odds for not using contraceptive pill (or unsure) at last intercourse (*N* = 1868)



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)
100%
80%
60%
40%
20%
0%
Had sexual intercourse
No sexual intercourse
76.8%
23.2%
87.3%
12.7%
65.8%
34.2%
71.4%
28.6%
57.1%
42.9%
100.0%
0.0%
87.8%
12.2%
77.3%
22.7%
74.4%
25.6%
77.1%
22.9%
Hetero
Mostly hetero
Gay / Lesbian
Bisexual
Pan / Omni
Ace / Aro
Unsure / Quest.
Did not understand
Missing
Average


Having had sexual intercourse, across gender identity groups (N = 1543)
100%
80%
60%
40%
20%
0%
Had sexual intercourse
No sexual intercourse
77.2%
77.3%
80.6%
59.1%
78.9%
77.1%
22.8%
22.7%
19.4%
40.9%
21.1%
22.9%
Cisgender boy
Cisgender girl
Gender diverse, born as male
Gender diverse, born as female
Missing gender response
Average

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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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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)

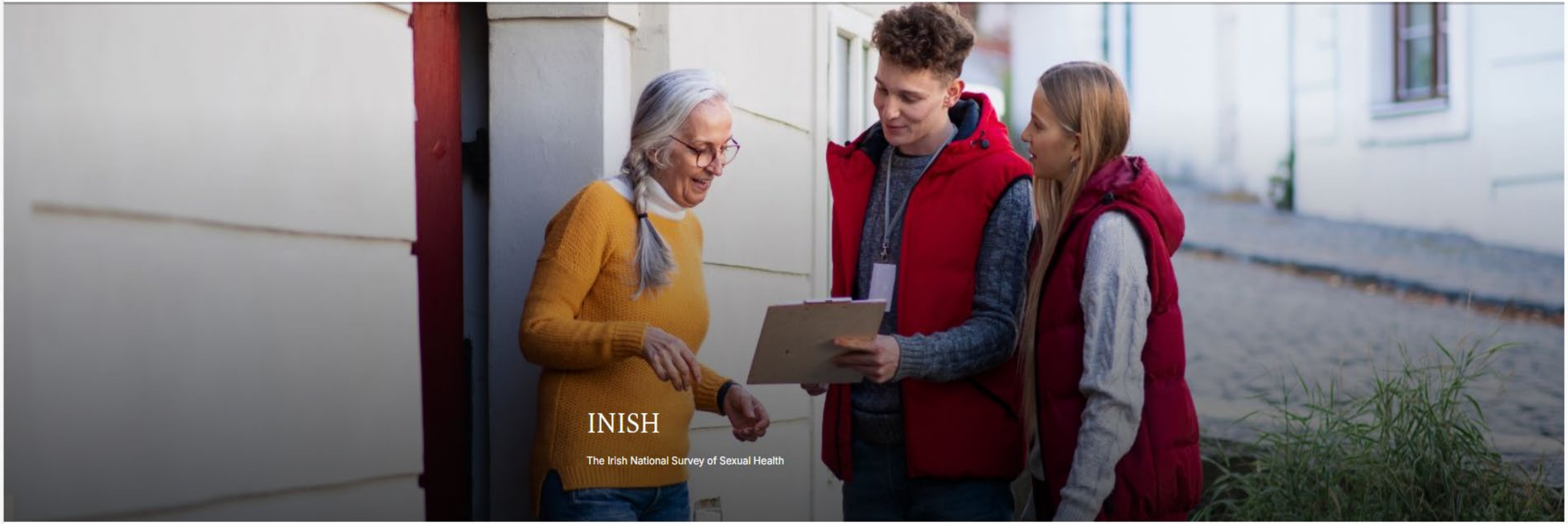
Irish National Survey of Sexual Health (INISH): Work in Progress

- 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 (n = 7)	Priorities by the Special Populations PPI Panel (n = 12)	Priorities by the Steering Group (n = 10)	Priorities by the HSE SCHPP Staff (n = 7)	Priorities by the sex research community in Ireland (n = 10)	Priorities by the stakeholders participating in Tierney and Kelleher's scoping study (n = 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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The Irish National Survey of Sexual Health (INISH) is a national study aiming to better understand sexual health in Ireland.

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- Members of the **General and Special Populations Public and Patient Involvement Panels**
- **INISH Steering Group, Collaborators** and **Stakeholder Groups**
- Mr Kieran O'Leary, Dr Deirdre Kelly, Mr Jack Shakespeare and data collection team at **Ipsos B&A**
- **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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