Starting sex in East London: protective and risk factors for starting to have sex amongst Black and Minority Ethnicity young people in East London

Paper 1 of 4 papers prepared for the Teenage Pregnancy Unit

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This is one of four papers for practitioners produced on the basis of work carried out in the London boroughs of Hackney, Newham and Tower Hamlets. Further details of our methods can be found in the endnotes of each paper and in our methods paper. All quotations are taken from focus groups with young people, unless otherwise stated.

We are grateful to the Teenage Pregnancy Unit, Department for Education & Skills and the Department of Health for funding this work, and our policy recommendations should be considered within the broader programme of work emerging from the TPU at this time.

Key Findings

- Compared to national data for under 16 year olds, a smaller proportion of our East London sample (25% of young men and 11% of Young women) reported ever having had sex.
- There were significant ethnic differences in reported sexual behaviour amongst teenagers aged 13 to 16 years in East London. Bangladeshi, Pakistani and Indian young people of both sexes were least likely to report ever having had sex, whilst Black Caribbean and Mixed Ethnicity young men reported much higher sexual activity than did White British young men.
- Of those who had had sex, 38% had done so at or before 13 years of age (this group made up 6% of the overall sample). Starting sex at or before 13 years of age was more common amongst Black Caribbean and White Other young people than among White British teenagers.
- Despite differences, knowing someone’s ethnicity was not a shortcut to knowing their attitude to sexual relationships. Young people from all backgrounds told us that they needed effective services that take their varying needs into account.
- Young men’s perception that their parents disapprove of their physical relationships appears to be related to later onset of starting to have sex. b
- Young people told us that they valued the support and advice of peers in relation to intimate relationships.
- Young people from Bangladeshi and Pakistani backgrounds reported drawing on extended families as sources of advice and support.
• Professionals drew attention to the danger of young people meeting older partners in public spaces and linked this to the risk of sexual exploitation (historically termed child prostitution).

**Background**

There are ethnic differences in teenage pregnancy and sexually transmitted infection (STI) rates in the UK. Black Caribbean teenagers have more diagnoses of gonorrhoea and Chlamydia and Black African teenagers are more likely than other groups to be HIV positive.¹ Bangladeshis and Black Caribbean teenage pregnancy rates are higher than those for White British young people while those of Pakistani teenagers are similar to White British young people, but four times greater than those of Indian young people.² Guides for practitioners suggest that teenage pregnancy particularly amongst Bangladeshis may be a cultural norm³ and is most likely to occur within marriage. Other research suggests that differences may be related to socio-economic status (SES)⁴. The table below gives figures for teenage conception rates per 1,000 per year in England and in the three East London boroughs where our research took place.⁵

Table: Teenage conception rates for England and three East London boroughs in 2002.

<table>
<thead>
<tr>
<th>Area</th>
<th>Teenage Conception Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>42.6</td>
</tr>
<tr>
<td>Hackney and City of London</td>
<td>73.9</td>
</tr>
<tr>
<td>Newham</td>
<td>56.2</td>
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<tr>
<td>Tower Hamlets</td>
<td>45.6</td>
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**What is already known?**

Approximately 26% of young women and 30% of young men report first sexual intercourse before age 16 in Britain.⁶ Research on behaviours and expectations of sexual intercourse amongst 18-20 year old South Asians and non-South Asians living in Greater Glasgow⁷ described young South Asian women as reporting less experience of sexual intercourse than White women and South Asian men as reporting similar levels to White men. In another study, in-depth interviews with 36 South Asian and 25 White British young women suggested that relationships and sexual behaviour of South Asian young women was influenced by cultural traditions, religious beliefs and the expectations of community and family,⁸ arguing that young Muslim and Sikh women had more restrictive cultural norms in terms of sexual behaviour than did Hindus.

A study of sexual behaviour in North London amongst 63 Bangladeshi, Jamaican, Nigerian, Ugandan and Indian people aged 16-45⁹ described the influence of ethnicity on the sexual behaviour of Bangladeshis and Indians as
similar across ages, religions and gender. Early sexual experiences were reported infrequently, with first sexual intercourse usually occurring within marriage. Jamaican women had a tendency towards one long-term partner or to serial monogamy, whilst it was more common for Jamaican men to be engaged in either serial monogamy or multiple relationships. The researchers reported a diversity of cultural practices among the Nigerians and Ugandans in their sample. In this study, religious constraints on sexual behaviour were reported less frequently amongst this particular group of Africans than the Bangladeshis and Indians. However, limitations of sample size in these studies mean that the conclusions drawn should not be taken to be representative of the experiences of a particular ethnic group. Instead, they provide information for hypothesis formation.

North American research has identified a number of risk and protective factors that influence young people’s health related behaviours. But how these factors influence early and risky sexual behaviours and attitudes amongst young people is poorly understood. Parental ‘connectedness’ (how much a child feels close to or loved by their mother and/or father) and parental communication, having a boyfriend or girlfriend and peer influences are just some of the factors that have been found to be important for young people. For example, researchers found that high levels of parental connectedness, parental disapproval of their adolescent being sexually active, and parental disapproval of their adolescent’s use of contraception were related to delaying starting to have sex. Other researchers found that the importance of parent communication may differ by gender and that high parental expectations were a significant protective factor for males and not for females. However little is known about how these factors differ by ethnicity, especially in the UK.

What does this paper add?

This paper adds to the knowledge base on sexual behaviour amongst young people and in particular, the protective and risk factors associated with early and risky sexual behaviour amongst Black and Minority Ethnic (BME) young people. There is a particular evidence gap in relation to 13-18 year olds from BME groups, which we address here.

About the Study

Our aims were (1) to gather information on resilience (protective) factors that protect against risky sexual behaviours in black and minority ethnic (BME) young people in East London. In particular, we focused on religion and culture, family and peer relations, intimate relationships, and factors associated with choice, access to services and sexual activity. (2) To provide data to inform potential policy interventions to reduce teenage pregnancy rates in BME young people.
Our study used qualitative and quantitative methods to investigate protective and risk factors for sexual activity amongst BME and White British young people in East London. The quantitative data provide a detailed overview of what young people say they are doing, while the qualitative data provided us with an understanding of the attitudes, experiences and values of the young people we interviewed. Young people advised on the development of both qualitative and quantitative research tools.

The quantitative arm, RELACHS (Research with East London Adolescents: Community Health Survey), is a school based, longitudinal survey of a representative sample of young people from 28 secondary schools in Newham, Tower Hamlets and Hackney, East London. Wave 1 collected data from 2,790 young people aged 12-14 years (years 7 and 9). Wave 2 surveyed the same young people and new members two years later when they were aged 13-16 years (years 9 and 11). Seventy-five percent of the quantitative sample was from ethnic groups other than White UK or White Other (which includes, for instance, Turks and East Europeans). Data in both waves were collected through a confidential questionnaire completed in school, covering mental and physical health, health behaviours, social capital and socio-demographic factors. Data on sex and relationships were collected in Wave 2 only. Quantitative analyses presented in this briefing paper are from 2369 participants (89% of the entire sample) who provided data on sexual activity, weighted to take account of unequal probabilities of selection. We initially analysed data separately in young men and young women, and then within the larger ethnic groups where numbers allowed. All quantitative results reported here are significant at the p<0.05 level when adjusted for year group and SES (and gender and ethnicity if appropriate).

The qualitative part of the study (“It’s My Life”) collected data from 146 young people aged 15-18 using focus groups, an experimental web-based discussion forum and in a few cases on request, individual semi-structured interviews. We completed 30 focus groups and 3 individual interviews. 16 of the focus groups were single sex (of these 11 were all female, and 5 were all male) and the remaining 14 were mixed. As with the quantitative arm, the qualitative sample included a diverse range of Bangladeshi, Black African, Black Caribbean, Indian, Pakistani, White Other and Mixed Ethnicity young people as well as White British young people. The sample included 62 young people from groups identified in other studies as facing particular challenges including looked-after teenagers, those with learning disabilities, young carers, gay, bi-sexual and lesbian young people, refugees, asylum seekers and young parents. We also interviewed 15 professionals including Teenage Pregnancy Co-ordinators, youth workers and sexual health workers. Whilst the quantitative data relate to 13-16 year olds, the qualitative data were collected from young people aged 15-18 years.
What we asked

Quantitative questions included whether young people had had sexual intercourse at least once (ever had sex) and the age at which young people first had sexual intercourse (age starting sex). The older year group, year 11, was also asked how many sexual partners they had ever had and whether they thought there was any coercion at first sexual intercourse. Where we refer to sex in the following discussion, we refer to both heterosexual and same-sex intercourse. Young people were asked to identify their ethnicity based upon the Census 2001 categories, modified for use in East London.

Qualitative questions included where young people met potential partners, how an approach might be made and how they spent time together. We also explored how quickly sexual activity might develop within a relationship (if it would) and what factors might affect the development of this type of relationship. Where teenagers told us that it was likely the relationship would involve sexual intercourse, we asked where and under what conditions that might happen.

Findings

Gender, ethnicity and culture

Twenty-five percent of young men and 11% of young women in the quantitative sample of 13-16 year olds, reported having had sexual intercourse (n=442). Of those who had ever had sex, 7% of young men and 4% of young women reported having sex with same-sex partners, whilst 2% of young men but no young women reported having sex with both opposite and same-sex partners. Young people of both sexes in Bangladeshi, Pakistani and Indian groups reported significantly lower proportions of ever having had sex compared to White British young people. On the other hand, Black Caribbean and Mixed Ethnicity young men were more likely to say they had had sex than were White British young men. Of those young people who reported starting sex, 38% reported having first done so at 13 years or younger (these made up 6% of the total sample who provided information on sex). Starting sex at or below age 13 was more common in White Other and Black Caribbean groups, although the numbers were small.

There were significant ethnic differences in young people’s reports of the number of sexual partners. White Other, Black African and Mixed Ethnicity young people were more likely to have had sex with two or more people compared to White British young people.

In qualitative discussion groups with 15-18 year olds, some young people said that their parents’ expectations of them, linked to their ethnic background and cultural values, would prevent them from having sex before they were married: “In my case my ethnic background and religion and stuff and so and so would
probably get in the way” (young woman from group of 15 and 16 year old Indian and Pakistani teenagers). However, others made it clear that the influence of ethnicity, culture and family varies within as well as between ethnic groups: “It depends on how their parents are and their family are…Every person has different views in Asian families” (15/16 year old woman, Bangladeshi).

Emphasising the need to look at young people individually, a young people’s sexual health service worker commented:

People make assumptions about our communities here because they’re Bengali or because they’re Muslim or African or whatever, but actually it’s about not making those assumptions… “Oh, she’s wearing a headscarf so she’s obviously not sexually active when she’s 17 and not married” - but actually that’s not the case.

(taken from a one-to-one interview)

**Social exclusion**

We found little evidence that socio-economic status was associated with having had sex; of a wide variety of socioeconomic indicators studied in the quantitative data, only household crowding was related to starting sex, with young people who reported over-crowding at home being less likely to report having had sex, although this relationship did not hold when ethnicity was taken into account. Despite this, several professionals felt that high levels of poverty and social exclusion, problems at school and home, including drink and drug misuse and limited future life aspirations took their toll on young people’s sense of self-worth. In their view, this meant that they were less inclined to think about the consequences of sexual behaviour. To counteract the effects of social exclusion, one worker suggested that young people need to:

be assertive and take responsibility for their actions...[young women]
to say "no" to young men when young men are trying to make their advances or encouraging them to have sex, maybe unprotected sex...also the young men getting them to place their own sexual health higher on their agenda

(Young people’s sexual health worker, taken from a one-to-one interview)

**Family networks**

It has been suggested that the ability of young people to discuss sex and relationships with their parents, particularly in a "non-moralistic" way, may protect against starting sex. In our study, teenagers across all ethnicities described difficulties in talking with parents about sex. Those who were least likely to talk to their parents were young people from Bangladeshi, Indian and Pakistani backgrounds. However, we found that where young people reported difficulty talking to mothers and fathers about sex, this reduced the likelihood of having had sex amongst young men though not young women. This effect was also
seen for talking to fathers in White British and Black Caribbean young people but not in Bangladeshi or Black African teenagers. The belief that their parents would disapprove of them having a physical relationship was highly protective against having sex for both young men and women.

Young people described drawing on the support and advice from relatives in their wider families; Black African, Black Caribbean and particularly Bangladeshi and Pakistani teenagers mentioned members of their extended families: “Go to your sister-in-law. She’ll give you advice” (15 year old young man, Bangladeshi).

**Peer advice and support**

Young people described talking to their friends, sometimes friends of the opposite sex, for support and advice in relation to their intimate relationships:

> most of the time I talk to young men about my problems [as well as her two best female friends] because they understand and like they don’t give you the same solution that you have already thought of, they give you a different solution, “well OK I could try that”
> (15 year old young woman, Black British)

Teenagers reported listening to trusted peers, though ultimately making their own decisions, “Yeah, you can listen but you don’t have to do whatever they tell you” (16 year old young woman, Black Other). Young people also mentioned times when their friends disapproved of people they fancied, “so you try and hide your feelings because of this stuff that your friends says, because I think it matters what your friends think” (15 year old young woman, Black African).

**Peer Pressure**

Concerns about the impact of peer pressure were raised by professionals and some young people. Some young women described pressure from female friends and boyfriends to have sex. Young men also reported being pressured by male peers to have sex:

> It was like peer pressure though [losing his virginity]. Well, they were going on about how they had this one day and that one the other day, and I’d never had no one, I never used to find young women interesting really, I just to like do my own thing, go and play my ball and all that.
> (18 year old young man, Black Caribbean).

In some focus groups amongst young men, a professed willingness to have sex in any context was reported:
With young men it doesn’t really matter it’s any time. It doesn’t matter where or when, it’s any time. It’s up to the girl really at the end of the day. It’s true though no boy put down sex and that’s the honest truth (15 year old young man, Black Caribbean).

Eleven per cent of young women and 7% of young men reported being pressured by their partner when they first had sex. There were no significant ethnic differences between young men and women in reports of being pressured into sex.

*Protecting your reputation*

In the qualitative work, a small number of young men and even fewer young women described having or seeking casual sex. Young people, especially young women, suspected by their peers of engaging in casual sex were sometimes described in disparaging terms. The length of time partners had known one another seemed a defining factor here. Particularly for young women, the earlier she is willing to have sex, the lower the degree of respect afforded her by her peers – “a whore, a skit [slag], a grimy girl… a girl you know is keen” (17 year old man, Black African).

*Intimate relationships*

Unsurprisingly, the quantitative data showed that having a boyfriend or girlfriend put both young men and women at a higher risk of early onset of sexual activity. While White British young people were more likely to have sex if they were in longer-term rather than shorter relationships, this did not appear to be the case for Bangladeshi, Black Caribbean and Black African groups.

These reported ethnic differences in ‘having sex’ may not account for other kinds of intimate relationship. In our focus groups, young people from a variety of ethnic backgrounds reported being and having been in intimate relationships, although it was not always clear exactly what types of sexual activity were involved. Comments from practitioners with whom we discussed the emerging research findings suggest that young people may be engaging in sexual activities which they do not define as ‘having sex’ but which might compromise their safety. More research is needed into whether sexual activities such as anal sex, heavy petting, mutual masturbation, oral sex and so forth are seen as “sex” by young people and what the consequences of their perceptions may be for the delivery of safe sex messages and sexual health services.

Young people often said that a relationship was more likely to get physical, “when you can trust each other and feel comfortable about everything” (15 year old young woman, Bangladeshi) and “if you really like each other a lot” (14/16 year old young woman, Bangladeshi). The sexual activity described to us sometimes stopped short of intercourse: “Personally I wouldn’t do any thing like
that” (15 year old young woman, Indian). Others said that they would like to wait until they were married to have sex but in reality, “things happen” (16 year old young woman, Black African). Teenagers tended to feel that kissing was appropriate at the start of a physical relationship, but they subsequently varied in their views on how quickly different kinds of sexual activity might develop after that:

Young man: Well [at first] it might be just like a kiss goodbye or something...Then on the second or third date-
Young woman 1: Some people do get physical on the first time.
Young man: Well that's some but I’m talking about [lots of laughing]
other young women. Then on the next date, if they really like you then
you stand a chance of getting it off…
Young woman 2: After a few weeks…
Young woman 1: Well some young women are just so eager, they'd
just do it for the first time!
[loud laughter]
(group with 18 year old young man, Black Caribbean and
two 17 year old young women, one Black Caribbean, one
Black Other)

Many teenagers flagged up the importance of “knowing” someone before becoming involved with them sexually. This was often linked to having the opportunity to talk together: “I guess you can get to know someone’s personality only if you start talking” (18 year old young woman, Black African).

Talking on their mobile phones was mentioned as an important way of getting to know each other and vetting potential partners. Some teenagers described being passed phone numbers via friends and making initial contact with potential partners over the phone rather than face-to-face: “I have known this person for six months and I still haven’t met up with them because I’m still kind of like, oh I’m not sure” (18 year old woman, Black African). One professional felt that some young women, who thought they had got to know a partner were disappointed if the young man saw sexual intercourse as a casual encounter:

I mean I've got a girl who's 18 and I've got a girl who's 15 and
they're... it's like, "Oh, I've got a boyfriend, I had sex with him and now
that I phone he doesn't pick up the phone"
(Youth worker, taken from a one-to-one interview))

Sexual Exploitation

Most young people reported meeting potential partners - “everywhere, anywhere” (16 year old woman, Black African) and some young women described being approached in public spaces by men significantly older than them. Several professionals suspected some teenagers they knew to be involved in sexual
exploitation through prostitution and linked this to them meeting older partners in public spaces:

we do a lot of work around sexual exploitation…they live maybe around the estates and someone who’s driving by in a flash car, a couple of blokes and, you know they kind of chatting these young women up, often quite young women and they'll be, they think it’s big and they wanna have a boyfriend

(Youth sexual health worker, taken from a one-to-one interview)

*Attitudes to sexual health services and education*

In focus groups, young people frequently commented that they found sex education at school ineffective, embarrassing, or badly taught or managed. The importance of being able to speak openly to teachers was stressed as well as the need for teachers to be upfront and direct about sex, STIs and relationship issues. Many participants recommended that lessons be taught in single-sex groups to avoid embarrassment and facilitate discussion. A large number of young people felt that sex education needed to be provided earlier on in the curriculum, but some also stressed the need for further reinforcement of information at later stages. The use of anonymised services (such as Q&A services at school, or internet-based services) was suggested as a way of avoiding embarrassment.

In relation to accessing services, young people suggested the need for staff to be approachable, non-judgemental and for services to be situated in a relaxed environment. They also emphasized confidentiality and trust – many young people did not believe that GPs and other health professionals would keep patient confidentiality in practice. The location of services was important – a number of young people suggested locations where they would not be recognised / stigmatised, whilst others suggested they should be more local, with more convenient opening hours.

*Young people with special needs*

Discussions with teenagers and reports from professionals suggest that the following groups of young people have particular needs around intimate relationships and sexual behaviour:

- Young people with learning disabilities reported being engaged in intimate relationships with differing degrees of sexual contact, but felt unable to access support and advice from peer or family networks or were unclear about the existence of sexual health services. In line with findings from previous studies, professionals raised concerns about high levels of abuse amongst disabled young people. One participant with learning disabilities described having been sexually harassed at work. Professionals also
reported some young people with learning disabilities as ‘at risk’ if teaching is not provided about what is and is not appropriate sexual behaviour and types of touch.

- Professionals reported that unaccompanied young asylum-seekers and refugees had often had harrowing experiences, sometimes including abuse. By the age of 16, some of these teenagers are living in relatively unsupervised semi-independent accommodation, isolated from family and sometimes peer-networks, and non-sexual sources of affection. One specialist professional working with this group described young people’s ready access to sex workers and a very “macho” culture within some groups, putting pressure on young men to have sex so that, “at least everyone doesn't think you're gay or that you can't sort yourself out.” (Youth worker, taken from a one-to-one interview).

- Looked after young people reported that living in semi-independent or independent accommodation made it easier for them to have sex than for their peers living at home with parents or other relatives, “In this place you can take your girlfriend in your room”(15 year old young man, Bangladeshi). Professionals raised concerns about patchy sex education for this group of young people.

- Young people we met who openly identified as gay, lesbian or bisexual described experiencing degrees of homophobia, physical and verbal attack in school, the community, the workplace and in some cases at home. In common with other research, a professional with particular expertise in working with this group of young people reported this to impact on self-esteem and their assertiveness in protecting their sexual health, “because they might not actually think that they’re worth it” (Youth worker, taken from a one-to-one interview).

**Services**

Professionals reported the importance of multi-faceted interventions and partnership working between youth and sexual health services in order to meet the information and service needs of young people. They described delivering services to young people and carers who were initially less willing to engage:

> We have close links with the drugs agencies, the local hospital, with sexual health. Obviously we're building relationships now with Connexions, we're involved with the training facilities, colleges.  
> (Youth worker, taken from a one-to-one interview))

Services included providing single-sex sessions at convenient times for young people or carers, for example, directly after school. Both young people and professionals raised the importance of provision of youth sexual health services
directly after school (as well as at other times), in an environment where young people could feel assured that confidentiality is maintained. When approaching communities where they felt there might be objections to sexual health information on the grounds that it might encourage young people to have sex, workers stressed that contraception and sexual health information was important in order to inform choices now and in the future for teenagers.

Conclusions and policy and practice implications

Ethnicity

Overall, the proportions of young people who have had sex in our quantitative sample are lower than national comparative data for first intercourse under 16 years, especially for young women. However, proportions that had started sex amongst White British young people are similar to national data.

Our work indicates both ethnic differences and similarities in relation to sexual behaviour. The similarities reflect the fact that many teenagers from different ethnic backgrounds were born in Britain and have been exposed to many of the same influences as their White British peers, despite important cultural differences. Our quantitative analyses highlight the diversity in sexual behaviour among and between ethnic groups often grouped together under the categories “Black” or “Black and Minority Ethnic”. Black Caribbean young people were at higher risk than White British teenagers for having started to have sex by 16 years, and for starting sex at 13 or under, whereas this higher risk was not seen in Black African or Black British young people. Young people from White Other groups were also at high risk for starting sex at 13 or under, while teenagers of both sexes from the South Asian groups were less likely to engage in early sexual intercourse. These findings are in line with other research findings that South Asian women have less experience of sexual intercourse before marriage than White women, although South Asian men and White men have similar levels of experience. Qualitative data suggest that South Asian young people, like those from other ethnic groups, are involved in intimate relationships, but the extent to which this includes sexual intercourse is less clear. Young people from Mixed Ethnicity backgrounds may form a high risk group, with young men being at higher risk of having had sex by 16 years and both sexes being at higher risk of having two or more sexual partners. Black African and White Other young people were also at greater risk of having two or more sexual partners.

While it is important to understand ethnic differences in sexual behaviour, it is also important to note that young people and professionals repeatedly stressed variations in teenagers' behaviour within ethnic and religious groups. Some young people from ethnic groups who report a comparatively low rate of sexual intercourse are having sex. This suggests that while cultural sensitivity is important in sexual health services, 'targeting' particular ethnic groups may not
be helpful, and young people across all ethnicities and religions need access to good sexual health services.

**Family and Peer Networks**

In common with other researchers, we found that most teenagers received their information about sex and relationships through friends rather than their parents. We found that factors identified in previous research as being protective, (such as parental disapproval of physical relationships) or increasing the risk of early sexual intercourse (such as having a partner), could be seen to operate across ethnicities. However, in contrast to previous research, we found that difficulty in talking to parents about sex appears to reduce the risk of having sex in young men in our sample, particularly in Black Caribbean and White British young men. Given evidence from other studies that higher levels of communication with parents may protect against starting sex, our findings may well reflect the protective effect of strong religious or other cultural beliefs about sex rather than being a direct effect of communication with parents. This is supported by our finding that, in young women, lower support from the family is associated with higher risk of starting sex.

Extended family and peer networks were an important resource for young people in terms of providing support and relationship advice. This suggests that we need to explore whether extended families, not just parents, could be supported by services in providing advice for teenagers around intimate relationships and sexual behaviour. It also suggests that if young people are already providing advice and support to their peers, it is important for them to have accurate sexual health information. This is particularly relevant in a context where other research and accounts from professionals suggest that sexual health information provided by peers is not always accurate or effective.

**Sexual Exploitation**

Professionals raised concerns about the dangers of young people meeting older partners in the street and other public spaces and connected this to dangers of sexual exploitation. Given the wide range of places where young people reported meeting potential partners, we might consider exploring whether they know enough about potential dangers, how and if they try to reduce these dangers and whether services can play a role in helping them.

**Services for Special Needs Groups**

The accounts of teenagers and professionals suggested a lack of service provision or a lack of awareness of such provision for those with special needs such as young people with learning difficulties. This is a particular concern given that some young people we met from this group were or had been involved in intimate relationships. Researchers, policymakers and practitioners might
consider how to improve this situation especially given research suggesting that this group is subject to forms of abuse, and has sub-optimal access to sex education\textsuperscript{16}. Professionals also raised concerns about patchy sex education for looked after young people. These concerns, coupled with the suggestion by teenagers from this group that they have more freedom in relation to what they can do and where they can go, reinforce the need for those caring for looked after children to have appropriate sex education skills.

<table>
<thead>
<tr>
<th>Glossary</th>
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<tbody>
<tr>
<td>Sex</td>
<td>hetero/homosexual intercourse</td>
</tr>
<tr>
<td>Unprotected sex</td>
<td>Intercourse without any effective means of contraception/protection</td>
</tr>
<tr>
<td>Contraception</td>
<td>prevention of conception by the use of birth control devices or agents</td>
</tr>
<tr>
<td>Intimate relationships</td>
<td>any couple relationship of a sexual nature</td>
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Further information

This paper is Paper 1 of 4 papers presenting the finding of our study, *Protective and risk factors for early sexual activity and contraception use amongst Black and Minority Ethnic adolescents in East London*, funded by the Teenage Pregnancy Unit, Department for Education and Skills and Department of Health. The Principal Investigators were Russell Viner and Helen Roberts. The study included Wave 2 of the RELACHS study (www.relachs.org) and was undertaken jointly between University College London, City University and Queen Mary, University of London.\textsuperscript{a}

Paper 1: Starting sex in East London: protective and risk factors for starting to have sex amongst Black and Minority Ethnicity young people in East London

Paper 2: Contraception and unsafe sex in East London teenagers

Paper 3: Health risk behaviours, mental health and sexual behaviour in young people in East London

Paper 4: Culture, identity, religion and sexual behaviour among Black and Minority Ethnic teenagers in East London

**Data references (see Tables 1.1-1.9)**

\textsuperscript{a} The RELACHS Steering Committee: Stephen Stansfeld (Principal Investigator), Stephanie Taylor, Robert Booy, Jenny Head, Kam Bhui and Russell Viner. The RELACHS Research Team: Charlotte Clark, Emily Klineberg, Amanda Jayakody, Davina Woodley-Jones, Sarah Brentnall, Hannah Bennett and Rebecca Dunkin.

\textsuperscript{b} We use the term ‘sex’ to refer to sexual intercourse throughout.

\textsuperscript{c} Further information is available in the Methods section (Appendices).
South Asian rates for ever having had sex: Bangladeshi Males Odds Ratios (OR)=0.3; 95% Confidence Intervals (CI)=0.2-0.4; p<0.001; Indian Males OR=0.2; CI=0.1-0.5; p<0.01; Pakistani Males OR=0.2; CI=0.1-0.5; p<0.01; Bangladeshi Females OR=0.1; CI=0.0-0.3; p<0.001; Indian Females OR=0.2; CI=0.1-0.4; p<0.001; Pakistani Females OR=0.2; CI=0.0-0.8; p<0.05.

Black Caribbean males OR for ever having had sex =3.2; CI=1.6-6.2; p<0.01.

Mixed Ethnicity males OR for ever having had sex =1.6; CI=1.1-2.6; p<0.05.

Rates of starting sex ≤13 years compared to White UK young people: Black Caribbean OR=16.4; CI=2.9-92.3; p<0.01; White Other OR=12.8; CI=1.2-135.9; p<0.05. Numbers were too small to examine sexes separately by ethnic group.

Rates of multiple sex partners (≥2 partners) compared to White UK young people: White Other young people OR=3.4; CI=1.1,3.4; p<0.05; Black African OR=2.6; CI=1.1,6.2; p<0.05; Mixed Ethnicity OR=3.2; CI=1.6,6.4; p<0.01. Numbers were too small to examine sexes separately within ethnic groups.

We examined the association of ever having had sex with different socio-economic indicators. There was no association with both parents being unemployed, not owning a car or van and eligibility for free school meals. However there was a weak association with overcrowding at home, that is those with more crowding were less likely to have had sex. (OR =0.68; CI=0.46-0.99; p<0.05).

Male OR for the effect of finding it difficult to talk to father about sex on ever having had sex = 0.2, CI=0.2-0.4; P<0.001; Talking to mother about sex OR=0.4, CI=0.2-0.6; P<0.001.

The effect of parental disapproval on ever having had sex: Male OR for =0.4; CI=0.3-0.5; p<0.001; Female OR=0.5; CI=0.3-0.8; p<0.01.

Rates of ever having had sex for those young people who report currently having a boyfriend or girlfriend: Males OR=6.4; CI=4.3-9.7; p<0.001; Females OR=10.0; CI=6.4-15.6; p<0.001.

Rates of ever having had sex for White British young people who reported going out with their partner for more than six months: OR=5.1; CI=1.6-15.8; p<0.01.

Seven of the young people with learning difficulties were aged between 19 and 23. In addition, after focus groups were conducted and demographic data collected, we found that one 13-year old and six 14- year olds had taken part. We included data from all of these participants.

Literature references
1. Low N. Briefing paper on sexual health for young people from Black and minority ethnic groups. Teenage Pregnancy Unit