



FACTORS ASSOCIATED WITH SEXUAL HEALTH LITERACY IN YOUNG ADULTS IN IRELAND

DATE

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VENUE

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AUTHORS

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Fás Aníos in Éirinn
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BACKGROUND

- Sexual and reproductive health literacy (SRHL) a key protective factor for the prevention of negative sexual health outcomes in young people (Lirios et al., 2024)
- Closely related to the concept of health literacy, defined as ‘the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions’ (Institute of Medicine, 2004)
- SHRL particularly important in the context of:
 - recent rises in STI notifications among young people in Ireland
 - e.g., chlamydia notifications increased by 25 per cent between 2022 and 2023, with 52 per cent of cases in people aged 15-24 (HPSC, 2024)
 - HBSC evidence of declines in condom use among young people over time
 - approx. 50 per cent of 15-year olds used a condom in 2022 (declined from 67/68 per cent in 2014) (WHO, 2024)

POLICY CONTEXT

- National Sexual Health Strategy 2015-2020
 - The strategic framework for the sexual health and wellbeing of the Irish population
 - ‘sexual health and reproductive knowledge’ the most highly-rated topic to include in forthcoming sexual health survey
- Curriculum developments at primary, junior cycle and senior cycle
 - New junior cycle SPHE curriculum implemented in September 2023, and senior cycle SPHE curriculum available from September 2024 (to be available for all fifth-years from September 2027)
- Sexual health services
 - Home STI test kits available from October 2022
 - National Condom Distribution Service
 - Free contraception scheme now available for all women aged 17-35 years of age (from January 2024)

PREVIOUS LITERATURE

■ Health literacy

- Extensive literature on association between health literacy and health (behaviours) (Berkman et al., 2011; Bostock and Steptoe, 2012; Kobayashi et al., 2014; Sørensen et al., 2012)
- Health literacy closely related to broader cognitive skills, and to SEP (Sørensen et al., 2012, 2015)

■ Sexual health literacy

- Limited research from nationally-representative surveys (but 2005 ISSHR showed clear gender and cohort differences in sexual health literacy in Ireland) (Layte et al., 2006)
- Evidence on links between sexual health literacy and behaviours is inconclusive (Needham et al., 2010; Kilfoyle et al., 2016)
- Confirmed by intervention studies which highlight significant effects of SRHL interventions on knowledge, but inconclusive effects on behaviour (Mason-Jones et al., 2023; Salam et al., 2016)

RESEARCH QUESTIONS

1. What are the individual- and family-level factors that are associated with sexual health literacy at age 20?
2. How is sexual health literacy associated with sexual health behaviours (condom use, contraception use) at age 20?
3. What factors (other than sexual health literacy) explain sexual health behaviours (condom use, contraception use) at age 20?

DATA AND METHODS

■ Data

- Main source of data is wave 4 of '98 Cohort of GUI (collected in 2018 at age 20)
- Information on sexual health literacy and behaviours was collected in the self-completion questionnaire
- Also use information collected in earlier waves at ages 9, 13 and 17
- Final sample size is approx. 4,500 (observed in all four waves)



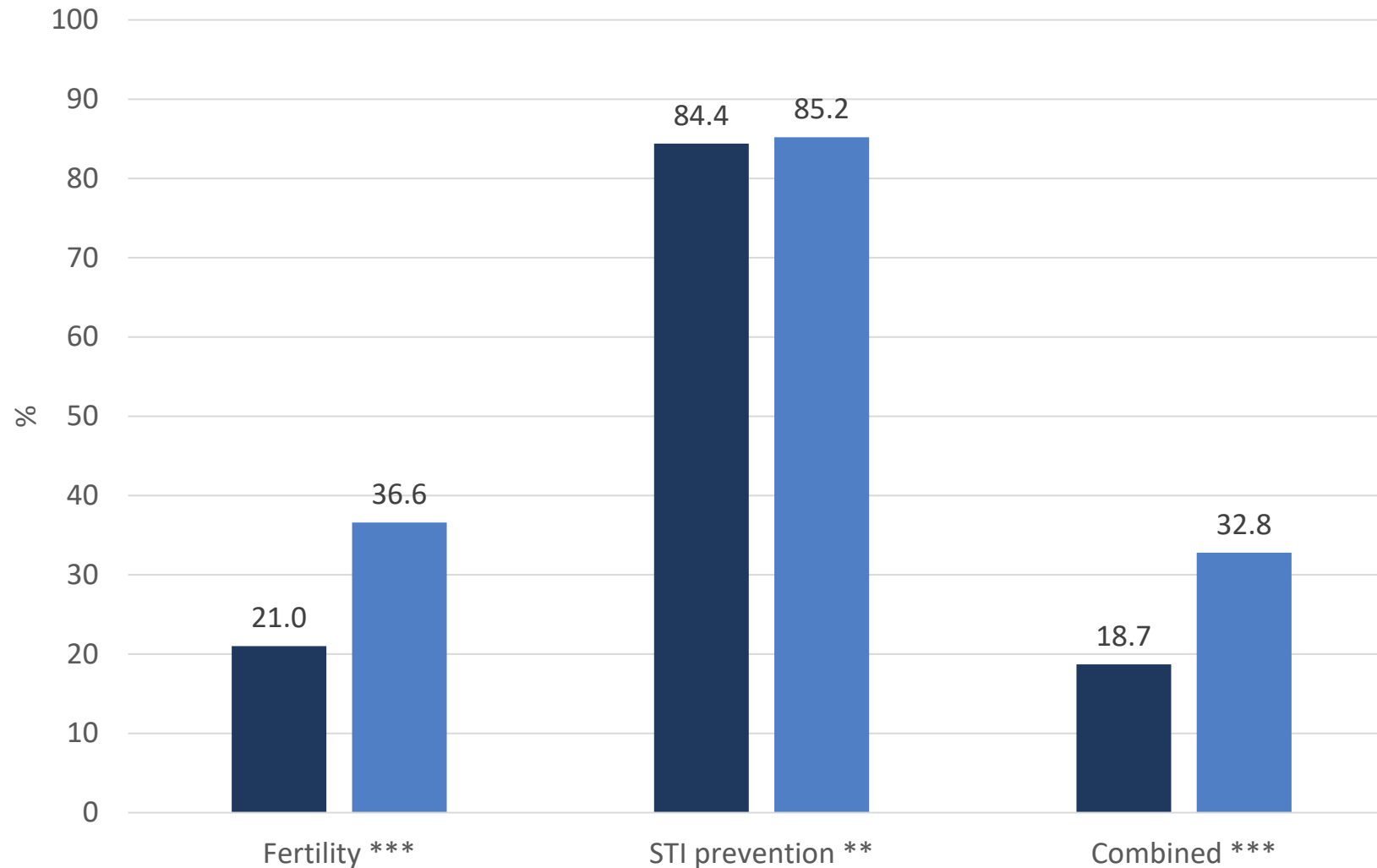
■ Methods

- Separate models for males and females
- Modelling approach depends on format of the dependent variable (in most cases, binary probit)
- Cross-sectional analyses (so usual caveats about causality apply)

SEXUAL HEALTH LITERACY

- At age 20, GUI respondents were asked two questions to gauge their sexual health literacy (adapted from US NLSY):
 - *When during the female monthly cycle of menstrual periods is pregnancy most likely to occur?*
 - Created a 0/1 binary variable to indicate correct response (about two weeks after the period begins)
 - *Which of these methods is the most effective for preventing sexually transmitted diseases like AIDS or gonorrhea?*
 - Created a 0/1 binary variable to indicate correct response (condom)
- Also created a combined variable
 - 0/1 binary variable to indicate correct responses to both questions

SEXUAL HEALTH LITERACY (% CORRECT ANSWER)



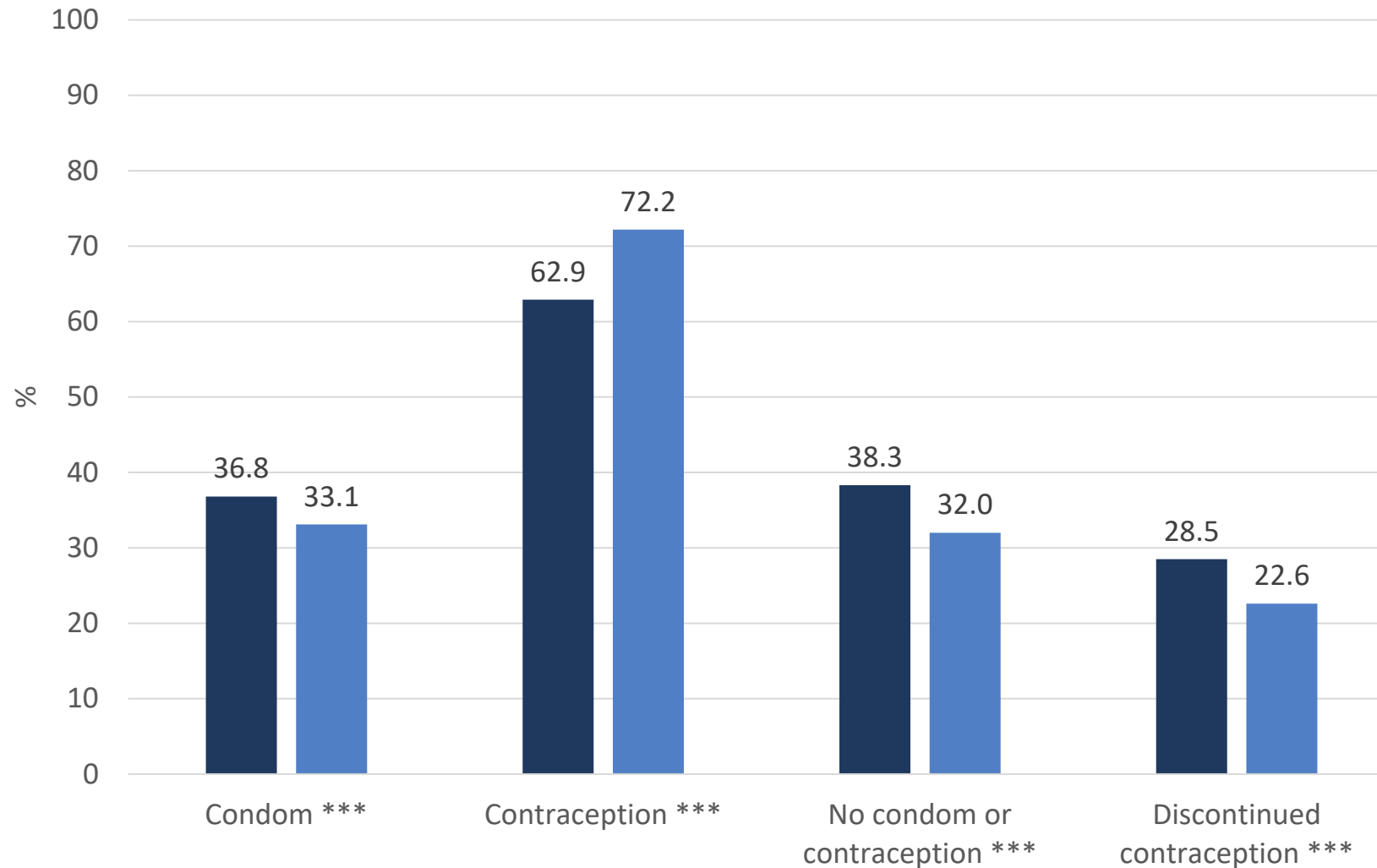
*** gender difference is significant at p<.001 level, ** p<.01, * p<.05

■ Males ■ Females

SEXUAL HEALTH BEHAVIOURS

- At age 20, GUI respondents (who had sex, about 85 per cent of the cohort) were asked a series of questions about their use of condoms and contraception:
- In general, do you usually use a condom every time you have sexual intercourse?
 - 0/1 binary variable to indicate those who answered ‘yes, on every occasion’
- Do you (or your partner) usually use some form of contraception?
 - 0/1 binary variable to indicate those who answered ‘always’
- Can combine the two variables to infer broad type of contraception
 - 0/1/2 for no form of contraception; condom only; other (non-condom) form of contraception
- And a longitudinal variable contrasting contraception use at first sex and currently
 - 0/1 for discontinuation of contraception use

SEXUAL HEALTH BEHAVIOURS (%)



*** gender difference is significant at $p < .001$ level, ** $p < .01$, * $p < .05$

■ Males ■ Females

Q1: FACTORS ASSOCIATED WITH SEXUAL HEALTH LITERACY

	Fertility		STI Prevention	
	Males	Females	Males	Females
Age				
Household social class		+		
Lone parent		+ (p<0.10)		
Migrant				- (p<0.10)
Illness/Disability				
Urban				
Early puberty				
Vocabulary test score		+		+
Sexual orientation				
DEIS school				
LC points	+	++	+	
LC Biology	+ (p<0.10)			
School preparation for adult life			-	

Q3: RELATIONSHIP BETWEEN SEXUAL HEALTH LITERACY AND BEHAVIOURS

	Condom use	Contraception use	No contraception	Discontinued contraception
Males				
Fertility literacy				
STI literacy				
Females				
Fertility literacy		-		+
STI literacy				

Controls for age, sexual orientation, main source of information about sex, partnership status, peer culture, LC points, risk tolerance

Q3: ADDITIONAL FACTORS ASSOCIATED WITH SEXUAL HEALTH BEHAVIOURS

	Condom use	Contraception use	No contraception	Discontinued contraception
Males				
Peer culture	-	-	+	+
Relationship status	+ (single)	- (single, casual)	+ (casual)	+ (single, casual)
Females				
Peer culture	-	-	+	+
Relationship status	+ (single, casual)	- (single, casual)		+ (single, casual)

Controls for sexual health literacy, age, sexual orientation, main source of information about sex, partnership status, peer culture, LC points, risk tolerance

POLICY IMPLICATIONS

- Fertility literacy
 - Worrying low levels of knowledge (important for protection against unplanned pregnancy, and future family planning)
 - Despite NCCA review of RSE, existing curriculum does not provide adequate knowledge base
- Importance of peer culture
 - Early sex among peers at 17 associated with lower condom use and discontinuation in contraception use
 - However, literature on peer interventions to promote sexual health is inconclusive (Mason-Jones et al., 2023)
- Importance of partnership status
 - Importance of renewed public health messaging around condom/contraception use
- Sexual health literacy not sufficient for safe sex
 - Importance of broader social determinants of health, power and consent dynamics within couples, etc.
 - Note that current free contraception scheme is targeted at women (and does not include condoms)

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