1   INTRODUCTION

This chapter provides an overview of the project including an introduction to the client and the background to the study. The terms of reference and a summary of the chapters contained in the report are also provided.

1.1   Client

The project was carried out on behalf of the College Health Services (CHS), Trinity College Dublin. The CHS promotes a holistic approach to student health and provides on campus, primary health care for all full-time students with a focus on the psychological and occupational aspects of student health and health education. The CHS also offers twice weekly Sexual Health Clinics for students. The primary aim of the CHS in requesting this study is to ensure that the services they offer fit the changing needs of students.

1.2   Project Background

Sexual health is a matter of great importance for all students. Over the past few years, students' attitudes and behaviours with regards to sexual health issues have changed significantly and rapidly. In general the subject of sexual health has become more widely and openly discussed.

Recent reports, however, have highlighted the failure of 'Safe Sex' campaigns targeted at college students. The Union of Students in Ireland (USI) have criticised college health services at all universities for their failure to provide sufficient information on safe sex practices. The lack of sufficient information among other issues has been directly linked to issues such as an increase in the numbers of students who have contracted an STI. There has also been an increase in requests for emergency contraception by students.

Student drinking is also quite noticeably on the rise. Despite ongoing campaigns promoting sensible drinking, these have done little reduce the amount of alcohol that students are consuming. Evidence suggests that the rise in student drinking has a significant effect on student sexual behaviour and attitudes.

The aim of this project is therefore to examine the sexual health, attitudes and behaviours of the students in Trinity College for several reasons, most notably to identify those students most at risk from poor sexual health attitudes and behaviours such that these students may be better targeted by the College Health Service when promoting 'Safe Sex' practices.

1.3   Terms of Reference

The terms of reference of this study are to conduct an online survey with the following intent:

- To examine students' sexual behaviour and practices primarily in relation to the effect of alcohol on their behaviour
- To determine from the above **"what makes a student risky with regards their sexual attitudes, behaviour and practices?"**
- To look at other aspects of student behaviour with regards the use of the facilities offered by the College Health Services, contraception usage, knowledge of Sexually Transmitted Infections (STIs) and drug usage.

Further to this:

- To analyse the results of the study, produce a graphical and written report of the findings and to give a presentation to the client of the key findings.
- To compare the results of the survey to a similar study conducted for the client in 2002.
- To conduct a review of the relevant literature concerning the sexual attitudes, behaviour and practices of students in Ireland and around the world.

1.4 Target Population

The client requested that this study of students' sexual behaviour and practices be applied to the undergraduate and postgraduate population of Trinity College. The base population therefore was the total undergraduate and postgraduate population of the college. The figures supplied by the Admissions Office specified that there were 15,240 undergraduates and postgraduates in total enrolled in the college for the academic year 2005-2006. A precise breakdown by faculty and gender may be seen in *Appendix XXX.*

1.5 Summary of Report

The report is composed as follows:

- **Chapter 2** contains key findings and recommendations;
- **Chapter 3** provides a review of relevant literature
- **Chapter 4** describes the survey design and the data collection process;
- **Chapter 5** is a detailed analysis of the dataset;
- **Chapter 6** summarises the conclusions and recommendations of the project;
- **Chapter 7** outlines suggestions for future projects.

2   KEY FINDINGS

77% of respondents have had sex. The average age at which students first had sex is 18.36. The average age for Junior Freshmen having sex is considerably lower than that of older years (16.9 compared to 18.73). The average number of partners per student is 5.6. 51% of students have had one night stands, of which 58% have had more than one. Alcohol is the main influencer for one night stands, cited by 65% of respondents. More females cited pressure from their partner as an influence, while more men cited peer pressure.

Risky Groups

Several "at risk" groups were discovered. These include students who move out of home when going to college, students who regularly binge drink and students who consume illegal drugs on a regular basis. Students in these groups are more likely to engage in risky sexual behaviour, often leading to the contraction of an STI.

Effects of Sexual Education

For the large part, sexual education seems ineffective. It improves contraception knowledge, but only in a very narrow spectrum. It fails to dispel myths and fears regarding sexual issues. Sexual education has no effect on condom usage, implying that it is ineffective at conveying the benefits and the responsibility of using contraception.

Stigma of Carrying Condoms

Proving that even in the 21st Century, society still clings to its taboos, there is a definite stigma attached to always carrying a condom, particularly for females. Many cite embarrassment as the primary reason for not carrying a condom at all times, while others feel it would be a slight upon their character to do so. Many females use this stigma to justify the idea that contraception is not their responsibility.

3   LITERATURE REVIEW

The following report contains references to several articles related to the sexual practices and alcohol consumption trends in relation to both Irish and international students.

Sexual Activity

In 2002, a survey of the student population of Trinity College Dublin found that 78% of the student population had engaged in sexual intercourse. (McNally *et al.* 2002) This is slightly higher than the nationwide average figure of 72.5% found by the CLAN survey in 2005. This found that slightly more males than females were sexually active (75% of males, compared to 70% of females). (Hope *et al.* 2005)

These numbers are in accordance with a survey carried out in the University of Minnesota, which found that 74.5% of all students had been sexually active in the previous 12 months. Among undergraduate students aged between 18 and 24 years, 31% had abstained from sexual intercourse in the past year. (College Student Health Survey, University of Minnesota 2003)

Age of First Sexual Experience

The study by McNally *et al.* found that the age of first sexual experience differed for males and females (2002). 9% of males had had sex by the age of 15 compared to 4% females. In general, females were slightly older at the time of first sexual intercourse.

The CLAN survey (Hope *et al.* 2005) identified the same trends. It was found that 73.7% of the student population first had sex at 17 years or older, with slightly more females than males in this age group (76.3% and 69.8% respectively). There were more males than females in the younger age groups. 26.8% males and 21.9% females first had sex between 15 and 16 years, and 2.4% males and 1.8% females were under 14 years.

Number of Partners

The survey by McNally *et al.* (2002) found that the majority of sexually active students had had between 1 and 4 partners, with males more likely to have had multiple partners. 16% of females and 28% males had had more than five sexual partners.

The CLAN survey (Hope *et al.* 2005) found that the majority of students had had between one and three partners. There were more females than males in this group (71.3% compared to 58%). Approximately the same proportions of males and females had had four to five partners (14.6% males and 13.7% females) and significantly more males than females had had more than six partners (27.4% males and 15% females). In addition to the differences between male and female students, third year students had generally had more partners than first or second years.

A study of 266 sexually active college students aged between 18 and 24 years of age in the State University of New York found the mean number of partners in the 12 months preceding the survey to be 2.2. (Mahoney *et al.* 1995)

A study in the United States found that females with both-sex experience and males with both-sex or only same-sex experiences were more likely to report multiple recent sexual partners than their peers with only opposite-sex partners. (Eisenberg 1999)

Contraception Usage
A 2002 study in Trinity College Dublin found the condom use to be 65% among males and 58% among females (McNally *et al.*). Pill usage among female respondents was found to be 53%. 3% of females and 2% of males claimed to have had sex without the use of contraception. Females stated monogamy as the most common reason for having sex without a condom. 16% females prefer other methods. Males stated loss of sensation (17%), no planning (15%) and loss of spontaneity (14%) as their main reasons.

The CLAN survey separated contraception into protection against STIs and protection against pregnancy (Hope *et al.* 2005). 76% used the condom as their primary method for protection against STIs. 40% stated they didn't always use condoms as a protector as they are in a monogamous relationship, and 3% used no protection at all.

As a method for protection against pregnancy, condoms were more popular among first years than third years (75% compared to 66%); whereas third years preferred to use the pill as their primary contraceptive (52% compared to 34%). Overall use was 71% for condoms and 45% for the pill.

The six most common reasons reported for non-condom use were that the sex was unplanned, monogamous relationships, loss of sensation, impaired judgement due to alcohol, a preference for other methods and loss of spontaneity.

An American study carried out in the Department of Health Science, State University of New York classified students into three groups – non-users of condoms, (19% of the population); sporadic users (43%) – defined as having more total sex partners in the preceding year than partners with whom a condom was always used – and consistent users (29%). Sporadic users were found to have had more sexual partners, were drunk more often when engaging in sexual intercourse, perceived themselves as more susceptible to HIV/AIDS and other STIs and they were less confident in their ability to discuss and insist on condom use with a partner. (Mahoney *et al.* 1995)

The University of Minnesota found that the majority (53%) of the sexually active student population used the contraceptive pill as their main method of birth control (2003). This was closely followed by condom usage at 47.4% and the withdrawal method at 15.1%.

Other studies, looking at "Risk Behavior among Late-Adolescents" found that less than half of all students (43%) report always using condoms during sexual intercourse, and 24% report never using condoms (Chernoff and Davison 1999). Students who reported always using condoms were more likely to be under 23 years old (81% of men and 87% of women). Consistent condom users were also more likely to live on-

campus (48% of men and 51% of women) than those that do not always use condoms (38% and 40%, respectively).

A correlation between risky sexual behaviour and other risky behaviours was found. Risky sexual behaviour is associated with higher-than-average levels of poor school performance, smoking, alcohol and drug use, driving without seatbelts and other risky activities. (Chernoff and Davison 1999)

STIs

In 2002, 5% of females and 7% of males tested positive for an STI. Out of the population, 20% of females and 14% of males had been tested for an STI (McNally *et al.* 2002). These figures are in accordance with data from the CLAN survey (Hope *et al.* 2005), which found that 4% of students had been medically diagnosed with an STI.

Morning-After-Pill Usage

57% of females in Trinity had availed of emergency contraception at least once (McNally *et al.* 2002). This is considerably higher than the national average which was found to be 42% in 2005 (Hope *et al.* 2005).

One Night Stands & Relationships

The McNally *et al.* study in 2002 found that 30% of females and 50% of males had had a one night stand. It was also found that 53% of females and 50% of males were in a long term relationship.

Sexual Education

A cross cultural study in Greece and Scotland compared the attitudes and values of students in sexual behaviour and sexual education. The study found a significant increase in the percentage of young people who believe education about AIDS, pregnancy and intercourse should start at the age of 10 or younger (14% to 22%) with a corresponding decrease in the percentage who consider such education should commence at the age of 14 or older (13% to 6%). (Kakavalis and Forrest 1999)

Only 43% of Greek students and 30% of Scottish students felt that the family was in a position to provide adequate sexual education.

There was a significant difference in opinions on the methods of teaching sexual education. 69% of Scottish students compared to 3% of Greeks thought it should be taught across a number of subjects, such as biology, religion and social studies. 94% of Greek students thought it should be a separate course, compared to 27% of Scottish.

In both Greece and Scotland students thought that the main aim of sexual education should be to teach safe sex and prevention and protection from STIs and pregnancy. More Greeks felt that learning about human sexuality, sexual identity and the human body was important, whereas slightly more Scottish students wanted to learn about relationships.

Alcohol Consumption

A survey carried out in 2003 found that the Irish are the highest consumers of alcohol in Europe, at 14.2 litres per adult on average. Abstention rates have fallen dramatically, from 20 – 25% among men and 30% among women in the 1970s to 14% and 19% respectively in the 1998. Forty-eight percent of men and 16% of women binge drink at least once a week. (Ramstedt and Hope 2003)

A study in Trinity College Dublin in 2005 looked at the lifestyle habits of Trinity College Undergraduates. This included details in relation to drugs, smoking and alcohol. The study found that over 90% of undergraduates drink alcohol. Of this, there was a slightly higher proportion of female than male drinkers (92% compared to 87%). Seventy-one percent of females and 62% of males drink at least 7 units of alcohol on average once a week. Forty percent of students drink 5 – 8 units in an average drinking session. (Rohan *et al.* 2005)

Just fewer than 35% of undergraduates drink more than 9 units in an average drinking session. Engineers are the most frequently in this group, with 50% of engineering students drinking this amount. This compares to 41% of BESS students and 30% of students in the Arts and Health Sciences faculties. Thirty-seven percent of Junior Freshmen and 38% of Senior Freshmen are in this group. This drops to 35% of Junior Sophisters and 31% of Senior Sophisters. Of 5th and 6th years, 33% drink more than 9 units in an average drinking session. Younger students are more likely to drink higher amounts than older students. Of those drinking 9 units or more on average, 43% were aged 18 and only 30% were aged older than 22. (Rohan *et al.* 2005)

Over 75% females drink less than 9 units in an average drinking session, compared to 44% males. Only 1.6% of females drink more than 15 units in an average session compared to 16% of males. Males also binge drink more frequently than females. Students stated that 66% had not been in fight or argument while drinking, but 57% had felt out of control while drinking. (Rohan *et al.* 2005)

The CLAN study looked in detail at the drinking patterns among Irish students. The rate of non-drinkers is 5%. The average age when students started to drink is 15 years, and even younger for males. There is significant evidence that the drinking age is falling – among students who started drinking aged 17 years or older, 31% were 1st years, 32% were 2nd years and 36% were 3rd years. (Hope *et al.* 2005)

1st year males were also the highest binge drinkers, at a rate of 64%. Among females, 2nd years students were the highest binge drinkers, at 49%. There are fewer regular binge drinkers among 3rd years. (Hope *et al.* 2005)

The CLAN study compared sexual behaviour of regular binge drinkers to other drinkers. Half of female binge drinkers had availed of the morning after pill compared to only one third of other drinkers. Fifty-eight percent of male binge drinkers and 38% of female binge drinkers stated that drinking alcohol had contributed to them having sex. Of binge drinkers, 45% of men and 26% of women stated that drinking alcohol had contributed to them having sex without using contraception. (Hope *et al.* 2005)

These trends are reflected in United States studies. A study carried out by the American College Health Association found that 36% of students drink 1 to 4 units on a typical night out. This includes 42% of females and 35% of males. Twenty-eight percent of students drink 5 to 8 units on a typical night. On average, 15% of students (28% of males and 8% of females) drink more than nine units. (American College Health Association 2003)

Forty-two percent of University of Georgia students said that consuming alcohol prior to sexual activity involves "great risk". Of those who drink alcohol, 20% of UGA undergraduates reported unprotected sex due to drinking within the last 12 months. One study of several Virginia universities found that 38% of students said alcohol was linked to an unprotected sexual encounter. Over a third specifically said that they failed to use a condom or other protection because of alcohol. (University of Georgia 2003)

Frequently drinking enough to get drunk is a main factor that consistently increases the risk of sexual victimization. One national study showed that 75% of men and 55% of women involved in acquaintance rapes were drinking or taking drugs just before the incident. A study at the University of Washington reported that 47% of men and 48% of women stated that alcohol led to a sexual situation that they later regretted. (University of Georgia 2003)

4   DATA COLLECTION PROCESS

4.1   Survey Questionnaire Design

Online surveys are significantly more efficient and reliable when comparison with more traditional survey methods, as many costs and sources of error are reduced, while more still are eliminated entirely. The survey designers see reduced costs through the elimination of the need for paper, postage and personnel costs associated with tasks such as data collection and data entry. Reliability is increased through the elimination of the oft error-prone stage of data entry. Respondents see decreases in the time spent completing the survey, while enduring little or no monetary costs. The survey questionnaire was designed in accordance with best practice for web-based surveys (for details, see Appendix H).

4.2   Data Collection Methods

The data collection method employed enabled the survey's reach to incorporate all Trinity students – undergraduates and postgraduates – including Trinity students currently studying abroad under student exchange schemes, such as Erasmus. The survey was placed in a personal namespace on the Netsoc webserver, Matrix, with the URL *http://www.netsoc.tcd.ie/~dibbler5/shs/*. The data was stored in a password-protected database also hosted on Matrix, thus protecting the data from any external parties. The website and database were connected using the scripting language PHP. In this manner, data entered online by the respondent was entered automatically and anonymously into the database, thus eliminating the need for any manual data entry on the part of the survey designers.

The use of this method is the key enabling factor in targeting the entire student population. Without the use of this method, the scale of data entry required, particularly considering the large size of the survey itself, makes targeting the entire student population unfeasible. In addition, this method:
- significantly reduces the possibility of human error
- provides the respondent with a high degree of anonymity
- makes it possible to filter out duplicated responses
- ensures data integrity and security by diminishing the possibility of malicious interference with the database

The use of other webservers and database hosts were also considered, such as the Information Systems Services student webserver, Alf2, however this option was rejected in favour of the Netsoc server for a number of reasons. Firstly, the nature of survey meant that some data being collected could relate to illegal activities, e.g. respondents admitting the use of illegal substances. As such, the administrator of the Alf2 database had misgivings about permitting the use of the server for this data. Secondly, there was the issue of accessibility. Content hosted on the Alf2 is only available within college or through connections to the college proxy server. This posed a significant problem, as the survey would only be sent out to respondents

close to the end of Hilary term, thus potentially alienating the survey from a large proportion of its potential respondents.

The Netsoc server provided the perfect solution, as its database is the responsibility of the account owner, and its content is available publicly through the World Wide Web.

On completion of the survey, respondents were directed to a "Thank You" page, where they were presented with the option of entering the prize draw. This was done by the respondent submitting their email address to the database, in the same way as they had completed the survey. This information was stored entirely separately to the information in the survey, and steps were taken to prevent any correlation of the two datasets in order to preserve respondent anonymity.

4.3   Survey Implementation

Research has shown that survey implementation procedures have a significant impact on the response rate achieved. Incentives, publicity and other motivational techniques may have a greater influence on response rates than the questionnaire design alone.

Blanket Email

In order to preserve the impression of 'anonymity' a blanket email was decided upon as the best method of publicising and sending out the survey to the target population.

The email was phrased as simply and explicitly as possible. A brief introduction and description of the reasons for the survey was given. In addition, the email contained a direct link to the survey. The email also stressed that complete anonymity would be maintained and that it would only require a few minutes of the respondents time to complete. The email was dispatched from the Health Promotion email address with the following subject line:

Sexual Health Survey: Win a €100 PRIZE

The email was sent from the Health Promotion email address (Health.Promotion@tcd.ie) in order to emphasise its authenticity and to increase the chances of students reading the email. An email address not connected to any of the project team was included (sexualhealthsurvey@gmail.com) and respondents were encouraged to contact the team if they had any difficulties or queries about the survey. Students were also informed that a €100 travel voucher was on offer as a prize for those who participated in the survey. Anonymity was again emphasised highlighting that email addresses submitted with regards queries or entered into the prize draw would not be stored with responses to the survey.

It was intended to disseminate the survey two weeks prior to the end of Hilary term as it was felt that the proximity to the end of term exams would guarantee maximum college attendance and in turn maximise the number of potential respondents. However due to communication difficulties the email was not distributed until after the Easter break. The survey was allowed to run for approximately one month in order to ensure a maximum number of responses.

4.4   Error Estimation

There are four main types of errors that must be considered when conducting a survey:

- Coverage Error
- Measurement Error
- Sampling Error
- Non-Response Error

Coverage Error

The email lists from which the survey was disseminated included all registered undergraduates and postgraduates in Trinity College. As the survey was distributed to the entire target population (all of whom have a registered College email account) via the blanket email, each respondent had an equal or known chance of being included in the survey and coverage error is therefore not applicable to this survey.

Measurement Error

If a respondent's answer to a survey question is found to be inaccurate, imprecise or incomparable in any useful way to answers given by other respondents due to poor questionnaire construction and wording, the results of the survey will contain some measurement errors. In order to minimise the number of measurement errors, the questions were worded as succinctly as possible and in general questions were kept closed. Where necessary, definitions of terms were included to minimise misinterpretation of questions. However the inclusion of several open-ended questions left an opportunity for respondents to enter hoax answers if so desired. A brief analysis of these responses revealed plainly those who did not take the survey seriously and these were not included in the main analysis of the data. The questions were divided into clear sections by topic and were further ordered to provide a sense of continuity between questions. A paper based version of the survey was piloted on a small sample of the population and the final survey was vetted by Dr. Eileen Drew, an experienced survey designer, in order to eliminate any likely sources of measurement error.

Sampling Error

As the survey targeted the entire population, no sample was drawn from the population and as such sampling error is not applicable to this survey.

Non-Response Error

Non-response error occurs if a unit of the survey sample (i.e. a member of the target population) does not respond by not completing the survey. If a student chooses not to participate in the survey at all this may be classified as *unit* non-response error.

If a student begins the survey but does not complete the entire survey this is known as *item* non-response error. This cannot be prevented but may be minimised by keeping questions as simple and short as possible as previously outlined.

Non-response error cannot be avoided in a self-administered survey of this type. There are several measures however that may be taken in order to minimise these types of errors. These include:

- Use of Social Exchange Theory:
  - Material Incentives
  - Trust
  - Respect
  - Appreciation

Material Incentives

"A token financial incentive seemed especially effective in improving response among younger people" (Dillman 2001)

Research has proven that offering a tangible incentive is an effective method of improving response rate when conducting a survey. Recipients of the survey in general feel that their time and effort is appreciated by those conducting the survey. The College Health Services sponsored a €100 travel voucher in order to provide a tangible incentive for students to complete the survey.

Trust, Respect and Appreciation

It is important for respondents to believe that the long-run benefits of completing the survey will outweigh the more immediate costs (time and effort) of doing so. All respondents were repeatedly assured that all responses to the survey would be held in complete confidentiality and anonymity. This implied an ethical commitment that respondents would not be linked in any way to their responses. By explaining the reasons for conducting the survey and by encouraging recipients of the survey to participate, this showed regard and

respect for the contribution needed from recipients. Appreciation was expressed to all respondents by the 'Thank You' page that was displayed upon completion of the survey.

4.5   Survey Response

Initially a total of 2,287 students responded to the survey – this represents 19% of the target population. Unfortunately, due to circumstances beyond control a portion of the data was lost. Due to time constraints there was no opportunity to resend the survey, therefore it was necessary to use the data recovered as the dataset for analysis. From the dataset there were a total of 1,126 respondents representing 7% of the target population. A preliminary examination of the dataset was carried out to determine any bias present and to ensure that it would be representative of the target population (*See Chapter 5, Section 5.1*). The survey was deemed to have been fully completed by a respondent if they answered both the Faculty and Gender questions. These questions were chosen as determinants of completion as they were neutral and non-offensive and respondents would be more inclined to answer them. From this dataset, 78% of respondents fully completed the survey.

<u>Confidence Interval</u>

Using a confidence level of 95% for a sample of this size, the general level of accuracy expected is given in the form of a confidence interval of 2.81 (Survey System 2006). This means that if, for example the survey results suggest that 78% of respondents have had sexual intercourse at least once, there is a 95% certainty that between 75.19% and 80.81% of respondents have in fact had sexual intercourse at least once.

5   DETAILED ANALYSIS

This chapter contains a detailed analysis of survey data including key findings as outlined in *Chapter 2*.

5.1   Initial Examination of Dataset

One of the chief difficulties in conducting a survey is the potential difficulty of bias in the respondents when compared to the target population, as this can lead to biased responses and results. It was necessary to establish whether or not a bias existed within the dataset in order to determine if the findings from the dataset could be extrapolated to the target population. The breakdown of survey respondents and target population may be viewed in *Appendix F*.

Bias in Status of Respondents

As the study targeted both undergraduates and postgraduates it was necessary to examine the dataset to determine if the percentage of respondents for each category was consistent with the known actual breakdown of students within the college. At present, the target population comprises of 71% undergraduates and 29% postgraduates. The respondents to the survey were found to consist of 63% undergraduates and 37% postgraduates. As a slight bias exists within the dataset, any analysis requiring a definition between undergraduate and postgraduate status was broken down according to status thus eliminating the bias and providing a representative view of the data.

Bias in Gender of Respondents

The actual breakdown of students (undergraduates and postgraduates combined) by gender is known to be 38% males and 62% females. From the survey dataset it was found that overall 32% of respondents were male and 68% female. As before in order to remove the bias from the results, any analysis based on gender was broken down by gender allowing for both male and female responses to be viewed representatively.

Bias in Year of Study and Faculty of Respondents

In the Personal Details section of the survey respondents were asked to select the faculty to which they belong to. The options presented to respondents were the five college faculties:
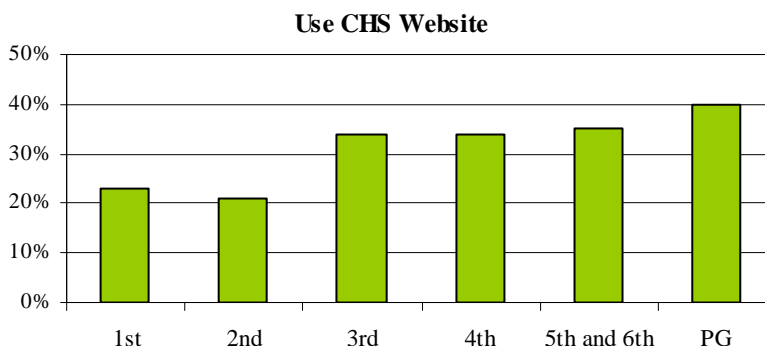
- Arts and Humanities
- Social and Human Sciences
- Engineering and Systems Sciences
- Health Sciences
- Science

However the actual breakdown of students provided by the Admissions office classified 20% of students as 'Multi-Faculty'. As the survey did not include this option, those respondents who belong to 'Multi-Faculty cannot be differentiated from the other faculties as it is assumed they would not have completed the question or selected what they felt was the most appropriate faculty. The full breakdown of respondents can be viewed in *Appendix F*. This misclassification of Multi-faculty students has led to a bias in the analysis of the results by faculty and also by year of study for the same reason. To avoid bias in the results, any analysis of the dataset by faculty or year was again broken down by the required variable.

5.2 Awareness and Use of College Health Services

Awareness of the College Health Service is high across all genders, years and faculties, at an average of 96%. Knowledge of the location of College Health Services is slightly better among females than males - 80% of females know its location compared to 76% of males. This is also highest among science students at a rate of 84% and is lowest for engineering students at a rate of 71%. Knowledge of the location of the College Health Services is also highest for older students. Only 68% of Junior Freshmen know its location.

Website use is even throughout the faculties, at an average rate of 32%. Slightly more females than males use it (36% compared to 22%), and use increases in older years, as illustrated below.

Use CHS Website

Visits to the College Health Service are highest for Science, Arts and Humanities and Health Science faculties, at approximately 67%, and lowest for Engineering and Social and Human Sciences at 57% and 55% respectively. Use of the College Heath Services is also higher among females, at 67% compared to 57% for males. The number of students visiting the college health service rises steadily throughout the years, peaking among Senior Sophisters and 5th and 6th years, at 82% each. This figure falls back to 65% in relation to Postgraduates.

The highest frequency of visits to the CHS in relation to sexual health matters have been among Arts and Humanities and Science students. Of those who have visited the College Health Service, 44% of A&H students, and 45% of Science students visits have been in relation to sexual health. Social and Human Sciences, Engineering and Health Science students were the least likely to visit. The average rate of visits in relation to sexual health was 35%.

Visits in relation to Sexual Health rise steadily through the years, from 28% among Junior Freshmen, peaking among Senior Sophisters at a rate of 53%. Among 5th and 6th years and postgraduates, the figure reduces to 43% and 44% respectively.

Visits in Relation to Sexual Health

Visits in Relation to Sexual Health
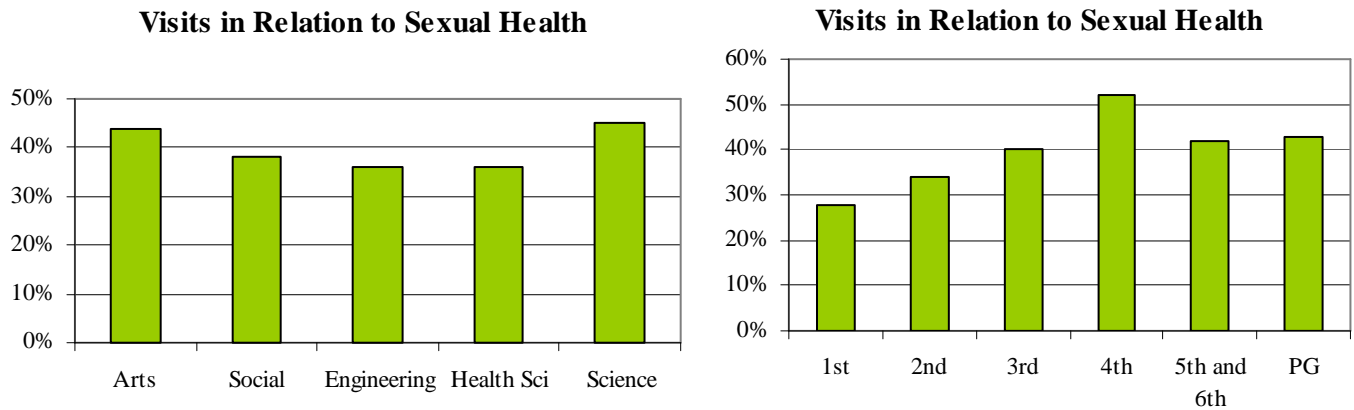
The rate was also much higher among females. Of those who had visited the College Health Service, half (50%) of females' visits were in relation to sexual health compared to just 19% of males. Presumably this is linked to the greater likelihood of females attending the College Health Service for their contraception needs, such as the pill.

5.3 Sexual Education

Sources of Information

Students were asked to state the sources from which they obtained information related to sexual health. The most common sources were the internet, friends and GPs, cited by 66%, 52% and 48% of students respectively. These were closely followed by the College Health Service and its website, used by 35% and 25% respectively.

The information obtained from female and male students was significantly different. The most popular sources of information for males were the internet, a GP and friends, voted for by 80%, 48% and 40% of respondents respectively. These choices also featured in the most popular sources of information for females; however, the graph below illustrates the preference for females to obtain information from their friends compared to males. Only 66% of females stated the internet as a source of information, compared to the 80% of males. Adversely, 62% of females stated friends as a source, compared to the male students 40%.

Other differences between the two groups were to be seen in an increased number of female students who obtain information from the college health service, family planning clinics, magazines and parents. 40% of females stated the College Health Service as a source compared to 31% of males. This may be linked to the higher proportion of females who have visited the CHS in relation to sexual health matters. 32% of females have obtained information from family planning clinics compared to 9% of males. Like the college health

service visits, it is possible that more females have reason to be going to family planning clinics for obtainment of the contraceptive pill, the morning after pill, or cervical smear tests, during which information concerning sexual health would have been provided. Use of the college health service website as a source of information between the two groups is not significantly different, at 27% for males and 28% for females.

Sources of Information
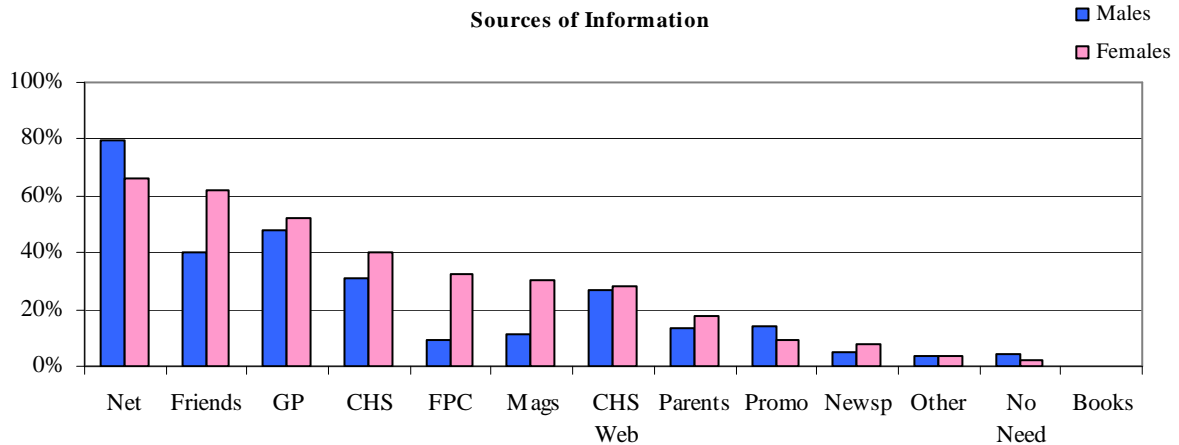
Respondents were then asked to determine the usefulness of these sources, determining the "most useful", "second most useful" and "third most useful." The graph below illustrates the proportion of students that voted for a given source as the most useful source. A large proportion of males stated that the internet was the most useful source available, with a rate of 42%. The second most popular choice for males was a GP, followed by friends and books. The sources most useful among female students are more diverse. GP, friends and the internet were the most popular choices at rates of 16%, 16% and 15% respectively. Family planning clinics and the College Health Service also proved popular, especially compared to the males statistics, perhaps because females often have reason to attend these places and are therefore have access to the information provided by them. Parents proved to be a slightly more useful source for females than males, at rates of 6% and 2% respectively, but relative to the other sources are not a popular choice among the students, who perhaps are uncomfortable speaking about sexual health issues with their parents.

Usefulness of Information
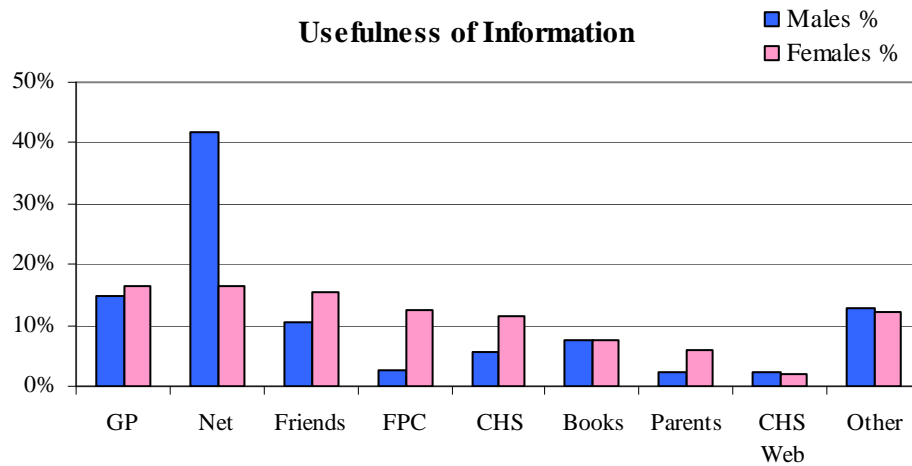
Stage of Education

48% of respondents of this question received sexual education in primary school, and 72% in secondary school. Of those who received sexual education in secondary school, 22% received it in the junior cycle only (1st year to 3rd year), 22% received it in the senior cycle only, and 56% received education throughout both the junior and senior cycles.

Forty four percent of those who had received sexual education classes in secondary school felt that the classes were helpful. The classes reportedly covered a variety of information on sexual development, biology, contraception, STIs and relationships in general. Other subjects stated by respondents included "Alcohol and drugs and the link to sexual health," and "what sexual abuse is and how to deal with it." The graph below shows the percentage of respondents who received information on certain subjects in secondary school. The majority of sexual education classes cover sexual development and biology, at rates of 78% and 76% respectively. Sixty seven percent of respondents received information on contraception during sexual education classes, 61% received information on STIs and only 51% of classes covered relationships.

Subjects covered in Sexual Education in Secondary School
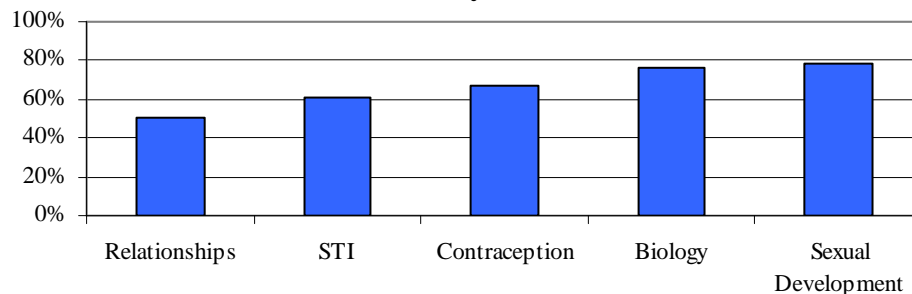
Of those who did not receive sexual education in secondary school, 76% believe they would have benefited from such classes. Reasons given were included: "to dispel myths and fears and to give realistic advice", "give people accurate information before they enter an environment (i.e. living away from home etc) where

they are more likely to be having sex", "To dispel myths and fears and to give realistic advice." Many students also stated that those who did not study biology for the leaving certificate received little or no information on contraception and STIs. One respondent had received adequate information on STIs and contraception, but felt that it would have been beneficial to also cover the "actual emotional basis for a relationship" They received no information about dealing with "pressure from friends and emotional difficulties that may arise within a relationship which I consider one of the most crucial aspects of any relationship. It should not always be about sex but about emotional support between the couple."

5.4 Sexual Practices

Out of the 999 respondents to the question, 769 students stated they had had sex. This is a rate of 77%. There was a slightly higher rate among females, at 81%, than males at 79%. Higher percentages of Senior Sophister, 5th and 6th years and postgraduates had had sex (91%, 88% and 92% respectively), than the lower years which showed rates of 69%, 73% and 70% among JF, SF and JS. The highest percentage of students that have had sex is in Engineering at 87% and the lowest is Science at 74%. In total, 86% of respondents who had had sex were currently sexually active, defined as having had sex in the last year. 94% of respondents were males, and 92% females. There was no significant difference across year or faculty.

Age at which Students first had sex
The average age at which students first had sex is 18.26 years. The average age is slightly older for female students than males. (18.48 years compared to 18.19 years) Age does not differ significantly across faculties; however, there is a distinct trend across the years. The average age at which 5th and 6th years started having sex is 18.73 years. Among Junior Freshmen, the average age is 16.903. This may signify a trend whereby the age at which youths first have sex is getting younger and younger with time. It could be stated that the average age at which students first have sex has dropped from almost 19 to almost 17 in just four to five years – the difference in ages between the average Senior Sophister and a Junior Freshman student.

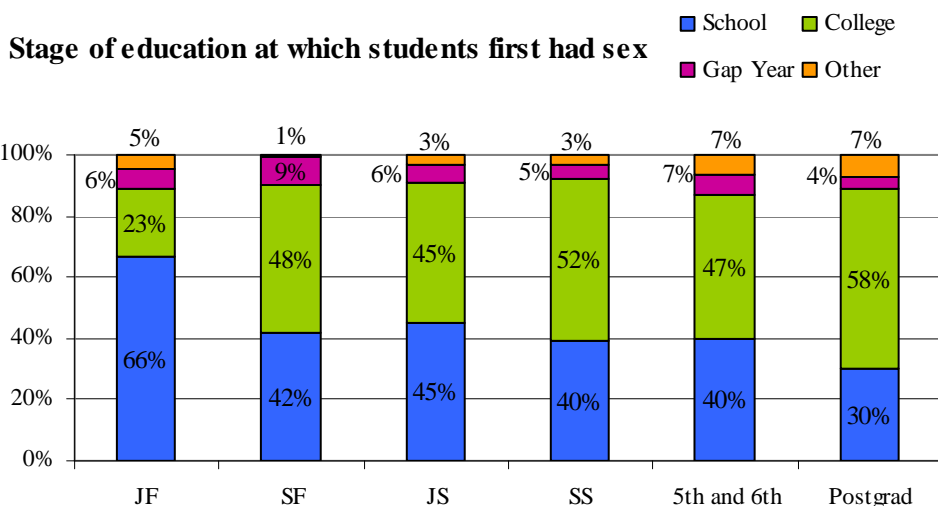**Age of First Sexual Intercourse by Year**
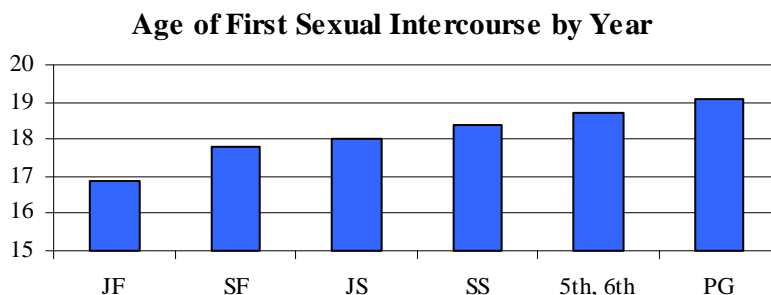
In order to assess the effect that sexual education has on the sexual practices among youths, we looked at the differences in sexual practices between those who had and hadn't received sexual education in secondary school. The age at which students first had sex is slightly lower among those who had no sexual education in school, falling from 18.6 years among those who had classes to 18.1 among those who had none.

Stage of Education at which students first had sex

The stage of education at which students first had sex is outlined in the graphs below. The majority of students, or 49%, who have had sex, had sexual intercourse for the first time while in college. 41% of students first had sex while in school, 5% while on a gap year and 5% at other times, mainly in between school and college. There was no significant difference between the stage of education at which males and females first had sex.
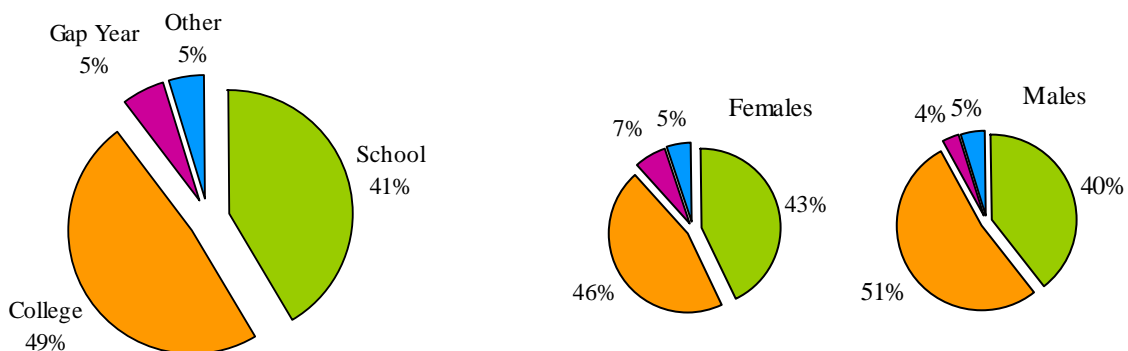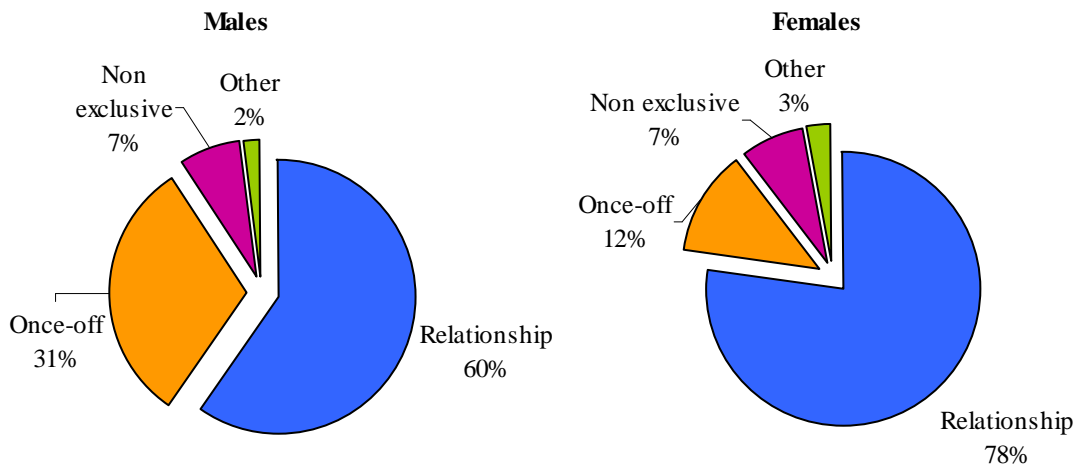

There was no significant difference between the figures across the faculties of the college, although again, there is an emergence of a clear trend across the years. The majority of postgraduates, or 58%, had sex for the first time while in college. Only 30% had sex while they were still in school. Among 5th and 6th years and Senior Sophisters, the numbers who first had sex in school rose to 40%. As was seen above, youths are having sex at younger and younger ages. Among Junior Freshmen who have had sex, 66% of them had sex for the first time while in school. This however may equally be attributed to the lower number of Junior Freshmen who have had sex. Having been in college for less than a year, it may be perfectly reasonable that the majority of sexually active JF students would have had sex for the first time while in school.

Nature of relationship

As can be seen from the graphs below, a much higher proportion of females than males were in monogamous relationships at the time of first sexual intercourse. 78% of females were in relationships

compared to 60% males. Accordingly, a higher proportion of males had sex first as a once off experience (31% compared to 12%). The proportions that had sex first as part of a non exclusive relationship and other are quite similar between the two groups.

Males

Non exclusive 7%
Other 2%
Once-off 31%
Relationship 60%

Females

Other 3%
Non exclusive 7%
Once-off 12%
Relationship 78%

Seventy three percent of those who received sexual education in secondary school had sex first as part of a monogamous relationship. This compares to only 68% of those who did not receive any sexual education. Accordingly, those who did not receive sex education were more likely to first have sex as part of a once off experience.

Reasons for not having sex

Students who had not had sexual intercourse were asked to outline the reasons for this. Forty two percent are waiting for the right partner. This is followed closely by personal beliefs, at 38%. Only 22% stated that religious beliefs were the reason. There was no significant difference between male and female responses for this.

No interest 4%
Other 4%
No specifics 10%
No opportunity 10%
Waiting for the right partner 30%
Religious beliefs 15%
Personal beliefs 27%
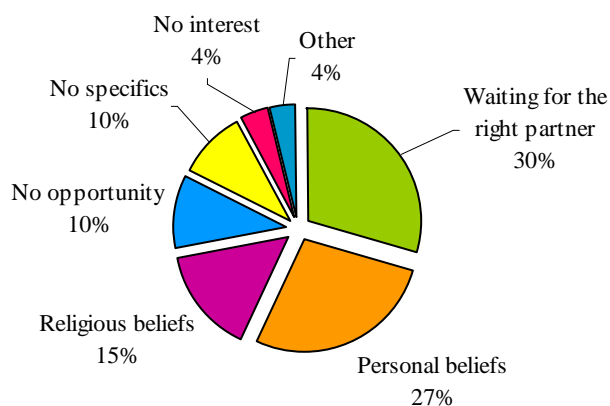
Number of Partners

The average number of partners for students was 5.6 partners. The number again was higher for males than females, at 6.5 and 5.2 respectively. 28% of males and 30% of females had had sex with just one person. The numbers of sexual partners were split into five subgroups, as outlined below. The majority of students

(55%) have had sex with one to three partners. Nineteen percent have had four to six sexual partners, 13% have had seven to ten, 8% eleven to twenty and 5% have had over 20 sexual partners. The faculty with the highest average number of partners is Social and Human Sciences, at 6.7, followed by the engineering faculty at 6.1. The lowest is the Arts and Humanities faculty with 5.1 partners on average per person.

Postgraduates have the highest number of partners per person, at 7.6, followed by Senior Sophisters at 5.4. The lowest number on average is among Senior Freshmen, at 3 sexual partners on average per person.
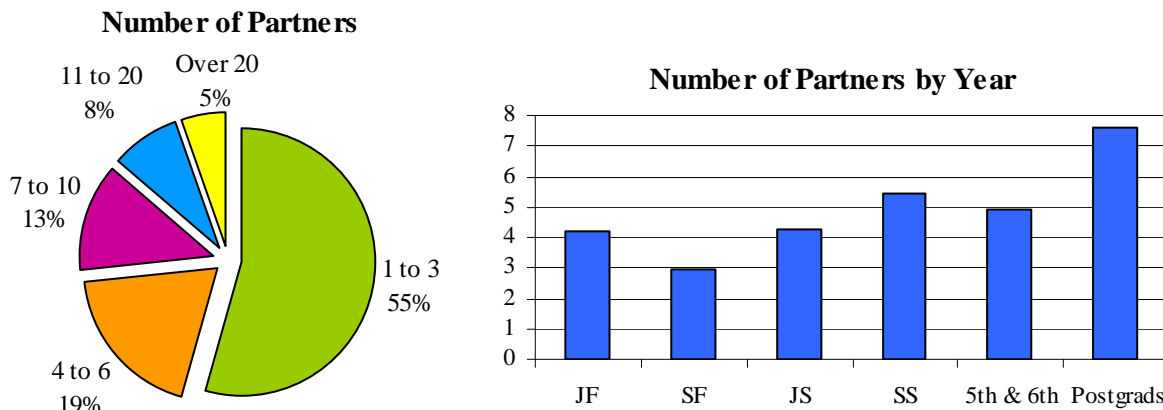
Living arrangements are a factor in the number of sexual partners among students. Those who still lived at home showed an average number of 4.2. This was much less than those who live on campus or with friends, which showed average numbers of 5.43 and 6.2 respectively.

The average number of partners is higher for those who did not receive sexual education in secondary school (6.1 compared to 5) indicating that this is a factor in sexual awareness.

One Night Stands
Fifty one percent of students have had a one night stand – of these students, 58% had had one night stands more than once. 56% of males and 48% of females had had one night stands. Of these, 63% of males and 54% of females had had more than one.

The Social and Human Sciences faculty showed the highest rate of one night stands, at 64% of students. Of these, 63% had had more than one. The lowest rate of one night stands was among the Science students at a total of 41%. In nearly all cases, of those who had had one night stands, the majority had had multiple one night stands.

The highest rate of one night stands was among postgraduates, at 59%. The majority of these students had only had one. Junior Freshmen showed the next highest, at 51%. Again, the majority (61%) had only had one. In the other years however, of those who had one night stands, the majority had had more than one. This is especially true among 5th and 6th years, 83% of students who had had a one night stand had had more than one. The lowest rate was among Senior Freshmen, at 39%.

Students who have had one night stands

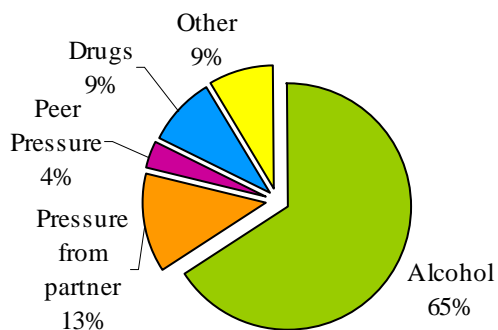|	Arts	Social	Engineering	Health Sci	Science
Never	49%	36%	49%	49%	59%
More than Once	25%	40%	30%	31%	25%
Once	26%	23%	21%	20%	17%

☐ Once   ☐ More than Once   ☐ Never
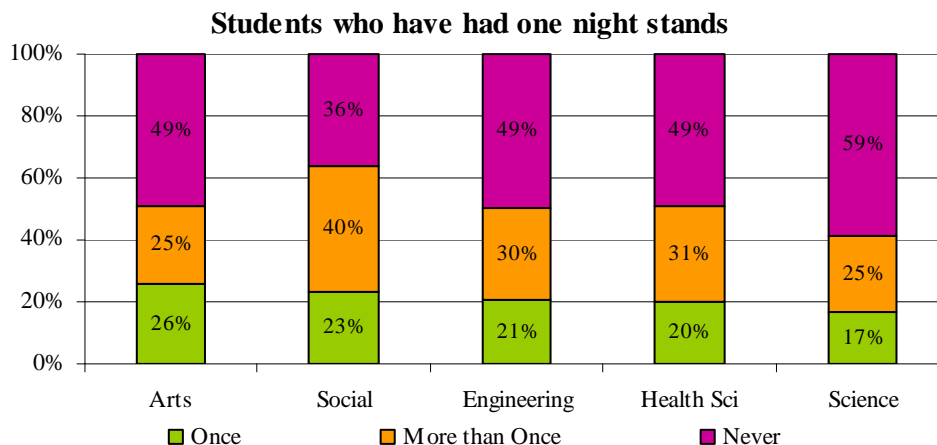
Of those who had had a one night stand, 86% used a condom. 83% of male respondents and 81% of females used a condom. Engineering students showed the highest rate, at 90%. This compared to 77% of Science, 78% of Arts and Humanities and 80% of Health Science students. Of Social and Human Sciences students, 87% had used a condom.

The highest rate of condom use for one night stands across the years is among 5th and 6th years, at 100%. This is followed by postgraduates, Junior Freshmen and Senior Sophisters, at 86%, 85% and 84% respectively. Only 69% of Junior Sophisters and 67% of Senior Freshmen used a condom.

Students who had a one night stand previously were asked to state whether they thought that any of the following had influenced their decision to have a one night stand – alcohol, drugs, peer pressure, pressure from partner and other influences. 72% of females and 60% of males felt that alcohol had been influenced them in their decision to have a one night stand. 18% of females compared to 7% of males felt that pressure from their partner had been an influencer. Adversely, males are more likely to experience pressure from their friends, with 6% citing this as a reason compared to 2% of females. Drugs were also a greater influencer for males than females, with 13% of males citing this as a reason, compared to 6% of females.

Influences of One Night Stand

Other 9%
Drugs 9%
Peer Pressure 4%
Pressure from partner 13%
Alcohol 65%

Influences of One Night Stands

☐ Males
☐ Females

|	Alcohol	Pressure from partner	Peer Pressure	Drugs	Other
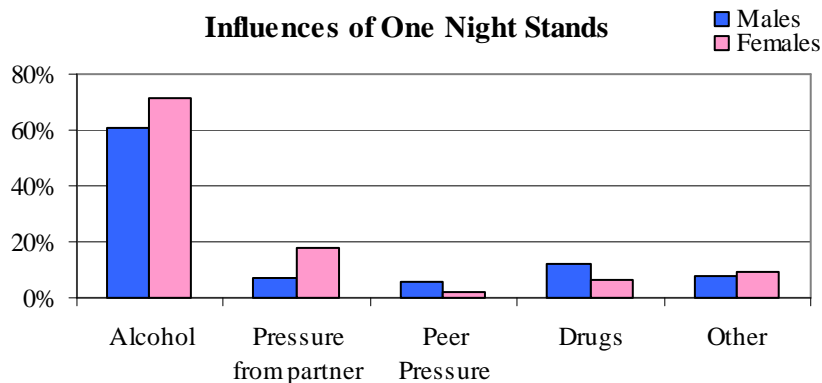
The likelihood of a student having sex differs according to their current living arrangements. Only 41% of those living at home have had a one night stand, compared to 48% living on campus and 58% living with friends. Those living away from home are also more likely to have had multiple one night stands than those living with their parents.

One Night Stand(s) by Living Arrangements

Legend: Other, Friends, Partner, Campus, Home
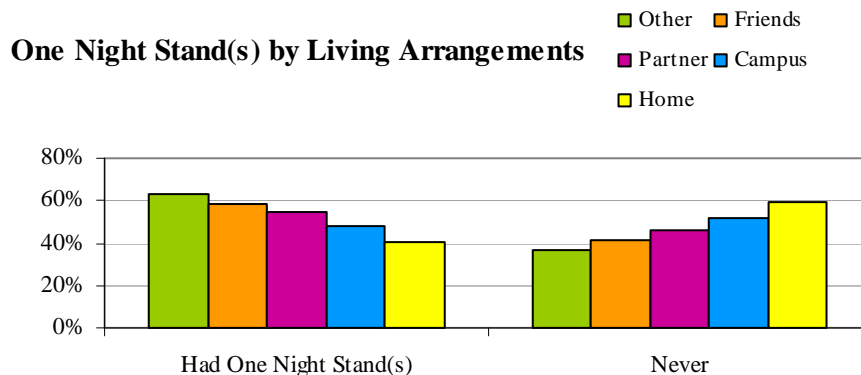
Condom use did not differ significantly between students who had and hadn't had one night stands. 37% of those who had, and 39% who hadn't reported to "always" use a condom. 28% of students who had had one night stands "usually" used the pill, compared to only 22% of the other group.

Use of the contraceptive pill was higher among females who had never had a one night stand, at 67% compared to 53% among those who had. Perhaps related to this, use of emergency contraception, or the morning-after-pill was significantly higher among those who had had one night stands. Of those who had never had a one night stand, 35% had availed of the pill, compared to 53% of those who had. This figure was also higher among those who had more than one one night stand. (56% compared to 49%)

**% of Females who have used MAP according to One Night Stands**
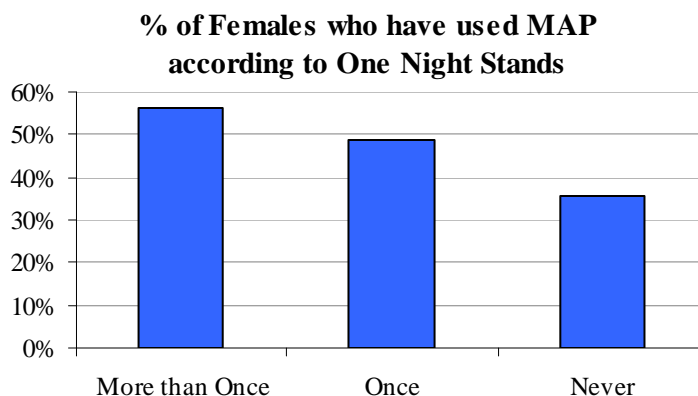
As can be seen below, a much higher proportion of those who have had one night stands have been both tested for and diagnosed with STIs. Of those with one night stands, 55% have been tested and 15% have had an STI. This compares to 24% and 7% of those who have never had a one night stand.

**% diagnosed, tested for STI according to one night stands**

■ Diagnosed
■ Tested
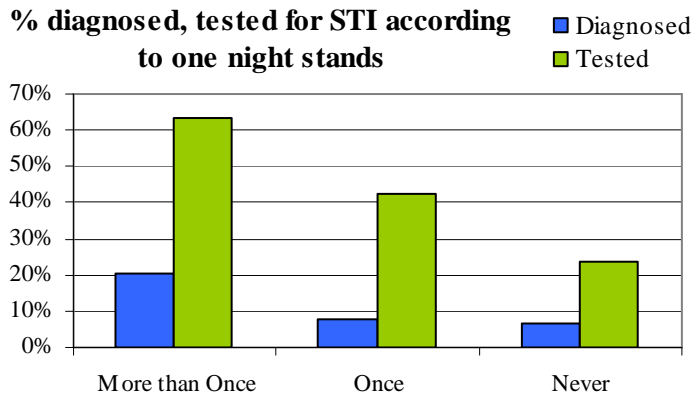
The average age that students started having sex at is younger for those that have had one night stands. For those who have never had a one night stand, the age is 18.8. For those who have had one one night stand, the age is 17.9 years, and for those who have had multiple one night stands, the average age at which they started having sex is 17.7.

The average number of partners differed greatly between those who had had one night stands either once, more than once, or never. The average number of partners for those who had never had one night stands was 1.95. This compares to 4.7 for those who had had a one night stand once and 12.65 for those who had one night stands more than once.

The graph below outlines the relationship between the nature of a student's first sexual experience and the likelihood of them going on to have risky sexual behaviour. As is obvious, those whose first sexual experience was as part of a monogamous relationship are much less likely to go on to have one night stands. 19% of these students had had multiple one night stands, compared to 66% of students whose first time experience was a one night stand.

Number of one night-stands according to type of first sexual experience

■ Once ■ Once + ■ Never
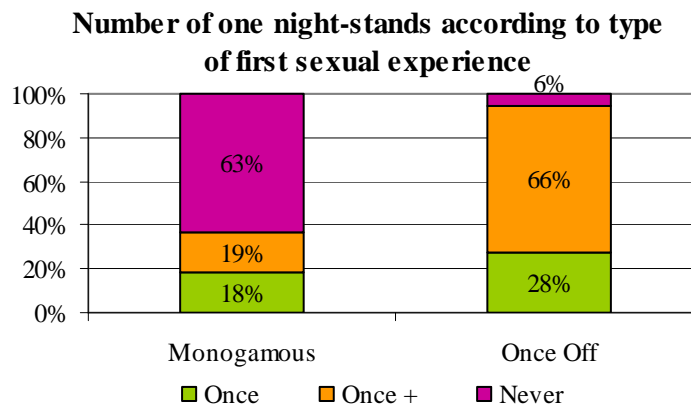
5.5 Living Arrangements

Living Arrangements
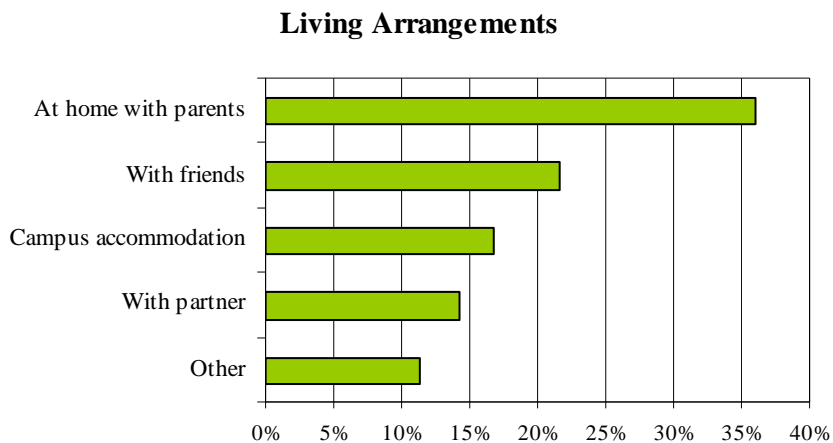
The most common living arrangement among respondents is at home with their parents, at 36%. 22% of students live with their friends and 17% on campus. "Other" responses are most commonly with a spouse. 80% of respondents have their own room. Less than half (46%) of respondents felt comfortable bringing someone to their accommodation to have sex; however there is a significant difference between the genders as regards this statement. Almost 60% of males felt able to bring someone to their accommodation to have sex, while only 45% of females felt similarly.

Respondents who felt unable to bring people to their accommodation to have sex were asked the primary reason why this was so. The most common responses were that students are not allowed and because of disapproval from the other occupants. 55% of those who said that they would not have sex in their own house would go to somewhere else to have sex. The reasons proffered differ significantly across the genders, with over a third of males citing disapproval form other occupants as the reason they felt unable to have sex in their accommodation, while a similar proportion of females stated that they simply were not allowed to bring some to their accommodation for sex.

Reasons Why Respondants Feel Unable To Bring People To Their Accommodation For Sex
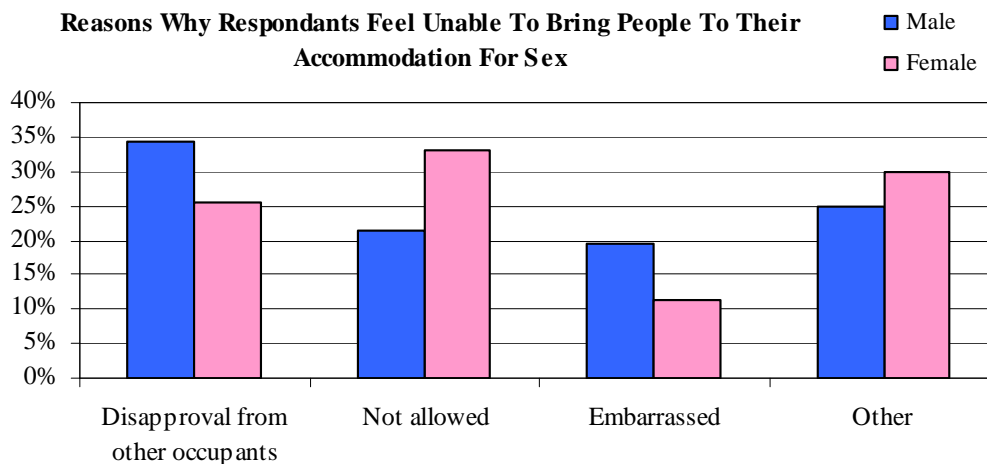
Interestingly, and contrary to what intuition might suggest, almost twice as many males as females felt too embarrassed to have sex in their accommodation. The majority of the 'Other' category consists of people who felt it would be inappropriate, for reasons ranging from young siblings to thin bedroom walls, to have sex in their accommodation.

Respondents who felt unable to have sex in their own accommodation were then asked where, if anywhere, they go to have sex. Of those who went elsewhere, an overwhelming majority (more than 95%) reported that they went to their partner's accommodation, while the majority of the remainder said that they went to a hotel. Considering the fact that these are generally reasonably safe locations to have sex, it does not appear that being unable to have sex in one's own accommodation places a student at any greater exposure to risky sexual behaviour than they would be under normal circumstances. As such, it is safe to conclude that this does not constitute an "at risk" group.

5.6 Contraception Use and Knowledge

Use of Contraception
Respondents were asked to select all methods of contraception used by them or their partner on a regular basis. The two most popular methods were the male condom and the pill, selected by 75% and 59% of respondents respectively. 12% of respondents used the withdrawal method on a regular basis, and 5% used natural family planning. "Other" methods of contraception accounted for the Injected Pill, the contraceptive ring, the female condom, the coil, the diaphragm and the contraceptive patch.
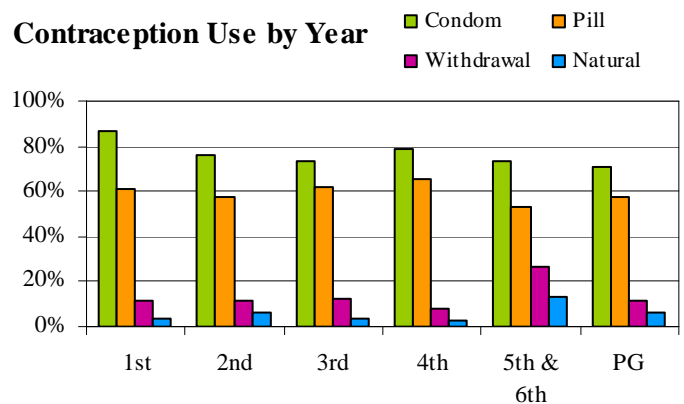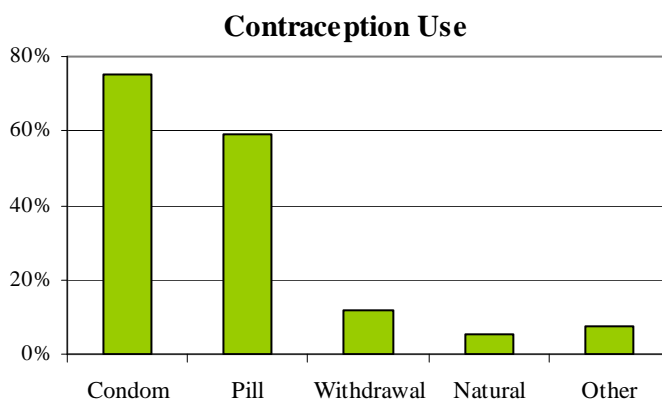

Respondents were then asked to select their primary reasons for using contraception. The majority (54%) use contraception primarily for protection against pregnancy. 42% use contraception for protection against both pregnancy and STIs, while 4% use contraception only for protection against STIs.

Reasons for using contraception by Gender

Pregnancy
Both
STI
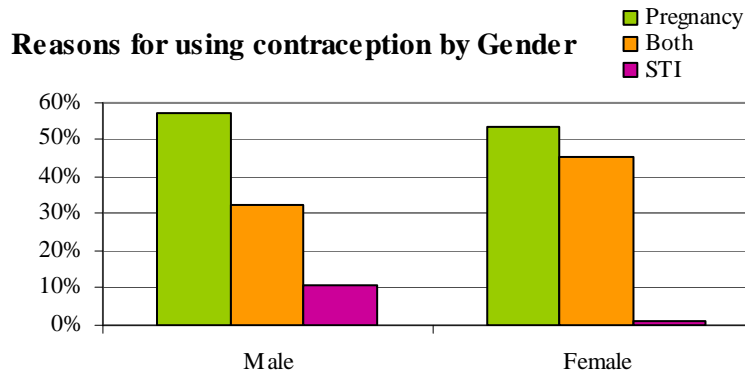
14% of respondents "never" use condoms. 38% of respondents use condoms "always" and 25% "usually". 23% use condoms "occasionally". The main reason for not using condoms was that the respondent was in a monogamous relationship, selected by 59%. The next most popular reasons are loss of sensation (20%), unplanned sex (18%), preference for other methods (15%) and unavailability of condoms (14%). No one chose religious reasons.

There was a clear trend in reasons for using contraception between the years of the students. As the year of the respondent increases, the numbers using condoms for protection against STIs decreases, and we see an increase in those using condoms for protection solely against pregnancy. This trend is generally in line with the frequency of one night stands between the years, which is highest among SF students and then falls continuously. The years in which there is a high rate of one night stands, such as JF, there is also a high rate of students who wish to protect themselves more from STIs than pregnancy.

Reason for Using Contraception by Year

STI
Pregnancy
Both

**Students who have had One Night Stand(s)**

Yes
Never
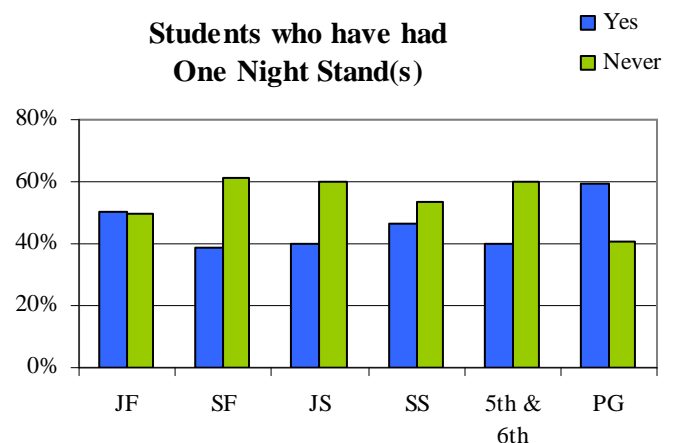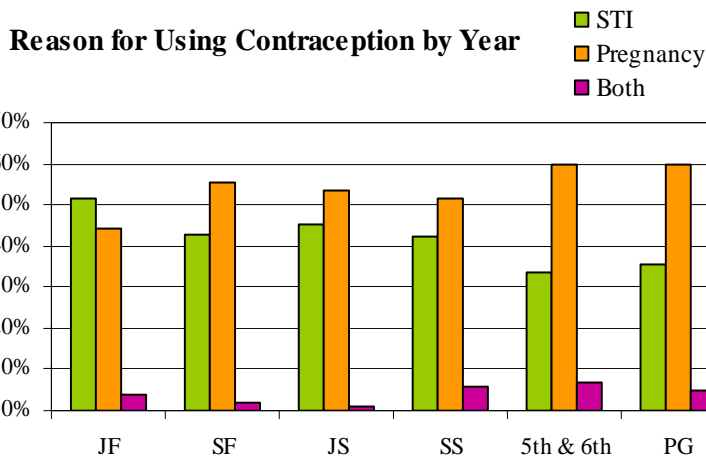
Knowledge of Contraception

It was discovered that very few respondents are aware of the rates of prevention of pregnancy of most forms of contraception. On average, less than one in three respondents correctly identified the correct contraceptive rate of the male condom, with slightly more males than females answering this correctly. Less than 40% of respondents were aware of the preventative rate of the pill, with this being slightly higher for

females than males. This imbalance may be a reflection of slightly better knowledge for the gender that uses the particular type of contraception. Almost no students were aware of the contraceptive rate of the rhythm method (or Natural Family Planning) or of the withdrawal method. The rate improves slightly for the injected pill; however at an average of 8%, it can hardly be said to be well known.

Gender Distribution of Respondants who Correctly Identified Pregnancy Contaceptive Rates
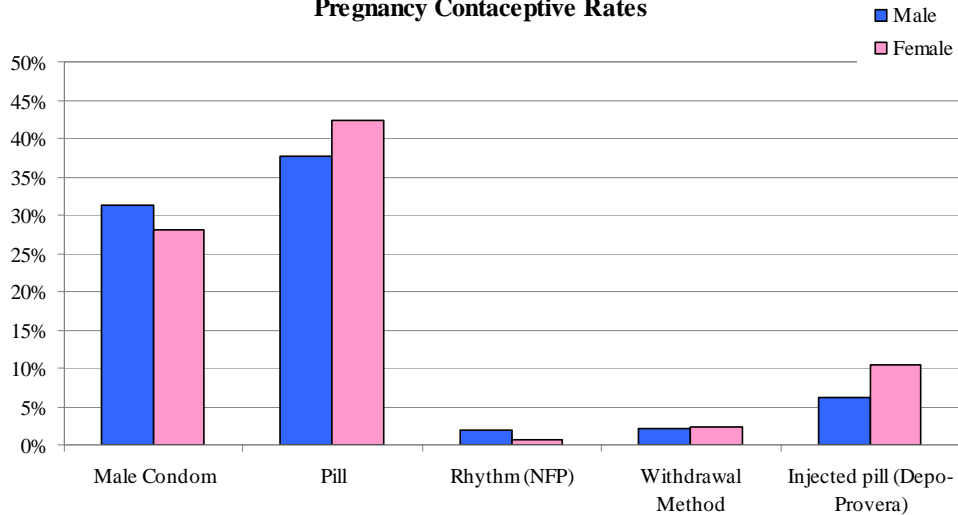
The situation is better in general as regards preventative rates against contraception. While only one in five students were correctly able to identify the effectiveness of the male condom against STIs; over 90% of students correctly identified that the pill, the rhythm method and the injected pill do not prevent STIs, with this percentage being slightly higher among females than males.

Gender Distribution of Respondants who Correctly Identified STI Contaceptive Rates
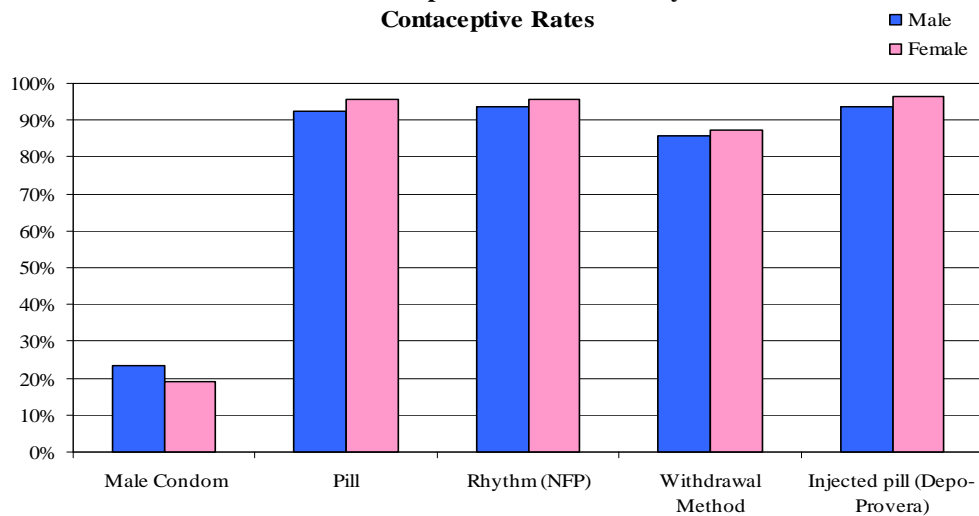
Curiously, there is approximately an 8% drop in the number of students who correctly identified the preventative rate of the withdrawal method. While this seems innocuous at first and is easy to overlook, a

more careful interpretation reveals something far more striking. Examining the withdrawal method in comparison with the pill, the rhythm method and the injected pill, there is one crucial difference between these methods: the withdrawal method is the only method of contraception of these four which does not allow the release of male ejaculatory fluids. Taken in context, this means that approximately 8% of students, equal across both genders, believe that STIs can only be contracted through male ejaculation.

Sexual education has a mixed effect on knowledge of contraceptive rates. It certainly has a positive effect as regards knowledge of the pregnancy prevention rate of the male condom and the pill, with almost 5% more respondents who received sexual education in primary and secondary school correctly identifying the prevention rate of the male condom than those who received no sexual education, with this figure rising to 15% in regard to the pill.

However, as regards the rhythm method, the withdrawal method and the injected pill, sexual education seems to have no effect whatsoever. In fact, as regards the rhythm method, it seems to have a negative impact! This implies one of two things: either the scope of sexual education given to students is not broad enough to cover these issues; or students are being given falsified information.

As regards STI prevention rates, sexual education seems to have an effect, although the effect is not particularly large. In general, respondents who received sexual education in both primary and secondary school had a greater knowledge of STI prevention rates than any other group.
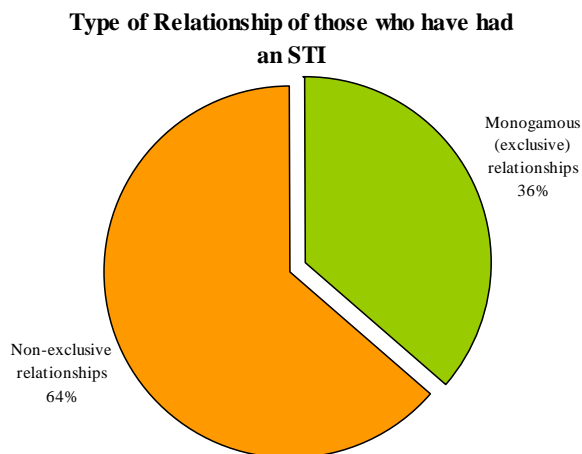
It is also important to note that condom usage increases with knowledge of their effectiveness. As the figure below clearly demonstrates, respondents who correctly identified the preventative rates of the male condom are much more likely to 'always' use condoms. Only correctly identifying either the pregnancy or STI prevention rate does not appear to be a significant factor, as these remain almost equal in each category.

Condom Usage of Respondants Who Knew The Contraceptive Rates Of Condoms
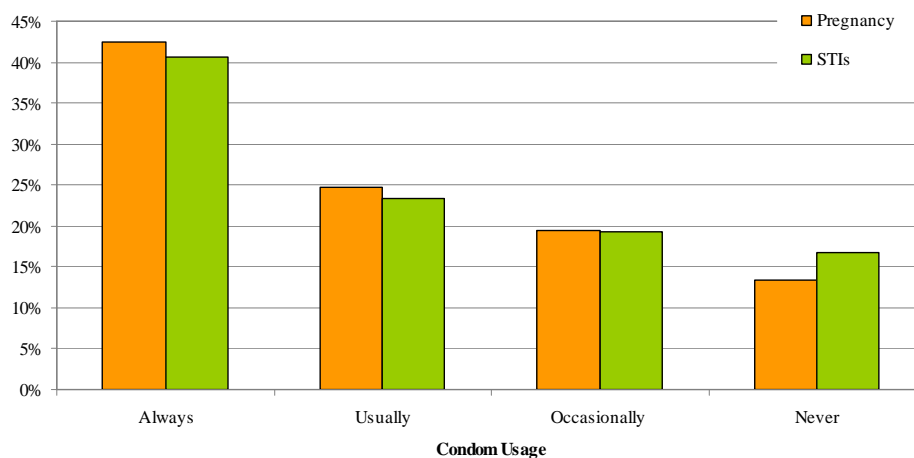
Worryingly, receiving sexual education does not significantly increase a respondent's likelihood of using a condom. With a difference of only 4% across all four degrees of sexual education, it cannot be said that

sexual education increases condom usage. This implies one of two possibilities: either respondents who do not receive sexual education are researching this issue themselves and using condoms of their own accord, or the sexual education that is being dispensed in schools is ineffective. Unfortunately, the second of these two statements seems the most intuitively plausible, and if it is the case it has extremely serious implications for the manner in which sexual education is taught in schools. However the scope of this research does not provide grounds to give preference to either statement and further research on the topic is necessary.

Type of Relationship of those who have had an STI

Monogamous
(exclusive)
relationships
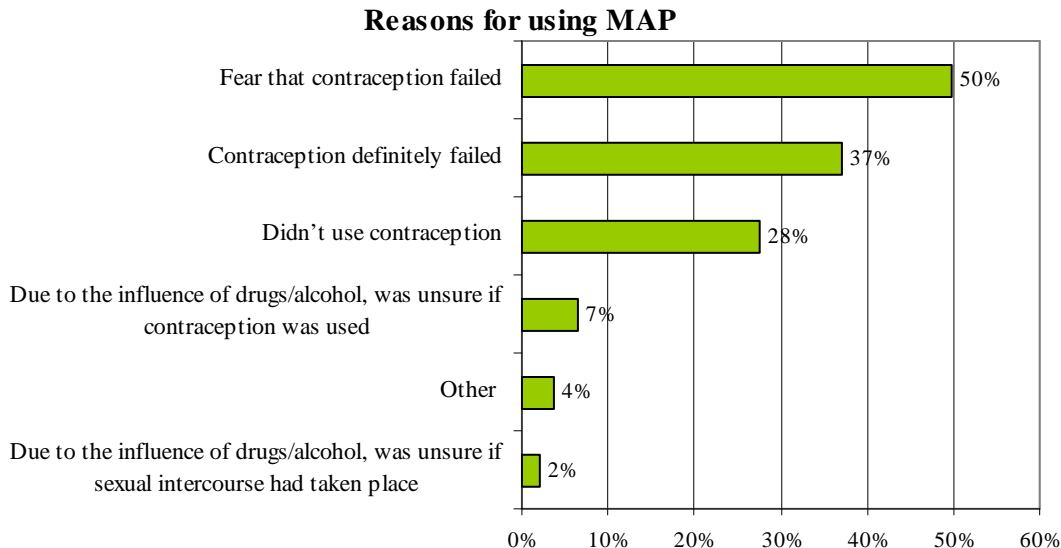36%

Non-exclusive
relationships
64%

As intuition would suggest, the incidence of STIs among respondents who have had the majority of their sexual experiences in non-exclusive relationships is much higher than among respondents who have had the majority of their sexual experiences in monogamous relationships. In fact, respondents who have had the majority of their sexual experiences in non-exclusive relationships are twice as likely to have had an STI as a respondent whose sexual experiences have been predominantly monogamous.

Emergency Contraception

The morning-after pill has a 44% usage rate among respondents or their partners. Of this 44%, just over half of respondents used the morning-after pill only once. Worryingly, however, over one in five have used the morning-after pill three or more times. As such, there seems to be a subsection of respondents using the morning-after pill as a form of contraception, and thus leaving themselves much more susceptible to contracting an STI. Therefore, this 20% of respondents represent an "at risk" group, engaging in risky sexual behaviour.

Respondents were asked to select which factors had affected their decision to take the Morning-After Pill. The most popular reason was a fear that contraception had failed, selected by 50% of respondents, and followed closely by certainty that contraception had failed, at 37%. 28% took it because they had used no contraception. Like students who have taken the Morning After Pill multiple times, these students represent a risky group, using emergency contraception as a form of regular contraception.

Reasons for using MAP

Reason	Percentage
Fear that contraception failed	50%
Contraception definitely failed	37%
Didn't use contraception	28%
Due to the influence of drugs/alcohol, was unsure if contraception was used	7%
Other	4%
Due to the influence of drugs/alcohol, was unsure if sexual intercourse had taken place	2%

It appears that sexual education does not reduce emergency contraceptive use. In fact, those who received sexual education in secondary school or in primary and secondary school have a significantly higher usage of the morning-after pill than those who received no sexual education at all.
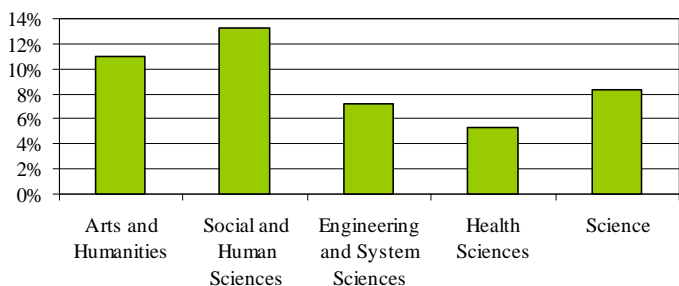
5.7 Sexually Transmitted Infections (STIs)

Three fifths of respondents correctly selected Chlamydia as that most common STI found amongst TCD students. It was also noted that more females (63%) knew this than males (52%).

Just under 10% of all respondents have had an STI. This amounts to 8% of male respondents and 10% of female respondents. The number of female students who have had an STI has doubled from 5% of female students in 2002.

A breakdown of respondents by faculty shows that the Social and Human Sciences faculty has the largest proportion of students who have had an STI (14%). Postgraduates are also more likely to have had an STI in comparison to other years.

Respondents who have had an STI by Faculty

Faculty	Percentage
Arts and Humanities	11%
Social and Human Sciences	13%
Engineering and System Sciences	7%
Health Sciences	5%
Science	8.5%

Respondents who have had an STI by Year

| Year	Percentage
JF	6.5%
SF	5%
JS	7.5%
SS	7.5%
5th/6th yr	0%
PG	14%

Of those who had had an STI, a third stated that the majority of their sexual experiences had taken place in non exclusive relationships. Of males who had had an STI, 59% stated that the majority of their sexual experiences took place in a non exclusive relationship, compared to just 18% of females.

Half of the respondents who had had an STI never carried condoms. Female students who have had an STI are less likely to carry a condom compared to males.

Nearly half of all respondents who had had an STI had had unprotected sex while under the influence of alcohol, compared to a third of those who had never had an STI. Similarly, a higher percentage of those who had had an STI had had unprotected sex while under the influence of drugs.

STI Testing

Forty percent of respondents have been tested for STIs. A breakdown of these respondents by gender shows that there has been a substantial increase in the number of male and female students who have been tested for STIs.

Respondents who have been tested for an STI by Gender
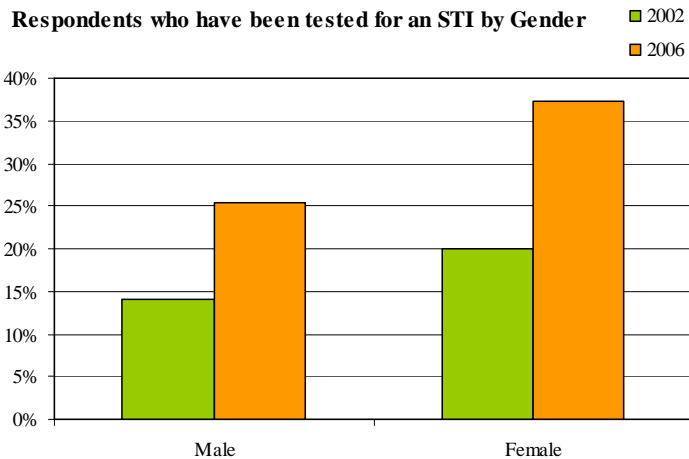
A similar breakdown of respondents by year and faculty shows that those in the Social and Human Sciences faculty and those in higher years are more likely to have been tested for an STI.

Respondents who have been tested for an STI by Faculty

Respondents who have been tested for an STI by Year
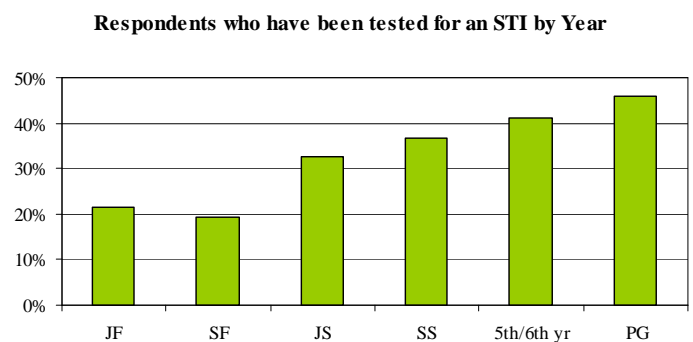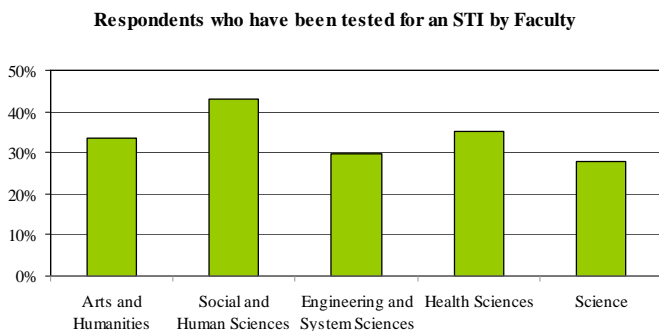
Respondents were asked where they went to be tested for an STI and their reasons for doing so. A breakdown of the responses to these questions showed that 34% of respondents had been tested by the CHS and 20% by their own GP. When asked why they had gone to be tested, over half of the respondents did so "To be on the safe side". This indicates that students are taking more of an active interest in their own sexual health. Of those who selected 'Other' as their response to this questions, the main reasons for being tested were because they were pregnant, were recommended to have one at the same time as a smear test, had engaged in unprotected sex or because they were donating blood.

Where did you go for the (STI) test?

**Why did you go for the (STI) test?**
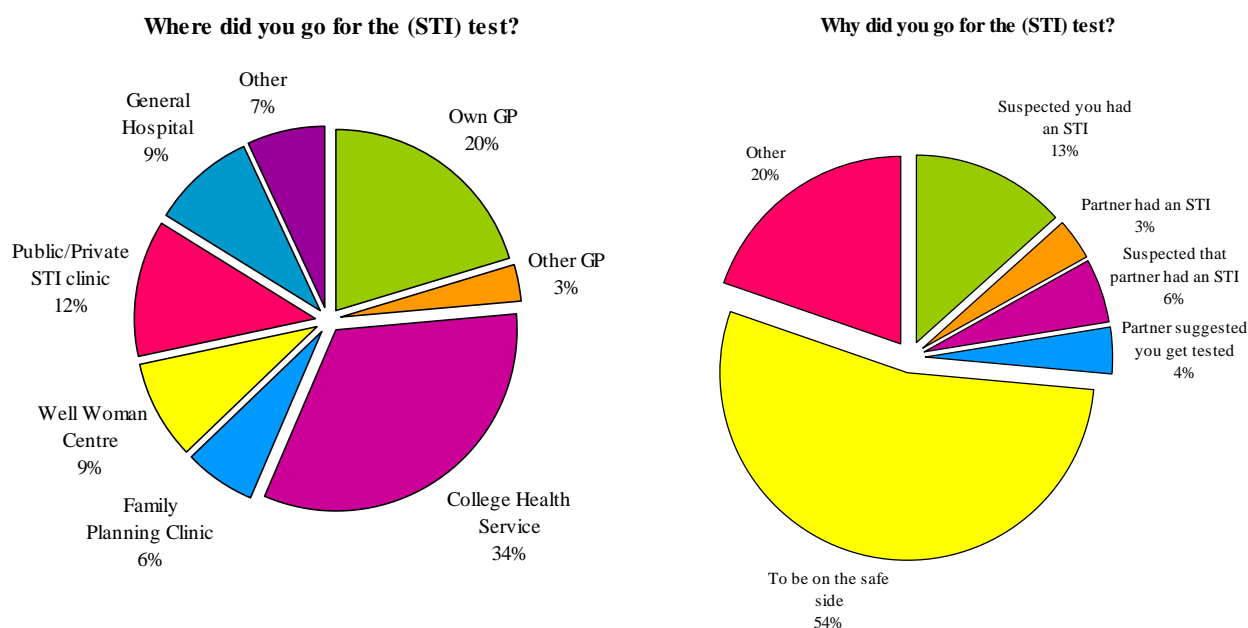
5.8 Alcohol

Alcohol Consumption

Ninety percent of respondents have consumed alcohol. 84% of all male respondents have consumed alcohol compared to 91% of female respondents. The average age of first consumption of alcohol outside a controlled family environment is 15.65 years. There is no difference between males and females. In general the average age of first consumption of alcohol does not differ significantly between years (JF - 15.4 years; PGs – 15.9 years) or between faculties.

Respondents were asked to outline the frequency with which they drink alcohol. 45% of males consume alcohol more than twice a week compared to 30% of females.

Frequency of Alcohol consumption

■ Male
■ Female
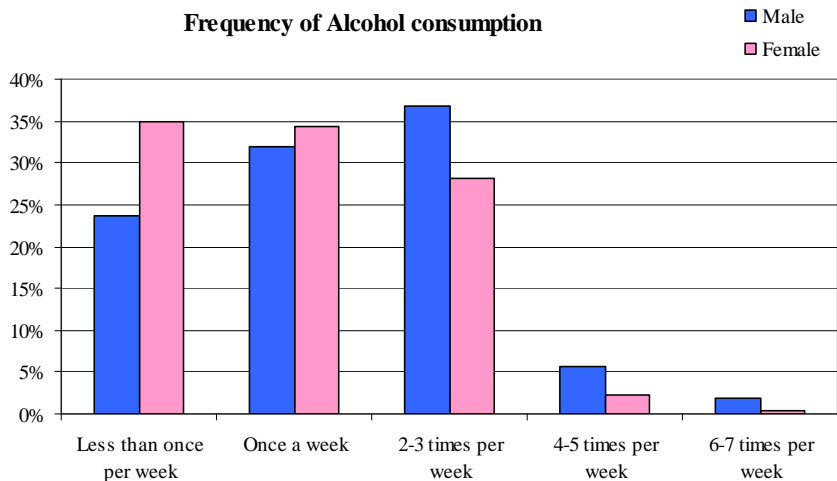
More than 45% of the Engineering faculty drink this often, compared to an average of 33% across the other faculties. Postgraduates are also more likely to drink more often than undergraduates, with 45% of postgraduates selecting this frequency compared to 34% on average across all undergraduates.

Average units of alcohol consumed per session
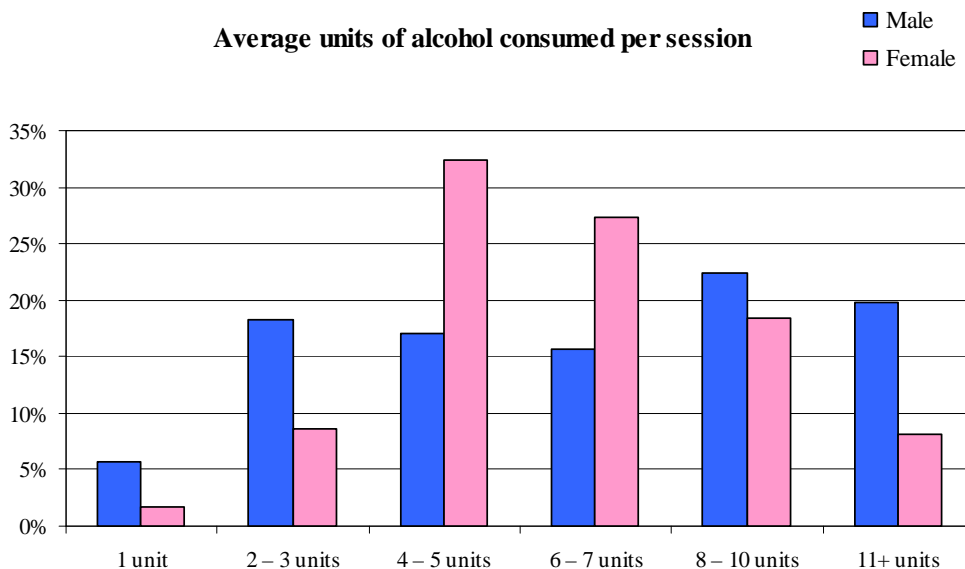
■ Male
■ Female

Binge drinking is defined as more than 7 units for males and 5 units for females. 42% of males binge drink compared to 54% of females. More than a quarter of respondents stated that they drink more than 6 units of alcohol once or more per week. Of these, 90% consume this amount more than once a week.

More than half of the students from the Engineering and Systems Sciences faculty consume more than 6 units of alcohol in an average drinking session. This compares to an average of 37% across the other

faculties. Senior Freshmen showed the highest rate of drinking this amount, at 46%. This compared to 34% for postgraduates and 37% on average across the other years.

<u>Alcohol Consumption as an Influence on Sexual Activities</u>
Males (20% approx) are less likely to have unprotected sex while under the influence of alcohol compared to females (33% approx). Similarly, fewer males (8%) have been unsure as to whether or not sexual intercourse took place compared to females.

A higher number of students from the faculty of Social and Human Sciences have had unprotected sex due to the effects of alcohol compared to the average across the other faculties (40% compared to 33%). Similarly, more students from this faculty (15%) have been unsure as to whether or not sexual intercourse took place compared to the average (10%).

Unprotected sex by Faculty
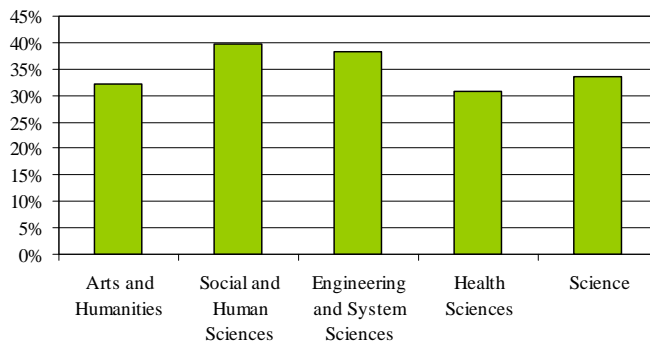
Unsure if sexual intercourse occured by Faculty
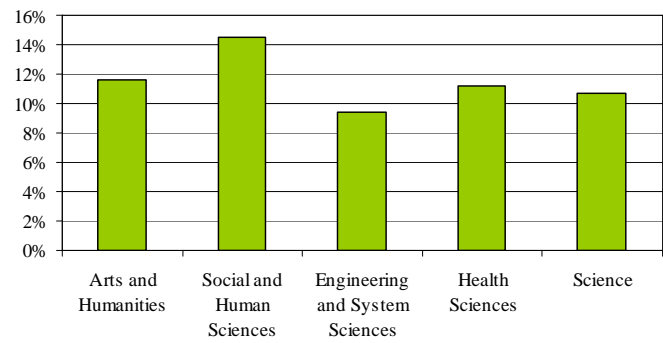
Almost 40% of postgraduates have had unprotected sex due to the effects of alcohol and almost 15% have been unsure as to whether or not sex had taken place compared to an average of 30% and 10% respectively.
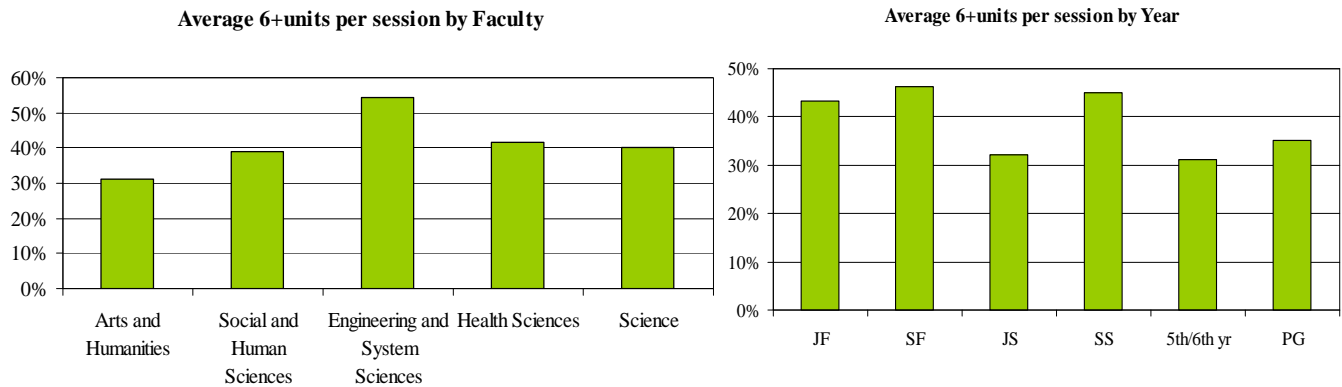
Unprotected sex by Year

**Unsure if sexual intercourse occured by Year**

Nearly 60% of students who have had unprotected sex due to the affects of alcohol drink more than 6 units of alcohol in an average drinking session.

Average 6+units per session by Faculty

Average 6+units per session by Year

Of those who drink more than 6 units in an average drinking session, 60% have been unsure as to whether or not sexual intercourse took place.

No significant difference was found between respondents who had had unprotected sex and those who had not with regards how frequently they carried condoms with them.

**One Night Stand, 6+ units in avg session**

■ Male
■ Female
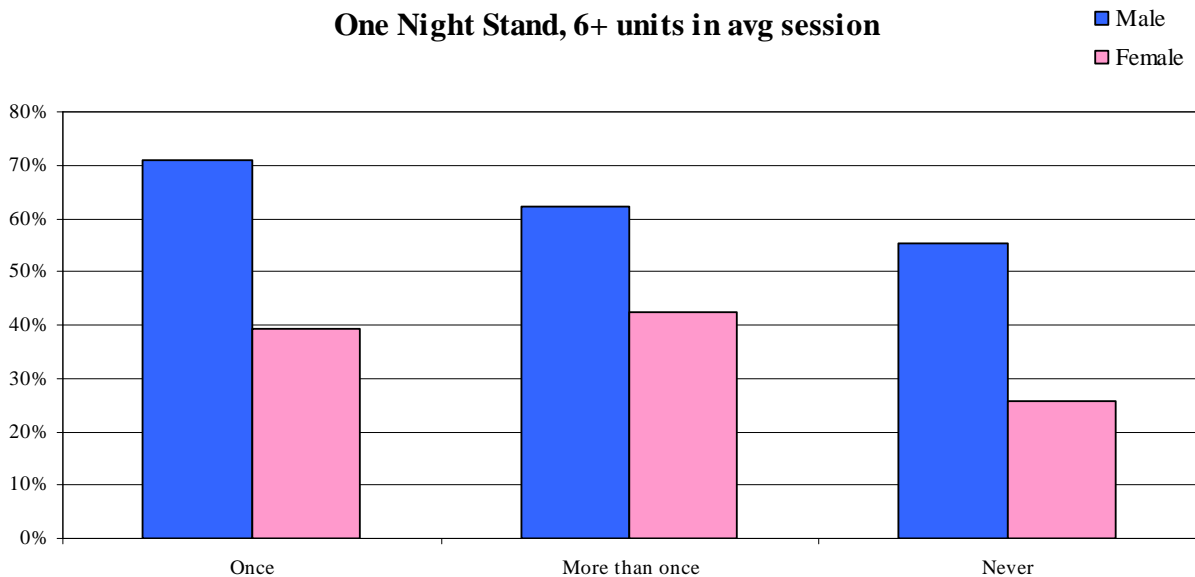
5.9 Drugs

From the data analysis it was found that marijuana was the most common drug to be used by college respondents. Over 50% of respondents to the survey stated that they had used this drug at least once. Of these approximately 7% are taking the drug 'More than once a week'. A more detailed breakdown of drugs and their usage by students may be seen in Appendix I.

Drug Usage and Impact on Sexual Behaviour

Analysis of the dataset shows that 15% of respondents have had unprotected sex while under the influence of drugs.

Unprotected sex while under influence of drugs
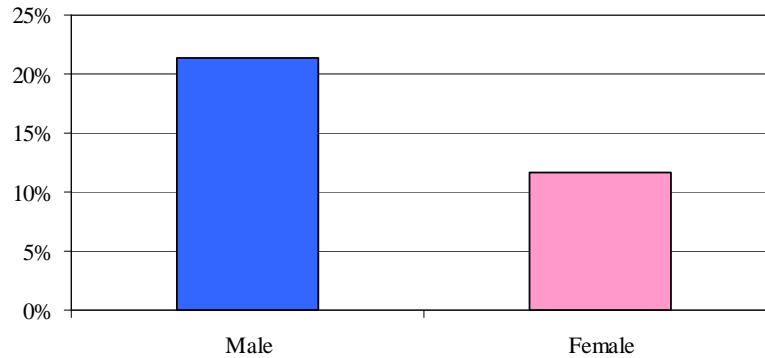
A breakdown of this information by faculty and year reveals that students from the Arts and Humanities faculty are more likely to have unprotected sex under the influence of drugs.

Had unprotected sex under influence of drugs, faculty
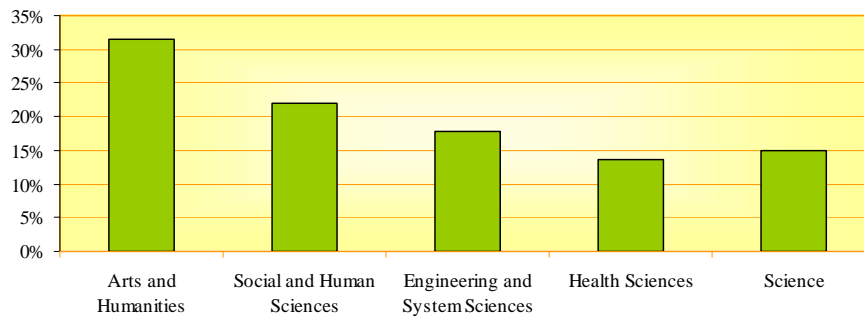
Similarly it was found that postgraduates had a much higher incidence of having unprotected sex while under the influence of drugs but again the age and greater experiences of postgraduates must be taken into account.

Overall it was found that 2% of students were unsure if sex had taken place due to the effects of drugs. This was the same for both male and female respondents.

6   CONCLUSIONS AND RECOMMENDATIONS

This chapter summarises some of the main points generated by the data analysis and offers some ideas on how the information can be best utilised.

6.1   Education

From the analysis of the data collected several key trends have been established – most notably the falling age at which students are first engaging in sexual activity. Over half of the students surveyed have had one night stands, of which the majority have had more than one. Alcohol is the main influencer for one night stands, cited by almost two thirds of respondents. Female students cited pressure from their partner as being a more significant influence on their decision to engage in a one night stand while males cited peer pressure as being most significant. The perceptions of society are also highlighted through the stigma that many respondents feel is attached to the idea of females carrying condoms.

Sexual education received in both primary and secondary school is ineffective in curbing the risky sexual behaviour of students. There is no significant difference between the two groups in relation to condom use, one night stands or number of sexual partners. Instead of educating young people and dispelling myths, sexual education classes are used as a scare tactic. It is of vital importance that the government introduce a new sexual education programme. The strong consensus from respondents was that sexual education should start at a younger age and be taught by appropriate professionals such as a doctor or a nurse. Current sexual education classes are not providing students with the necessary information to ensure that they will make informed decisions with regards to their sexual practices.

Sexual Education should:
- Educate students in the emotions involved in having sex
- Enable them to cope better with pressure from both their partners and their peers
- Dispel myths and taboos around sex
- Provide an atmosphere where it can be discussed openly and honestly between students and their teachers

It is hoped that in doing this, students will be able to make better decisions with regards to their sexual behaviour.

6.2   College Promotion

Those who are not allowed to have sex at home are no more at risk from having risky sexual behaviour, as the vast majority go either to their partner's accommodation or to a hotel. However, those who live outside the family home are more likely to have had a one night stand and to have had a greater number of sexual

partners than those who still live with their parents. Students who binge drink are more likely to partake in risky sexual behaviour than those who don't. They are more likely to have had unprotected sex while under the influence of alcohol and to have been unsure as to whether or not sexual intercourse had taken place.

It is necessary therefore for the CHS to target students who are living away from home and experiencing the newly found freedom that comes with university life. This could be achieved through various promotional campaigns such as:

- CHS Business Cards
- Counselling Service
- Sexual Health Forum

Business Cards

These could be distributed around college during main promotional campaigns in sexual health packs and also around college throughout the year, for example in bathrooms (positioned on the back of stall door). These cards should ideally contain CHS contact details, services and also some sexual health information, such as a shocking statistic to grab attention. There could be several cards each containing different facts in order to distribute as much information as possible.

Telephone Counselling Service

To compliment the existing Niteline service, students could ring up to specifically discuss any issues they have related to their sexual health and also their emotional issues surrounding this. This could be advertised through a separate campaign.

Sexual Health Forum

This would provide students with an opportunity to place queries on a forum on the College Health Service website. There could one section for student's responses and one where a doctor or nurse could reply with the expert opinion. This would be designed to deal with both the medical and emotional side of sexual health. It would be important to emphasise that this would be a non judgemental and anonymous information service moderated by the CHS. Links to this could be placed on the link bar of browsers in the Public Access Computer Rooms, for ease of access for students.

Strengthen the CHS "brand"

By promoting the College Health Service as a whole, its image can be rejuvenated and made instantly recognisable to all students.