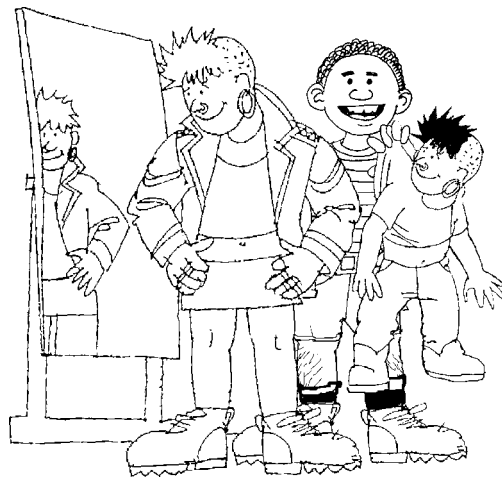


# 8 Social and Personal

The questions included in this group refer to social relationships, sources of information about sex, school lessons and problem-sharing. Questions to discover the pupils' awareness about contraceptive methods and services are also included.

## Question

How do you usually feel when meeting people of your own age for the first time? .....	99
Which of these is your main source of information about sex? .....	100
Which of these do you think should be your main source of information about sex? .....	101
How useful have you found school lessons about the following? .....	102
How many school lessons do you enjoy at school?.....	103
Which of these statements about GCSEs best describes you?.....	104
After the end of Year 11 what would you like to do?.....	105
How much do you worry about these problems? .....	106
If you wanted to share school-work problems, to whom would you probably turn? .....	107
If you wanted to share money problems, to whom would you probably turn? .....	108
If you wanted to share health problems, to whom would you probably turn? .....	109
If you wanted to share career problems, to whom would you probably turn? .....	110
If you wanted to share problems about friends, to whom would you probably turn? .....	111
If you wanted to share family problems, to whom would you probably turn?.....	112
If you wanted to share bullying problems, to whom would you probably turn? .....	113
Self-esteem measurement (0–18) .....	114
“I am in charge of my health” & “If I keep healthy, I’ve just been lucky”.....	115
“If I take care of myself I’ll stay healthy” & “Even if I look after myself I can still easily fall ill” .....	116
Health locus of control score (-4 to +4) .....	117
With which of these adults do you get on best? .....	118
How many adults can you really trust? .....	119
In general, how satisfied do you feel with your life at the moment? .....	120



# 8 Social and Personal



## Question

Sexually transmitted diseases and infections – what do you know about them? .....	121
What do you know about the following methods of contraception? .....	122
Which contraceptive methods are reliable to stop infections like HIV/AIDS?.....	123
Do you know where you can get condoms free of charge? .....	124
Is there a special birth control (family planning) service for young people available locally?.....	125

# Meeting others

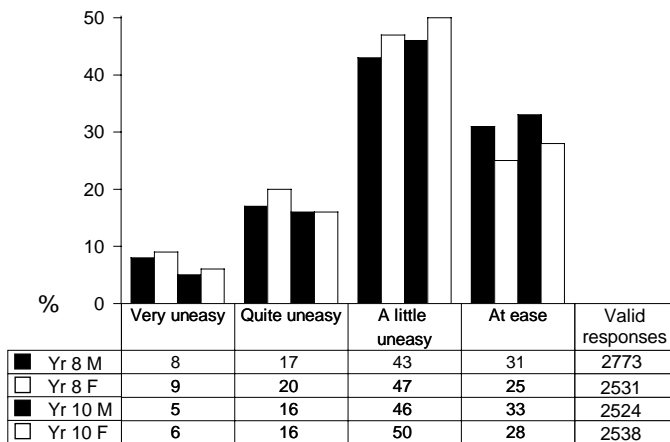
Up to 29%  
are *quite* or *very uneasy*

## How do you usually feel when meeting people of your own age for the first time?

1. Males are more likely to say that they are *at ease*. The Year 10 pupils express slightly more confidence than the Year 8 pupils. However, the differences are not very large.
2. Up to 29% are *quite* or *very uneasy*.

### Comments

1. This question is specific to age and does not refer to the 'opposite sex' as in previous years, and is closely related to our measurement of self-esteem (page 114), which includes questions about self-confidence.
2. Should we be surprised that around a quarter of young people in a sample of over 10,000 12-15 year olds, say they are *quite* or *very uneasy* when meeting people of their own age for the first time?



# Information about sex (1)

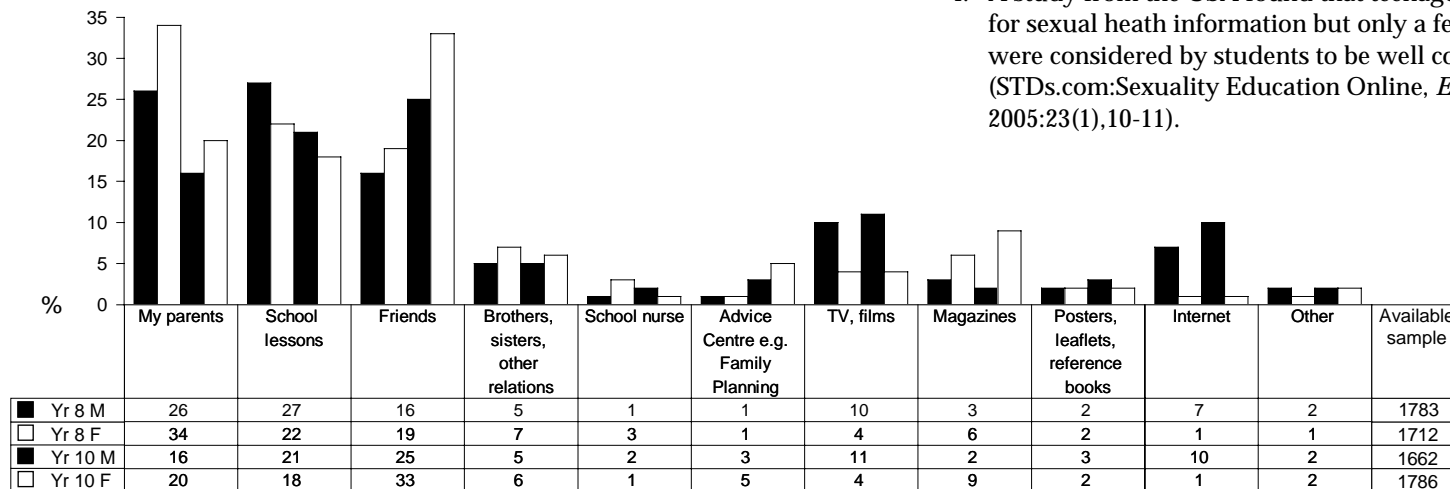
*School lessons* remain an important source of information

## Which of these is your main source of information about sex?

1. Between Years 8 and 10 we see a trend away from *parents* and *school lessons*, and a trend towards *friends*.
2. There are quite striking gender differences with respect to *TV or films* and *magazines*.
3. The main source of information for males are *school lessons*. Younger females prefer *parents* and older females choose *friends* as their main source of information about sex.

### Comments

1. Respondents are asked to choose their main source, but this may not necessarily be their most accurate source.
2. 'Information about sex' could mean different things to different people, and the range of preferred sources presented here may reflect these differences.
3. *School lessons* are an important source of information and schools are conscientious in their teaching about sex and relationships, but teaching about parenthood, relationships and the prevention of infection is often poor (OFSTED, *Education and Health 2002:20(2)*, 38-39).
4. A study from the USA found that teenagers frequently used the Internet for sexual health information but only a few health topics of importance were considered by students to be well covered by the Internet sites (STDs.com:Sexuality Education Online, *Education and Health 2005:23(1)*,10-11).



# Information about sex (2)

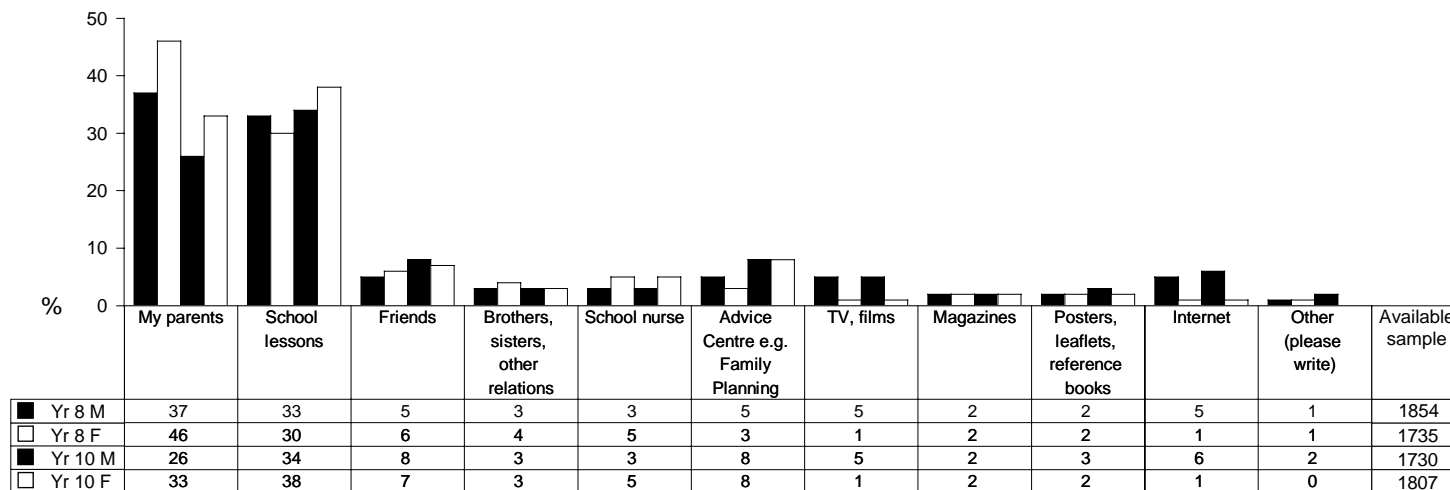
*My parents and school lessons topped the list*

## Which of these do you think should be your main source of information about sex?

### Comments

1. *Parents* are the preferred group particularly for Year 8 females, with school lessons following closely.

1. These higher percentages for parents compared with the previous table do not necessarily mean that pupils feel their parents are failing them. The 'should' condition seems to refer to an ideal world where information can be exchanged without constraint on either side. Many parents find it difficult to talk openly and frankly about sex with their children and often they are thankful to know that the school is doing something.



# Useful school lessons

Most lessons in the list are reported to be less 'useful' as pupils get older

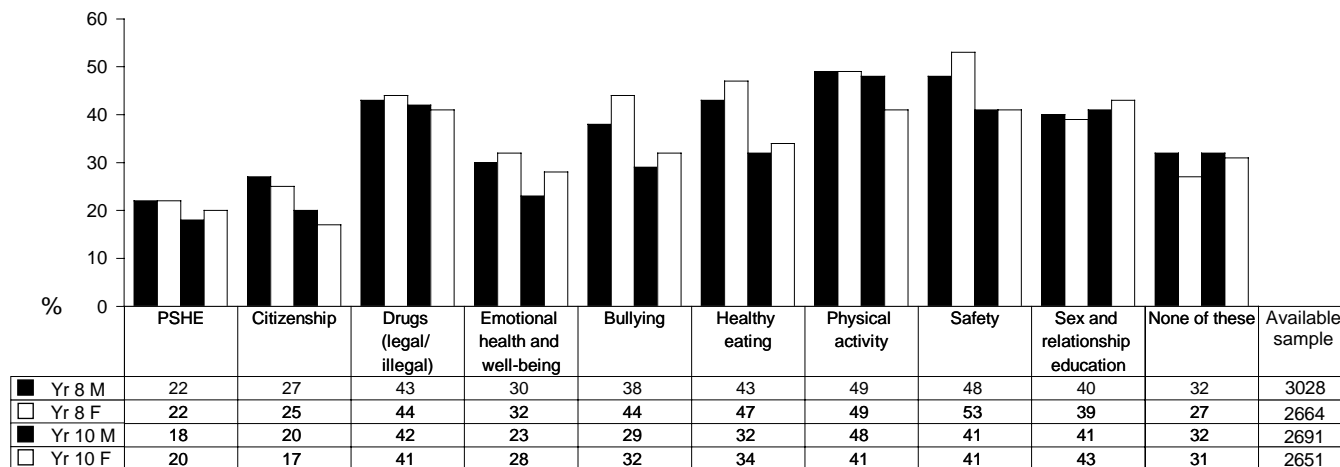
## How useful have you found lessons about the following subjects?

Responses to 'quite useful / very useful'

1. Lessons about *Drug education, Safety and Sex and Relationships education and Physical activity* are the most useful for both age groups and genders.
2. Least useful are reported to be *PSHE* and *Citizenship* lessons.
3. It is noticeable how 'usefulness' declines with age for all subjects.
4. The *Healthy Eating* lessons appear to be less 'useful' as reported by older pupils e.g. 47% of 12-13 year old females find these lessons 'quite useful/very useful', compared with 34% of the 14-15 year old females.

### Comments

1. We first asked this question in 1999. The range of lesson options has changed but the 'usefulness' scale has remained. Pupils are asked to 'circle one number for each answer' and each number refers to a scale of 'usefulness'. This scale ranges from *can't remember any, not at all useful, some use, quite useful, to very useful*.
2. The drugs subject is written as 'Drug education (including alcohol and tobacco)' in the current version of the questionnaire.
3. What factors influence the degrees of 'usefulness' reported for each subject? Is it surprising that the reported levels of 'usefulness' decline with age? How do these data relate to the general question about enjoying school lessons? (see next page)

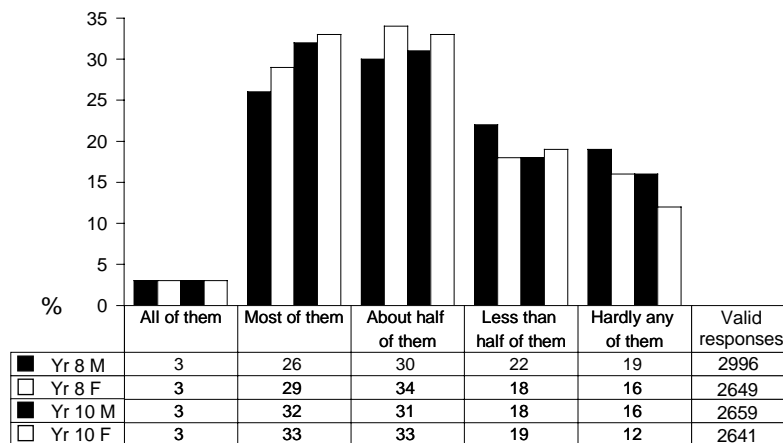


# Enjoyable school lessons

Up to 36% report enjoying 'all' or 'most' school lessons

## How many school lessons do you enjoy at school?

1. The majority of 12-15 year olds report enjoying 'most' or 'about half' of their school lessons.
2. Up to 36% report enjoying 'all' or 'most' school lessons.
3. For the majority, the percentages remain similar across gender and age groups. Slightly more females (31%) compared with males (29%), report enjoying 'most' of their lessons.
4. More males, compared with females, report enjoying 'less than half' or 'hardly any' lessons.



## Comments

1. This is the fourth time we have included this question and it appears early on in the questionnaire (question number 9). The range of responses from those enjoying 'all' or 'most' lessons has been from 28% (Year 10 males, 2004) to 38% (Year 8 females, 2002).
2. The question is about school lessons in general and not subject specific.
3. There appears to be slight difference, as pupils get older, in those reporting 'enjoying' lessons.



In 2003 we found a positive relationship between pupils enjoying lessons and finding PSHE lessons useful. Those pupils that report enjoying 'all' or 'most' lessons were also more likely to rate the subjects on the list (see previous page) as 'quite useful' or 'very useful'.

# GCSEs

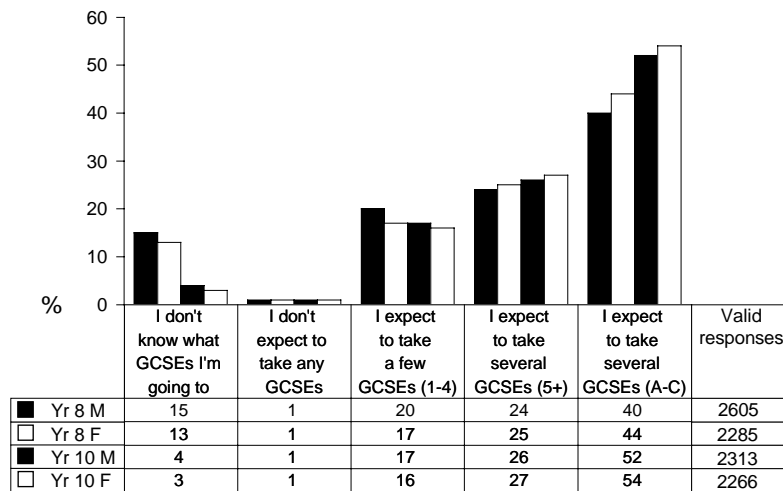
53% of 14-15 year olds expect good grades at GCSEs

## Which of these statements about GCSEs best describes you?

1. The majority of 12-15 year olds *expect to take several GCSEs and get mostly good grades (A-C).*
2. As pupils get older their expectations, about taking more GCSEs and getting good grades, increase.
3. Females report higher expectations than males. Slightly more males than females report the lowest levels of expectation – around 19% expecting to take none or less than 5 GCSEs.

## Comments

1. Around 53% of older pupils continue to expect good GCSE grades and females continue to report higher expectations.
2. In 2005, by the time they are 13 years old, around 42% of pupils expect good grades at GCSEs. This figure rises to around 53% by the time they reach 15 years of age.
3. Do the responses confirm our understanding of young people's expectations of involvement with GCSEs? Do we think more young people would expect to get good grades?
4. In England in recent years, around 55% of pupils have achieved GCSEs at grades A-C.





# After Year 11

60% of 14-15 year old females want to continue with full-time education

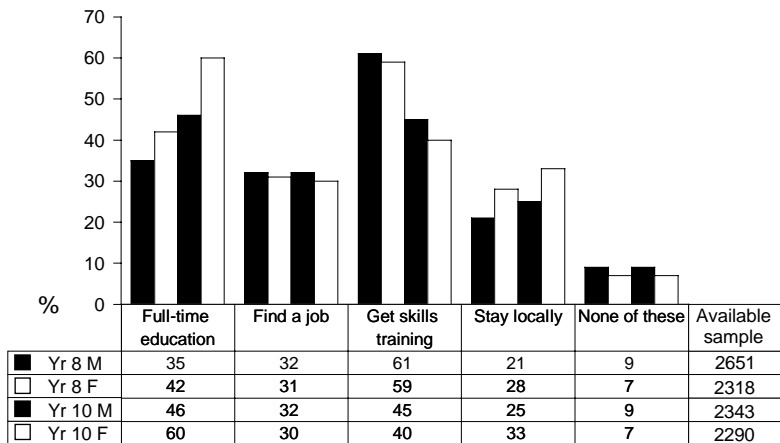
## After the end of Year 11 what would you like to do?

Responses to 'Yes'

1. From this sample, 60% of 14-15 year old females want to continue in full-time education after Year 11 and 33% want to stay in the neighbourhood where they live.
2. For the older males, 46% want to continue in full-time education and 45% want to get training for a skilled job.
3. The aspirations of the younger pupils lie in the direction of skills training and not full-time education or finding a job.
4. Around 31% responded to the option *Finding a job as soon as you can*.

### Comments

1. This is the fourth time this question has been asked. Pupils are asked to circle a three point scale ranging from 0=No, 1=Don't know and 2=Yes in response to four options.
2. It is noticeable that the gender and age differences show that, as the females get older, more are interested in continuing full-time education and staying in their neighbourhood. As they get older the females are less interested in *finding a job as soon as you can* and getting training for a skilled job.
3. Both males and females show more of an interest in staying in the neighbourhood as they get older.
4. In the past four years the figures from 14-15 year old females who want to continue in full-time education after Year 11 has risen from 54% to around 60%. Up to 33%, of this group, want to stay in the neighbourhood where they live.



# Worries

Around 33% of 10-11 year olds worry about *family problems*

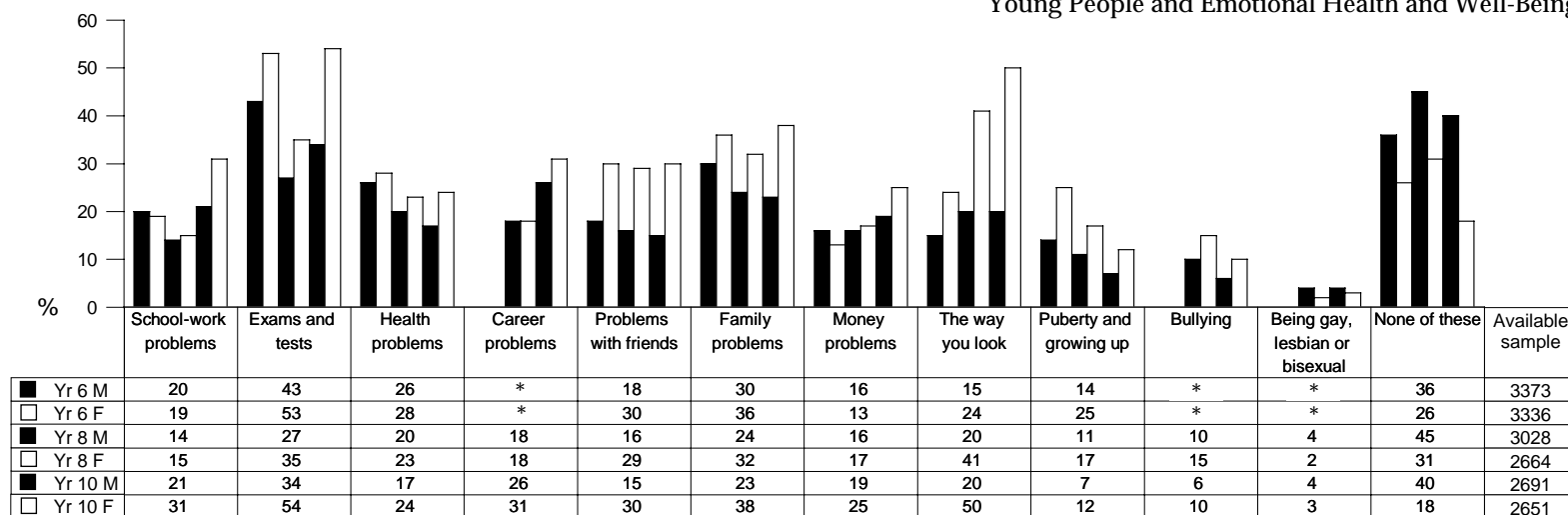
## How much do you worry about these problems?

Responses to 'quite a lot / a lot'

1. *Family problems* cause concern for around 33% of 10-11 year olds.
2. *The way you look* worries the 12-15 year old females more than anything else on the list.
3. For 14-15 year old males, problems with *school-work*, *exams*, *career* and *the way you look* appear to worry them the most.
4. The *none of these* category shows that more females than males worry about things in the list.

## Comments

1. These problems do not necessarily concern the respondents themselves, they could indicate worry about family or friends or even 'society'.
2. *Exams* was a new category in 2004 and up to 54% report this as a worry.
3. As girls grow older, higher percentages worry about all the categories listed here apart from *puberty and growing up* and *bullying*.
4. The percentage of 10-11 year olds, that worry about *family problems*, is slightly higher when compared with figures from recent years.
5. Since 1991, fewer young people worry 'about the way they look' although it has always been the main worry for 14-15 year old females ('Trends-Young People and Emotional Health and Well-Being 1983-2004').



\* Options not available

# School-work problems

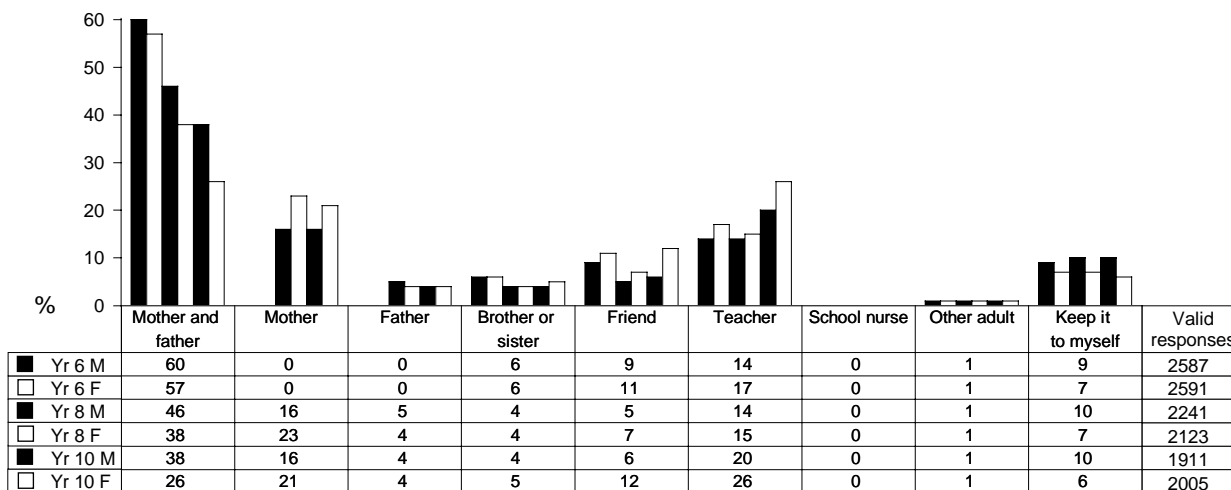
Up to 26% of pupils look to *Teachers* for support

## If you wanted to share school-work problems, to whom would you probably turn?

1. *Mother and father* are the most common source of support which declines as pupils get older.
2. Up to 26% would turn to *Teacher*.
3. The proportion, of older pupils, who would keep such a problem to themselves is small, smaller at least than for most other problems.
4. The various sources of support rise (*Teacher, Friend*) or fall (*Mother and Father*) with age, and there are some marked gender differences.

### Comments

1. Since 1999, between 35%-39%, of 14-15 year old females, have reported worrying 'quite a lot' or 'a lot' about school-work problems. The figure for 14-15 year old males is around 25%
2. Around 8% of 10-11 year olds report that they would not share a school-work problem but *keep it to myself*.
3. Since 1990, there has been an overall increase in the numbers of pupils reporting sharing school problems with a *Teacher* (SHEU, 2004, 'Trends-Young People and Emotional Health and Well-Being 1983-2003'). This years figures from older females shows an increase to 26%.



\* Options not available

# Money problems

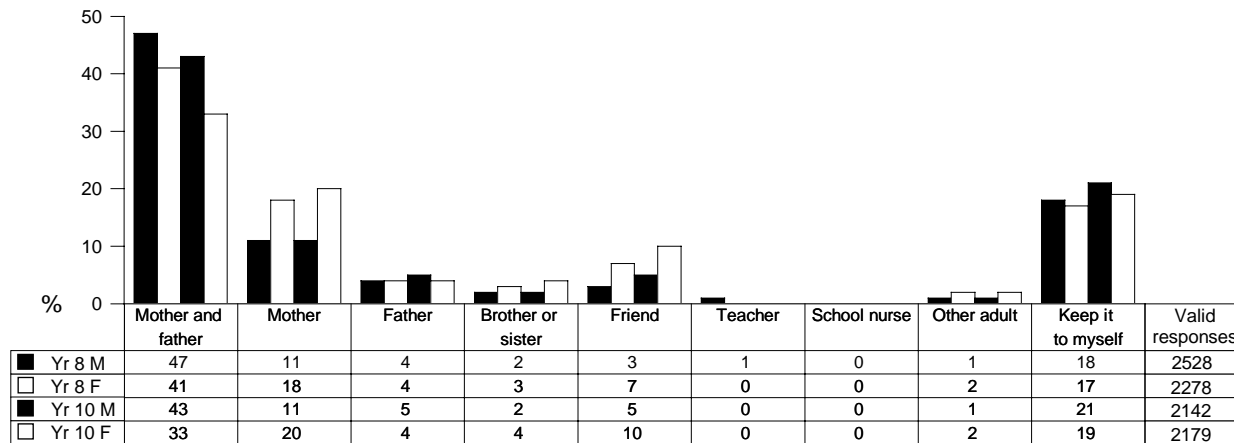
Up to 47% would talk to *Mother and Father*

## If you wanted to share money problems, to whom would you probably turn?

1. *Mother and father* are the most common source of support.
2. The percentage giving *father* is higher than for any of the other listed problems.
3. Up to 10% would talk to a *friend*.

### Comments

1. Young people seem to keep money problems more firmly within the family compared with the other problems listed.
2. Are *fathers* more likely to have money than *mothers*?



# Health problems

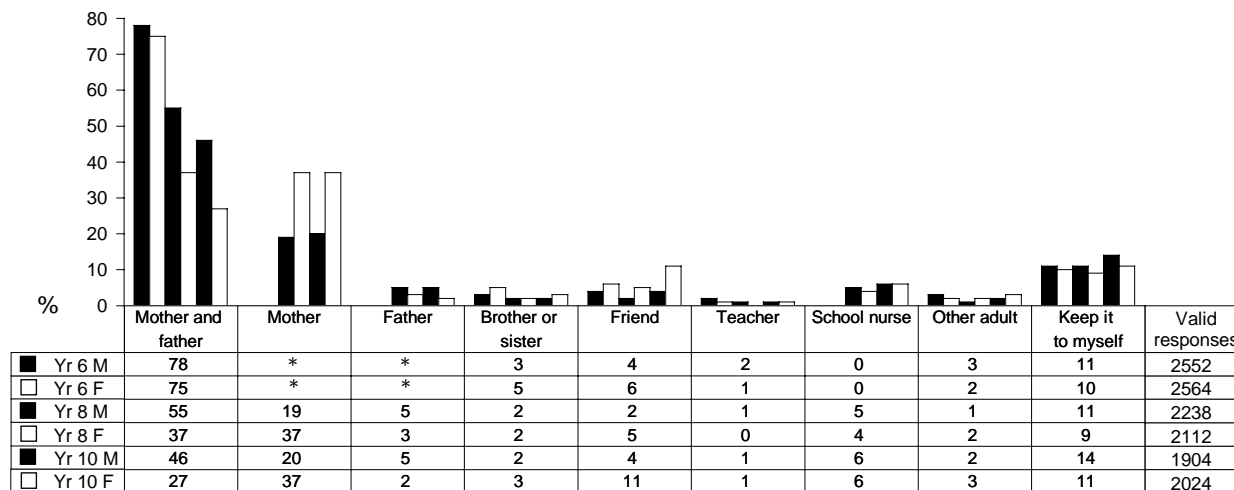
*Mother* features strongly for the females

## If you wanted to share health problems, to whom would you probably turn?

### Comments

1. Again, *Mother and Father*, are the popular choice but are less popular as pupils get older.
2. Up to 14% would *keep it to myself*.
3. The *School nurse*, the only health professional on the list, secures up to 6% of votes for this topic.

1. The expression 'health problems' is open to wide interpretation.
2. Although Mum and Dad might be the first port of call, it may be only through them that a young person will seek access to Health Care Professionals. We wonder if the small proportion responding *School nurse* reflects a lack of opportunity rather than a reluctance to see them. We know that School Nursing services have been cut from earlier levels.



\* Options not available

# Career problems

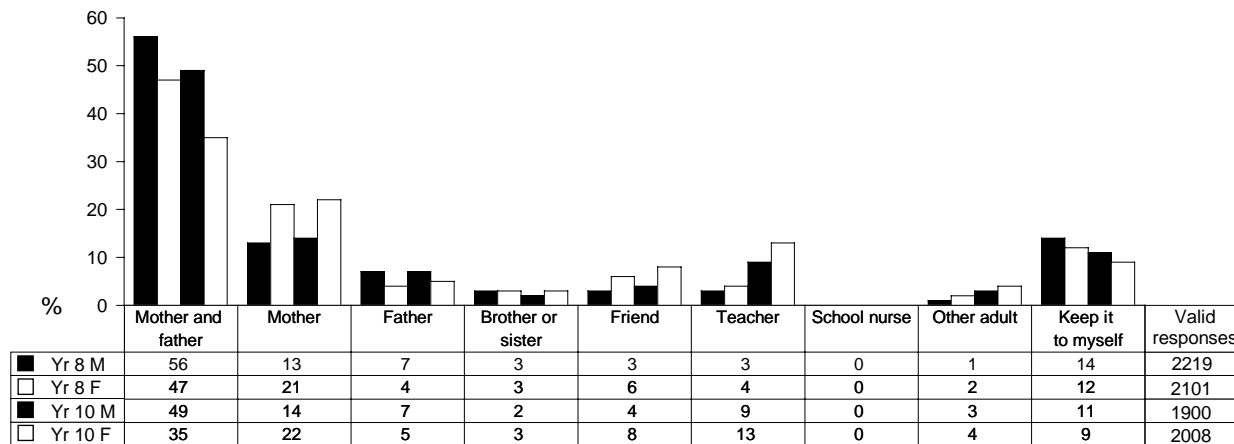
Up to 13% of older pupils would turn to *Teacher*

## If you wanted to share career problems, to whom would you probably turn?

1. For males and females the most likely source of support is *Mother and father* with *Mother* being the second most likely choice.
2. *Teacher* figures feature more strongly for the older pupils.
3. Up to 14% would *keep it to myself*.

### Comments

1. The large difference between *Mother and father*, for what would appear to be a problem they could both help with, may reflect their accessibility.
2. This problem is perhaps still fairly remote for many of these youngsters, particularly the younger pupils.
3. The low standing of *brother or sister* and *friend* suggests that these young people expect to have to look to older people for advice.



# Friend problems

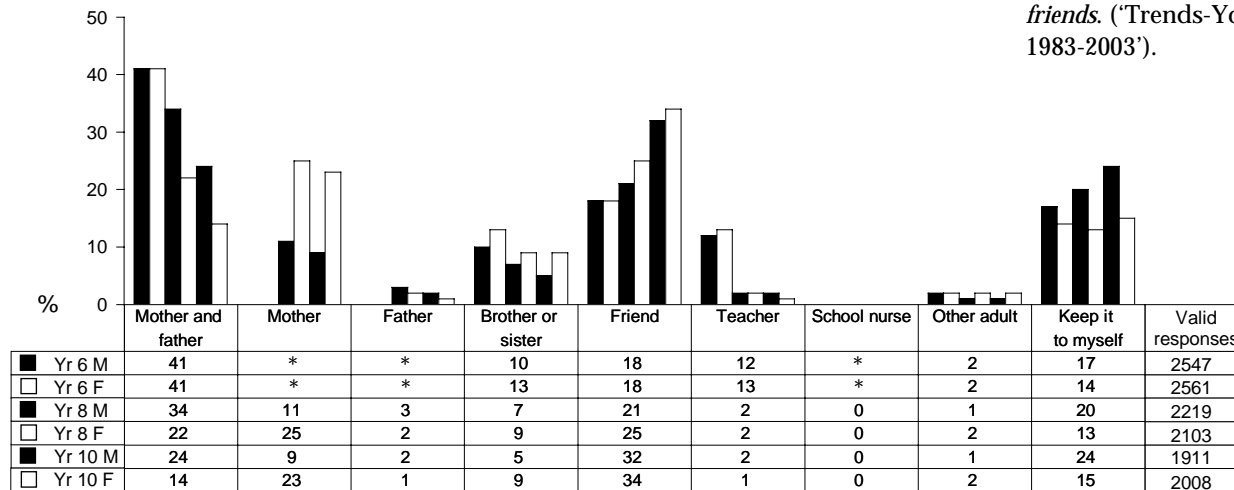
Gender differences are pronounced

## If you wanted to share problems about friends, to whom would you probably turn?

### Comments

1. Gender differences are pronounced. More males say *mother and father*, or would *keep it to myself*; more females say *mother* and also most females would share the problem with another *friend*.
2. Older pupils tend to seek less support from their parents and teachers but rely more on *friends* or simply keep things to themselves.
3. 24% of 14-15 year old males would keep the problem with friends to themselves.

1. Year 6 pupils were more likely to turn to their teacher than the older pupils within secondary schools. Perhaps this is due to the closer bonds they have with their primary school teachers, developed through the higher level of contact.
2. The importance of seeking support from other friends is clearly seen as pupils get older.
3. Since 1985, there has been an underlying increasing trend to share problems with friends with *mother and father* and other *friends*. Older males and females have, since the late 1990s, consistently chosen other *friends*. ('Trends-Young People and Emotional Health and Well-Being 1983-2003').



\* Options not available

# Family problems

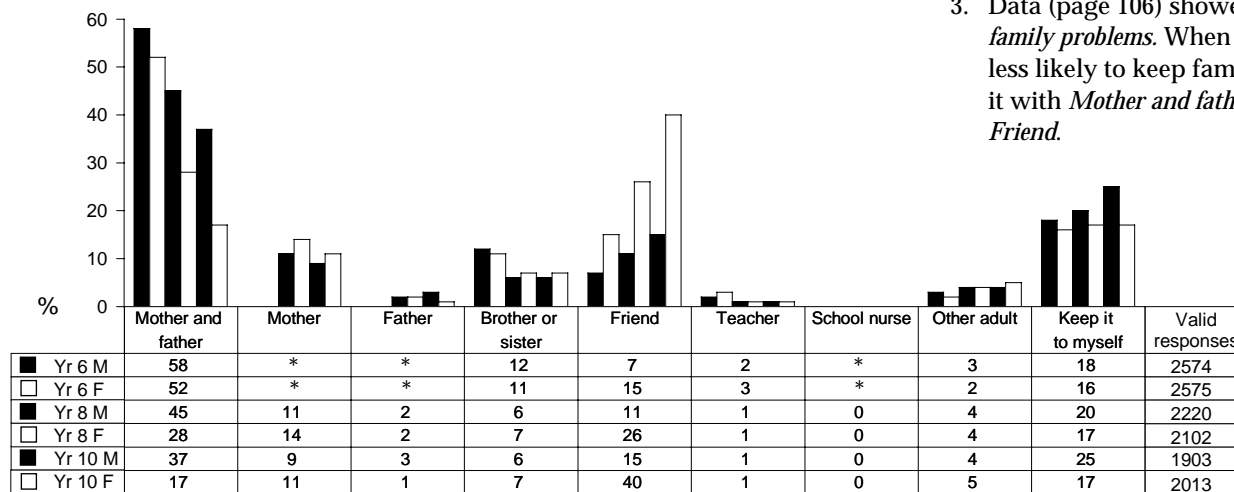
Up to 40% of females  
turn to a *friend*

## If you wanted to share family problems, to whom would you probably turn?

1. For the females, a *friend* is the likeliest resource and *Mother* is a more popular choice compared with the males. The males are much more likely to go to *Mother and father*, or to *keep it to myself*.

### Comments

1. It is interesting that many more males than females would seek help with family problems from *Mother and father*. It is possible that the interpretation of 'family problems' is not the same for the two genders.
2. This observation is further supported by looking at the source of support and comparing the large differences in percentages reported by the 14-15 year olds. 17% of older females, compared with 37% of the older males, share family problems with *Mother and father*. 40% of older females, compared with 15% of the older males, share family problems with a *Friend*.
3. Data (page 106) showed that around 33% of 10-11 year olds, worry about *family problems*. When compared with other pupils, the Year 6 pupils are less likely to keep family problems to themselves and more likely to share it with *Mother and father*, but least likely to share the problem with a *Friend*.



\* Options not available



# Bullying problems

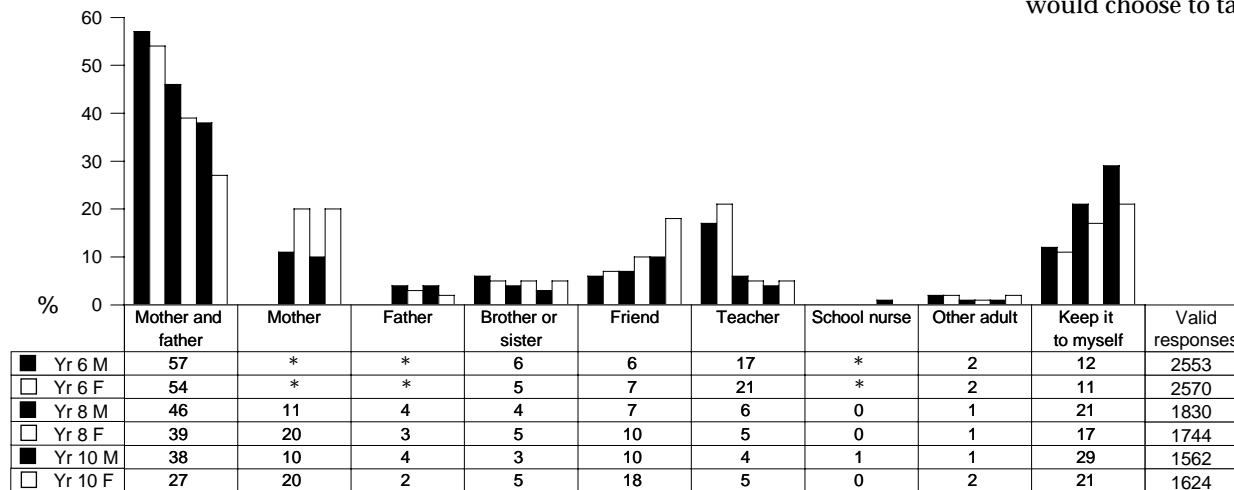
Up to 29%  
would *keep it to themselves*

## If you wanted to share bullying problems, to whom would you probably turn?

### Comments

1. *Mother and father* would be the most common resource, but another large group say that they would *keep it to myself*.
2. The percentage seeking support from their friends is higher for the older females.

1. Bullying (page 28 and pages 129-130) is an issue for females more than males and pupils in Year 6 and Year 8 are more concerned than pupils in Year 10. Since 1999 we have seen that in the Year 6 group, up to 13% more females than males report feeling afraid of going to school because of bullying. This is the second year we have included this option for Year 6 pupils.
2. The high percentage, saying that they would not talk to anyone about this problem, is cause for concern. For example, 29% of 14-15 year old males would not share their bullying problem with anyone and very few pupils would choose to talk to a school nurse.



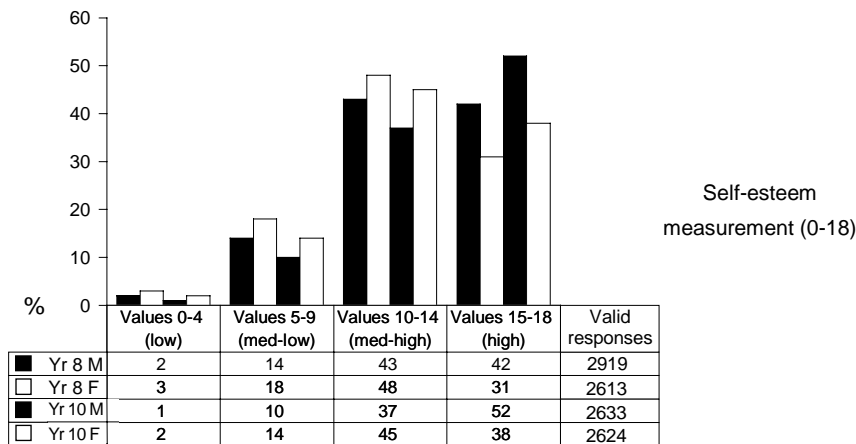
\* Options not available

# Index of self-esteem

The level of self-esteem tends to increase with age

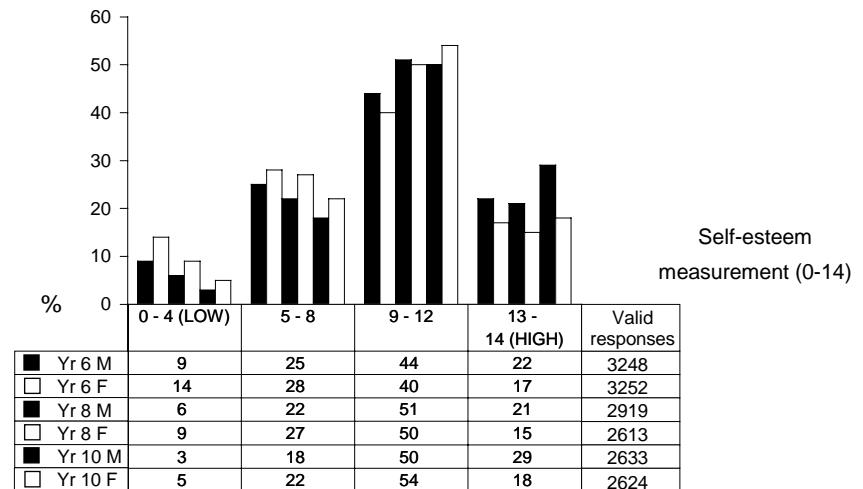
## Self-esteem measurement (0–18) Self-esteem measurement (0–14)

1. The scales used in the primary and secondary versions of the survey are not directly comparable; we give two sets of figures below, the overall secondary figures, and figures from the primary dataset which are comparable.
2. The *high* group included more males than females.
3. The first measure (0-18) shows that the great majority scored more than 10/14, and more than a third of the whole sample were in the *high* group.
4. The second measure (0-14), includes Year 6 pupils.
5. The level of self-esteem tends to increase with age.



### Comments

1. This measurement is derived from the responses to a set of nine statements, taken from a standard self-esteem enquiry method developed by Denis Lawrence (Lawrence 1981).
2. Many health educators believe high self-esteem may motivate positive behaviour, as well as being a general contributor to emotional well-being
3. The gender differences are a challenge: we do not see them in every school, which means that they are more marked in some other schools.



# Control over health (1)

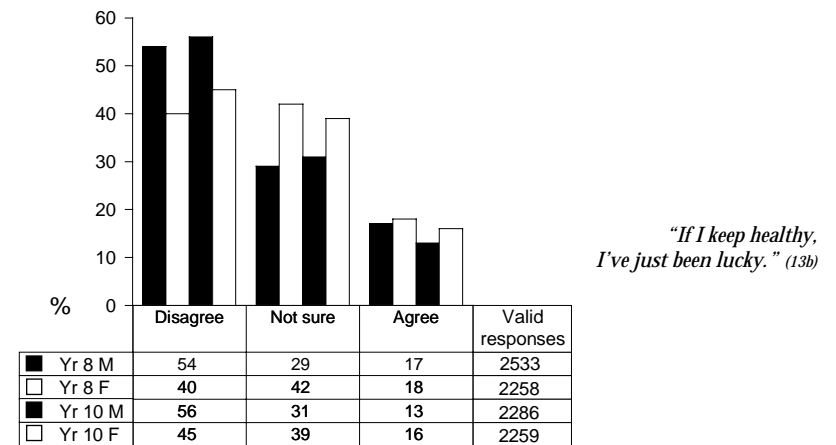
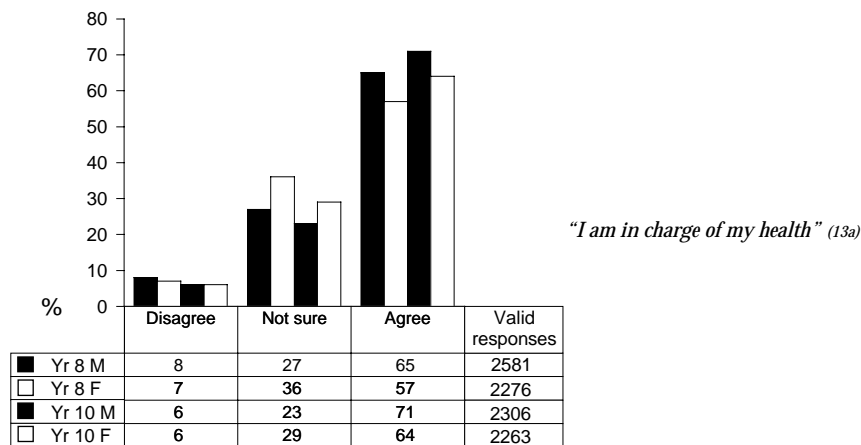
The majority feel they are in control of their health

**“I am in charge of my health.”**  
**“If I keep healthy, I’ve just been lucky.”**

1. The four groups in the sample were fairly close in their responses, although more males than females agreed with (“*I am in charge of my health*”) and disagreed with (“*If I keep healthy, I’ve just been lucky*”).

## Comments

1. These two sets of statements are used, together with the two on the following pages to generate a ‘health locus of control’ score.
2. We have discovered some interesting correlations with these responses. For example, a feeling of low health control links with fear of bullying (page 28).



# Control over health (2)

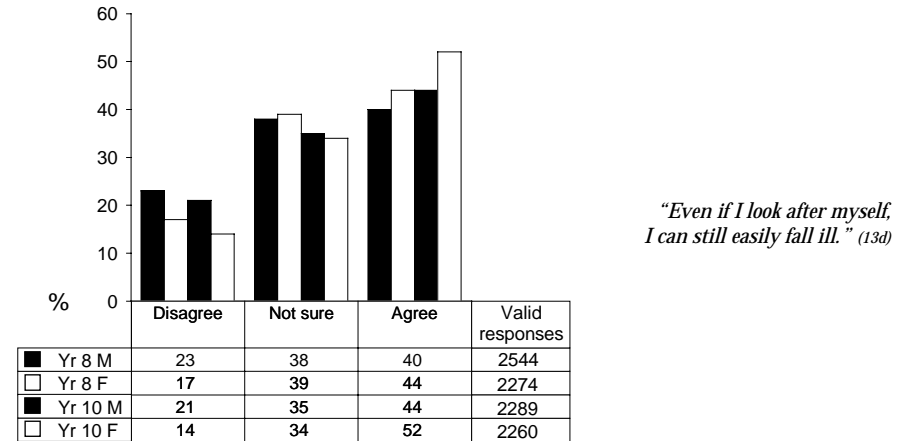
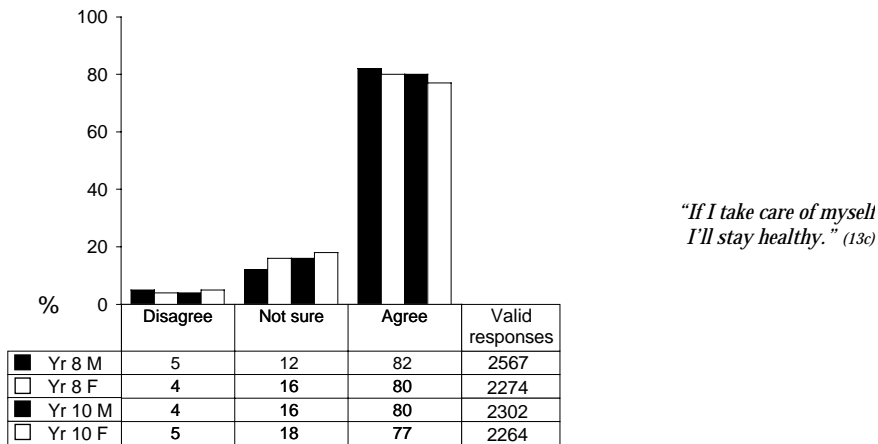
Most feel they can do something about their health

**“If I take care of myself I’ll stay healthy.”**  
**“Even if I look after myself, I can still easily fall ill.”**

### Comments

- The four groups in the sample were fairly close in their responses, although more males than females agreed with (“If I take care of myself I’ll stay healthy”) and disagreed with (“Even if I look after myself, I can still easily fall ill”).

- We find that about 80% think they will stay healthy if they take care, and around 45% think that they can still fall ill even if they do take care. The apparent contradictions between the items seem to be more in the mind of the logician than the young person.

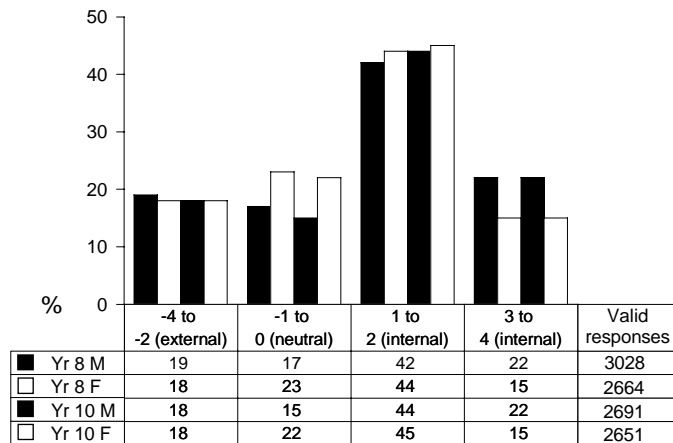


# Control over health (3)

The majority recorded positive control

## Health locus of control score (-4 to +4)

1. Half of all the groups recorded positive control at the +1 to +2 level.
2. Slightly more males than females felt that they were in positive control of their health.



### Comments

1. 'Health locus of control' is an attempt to establish whether young people feel in control of their health (positive score) or unable to influence it (negative score).
2. The HLOC score reflects the person's overall perception of whether they are personally in control of their health ('internal locus of control') or not and are thereby at the mercy of outside influences ('external locus').
3. We learn from these results that at least a quarter of all the groups do not think that they can influence their health by their own efforts.
4. We know from the work of ourselves and others that the answers to these questions can be strongly correlated with behaviours. For example:



We have found that 40% of Year 10 females with scores of 3 or 4 on this scale have never smoked at all, whereas of the females whose replies yield neutral or negative scores 29% have never smoked.

In *Bully Off* (Balding, 1996), we described a strong link between scores of these questions and fear of going to school because of bullying.

# Favourite adult

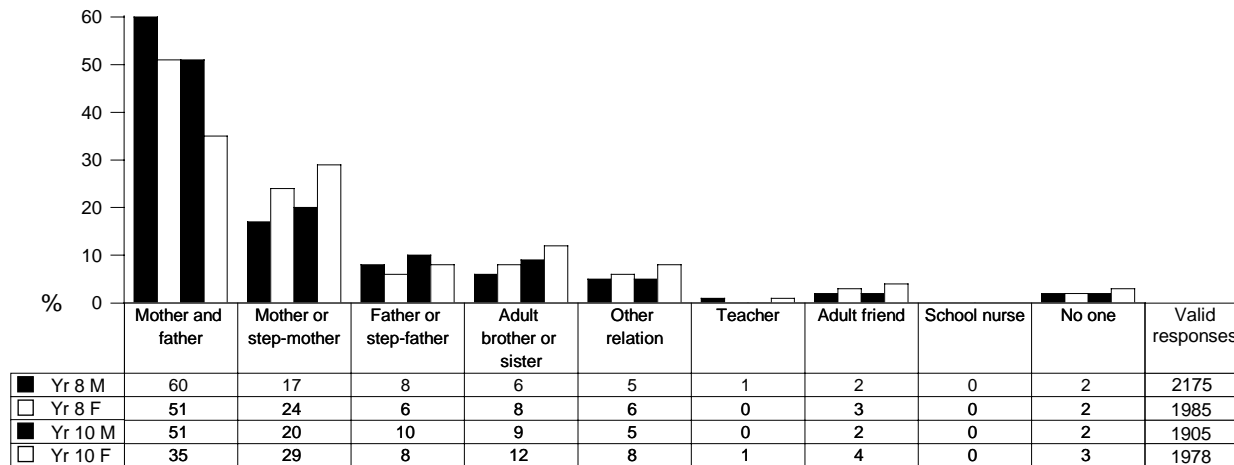
Up to 60%  
get on best with both parents

## With which of these adults do you get on best?

### Comments

1. One or both parents are the favourite adult for the great majority.
2. The Year 10s show a move away from *Mother and father*. The percentages saying *Mother* or *Father* alone are higher for this age group but we also see increases in the percentages selecting *Adult brother or sister* and *Adult friend*.
3. Up to 3% 'get on best' with no one (compare next page).

1. It is reassuring to see that the great majority within this age group find their favourite adult within their immediate family.
2. It must be remembered that not all pupils live with both *Mother and father*.



# Trustworthy adults

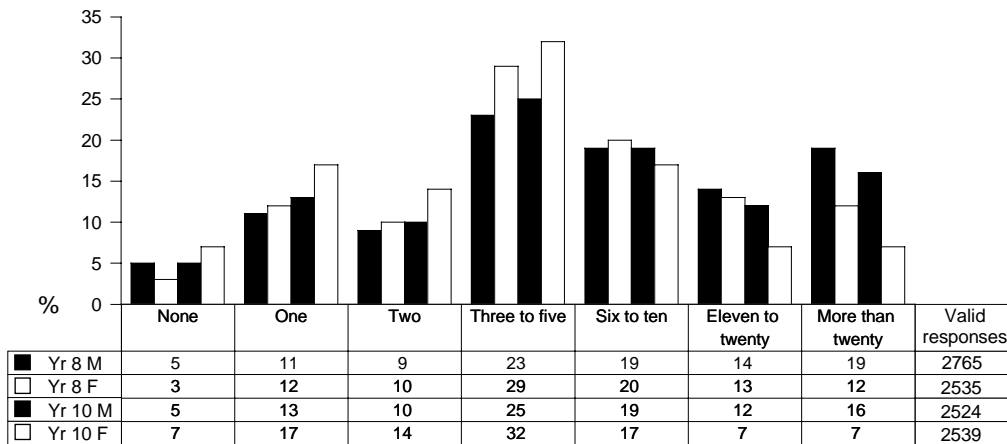
Around 5% of pupils trust no one

## How many adults can you really trust?

### Comments

1. Around 75% trust at least two adults.
2. We notice that trustworthiness levels drop slightly in Year 10, and that more males than females are inclined to trust a lot of adults.

1. The group that demand particular attention are those responding none — 4% in Year 8 and up to 7% in Year 10. This is slightly larger than the proportion saying that they 'get on best' with no one (previous page); but getting on with someone does not necessarily mean really trusting them.



# Satisfaction with life

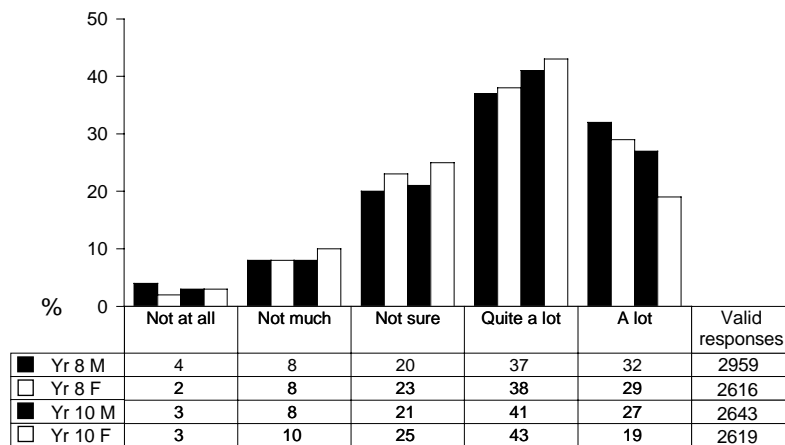
Males are more satisfied than females

## In general, how satisfied do you feel with your life at the moment?

1. Slightly more males record *a lot*, and slightly more females record *not much*.
2. Overall, more than 62% report *quite a lot* or *a lot*, and around 12% are dissatisfied to some extent (reporting *not much* or *not at all*).
3. The females' level of dissatisfaction increases a little with age.

### Comments

1. The difference in the percentage of satisfied males and females is in line with the evidence on page 106 that females worry about more things than males do.
2. Since 1995, there has been an upward trend for all groups choosing the satisfied *a lot* option. Males more than females have consistently reported higher levels of satisfaction with life. Younger males have always been the most satisfied group. Older females have consistently been the group most likely to report *not much* satisfaction with life *at the moment*. (SHEU, 2004, 'Trends-Young People and Emotional Health and Well-Being 1983-2003').





# Sexually transmitted diseases

7-12% think HIV/AIDS can be treated or cured

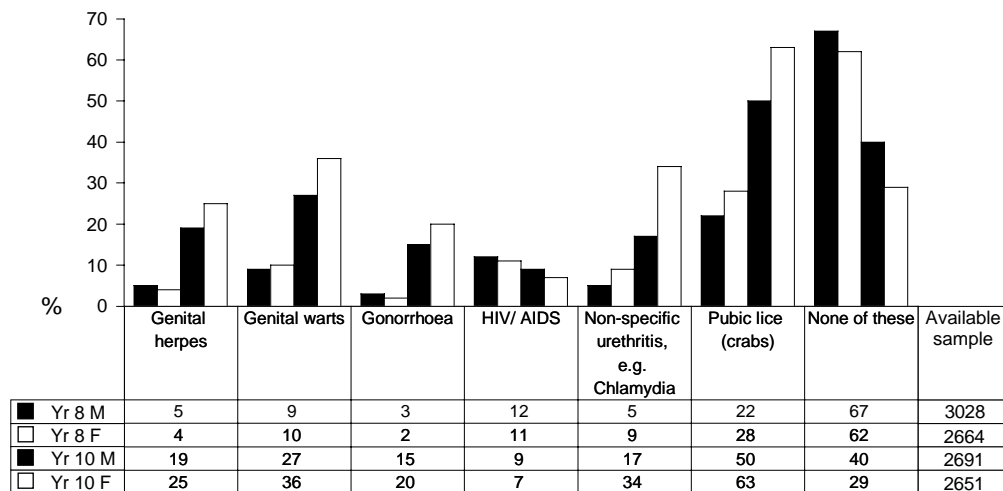
## What you know about sexually transmitted diseases and infections?

### Responses to 'Can be treated and cured'.

1. Most commonly identified treatable infections are warts and pubic lice.
2. Between 7-12% of pupils think that HIV/AIDS can be treated and cured.
3. Older females, compared with males, responded most frequently across categories.

### Comments

1. This was a new question in 2002 that provides four possible options: *Never heard of it. Know nothing about it. Can be treated but not cured. Can be treated and cured.* Responses *Can be treated and cured* are shown in the chart opposite. This need not mean that young people think sexually transmitted diseases/infections (STDs and STIs) cannot be treated and cured, they may have opted for one of the other options.
2. Should the apparent knowledge of the 12-15 year olds, and in particular the older females, in this sample cause us concern? For information about STDs and STIs contact the Health Protection Agency ([www.hpa.org.uk](http://www.hpa.org.uk)).



# Methods of contraception

*Condoms* - selected by up to 73%

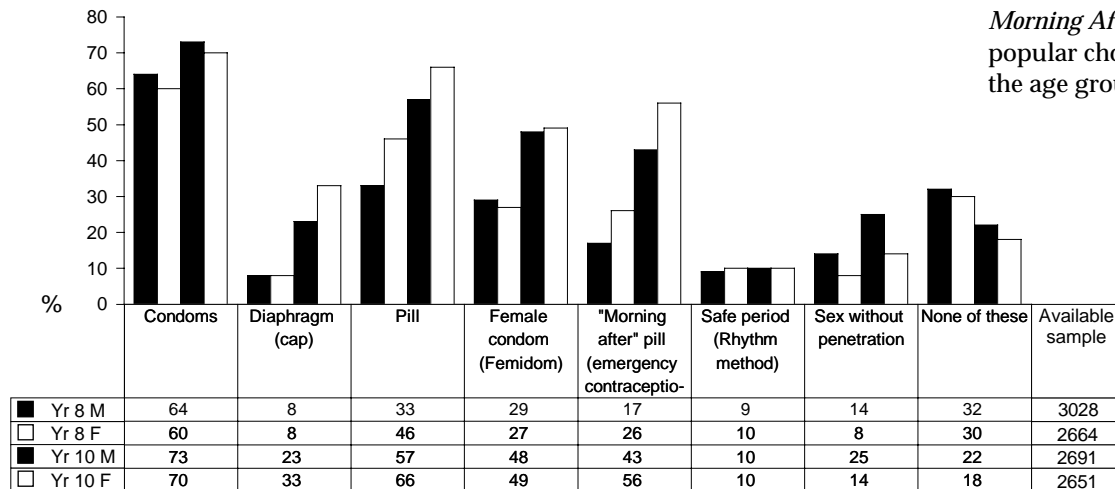
## What do you know about methods of contraception?

Responses to 'Reliable to stop pregnancy'

1. The most popular method chosen by the males, that is 'reliable to stop pregnancy', was *Condoms*. For older females, the most popular methods chosen were *Condoms*, *The Pill*, and *The Morning After Pill* (emergency contraception used up to 3 mornings after).
2. Between 64%-73% of all pupils selected *Condoms*.

### Comments

1. Pupils have a choice of four answers to describe best what they know about the list of contraceptive methods. The answers are 'Never heard of it', 'Know nothing about it', 'Not reliable to stop pregnancy', and 'Reliable to stop pregnancy'. Responses shown in the chart are from the last answer.
2. The data show clear gender and age differences. For many of the contraceptive methods there is a marked shift in response rates particularly between the females from 12-13 years old to 14-15 years old. The most noticeable – *Morning After Pill* methods show a 30% difference. The most popular choice for the females, *Condoms*, shows a 10% difference between the age groups.
3. For differences, from the responses between younger and older males, the *Morning After Pill* method show a 26% difference of over 20%. The most popular choice for the males, *Condoms*, shows an 9% difference between the age groups.
4. This chart presents combined responses to several sub-questions and thus there is no single value for 'valid responses', the percentages of 'missing data' are included in the *None of these* column. With this in mind, up to 32% of young people did not respond to the answer option 'Reliable to stop pregnancy'.



# Contraception and HIV/AIDS

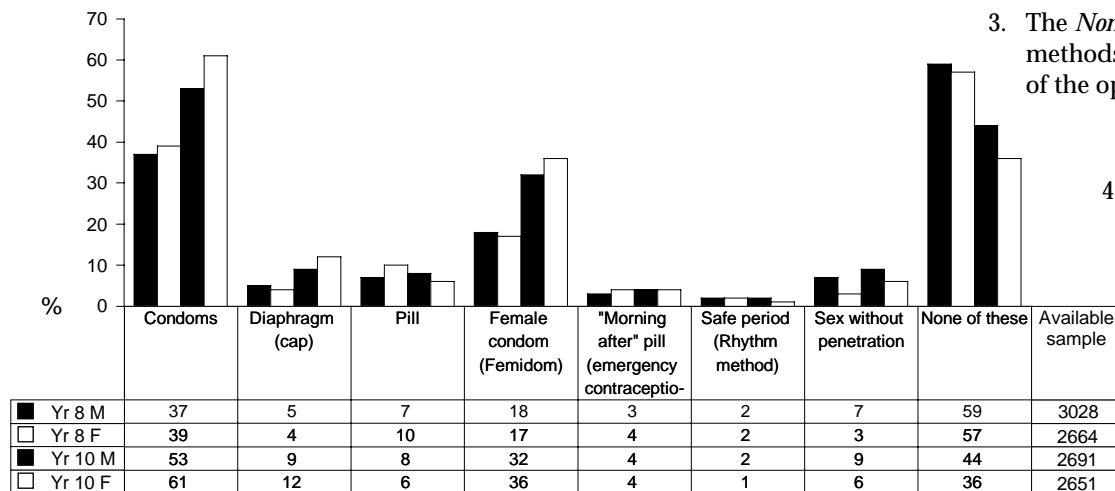
Up to 15% selected  
*sex without penetration*

## Which contraceptive methods are reliable to stop infections like HIV/AIDS?

### Comments

1. The item *Condoms* was selected by up to 61% of all pupils and up to 36% selected *Female condoms*.
2. There are differences in percentages between some choices made by Year 8 and Year 10 pupils. For example, as they get older 22% more females choose *Condoms* and 19% choose *Female condoms*.
3. Slightly more males than females think *sex without penetration* is a reliable method to stop infections like HIV/AIDS. However, the maximum number choosing this option is 9% of older males.

1. This is the fourth year we have asked this specific question. In the questionnaire it follows the question on the previous page. Pupils are asked to circle each letter, corresponding with a list of contraceptive methods, that they think is reliable to stop infection like HIV/AIDS.
2. If we accept that the barrier contraceptive methods (male and female condoms) and 'sex without penetration' offer protection against infections (see [www.fpa.org.uk](http://www.fpa.org.uk) and [www.avert.org.uk](http://www.avert.org.uk)) then should the apparent level of knowledge of the 12-15 year olds in this sample cause us concern?
3. The *None of these* data refer to those pupils who did not choose any of methods. For example, 36% of 14-15 year old females did not choose any of the options on the list. We do not know the reasons for this choice but up to 59% of pupils could not decide which contraceptive methods are reliable to stop infections.
4. Often in a question we can distinguish between missing data and a definite *No* response. Because of the design of this particular question no such distinctions can be made.

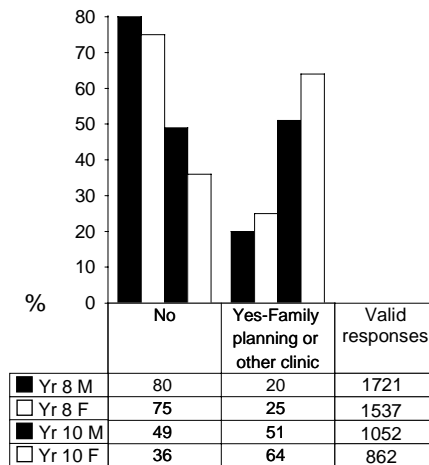


# Free condoms

49% of the Year 10 males do not know where to get free condoms

## Do you know where you can get condoms free of charge?

1. The increased knowledge, or belief, of the Year 10 respondents is clear.
2. In Year 10, two-thirds of the females say they know of a source, whereas fewer than half the males do.



### Comments

1. 'Knowing of a source' does not mean that it will or could be used, and we in Exeter have no means of knowing if the information is accurate. The schools and health authorities examining the data from their own surveys should be in a position to judge.
2. Respondents were asked to write down the name of the source, rather than refer to a checklist. We only include a No/Yes response rather than a long list of sources.
3. This question needs to be considered together with question on page 121.
4. We quote, with respect to teenage pregnancy, 'boys are half the problem'.
5. Females are often considered to be 'more mature', dating older boys, and the gender difference observed here need not represent a reluctance on the part of the males to accept responsibility for contraception.

# Birth control service

Up to 44% of 14-15 year olds don't know about local services

## Is there a special birth control service for young people available locally?

1. The females were more likely to know if there was one, and knowledge was much greater in Year 10.
2. Up to 57% *don't know* about a local service and up to 54% are aged 14-15 years old.

### Comments

1. With the continuing concern over teenage pregnancies, as well as the spread of AIDS, a lot of money and effort is being directed towards this area of health education. The charts on this and the preceding page are two measures of its success.
2. As with the previous question, local knowledge will be required to assess the responses. Districts vary in the amount of publicity given to contraceptive services for young people, as well as in the nature and scale of provision.
3. Is it a satisfactory state of affairs when up to 44% of 14-15 year olds don't know about local services — even the fact that there aren't any?

