

Contraception and unsafe sex in East London teenagers: Protective and risk factors for use of contraception among black and minority ethnic young people in East London

Paper 2 of 4 papers prepared for the Teenage Pregnancy Unit

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

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

Key Findings

- Young people who are having, or thinking about having sex recognised the need to use contraception although at times they might not do so. 83% of those who had had intercourse reported using one or more forms of contraception when they last had sex. Young women reported more unprotected sex than young men.
- No ethnic differences in types of contraceptive use were identified.
- Double protection (using a condom and the contraceptive pill) was used by only 10% of young people the last time they had sex.
- Despite recognising the need to use contraception, teenagers (including those not yet sexually active) raised concerns regarding its perceived side effects. These included breaking the mood, proper use, perceptions of young women carrying condoms, and obtaining contraception in confidence.
- There were differences in the use of contraception both between ethnic groups, and within ethnicities commonly grouped together as 'Black'. While Black Caribbean young men were more likely to have had sex than White British young men, they appeared less likely to have unprotected sex than White British young men. In comparison to White British young men, Black British young men reported less unprotected sex, while Black African young men reported similar use of contraception to White British young men. This emphasises the importance of tailoring interventions to the needs of sub-groups and individuals rather than assuming that needs can be gauged from broad categorisations.

- While there are broad ethnic differences in contraception use, not everyone within an ethnic group had similar attitudes to or experiences of contraception. Parental communication and perceived disapproval of sex appeared to affect contraceptive use differently by ethnic group.
- Young people from non White ethnic groups were more likely to have unprotected sex if they had been in a relationship for 6 months or more, compared with relationships of one month or less. This emphasises the need for interventions to address issues around continuing protection in long-term relationships.
- Special needs groups such as those with learning difficulties appear to need better access to services.

Background

Although unprotected sex amongst sexually active teenagers in the UK continues to be of concern^{1;2;3}, recent findings suggest that only a small proportion of teenagers now have unprotected first intercourse.⁴ Nevertheless, young people from Black and Minority Ethnic (BME) groups remain disproportionately represented in high-risk groups for teenage conception, teenage pregnancy, and sexually transmitted infection (STIs)^{5;6}. There is a pressing need to understand and explore risk and protective factors for sexual behaviour and contraceptive use amongst BME young people. Some research suggests there are no ethnic differences between White and Black Caribbean young women in contraception use⁷. Others have found Asian young women are less likely to use contraception than non-Asian women⁸. However, ethnicity alone appears insufficient to explain variations in contraception use. There is a complex mix of personal, cultural and social factors which appear to put young people at a higher or lower risk of having unprotected sex. Family support, religion, having a current boyfriend or girlfriend, and peer association are just some factors that have been shown to have an important influence on early and risky sexual activity^{9;10;11}. Much of the work in the area derives from the US, and little research has considered ethnic differences in the operation of these factors.

What this paper adds?

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

About the Study

Our aims were (1) to gather information on resilience (protective) factors that protect against risky sexual behaviours in black and minority ethnic (BME) young people in East London. In particular, we focused on religion and culture, family and peer relations, intimate relationships, and factors associated with choice, access to services and sexual activity. (2) To provide data to inform potential policy interventions to reduce teenage pregnancy rates in BME young people.

Our study used qualitative and quantitative methods to investigate protective and risk factors for sexual activity amongst BME and White British young people in East London^b. The quantitative data provide a detailed overview of what young people say they are doing, while the qualitative data provided us with an understanding of the attitudes, experiences and values of the young people we interviewed. Young people advised on the development of both qualitative and quantitative research tools.

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

The qualitative part of the study ("It's My Life") collected data from 146 young people aged 15-18 using focus groups, a web-based discussion forum and individual semi-structured interviews. We completed 30 focus groups and 3 individual interviews. Sixteen of the focus groups were single sex (of these 11 were all female, and 5 were all male) and the remaining 14 were mixed. As with the quantitative arm, the qualitative sample included a diverse range of Bangladeshi, Black African, Black Caribbean, Indian, Pakistani, White Other and Mixed Ethnicity young people as well as White British young people. The sample included 62 young people from groups identified in other studies as facing particular challenges. This included looked-after teenagers, those with learning

disabilities, young carers, gay, bi-sexual and lesbian young people, refugees, asylum seekers and young parents. We also interviewed 15 professionals including Teenage Pregnancy Co-ordinators, youth workers and sexual health workers. Whilst the quantitative data relate to 13-16 year olds, the qualitative data were collected from young people aged 15-18 years.

What we asked

In the RELACHS study, the 442 young people who reported ever having sexual intercourse were also asked whether they had ever had unprotected sex. They were asked whether they or their partner had used contraception the last time they had had sexual intercourse, and if so, what type they had used. Where appropriate, findings concerning unprotected sex are compared against our findings regarding risk of starting sex outlined in Paper 1. It is important to note that the quantitative findings reported here concern contraceptive use in only those 442 young people (19% of the sample) who reported having had sex. Additionally, these findings relate to reported use which may, of course, differ from actual use.

The qualitative research asked about teenagers' use of contraception (or not) and their preferences, especially their views on the advantages and disadvantages offered by condoms and the pill. We asked how contraceptive behaviour might change after an initial sexual encounter and what young people would do in a situation where they were about to have sex but had no contraception.

Findings

Contraceptive use and ethnicity

In the quantitative analysis, we found differences in contraception use between ethnic groups, and also within ethnic groups commonly categorised as 'Black'.

- Amongst young men, Black Caribbean and mixed ethnicity young men reported high risk sexual behaviour, with higher proportions having had sex by 16 years and black Caribbean young men more likely to have started sex at or before 13 years. However, in comparison to White British young men, black Caribbean young men were no more likely to have unprotected sex (indeed there was a trend for them to be more likely to use contraception^c) and black British young men were less likely to have ever had unprotected sex. Black African young men had similar rates of starting sex and unprotected sex to White British young men^d.

These data suggest that young Black Caribbean and Black British men report being at least as careful, if not more so, about contraception than

other groups, and that health promotion messages aimed at condom use have been partially effective in these groups

- Mixed Ethnicity young men reported similar levels of unprotected sex to White British males, although, as reported in Paper 1, they were more likely to have had sex than White British young men. This suggests that Mixed Ethnicity young men may form a high risk group, with higher rates of sexual intercourse but comparable proportions of protection compared with White British young men.
- Young men from Bangladeshi, Pakistani and Indian ethnicities were less likely to have had sex than White British males, and no more likely to use contraception once they did have sex.
- Amongst young women, there were no significant ethnic differences in reports of having had unprotected sex. While numbers are small, this suggests that, while young women from Bangladeshi, Pakistani and Indian ethnicities are much less likely than White British females to have ever had sex (as reported in Paper 1), they are no less likely to use contraception once they begin having sex.

Contraception use and gender

While young women were overall less likely to have had sex (see Paper 1), those who did have sex were *no* less likely to use contraception than young men; 48% of young women reported ever having unprotected sex compared with 43% of young men^e. Three percent of young men and no young women reported not knowing whether or not they had ever used contraception during sex. Young women also reported higher proportions than young men of unprotected sex in the past three months and on the last occasion they had had sex^f.

Overall eighty-three percent of young people in the quantitative sample reported they or their partner using one or more forms of contraception at last sexual intercourse (young people could report more than one type of contraception). The most popular form of contraception was the condom for both females (71%) and males (79%). More females (17%) reported using the contraceptive pill and emergency contraception (12%) than males' reported use by their partner (11%, 5% respectively). Ten percent reported using both condoms and the contraceptive pill. Injectable contraception (Depo-Provera) was used by only 1-2% of young people. There were no apparent ethnic differences in the use of different forms of contraception although numbers were too small for analysis.

Table: Types of contraception used by young people or their partner at last occasion of sexual intercourse[†]

Types of contraception	Young men n=245	Young women n=124
Condom	79%	71%
Contraceptive pill	11%	17%
Emergency contraception (“morning-after pill”)	5%	12%
Injectable (Depo-Provera)	1%	2%

[†] Columns do not add up to 100% as young people reported using 1 or more types of contraception.

As well as reporting higher proportions of unprotected sex, some young women told us that they would not obtain or carry condoms, seeing this as the role of the man: “Young women don’t go out and buy condoms ‘cos we’re not putting it on” (16 year old young woman, Black Other). Young men reported that while some males would presume women carrying condoms were promiscuous, others would appreciate them being aware:

But real young men would think, ‘why should I call her for? she’s a skit [slag] she must be sleeping around anyway’, that’s what young men would think. But other young men would think that ‘oh yeah, she’s on it [clued up], at least she’s thought’.

(15 year old young man, Indian).

In the focus groups young women reported not having sex if their partner did not have a condom with him. However, the following scenario was also described with the gender roles reversed:

Young man: My mate was going to put a condom on, yeah, and the girl said don’t use it.

Young woman: Well that girl is stupid!

Interviewer: What did the boy do...?

Young man:...he put the condom on anyway and he said he would go if he couldn’t use it at all. He is very strong minded

(15 year old young man, Indian and
15 year old young woman, Black Caribbean)

Most young people expressed a sense of responsibility for obtaining and using contraception, either to avoid pregnancy or to prevent sexually transmitted infections (STIs). A young woman stated, “he might have HIV, that’s why you need protection” (18 year old young woman, White British). Young women raised concerns about the lack of protection from STIs in relying solely on the pill. Young men raised concerns about having sex with a young woman who said she

was on the pill but might not be, especially if there was no condom available: “Don’t do it, don’t do it” (18 year old young man, Bangladeshi).

However, some young men reported that if they were in a trusting relationship with a partner then they “would [have sex] if she was on the pill” (18 year old young man, Bangladeshi), and a few young men described engaging in non-penetrative sex when no contraception was available: “then you have no choice, you have to do it the manual way” (17 year old young man, Black African). Some young women talked about exercising self-control when no contraception was available: “you’ve got to control yourself” (young woman in group of 15-17 year olds, ethnicity unknown).

Concerns about using contraception

Despite expressing a sense of responsibility, some young people described not using contraception or disliking certain kinds of contraception and gave the following reasons:

- Perceived side effects, for example, weight gain, disrupted menstrual cycle and skin problems with the pill, or losing an erection when putting on a condom: “Every time I put them on it goes from hard to soft” (18 year old young man, Black Caribbean).
- Problems using contraception correctly (for example, forgetting to take the pill) and concern that contraception does not work: “But you can still fall pregnant with the condom” (15 year old young woman) and the pill is unreliable-“I’m telling you right, pills don’t bloody work, I wouldn’t be in this condition now” (young mother in group of 15-18 year olds, ethnicity unknown).
- Lack of concern about the potential consequences of getting an STI or getting pregnant or actively wanting to get pregnant when in a serious relationship¹² : “...then it might be like okay, it doesn’t matter if we get pregnant or not” (15/16 year old young woman, Indian/Pakistani).
- Concerns about the impact on the sexual encounter of planning contraception use “ if you plan for sex it puts the whole ideas off” (17 year old young woman, Black Caribbean).
- Interruption of sexual encounters:” But you just don’t think about it, it just happens and you can’t be bothered to get up and ...you’re in a mood and if you get up and go and get it and open it and all that, you’re not in the mood no more” (17 year old young woman, White Irish)

- Not being able to purchase condoms when you need them:
 "...when you get condoms yeah, you think right, I'm going to have sex with her midnight, I'm going to the rave, but you wouldn't get the sex that time but there might be the day yeah, you wouldn't even get the condom, there no way to get the condom, and the young women, 'I'm warning you I need to have some sex' " (16 year old young man, Black African)

Teenagers in the qualitative sample who were not sexually active did express wanting to learn about different methods of contraception, "because if you're older... then at that time you might not have anybody to ask" (14-16 year old young woman, Bangladeshi).

Special Needs Groups

The only interviewee who appeared not to be aware of methods of contraception was a young person with learning difficulties. Sexual health workers working with those with learning difficulties suggested that more education and sexual health services should be provided for these young people. We met young people from this group who were in intimate relationships with varying degrees of sexual contact. However, there was uncertainty about how much this group knew about the implications of sexual behaviour and contraception use. A youth worker working with this group commented:

There are not that many young people who will actually come out and talk about relationships and if they do, or if they are having any sort of intimate relationships or relationships per se, it doesn't necessarily come up as much as if you were in the regular youth centre where maybe they'd be talking about it 24/7 because that's all they ever talk about there. But here, not necessarily.

(taken from a one-to-one interview)

One professional with a specialism in working with young lesbian, gay and bi-sexual people suggested the harassment and social exclusion faced by many in this group sometimes led to low self-esteem. This reduced young people's will to negotiate the use of contraception or protection, "because they might not actually think that they're worth it" (Youth worker, taken from a one-to-one interview).³

Life Aspirations

A number of young people spoke about wanting to pursue career and life options before becoming parents and their attitudes towards wanting to use contraception might have been a reflection of this: "I'd probably want to go and do law or something like that" (15 year old young woman, Black African), and:

If you have got to a state in your career where you're far enough down [the track], you have got a period of time to settle down and have a baby, then that will be right for you but if it is an accident when that just happened, you've just got to deal with it.

(15 year old young man, Indian)

Others spoke of the need to “bring up a child in a loving environment” and saw a stable relationship as a prerequisite for this (16 year old young woman, Black African).

Intimate relationships

In Paper 1 we reported that, unsurprisingly, having a boyfriend or girlfriend put young people at higher risk of engaging in sexual intercourse. However, once young people started having sex, having a regular partner was not associated with contraception use. The exception to this was Black African young people, who were more likely to have had unprotected sex if in a relationship compared to young people who were not in a relationship.^g In discussion groups, some young people reported that use of contraception to protect against either pregnancy or STIs might lapse as a relationship becomes more long-term:

My friend said, ‘the first couple of times we used a condom but the next time we didn’t’ and I said, ‘what!’ And she said, ‘ yeah, I know, I was really dumb and I think I might be late’

(18 year old young woman, Black African).

In the quantitative sample, young people from non White British ethnicities who had been in a relationship for six months or longer were more likely to have had unprotected sex compared to those in relationships of a shorter duration^h. A similar relationship was seen in young women from the whole sample but this narrowly missed statistical significance.ⁱ

Parental communication

In the quantitative survey, we asked young people a series of questions examining whether young people’s ability to talk to their parents about sex affected their risk of having unprotected sex. In Paper 1 we noted that young people’s perceptions of parental disapproval of having sex were strongly protective against having sex in both young men and young women. However, once young people had had sex, parental disapproval was not associated with contraception use. The possible exception to this was in Black African young people, in whom perception of parental disapproval increased the risk of having had unprotected sex^j.

Similarly, while we found in Paper 1 that difficulty in talking to mothers or fathers about sex was associated with a lower risk of ever having had sex amongst

young men but not young women, once young people had had sex, ease of communication with parents was not associated with use of contraception. The exceptions to this were in Bangladeshi young people, in whom difficulty talking to fathers about sex was associated with lower risk of having unprotected sex, and in Black Caribbean young people, in whom difficulty talking to mothers was associated with higher risk of having unprotected sex.^k

The qualitative work revealed a reluctance amongst young people in the sample to talk with their parents about sex and contraception because, “It would be too embarrassing” (16 year old young woman, Bangladeshi). One young woman described preferring talking to friends rather than parents, saying, “Parents try and protect you, but your friends, like, they try and understand” (15/16 year old young woman, Bangladesh/Pakistani). There were exceptions to this:

Before I wouldn't have talked to mum or I would have got a slap round the face but now it is since I turned 16 she has been talking to me now and she says you can go and have sex, I can't stop you...Just make sure you use protection and you are careful
(16 year old young woman, Black African).

Conclusions and policy implications

Taking Responsibility

Surveys of young people indicate low levels of awareness of common STIs such as chlamydia¹³. Research suggests that many teenagers¹⁴, especially young men¹⁵ lack information and/or are misinformed about sex and sexual health services. Despite reported low awareness and a lack of reliable information, 83% of teenagers in our sample used at least one form of contraception on last occasion of sexual intercourse. This is similar to national rates for young people aged 16-19 on the first occasion of sex⁴. However, the proportion using both condoms and the oral contraceptive pill, offering teenagers the most reliable protection, was low at 10%.

Young people across ethnic groups in our sample told us that they want to use contraception and were prepared to take responsibility for ensuring they did. They might not always be well informed or make choices that work out well for them, but they do appear to want to make the right choice. Both those who were sexually active and those who were not had particular worries about contraception use including side effects, proper use, how young women carrying condoms might be perceived, and where they could obtain contraception and advice in confidence. Improving access to services and equipping young people in East London with sound sexual health information to take responsibility for contraceptive use would support their expressed desire to make the right choices. Further investigation of high rates of the lack of contraceptive use

amongst young women especially when in a long-term relationship may highlight potential protective and risk factors.

Ethnicity

We identified potentially important differences between ethnic groups in the use of contraception. While Black Caribbean young men were more likely to have had sex than White British young men, they showed a strong (but not statistically significant) tendency to be less likely to have ever had unprotected sex. Black British young men were significantly less likely to have had unprotected sex than White British young men. This suggests that, unlike stereotypes 'of black people not being responsible' (noted by one professional, a youth sexual health worker, taken from a one-to-one interview), young Black British and Caribbean men's accounts suggest they are at least as careful about contraception as other groups. This indicates that health promotion messages have been at least partially effective in these two groups. However STI rates amongst this group are very high compared to young people from other ethnic groups.⁵ Given that 17% of young people in our overall sample reported *not* using contraception at last intercourse, the higher levels of overall sexual activity amongst black Caribbean young men may place them at higher risk for STIs than those with comparable contraceptive use but lower rates of sexual activity. Additionally, while Black Caribbean young men report protecting themselves, some may not be using condoms effectively.

These findings do not apply to Black African young men, who reported similar rates of sexual activity and contraceptive use to White British young men. This suggests that interventions amongst "Black" young people may be more effective if further attention is paid to the needs of specific ethnic groups. Attention should also be paid to young people of Mixed Ethnicity, particularly young men, who showed a high risk pattern of being more likely to have had sex but no more likely to use contraception than White British young men.

While some research has reported that South Asian young people to be less likely to use contraception than non-Asian young people,⁸ we found that young men and women from Bangladeshi, Pakistani and Indian ethnicities were no more or less likely to use contraception than White British young people. While young people from these groups are at lower risk of starting sex, they nevertheless require sexual health services to be sensitive and receptive to their needs.

Relationships

Our findings that young people from non White ethnic groups were more likely to have unprotected sex if they had been in a relationship for 6 months or more, and that Black African young people were more likely to have unprotected sex when in a relationship, suggest that further attention is needed to address issues

of continuing protection in long-term relationships in interventions targeted at such groups. This is particularly important given evidence of transmission of HIV and STIs within relationships.

Communication and parents

Communication with parents and perceptions of parental disapproval appeared to have different relationships to risk of unprotected sex in different ethnic groups. In Black Caribbean young people, difficulty in talking to parents was associated with higher risk of unprotected sex, as has been previously reported. However, amongst Bangladeshi young people, difficulty in talking to fathers was associated with a reduction in risk of unprotected sex. Others have previously suggested that Bangladeshi families are particularly unlikely to discuss issues around sex due to ethnic and religious attitudes¹⁶. The policy implications of this finding in Bangladeshi young people is unclear, and should not be necessarily taken to challenge current understandings of the importance of open communication in families around sex. We suggest that rather than representing the direct effect of communication with parents, this finding may reflect a protective effect of traditional cultural norms and behaviours on sexual activity amongst Bangladeshi young people, as noted in Paper 4. In contrast to previous findings that explicit parental disapproval delayed sexual activity, we found that amongst Black African young people, perception of parental disapproval was associated with increased risk of unprotected sex. The reasons for this are again unclear. Cultural identity and acculturation (individuals' relationships with their traditional and new host cultures) are discussed further in Paper 4. Further qualitative work is needed to investigate family communication around sex in terms of cultural identity and acculturation within these ethnic groups.

Service Delivery

While we found ethnic and gender differences in contraceptive use in the quantitative data, interview data suggest that not everyone in a particular ethnic group or of the same sex had the same needs. This indicates the importance of developing flexible services that cater for cultural and ethnic differences while not stereotyping service users. We need to explore further whether service delivery should cater more fully for those with special needs such as those with learning disabilities and how best to accomplish this.

Glossary

Sex	hetero/homosexual intercourse
Unprotected sex	Intercourse without <i>any</i> effective means of contraception/protection
Contraception	prevention of conception by the use of birth control devices or agents

Further information

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

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

Paper 2: Contraception and unsafe sex in East London teenagers

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

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

Data references (see Tables 2.1-2.7)

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

^b Further information is available in the Methods section (Technical Appendices).

^c Black Caribbean male Odds Ratio (OR) for risk of ever having had unprotected sex = 0.5; 95% Confidence Intervals (CI)=0.2-1.1; p=0.07.

^d Black British male OR for risk of ever having had unprotected sex=0.3; CI=0.1-0.9; p<0.05.

^e This difference was not significant at the 0.05 p-level.

^f Unprotected sex on last occasion: Female=20%; Male=15%; p>0.05. Don't know whether used protection on last occasion: Female=0%; Males=16%. Unprotected sex in last 3 months: Female=31%; Male=27%; p>0.05.

^g Black African young people OR for the effect of having a boyfriend or girlfriend on ever having had unprotected sex=3.0; CI=1.2-7.4; p<0.05.

^h Non White British OR for effect of being in a relationship for more than 6 months on ever having had unprotected sex= 2.9, CI=1.1-7.9, p<0.05;

ⁱ Female from the whole sample OR for effect of being in a relationship for more than 6 months on ever having had unprotected sex=3.5; CI=0.9-12.9; p=0.06

^j Black African young people OR for effect of parental disapproval on ever having had unprotected sex=4.0; CI=1.0-15.7; p<0.05

^k Bangladeshi young people OR for the effect of finding it difficult to talk to father about sex on ever having had unprotected sex=0.13; CI=0.0-0.7 ; p<0.05. Black Caribbean young people OR for the effect of finding it difficult to talk to mother about sex on ever having had unprotected sex=3.2; CI=1.0-10.0; p<0.05.

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