



**WAVERLEY**  
**care** Positive about HIV, Hep C  
& Sexual Health in Scotland

# "It Stresses Me Out"

Exploring the Sexual Health  
and Wellbeing Needs of Young  
People in Highland

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# 1. Introduction

## 1.1 Background

This report describes the findings of a research project exploring the sexual health needs of young people living in Highland, funded by NHS Highland Public Health.

The findings of this survey will be used to inform the development of sexual health services in Highland, with a particular focus on implementation within Covid-19 recovery planning. The findings will also be used to develop Waverley Care's service for young people in Highland, Wave. The report presents findings from a survey carried out over a four-month period from June 2021 to September 2021.

## Context

In Scotland today, young people under the age of 25 are more likely to experience poor sexual health and wellbeing. This is evidenced by the population group continuing to see high rates of sexually transmitted infections (STIs), and is demonstrated by Scotland's most up to date statistical data:

- In 2019, 64% of all genital chlamydia diagnoses were in young people aged under 25 (Health Protection Scotland, 2020).
- In 2019, most gonorrhoea infection episodes occurred in young people under 25, with 77% occurring in people who identified as women and 38% occurring in people who identified as men (Health Protection Scotland, 2020).

In contrast to high rates of STI infections, overall teenage pregnancy rates have declined to the lowest level since reporting began. In 2019, the teenage pregnancy rate for those under 20 was 28 per 1000 among people who can become pregnant.

However, this rate does not reflect the reality that those living in the most deprived areas of Scotland continue to have pregnancy rates more than four times higher than those living in the least deprived areas nationally (Public Health Scotland, 2021). Similarly, living in an area of high multiple deprivation continues to be an influencing factor on the outcome of pregnancy, where the outcome for those living in the most deprived areas of

Scotland is 13 times more likely to be delivery rather than termination (Public Health Scotland, 2021). It is important to note that we are yet to fully understand the impact of the Covid-19 pandemic and resulting reduction in available sexual health services on these statistics.

The Covid-19 pandemic has highlighted the opportunity for sexual health services to be made more accessible through blended remote and in-person models of provision. The pandemic has however only added to a growing body of evidence highlighting the imperative for services to better reflect the evolving support and information needs of young people today. Similarly, the STI rates of young people under 25 and discrepancies in teenage pregnancy rates rooted in deprivation reinforce the role of better understanding the barriers and facilitators to improving overall sexual health and wellbeing.

Evidence from research previously undertaken with young people in Scotland provides context to national sexual health statistics, as well as an insight into this population group's strategic support and information needs.

The CONUNDRUM study (Lewis et al., 2021) found that unintended pregnancy is a more significant concern to young people than STIs, with young people perceiving STI risk as further removed from their experience. Use of the withdrawal method was also reported as an acceptable contraceptive method by young people, in contrast to the evidence of its poor efficacy. When it comes to accessing information about sexual health, young people are more likely to seek information online, with gaps in knowledge often addressed through experiential and vicarious learning (Patterson et al., 2020).

Online porn was similarly found to be a source of vicarious learning, with a particular influence on the development of sexual behaviour in adolescent boys (MacGilleEathain, 2021). In this way the available evidence indicates clear benefits of improving access to trusted information sources while providing options for blended remote and in-person services. Similarly, the recommendations of the CONUNDRUM study (Lewis et al., 2021) further reinforce the findings of this report by providing a national context to the perspectives shared by those who participated in this research.

### A Note on Defining Sexual Health Services

We note that the research did not specify the difference between statutory and non-statutory sexual health services. We therefore define sexual health services as inclusive of both NHS and third sector services.

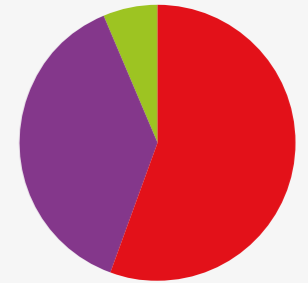
Consequently, the findings and recommendations described in this report apply to all services offering sexual health and wellbeing support to young people.

## 1.2 Demographics

The survey gathered a total of 1002 responses between June – September 2021. Following data cleansing we collected **794 valid responses**, the demographics of which are as follows:

### Age

- 55.79%** (443) 18 – 24
- 38.04%** (302) Under 18
- 6.17%** (49) 25-34

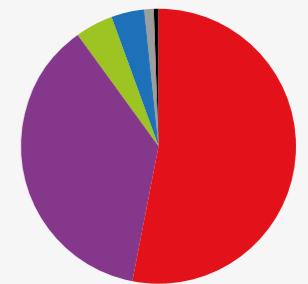


### Gender

- 55.42%** (440) Female (including trans female)
- 38.79%** (308) Male (including trans male)
- 4.45%** (36) Transgender
- 4.16%** (33) Non-binary

**1.13%** (9) Stated they preferred not to disclose their gender identity

**0.50%** (4) Described their gender identity in another way, including: genderfluid, gender queer, gender apathetic, and undecided.

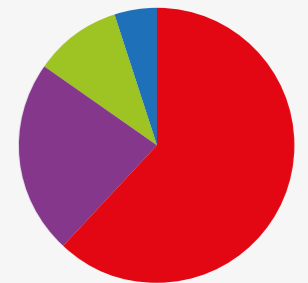


### Sexual Orientation

- 61.08%** (485) Heterosexual/straight
- 22.67%** (180) Bisexual
- 10.08%** (80) Gay/lesbian
- 4.7%** (38) Other\*

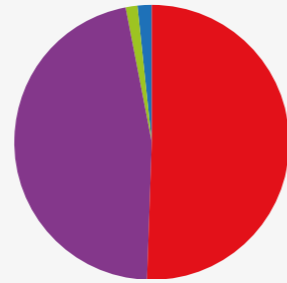
#### \*Other

- 2.02%** (16) Pansexual
- 0.50%** (4) Demisexual
- 0.50%** (4) Queer
- 0.50%** (4) Undecided
- 0.37%** (3) Omnisexual
- 0.25%** (2) Asexual
- 0.12%** (1) Biromantic asexual
- 0.12%** (1) Heteromantic asexual
- 0.12%** (1) Demisexual homoromantic
- 0.12%** (1) Trans 4 Trans
- 0.12%** (1) No label



### Relationship Status

- 50.50%** (401) Single
- 46.35%** (368) In a relationship
- 1.51%** (12) Married or in a civil partnership
- 1.13%** (9) Other\*



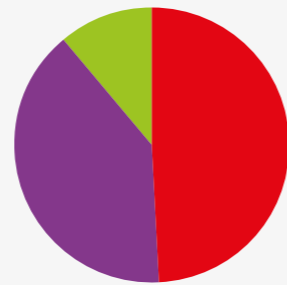
#### \*Other

- 0.50%** (4) Dating or seeing someone
- 0.37%** (3) It's complicated
- 0.12%** (1) Aromantic
- 0.12%** (1) identified as single but seeking a relationship.



### Sexual Relationship Status

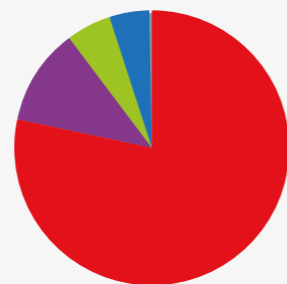
- 49.37%** (392) Currently sexually active with one person
- 39.67%** (315) Not currently sexually active
- 10.96%** (87) Currently sexually active with more than one person.



### Healthboard Area

Of 623 respondents:

- 78.46%** (452) NHS Highland
- 11.34%** (90) NHS Grampian
- 5.29%** (42) NHS Western Isles
- 4.79%** (38) NHS Orkney
- 0.13%** (1) NHS Shetland



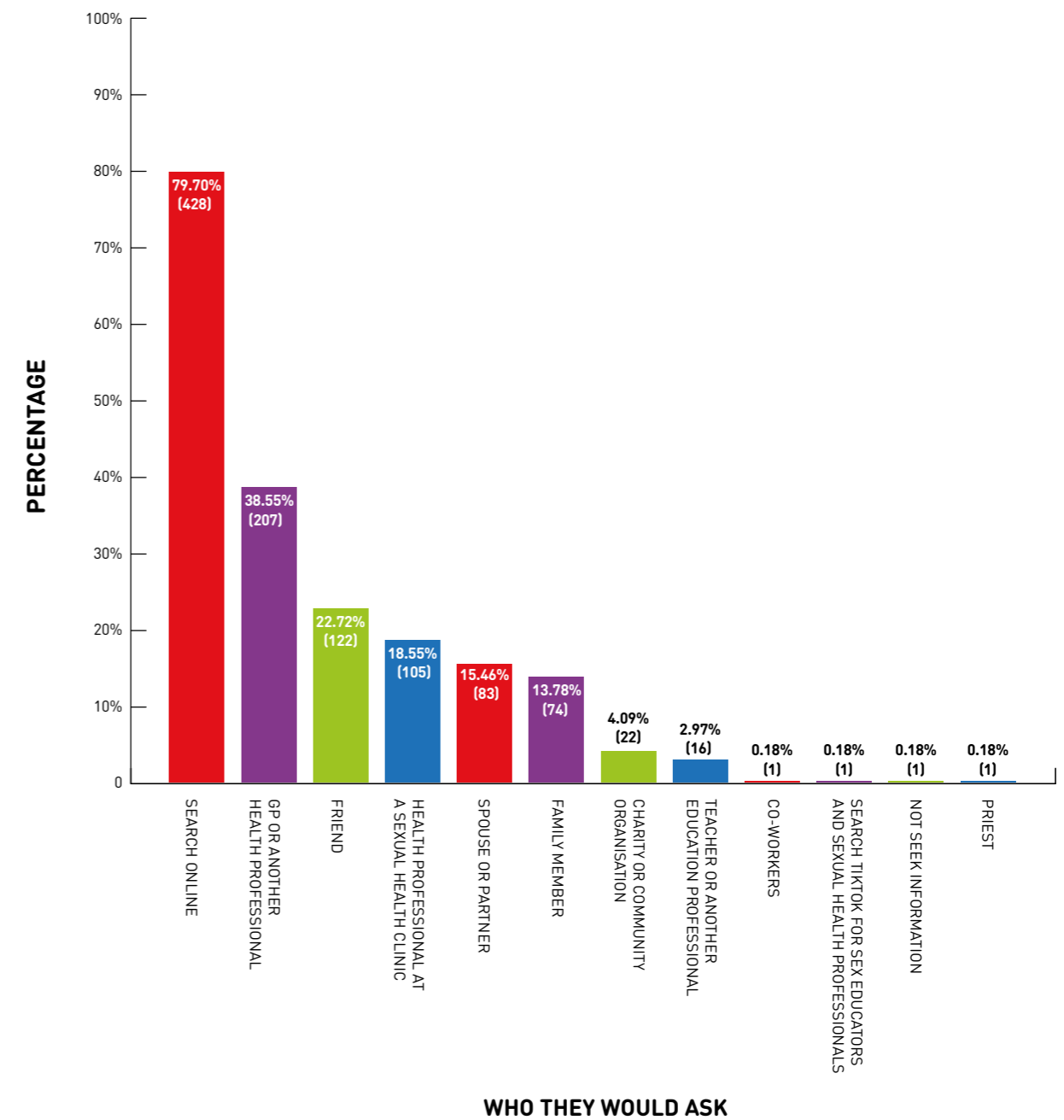
## 2. Findings

### 2.1 Access to Sexual Health Information

#### Summary

A majority of respondents seek information about their sexual health online. Some respondents seek information from their GP or another health professional.

The survey asked respondents where they would ordinarily find out information about sexual health, such as contraception and sexually transmitted infections (STIs). 537 respondents answered the question, with the results detailed as follows:



## 2.2 Remote Engagement with Sexual Health Services

### Summary

Most respondents would prefer to:

- Engage with sexual health services remotely through online chat, text message, email and WhatsApp or another instant messaging service. Respondents were least likely to remotely engage through telephone and video call.
- Access sexual health services remotely on weekday evenings.

The primary barriers to engaging with sexual health services remotely include feeling embarrassed, awkward or anxious, as well as concerns about privacy and a preference for in-person services.

### Engagement Method Preferences

The survey asked respondents to rate their preference for engaging with sexual health services remotely if that was the only option available to them, on a scale of 'very likely' to 'very unlikely'. 537 respondents answered the question, rating the remote sexual health service options as follows:

- Telephone:** 17.54% (94) would be **very likely** to engage with sexual health services by telephone. 32.65% (175) respondents would be **likely** to engage in this way, while 15.86% (85) are **not sure**, 18.10% (97) would be **unlikely**, and 18.28% (98) would be **very unlikely** to engage in this way.
- Video call:** 4.67% (25) would be **very likely** to engage with sexual health services by video call. 12.90% (69) would be **likely** to engage in this way, while 18.32% (98) are **not sure**, 27.29% (146) would be **unlikely**, and 38.50% (206) would be **very unlikely**.
- Email:** 24.72% (132) would be **very likely** to engage with sexual health services by email. 33.90% (181) would be **likely** to engage in this way, while 13.48% (72) are **not sure**, 14.42% (77) would be **unlikely**, and 14.98% (80) would be **very unlikely**.
- WhatsApp** or another instant messaging service: 31.21% (167) would be **very likely** to engage with sexual health services by WhatsApp or another instant messaging service. 27.66% (148) would be **likely** to engage in this way, while 15.51% are **not sure**, 12.15% (65) would be **unlikely**, and 14.77% (79) would be **very unlikely**.
- Text message:** 30.34% (162) would be **very likely** to engage with sexual health services through text message. 29.96% (160) would be **likely** to engage in this way, while 13.67% (73) are **unsure**, 13.67% (73) would be **unlikely**, and 13.48% (72) would be **very unlikely**.
- Online chat:** 32.40% (174) would be **very likely** to engage with sexual health services through online chat. 33.89% (182) would be **likely** to engage in this way, while 14.53% (78) are **not sure**, 10.06% (54) are **unlikely**, and 11.55% (62) are **very unlikely**.

## Barriers to Engagement

The survey asked respondents to explain what barriers they experience to engaging with sexual health services remotely. 459 respondents answered the question, with responses summarised as follows:

### Embarrassment

- 1.32% (52) of respondents stated that embarrassment is a barrier to engaging with sexual health services remotely.
- 10.46% (48) of respondents stated that nothing prevents them from engaging with sexual health services remotely:  
**"Nothing would stop me talking to them online I'd find it easier online than over the phone."**
- 2.61% (12) of respondents noted a concern about feeling judged preventing engagement with sexual health services remotely:  
**"Fear of being judged and not getting the correct help."**  
**"It would be difficult for me to talk about it over the phone or video call as it's comforting having your nurse or doctor right in front of you & being able to see they aren't judging you."**

### Privacy

- 9.37% (43) of respondents stated that concerns about privacy is a barrier to engaging with sexual health services remotely. 'Privacy' was referred to in two main ways. Some respondents referred to privacy in the context of online safety concerns:  
**"It's a personal issue and it's very unsafe to speak online as you can be recorded or not have a safe place to video call or chat."**  
**"Unsure of security of the online platform, reputation of the "Professional" has no way to be clarified."**
- Other respondents referred to privacy in the context of confidentiality being difficult to maintain when living with others:  
**"The feeling that it could be seen by the person who pays for the wifi, or in other words a parent seeing it somehow."**  
**Well if i am at home, and i didnt speak to my parents about it then it means i dont want to, so if im at home 'speaking' over the phone, they might overhear ad that could embarrass you so texting or emailing could be better unless you have a safe place you know noone will hear you."**  
**"It's on the internet forever."**  
**"When talking about something as intimate and private as sexual health I'd feel less inclined to share information over the Internet. I'd much rather a f2f consultation rather than a sting of emails linked to my personal, unsecure email."**
- Some respondents referred to a combination of both online safety concerns and risk of being overheard:  
**"Privacy. I don't live alone and I wouldn't want others hearing my conversations and Google collects data about you so I'd never get proper privacy."**  
**"Personally, for me, the only factor that would stop me from a phone call would be if I had other members of my household present, or used a shared computer etc. As long as my privacy is maintained I have no issue with remote consultations."**

### Feeling Awkward

- **7.84% (36)** referred to feeling awkward as a barrier to engaging with sexual health services remotely:

**“It can be daunting to talk about this - it's definitely easier for me to talk in person, while I usually find phone calls for example a bit awkward. Being in a room with a professional gives a sense of security,**

**being in a safe space and the person can react to you differently.”**

**“Over the phone is bad enough with a stranger for most people and it's awkward . Over video call, especially with delay and it being someone you don't know is odd. It feels less natural and given the topic, you want to feel like it's more private like in a room.**

### Anxiety

- **5.22% (24)** respondents referred to experiencing anxiety as a barrier to engaging with sexual health services remotely:

**“Talking on the phone is difficult I have anxiety around picking up the phone and video calls are**

**worse. Texting etc is easy however slow replies would mean I wouldn't want to.”**

**“Speaking face to face like on a zoom call because that would be way more embarrassing than real face to face.**

### Preference for In-Person Services

- **7.40% (34)** of respondents referred to a preference for accessing services in-person being the greatest barrier to engaging with sexual health services remotely.

**“It doesn't have the support of talking to someone face to face - it's much the equivalent to just searching online. It lacks any feelings of being understood and any compassion.”**

**“I'm not very good at describing feelings or symptoms and therefore would be hesitant to have a consult remotely and not inperson.”**

**“Over message it's hard to decipher if the person you are texting is actually legitimate.”**

### Service Availability Preferences

Respondents were asked to rate what day and time they would prefer to access sexual health services remotely.

536 respondents answered this question, detailed as follows:

- **59.51% (319)** of respondents prefer to access sexual health services remotely on weekday evenings
- **40.49% (217)** prefer **weekday afternoons**
- **37.31% (200)** prefer **weekend afternoons**
- **35.63% (191)** prefer **weekend evenings**
- **27.05% (145)** prefer **weekday mornings**
- **22.57% (121)** prefer **weekend mornings**

## 2.3 Make-up of Sexual Health Services

### Summary

Most respondents do not have a strong preference for the make up of sexual health service staff teams reflecting the identities of respondents. Some respondents prefer to engage with staff teams who are the same gender as them. Respondents:

- Do not have a preference for a clinic or service aimed at all ages or for teens and young people.
- Overwhelmingly prefer to book appointments with sexual health services through an online booking system.

### Identities of Staff Teams

The survey asked respondents to rate which identities were important to them when it came to the make-up of staff teams in sexual health services. 536 respondents answered this question, detailed as follows:

- **Gender: 24.44% (131)** respondents felt it was **very important** for staff they engaged with to be the same gender as them. **25.56% (137)** felt it was **important**. **10.26% (55)** were **not sure**. **11.75% (63)** felt it was **slightly important**. **27.99% (15)** felt it was **not important**.
- **Age: 4.66% (25)** respondents felt it was **very important** for staff they engaged with to be of a similar age to them. **15.86% (85)** felt it was **important**. **13.25% (71)** were **not sure**. **18.28% (98)** felt it was **slightly important**. **58.13% (311)** felt it was **not important**.
- **Sexual Orientation: 8.60% (46)** respondents felt it was **very important** for staff they engaged with to be of the same sexual orientation as them. **12.71% (68)** felt it was **important**. **11.21% (60)** were **not sure**. **9.35% (50)** felt it was **slightly important**. **58.13% (311)** felt it was **not important**.
- **Ethnicity: 0.56% (3)** respondents felt it was **very important** for staff they engaged with to be of the same ethnicity as them. **2.61% (14)** felt it was **important**. **6.34% (34)** were **not sure**. **2.61% (14)** felt it was **slightly important**. **87.87% (471)** felt it was **not important**.
- **Socio-economic status: 1.12% (6)** respondents felt it was **very important** for staff they engaged with to be of a similar socio-economic status to them. **2.43% (13)** felt it was **important**. **7.65% (41)** were **not sure**. **6.34% (34)** felt it was **slightly important**. **82.46% (442)** felt it was **not important**.

## Clinic or Service Type Preference

The survey asked respondents to rate how important it was that a sexual health clinic or service, remote or in-person, was specifically for teens and young people or for any age. 534 respondents answered this question, detailed as follows:

- **Teen and young people clinic or service:** **9.38% (50)** felt it was **very important** to have a teen and young people specific clinic or service. **25.33% (135)** felt it was **important**. **15.76% (84)** were **not sure**. **12.76% (68)** felt it was **slightly important**. **36.77% (196)** felt it was not important.
- **Clinic or service for all ages:** **13.35% (71)** felt it was **very important** to have a clinic or service for all ages. **19.74% (105)** felt it was **important**. **27.26% (145)** were **not sure**. **9.59% (51)** felt it was **slightly important**. **30.08% (160)** felt it was **not important**.

## Booking Appointments

The survey asked respondents to state their preferred way of booking an appointment with sexual health services, namely through an online booking, over the phone or in another way. 534 respondents answered this question, detailed as follows:

- **83.90% (448)** would prefer to book an appointment through an **online booking system**.
  - **15.36% (82)** would prefer to book an appointment **over the phone**.
  - **1.50% (8)** would prefer to book in **another way**, including: **in-person**, by filling out a **paper form**, and both an **online booking system** and **phone**.
- "Online or over the phone but with an online section that gives you clear details about what the place was like and what you can talk about etc."**

## 2.4 Access to Sexual Health Services

### Summary

The barriers respondents experienced when accessing sexual health services are primarily psychosocial, with fear of being judged, discomfort talking about sexual health, and feeling worried about anonymity adversely affecting access. Respondents additionally rated a number of practical barriers to access as important, such as opening times of services and not knowing what services are available.

The facilitators respondents felt would most benefit improving access to sexual health services are both psychosocial and practical, including being able to access services anonymously and by post. Respondents additionally rated a number of practical facilitators to access as important, such as having services available in closer locations, and improving the days and times services are available.

### Barriers to Access

The survey asked respondents to identify which barriers they experience when accessing sexual health services. 497 respondents provided an answer, detailed as follows:

- **55.53% (276)** identified '**feeling afraid of being judged**' as a barrier to access.
  - **45.88% (228)** identified '**opening times of services**' as a barrier to access.
  - **53.52% (266)** identified '**feeling uncomfortable talking about sexual health**' as a barrier to access.
  - **42.05% (228)** identified '**not knowing where to go for services**' as a barrier to access.
  - **50.30% (250)** identified '**feeling worried about someone you know seeing you attend a sexual health service**' as a barrier to access.
  - **40.24% (200)** identified '**lack of transport**' as a barrier to access.
- "Gendered terms being used."**
- "Last time I attended, the receptionist asked me to describe my sexual health problem in the waiting room to determine if I needed a SH clinic."**
- "Sexual health clinics only ever seem to be open once a week or fortnightly and only for a few hours a day. It's almost impossible to get a phone appointment nevermind a face to face appointment with a gp or nurse practitioner within a month."**
- "In Dunoon to get to a sexual health clinic you need to travel to greenock, paisley or Glasgow to be seen which is ridiculous when the hospital has more than enough space to offer a service."**

- **36.42% (181)** identified 'feeling worried about confidentiality' as a barrier to access.
- **24.75% (123)** identified 'lack of finances' as a barrier to access.
- **20.32% (101)** identified 'discrimination or prejudice from sexual health professionals' as a barrier to access.
- **34.41% (171)** identified 'opening days of services' as a barrier to access.

**“Having to share information with a receptionist in order to get an appointment, e.g at the GP surgery.”**

The survey asked respondents to identify what facilitators they would benefit from when accessing sexual health services. 49% respondents provided an answer, detailed as follows:

- **64.52% (320)** identified 'being able to get help and advice anonymously' as a facilitator to access.
- **38.51% (191)** identified 'having services available at more convenient times or days' as a facilitator to access.
- **60.89% (302)** identified 'being able to get STI tests by post' as a facilitator to access.
- **38.31% (190)** identified 'being able to get help and advice remotely, or in other words online' as a facilitator to access.
- **51.61% (256)** identified 'being able to get condoms by post' as a facilitator to access.
- **27.82% (138)** identified 'knowing a professional has had diversity or LGBTQIA+ training' as a facilitator to access.
- **41.12% (204)** identified 'closer locations' as a facilitator to access.
- **40.32% (200)** identified 'being able to access information and support remotely, or in other words online' as a facilitator to access.

## 2.5 Postal Service

### Summary

A large majority of respondents were unaware of STI postal testing, while a small majority of respondents were unaware of condoms by post. Conversely, most respondents would be likely to use STI postal testing should a service be available to them.

Most respondents would prefer to receive STI postal testing and condoms by post to their home in plain packaging.

### Barriers to Engagement

Barriers to respondents accessing an STI postal testing service included:

- Concerns about remaining anonymous and the discretion of packaging when accessing STI postal testing.
- Fear of carrying out STI postal testing incorrectly.

Barriers to respondents accessing condoms by post included:

- Concerns about remaining anonymous and the discretion of packaging when accessing STI postal testing.
- Fear of condoms being damaged when in the postal system.

### STI Postal Testing Awareness

The survey asked respondents if they were aware of STI postal testing prior to completing the survey. 470 respondents provided an answer, detailed as follows:

- **72.77% (342)** were **not aware** of STI postal testing.
- **24.26% (114)** were **aware** of STI postal testing.
- **2.98% (14)** were **unsure**.



## STI Postal Testing Preferences

The survey asked respondents how likely they would be to use STI postal testing if it was available to them. 470 respondents provided an answer, detailed as follows:

- **38.30% (180)** would be **very likely** to use STI postal testing.
- **35.53% (167)** would be **likely** to use STI postal testing.
- **15.32% (72)** were **unsure** if they would use STI postal testing.
- **5.53% (26)** would be **unlikely** to use STI postal testing.
- **5.32% (25)** would be **very unlikely** to use STI postal testing.

## Receiving STI Postal Testing

The survey asked respondents to identify which locations they wanted to receive STI postal testing. 469 respondents provided an answer, detailed as follows:

- **90.19% (423)** of respondents wanted STI postal tests to be sent to their **home in plain packaging**.
- **43.92% (206)** wanted to collect STI postal tests via a **pharmacy**.
- **30.06% (141)** wanted to collect STI postal tests via click-and-collect from a **charity, clinic or pharmacy**.
- **24.73% (116)** wanted to collect STI postal tests via a **sexual health clinic or service**.
- **20.26% (95)** wanted to collect STI postal tests via **vending machines**.
- **8.32% (39)** wanted to collect STI postal tests via a **community organisation**.
- **7.46% (35)** wanted to collect STI postal tests via an outreach or support worker in **community settings**.

## Receiving STI Postal Testing

The survey asked respondents to identify which locations they wanted to receive STI postal testing. 469 respondents provided an answer, detailed as follows:

### Anonymity

**34.61% (99)** of respondents would not like to use an STI postal testing service because of concerns about anonymity. Respondents most frequently cited the following concerns:

- Risk of family or others opening post without consent

**"I live with my family so if they were to open it I would feel highly embarrassed and awkward and so would they."**

- Postal packaging being identifiable as an STI test

**"It's pretty awkward if the packaging isn't plain, I think if it was just a normal package bag, I wouldn't mind."**

- Fear of packaging disclosing the identity of the person who has ordered the test

**"I would be scared that the packaging would say what it was and that people would know I had got a STI test."**

### Confidence

**6.42% (47)** of respondents would not like to use an STI postal test due to a lack of confidence in how to carry out the test.

**"The only worry I would have would be doing the test wrong."**

**"I was sent one before and I had no clue what to do or how to use I have been tested in a clinic many times before and had no clue what to do at home."**

### No Need

**5.2% (15)** respondents would not like to use an STI postal test because they did not feel they needed to.

**"I haven't been sexually active yet so I really wouldn't need one right now."**

**"I don't need to test for STIs as I'm not at high risk of catching them."**

### No Barriers

**32.17% (92)** of respondents stated they did not experience any barriers to STI postal testing and would like to access such a service.

**"There is no reason I would not like to use STI postal testing."**

**"Would use I would I think sending STI tests is a great idea not only does it help the more shy and less confident people but it always helps people who are embarrassed and scared of going some where face to face."**

## Condoms by Post

The survey asked respondents if they were aware of condoms by post prior to completing the survey. 467 respondents provided an answer, detailed as follows:

- **55.25% (258)** were **not aware** of condoms by post.
- **43.25% (202)** were **aware** of condoms by post.
- **1.50% (7)** were **unsure**.

## Receiving Condoms by Post

The survey asked respondents to identify which locations they wanted to receive condoms by post. 459 respondents provided an answer, detailed as follows:

- **85.19% (391)** of respondents wanted condoms by post to be sent to their **home in plain packaging**.
- **44.66% (205)** wanted to collect condoms by post via a **pharmacy**.
- **42.70% (196)** wanted to collect condoms by post at a **school** or **university**.
- **38.34% (176)** wanted to collect condoms by post via **vending machines**.
- **30.94% (142)** wanted to collect condoms by post via a **sexual health clinic** or **service**.
- **30.07% (138)** wanted to collect condoms by post via click-and-collect from a **charity, clinic** or **pharmacy**.
- **20.48% (94)** wanted condoms by post to be sent to **another location** in plain packaging.
- **11.98% (55)** wanted to collect condoms by post via a **community organisation**.
- **9.80% (45)** wanted to collect condoms by post via an outreach or support worker in **community settings**.

## Barriers to Condoms by Post

The survey asked respondents to explain why they would not like to use condoms by post services. 263 respondents provided an answer, detailing the following barriers:

### Anonymity

**28.51% (75)** of respondents would not like to use condoms by post services because of concerns about anonymity. Respondents most frequently cited the following concerns:

- Risk of family or others opening post without consent
- Postal packaging being identifiable as containing condoms

**"If you could tell what it was from packaging or if I felt my family would open the package."**

**"When I used to get this when you feel through the packaging it's so obvious it's condoms, it's discreet - ish but for parents or anyone who simply picks up the package they'd be able to tell what it is which defeats the purpose of it being discreet."**

### Damaged in Transit

**6.45% (17)** of respondents would not like to use condoms by post services because of concerns about condoms being damaged in the postal system.

**"I've seen postage come to me in shambles sometimes. Not the best place for condoms I suppose. I'd rather pick them up myself."**

### Not Required

**5.32% (14)** of respondents would not like to use condoms by post services because they did not use condoms.

### No Barriers

**39.92% (105)** of respondents stated they did not experience any barriers to condoms by post services and would like to access such a service.

**"No reason I think it's an amazing idea as people find it embarrassing to buy them or even get them in general."**

## 2.6 Mental Health and Sexual Health

### Summary

Sexual health and wellbeing is more likely to have a negative impact on respondents mental health than positive. This is due to a number of factors such as fear of STIs, pregnancy and stigma.

### Connections between Sexual Health, Wellbeing, and Mental Health

The survey asked respondents to describe how their sexual health and wellbeing affects their mental health. 290 respondents provided an answer, detailed as follows:

- **26.89% (78)** of respondents described their sexual health and wellbeing as having a **significant negative impact** on their mental health.

**"If I think there's something I'm unsure about or something doesn't seem right. I try to get it sorted by a professional but if that's not possible I become pretty upset and down which can spiral if it continues or gets worse."**

**"A lot, running late on period or having an odd period, just not feeling well around those body parts really adds a lot of pressure to my mental health."**

**"As a young women growing up in an area with normalised rape culture and heteronormative sex education it was difficult to get to a place where I understood that sex was not just meant for male pleasure. In school, consent was not taught which meant the person I was having sex with at the time didn't fully have a grasp on consent which, now having been in situations that were fully consenting, makes me uneasy about my first sexual encounters. I think the impact on my mental health was mainly just leaving me feeling useless and 'just a body'.**

**Currently, being older and 'wiser,' I feel more confident in myself, in saying no and in having sex for my own pleasure not just male pleasure."**

- **23.10% (67)** of respondents were **unsure** whether their sexual health and wellbeing affects their sexual health.

- **18.62% (54)** of respondents described their sexual health and wellbeing as having **some negative impact** on their mental health.

**"I think that sometimes it can cause a lot of anxiety due to peer pressure and societal standards. because it's such a taboo topic it's difficult to know what is and isn't normal because nobody talks about it."**

**"I have a very good relationship with my sexual health, however I found it very hard to get ahold of an Sti test kit for at home use during COVID which was very stressful."**

- **16.20% (47)** of respondents described their sexual health and wellbeing as having **no impact** on their mental health.

**"I am fortune to have never experienced any issues with sexual health and well-being so the impact on my mental health has been minimal to none."**

- **11.72% (34)** of respondents described their sexual health and wellbeing as affecting their mental health by influencing their **emotional and physical self-confidence**.

**"I think there are many links between sexual health and mental health. If you are already struggling with low self esteem, lack of confidence in yourself, self hate or struggling to accept yourself and your image in the mirror, you are more prone and likely to get feelings of self hate, feeling disgusted about yourself or uncomfortable when you get sexual health issues or concerns about whether symptoms exhibited are related to any STI's or not, and therefore more likely for feelings of guilt, embarrassment to arise, making it very difficult to step forward and feel comfortable to talk to someone about this without feeling they may be judged."**

**"I've had a lot of issues in the past with down below and it really just knocks my overall confidence in myself to an all time low."**

- **11.37% (33)** of respondents described their sexual health and wellbeing as **positively affecting** their mental health.

**"I believe that a good sexual relationship with the right person can be very good for mental health. I personally prefer to be intimate with someone who truly cares about me. In my experience, this can allow me to feel very comfortable in myself and produces a lot of positive energy."**

**"Better sexual health means less stress and anxiety."**

**"I find knowing my sexual health is in a positive place means that is has a positive impact on my mental health."**

- **10.34% (30)** of respondents described their sexual health and wellbeing as affecting their mental health by having a **fear of STIs**.

**"My sexual health effects my mental health as I get scared I have caught an STD/sSTI and too embarrassing to go in person."**

**"I was so afraid of being infected with HIV that I searched the Internet for a doctor every week."**

- **10.34% (30)** of respondents described their sexual health and wellbeing as affecting their mental health through experiencing sexual health related **stigma**.

**"I live in a small village. I'm in my 20s and never had a smear test because I know for a fact that the doctor I would have to see is someone I know and see out and about. My closest major city is Inverness but I don't know how to arrange a test there. I'm honestly genuinely afraid that if I get an STI or get pregnant I will be too scared and embarrassed to properly deal with it. I really don't know where I would go or what I would do!"**

**"I think that if I contracted an STD I would feel too afraid of being judged to get it treated which would then make me feel ashamed and 'dirty'."**

**"In rural highland local medical receptionists are often peers or family friends. I would normally use a gp for any health related queries or concerns including sexual health. Due to the worry of a break in confidence it would sooner rely on the internet for help with symptoms rather than phoning the GP which in turn leads to worry and anxiety with my sexual health concerns and/ or queries."**

- **6.20% (18)** of respondents described their sexual health and wellbeing as affecting their mental health by having a **fear of pregnancy**.

**“Pregnancy scares and STI worries can be very stressful. Having a fast easy way to check. Eg posted kits are so good at setting my mind at ease.”**

**“Fear of pregnancy is my number one concern when it comes to my sexual health, to the point of me refusing to have sex at all when I know I’m in a fertile window, even if protected.”**

- **4.14% (12)** of respondents described their sexual health and wellbeing as affecting their mental health when there is uncertainty about respondents’ **gender or sexuality**.

**“It stresses me out that I will be judged for coming out as bi when I’m in a straight relationship.”**

**“Being labelled as something can have a knock on affect on my mental health. So I don’t talk about my sexual life with people unless I fully trust them.”**

**“Sometimes I will do something with a boy and regret it days after and it just makes my mood low for ages.”**

## 2.7 Impact of the Covid-19 Pandemic

### Summary

Respondents perceptions of their sexual health and wellbeing needs, including preferences for accessing services, are largely unaffected by the Covid-19 pandemic.

The survey asked respondents if any of the answers they provided throughout the survey would be different if they completed the survey prior to the Covid-19 pandemic. 428 respondents provided an answer, detailed as follows:

- **75% (321)** of respondents **would not** answer the survey questions differently prior to the Covid-19 pandemic.
- **7.7% (76)** of respondents were **unsure** if they would answer the survey questions differently.
- **7.24% (31)** of respondents **would** answer the survey questions differently.

Respondents who chose to further explain their answer detailed how changes to sexual health services resulting from the Covid-19 pandemic were beneficially perceived:

**“There should be access to all these services at all times as it accommodates for mental disabilities and other struggles people may have.”**

**“The Highlands is a large geographical area to cover with a variety of people who often don’t get as much access to as many services as others in Scotland. Remote opportunities will be just as important post covid-19 to help reach as many people as possible.”**

**“I’d still like the option of receiving tests by post or accessing information remotely even with the easing of COVID-19.”**

**“I suppose unless restrictions easing means more face to face. I’d be happy for that. Personally my issue is the lack of useful and relevant info online on where to find and use these services, etc.”**

**“Because even without COVID 19 restrictions, I live in a very remote location where it can be difficult to access services easily.”**

**“Because in 2021 I believe the NHS should be able to send out STI tests because a lot of young people don’t feel comfortable going in to the local sexual health clinic because where I live its with in a local hospital so you see people you know and not everyone is registered at this hospital so it’s obvious what your there for.”**

In contrast, some respondents detailed how changes to sexual health services resulting from the Covid-19 pandemic were adversely perceived:

**"I've always disliked online meetings in general because it effects my ability to register emotions of the people I'm talking to. So if I was talking to a nurse or doctor over call I would worry and think they're judging Me, which I know isn't the case but it's just how my brain works."**

**"I will always prefer in person for developing relationships with professionals. But I also understand for convenience and ease it is**

**easier for postal or online options."  
"Whether covid-19 was around or not we should have access to online and face-to- face sexual health care."**

**"I find the reduced face to face contact less anxiety inducing, personally."**

### 3. Limitations

While this research aimed to be representative of the views of young people living in Highland today, the degree to which the data is representative is influenced by the demographics of those who chose to complete the survey.

The survey included a total of 1002 respondents, with 794 valid responses included following data cleansing. The data demographics had fewer respondents who identified as male (including trans male) than female (including trans female). As a result, interpretation of the data is limited by a lower response rate from people who identify as male (including trans male).

The data is further limited by respondent's self-selection to participate in the research. Although the data from self-selected respondents shaped

a detailed understanding of the facilitators and barriers to sexual health services, respondents may have self-selected to participate based on a pre-existing willingness or ability to discuss sexual health. As such, the data may not represent those who are less able to discuss sexual health due to pre-existing lack of knowledge or experienced stigma. Additionally, poor or unstable access to internet in Scotland's remote and rural areas may further impact respondents' ability to participate.

## 4. Conclusion

The aim of this research project was to explore the sexual health needs of young people living in Highland. Using an online survey, the research investigated what young people's preferences are for accessing sexual health services remotely and in-person, as well as what barriers and facilitators exist influencing engagement. Together these findings highlight the sexual health needs of young people in Highland, detailing areas of development for sexual health services located in this area of Scotland. By sexual health services, we mean all NHS and third sector services offering sexual health and wellbeing support to young people.

The research findings described in this report identified that young people indicate a preference toward engaging with sexual health services remotely. This was most clearly demonstrated by respondents seeking information about their sexual health online, preferring to book appointments with sexual health services online, and reporting that they are most likely to engage with sexual health services through online chat, text message, or another instant messaging service. Similarly, while most respondents were unaware of STI postal testing and some were unaware of condoms by post services, most respondents indicated they would use both services when the method of delivery, such as packaging, maintains their anonymity.

Furthermore, while respondents indicated a strong preference for accessing remote sexual health services overall, concern for remaining safe online, trusting the identity of those they are engaging with and maintaining confidentiality was a clear priority informing young people's openness to remote engagement. Throughout the data, respondents additionally acknowledged the benefits of accessing in-person services, namely by providing an opportunity to communicate with

trusted professionals with a perceived reduction in security risks associated with remote engagement. This highlights blended service provision including both remote and in-person access can address the multifaceted concerns young people have when considering how to take care of their sexual health and wellbeing.

The findings additionally demonstrate that sexual health stigma continues to be a significant barrier to accessing services for young people in Highland. Throughout the data, respondents highlighted fear of being judged, discomfort talking about sexual health and concerns about remaining anonymous when considering engagement with sexual health services. This mirrors respondents reported experience that sexual health and wellbeing is more likely to have a negative impact on their mental health than positive. With a continued evidenced impact of stigma on both young people's sexual health decision making and subsequent mental health, targeted training and education can bolster the provision of blended sexual health services.

## 5. Recommendations

### Sexual Health Services should:

- Provide young people with the option to access both remotely and in-person
- Provide young people with the option to book appointments online
- Train sexual health practitioners to provide sexual health information and advice through online chat, text message or other instant messaging services
- Provide mental health support integrated within sexual health service provision

### Sexual Health Practitioners should:

- Be able to provide sexual health information and advice through online chat, text message or other instant messaging services
- Take a sex-positive, non-judgemental approach when engaging with young people
- Be aware of the links between sexual health and mental health, including how this affects young people's engagement with services

### Sexual Health Information should:

- Highlight the availability of condoms by post
- Highlight the confidentiality of packaging used with postal condoms and STI testing services
- Highlight the security and confidentiality strategies in place to ensure young people have safe access when engaging with remote services
- Destigmatise the role of mental health in sexual health and wellbeing

### Sexual Health Funders should:

- Prioritise STI postal testing services
- Resource remote sexual health services
- Pilot the provision of combined sexual health and mental health services
- Better resource the provision of consistent RSHE

## 6. References

Lewis, R., Blake, C., McMellon, C., Riddell, J., Graham, C. and Mitchell, K. (2021). Understanding young people's use and non-use of condoms and contraception A co-developed, mixed-methods study with 16-24 year olds in Scotland. Final report from CONUNDRUM (CONdom and CONtraception UNDERstandings: Researching Uptake and Motivations) #ProjectCONUNDRUM @theSPHSU. [online] Available at: [https://www.gla.ac.uk/media/Media\\_781762\\_smxx.pdf](https://www.gla.ac.uk/media/Media_781762_smxx.pdf)

Patterson (nee Martin), P., McDaid, L., Hunt, K., Hilton, S., Flowers, P., McMillan, L., Milne, D., & Lorimer, K. (2020). How men and women learn about sex: multi-generational perspectives on insufficient preparedness and prevailing gender norms in Scotland. *Sex Education*. 20:4, 441-456, DOI: 10.1080/14681811.2019.1683534

MacGilleEathain, R. (2021). "You wouldn't get taught it in school": The significance of viewing online pornography and of school sex education provision for adolescent boys in Scotland; a mixed methods study'. pp. oral presentation. [online] Available at: <https://pure.uhi.ac.uk/en/publications/you-wouldnt-get-taught-it-in-school-the-significance-of-viewing-o>

Health Protection Scotland (2020). Genital chlamydia and gonorrhoea infection in Scotland: laboratory diagnoses 2010- 2019. An Official Statistics publication for Scotland. [online] Available at: [https://publichealthscotland.scot/media/3295/2\\_genital-chlamydia-gonorrhoea-scotland-2010-2019.pdf](https://publichealthscotland.scot/media/3295/2_genital-chlamydia-gonorrhoea-scotland-2010-2019.pdf)

Public Health Scotland (2021). Teenage Pregnancy – Year of conception, ending 31 December 2019. A National Statistics publication for Scotland. [online] Available at: <https://publichealthscotland.scot/media/8365/2021-07-06-teenpreg-report.pdf>

## 7. Appendix: Survey

### About this Survey

#### **What is this survey about?**

**The purpose of this survey is to find how young people under 25 want to get help and advice from sexual health services in Highland.**

**We're asking you to fill out this survey to find out how we can make sure you can get the help and advice needed in the way that works best for you.**

**You can complete the survey whether or not you have accessed sexual health information, testing or help before. All of the questions are optional and you can skip any that you do not want to answer.**

#### **Who is running the survey?**

**Waverley Care is running the survey in partnership with NHS Highland and Highland Sexual Health. You can find out more about Waverley Care here: [www.waverleycare.org](http://www.waverleycare.org)**

**You can find out more about Highland Sexual Health services here: [www.highlandsexualhealth.co.uk](http://www.highlandsexualhealth.co.uk)**

#### **What personal data will the survey collect?**

**The survey can be completed anonymously, or you can choose to enter personal data (your email address). We will only use your email address to enter you into a prize draw to win a £50 Amazon voucher or to contact you about a follow up interview. If you include your email address, you will be asked at the end of the survey if you consent to it being used for both, or only one of, these purposes**

#### **How will you use the information I provide?**

**Your survey response will be collated and analysed by staff from Waverley Care. We will use the information you provide as part of a report. We will share the survey findings publicly, including via social media and in published articles. NHS Highland will use the survey findings to develop their services. We will not share any information that could identify you or other people.**

#### **How will you store the information I provide?**

**Your survey response will be stored using password protection. Your personal data will be deleted by 31st April 2022 and we will only keep your anonymised survey response.**

#### **Can I withdraw my survey response?**

**If you decide you do not want your survey response to be included in the evaluation, you can contact [researchengagement@waverleycare.org](mailto:researchengagement@waverleycare.org). If you have completed the survey anonymously, we may not be able to identify your response, but we will try to**

do this. If we can identify your response, you will be able to withdraw it until the point we publish the survey results, which will be around June 2021.

**Who can I contact if I have questions about the survey or I want to make a complaint?**

**If you have questions about the survey, you can contact:**  
**Jennifer Goff (Engagement and Development Manager) -**  
**jennifer.goff@waverleycare.org**  
**or Jo Sykes (Senior Manager - North and National Services) -**  
**jo.sykes@waverleycare.org**

**If you would like to speak to someone who is not involved in the survey, you can contact:**  
**Rachel Hughes (Head of Corporate Services) - rachel.hughes@waverleycare.org**

## Background Information

1. What is your age?

- Under 18
- 18 - 24
- 25-34

2. How would you describe your gender?

- Male (including trans male)
- Female (including trans female)
- Non-binary
- Prefer not to say
- In another way, please describe

3. Do you consider yourself to be transgender?

- Yes
- No
- Prefer not to say

4. How would you describe your sexual orientation?

- Gay/lesbian
- Bisexual
- Heterosexual/straight
- Prefer not to say
- In another way, please describe

5. How would you describe your relationship status?

- Single
- In a relationship
- Married or in a civil partnership
- In another way, please describe
- Widowed
- Divorced
- Separated

6. How would you describe your sexual relationship status?

- I am currently sexually active with one person
- I am currently sexually active with more than one person
- I am not currently sexually active

7. In what health board area do you live?

- NHS Ayrshire and Arran
- NHS Borders
- NHS Dumfries and Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow and Clyde
- NHS Highland
- NHS Lanarkshire
- NHS Lothian
- NHS Orkney
- NHS Shetland
- NHS Tayside
- NHS Western Isles

## Sexual Health Help and Advice

**This section of the survey asks about your experience of getting sexual health help and advice. More information about sexual health services in your area is available at the end of this survey.**



8. If you wanted information about sexual health, for example, contraception or STIs (sexually transmitted infections), how would you normally find this out? (select all that apply)

- I'd ask my spouse or partner
- I'd ask a friend
- I'd ask a family member
- I'd ask my GP or another health professional
- I'd ask a health professional at a sexual health clinic
- I'd ask a charity or community organisation (such as Waverley Care or Wave)
- I'd ask my teacher or another education professional
- I'd search online
- Another place, please describe:

9. Due to the COVID-19 pandemic, sexual health clinics are offering reduced face to face services. If you could only speak to someone about sexual health remotely, or in other words online, how likely would you be to speak to someone in the following ways?

	Very likely	Likely	Not sure	Unlikely	Very unlikely
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WhatsApp or another instant messaging service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online chat (where you talk to someone using a chat window on a website)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. What would stop you from speaking to someone remotely, or in other words online, about sexual health? Please describe.

11. If you could only speak to someone about sexual health remotely, or in other words online, at what time of day would you prefer to do this? Please select all that apply.

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

12. If you were looking for sexual health help and advice either face to face or remotely, how important would it be that the person you spoke to:

	Very important	Important	Not sure	Slightly important	Not important
was the same gender as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
was a similar age to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
was the same sexual orientation as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
was the same ethnicity as you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had a similar income or financial status to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you were seeking sexual health help and advice, either face to face or remotely, how important would it be that it was:

	Very important	Important	Not sure	Slightly important	Not important
a clinic or service for teen or young people only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a clinic or service for any age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. If you were booking an appointment for sexual health help and advice, how would you like to book it?

- Through an online booking system
- Over the phone
- In another way, please describe:

### Access to Services

**This section of the survey asks about your experience getting help and advice from sexual health services.**

15. What would stop you from getting help and advice from a sexual health service? Please select all that apply.

- Lack of transport
- Lack of finances
- Opening times of services
- Opening days of services
- Discrimination or prejudice from sexual health professionals
- Feeling uncomfortable talking about sexual health
- Feeling afraid of being judged
- Not knowing where to go for services
- Feeling worried about confidentiality
- Feeling worried about someone you know seeing you attend a sexual health service
- Another reason, please describe:

16. What would make it easier for you to get help and advice from a sexual health service? Please select all that apply.

- Closer locations
- Knowing a professional has had diversity or LGBTI+ training
- Being able to get help and advice anonymously
- Being able to access information and support remotely, or in other words online
- Being able to get STI tests by post
- Being able to get condoms by post
- Having services available at more convenient times or days
- Being able to get help and advice remotely, or in other words online
- Another reason, please describe:

### Mental Health and Sexual Health

**This section of the survey asks about your experience of mental health and sexual health.**

17. If you feel comfortable doing so, can you tell us how your sexual health and wellbeing affects your mental health? Please describe.

### Sexual Health Postal Testing

**This section of the survey asks about your experience of STI (sexually transmitted infection) postal testing.**

***Postal STI testing allows you to take a test at home. Sometimes you get a result then and there, sometimes you have to send a sample off to get your results back a few days later.***

18. Before taking this survey, had you heard of STI postal testing before?

- Yes
- No
- Not sure

19. How likely would you be to use STI postal testing?

- Very likely
- Likely
- Not sure
- Unlikely
- Very unlikely

20. In which of the following locations would you like to be able to receive STI postal testing?

- Posted to your home in plain packaging
- Via an outreach or support worker in community settings
- Via vending machines
- Via click-and-collect (order online and collect from a charity, clinic or pharmacy)
- In another place, please describe:
- Collect via a community organisation
- Collect via a sexual health clinic or service
- Collect via a pharmacy

21. Why would you not like to use STI postal testing?

### Condoms

**Condoms by post services allow you to get free condoms posted to an address of your choice.**

22. Before taking this survey, have you heard of condoms by post?

- Yes
- No
- Not sure

23. In which of the following locations would you like to be able to get condoms?

- Posted to your home in plain packaging
- Posted to another location in plain packaging
- Via an outreach or support worker in community settings
- Via vending machines
- Via click-and-collect (order online and collect from a charity, clinic or pharmacy)
- In another place, please describe:
- Collect via a community organisation
- Collect via a sexual health clinic or service
- Collect via a pharmacy
- At school or university

24. Why would you not like to use a condoms by post service?

Thank you for taking part in this survey.

25. As Covid-19 lockdown restrictions ease, would any of your answers to questions in this survey be different?

- Yes
- No
- Not sure

26. Please tell us why you chose your answer

27. If you would like to be entered into a prize draw to win a £50 amazon voucher, please provide your name and email address below:

**Further Information:**

If you would like to find out more information about any of the issues raised in this survey, you can visit our website: [www.waverleycare.org](http://www.waverleycare.org) or call us on 0141 332 3520. We can provide you with advice on accessing sexual health services, HIV/STI testing, contraception, condom access, and PrEP.

You can find out more about Highland Sexual Health here: [www.highlandsexualhealth.co.uk](http://www.highlandsexualhealth.co.uk)

You can find out more about what sexual health services are available in your area and how to access HIV/STI testing: [www.nhsinform.scot/campaigns/your-sexual-health-during-the-coronavirus-outbreak](http://www.nhsinform.scot/campaigns/your-sexual-health-during-the-coronavirus-outbreak)

You can find sexual health information and advice for young people in Highland here: [www.wavehighland.com](http://www.wavehighland.com)

You can learn more about NHS PrEP here: [prep.scot](http://prep.scot)

You can learn more about HIV self-testing and order an HIV self-test here: [hivtest.scot](http://hivtest.scot)

# Contact

If you have any questions about this research, please contact us at the details below:

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