

South Asian Profile Summary

South Asian Males

Asian male students had slightly below average sexual health knowledge, and the most conservative sexual attitudes among all male ethnic groups. While Asian males reported the lowest proportion having had sexual intercourse (22%) or sexual intercourse before age sixteen of those aged 16-18 (12%) among male ethnic groups, those who had sexual intercourse reported the highest proportions experiencing anal intercourse and unintentional pregnancy and/or STI. At first sexual intercourse, Asian males were the most likely to be sexually competent at 17%. At 26%, Asian males were second only to White British males reporting 'two or more' sexual partners in the past six months. Asian males reported the lowest proportion who ever had sexual intercourse without using contraception, except for White Other males, at 33%. Asian males reported the highest proportions who had not used contraception with 'two or more' partners at 12%, in addition to the highest male group reporting unintentional pregnancy and/or STI at 9%. Asian males reported the highest proportion having a sexual experience with a member of the same and opposite sex.

Like all other male ethnic groups, 'school' was the most informative source of information on sexual matters among Asian males, however Asian males reported the highest proportion of any male ethnic group. 'School' and 'other' sources were the preferred sources of sexual matters information, with a 'family member' being the least preferred source among Asian males. Most frequently Asian males reported wanting to know more about 'STIs', 'sexual behaviour' and 'contraception', and least frequently about 'biology'. Someone of a 'similar age', a 'sexual health professional' and of the 'same ethnic background' and 'same sex' were the preferred characteristics of a person to deliver SRI among Asian males.

South Asian Females

Asian female students had the lowest sexual health knowledge, and more conservative than average sexual attitudes among all female ethnic groups. Asian females reported the lowest proportions having had sexual intercourse among female ethnic groups (12%), and the lowest proportion of 16-18 year olds having first sexual intercourse before age sixteen (4%). However, those who had sexual intercourse reported a number of risk behaviours, particularly concerning circumstances of first sexual intercourse: most wished they had 'waited longer' before first sexual intercourse, one-third felt their first sexual intercourse partner was 'more willing' (the highest among all groups), and Asians were the female group least likely to have used a contraceptive at first sexual intercourse. They were second only to Black females in being least likely to be sexually competent at their first intercourse (19%). One-fifth of Asian females who had sexual intercourse, had experienced anal intercourse. Asian females reported the lowest proportion who had 'two or more' partners in the past six months at 3%. Asian females were less likely to report non use of contraception with 2 or more partners at 8%, and the lowest proportion among female groups experiencing unintentional pregnancy and/or STI at 5%.

While all female ethnic groups stated 'school' was the most informative source of sexual matters information, this was a far more important source among Asian females than any other ethnic group, mirroring the pattern among males. Similar to Asian males, Asian females' preferred sources of sexual matters information were 'school' and 'other' sources. A 'family member' was the least preferred source of

sexual matters information among Asian females. 'STIs', 'emotions and relationships' and 'contraception' were the subjects Asian females wanted to know more about, and 'biology' the least preferred topic. SRI delivery by a person of the 'same sex', 'similar age' and a 'sexual health professional' were preferred characteristics among Asian females.

Indian Profile - Detail of the summary above

Indian Males

Indian males had sexual health knowledge similar to the male sample average, and lower than White British and Other background males. Indian males reported the most liberal sexual attitudes among all main ethnic groups and sub-groups, apart from White British males. One-fifth (22%) of Indian males reported sexual intercourse, the lowest prevalence of any ethnic group or sub-group. Indian males aged 15 reported the lowest proportion of sexual intercourse of any ethnic group or sub-group at 14%. Among Indian males aged 16-18, sexual intercourse before age sixteen was reported by 12%, with only Bangladeshi males reporting a lower proportion. At their first sexual intercourse 84% of Indian males were not sexually competent, the lowest of any ethnic group or sub-group, apart from all Asians. One-in-ten (9%) Indian males experienced an unintentional pregnancy and/ or STI, with only Bangladeshi, Black Caribbean and Black African males who reported a higher prevalence.

Among the majority (59%) of Indian males, school was the most informative source on sexual matters, the highest proportion reported other than Bangladeshi males. Almost one-fifth of Indian males reported each of friends (19%) or other sources (17%) as the most informative source on sexual matters. A family member was the least frequently reported most informative source on sexual matters at 5% among Indian males. Only all Asians, Pakistanis and Bangladeshis reported lower proportions than Indian males of a family member being the most informative source on sexual matters.

Almost three-quarters (70%) of Indian males stated a preference for learning about sexual matters at school, the highest proportion of any group other than Bangladeshi males. Most (59%) Indian males stated a preference for learning about sexual matters from other sources, as did one-third (37%) from friends. A family member was the least preferred source of sexual matters information among Indian males at 9%, with only Pakistani and Bangladeshi males reporting lower proportions. The majority of Indian males wanted to know more about STIs (68%), sexual behaviour (63%) and/ or emotions and relationships (52%), and these proportions were the highest among all ethnic groups and sub-groups, except sexual behaviour among White British males.

Forty-five percent of Indian males wanted to know more about contraception, as did 38% about sex and culture. Biology was the subject Indian males wanted to know about least at 29%, similar to the male sample average. The most important characteristics of SRI delivery among Indian males were: a sexual health professional (47%), someone of similar age (45%) and/ or someone of the same sex (30%). Indian males expressed the highest proportion of any ethnic group or sub-group preferring these characteristics of SRI delivery. One-quarter (25%) of Indian males preferred SRI delivery from same ethnic background. Indian males reported the lowest proportion who did not want any SRI, other than Black males.

Indian Females

Indian females reported sexual health knowledge below the female sample average, with only all Asians, Pakistanis and Bangladeshis reporting poorer scores. Sexual attitudes among Indian females were more conservative than the female sample average, however, only White British and Other background females reported more liberal sexual attitudes. Thirteen percent of Indian females reported sexual intercourse, the lowest proportion other than all Asians, Pakistanis and Bangladeshis.

Indian females aged 15 reported the lowest prevalence of sexual intercourse of any ethnic group or sub-group at 6%. Indian females aged 16-18 reported sexual intercourse before age sixteen at 5%, marginally higher than all Asians with only Bangladeshi females reporting a lower proportion. Four-fifths (81%) of Indian females were not sexually competent at first sexual intercourse, the highest proportion other than Black Africans, Pakistanis and Bangladeshis. Among Indian females, 2% reported unintentional pregnancy and/ or STI, the lowest proportion of any ethnic group other than Pakistani females.

The majority (62%) of Indian females stated school was the most informative source on sexual matters, with only all Asians and Bangladeshis reporting higher prevalence. Seventeen percent of Indian females reported friends as the most informative source on sexual matters, as did 13% reporting other sources. A family member as the most informative source on sexual matters was reported by 8% of Indian females, the lowest of any group other than Pakistani females. Three-quarters (75%) of Indian females expressed a preference for learning about sexual matters at school, the highest proportion other than Pakistani females. Over one-half (57%) of Indian females wanted to learn about sexual matters from other sources, as did 43% preferring friends.

One-quarter (24%) of Indian females reported wanting to know more about sexual matters from a family member, similar to the female sample average. The majority of Indian females wanted to know more about STIs (71%), contraception (60%), emotions and relationships (60%) and/ or sexual behaviour (59%). Over one-third (39%) of Indian females expressed an interest in knowing more about sex and culture, marginally less than the female sample average. Nearly one third (30%) of Indian females wanted to know more about biology, one of the lowest proportions apart from White British and Other background females.

The most important features of SRI delivery among Indian females were: someone of a similar age (52%), someone of the same sex (51%), a sexual health professional (43%) and/ or someone of the same ethnic background (27%). SRI delivery from someone of a similar age was reported most frequently by Indian females, other than Black Caribbean females. Five percent (n=16) of Indian females stated they did not want any SRI, marginally above the female sample average.