Research Summary

Young People's Sexual Health in Ireland: Insights from a 2025 HSE Survey

November 2025

About this Summary

The Health Service Executive's (HSE) Sexual Health Programme (SHP) has produced this Research Summary. The Summary is part of a series designed to ensure research findings are available in short, easy-to-read formats that can inform the public and contribute to the health service's policy and practice.

Background

Sexually transmitted infection (STI) rates decreased in 2024 by 11% compared to 2023. Decreases in chlamydia (16%) and gonorrhoea (12%) drove this reduction, but this follows significant increases in both STIs in 2022 and 2023[1].

Younger people are more commonly affected by STIs, most notably females aged 20-24 years. Concerted efforts are needed to reduce STIs in Ireland, and this includes better understanding people's sexual health behaviours, decision-making, attitudes, and identifying gaps in sexual health knowledge.

In 2024, the HSE's Campaigns team commissioned Ipsos B&A, the market research company, to conduct a large online survey to understand the factors contributing to the rise in STIs among 18 to 30 year olds living in Ireland. The aim of this survey was to support the development and design of behaviour change and social marketing campaigns to promote young people's sexual wellbeing.

This Research Summary details the survey's methodology, the main findings and outlines supports and services that are available through the SHP.

Survey Methodology

In total, 1,134 people completed the survey. Participants were recruited through the Ipsos B&A online panel and through a series of links shared by advocacy and student groups on social media channels or email newsletters. Respondents from the panel were offered a small non-cash gratuity for their participation and those recruited via social media were invited to enter a prize draw. The survey was only available in the English language and open to people aged 18 to 30 years of age living in the Republic of Ireland.

A pilot took place between 23rd and 26th November 2024 and the full survey took place between 6th and 28th January 2025. The survey was self-completed and conducted online.

Data were adjusted to accurately reflect the 806,000 adults aged 18 to 30 living in Ireland.

1 Health Protection Surveillance Centre (2024). *Sexually Transmitted Infections (STIs) in Ireland: Trends to the end of 2024*. Accessed on 7th July 2025 https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/STI%20Annual%20Slide%20Set_Final%202024.pdf

Survey Findings

Demographics and General Health

In total, 48% of respondents were women, 49% were men and 3% were non-binary, another gender or preferred not to say. There were more respondents aged 18-24 years (57%) than aged 25-30 years (43%).

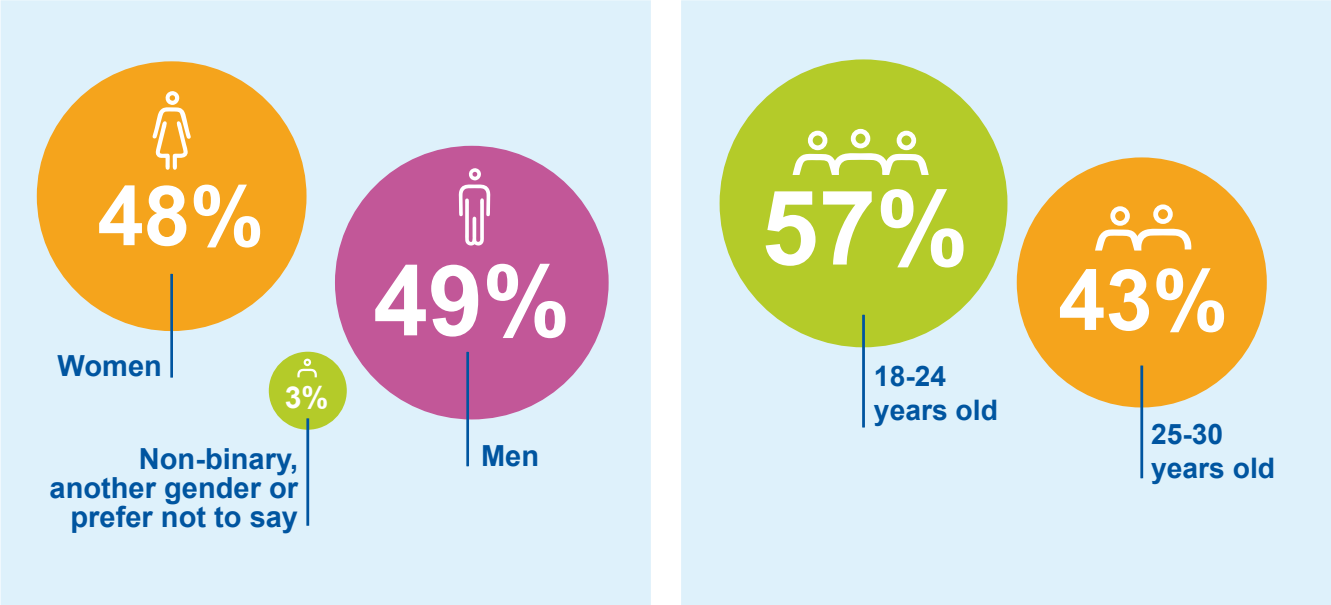

Figure 1 *Age and gender breakdown of survey respondents*

The majority of respondents identified as heterosexual (71%), 13% as bisexual, 8% were gay or lesbian, and the remaining were asexual, questioning, another orientation (6.3%) or they preferred not to say (2.5%). In this Summary, we grouped gay, lesbian, bisexual, asexual, questioning and all other non-heterosexual orientations together (26.5%). Hereinafter, we refer to this group as the LGBTQ+ group (this group also includes people with non-cis gender identities).

Most survey respondents rated their health as 'very good', though there were slight variations between age groups, with 78% of 25-30 year olds rating their general health as 'good' or 'very good' compared to 70% of 18-24 year olds. The LGBTQ+ group were more likely to state that their health was poor, with 6% of the group saying their health was 'bad' or 'very bad' compared to 1% of the heterosexual group.

Prioritising Sexual Health

The survey asked respondents to prioritise a series of statements related to their sexual health and wellbeing. The three top rated issues were: 'making sure consent is clear/explicit', 'minimising the risk of getting/receiving an STI', and 'reducing the possibility of unwanted physical pain during sex'.

Seventy-seven per cent of women said 'preventing pregnancy' was 'extremely' or 'very important' to them, compared with 67% of men. There was also a gender difference with 85% of women saying, 'Being confident in communicating my needs and boundaries' was important or extremely important compared to 78% of men.

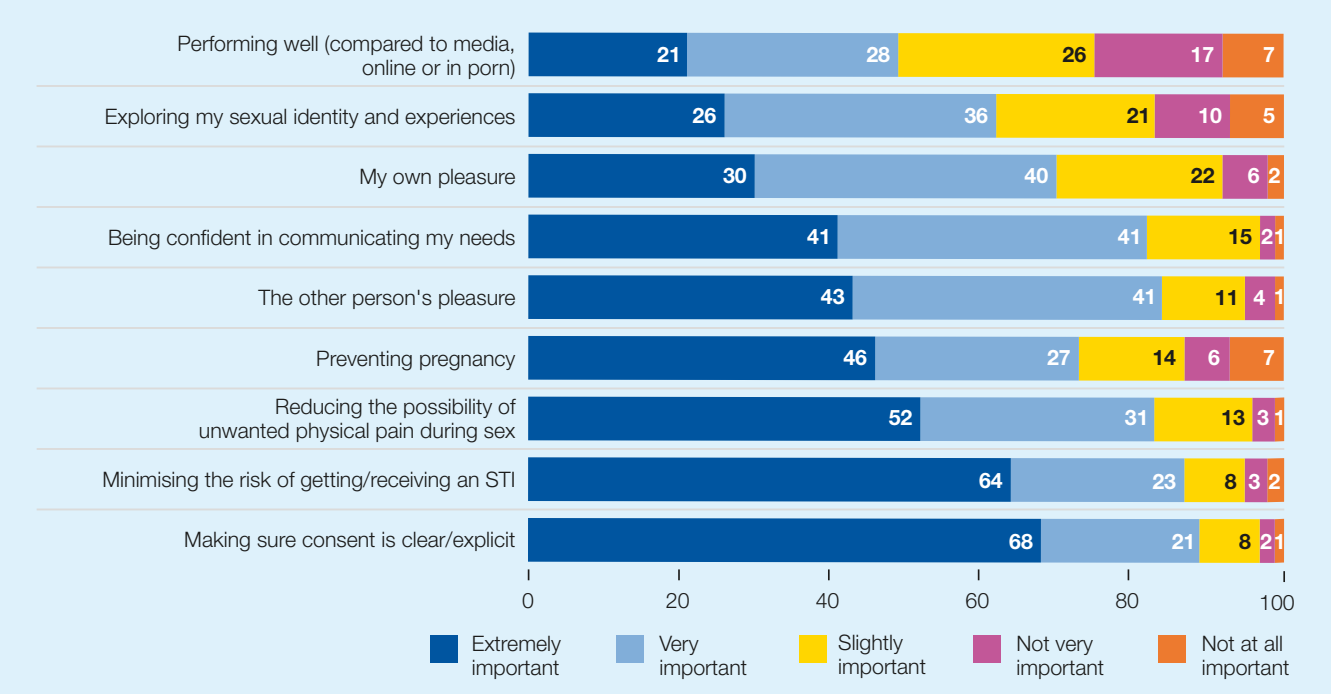

Figure 2 *Respondents were asked how important various aspects of their sexual health were to them on a scale from 'extremely important' to 'not at all important'.*

Sexual Activity

Young people were asked how recently, if at all, they had had sexual intercourse[2]. Sixty-eight per cent stated they had had sex in the last six months, and 37% had had sexual intercourse in the previous seven days. Twelve per cent had never had sexual intercourse.

Twenty-two per cent of LGBTQ+ participants had never had sexual intercourse, compared to 7.5% of heterosexuals. Heterosexuals were also more likely to have had sex recently, with 41% having had sex in the previous seven days compared to 25% of LGBTQ+ respondents.

22% of LGBTQ+ participants had never had sexual intercourse, compared to 7.5% of heterosexuals.

2 Sexual intercourse was defined as both penetrative and oral sex as well as genital-to-genital contact

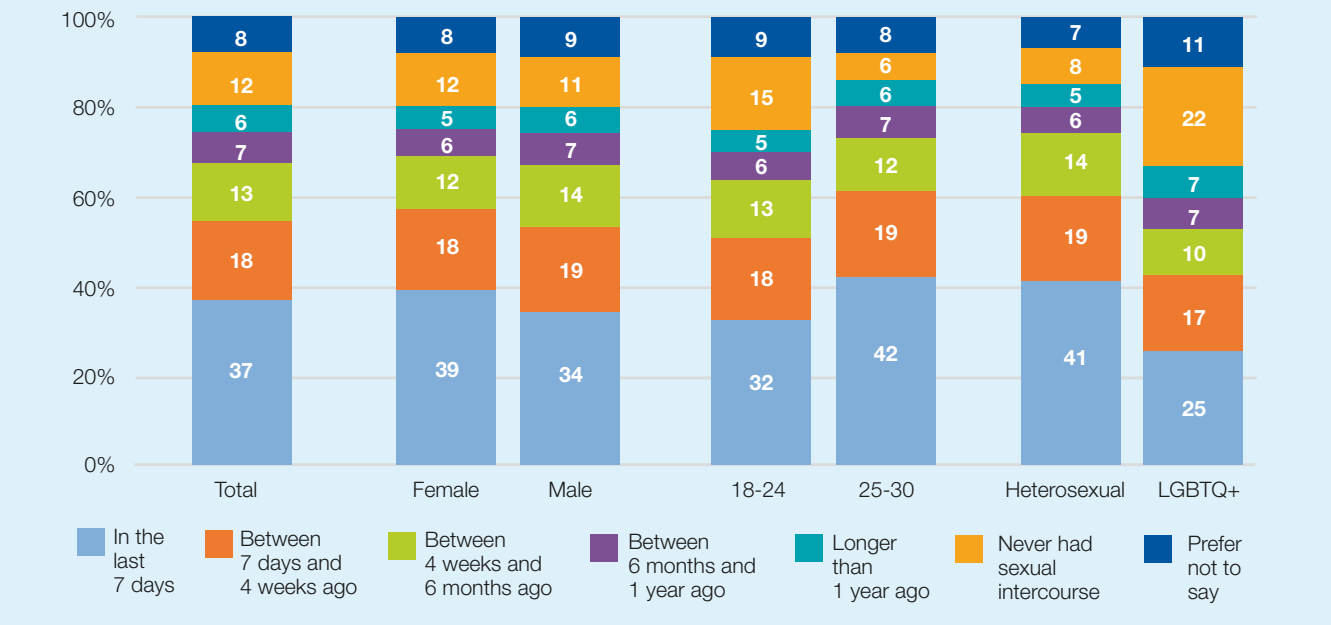

Figure 3 *The proportion of respondents who had had sexual intercourse in the previous seven days, four weeks, six months, and year previous according to gender, age and sexual orientation.*

Respondents were asked the type of sexual partners they had had in the previous six months. The majority of respondents were in a relationship with their sexual partners (85%), while 20% of partners were casual, and 16% were one-night stands.

85% of respondents were in a relationship with their sexual partners, 20% of partners were casual, and 16% were one-night stands

Respondents were asked to consider the number of sexual partners they had had within the previous six months. Excluding those who had not had sexual intercourse in the previous six months, the average number of partners was 1.7. For men, the average was 2.07 partners and for women, 1.35. The average number of partners for non-binary people were 2.39.

The number of partners decreased with respondents' age, with people aged 18-24 having on average 1.85 partners in the previous six months while those aged 25-30 had an average of 1.56 partners.

Heterosexual respondents had on average 1.66 partners and LGBTQ+ respondents had 1.9 partners.

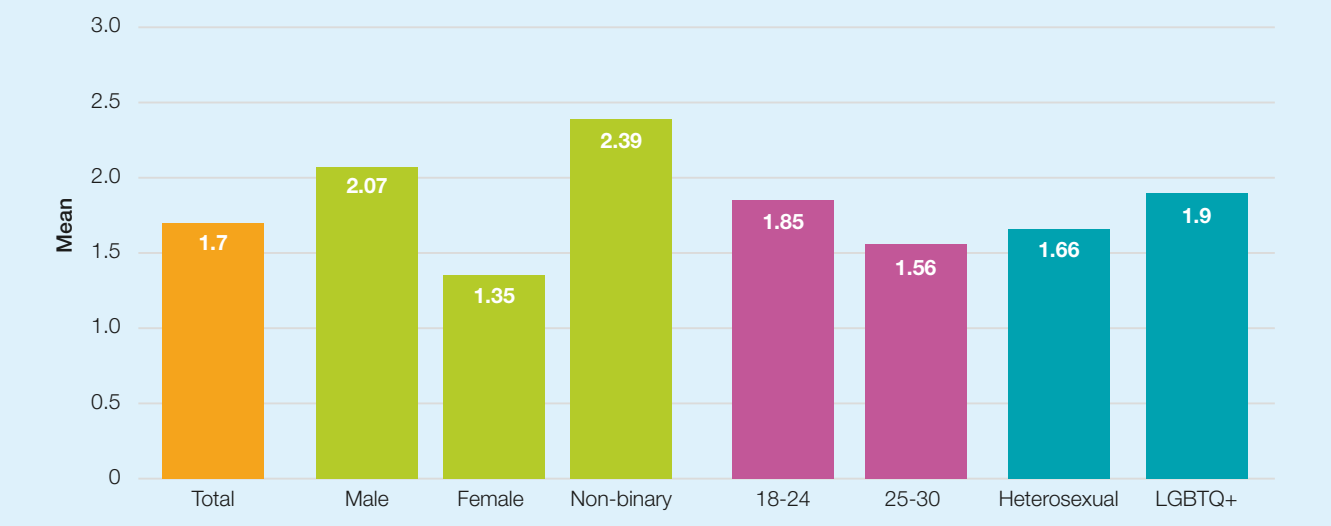

Figure 4 *Graph showing the average number of sexual partners in the previous six months according to gender, age and sexual orientation*

Condom Use

Seventy-nine per cent of all respondents said they had engaged in sexual intercourse at some stage without a condom, while 21% had not. Women (82%) were more likely to have had condomless sex than men (75%), and heterosexuals (80%) were more likely to have had condomless sex than LGBTQ+ respondents (74%).

79% of all respondents had engaged in sexual intercourse at some stage without a condom

Most survey respondents (73%) said they would always use a condom when having sex with a partner for the first time, 59% would always use condoms when in a casual relationship, and 53% would use condoms if they weren't using another form of contraception.

The most common reasons for non-use of condoms were not having a condom to hand (37%), finding sex less enjoyable with a condom (30%), perceived allergies to latex for themselves or their partner (22%), and being under the influence of drugs or alcohol (15%). The type of sexual partner influenced condom use, with 72% saying they would not agree to have sex with a causal partner or one-night stand without using a condom.

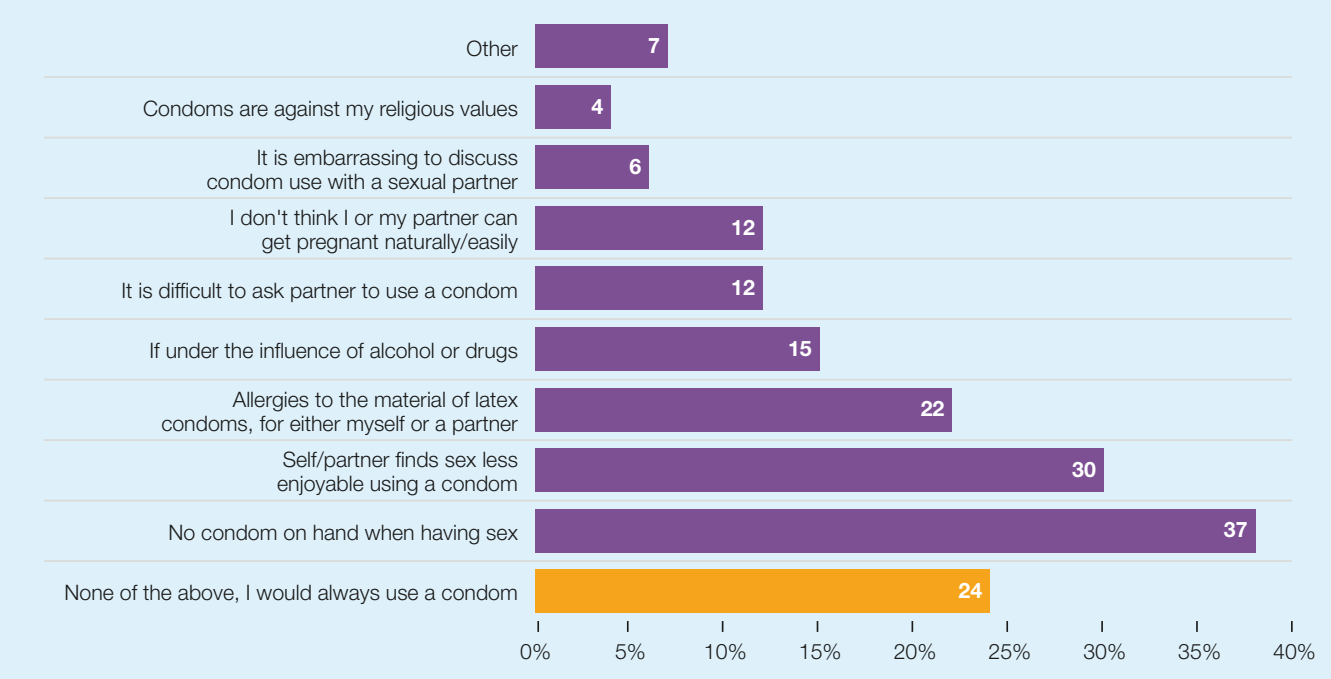

Figure 5 *The proportion of respondents agreeing with statements related to non-use of condoms*

Attitudes to Condom Use

All respondents were asked how strongly they agreed or disagreed with statements related to condom use. A majority of respondents said they knew how to use condoms correctly (79%) and that they were confident in asking partners to use condoms (75%), however, many agreed condoms are too expensive (44%), and 40% felt condoms make sex less spontaneous.

Respondents who had never had sexual intercourse previously were less likely to agree or strongly agree with these statements compared to those who had had sexual intercourse. The only exception was with the statement, "I would not agree to having sex with a casual partner or one night stand without using a condom", where those who had not previously had sexual intercourse were more likely to agree or strongly agree.

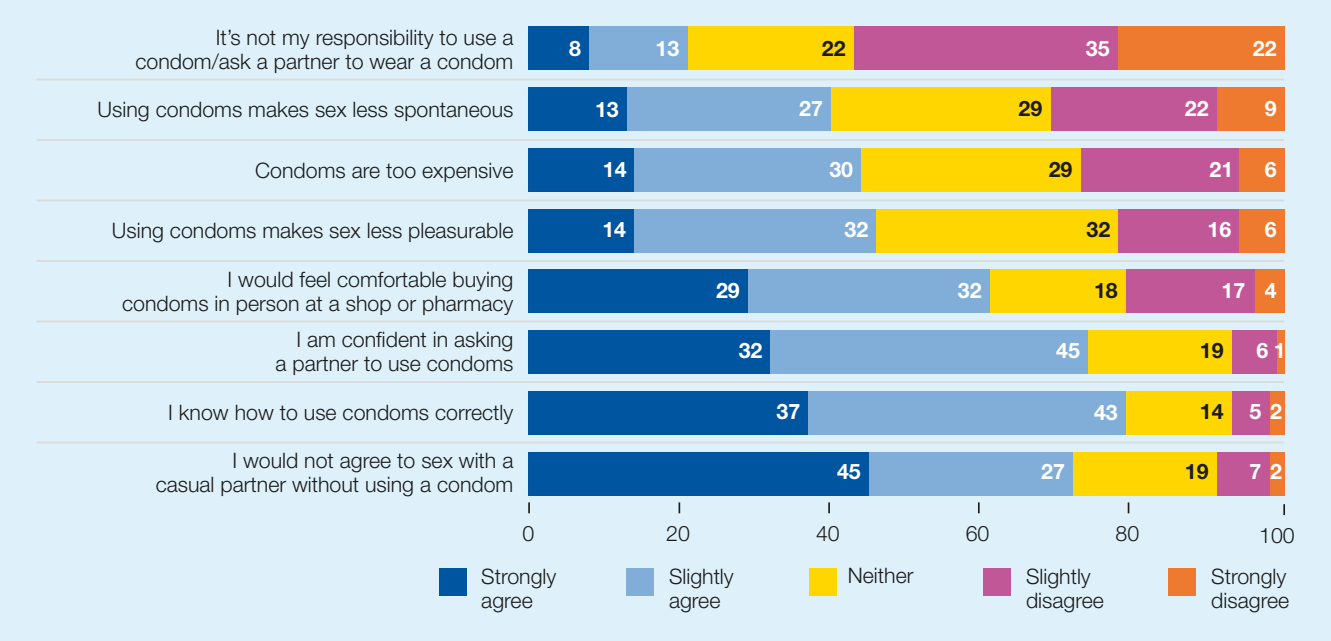

Figure 6 *Respondents were shown a series of attitudinal statements related to condoms and asked how much they agree or disagree with each on a scale from 'strongly agree' to 'strongly disagree'.*

Sexually Transmitted Infection Awareness, Testing and Prevention

All respondents were asked to list STIs they were aware of. Sixty per cent of respondents listed HIV, 46% listed chlamydia, 40% listed gonorrhoea and 24% listed syphilis. Other terms listed included genital warts (9%), HPV (8%) and scabies (2%). Women had better awareness of STIs than men.

Respondents were asked what they thought their own risk was of getting an STI (excluding HIV[3]), based on their present lifestyle. Forty per cent felt they were at no risk, 28% felt they had a small risk and 25% considered themselves at moderate or large risk. Those who self-assessed as at moderate or large risk were more likely to be male than female (34% versus 16%). The group most likely to self-assess as at moderate or large risk were LGBTQ+ men (38%), followed by heterosexual men (32%), heterosexual women (19%), and LGBTQ+ women were least likely to self-assess as at moderate to large risk of STIs (10%).

Of all respondents, 55% had never tested for an STI, 15% had tested in the previous 12 months, and 23% had tested, but longer than 12 months prior, with 7% responding 'prefer not to say'. Of the people who had never taken an STI test, 20% considered themselves to be at moderate to large risk of acquiring an STI.

Of those who had tested, the most common reasons were to know their STI status/for peace of mind (46%), because they had had condomless sex (29%), or because they had met a new partner and wanted to test before having sex (22%). Heterosexuals were statistically more likely than LGBTQ+ respondents to test because their sexual partner tested and was positive. There were no statistical differences in reasons men, women and non-binary people tested and no difference in testing reasons between those aged 18-24 and aged 25-30.

55% of people had never taken an STI test

3 HIV was excluded as someone who is on effective HIV treatment cannot pass on HIV through condomless sex and someone on PrEP cannot acquire HIV through condomless sex. We sought to understand respondents' risk perceptions for STIs that can be passed on through condomless sex.

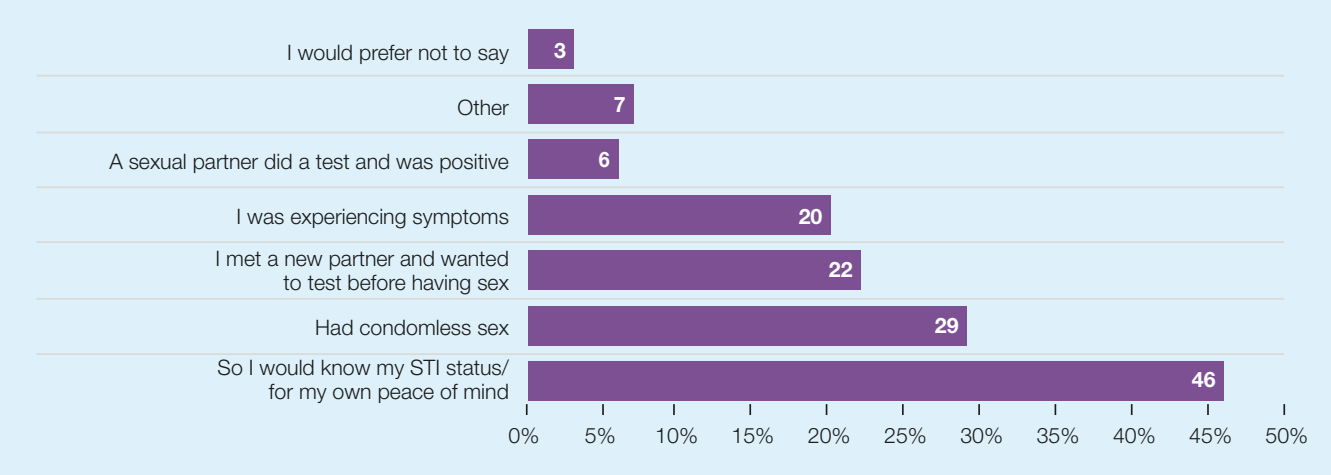

Figure 7 *The proportion of respondents giving reasons they chose to get an STI test*

Respondents were asked to select effective methods to prevent STI transmission (excluding HIV) from a pre-prepared list of items, some of which have no effect on STI prevention[4]. Eighty-nine per cent chose condoms, followed by abstinence (39%), dental dams (16%), oral contraceptives (14%), and pre-exposure prophylaxis (PrEP) (14%). LGBTQ+ respondents were considerably more likely to consider dental dams, PrEP and post-exposure prophylaxis (PEP) effective compared to heterosexuals.

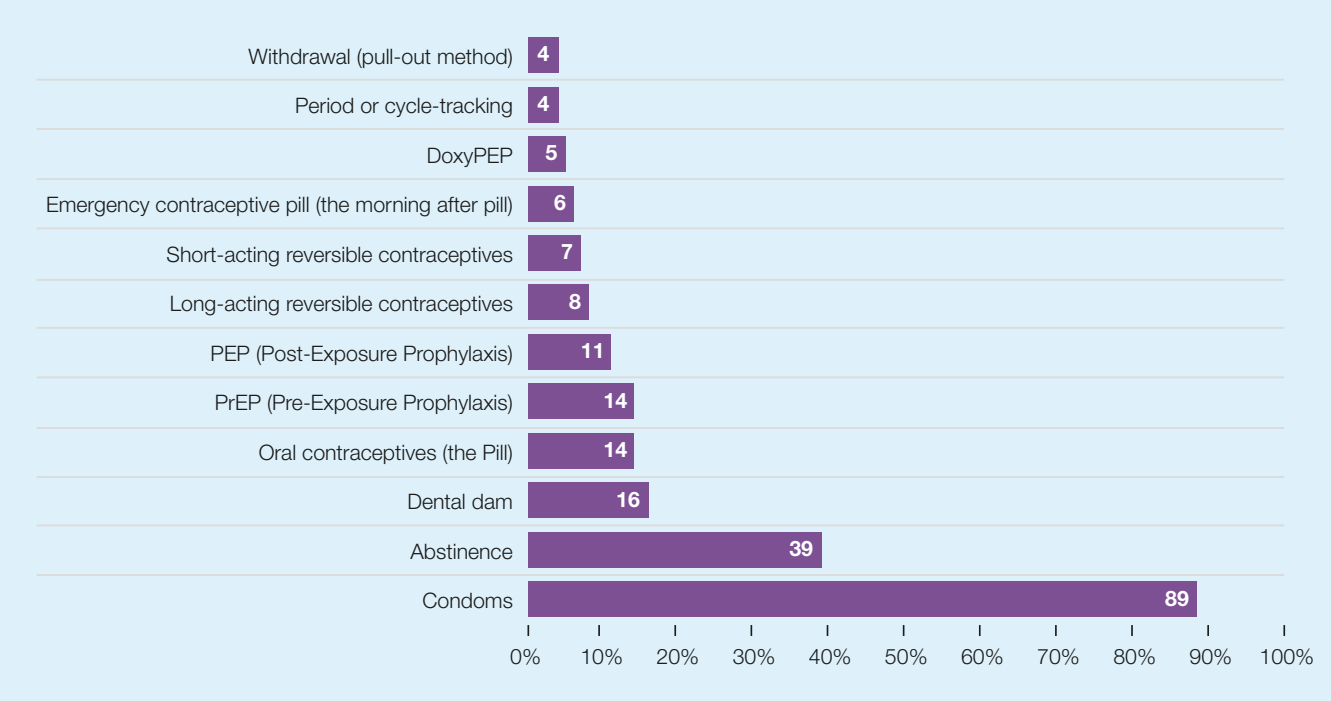

Figure 8 *Graph shows the proportion of respondents who consider various methods effective against the transmission of STIs (excluding HIV). Respondents could select multiple methods.*

4 PrEP is a medication taken to prevent HIV infection in individuals who are HIV-negative. It does not protect against other STIs. PEP is medication taken to prevent HIV infection after potential exposure to HIV. It does not protect against other STIs. The oral contraceptive pill, long-acting reversible contraceptives, and short-acting contraceptives are effective at preventing pregnancy but do not protect against STIs. The emergency contraceptive pill is effective up to five days after having unprotected sex. It is more effective if you take it as soon as possible after having unprotected sex. It does not protect against STIs. Period or cycle tracking apps and the withdrawal method do not offer any protection against STIs.

Attitudes to STIs and STI Testing

All respondents were presented with a series of attitudinal statements on STIs and asked the extent to which they agreed with each. Ninety-one per cent agreed or strongly agreed that it was important to know if a new partner had an STI, 61% agreed it was easy for both people to get tested and to share the results before having sex, and 76% agreed that it is hard to tell a new partner if you have an STI.

Thirty-five per cent of people did not agree that it was easy to ask a new partner if they had tested for STIs since their last sexual partner and 28% of the sample agreed or strongly agreed that if neither partner raised the issue, it was OK to assume both are clear of STIs.

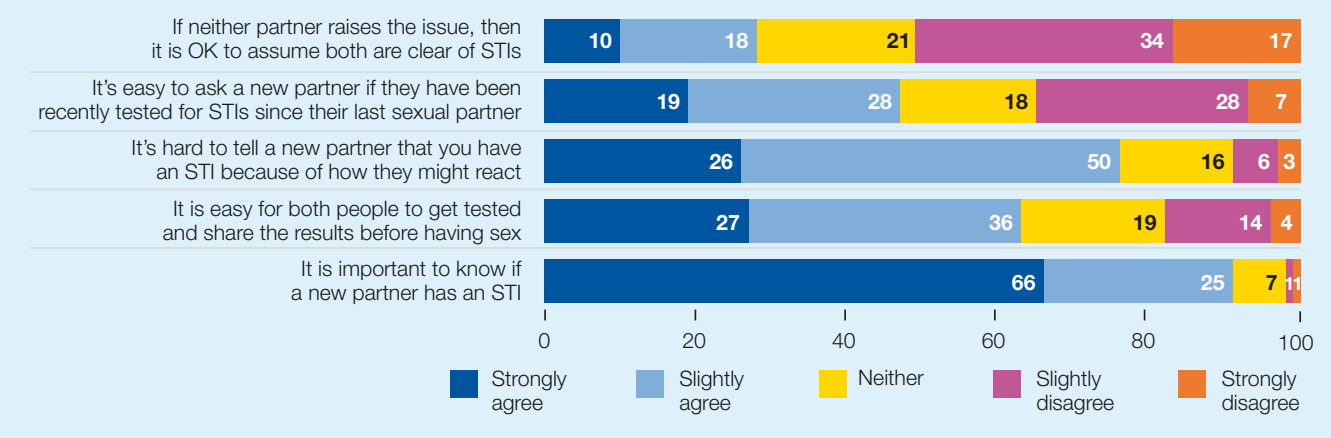

Figure 9 *Respondents were asked to "Think of when people may have a new sexual partner, how strongly do you agree or disagree with the following?" and then presented with the above series of statements and asked the extent to which they agreed or disagreed with each.*

All respondents were asked to indicate their attitude to STI testing. The majority of respondents felt STI testing was stressful (70%), over half were concerned that if they ordered an online STI test a parent or housemate could find it in the post (56%), many believed it was not easy to know where to get an STI test (46%), and many felt STI testing procedures are intrusive and painful (46%).

70% of respondents felt STI testing was stressful

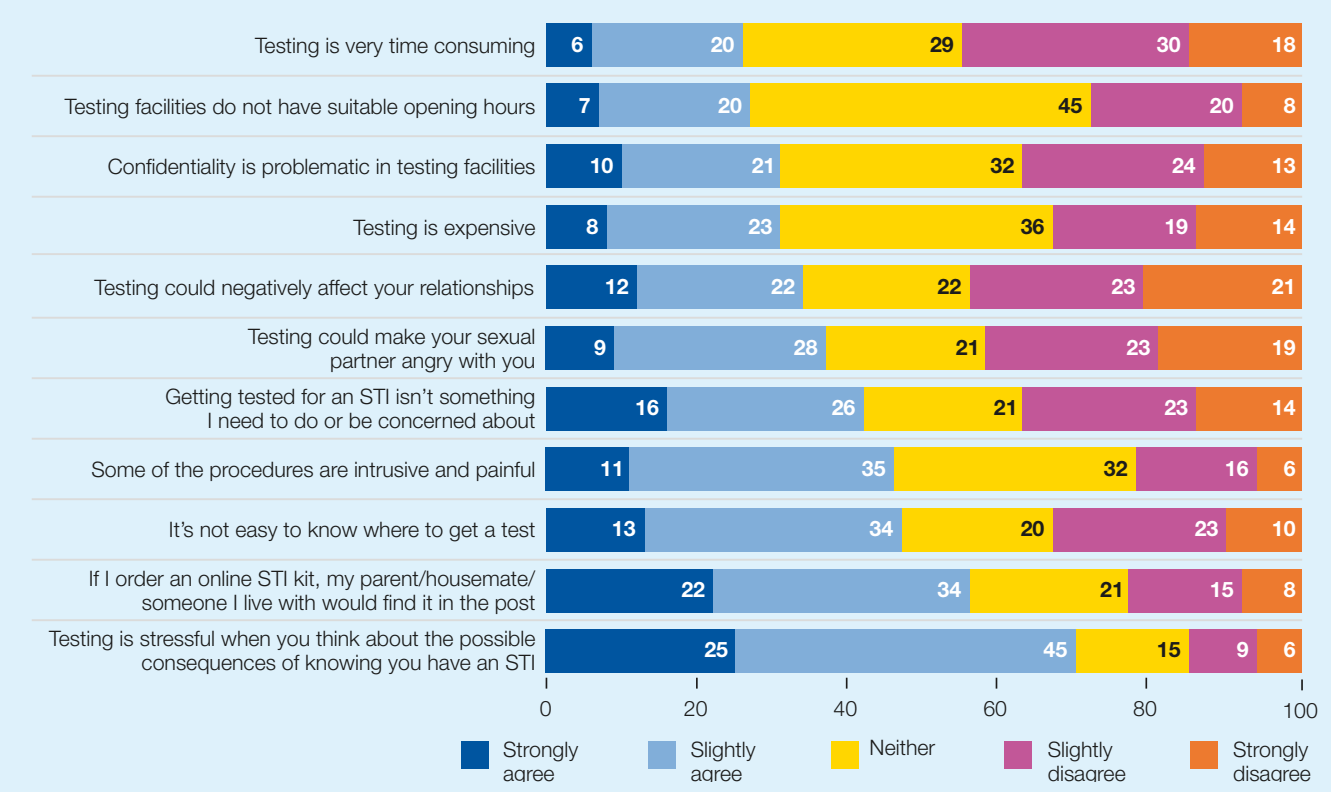

Figure 10 *This graph shows the proportion of respondents who agree or disagree with a series of statements related to STI testing.*

Pregnancy Prevention

Respondents were asked which methods they believed to be effective in the prevention of pregnancy. The most commonly selected methods were condoms (88%), the oral contraceptive pill (72%), and long-active reversible contraceptives such as injections, implants and coils at 55%. In total, 21% selected period or cycle tracking technology, and 16% believed the withdrawal method to be effective.

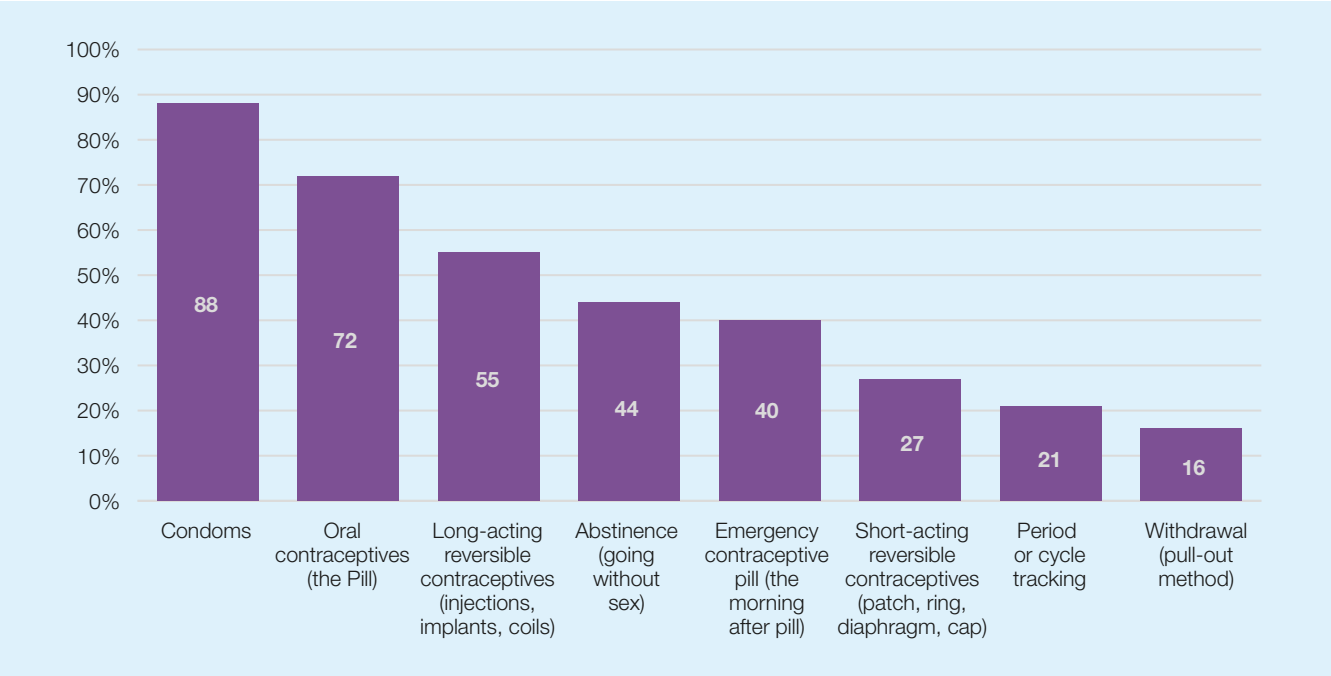

Figure 11 *The proportion of respondents who consider various contraceptive methods as effective*

There was a clear difference in methods selected by men and women. For instance, women were more likely to say that most methods were effective compared to men, the exception being the withdrawal method which 21% of men viewed as effective compared to only 13% of women.

16% believed the withdrawal method to be an effective pregnancy prevention method

Awareness of HSE services

Respondents were asked about their awareness of various HSE services. Women were more likely to be aware of the Free Contraception Scheme than men (72% versus 48%) and marginally more aware of Ireland's free home STI testing service (51% versus 43%). Awareness of the free unplanned pregnancy and abortion support service, My Options was low amongst both women (22%) and men (15%).

Conclusion

Summary

This Research Summary outlines survey findings on young people in Ireland's sexual health knowledge, attitudes and behaviour. The results suggest many young people have good levels of knowledge on STI and pregnancy prevention. While the remaining gaps in knowledge can be addressed, there remains a concerning discrepancy between knowledge and safer sexual health behaviour, such as a lack of STI testing and a high proportion of young people having condomless sex.

While young people place a high value on consent and minimising their risk of STIs, men and women differed in their sexual health values. In keeping with previous research, this study found women were more concerned with pregnancy prevention than men, and displayed greater knowledge about effective prevention methods, suggesting women take disproportionate responsibility for pregnancy prevention in heterosexual relationships[5]. Women had better awareness of STI types but, contrary to evidence from gender-specific STI prevalence rates of, for example chlamydia[6], young women self-assessed as being at lower risk of STIs than young men. Addressing these gender differences through sex education and communication campaigns will have positive implications for public health.

Of considerable concern is evidence that a significant minority believe certain pregnancy prevention methods, such as the oral contraceptive pill or the emergency contraceptive pill, can prevent STIs, a belief more common in men than women. Similarly, a fifth of respondents viewed period or cycle-tracking technology as effective in preventing pregnancy. This is a concern as the effectiveness of the combined oral contraceptive pill is 91% with typical use and over 99% with perfect use, compared to natural family planning (of which period tracking technology is one), where success with typical use is only 76% and perfect use can be anywhere between 91 and 99% effective[7].

Just over half the sample had not tested for STIs previously. The survey describes reasons why young people may be less likely to test such as considering testing stressful; concerns about privacy when receiving home testing kits by post; and a belief that home testing is expensive. This points to a need to redouble efforts to communicate the reality of current public STI testing services, for example that the HSE's home testing kits arrive in plain, unbranded packaging, and both the home STI testing service and public STI clinics are provided free of charge.

5 Fennell, J.L. (2011). Men Bring Condoms, Women Take Pills: Men's and Women's Roles in Contraceptive Decision Making. *Gender and Society*. 25:4: 496-521. https://doi.org/10.1177/0891243211416113

6 Health Protection Surveillance Centre (2024). *Sexually Transmitted Infections (STIs) in Ireland: Trends to the end of 2024*. Accessed on 7th July 2025 https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/STI%20Annual%20Slide%20Set_Final%202024.pdf

7 A list outlining the effectiveness of contraception methods is available at: https://www.nhs.uk/contraception/choosing-contraception/how-well-it-works-at-preventing-pregnancy/

Such STI testing attitudes are not unique to Ireland. A survey in New Zealand cited similar concerns as well as issues such as underestimating personal risk, not perceiving STIs as serious, being too busy, and concern about being stigmatised when seeking diagnosis[8]. These barriers may reduce the likelihood a person seeks an STI test and are of concern, particularly as of those who had never taken an STI test, 20% still considered themselves to be at moderate to large risk of getting an STI. How to translate higher risk perception into positive health behaviours, such as testing, is a key operational issue.

This research outlines the barriers young people face in accessing and using condoms. Recent research shows condom use is declining significantly amongst young people worldwide[9]. A significant proportion of respondents had had condomless sex at some stage in their life. It is possible this took place in the context of a relationship, where there may have been reason to expect monogamy; where pregnancy was sought; STI testing had taken place prior; and, if relevant, other forms of contraceptive or STI prevention methods were used. However, that is speculative. Nearly 40% of respondents said the reason they didn't use a condom was because there wasn't one to hand and 44% of respondents viewed condoms as too expensive, suggesting young people face significant barriers to accessing and using condoms. This highlights the need for more information on the current availability of free condoms and a consideration of the value in extending the HSE's free condom service.

Key Research Findings

- Young people place significant value in prioritising sexual consent and minimising the risk of STI transmission in their sexual activity;
- Young people display good awareness of HIV, but less awareness of more prevalent STIs such as chlamydia, gonorrhoea, and syphilis. Young women have better awareness of STIs than men but consider themselves at lower risk of STIs, something not borne out in STI prevalence data;
- Young people express attitudinal barriers in relation to STI testing, such as viewing it as stressful, expressing concerns about privacy when home-testing, fear of pain when testing, and a view that testing is expensive. This is despite home STI testing kits having no branding on postal packaging and home STI testing being free in Ireland;
- Most young people in this study selected condoms as an effective way to prevent STIs and pregnancy, however 79% had engaged in condomless sex at some point in their lives. Barriers to condom use included not having them to hand, views that condoms make sexual intercourse less pleasurable and believing condoms are too expensive;
- There are knowledge gaps in young people's knowledge of how to prevent STIs, with a significant minority of young men believing that pregnancy prevention methods, such as oral contraceptives and emergency contraception, can prevent STIs.

8 Denison, H. J., Bromhead, C., Grainger, R., Dennison, E. M., & Jutel, A. (2017). Barriers to sexually transmitted infection testing in New Zealand: a qualitative study. *Australian and New Zealand Journal of Public Health*, 41(4), 432-437. https://doi.org/10.1111/1753-6405.12680

9 Költö, A., de Looze, M., Jåstad, A., Nealon Lennox, O., Currie, D. et al. (2024). *A focus on adolescent sexual health in Europe, central Asia and Canada: Health Behaviour in School-aged Children international report from the 2021/2022 survey*. World Health Organization. Regional Office for Europe. https://iris.who.int/handle/10665/378547

Conclusion

This Summary provides valuable insights into the sexual health knowledge, attitudes and behaviours of young people in Ireland. It is encouraging that there is a good deal of importance placed on sexual consent and minimising STI risks. Nonetheless, while the attitudes expressed in this survey were often positive and socially responsible, there were gaps in knowledge and certain health behaviours. For instance, there was a lack of knowledge of STIs other than HIV, particularly among young men; many young people have had condomless sex; more than half have never taken an STI test; and some people held false beliefs about methods than can prevent STIs, such as the oral contraceptive pill or emergency contraception. There were also other attitudes expressed that may hinder positive sexual health behaviours such as fear of stigma when STI testing, beliefs that STI testing may be painful or expensive, and views that condoms reduce pleasure.

The differences between genders, ages and between people of different sexual orientations highlights the need for targeted educational and communication strategies that account for individual and group differences, that promote shared responsibility, and challenge gender and sexual norms.

These findings will inform and refine the development of HSE public health campaigns and reinforces the HSE's commitment to providing accessible, confidential and youth-friendly sexual health services and education. The SHP continues in its commitment to support young people in the development of a healthy sexuality.

Please review the Appendix for an overview of the free services and supports provided by the SHP.

Appendix

About the Sexual Health Programme

The Sexual Health Programme (SHP) is a Policy Priority Programme in Health and Wellbeing, Public Health, and is responsible for implementing the National Sexual Health Strategy 2025-2035. The aims of the national strategy are to improve sexual health and wellbeing and to reduce negative sexual health outcomes among the Irish population. Read the new strategy here.

Sexual Wellbeing Website

The SHP is responsible for the HSE's sexual health website www.sexualwellbeing.ie, which provides comprehensive information on sexual health and wellbeing, including information on STI prevention and treatment options, sexual consent, contraception choices, and information for parents and caregivers and health professionals.

STI Testing

A person should be tested for an STI if:

- they have any symptoms which suggest an STI;
- their partner has an STI;
- they change sexual partners; and/or
- they have multiple sexual partners.

Free home STI testing is available through the HSE. Click here for more information.

You can attend a public STI or Genito-Urinary medicine (GUM) clinic. All STI testing and treatment in public STI or GUM clinics is provided free of charge. Click here for a list of public STI clinics.

STI testing is also available through many GPs, or private services for a fee.

Some non-governmental organisations (NGOs) or student health services may provide STI testing for free or at a reduced rate.

The National Condom Distribution Service

The SHP manages the National Condom Distribution Service (NCDS). The NCDS distributes free condoms and lubricant sachets to services working directly with population groups who may be at increased risk of unplanned pregnancy, HIV or STIs.

Click here to order condoms and lubricant.

Free Contraception Scheme

Free contraception is available to women, girls, trans and non-binary people who need prescription or emergency contraception.

To access free contraception, you need to be aged 17 to 35, live in Ireland, and have a PPS number. You do not need a medical card to access this service.

Make an appointment with your GP or doctor to discuss your contraception options.

You do not have to pay for the visit or the prescriptions you get for approved products. Talk to your GP or doctor about the prescriptions included in this service.

Around 95% of GPs in Ireland are part of the HSE Free Contraception Scheme. Check with your GP before making an appointment or asking for a prescription.

For more information see here.

Unplanned Pregnancy and Abortion Information

The My Options helpline provides information on how to access abortion services. Not all GPs or doctors provide abortion care. The helpline can provide contact details of GPs or doctors and family planning clinics that do. Staff can also provide listening support to anyone experiencing an unplanned pregnancy.

Freephone My Options 1800 828 010 or use the webchat available at myoptions.ie.

Education and Training

The SHP, in conjunction with regional HSE Health Promotion and Improvement, supports health, education, youth work and community professionals to integrate sexual health promotion into their core work by providing a range of training opportunities and resources. In addition, we fund and support our NGO partners to offer training. See: For professionals – sexualwellbeing.ie

The SHP has also produced a series of booklets and videos to support parents in talking with their children about relationships and sexuality. See: For parents – sexualwellbeing.ie

The SHP works with the Department of Education and Youth and the National Council for Curriculum and Assessment to support the teaching of Relationships and Sexuality Education in schools. See: HSE Education Programme – HSE.ie

An extensive range of sexual health leaflets and brochures may also be downloaded, or ordered in hard copy, from: HSE – View and order publications.

Research

The SHP commissions and supports research of relevance to the National Sexual Health Strategy.

All research reports and research summaries are available online here.

HSE Programmes and Campaigns

The HSE Programmes and Campaigns team lead on behaviour change and social marketing campaigns for the HSE. They provide strategic communications services and advice on smaller-scale communications projects.

The team use evidence and research to create campaigns that help people to navigate health services and improve their health and wellbeing. For more information on this work click here.

Acknowledgements

Thank you to Ipsos B&A for support in the development of the survey instrument, recruitment of respondents, analysis of data and production of the first report.

The graphs presented in this Summary have been adapted from a report produced by Ipsos B&A.

Thank you to Deirdre Kelly, Larry Ryan, Niamh Doyle and Jessica Hearne.

Thank you to all survey respondents.

sexualwellbeing.ie