

SURVEY SUPERHEROES

Sexual Health Report

January 2026

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Referencing

If you wish to reference this report, please use 'Exeter Students' Guild' as the author/organisation.

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Introduction

Survey Superheroes gathers monthly feedback from 1000 student volunteers regarding their opinions on a variety of pre-planned and developing issues in exchange for financial compensation.

The Student's Guild Insight Team uses this feedback to influence decisions by the University, inform our projects and empower students to create change for their community.

One of our key topics for January was Sexual Health. We wanted to find out:

1. What type of sex education have our students already received?
2. How do students learn about sex education now?
3. How informed are students about boundaries and consent?
4. What sexual health support do students want?

This report will analyse the feedback given in relation to the above questions and provide recommendations for both the Student's Guild and the University of Exeter to action in order to improve Sexual Health.

All text in quotations marks are comments provided by students showing their individual thoughts and opinions; they have been included as they largely reflect the quotes within the same topic.

Summary

Most students have received sex education from either their school or their parents prior to coming to university, with just over half rating this education well and just over a fifth rating it poorly (Fig. 1; Fig. 2).

Now, most students rate their knowledge of sexual health as good, getting most of their information from sexual health websites and healthcare professionals (Fig. 5; Fig. 7). Despite this, students still feel there is room for them to know more about STIs/STDs, contraception/birth control, and sexual feelings/emotions (Fig. 10).

Students generally feel confident establishing and maintaining consent and boundaries with sexual partners, although 14% of students say they are not likely to speak to someone if they feel a partner has violated their consent, even if it's just a friend (Fig. 14-19).

An average of 70% of students said they would be unlikely to go to either the Guild or the University if they were experiencing issues with their sexual health, suggesting that this is an area for improvement (Fig. 22).

Analysis

1. What type of sex education have our students already received?

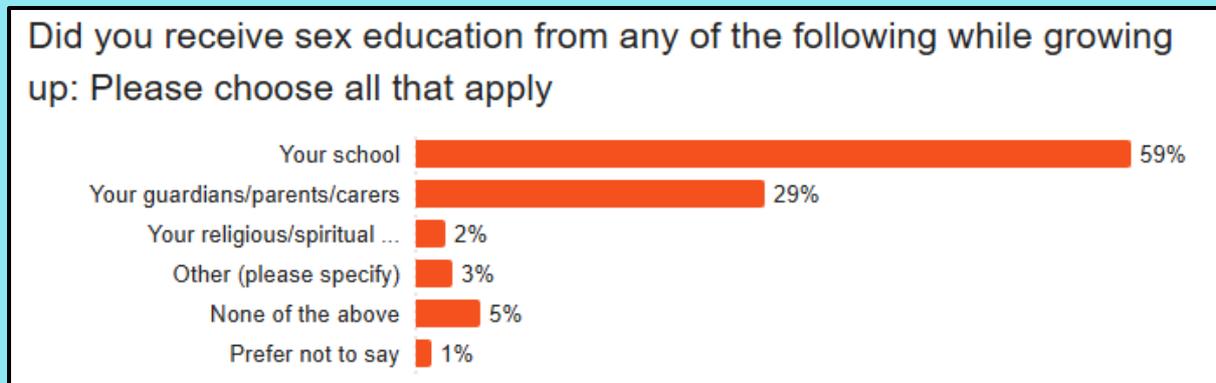


Figure 1 – Question 17: Did you receive sex education from any of the following while growing up?

59% of students reported receiving sex education through their school while growing up, while 29% stated that their parents or guardians were their primary source of sexual health information (Fig.1). In contrast, a significantly smaller percentage of students (2%) identified religious or spiritual sources as contributors to their sex education (Fig.1). Although only 5% of students reported receiving sex education from none of the listed options, this remains a significant finding (Fig.1). The potential absence of sex education may place these students at a greater risk of misinformation, unsafe sexual practices, and might put them or their sexual partners at harm.

Furthermore, the variation in sources of education highlights potential inconsistencies in the quality comprehensiveness, and accuracy of the information students have received prior to starting university. Additionally, each of these sources of sex education can vary considerably. For example, school-based education can differ widely in terms of content and inclusivity, while parental education can be influenced by cultural norms, limited knowledge or personal discomfort. These differences can contribute to unequal levels of sexual health literacy among students, placing greater responsibility on university health services to fill these gaps. As a result, it is essential that the University of Exeter provides accessible, inclusive, and evidence-based sexual health resources to support students in making informed decisions regarding their sexual health.

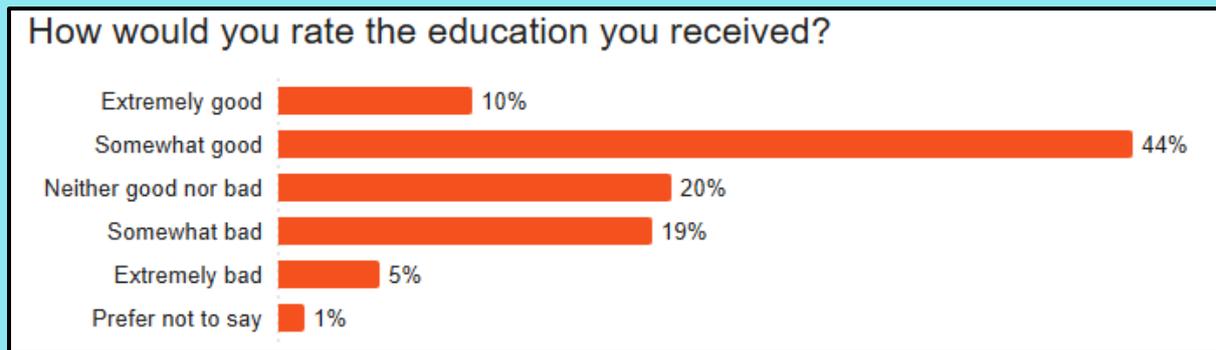


Figure 2 – Question 18: How would you rate the education you received?

Overall, 54% of students rated their sex education as somewhat to extremely good (Fig. 2). While this represents just over half of the student body, it also suggests that a substantial number of students do not feel confident in the quality of their sexual education. This is further reflected by the survey results, with 20% of students saying that their sexual education was neither good nor bad, reflecting potential uncertainty or disengagement (Fig. 2). A notable 24% of students described their sex education as somewhat to extremely bad, which could be due to a variety of reasons, including lack of depth, inclusivity, or discomfort and fear surrounding these topics (Fig. 2).

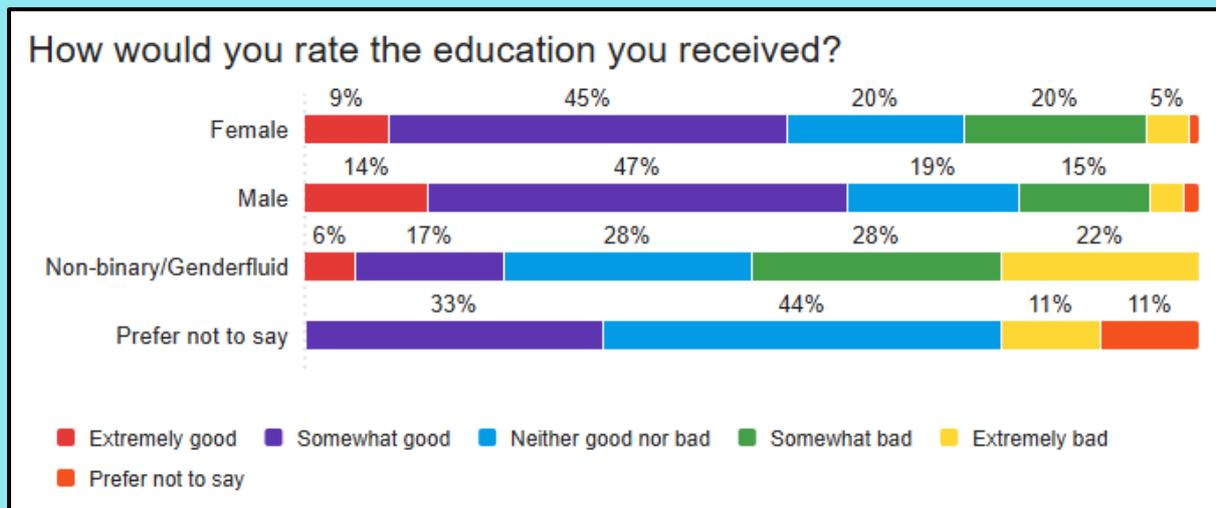


Figure 3 – Question 18: How would you rate the education you received? (Breakout: Gender)

When looking at the responses to this question based on gender, large differences in perceptions of sex education can be observed (Fig. 3). Male and female students generally follow a similar pattern to the overall results (Fig. 2), however non-binary/gender-fluid students reveal a markedly different experience (Fig. 3). Specifically, 28% of non-binary/gender fluid students reported that their sex education was neither good nor bad, and 50% described it as somewhat to extremely poor, compared to 25% of female students (Fig. 3). Male students reported the highest overall satisfaction, with 14% rating their education as extremely good, compared to 9% of females and 6% of non-binary/gender-fluid

students (Fig. 3). This could be a result of unequal, non-inclusive sex education in schools.

Conversely, a large proportion of female students (20%) reported their education as somewhat bad, compared to 15% of males, suggesting potential gender biases in the content, delivery, or relevance of school-based sex education (Fig. 3). Students who preferred to not disclose their gender identified their education being somewhat good (33%) or neither good nor bad (44%), however they also reported the second highest dissatisfaction (11%) (Fig. 3).

Overall, these differences highlight that non-binary, gender fluid, and undisclosed-gender students experience significantly lower satisfaction with their sex education, likely reflecting gaps in inclusivity, representation and relevance to diverse gender identities. Sexual health resources should also be tailored to better support female students to address gaps in previous education and provide support in relevant areas. The survey findings identifying what students perceive as missing or what they would like to see more of can be used to inform the development of targeted support services, interventions, and educational resources that are inclusive of the diverse experiences and needs of students at the university. Overall, these findings highlight the importance of inclusive, comprehensive, and tailored sexual health education and resources.

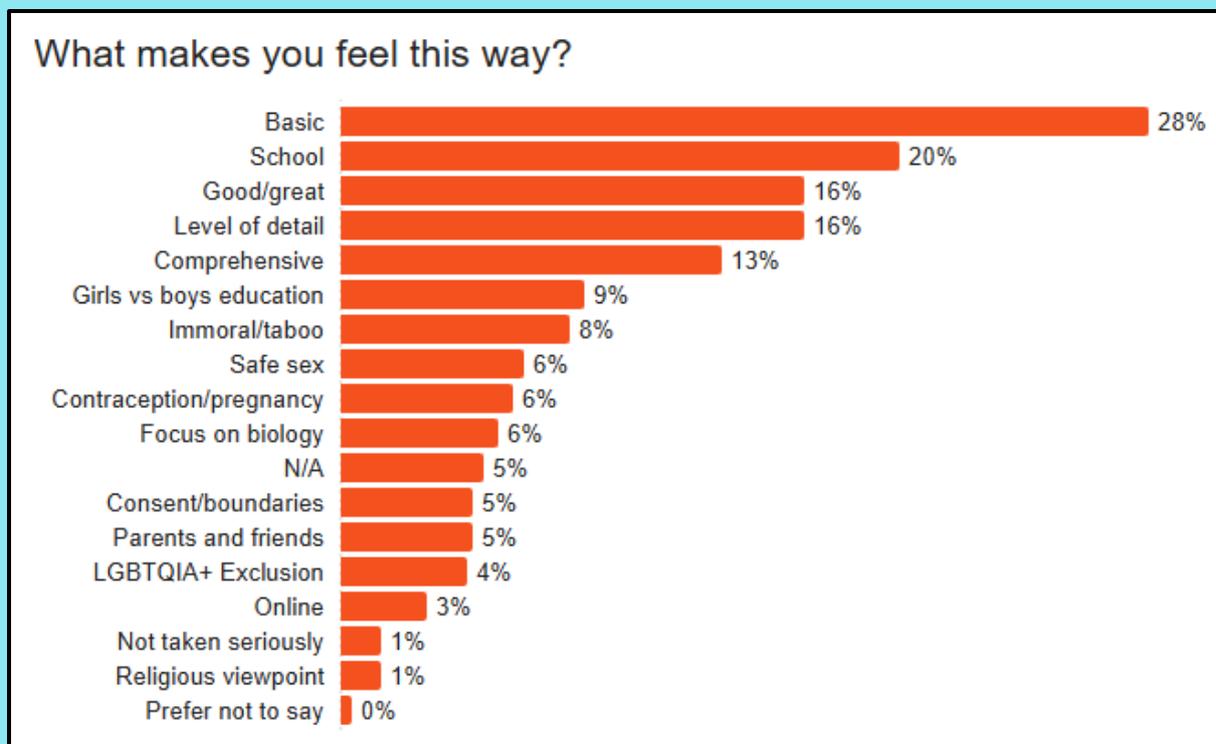


Figure 4 – Question 18a: What makes you feel this way?

Overall, 28% of student supported that their sex education was quite basic or limited in detail (16%) (Fig. 4). This perception was primarily linked to school-based

education (20%), with many students noting that certain topics were left out due to feelings of discomfort surrounding the subject (8%) (Fig. 4).

"Sexual education at school felt quite limited, so I feel like I've learnt more as I've gotten older, from experience, chatting to friends and the internet. What we learnt at school just "scratched the surface", especially as a woman." ~ Other, HASS

"Some more difficult to discuss issues were not talked about due to people feeling uncomfortable broaching them" ~ Year 1, HASS

"I have a good understanding and feel very little shame around sex. I know how to be as safe as possible and as consensual as possible. However, most of my teaching covered straight sex and I do not remember having anything about any other forms of sex except penetrative when at school. The rest I learnt from the internet, friends and the sexual health academic content on my course." ~ Year 4, HLS

"Issues were touched on extremely briefly, and were mainly about getting your period and one lesson on using protection. Considering that spans across the whole time I've been in education it just doesn't seem enough and misses out on many key issues." ~ Masters, ESE

"I was taught by a questionable member of faculty... and it was mainly catered towards men and their experience - never about women or what options we have in terms of contraception. anything that was taught, even the male-centric side, was vague and awkward so was not long and skirted over quickly and never brought up again" ~ Year 3, HASS

"There are many misconceptions and misunderstandings regarding sexual health and relationships that to this day I am unlearning and trying to reconceptualise. I think female sexual health is often poorly taught and suppressed in a manner which leaves many women uncertain and uninformed when it comes to making sexual decisions." ~ Masters, HASS

"Very little actual information mainly just telling us not to do certain things but not really explaining why or alternatives" ~ Year 1, ESE

"I was too young (9-10), and most of the things I learnt were not mentioned again for a while." ~ Year 4, HLS

Others suggested that the education was more focused on just one gender, often on male experiences (9%) while some felt that the overall amount of sex education was insufficient considering the number of years spent in formal education. As a result, many students turned to their friends or online sources to fill gaps in their knowledge, and some even reported only realising the limitations of their education after gaining personal experiences (Fig. 4).

“I know what stds are, how a man and woman have sex, how a pregnancy happens but i wasnt taught anything about gay sex or female anatomy and womens pleasure” ~ Year 2, ESE

“There were definitely some inaccuracies and it always felt very directed at men's sexual health and made it seem like the responsibility was all on the women.” ~ Year 3, HASS

“I feel mostly educated when it comes to my own sex. However, I attended a girls school and identify as female, and I feel I didn't really recieve much education on male aspects of sex education” ~ Year 3, ESE student

“ I think female sexual health is often poorly taught and suppressed in a manner which leaves many women uncertain and uninformed when it comes to making sexual decisions.” ~ Masters, HASS

On the other hand, 6% of students reported that their sex education focused on contraception and pregnancy, while a further 6% stated that it was largely limited to the biological aspects of sexual health (Fig. 4). Students noted that topics such as boundaries, consent, and healthy relationships were barely discussed. Although some respondents indicated that their school-based education did cover these topics and expressed overall satisfaction, they also acknowledged that this experience may not be representative of all students.

Several students further highlighted that even when consent was discussed, it was often not approached with the seriousness or depth that the subject requires. Additionally, many reported that sex education was not taken seriously by students themselves, which may have been due to discomfort surrounding the topic, unengaging teaching methods, or content perceived as irrelevant (Fig. 4).

"The secondary school education was extremely good as we had dedicated sessions for it and it was always focused on consent, whilst deep diving into important topics that are normally left out to prevent awkwardness. However, there is still a long way to go before this education is best suited for everyone."
~ Year 1, ESE

"I was only taught the biological basics and did not discuss pornography, pleasure, consent (in a critical way and not just yes/no) - stupid analogies that consent is like a cup of tea, did not engage with the complexity of the subject"
~ Year 3, HASS

"Sex education was an afterthought to briefly say don't get pregnant or get STIs. Relationships and consent were not mentioned. Not enough information on women's health, especially around normal development (e.g. period pain, pain during sex), reproductive system diseases (e.g. endometriosis), fertility etc, and barely mentioned LGBTQ+ sexuality and relationships." ~ Masters, HLS

"it covered the basics but did not seem to be taken very seriously" ~ Year 3, HASS

"Always feels awkward for all parties (although extremely important) - rendering focus to be hazy" ~ Year 1, HASS

2. How do students learn about sex education now?

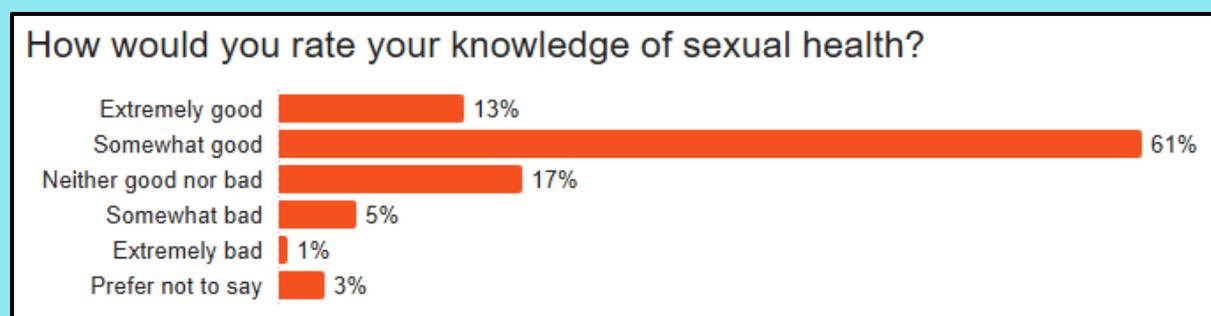


Figure 5 – Question 21: How would you rate your knowledge of sexual health?

We asked students to rate their current knowledge of sexual health. 61% of students feel somewhat good about their knowledge and 13% feel extremely good. So, 74% currently feel somewhat to extremely good about their knowledge, this

suggests a level of self-education as only 54% of student's had rated the sex education that they received as good (Fig. 2, Fig. 5). 17% feel neither good nor bad, 6% feel bad overall (Fig. 5).

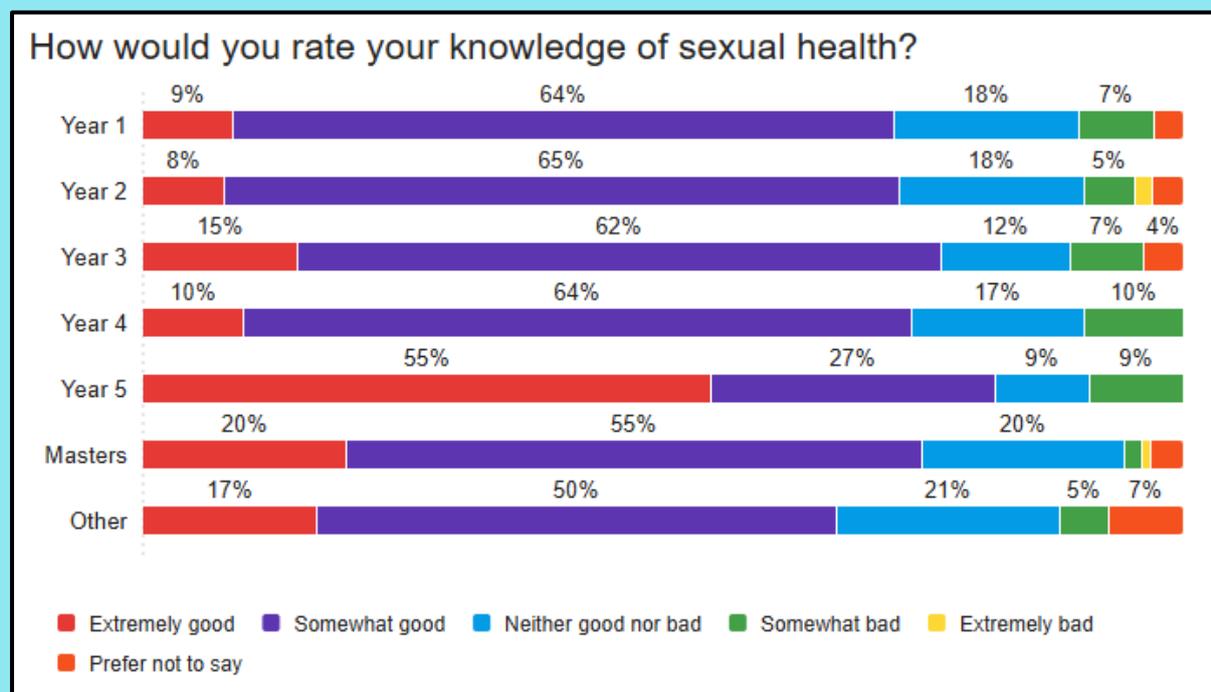


Figure 6 – Question 21: How would you rate your knowledge of sexual health? (Breakout: Year of Study)

Looking at self-rated knowledge of sexual health by year group we can see some differences emerge. Year 1 and Year 2 students show a similar pattern with 9% and 8% (respectively) feeling extremely good and 64% and 65% feeling somewhat good. Year 3 students show more confidence with 15% rating their knowledge as extremely good and 62% as somewhat good. (Fig. 6)

Year 5 students have the best self-rated knowledge with 55% feeling extremely good and 27% feeling somewhat good. Master's students also have higher self-rated knowledge with 20% feeling extremely good and 55% feeling somewhat good. (Fig. 6).

This data shows a general pattern of increasing confidence in knowledge as student's move through chronological years of study. Further investigation would be needed to understand why this is, it could be due to self-education or university/Guild initiatives like SHAG week or something else.

If you want to learn something about sex or sexual health, where would you go for information? Please select all that apply

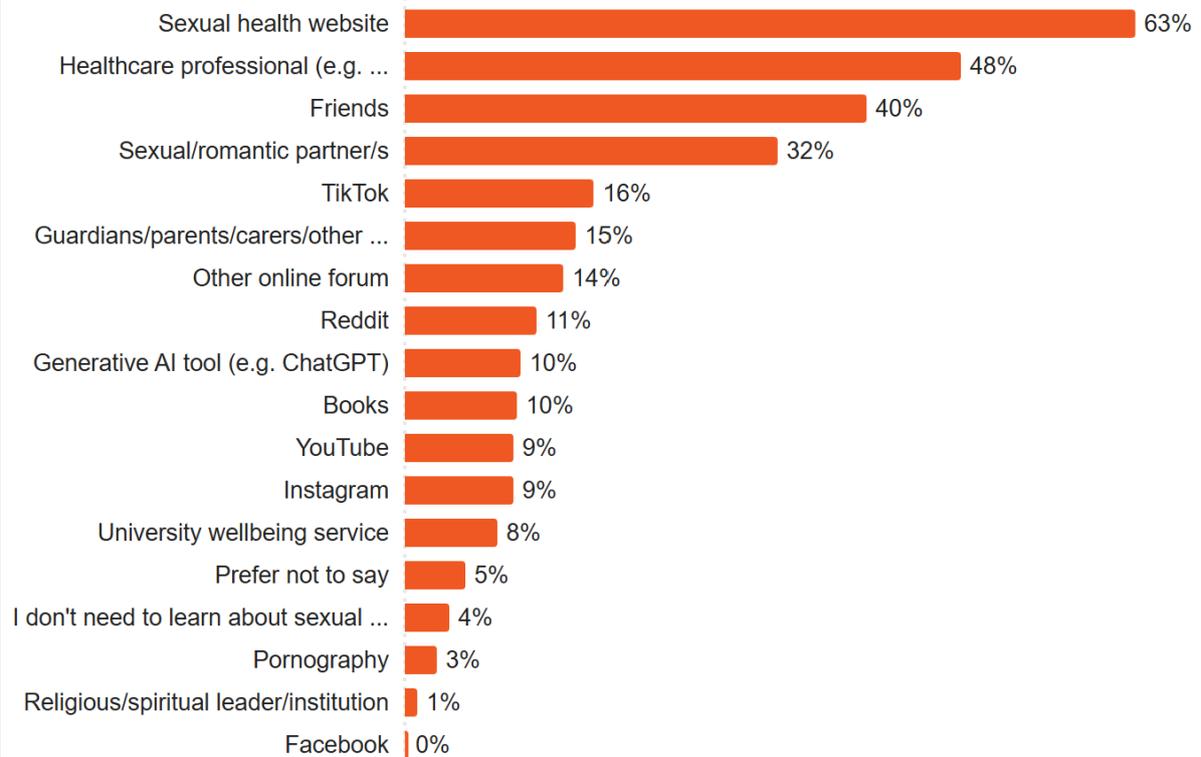


Figure 7 - Question 19: If you want to learn something about sex or sexual health, where would you go for information?

63% of students would go to a sexual health website if they wanted to learn something about sex or sexual health and 48% would go to a healthcare professional, 40% would go to friends, 32% would speak to sexual/romantic partners. Interestingly we see that some students would go to other online resources like TikTok (16%), online forums (14%), Reddit (11%) and generative AI tools (10%). Only 8% of students would access wellbeing services for sexual health information (Fig. 7).

4% of students feel that they don't need to learn more about sexual health (Fig. 7).

How much do you agree with the following statement: I've learned more about sex and sexual health from the internet than I have from any 'formal' education

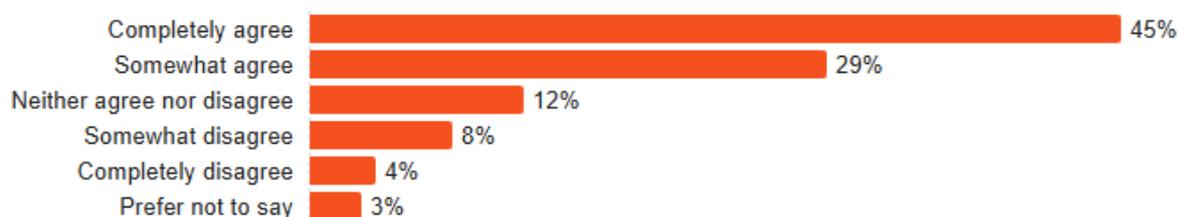


Figure 8 - Question 20: How much do you agree with the following statement: I've learned more about sex and sexual health from the internet than I have from any 'formal' education

When asked how much students agree that they've learnt more from the internet than from a formal education about sex and sexual health. Overall, 74% of students agree, with 45% completely agreeing. Only 12% disagreed with this statement (Fig. 8).

This reflects the quality, or lack of, that students feel they have received in prior sex and sexual health education. Students should not have to be relying on the internet for information on sex and sexual health.

How much do you agree with the following statement: I've learned more about sex and sexual health from the internet than I have from any 'formal' education

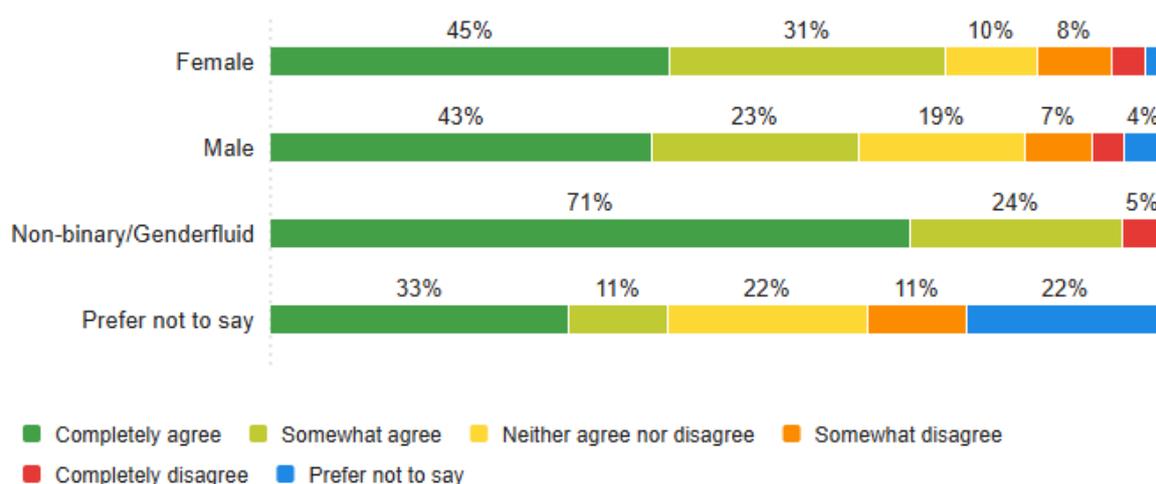


Figure 9 - Question 20: How much do you agree with the following statement: I've learned more about sex and sexual health from the internet than I have from any 'formal' education - Breakout: Gender

If we look at this question by gender, we can see clear differences. 66% of male students feel that they learnt more from the internet than their formal education. Whereas 76% of female students and 95% of non-binary and genderfluid students felt they learnt more from the internet (Fig. 9).

These responses suggest gender biases and a lack of inclusivity in formal educations that student's experience. Students should feel represented in their sexual education and have an understanding that is meaningful to them.

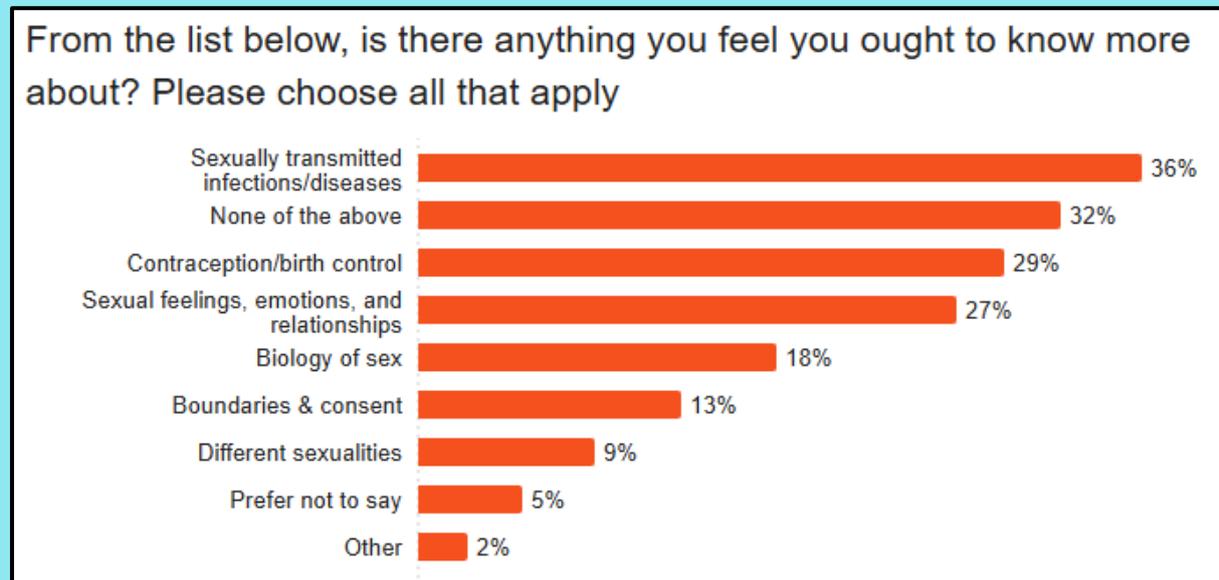


Figure 10 – Question 22: From the list below, is there anything you feel you ought to know more about?

We asked students what they felt they should know more about. 36% of students indicated that they ought to know more about sexually transmitted infections and diseases. Following this we saw 29% respond contraception and birth control, 27% said sexual feelings, emotions and relationships, 18% said the biology of sex. 13% said boundaries and consent, 9% said different sexualities. 32% said they didn't feel they needed to know any more about the above (Fig. 10).

Whilst all these topics are important to educate students on, STI's/STD's, contraception and boundaries and consent feel most important as misinformation could lead to unsafe sexual practices or might put them or their partners at risk of harm. As a result, these topics should be the focus of education at this stage.

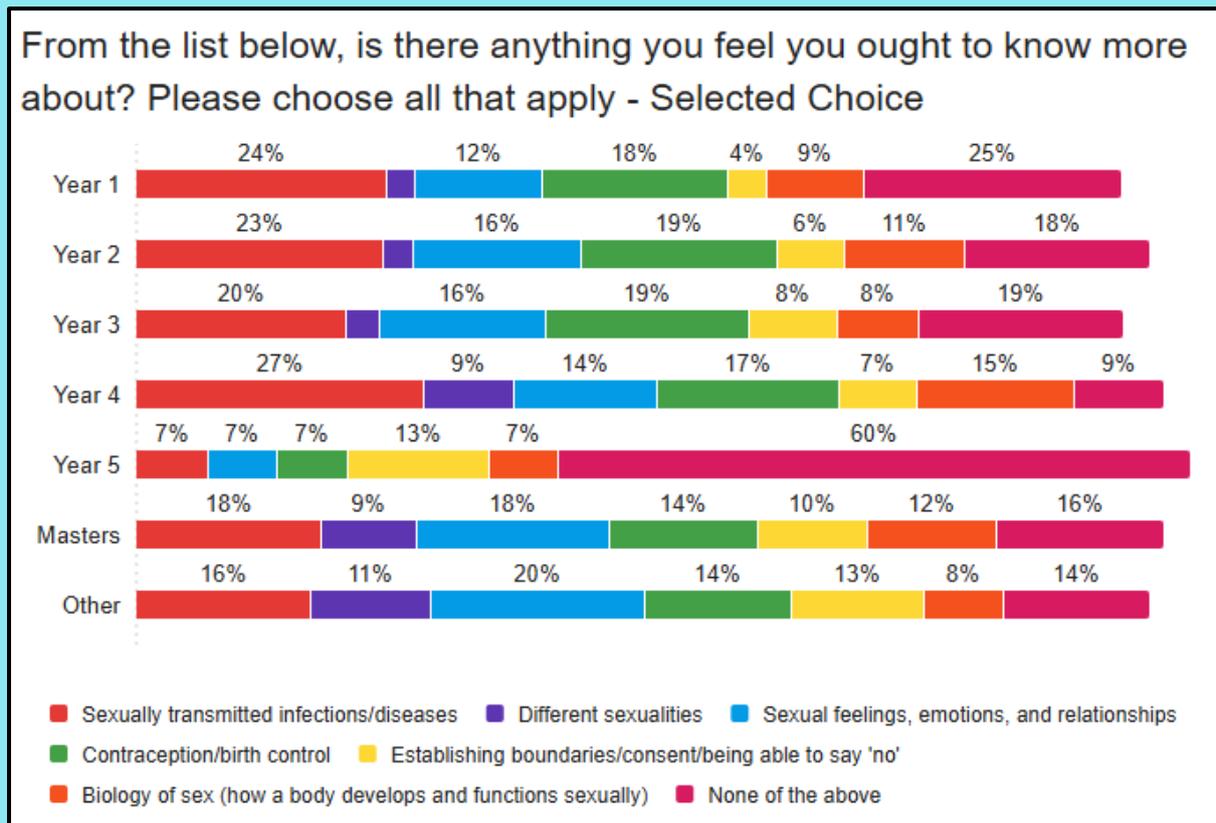


Figure 11 – Question 22: From the list below, is there anything you feel you ought to know more about? (Breakout: Year of Study)

Looking at topics that students feel they should know more about by year of study, we see some differences. A frequent popular response by most years was knowing more about sexually transmitted diseases/infections, with this topic being mentioned by around 20-30% students in most year groups (Fig. 11). In contrast, only 7% of Year 5 students cited this response, which could be due to these students studying courses like Medicine, where this would be more frequently discussed (Fig. 11). This result underscores the need for workshops or resources that discuss sexual health topics and educate students on how to protect themselves, in addition to providing free contraception and STI testing kits.

Contraception/birth control was also highlighted by many students in each year group, most often mentioned by second- and third-year students (Fig. 11). It may be beneficial to signpost students to evidence-based educational resources or to healthcare professionals to discuss more tailored, safe options.

Sexual feelings, emotions and establishing boundaries were also brought up frequently, with “Other” students citing these themes the most (Fig. 11). Additionally, while fifth year students reported “none of the above” the most (60%), establishing boundaries and consent was significantly highlighted (Fig. 11). This suggests that while these students may know more about the biological aspect of sex, their confidence surrounding consent and boundaries may be lower.

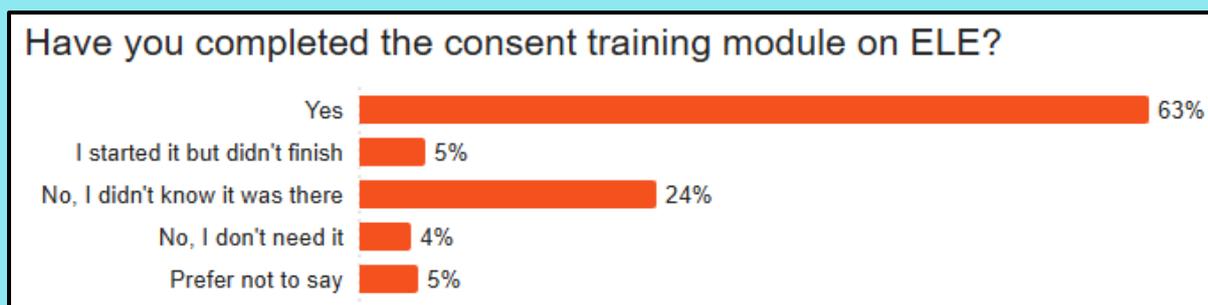


Figure 12 – Question 23: Have you completed the consent training module on ELE?

We asked students if they had completed the consent training module that is available on ELE. Positively, 63% of students had completed it and only 5% had started it and had yet to finish it. 24% of students were unaware that it was there and 4% of students didn't complete it due to feeling that they don't need it. This suggests that further signposting is needed to ensure the student body is aware of this to increase completion rates.

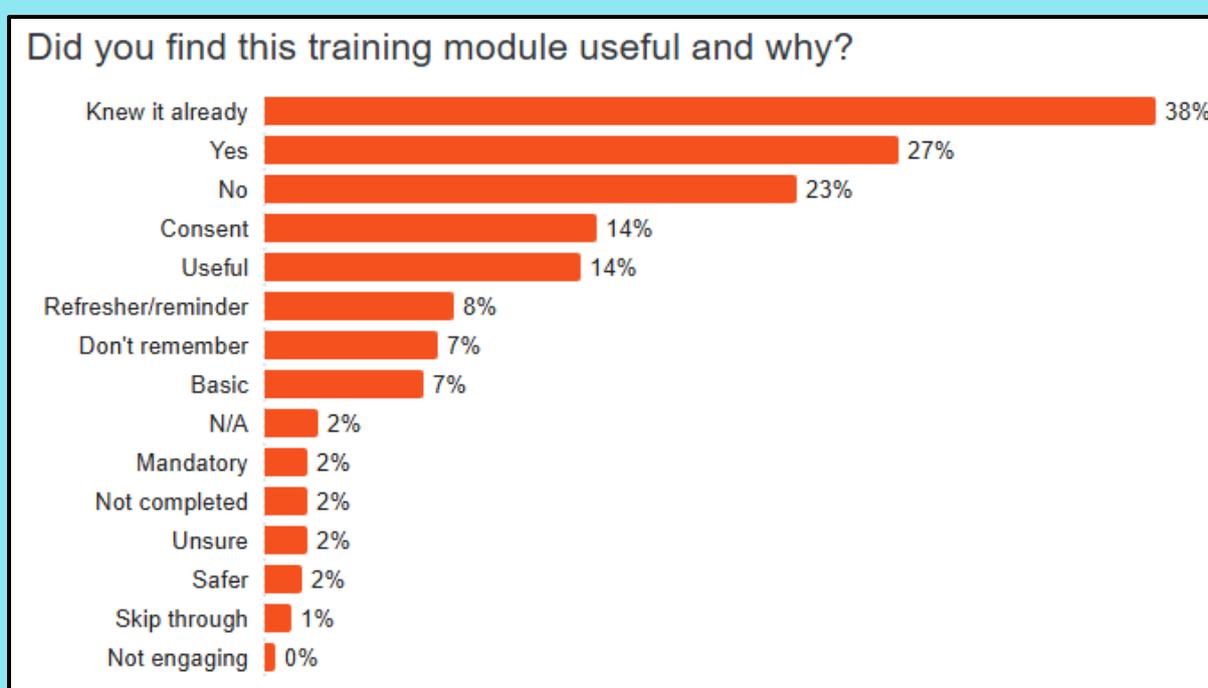


Figure 13 – Question 23a: Did you find the ELE training module useful?

We asked student's what they thought of the training module and whether they found it useful. 38% of students responded that the information was about things they already knew (Fig. 13).

"Not really, everything was common sense" ~ Year 2, ESE student

"yes - but I knew these things already, but comforting to know that other students would process this information" ~ Masters, HASS student

"Not really, it was stuff I already knew, but I did understand the purpose of the module existing." ~ Year 1, ESE student

27% of students responded that 'yes' they found the module useful (Fig. 13).

"I think it was helpful because even though these concepts may seem pretty straightforward, in a real world situation it can be different." ~ Year 5, HASS student

23% of students responded that 'no' they didn't find the module useful (Fig. 13).

"No, it was everything I already knew. Seemed performative, no one who is going to assault someone will change their mind because of this" ~ Year 3, ESE student

"No, it was very generic and needs updating in multiple aspects as coercive behaviour presents itself in many different ways." ~ Masters, ESE student

14% of students mentioned consent in their responses (Fig. 13).

"It helped me understand which scenarios require consent and how to draw boundaries and also that it's valid to say no if you don't want something" ~ Year 2, HASS student

"It is useful as it gives me information about sexual consent and how to handle different situations that I did not know before." ~ Other, ESE student

"Always good to re enforce consent. Also made me feel safer knowing other students were also aware of the importance of consent." ~ Other, HLS student

3. How informed are students about boundaries and consent?

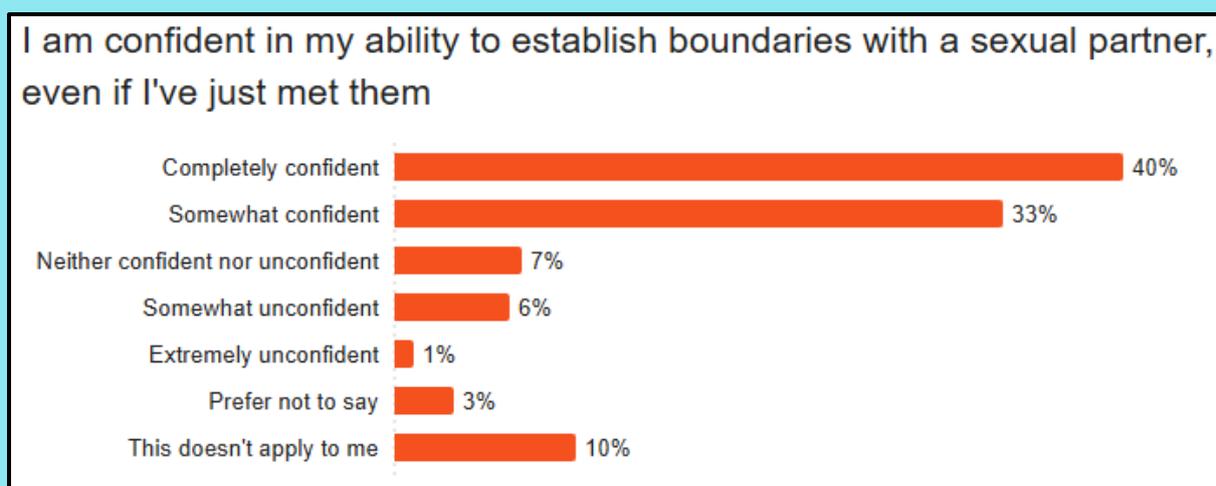


Figure 14 – Question 24a: I am confident in my ability to establish boundaries with a sexual partner, even if I've just met them

73% of students are confident in their ability to establish boundaries with a sexual partner, even if they've just met them. Of these, 40% are completely confident. 7% feel neither confident nor unconfident, 6% feel somewhat unconfident, 1% feel extremely unconfident and 10% feel the question is not applicable to them (Fig. 12).

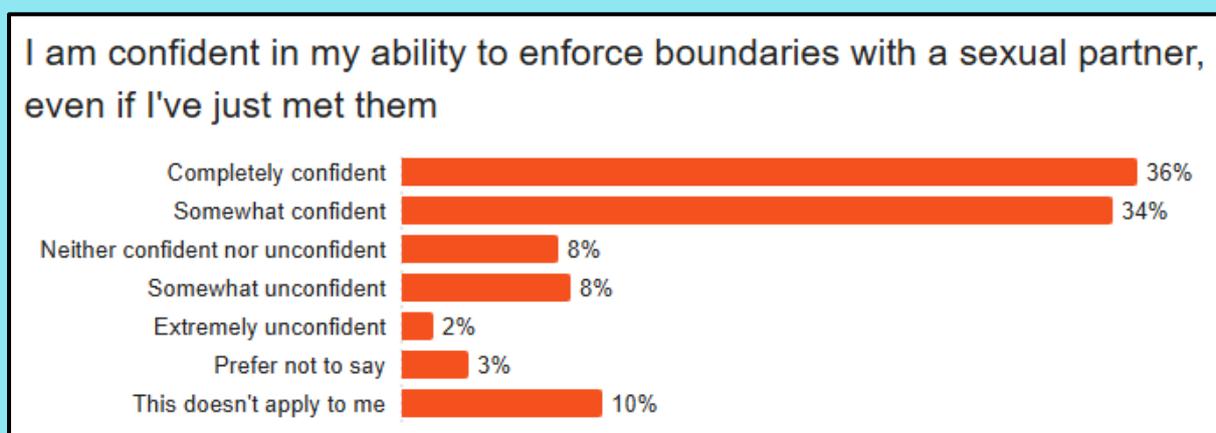


Figure 15 – Question 24b: I am confident in my ability to enforce boundaries with a sexual partner, even if I've just met them

70% of students feel confident in their ability to enforce boundaries with a sexual partner, even if they've just met them. Of these, 36% feel completely confident. 8% felt neither confident or unconfident, 8% felt somewhat unconfident and 2% felt extremely unconfident. 10% of students said that this statement did not apply to them.

Whilst students generally feel confident, there is room to increase confidence to completely confident or move away from feeling unconfident or neutral.

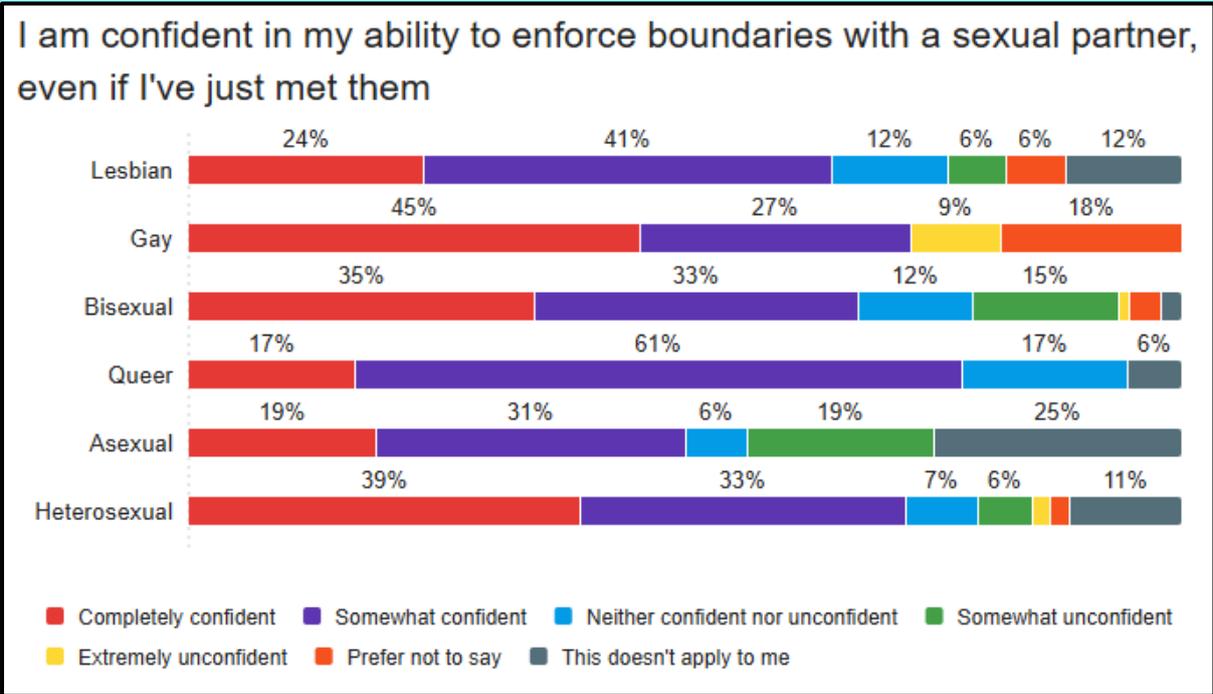


Figure 16 – Question 24b: I am confident in my ability to enforce boundaries with a sexual partner, even if I've just met them (Breakout: Sexual Orientation)

Looking at confidence in enforcing boundaries by sexual orientation we see some differences in confidence. For general confidence Queer is the highest at 78% and the least confidence is seen in asexual students at 50%, 65% of lesbian students feel confident, 72% is seen in gay students, 68% confidence is seen in bisexual students and 72% of heterosexual students are confident in their ability to enforce boundaries. 15% of bisexual students feel somewhat unconfident in their ability to enforce boundaries with a sexual partner, 9% of gay students feel this way as do 7% of heterosexual students and 6% of lesbian students (Fig. 14).

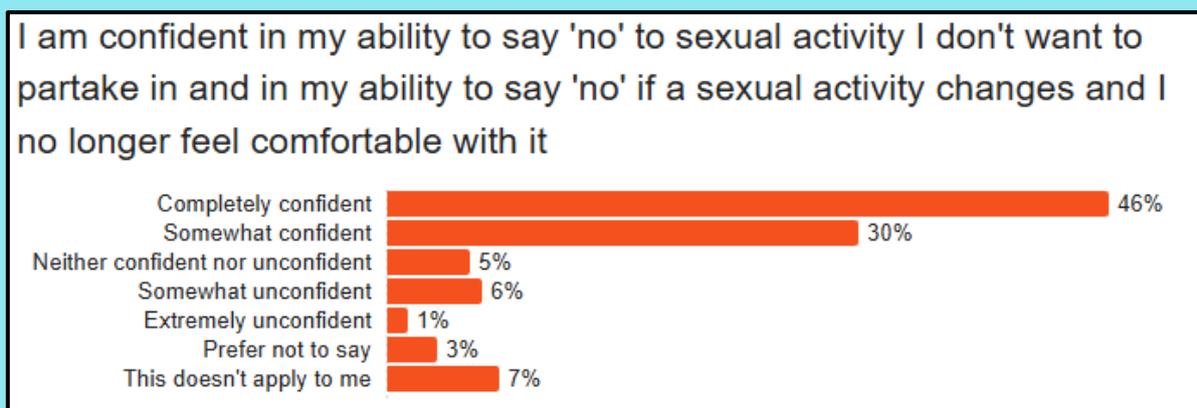


Figure 17 – Question 24c: I am confident in my ability to say 'no' to sexual activity I don't want to partake in and in my ability to say 'no' if a sexual activity changes and I no longer feel comfortable with it

We then asked students to rate their confidence in their ability to say no to a sexual activity or say no if a sexual activity changes and they no longer feel comfortable with it. 46% of students feel completely confident in their ability to say no and 35%

of students feel somewhat confident. 5% of students feel neither confident nor unconfident, 6% feel somewhat unconfident and 1% feel extremely unconfident.

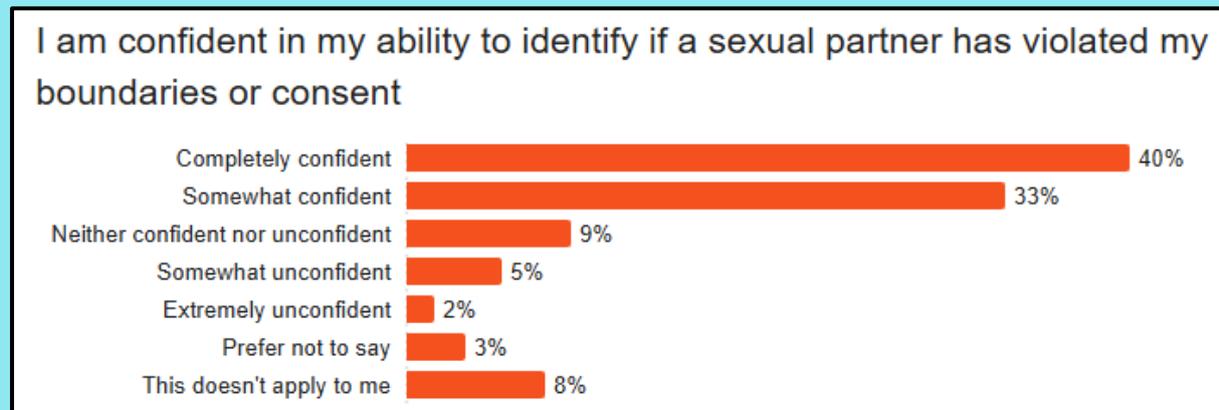


Figure 18 – Question 24d: I am confident in my ability to identify if a sexual partner has violated my boundaries or consent

Next, we looked at how confident students are in their ability to identify if a sexual partner has violated their boundaries or consent. Overall, 73% of students feel confident, of which 40% are extremely confident. 9% feel neither confident nor unconfident, 5% feel somewhat unconfident and 2% feel extremely unconfident.

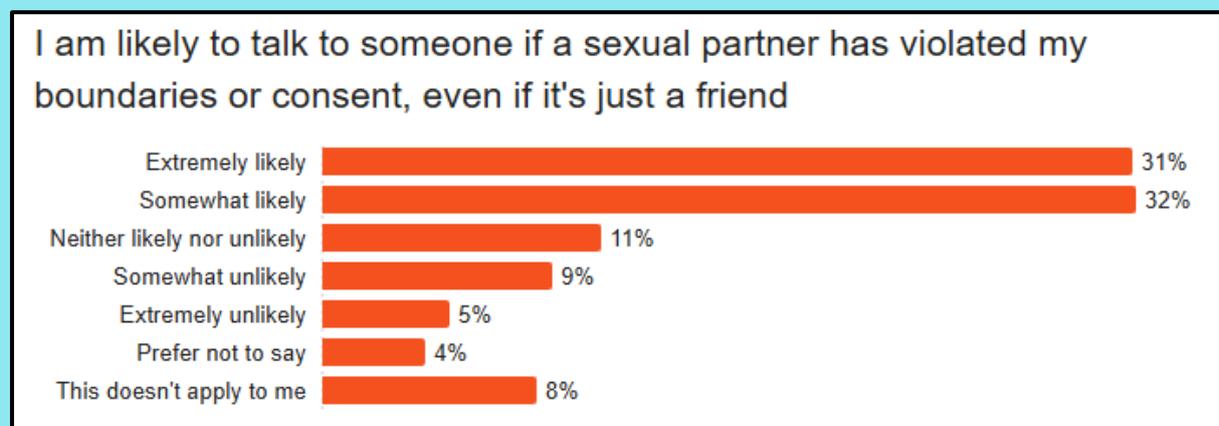


Figure 19 – Question 24e: I am likely to talk to someone if a sexual partner has violated my boundaries or consent

Finally in this section, we asked how likely students are to talk to someone if a sexual partner has violated their boundaries or consent, even if it is just a friend. 63% of students said they were likely to do so with 31% feeling extremely likely and 32% feeling somewhat likely. 11% felt neither likely or unlikely, 9% felt somewhat unlikely and 5% felt extremely unlikely (Fig. 17). This means in total 15% of students felt that it would be unlikely that they would talk to someone if their boundaries or consent were violated.

Students should feel safe to express when violations of their boundaries and consent occur, and an environment where they feel able to do so should be cultivated.

4. What sexual health support do students want?

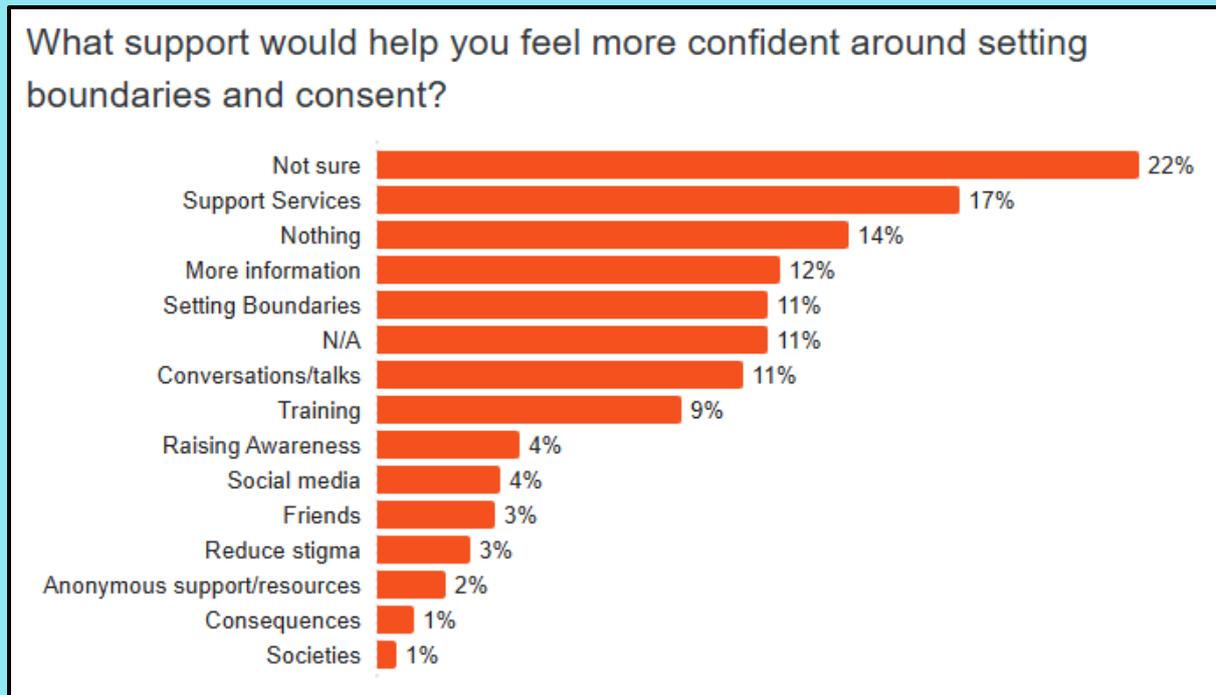


Figure 20 – Question 24f: What support would help you feel more confident around setting boundaries and consent?

17% of students feel that support services would help them feel more confident around setting boundaries and consent, with long-term relationships, open discussions, and reporting/response training being frequently mentioned topics (Fig. 20).

"More practical guidance, clear information about available support services, and optional workshops or resources on communication and consent would help me feel more confident about setting boundaries." ~ Other, ESE

"Support or guidance on how to communicate with a partner and recognise or understand your own limits and boundaries." ~ Year 3, HASS

"Information on consent and alcohol (when both parties are intoxicated), and boundary setting in long-term relations with a familiar sexuality partner (a lot of support tends to focus on new sexual relationships)." ~ Year 3, HLS

"Visible and discussed opportunities to talk through any issues or uncertainties with certain people/uni teams, rather than having to seek such support out." ~ Year 2, HASS

"More education on how to react when someone opens up to you about an event that has happened to them. There are so many students who say incredibly inappropriate things like "Why didn't you contact the police?" or "Have you had an std check?" "He was your boyfriend, surely it was consensual then?" etc which can make it even harder for someone to escape the situation but also fear opening up. And when you don't open up to people (or didn't receive adequate support) you are more likely to end up in a situation where boundary-crossing etc will happen again due to doubting or punishing yourself." ~ Masters, ESE

A further 12% highlighted that more information about consent and who to reach out to would make them feel more confident, with some suggesting ways to engage with students (e.g.; Social media posts) (Fig. 20).

"Consent information widely available within the university post-induction module" ~ Year 2, ESE

"More social media content from Guild officers or other social media ambassadors to make more casual and relatable content while still informative with examples." ~ Year 3, HASS

"There could be more encouragement to 'ask', 'check if it's ok', and if not able to, to not accept that as an 'ok'. Plus, more information on the effects it has on the individuals and the consequences of those who ignore boundaries" ~ Year 1, HLS

"Knowing what it's like more, I have never experienced a situation like it before and don't really know what I would do." ~ Year 2, ESE

11% mentioned setting boundaries, either in that they feel confident already, or that more generally boundaries should be set and discussed, with 11% also discussing that more conversations and talk around boundaries and how to set boundaries and consent would help them to feel more confident, by raising awareness (4%) and reducing stigma (3%) (Fig. 20).

“Open conversations about sexual boundaries and consent, reassurance that personal boundaries are valid, and visible, supportive university services would help me feel more confident in understanding and asserting my boundaries.”

~ Masters, HLS

“I am confident in setting boundaries” ~ Year 3, HLS

“Visible and discussed opportunities to talk through any issues or uncertainties with certain people/uni teams, rather than having to seek such support out.” ~

Year 2, HASS

9% feel there should be more training regarding consent and setting boundaries, as well as consequences (1%) being more serious and enacted more to make people respect boundaries and consent (Fig. 20).

“Knowing what to do if someone does not want to listen, e.g. would I be able to call campus security?” ~ Year 2, HLS

“The modules similar to ones in ele, it doesn't matter if the content is the same, but it needs to be done every now and then to remind us about our boundaries and consent” ~ Masters, HLS

“being taken seriously and having consequences for when your consent is not respected by that person - there are no repercussions for that person in life or at university” ~ Other, HASS

3% mentioned discussing it with their friends and close circles makes them feel more confident and using them as their support network. 4% discussed how they would like to see more content on social media explaining boundaries and consent and promoting them, so that it is more accessible and anonymous to access information (2%) (Fig. 20).

Many students feel unsure (22%) about what would make them feel more confident, or else feel that there is nothing, either already feeling confident or that it is not an issue for the university, but one they would address with their support network of friends and family. Generally, students want to see more awareness and accessible resources to promote learning and understanding of consent and boundaries, and a greater respect for them (Fig. 20).

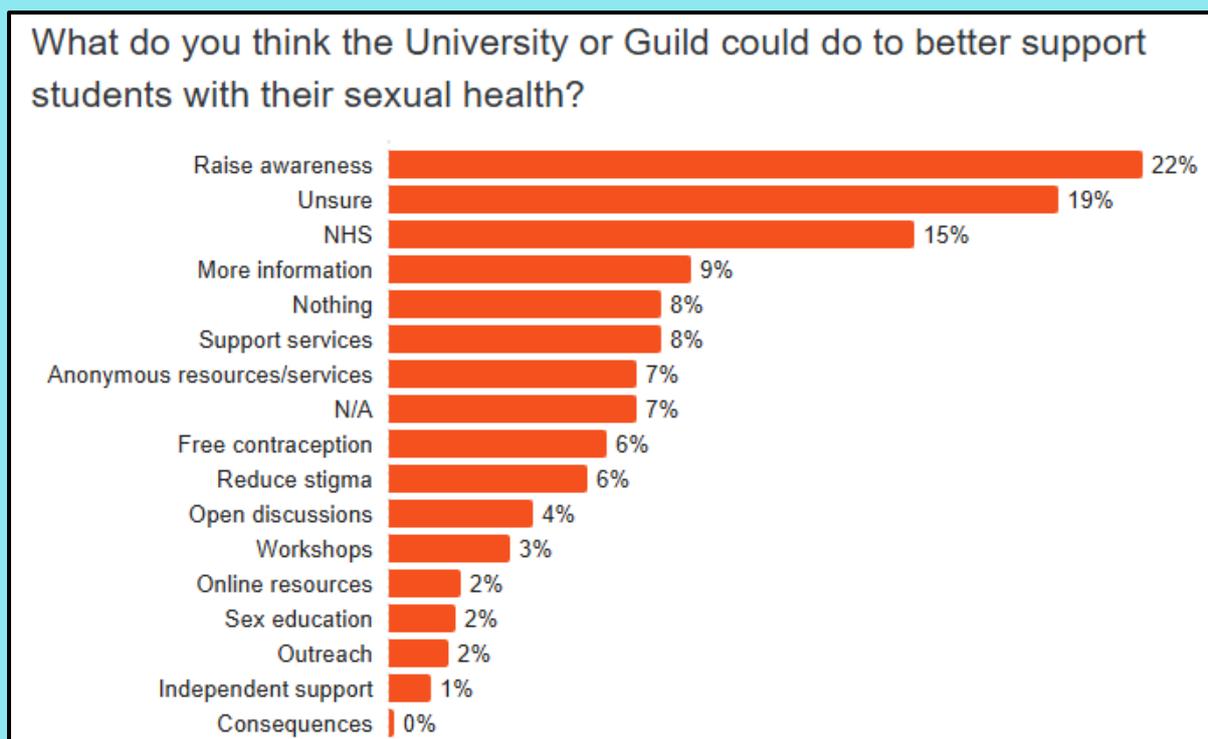


Figure 21 – Question 26: What do you think the University or Guild could do to better support students with their sexual health?

22% of students think that the University or the Guild should raise more awareness regarding student health. One of the suggestions included providing resources (Fig. 21).

“I don't even know where to go for help. The university can circulate the information for students” ~ ESE, Other

“Provide more resources or options for further help after assault.” ~ Year3, HASS

“The University or the Guild could improve support by making information about sexual health services clearer and easier to access, and by increasing awareness of where students can seek confidential and professional help when needed.” ~ ESE, Other

“I don't know what is currently on offer to make a suggestion for being better. But I think their role should be to provide information and signpost to other services (which I imagine they do).” ~ Masters, HLS

Others mentioned encouraging testing and STI information (Fig. 21).

"Having a sexual health clinic as part of the student health centre. They may have one (in this case, advertise it better) but any times I've had to access sexual healthcare I've had to research this independently and go somewhere off campus which is fine but then I'd say the uni hasn't supported me with that in any way." ~ Masters, ESE

"The University or Guild could better support students' sexual health by providing easy access to confidential services, free or low-cost testing and contraception, clear information and education campaigns, and non-judgmental support spaces." ~ Other, ESE

Support systems in case of problems or assault were also cited (Fig. 21).

"Have more sexual health services on campus and clearer communication about them and sexual health in general. I think sexual violence needs to be more seriously addressed and things like canceling nighline is not helping that." ~ Year 2, HLS

"Maybe making the resources and support their offer more visible/accessible and friendly/less scary for students who would be hesitant of go to them for support." ~ Year 2, HASS

A further 9% specifically requesting more information, and 8% support systems as well as 7% that want more anonymous resources/services that they can access discreetly and easily.

Following this, a further 3% specified wanting workshops as well as online resources and more/better sex education to raise more awareness and understanding. 4% of students feel that more open discussions to promote more awareness and especially in reducing stigma (6%) regarding sexual health, which could include free contraception and sexual health clinics to promote and support safe sex, ideally in a more anonymous way. 15% mentioned the NHS regarding these sexual health clinics and testing, as well as providing information on how to access this through the NHS. Overall, students think the University and the Guild could better support them by providing more easily accessible information, promoting awareness and aiding them in accessing to sexual health testing/clinics. (Fig. 17)

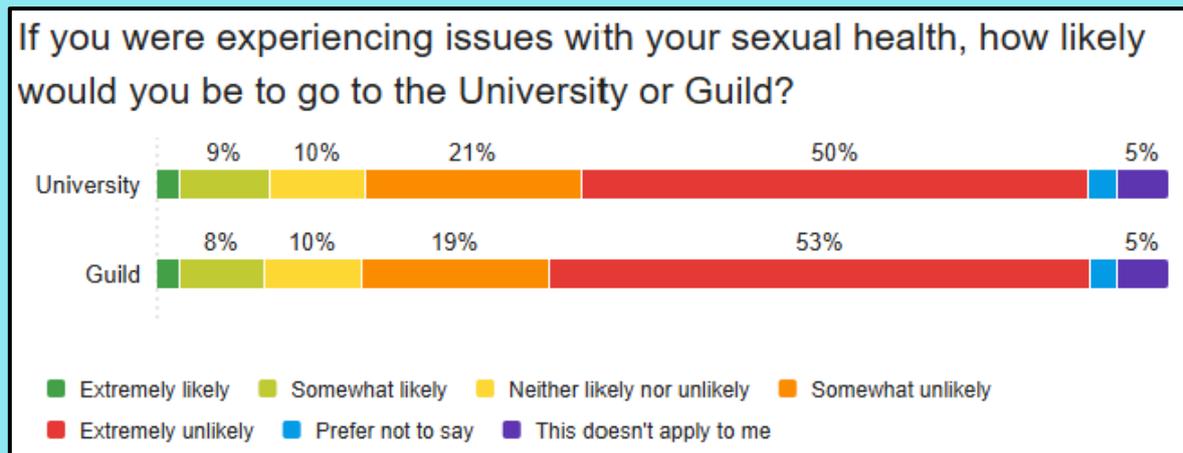


Figure 22 – Question 25: If students were experiencing issues with their sexual health, how likely would they be to go to the University or the Guild?

When asked how likely they were to go to either the University or the Guild if they had an issue with their sexual health, most students felt it was unlikely that they would go to either, with the results for the University and the Guild being very similar. 50% of students said it was extremely unlikely that they would go to the University with a sexual health issue, this was slightly higher for the Guild with 53%. However, slightly more students said they were somewhat unlikely to go to the University, 21%, compared to the Guild, 19%. This makes up a total of 71% of students who are at least somewhat unlikely to go to the University if they had a sexual issue, and 72% for the Guild. The majority of students would not go to either the University or the Guild if they had a sexual health issue. (Fig. 18)

A further 10% for each, feel they are neither likely nor unlikely to go to either the University or the Guild. Only 11% of students feel that they are at least somewhat likely to go to the University, including 9% who are somewhat likely and 2% who are extremely likely. This is very slightly less for the Guild, with 8% somewhat likely and 2% extremely likely, to make a total of only 10% who are at least somewhat likely. 5% of students for each felt that it did not apply to them as well as 3% for each who preferred not to say. (Fig. 18)

Most students feel it is unlikely that they would go to either the University or the Guild, looking at responses from figures 16 and 17, this is perhaps due to having other support networks that they feel more comfortable discussing this with, or preferring to instead go straight to health services to take care of the issue. To increase the number of students who would go to either the University or the Guild, perhaps a more comfortable, casual environment needs to be created where students feel more confident in voicing their issues. A more anonymous way to discuss this might also be beneficial, as it would make the process more discrete and remove fears of judgement. Finally, by providing access to sexual health clinics and ways to solve sexual health issues might make students more likely to go to the University or the Guild with their issues, as there is an easier way to solve the issues and get help through the university, instead of having to go through the NHS separately. (Fig. 16) (Fig.17) (Fig. 18)

Conclusion

What type of sex education have our students already received?

Overall, nearly all students have received some form of sex education, with the large majority having received it through their school or in conversations with their parents (Fig. 1). However, the quality and content of their education vary significantly among different students (Fig. 2, 4). While many students rated their education as somewhat to extremely good (54%), upon further analysis, a significant number of students felt that the content of their sex education was not comprehensive enough and that the level of detail was not sufficient (Fig. 4). These results highlight a level of uncertainty surrounding sexual health, which could lead to students making uninformed and unsafe decisions.

Deeper analysis, based on gender demographics, revealed inconsistencies in student satisfaction with their sex education (Fig. 3). A larger dissatisfaction can be observed among genderfluid/non-binary students (50%), primarily due to a lack of inclusivity in school-lead sex education (Fig. 3). Additionally, female students note that school-based sex education was primarily skewed towards male education or only touched on contraceptive methods, while omitting information regarding consent and boundaries, topics essential to discuss when educating students.

Altogether, the results of these questions reveal a gap in sex education, specifically in terms of inclusivity, consent, and boundaries, that needs to be filled by the university to ensure students are making informed, safe sexual health choices.

How do students learn about sex education now?

The large majority of students rate their knowledge of sexual health as somewhat to extremely good (74%), while a significantly lower percentage cite a lack of knowledge (6%) (Fig. 5). Although the percentage of students not feeling confident in their sexual health knowledge is drastically lower, it still points towards a need for comprehensive sex education at university, as these students could put themselves or others at harm. Furthermore, these results are based on subjective opinion, suggesting that student sexual health knowledge may not actually be as good as the results depict. A relatively high percentage (17%) of students felt uncertainty regarding this topic, indicating that workshops or educational resources provided by the university would benefit many students.

Dissection of the results based on year of study (Fig. 6) shows a relatively similar pattern of responses to the results in Fig. 5, with most students reporting a somewhat good level of sexual health knowledge. Year 5 students cite the highest level of confidence regarding their knowledge, which may be due to studying courses like Medicine, where sexual health may be discussed more, or by being

older and having more experience (Fig. 6). Notably, Year 4 students revealed one of the highest levels of uncertainty regarding their sexual health education, with 10% reporting somewhat bad level of knowledge (Fig. 6). This finding is quite surprising given the difference in confidence among Year 5 students. Reaching out to these students could inform us of the reasons why they feel this way, allowing us to improve our support strategies.

Many students also report reaching out to alternative sources other than family and school for information regarding sex or sexual health. This includes the internet, healthcare professionals, and friends (Fig. 7). The large number of students relying on information from the internet could potentially create more harm than good if students encounter misinformation. On the other hand, the internet has also been a way of filling in gaps in sex education, specifically for genderfluid/non-binary students, with 95% learning more about sexual health from the internet than from any formal education (Fig. 9). This sheds further light on the need for inclusive sexual health education at university.

How informed are students about boundaries and consent?

73% of students are confident in their ability to establish boundaries with a sexual partner, 7% are neither confident nor unconfident, and a further 7% feel unconfident (Fig. 12). These results emphasise the need for additional support for students who don't feel completely confident. This could be in the form of workshops, training, and open discussions to reduce stigma and improve the confidence of these students.

A slightly lower percentage (70%) of students feel confident in enforcing boundaries with their sexual partner compared to just establishing them (73%) (Fig. 13). Furthermore, only 63% of students would talk to someone if a sexual partner had violated their boundaries (Fig. 17).

These results highlight a lower confidence in discussing difficult and sensitive topics. While hesitancy and nervousness are to be expected when discussing these topics, it is important to ensure that this doesn't stop students from bringing them up at all, as this could put them in dangerous situations and create further stigma surrounding sexual boundaries. Text analysis revealed a further need for improving confidence among students, with many highlighting this as a concern. Suggestions include reducing the stigma by posting informative and open social media posts, having an awareness day, providing educational workshops, and hosting talks about personal stories. It is also essential that the university has clear support mechanisms in place for those in need.

What sexual health support do students want?

Around 71% of students report that they would not approach the university or Guild if they were experiencing issues with their sexual health, highlighting a

distance between the university and students (Fig. 18). A large number of students state that they are more likely to reach out to health professionals for this kind of information. Based on these results, the Guild could create a separate web page with support links and collaborate with health professionals to provide well-informed, supportive resources to increase student engagement and aid students in receiving adequate support.

Students also highlight a need for raising awareness around sexual health in a way that reduces stigma (Fig. 17). There is also an interest in free contraception and comprehensive sex education, which could address the lack of inclusivity in previous education sources and improve sexual safety on campus. Additionally, the need for workshops or ways to improve confidence is evident in the results of this survey and is crucial to ensure safe and positive experiences.

Recommendations

Education

- Collaborate with healthcare professionals to provide accurate sexual health information
- Post educational posts on Instagram to increase awareness surrounding sexual health
- Provide specific educational workshops on different topics to increase engagement and focus
- Create inclusive sex education trainings to address the gap created by previous educational sources

Support

- Create a webpage with links to support services available (NHS, Exeter, hotlines, etc.)
- Provide one-on-one support
- Provide an anonymous hotline to allow students to ask sexual health questions that they may be nervous about, which will be answered by a nonjudgmental healthcare professional/educated professional
- Clearly highlight the options students have in terms of reporting
- Signpost students to sexual health clinics/testing
- Enhance marketing of current support services through targeted emails or social media posts

Reducing stigma

- Enhance SHAG week based on student feedback, including a day on consent and boundaries

- Host open discussions/talks on sexual health topics and personal stories
- Host small group sessions to encourage open conversations in a safe and nonjudgmental environment

Confidence

- Engage with students on the ways they think the Guild can support them in improving their confidence
- Create workshops/activities that can indirectly/directly increase confidence

External Resources

If you want to read some more around this topic, you could start with the following articles:

- [Chronically Online: Love, Sex, and Relationships](#), Brook
- [Students and Health](#), WONKHE
- [Sexual Health and Reproductive Health Statistics from the UK](#), House of Commons Library
- [Sexual Health](#), UK Health Security Agency
- [Sexual Health](#), NHS

If you are a current University of Exeter student, please find some resources below to help you with your sexual health:

- [Devon Sexual Health](#), NHS
- [Sexual Health](#), Young Devon
- [Sexual Health, STI Testing, and Free Condoms](#), University of Exeter

Demographics

Our panel of 1000 students is demographically representative of the University of Exeter's student population but, due to varying response rate on a month-to-month basis, the demographics of this data change survey-to-survey.

The demographics of this report's respondents are illustrated below.

*PNS = Prefer not to Say

Category	Panel Total	Response Total	Category	Panel Total	Response Total
Faculty			Gender		
ESE	363	241 (66%)	Female	721	506 (70%)
HAS	379	260 (69%)	Male	236	139 (59%)
HLS	248	172 (69%)	Non-Binary/ Genderfluid	31	22 (71%)
INTO	10	3 (30%)	PNS*	12	9 (75%)
Campus			PNS*	12	
Streatham	831	558 (67%)	Identification with Gender Assigned at Birth		
St Luke's	142	102 (72%)	Yes	946	638 (67%)
Distance	27	16 (59%)	Sometimes	22	13 (59%)
			No	23	18 (78%)
Domicile			PNS*	9	7 (78%)
UK	739	531 (72%)	Ethnicity		
International (EU)	47	23 (49%)	White	625	445 (71%)
			Latin	13	9 (69%)
International (Rest of World)	214	122 (57%)	Black	36	20 (56%)
Mode of Study			Asian	240	142 (59%)
Full-Time	951	645 (68%)	Arab	12	8 (67%)
Part-Time	49	31 (63%)	Mixed	51	35 (69%)

Study Level			Other	11	9 (82%)
1 st Year	250	149 (60%)	PNS*	12	8 (67%)
2 nd Year	228	172 (75%)	Sexual Orientation		
3 rd Year	172	132 (77%)	Gay	18	11 (61%)
4 th Year	54	42 (78%)	Lesbian	24	19 (80%)
5 th Year	13	11 (85%)	Bisexual	142	100 (70%)
Masters	220	128 (58%)	Pansexual	18	13 (72%)
Other	63	42 (67%)	Asexual	19	17 (89%)
			Queer	30	20 (67%)
Age Bracket			Heterosexual	636	422 (66%)
Under 20	553	384 (69%)	Other	2	
21-30	396	260 (66%)	Unsure	23	16 (70%)
31-40	35	22 (63%)	PNS*	88	57 (65%)
41-50	15	10 (67%)	Disability Status		
51+	1	0 (0%)	No known disability	647	432 (67%)
Widening Participation			Learning disability	110	32 (29%)
Parent	17	8 (47%)	Physical disability	45	13 (29%)
Carer	21	17 (81%)	Mental health condition	190	95 (50%)
Care experienced or care leaver	4	4 (100%)	Other	23	17 (74%)
Estranged from family	12	9 (75%)	PNS*	56	40 (71%)
Refugee or asylum seeker	1	1 (100%)			
None of the above	945	637 (67%)			