



COMMUNITY
RESEARCH
INITIATIVE

Project NextGen

**RELATIONSHIPS AND SEX EDUCATION LED BY YOUNG
PEOPLE, FOR YOUNG PEOPLE**

Exploring sexual and mental health
needs of university students at UCL

**WILL GLASER, ZIRUI HE, SANYA NAIR, MAGHFIRA SYAWFITRI PRADIPTA,
AND NOEL WONG**

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Naz**

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Introduction to the programme

This project has been supported by the Students' Union UCL Community Research Initiative Research Volunteering Programme through the recruitment of student researchers. The project was undertaken in collaboration with the following student researchers: Will Glaser, Zirui He, Sanya Nair, Maghfira Syawfitri Pradipta, and Noel Wong.

From November 2024 – May 2025, Naz partnered with UCL's Community Research Initiative and worked with a group of students to explore sexual health and mental health challenges in their university context. This programme falls under Naz's youth work stream, Project NextGen, and centres young people in discussions on sexual health and mental health to explore challenges and areas for improvement in their university context. Students took part in three sessions to brainstorm issues based on their own experiences. They then created a survey, conducted outreach, and put together this final report.

The student researcher volunteers were all international students and from various backgrounds (US, China, Taiwan, and Indonesia) which added a diversity of perspectives and experiences to the discussion. After a series of weekly discussions where students reflected on their own experiences as well as those of their friends and peers, the group decided to explore university students' knowledge and awareness of sexual health resources/services available to them, mental health resources/ services, and experiences with dating apps.

Concluding in April 2025, this six-month programme has been documented by the student research volunteers below, who reflect on their backgrounds and interest in the field, the trajectory of discussions had on these topics, and the project they embarked on.

Meet the student research volunteers

Will Glaser

"I am a recent graduate of University College London's Human Sciences undergraduate program. I have been interested in understanding human behaviour and how our physical bodies can interact with mental space and how these build both larger cultural relations and interpersonal relationships. I am interested in this kind of study because of its ability to help move places towards more welcoming practices. I think it is vital to conduct this research and engage with one's own community to see where improvements can be made on both an individualistic and systematic basis. I very much enjoyed this project and I hope that it can provide a framework for further research and collaborations helping young academics understand how they can work within the professional research world and make change."



Zirui He

"I am an MA Sociology of Education student at University College London (UCL), and my research interests focus on the racialisation processes of transnational academic mobility and global critical race and racism theoretical frameworks, exploring how these dynamics intersect and interact with issues of language, belonging and identity in a global context. My master's dissertation research focuses on the academic and social experiences of Black Sub-Saharan African international students in Chinese higher education institutions, with an emphasis on analysing the role that racial, ethnic and national identities play in this process."



Sanya Nair

"I am currently pursuing an MA in Health Humanities and am to start training as a physician this upcoming year. I am particularly interested in research and policy work that aims to understand various social determinants of health to alleviate health disparities and create a more equitable and just healthcare system. My background in public health, neuroscience, and the humanities has driven my interest in the intersection of medical and social forms of care, and I hope to continue to work on projects that promote better healthcare access and use."



Maghfira Syawfitri Pradipta

"I am currently a student of MSc Women's Health. I'm a medical doctor licensed to practice in Indonesia. I've worked as an ER doctor in a mother and children's hospital and as a GP in a primary healthcare centre which provides reproductive and sexual health services. My interests are in contraception and sexual and reproductive health. My interest in sexual and reproductive health comes from observing the lack of reproductive and sexual healthcare access to young Indonesian girls, especially in contraception. There is a distinct lack of comprehensive sexuality education for girls in Indonesia, which has led me to want to contribute to research such as this."



Noel Wong

"I am currently pursuing an MSc in Crime Science with Cybercrime at UCL. My academic expertise lies in criminology, but I am also focusing broadly on social issues, such as domestic violence, which was the topic of my undergraduate dissertation. This has strengthened my understanding of victimisation, vulnerability, and the importance of accessible support systems. I have also interned in social media and marketing for youth-focused initiatives, where I worked on campaigns to raise awareness about mental health and other social issues. I joined this project because I believe that mental health and sexual health are fundamental yet often overlooked aspects of young people's well-being. Through this survey, I aim to contribute to a better understanding of these challenges, particularly for groups who may struggle to access proper support. By combining research, digital engagement, and community advocacy, I hope to help create safer, more informed, and more inclusive environments where young people feel empowered to take control of their well-being."



Beginning the Research Process

Brainstorming

Due to scheduling conflicts, the group was separated into two and met weekly for hour-long sessions until we came back together as one group to collate information. We discussed mental and sexual health experiences from our personal pasts, from our homes to our schooling, to UCL. With all students in the group being international students, this was a central topic of discussion- the particular mental health and sexual health experiences of international students having to navigate a different cultural context and a range of social and academic pressures (especially for those whose first language is not English). Students talked about anxieties around exams, challenges with winter blues, and stigma around sexual health discussions. Students from Asia noted that discussions on mental health and sexual health are often shrouded in shame. At the end of a series of three discussions, both groups separately determined that some of the primary issues related to sexual and mental health were in regard to the following: lack of awareness about available resources, academic and social related pressures leading to anxiety/other mental health struggles, and, more broadly, widespread loneliness. One group wished to focus on exploring experiences with dating apps, due to their widespread use, which was then negotiated when the groups came together.

Aims of the survey

We agreed that the survey should give us a broad description of the sexual and mental health conditions of UCL students. Generally, we wanted the survey to gauge how aware UCL students were about access to sexual and mental healthcare, what problems they might be facing about their own sexual and mental health, and if they felt that the services that UCL was providing were adequate.

We hoped to gain some relevant data from this survey, and generate a report based on this data. We aim to present this report to the public and UCL in the hopes that it might illustrate the condition regarding the sexual and mental health of UCL's students and be a basis for future research and programmes going forward.

Development of survey

The two groups met after a series of sessions working separately, and we immediately began discussing how we might combine our separate ideas into one. We had a general idea of what we each wanted to do, but it took quite a bit of dialogue to get us to where we wanted to be in terms of a joint project. We discussed each section carefully, taking notes of what might be kept, what might be discarded, and what might be adjusted based on what each of the two groups had previously discussed.

One of the key challenges we identified was how to account for the regional and ethnicity differences within our participants. Given the diversity of students at UCL, we recognised that student's mental and sexual health experiences could vary significantly depending on their cultural, geographic and social background. One student proposed a map-based

approach, where respondents would select which six predefined geographical area in the world map, that they felt most closely represented their community. The rationale behind this map-based approach was twofold. First, it aimed to capture potential regional variations in experiences. Second, it sought to avoid directly listing racial or ethnic categories which could be perceived as reductive. The map-based approach may provide respondents with greater freedom to define their own identities based on geographic context, reflecting the fluid nature of student backgrounds.



However, this idea was later challenged after further group discussion. Some group members raised concerns that many students might feel connected to multiple regions or communities, due to frequent relocations, or mixed cultural backgrounds of personal experiences that span multiple geographic areas, making it difficult to assign them to a single fixed predefined area. This also highlighted the potential risk of oversimplifying complex identities and underscored the importance of flexibility in survey design.

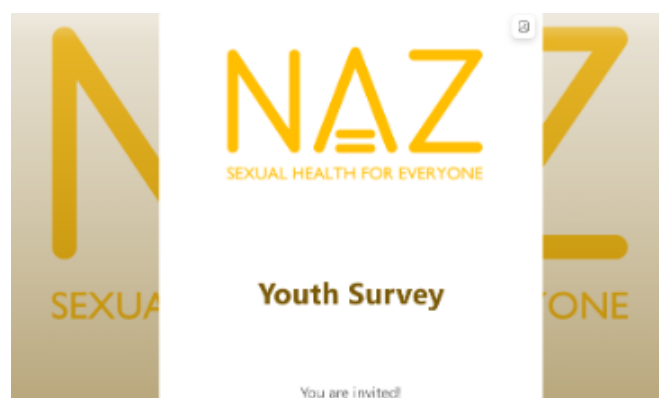
A key point that we stressed was the presence of a confidentiality statement. We felt that it was important that the students understood that the information they gave out would be kept safe and not be used against them.

Creation of survey

Over the course of several meetings, we began to finalise our questions. We arrived at six sections and a total of 41 questions. These sections included basic demographic questions, questions about mental health, questions about sexual health, and questions about dating apps, with a confidentiality statement and a closing statement at the end. We set out to make a link for the survey, drew up several posters and brochures and generated a QR code to make access easier. Lastly, we discussed how and where we might distribute and promote the survey to have people fill it out.

Collecting Responses

We created a Microsoft Survey where responses would be anonymised. We intended the questions to be non-judgmental and take account of diversity to ensure that students would feel comfortable and safe in sharing their perspectives. We had an initial response collection time of three weeks but eventually expanded this to a month - between March - April - and collected 78 responses.

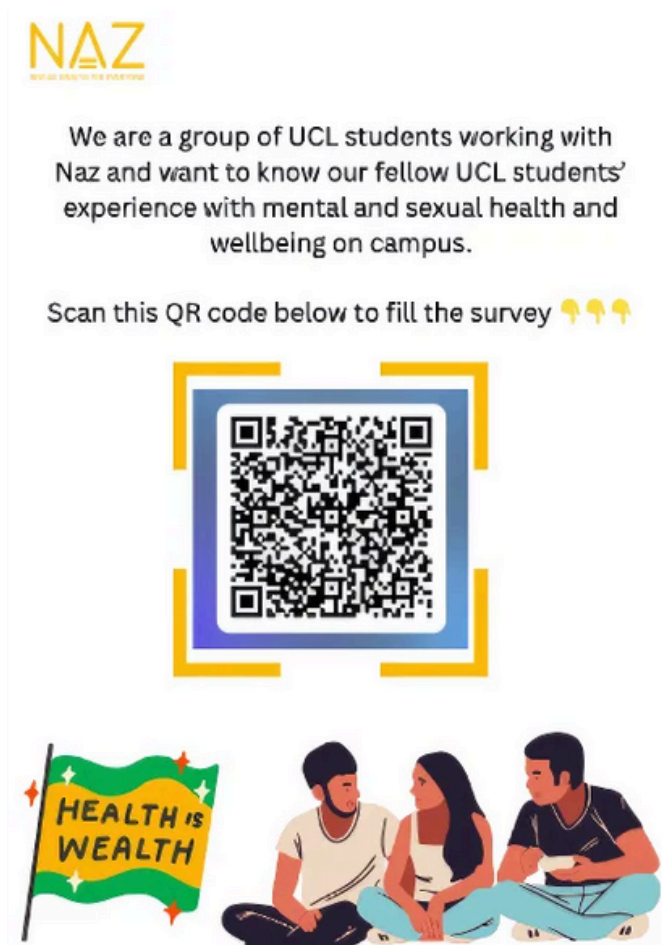


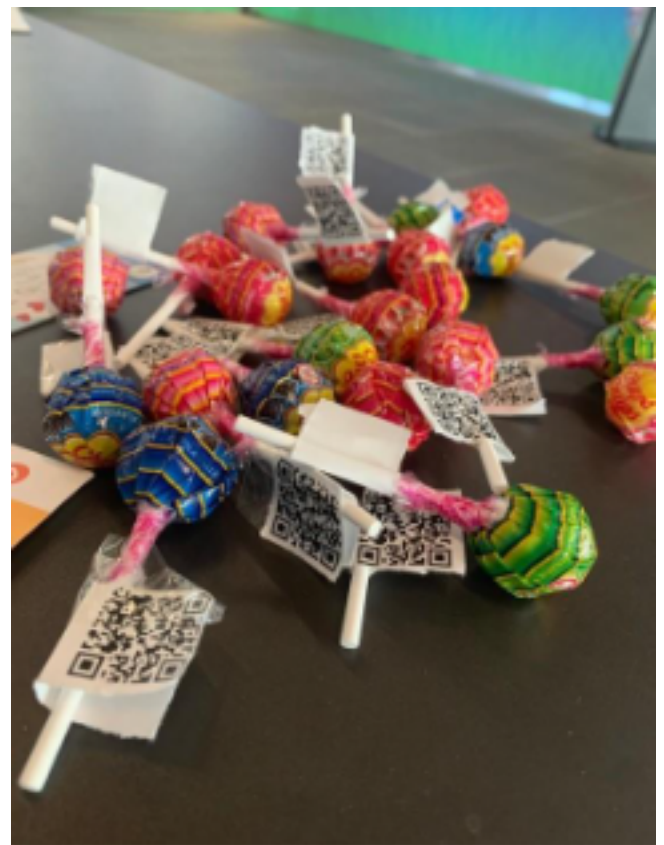
Outreach

To maximise participation, we implemented a multifaced outreach strategy:

Physical Engagement: We set up a stall in UCL Student Centre for a single Tuesday and Friday afternoon, offering free condoms, lubes, and lollipops with QR codes to sexual health testing kit sign-ups to promote accessibility to sexual health products, reduce stigma, and normalise conversations around sexual health. A QR code linking directly to the survey was prominently displayed at the stall and shared online, making it easy for students to access and complete the questionnaire on their phones. These items not only served as practical health resources but also acted as conversation starters, encouraging students to engage openly about their sexual health needs without fear of judgment. Providing these items in a public setting helped break down barriers to discussing sexual health, fostering a more supportive and informed student community.

Printed Materials: We also distributed NAZ leaflets containing information about mental and sexual health resources. These leaflets provided students with tangible, take-home resources, offering guidance on where to seek support and how to maintain their mental and sexual well-being. The materials included contact details for local services, advice on safe sexual practices, and information about available mental health support, aiming to increase students' awareness of the help available to them.





Personal Networks: Some responses were gathered through student group chats and personal networks, allowing the survey to reach a wider range of departments and study levels. This approach leveraged existing social connections to reach a broader and more diverse audience, ultimately capturing a richer set of perspectives.

UCL Student Newsletter: We were supported by UCL CRIS staff in disseminating the survey through the UCL student newsletter, which expanded the responses we received.

Methods

Rather than testing specific hypotheses, the survey was designed to gather broad, exploratory insights about student well-being, lived experiences, and access to support systems in relation to sexual and mental health. The analysis used a descriptive, mixed-methods framework, primarily due to two factors:

Exploratory Design: The goal was to capture a wide range of experiences across identity groups rather than test narrow hypotheses or interventions. Open-ended and multi-select questions allowed students to define their own terms of stress, support, and coping.

Statistical Power Limitations: While ordinal logistic regression and other models were tested to explore relationships between satisfaction, anxiety, and demographic factors, none yielded statistically significant results. This was likely due to the relatively small sample size and subgroup variability, which reduced the power to detect meaningful associations.

Due to vastly varied demographic group sizes, data were normalised using proportions for cross-group analyses. As a result, the analysis centers on descriptive statistics and visualisations, including:

- Frequency counts and percentages
- Faceted bar charts and heatmaps by demographic group
- Thematic summaries of qualitative responses

These visualisations were constructed utilising R. This approach allows for possible trends to be spotted in the data and provides ground for future directions in both research and intervention.

Results

Demographics

Characteristic	N	Home, N = 51 ¹	International, N = 23 ¹	p-value ²
Age	78			0.6
18-20		22 (43%)	8 (30%)	
21-23		14 (27%)	9 (33%)	
23-25		8 (16%)	4 (15%)	
25+		7 (14%)	6 (22%)	
Gender	78			0.063
Gender fluid		0 (0%)	1 (3.7%)	
Man		18 (35%)	6 (22%)	
Non-binary		0 (0%)	1 (3.7%)	
Prefer not to say		1 (2.0%)	0 (0%)	
Trans man		0 (0%)	2 (7.4%)	
Woman		32 (63%)	17 (63%)	
Sexual Orientation	78			0.5
Asexual		1 (2.0%)	0 (0%)	
Bisexual		6 (12%)	7 (26%)	
Gay		2 (3.9%)	3 (11%)	
Heterosexual		36 (71%)	16 (59%)	
Lesbian		1 (2.0%)	0 (0%)	
Pansexual		1 (2.0%)	0 (0%)	
Prefer not to say		2 (3.9%)	0 (0%)	
Queer		2 (3.9%)	1 (3.7%)	
Ethnic Background	78			<0.001
East Asian (e.g., Chinese, Korean, Japanese, Mongolian, etc.);		0 (0%)	10 (37%)	
Hispanic or Latino (e.g., Mexican, Puerto Rican, Cuban, etc.);		0 (0%)	1 (3.7%)	
Middle Eastern or North African (e.g., Arab, Persian, Egyptian, etc.);		6 (12%)	1 (3.7%)	
Mixed ethnicity		4 (7.8%)	1 (3.7%)	
Prefer not to say;		1 (2.0%)	0 (0%)	
South Asian (e.g., Indian, Pakistani, Bangladeshi, Sri Lankan, Nepali, etc.);		14 (27%)	3 (11%)	
Southeast Asian (e.g., Filipino, Vietnamese, Thai, Indonesian, etc.);		1 (2.0%)	3 (11%)	
White (e.g., European, North American, Australian, etc.);		25 (49%)	8 (30%)	
Academic Program	78			0.3
PhD program		3 (5.9%)	3 (11%)	
Postgraduate program		16 (31%)	12 (44%)	
Undergraduate program		32 (63%)	12 (44%)	
Religious Background	78			0.052
Atheist		13 (26%)	5 (19%)	
Buddhism		1 (2.0%)	1 (3.7%)	
Christianity (any denomination within)		8 (16%)	9 (33%)	
Hindu		4 (7.8%)	1 (3.7%)	
Islam		16 (31%)	2 (7.4%)	
None of the above		5 (9.8%)	8 (30%)	
Other		2 (3.9%)	1 (3.7%)	
Prefer not to say		1 (2.0%)	0 (0%)	
Sikh		1 (2.0%)	0 (0%)	
Years Residing in UK	78			<0.001
5 years or more		51 (100%)	7 (26%)	
Less than 5 years		0 (0%)	20 (74%)	

¹ n (%)

² Fisher's exact test

Age: Most respondents were between 18–20 years old, followed by those aged 21–23.

Gender Identity: Majority identified as women, followed by men, followed by various gender identities.

Sexual Orientation: Most identified as heterosexual, with a notable number identified as bisexual or other orientations.

Ethnic Background: Diverse representation, including South Asian, White, East Asian, and Middle Eastern/North African groups.

Religious Background: Home students had the largest proportion of Atheist and Islamic background individuals, whilst international students were largely Christian or Agnostic/falling outside of traditional religious backgrounds.

Student Status: There were a mix of home and international students at both undergraduate and postgraduate levels.

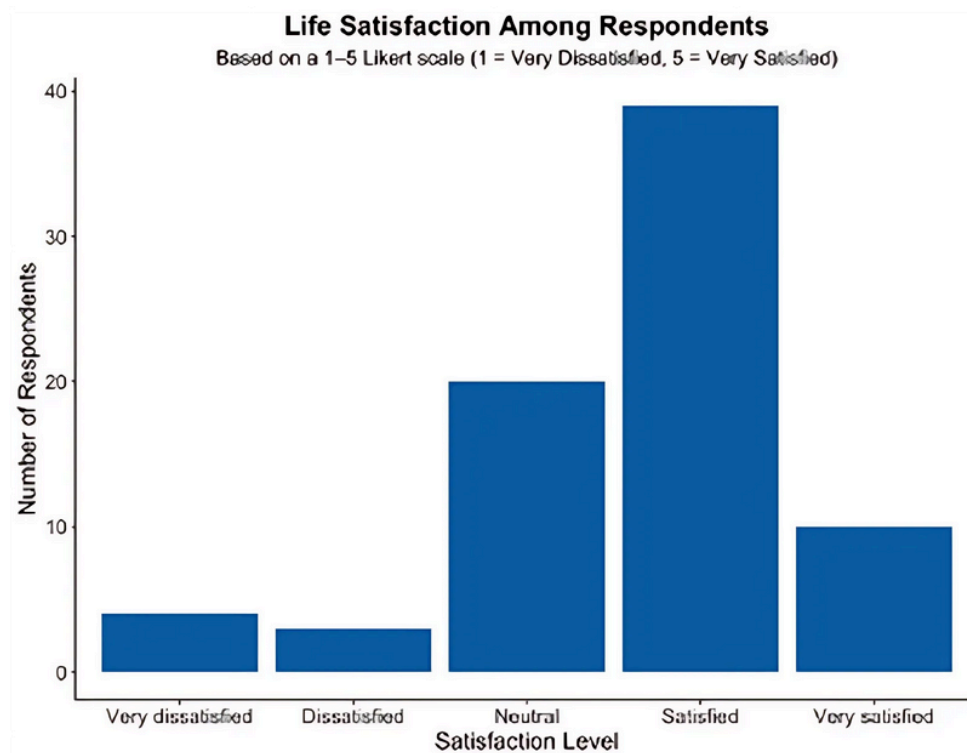
Programme Type: More undergraduates than postgraduate students responded to the survey.

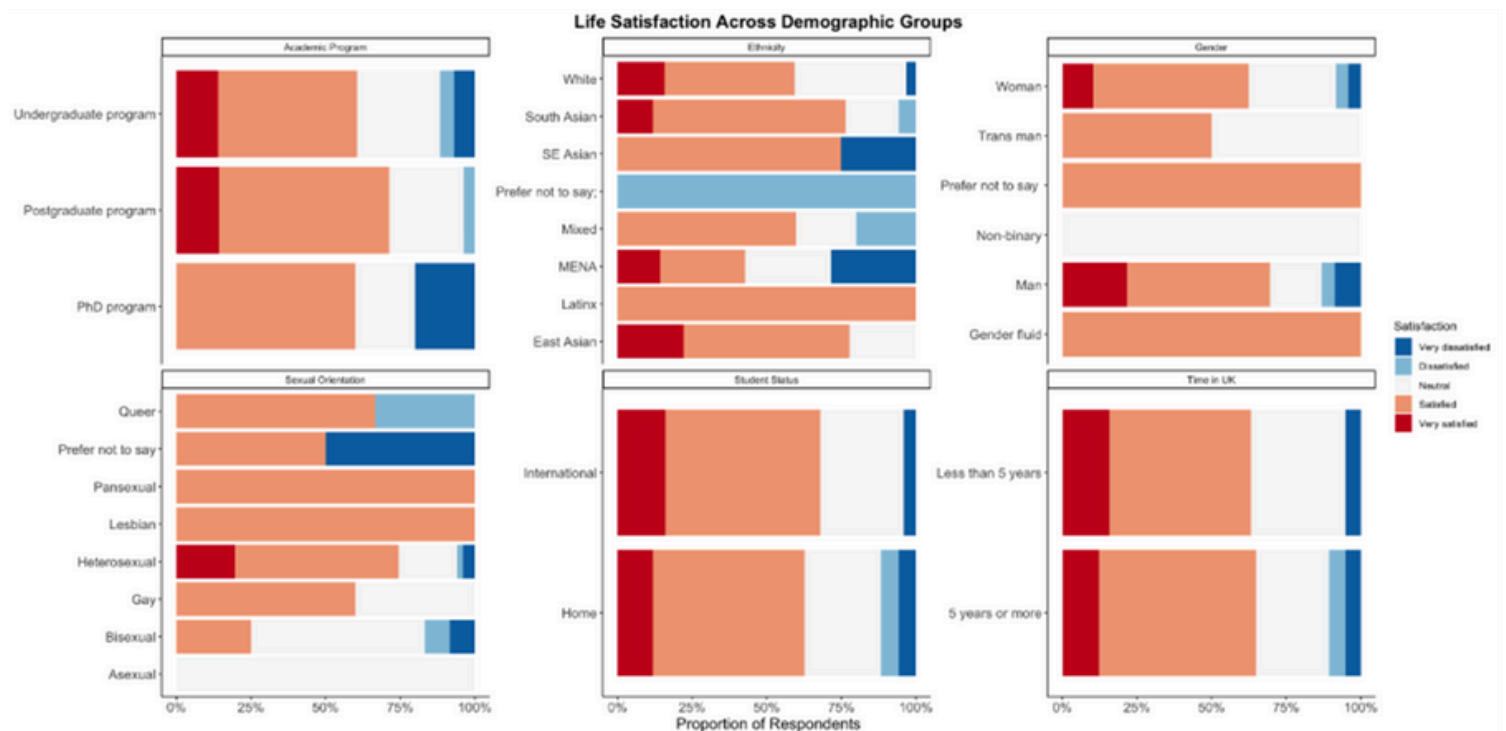
Section 1: Mental Health

The first two questions in the survey asked participants to what extent they were satisfied with their current lives on a scale of 1-5 (Very Dissatisfied to Very Satisfied) and which factors affect their life satisfaction.

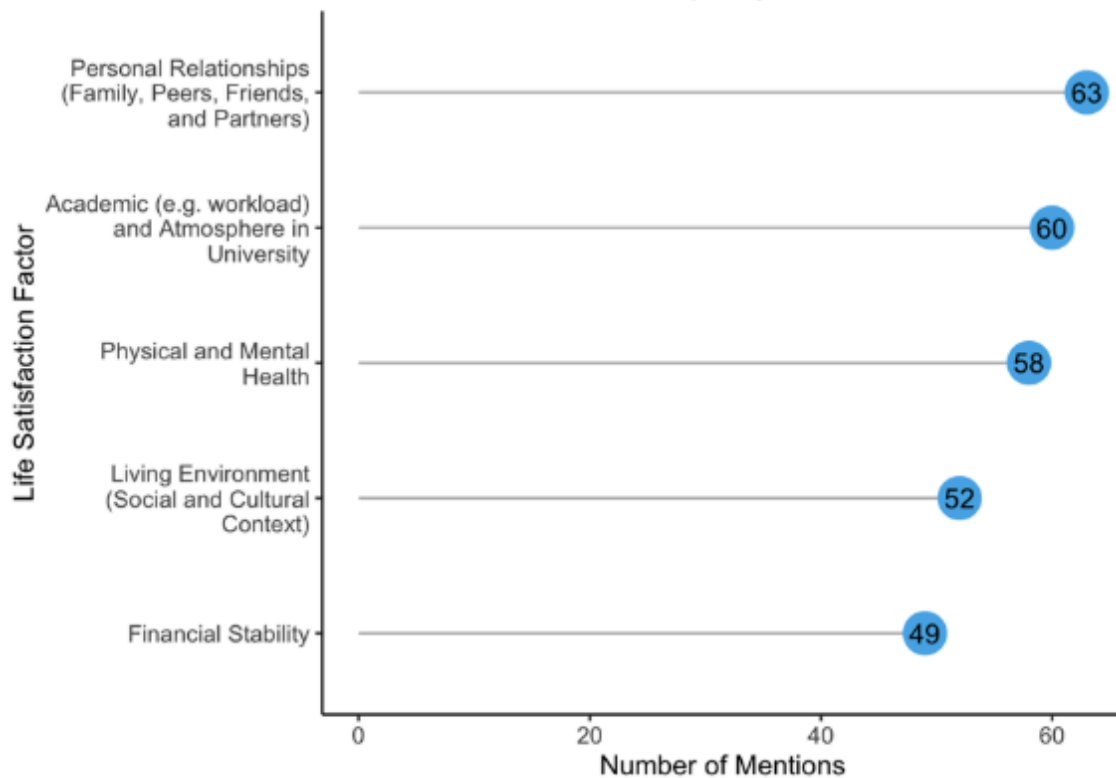
First attempts at analysis included an ordinal logistic regression model, where we looked at how factors like student status, gender, age, ethnicity, and time spent in the UK might relate to how satisfied people feel with their lives. While we saw some patterns, for example, international students and older respondents tended to report higher satisfaction, and some minority groups reported lower satisfaction, these differences were not strong enough to be considered statistically meaningful. This likely reflects the small number of responses in some groups. Still, these trends highlight areas that could be explored more in future research with a larger group of participants.

The following visualisations depict these general trends: Across all respondents, 64% (49 participants) reported general satisfaction with their lives, but the distribution of satisfaction differed across demographic groups. These proportions are shown below, split by program of study, ethnicity, gender identity, sexual orientation, student status, and time residing in the UK.





Top 5 Factors Influencing Life Satisfaction Based on frequency of mentions

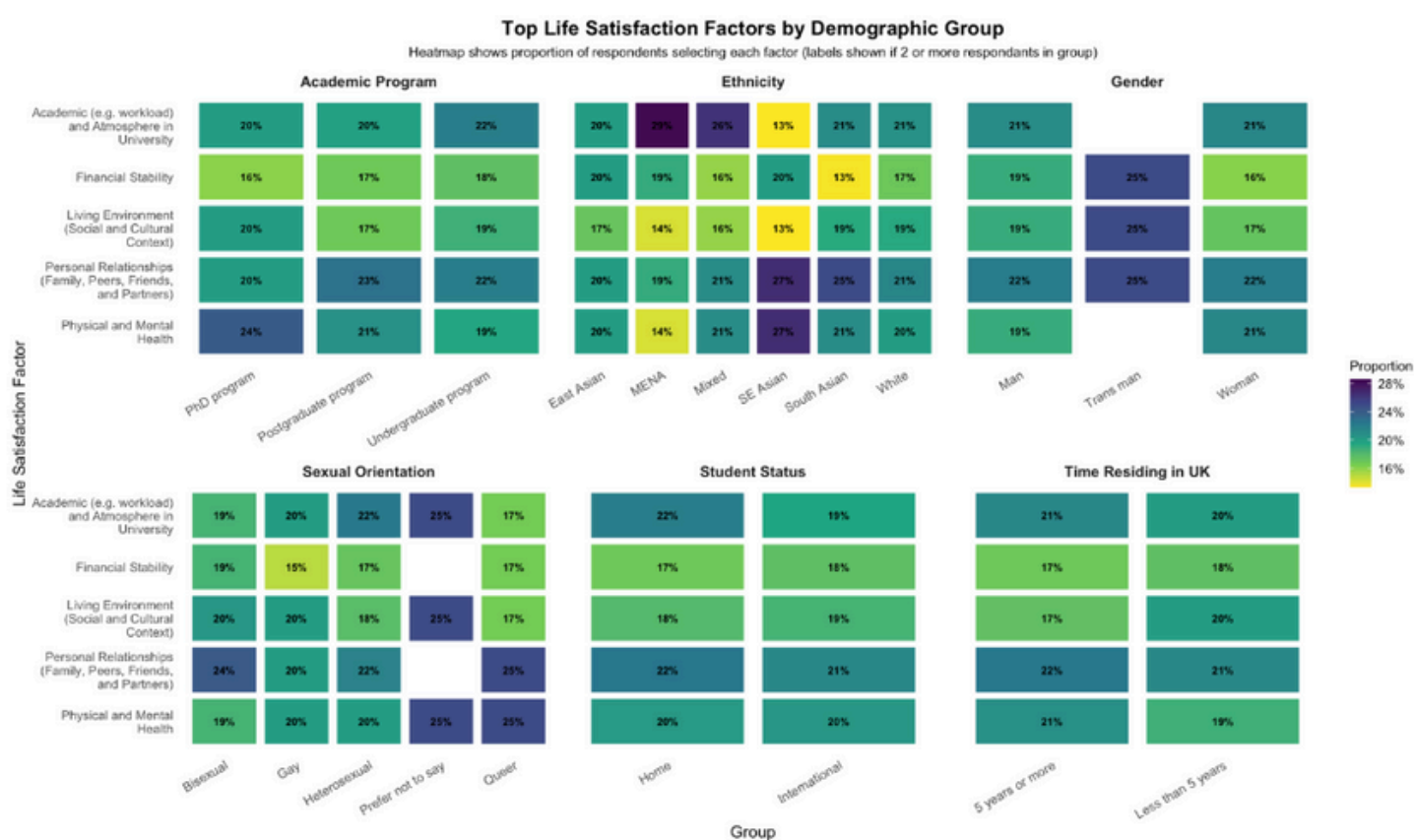


Participants were then asked to indicate which aspects they felt influenced their life satisfaction. The responses, provided through a multi-select question, were analysed both overall and across key demographic groups.

The most frequently cited factors influencing life satisfaction were:

- Academic pressure and university atmosphere
- Physical and mental health
- Personal relationships (family, peers, friends, partners)
- Living environment (social and cultural context)
- Financial stability

Most respondents selected more than one factor, reflecting the multidimensional nature of well-being.

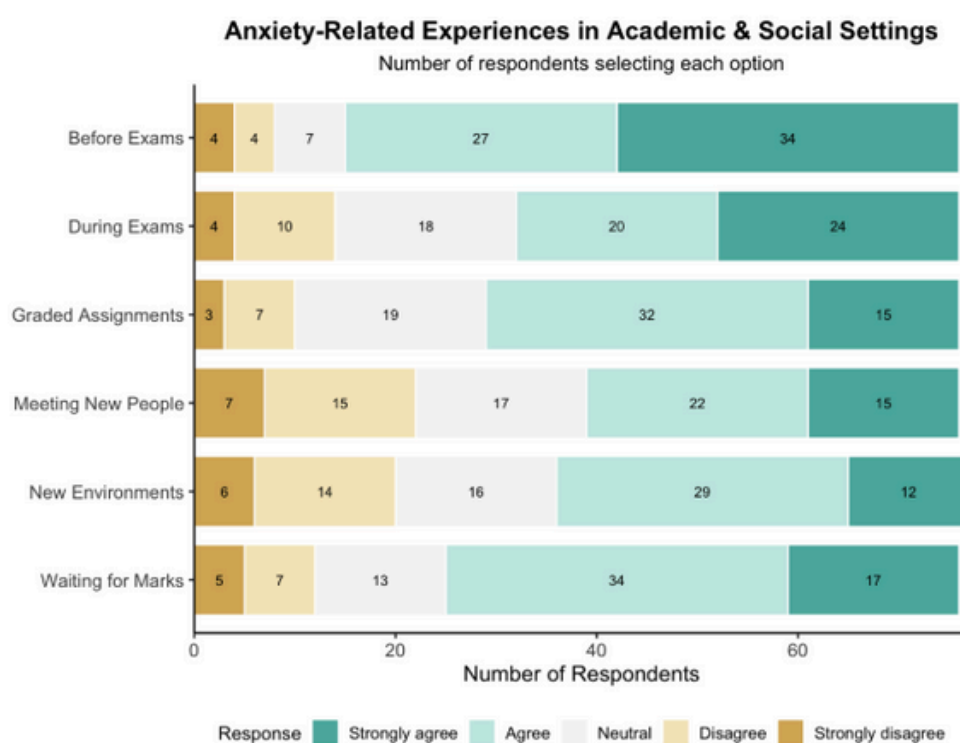


A faceted heatmap was then created and grouped by gender, student status, sexual orientation, ethnicity, time in the UK, and academic program to examine differences in reported life satisfaction factors. Only factors mentioned by at least 3 people per subgroup were included for clarity. Key patterns included:

- Women and non-binary respondents (not shown in heatmap) reported a broader spread of influencing factors compared to men, with personal relationships and mental health appearing more frequently.
- International students more often cited cultural adjustment and living environment, whereas home students emphasised academic stress.
- LGBTQ+ respondents (e.g., bisexual, gay, queer) placed higher emphasis on personal relationships and mental health, while heterosexual respondents cited academic pressure more consistently.

- Students with less than 5 years in the UK highlighted adjustment-related stressors, including living environment and financial stability.
- Postgraduate and PhD students were more likely to emphasise financial and academic pressures.

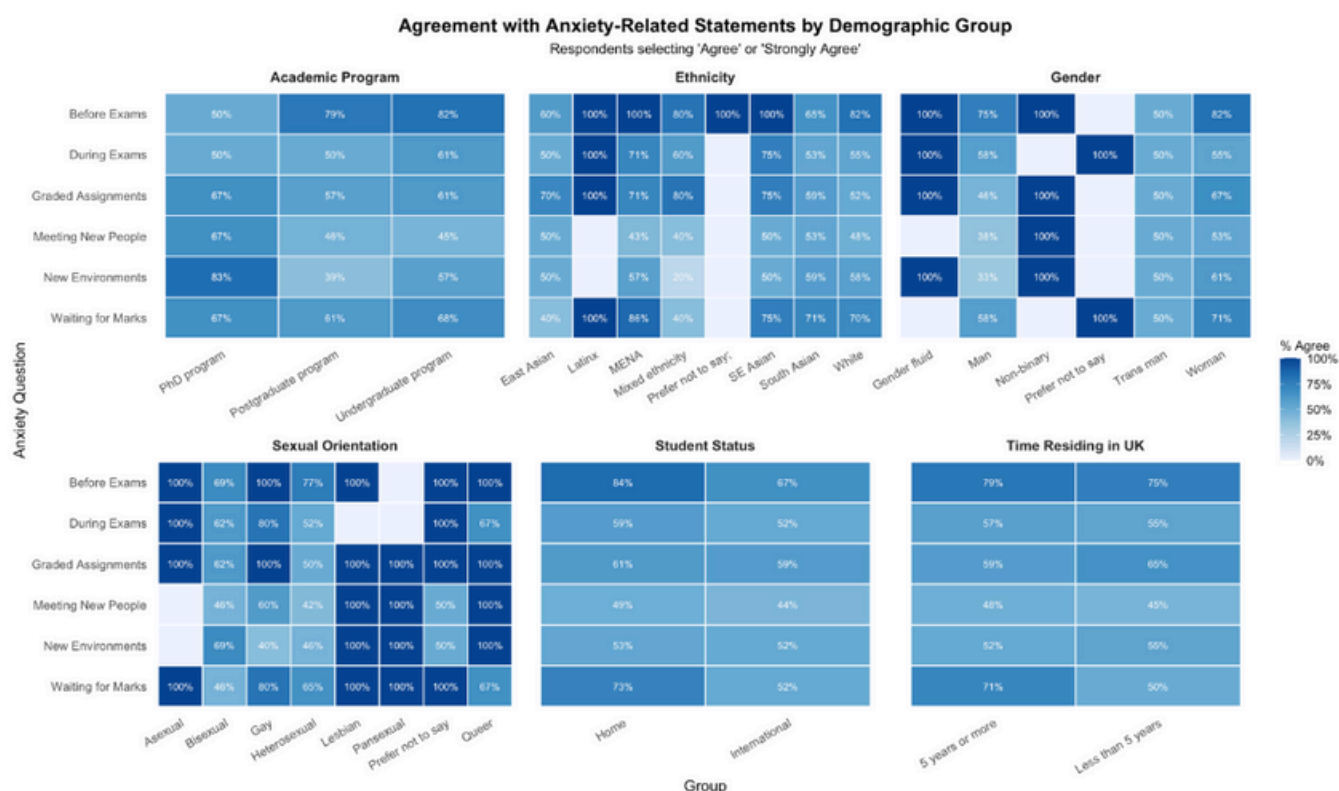
These patterns are helpful in identifying which groups may benefit from tailored interventions to improve well-being. Participants then responded to a series of Likert-scale questions exploring anxiety-related experiences in both academic and social contexts. These items assessed feelings of anxiety across six scenarios: before exams, during exams, when completing graded assignments, when meeting new people, in new environments, and while waiting for academic results.



The Likert summary plot above revealed high levels of anxiety across all domains, with academic-related items (e.g., before and during exams, and while awaiting marks) showing the highest agreement with anxiety-related statements. Notably:

- 80% of respondents reported feeling anxious before exams, and 67% expressed anxiety while waiting for marks.
- A majority also reported anxiety during exams (58%) and when completing graded assignments (62%).
- Social anxiety was present but slightly less prevalent, with 53% reporting anxiety in new environments and 49% when meeting new people.

These findings suggest that academic stressors are the primary drivers of anxiety in this sample, though social and environmental transitions also contribute meaningfully.



To better understand how anxiety manifests across student groups, a heatmap was created showing the proportion of respondents in each demographic who agreed or strongly agreed with each anxiety statement. The demographics with 100% reporting anxiety during each specific situation are due to low sample sizes (i.e. there was only one Latinx respondent and one non-binary respondent) The analysis included gender identity, sexual orientation, ethnicity, academic program, student status, and duration in the UK.

Key observations include:

Gender: Women and non-binary respondents consistently reported higher levels of anxiety than men across all domains, especially in academic contexts.

Sexual Orientation: LGBTQ+ students (e.g., bisexual, pansexual, queer) showed elevated anxiety levels across nearly all domains compared to heterosexual peers, particularly in social scenarios like meeting new people.

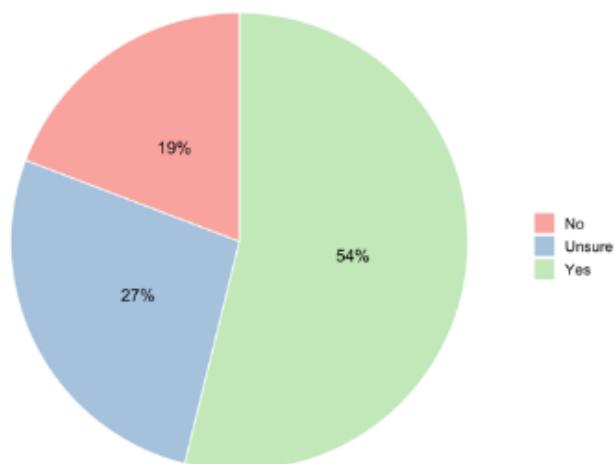
Ethnicity: White respondents showed lower anxiety levels across most items compared to other ethnic backgrounds.

Student Status: Home students reported higher anxiety overall, an unexpected result.

Time in UK: Those living in the UK for fewer than 5 years showed slightly higher anxiety, reinforcing the impact of environmental adjustment.

Academic Programme: Postgraduate and PhD students reported less anxiety around academic performance and feedback timelines, while undergraduates showed more variability across domains.

Awareness of Campus Mental Health Services

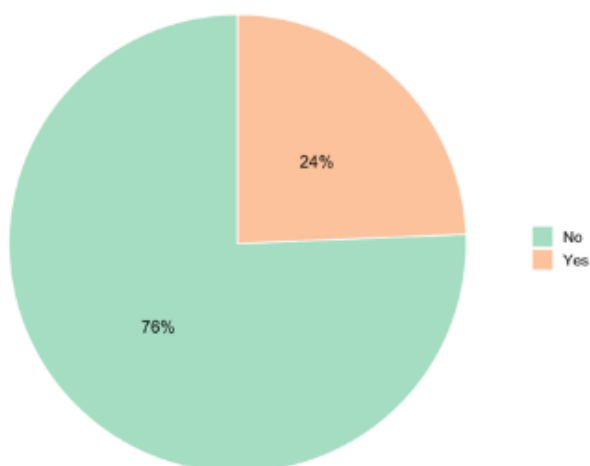


While these differences are not all statistically significant due to sample size limitations, the patterns provide insight into how anxiety is shaped by identity and experience. Academic-related anxiety remains prominent, but factors such as gender, student status, and sexual orientation appear to moderate these experiences.

The following set of questions asked about students' awareness of mental health services at UCL, their use of said services, and their own mental health management techniques.

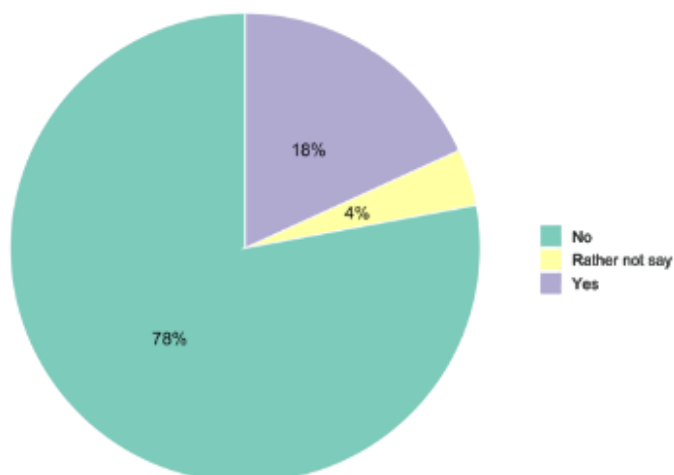
Participants were first asked if they were aware of mental health services available on campus and whether they had ever accessed them.

Access to Campus Mental Health Services



- **Awareness:** A majority of respondents (54%) reported being aware of mental health services at UCL, while 15% were unaware. Awareness was generally higher among home students than international students.
- **Access:** Despite relatively high awareness, only 24% reported ever accessing these services. A notable proportion of respondents who were aware of services had not accessed them, suggesting possible barriers beyond knowledge.

Diagnosed Mental Health Condition Prior to Campus



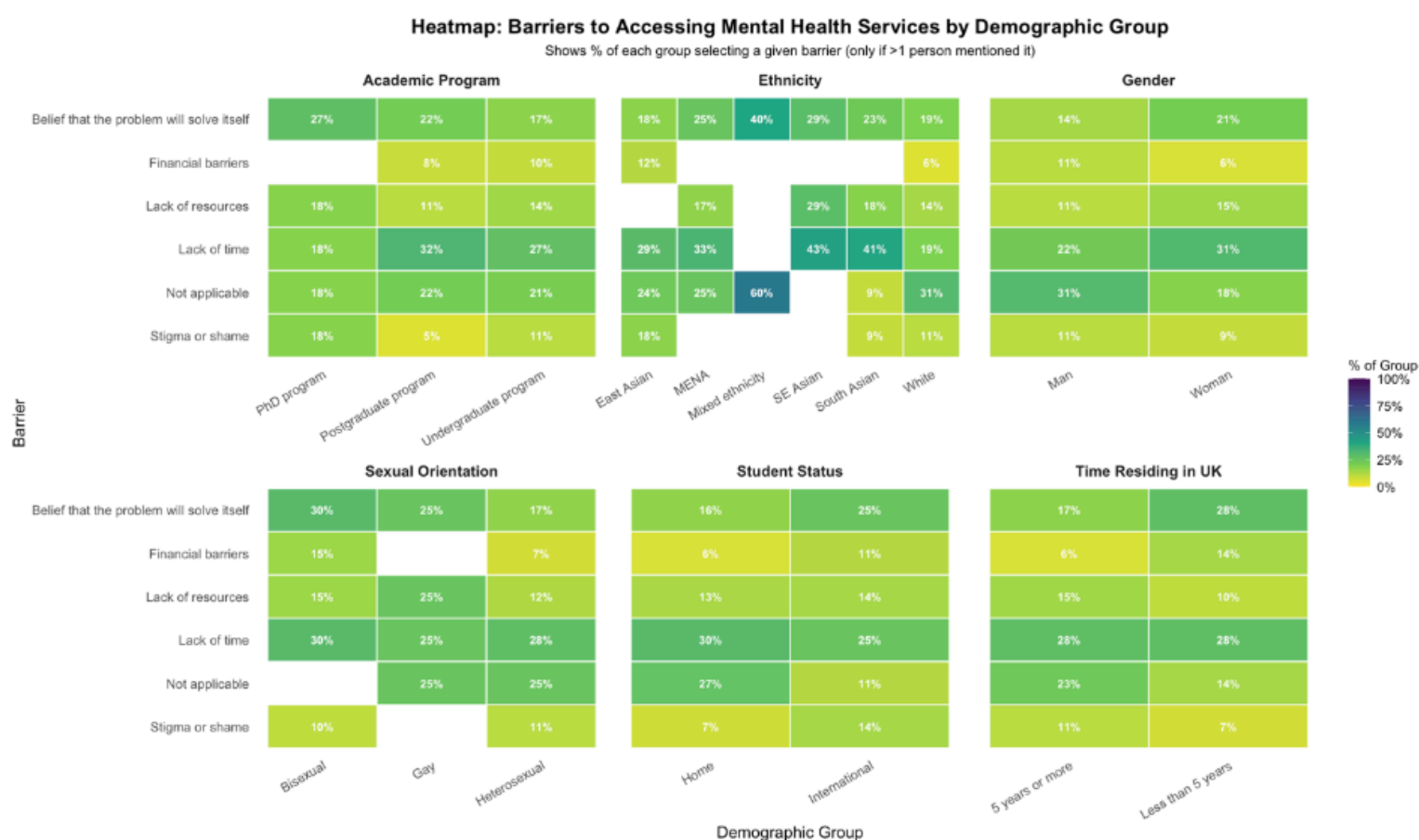
Participants were asked whether they had a diagnosed mental health condition before entering university.

- Approximately 18% of students reported entering university with a pre-existing mental health diagnosis. These students were significantly more likely to have accessed campus mental health services compared to those without a prior diagnosis (77% vs. 25%).

In an open ended question, we asked the respondents who had accessed services, what mental health services they used. The most frequently used campus mental health resources were Counselling/ One-on-One Therapy, in addition to:

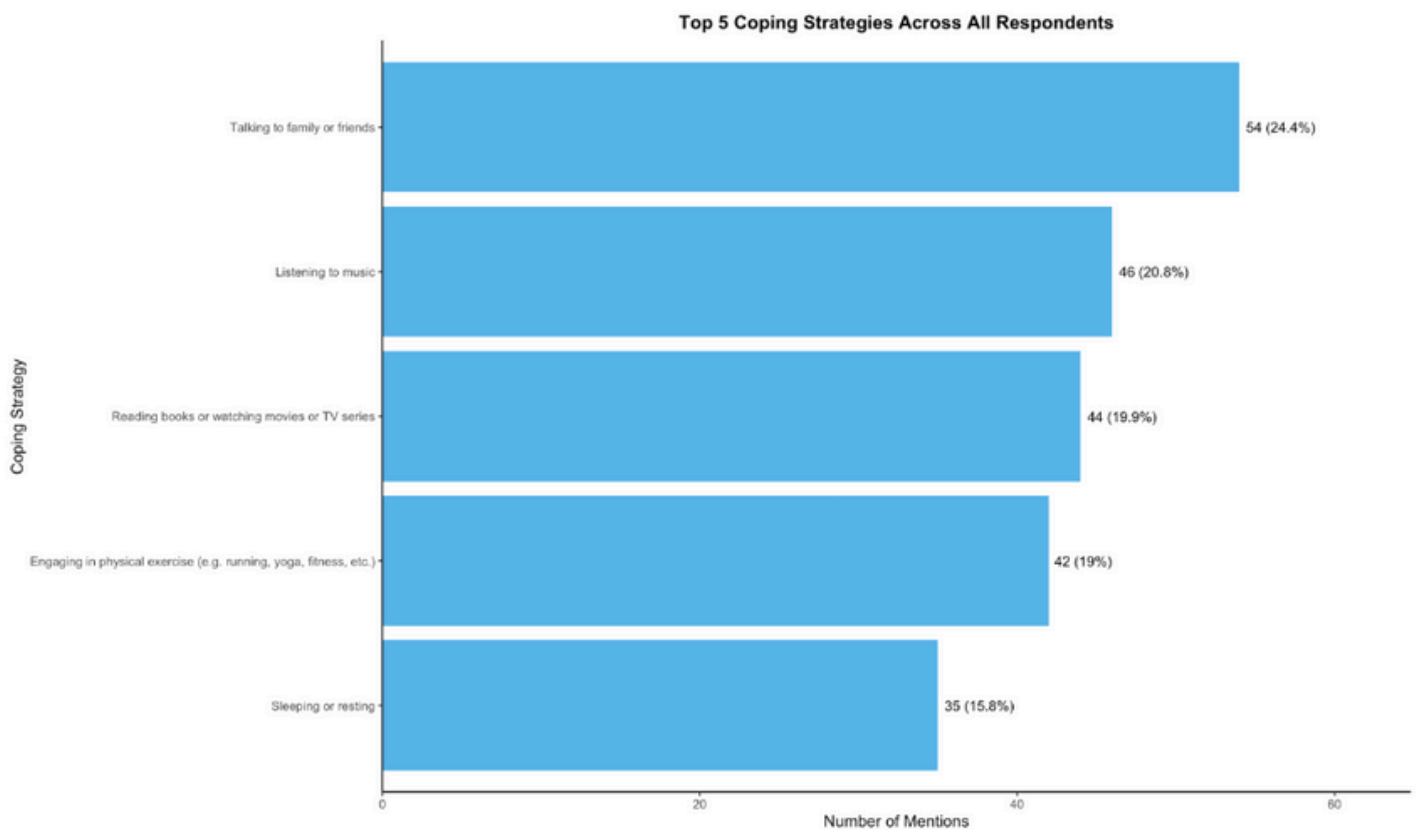
- SoRA Accommodations
- Student Advisors
- Drop-in/Walk-in Student Services

We also asked what barriers to utilising mental health services existed for students:



Additional responses (not shown in heatmap above) did cite fear that a therapist would not understand them, not convinced it would help them, and a feeling that “diamonds are formed under pressure.”

The next set of questions centred around individual coping strategies for mental wellbeing.



Students used a wide variety of methods to manage stress and emotional wellbeing. The most frequently reported strategies included:

- Talking with friends or peers
- Listening to music
- Watching shows or movies
- Sleeping/rest
- Exercise

Social coping (especially peer-based) was more common among women, queer students, and home students, while international students tended to rely more on entertainment and solitary methods. Some non-binary and LGBTQ+ respondents also mentioned creative outlets such as journaling, art, and music.

When asked to rate the effectiveness of their coping methods, responses were mixed:

- About 7% found their strategies "very effective"
- The majority 61% described them as "somewhat effective"
- A small minority reported ineffectiveness

We conducted additional analyses on student support networks by asking where students met their friends. Most students reported meeting their peers:

- Through their academic program
- At campus events or societies
- Via residential accommodations



Students who reported low social connectedness also tended to report higher anxiety and lower satisfaction.

The survey section finished by gauging student opinion on whether UCL does a good job advertising its support services, responses were divided as 56% of respondents said yes.

Interpretation and Implications of Section 1

Academic-related anxiety remains prominent, but factors such as gender, student status, and sexual orientation appear to moderate these experiences. These findings support the importance of targeted mental health resources, particularly for students navigating academic pressure alongside identity-based stressors or environmental transitions.

Gap Between Awareness and Use: A substantial number of students know about available services but do not engage with them. This could reflect stigma, accessibility issues, long wait times, or doubts about effectiveness. Reflecting on barriers to use for specific groups may provide future direction.

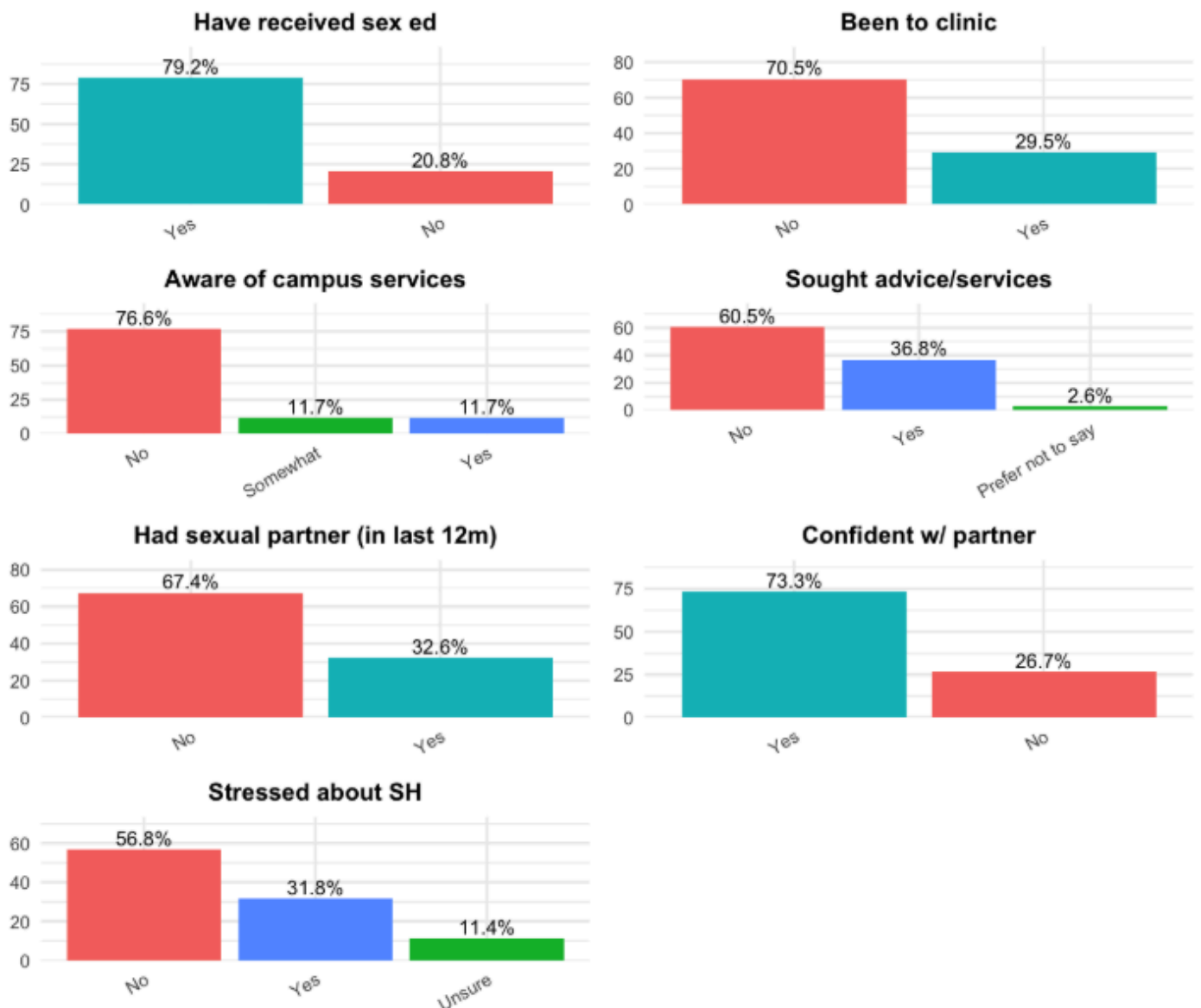
High Needs Among Diagnosed Students: Students with prior diagnoses are significantly more likely to seek help, highlighting the importance of continuing care and tailored support as they transition to campus.

Diverse Resource Use: While one-on-one counselling remains the most popular campus service, some students turn to peer or digital support, suggesting a need for multiple access modalities.

Section 2: Sexual Health


We asked participants about their access to sexual education, use of sexual health services, and comfort discussing sexual health. The responses suggest a mix of awareness and engagement, alongside room for improvement in accessibility and comfort.

Sexual Health Knowledge and Access to Resources



- Sex Education: 79% of participants reported receiving sex education during primary or secondary school. However, 21% did not, indicating a meaningful gap in early formal sexual health instruction.

- Clinic Use: 29.5% of respondents had visited a sexual health clinic, while over 70% had not, suggesting either a lack of need, access, or awareness.
- Awareness of Campus Services: 23% of students were aware (or somewhat aware) of sexual health services on campus, while the majority (77%) were not.
- Sought Advice or Services: Just under 37% of students reported seeking advice or services related to sexual health (e.g., condoms, contraception, STI testing), with most others having not done so.
- Sexual Activity: One-third (33%) of respondents reported having had one or more sexual partners within the past 12 months.
- Confidence with Partners: 73% of respondents expressed confidence in discussing sexual needs with a partner—suggesting a relatively high level of communication skill or comfort in this area.
- Stress Around Sexual Health: 32% reported feeling stressed or anxious about sexual health issues. An additional 11% were unsure, suggesting that experiences of stress may be under-recognised or difficult to articulate.



Students are most comfortable discussing sexual health with providers and peers, and least comfortable with family.

- Most respondents report high comfort with providers: 23.4% chose 8, and 16.9% chose 10, indicating strong trust in or willingness to speak with healthcare providers. Very few reported low comfort (scores 1–3): less than 8% combined, which suggests providers are generally seen as safe or neutral parties.
- Most respondents report high comfort with peers: 18.2% at 10, and 15.6% at 8, with a broad spread in the middle (5–7 each at ~11–12%). Low scores (1–3) are minimal (~12% total), suggesting peers are generally viewed as approachable sources for sexual health conversations.
- Discomfort is most pronounced with family. Low scores (1–3) are markedly higher (~26% total), with the highest individual low rating being 2 (14.3%). Only around 10% rated 9–10, and 22.1% skipped the question (NA) — the highest non-response rate. The high NA rate suggests avoidance or discomfort in even considering family as a discussion partner.

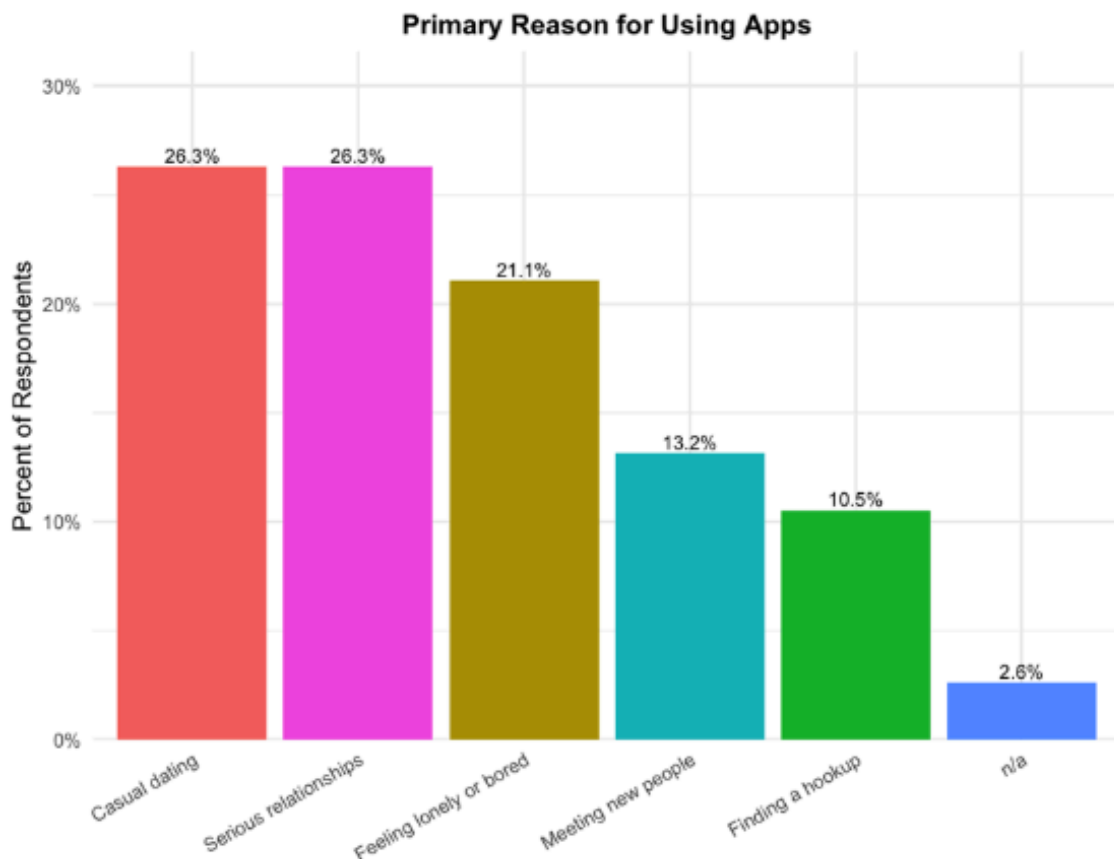
While overall patterns were consistent, some notable demographic trends emerged:

- Gender: Women and non-binary respondents were more likely to report stress, unsafe experiences, and lower confidence discussing sexual health.
- Sexual Orientation: Queer and bisexual students showed lower comfort levels discussing sexual health with family.
- Student Status and Background: International students reported lower awareness of campus services and were less likely to access sexual health clinics.

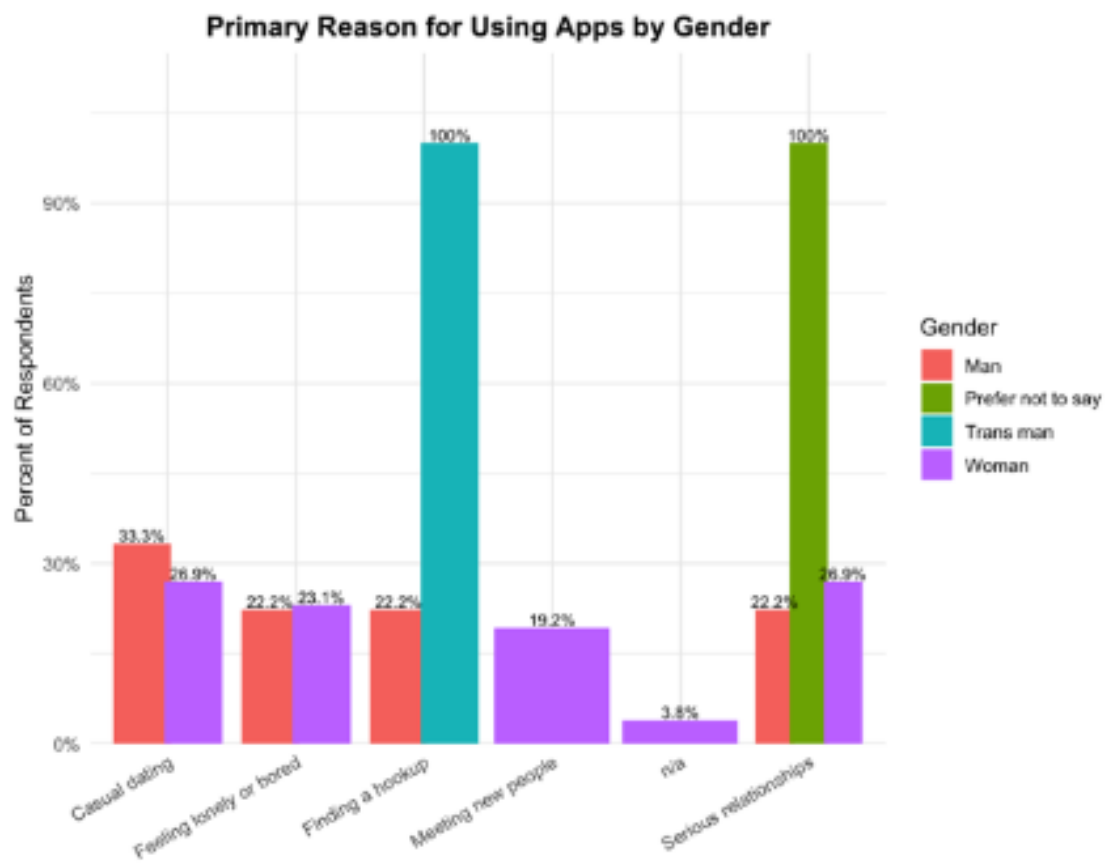
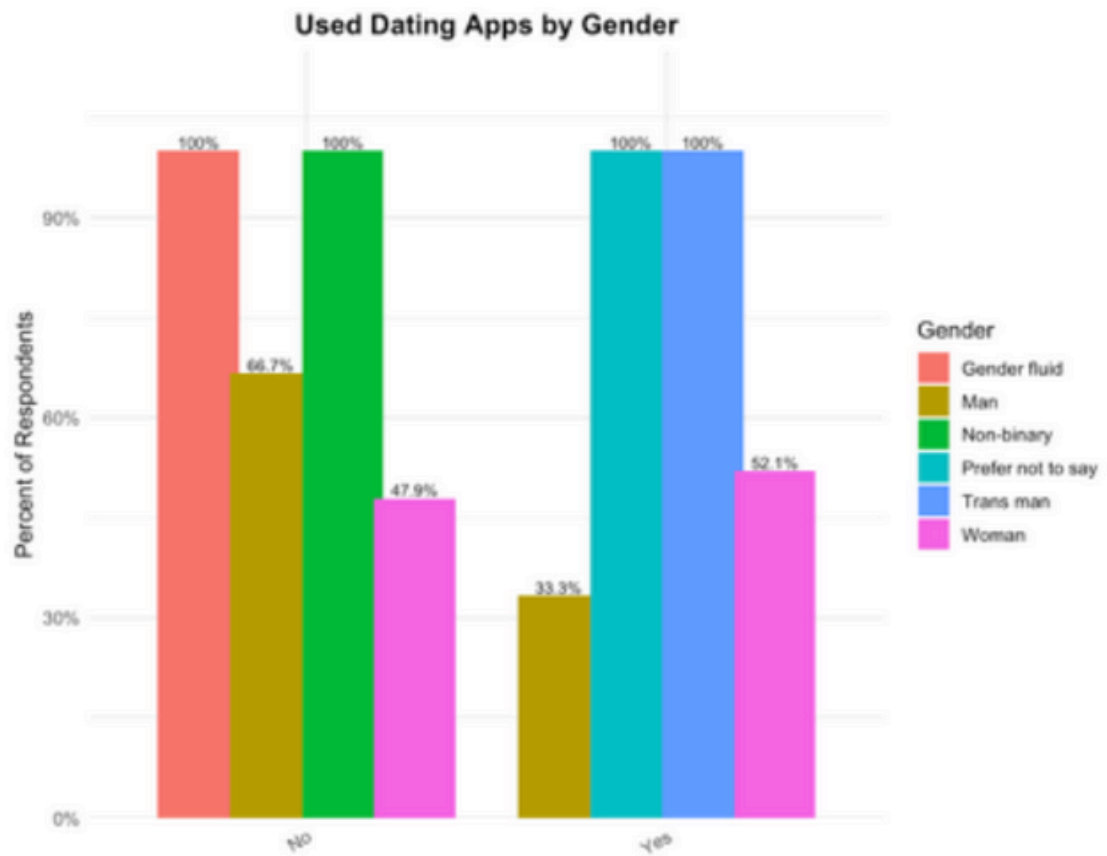
Section 3: Dating Apps

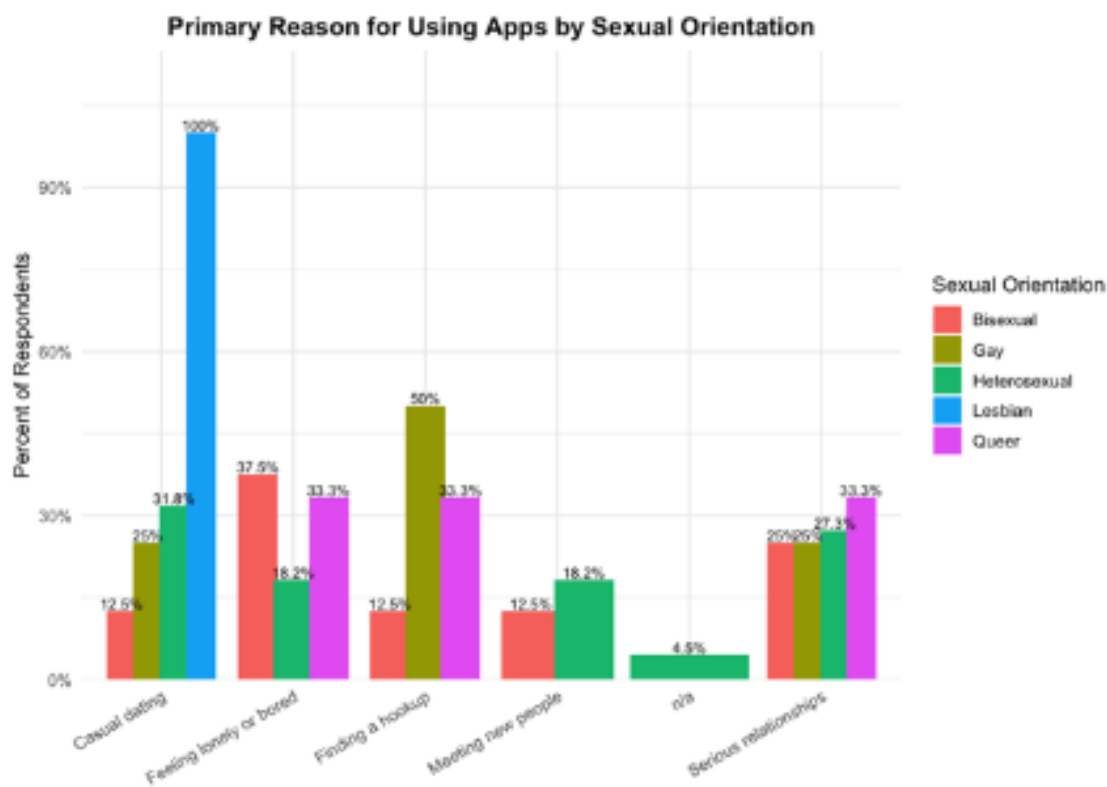
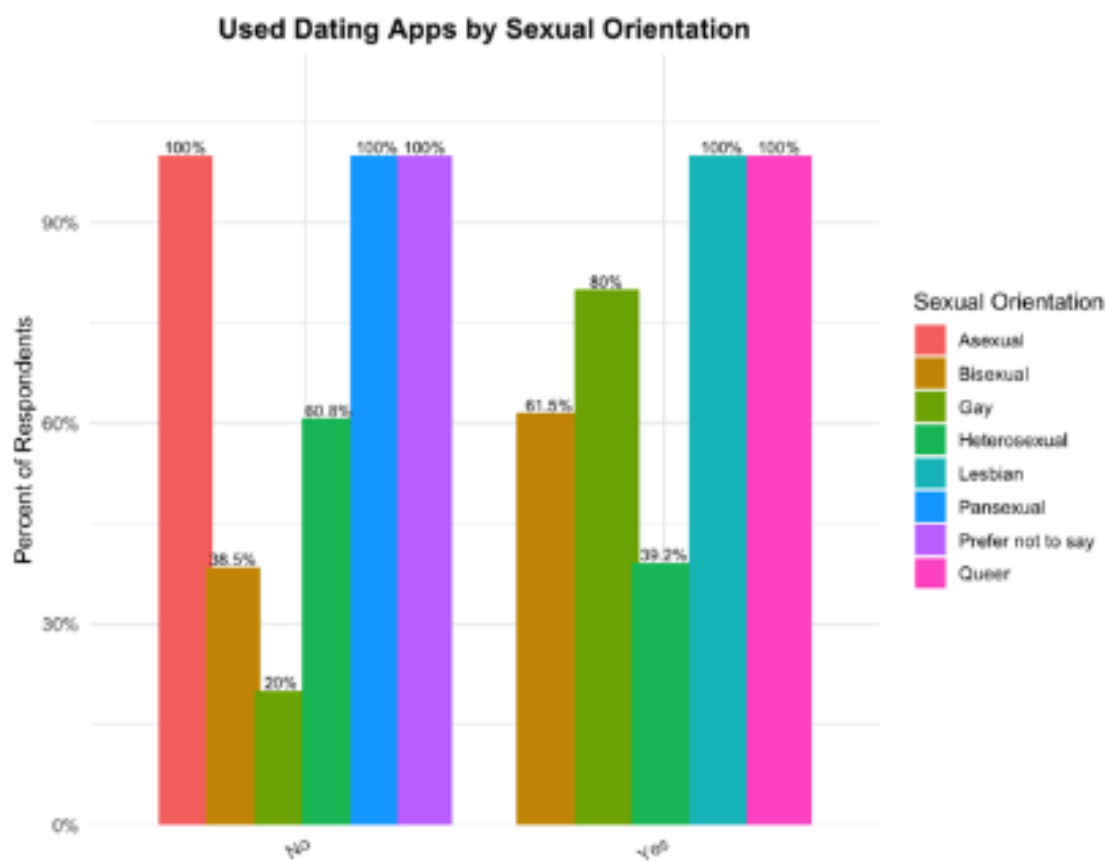
The final section of the survey gauged student experience with dating apps. Through a combination of qualitative responses and quantitative trends, it becomes clear that while digital dating is a normalised and widespread part of student life, it brings with it complex emotional, psychological, and safety-related implications.

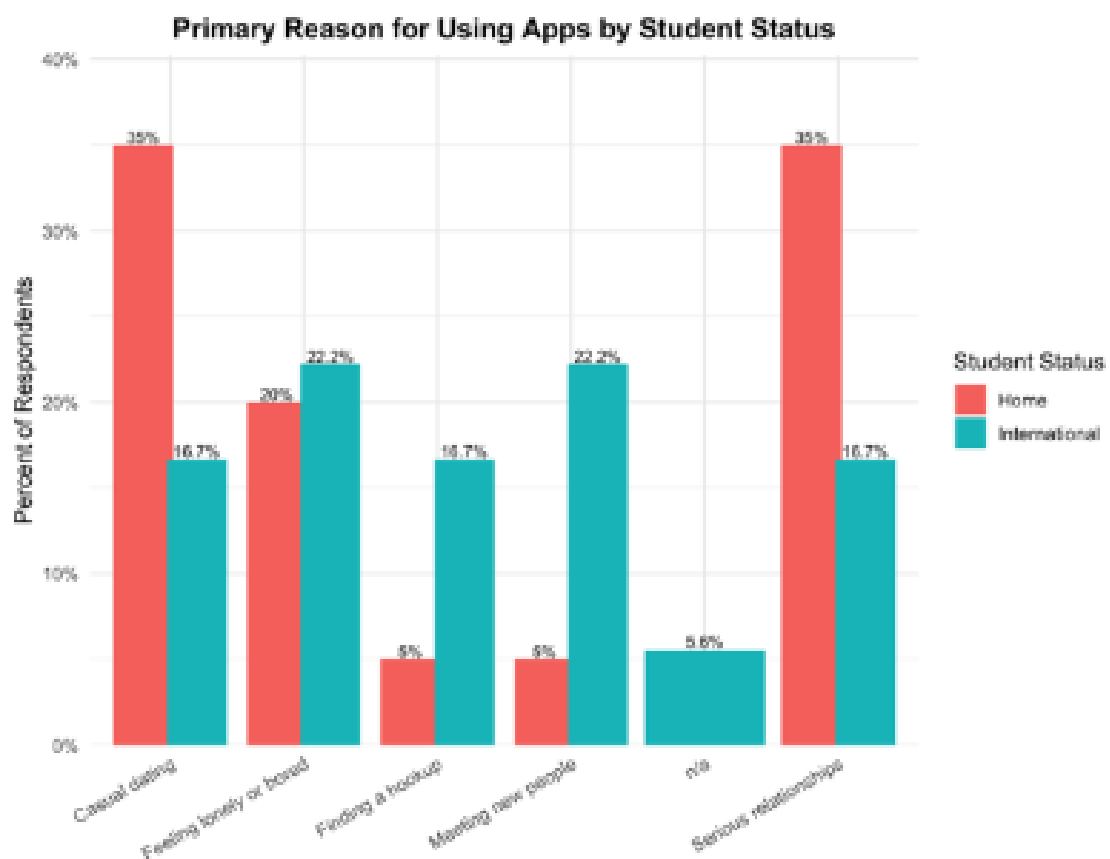
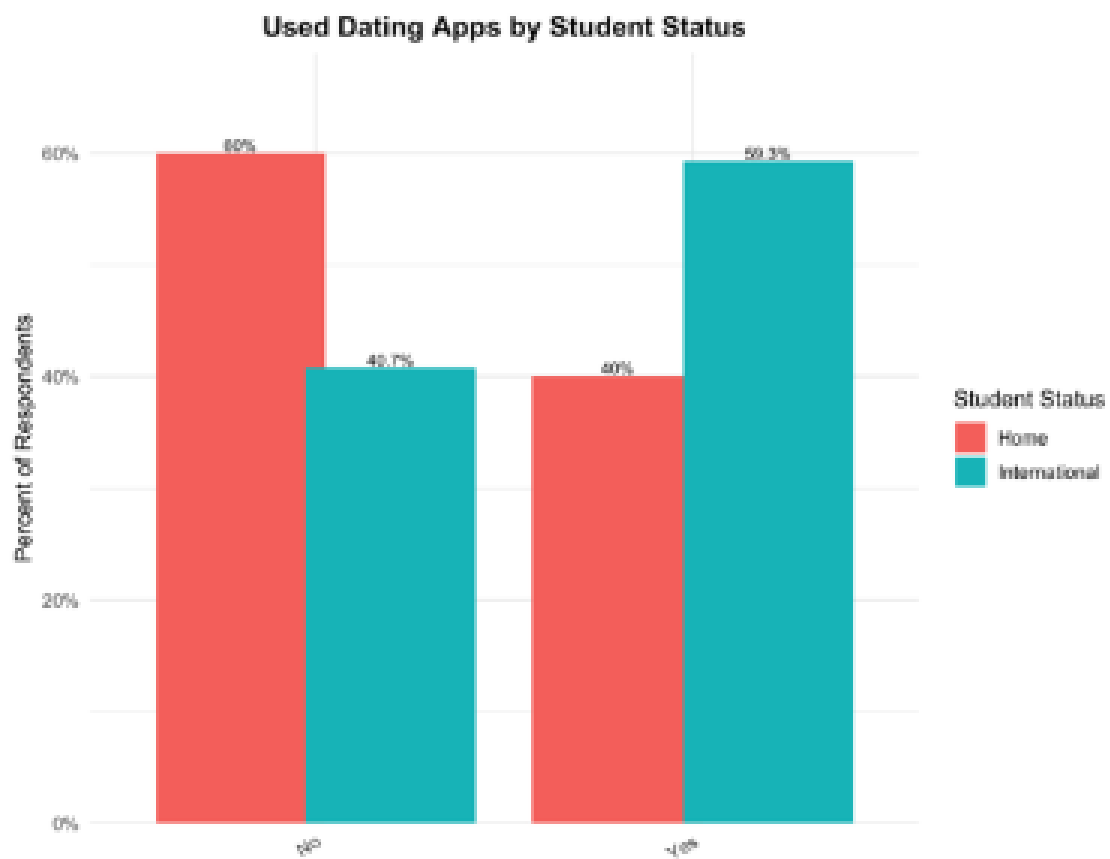
We first asked if students used dating apps and then enquired about the reasons motivating their decision.



Across all responses, students reported a variety of reasons for using dating apps as shown above. These motivations varied across demographic groups, plotted below:



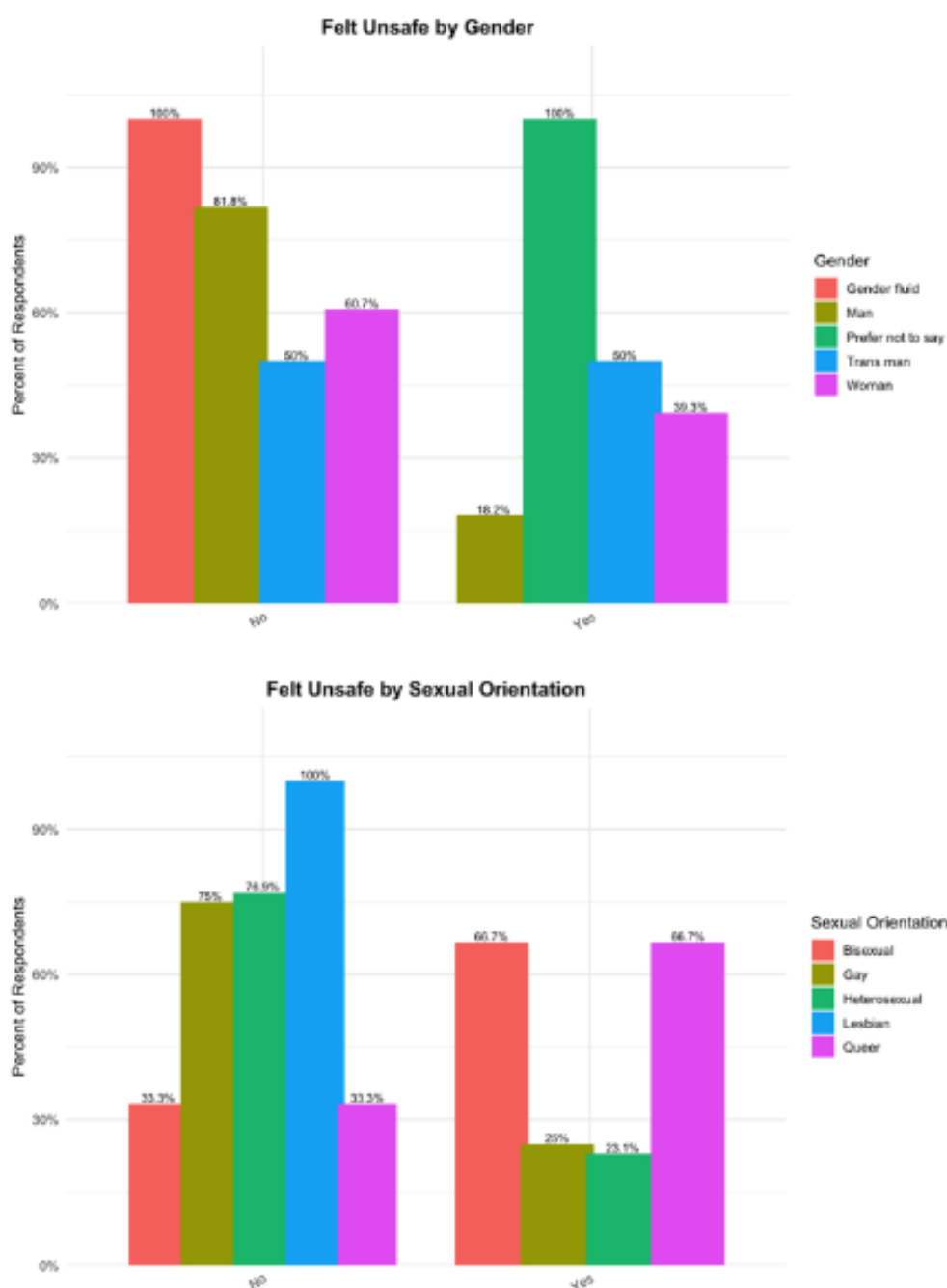


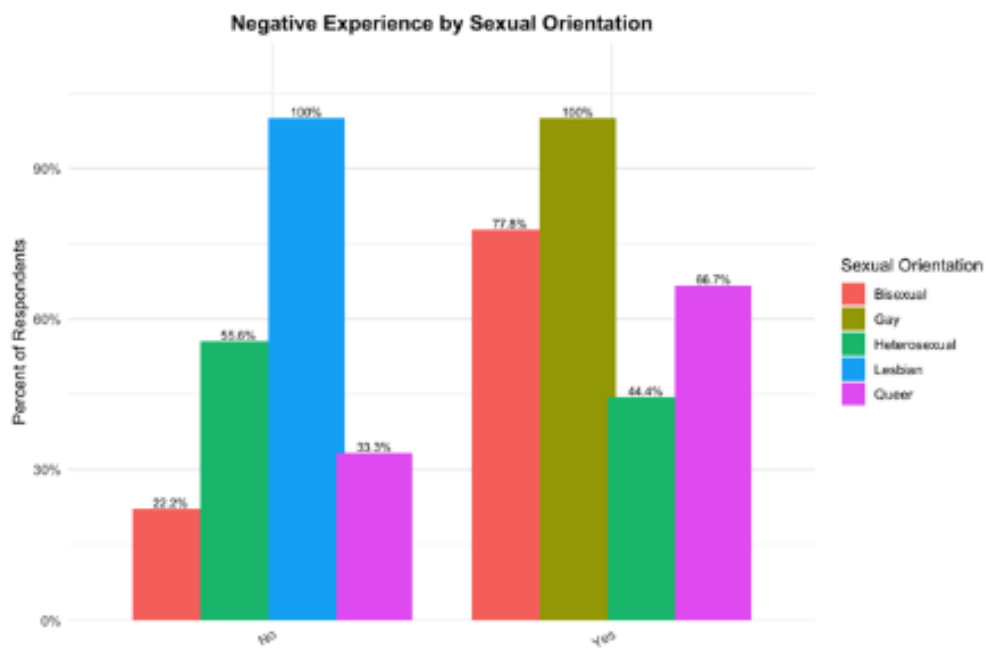
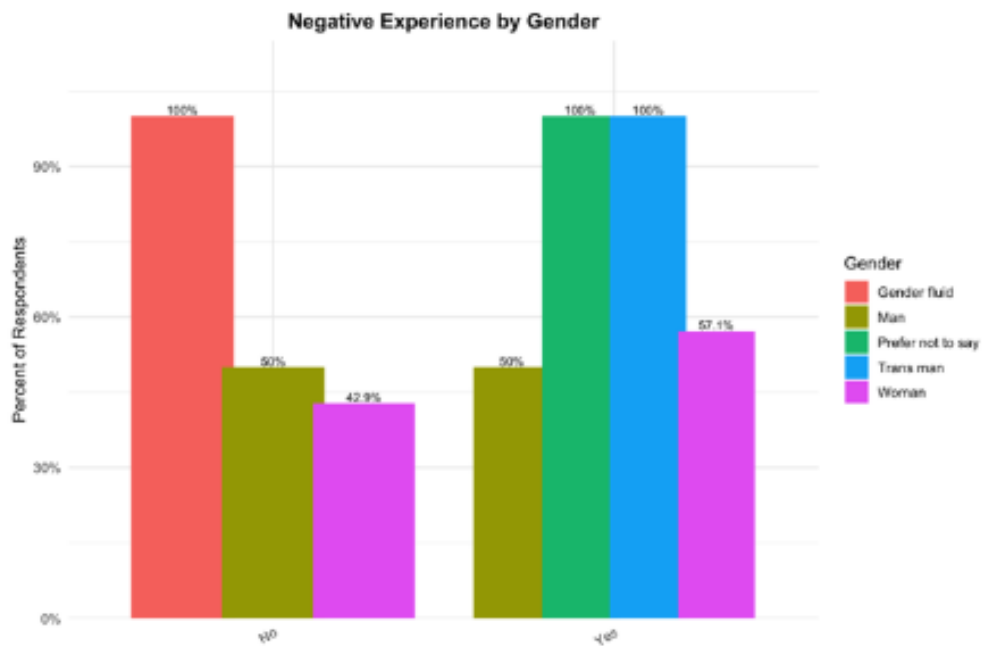


Out of 25 qualitative responses on how the use of dating apps has impacted self-esteem and quality of mental health, students offered mixed accounts of the mental health effects associated with dating app use:

- Several participants noted no impact on their wellbeing.
- Others described increased insecurity, self-consciousness, or anxiety, often tied to appearance-based interactions or fear of rejection.
- Alarming, multiple respondents reported experiences of harassment or assault, particularly from men. One woman described how her experience "tainted" her ability to feel comfortable in relationships with men, highlighting the gendered emotional toll of digital dating.

These adverse experiences seemed to be moderated by sexual orientation and gender identity:





These findings underscore that while dating apps may offer connection, they can also exacerbate emotional vulnerabilities and mirror broader power dynamics present offline.

Key takeaways include:

- **Widespread Usage, Varied Motivations:** Students use dating apps for a range of reasons beyond hookups, such as companionship or social exploration. This reinforces the idea that digital dating is a normalised, multifaceted part of student life.
- **Adverse Emotional Impact:** While some respondents reported neutral experiences, others highlighted significant psychological tolls. These include worsened self-esteem, experiences of assault or harassment, and increased discomfort with dating—particularly involving men. The qualitative data underline how emotional risk is gendered and mediated by power dynamics.
- **Safety Concerns:** Many students reported feeling unsafe or having negative experiences. However, most were unaware of resources specifically designed to support dating app users, pointing to a serious gap in harm reduction and digital safety education.
- **The majority (92%) of students were unaware of mental or sexual health resources designed for dating app users, despite an interest in having more support and guidance.**

Analysis, Conclusions & Key Takeaways

This exploratory survey highlights the varied factors shaping student well-being, with particular emphasis on academic anxiety, identity-based stressors, and underutilisation of support services. While statistical power was limited, the descriptive and thematic patterns across demographic groups provide a foundation for future research and intervention.

Key insights include:

- Academic pressure is a dominant and near-universal driver of anxiety and reduced satisfaction.
- Psychosocial stressors, particularly around mental and sexual health, disproportionately affect women, LGBTQ+ students, and international students.
- Despite moderate awareness of mental health services, actual usage remains low, suggesting deeper barriers such as stigma, cultural taboos, and uncertainty around effectiveness.
- Similarly, awareness and usage of sexual health resources were low, even though many students reported stress around sexual health, particularly among queer and international respondents.
- Digital dating, while common, exposes students, especially women and queer individuals, to emotional and safety risks, with a notable lack of institutional resources to support harm reduction in these contexts.

These findings underscore the urgent need for more inclusive, accessible, and culturally sensitive interventions. Future directions may include:

- Enhanced outreach and navigation support for both mental and sexual health services, with targeted communication for underserved populations.
- Expanded peer-led or community-based support models that resonate with diverse identities and offer lower-barrier entry points.
- Integrated curricula or workshops addressing digital safety, sexual health, and emotional well-being, particularly in relation to dating and relationships.
- Longitudinal and intersectional research, leveraging larger, more representative samples to test hypotheses generated by this exploratory work.

Situating Our Findings Within Camden's Broader Sexual Health Landscape

While our UCL-specific survey was exploratory and student-focused, Camden Council's 2024 Sexual Health Needs Assessment offers a comprehensive, borough-wide epidemiological overview of sexual and reproductive health outcomes. Comparing the two reveals both important convergences and notable gaps, highlighting the distinct value of localised, institution-specific data.

Epidemiological Scope and Diagnostic Trends:

Where our study prioritised students' subjective experiences and service perceptions, Camden's SHNA presents robust longitudinal data on STI and HIV prevalence, contraceptive access, abortion rates, and service usage trends. For example:

- Camden continues to report higher-than-average rates of STIs, including syphilis, gonorrhoea, and genital herpes, especially in boroughs with large student populations like Bloomsbury.
- Young people (aged 20–34)—the majority demographic in our UCL sample—are statistically the most affected by STI diagnoses, confirming the heightened vulnerability suggested by our respondents' stress and anxiety around sexual health.
- Camden's rising PrEP need, particularly among men who have sex with men (MSM), and gaps in PrEP coverage, provide critical context for our findings around low service awareness among queer students.

Service Infrastructure and Commissioning Landscape:

The Camden report outlines the complexity of sexual health commissioning across local authorities, NHS England, and integrated care systems which may help explain gaps in student awareness and access. For instance:

- Many students may be unaware that they can access services beyond UCL, including Central and North West London NHS Foundation Trust's clinics, SHL.uk home testing kits, and services for specific populations (e.g., sex workers, LGBTQ+ youth).
- There are geographical inequalities in service access, which may disproportionately affect students navigating unfamiliar boroughs, particularly international or recently relocated individuals.

Public Health Policy Context:

By synthesising national and regional sexual health frameworks, Camden's assessment anchors student experiences within a broader policy ecosystem. It affirms that:

- Stigma, discrimination, and cultural mismatch continue to be major barriers to sexual health access, which are concerns echoed in our qualitative responses, particularly from LGBTQ+ and international students.
- Integration of sexual and reproductive health services remains a key local priority, with Camden emphasising holistic, person-centred care that aligns with student feedback calling for more empathetic and trauma-informed support.

Demographic Representation and Population Trends:

Camden's population-level data enhances our interpretation of UCL-specific trends by offering contextual baselines:

- For instance, Camden's relatively high rates of abortion among young women and its declining under-18 conception rates suggest that contraceptive access is improving borough-wide, but our findings indicate that many students still lack awareness or feel discomfort accessing these services.
- The SHNA also emphasises ethnic disparities, particularly under-detection in Asian communities, insightful in light of our findings that South and East Asian students report elevated anxiety and lower confidence around sexual health.

Where Our Study Adds and Intersects

While Camden's SHNA offers macro-level insight grounded in service data and national policy, our UCL-specific findings bring visibility to micro-level, experiential gaps:

Lived experiences of stigma, digital harm, and relational dynamics (e.g., dating app usage, emotional safety) are largely absent in borough-wide assessments.

We identified cultural and psychosocial barriers not captured in clinical service use statistics, such as doubts about being understood by providers, or anxieties rooted in cultural taboos around sexuality and mental health.

Our focus on student social networks and coping strategies, including creative and peer-based methods, complements Camden's focus on institutional service provision.

Why Both Perspectives Are Necessary

Taken together, our UCL survey and Camden's SHNA underscore that effective sexual health policy must integrate population-level surveillance with context-sensitive, community-informed insights. Coordinated efforts between borough-wide sexual health work and university-specific work could enhance service awareness, improve cultural competency, and close the gap between public health intention and student lived reality.

Limitations

While we set out to create a wide ranging and comprehensive survey, there are several limitations to note. This study was performed as a cross-sectional survey, and it was not possible to observe how mental health status has changed over time. This can result in overly static research results. Additionally, since most surveys were taken in person in front of a researcher, there is a likely expectation of bias since respondents are more likely to respond to a survey in a manner they deem "desirable" (Bais Et al., 2020).

Notably, mental health status and sexual health behaviours are affected by innumerable factors that are not easy to comprehensively measure. The complex phenomena we wanted to know about is intricate and intimate, and trying to parse out all the data with a questionnaire alone means there is a possibility of simplifying or even, in the worst case, trivialising the subject matter.

While we attempted to extract data through in-person booths, online forums, group chats and word of mouth means, we had difficulty maintaining a sample size that could be considered statistically significant to UCL. The sample sizes were the following (data provided by UCL Student Statistics):

- 44 undergraduate responses/ 25,583 undergraduate students (.17% of UG Population)
- 28 postgraduate responses (non-PhD/research) / 20,060 postgraduate students (.14% of PG taught population)
- 6 PhD responses (research PG) / 6,150 PhD students (.1% of PhD population)

It is also notable that the representation of home students to international students is not statically like the actual proportion of each; While our survey yielded results from 65% home students and 35% international students, UCL has a home student population around 48%, and an international student population of 52%.

As was discussed earlier in this section, when using surveys, it is possible to have bias depending on the time of day, if the respondent is alone or not while filling out the answers, among other factors. Notably, this response bias means that the students who are more likely to engage with research initiatives are also those who are more likely to engage with their broader community. If people are engaged with their community, especially the wider UCL community, they are more likely to know what resources are available which will have a skewing effect on data. There was still significant unawareness of services offered by UCL, even from community active individuals. The communities that may need more outreach and more support are inaccessible to a more casual research group. This is the eternal problem, however, with those who require the most support, in the case of our study on sexual and mental health: they are the least likely to advocate for themselves, engage in outreach, or know what kind of support may be available to them.

Finally, the outreach was done without significant research or understanding into the kinds of surveys that yield helpful results. The outreach in person was performed in stalls on campus, however there was not time spent seeing where students were most likely to study, what the student population numbers would be like on those days, or other factors. This means that, as before, specific communities may not have been reached. Despite these limitations, this research provides a broad understanding of the landscape of factors affecting sexual and mental health of students at UCL for future research and intervention development.



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