Insight Topic 5: CONTRACEPTION

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INTRODUCTION

NHS Tayside and partners want to adopt a positive approach to young people's sexual health. An insight gathering project has engaged young people in discussion of what they need to make relationships good. The purpose of the insight process is to bring detail to consideration of future services, particularly the possible use of social marketing or broader communication messages targeting young people.

This paper is one of a number of topic chapters published at www.makeitgoodtayside.org Each topic chapter presents:

- Insight from young people.
- Insight from other research, resources or services.
- A summary and discussion points.

For more about the insight gathering process please refer to **'About the Insight Gathering project'** also published at www.makeitgoodtayside.org

1. INSIGHT FROM YOUNG PEOPLE

In the initial focus groups, the topic of **CONTRACEPTION** was raised and discussed by 13 of the 16 groups. In terms of online engagement, responses to the **CONTRACEPTION** online survey came from 31 young people as follows:

Online engagement by Local Authority:

	Number of online submissions
Angus	9
Dundee	19
Perth and Kinross	2
Other area	1
Total by method	31

Online engagement by gender:

	Male	Female	Other gender identity
Number of participants	7	21	3

Online engagement by age:

	Under 16	16	17	18	19	20	21+
Number of participants	10	11	6	1	1	1	1

In addition to discussion in focus groups, young people completing the **CONTRACEPTION** survey provided a response to the request: *Tell us about your experience of contraception when it comes to sex or relationships*. Insight from young people points to several themes. While one online respondent reported "I use the pill because condoms are boring" (16/PK/Other gender identity) mention of condoms in this section is connected to their role as a contraceptive - for more detail on attitudes, experiences or factors related to condom use more generally see the insight chapter on CONDOMS.

Purpose

Young people recognised the purpose of contraception is the avoidance of pregnancy, in terms of sexual health more broadly, avoiding pregnancy is by far the greater concern compared to exposure to STIs.

> People don't think about STIs, it's just pregnancy they worry about.
> (Focus group 12/Dundee)

It can stop a couple or people having a one-night stand having a child temporarily. (17/Angus/Male)

People use items of contraception to prevent pregnancy. (16/Dundee/Female)

No pregnancy scares. (Focus group 4/PK)

I don't think people are having sex to get pregnant, they are doing it to have a good time. (Focus group 4/PK)

I don't want a kid at this age. (Focus group 16/Angus)

Knowledge of contraceptive methods

Young people identified the oral contraception pill, contraceptive implant and condoms in conversations about contraception.

Contraception includes things such as condoms, the pill and the rod. (17/Angus/Female)

I use the pill. (17/Angus/Female)

The pill and condoms. (>16/Dundee/Female)

There was an appreciation of the choice young people had, but that it was not necessarily easy to decide what might work for the individual, or to remember to take oral contraceptives.

Yeah, good idea. Implant, it's good coz you can forget. Good that we have options. (18/Dundee/Female)

Important to use, difficult to find suitable one. (21+/Dundee/Female)

Forgetting to take a contraceptive and had sex, luckily did not end up pregnant. (>16/Angus/Female)

In one focus group (Focus group 11/Dundee and mixed gender) when asked '*who's ever given you information about contraception?'* the response, with everyone shaking their heads was *no-one.*

Contraception and condoms

Having identified the primacy of avoiding pregnancy, some contributions and conversations did connect contraception and *safe* or *safer* sex, where being safe also means *safe from* unplanned pregnancy.

Safe sex. Prevents sexually transmitted infections. (17/Dundee/Female)

Being safe when having sex. (>16/Dundee/Female)

Safety, protection, thinking ahead. (16/Dundee/Female)

When you are being safe in a relationship. (>16/Dundee/Female)

Safe sex, avoiding pregnancy and potentially STDs. (16/Dundee/Female)

Responsibility for contraception
From across contributions it is clear that young people - both male and female - see contraception and avoidance of pregnancy as primarily the responsibility of young women. Young women might not seek this responsibility, but they know that young men make assumptions.

Girls would use the pill or the morning after pill. (Focus group 14/PK)

I'd assume they were using contraception. (Focus group 14/PK)

Most girls are on the pill. (Focus group 15/Angus)

Boys assume you are on contraception. (Focus group 12/Dundee)

I think it's quite difficult for a girl to persuade a guy to use contraception. I think if she wants to use contraception she needs to sort it out herself.
(Focus group 2/Angus)

Reasons for not using contraception
Online and in discussion young people also indicated other reasons contraception might not be used: perhaps they have a somewhat ambivalent attitude toward contraception use; a parent might not allow it; there may be a denial of risk associated with not using contraception or condoms.

I tend not to use it when possible. (19/Dundee/Male)

My mum won't let me get it:(:(:((16/Dundee/Female)

Some people don't use anything and think it (pregnancy) will never happen.
(Focus group 13/Dundee)

2. INSIGHT FROM RESEARCH, RESOURCES OR SERVICES

The purpose of identifying insight from other sources is to help locate young people's perceptions and lived experience in a broader context, and where possible to provide further evidence to support the stress which young people have given to an issue, in this section regarding contraception.

While no contraceptive is 100% reliable the choice available does include methods, including long-active reversible methods, which are very reliable and can mitigate problems associated with other methods - for example forgetting to take the pill or

abandoning condom use in the moment. The 15 methods available via NHS services are described online[i].

Considering contraception, it is useful to start with **what we know about pregnancy amongst young women in their teenage years**. This highlights the scale of the issue in terms of contraception not being used (of course this and pregnancy can be a positive choice) or used effectively; this helps identify populations of young women for whom more information, help or support may be needed.

Across the female adult population in Scotland, from the NATSAL 3[ii] findings, we find that 10% of women aged 16-44 had been pregnant in the year prior to survey; they may have given birth, miscarried, or had an abortion. **An estimated one in six of these pregnancies were unplanned, two in six were ambivalent and three in six were planned**.

Scottish Government and NHS Health Scotland[iii] information states that:

- Scotland has a higher rate of teenage pregnancies than most other Western European countries.
- Young women in the most deprived areas of Scotland are more likely to become pregnant than their counterparts in the most affluent parts of the country.
- Women from vulnerable groups (for example young people leaving care[iv], young people living in poverty[v]) are less likely to access antenatal services and other sources of support - a high risk factor for maternal and infant mortality. Where they do access services, they are likely to do so later in pregnancy, and are less likely to maintain good contact with those services.
- Teenage mothers who do better are aided by support from a family, having a positive partner relationship and developing a career or having employment they like.

The Scottish Government Information Services Division[vi] has published the most recent available annual statistics (from 2013 published July 2015) about teenagers and pregnancy. This shows:

- Teenage pregnancy rates in all age groups (under 16s, under 18s, under 20s) have continued to decline over recent years. The teenage pregnancy rate for under 20s has dropped from a recent peak of 57.7 per 1,000 population in 2007 to 37.7 per 1,000 population in 2013; a decrease of 34.7%.
- NHS Tayside area has above the Scottish average in terms of rates of teenage pregnancy rates in under 16s and under 18s and the average national rate for under 20s.
- In terms of Local Authority areas, Dundee City had the highest rate of pregnancy in Scotland in the under 18 age group with 43.9 per 1,000.
- Termination rates for the under 16 age group have remained higher than delivery rates since 2002. For the period reported (1994-2013) termination rates for both the under 18 and under 20 age groups have remained lower than the delivery rates, however, the difference between the rates has narrowed.
- As recognised earlier, there is a strong correlation between deprivation and teenage pregnancy. In the under 20 age group, a teenage female living in the

most deprived area is 4.8 times as likely to experience a pregnancy as someone living in the least deprived area and nearly 12 times as likely to deliver their baby.

The **reasons why contraception is not used by young people** have also been explored in the literature. In a qualitative study in the north of England Sally Brown and Kate Guthrie[vii] spoke with young women aged 16 to 20 years old who had a surgical abortion, talking about their knowledge and views and experiences with contraception. They report that the most common reasons for not using contraception were reported as forgetting to do so or not thinking about it, not wanting to break the mood of an encounter, the influence of alcohol on decisions and pressure from young men not to use condoms. They also highlight that young people do not pay attention to considerations or decisions about contraception until after they have become sexually active, and that sex is often unplanned. They conclude that:

> "It appears from these interviews that lack of knowledge about sex and contraception, and access to sexual health services, did not play a major role in unintended pregnancies among these young women" and that "despite access to a range of contraception being relatively easy in theory, **use of it depends more in the circumstances surrounding the sexual encounter**".

In their quantitative/survey based work Nicole Stone and Roger Ingham[viii] identify **factors that are significantly associated with the use of contraception at first sex**. For young men this is identified as discussing sex before it happens, having sex which is perceived as intimate (rather than ill-considered/opportunistic) and having parents who portrayed sex positively in childhood and early teenage years. For young women contraceptive use is also associated with communication but also enhanced by age/delaying first sex, by a prior connection with a sexual health service provider, feeling comfortable with male peers and when sex is expected (rather than not). The authors conclude that **"The single determinant of use that remained significant throughout the analyses for both sexes was the degree of communication about contraception"**.

Research from the US supports the conclusions above. The Association of Reproductive Health Professionals[ix] also identifies that a lack of planning for first sexual intercourse (including never having attended a sexual health service) means that enough consideration has not been given to contraception. Consideration is also given to how an adolescent might weigh the risks and benefits of having sex without using contraception, and that they may just decide the benefits outweigh perceived risk of pregnancy or STIs or even negative consequences of seeking out contraception (for example parents finding out).

Not using contraception is a global concern and is explored by C-Change[x] in several different countries, this includes exploration of the use of mass-media campaigns to address the issues.

A further issue of relevance is **contraceptive efficacy**, whether contraception will work or not. James Trussell[xi] recognises that a method of contraception will have its

own inherent efficacy – this is recognised in the provision of more effective methods such as the implant which is not dependent on a young person remembering to use it (as is the case with the pill, also effective but possibly not well managed). Secondly, there is the key matter of the user's own characteristics, so that an individual may or may not be able to use the contraception as required and efficacy may be affected by the frequency of sexual intercourse or age of the user. The conclusion drawn is that **effective contraception is about correct and consistent use and that simultaneous use of two methods dramatically reduces the risk of failure.**

3. CONTRACEPTION: SUMMARY AND DISCUSSION POINTS

When it comes to the insight offered by young people and other sources several important themes and issues have been highlighted. These are summarised below and discussion points are highlighted. Again, some attention is given to the use of insight from this project in terms of the use of social marketing to promote positive sexual health for young people.

The notion of *responsibility*

Insight from young people and other sources identified above, indicates that young women are viewed as having the responsibility to ensure that contraception is being used. By contrast, both this topic chapter and the insight chapter on condoms, show that with condoms young men do not bear responsibility, but rather have a choice. In this reflection on contraception it seems that issues of gender and power are playing their part; changing young men's attitudes (and behaviours) toward where the responsibility to avert pregnancy sits is a significant challenge.

Deprivation matters

Scottish Government statistics highlight the impact of poverty on teenage pregnancy rates and subsequent maternal and child health. Deprivation also matters in terms of young men's communication about contraception. Work cited earlier (by Nicole Stone and Roger Ingham) on the importance of communication and contraceptive use identifies that: "Males' ability to communicate with their partner about contraception before first sex appears to be associated with their level of social deprivation: Young men with the highest level of social deprivation had significantly lower odds of talking about contraceptive use than those who lived in the least socially deprived neighborhoods". Considering where social marketing might bring some benefit (and thinking about *segmentation*) there are evidently some populations of young people for whom building skills, confidence and perhaps even understanding of the relevance of communication in relationships and about contraception, would bring benefits.

Considering contraception before becoming sexually active

Use of contraception has been linked to the extent to which a young person gives consideration to the issue before they first have sex; this is also linked to whether they have accessed a sexual health service which can support discussion and choices before sex. While the insight discussed above points to the importance of cultural and contextual factors in decision making about contraception it is also true

that knowledge and access to services and opportunities to talk about impending relationships and sex are of importance.

Communication and planning
Sally Brown and Kate Guthrie, quoted earlier, identify "that a very important determinant of contraceptive use was communication". This is supported across the literature, so that we can conclude that talking about having sex, before it happens, and planning for it means that contraception is more likely to be used and used properly. An earlier insight topic chapter has already highlighted issues and challenges around *communication* and exploration of this current topic of contraception can only further emphasise the importance of supporting young people to develop the skills, confidence and understanding (whether promoted through social marketing approaches or other ways) that talking is fundamental to good sexual health outcomes.

Combining methods to increase efficacy
From earlier discussion, it seems that when a young woman states she is using some form of contraception, then condom use can be abandoned because the worry of pregnancy has been addressed. Trussell's work on contraceptive efficacy, cited earlier, argues that simultaneous use of two methods of contraception dramatically reduces the risk of failure; presenting a challenge in terms of questioning assumptions that one method is adequate, and challenging young men's aversion to condoms for a range of reasons previously stated.

Importance of family and parental views on contraception
Again, referring back to the insight topic 'communication', it is clear that the home environment and parents/carers matter when supporting young people to learn, talk about and make commitments to contraceptive use. Nicole Stone and Roger Ingham quoted earlier state that in terms of contraception: "Parents' willingness and ability to discuss sexuality openly and portray it in a positive light throughout their children's lives appear to impart both competence and confidence. In contrast, reluctance to talk about sexual matters and embarrassment in doing so reinforce negative messages of unacceptability and prohibition". In terms of current considerations of social marketing as a tool for health improvement to promote positive sexual health *for young people* it may not just be young people themselves who can usefully be targeted.

References

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