

Discussion of the results

Overall the findings show both high levels of contraceptive use and high levels of contraceptive risk, highlighting the importance of maintaining use of contraception, promoting dual contraceptive use¹⁷ and compensatory behaviour if risks occur. Current policy has aimed to increase the availability of oral EC by making it available over the counter. Some health care professionals (doctors, pharmacists and nurses) have raised concerns that promoting compensatory behaviour will reduce the use of primary contraceptives.^{7,8} The low proportion of contraceptive risks that were compensated for in this study demonstrates the existing large scope for increasing EC use without this reflecting an increase in primary contraceptive risks.

The study shows a discrepancy between levels of primary contraceptive risks and compensatory behaviour. This highlights the importance of measuring the impact of interventions promoting EC use through levels of EC use in relation to levels of primary contraceptive risk. The impact of interventions promoting EC could also be measured in terms of unwanted pregnancy rates. This study, however, suggests that a low proportion of contraceptive risks result in pregnancy. This, combined with the level of efficacy of EC, means that a large, consistent increase in EC use and a very large sample size would be required for an impact on unwanted pregnancy to be demonstrated.

Female respondents in this study were more likely to have used EC than respondents in other recent surveys.¹ This is likely to reflect the use of a sample of young people aged over 16 years in education, as those from more socially deprived backgrounds may be less willing to use EC.¹³

Existing research has highlighted a range of reasons why young women may not use EC including: their perceptions regarding their susceptibility to pregnancy; links made between EC and a negative female sexuality; and concerns about side effects and concern about health care professionals' attitudes.^{13,18,19} Within and between subject attitudinal differences between episodes of risky sex which were compensated for and those which were not are reported elsewhere.¹⁴

Conclusions

In this study the majority of sexually active people experienced contraceptive risks that, in many cases, were not followed by compensatory behaviour. The study findings suggest that interventions promoting contraceptive use should focus on the maintenance of behaviour and the need for compensatory behaviours (condom or EC use) when contraception goes wrong. Such an approach involves the acknowledgement that contraceptive risks do happen but can be managed.

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