Use and opinions of contraceptive services: survey of socially disadvantaged young adults

In response to the UK government's announcement that Sex and Relationships Education (SRE) will become compulsory in all secondary schools from September 2019, we conducted a small survey which confirms the need for this.

The UK continues to have one of the highest teenage conception rates in Western Europe,[1] with increased rates in areas of higher deprivation.[2] The UK National Institute for Health and Care Excellence (NICE) has called for information on the use of contraceptive services by young people from diverse and disadvantaged backgrounds.[3 4]

In a brief, anonymous paper questionnaire survey of students aged 16–24 years attending an inner London Further Education College, we asked about use and ease of access to contraception, unintended conceptions, and improvements respondents would like to see in contraceptive health services. The response rate was 79% (120/152), with an age range of 16–24 (mean 18) years, 23% male, and 61% describing their ethnicity as black, 16% white, and 23% other. Almost half of the students identified with a religious background, with half describing themselves as Christian.

Almost one-third of the students reported using contraception, with over half relying on barrier methods alone, the most popular modality, and around a quarter of the women using long-acting reversible contraceptive (LARC) methods. In terms of accessing contraception, male respondents were more likely obtain contraception from the college, while female respondents were more likely to acquire their contraception from a genitourinary medicine clinic. However, despite a weekly nurse-led sexual health clinic at the college providing free condoms, 15% believed accessing contraception was difficult, and one-fifth reported not knowing how to obtain contraception. Contraceptive failures were evident, with nearly one in ten reporting an unintended pregnancy, and almost half the participants requesting an improvement in contraceptive services.

Students responded positively to suggestions such as more SRE in college, especially information on different types of contraceptives, and an increased number of clinics on campus. The most requested service improvement was additional walk-in clinics, mirroring the findings of a 2011 systematic review.[5]

Interestingly, one of our more surprising findings was incidental: during the data collection period, many of the students approached reported not understanding the term 'contraception', and required clarification before attempting the survey.

The lessons we draw from this survey are that poor understanding and poor access continue to hinder disadvantaged young UK adults in accessing effective contraception, and while both services and knowledge are desired, impromptu accessibility – particularly during weekends and holidays – is key.

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Contributors KS had the original idea for the research and KS and MM collected and analysed the data supervised by PO. PO and KS drafted and revised the letter. KS is the guarantor.

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