brook

EDUCATION, ACCESS, STIGMA AND YOUNG PEOPLE (EASY)

Attitudes to contraception, condoms and sexual health

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AUTHOR CREDIT

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ABOUT BROOK

Brook is a national charity supporting people with their sexual health and wellbeing. We offer a range of services to support our mission of helping people to live healthier lives.

Brook fights for everyone's right to safe, confidential, accessible healthcare, no matter who they are. We challenge stigma, amplify voices and provide lifelong support so that meets the diverse needs of our communities.

Our unique offer combines clinical services, relationships and sex education, outreach in community settings, wellbeing programmes and counselling. Our life-course approach to sexual health and wellbeing means that people can benefit from our holistic services at any stage of their life.

READ THE SUMMARY REPORT

INTRODUCTION

Brook's research aimed to explore young people's attitudes and perceptions of condoms, contraception, and wider sexual health education and services. Inspired by and with the greatly appreciated support of the CONUNDRUM project (Lewis et al., 2021a), the research was conducted by a multi-disciplinary team across Brook, bringing together expertise from our research and data, participation, communications and policy teams.

Brook conducted this research in response to some troubling trends we witnessed nationally and among our own service users. There were a number of emerging patterns in sexual health that had serious implications for young people:

1. Rise in Sexually Transmitted Infection rates
2. Reduced uptake of contraception
3. Negative discourse around hormonal contraception
4. Reduced access to condoms and contraception
5. Changing attitudes and some opposition towards Relationships and Sex Education (RSE)

Rise in Sexually Transmitted Infection rates

Sexually transmitted infection (STI) rates in the UK have hit record highs in recent years (UKHSA, 2023). In 2022, over 400 diagnoses of STIs were made each day among young people[1]. The same year saw the highest number of gonorrhoea diagnoses in any one year since records began over 100 years ago. Additionally, syphilis rates were the highest they had been since 1948. (Thomas, 2024).

Reduced uptake of contraception

NHS data for 2022/23 shows a year on year decrease in the percentage of 16–24-year-olds using sexual and reproductive health services for contraception (NHS Digital, 2024) (see Table 1a). For women and girls aged 16-24, the rate of emergency contraception provision from sexual health services has increased from 7.11 to 8.60 people per 1000 in the past year (see Table 1b). In addition, 2021 saw the highest rates of abortion since the introduction of the Abortion Act 1967 (GOV UK, 2022) and the percentage of second or subsequent abortions[2] in under 25-year-olds has increased steadily between 2018 and 2021 (fingertips.phe.org.uk, n.d.) (see Figure 1).

1. In this research, 'young people' refers to people aged 16-24
2. Abortions from women aged under 25 years that involve a woman who has had a previous abortion in any year

Table 1a. Percentage of young people (16-24 years old) using Sexual and Reproductive Health S ervices for reasons of contraception, displayed by year.

	Females	**Males**
England, 2020/21	7.67%	0.16%
England, 2021/22	6.54%	0.13%
England, 2022/23	6.60%	0.17%
Note: Data is cited from Sexual and Reproductive Health Activity Dataset (2021; 2022; 2023).		

Table 1b. Females (aged 16-24) provided emergency contraceptives by Sexual and Reproductive Health Services, by age and rate per 1000 population.

	Rate per 1000 population
England, 2020/21	7.54
England, 2021/22	7.11
England, 2022/23	8.60
Note: Data is cited from Sexual and Reproductive Health Activity Dataset (2021; 2022; 2023).	

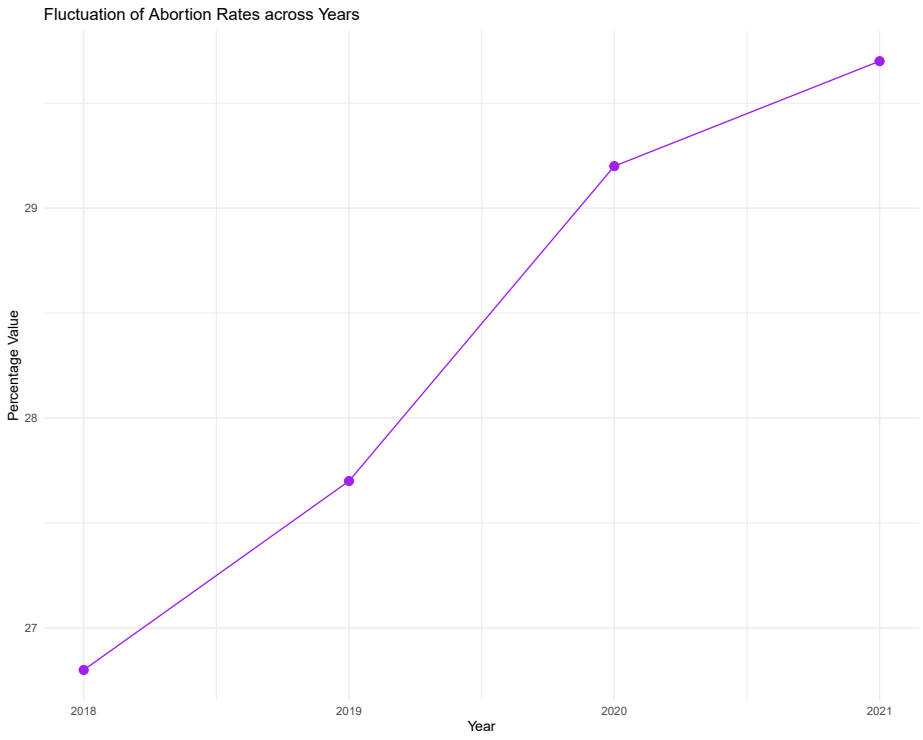


Figure 1. Under 25s repeat abortions value across years. Data cited from Office for Health Improvement and Disparities, Department of Health and Social Care based on data from abortion clinics.

Negative discourse around hormonal contraception

Brook (2023b) has observed an increase in narratives around rejecting hormonal options in favour of cycle tracking methods such as fertility apps. This has also been observed by researchers in the USA who found that in a sample of contraception videos by YouTube influencers 74% mentioned the discontinuation of hormonal methods in their videos about contraception and 40% mentioned using non-hormonal contraception (Pfender and Devlin, 2023). The most common non-hormonal method was cycle tracking with 30% of influencers mentioning this method. However, only 4% of the influencers mentioned condoms as a non-hormonal contraceptive method.

At the same time, young people are taking an active role in their own health education by seeking information from a multitude of sources. However, navigating these different sources can be complex (Kitta, 2019). Recent research conducted by Brook found that many young people are accessing information about contraception from online accounts sharing other people's experiences, rather than from trusted medical sources (Brook, 2023a). This sourcing of information from influencers, peers and friends, as opposed to more credible, medical or educational outlets, has been characterised as 'vernacular knowledge' (Newton, 2024).

Brook service users expressed a preference towards non-hormonal contraception due to concerns about hormones and potential side effects (Brook, 2023a.). This interest in methods which are perceived as 'natural' is echoed in research carried out in the UK on young people's decision making and the interplay between menstruation and contraception (Newton and Hoggart, 2015). In this study of young women aged 16-21, participants perceived menstrual bleeding as natural, and did not favour the idea of choosing a hormonal contraceptive method that may interrupt regular bleeding.

This shift towards non-hormonal methods such as cycle tracking or withdrawal[3] is concerning because of the potential for increased unintended pregnancies. Withdrawal is not recommended by the NHS as it "...is not an effective way to avoid pregnancy..." (NHS, 2024). While natural family planning can be an effective way to prevent pregnancy, it is a complex method which requires users to diligently track various factors which can indicate ovulation (NHS, 2024). When the method is not used correctly, it reduces its effectiveness to prevent pregnancy.

Access to condoms and contraception

A report by the British Pregnancy Advisory Service (BPAS) (2021) into the accessibility of Long-Acting Reversible Contraceptive (LARC) provision in the UK found healthcare professionals feel under pressure to promote LARC methods over others. This can be felt by potential users who then feel pressured to use LARC, compromising their autonomy. Paradoxically, the All Party Parliamentary Group on Sexual and Reproductive Health in the UK (2020) found that many GPs do not have the capacity, training and funding to provide the full range of LARC methods and there is insufficient provision for those who do want to use LARC. Alongside difficulties in accessing LARC, people also report challenges in LARC removal due to availability and accessibility of services. This compounds the lack of agency people feel over their contraceptive choice (BPAS et al., 2021).

The COVID-19 pandemic impacted how young people access condoms, contraception and other sexual health services. A study carried out among 16–24-year-olds in Scotland found that 25% of participants who use condoms and contraception reported COVID-19 impacted their access or use (Lewis et al. 2021b). Young people reported uncertainty about understanding if their reasons for accessing sexual health services were legitimate, as well as unsatisfactory access to contraception and STI testing. Access to free condoms was also affected with young people reporting they now purchased condoms where they had previously accessed free condoms. More recent research by Brook has found that many young people are not aware of Condom Distribution Schemes (CDS) or have unmet access needs (Brook & Reason Digital, 2024). At Brook, there has been a year-on-year decrease in self-reported condom use among service users under 25 since 2019 (see Figure 2). Between January and September 2023, 42% said they do not use condoms (see Figure 3).

3. Withdrawing the penis before ejaculation

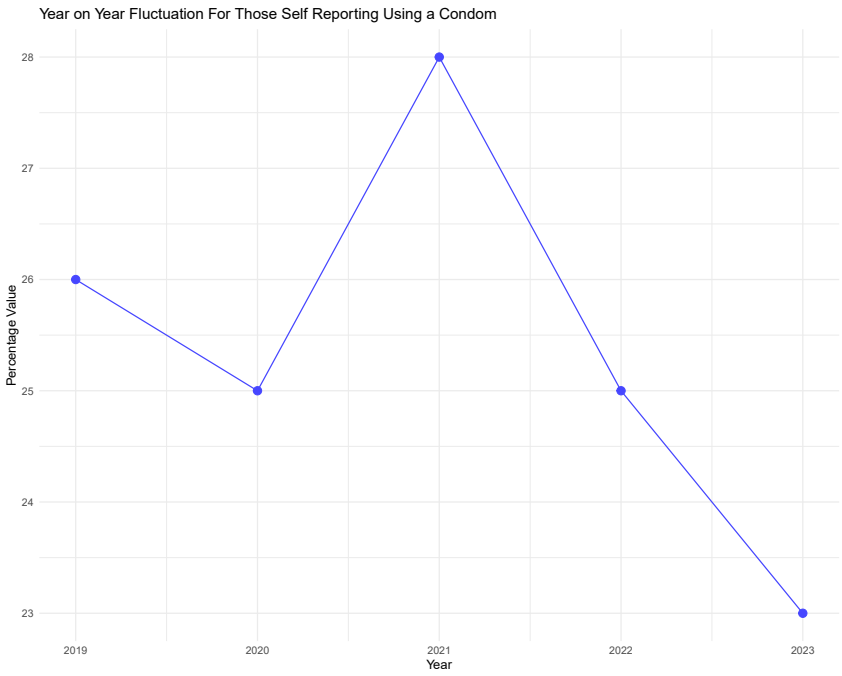


Figure 2. Yearly percentage of those who responded 'yes' to using a condom.

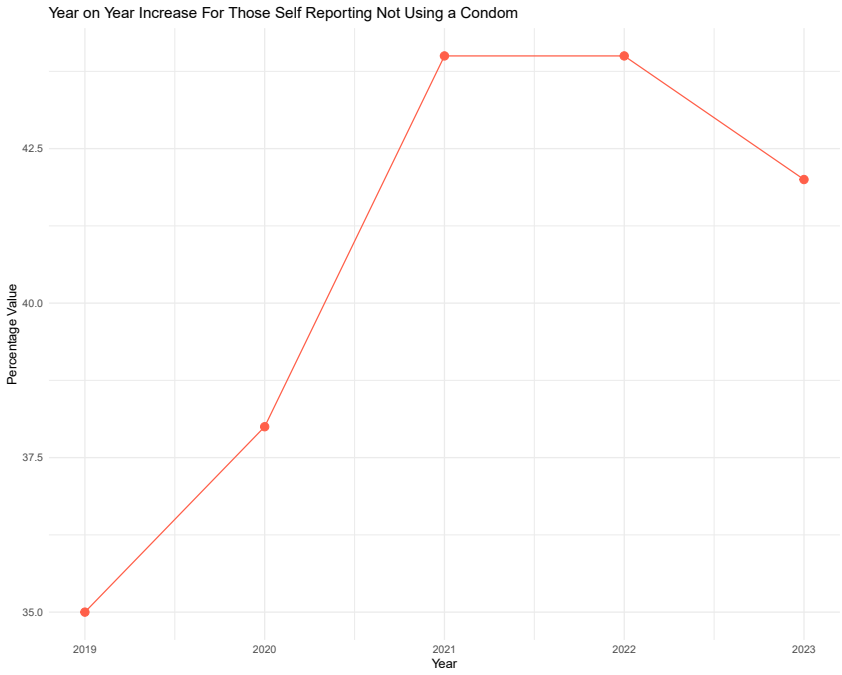


Figure 3. Yearly percentage of those who responded 'no' to using a condom.

Changing attitudes and some opposition towards Relationships and Sex Education (RSE)

Sex Education Forum's (SEF) 2024 annual young people's poll on relationships and sex education (RSE) found that 50% of young people aged 16-17 who rated their RSE as good or very good and only 43% feel personally represented and included by RSE. Unsatisfactory RSE can have a lifelong impact on young people and their understanding of important aspects of sex and healthy relationships (Ramírez-Villalobos et al., 2021). Research conducted by the Higher Education Policy Institute found that 48% of university-aged young people did not feel that the education they received at school adequately prepared them for sex and relationships at university (Natzler and Evans, n.d.). Results from both sets of research reported that RSE satisfaction and relevance was lower for LGBT+ young people.

AIMS OF THIS RESEARCH

Through this research, Brook aimed to better understand the picture of sexual health through the lens of young people. As a trusted provider of sexual health services for 60 years, Brook wanted to understand how it can continue to best support young people. Additionally, with a high proportion of young people accessing digital content, including misinformation, Brook felt it was timely and important to hear young people's views on sexual health in a post-pandemic world (Brook, 2023b). Brook is committed to improving young people's access to accurate and factual sexual health information tailored to their needs. We hope this research will support the sexual and reproductive health sector to consider opportunities for adapting and rethinking service provision, education and public health messaging.

Through this research, we aimed to answer the following questions:

1. What are young people's perceptions and attitudes towards condoms, contraception and sexual health services?

2. How are young people accessing sexual health services and how would they prefer to access them in the future?

3. Where do young people obtain information about their bodies, relationships and contraception?

4. How do these sources of information influence young people's sexual health decision making?

METHODS

The research used a mixed methods approach. Quantitative data was collected using surveys built in Microsoft Forms. Brook's research team adapted the survey used by the CONUNDRUM project in Scotland to be applicable for England and Wales (Lewis et al., 2021a). The survey was piloted by members of Brook's national participation forums[4] to ensure accessibility and suitability.

Following analysis of the survey data, qualitative data was used to better understand key themes and outstanding questions. Using a qualitative approach in this research enabled a more nuanced understanding of survey findings, answering the 'how' and 'why' (Tenny, Brannan and Brannan, 2022).

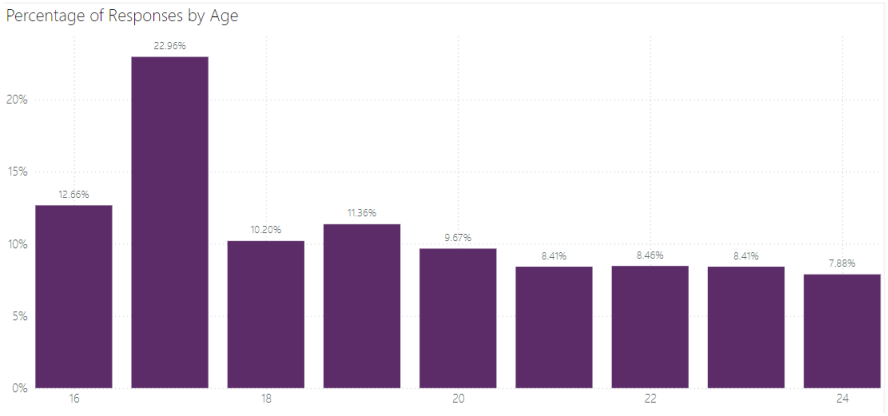
Survey recruitment and data collection

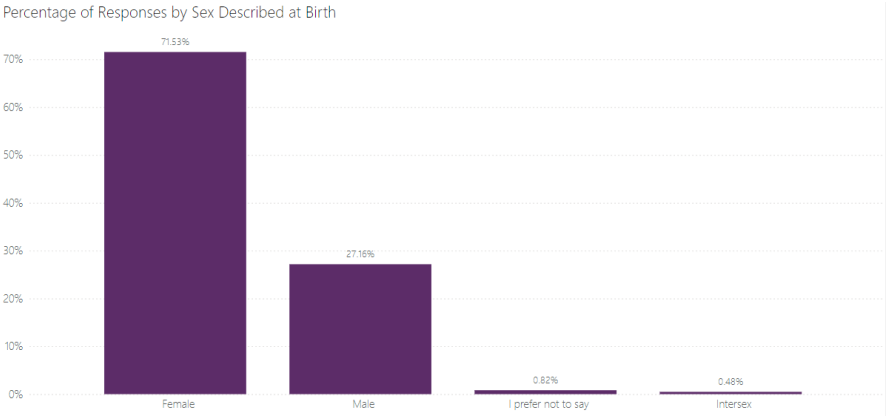
The survey was live from June to July 2023 and shared with young people via social media, at Brook clinics and by partner organisations. The survey was also promoted through paid social media advertising and by sexual health influencers. 2,387 young people responded. Demographic data can be found in figures 4-7.

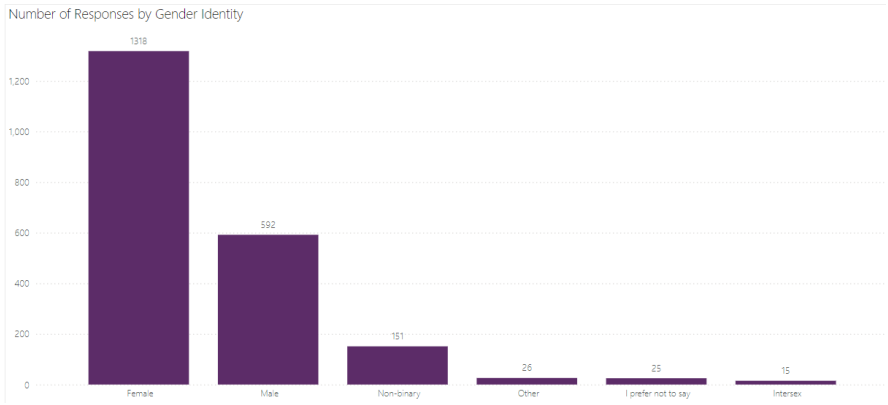
Due to low uptake of respondents assigned male at birth (AMAB), a shorter targeted survey was promoted in January 2024 using paid social media advertising, a micro-influencer and through partner organisations. 330 AMAB young people responded to the 2024 survey.

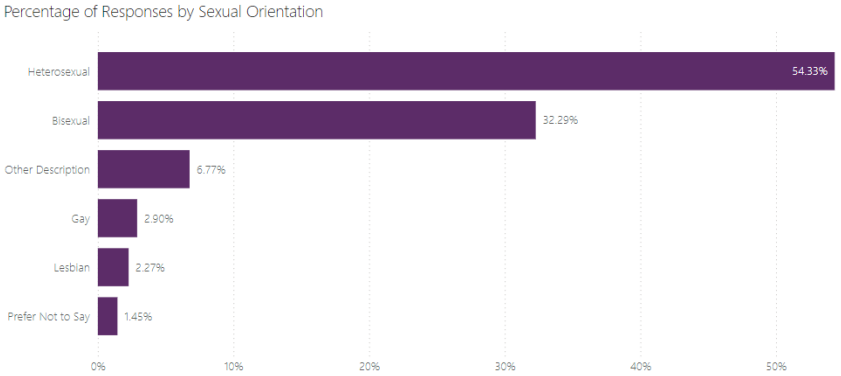
4. Brook's National participation forums are comprised of young people and adults from across the country, who meet regularly throughout the year to provide their expertise and lived experience around topics related to sexual health and wellbeing, to help shape and improve Brook's services. More information can be found here: https://www.brook.org.uk/get-involved/participation/

Figures 4-7


Percentage of Responses by Age
22.96%
20%
15%
12.66%
11.36%
10.20%
9.67%
10%
8.41%
8.46%
8.41%
7.88%
5%
0%
16
18
20
22
24


Percentage of Responses by Sex Described at Birth
71.53%
70%
60%
50%
40%
30%
27.16%
20%
10%
0%
0.82%
0.48%
Female
Male
I prefer not to say
Intersex


Number of Responses by Gender Identity
1318
1,200
1,000
800
592
600
400
200
151
26
25
15
0
Female
Male
Non-binary
Other
I prefer not to say
Intersex


Percentage of Responses by Sexual Orientation
Heterosexual
54.33%
Bisexual
32.29%
Other Description
6.77%
Gay
2.90%
Lesbian
2.27%
Prefer Not to Say
1.45%
0%
10%
20%
30%
40%
50%

Small Group Discussions, interview recruitment and data collection

The qualitative research built on the survey findings and aimed to better understand the way young people learn about sexual health and how these sources of information may influence their decision making. Participants were recruited through targeted advertising at educational institutions and charities working with young people. Participant demographics, discussion format and recruitment approach can be found in Table 2.

Four 90-minute small group discussions (SGDs) and two 60-minute one-to-one interviews were conducted with 16 participants. SGDs and interviews were predominantly undertaken online. Each conversation was led by a Brook researcher and supported by a note taker.

Group Reference	**Participants**	**Format**	**Recruitment approach**
Mixed SGD	AFAB, 21 AFAB, 20 AFAB, 19 AMAB, 20	In person	Promotion in person at a local college
AFAB SGD	AFAB, 20 AFAB, 20 AFAB, 21	Virtual	Promotion through universities, colleges and trusted organisations
Forum Members SGD	AFAB, 19 AFAB, 21 AFAB, 25	Virtual	Promotion to forum members to express interest
AMAB 121	AMAB, 19	Virtual	Promotion through universities, colleges and trusted organisations
NB 121	AFAB, 18	Virtual	Promotion through organisations which work with trans and non-binary young people
AMAB SGD	AMAB, 21 AMAB, 20 AMAB, 19 AMAB, 20	Virtual	Promotion through 2024 survey

Survey analysis

2023 (n=2,387) and 2024 (n=330) survey data was used to gain a broad understanding of young people's attitudes, behaviours and choices regarding the use of condoms and contraception. All data was visualised in Microsoft Power BI and reviewed to identify key trends.

Responses to free text questions were analysed using a coding structure which can be found in Appendix 1.

SGD and interview analysis

Following each focus group, the researcher and note taker reflected on their initial impressions using RAP sheets (RREAL, n.d.) (Appendix 2). An in-depth thematic analysis of detailed notes was conducted utilising Braun and Clarkes (2006) methodology. RAP sheets were used to develop the coding structure which supported the researchers to identify themes and subthemes. All coding was completed in Excel.

Development of Recommendations

Three workshops were conducted with Brook's clinical, education and digital teams to co-produce recommendations from the findings of this report. Key findings were presented, and participants collaborated to identify actions to the highlighted problems. Additional feedback was collected from participants at a SEF event. All recommendations were reviewed by senior leadership in Brook's clinical, education and service development teams.

RESULTS

Survey findings

Survey findings include evidence from both the 2023 survey and the 2024 follow-up survey completed by AMAB participants. The survey findings presented below refer to the 2023 survey unless otherwise stated.

1. Worry about side effects of hormonal contraception

Many survey participants expressed concerns about the impact of hormonal contraception and that medical professionals were not properly informing patients of potential side effects. When selecting reasons why they had not used or never used contraception before, 24.74%[5] selected reasons related to concerns about side effects or taking hormones (figure 8). Of those who did not always use contraception, more than two fifths[6] did not like the idea of taking hormones or were worried about side effects or longer-term effects.

50.89% of respondents[7] said they always use contraception. However, 8.92% of these respondents still expressed concerns about hormones or side effects. This indicates some apprehension even if their concerns are not necessarily impacting their current contraceptive practices.

5. A total of 1,568 participants responded to the questions in Figure 8, of those, 388 participants selected 'Worry about longer term side effects', Worry about experiencing negative side effects' and/or 'Don't like the idea of taking hormones'

6. A total of 770 participants reported not always using contraception, of those, 317 selected 'Worry about longer term side effects', Worry about experiencing negative side effects' and/or 'Don't like the idea of taking hormones'

7. A total of 1,568 participants responded to the questions in Figure 8, of those, 798 said they always use contraception.

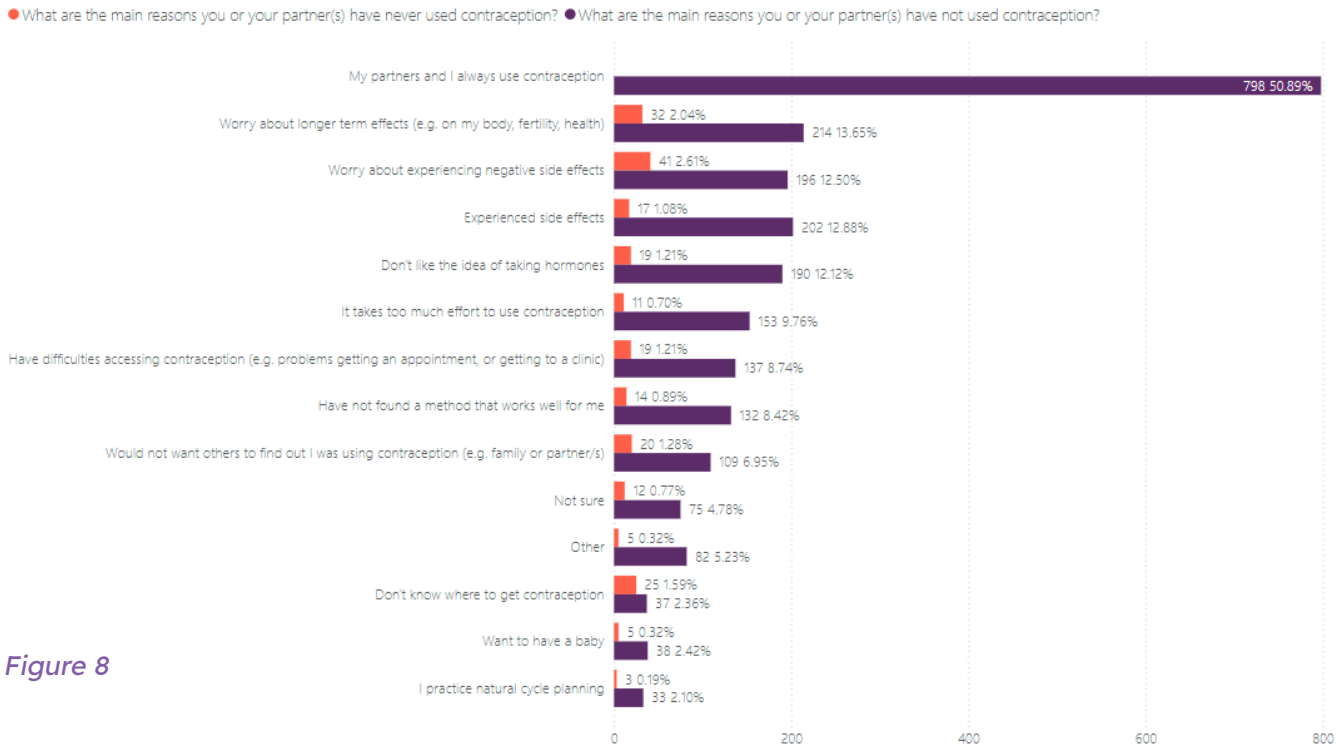


Figure 8

When asked about their most recent conversation with a health care professional, 46.57%[8] of participants were not satisfied with the information provided about potential side effects. When providing more information about this discussion, 63.59%[9] of participants described a conversation about hormonal contraception or LARC. The majority (69.92%)[10] of these experiences were described as negative, with the most common reasons relating to:

Receiving inadequate or incorrect information (n=30):

"I was given conflicting information (you have to take breaks on the combined pill) which I have been told by my GP and private gynaecologist is incorrect; I do not have to take breaks. I was also told the Mirena coil would be virtually painless. Big fat lie." -2023 Survey participant, 21

"I wasn't made aware of the side effects of the copper IUD and wasn't prepared for the immense pain during insertion." - 2023 Survey participant, 22

"Many medical professionals refuse to believe that my side effects were caused by the copper IUD so I often feel dismissed when talking about contraception and I don't fully trust all medical professionals when it comes to contraception as I was told the copper IUD had no side effects and then nearly died due to it" - 2023 Survey participant, 22

Feeling a lack of autonomy

(n=24) to choose and give informed consent when choosing the best method of contraceptive for their body or family planning strategies:

"Felt like I was forced into taking the pill when in reality I wanted the implant but was told to take the pill first since its easier to stop if I want to have children (I don't)" -2023 Survey participant, 20

"...never have I wanted an IUD and I felt suddenly peer pressured into it due to my circumstances and lack of information from the neurologist, a sort of misinformed consent was given" -2023 Survey participant, 23

Insufficient professional time and attention (n=17):

"Was struggling with heightened emotion, weight gain and nausea so wanted to discuss changing from the pill to something different. I received the phone call 9 hours late, and was told I shouldn't have phoned the doctor and to call the family planning clinic. Even though they had put me on this in the first place and I was experiencing digestive issues. Wasn't a great call, felt dismissed and was made to feel like an idiot." - 2023 Survey Participant, 18

"I was [put] on the pill when I was 19. It has never been reviewed. I came off the pill because of side effects and it affecting my mental health. When I went back on the pill, it seemed like the easiest option but I was dissatisfied with the options and did not feel like my GP listened to me or explored my options fully" - 2023 Survey participant, 23

"I was probably about 16 and didn't really understand how it could affect my mental health as a side effect. This wasn't explained very clearly and I almost felt pushed to make a quick decision" -2023 Survey participant, 19

This data suggests that the information received during contraceptive consultations is not always thorough and can fail to adequately address individual concerns and preferences. This in turn leads to increased mistrust toward health care professionals. There is a discrepancy between the desired level of autonomy in contraceptive decision making and the reality of experiences with healthcare professionals.

8 A total of 1,355 participants responded to this question, of those, 631 did not respond agree or strongly agree.

9 195 participants provided information about their most recent conversation with a health care professional, of those, 124 participants described a conversation about hormonal contraception or LARC.

10 86 participants who had described a conversation about hormonal contraception or LARC described the conversation as negative.

2. STIs and condom use

In addition to pregnancy prevention considerations, the survey explored young people's attitudes towards STI testing and condom use to prevent the transmission of STIs. Findings from this survey identified several trends related to condom distribution schemes (CDS) as well as sexual health decision making related to condom use and STI testing. When asked about their last experience of penetrative sex, 80.50% of participants reported discussing whether to use a condom, and 72.23% discussed whether they were using contraception other than condoms (figure 9).

However, one third of participants reported that they did not use a condom the last time they had penetrative sex, and one fifth reported never using a condom during penetrative sex (figures 10 & 11). When given the opportunity to share what they thought was important for Brook to know to better understand how to support young people in relation to condoms and/or contraception, 60 young people explicitly discussed condom use or access.

Three factors which were identified as contributing to young people not using condoms were stigma (n=20), lack of access (n=13) or pressure from their sexual partner (n=6).

"Stopping the 'it doesn't feel as nice' nonsense. Far too often an excuse all because some men don't understand the gravity of the consequences." - 2023 Survey participant, 18

"Everyone loves the pull out method and would rather use it especially as boys want to experience it 'raw'" -16

"Take away the stigma of condoms and encourage males to prioritise their relationship with contraception" - 21

"I think there needs to be more publicity of the free condom scheme. Too many young people are embarrassed to buy condoms and end up going without as they cannot access them, or end up using ones from a friend that could have been stored incorrectly, could be expired etc. Too many young people are avoiding condom use due to accessibility issues, this needs to be addressed!!" - 2023 Survey participant, 16

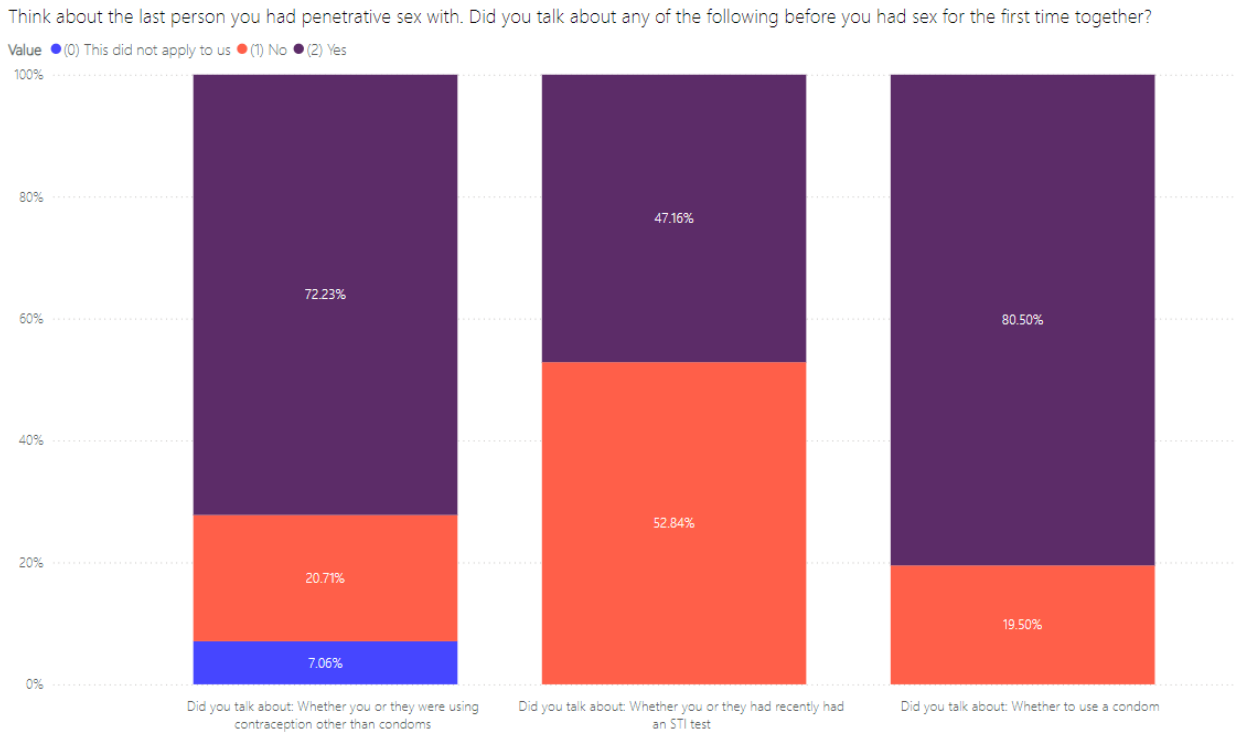
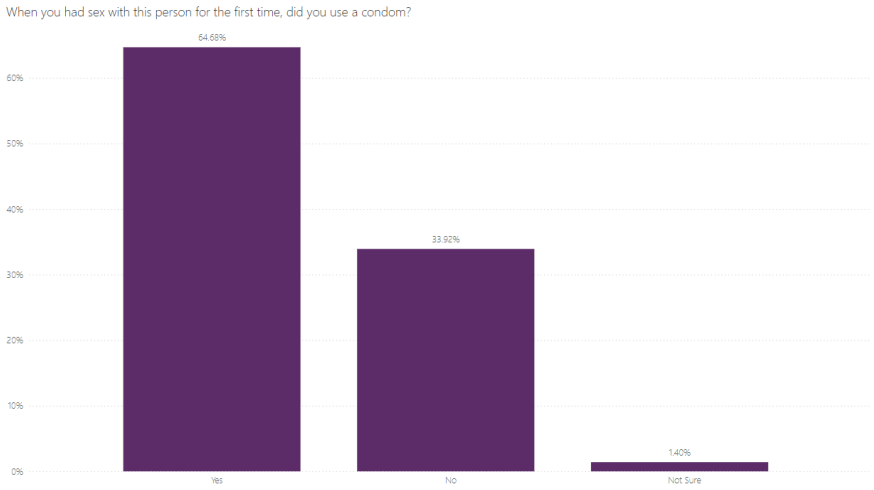
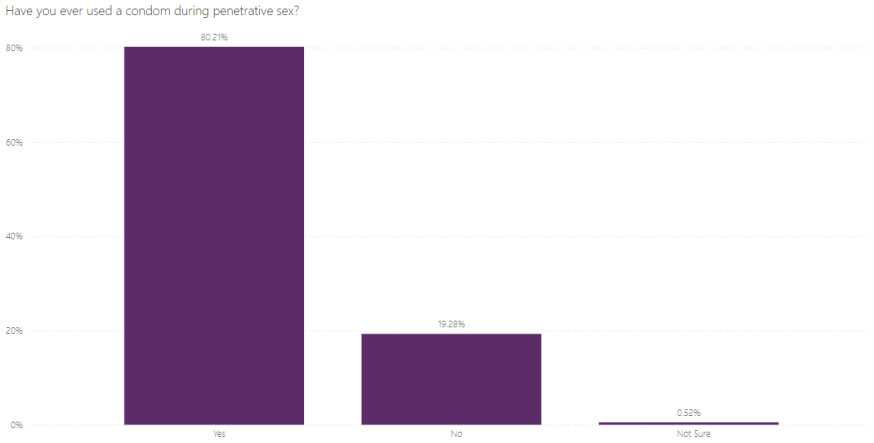


Figure 9



Figures 10&11



Overall, less than half (49.05%) of those who responded to the 2023 survey knew where to access free condoms (figure 12). For AFAB participants, this rate is lower at 45.96%, compared to 57.48% of AMAB participants (figure 13). In the 2024 survey, only 36.97% of AMAB participants reported that they knew at least one place in their local area to access free condoms (figure 13). Participants (n=41) indicated a need for improved education and awareness of the scheme:

"Needs to be talked about more in schools, since we have never had it talked about. People need to be educated on how they can access them for free too, since people may be more likely to practice safe sex if they were aware. Also, I feel that care must be taken in how free condoms are distributed, since people may worry if they have been tampered with if in a public space." -2023 Survey participant, 17

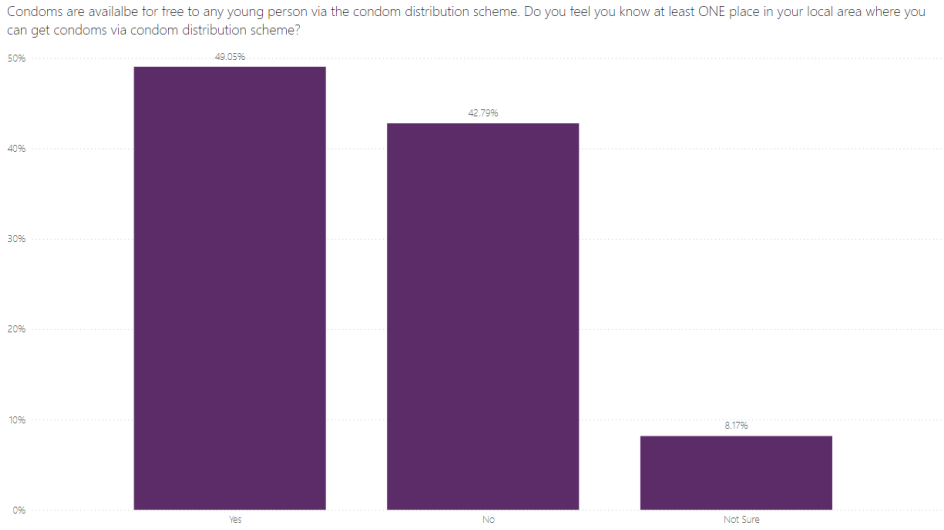


Figure 12

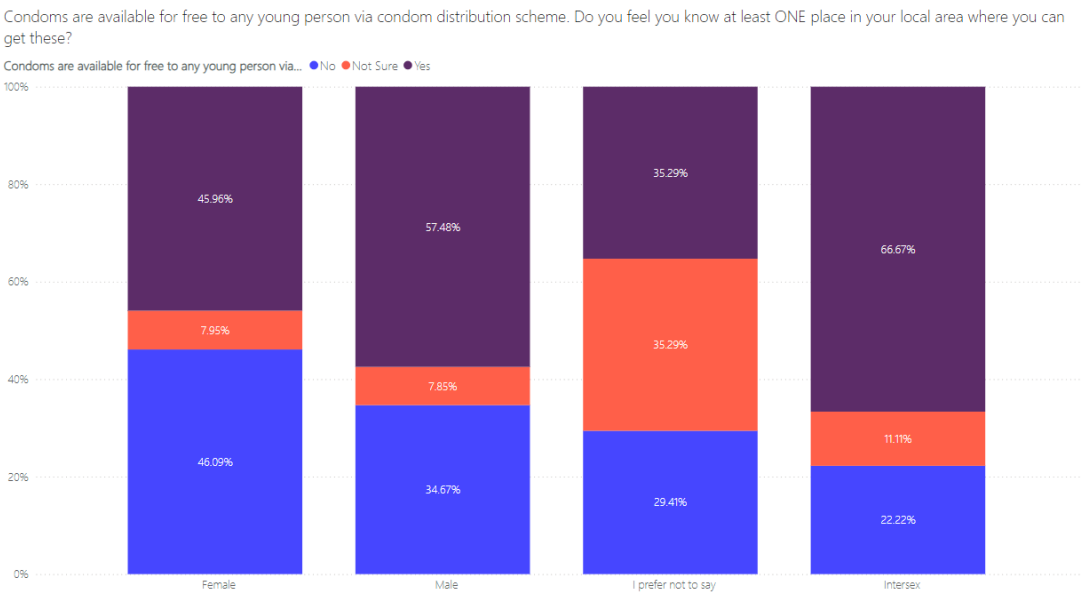


Figure 13

Although improved education would increase awareness, stigma continues to prevent young people from discussing, accessing and using free condoms. When asked why young people do not use free condoms, the top two barriers were feeling too embarrassed to speak to someone about getting free condoms (66.65%) and not knowing where to access them (53.46%) (figure 14).

This was echoed in other parts of the survey where some participants (n=18) expressed concern around privacy and accessibility. Preferences for accessing condoms varied and many participants in the 2023 (77%) and 2024 (80.91%) surveys expressed a strong preference for collecting free condoms through methods which offer greater anonymity such as ordering online or having them posted to their home.

"Would be great if C-card schemes covered bigger areas or supplied students on different campuses that may be outside of the county they supply (even though the main campus/ uni is based in that county)" - 2023 Survey participant, 22

"The free condoms scheme should be more easily accessible and have postage offered as it's hard to get to the places that offer them" - 2023 Survey participant, 19

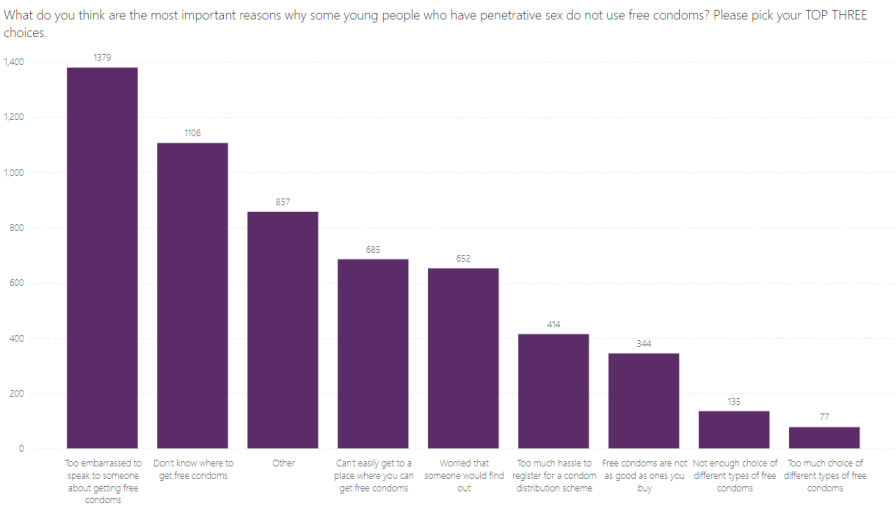


Figure 14

Having condoms posted to their home was not ideal for all participants. Some participants (n=7) emphasised fear of their parents discovering their purchase or their intention to access a sexual health clinic:

"I have no clue how to get condoms and my main fear is that my parents will find out. It's embarrassing to get them in the first place but I'm just so scared my parents would find an email or open the package at the door." - 2023 Survey Participant, 16

"It's difficult to access condoms/ contraception and sexual health services in rural areas, especially when you don't have a car and have to get lifts places from your parents and don't necessarily want to ask them for a lift to the sexual health clinic, which can be quite a long drive in a rural area. Being able to collect condoms would be better than having them posted because you wouldn't get asked questions about what's in the parcel." - 2023 Survey participant, 21

"Some people need to be able to get contraception without others (like parents) finding out, so it should be easier for people to discreetly get things..." - 2023 Survey participant, 17

Less than half of participants had discussed whether their sexual partner had recently had an STI test (figure 9) and 23.90% did not feel it was important to undergo testing themselves before having unprotected sex (figure 16). When further evaluated within the free text responses, some (15%) participants[11] were not concerned with using a condom or discussing STI status prior to sex, as they could easily take a test afterwards or they perceived a positive STI result as being 'no big deal':

"Condoms just suck they don't feel good at all so no one uses them I definitely need to but I can also order an STI test and get results within a week so I don't think people worry too much." - 2023 Survey participant, 20

"I think a lot of young people are reluctant to use condoms as it is widely perceived to be uncomfortable or reduce pleasure. although access to treatments for stds is very good a consequence of this is that getting one is seen as 'no big deal'..." - 2023 Survey participant, 19

3. Responsibility

There was a sex-based difference in perceived responsibility for condoms and contraception. The general trend of participants was that AMAB young people were responsible for condoms, while AFAB young people held responsibility for understanding contraception and taking a more active role in discussions about contraception with healthcare professionals. 54.98% AMAB participants had never discussed contraception with a healthcare professional, which was double that of AFAB participants (figure 15).

Some participants (n=5) expressed a desire for more equal responsibility for contraception:

"Just wish the responsibility wasn't all one me, why can't my bf experience what I have been told I have to do, so I have to have take hormones that would affect my body and my mood and my wellbeing preventing normal bodily processes like period increasing chances of blood clots and cancer and potentially becoming infertile, also with the potential I could get pregnant anyway and have to go through an abortion as well as the social issues of that... all I see from contraceptives is 'women it's your responsibility to not get pregnant and no one else's' and get shunned for taking it, or more for not taking it :(" - 2023 Survey participant, 17

"Education for boys/ people with penises about the equal responsibility in preventing pregnancy" - 2023 Survey participant, 20

11. This percentage was calculated based on 60 respondents who explicitly discussed condoms when responding to 'Is there anything else you think is important for us to know to better understand how to support young people in England/ Wales in relation to condoms and/or contraception?'

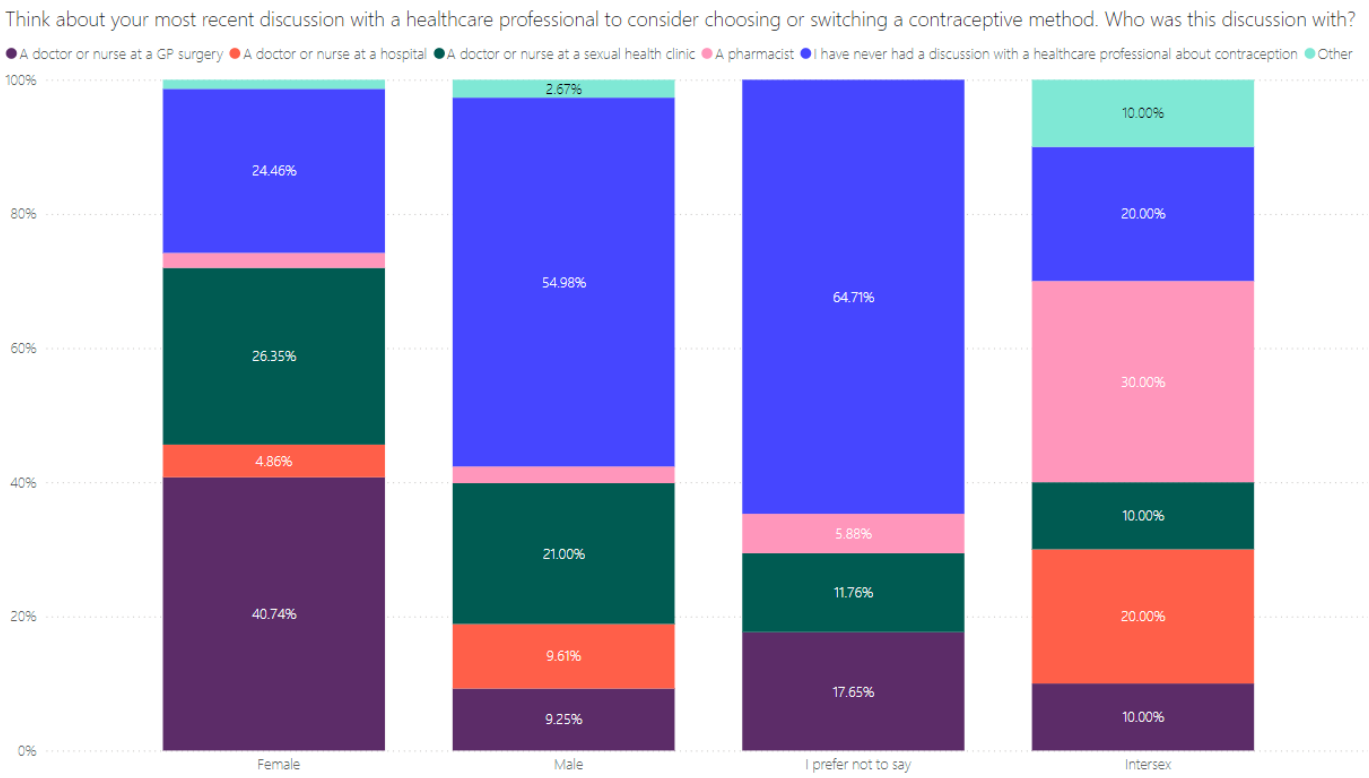


Figure 15

AMAB participants (55.17%) were more likely than AFAB participants (35.03%) to use their sexual partners as a source of information. 45.96% of AFAB participants knew where to access condoms via condom distribution schemes, compared to 57.48% of AMAB participants, yet 52.66% of all survey participants agreed that women were as responsible as men for carrying condoms (figure 16).

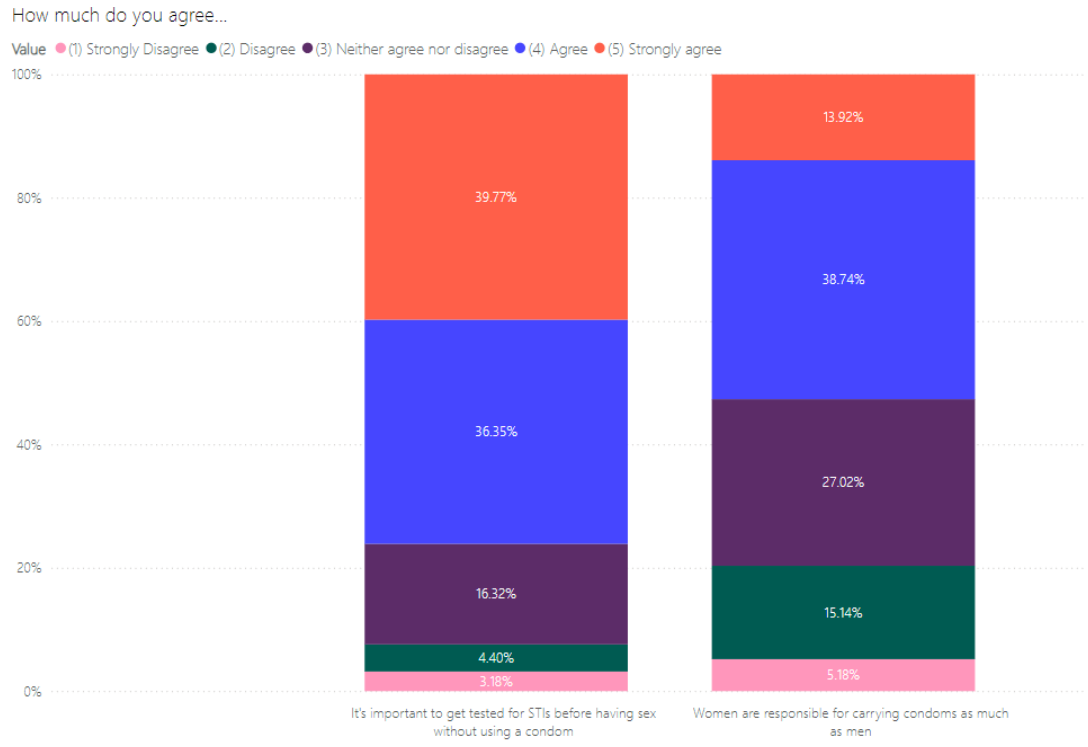


Figure 16

4. Sources of information

Young people have an abundance of information readily available which can make it challenging and overwhelming to make important sexual health decisions. One quarter of survey participants[12] reported finding it difficult to judge which sources of information they could trust. There was also a lack of correlation between what information young people find trustworthy and what information sources influence their decision making.

Information from school, such as RSE, was seen as one of the least trusted sources of information for young people when choosing a contraceptive method (Figure 17). Survey participants (n=104) highlighted a need for more comprehensive sex education in schools including how to access services, types of contraception available and more information for people in non-heterosexual relationships.

12. 2,043 respondents responded to the question 'How easy or difficult do you find it to: Judge which sources of information about condoms and/or contraception you can trust', of those, 505 did not respond easy or very easy.

"Schools need to have better sex education, regardless of religion. I went to a catholic school and did not receive proper, accurate sex education. They spoke about the devil and the teacher did not use scientific language, he said "lady parts" because he was too uncomfortable." - 2023 Survey participant, 19

"There should be more advice and access to other forms of contraception other than condoms or birth control appliances. Lots of young lesbians and gay men do not get the same advice about contraception as straight sexual partners do. Contraception isn't just about preventing pregnancy it's also about preventing STIs and STDs, something which has historically affected the gay community because there wasn't enough advice or help for same sex sexual partners. Things like vaginal condoms, dental dams etc should be discussed more and sexual health lessons and advice needs to include much more discussion about sex aside from penetrative sex with a penis and vagina." - 2023 Survey participant, 18

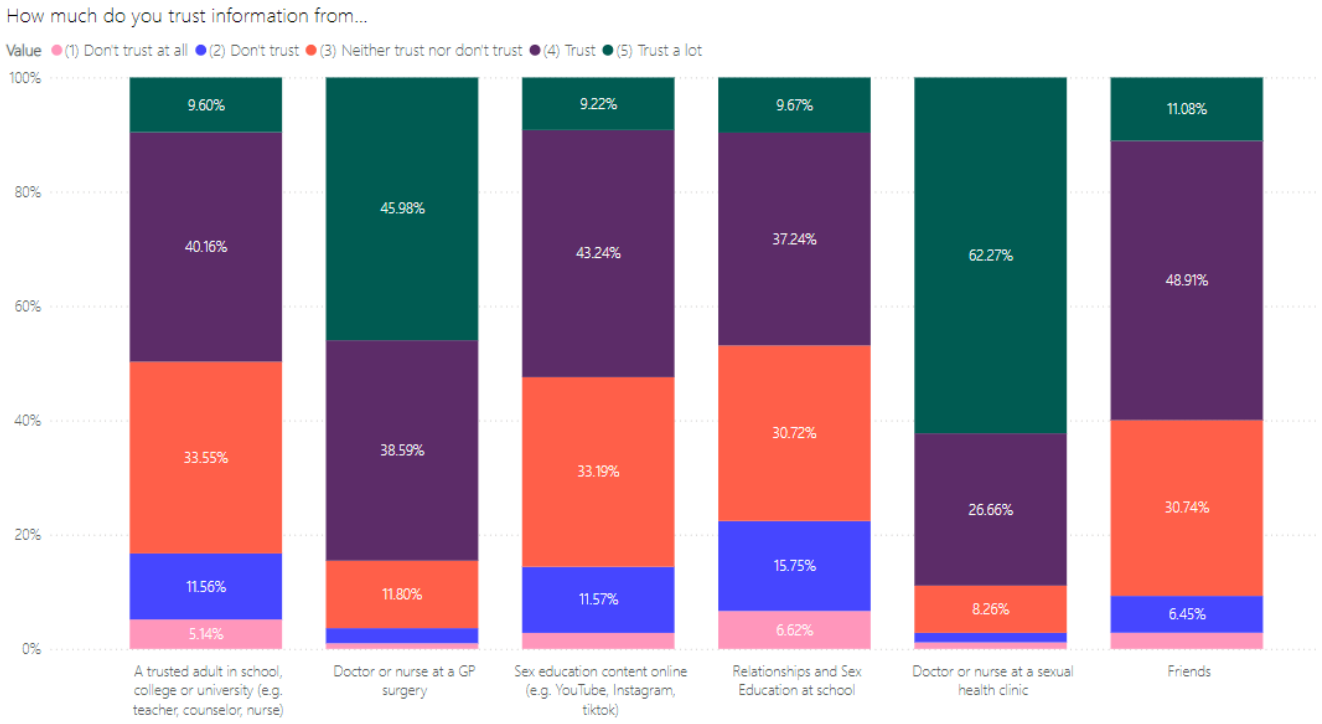


Figure 17

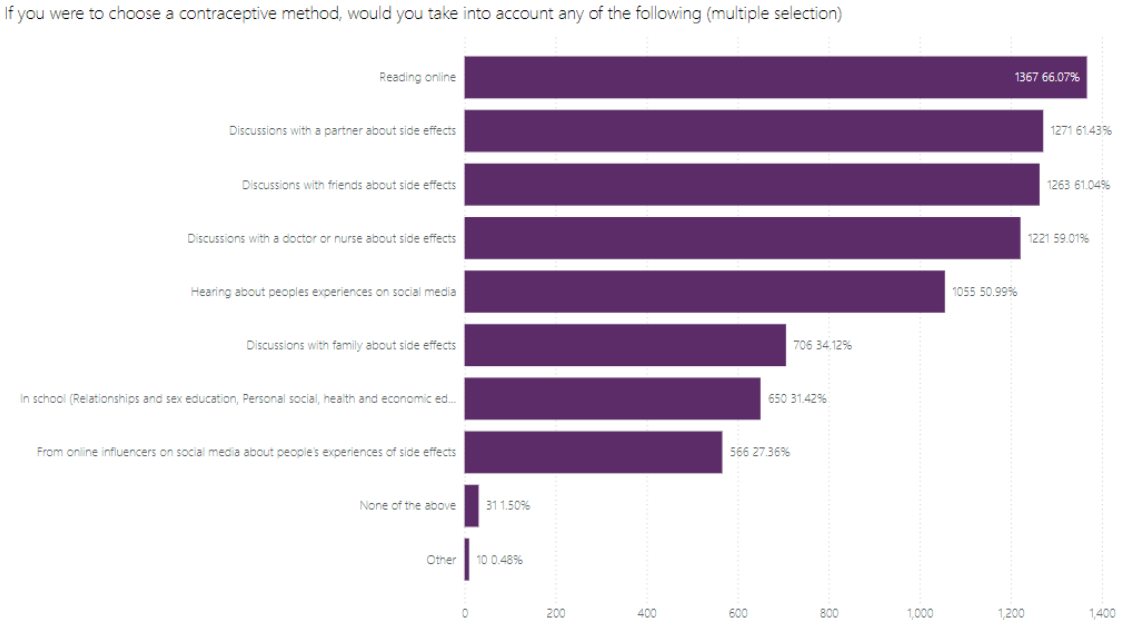
When asked what sources of information they would consider when choosing a contraceptive method, respondents are most likely to consider information online (66.07%), discussions with a partner (61.43%) and discussions with friends (61.04%) when choosing a method of contraception (figure 18). Additionally, 56.40% of participants indicated that they would consider information on social media[13]. However, participants also indicated that information from a doctor or nurse at a GP surgery or sexual health clinic was trusted the most (figure 17). Additionally, when given the opportunity to share more about their favourite place to get information, many listed the NHS. Of those who did list the NHS as their favourite source of information, 35.94%[14] listed additional sources of information such as peers, family members or social media:

"I use google and the NHS website as well as different social medias to see other people reactions to the contraceptive and side effects" - 2023 Survey participant, 18

13. A total of 2,049 participants responded to the question in figure 18, of those, 1,167 selected 'Hearing about peoples experiences on social media' and/or 'From online influencers on social media about people's experiences of side effects'.

14. 128 respondents listed the NHS as their favourite place to get information, of those, 46 listed additional sources of information.

Figure 18



Some participants (n=4) explicitly listed forums which are part of period tracking apps as their favourite places to learn about contraception. The use of various sources may indicate the desire to triangulate information when making sexual health decisions.

"nhs website, reddit- both serve different purposes, but I feel in conjunction they help give me a well-rounded perspective" - 2023 Survey participant, 17

There are numerous factors which could contribute to the lack of correlation between what information young people find trustworthy and what information sources influence their decision making, including demographic makeup of participants.

For example, in the 2023 survey, 58.04%[15] of AFAB participants indicated that they would consider people's experiences on social media when making contraceptive decisions.

15. 1,480 participants assigned female at birth responded to the question in figure 14 of those, 859 selected 'hearing about peoples experiences on social media'.

In contrast, only 32.92%[16] of AMAB participants selected this option. In 2024, AMAB participants were asked what sources of information would influence how and where they access STI testing. Only small number of participants (16.97%)[17] indicated that hearing people's experiences on social media would influence their decision making. When giving more information about why they trusted certain sources of information over others, 2024 participants had a distinct preference for sources of information which were viewed as established or having scientific evidence to support claims:

"Doctors and nurses are trained in the healthcare field, websites like the NHS are regularly reviewed and having anecdotal help from close ones can be helpful too" - 2024 Survey Participant, 19

Another potential contributing factor could be previous experiences with medical professionals. When sharing information about their most recent discussion with a medical professional, 178 participants described an experience which was classified as positive, negative or neutral experience. When asked what information source they would to consider when choosing a contraceptive method, 83.58%[18] of those with a positive or neutral experience selected discussions with a doctor or nurse about side effects compared to 79.27%[19] of those who had described a negative experience.

73.33% of participants[20] who had a positive experience with the health care professional said that the professional gave them sufficient time and attention.

"I had my copper coil implanted at a brook clinic, and i felt extremely safe in an otherwise anxiety inducing situation. It was very refreshing to know that I could be listened to and kept safe. I will never go anywhere but Brook now" - 2023 Survey Participant, 23

"My nurse was lovely, explained all of the potential side effects even the strange ones!! Reassured me that my body is changing and my symptoms will change over time, my periods will change over time also and nothing will be "the same" for the first 6 months of my Nexplanon implant. Really lovely and offered to speak to me alone without my mother in the room and was incredibly comforting during the procedure and distracted me from the huge needle!" - 2023 Survey participant, 16

"I went to an ICASH clinic and the whole experience was so supportive, I didn't have anyone but my partner that was aware of my visit to the clinic. I made the nurse aware of this and she was extremely supportive, even giving me resources on mental health support services despite this not being the reason for my visit. The entire experience was so lovely and made me feel comfortable despite it being a scary situation for me" - 2023 Survey Participant, 17

This finding illustrates the impact that sufficient time and attention from a medical professional can have on a young person's experience of choosing contraception and their contraceptive decision making in the future.

16. 562 participants assigned male at birth responded to the question in figure 14 of those, 185 selected 'hearing about peoples experiences on social media'.

17. 330 participants responded to this question, of those, 56 selected 'hearing about peoples experiences on social media'.

18. 67 respondents described a positive or neutral experience with the health care professional, of those, 56 selected discussions with a doctor or nurse about side effects.

19. 111 respondents described a negative experience with the health care professional, of those, 88 selected discussions with a doctor or nurse about side effects.

20. 51 respondents described a positive experience with the health care professional, of those, 23 mentioned sufficient time and attention.

QUALITATIVE FINDINGS

Given the complex messages we heard from young people about their trusted sources of information and how this influenced their decisions, the qualitative research aimed to better understand the nuances around this decision making.

Where are young people getting their information about sexual health?

1. Independent research

Many participants described the internet as the first place they look for sexual health information, though people's interpretation of the internet was varied and included searching Google, looking at the NHS or other health websites, or using social media.

"Going on the internet was the first thing I did because you don't want to talk to other people because you have so many questions." - AFAB SGD

"I would go online as I don't know of anywhere else I could go to talk about these issues" - Forum Members SGD

People's preferred source was dependent on the advice being sought. For example, social media was cited as a key source of information for those seeking advice on hormonal contraception, particularly for real life experiences.

"Social media plays such a big part, it's where I got most of my information from which I don't want to admit!" - AFAB SGD

Participants across all groups felt that social media provided a more realistic understanding of the experience of using certain contraceptive methods and accessing sexual health services. However, they did recognise that online content was not always well rounded or factual. Participants described that it could be challenging to find a realistic account which was balanced with factual evidence.

"Social media is much better for hearing people's experiences. They can tell the truth; their experiences aren't being controlled by an organisation. I feel much safer looking it up on the internet from reputable orgs, but for experiences I go to social media" - AMAB SGD

"I see content about others' experience with contraception more than their experience with sexual health services. Mostly on Instagram and TikTok. Usually experiences are negative!" - AFAB SGD

"I've heard multiple women on TikTok talk about how the pill will destroy your body. There's also a big culture of men posing as 'doctors' and talking about how contraception isn't good for you." - AFAB SGD

These conversations demonstrate the importance of real-life experiences to young people's decision making, however there are also challenges in determining what information is reliable when carrying out independent research. Targeted advertising and partnerships with influencers make this even more challenging.

"There isn't a really good way of telling if it's reliable there is no green flag or red flag about what is good advice that's true and something that someone's made up, either for nefarious reasons or because they are trying to trick you." - NB 121

"I remember almost buying a pack of condoms for like £20 because I thought 'they're so good, they have this' and that's crazy, you can get them for free. I think it's easy to do that. Often now influencers get partnerships and people think oh this person is good I'll do it with them." - Forum Member SGD Participant

2. Hearing from people they know

Participants valued the experience and knowledge of people close to them such as friends or family members. They described having a greater feeling of trust from those they have a close relationship with:

"Like if I had seen something like weight gain, some people think if you take the pill you gain weight, not sure if that has been proven with evidence. Some of my friends say they have, I went to my doctor and there is a chance the doctor says you wouldn't, but I am more likely to trust my friends experience as I am emotionally connected to them." - AFAB SGD Participant

"Friends immediately come to mind because the assumption is they have your best interest at heart...even if they are slightly misinformed they give you the information with good will" - AMAB SGD participant

"...there is contention in the medical field about side effects and lots of good things about it, but I trust my friends as there isn't an alternative motive to say 'yes you should be on birth control'" - AFAB SGD participant

Participants' decision making was strongly influenced by the opinions of friends, even if the opinion was not always factual or true to their own experience. There was a sense of comfort and trust in information obtained from friends. This immediate trust was not always present with other sources of information such as social media or medical professionals.

3. In schools

There were mixed reports about the quality of RSE received in school, and some participants did not receive any. Participants who received RSE largely described lessons as inadequate due to content or accessibility.

"In my school, you didn't have to do RSE...so I didn't get any RSE lessons." - Forum Member SGD Participant

"My friends weren't told about anything other than condoms and the pill and [RSE] was very shame based." - Forum Member SGD Participant

"Me and my friends we were all in the [special support] department and they put us in the room with mainstream pupils and then they started talking about people who were biologically AFAB and how sex worked... some of the boys were asking questions and the teacher couldn't reign them in but didn't want to leave questions unanswered. It was confusing" - NB 121 Participant

Some participants felt that the format of lessons made them feel awkward and unable to ask questions. When asked how it felt receiving RSE in a school setting, participants described awkwardness amongst their peers and teachers with insufficient knowledge or experience leading RSE.

"I felt it was ridiculous because it was funny, a counsellor should be employed not our teacher, my maths teacher, it was ridiculous" - AMAB 121 Participant

"People find it awkward. People were just laughing. Didn't want to talk in front of each other" - AFAB SGD Participant

AMAB participants described some content in RSE not being relevant to all students. They emphasised that in secondary school, students may be at different life stages and need different levels of detail. Many participants described the importance of covering topics more generally and ensuring that young people know where to go for more information.

"It's quite difficult to give anything more than the factual information and consent because anything beyond that is quite a personal choice...you can't tell people from different backgrounds, religions and sexualities when it's right for them." - AMAB SGD Participant

"It would be better if they gave us links or suggestions where we could do our own research and find out more" - AMAB SGD Participant

In the absence of adequate RSE, participants described challenges in knowing where to educate themselves. One participant described how they found inappropriate videos when trying to find educational content.

"It was hard to search as don't know what to type or where to look." - Mixed SGD Participant

"I didn't know that a lot of videos online were fake until I spoke to my cousin about this I think I had seen something 'pornish' and I thought I'm never doing that – it looked really fun for the cis guy and really horrible for the cis girl and I asked my cousin and thankfully he was a bit more clued up on it and said that's not how it is." - NB 121 Participant

Inadequate skills and knowledge for young people to do their own independent research created barriers to appropriate sexual education for participants in this research. The importance of young people having the knowledge to find information on their own was consistently highlighted throughout the qualitative work.

4. The NHS and medical professionals

The NHS and medical professionals were regarded as key reliable sources of information for many participants. There was a sense that participants could trust the NHS due to its position of authority as a publicly funded healthcare system.

"I was probably more drawn to things like the NHS website or things that seemed a bit more established resources rather than people just talking on the internet." - AMAB SGD Participant

"Doctors and nurses are pretty good aren't they, you can always talk to them." - Forum Members SGD Participant

This was not a universally held experience as some participants described feeling sceptical of doctors and nurses. Those who were considering a hormonal contraceptive method shared these views more consistently than others. There was a shared view across all data collected that medical professionals prescribe young people hormonal contraception regardless of the side effects.

"I'm not that trusting of doctors. I want to go armed with as much information as possible. I have a lot of tricky medical issues which complicates it…you get a more realistic view of people, especially if you are female presenting you are a lot less trusted by medical professionals. It kind of gives a basis on less biased information." -Forum Members SGD Participant

"…[it's] hard to describe. They want to come across as unbiased; taking [hormonal contraception] is a good thing despite the side effects." -AFAB SGD Participant

There was a sex-based difference in the level of trust participants had in medical professionals and the influence that their advice had on participants' decision making. Potential contributing factors to this could relate to how often and for what reasons young people engage with medical professionals. Participants who had a good first interaction with healthcare professionals described higher levels of trust and a higher likelihood of returning for more information.

How do these sources influence young people's decision making?

Participants did not describe valuing one source of information over others but rather demonstrated that information would be gathered in different ways to make an informed decision. There were distinct preferences depending on factors such as the decision being made and the individual demographic and social characteristics of participants.

Making decisions about contraception

For participants considering hormonal contraception, hearing about experiences on social media and from people they know was integral to their decision-making process. There was a desire to triangulate information from different types of sources to make a more informed decision. In addition to looking at content, participants described using comments on social media to inform their decision making:

"...if one comment says, 'this put them in hospital with a blood clot I wouldn't use that one'. Or if it's a nasty video. I look for about 15 videos, read the comments, helps with decision making." -Mixed SGD Participant

'Most of the information I have got is online, and then I have talked about that info with my friend after, and a bit with my GP... the first place I have gone to is online' - AFAB SGD Participant

Negative experiences circulating on social media also impacted decision making as well as the opinion of friends. In multiple SGDs a meme of a baby being born holding an IUD was mentioned as influential in their decision making.

"The IUD has earned a bit of a reputation as being incredibly unreliable with people I know; I think a lot of this is due to memes of babies holding it as they are born." - Forum Member SGD Participant

While participants recognised that information received from people they knew or online may be anecdotal or inaccurate, it still had the potential to influence their decision making. Some participants described making changes to their contraception as a result of a friend's negative experience, even if they had not personally experienced side effects.

"Can depend how I feel at the time, bad day, I might just think I'll end up being like that exact person, but if starting something new I might just be like that's their experiences" – SGD AFAB

"Talking to friends, I have taken the pill for 2 years but recently stopped, took for my periods, my friends had negative side effects, if I take this in the long term I will get those side effects, even though nothing was that bad for me [while on the contraception], I just stopped because I have heard so many things from my friends instead of the GP." – SGD AFAB

For contraceptive users, understanding real life experiences of different methods was a key factor in their decision making. In addition to what they are already able to find, participants described a desire for information which presents facts alongside realistic experiences.

Making decisions about STI testing

Qualitative work exploring young people's decision making regarding STI testing predominantly took place in the SGD with AMAB participants. When considering STI testing, participants expressed more scepticism toward social media and this source had less of an impact on their decision making. There was agreement that, while social media was a good place for experiential evidence, it was not helpful for evidence-based information about condoms or STI testing. They very much valued evidence and information from the NHS, charities and medical professionals:

"I like the NHS website as well. I think it's laid out well...it's concise and gives you all the information you need. I wouldn't trust a random TikTok of someone...I trust anything that's research backed." - SGD AMAB

However, people they knew also influenced their decision making. When discussing barriers to STI testing, participants described the impact of friends' experiences despite advice from trusted organisations:

"Where I live there's a misconception about how much of a faff it is. It's always you have to do this, do that, clinics are always full. But I know multiple people who've gone on the day...I think it's something you just have to do." - SGD AMAB

When accessing STI testing, it was clear that one of the significant influencing factors was ease of access, and how that was perceived and communicated within their communities.

LGBT+ participants

Just under two fifths of qualitative research participants identified as non-heterosexual and two did not identify as the gender they were assigned at birth. While their identities were kept anonymous throughout the SGDs, many participants shared valuable insights into how educating themselves is different to their cis-gendered and heterosexual peers. For example, many AFAB participants discussed speaking to their mothers about sexual health decision making, but this was not necessarily the case for LGBT+ participants:

"I wouldn't have spoken to my mum... she's lovely but it's not the same lived experience. it's just a difference of experience." -SGD Forum members

RSE was described as very heteronormative which presented challenges in accessing safe and accurate information. For these young people, finding forums and groups of people with similar identities was key to their sexual health education and decision making.

"In LGBT community spaces they talk about STI testing and stuff so that's good for people who are sexually active. At one point there was discussion of contraception for women or if it was two women a kind of condom for women, I was too embarrassed to look I didn't really want to know." - NB 121

"I probably look for people who are like Ruby Rare and then I'll look for people that they approve. A lot of poly/influencers/educators they're pretty good so it spiders out." -SGD Forum Members

LGBT+ participants did not have access to high quality sex education that was relevant to their experience. To learn about their own sexual health and make informed decisions, they looked beyond school and mainstream channels. They identified the need for high quality and accessible resources for young people of all identities.

CONCLUSION AND AREAS FOR ACTION

This report represents the views of more than 2,000 young people across England and Wales and gives a broad overview of young people's experiences accessing services and learning about sexual health. While the findings give valuable insight and context to sexual health trends across England and Wales, it is important to remember that young people are not a homogenous group. There is not a single approach to sexual health education or services which will be functional and appropriate for all young people. However, the findings from this research point to three important considerations for planning, commissioning and delivering sexual health education and services:

Building trust with young people

When making decisions about their sexual health, young people in this research expressed the importance of trust in the source of information they are learning from. This was demonstrated with participants describing high levels of trust for the NHS due to its authority, and their friends or family due to the personal nature of their relationship. More than a quarter of young people who took part in the Young People's RSE Poll shared that they would like more opportunities during RSE to explore real life examples and consider different points of view (Sex Education Forum, 2023). In both educational and clinical settings, young people need to have space and time to express their opinions, ask questions and receive the information and advice necessary for them to make informed decisions about their own health.

This research found that young people value anecdotal evidence from people they know and through social media. They also expressed a desire for their own lived experience to be valued and listened to, even if it may contradict scientific evidence. Kitta (2019) emphasised that when experts dismiss or deny myths or anecdotal evidence, it can result in them losing their 'authoritative voice' within the community in which they work. When building trust with young people, it is it is imperative that teachers and medical professionals listen to lived experience and the narratives around contraception and do not simply dismiss or deny anecdotal evidence.

Giving young people a choice

Throughout this research, young people described a desire to have active decision making power over how and when they learn about sexual health. In both this research and the Young People's RSE Poll, respondents shared that the current structure and content of RSE is not always suitable for the wide range of backgrounds and life stages of young people (Sex Education Forum, 2023). Additionally, Natzler and Evans (n.d.) found that only 19% of participants felt they had learned more about sexual health and relationships in school than online. Findings across all three pieces of research emphasise the prevalence of young people educating themselves about sexual health and relationships through independent research. There is a need to give young people the knowledge and skills to find timely and reliable information that is relevant to them.

Participants in this research emphasised the importance of choosing when and how they access services and what types of contraception they use. Furthermore, it is important that when young people are ready to speak to a medical professional about condoms or contraception, they have adequate time to discuss all options. Participants in this research described wanting well rounded information, including personal experiences and scientific evidence, to make an informed decision about their sexual health. In the absence of support from a medical professional, there is a risk that young people will turn to less reliable and accurate sources of information.

The Impact of policy and commissioning

Many young people described dissatisfaction with the quality of care they are given when trying to access sexual health care, particularly related to hormonal contraception. It is important that the blame for negative experiences of young people does not fall entirely on healthcare professionals. Systematic factors contribute to these negative experiences, with 46% of GPs reporting they don't have enough time to go through all options (Jon, 2017).

Recommendations

These recommendations were co-produced with key stakeholders from Brook's clinical, education and digital teams and Sex Education Forum to ensure that they are practical and valuable for those who can implement change on the ground.

Recommendations to support clinicians

- Develop co-designed resources to support health care professionals in delivering comprehensive consultations for young people, ensuring realistic expectations of side-effects, choices, and reassurance that they can revisit their choice of contraception; in line with Goal 4 of the Faculty of Sexual and Reproductive Health's Hatfield Vision (FSRH Hatfield Vision, 2022).
- Engage clinicians to identify and overcome potential barriers to ensuring young people feel listened to and have their concerns and lived experience taken seriously.

Recommendations to improve RSE

- Provide comprehensive and inclusive RSE throughout secondary school to equip young people to make informed and healthy choices, including contraception, condoms, and awareness of STI testing, treatment and prevention. Rather than detailing each contraceptive method, lessons should focus on the information and skills needed to learn about contraception such as motivating young people to choose, access and use condoms and contraception; developing their skills and confidence to navigate conversations with clinicians, and to advocate for themselves when they feel they are not being listened to (See Appendix 4 for more detail).
- To support young people to make informed sexual health decisions, RSE should:

1. Signpost to reliable sources of sexual health information;
2. Equip young people with the skills to think critically about diverse sources of information, including social media, peers and more formal health sources;
3. Consider the role [positive and negative] of different sources of information in decision making.

Recommendations for policy makers and commissioners

- Undertake an evidence-based review and overhaul of Condom Distribution Schemes (CDS) and increase investment in CDS infrastructure and promotion.
- Improve transparency of information shared on social media which references condoms, contraception or other sexual health services. Content should include a disclaimer that sexual health information may not be accurate and should signpost to evidence-based sources.
- Deliver a cutting-edge public health campaign promoting condom use and destigmatising STI discussions with partners, co-created with diverse groups for targeted messaging to high-risk audiences.
- Prioritise and invest in RSE, providing teachers with sufficient training and time to deliver sexual and reproductive health education effectively.
- Commissioners should facilitate links between local sexual health providers and schools to ensure RSE informs young people of services in their local area and manages their expectations about clinical visits.
- Commission and adequately fund services that:

1. allow sufficient time for professionals to have quality consultations with young people about all their contraceptive options, in line with NICE (n.d.);
2. ensure cost constraints do not prevent people from changing their method of contraception, or ensures HCPs are not disincentivised from removing or changing a LARC method that is not working for the patient;
3. provide both in-person and digital access to sexual health services.

Implications for further research

This research collected data on various aspects of young people's perceptions and preferences about access to condoms and contraception. The responses from young people give insight into some of the contributing factors to sexual health trends across the UK, however many findings introduced a need for clarification and further investigation to better understand the root cause and propose practical solutions:

- Detailed data on participant ethnicity or socioeconomic status was not collected in Brook's survey. Additional research should explore the ways in which these different characteristics impact young people's sexual health decision making and the role of intersectionality.
- While this research found that one fifth of young people did not think getting an STI is 'a big deal', we need to understand more about whether this indicates a lack of stigmatised views about STIs or a lack of concern for prevention. Further interrogation is needed of young people's attitudes towards contracting STIs and how this impacts condom use.

Limitations

In both the qualitative and quantitative data collection, there was an element of sample bias. Most survey recruitment was through targeted social media advertising, meaning that a large percentage of participants are active on social media. Additionally, due to young people's reluctance to engage in the focus groups and 1-2-1 interviews, some participants who engaged in the research have worked closely with Brook previously. These participants may have preconceptions about sexual health services and behaviours due to their proximity to a sexual health charity.

Further, it's important to acknowledge that the sample of participants in both the qualitative and quantitative research may not be fully representative of the wider population, and findings should be interpreted with caution regarding their applicability across England and Wales. For instance, in our 2023 survey (n=2,069), there is an overrepresentation of experiences from LGBTQ+ individuals, comprising 44.23% of participants. This contrasts sharply with data from the 2021 UK national census, which indicates that 6.91% of the UK population aged 16-24 identifies as LGBTQ+ (Office for National Statistics, 2023). Conversely, our research underrepresents the experiences of heterosexual individuals, accounting for only 54.33% of participants, whereas the census data reports that 89.4% of the UK population identifies as heterosexual or straight.

These discrepancies highlight the need for careful consideration when generalizing findings from our study to the broader population, particularly when discussing issues related to sexual orientation and identity. However, as the voices of individuals representing gender expansive identities tend to be overlooked or not highlighted, having a greater representation of these identities will contribute to enriching the diversity of perspectives and contribute to a more comprehensive understanding of contraceptive experiences (Klein, Savas and Conley, 2022).

There has been a noted rise in scepticism towards medical experts post COVID (Anderson, Hardy and Battle, 2022). Therefore, the timing of this study may have impacted young people's perception in a way that could change in future. Examining this uptake in scepticism and how it impacted these findings is beyond the scope of this research.

Appendix 1:

Question: Please can you share more about how the COVID lockdowns affected your access to condoms and/or contraception?			
Code		**Description**	**Example**
First	No Change	Response describes no change in access to medical care, condoms, contraception or sexual activity.	'I had no need to access condoms or contraception - I have the three-year implant for menstruation control and am not sexually active'
	Negative Change	Responses describe a negative change in access to medical care, condoms, contraception or sexual activity.	' Being unable to get in contact with the sexual health clinic, they still use COVID as an excuse now as to why they don't answer the phone.'
	Positive Change	Responses describe a positive change in access to medical care, condoms, contraception or sexual activity.	'Made it easier- online schemes for condoms, and pharmacy appointments for contraceptive pills'
	Neutral	Responses do not describe a change which is positive or negative	'Borrow from friends who have similar needs'
	Need	Responses describe a lack of need for contraception	'I did not look for condoms during the COVID lockdowns and I have not done since.'
	No Information	Response gives no meaningful information	'Na'
Second	Access - Condoms	Response describes a change in access to condoms specifically. Responses must explicitly reference condoms.	'Could not access free condoms, had to buy them, was before I used any other contraception'
	Access - Contraception	Response describes a change in access	'Couldn't get the implant inserted and

		to contraception specifically. Responses must explicitly reference contraception.	had to do injections at home so deterred me from having depo injections'
	Access - Medical care	Response describes difficulty accessing medical care i.e., making an appointment, going to a pharmacy etc.	'Being unable to get in contact with the sexual health clinic, they still use COVID as an excuse now as to why they don't answer the phone.'
	Access - General	Responses describe a change in access in a non-specific way.	'Affecting my ability to get where I want to go' 'Delays in receiving contraception from prescription delivery services, lockdowns affected being able to have any in person discussions about condoms/contraception and general sexual health.'
	Access - Privacy	Responses describe access being affected by lack of privacy	'Couldn't get to a pharmacy and buy them without being seen by people i lived with, too obvious and hard to hide'
	Sexual Activity	Responses describe sexual activity during the lockdown period	'During lockdown, I was only 13 years old so i want sexually active and didn't require access to contraception at all'
	Education	Review at the end – may remove	'Well I wasn't sexually active at the time but I did lack a lot of the understanding about contraceptives and education on sex and relationships.'

Question: Please tell us more about this discussion with the healthcare professional if you would like			
Code		**Description**	**Example**
Tone	Positive	Responses indicate a positive experience with an HCP	'I am fortunate that my doctor is very knowledgeable and understanding when it comes to contraception. I've tried a couple of different types and he has always listened to my feedback and given a suitable alternative'
	Negative	Responses indicate a negative experience with an HCP	'Conversation felt rush and abrupt'
	Neutral	Response is stated as a matter of fact, without a positive or negative tone	'I knew I wanted the contraceptive pill, so I mainly asked questions and talked about the pill. I wasn't interested in other methods.'
	Abstract - positive	Response does not describe a specific experience, but discusses an opinion or experiences more generally which as a positive tone	'Sexual health clinic nurses are a lot less judgemental and rude than gp doctors'
	Abstract - negative	Response does not describe a specific experience, but discusses an opinion or experiences more generally which as a negative tone	'Doctors usually put Mycrogynon as the first contraceptive pill for everyone despite their unique circumstances due to it being cheaper than other pills and therefore will ignore some side effects unless you return to them with issues from it'
	No Information	Response gives no information related to an experience	'I take contraceptive pills for PCOS'

		with a health care professional	
First Code	Emergency Contraception	Response describes seeking advice or access to emergency contraception	'The discussion was with a pharmacist who was supplying me a morning after pill, it only included information about the copper coil as they were handing out leaflets on where and how to get one and how it worked'
	Hormonal	Response describes seeking advice or access to hormonal contraception (e.g. the pill, patch, the ring)	'Doctors usually put Mycrogynon as the first contraceptive pill for everyone despite their unique circumstances due to it being cheaper than other pills and therefore will ignore some side effects unless you return to them with issues from it'
	LARC	Response describes seeking advice or access to Long-Acting Reversible Contraception (e.g. IUS, IUD, Implant)	' I had my copper coil implanted at a brook clinic, and i felt extremely safe in an otherwise anxiety inducing situation. It was very refreshing to know that I could be listened to and kept safe. I will never go anywhere but brook now'
	Condoms	Response describes seeking advice or access to condoms	'I went because i suspected i was allergic to latex. She gave me a little physical examination and gave me a bag of loads of goodies consisting of different latex free moisturisers, condoms, lubes. She was lovely and they all work wonderfully

	Sterilisation	Response describes seeking advice or access to sterilisation	'I asked to be sterilised due to my conditions. I would not be able to go through pregnancy and would have to abort. They declined my request.'
	Not stated	Response does not describe seeking advice or access to a specific type of contraception	'Felt like the type of contraceptive I was asking about was not what the doctor wanted me on'
Second Code	Professional knowledge	Response describes the amount of perceived knowledge of the HCP	'I asked about the impact of contraception on ADHD medication as I have seen recent studies and journals which said it can negatively impact people with adhd. The doctor had no information on this and was not receptive to my concerns'
	Professional Time and Attention	Response describes the amount of time and attention the HCP gave the respondent when discussing condoms and contraception	'Had my implant changed. There was no discussion about changing to a different method of contraception, but I think this is mainly because my appointment was to have it swapped. All information I was told regarding side effects, I was already aware of, as this is my 3rd implant'
	Autonomy/Decision making	Response describes the participants ability to make decisions about the type of contraception they would like to use	'felt like I was forced into taking the pill when in reality I wanted the implant but was told to take the pill first since its easier to stop if I want to have children (I don't)'

	Access	Response describes access to contraception or condoms	'Helpful, but had to be placed on a waiting list for the contraceptive coil and I am still on that waitlist since April'
	Information	Response describes information which was given or not given about the type of contraception	'I have suspected endometriosis and have tried multiple methods, however the IUS failed as it had to be removed immediately after insertion. I was not properly told about the procedure, that the cervix itself gets clamped, etc.'

Question: Is there anything else you think is important for us to know to better understand how to support young people in England/Wales in relation to condoms and/or contraception?

Tab	Code		Description	Example
Access to contraception	First	No information	Response gives no meaningful information	'Not sure'
		Education	Response describes education (or lack thereof) as impacting access to contraception	'Needs to be talked about more in schools, since we have never had it talked about. People need to be educated on how they can access them for free too, since people may be more likely to practice safe sex if they were aware. Also I feel that care

				must be taken in how free condoms are distributed, since people may worry if they have been tampered with if in a public space.'
		Access	Response describes quality of physical access to sexual health services	'Not enough access to different sizes of condom or latex free condoms. Weather they are free or not free.'
		Stigma	Response describes access to contraception being impacted by sex/sexual health stigma	'No shame or judgement. A lot of the time adults can come across as judging or deciding that they know what's best for a young person and that doesn't always help when you're trying to develop your own agency.'
		Increased understanding	Response describes need for professionals to understand young people's needs better or	'How can society provide more support and assistance to teenagers regarding contraception?

			conduct more research	What role can the government, schools, and families play together?'
		Peer pressure	Response describes access to contraception (using contraception) being affected by pressures from partners or peers	'empower girls to stand up to boys who refuse to wear condoms, and hammer home the potential consequences to boys who don't want to use condoms (hetero issue mainly)'
	Second (topic)	Condoms	Response explicitly mentions condoms	'Young people generally find it embarrassing to buy condoms, which is something I've had to overcome but now doesn't phase me'
		Contraception	Response explicitly mentions contraception (excluding condoms), e.g. IUD, pill, patch, injection	'Young people need to be aware that it is accessible to them individually to access contraception'
		Language	Response mentions how contraception/	'Sex can still be shameful, normalise it through

			sexual health is spoken about	conversation. Greater awareness about available schemes.'
		General	Response does not clearly describe one specific sexual health topic	'Things that are already happening, just breaking the stigma!'
		Contraception general	Response mentions contraception generally, without specifying whether their definition of 'contraception ' includes or excludes condoms	'Make sure there are different options and you can receive them via post.'
		STIs	Response explicitly mentions STIs	'It feels awkward to ask a female you are sleeping with to get tested for an STI. I also tried to order it online and backed out of doing so. Idk why io just felt a bit lost and unsure if i was accessing the right page. If i tried hard enough i could probably find

				one. But yeah, this survry didnt talk much about female to female transmission or male to male. Maybe it should'

Appendix 2:

Researcher	Name of Researcher
Scribe	Name of Scribe
Group	Type of Group
Group context (location, ages, etc.)	Location and participant ages
Key sources of information	
Encountering information	
Trust Building	
Sexual health entry points	
Decision making	
Other emerging themes	

Appendix 3:

Glossary of terms

AMAB	Assigned male at birth
AFAB	Assigned female at birth
SGD	Small group discussion
RSE	Relationships and Sex Education
CDS	Condom Distribution Scheme
LARC	Long-Acting Reversable Contraception

Appendix 4:

Recommendations for RSE

Rather than describing each contraceptive method in detail lessons should:

- reinforce the reasons to prevent unintended pregnancy and STIs
- here are many options out there for contraception and you may have to try more than one method to find the one that's best for you, that different methods might suit you at different points in your life
- healthcare professionals want the best for you and will go on that journey to find the best method of contraception with you.
- condoms are a good way to prevent both pregnancy and STIs and a good stop gap when thinking about the range of contraceptive options or waiting for a contraceptive appointment.

To support young people to make informed sexual health decisions, RSE should:

- Signpost to reliable sources of sexual health information
- Equip young people with the skills to think critically about diverse sources of information, including social media, peers and more formal health sources
- Consider the role [positive and negative] of different sources of information in decision making

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