



EDUCATION, ACCESS, STIGMA AND YOUNG PEOPLE (EASY)

Attitudes to contraception, condoms and sexual health

Summary Report May 2024

INTRODUCTION

For 60 years, Brook has championed accessible sexual health services and inclusive relationships and sex education (RSE). We have also fought passionately for improved health outcomes for young people, which is why recent statistics and trends have given us cause for concern.

Data shows a concerning rise in Sexually Transmitted Infection (STI) rates, particularly among young people, as well as a decline in 16-24 year-olds accessing contraception and an increase in emergency contraception use. As a result, this is placing increased demand on sexual health services already under pressure amidst financial constraints from public health cuts.

At the same time, young people are reporting that the RSE they receive in school is not always comprehensive or timely, and LGBT+ young people feel particularly dissatisfied with the information and support they receive.

To help us understand the story behind some of this data, Brook conducted research in 2023/24 to explore young people's attitudes and perceptions of condoms, contraception, and wider sexual health education and services.

Our aim is to ensure that young people's voices and experiences are at the heart of any work to adapt and rethink service provision, education and public health messaging. We are committed to working with the sector to challenge inequalities until all young people, especially those facing barriers, have equal access to health services and education.

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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 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.

BACKGROUND

Inspired by the CONUNDRUM project in Scotland, this research responds to five troubling trends that Brook has witnessed nationally and among our own service users:

- **Rise in Sexually Transmitted Infection rates:** The UK has seen a surge in sexually transmitted infection (STI) rates, with over 400 daily diagnoses among young people in 2022.
- **Reduced uptake of contraception:** NHS data indicates a declining percentage of 16–24-year-olds accessing sexual and reproductive health services for contraception.
- **Discourse around hormonal contraception:** Increasing narratives promote non-hormonal contraceptive methods, raising concerns over hormonal options.
- **Access to condoms and contraception:** Ongoing accessibility challenges, exacerbated by the COVID-19 pandemic, are impacting young people's access to condoms and contraception.
- **Attitudes towards Relationships and Sex Education (RSE):** Despite statutory provisions, satisfaction with RSE remains stagnant, particularly among LGBT+ young people (Sex Education Forum, 2024; Ramírez-Villalobos et al., 2021).

METHODOLOGY

Brook researchers employed a mixed methods approach, utilising both quantitative and qualitative methodologies. Quantitative data collection was carried out via Microsoft Forms, adapting the survey used by the CONUNDRUM project in Scotland to apply to England and Wales. This survey was piloted for accessibility and suitability by members of Brook's national participation forums.

Following survey analysis, qualitative data was gathered to delve deeper into key themes and questions. Small group discussions and interviews were conducted online, building on the survey findings to understand how young people learn about sexual health and what influences their decisions.

The survey recruitment through social media, Brook clinics, partner organisations, and paid social media advertising resulted in 2,387 responses in 2023. A targeted survey for people assigned male at birth (AMAB) garnered 330 responses in 2024.

Data from both surveys and discussions were analysed using Microsoft Power BI and thematic analysis methods.

Recommendations were developed through collaborative workshops with Brook's clinical, education, and digital teams, incorporating input from external stakeholders and reviewed by Brook experts.

Worry about hormonal contraception¹:

- 25% expressed concerns about hormonal contraception's side effects.
- 47% were not satisfied with the information provided about potential side effects in their most recent discussion with a health care professional.
- Among those not always using contraception (49%) more than two fifths cited concerns about hormones, side effects, or long-term effects.
- 51% of respondents reported consistent contraception use, however 9% of these respondents still expressed concerns about hormones or side effects, indicating underlying apprehension.

Experiences with healthcare professionals²:

- There is a discrepancy between the desired level of autonomy in contraceptive decision making and the reality of experiences with healthcare professionals.
- When asked about their most recent conversation with a health care professional, 64% of participants described a conversation about hormonal contraception or LARC.
- Of those who described recent conversations with a professional about LARC, more than half (56%) were described as negative predominantly due to inadequate or incorrect information, feeling a lack of autonomy and having insufficient time.
- Positive experiences with medical professionals correlate with a preference for medical advice, while negative experiences lead to greater reliance on friends and online sources.
- 73% of participants 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

¹ These findings represent responses from 1,568 respondents

² Percentages were calculated based on 198 responses to the following question: 'Please tell us more about this discussion with the healthcare professional if you would like'

STIs and condom use:

- When asked about their last experience of penetrative sex, 81% of participants reported discussing whether to use a condom, and 72% discussed whether they were using contraception other than condoms.
- However, one third of participants reported not using condoms the last time they had penetrative sex and one fifth reported never using condoms during penetrative sex.
- Stigma, lack of access, and partner pressure were identified as the three key factors contributing to young people not using condoms.

“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

Attitudes toward STI testing:

- Less than half of participants (47%) discussed whether their sexual partner had recently been tested for STIs, and 24% did not feel it was important to take a test themselves before unprotected sex.
- 15% of participants³ expressed a lack of concern about using condoms or discussing STI status prior to sex, relying on post-sex testing or dismissing a positive STI result as insignificant.

³ 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?’

“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

Accessing free condoms:

- Awareness of where to access free condoms was low, with less than half (49%) of all respondents knowing at least one place to access them.
- When describing why they think young people don’t use free condoms, participants cited feeling too embarrassed to speak to someone about getting free condoms (58%) and lack of knowledge about access points (53%).
- Only 46% of participants assigned female at birth (AFAB) knew where to access free condoms, compared to 57% of participants assigned male at birth (AMAB).
- Young people indicated a need for improved education and awareness of condom distribution schemes.
- Participants expressed a preference for accessing condoms via methods that offer greater anonymity, with 77% saying they would like the option to order online or have them posted to their home or a pickup point.

“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

Responsibility:

- There's a sex-based difference in perceived responsibility for condoms and contraception.
- 55% of AMAB participants had never discussed contraception with a healthcare professional, which was double that of AFAB participants (24%).
- 53% of survey participants agreed that women were as responsible as men for carrying condoms.
- AMAB participants (55%) were more likely than AFAB participants (35%) to use their sexual partners as a source of information.
- Young people 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... 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

Sources of information:

- Young people have abundant information available, making it challenging to make sexual health decisions.
- Trust in information sources does not always correlate with their influence on decision-making.
- 62% of respondents said they have a lot of trust in doctors and nurses from sexual health clinics, making this the most trusted source of information.
- However, respondents are most likely to consider information online (66%), discussions with a partner (61%) and discussions with friends (61%) when choosing a method of contraception.
- 58% of AFAB participants indicated that they would consider people's experiences on social media when making contraceptive decisions. In contrast, only 33% of AMAB participants selected this option.

"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

WHERE ARE YOUNG PEOPLE GETTING THEIR INFORMATION?

Independent research:

- Young people described the internet, including Google, NHS or other health websites, and social media, as the first place they look for sexual health information.
- 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.
- Social media is particularly valued for real-life experiences with hormonal contraception but is acknowledged as not always factual or balanced.
- Challenges exist in determining the reliability of online information, partly due to targeted advertising and influencer partnerships.

“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”

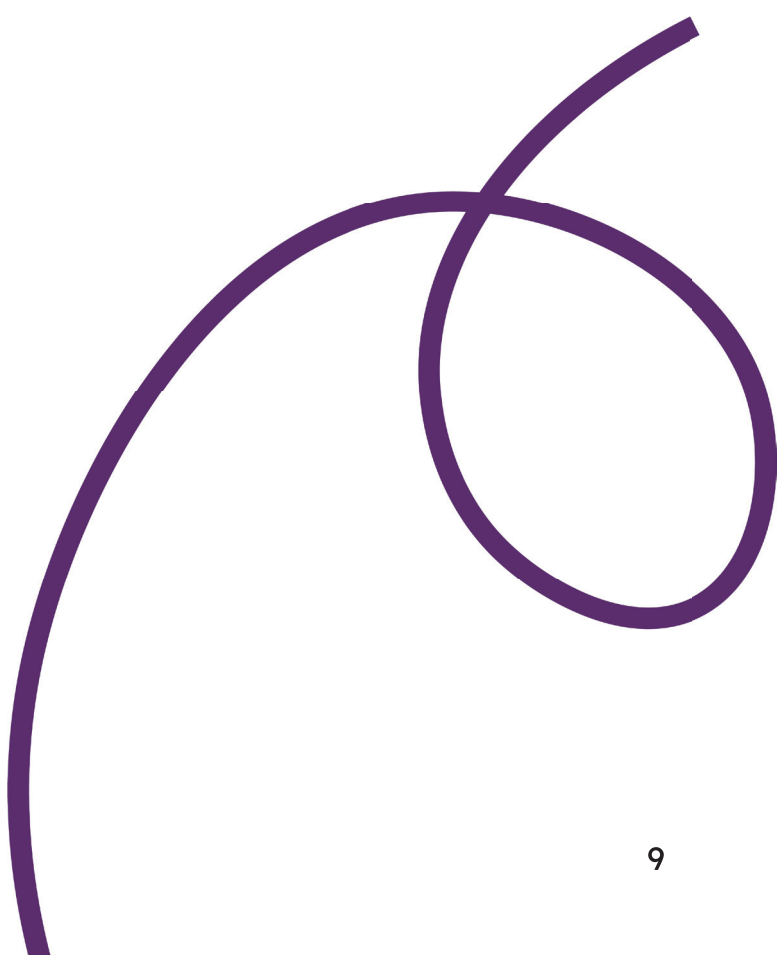
AMAB Focus Group Participant

Hearing from people they know:

- Participants said they trust the experience and knowledge of friends and family members.
- Friends’ opinions strongly influence decision-making, despite not always being factual.
- There was a sense of comfort and trust in information obtained from friends, which was not always present with other sources of information such as social media or medical professionals.

“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



WHERE ARE YOUNG PEOPLE GETTING THEIR INFORMATION?

In schools:

- There were mixed reports about the quality of Relationships and Sex Education (RSE), with some participants receiving inadequate or no RSE.
- Some participants said they found RSE lessons awkward and sometimes irrelevant, which meant they felt too embarrassed to ask questions and therefore did not access appropriate information.
- The importance of young people having the knowledge to find information on their own was consistently highlighted throughout the qualitative work.
- Many participants felt that a lack of adequate RSE lead to difficulties in knowing where to find reliable information independently.

“It was hard to search as don’t know what to type or where to look.”

Mixed SGD Participant

“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

The NHS and medical professionals:

- Many participants viewed the NHS and medical professionals as reliable sources of information due to their authority.
- However, some participants were sceptical of doctors and nurses, especially regarding hormonal contraception.
- There was a shared view across all data collected that medical professionals prescribe young people hormonal contraception regardless of the side effects.
- 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.
- Overall, AMAB individuals were perceived to be responsible for condoms, while it was assumed AFAB individuals held responsibility for understanding contraception and engaging in discussions about it with healthcare providers.
- Participants who had a good first interaction with healthcare professionals described higher levels of trust and a higher likelihood of returning for more information.

“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.”

Forum Members SGD Participant

HOW DO THESE SOURCES INFLUENCE YOUNG PEOPLE'S DECISION-MAKING?

Contraception decision-making:

- 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.
- Negative experiences shared on social media and by friends can impact decisions, even if not personally experienced.
- 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.
- Participants described a desire for information which presents facts alongside realistic experiences.

"NHS website, reddit- both serve different purposes, but I feel in conjunction they help give me a well-rounded perspective"

2023 Survey participant, 17

STI Testing decision-making:

- When considering STI testing, participants expressed more scepticism toward social media and this source had less of an impact on their decision making.
- Participants agreed that social media was a good place for experiential evidence, but it was not helpful for evidence-based information about condoms or STI testing.

- Participants saw great value in evidence-based information from trusted sources like the NHS, charities, and medical professionals.

- Ease of access to STI testing was a significant influencing factor for participants.

"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."

AMAB SGD participant

LGBT+ Participants:

- Just under two fifths of qualitative research participants identified as LGBT+
- LGBT+ participants described facing challenges in accessing safe and accurate sexual health information.
- RSE was described as heteronormative, prompting LGBT+ individuals to seek information from other sources beyond school and mainstream channels.
- LGBT+ participants described not having access to high-quality, relevant sex education and they identified a need for accessible resources for all identities.

"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 Member



EMERGING THEMES

Building Trust: Young people prioritise trust in sources of information, such as the NHS and personal relationships. They value opportunities to express opinions and receive tailored information. Acknowledging lived experiences and narratives around contraception fosters trust and engagement.

Empowering Choice: Young people advocate for active involvement in sexual health decision-making. Existing structures of Relationships and Sex Education (RSE) often fail to address diverse backgrounds and life stages, leading many to seek information independently. Providing resources for informed decision-making and supporting autonomy in accessing services are essential.

Policy and Commissioning Impact: Dissatisfaction with sexual health care is prevalent among young people, highlighting systemic challenges. Factors like time constraints for healthcare professionals contribute to negative experiences. Addressing these issues requires systemic changes beyond individual healthcare providers.

By addressing these considerations, policymakers, educators, and healthcare professionals can better meet the diverse needs of young people in sexual health services and RSE.

RECOMMENDATIONS

These recommendations, developed in collaboration with key stakeholders including young people, offer practical and valuable guidance to implement meaningful change across healthcare, RSE and policy.

To support healthcare providers:

- Develop co-designed resources to support health care professionals in delivering comprehensive consultations for young people.
- Engage clinicians in identifying and addressing barriers to ensuring young people feel heard and respected.

To enhance Relationships and Sex Education (RSE):

- Provide comprehensive, inclusive RSE throughout secondary school, focusing on equipping young people with skills to make informed decisions about contraception and sexual health.
- Empower young people with critical thinking skills to navigate diverse sources of information, including social media, and consider the role of various sources in decision-making.

To support policy and commissioning:

- Conduct an evidence-based review of Condom Distribution Schemes (CDS) and invest in infrastructure and promotion.
- Increase transparency of sexual health information shared on social media and launch a public health campaign promoting condom use and destigmatising STI discussions.
- Prioritise and invest in RSE, ensuring teachers receive adequate training and time to deliver effective education.
- Facilitate connections between local sexual health providers and schools to ensure RSE informs young people about available services.
- Commission and fund services that allow quality consultations, address cost constraints, and provide both in-person and digital access to sexual health services.

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