Young People and Contraceptive Use

Knowledge and Awareness of Long Acting Reversible Contraception (LARC)

GH GREENWICH HEALTH

healthwatch Greenwich

Contents

Executive Summary

Healthwatch Greenwich were commissioned by Greenwich Health[1] to provide insight into contraception practice and knowledge amongst young people under 18 years old. Specifically, understanding views and experience of long-acting reversible contraception (LARC).

LARC is a reliable method of contraception as it removes the risk of pregnancy due to missed doses, or incorrect use, which can occur with other contraceptive methods. However, uptake amongst young people in Greenwich is low. Findings from this research will assist Greenwich Health in tailoring, targeting, and developing service design and communication strategies to encourage greater uptake of LARC amongst young people aged 18 and under.

Healthwatch Greenwich specialises in using participatory approaches[2]. To carry out this work, Healthwatch Greenwich recruited a group of young people aged between 16 – 18 years old as 'co-researchers'. Our co-researchers were trained and supported to become partners in the project. Co-researchers contributed to the overall design, avenues of enquiry, tool development, and were responsible for conducting depth interviews and structured surveys with their peers about contraceptive use and awareness of LARC. Co-researchers conducted 10 depth interviews and surveyed a further 100 young people. Co-researchers contributed to data analysis and took part in knowledge exchange.

As a positive unintended consequence, having received guidance and information about LARC and general contraception themselves, our co-researchers were able to provide accurate and reliable information to over 100 young people and signpost them to additional resources.

During this project and throughout this report, we use the term 'young people' when talking of both our co-researchers and the group of people that were interviewed and surveyed. This term was chosen as inclusive of anyone that could use LARC, that is, anyone

[1] About | Greenwich Health (greenwich-health.com)
[2] https://www.participatorymethods.org/task/research-and-analyse

with female reproductive organs, regardless of what gender identity they choose.

Recruiting young people as partners provided the following advantages:

- Young people are experts on youth issues. Through their lived experience they can explain and analyse youth issues for adult audiences.
- Given the nature and themes of this project, it was likely that young people would feel more comfortable and freer talking to peers, compared to adult researchers. In essence, young people as co-researchers facilitated the likelihood of a more trusted relationship between researcher and participant, improving the quality of the research data.
- Young people are embedded in multiple personal, social, and cultural networks, enabling greater access to their peers compared to adult researchers and allowing access to a broader cohort of young people.
- Including young people in the process of shared learning and co-production provides an opportunity to gain useful research, project management, and communication skills, enhancing employability or future study options. Moreover, our co-researchers were able to improve their own understanding of social issues that influence young people's sexual and reproductive health.

Our key findings suggest the low use of LARC methods amongst young people can be understood in relation to:

1. Existing knowledge and attitudes towards contraception: young people have greater understanding of methods such as condoms and the pill and find them easier to access and use.
2. Personal preference and priorities: bodily control is important for young people. Young people have fears and concerns that LARC methods reduce bodily autonomy, as well as concerns about side effects, both real and assumed. LARC methods are also perceived as inappropriate for their stage of life.

3. Education and sexual health provision: young people receive most contraceptive information from school[3], with a focus largely on condoms or the pill, and in an atmosphere that at times does not encourage questions or discussion.
4. Influence of personal and social networks: the shared experiences of friends and family, and the role of social media, have both positive and negative influences on perceptions of LARC. While young people find comfort in the sharing of common stories, misinformation about LARC methods pervades community narratives.

About

Healthwatch Greenwich (HWG) is an independent, statutory organisation representing people and communities who use NHS and publicly funded health and care services in Greenwich. We carry out qualitative and quantitative engagement and research on a wide variety of health and social care topics. Our mission is to drive change, campaign for and influence commissioners and providers to ensure the design and delivery of services is equitable for all.

Acknowledgements

Our biggest thanks go to the talented group of eight young people who worked on this project as our co-researchers, including Gabrielle Tuzinaite, Katie White, Thulaxy Thiyakeswaran, Oluwatoyosi Disu, Phoebe McIntyre, Nicole Carrillo-Bejarano, Roisin Glynn and Montana Edwards. Their dedication and commitment to this project throughout its 6 months, on top of schooling, work, domestic, and other life responsibilities, was exemplary. They provided crucial insights that shaped the direction of this project, worked

[3] https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education

independently and with great success to generate insightful data for this project.

We thank Greenwich Health and Public Health Greenwich for their support and encouragement. In particular, Sarah Crossman (Livewell Programme Development Lead, Greenwich Health), who took an active role and provided guidance, and Charlotte Parkes (Senior Public Health Manager, Public Health), who offered unwavering encouragement, useful contacts, introductions, insight, links with related programmes, and future opportunities for our talented group of young people.

Finally, we'd like to thank organisations and service providers that supported us with training for our co-researchers; Dr Ann Lorek (Designated Doctor for Safeguarding for Children and Young People, South East London Integrated Care System) and Anita Erhabor (Designated Safeguarding Nurse for Children and Young People, SEL ICS) who provided safeguarding training.

Aim

To understand young people's (aged 16 – 18) knowledge, attitudes and experience of available contraception, and in particular long-acting reversible contraception (LARC), to provide greater understanding of the low uptake of LARC amongst this group.

Methodology

Co-production: rationale and its use

This project drew upon the principles and features of participatory methods, in particular **co-production.** Co-production is an

approach that allows researchers, practitioners, people, and communities to share power and decision-making processes in order to develop more effective services[4].

There is no set or fixed process for co-production. It is guided by a set of principles which, together, support people and communities to be meaningfully included, and involved in a decision or service.[5] These principles include sharing power, awareness and inclusion of all perspectives and skills, respecting, and valuing the expertise and knowledge of participants, reciprocity and the building and maintaining of relationships.

When thinking about children and young people's lives and the issues that affect them, research is often done for them but not with them[6]. Treating children only as respondents to research problems posed by adults misses important aspects of their day to day lives.

An increasing body of research is employing participatory research methods to bring children and young people into the research process as active, informed experts in their own lives. Participatory research methods that involve children and young people as collaborators can overcome some of the ethical concerns and issues of power hierarchies that arise when working with children and young people[7].

Utilising the principles of co-production, this project recruited a group of young people aged between 16-18 years old to act as paid co-researchers[8]. Co-researchers were active partners in all aspects of this project, informing the design and themes of the research study, creating interview and survey questions, governance, peer-to-peer data collection, informing the analysis, communication of findings and involvement in knowledge exchange.

[4] Co-production: what it is and how to do it | SCIE

[5] Resources for co-producing research - ARC West (nihr.ac.uk)

[6] Imagining participatory action research in collaboration with children: an introduction - PubMed (nih.gov)

[7] (PDF) The Ethics of Participatory Research with Children (researchgate.net)

[8] Co-researchers were paid above the London Living Wage, for their participation.

Co-researchers

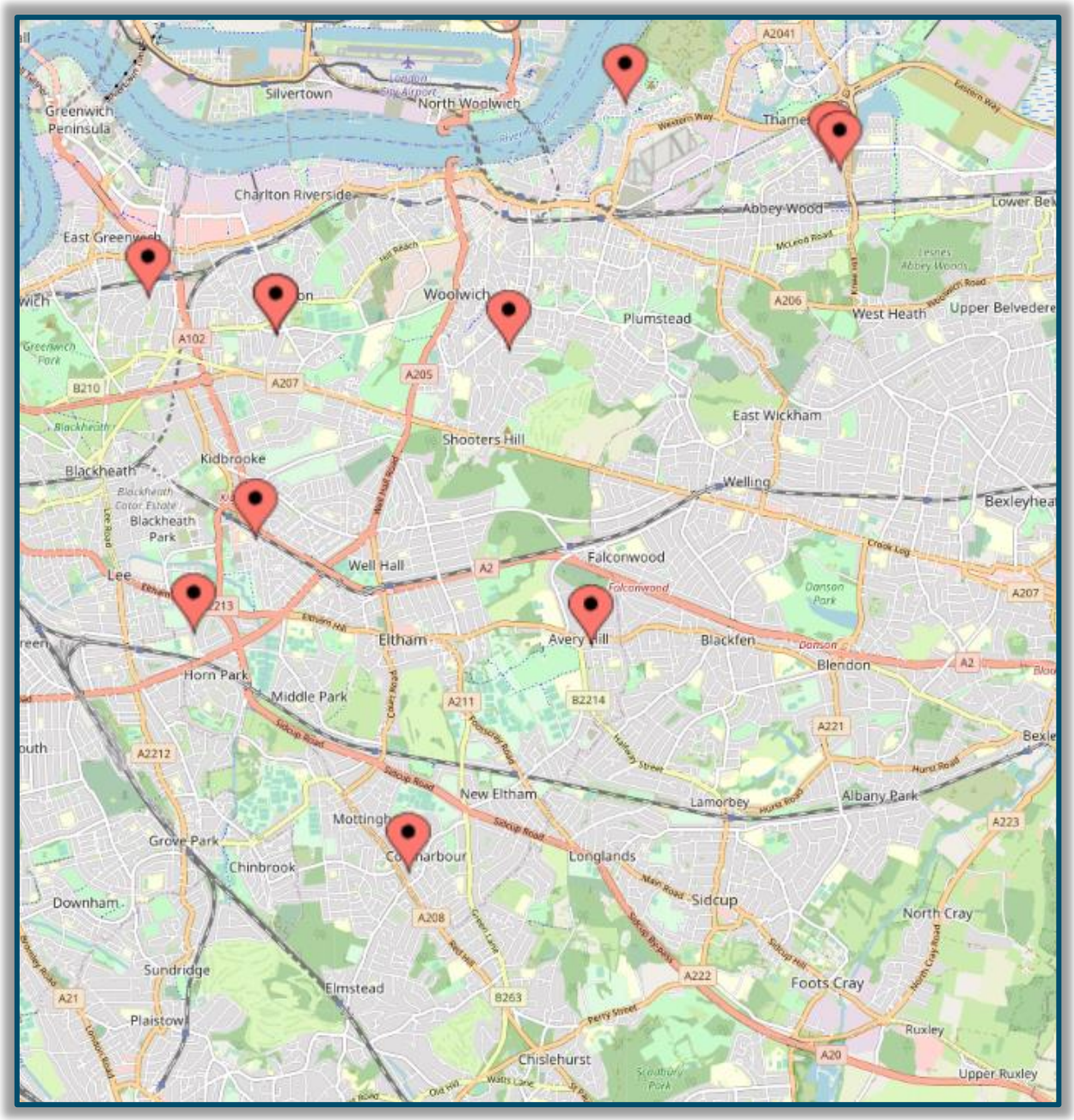
Recruitment

Recruitment of co-researchers started in August 2022 with recruitment materials and information sent out to schools, sixth forms, further education colleges, youth clubs, a variety of community groups aimed at young people, and via word of mouth. We circulated the opportunity across the borough to a wide range of networks and contacts across multiple communities to reach as diverse a group of young people as possible. Efforts to recruit co-researchers made significant progress from September 2022, when schools returned from the summer break and physical visits to further education colleges and community groups could be made. Following a simplified application and interview process, 8 young people were recruited.

Profile

All our co-researchers were Greenwich residents, aged between 16-18 years. Our co-researchers reflected a range of ethnicities – (Black African, Sri Lankan, Latin American, Mixed Black Caribbean and White, Eastern European, and White British and Irish). As our co-researchers drew on their personal and social networks to speak to other young people, it was important to ensure representation of co-researchers from a range of cultural and ethnic backgrounds in order that insight collected would represent a wide range of experiences.

The map below shows where our co-researchers lived.



Training

Co-researchers received intensive training, giving confidence to carry out their role in an informed manner. Training included[9]: lone working, safeguarding, health and safety, data protection and confidentiality, sexual health and wellbeing, equality and diversity - and the use of inclusive language. Inclusive language was particularly important. Our focus was on young people that could use LARC - anyone with female reproductive organs or anyone who menstruates - rather than a specific gender.

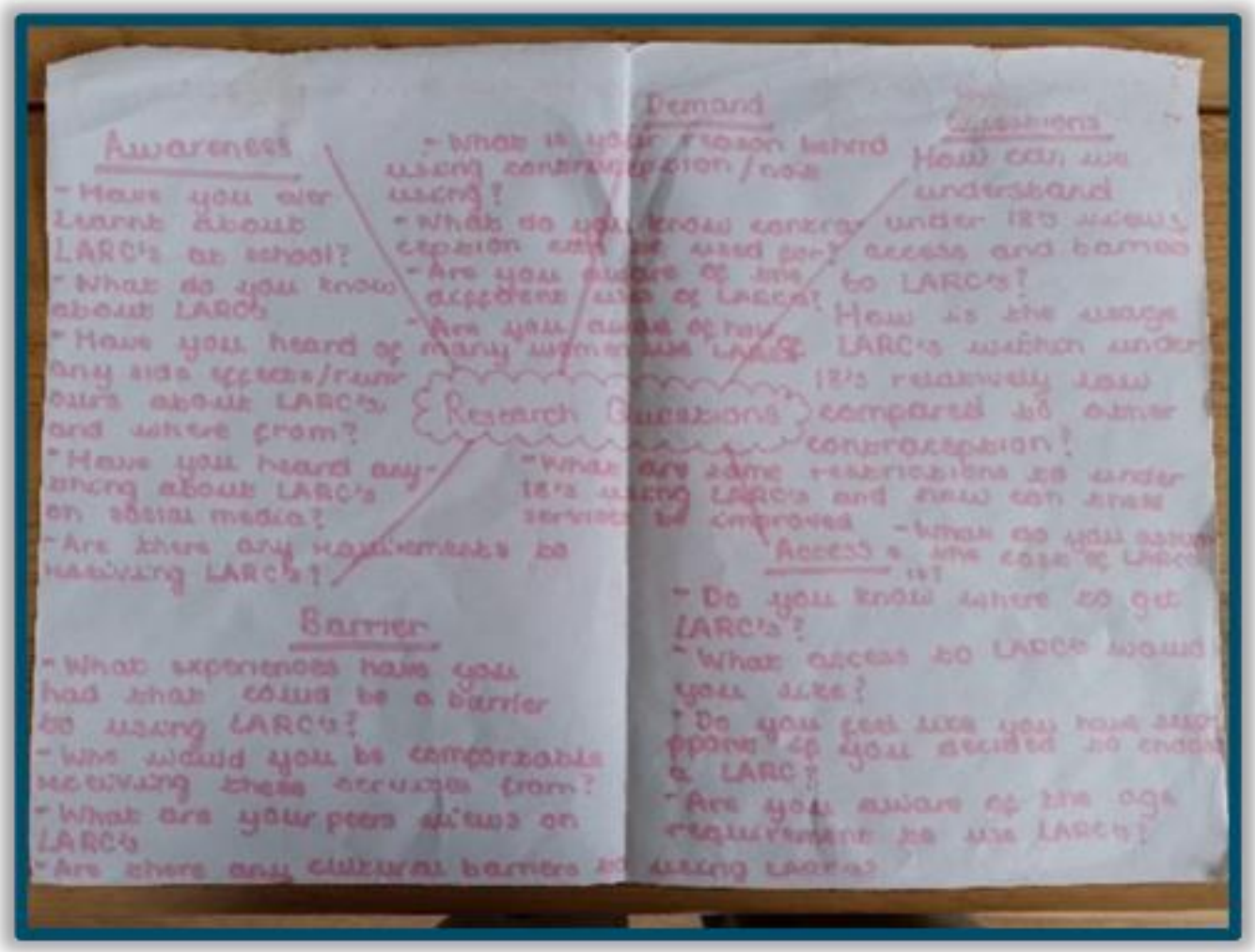
Additional training, delivered by specialists, included: forms of contraception and how to access them, and healthy relationships. Training delivered provided strong understanding of the various topics, themes, and issues central to this project.

None of our co-researchers had previous experience of a research environment or prior knowledge of how to be alert to different types of abuse and what steps to take if concerned. Conscious that co-researchers would speak to many other young people as part of their role, and would hear personal experiences and information, safeguarding training was critical. In addition, health and safety and lone working training gave them tools to keep themselves safe.

[9] List is not exhaustive - training and support was provided on a wider range of areas.

Co-researchers took part in extensive research training, including:

- Understanding co-produced research, it's purpose and the reasons for their involvement in this project.
- Research aims and purpose of the project.
- Research methods and how to collect data for this project.
- Research ethics, anonymity, and confidentiality.



(Photo: notes taken by co-researchers during training session)

Data collection

Data collection comprised of two parts: depth interviews and a survey. Depth, semi-structured interviews were conducted first, offering rich detail and context into young people's understanding, attitudes, and experience towards contraception and LARC. Once completed, depth interview data was analysed thematically using content analysis methods to identify themes to inform survey development and questions.

Profile of interview and survey participants

All participants of both depth interviews and survey were:

- Young people with female reproductive organs or the ability to menstruate (i.e., anyone that could use LARC)
- Under the age of 18 years old
- A resident of Greenwich or registered with a Greenwich GP

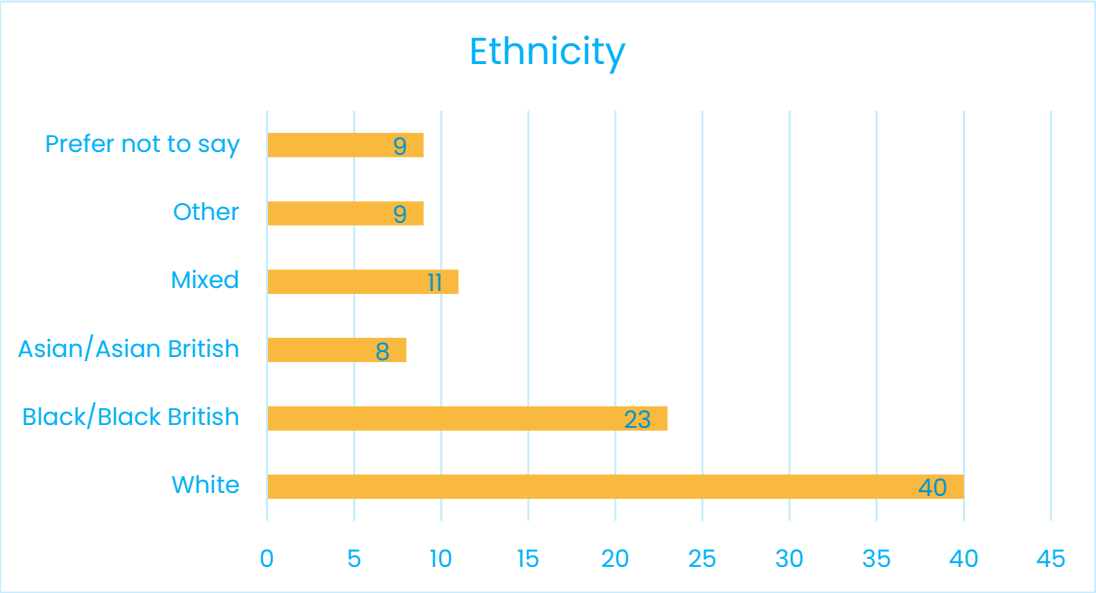
Interviews

Co-researchers completed a total of 10 depth interviews, drawing on their personal and social networks to recruit peers. Interviews were conducted both in-person and remotely. Length of depth interviews ranged between 30 minutes and 1 hour. Depth interview participants received a £20 shopping voucher for taking part. Once completed, Healthwatch Greenwich and co-researchers analysed the data together to gather insight and develop the survey questions.

Surveys

Co-researchers completed a total of 100 surveys, in-person and over the phone. Healthwatch Greenwich checked the validity of survey participants by contacting a random sample of 10%. As an incentive to take part, survey participants were entered into a prize draw of £200.

Below is a breakdown of the demographics of survey participants.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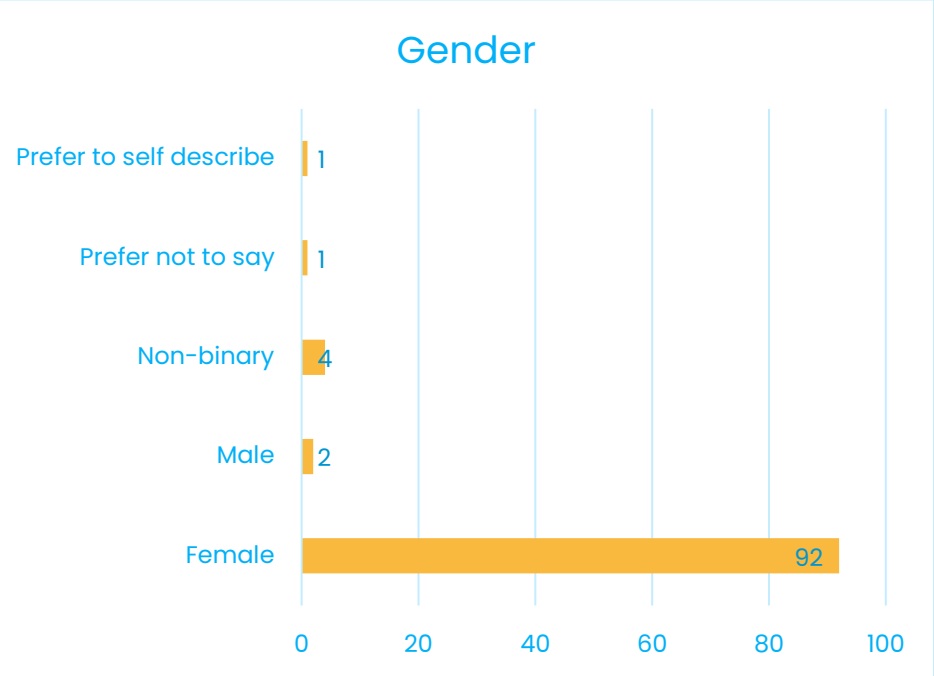
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Non-binary
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Female
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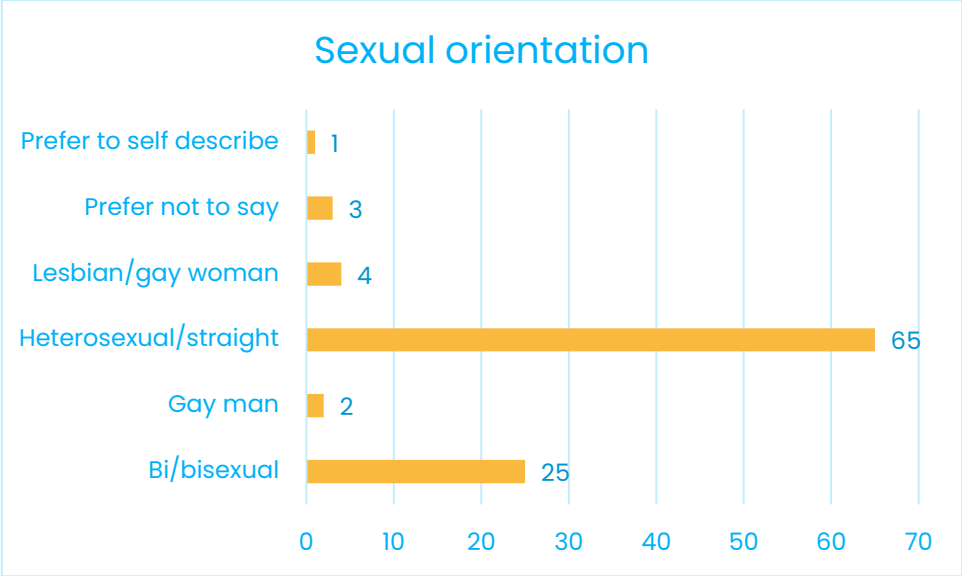


Findings

Long-acting reversible contraception (LARC) is a highly effective form of contraception. LARC reduces the risk of unplanned pregnancies from missed doses, incorrect use or not using contraception at all. However, use of LARC is low amongst young people, in Greenwich and nationally. This research was designed to provide insight into the low uptake of LARC methods amongst young people in Greenwich by considering the following questions:

- What are the personal, social, and cultural factors relevant to young people under 18 when choosing forms of contraception?
- What existing knowledge do young people have of available contraception methods?
- What are the motivations, perceptions, reasons for acceptance or rejection of LARC?
- How do young people access contraceptive methods, where do they go and how would they prefer to access contraception?

- Are there challenges or barriers that deter young people from accessing LARC?
- What role does previous experiences – positive and/or negative – with healthcare professionals play in influencing young people's contraceptive choices?

We present our findings in the following sections:

- Existing knowledge and attitudes
- Personal preferences and priorities
- Education and sexual health provision
- Influence of personal and social networks

Existing knowledge and attitudes

Current contraceptive practices:

Half of the young people surveyed had experience using various forms of contraception, either currently or in the past. Methods included: external condoms, internal condoms, IUD, IUS, implant, injection, progesterone-only pill, combined pill, patch, vaginal ring, diaphragm, and emergency contraception.

Despite use or knowledge of a wide range of contraception methods, most did not know or understand what long-acting reversible contraception (LARC) was, or only had partial knowledge. For instance, several participants identified the IUD or IUS as LARC, but also incorrectly included other methods such as the pill.

Lack of understanding or partial understanding significantly contributed both to current and future contraceptive choices. 57% of survey participants stated they would not want to use LARC methods because they didn't know enough to make an informed choice.

I don't think I've got an in depth understanding of it because I've always said to myself if I was going to get contraception, it would straight away be the pill.

Emily

When it came to their knowledge about other methods, including LARC, one interview participant stated, *"I don't know where else I would have found out about it if it wasn't through this [research] (Olivia)."* Demonstrating the power and influence of peer-to-peer communication.

Condoms and the pill were the most known forms of contraception, and the most common options currently used and/or future preference. Of the 50% of survey participants that had used contraception in the past, two thirds of these had used condoms.

When asked if they were interested in using contraception, 56% of survey respondents stated yes - of these, 60% would prefer to use either a condom or the pill.

I went a long time thinking that condoms were the only type of contraception.

Aishaa

A range of factors are important for young people when choosing contraception - protection against STIs, pregnancy prevention and ease of access.

Factors that service providers believe to be advantages of LARC, such as not needing to remember to take something every day, discreetness, or convenience, are not as significant motivators for young people. Both condoms and the pill, for instance, are seen as more suitable by young people for their lifestyles, providing greater independence, and in the case of condoms, protection against STIs.

There's the downside [to LARC] that unlike stuff like the condom, they don't prevent STI's or STDs.

Zahara

It's more independent, I can go and collect a pill, there's a certain monthly supply and then it's just my responsibility to take it. But if I got an IUD or the implant or an injection, I have to continuously keep going to my doctor to get it checked or to get like another injection. So, I think it's long winded that way.

Emily

The word cloud below, generated from survey responses, highlights the key reasons why young people prefer condoms or the pill – they were seen as easier, accessible, and safest.

Accessing contraception: requirements, time, cost

Knowledge about how or where to access different forms of contraception influences contraceptive choices. LARC methods are considered more difficult to access than other methods, with several interview participants feeling that their GP would be the only place to offer information or guidance.

I would genuinely just go to my GP, that's the only place I would really think to go to.

Anita

I'm not really aware of like the local sexual health clinics. I've always just gone to the doctors and thought that GPs were the way to go.

Emily

Age thresholds or involving parents in decision making detracted from any potential appeal of using LARC. 62% of survey participants said that they believed or weren't confident if age was (or was not) a requirement for access.

A lot of stuff like that, you need parental permission, especially if you're under 18, you need parental permission, like by law...So if they probably disagree with it, then it's like, you can't access it if you don't have a parental carer with you who is there to give permission.

Zahara

Cost is a factor for young people. 66% of survey participants believed LARC had to be paid for or weren't sure if they were free. LARC were also considered hard to access. In contrast, young people felt other methods, such as condoms, were easier to get, even if they did have to pay for them. Participants spoke of the convenience of being able to get condoms, for example, in any shop or pharmacy.

I think most people are just sticking to condoms because it's the easiest thing to find. I mean, you know it's in Boots, it's in Sainsburys, hey it might even be in Lidl but like LARC is not something that...it's not broadcasted.

Anita

Lack of knowledge about requirements for LARC (age limits, parental consent, and cost) is related to uncertainty about where to go to access contraception in general. Interview discussions revealed that some didn't want to go to their GP to talk about contraception, due to confidentiality concerns (worries that information might be shared with parents), but they also didn't know if sexual health clinics existed in the borough or how to find them.

I don't know if there are any [sexual health clinics] and if there are, I don't know where they are because I'm not told about them.

Zahara

Others, prepared to discuss their contraceptive needs with their GP, spoke of the difficulty getting appointments at their GP practice and how this deterred them from exploring the range of available contraception. Not surprisingly, methods considered easily available, such as condoms, are preferred.

Although most interview participants did not have prior experience of a sexual health clinic, they had mixed attitudes towards them; some felt them to be safer spaces than GPs (less judgemental, greater confidentiality) and that advice received would be more personal.

I feel like sexual health doctors are better, they don't really judge you...But with a GP I feel like if you said, I needed pills out loud, I feel like many people would judge you cause their automatic thought is oh sex, oh she's pregnant, which is simply not true but going to a sexual health doctor no one really questions you because they are there for their own reasons.

Lara

Others felt nervous and embarrassed at the thought of attending a sexual health clinic. Connotations were overtly negative. Only a quarter of survey respondents said they would consider going to a sexual health clinic for contraception.

Embarrassment, I'd feel embarrassed to walk in to a sexual health clinic 'cause I'd think that people thought I'd caught something, and not just for contraception. I just think it's quite a daunting place to walk into.

Libby

I've always had an idea that a sexual health clinic was like if I had an STD or if I was trying to have an abortion.

Katie (co-researcher)

Participants expressed concerns about the practicalities of getting LARC methods, particularly around booking appointments and the potential need for check-ups. This was seen as impractical and inconvenient for their day to day lives. Participants extrapolated from their existing difficulties trying to get GP appointments for other reasons as rationale for disinclination towards LARC methods. The lack of choice of appointment time to fit with their personal schedule was a significant deterrent.

When you have to call for an appointment and sometimes there's like 100 people waiting even at 9:00 AM, and you have to wait for the queue and like when the call cuts off, you have to wait in the queue again.

Lara

School is very consuming and it takes up most of my time. So, for me to be able to choose what time I want my appointments to be instead of them choosing what time my appointments would really help.

Aishaa

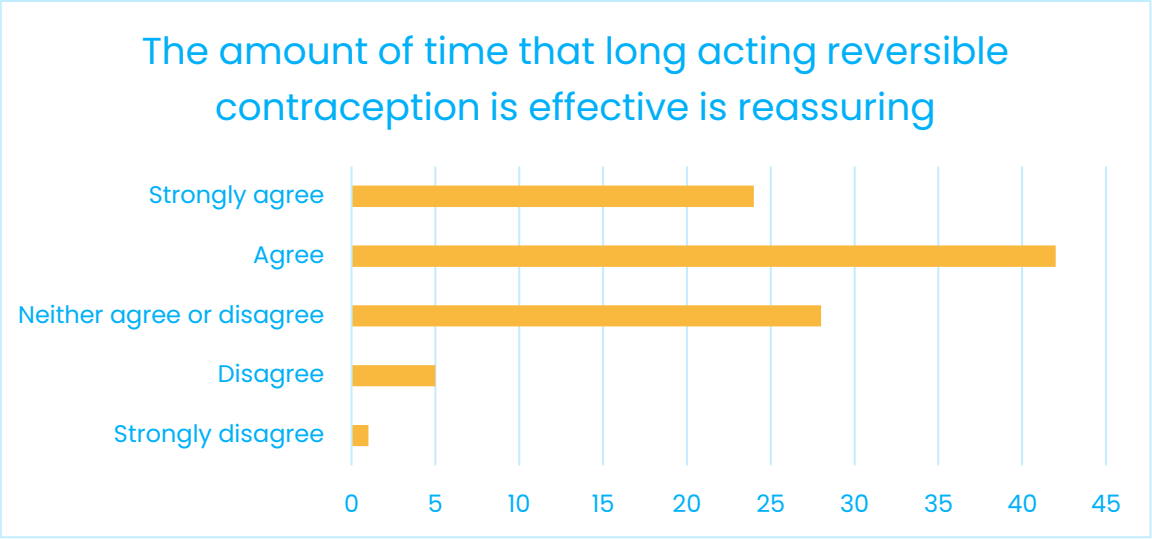
Yeah, I feel like if it fitted into like my schedule and I see I had time for it. I would obviously choose LARC. But I feel that with the constant like check-ups and especially for the injection having to go, I think it can be seen as kind of long winded. So, it kind of puts me off at the fact that to keep on going back.

Emily

Personal preferences and priorities

Bodily control

The perception of LARC as something '*inside you*' that can't be controlled was an important factor in making LARC a less attractive choice. For many, this outweighed the benefits of LARC. Young people recognised that LARC is effective in preventing pregnancy, in addition to other benefits, such as not having to remember to take a pill each day. Amongst survey participants, 76% either agreed or strongly agreed with the statement, *"The most important thing to me when choosing contraception is how effective it is at reducing unplanned pregnancies*". Similarly, 66% either agreed or disagreed with the statement, *"The amount of time that long-acting reversible contraception is effective is reassuring".* The graph below highlights attitudes towards the efficacy of LARC.



Despite the recognised advantages of LARC, young people remained concerned, scared, and uncomfortable with how LARC must be 'inserted' and then remain 'inside of you' and thus remove bodily autonomy.

There's obviously the physical pain of having it implanted and stuff and there might be emotional pain because like I said, you have something inside you.

Zahara

It seems pretty intrusive. The benefits are good, but like, I just wish that these things could happen without me having to put things in my body all the time.

Anita

The lack of bodily control associated with LARC can also be understood as a factor contributing to preferences towards the pill or condoms, which were seen as methods that gave them greater control over their body.

I think the pill's so easy, it's certainly so handy to have, you can stop it when you want if it's not right, you could look in seven days, take your body and things like that.

Libby

When you think about it, it's more or less like a foreign object being put into you, so I feel that it's much more appealing to just get a pill and take that every day, then actually have to go to a sexual health clinic or like your GP to get something actually put in you.

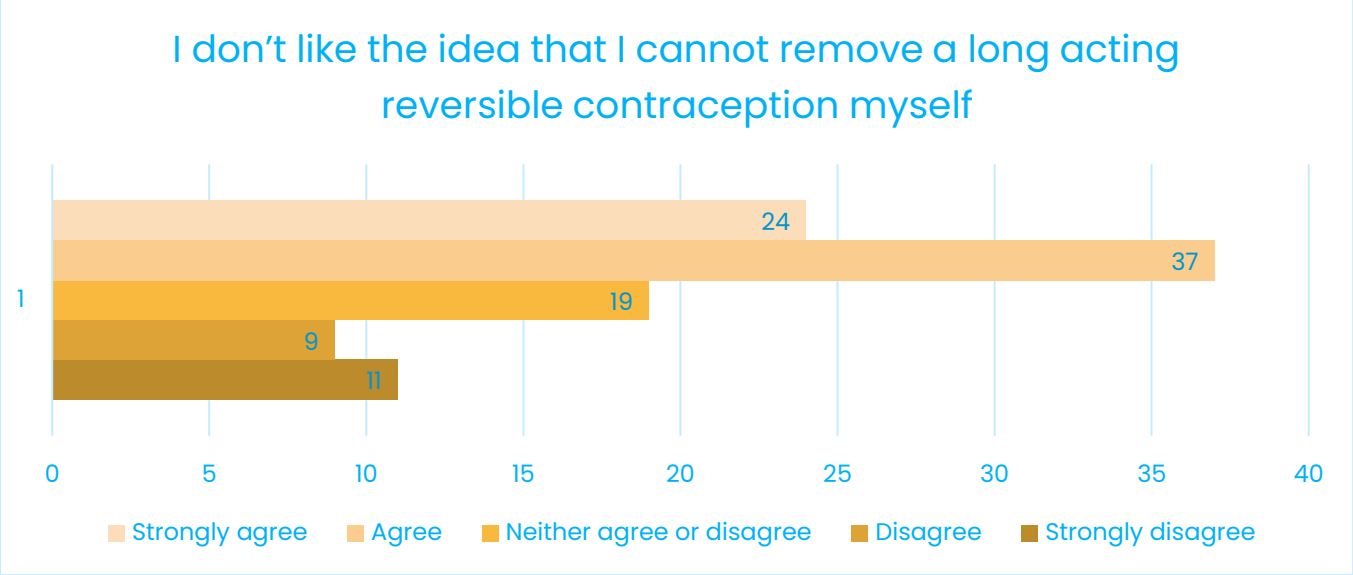
Emily

The emotional aspect of getting LARC was reflected in descriptions, with fear and anxiety a common theme:

I think they'd be helpful, but also scary.

I will always be scared of taking it, I'm still scared of the IUD and IUS.
Especially a lot of younger people, they are scared of getting it.

The lack of bodily control was compounded by the need for a medical professional to insert or remove LARC, leaving young people less able to opt out of this method.



The contrast between young people's practical understanding of the effectiveness of LARC and the emotional reality of having to get one, highlights the contrast between what service providers think is most important and what young people think is of most importance when making decisions about their sexual health.

For instance, Libby below, who had taken the contraceptive pill in the past, felt that LARC methods were useful but nonetheless remained nervous about something being 'inside' her body.

I know for me if I didn't take it [the pill] at a certain time every day, I then notice breakthrough bleeds and things like that and then it becomes a contraception itself. It was just horrible...But there's still something about it [LARC] that does scare me and almost intimidates me as well, because it's a really big thing to go in your body and to be there for three months.

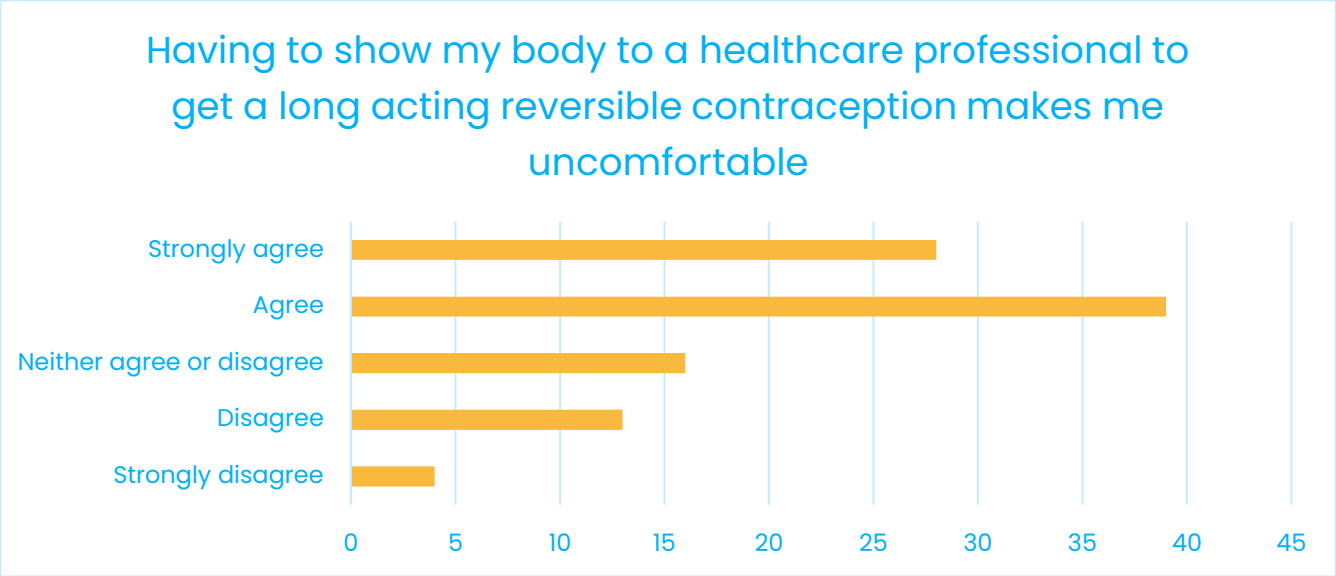
Libby

For young people, issues over bodily control and 'insertion' also determined which LARC methods they found acceptable or not. Participants suggested that, of all the options, the injection would be preferable as it had less invasive consequences.

It [the injection] is probably the least invasive because you don't have to do surgery to get it implanted and you don't have to have it, like, stuffed, inserted into your body, like the IUD.

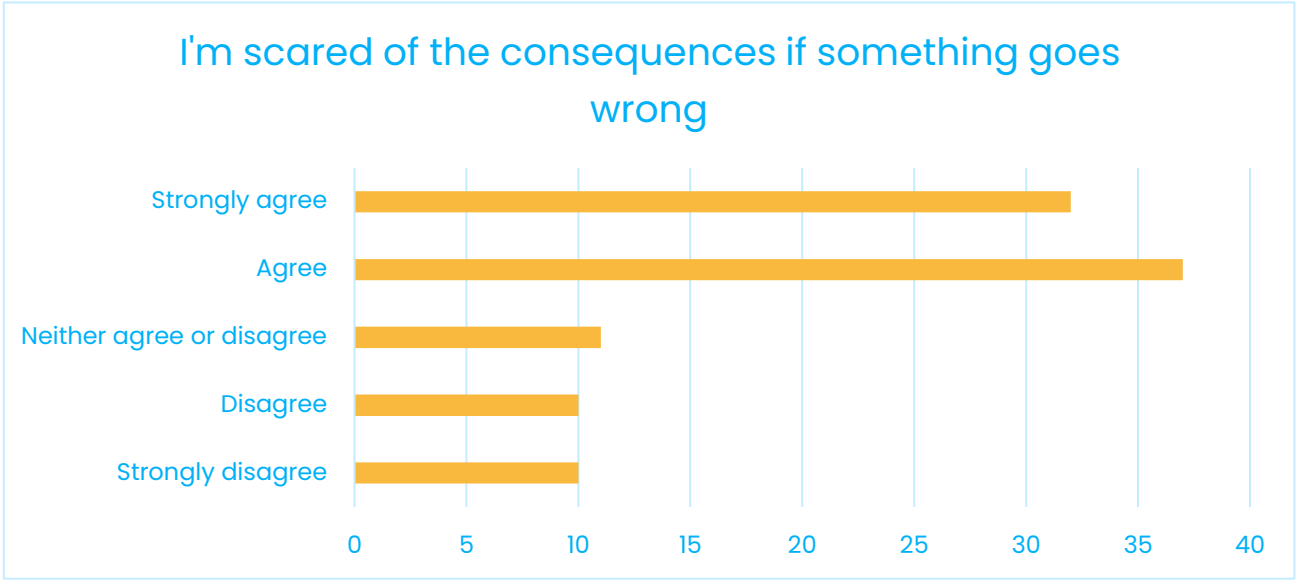
Zahara

Anxiety around bodily control amongst young people included not only how LARC is inserted, but also the process of doing so, i.e. having to show their body to a healthcare professional or having to have a physical examination. Showing intimate parts of their body to a healthcare professional was something many of the young people had not done before and the thought of it made them uncomfortable.



Bodily consequences and side effects:

The lack of control that young people felt towards the process of getting LARC was also mirrored in a lack of control about what they thought could happen to their body as a result.

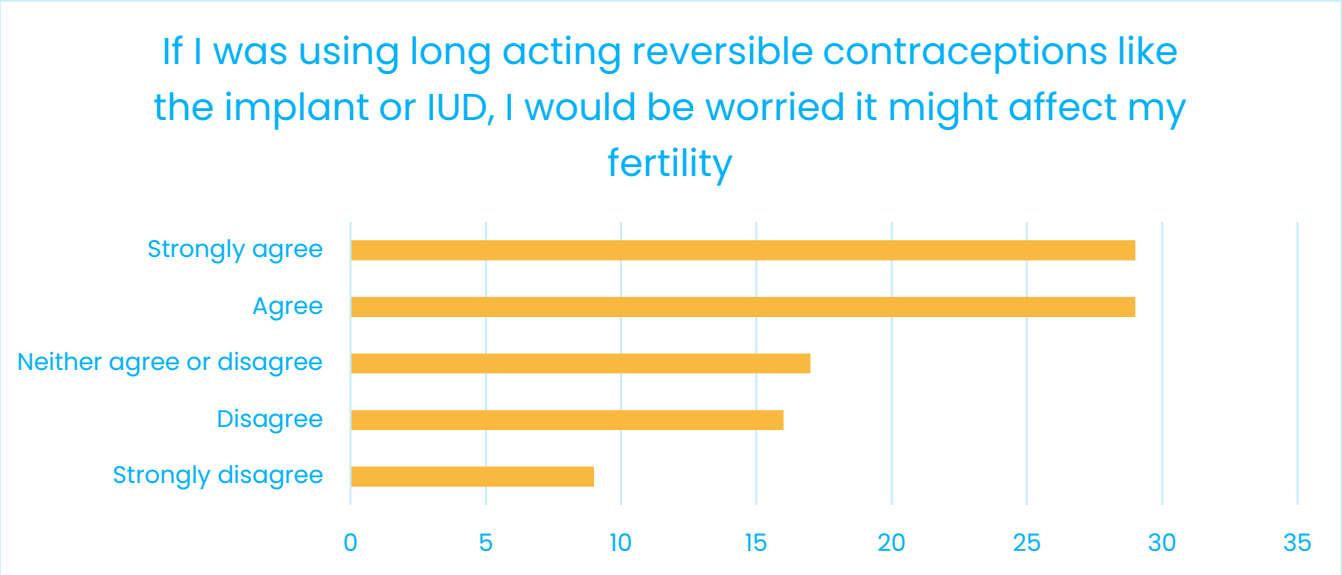


Service providers highlight the reduction in periods as an advantage of LARC methods. However, amongst participants, this was not perceived as an advantage, but a disadvantage. For some, menstrual cycles had recently begun or were in the process of becoming more regular. Having a period was seen as something they wanted to control themselves.

At first, I got the injection for three months but I thought the pill would be better because I can control my period and I can tell when I'm on it. Like if I go on holiday, I can just take an extra pill and I have the holiday period free.

Lara

Moreover, for some, disruptions to their periods were seen as 'harmful' and compounded misconceptions about the impact of LARC on fertility.



Isn't it harmful that your period just suddenly stops and starts at random times and likes it? Because if your periods are irregular isn't it harmful? Not harmful, but like you're taking pills to like artificially, stop it.

Mei

Participants concerns about bodily consequences of using LARC methods were related to the perceived potential for painful and unpleasant side effects. Headaches, heavy bleeding, hormonal imbalances, mood swings and painful cramps were all mentioned.

For many, these were considered unnecessary risks compared to other contraceptive options.

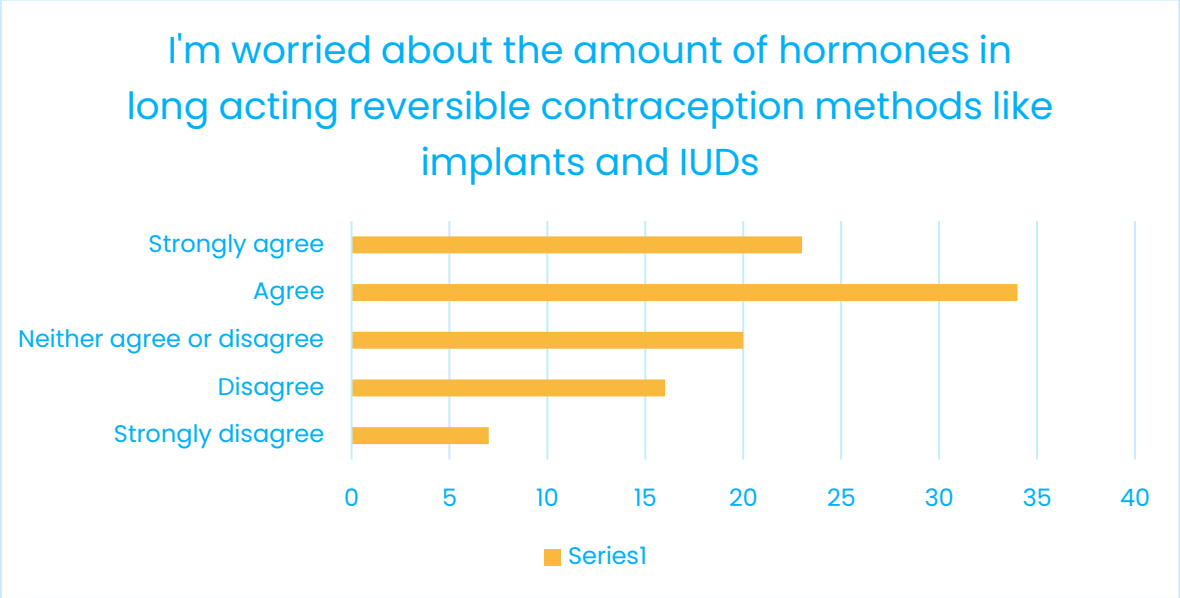
With the implant I've heard that you can get, like there's an increased rate of ovarian cysts. And then there's just like the normal side effects like headaches and the nausea and everything like that. So, I think that is like kind of like a fear. As such, I think I just wouldn't really go there when there's like an easier option.

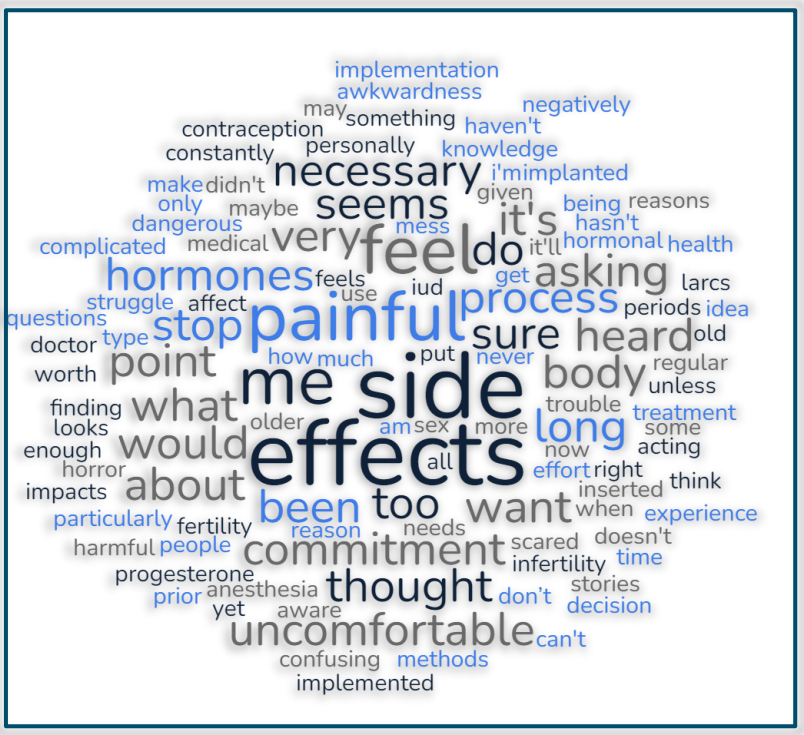
Emily

The side effects aren't very appealing, I can't lie, 'cause like for example the IUD, it says that periods are more heavier and more painful.

Mei

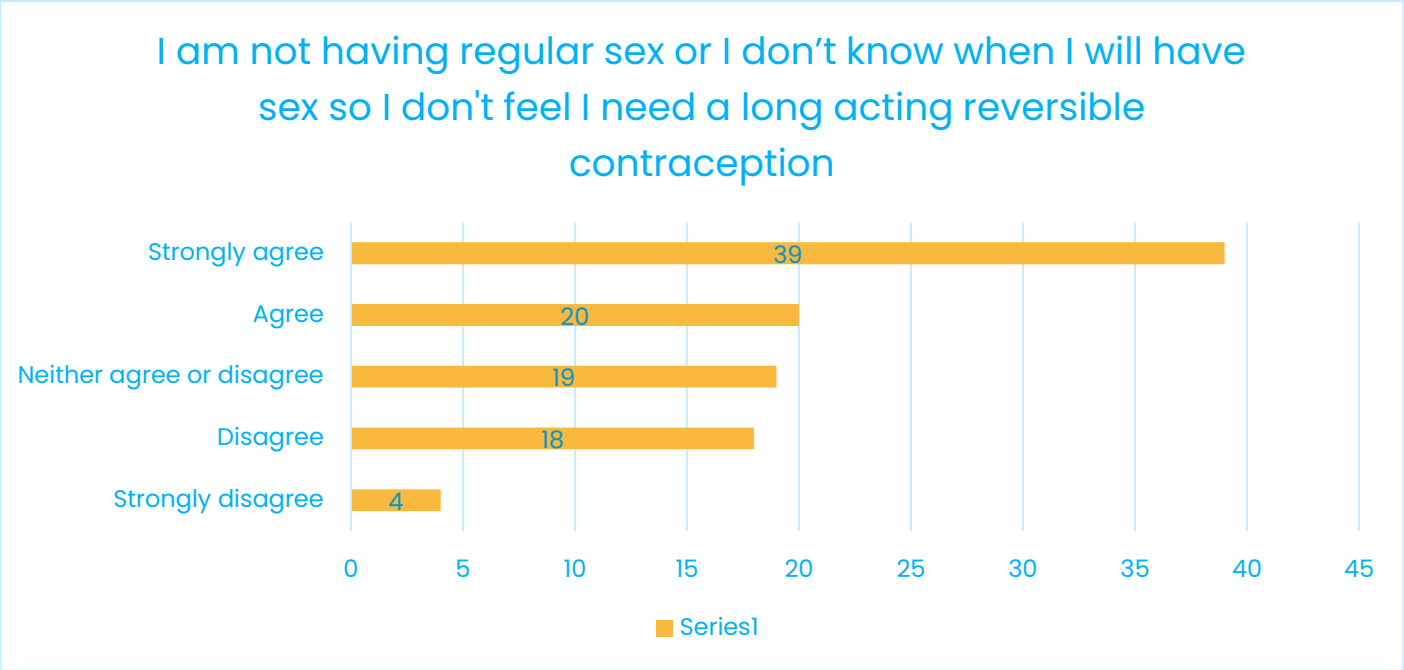
Young people expressed concerns about the perceived amount of hormones in LARC methods. The bar chart and the word cloud below illustrates the general sentiment.





Current life stage

Concerns and questions that young people had about the impact of LARC on their bodies were overshadowed by belief that they weren't a suitable contraceptive method for their current life stage – they were simply too young. Several factors influenced this perception, including not being sexually activity or not having a regular sexual partner, and not feeling comfortable making 'a big commitment' to contraception at such a young age.



For some, LARC is considered more suited to older people (over 18), who may be more likely to be sexually active or have regular sexual partners.

Overall, young people felt no need to use LARC methods, and the perceived risks of using LARC methods were too high. However, some suggested that this risk-benefit assessment could change as they got older.

I think where I'm so young as well... it's normally an older mum or it's someone that already has kids that has it, and I think that then put me off.

Libby.

If I actually was constantly sexually active and everything, then I would consider LARC as an option because I know that it's short term pain, so I feel like I would be able to deal with it, but for right now I think, 'cause I'm not sexually active and I just really need my hormone levels controlled and regulated, I think that's why I kind of felt more that I wanted to be on the pill.

Emily

I don't want to get it right now because I don't want to be uncomfortable in school, 'cause I'll get distracted and everything and when I get home I'll be revising and again I'll be distracted by the pain or like how uncomfortable it is. I'm just gonna stick with the pill and in the future when I'm 18 or like when I finish school I'll probably try different stuff cause why not.

Lara

Practical barriers and a general lack of knowledge about LARC methods and how to access them emerged as important reasons for young people's low uptake. As discussed earlier in this section, emotional and affective reasons also deterred young people from choosing LARC. Practical and emotional barriers combined, contributed to an overwhelmingly low personal acceptability towards LARC methods.

The table below highlights the low personal acceptability of LARC. Participants were asked, on a scale of 1-10, how much they liked the idea of using three LARC methods, with 1 being "not at all" and 10 being "a lot". The numbers indicated in the table are the average of the 100 responses received.

	How much do you like the idea of using the:
IUD	3
IUS	3
Implant	4

Education and sexual health provision

Schools are a key space for sexual health information. 63% of participants had received contraceptive information from school, often via PHSE lessons[10]. While information received from school was trusted, young people didn't feel comfortable discussing their personal sexual health needs in this environment and nor were they directed to alternative resources and information. Overall, young people feel they don't get adequate contraceptive information from school. Most lacking included - range of contraceptive options available, how different methods work, where to access them, and who to speak with for more information.

My experience with school, in like an educational setting, it wasn't really taught very well, like they kind of skipped over it because to them it was more of a taboo subject. Like even in school, we was told that none of us should be sexually active.

Emily

Although she told us about what happened inside of our body, she didn't like say how to access it, where to access it and like what you need to know, how to use it and stuff like that, just more like what happened inside the body [biology].

Mei

[10] https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education

I don't think schools inform students well enough on stuff, especially because I went to a Catholic school where their main like message was like, just don't have sex.

Zahara

Interview discussions revealed that sexual health provision at school, at times, left young people, particularly young women, feeling uncomfortable or ashamed. This was not an environment conducive to open discussion or questions. Participants described a "taboo" making them reluctant to talk about sex, particularly as adults/teachers made it clear they weren't 'supposed' to be having sex. This unspoken assumption seemed at odds with the aims of sexual health education.

They just kind of have this weird, "have sex but don't have sex thing" going on, where I'm kind of expected to as a part of my development as a teenager, but I'm also expected not to because I'm a teenager and still a child.

Anita

I just feel like young girls especially, I think there was kind of like a stigma around talking openly about contraception and looking at the options. Because it's kind of like, the label is promiscuous in a sense, and that because we're young we shouldn't really be talking about contraception, as if young people don't have sex.

Emily

Quotes below point to gaps in young people's contraceptive knowledge and areas they wished had been covered in school.

What was missing from your contraception education?

I don't know clear differences between each type.

In depth information about other methods besides condoms.

I know nothing about contraception for homosexuals.

Only the most popular contraceptives have been defined/discussed.

Information about different types of contraception and different short term and long-term side effects.

Influence of personal and social networks

Friends and family

Personal and social networks within which young people are embedded informed their knowledge and understanding of contraceptive options in both positive and negative ways. Their networks, and the stories shared in them, influence the choices young people make, either encouraging or discouraging use of LARC. Amongst survey participants, 24% said they received information about contraception from their family, while 31% received information from friends.

Within family settings, the contraceptive experiences of their mother emerged as a key influence in the decision-making of young people.

I was thinking about getting a new contraception, but I talked about it with my mum, but she's like, oh it makes you gain weight, cause' she had the IUD, and she actually gained a lot of weight and she really discouraged me to get it.

Lara

Similarly, sharing experiences with friends was an important way for young people to learn about different contraceptive options. At times, this sharing of stories helped fill gaps in knowledge, encouraging choice of one method over another, and possible side effects. For others, sharing stories offered reassurance that their experience, particularly any negative side effects, was normal.

I think definitely my friend with the implant made me feel a bit more encouraged that if I wanted to get it then I could.

Katie

I know I can also talk to my friends, but it's more like shared experiences. Cause I know that how I feel about LARC, other like young females also feel that as well, so I feel like, talking about with friends and everything can also help.

Emily

It's just the courage you need to have and that's where the support of friends comes in, the family comes in or like even yourself.

Lara

Social media

Social media plays an important role in young people's knowledge and awareness of contraceptive options – in both positive and negative ways. Amongst survey participants 92% had seen information about contraception on social media. 56% said this information influenced their attitudes towards contraception. There was roughly an even split between positive and negative information seen on social media. A snapshot of sentiments is listed below:

Positive sentiments	Negative sentiments
I know more about them and why they're useful	Taught me about many negative side effects of the pill
Ensures that contraception is okay to use as there are stereotypes around it	IUD has dangerous side effects e.g., prolonged bleeding
I felt more informed and aware - after double checking the accuracy of it	Side effects of the pill, coil doesn't work properly
Seeing and learning from other people's experiences	Misinformation, heard that IUDs and implants hurt
Shows different types of contraception, both internal and external, and shows the effects/ how effective they are	Sometimes being on birth control can affect the way your body carries weight
Gave me more of an insight and helped me decide	Convinced me to use a more easier and safe way

Interview participants discussed seeing 'horror stories' on social media about LARC, particularly the alleged painfulness of these methods. These stories had an emotional impact and often reinforced perceptions of pain, lack of bodily control, and negative side effects. For others, social media provided an important space to counter misinformation received elsewhere.

I heard stuff about the IUD. Bad stuff about the IUD. Some people, I can't remember why but some people get like really bad stomach pains, and I've seen so many videos of people being like, oh yeah, the IUD is trash, here's how I pulled it out. And that's really how I have been seeing it this whole time, that the IUD is trash, don't get it , and I'm like OK, well I won't because it looks painful. Those situations look painful.

Anita

Yeah, I think everyone nowadays has a phone, who doesn't, everyone's on social media or near enough, everyone, that's the best way to promote things at the moment because I think everyone will look at it. And if you're lying in bed at night, and you come across oh, what's this about the pill. I read things all the time about things like side effects.

Libby

Social stigma

Social stigma surrounding young people's contraceptive use contributes to low levels of acceptability towards LARC. In interviews, participants described feeling judged by society for being sexually active. Sex education classes in school are limited, and presented in a truncated fashion, leaving young people feeling that sex and contraception is 'taboo' and stigmatised.

LARC methods had greater negative connotations and stigma attached to them than other contraceptive methods. Young people felt the only purpose of LARC was to be able to have sex without the risk of pregnancy. There was little understanding of other potential benefits, such as helping with endometriosis. The semi-permanent nature of LARC reinforced belief that these methods were only for those engaging in regular sexual activity. Thus, the use of LARC was considered a marker of sexual activity and perhaps promiscuity. Given the judgement attached to sexually active young people, and

particularly young women, it is not surprising that young people did not want this association or to be identified as such by using LARC. Contraceptive methods such as the pill were considered to have wider benefits, in addition to avoiding pregnancy, such as to help with acne, reduce cramps, and regulate periods. As well as greater cultural familiarity (such as depiction on TV), many had friends and peers that had used the pill for reasons other than avoiding pregnancy. This reduced association with sexual activity and provided greater social acceptability.

I would still be a bit wary of the IUD. I don't know why, I just think it takes a while to get rid of that stigma.

Olivia

I think there is kind of, not a stigma, but there is quite a judgement around it, it's quite like a taboo topic to talk about contraception. With contraception, there's some people that only think, all right, you're having sex and they can't really get past the fact that you want to be saved from it and have something to help prevent pregnancy.

Emily

I feel like maybe there's some stigma because it's not broadcasted. If you know about it, people would be like oh wow, you're so into sex, you've got metal in your arm just to have sex you, you whore or I don't know, I mean, that could be the stigma that's created.

Anita

Conclusion

The findings from this research reveal important differences between what is important to young people when making decisions about their contraception use and what service providers consider to be important:

- LARC is recommended and advocated by service providers as methods with high efficacy rates for pregnancy prevention, as they reduce the risk of human error. However, when considering contraception, young people are equally motivated by other factors, such as protection against STIs or being fully in control of when they start and stop using contraception.
- Accessing LARC is challenging. Young people have limited knowledge about who/where to go. Many suggest GP appointments are difficult to access and not offered at a time to fit in with school and other responsibilities. The need for an appointment to get LARC methods was experienced as a barrier.
- LARC is often advocated by service providers as convenient and practical as they require few appointments and remain effective for long periods of time. However, for young people this is viewed as a distinct disadvantage. Control is linked to independence, bodily responsibility, and adulthood. LARC, and the lack of control that comes with it, confers a form of infantilising. The pill or condoms offer greater privacy and independence.

Recommendations

1. Review LARC contraceptive information provision in schools. Provide training to PSHE educators to deliver non-judgmental and youth-friendly sexual health guidance.
2. Consider opportunities for LARC contraceptive information provision outreach and in non-school environments.

3. Consider use of peer-educator models to deliver contraceptive information.
4. LARC contraceptive information to include - effectiveness, advantages, disadvantages, insertion processes, what to expect (including confidentiality), where to find/how to access sexual health clinics/GP appointments, and side effects so that young people can make informed choices and counter common myths and misconceptions.
5. Create dedicated appointments to access LARC (and other contraceptive methods) that are welcoming to young people, and sensitive to their needs – such as flexible scheduling outside of school hours.

Limitations

- Using participatory methods (our co-researcher model) required more resources than traditional engagement or research approaches. Significant additional time was required to build relationships with co-researchers, facilitate group activities, and to work as a collective to determine the themes to be explored, review the data, and take part in knowledge exchange. While we believe this to be a more meaningful approach, offering greater benefits and empowerment for co-researchers, and richer insight with greater application for service design and delivery, it is undoubtedly a longer, more expensive, and skilled process to create, maintain and complete.
- Co-researchers came from diverse ethnic and cultural backgrounds from across the borough. However, we were not successful in attracting young people in care or those in the youth justice system to become co-researchers. As our method utilised co-researcher's social networks and peer groups, our findings may not reflect the perspectives and experience of young people in care or those in the youth justice system.
- While exit opportunities (access to support, resources, and opportunities beyond the end of the project) were provided to co-researchers, we did not fully anticipate the level of interest

in health or care careers/training that arose because of their involvement. Finding and creating (with our health and care partners) a wider pool of dedicated health and care opportunities may have enabled them to take concrete steps towards a career (or training) in health or care at the end of this project.

- Our survey data captured meaningful insight from young people living in Greenwich. However, our sample size of 100 limits the reliability of our findings and the extent to which they can be generalised across a larger group of young people in Greenwich.

Response from provider

Gunnery House
9-11 Gunnery Terrace
London
SE18 6SW
020 8301 8340 or info@healthwatchgreenwich.co.uk

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012.Within this legislation [Arrangements to be made by relevant bodies in respect of local Healthwatch Organisations Directions 2013] Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by Local Healthwatch to a service provider.

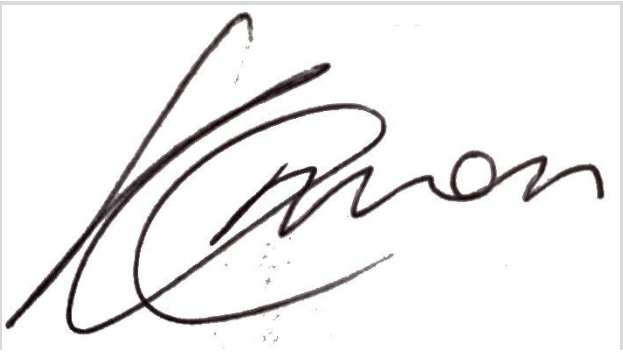
Report & Recommendation Response Form

Report sent to:	sarah.crossman@nhs.net; Davidd.james@nhs.net
Date sent:	03/04/2023
Title of Report:	LARC Report
Response	If there is no response, please provide an explanation for this within the statutory 20 days. **Please note: This form and its contents will be published by Healthwatch Greenwich.**

Date of response provided	20/04/2023
General response[11]	Greenwich Health would like to thank Healthwatch Greenwich and the co-researchers for the production of this report and its findings. We feel that the report has uncovered valuable insight into young people under 18 attitude and knowledge around LARC. The report and findings will allow Greenwich Health to ensure that we can provide services that are appropriate for young people and will also help inform our social media messaging and campaigns.
Response to recommendation 1.	**Review LARC contraceptive information provision in schools. Provide training to PSHE educators to deliver non-judgmental and youth-friendly sexual health guidance.** Although not currently commissioned to provide training within schools, Greenwich Health recognise the need to support PSHE educators to deliver sexual health guidance

[11] Please expand boxes as needed for your response.

	which meets the needs of young people. We would be keen to support RBG with any developments in this area.
Response to recommendation 2.	**Consider opportunities for LARC contraceptive information provision outreach and in non-school environments.** Greenwich Health are not currently commissioned to work within schools. However we would be keen to support with any developments in this area using our experienced clinical staff teams.
Response to recommendation 3.	**Consider use of peer-educator models to deliver contraceptive information.** Greenwich Health would be happy to support any developments in this area.
Response to recommendation 4.	**LARC contraceptive information to include - effectiveness, advantages, disadvantages, insertion processes, what to expect (including confidentiality), where to find/how to access sexual health clinics/GP appointments, and side effects so that young people can make informed choices and counter common myths and misconceptions.** We will use the findings in the report to inform future social media messaging and campaigns aimed at young people in the borough. We hope this will enable us to inform young people of the location and availability of LARC appointments and help to dispel some of the myths around this form of contraception.
Response to recommendation 5.	**Create dedicated appointments to access LARC (and other contraceptive methods) that are welcoming to young people, and sensitive to their needs – such as flexible scheduling outside of school hours.** We currently provide appointments for LARC outside of school hours and at weekends which would be accessible for young people. However we will review our communications to ensure that young people are aware of our services.

Signed:	
Name:	Sarah Crossman
Position:	Live Well Development Lead, Greenwich Health Limited

healthwatch Greenwich

Gunnery House
9-11 Gunnery Terrace
Woolwich Arsenal
SE19 6SW

www.healthwatchgreenwich.co.uk
t: 0208 301 8340
e: info@healthwatchgreenwich.co.uk
@HWGreenwich
Facebook.com/Healthwatchgreenwich