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Knowledge and perceptions of local contraceptive services

It is not just about how far away the nearest bus route to a clinic is.

Most young people are likely to feel the need for confidential contraceptive advice and practical help. Services offering both advice and help are widely available, but in the course of research I carried out as part of an MSc dissertation it became clear that some schools, at least, are not giving the young people the information they need to access these services.

It is important to have a range of services and sex education initiatives. One single type of service or one sort of sex education cannot hope to be right for all young people. But, again, these services must be accessible. In the small study described below I discovered (*a*) that information about these services was not being made available at a sufficiently early age, and (*b*) there were serious gaps and misapprehensions in the knowledge of those who did know something about them.

In this connection, the recently-imposed limitations on advice to individuals from teachers cannot be helpful with respect to utilising local advisory services.

'Too young to be a parent'

Need is translated into demand partly by what the service offers. However, it is not just about how far away the nearest bus route to a clinic is, or the quality of the advertising or information campaign. The box summarises some components that contribute to the accessibility and usefulness of an advisory service.

Young people that do not consider themseves at risk (B3 in the box) pose perhaps the most difficult problem. In the course of the scenario work, one 16-year-old said that although she knew of two or three girls of her age who had recently become pregnant, she had not considered until now that she might become pregnant herself, because she was "too young to be a parent". Parents, in her mind, were people of her mother's age.

A. GETTING TO THE SERVICE

1. Finding out about it: advertising and publicity, telephoning.
2. How convenient is it to get to?
3. How convenient are the opening times?

B. USING THE SERVICE

1. How confidential is it?
2. Are the staff properly trained for the task, and do they inspire confidence?
3. Do the young people really think they are at risk and therefore need the service?

I hoped to obtain some qualitative information to inform an overall sexual health strategy here in the West Sussex DHA, with the overall aim of reducing unwanted teenage conceptions. A local school agreed to co-operate by letting me present small groups of pupils aged 16+ with structured tasks, designed to explore how local contraceptive services could have maximum impact.

I prepared three very brief scenarios on postcards, involving planned contraception, emergency contraception, and suspected pregnancy, as shown in the display.

A double lesson time had been allotted for this, and the PSE teacher asked for female volunteers to attend the session. They were told that it was about contraception, and the teacher thought that it would function more smoothly if only girls were present. However, two of the girls had other ideas and insisted on their partners attending too! This resulted in five groups of six — including two boys — and a group of five, numbering 35 pupils altogether.

To begin with, the young people did not know that I was medically qualified. Their teacher stayed at the back of the room, observing but not taking part; although both of us had initially been concerned that the discussion might be inhibited by her presence, she commented at the end that everyone seemed to have forgotten she was there at all!

Three scenarios

PLANNED CONTRACEPTION

A couple are having a relationship. They want to have sex, and have decided that they need to use contraception.

EMERGENCY CONTRACEPTION

A couple are having a relationship. They have sex, and use a condom, but it splits.

PREGNANCY

A couple are having a relationship. The girl's period is late and a home pregnancy test is positive.

A set of 11 questions — about the practical details of using local advisory services and also about the young people's expectations of the advisers themselves — was also developed, and used for each scenario.

QUESTIONS TO THINK ABOUT

Answer in any order. Write down more than one answer if your group disagrees. Try and make sure that everyone in your group is encouraged to make a point.

1. What should happen now?
2. Whose responsibility is it to do anything?
3. Where could they go for help locally?
4. Does it make any difference how old they are?
5. If they went to a doctor or clinic . . .
   - How could they get an appointment?
   - How could they travel there?
   - What would happen when they got there?
   - What would the staff be like?
   - What do you think the staff should be like?
6. Who else could they talk to?
7. How do you feel about the people in this scenario?

Each group of pupils considered just one of the scenarios. They discussed the situation and responded to the questions on their sheets, and while this was going on I went round the groups, listening to what was being said but also joining in as an information source or devil's advocate. For example, several groups decided immediately that in certain circumstances they would ring the local family planning clinic for help. Although they knew where it was, they didn't know that it was open for telephone calls for less than one hour on a Tuesday evening, so I had to suggest that they think of alternative strategies unless they could ensure that emergencies happened only on a Tuesday!

After about twenty minutes the class reconvened to discuss their responses to the questions. This was done by using flip charts with volunteer scribes. Initially I had thought that we could consider each of the three situations separately, but it became obvious that many of the points were going to overlap, so we thought about all three situations as we went along. Each group responded to each question and discussion was lively but disciplined. Every effort was made to encourage the quieter pupils to join in.

Towards what should have been the end of the session, and after they had discussed their perceptions of doctors, they discovered that I was medically qualified. I think this was disconcerting to many of them, although it may have been educational as well. However, several of them stayed on through much of the subsequent lunch break. Some wanted to ask me confidentially about their individual clinical queries, especially about HIV and about their own contraceptive problems, and the session finally ended when afternoon lessons started.

Pressure of time meant that we spent much more time on the difficulties of accessing contraceptive services than on the potential problems associated with pregnancy.

Some outcomes

This was not a 'typical' group: both teacher and pupils had felt confident about the idea of discussing contraceptive services, and I was told that most of them knew each other well. They are unlikely to be the ones most in need of help in contacting support agencies, and it is therefore difficult to say how well the experiment would work elsewhere. However, their use of vocabulary and attitude to service providers may be fairly similar to those of their peers.

I was asked repeatedly why I had not organised this session when they were younger.

For contraception, there were two schools of thought. The two boys summed up one of these: *Get some gear and off you go* and *Buy kit.* Most of the girls wanted instead to go to a family planning clinic with their partner, having discussed the options first. The boys were not keen on this idea, although one dutifully agreed he would go if requested.

Most pupils thought that precautions were a joint responsibility, although several thought that men should be responsible for buying condoms. This is in contradiction to the apparent lack of interest by males (not only in this group, but nationally) in attending family planning clinics.

I discovered that the vast majority of these young people misunderstood the law regarding confidentiality, and thought that under-16s were not protected. Several thought that because of this, youngsters under this age would be reluctant to go to services for advice. They were amazed when I told them that a doctor who broke confidentiality would be in the wrong, and wanted to know why they had not been told that before.

They were also concerned at their personal ignorance about local services. This was particularly so for the ones who had not yet made any use of these services, because they had not anticipated that there would be problems when the time came. A fair amount of time was spent in explaining how the system worked, giving out telephone numbers and details of clinic times, and the self-referral pregnancy counselling service.

It was generally thought that staff would be "friendly and understanding" and "used to the situation", although doctors were seen by some as "direct, formal". Vaginal examinations were dreaded by most of the girls, and I spent quite some time discussing the details of what happened or did not happen. The young people, understandably, did not want to be patronised or lectured to by agency staff.

I was asked repeatedly why I had not organised this session when they were younger, and whether I was going to work with younger pupils. I have already mentioned the case of the girl who thought that she was 'too young to be a parent' and therefore thought that it could not possibly happen to her.

To summarise...

Many of the potential users had very limited knowledge about how to benefit from their local services, although in general they thought that the providers would be helpful and friendly.

Some of these limitations were particularly important — such as the problem in accessing emergency contraception, which has been partly resolved as a result of these findings.

It did seem that a one-off input could have some short-term effect. However, the pupils themselves told me that it was too late for many of them, and so a spiral curriculum with recurring and appropriate inputs each year is to be recommended. I would like to have been able to measure this more formally, evaluating knowledge and attitudes before and after the input and then following it up some months later.

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