

# The CONUNDRUM project: Executive Summary



## BACKGROUND

- This report presents findings from CONUNDRUM – a study commissioned in 2019 by three Scottish NHS health boards, in partnership with Scottish Government, to provide insight into the social context shaping use and non-use of condoms and contraception among young people in Scotland.
- In particular, study commissioners sought answers to two *conundrums* regarding sexual health among young people in Scotland: why has there been a decrease in use of free condom schemes in some areas, and a decrease in the use of certain forms of long-acting reversible contraception?
- Using a systems perspective, CONUNDRUM was designed to improve understanding of three levels of influence shaping young people’s experiences of condoms and contraception: 1) sexual partners; 2) wider social networks (e.g. peers, families, and online); and 3) sexual and reproductive health services.
- CONUNDRUM was co-developed with over 100 sexual health stakeholders – including young people – who contributed to shaping the study priorities, methods, and recommendations for future sexual health policy and service provision.
- A combination of workshops, an online survey<sup>1</sup>, and small group discussions were used to explore views and experiences of over 2,000 young people aged 16-24.
- A diverse range of young people participated in the study, including young people living in a wide variety of circumstances and locations across Scotland, and with a range of sexual and gender identities.
- COVID-19 was declared a pandemic approximately halfway through CONUNDRUM, necessitating both a shift to virtual methods for the remainder of the study, and consideration of the post-pandemic context during the development of study recommendations.

## KEY FINDINGS

### ***Sexual risk perceptions and use of condoms and contraception among young people***

- In sexual partnerships where pregnancy is possible, unintended conceptions appear to be of greater concern to young people than contracting a sexually transmitted infection (STI).
- More survey respondents reported feeling in control of their pregnancy outcomes than their STI prevention practices.
- A perception of insulation from STI risk is described as common among young people, and particularly among those who exclusively have other-sex partners.
- Most (93.3%) intercourse-experienced<sup>2</sup> survey respondents had used a condom at least once, although more than one third had not done so the first time they had intercourse with their most recent partner.
- Among those who had ever used a form of contraception to prevent pregnancy, three methods (pill, condoms, and implant) accounted for the majority of use in the past year.
- “Pulling out” (i.e. withdrawal) was reported by many young people, despite widespread

<sup>1</sup> The online survey used convenience sampling, meaning these data should be viewed as indicative, and not representative, of 16-24 year olds in Scotland.

<sup>2</sup> We use this term to refer to respondents who reported having experienced sexual intercourse. In the survey, intercourse was defined as “a penis going into a vagina or anus”.



awareness that it is not an effective method of STI or pregnancy prevention.

## **Multi-level factors shaping condom and contraception use among young people include:**

### ***Sexual partners***



Fundamental elements of sexual risk negotiation between partners, including conversations about current contraception use and recent STI testing, appear to be far from normalised among young people.

- Negotiating condom use with new sexual partners is often described as difficult. Uncertainties in how and when to engage in these conversations lays groundwork for interactions fraught with possibilities of pressure and coercion to not use condoms.
- Where pregnancy is a possibility, conversations about contraception are characterised by young people as typically brief, often awkward, and primarily focused on ascertaining that a contraceptive method is being used so that condoms are not needed for pregnancy prevention.
- Some young women express frustration about gender inequities in the work related to choosing, obtaining and using contraception.
- Young people of all genders agree that contraceptive users should be supported by their partners in their contraceptive decision-making.
- There is scope for improving support and communication between sexual partners by increasing knowledge and understanding among young people of all genders, including young men, about different contraception methods and experiences.

### ***Information and influence within wider social networks***



Young people engage critically with different sources of information about condoms and contraception (e.g. NHS websites, friends, unknown others on social media), yet describe challenges navigating the complexity of incomplete or contradictory messages within this information landscape.

- Young people appear to feel more confident about their abilities to find information about condoms and contraception than being able to accurately assess the quality of information.
- Young people describe inadequate education at school about contraception methods other than condoms as an important missed opportunity.
- While many young people reportedly turn to official healthcare sources (e.g. NHS websites, GPs, nurses) for accurate information on condoms and contraception, they do not always trust that they will receive the most honest input (e.g. on side effects) from these sources.
- Personal accounts of contraceptive experiences (e.g. from friends and unknown others on social media) are differentiated from scientific evidence, but are sometimes valued as an additional layer of information in a decision-making process.
- Young people want information about condoms and contraception that is easily accessible, scientifically accurate, and honest – especially about potential side effects of certain methods, and the fact that finding condom/s or contraception they are satisfied with may take time.
- Improving young people's trust in information produced by 'official sources' (e.g. Scottish Government, NHS) would require more sophisticated use of social media platforms (e.g. Instagram) and digital formats (e.g. video blogs of contraceptive consultations) by these organisations.

## **Sexual and reproductive health services**



Almost half (46.0%) of survey respondents did not know or were unsure where to access free condoms in their local area.

- Young people's use of free condom services is further impeded by embarrassment about face-to-face interactions, concerns about anonymity, a perceived lack of understanding about condom sizes and fit, and perceived lower quality of free products.
- Many young people indicate preference for free condom services that require minimal face-to-face contact, with online ordering of condoms posted home by far the favoured option across all genders.
- The majority of intercourse-experienced survey respondents had never tried to access STI testing at a GP surgery or sexual health clinic.
- Approximately 1 in 3 intercourse-experienced young people indicated difficulty getting an appointment for contraception or STI testing.
- Approximately one third of survey respondents who had used contraception (including condoms) had never spoken about the method(s) with a health professional.
- Major barriers to accessing sexual health services include: long waiting times for consultations, stigma about being known to use sexual health services, lack of clarity on which specific services are available in different settings, and an insufficient number of specialised sexual health clinics.
- Clear preferences for consultations about contraception with a healthcare professional include an online booking system, and in-person discussions within a specialised sexual health service setting. Very few young people report preference for accessing contraception consultations via pharmacy services.
- Despite clear preferences for consultations about contraception in specialist sexual health settings, three-quarters of contraception-using survey respondents had their most recent consultation at a GP surgery.
- Causes for dissatisfaction with contraceptive consultations include feelings of being pushed towards certain methods, not being heard or respected, dismissal of side effects, a dismissal of interactions between contraception, other medication and health conditions, and limited time given to discussions.
- COVID-19 has disrupted young people's access to, and use of, free condom and contraception services, leading to changes in sexual risk-taking and preventive practices, unwanted changes in contraceptive use, unmet need for STI prevention, and switches from freely provided to commercially sold condoms and contraception.<sup>3</sup>

## **RECOMMENDATIONS**

- Recommendations for future sexual health policy and provision were co-developed with 31 sexual health stakeholders – including young people, sexual health clinicians, and people involved in planning sexual health services.
- Recommendations are organised into two stages, reflecting consensus among stakeholders that priority should be given to improving sexual health services and information before investing in efforts to increase use of services and information.
- Collaborating with a diverse group of young people to think through development and delivery of each of the below recommendations will be key in reaching successful outcomes.

<sup>3</sup> The timing of the survey (June-July 2020) presented an opportunity to ask respondents about the impact of COVID-19 on their experiences of accessing and using condoms and contraception during the early months of the pandemic.



## First stage recommendations (developing and strengthening information and services)

- 1. Establish structures that facilitate the meaningful and ongoing involvement of diverse groups of young people in high-level strategic planning regarding sexual health improvement among young people in Scotland.** Facilitating young people's involvement in strategic planning might include establishing new structures (e.g. a young people's sexual health collective, network or task force), or bringing young people into existing policy structures that support strategic planning.
- 2. Invest in nationally-coordinated digital communications infrastructure and strategy for sexual health to lay groundwork for successful youth-focused sexual health promotion,** including building a trusted social media presence with a large following among young people on high-use platform/s (e.g. Instagram). Digital communications strategy should be co-developed with young people and adequately resourced, including a staff role for a specialist in digital communications/social media management.
- 3. Establish a nationally coordinated website<sup>4</sup> providing a digital hub for sexual and reproductive health in Scotland,** including functionality to order free condoms, digital tools to facilitate contraception decision-making and STI testing, and sign-posting to local services and information tailored to location of user. To ensure the website is trusted and widely used by young people, it should be co-designed with young people (among other key groups for targeted sexual health promotion), promoted via social media, regularly reviewed and updated, and potentially supported by an app.
- 4. Involve young people in a review of current operation of free condom distribution schemes across health boards to inform development of core standards and modes of operation for local delivery.** Review should include consideration of range of products, distribution outlets (including online ordering), and advertising.
- 5. Enhance understanding and training among sexual health service providers,** especially in general practice, about young people's experiences of contraceptive consultations to improve quality of these interactions.
- 6. Collaborate with young people to review and streamline young people's access to sexual health services providing condoms, contraception and STI testing,** including working to improve information advertising service availability in different settings (e.g. specialist clinics, GP and pharmacy), improve referral between services, reduce the complexity of appointment booking, diversify choice of appointment mode (e.g. video, phone), and potentially expand models of service delivery.
- 7. Further strengthen in- and out-of-school education and support (e.g. in schools, youth work settings) regarding condoms, contraception and STI testing, including via the national RSHP.scot resource,** to ensure young people of all genders have the knowledge and skills to negotiate positive sexual interactions, and prevent STIs and – if desired – pregnancy. Young people should be involved in reviewing and enhancing existing content, and co-developing any new resources or materials.

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<sup>4</sup> A national sexual health website already exists in Scotland ([www.sexualhealthscotland.co.uk](http://www.sexualhealthscotland.co.uk)), but few young people participating in this study appeared to be aware of this. Further discussions are needed to ascertain whether to review, refresh and relaunch the existing website or whether to create a new one.

## Second stage recommendations (expanding use of information and services)

- 8. Develop a nationally-coordinated sexual health campaign** to promote use of free condom schemes and understanding among young people of all genders, including men, about different contraception methods and experiences. Campaign strategy and messaging should be co-developed with young people, communicated via social media (among other modes), and broadcast with sufficient frequency to ensure reach to new generations of young people.
- 9. Invest in development of new, and wider promotion of existing, sexual health decision aids** (e.g. Contraception Choices, those relating to STI testing) to support young people's knowledge and informed decision-making, and provide health professionals with practical tools to discuss sexual health, including contraception and STI prevention, with young people.

### ***For more information on this study, please contact:***

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Full report can be found at: [www.gla.ac.uk/conundrum](http://www.gla.ac.uk/conundrum)  
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Lewis, R., Blake, C., McMellon C., Riddell J., Graham C., Mitchell K. (2021). Understanding young people's use and non-use of condoms and contraception: A co-developed, mixed-methods study with 16-24 year olds in Scotland. Final report from CONUNDRUM (CONdom and CONtraception UNDERstandings: Researching Uptake and Motivations). MRC/CSO Social and Public Health Sciences Unit: University of Glasgow.



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