

**2012-2013 Bromley BASK
Survey Analysis**



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Executive Summary

Between December 2012 and February 2013, 503 young people completed Metro's Behaviour, Attitudes, Skills and Knowledge (BASK) survey. This is the 3rd and final report from an 18th month programme that quantified these elements. The survey addressed similar issues to the 2011/2012 BASK, with the addition of two questions: one question about sexual behaviour in relation to alcohol and drug use, and one question asking where participants had sought sex and sexual health information in the preceding six months. In order to include those questions, other questions were removed (one knowledge question about HIV, and three about contraception). The second survey was a qualitative in nature through a 1:1 motivational interview and completed in November 2012, specifically on young people who had completed the first survey.

This survey was distributed in twenty venues in total, twelve of which were also used to distribute the 11/12 survey. With these similarities, 11% of respondents indicated that they had completed the survey previously.

Average scores are noted below. The area in which participants scored lowest on average was knowledge, whilst they were most likely to score highly in self-rated skills. Crucially however, there is a significant disjunct between young people's attitudes and their behaviours, particularly in regard to safe sex. For example, despite 40.8% of participants claiming that they think it is never alright to have unprotected sex, 59% had had unprotected sex in the 12 months prior to completing the survey. Furthermore, 72.8% of young people surveyed agreed or strongly agreed that it is important for them to practice safe sex, however 59% of young people reported having sex without a condom in the previous 12 months.

These average score results are a contrast to the results of the first BASK, in which average attitude scores were lowest (skills scores were also highest in 11/12). This difference is likely to be partly methodological: the 12/13 BASK contained less knowledge questions, making a higher score more likely. However, the difference in average attitude scores is significant. Last year, the average attitude score was 53.3%, whilst this year it rose to 67.3%.

Average scores for behaviour, attitudes, skills and knowledge

	Average Behaviour Score	Average Attitude Score	Average Skill Score	Average Knowledge score
Mean Average	65.2%	67.3%	79.7%	56.0%

Behaviour At A Glance

- In 2012/13, the average behaviour score was 65.3% (a small decrease from 68.7% from 11/12). The decrease may be partly due to methodological factors: it was slightly more difficult for participants to achieve a higher behaviour score in 12/13 due to the addition of a behaviour question about alcohol and drug use
- 41% of respondents had not had sex without a condom in the 12 months prior to completing the survey (in 11/12, the figure was 65%).*
- As in the first survey, the most common reasons for having sex without a condom were being in a relationship and/or using another form of contraception
- More than 65% of respondents were not using LARC. Anecdotally, there is also significant confusion amongst young people about LARC: in answer to the question about LARC use (which included examples), a number of young people wrote 'the pill'
- The majority of respondents (57%) had not had sex in the last 12 months whilst intoxicated. Significantly, 21.8% of respondents indicated that they had 'sometimes' had sex whilst intoxicated, whilst 16.9% answered that they had done so 'often' and similar trends were found in the November interviews also. Younger clients were less likely to have had sex whilst intoxicated
- When asked where they had gone for information about sex and sexual health, the most common answer was 'friends'. Surprisingly, the Internet was one of the least commonly nominated sources of information. Only 10.9% of respondents indicated that they had gone to a GUM or family planning clinic for information

Attitudes At A Glance

- Participants' average attitude score was 67.3% (a significant increase from 53.3% in 11/12)
- The most commonly selected reasons for it being "alright to have sex without a condom" were being in a relationship and "If we have both been tested." These options were often ticked together. Both attitudes were also key finding from the November interviews however being in a relationship was chosen by significantly more participants in 12/13 than the previous survey (32% as opposed to 9%)

* In both surveys, this figure is inclusive of young people who had not been sexually active

- Despite a drop in condom use, participants continued to indicate that they felt safe sex was important: as in the 11/12 survey, just under 75% of participants agreed or strongly agreed with the statement “It is important for me to practice safe sex.” Consistent with 11/12 results, a quarter of young people disagreed with this statement, or felt ambivalent about the issue of safe sex

Skills At A Glance

- Participants’ average skills score was 79.7% (an increase from 73.2% in 11/12)
- Despite poor knowledge of free condom availability, most young people indicated correct condom use: just under 75% of respondents indicated that they had experienced no condom breakage or slippage in the last twelve months (an increase from 67.6%).[†]
- 75% of respondents agreed or strongly agreed with the statement “I feel comfortable saying no to sex.” As in 11/12, males across all ages groups indicated less aptitude in regard to sexual negotiation

Knowledge At A Glance

- Average knowledge scores were slightly higher in 12/13 than 11/12 (56.0% compared to 53.4%). Again, this may be partly explained by methodological factors: there were fewer knowledge questions in the most recent survey, making a higher score more likely
- A small majority of participants (55.6%) knew where to get free condoms in the borough, despite free condoms being available at many venues where the survey was carried out. This is a significant improvement: in 11/12, only 39.3% of young people knew where to get free condoms in Bromley and mirrored the trend from the November interviews.
- Young people’s responses to basic sexual health and contraception questions were broadly similar to 11/12 survey results

Methodology

[†] In both surveys, this figure is inclusive of young people who had not been sexually active

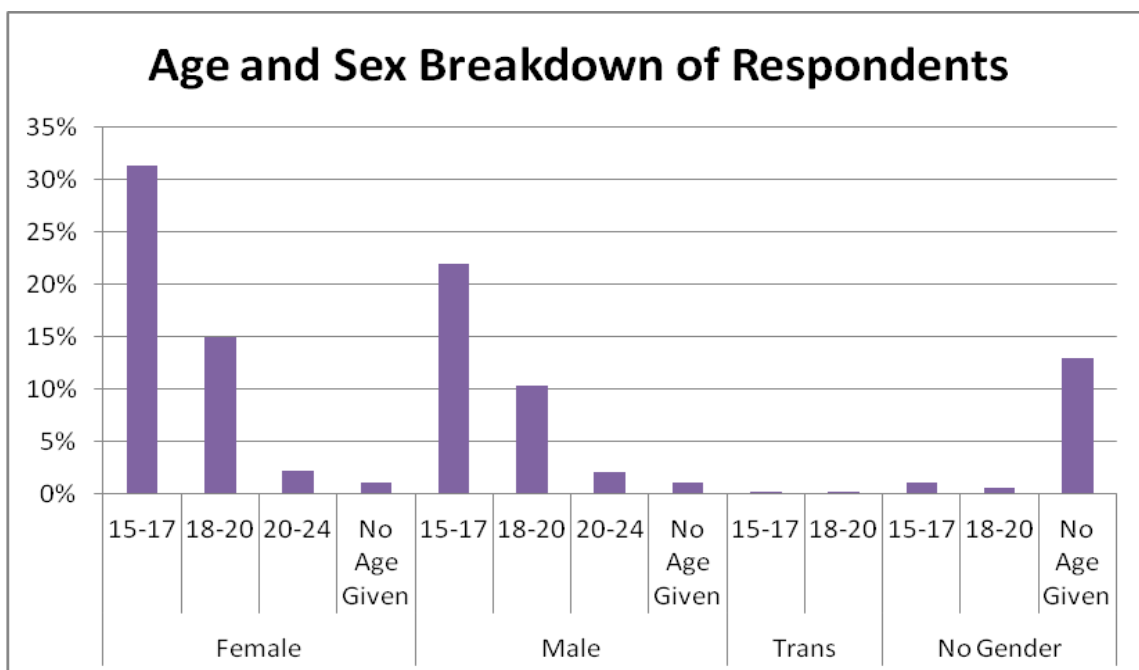
From December 2012-February 2013, 503 young people (aged 15-24) across Bromley Borough filled in paper BASK surveys. Venues were primarily educational settings (schools and colleges), but also included leisure centres, youth centres and 'detach' settings on high streets in the area. Participants were offered incentives for completing the survey (condoms, pens and sperm-shaped key rings). Incentives were offered regardless of participants' answers, and surveys were not analysed or read at the time they were administered.

In regard to bias, as with the 11/12 survey, social acceptability and sample bias must be considered in analysing the results of the survey. Because they were not significantly incentivised, it may be the case that young people who completed the survey were more likely to feel that they had a fairly high level of pre-existing knowledge about sex and sexual health, as opposed to young people who did not participate.

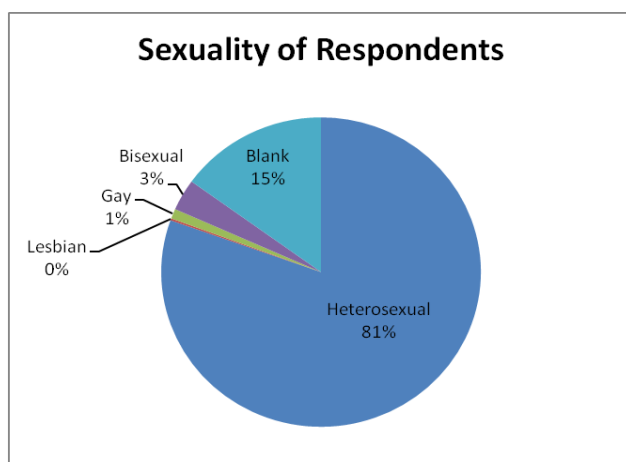
In regard to social acceptability bias, it is possible that young people's answers were influenced by the knowledge that Metro staff (who administered the survey) are invested in sexual health. This may have meant that participants were more likely to give correct or socially acceptable answers, even if those answers were not the most applicable to them. Finally, there are significant patterns of response clumping: young people may have completed the questionnaire whilst sitting next to friends, and copied or shared answers.

Nonetheless, these are a robust set of findings. The similarity of the survey's findings to the 11/12 survey (which included a much larger sample size) indicate a similar level of rigour and generalizability. Similarities in the data also indicate that they are comparable to 11/12 results.

Demographics



As with the 11/12 survey, young people were intentionally over-sampled. Similarly, more young women filled in the survey than young men, and a small number of respondents identified as transgender. More than 10% of respondents did not give their gender, which is indicative of a general trend for participants to leave the demographics section of the survey blank or partially complete.



Ethnicity	Percentage of respondents
Asian British	1.2%
Asian Other	0.2%
Black British or mixed Black British, Caribbean and/or African	8.2%
Black Caribbean	3.9%
Black African	3.9%
White British	53.5%
White Other	3.7%
Mixed Ethnicity	8.4%
Traveller	1.0%
Other	1.2%
Blank	14.6%

In regard to ethnicity, the 12/13 survey participants were slightly more diverse. There were proportionally more Black participants in 12/13, as well as participants of mixed ethnicity.

A higher proportion of respondents identified as heterosexual in 2012/2013 (81% compared to 73% in 11/12), whilst same sex attracted young people made up a smaller proportion of participants across all categories of identification.

In general, knowledge scores were lowest, regardless of ethnicity. Participants also had quite consistently higher skills scores across ethnicity than other fields.

Average Scores by Ethnicity

Ethnicity	Average Behaviour Score	Average Attitudes Score	Average Skill Score	Average Knowledge score	Average Score
Asian British	64.9%	63.3%	72.2%	63.3%	66.0%
Asian Other	84.2%	100.0%	88.9%	50.0%	80.8%
Black British	71.3%	73.2%	81.9%	53.9%	70.1%
Black Caribbean	58.2%	72.6%	71.9%	52.6%	63.8%
Black African	65.9%	73.7%	74.3%	51.1%	66.2%
White British	66.8%	68.0%	82.1%	57.6%	68.6%
White Other	67.3%	67.8%	81.5%	60.6%	69.3%
Mixed	62.2%	61.1%	80.7%	56.1%	65.0%

Traveller	55.8%	64.0%	80.0%	54.0%	63.4%
Other	67.5%	73.3%	64.8%	55.0%	65.2%
Black British/Black Caribbean	34.2%	80.0%	77.8%	40.0%	58.0%
Blank	59.9%	61.4%	74.0%	53.0%	62.1%

(Lowest scores are highlighted in red, and highest scores are highlighted in green.)

Behaviour

In 2012/13, the average behaviour score was 65.3% (a decrease from 68.7% from 11/12). The decrease may be partly due to methodological factors: it was slightly more difficult for participants to achieve a higher behaviour score in 12/13 because of the inclusion of additional behaviour questions.

Participants in the 2012/13 BASK survey were more likely than 11/12 respondents to have had sex without a condom in the 12 months prior to completing the survey. 59% of respondents had had sex without a condom, whilst in 11/12 the figure was 35%.[‡]

When asked about their reasons for not using condoms, participants' answers were very similar to previous results. The most commonly nominated reason was "using another form of birth control" (meaning that many participants may be at significant risk of STI transmission, despite using contraception). In line with attitude results, young people also nominated "Because I am in a relationship" as a common reason for not having used condoms. Of course, if another form of contraception is being used correctly in monogamous, heterosexual contexts, and both the young people within a relationship have been tested, then there may be minimal risk involved in regard to pregnancy and STIs. However, given that only 10% of respondents indicated that they had sought information from a GUM or family planning clinic in the last six months, it seems unlikely that participants' behaviours correspond to that ideal.

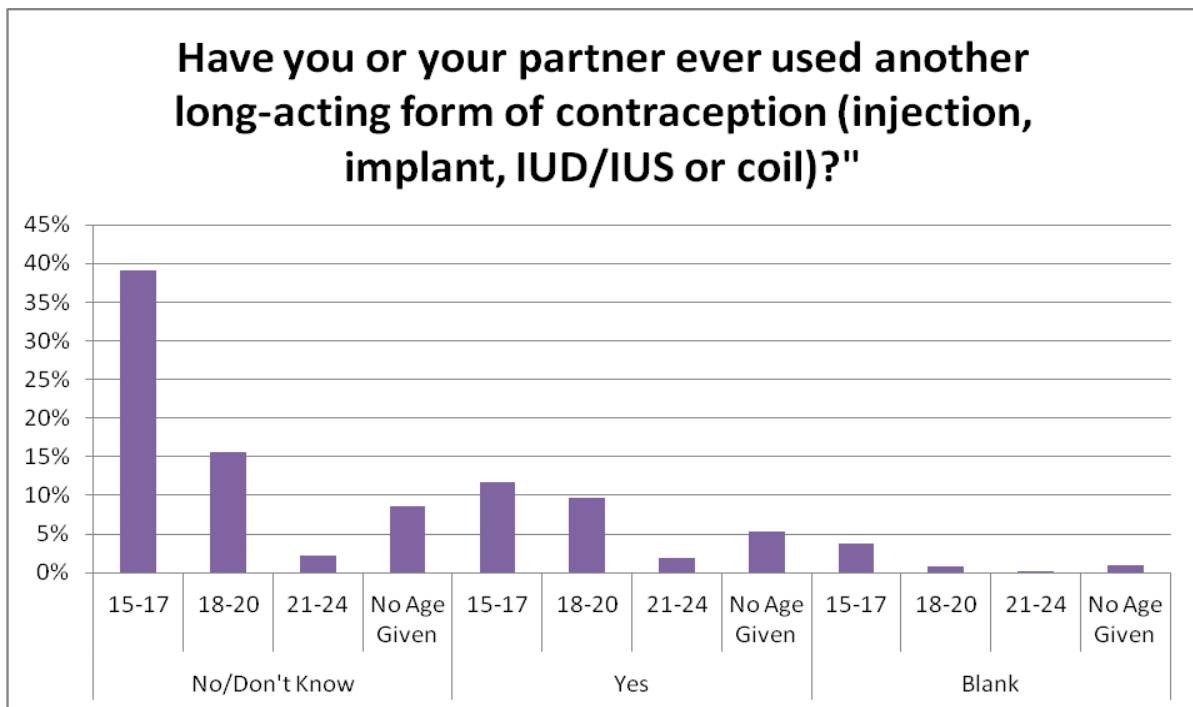
Reasons for unprotected sex (in order of descending 'always' frequency)

"In the least year, the reasons I've had sex without a condom were:"	Always	Often	Occasionally	Rarely	Never	N/A
Because we were using another form of birth control	20.7%	3.5%	5.7%	2.3%	8.7%	59.1%
Because I am in a relationship	17.2%	5.5%	6.0%	4.9%	6.3%	60.1%
It feels better to me	13.7%	6.0%	5.4%	3.8%	8.5%	62.6%

[‡] In both surveys, this figure is inclusive of young people who had not been sexually active

Because I knew the person	12.9%	5.4%	6.0%	3.6%	10.9%	61.2%
I didn't want to use condoms	8.9%	3.8%	5.0%	4.8%	14.5%	63.0%
Because my partner didn't want to use one	6.2%	3.8%	5.2%	4.6%	16.9%	63.4%
I didn't have a condom	5.4%	4.0%	5.4%	5.0%	17.1%	63.2%
My partner didn't have any condoms	5.2%	2.2%	5.4%	6.0%	17.3%	64.0%
I was drunk or high	3.8%	2.4%	7.8%	6.6%	19.5%	60.0%
My partner asked me not to	3.2%	3.0%	3.4%	5.4%	19.7%	65.4%

The majority of young people who completed the BASK survey indicated that they or their partner were not using long-acting, reversible contraception (LARC). Given the relatively low numbers of people using condoms for every sexual encounter, and the primarily heterosexual composition of the cohort, this is particularly concerning. Anecdotally, there seems to be significant confusion amongst young people about LARC: in answer to the question about LARC use (which included examples), a number of young people wrote 'the pill'. This is consistent with the results of qualitative data from the previous round of BASKs, where the pill was noted as the second most preferred method of contraception (after condoms).



In regard to emergency hormonal contraception (EHC), significantly more young people indicated that they had used EHC in 12/13 than 11/12. These differences can largely be attributed to methodological factors. In the 12/13 survey, the data for this question was analysed differently: EHC use is only reported here for heterosexual clients who had had unprotected sex in the 12 months prior to completing the survey. Despite the differences in analysis, it seems clear that EHC is being underutilised by young people who have been

engaging in risky sexual behaviour, particularly those in the 15-17 age group.

Emergency hormonal contraception (EHC) use, by age (heterosexual clients who had had unprotected sex)

Age	Never used EHC	Have used EHC
15-17	59.2%	40.7%
18-20	62.5%	37.9%
21-24	76.7%	23.2%
No age given	70%	30%

In 2012/2013, participants were asked where they had gone for information about sex and sexual health in the 6 months prior to completing the survey. The most commonly nominated source of information was friends, followed by family. When asked who in their family they had approached, the most common source of information was participants' mothers (8.15%), whilst only 1.4% had approached their fathers.

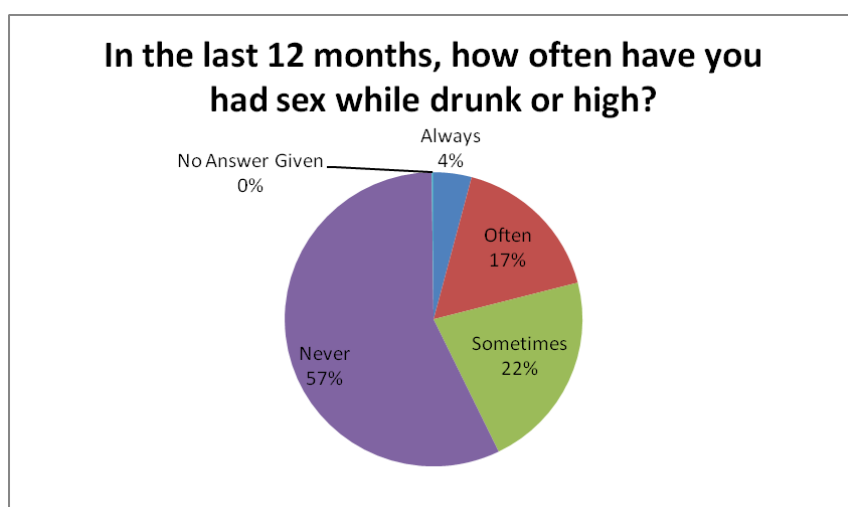
Surprisingly, the Internet was nominated as one of the least commonly accessed sources of information about sex and sexual health (12.1% of participants accessed the internet for sex and sexual health information). Only 10.9% of respondents indicated that they had gone to a GUM or family planning clinic for information.

These findings seem to indicate that young people are more likely to engage in casual conversations about sex and sexual health than they are to access services which are designed to provide that information. However, the fact that these results are self-reported is significant: it may be the case that sexual health information was given to young people in contexts which they did not think of as formal interventions, and which are therefore underrepresented. This is particularly the case for Metro/Chlamydia Screening Staff: all young people who completed the survey had some contact with those staff, and many engaged in conversations with staff after completing the survey. However, it is clear that young people do not recognise health workers as their preferred source of information.

Most commonly accessed sources of information about sex and sexual health (in order of descending frequency)

Source of information	Percentage of respondents who accessed source
Friends	42.3%
GP	24.5%
Family	22.7%
Metro/Chlamydia Screening Staff	22.3%
School Nurse/Teacher	15.1%
Internet	12.1%
GUM/Family Planning Clinic	10.9%
Youth Group Staff	6.36%
Pharmacy	5.4%

For the first time in 2012/2013, participants were also asked about their alcohol and drug use in relation to sexual behaviour. Pleasingly, the majority of respondents (57%) had not had sex in the last 12 months whilst intoxicated. Significantly, 21.8% of respondents indicated that they had ‘sometimes’ had sex whilst intoxicated, whilst 16.9% answered that they had done so ‘often’. Younger clients were less likely to have had sex whilst intoxicated, whilst alcohol became a more frequent factor in respondents’ sexual behaviour as they grew older.[§] 18-20 year-olds were most likely to have had sex under the influence of alcohol or drugs, whilst 15-17 year-olds were most likely to have had sex whilst intoxicated ‘sometimes.’



Attitudes

Participants’ average attitude score was 67.3%, which represents a significant increase from 53.3% in 11/12. This change means that attitudes scores were not the lowest average score, as they were in 11/12.

Responses to “When do you think it is alright to have sex without a condom?” in order of descending frequency

When do you think it is alright to have sex without a condom?	Percentage of respondents
If we have both been tested	43.1%
Never	40.8%

[§] Caution should be exercised in interpreting this information, as again this figure is inclusive of young people who had not been sexually active.

When I am in a relationship	31.8%
When I know the person	14.7%
When I don't want to use one	12.6%
When my partner doesn't want to use one	9.0%
When my partner asks me not to use one	9.0%
When I'm drunk/high	5.9%
When I don't have a condom	5.7%

(Multiple answers possible)

Participants indicated a reasonably good knowledge of the appropriate context for condom cessation with regard to STI prevention (in monogamous relationships between partners who know their STI status). This question did not ask participants about their attitude towards condom use when another form of contraception was being used. Being in a relationship was chosen by significantly more participants in 12/13 than the previous survey (32% as opposed to 9%).

However, it is clear that the attitudes expressed by young people are not borne out in their behaviours: despite 40.8% of participants claiming that they think it is never alright to have unprotected sex, 59% had had unprotected sex in the 12 months prior to completing the survey. These results are especially concerning given the relatively small proportion of respondents who had used a GUM or family planning clinic as a source of information in the preceding 6 months (10.9%). Despite knowing the importance of STI testing, it appears that relatively few young people are using the clinics available.

Responses to “I think it’s important for me to practice safe sex” by sex and age

Sex and Age	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
Female	3.39%	2.46%	16.07%	36.91%	39.71%
15-17	2.72%	0.89%	18.28%	37.36%	38.35%
18-20	5.22%	4.47%	11.63%	37.77%	40.92%
21-24	0.00%	13.03%	12.59%	10.50%	63.88%
No age given	0.00%	0.00%	25.29%	51.38%	23.33%
Male	4.72%	4.56%	17.82%	32.81%	39.94%
15-17	2.40%	3.22%	20.88%	37.47%	36.02%
18-20	4.25%	9.26%	13.33%	25.83%	46.71%
21-24	18.46%	0.00%	0.00%	37.34%	44.19%
No age given	24.83%	0.00%	25.66%	0.00%	49.50%
Transgender	0.00%	0.00%	0.45%	0.00%	99.55%
15-17	0.00%	0.00%	0.00%	0.00%	100.00%
18-20	0.00%	0.00%	100.00%	0.00%	0.00%
Grand Total	3.92%	4.39%	18.00%	34.62%	38.17%

In regard to attitudes about safe sex, young men were more likely to disagree that safe sex was important, or to feel ambivalent about it. Importantly, as with many questions in the BASK survey, this question was asked of all participants, regardless of their level of sexual activity. It is possible that the results are skewed towards disagreement or apathy because participants who were not sexually active did not feel that the question applied to them. The small sample size of transgender young people means that results are not generalizable.

As noted above, the attitudes young people hold in regard to safe sex contrast with their behaviours. 72.8% of young people agree or strongly agree that it is important for them to practice safe sex, however 59% of young people reported having sex without a condom in the previous 12 months.

Responses to “I have had sex to feel better about myself” by age and sex

Sex and Age	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
Female	2.07%	9.54%	12.03%	32.78%	42.32%
15-17	1.97%	9.87%	13.82%	32.89%	40.13%
18-20	0.00%	8.22%	8.22%	35.62%	46.58%
21-24	0.00%	18.18%	9.09%	27.27%	45.45%
No Age Given	40.00%	0.00%	20.00%	0.00%	40.00%
Male	7.56%	13.37%	19.19%	28.49%	28.49%
15-17	5.61%	10.28%	19.63%	30.84%	30.84%
18-20	12.00%	18.00%	14.00%	26.00%	26.00%
21-24	0.00%	20.00%	50.00%	20.00%	10.00%
No Age Given	20.00%	20.00%	0.00%	20.00%	40.00%
Transgender	50.00%	0.00%	0.00%	0.00%	50.00%
15-17	0.00%	0.00%	0.00%	0.00%	100.00%
18-20	100.00%	0.00%	0.00%	0.00%	0.00%
Grand Total	4.32%	10.70%	14.61%	31.07%	37.65%

As with attitudes towards safe sex, young men are likely to have lower scores in regard to sex and self-esteem than their female counterparts. These findings are consistent with 11/12 results, and with the results of the qualitative research carried out in November on those surveys (where all participants who had had sex to feel better about themselves were male). As with sexual negotiation skills (see below), this may indicate a concerning trend with the way that sex is configured within young men’s sexual discourses. If sex is posited as the telos of adolescent relationships, then it is logical for sexually active young men to respond by agreeing with the statement. However, in light of the primarily heterosexual cohort, the differences in responses between young men and women are concerning. It may be the case that young women ascribe quite a different meaning to sexual behaviour than their

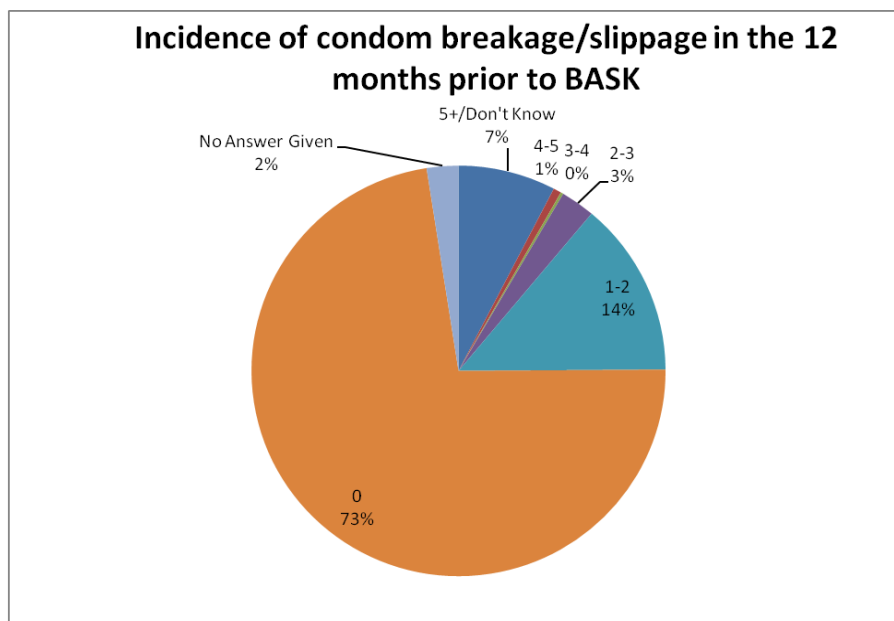
male partners. Clearly, in light of those differences, it may be a problem that young men pursue sex for self-esteem in this context.

However, a more sex-positive interpretation of these results is possible. In contexts where partners are comfortable, informed and consenting, sex may well be an ethical form of personal and social gratification, which carries minimal risk. Given that this question does not explicitly ask about self-esteem, and without more information about the role that sex plays in young people’s understanding of themselves, it may be wise to exercise caution in interpreting these results.

Skills

In 2012/2013, participants’ average skills score was 79.7% (an increase from 73.2% in 11/12).

Despite poor knowledge of free condom availability (see ‘Knowledge’), most young people indicated correct condom use: just under 75% of respondents indicated that they had experienced no condom breakage or slippage in the last twelve months (an increase from 67.6% in 11/12).**



When asked about sexual negotiation, 75% of respondents agreed or strongly agreed with the statement “I feel comfortable saying no to sex.” As in 11/12, males across all age groups indicated less aptitude in regard to sexual negotiation. Anecdotally, many young men seemed to misunderstand the question, and actually asked why someone would say no to sex. This is perhaps indicative of two issues:

** In both surveys, this figure is inclusive of young people who had not been sexually active

- Within young men’s discourses about sexual behaviour and relationships, sexual intercourse is framed as the ultimate achievement, to be pursued regardless of personal circumstances
- Young men may lack an awareness of the need for sexual negotiation and consent

During the administration of the survey, Metro staff witnessed several interesting conversations between young men and women about the issue of consent. When the above conversations were taking place, often young women had to explain to their male peers that the question was referring to people being pressured into sex by their partner/s and friends.

Answers to “I feel comfortable saying no to sex” by sex and age

Sex and Age	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
Female	2.1%	3.7%	4.1%	41.9%	48.1%
15-17	2.6%	3.9%	5.3%	44.7%	43.4%
18-20	1.4%	4.1%	1.4%	38.4%	54.8%
21-24	0.0%	0.0%	0.0%	36.4%	63.6%
No Age Given	0.0%	0.0%	20.0%	20.0%	60.0%
Male	11.0%	9.9%	19.2%	37.2%	20.9%
15-17	8.4%	12.1%	19.6%	39.3%	18.7%
18-20	12.0%	6.0%	20.0%	32.0%	30.0%
21-24	10.0%	10.0%	10.0%	50.0%	10.0%
No Age Given	60.0%	0.0%	20.0%	20.0%	0.0%
Transgender	0.0%	0.0%	0.0%	50.0%	50.0%
15-17	0.0%	0.0%	0.0%	0.0%	100.0%
18-20	0.0%	0.0%	0.0%	100.0%	0.0%
Grand Total	7.2%	6.8%	10.1%	38.7%	36.6%

Knowledge

In 2012/2013, average knowledge scores were slightly higher than 11/12 (56.0% compared to 53.4%). This may be partly explained by methodological factors: there were fewer knowledge questions in the most recent survey, making a higher score more likely. As noted above, there were fewer knowledge questions in order to include behavioural questions about young people’s use of alcohol and drugs, as well as a multiple choice question about where participants went for information about sex and sexual health.

Young people’s responses to basic sexual health and contraception questions were broadly similar to 11/12 survey results. However, it is noteworthy that only a small majority of participants (55.6%) knew where to get free condoms in the borough. This is despite free condoms being available at many venues where the survey was carried out, and always being available from the Metro staff who were administering the survey (and who often make regular visits to the venues where surveys were completed). This is a significant

improvement: in 11/12, only 39.3% of young people knew where to get free condoms in Bromley.

Results for basic STI and contraception questions are noted below. Correct answers are highlighted in green.

“Oil-based lubricant will damage latex condoms”	
NOT SURE	26.64%
FALSE	21.27%
TRUE	50.89%

“You can get an STI from sitting on a toilet seat”	
NOT SURE	20.48%
FALSE	55.47%
TRUE	22.47%

“You can tell if someone has an STI by how they look”	
NOT SURE	8.61%
FALSE	82.51%
TRUE	8.42%

“You can’t get pregnant if he pulls out”	
NOT SURE	7.75%
FALSE	73.16%
TRUE	18.29%

“If you have HIV, treatment can make you live longer”	
NOT SURE	21.07%
FALSE	19.48%
TRUE	58.25%

In line with last year’s results, the lowest percentage of correct results related to oil-based lubricants and the possibility of contracting an STI from a toilet seat. There was however a slight increase in correct answers relating to oil-based lubricants (51% correct as opposed to 45% correct in 11/12). The question relating to HIV treatment was reworded in 12/13, which may account for the increase in correct answers (58% correct as opposed to 51% in the last survey).

Responses to “Do you know where to get free condoms in Bromley?” by sex and age

Sex and Age	No	Yes
Female	43.6%	56.4%
15-17	43.4%	56.6%
18-20	42.5%	57.5%
21-24	45.5%	54.5%
Male	43.6%	56.4%
15-17	46.7%	53.3%
18-20	38.0%	62.0%
21-24	30.0%	70.0%
Transgender	100.0%	0.0%
15-17	100.0%	0.0%
18-20	100.0%	0.0%
Total	44.4%	55.6%

Similar to the 11/12 survey results, knowledge of condom availability was correlated with gender: young men were more likely to know where to obtain free condoms. However, given that most surveys were carried out in educational settings (most of which offer free condoms from school nurses or youth workers), the number of respondents who know where to get free condoms is concerning. This is particularly the case in light of the often prohibitively high cost of condoms at chemists and supermarkets.

Recommendations

In light of the information above, Metro makes the following recommendations:

- Future interventions with young people in Bromley should focus on the promotion of free condom services in the first instance, including promotion of services which are already available to young people. This is a key point, given that the data above indicate a low knowledge of existing services, and a relatively low rate of safe sex amongst participants
- Education about contraception should seek to further elucidate the benefits of LARC, and note the difference between methods of contraception with user failure and those with no user failure. This is important given the relatively low numbers of young people using LARC, and the anecdotal misunderstandings noted above about what LARC actually is
- Promotion of the availability of emergency hormonal contraception amongst young people in the borough should be prioritised, particularly amongst those who are engaging in high risk sexual activities
- In light of findings on where young people sought information about sex and sexual health, future long-term interventions could most profitably focus on peer education. The data in relation to sources of information indicate that young people are most likely to seek information from their friends: focusing on the skills and knowledge of peer leaders may be the most effective means of increasing young people's knowledge on the whole
- Future interventions may need to focus on the accessibility and uptake of services: whilst the information in this report suggests that young people have a relatively good understanding of the importance of safe sex and STI testing, they are less likely to access services which may help them engage in healthy behaviours (i.e. free condom services and STI/GUM clinics). This disjunct, whilst very difficult to elucidate further, may be crucial in improving the health outcomes of young people