SEXUAL REPRODUCTIVE HEALTH: QUALITATIVE INSIGHTS

Qualitative Insight Team – Public Health

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WIRRAL

Five research themes

STIs and STI Testing (Particularly Chlamydia)

HIV

Unplanned Pregnancies

Teenage Conception

Cervical Screening

Four target demographic groups

Young People (15-24)

LGBTQA+ (Particularly men who sleep with men)

People Living in Deprived Areas

Ethnic Minority Communities

Research methods

Method	Number of times the method was used	Participant group
Focus groups	6	Professionals/ young people
In-depth conversations	8	Women involved in sex work/ women
Semi-structured interviews	2	Women in the LGBTQA+ communities
Informal conversations	34	All participant demographics
Research grids	17	Women and men
Participation observation	9	HIV Week events, support groups, and a women's health event for professionals

*Since the data collection ended in March 2023, the researchers gathered insights at two LGBTQA+ support groups (12 participants). The numbers in slides 4 and 5 are therefore different to the full report.

Participants

Participant group	Number of people
Professionals	22
Young women	14
Young men	12
Women	25
People in the LGBTQA+ communities	15
People from minority ethnic backgrounds	7
Women in sex work	5
Young mums	0
Male adult residents	9
Total	**109**

Findings

Groups at a higher risk of poorer sexual health outcomes

- The JSNA and other official documents that laid the foundation for this qualitative piece had identified four groups at risk of poorer sexual health outcomes (slide 3).
- The Qualitative Insight Team tested this supposition through interactions with sexual health professionals by asking them to identify who they consider to be ‘underserved’ or at risk of poorer sexual health outcomes.
- The professionals identified the four groups above, as well as five more groups:
    1. Women engaged in sex work/drug use
    2. Women experiencing abusive relationships
    3. People who are refugees
    4. People with learning disabilities
    5. Older people living with HIV

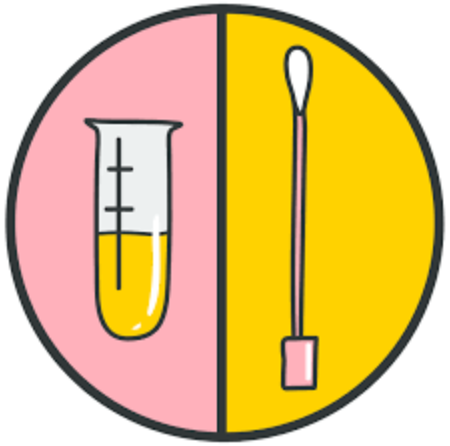
STIs and testing

Most of the insights gathered on STIs were from young people aged 17-25. A shared sentiment among the young people was that they had limited understanding of the different types of STIs, symptoms, testing and treatment.

Conversations revealed a gap between young people's preferences for sexual health support, and the services known/available to them.

Young people want discrete STI testing and sexual health services. They don't want others to know they're sexually active, so testing distribution in the college canteen isn't desirable. Fear of being judged as 'dirty' also stops them from talking to friends and family.

In-person testing was perceived to be more reliable: "I'd go in person because it's going to be more correct". Some perceived pop-up clinics to be less reliable than hospital settings: "I wouldn't go to a pop-up clinic for testing, I'd go to an actual clinic".



Older women and men generally didn't feel confident in their knowledge of STIs and testing. Adults also shared a preference for in-person testing and in-person communication about sexual health matters generally.

Case study
Emily, aged 23, bisexual

Testing positive for Chlamydia

Attitude towards testing: Emily doesn't feel the need to get tested after each new partner. She'd only test if she had symptoms: *"I've had partners in the past where nothing's happened, so I'm just like, meh. It crosses my mind, but I'm not worried. I'm not gonna die if I don't get a test".*

Being told she may have an STI: After being advised to take a test by a recent partner, Emily looked online for information on Chlamydia and Gonorrhoea. The information on the NHS website about how these STIs are transmitted was confusing, particularly around 'saliva'.

Ordering the test: She thought she'd have to go to a hospital to get tested, but then saw she could order a test online.

Taking the test: Emily found the 'two-week rule' confusing – she thought she'd missed the window where you need to test, but actually she had to wait two weeks. She kept 'googling', but it was confusing.

Packaging: She liked that the packaging was discrete when it arrived. However, to send the swab back, she was given an envelope with 'human substances' written on it with and a big yellow exclamation sign, which she didn't like.

Telling someone and feeling judged: Emily felt she couldn't tell her mum she'd tested positive for Chlamydia: *"She'd judge me and think I'm dirty". "I told my sister, but then she wouldn't even sit on my bed because she thought she might catch it from the bed sheets".*

Misconceptions: *"One of my younger mates thought you had to be 18 to order an STI test, so she got someone else to order one to their house". "Another mate thought they had Chlamydia because someone with Chlamydia bit them".*

HIV

The research findings compliment the JSNA which identifies low prevalence of HIV in the borough but relatively high incidences of late diagnosis.

Professionals identified ‘assumptions over knowledge’ as a key reason for late diagnosis. People assume they aren’t at risk of HIV, and that only people with a particular sexual orientation are at risk. Professionals working in the drugs and alcohol space often see this attitude among people who use steroids.

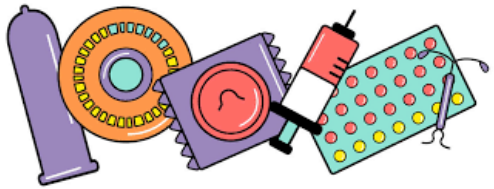
While there is indication of a lower prevalence rate there is still concern about HIV in the LGTBQA+ community, particularly men who have sex with men (MSM).

The young people engaged in the research seemed to have limited knowledge of HIV. One group said they had “no idea” of the symptoms of HIV. They often talked about HIV and AIDS together, suggesting a lack of understanding of the difference.

“Another thing that we’re finding is that a lot of the young people are asking, ‘can I have PrEP?’”.

General feeling that stigma around HIV has decreased, but that it’s still present, particularly towards men who have sex with men. Social media and TV are helping to raise awareness and are the only source of education for some young people.

Unplanned pregnancies and teenage conceptions



- Access to information was a central theme around contraception, and women of different ages contend with different challenges:
  - Young people perceive there is inadequate information on the types of contraception available and their side effects, and they don't feel confident making choices.
  - The biggest hurdle for women over 24 is not knowing how to access contraception.
- Women are still contending with the effect of COVID on services, such as waiting times, online booking systems and lack of ante-natal classes at the local hospitals.
- Language around contraception options can be exclusionary for LGBTQA+ communities as its too male-focused with emphasis on male condoms. *"Women who sleep with women feel left out of the whole conversation".*
- Women are not confident in their knowledge of abortion and how to access abortion services.
- Postnatal women have mental and physical barriers to accessing contraception: *"it's the last thing people want to talk about after giving birth".* Therefore, professionals emphasised the importance of 'drip feeding' contraception advice throughout pregnancy and supporting women to book and attend appointments.

Unplanned pregnancies and teenage conceptions (2)

- In a focus group with Year 13 students, young people were asked to anonymously write their sexual health concerns. Fear of being pregnant or getting someone pregnant was a common fear:

"Being pregnant at this age."	*"I am always fearful that I will get someone pregnant by accident."*	*"Getting someone pregnant."*
"I struggle with so many insecurities and I once had a pregnancy scare."		*"3 fears: getting someone pregnant, contracting an illness and being accused of something."*
"Not knowing I am pregnant."	*"I had a pregnancy scare."*	*"I am scared that I'll make someone pregnant."*

Case study
Helen, aged 33

Challenges of accessing contraception

Helen has been with her partner for 15 years. In December last year they decided to go off the pill. After she got off the pill, they decided to use condoms. She went to the local supermarket and the brand of condoms she was looking for was going for £8 a pack. She realised that she couldn't afford them long term and she decided to go to a sexual health service that mainly supports young people. When she got to the service, she was told that she could not have condoms because she was over 24 years old.

In her words she describes the experience:

> *"I have worked in the charity sector for more than three years and I am more knowledgeable than most women, but I don't know how to get support for sustainable sexual reproductive health…they also told me that they do not put the condoms in toilets because people will steal them, how about that for support!?"*

Smear tests

Barriers around smear test appointments: waiting times, location, and cis-normative language in online booking systems (which excludes trans-males).

There is a small window of opportunity where women are motivated to book and attend the appointment, and so having to wait can be a deterrent.

Several women communicated the anxiety and discomfort that surrounds the whole smear test journey. Anxiety leads to long-term avoidance. Anxiety can stem from the fear of the unknown, misconceptions, past negative experiences, or stories shared by family/friends.

There was a consensus among professionals about the need to bring smear tests into the community spaces that people are familiar with. Familiarity and consistency were identified as particularly important for people with learning disabilities, women in sex work, and women who have experienced abuse.

For service providers, it's difficult to offer consistency and tailored support when resources are limited.

"You've got to build some rapport and trust to bring them in…It takes work. And at the moment, we don't have somebody in that role".

One of the cervical screening events the researchers were due to attend was cancelled because there wasn't a nurse available to do the tests.

Case study
Ann, aged 66

Smear test experience

Abnormal cells

Ann contracted syphilis from her late husband, and a smear test revealed she'd been left with abnormal cells. Her GP told her she'd be required to have a smear test every year. However, over the years Ann has suffered from depression and anxiety and couldn't develop the confidence to go for the smear.

Recent smear test experience

Recently, Ann *"finally summoned the courage"* to get a smear, but her experience was negative. She said:

> *"They knew about my anxieties; I told them how this was a big step for me, but when I got there, they kept me waiting. Eventually I was called in, the nurse doing my smear told me that I wasn't 'stretched' enough to have the test done. I'm a widow; I haven't been with a man in years. I thought this was a good thing. The nurse prescribed IMVAGGIS which no pharmacy has! I left the appointment feeling dreadful and hid away on my own all weekend just crying. I have cancelled the next appointment; I am not going back. So here I am stressed about not having had my smear and knowing that I don't have the confidence to go back there again."*

Sexual health education and awareness

- A common theme that underlined all the focus areas is the need for continued improvement of sexual health education and awareness. It was clear that sexual health knowledge varied hugely from person to person.
- Examples of perceived gaps in information/support discussed included:
  - LGBTQA+ sex education
  - Abortion and pregnancy options
  - Side effects of contraception and where affordable contraception can be accessed
  - More variety of sexual health services (perception that one organisation holds a monopoly)
  - Options for post-natal contraception
  - Symptoms of STIs and HIV and how they're transmitted
  - What STI and HIV testing/treatment involves and where it can be accessed
  - Where to access smear tests and who needs one
  - Easy read sexual health resources
  - Sex education in Catholic schools
  - Need for smaller groups for school sex education, and more consolidation of knowledge throughout the years
  - Advice on puberty for parent and young people
  - Age-appropriate places for parents to send young people for sexual health education
  - Continued sex education for adults once they leave formal education settings
  - *"How can we expect young people to have conversations at home when the parents didn't get sex education themselves"*.

Case study
Nikkita, aged 47

Parenting sexual health

- Nikkita thinks there aren't enough age-appropriate or approachable places to send her daughter (aged 11) for sexual health education: *"parents aren't always the best education"*…. *"as a grown woman, I feel embarrassed, so how is a young person going to feel?"*.
- *"It's not just about educating the young ones… Parents need to be taught how to teach their children about puberty, menstruation and sex, like what size tampons they need".*
- Nikkita is scared about her daughter getting pregnant. She thinks there should be more education about the consequences of having a baby.
- Nikkita has received unsolicited nude images from men and she's angry that there's no regulation/accountability: *"Where's the protection from that? It's the same as being flashed in the street"*. She worries about her daughter having access to social/messaging apps.
- She's passionate about wanting to go into schools to teach about sexual violence and the dangers of social media influencers like Andrew Tate. However, she's found it hard to contact the Council: *"Someone needs to stand up and be heard".*

Insights from people in the LGBTQA+ communities

- Frustration with having to travel to Liverpool for sexual health services tailored for LGBTQA+, as travel is expensive and causes anxiety.
- Need for a trans-specific clinic in Wirral. Having to attend general sexual health venues can be uncomfortable for the fear of being recognised or for people to assume they have a sexual health issue, like an STI. Being able to skip the waiting room would be beneficial.
- Need for more nurses trained in trans wound recovery. Participants had heard of professionals having a negative attitude towards transition surgery wounds. Some people would also like to see more basic, mandatory health care training on transgender support.
- People had experienced mental health counsellors that used language which showed a lack of understanding of trans people (like the difference between 'gay' and 'trans').
- Perception that adults don't have easy access to sexual health information. People only knew of sexual health services from being signposted through LGBTQA+ support groups.
- Perception that people in the LGBTQA+ communities are more open about sexual health.
- Negative perception about GP's ability to support sexual health: *"If I had to use the GP for sexual health, it would feel like a stab to the heart".*

Overarching Themes

Throughout the data, there were themes that cut across the different participant groups and the different areas of sexual health provision. These were:

- The need for sustainable sexual health services.
- The “domino effect” of COVID-19 on service provision, attitudes towards sex and relationships, and confidence in GPs.
- The impact of negative experiences/perceptions of sexual health services on people’s confidence accessing support and ability to make informed choices about their sexual health.
- Gaps in knowledge and awareness of sexual health information/services.