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**Title:** University students’ awareness and use of contraception and emergency contraception.

**Focal Points:**

- Teenage births and abortion rates are high in Britain, and sexually transmitted infections are on the increase;
- This study aimed to investigate students’ awareness and use of contraception;
- Findings indicate that young people feel uncomfortable talking about sex with their parents; and pharmacists’ gender and/or ethnicity appear to influence females’ decisions to request EC.

**Introduction:** According to Ofsted there is a lack of age appropriate sex education in a third of schools, leaving children and young adults vulnerable<sup>(1)</sup>. Teenage births in the UK are five times those in the Netherlands and only 50% of sexually active UK teenagers use contraception compared to 85% in the Netherlands<sup>(2)</sup>. Guidelines for contraceptive services to young people were published by the National Institute for health and Care Excellence (NICE) in March 2014. The aim of this research investigates university students’ awareness and use of contraception and emergency contraception. A similar study was conducted at Brighton University in 2012-13.

**Methods:** For ease of accessibility, a piloted self-administered questionnaire was randomly distributed to university students at the students’ union, library and club society meetings. Information about sexual activity, number of sexual partners and contraceptive/emergency contraceptive use was gathered. The results were analysed using Microsoft Excel. Ethics approval was sought and granted.

**Results:**

Table 1: Demographics, sexual activity, contraceptive awareness and use and number of partners (N=120 total respondents)

	MALE (n=60)	FEMALE (n=60)	WHITE (n=45)	NON-WHITE (n=75)
EXPERIENCED SEX AT SOME POINT	72% (n=60)	60% (n=60)	84% (n=45)	55% (n=75)
EXPERIENCED UPSI	60% (n=43)	75% (n=36)	68% (n=38)	66% (n=41)
REGULARLY USE CONTRACEPTION	74% (n=43)	83% (n=36)	92% (n=38)	66% (n=41)
>5 SEXUAL PARTNERS	23% (n=43)	14% (n=36)	24% (n=38)	8% (n=41)
CONTRACEPTIVE KNOWLEDGE	3% (n=60)	17% (n=60)	4% (n=45)	13% (n=75)

NOTE: UPSI = unprotected sexual intercourse.

The majority of students, 79/120 (66%), have had sex with a significant difference between students of different ethnicities,  $p=0.001$  (chi square test). Unprotected sexual intercourse (UPSI) was prevalent; the main reason stated was condoms were expensive. If condoms were free 95/120 (79%) of students stated they were more likely to use them. Less than two-thirds, 74/120 (62%), of students could recall sex education at school. Ethnic and gender differences were apparent with regards to contraception use and there was a significant difference between ethnicity and contraception use in female students,  $p=0.007$  (chi square test). Only 23/120 (19%) felt comfortable talking to their parents about sex and there was a significant difference between white students, 17/45 (38%) and non-white students, 6/75 (8%),  $p=0.008$  (chi square test). Incidences of UPSI were greater in these students. Furthermore prevalence of UPSI increased three-fold in participants reporting multiple sexual partners. Few students were aware that condoms prevented STIs as well as pregnancy, 24/60 (40%) of females were unsure where to obtain emergency contraception (EC) and 22/60 (37%) reported using EC. Non-white female students were least comfortable obtaining EC from non-white pharmacists for fear of being judged, whilst white female students were least comfortable approaching male pharmacists.

**Discussion:** Students’ knowledge about the use of contraception and emergency contraception were limited. Community pharmacists could be used to target young patients and provide further information about contraception. The majority of students in this study were uncomfortable talking to their parents about sex and over a third failed to recall sex education at school. The cost of condoms influenced

students' decision to use them. Pharmacists' gender and ethnicity appear to influence female participants' decision to request EC. These findings confirm there is clearly a need to offer young people additional tailored support and contraceptive services, as recently published by NICE. The low response rate in this study is a limitation which may have influenced the results.

**References:**

1.Ofsted. Department of Education. Not yet good enough: personal, social, health and economic education in schools Manchester2013 [cited 2014 May]. Available from: <http://www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools>.

2.Dennison C. Teenage pregnancy: an overview of the research evidence. Yorkshire: Health Development Agency; 2004.