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If young people 'get it on' can we lower the teenage conception rate?

'Get it on', the C Card free condom distribution scheme for young people under 21 in Surrey, was established in December 2007 as part of Surrey's Teenage Pregnancy Strategy. The scheme has a primary aim to reduce teenage conceptions to meet the 2010 target and a secondary aim to reduce STIs.

The UK teenage conception rate is significantly higher than that of other Western European countries and is a key concern for public health because of the associated poor health outcomes for teenage parents and their children (UNICEF, 2001 and ECM, 2008). In 1999 a national target to reduce teenage conceptions (15-17 year olds) by 50% (Surrey was 40%) against the 1998 baseline by 2010 was set (SEU, 1999). Condom distribution schemes have been promoted by Teenage Pregnancy Unit as an effective intervention to reduce teenage conception rates. Research in 2005 found that high performing authorities deliver condom distribution schemes which involve a wide range of partners in non-clinical settings (DfES, 2006).

C Card schemes use a credit card size card (a C card), which a young person receives when they register. The card can be used for a set number of visits to collect condoms, in Surrey it is 10 visits. Once a young person has visited the maximum number of times they are required to re-register. Registration consists of a discussion about sexual health and relationships, including the delay approach, information about STIs, emergency contraception, whether under-16s are Fraser competent (able to make informed decisions), consideration of safeguarding issues, how to use a condom, a condom demonstration by

the professional then the young person, signposting to other agencies, and being issued with condoms. Young people can access condoms at a variety of venues including youth clubs, Connexions centres, Sixth Form and FE colleges and doctors surgeries.

The impact of the scheme

In contrast to sexual health services, 'Get it on', like other condom distribution schemes, is accessed by more young men than young women. In Surrey, 60% of repeat visits are from young men (Castledine, 2008). From 2004-2006 young men only accounted for 14% of visits by under-20s to NHS contraceptive services but up to 93% of visits were to obtain condoms (Brook, 2007). Two focus groups, carried out as part of the Surrey Sexual Health Needs Assessment, highlighted young men's willingness to engage with the scheme (SPCT, 2008). Young men, in both focus groups, expressed a view that contraception, apart from condoms, was not their concern and was ".....for women and about women and doesn't really concern us"(SPCT 2008, p.40).

None of the young men in the focus groups had attended sexual health services, and, in line with Brook research (Brook, 2007), did not know where to access contraceptive services. However, all the members of focus group 1 were very familiar with 'Get it on' and where to access it. Those in focus group 2, that were not familiar with the scheme, all expressed an interest in accessing the scheme once they were given details about it (SPCT, 2008).

The promotion of, and registration process for, schemes, including Surrey's, creates opportunities for conversations with

young people about sexual health and sexual health promotion. Access to the C card schemes has been shown to improve young people's knowledge and awareness of sexual health, including the risk of pregnancy (Cheetham, 2008). Schemes are also able to deliver the delay message about sex; which encourages sexually-active and non-sexually active young people to consider whether it is right for them to have sex, both within and outside a relationship, and consequently reduce the potential for regrets in the future (Cheetham, 2008, Dickinson et al 1998).

Moreover, US studies of condom distribution schemes in high schools show that providing condoms does not encourage young people to have sex (Blake et al, 2003, Kirby et al, 1999). Improved contraceptive use is believed to account for the 86% of the decline in US teenage pregnancy rates between 1995 and 2002 (Santelli et al., 2007). Research (Cohen, Scribner, Bedimot and Farley, 1999). Feedback from young people (Cheetham, 2008) shows that providing free condoms increases the uptake of condoms. However, actual condom use is difficult to measure as it is dependent on self-reporting and Hatherall et al. (2005) identified problems about how respondents define condom use, particularly in relation to late use and early removal of condoms.

Conclusion

Condom distribution schemes are effective in delivering improved contraceptive access and SRE, which are recommendations for an effective teenage pregnancy strategy (DfES, 2006). However, schemes are not the only intervention necessary to achieve lower teenage pregnancy rates and establishing condom distribution schemes does not guarantee a reduction in teenage pregnancy rates (analysis of Nottingham City and Newcastle's rates shows no relationship between the two).

The evaluation of the Surrey scheme is ongoing with first results not available until mid 2009. An initial evaluation with

professionals showed that they believe it is a valuable scheme (Castledine, 2008).

'Get it on' is also listed as strength of the Teenage Pregnancy Strategy in the Joint Area Review (OFSTED, 2008) and subsequent research into Surrey's TP Strategy by the NCB (2008) stressed that the scheme was seen as a success and recommended expanding it.

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