

Contraceptive Services in Jersey

Public Consultation Feedback Report

Contents

Section 1: Executive summary and key findings.....	3
--	---

Full report

Section 2: Introduction	5
Section 3: Consultation Process	6
Section 4: Overview of respondents.....	7
Section 5: Overview of responses	10
A Use of contraception.....	10
B Use of contraception of choice.....	14
C Access to contraception	20
D Other comments.....	33
Appendix 1 – Promoting participation in the consultation	42
Appendix 2 – Survey questions	

Section 1: Executive summary and key findings

A public consultation on contraceptive services in Jersey ran from 20 February to 21 May 2024. The aim of the consultation was to gather views to help inform potential changes to on-island contraception services.

The contraceptive services survey ran at the same time as a women's health and wellbeing survey, with many respondents completing both surveys. A decision was taken to publish as separate surveys as the contraceptive survey was aimed at males and females, although uptake amongst males was low (only 2% of respondents¹)

- 706 people responded to the online contraception survey, of which 622 also completed the women's health and wellbeing survey²
 - 23 online responses were excluded from analysis as it was unclear if they were responding to the survey from their own perspective or on behalf of a woman or girl that they knew
 - 2 people responded via written email submission
- Total number of responses analysed was 685.
- 98% of the survey respondents were female.

Key survey findings

Key survey findings are summarised below³. More detail can be found in Section 5.

Note

Many of the questions allowed respondents to select multiple answers (for example, when asked where they get their contraception, they may have only selected GP or they may have selected GP and Las Bas Centre). This means that the total % of respondents when added up, may be greater than the total number of people who answered the question.

Contraceptive use

Just over half (55%) of respondents stated that they always use contraception.

¹ Low uptake amongst men may arise from lack of targeted promotion to men (noting that that majority of females who completed the contraception survey also completed the women's health and wellbeing survey)

² The women's health and wellbeing survey was part of a consultation in Jersey to better understand: the factors that women and girls feel affect their health and wellbeing, the extent to which their health and wellbeing needs are met, any barriers they face in accessing health and wellbeing services, and the areas that women and girls want prioritised for improvement.

At the end of the survey respondents were asked if they would answer additional questions on contraceptive services in Jersey. If yes, they were presented with the questions from the contraceptive services survey.

The consultation ran from 20 February 2024 to 21 May 2024.

³ Where less than 10 people responded to a question in any one category (for example, if less than 10 retired people answered a question) we did not draw conclusions from the response because of the small sample size.

Use of contraception of choice

69% of respondents who use contraception state they are using their contraception of choice.

Respondents who are less likely to be using their contraction of choice, or unsure if they are, tend to be in younger age brackets including

- 47% of respondents aged 16 to 19 years
- 46% of respondents aged 20 to 24 years, and
- 32% of respondents who are full-time students.

The more frequently stated reasons for not using contraception of choice are:

- concerned about side effects from contraception of choice (58%)
- enough information about contraception to decide what to use (38%)

Only 17% state that the reason for not using their contraception of choice is because they cannot afford it.

Multiple respondents also made comments focused on difficulties getting appointments to access contraception of choice or seek advice on contraception of choice due to opening hours.

Where contraception is accessed

468 respondents told us where they get their contraception. Of those:

- the majority (58%) access contraception through their GP. The most stated reasons for going to their GP were:
 - being able to speak to the GP about other health matters during the same appointment (40%)
 - seeing a doctor or nurse that they know (32%)

Only 4% stated that they go to their GP because they can get better service than from other clinics or places (compared to 15% at Le Bas, 27% at Brook, 17% at the GUM clinic)

- 22% go to Le Bas Centre. The most stated reasons for going there are:
 - confidence that the doctors and nurses who work there have good knowledge about contraception (61%)
 - convenient location (29%)
 - female doctor / nurse guaranteed (28%)
 - cheaper to get contraception at Las Bas (28%)

Brook Jersey provides free services to under 21-year-olds. Of respondents who go to Brook Jersey, the most stated reasons for going there are:

- they can get their contraception for free (91%)
- confidence that the doctors and nurses who work there have good knowledge about contraception (73%).

Note: as only 28 survey respondents were aged 19 or younger caution must be applied when considering their responses. The overall sample size is small.

Contraceptive pill access

Of respondents who use the contraceptive pill, a total of 56% stated they would rather get it from a local pharmacy without having to see a GP or any other contraceptive services first. This includes

- 59% of respondents who get the pill from their GP
- 53% of respondents who get the pill from Le Bas Centre

Opinions of contraceptive services provided in Jersey

237 of the 685 respondents also provided general comments about contraceptive services in Jersey. Of those:

- almost half (46%) stated that contraception is too expensive in Jersey
- 22% raised matters related to education (for example, making it easier for women to access information about contraception options, and associated effects)
- 19% raised matters related to accessibility (for example, opening times; availability of appointments related to coil fitting / removal)
- 16% raised matters related to availability of choice (for example, too great a focus on hormonal contraception)
- 15% about side effects, with comments about side effects often closely linked to the comments about requirement for more information

Full Report

Section 2: Introduction

A public consultation on contraceptive services in Jersey ran for 13 weeks from 20 February to 21 May 2024 (a 13-week period). The aim of the consultation was to understand:

- if Islanders are using their contraception of choice and if not, why not
- where they go to get their contraception and why they go there, and
- where they want to go to get their contraception.

This report describes the consultation process and summarises the responses received including key themes and issues raised by respondents. It does not respond to the themes and issues raised, seek to qualify them or correct any inaccuracies or misconceptions. It simply reports what respondents said for purposes of information and transparency.

The responses to the consultation will help Government understand whether changes are required to the way contraception services are funded or provided in Jersey.

Section 3: Consultation Process

Islanders participated in the consultation via:

- an online survey, which could be accessed via the women's health and wellbeing survey or as a stand-alone contraceptive services survey
- comments by email.

Islanders were encouraged to participate via:

- social media posts
- government website.

See Appendix 1 for further details for how the survey was promoted.

See Appendix 2 for survey questions.

Processing and collating consultation responses

The aim of processing and collating consultation responses is to identify and understand respondents' views on contraception services provided in Jersey, from:

- a quantitative perspective – ie. the numbers and proportions of people who responded to the 9 multiple choice survey questions
- a qualitative perspective – ie. what people said about contraception services in the 'free text' section of the survey and in the two written responses.

A thematic analysis approach was used to analyse the comments people made. This entailed:

- Step 1: reading all the 'free text' responses and identifying emerging themes
 - Step 2: assigning the responses to those themes, allowing the most commonly key themes to be identified. A number of the responses raised one or more theme.
- It is important to note that people who responded to the consultation chose to do so because of their interest in subject. It must not be assumed that their individual or collective views are representative of wider public opinion.

Section 4: Overview of respondents

Table 1 – Total number of respondents by method of engagement

Method of engagement	Number of respondents
On-line survey	Total: 706 (23 of the 706 responses were excluded) Via women's health and wellbeing survey: 622
Written submissions by email	2
Total responses analysed	685

Excluded survey responses

706 survey responses were received: 622 via the women's health and wellbeing consultation survey which was live during the same period, and 84 directly through the stand-alone contraception survey.

Responses were checked by IP addresses to establish if individuals were submitting multiple survey responses to 'skew' the data.

There were 26 IP addresses from which more than one response from received. In most cases no more than two responses were received from the same IP address, suggesting responses from a shared WIFI (for example, home or office WIFI).

There was one IP address from which 10 responses were received. However, every response was specific and contained different demographic, quantitative and qualitative information. This suggests a shared WIFI and resulted in limited risk of data 'skewing'. These responses were not excluded from the report (for example, office or library WIFI)

23 of the online responses were, however, excluded from this analysis as it was unclear if the people responding were doing so from their own perspective or on behalf of a woman or girl that they knew. This is because these respondents had accessed the contraceptive services survey via the women's health and wellbeing survey.

Exclusion of these 23 survey responses left 683 for analysis.

Demographic information

Section 1 of the survey collected demographic information to enable understanding of the reach of the survey (e.g. age group, gender, cultural and ethnic background) and to enable understanding of the experiences of different groups of people.

It was not possible to collect demographic information from the two written responses.

Table 2 – Number of responses by age

Age in years	Total number of responses	% of total number of responses*
13 to 19	28	5%
20 to 24	60	9%
25 to 34	207	30%
35 to 44	226	33%
45 to 54	117	17%
55 to 64	36	5%
65 to 84	8	1%
Prefer not to say	1	<1%
Total responses analysed	683	

**Percentages may not add up to 100 because they are rounded*

Table 3 – Gender

Gender	Total number of responses	% of total number of responses*
Female	669	98%
Male	11	2%
Prefer not to say	3	<1%
Total responses analysed	683	

**Percentages may not add up to 100 because they are rounded*

Table 4 – Cultural and ethnic background

Cultural and ethnic background	Total number of responses	% of total number of responses*
Jersey / British	569	83%
Polish	13	2%
Portuguese / Madeiran	22	3%
Other European Country	30	4%
Prefer not to say	10	1%
Other	39	6%
Total responses analysed	683	

**Percentages may not add up to 100 because they are rounded*

Table 5 – Employment status

Employment status	Total number of responses	% of total number of respondents*
Working one job full-time	460	67%
Working one job part-time	116	17%
Working more than one job full-time	13	2%
Working more than one job part-time	31	5%
School or studying full-time	32	5%
School or studying part-time	21	3%
Looking after home and / or family	45	7%
Retired	9	1%
Unable to work because of long-term sickness or disability	14	2%
Unemployed	8	1%
Prefer not to say	3	<1%
Other	8	1%
Total responses analysed	760	
Total respondents analysed	683	

*Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer

Section 5: Overview of responses

The responses have been categorised into the sections below which accord with the key topic areas set out in the survey:

- A. Use of contraception
- B. Use of contraception of choice / reasons for not using contraception of choice
- C. Where contraception is accessed and why / where users of the contraceptive pill would prefer to get the pill
- D. Other comments

A. Use of contraception

The survey asked if respondents used contraception

Table 6 – Do you use contraception

Do you use contraception	Total number of responses	% of total number of responses*
Yes, always	376	55%
Yes, sometimes	92	13%
No	195	29%
Prefer not to say	20	3%
Total responses analysed	683	

**Percentages may not add up to 100 because they are rounded*

Table 7 – Do you use contraception (age group)

Age group	Total number of responses	Do you use contraception*			
		Yes, always	Yes, sometimes	No	Prefer not to say
13 to 19	28	54%	14%	21%	11%
20 to 24	60	67%	20%	12%	2%
25 to 34	207	58%	14%	26%	1%
35 to 44	226	56%	17%	24%	3%
45 to 54	117	57%	6%	32%	4%
55 to 64	36	8%	0%	89%	3%
65 to 84	8	25%	0%	63%	13%
Prefer not to say	1	100%	0%	0%	0%
Total responses analysed	683				

**Percentages may not add up to 100 because they are rounded*

Table 8 – Do you use contraception (cultural and ethnic background)

Cultural and ethnic background	Total number of responses	Do you use contraception*			
		Yes, always	Yes, sometimes	No	Prefer not to say
Jersey / British	569	56%	13%	29%	1%
Polish	13	46%	23%	15%	15%
Portuguese / Madeiran	22	59%	18%	23%	0%
Other European Country	33	58%	3%	33%	6%
Prefer not to say	10	30%	10%	20%	40%
Other	36	42%	22%	25%	11%
Total responses analysed	683				

*Percentages may not add up to 100 because they are rounded

Table 9 – Do you use contraception (employment status)

Employment status	Total number of responses	Do you use contraception*			
		Yes, always	Yes, sometimes	No	Prefer not to say
Working one job full-time	460	58%	14%	26%	3%
Working one job part-time	116	50%	9%	37%	4%
Working more than one job full-time	13	62%	15%	23%	0%
Working more than one job part-time	31	32%	16%	48%	3%
School or studying full-time	32	53%	16%	19%	13%
School or studying part-time	21	33%	10%	33%	24%
Looking after home and / or family	45	56%	20%	24%	0%
Retired	9	22%	0%	67%	11%
Unable to work because of long-term sickness or disability	14	29%	21%	50%	0%
Unemployed	8	50%	0%	50%	0%
Prefer not to say	3	67%	33%	0%	0%
Other	8	25%	38%	38%	0%
Total responses analysed	760				

*Percentages may not add up to 100 because they are rounded

Use of contraception: summary of findings

- 55% of respondents stated they always use contraception. This included 67% of respondents aged 20 to 24 years, with between 56 % to 58% of respondents aged 25 to 55 also always using contraception.

B. Use of contraception of choice

The survey asked the respondents who said they used contraception, if they were using their contraception of choice and if not, why not

Table 10 – Is the contraception you use your contraception of choice

Is the contraception you use your contraception of choice	Total number of responses	% of total number of responses*
Yes, I am happy with the type of contraception I am currently using	323	69%
Maybe, I'm not sure	66	14%
No, I would rather use a different type of contraception	75	16%
Prefer not to say	4	1%
Total responses analysed	468	

*Percentages may not add up to 100 because they are rounded

Table 11 – Is the contraception you use your contraception of choice (age group)

Age group	Total number of responses	Is the contraception you use your contraception of choice*			
		Yes	Maybe, I'm not sure	No	Prefer not to say
13 to 15	2	100%	0%	0%	0%
16 to 19	17	53%	18%	29%	0%
20 to 24	52	54%	23%	23%	0%
25 to 34	151	67%	18%	14%	1%
35 to 44	166	70%	11%	17%	1%
45 to 54	74	82%	7%	11%	0%
55 to 74	5	80%	0%	0%	20%
Prefer not to say	1	100%	0%	0%	0%
Total responses analysed	468				

*Percentages may not add up to 100 because they are rounded

Table 12 – Is the contraception you use your contraception of choice (cultural and ethnic background)

Cultural and ethnic background	Total number of responses	Is the contraception you use your contraception of choice*			
		Yes	Maybe, I'm not sure	No	Prefer not to say

Jersey / British	395	68%	14%	16%	1%
Polish	9	89%	0%	11%	0%
Portuguese / Madeiran	17	71%	12%	18%	0%
Other European Country	20	75%	20%	5%	0%
Prefer not to say	4	25%	50%	25%	0%
Other	23	70%	9%	22%	0%
Total responses analysed	468				

**Percentages may not add up to 100 because they are rounded*

Table 13 – Is the contraception you use your contraception of choice (employment status)

Employment status	Total number of responses	Is the contraception you use your contraception of choice*			
		Yes	Maybe. I'm not sure	No	Prefer not to say
Working one job full-time	329	71%	14%	15%	1%
Working one job part-time	68	71%	15%	13%	1%
Working more than one job full-time	10	70%	20%	10%	0%
Working more than one job part-time	15	47%	7%	47%	0%
School or studying full-time	22	55%	14%	32%	0%
School or studying part-time	9	33%	22%	44%	0%
Looking after home and / or family	34	56%	21%	24%	0%
Unable to work because of long-term sickness or disability	7	57%	21%	24%	0%
Prefer not to say	3	67%	33%	0%	0%
Other	11	<u>73%</u>	<u>18%</u>	<u>9%</u>	<u>0%</u>
Total responses analysed	508				

*Percentages may not add up to 100 because they are rounded

Table 14 – Why are you not using your contraception of choice

Why are you not using your contraception of choice	Total number of responses	% of total number of respondents*
I cannot afford my contraception of choice	24	17%
I do not have enough information about other types of contraception to decide what to use	53	38%
I do not know where to get my contraception of choice	13	9%
I am too busy to get my contraception of choice (e.g., long appointment to fit coil or implant)	30	21%
I am concerned about side effects or pain related to my contraception of choice	82	58%
I am anxious or embarrassed about getting my contraception of choice	14	10%
I cannot use my contraception of choice due to a medical condition	26	18%
My partner does not want me to use my contraception of choice	2	1%
Prefer not to say	1	1%
Other	28	20%
Total responses analysed	273	
Total respondents analysed	141	

*Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer

Use of contraception of choice: summary of findings

Of respondents that are using contraception:

- 69% state they are using their contraception of choice. This includes:
 - 71% of respondents aged 25 to 54 years

Respondents who are less likely to be using their contraception of choice, or unsure if they are, tend to be in younger age brackets including

- 47% of respondents aged 16 to 19 years

- 46% of respondents agreed 20 to 24 years, and
- 32% of respondents who are full-time students.

Reasons for not using contraception of choice: summary of findings

Of respondents who are not using the contraception of their choice:

- over half (58%) state that they were concerned about the side effects from their contraception of choice
- 38% say they do not have enough information about contraception to decide what to use
- Only 17% state it is because they cannot afford their contraception of choice.

Respondents made multiple comments explaining why they were not using their contraception of choice. Common themes included:

- Desire for easier access to discuss options / access contraception of choice:

“Getting a consultation to discuss my options has been difficult.”

“Le Bas waiting list/flexibility of appointments.”

“...difficult to arrange appointments outside of working hours. Have to take time off to arrange via clinic.”

- Lack of satisfaction with the options available:

“I do not want to use hormone-based contraception.”

“I would rather my male partner used contraceptives, but there are none available.”

“I feel there should be more male contraception options other than condoms.”

“I don't have a contraception of choice, as they're all pretty terrible options. I don't want to pump my body with hormones and deal with the horrible side effects (such as weight gain, anxiety, mood swings etc). Condoms are also a pain to use. I don't understand why there aren't better non-hormonal options out there.”

- Lack on information:

“I don't know what is the best contraception for me.”

“No one has discussed contraceptive options with me in at least 6 years.”

- Matters related to age or side effects

“I have had womb infections from coil, poor responses to both injections and pill (severe mood swings, erratic bleeding, pregnancy).”

“I have not been allowed to have permanent contraception due to my age and the fact that I might “change my mind”.”

Further comments, including comments related to affordability were made in the Final Comments Section of the Survey. See Section D below for more details.

C. Access to contraception

The survey asked where people go to get their contraception, why they go there and if they are using the contraceptive pill, where they would prefer to get it.

Table 15 – Where do you get your contraception

Where do you get your contraception	Total number of responses	% of total number of respondents*
Contraception clinic (Le Bas Centre)	103	22%
GUM (sexual health) Clinic	6	1%
Brook Jersey (under 21s only)	11	2%
GP in Jersey	270	58%
Pharmacy	42	9%
Supermarket or shop	52	11%
Online	16	3%
Jersey General Hospital (female sterilisation or vasectomy)	9	2%
Prefer not to say	2	<1%
Other	31	7%
Total responses analysed	542	
Total respondents analysed	468	

*Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer

Le Bas Centre

Table 16 – Age of respondents who use Le Bas Centre

Age group	Total number of responses	% of total number of responses
16 to 24	14	14%
25 to 34	38	37%
35 to 44	33	32%
45 to 54	18	17%
Total responses analysed	103	

*Percentages may not add up to 100 because they are rounded

*Percentages may not add up to 100 because they are rounded

to select more than one answer

Table 17 – Why do you use Le Bas Centre

Reason for using Le Bas Centre	Total number of responses	% of total number of respondents*
I am confident that the doctors and nurses who work here have good knowledge about contraception	63	61%
It is cheaper to get my contraception here	29	28%
I can get my contraception for free	13	13%
It is easy to book an appointment	27	26%
Appointments generally run on time	22	21%
Female doctor or nurse is guaranteed	29	28%
I can see a doctor or nurse that I know	7	7%
I feel comfortable with the doctor or nurse I see	27	26%
The location is convenient	30	29%
I can park nearby	15	15%
A family member or friend goes here	7	7%
I do not know where else to go to get the contraception I want	19	18%
I get a better service than from other clinics or places	14	15%
Don't know	1	1%
Other	10	10%
Total responses analysed	313	
Total respondents analysed	103	

*Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer

GUM (sexual health) Clinic

The overall numbers of survey respondents stating they access contraception from the GUM clinic was very small (6 people in total). Given that, no demographic breakdown of respondents is provided.

Brook Jersey

The overall numbers of survey respondents stating they access contraception from Brook Jersey was small (11 people in total). Given that, no demographic breakdown of respondents is provided.

Table 18 – Why do you use Brook Jersey

Reason for using Brook Jersey	Total number of responses	% of total number of respondents*
I am confident that the doctors and nurses who work here have good knowledge about contraception	8	73%
It is cheaper to get my contraception here	3	27%
I can get my contraception for free	10	91%
It is easy to book an appointment	3	27%
Appointments generally run on time	2	18%
Female doctor or nurse is guaranteed	4	36%
I can see a doctor or nurse that I know	1	9%
I feel comfortable with the doctor or nurse I see	5	45%
The location is convenient	3	27%
A family member or friend goes here	2	18%
I do not know where else to go to get the contraception I want	3	27%
I get a better service than from other clinics or places	3	27%
Other	1	9%
Total responses analysed	48	
Total respondents analysed	11	

*Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer

Jersey based GP

Table 19 – Age of respondents who use their GP

Age group	Total number of responses	% of total number of responses*
13 to 19	9	3%
20 to 24	29	11%
25 to 34	89	33%
35 to 44	101	37%
45 to 64	42	16%
Total responses analysed	270	

**Percentages may not add up to 100 because they are rounded*

Table 20 – Cultural and ethnic background of respondents who use their GP

Cultural and ethnic background	Total number of responses	% of total number of responses*
Jersey / British	235	87%
Polish	5	2%
Portuguese / Madeiran	8	3%
Other European Country	11	4%
Prefer not to say	1	<1%
Other	10	4%
Total responses analysed	270	

**Percentages may not add up to 100 because they are rounded*

Table 21 – Employment status of respondents who use their GP

Employment status	Total number of responses	% of total number of respondents*
Working one job full-time	199	74%
Working one job part-time	33	12%
Working more than one job full-time	9	3%
Working more than one job part-time	10	4%
School or studying full-time	9	3%
School or studying part-time	6	2%
Looking after home and / or family	19	7%
Other	9	3%
Total responses analysed	294	
Total respondents analysed	270	

**Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer*

Table 22 – Reasons for using GP

Reason for using your GP	Total number of responses	% of total number of respondents*
I am confident that the doctors and nurses who work here have good knowledge about contraception	77	29%
It is cheaper to get my contraception here	14	5%
I can get my contraception for free	36	13%
It is easy to book an appointment	60	22%
Appointments generally run on time	20	7%
Female doctor or nurse is guaranteed	32	12%
I can see a doctor or nurse that I know	86	32%
I feel comfortable with the doctor or nurse I see	80	30%
I can speak to my doctor about other health matters during the same appointment	107	40%
People do not know that I am there to get contraception; my appointment could be for something else	27	10%
The location is convenient	52	19%
I can park nearby	35	13%
A family member or friend goes here	3	1%
I do not know where else to go to get the contraception I want	76	28%
I get a better service than from other clinics or places	11	4%
Don't know	4	1%
Other	31	11%
Total responses analysed	751	
Total respondents analysed	270	

*Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer

Table 23 – If you use the contraceptive pill, where would you prefer to get it

If you use the contraceptive pill, where would you prefer to get it from	Total number of responses	% of total number of responses*
From your GP	58	26%
From the Contraception Clinic (Le Bas Centre)	11	5%
From GUM (sexual health) Clinic	0	0%
From Brook Jersey (if under 21 only)	9	4%
From a local pharmacy without having to see your GP or any other contraceptive services first (e.g. Le Bas Centre, Brook, GUM Clinic)	125	56%
No preference	9	4%
Don't know	8	4%
Other	4	2%
Total responses analysed	224	

**Percentages may not add up to 100 because they are rounded*

Table 24 – Where do people using the contraceptive pill go to get their contraception compared to where they would prefer to go to get it

	Le Bas Centre	GUM Clinic	Brook Jersey	GP in Jersey	Total number of responses
Total number of respondents who currently get pill from this provider	38	2	7	190	237
Where those respondents would prefer to get the pill					
From your GP	7	0	0	55	62
Contraception Clinic (Le Bas Centre)	7	0	0	4	11
GUM (sexual health) Clinic	0	0	0	0	0
Brook Jersey (if under 21)	0	0	9	2	9
A local pharmacy without having to see your GP or any other contraceptive services first	20	2	0	112	125
No preference	1	0	0	8	9
Don't know	2	0	0	6	8
Other	1	0	0	3	4

**Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer **Percentages may not add up to 100 because they are rounded*

Of the 468 respondents who told us where they get their contraception:

- over half (58%) go to the GP
- with just under a quarter (22%) going to Le Bas Centre

Of respondents who go to Le Bas Centre, the most stated reasons for going there are:

- confidence that the doctors and nurses who work there have good knowledge about contraception (61%)
- convenient location (29%)
- female doctor / nurse guaranteed (28%)
- cheaper to get contraception at Las Bas (28%)

Of respondents who go to Brook Jersey to get their contraception, the most stated reasons for going there are:

- they can get their contraception for free (91%)
- confidence that the doctors and nurses who work there have good knowledge about contraception (73%)

Note: as only 28 survey respondents were aged 19 or younger caution must be applied when considering their responses. The overall sample size is small.

Of respondents who go to their GP to get their contraception the most stated reasons for going there are:

- being able to speak to the GP about other health matters during the same appointment (40%)
- seeing a doctor or nurse that they know (32%)

Only 4% stated that they go to their GP because they can get better service than from other clinics or places (compared to 15% at Le Bas, 27% at Brook, 17% at the GUM clinic)

Of respondents who use the contraceptive pill, a total of 56% would rather get it from a local pharmacy without having to see a GP or any other contraceptive services first. This includes

- 59% of respondents who get the pill from their GP
- 53% of respondents who get the pill from Le Bas Centre

Written responses detailed how respondents would like to access the contraceptive pill:

“Be able to order it online via an app like you can do with the NHS.”

“Whichever is nearest to me and fastest!”

D. Other comments

The survey gave respondents the opportunity to provide final comments, including survey respondents do not use contraception. The themes associated with those comments are set out below.

Table 25 – Categories for thematic analysis

Themes from thematic analysis	Total number of responses	% of total number of respondents*
Accessibility	45	19%
Availability of choice	38	16%
Cost	110	46%
Education	51	22%
Longer prescription needed	8	3%
More male options	7	3%
More pharmacy involvement	9	4%
Negative treatment by medical staff	26	11%
Pain relief	4	2%
Positive	27	11%
Quality of facilities	3	1%
Refused / age related issue	17	7%
Side effects	36	15%
Other	9	4%
Total responses analysed	390	
Total respondents analysed	237	

**Total responses are greater than total submissions analysed as this question allowed respondents to select more than one answer*

more than one answer

Of the 237 respondents who made comments:

- almost half (46%) stated that contraception is too expensive in Jersey
- 22% raised matters related to education (for example, making it easier for women to access information about contraception options, and associated effects)
- 19% raised matters related to accessibility (for example, opening times; availability of appointments related to coil fitting / removal)
- 16% raised matters related to availability of choice (for example, too great a focus on hormonal contraception)
- 15% about side effects, with comments about side effects often closely linked to the comments about requirement for more information

11% made negative comments about how they were treated by medical staff, with 11 of those 26 people getting their contraception from their GP.

1. **Accessibility** – 19% of respondents stated they were unable to access contraception services.

“Accessibility is poor for insertion and removal of the coil.”

“Although the Les Bas clinic were great and the Dr and Nurse I had were lovely and friendly, I did have to wait 6 weeks to have my coil fitted which is a long time.”

“Brook should be open at the weekends as often girls are unable to attend their appointments in the week.”

“Not easy to get to doctors because of work time and location.”

“Appointments are very difficult to arrange when working full time.”

“I think more support should be given when young people are transitioning from Brook to Le Bas. This is something I struggled with I felt very out of place accessing Le Bas. I think Le Bas can be quite unattainable.”

“Need to have more flexible appointment times including occasional evenings or weekend clinics.”

“Issue with coil but I cannot get GP in a timely manner. I am waiting weeks to get issued resolved. Each time I have to pay for my GP.”

2. **Availability of choice** – 16% of respondents stated they were not satisfied with the available options for contraception in Jersey.

“Options are limited compared to other jurisdictions where contraceptives have to be paid for.”

“Focus on good non-hormonal contraceptive options.”

“Have contraceptive options for lesbians to have safe sex.”

3. **Cost** – 46% of respondents who stated that cost of contraception services was an issue.

“Many of our patients [women with middle to severe mental health difficulties] would like to have contraception to prevent a further pregnancy in the near future but there is a cost attached to it. For many of them having the implant which can give them cover for up to 5 years is ideal but is £150. Some women don't have this sum of money, especially as they are off work with a baby.”

“All contraception should be free for everyone. The fact that it is not is not good enough as contraception isn’t even a choice for women, we have to take contraception to not get pregnant without considering all the side effects and mental health, we don’t get much of a choice in the matter. IUDs should be free and I find it unbelievable how expensive they are.”

“All forms of contraception should be freely available for all islanders. People should be penalised because they cannot afford a specific type of contraception. And making the pill free from the doctor does not take into account the £45 you need to pay for an appointment.”

“Charging women for contraception or appointments to discuss this feels unfair.”

“Contraceptive services in Jersey are expensive! They have no understanding of the cost/cause this can have on someone’s life especially if there are fertility issues and issues in terms of being able to physically place the coil for example. I spent £££s to have a coil placed and due to cervical issues I now don’t have a coil and still am out of pocket.”

“Contraceptives and appointments relating to contraception should be free. The burden of contraception falls disproportionately on women. Paying for contraception is an indirect tax on being a woman.”

“Costs are significant, as is the cost to terminate pregnancy.”

“GP’s are using contraceptive services to make money - for example if you discuss ANY other subject during your appointment they will charge for it. If you have a coil then you have to pay for 2 separate appointments as they treat one as consultation and the 2nd to fit.”

“Having the implant which can give them [new mothers] cover for up to 5 years is ideal but is £150. Some women don’t have this sum of money, especially as they are off work with a baby.”

“I do not use it by choice, but when I did use it I found the service to be very good, except that you had to pay for the contraceptive pill at the GP.”

“I paid over £200 for a cervical scan and a Jaydess coil and other additional contraceptive methods only for it not to work for me and it negatively effected my physical and mental health for months until I got it removed. It felt like they cared more about getting the money than my personal health.”

“Offer free contraception to women - it is unfair we have to pay because of how our bodies work. Men do not have this issue and contraception is expensive - there is no relief for women!”

4. **Education** – 22% of respondents requested a greater emphasis on education of how to access contraception services, what is available to them, and a more descriptive approach to general sexual health education.

“Give more information on the side effects and specifically the long-term health effects of being on contraception, especially when lots of people have been taking contraception since they were teenagers.”

“I believe being given the choice and knowing where to get advice would be good. This information needs to be more available to young people and knowing who to go to.”

“I don’t believe a ‘this might work for you, it’s trial and error’ answer is useful to a young woman. Having gone through many pills, the coil, and now relying on condoms, I had to come to this conclusion on my own aged 30. Actually helping a woman to understand her body, her regular symptoms, the starting a contraception and giving her the tools to keep track of how contraception affects this is the only way forward. Advisors must do better – it is their job.”

5. **Longer prescription needed** – comments expressing the desire for a prescription of contraceptives for longer than 3 months were expressed by 3% of respondents.

“I used to be able to get a year supply of contraceptive pills when I was young enough to go to Brook. I also got a year supply when I was at Uni, and only needed one (free) appointment at the Uni GP every year to do so. Now, in Jersey with my GP they tell me that I can only get a maximum of three months at a time. This is such a hindrance, and sometimes I forget to order a repeat prescription in time, so there have been a few instances where I have been late to start a new pack of contraceptive pills due to this.”

“I want Dr’s to be able to prescribe 12 months of contraception instead of 6. Also, as someone who has to combine packs of combined contraceptive pills to reduce horrific periods and symptoms of endometriosis, I should be able to get 365 days worth in one prescription.”

“Pill is difficult to obtain regularly as only 84 pills are prescribed at a time. This is technically a 3-month dose, but it is now advised to take shorter breaks in between 28 pill packs and therefore does not cover a full three months. To have to pay £5 for a repeat prescription and then an appointment in excess of £50 at least annually to have blood pressure checked is excessive and costly. It also risks the use of other services (emergency contraceptives, terminations etc.) I have also had docs question prescribing pill earlier than the 3 months as I was at the doctors for another appointment and thought it cost efficient to ask for more pills whilst at that appointment and felt embarrassed by the doctor’s line of questioning.”

“The funding system is messy, confusing and does not treat everyone fairly. Having to return to the GP for 3 monthly or even 6 monthly appointments for repeat prescriptions effectively pushes the cost of contraception up significantly, and not everyone will be able to afford it.”

“Why should I have to pay because I don’t want children! Costs a lot of money to see GP every 6 months and have to pay for repeat prescriptions every 3 months.”

6. **More male options** – there was the desire for more male contraceptive options to be made available in several respondents’ comments. The pressure that is placed upon

women and girls to take responsibility for contraception was mentioned and 3% of respondents expressed their feelings towards the imbalance.

“It doesn’t feel safe to put in our bodies, and yet is advertised so wholly (not only in Jersey) as something a woman “should” do to protect herself/eliminate the risk of pregnancy, rather than a man wearing a condom in many cases.”

“Men in long term relationships with women barely ever take responsibility for the contraception.”

“Promoting more male contraceptives so the burden of safe sexual life is not only on the woman/girl side.”

“There is a pressure on women who are having casual sex with men to supply contraception.”

7. **More pharmacy involvement** – 4% of respondents stated they would like to see the availability of more contraception services through the pharmacy rather than requiring GP appointments.

“Being able to get free contraception at the chemist with advice from a pharmacist would be an amazing option for financial savings. Obviously for more serious issues, it may still need to be referred to a GP, but for basic contraception, it would be good.”

“I don’t understand why I have to get a prescription for the contraceptive pill which I’ve been on for over 17 years. I think that it should probably be initially prescribed by a doctor and if after a year, it’s all fine, then you should simply be able to get it from a chemist with no need to pay for a GP appointment.”

8. **Pain relief** – 2% of respondents explained that the lack of pain relief administered to women and girls accessing contraceptive services was preventing women and girls from accessing their contraception of choice.

“I do not think they should be fitting coils in GP surgeries for women who have not had a baby as it is very painful, and they do not have the appropriate pain relief.”

“I think women’s pain should be taken seriously, especially when it comes to contraception; pain relief should be offered as standard practice.”

“The care given to women getting an IUD is atrocious. No physical pain relief or emotional support given to women who may be highly anxious about the appointment.”

“Women having an IUD fitted should be offered proper pain relief, and sedation if required. I’ve experienced cervical shock twice before and was still told I’d only be given paracetamol/ibuprofen for pain relief if I was to have an IUD inserted. There was no intention to offer me anything better to manage my pain, so I refused it.”

9. **Positive** – 11% of respondents reflected positively on the contraception services provided in Jersey, Le Bas Centre had some particularly positive comments.

“Brook is amazing – should be extended to 25 year olds.”

“Contraceptive services that provide free services, such as Brook, and advice to younger people is essential to the wellbeing and health of the younger population. I used these services when I was younger, and they were excellent and dealt with situations confidentially and sensitively.”

“Have always had a great experience at La bas Centre when I have been using contraception or needed a smear test. The ladies are lovely and friendly and make you feel safe and comfortable.”

“I believe access to contraception in Jersey is fantastic.”

“I do not currently need contraception due to my age, but I used the services at Le Bas Centre for many years. The staff were very professional, caring and provided excellent advice.”

“I have always gotten the impression that not enough people know what’s available and don’t realise how good Le Bas is as a service. I’ve been really satisfied with the appointments I’ve had there and felt that I was being treated by experts rather than generalists who may not be complete up to date with their knowledge of contraception.”

“I have never had any major issues and always found my doctors surgery and La Bas Centre very helpful with all matters.”

“I have received amazing advice from 16 through life changes / childbirth etc and tried different contraception to meet my different needs. I have always felt very supported at le bas centre.”

10. **Quality of facilities** – 1% of respondents expressed concern for the quality of the contraception service facilities provided in Jersey.

“I hope Le Bas Centre will be closed when we get the new hospital so we can get better facilities.”

“Le Bas Centre is very tired and old fashioned. There should be one building that deals with all the things to do with women's health.”

“Le Bas fees system and services are difficult to understand. Website is rubbish and out of date.”

11. **Negative treatment by medical staff** – 11% of respondents expressed concern for how women and girls were treated by medical staff at contraceptive services in Jersey, with some stating that it was the reason they could not access their contraception of choice.

“As a previous user of these services I found a disconnect between providers. Le Bas were good but no communication between them and GP and GP seemed to resent me for commercial reasons for using Le Bas which had better hours than the GP surgery and were cheaper to use.”

“Doctors don’t seem to be bothered about pill check-ups. Previously I lived in the UK and had frequent pill check-ups and the doctor would check everything was okay. Since living in Jersey for over 2 years I have never had a pill check-up and it doesn’t seem to be something that’s done. I also feel that if a pill check-up is required it shouldn’t cost as it would make women a lot less likely to attend.”

“I no longer take contraception as I was once prescribed a tablet which was essentially causing me to have a mini-stroke, and the doctors wrote this off as me being ‘hormonal’.”

“I think it is important that all clinics are open to more options of birth control and making these available. I had pushback when wanting to try a different pill to the one originally prescribed to me (which I wanted to change due to headaches) and pushback again when I wanted to change to a coil. Making sure that people in Jersey have easy access to contraception, and a contraception that fits their needs, is so important especially when you look at the difficulty in getting abortions in Jersey, and the cost related to both.”

“My daughter has had poor advice and care from Brook, and I feel that it should be easier for young people to get contraception from a female GP who knows them better.”

12. **Refused / age related issue** – there were comments suggesting respondents were unable to access their contraception of choice because they were refused access by their healthcare provider. Several female respondents stated that they were denied female sterilisation on the grounds their partner was using contraception or that it was an irreversible process. Also, it was stated that girls were unable to access long-acting reversible contraceptives (LARCs) because of their age.

“Anyone should be able to access any form of contraception they desire, including sterilisation, regardless of age, or whether they have had children.”

“I think Brook for younger people is great; is similar needed for older women who may want contraception but not be able to afford a GP appt to get it? (I mean people on low incomes who do not qualify for income support so still have to pay full price at GP. Maybe £10 appts for this only to encourage? Great that cervical screening is now free of charge.”

“I think contraception should be free for all woman with no age limit. It is not something we choose to do it is something we have to do and should not be a cost.”

“I think more support should be given when young people are transitioning from Brooke to Les Bas. This is something I struggled with I felt very out of place accessing les bas. I think les bas can be quite unattainable.”

“I would like health care professionals to be more open to the possibility of female sterilisation in younger females, especially after many years of asking to be referred rather than pushing other forms of contraception. Some people for many reasons do

not want to ever have children and would prefer that to constantly taking pills or injections. Doctors seem extremely reluctant to refer younger females for this.”

“My daughter has heavy periods; we spoke to Le Bas about getting the coil as she did not want to go on the pill due to the side effects. The response from the Dr was very surprising, she said she would not insert the coil for a teenager as it could be traumatic. This was against all the research we had reviewed from NHS website. Felt like an old school and dated response. I only use Le Bas for my coil as it is the only place I know I can get it. Otherwise, I would go somewhere else.”

13. **Side effects** – respondents made multiple references to the negative side effects that come with many of the options of female contraception available in Jersey.

“Educate young girls on their cycles rather than putting them on hormonal contraceptive that will destroy their gut and mental health.”

“I am just not happy about contraception and the effect it can have on your body short and long term.”

“I don't use contraception because I was given a years supply from the la bas centre when I was younger and it was dangerous and recalled luckily when I felt really ill after using it for a month I stopped taking it but it put me of the pill and I haven't taken it since.”

“I used to be on the contraceptive pill but it's so bad for women and I feel like it's not spoken about enough how bad it is for our bodies. I wish we had more holistic doctors that thought about this sort of thing. I now use condoms and feel a million times better and like myself again, not putting things in my body that harms me.”

“I was given contraceptives at Brook aged 16. I only had my blood pressure done before being given them. The initial pills gave me chronic migraines which still affect me 11 years on, even with switching pill. More information and medical examination need to be done.”

“I would like it if there was more help available for women in Jersey experiencing side effects from contraception. I am 26 and have tried basically every method, each with severe side effects that have affected my daily life. The advice has been to wait a few months for effects to wear off or try a different method. Having exhausted options, I now feel that I am forced to choose the best from bad bunch in terms of side effects.”

“The health complications, side effects and potential symptoms from taking female contraception are absolutely distressing.”

Appendix 1 – Promoting participation in the consultation

Table 26 – Summary of consultation promotional activity

Media / location	Format	Detail
Gov.je	Online consultation page	Throughout consultation period
Social Media	Facebook	X18 advertisements
Social Media	Twitter	X7 advertisements

The social media analytics listed below were collected for each post across Facebook, Twitter and Instagram. They are categorised by:

- **reach:** the number of people who saw each post at least once
- **impressions:** the estimated total number of times each post was seen. This is different to reach as it may include multiple views of a post by the same person.
- **engagement:** the number of reactions, comments, shares or clicks on each post

Table 27 – Social media analytics (Women's Health and Wellbeing survey)

Tagged published posts	21
Total Impressions	50,425
Average Reach per post	$19,007 / 12 = 1583.92$
Total engagements	1,769
Engagement Rate (per impression)	3.5%
Post link clicks	

Table 28 – Social media analytics (Contraceptive Services survey)

Tagged published posts	4
Total Impressions	284
Average Reach per post	$251 / 2 = 125.5$
Total engagements	4
Engagement Rate (per impression)	1.4%
Post link clicks	

 @PublicHealthJersey
Tue 23/03/2024 3:02 am GMT

Together with @GovJersey and @GOSJYC we want to understand what contraception services @GOSJYC intend...



Impressions 18

Potential Reach 4,413

Engagements 0

Engagement Rate (per Impression) 0%

 Public Health Jersey
Tue 23/03/2024 3:02 am GMT

How your say on Jersey's contraception services and help us understand what you want and need here: <http://bit.ly/4am7T9e>...



Impressions 123

Reach 113

Engagements 1

Engagement Rate (per Impression) 0.8%

 Public Health Jersey
Tue 23/03/2024 3:02 am GMT

Contraception choices for men are limited. How easy is it for you to access your method of choice be that condoms or vasectomy?...



Impressions 148

Reach 138

Engagements 3

Engagement Rate (per Impression) 2.1%

 @PublicHealthJersey
Tue 23/03/2024 3:02 am GMT

Contraception choices for men are limited. How easy is it for you to access your method of choice be that condoms or vasectomy?...



Impressions -

Potential Reach 214

Engagements -

Engagement Rate (per Impression) -

 Government of Jersey
Mon 23/03/2024 3:44 am GMT

We know that women's health and wellbeing needs have changed quite a lot over time. Fill out the...



Total Engagements 797

Reactions 17

Comments 23

Shares 8

Post Link Clicks 69

Other Post Clicks 890

 governmentofjersey
Mon 23/03/2024 3:44 am GMT

We know that women's health and wellbeing needs have changed quite a lot over time. Fill out the...



Total Engagements 72

Likes 43

Comments 9

Shares 12

Saves 8

 @GovJersey
Mon 23/03/2024 3:44 am GMT

We know that women's health and wellbeing needs have changed quite a lot over time. Fill out the...



Total Engagements 68

Likes 0

@Replies 2

Retweets 1

Post Link Clicks 25

Other Post Clicks 40

Other Engagements 9

Appendix 2 – Survey questions



CONTRACEPTIVE SERVICES SURVEY

How to submit your survey responses:

- Complete the survey online at gov.je/contraceptiveservices
- Alternatively, you can fill in this paper survey and post it to:
*Strategic Health Policy Team
Strategic Policy, Planning and Performance
Cabinet Office
Government of Jersey
19-21 Broad Street
St Helier
Jersey, JE2 3RR*
- Responses must be submitted no later than 21st May 2024.

Introduction

The Minister for Health and Social Services has launched a consultation on contraceptive services in Jersey to understand:

- if islanders are using their contraception of choice and if not, why not
- where they go to get their contraception and why
- where they want to go to get their contraception

The consultation seeks input from all Islanders. The findings of the consultation will be published in a report and used to inform potential changes to contraception services in Jersey.

If you wish to give your views on women's health and wellbeing in Jersey at the same time, go to gov.je/womenshealth and complete the women's health and wellbeing and contraceptive services survey.

Completing the survey

The survey should take approximately 5 minutes to complete. It begins with some demographic questions which will help us analyse results and then asks for your views on contraceptive services in Jersey.

Responses must be submitted no later than 21st May 2024. Please answer as openly and honestly as possible. There are no right or wrong answers to our questions, we are simply looking to hear your views and experiences.



Important: Do not include any personally identifying information in your free text responses.

Data Protection

Your responses will be treated confidentially and in line with Jersey's data protection legislation. Any comments you provide will remain anonymous. Learn more about how we handle personal data for this consultation here:
gov.je/PublicHealthPrivacy

1. Do you give permission for your comments to be published in relevant reports? Any quotes published would be anonymised.

Yes No

For information on how we handle personal data for this consultation visit:
gov.je/PublicHealthPrivacy

Section 1 - About you

We ask these questions to help us analyse the results of the survey.

2. What is your sex?

Female Male Prefer not to say

3. Is your gender the same as the sex you were registered at birth?

Yes No Prefer not to say

4. What age-group are you in?

Under 13* 20 to 24 45 to 54 75 to 84
→ end survey
 13 to 15 25 to 34 55 to 64 85 and over
 16 to 19 35 to 44 65 to 74 Prefer not to say

*You must be aged 13 or older to take part in this survey.



5. What is your cultural and ethnic background? Select one option which best describes your ethnic group or background.

- | | | | |
|--|--|--|--|
| White: | | Black, Black British, Black Jersey: | |
| <input type="checkbox"/> Jersey | <input type="checkbox"/> Polish | <input type="checkbox"/> African | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> British | <input type="checkbox"/> Portuguese / Madeiran | Mixed: | |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Romanian | <input type="checkbox"/> Asian and Black | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> French | <input type="checkbox"/> South African | <input type="checkbox"/> Black and White | |
| Asian, Asian British or Asian Jersey: | | Other: | |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Prefer not to say | |
| <input type="checkbox"/> Thai | | <input type="checkbox"/> Other (please specify): | |

6. Which of the following best describes your current employment status? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Working one job full-time | <input type="checkbox"/> Looking after home and / or family |
| <input type="checkbox"/> Working one job part-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Working more than one full-time job | <input type="checkbox"/> Unable to work because of long-term sickness or disability |
| <input type="checkbox"/> Working more than one part-time job | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> School or studying full-time | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> School or studying part-time | <input type="checkbox"/> Other (please specify): |

Section 2 - Contraceptive Services in Jersey

We are asking these questions to understand if you are using your contraception of choice and if not, why not.

7. Do you use contraception?

- Yes, always No → go to Q16
 Yes, sometimes Prefer not to say → go to Q16

8. Is the contraception you use your contraception of choice? (for example, if you are using the contraceptive pill, are you happy using the pill or would you prefer to use a different type of contraception, such as a coil?)

- Yes, I am happy with the type of contraception I am currently using → go to Q10
 No, I would rather use a different type of contraception → go to Q9
 Maybe, I'm not sure → go to Q9
 Prefer not to say → go to Q10



9. Why are you not using your contraception of choice? Select all that apply

- | | |
|--|---|
| <input type="checkbox"/> I cannot afford my contraception of choice | <input type="checkbox"/> I am concerned about side effects or pain related to my contraception of choice |
| <input type="checkbox"/> I do not have enough information about other types of contraception to decide what to use | <input type="checkbox"/> I am anxious or embarrassed about getting my contraception of choice (for example, a doctor or nurse asking questions about sex or examining me) |
| <input type="checkbox"/> I do not know where to get my contraception of choice | <input type="checkbox"/> I cannot use my contraception of choice due to a medical condition |
| <input type="checkbox"/> I am too busy to get my contraception of choice (e.g., long appointment to fit a coil or implant) | <input type="checkbox"/> My partner does not want me to use my contraception of choice |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other (please specify): |

10. Where do you get your contraception? Select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Contraception Clinic (Le Bas Centre) | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> GUM (sexual health) Clinic | <input type="checkbox"/> Supermarket or shop |
| <input type="checkbox"/> Brook Jersey (under 21s only) | <input type="checkbox"/> Online |
| <input type="checkbox"/> My doctor / GP in Jersey | <input type="checkbox"/> Jersey General Hospital (female sterilisation or vasectomy) |
| <input type="checkbox"/> Prefer not to say | <input type="checkbox"/> Other (please specify): |



11. If you use the contraception clinic (Le Bas Centre) to get your contraception, why do you go there? Select all that apply

- | | | |
|--|---|---|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here | <input type="checkbox"/> I can get my contraception for free |
| <input type="checkbox"/> It is easy to book an appointment | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here |
| <input type="checkbox"/> Appointments generally run on time | <input type="checkbox"/> The location is convenient | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed | <input type="checkbox"/> I can park nearby | <input type="checkbox"/> I can see a doctor or nurse that I know |
| <input type="checkbox"/> I get a better service than from other clinics or places | <input type="checkbox"/> Not applicable – I do not use the contraception clinic (Le Bas Centre) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | | |

12. If you use the GUM clinic to get your contraception, why do you go there? Select all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here | <input type="checkbox"/> I can get my contraception for free |
| <input type="checkbox"/> It is easy to book an appointment | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here |
| <input type="checkbox"/> Appointments generally run on time | <input type="checkbox"/> The location is convenient | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed | <input type="checkbox"/> I can park nearby | <input type="checkbox"/> I can see a doctor or nurse that I know |
| <input type="checkbox"/> I get a better service than from other clinics or places | <input type="checkbox"/> Not applicable – I do not use the GUM clinic | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | | |



13. If you use Brook Jersey to get your contraception, why do you go there?

Select all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here | <input type="checkbox"/> I can get my contraception for free |
| <input type="checkbox"/> It is easy to book an appointment | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here |
| <input type="checkbox"/> Appointments generally run on time | <input type="checkbox"/> The location is convenient | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed | <input type="checkbox"/> I can park nearby | <input type="checkbox"/> I can see a doctor or nurse that I know |
| <input type="checkbox"/> I get a better service than from other clinics or places | <input type="checkbox"/> Not applicable – I do not use Brook Jersey | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify): | | |

14. If you use your GP to get your contraception, why do you go there? Select all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> I am confident that the doctors or nurses who work here have good knowledge about contraception | <input type="checkbox"/> It is cheaper to get my contraception here | <input type="checkbox"/> I can get my contraception for free |
| <input type="checkbox"/> It is easy to book an appointment | <input type="checkbox"/> I feel comfortable with the doctor or nurse I see | <input type="checkbox"/> A family member or friend goes here |
| <input type="checkbox"/> Appointments generally run on time | <input type="checkbox"/> The location is convenient | <input type="checkbox"/> I do not know where else to go to get contraception I want |
| <input type="checkbox"/> Female doctor or nurse is guaranteed | <input type="checkbox"/> I can park nearby | <input type="checkbox"/> I can see a doctor or nurse that I know |
| <input type="checkbox"/> I get a better service than from other clinics or places | <input type="checkbox"/> I can speak to my doctor about other health matters during the same appointment | <input type="checkbox"/> People do not know that I am there to get contraception; my appointment could be for something else |
| <input type="checkbox"/> Not applicable – I do not use my GP | <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): |



15. If you use the contraceptive pill, would you prefer to get it:

- | | |
|--|--|
| <input type="checkbox"/> from your GP | <input type="checkbox"/> from a local pharmacy without having to see your GP or any other contraceptive services first (e.g. Le Bas Centre, Brook, GUM clinic) |
| <input type="checkbox"/> from Contraception Clinic (Le Bas Centre) | <input type="checkbox"/> no preference |
| <input type="checkbox"/> from GUM (sexual health) clinic | <input type="checkbox"/> don't know |
| <input type="checkbox"/> from Brook Jersey (if under 21) | <input type="checkbox"/> not applicable – I do not use the contraceptive pill |
| <input type="checkbox"/> Other (please specify): | |

16. We are nearly at the end of the survey. Is there anything else you would like to say about contraceptive services in Jersey? **OPTIONAL**

Thank you for completing this survey!

- Remember to post your completed survey to the following address:
*Strategic Health Policy Team
Strategic Policy, Planning and Performance
Cabinet Office
Government of Jersey
19-21 Broad Street
St Helier
Jersey, JE2 3RR*
- If you have any questions, please contact contraceptiveservices@gov.je