

CONTRACEPTION

VOLUME 1

**SWIPE
LEFT
OR
RIGHT**



Love Sex Life
Lambeth, Southwark, Lewisham

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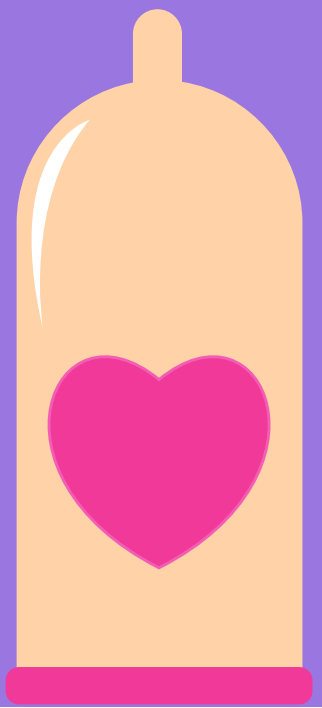
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LOVE.SEX.LIFE



WHAT IS THE LOVE SEX LIFE PROJECT?

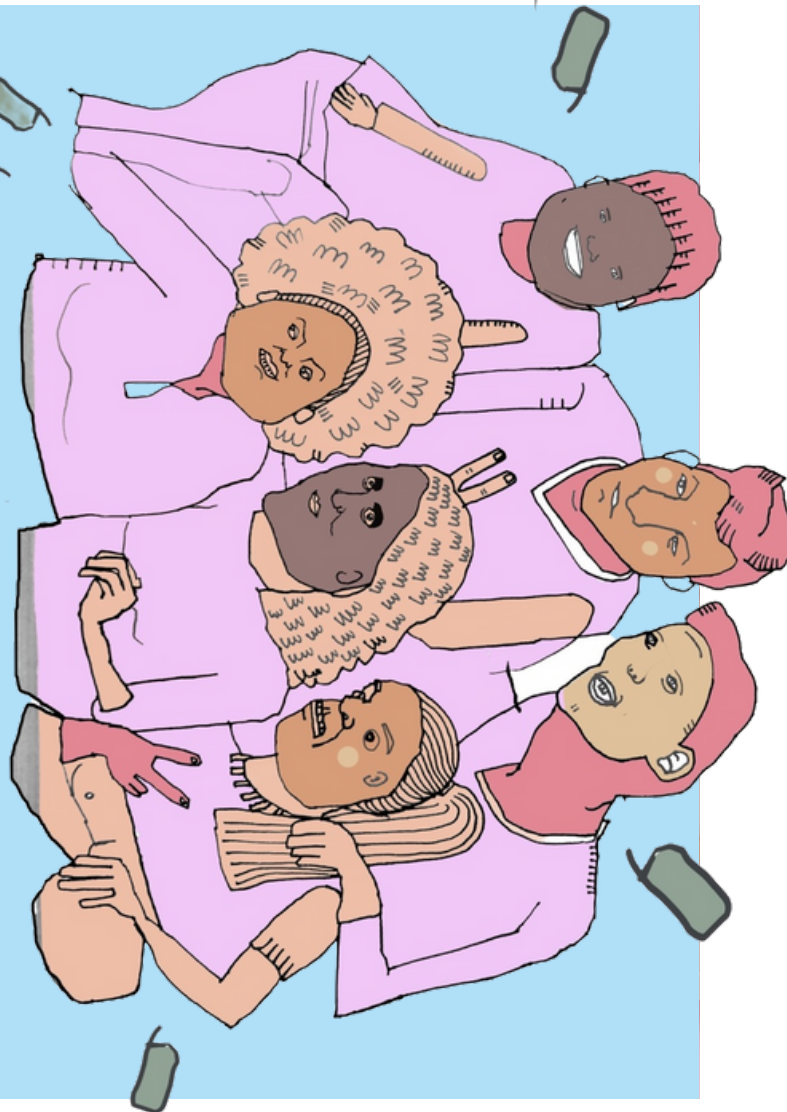
Lambeth, Southwark, and Lewisham councils together commissioned 'Love Sex Life' on the 1st of April 2020 with the aim of scrutinizing Black and Minority Ethnic sexual and reproductive health under a wider lens and increasing awareness of sexual and reproductive services available in these boroughs.

The Love Sex Life Partnership is led by Brook, Shape History and Blueprint for All (formerly known as the Stephen Lawrence Charitable Trust) as well as a number of organisations and local community members who believe in an inclusive and culturally specific way of doing sexual health.

Love Sex Life aims to address the inequality in Black and ethnic minority sexual health, with a focus on black African and Caribbean communities.

The service aims to:

- Build awareness within individuals and communities
- Improve signposting and access to services
- Close the gap in sexual health outcomes, with a focus on social, attitudinal and behavioral change
- As part of our service model, we offer professional training, outreach, and digital promotion.



Find out more about the LSL partners at:

www.blueprintforall.org
www.brook.org.uk
www.shapehistory.com

**HEAD OVER TO THE
LSL WEBSITE TO
FIND OUT MORE.**

WWW.LOVESEXLIFE.ORG.UK



The injection ...

Is it a match?



You can get **free contraception**, including emergency contraception, from most general practices (GPs), sexual health clinics, and some young people's services (these have an upper age limit) in Lambeth, Southwark and Lewisham.

There are many different contraceptive methods available in the UK and you should choose one that suits you.



- The injection is over 99% effective.
- It doesn't interrupt sex.
- The injection works for 8, 12 or 13 weeks (depending upon which one is used).
- It may reduce heavy periods and period pain.



- Periods may be irregular, heavier, and longer or they may stop all together.
- It can cause slight thinning of the bones by reducing bone mineral density (this usually recovers once the injections stop).
- It may take a while for your periods to return to normal when you stop having the injection.
- It doesn't protect you against sexually transmitted infections (STIs).



Find out more about local contraception options via the Love Sex Life website or scan the QR code:

www.lovesexlife.org.uk/services/



Love Sex Life
Our Sexual Health Matters

OVER THE COUNTER CONTRACEPTION IS A STEP IN THE RIGHT DIRECTION

For World Contraception Day, Brook's Head of Nursing explores what it means now that the progesterone only pill is available to purchase over the counter from pharmacies.

Earlier this year the progesterone only pill (POP) became available to purchase over the counter in pharmacies. This was a long overdue step – and it will improve access to contraception and help prevent unplanned pregnancies.

In my role, I get questions about the safety of this medicine being provided over the counter as for years the oral contraceptive pill has only been available on prescription or patient group direction.

THE TRUTH IS THESE PILLS ARE EXTREMELY SAFE AND THERE ARE VERY FEW CONDITIONS THAT CONTRAINDICATE THE USE OF THIS FORM OF CONTRACEPTION.

There are few risks or side effects from using it but the most common ones are a change in bleeding pattern, mood and skin. It is worth noting that one of the brands now available over the counter – Lovima – contains soya, and so isn't suitable for people with that allergy.

The hormone dose in the POP is tiny – only 75 micrograms per day. Compare this with the emergency contraceptive pill, Levonorgestrel which has a dose 20 times higher and is the equivalent of taking three weeks of POP at once. The emergency contraceptive pill has been available to purchase over the counter from pharmacists since 2001 and so it is appropriate that some forms of oral contraceptive pills should also be available this way.

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IN TERMS OF EFFECTIVENESS, THE POP WORKS QUICKLY, PROVIDING CONTRACEPTIVE COVER WITHIN 48 HOURS OF TAKING IT, AND IS QUICKLY REVERSED, WITH COVER LOST 36 HOURS AFTER TAKING IT.

Because of this, a LARC method (such as the IUD, IUS, injection or implant) always tops the pill in terms of effectiveness. But the important thing is that people remember to take the POP everyday, so I recommend setting an alarm on your phone as a reminder.

It's worth noting that if you are purchasing the pill over the counter you will have to pay for it, whereas if you get it from sexual health service like Brook or your GP it's free. In some areas you can also get it for free from an online provider. It is likely that you will only be able to buy it from pharmacies if you are over 18. If you are under 18 you can still get it from Brook, a sexual health service or your GP. The pill becoming available over the counter may not be a revolutionary moment in the history of sexual and reproductive health but it is huge progress in making contraception more readily available for those who need it.

BY BROOK - SEXUAL HEALTHCARE EXPERTS

SAY HELLO TO YOUR CONDOM CONSULTANT

Condoms aren't as effective as other forms of contraception.

If you use condoms perfectly every single time you have sex, they're 98% effective at preventing pregnancy.

Condoms or diaphragm's (condoms that are inserted into the vagina) are the only form of contraception that protect you against STI's. So even if you are on contraception, wear a condom to make sure you are practicing safe sex.

My partner doesn't want to use condoms and claims they are too small.

Sex can be uncomfortable if you don't have the right condom fit. Knowing your condom size is important for safe and pleasurable sex. There are all sorts of sizes on offer, and there will be one that fits.



Your partner should respect you and your decision to have safe sex. Want to help your partner find the right fit? Scan the QR code to find out more...

What is an internal condom?

An internal condom, sometimes referred to as a 'female condom' though can be used by anyone with a vagina, is a barrier device that is used during sexual intercourse as a barrier contraceptive to reduce the probability of pregnancy or a sexually transmitted infection (STI).

They are safe to use for people with a latex allergy and they can be used with both water-based lubricants and (unlike latex condoms) with oil-based lubricants.

Can flavoured condoms be used during intercourse?

Flavoured condoms are meant for oral sex ONLY. Using them during oral sex can also prevent STD's like herpes, gonorrhea, and AIDS.

The lubricant on the condoms can contain sugar, so using them for intercourse can cause infections. Take care when using, and ensure to use a flavoured condom correctly to avoid this.

Hello everyone!

I am your Condom Consultant, I know we get a bad wrap on the streets but I am here to put you at ease and show you we aren't so bad!



The IUD ...

Is it a match?



You can get **free contraception**, including emergency contraception, from most general practices (GPs), sexual health clinics, and some young people's services (these have an upper age limit) in Lambeth, Southwark and Lewisham.

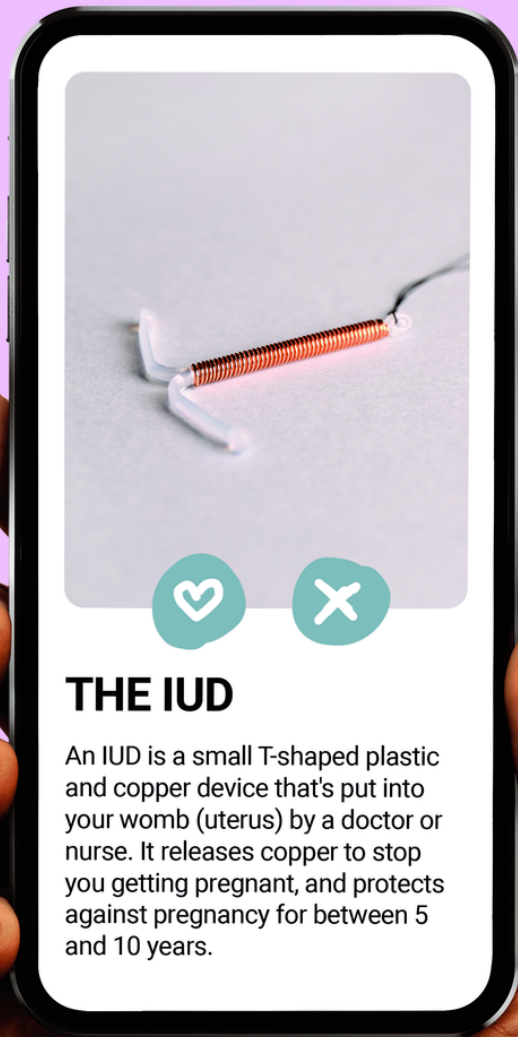
There are many different contraceptive methods available in the UK and you should choose one that suits you.



- 5-10 years depending on the type fitted.
- Can be used as emergency contraception.
- Your fertility will return to normal after the IUD has been removed.
- It protects you from pregnancy immediately.



- Periods may be heavier, more painful or last longer.
- Does not protect against sexually transmitted infections (STIs).
- There is a small risk of getting an infection after the IUD is inserted.
- There is a small risk of the IUD becoming pushed out or the IUD becoming displaced.



Find out more about local contraception options via the Love Sex Life website or scan the QR code:

www.lovesexlife.org.uk/services/



WHY COMMUNITY OUTREACH IS IMPORTANT FOR SEXUAL & REPRODUCTIVE HEALTH

Community outreach programmes have historically always played a significant part in public health spaces, through awareness campaigns, demonstrations, and providing information to communities who need it. This has been through open communication, campaigning and advocacy for improved health outcomes for communities.

This is what we strive to do in Love Sex Life (LSL) by engaging Black African, Caribbean and other minority ethnic (BME) communities in sexual and reproductive health (SRH) conversations, cascading informed and positive messages to local communities.

One of the most impactful community programmes that advocated for improved sexual health outcomes was that of the 1980s response to the AIDS crisis. Thousands of men who have sex with men and allies formed one of the most influential community advocacy groups in history: 'AIDS Coalition to Unleash Power' (ACT UP).

These brave activists distributed condoms and safe-sex information throughout United States, having international implications and successful global outreach. The group fueled the government and scientists to change the way medical research is conducted, paving the way for medical care for those today living with HIV, alongside providing support for those experiencing homelessness and the Treatment Action Group, to name a few of their successful actions.

As a Love Sex Life volunteer, we are conducting other important community work by engaging BME communities in SRH communities, following the workers, activists, and professionals of the past and present. We provide assistance in Lambeth, Southwark and Lewisham, striving to challenge sexual health barriers within the BME community.

Sexual health services don't currently meet the needs of communities and aren't the accessible spaces that we know they can be. Therefore, we work to provide these safe spaces - void of stigmatisation or discrimination - and understand the nuances that culture, community, background, and identity have on individual's sexual and reproductive health.

We engage with the community through attending and creating engagement events, signposting and informing via blogposts and Instagram feeds, and general engagement with those around us to tackle SRH stigma and discrimination by delivering informed, sex-positive messages.

We believe in the positive impact that discussing safe sex online can have on a community and strive to carry this forward in all work. In a media-centric world filled with so much false information, we hope to be an informed and truthful source for individuals to be able to trust.

I know that on a personal level, it's difficult to know who to listen to, and who legitimately has my best interests when trying to find SRH information online. SRH education provided within my schooling was little to none, providing no comprehensive or quality understanding of the different types of SRH topics that are necessary to navigate sex and relationships safely—this is why programmes like LSL are so vital, in order to combat what so many like myself have experienced within the education sector.

Community care for SRH is salient in providing non-biased information that is solely being used to empower BME communities to take actions for not only their own safety, but those around them.

**WE WANT TO MAKE SURE THAT
INDIVIDUALS GO AWAY FEELING
PREPARED, WITH THE INFORMATION TO
DEAL WITH ANY KIND OF SRH EVENT OR
ISSUE IN THEIR LIVES.**



We asked and you delivered...

We asked you about how you think health services can improve, here are your responses.



Encourage people to see that taking care of their contraception is both a right, a responsibility and a privilege – make it as normal as brushing our teeth.



Create a booklet with all available contraceptives and their pros/cons and effectiveness explained.



I think to reinforce that contraception doesn't make intercourse less pleasurable & that it's more than protection from pregnancy.



The education should start in schools, maybe healthcare professionals should be going in, instead of teachers.



Normalise opportunities to discuss the issues from various positions and backgrounds.



Education on what contraception is best at different points of your life and explaining all the options available with the pros and cons.



The implant

Is it a match?



You can get **free contraception**, including emergency contraception, from most general practices (GPs), sexual health clinics, and some young people's services (these have an upper age limit) in Lambeth, Southwark and Lewisham.

There are many different contraceptive methods available in the UK and you should choose one that suits you.



- It's over 99% effective.
- It doesn't interrupt sex.
- It works for up to three years.
- It is an option for people who can't use oestrogen-based contraception.



- It's common to experience temporary side effects during the first few months, like headaches, nausea, breast tenderness and mood swings.
- Bleeding patterns may be irregular or stop altogether (this usually settles down after a year).
- It can cause or worsen acne.
- It doesn't protect you against sexually transmitted infections (STIs).



Love Sex Life
Our Sexual Health Matters



Find out more about local contraception options via the Love Sex Life website or scan the QR code:

www.lovesexlife.org.uk/services/

CONTRACEPTION AND YOUR WELLBEING

My experience with hormonal contraception has never been the best – everyone is different but during my education or when getting contraception, I was never braced for the mental struggles that can come with being on this journey. Like so many of us, I wasn't taught about how periods can impact your mental health.

My first experience with contraception was when I was in my first relationship at 19. I conveniently chose the implant as, like others, I didn't trust myself to remember to take the pill every day. During my consultation, the one thing I remember vividly is being told, "you need to keep it in for 5 months, that is when your hormones will balance out."

During my time on the implant, I experienced severe anxiety and depression, which hindered my everyday life and my second year of university. The thought of social interactions either sent me into an anxiety spiral or I was too exhausted to even leave the house. Not to mention the mood swings, I could go from crying to laughing in seconds and even cried when my boyfriend opened a can of pop which I didn't want opened.

After 8 months on the implant, I decided enough is enough; I need to take it out as I was now almost certain this was not from the stress of university – it was my implant. During the removal process, the nurse asked me why I kept it in for so long, and when I told her that I had been informed to keep it in for 5 months her response was, to my surprise, "that's not true, they would have never said that."

When I eventually gave contraception a go again, I wanted to try the pill, something I knew I could stop instantly if I wanted but after trying a few, I was either insatiable or irritable. I felt like a different version of myself.

The nurse asked me the date of my last period. I honestly wasn't sure, as tracking it only heightened the anxiety I was feeling.



**“SOUNDS LIKE YOU HAVE
PREMENSTRUAL
DYSPHORIC DISORDER”.**

I didn't feel this was something to enquire about further, nobody had ever mentioned the anxiety or my periods to me, not even in school. The nurse and I brushed past this.

After a lot of contemplation and going through these ups and downs, my main priority became focused on listening to my body. Deciding this, and coming to the realisation that hormonal contraception wasn't for me, I finally asked a professional about PMDD.

Doing my research, I was shocked that PMDD wasn't something that was taught or expanded on by the nurse previously! My emotions and feelings finally made sense, but I couldn't understand why something so serious as PMDD could be overlooked. How many other people suffer every month? Or even suffer when having contraception? How I feel the week before my period is how I felt for 8 months being on contraception. It was a nonstop mental struggle, and no one was speaking about it.

MY ADVICE TO YOU? LISTEN TO YOUR BODY IF YOU FEEL LIKE SOMETHING ISN'T RIGHT. GO TO YOUR SEXUAL HEALTH CLINIC AND GET THE ADVICE YOU DESERVE. IF YOU HAVE QUESTIONS ASK THEM & IF YOU FEEL LIKE HORMONAL CONTRACEPTION ISN'T RIGHT FOR YOU REMEMBER: THERE ARE ALTERNATIVES.

MOOD TRACKER

One way to identify which contraception that is best for you is by tracking your moods. Whether you want to track how you feel on hormonal contraception or how you feel at each stage of your cycle our mood tracker can help you recognise patterns to better understand your emotions.

		DAY																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
MONTH	J																																
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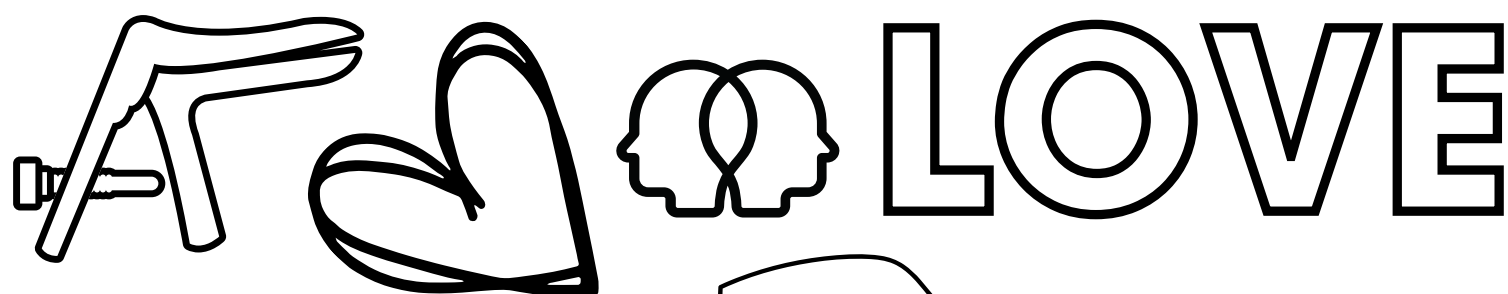
ANGRY HAPPY PRODUCTIVE SAD NERVOUS SICK TIRED

WHAT IS PMDD?

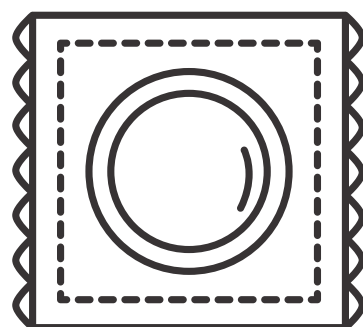
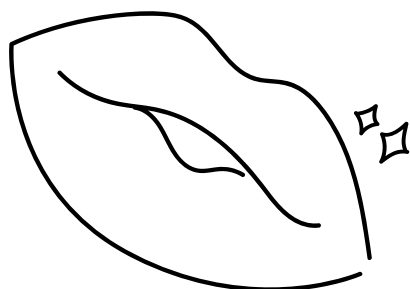
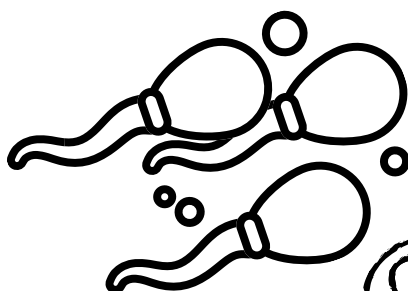
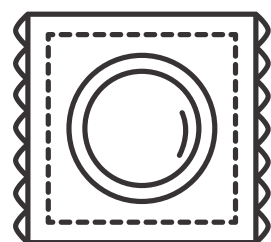
"Women with premenstrual dysphoric disorder (PMDD) have PMS symptoms (bloating, headaches, and breast tenderness) in the weeks before their period. But PMDD also causes severe anxiety, depression, and mood changes. Some women with PMDD become suicidal."



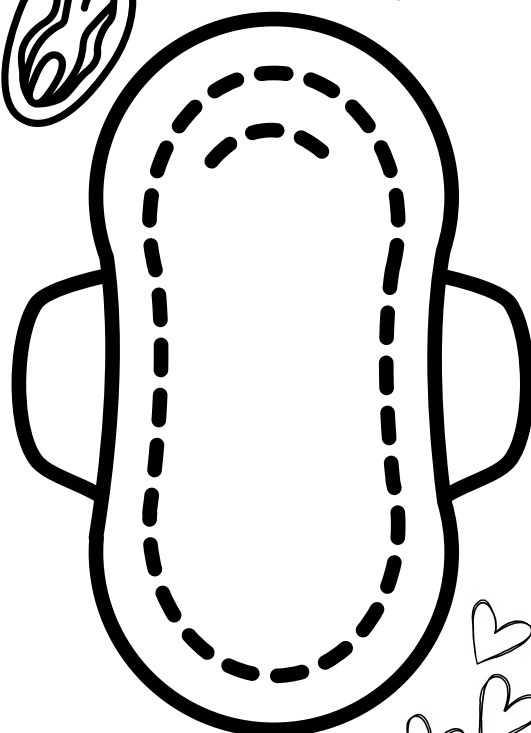
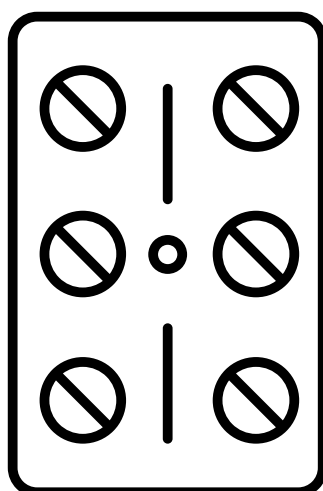
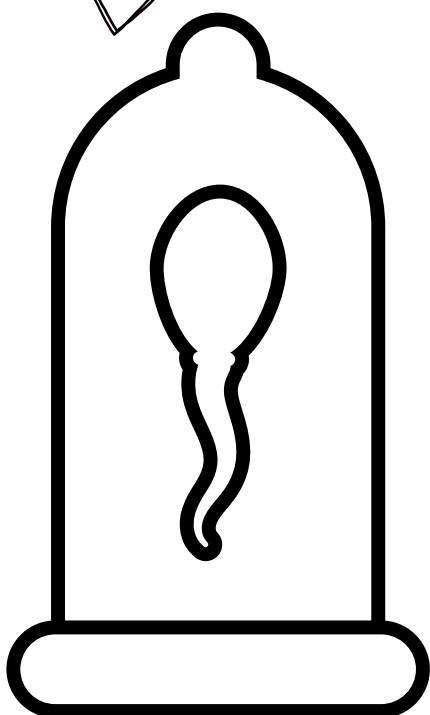
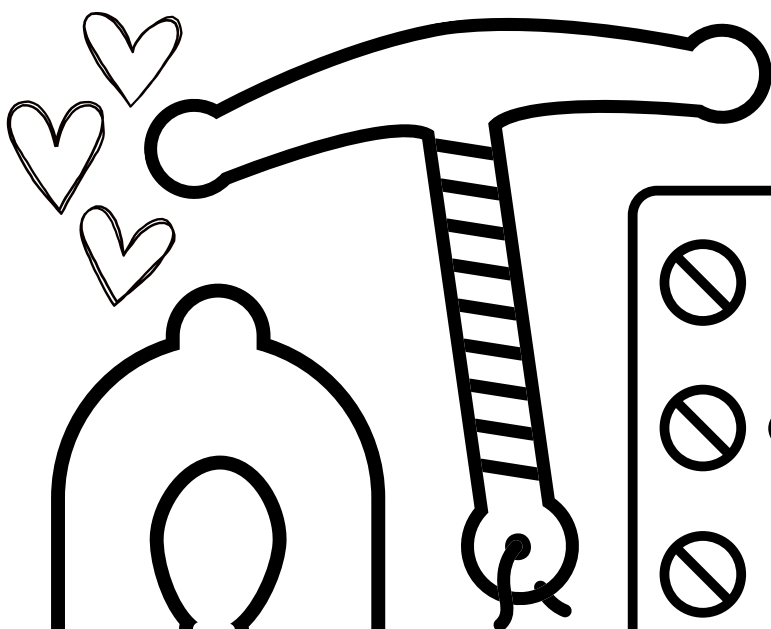
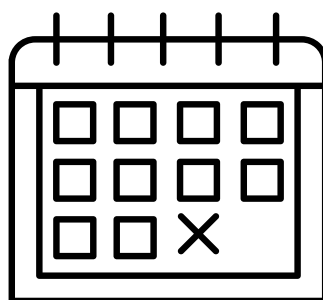
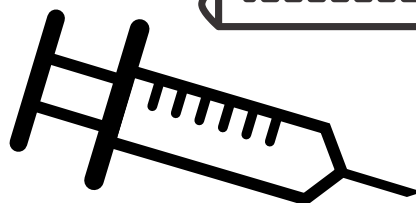
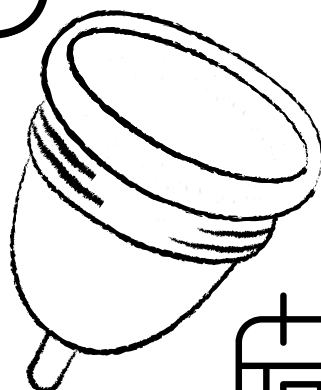
FIND OUT MORE



LOVE



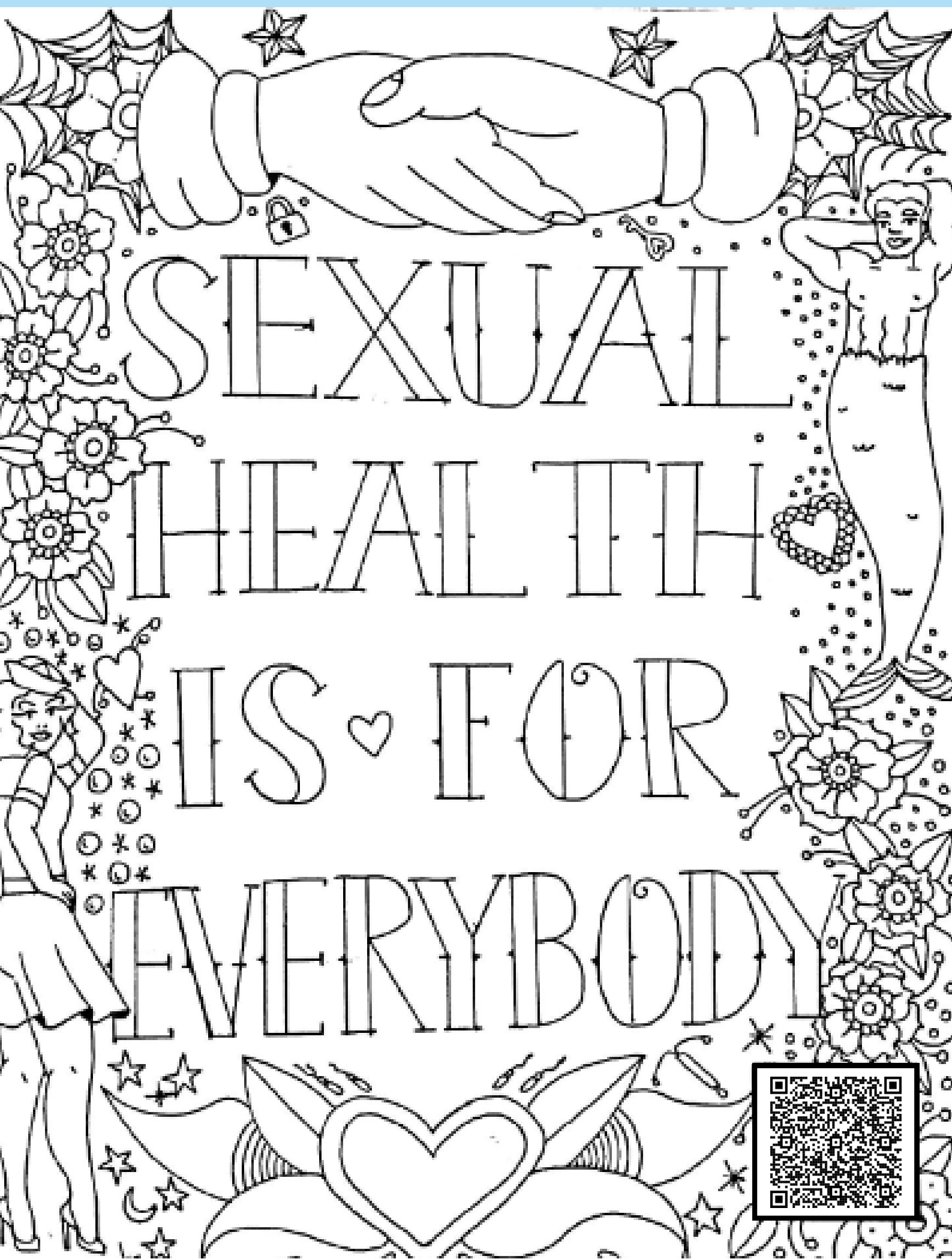
SEX



LIFE



COLOUR ME IN



ANATOMICAL WORDSEARCH

These are words that are used by medical professionals and educators to describe parts of the body. Knowing these words and their meanings helps you communicate about your health needs. Remember, there is no right or wrong way to define your body for yourself.

D	M	R	T	Y	U	D	S	S	M	P	N	Q	H	Z
T	S	E	H	C	F	I	E	U	C	E	O	D	J	X
S	E	M	E	N	R	T	B	J	N	N	I	G	D	D
A	J	J	C	O	S	S	K	S	E	I	T	H	O	T
J	N	Q	T	E	C	C	U	R	P	S	A	F	G	S
M	O	I	T	C	Z	R	P	N	X	E	U	S	O	A
N	L	V	G	Q	Z	O	T	S	A	E	R	B	O	V
C	F	Z	A	A	O	T	D	Q	U	U	T	M	V	I
H	G	O	D	R	V	U	F	X	T	X	S	P	H	B
Q	W	K	D	U	I	M	J	E	B	I	N	U	Q	G
N	M	L	L	P	Q	E	R	U	Q	V	E	S	D	W
Y	O	V	V	O	S	U	S	Q	O	R	M	S	T	M
J	A	H	A	A	S	D	G	S	J	E	Z	I	S	V
U	R	E	T	H	R	A	M	G	Y	C	H	S	A	M
N	V	Q	J	D	O	X	B	L	L	U	B	Y	W	L

ANUS
OVARIES
TESTES
BREAST
UTERUS

PENIS
URETHRA
CERVIX
SCROTUM
CLITORIS

VAGINA
MENSTRUATION
SPERM
VULVA
SEMEN

GET 'APPY WITH IT.



HERE ARE A LIST OF OUR FAVOURITE APPS, WHETHER YOU ARE TRACKING YOUR PERIOD OR NEED CONTRACEPTION REMINDERS - WE'VE GOT YOU!

BEDSIDER REMINDERS

The Bedsider Reminders app helps make remembering to take your contraception easier. One major advantage of this app is that your birth control reminders can be sent via text or to your email. What also sets this app apart is its encouraging messages, which will have you looking forward to the next day's alert.

MYPILL

Per its name, the myPill birth control app is designed specifically for users of the pill. It allows you to configure the active and placebo/break days to correspond to your oral contraceptive method (including the continuous birth control option). The myPill interface is designed to look like a 28-day pill pack. As each day passes, a pill in the pack disappears.

FLO PERIOD & OVULATION TRACKER

You can use the app to record important information, such as your cycle's start date, length, flow, and symptoms. You can also set up notifications to remind you when your next cycle is expected to start or when you need to take your pills.

CLUE

Clue claims its app can teach you about your body. With tracking options related to literally everything that goes on in your body during your cycle, like your period-induced breakouts or PMS headaches. Plus, the app's main focus is on gender neutrality. Pretty cool, right?



SEXUAL EMPOWERMENT AFTER ASSAULT

Content warning: this article contains mentions of sexual violence. For further advice and support, contact Rape Crisis England and Wales on their freephone 0808 802 999.

Sexual empowerment is a complex topic. For some, feelings of liberation involve open discussion of sex and fantasy, multiple partners and encouragements of experimentation. For others, empowerment resides in moments of private intimacy or modesty. While the conversation around sexual empowerment has been an ever-evolving discussion since such discourse was permissible, from the 1960s Sexual Revolution; to campaigns for condom usage and accessibility spurred by ACT UP; to our current post-MeToo world; for survivors and victims of sexual assault and/or rape, sexual empowerment can be a challenge to wade through.

So how do we ensure trauma informed care when it comes to the world of empowerment, contraception, and sexual wellbeing?

While multiple resources offer (often free!) support for survivors, such as Women's Aid, The Haven, Rape Crisis, The Survivor's Trust, Safeline and local charities and communities, it can be unmooring to center joy and empowerment as part of the healing and recovery process. Support usually comes in the form of immediate care, such as safeguarding and medical attention, and though this is life-saving and necessary, it's common that enjoyment of sex and sexual empowerment is neglected after a sexual assault has taken place.

As violence is rooted in the ability to deny a person their autonomy and choices, it then becomes vital to reframe sexual empowerment as an embracement and reclamation of sexual autonomy.

A key aspect to healing after sexual assault

is to recognise that there is no 'normal reaction' to being an unwilling participant in an abnormal situation. The body has a unpredictable physiological reaction to trauma, triggering hormones to one of five responses:

FIGHT

Cortisol and adrenaline are released in the body causing the individual to channel their stress response into fighting, think of how often an animal will attack when stressed or anxious.

FLIGHT

The sympathetic nervous system activates the hypothalamus in the brain, causing one to flee from danger, literally or metaphorically running away.

FREEZE

Remember that feeling of stage fright, of freezing up and feeling paralyzed? Instead of fleeing, this response causes the individual to become immobile or numb.

FAWN

Sometimes referred to as the 'friend response', the fawn response involves compliance, attempts to be-friend or placate the perceived threat, either through people-pleasing or disregarding your own care in favour of someone else. This is an attempt to diffuse the threat and feel safe, and it most common in those who've experienced abuse in childhood.

FLOP

During the flop response, one can become physically unresponsive, detached from their body, or sometimes even faint or black-out. Tonic immobility can, for some, hope to enhance survival, like playing possum with the aim of being left alone.

When going through recovery and no longer in active trauma, one may find that they're stuck in a loop that causes anxiety or problems related to sexual empowerment, an inability to comfortably have sex without triggering their trauma response or fear. When in this situation, here's what you can do:

Speak to a trained professional.

This is likely one of the safest ways to go about reclaiming sexual autonomy and empowerment as you're working directly with an individual who understands the complexities of sexual violence. Trust me, there's nothing you could say that would surprise any of them.

Check out services like the My Body Back project that is specifically dedicated to empowering survivors after abuse, from providing workshops and safe spaces, yoga classes and therapy, to even a dedicated collection of medical professionals offering trauma informed smear tests for those who struggle with physical examinations.

Try and pinpoint your triggers as much as possible.

This can be daunting, but once established it can be fundamental to the healing process. For example, if there is a specific smell that triggers unhappy memories during physical intimacy, like perfume or cologne, replace that smell with a new scent that you and your partner choose together. This could be a candle you love, something grounding that makes you feel safe.

Exploring your body alone is a great place to start when reclaiming your sexual autonomy.

When you're alone there is no pressure from any outside sources, and you can slowly

re- discover what you most feel comfortable with. If struggling to figure out what you really want, start small and work your way up to larger scale desires. For example, deciding what clothes make you feel most comfortable or desirable against your skin.

Rethink your contraception.

It may be a case that certain rituals like taking the pill every day can become a helpful tool to feel more in control of your body and health. Have a think about your contraception and decide what works best for you for right now, reminding yourself you can change your mind any time.

Remember, sexual violence isn't as simple as just 'getting over something'. One learns to make space for it, instead, understanding that recovery is not a linear path. Your sexual empowerment is simply that— yours.



WHY ARE YOUNG PEOPLE STILL BEING LEFT IN THE DARK WHEN IT COMES TO RELATIONSHIPS AND SEX EDUCATION?

A major new survey by the Sex Education Forum shows that young people are still not receiving the comprehensive and quality Relationships and Sex Education (RSE) they were promised when the subject became mandatory over 18 months ago. Brook reflects on these findings and what more needs to be done to support young people.

Basics are still not being covered in lessons. Despite young people under 25 experiencing the highest rate of unplanned pregnancy and accounting for nearly half of all new cases of sexually transmitted infections in England, one in three (33%) said they didn't learn about how to access local sexual health services.

This echoes Brook's own findings from the 2020 report 'Lessons for the New Era of Mandatory RSE'. This report explored the ways that LAs support schools with providing RSE, how they support sexual and reproductive health services and how they support links between schools and sexual health services. A key recommendation was for local services to be supported to visit schools in order to describe what their services can offer, provide a clear expectation of what it is like to visit the service, and reassure young people about their rights to confidential support.

It's no surprise to us that the SEF poll found that the topic least likely to be discussed was sexual pleasure, with 46% of young people reporting they learned nothing about this.

EDUCATORS NEED ACCESS TO TRAINING AND RESOURCES TO BUILD CONFIDENCE IN TEACHING THESE MORE CHALLENGING SUBJECTS, WHICH IS WHY OUR SELF-DIRECTED BROOK LEARN COURSES ON THE TOPICS OF CONSENT AND PLEASURE ARE FREE TO ACCESS.

There is good news in that the traditional topics of RSE, including puberty, pregnancy, and condoms, are among some of the most likely to be discussed in RSE lessons with schools getting the scientific element of RSE right.

There have also been some improvements in consent being taught, compared to the 2019 polling. This is encouraging, and in 2020 we launched our consent course for students. Based on doctoral research the

course allows young people to explore the topic through a combination of engaging, accessible information and real world scenarios, presented in interactive modules that are unlike any other online learning you've seen before.

The quality of lessons fails to improve

The broad picture is that topics more associated with healthy relationships and the realities of young people's lives still do not have parity with the more biological aspects of RSE.

In 2017 we published *Going Beyond Biology*. Co-created with young people, this report includes the 'Young people's manifesto: What we want and need from our Relationships and Sex Education', in which young people call for RSE that is taught by qualified teachers, includes them in lessons, includes our families, shows us where to go for help and reacts to their feedback.

The SEF poll revealed that just one in five young people (20%) said they had an 'opportunity to ask my questions and get answers' and only one in seven (14%) recalled 'being asked my opinion about how RSE could be improved' over the last year.

RSE is not being discussed at home

The polling has also shone a light on the gap in conversations about RSE at home. For around one in four young people there has been no RSE from parents and carers; with those who did receive some reporting this was in the form of one big talk or a few separate discussions. Only one in six (17%) of the young people surveyed had regular discussions with parents and carers about RSE.

Brook's RSE@Home series is aimed at supporting parents and carers to have conversations at home with young people of secondary school age. Covering topics from mental health to masturbation to consent, we give parents the tools and confidence to make home a comfortable learning environment for everyone.

Even with good support we cannot assume that all parents will provide the education we'd like them to. A recent HEPI survey of university students found that only a minority of students saw their parents as a useful source of information on relationships and sex, and this was particularly true for young people from some BAME communities and people who identified as LGBT+. It is vital that schools provide comprehensive RSE to all their students otherwise we may be leaving those most at risk of sexual health inequality without the tools to be healthy and stay safe.

Ministers must get a grip on this RSE crisis

It's been more than five years since young people from Brook and other organisations were invited to Parliament to share their experiences of RSE at school and their vision of RSE for the future.

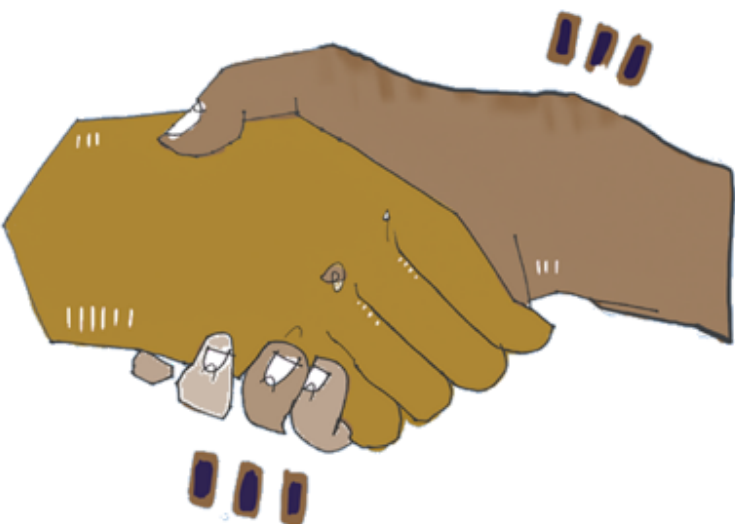
At the time we called for urgent attention and investment to address the inconsistent RSE that young people were receiving, and now as members of SEF, we join them in calling for urgent attention and investment to address the lack of progress with delivering the mandatory curriculum. Ministers are being urged to turn this situation around by properly funding RSE training from expert organisations and monitoring progress more closely.

Lucy Emmerson, Chief Executive, Sex Education Forum, said:

"COVID-19 has had a serious disruption to young people's education and it has worsened the physical and mental health challenges experienced by young people. However, the poor quality of RSE has long been evidenced and yet Ministers have failed to provide schools with adequate funding to develop the skills and confidence of teachers and provide high-quality support for pupils. We know many schools are getting RSE right, but this isn't the picture nationally, with teachers urging Ministers to get a grip of this situation, we stand with them in demanding action is taken now with proper and long-term investment in training and resources.

Today's polling must be a wake-up call to the Government to change course. Without an immediate intervention, we seriously risk letting down another generation of young people."

BY BROOK - SEXUAL HEALTHCARE EXPERTS



WANT TO HEAR MORE FROM BROOK, THE SEXUAL HEALTH EXPERTS?

TRAINING AND EDUCATION



SERVICES



GET INVOLVED



HELP AND ADVICE



QUIZ TIME

Withdrawal (pulling out before ejaculating/cumming) is an effective way to avoid getting pregnant.

TRUE FALSE

Using an emergency IUD does not guarantee against pregnancy.

TRUE FALSE

Long acting contraception methods like the IUD, IUS and contraceptive implant mean that I don't have to worry about forgetting but also mean that I can't get my periods back if I want to try for a baby.

TRUE FALSE

Wearing two condoms will make it safer when having sex.

TRUE FALSE

Besides the condom, which is another barrier method of birth control?

DIAPHRAGM WITHDRAWAL IUD STERILIZATION

Which of these is a possible side effect of birth control pills?

NAUSEA IRREGULAR BLEEDING HEADACHES ALL OF THE ABOVE

What do external condoms offer that other forms of birth control do not?

LEAST CHANCE OF FAILURE BEST PROTECTION AGAINST STIS

CHEAPEST TO USE ALL OF THE ABOVE

**WANT TO KNOW YOUR
SCORE?**

**SCAN OUR QR CODE TO SEE
THE ANSWERS!**



CONTRACEPTIVE PILLS: A BRIEF HISTORY

In the 1950s, a team of American scientists supported by Margaret Sanger developed a hormone-based contraceptive, which in 1960, became the first commercially available oral contraceptive to be licensed. Following this, Britain began undertaking clinical trials in certain parts of the country.

Then in the House of Commons on the 4th of December in 1961, the Minister for Health, Enoch Powell, confirmed that birth control pills could be prescribed on the NHS.

In 2017-2018, reportedly more than 3.1 million people in England alone take either the combined pill or the mini pill.

So, how do they work?

The combined contraceptive pill prevents ovulation and thickens the mucus in the neck of the womb to prevent sperm reaching an egg. It also thins the lining of the womb to minimize the chance of implantation if an egg does become fertilized. The traditional mini pill (which contains only progesterone) prevents pregnancy by thickening the mucus in the cervix to stop sperm reaching an egg and the desogestrel progesterone-only pill can also stop ovulation.

Although both pills are easily accessible at sexual health clinics and are 99% effective at preventing unwanted pregnancies when used correctly, the pill is not for everybody.

Samia* who was diagnosed with depression, started taking the pill to manage polycystic ovary syndrome (PCOS) said that she felt like her depression had worsen, that she became snappy and irritable.

Sarah* was on the combined pill on and off for 20 years. She describes her experience as '100% fine' – experiencing no side effects

throughout and being able to have a fulfilling sex life without the nagging fear of getting pregnant.

Challenges to using the contraceptive pill

Simphiwe Micheline, a sexual health nurse and Community Champion with Brook comments that there are multifactorial barriers to promoting contraception which are often based on myths about side effects. 'Myths often stick with women and can be a deterrence to contraception uptake'. Micheline describes some of the fears and concerns that people can have about using certain contraceptive methods, such as becoming infertile; weight gain; mood or skin changes; and the failure of methods, especially for younger people, the ability to be discrete if external factors prevent one from being open about their sexual activity.

Micheline noted that it is less common for cisgender men to attend clinics on their own to discuss contraceptive methods, and that often those who do come are those in long-term relationships who are brought along with their partners. When asked why this might be, Micheline commented, 'there is a sense of not being their problem or responsibility and social norms have contributed to men not viewing contraception as their issue.' With continuing development into contraceptive pills for men, this situation may soon shift.

Only time will tell, but one thing remains true throughout: understanding the impact of your contraception is a necessity for a happy and healthy sex life.



READ MORE ABOUT MARGARET SANGER'S HISTORY ON EUGENICS AND RACE

SEXUAL HEALTH CLINICS

LEWISHAM

The Waldron health Centre - Services offered: provide sexual health, contraception and HIV services at University Hospital Lewisham, Queen Elizabeth Hospital and in the Lewisham community.

Suite 8, 2nd Floor, Amersham Vale, London, SE14 6LD (opposite New Cross station)
020 3049 3500

The Primary Care Centre - Services offered: sexual health testing and management, emergency contraception (pill and IUD), contraception, free condoms
1st Floor Hawstead Road, Catford, SE6 4JHT
020 3049 3500

CliniQ - Services offered: holistic sexual health, mental health and wellbeing service for all trans people, partners and friends. A trans-led team, who offer a safe, confidential space for those who may not feel comfortable accessing mainstream services.

Ground floor, Caldecot Centre, 15-22 Caldecot Road, London, SE5 9RS
020 3315 5656

SOUTHWARK

Burrell St Clinic - Services offered: run the young person's walk-in sexual health clinic on Wednesday, 2pm to 6pm. If you're under 18, their doctors and nurses can give you confidential advice about your sexual health. Test and treat sexually transmitted infections (STIs) and offer a full range of contraception options.

4-5 Burrell Street, London SE1 0UN
020 7188 6666

Walworth Rd Clinic - Services offered: same day and next day routine appointments; walk-ins; call centre; implant and coil appointments within 7 days.

157-169 Walworth Road, London SE17 1RY
020 7188 6666

Camberwell Sexual Health Centre - Services offered: sexual health, contraception, home testing kits; walk-ins.

Ground floor, Camberwell Sexual Health Centre, Camberwell Building, 100 Denmark Hill, London, SE5 9RS
020 3299 5000

LAMBETH

LARC Hub - Services provided: Long-Acting Reversible Contraception

Pavilion Medical Centre, 9 Brighton Terrace, SW9 8DJ

Streatham Hill Sexual Health Clinic - Services offered: London's new sexual health e-service that provides free and easy access to sexual health testing via the internet and local venues.
41 A-C Streatham Hill, London SW2 4TP
020 7188 6666

Brook London (Young people under 25) - Advice, information, signposting, contraception, sexual health support

374 Brixton Road, London SW9 7AW
020 7787 5000

MORE FROM LOVE SEX LIFE

**Transforming sexual and reproductive health
for BAME communities in Lambeth,
Southwark and Lewisham.**



**Black Love Sex Life Matters - Be a part of our
Black History Month event!**

Blueprint for All: Love Sex Life Project



Shape History: Black health matters

World Aids Day Toolkit



WANT TO KEEP UP TO DATE WITH LOVE SEX LIFE AND THE PARTNERS?

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Instagram: @blueprint_for_all
Facebook: BlueprintforAll
Twitter: @BlueprintForAll
TikTok: @blueprintforall
Website: www.blueprintforall.org

BROOK

Instagram: @brook_sexpositive
Facebook: BrookCharityYP
Twitter: BrookCharity
Website: www.brook.org.uk

SHAPE HISTORY

Instagram: @shape_history
Facebook: ShapeHistory
Twitter: @ShapeHistory
Linkedin: shape-history
Website: www.shapehistory.com

LOVE SEX LIFE

Instagram: @lovesexlifelsl
Facebook: Love Sex Life LSL
Twitter: @lslsexualhealth
TikTok: @LoveSexLifeLSL
Website: lovesexlife.org.uk

**Don't forget to give
us all a follow for the
latest news and
events!**

