

# Focus on:

# Sexual Health & Birth Control

## About Healthwatch Salford

Healthwatch Salford is here to help you with health and social care. If you've had a good or bad experience, tell us! We can use your feedback to make things better for everyone. We can make sure that the people in charge of NHS and other care services hear what you have to say. We're totally independent and fair, and we'll keep what you say private. We can also give you information and advice to help you get the support you need. Our service doesn't cost anything, it's easy to use, and it can really help people in Salford and beyond.

## About this project

Salford has more people with sexual infections and young girls getting pregnant than many other parts of England. More women in Salford are choosing to end their pregnancies (27.7 out of every 1,000 women) than the average in England (20.7 out of every 1,000 women). Also, fewer women in Salford are using a type of birth control that lasts a long time (28.7 out of every 1,000 women) compared to the average in England (44.1 out of every 1,000 women).

This project wants to find out why these numbers are so different to the rest of the country. We also want to learn about the services that people in Salford use for sexual health and birth control.

This questionnaire will ask you about your thoughts on help and support with sexual health and birth control, whether you have used these services, any difficulties you faced, and your ideas for making these services easier to use. If you take part in this project, no one will know who you are. The results will be used in a report for the whole city, and the suggestions will be shared with health leaders in Salford and Greater Manchester.

The survey will close on **20 September 2024**.



**Give us a call in the office** and tell us your answers:

**0161 960 0316**



**Complete the survey online:**

[www.smartsurvey.co.uk/s/shbcsurvey](http://www.smartsurvey.co.uk/s/shbcsurvey)



Scan this QR code with your smart phone



**Complete this survey** and post back to us:

Freepost RTXT-ZTBY-XZJK  
Healthwatch Salford  
The Old Town Hall  
5 Irwell Place, Eccles  
MANCHESTER  
M30 0FN

If you don't want to answer a question, just skip it and go to the next one.

This questionnaire is only open to the residents of Salford

### 1. Which area of Salford do you live in? (please select one option)

- |   |  |
|---|--|
| <input type="checkbox"/> Eccles, Irlam and Cadishead        | <input type="checkbox"/> Broughton, Kersal and Irwell Riverside                      |
| <input type="checkbox"/> Walkden and Little Hulton, Worsley | <input type="checkbox"/> Pendleton, Weaste, Ordsall,<br>Claremont, and Salford Quays |
| <input type="checkbox"/> Swinton and Pendlebury             |  |

## Sexual health

### 2. Where would you go to get support or advice around your sexual health (please select all that apply)

- |   |                          |
|---|--------------------------|
| <b>Internet</b>   | <input type="checkbox"/> |
| <b>Friends</b>  | <input type="checkbox"/> |
| <b>Family</b>   | <input type="checkbox"/> |
| <b>GP</b>   | <input type="checkbox"/> |
| <b>Hospital</b>   | <input type="checkbox"/> |
| <b>Sexual health service</b>  | <input type="checkbox"/> |
| <b>School/college/university</b>  | <input type="checkbox"/> |
| <b>Young persons sexual health service</b>  | <input type="checkbox"/> |
| <b>Pharmacist</b>   | <input type="checkbox"/> |
| <b>Charities</b> (BHA, George House Trust, LGBT Foundation, Manchester Action on Street Health etc) | <input type="checkbox"/> |

**Somewhere else** (please say where):

### 3. Did you use a sexual health service in the last year? If yes, where did you go and what was it like?

**4. Can you think of anything that makes it difficult for you to get advice or help about sexual health?**

**5. What could help you use sexual health services more easily?**

**6. Is there anything else you want to share about sexual health?**

## Birth control /contraception

This next section of the questionnaire is for people who can get pregnant. If you can't get pregnant, please skip to the demographics on page 7.

### 7. Where would you go to get support or advice around birth control/contraception? (please select all that apply)

Internet	<input type="checkbox"/>
Friends	<input type="checkbox"/>
Family	<input type="checkbox"/>
GP	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Sexual health service	<input type="checkbox"/>
School/college/university	<input type="checkbox"/>
Young persons sexual health service	<input type="checkbox"/>
Pharmacist	<input type="checkbox"/>
Charities (BHA, George House Trust, LGBT Foundation, Manchester Action on Street Health etc)	<input type="checkbox"/>

**Somewhere else** (please say where):

### 8. Did you use a birth control service (like a GP or clinic) in the last year? If yes, where did you go and what was it like?

**9. Can you think of anything that makes it difficult for you to get support or advice about birth control/contraception?**

**10. What could help you to use services for birth control/contraception more easily?**

## **Long Acting Reversible Contraception**

Long acting reversible contraception, often called LARC, is a great way to prevent pregnancy. You might know some of these methods: birth control implants; IUDs (devices put inside your womb, like the coil); IUSs (systems put inside your womb like the Mirena coil); and birth control injections.

**11. Have you heard of the term 'LARC' before? (select one option)**

- Yes  No  Not sure

**12. Have you used LARC before? (select one option)**

- Yes, I am currently using LARC (then go to question 13)
- Yes, I have used LARC in the past (then go to question 13)
- No, I have never used LARC (then go to question 14)
- Not sure (then go to question 14)

**13. If you've used LARC, which type did you use and what was it like?**

**14. If you've never tried LARC or aren't certain about it, would you think about using it in the future? If not, could you tell us why?**

**15. Is there anything else you want to share about birth control/contraception?**

If you have any further questions or want to speak to us about this project then please call us on 0161 960 0316 or send an email to: [info@healthwatchsalford.co.uk](mailto:info@healthwatchsalford.co.uk)

## A bit more about you

We know Salford is a diverse place, and we want to include all kinds of experiences in our work. This project is about sexual health and birth control, and we want to hear from people from all walks of life. We want to understand any problems you might have had because of your age, gender, if you have a disability, or for any other reason.

### The next few questions are optional.

Your answers will help us make sure everyone has the same opportunities. They can help us see patterns and differences, and understand why they happen. Please help us by answering each question. We will keep your answers private, and you don't need to tell us your name.

#### Age

- 0-12 years       16-17 years       25-49 years       65-79 years  
 13-15 years       18-24 years       50-64 years       80+ years  
 Prefer not to say

#### Gender

What gender best describes you?

- Intersex       Man       Non-Binary       Woman  
 Prefer to self-describe (please describe):  
 Prefer not to say

#### Gender Reassignment

Is your gender now the same as when you were born?

- No       Yes       Undergoing reassignment  
 Prefer not to say

#### Pregnancy and maternity

What is your pregnancy and maternity status?

- Not applicable       Currently pregnant       Currently breastfeeding        
Given birth in the last 26 weeks  
 Prefer not to say

#### Sexual orientation

What your sexual orientation?

- Asexual       Gay man       Lesbian/Gay woman  
 Bisexual       Heterosexual (straight)       Pansexual  
 Prefer to self-describe:  
 Prefer not to say

#### Religion or Belief System

Which religion or belief system do you identify with?

- Buddhist       Hindu       Muslim       None  
 Christian       Jewish       Sikh  
 Other Religion or Belief System (please describe):  
 Prefer not to say

## Disability

Do you have a physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out day to day activities?

- Yes**
- |  |   |
|--|---|
| <input type="checkbox"/> Physical or mobility impairment     | <input type="checkbox"/> Mental health condition          |
| <input type="checkbox"/> Sensory impairment                  | <input type="checkbox"/> Long term condition              |
| <input type="checkbox"/> Learning disability or difficulties | <input type="checkbox"/> Something else (Please describe) |
- No**
- Prefer not to say

## Long term conditions

Do you have a long-term health condition?

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma, COPD or respiratory condition       | <input type="checkbox"/> Diabetes                          |
| <input type="checkbox"/> Blindness or severe visual impairment       | <input type="checkbox"/> Epilepsy                          |
| <input type="checkbox"/> Cancer                                      | <input type="checkbox"/> Hypertension                      |
| <input type="checkbox"/> Cardiovascular condition (including stroke) | <input type="checkbox"/> Learning disability               |
| <input type="checkbox"/> Chronic kidney disease                      | <input type="checkbox"/> Mental health condition           |
| <input type="checkbox"/> Deafness or severe hearing impairment       | <input type="checkbox"/> Musculoskeletal condition         |
| <input type="checkbox"/> Dementia                                    | <input type="checkbox"/> Something else (please describe): |
| <input type="checkbox"/> No long-term condition                      |  |
| <input type="checkbox"/> Prefer not to say                           |  |

## Race

Which race do you identify as? (Including colour, nationality and ethnic or national origin)

### Arab

- Arab

### Asian

- |  |                                  |                                 |                                    |
|--|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Bangladeshi                                   | <input type="checkbox"/> Chinese | <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Any other Asian background (please describe): |                                  |                                 |                                    |

### Black/African/Black British/Caribbean

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> African                                       | <input type="checkbox"/> Caribbean |
| <input type="checkbox"/> Any other Black background (please describe): |                                    |

### Mixed/multiple ethnicity

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Asian and White   | <input type="checkbox"/> Black African and White | <input type="checkbox"/> Black Caribbean and White |
| <input type="checkbox"/> Any other Mixed/Multiple Ethnic background (please describe): |  |  |

### White

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> British, English, Northern Irish, Scottish and Welsh | <input type="checkbox"/> Irish |
| <input type="checkbox"/> Gypsy, Traveller, or Irish Traveller                 | <input type="checkbox"/> Roma  |
| <input type="checkbox"/> Any other White background (please describe):        |                                |

### Other

- Any other ethnic or national group (please describe):
- Prefer not to say

Please post your completed survey to:  
Freepost RTXT-ZTBY-XZJK, Healthwatch Salford,  
The Old Town Hall, 5 Irwell Place, Eccles, MANCHESTER, M30 0FN