

Opinions Survey Report No. 41

Contraception and Sexual Health, 2008/09

A report on research using the National Statistics
Opinions Survey produced on behalf of the
NHS Information Centre for health and social care

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Office for National Statistics

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Conventions and symbols

Presentation of data

A percentage may be quoted in the text for a single category that is identifiable in the tables only by summing two or more component percentages. In order to avoid rounding errors, the percentage has been recalculated for the single category and therefore may differ by 1 percentage point from the sum of the percentages derived from the tables.

The row or column percentages may add to 99 per cent or 101 per cent because of rounding.

0 per cent in the tables indicates that fewer than 0.5 per cent of people gave this answer. Instances where no answers for a particular response were given are indicated in the tables by '-'.

A few people failed to answer some questions. These 'no answers' have been excluded from the analysis, and so tables that describe the same population have slightly varying bases.

The individual figures for unweighted sample sizes are rounded to the nearest 10 cases and may not add up to the figures shown in the totals.

Small bases are associated with relatively high sampling errors and this affects the reliability of estimates. In general, percentage distribution is shown if the base is 30 or more. Where the base is smaller than this, actual numbers are shown within square brackets. Where estimates are considered unreliable due to relatively high sampling error, figures in the tables are presented with a turquoise shaded background.

Due to changes in the design of the National Statistics Omnibus survey, the sample size from 2005 was approximately two-thirds of that in previous years. Some tables which were shown in previous reports are therefore not included here because they contain too many small bases. The tables have been renumbered accordingly and so do not always correspond with table numbers in previous reports.

When the data for 2008/9 were processed, it was discovered that there was a minor error on the showcards used for the questions listing the type of contraception used. This affected a small number of cases, and has been adjusted for in the results.

Sampling error

Since the data in this report were obtained from a sample of the population, they are subject to sampling error. The Opinions Survey has a multi-stage sample design, and this has been taken into account when identifying statistically significant differences in the report.

Any differences mentioned in the report are statistically significant at the 95 per cent confidence level, unless otherwise stated. Sampling errors and design effects were calculated for age or sex comparisons and were usually between 1.0 and 1.2. For other comparisons, an estimated design effect of 1.2 was used.

It is important to remember that factors other than sampling errors can affect the reliability of the results obtained from any survey. Other sources of inaccuracy include, for example, non-response bias and under-reporting, which are more difficult to quantify.

Weighting

Because only one household member is interviewed at each address, people in households containing few adults have a higher probability of selection than those in households with many. Where the unit of analysis is individual adults, as it is for this module, a weighting factor is applied to correct for this unequal probability of selection. This was the weighting system used for previous reports.

The weighting system used from 2007/08 onwards also adjusts for some non-response bias by calibrating the Opinions sample to ONS population totals. The weighting ensures that the weighted sample distribution across regions and across age-sex groups matches that in the population. Tables in this report show estimates and bases from 2007/08 onwards weighted to population totals, and the bases are also shown unweighted.

The tables in this report showing time-series data also give 2007/08 estimates weighted only for unequal probability of selection (as in previous years) to give an indication of the effect of the revised weighting system. There appeared to be little effect on the estimates by introducing the new weighting system.

Summary

This report presents the results of a survey on contraception and sexual health carried out by the Office for National Statistics (ONS) in 2008/09 on behalf of the NHS Information Centre for health and social care. Questions on contraceptive use and sexual health were addressed to women aged 16–49 and men aged 16–69. Most respondents used a self-completion format.

Contraceptive use among women aged under 50 (Chapter 2)

- The majority of women under 50 (75 per cent) were using contraception. The most popular methods were the contraceptive pill (25 per cent) and the male condom (25 per cent)
- One in four women (25 per cent) were not currently using a method of contraception, of whom just over a half (13 per cent of all women under 50) were not engaged in a sexual relationship with someone of the opposite sex
- Among contraceptive users, younger women were more likely than older women to be using the pill or male condom. Conversely, older women were more likely than younger women to rely on sterilisation or partner's vasectomy
- Contraceptive users who were single were more likely to use the pill or condom than those in other marital status groups. Reliance on surgical methods of preventing pregnancy was least common among single women

Reasons for not using contraception (Chapter 2)

- Among those who were in a heterosexual relationship, the main reason that women did not use non-surgical contraception was because their partner had been sterilised (54 per cent). The next most common reason was pregnancy (11 per cent) and planned pregnancy (9 per cent)

Women 'at risk' of pregnancy (Chapter 2)

Women were defined as 'at risk' of pregnancy if they were in a heterosexual relationship and were neither pregnant nor relying on surgical methods of contraception

- Among women 'at risk' of pregnancy, 88 per cent used at least one method of contraception – a percentage similar to that found in previous years
- The pill and the condom were the most popular methods, each being used by over a third (38 per cent and 37 per cent respectively)

Long acting reversible contraception (Chapter 3)

- Three-fifths (60 per cent) of men who hadn't previously been sterilised said they had heard of long acting reversible contraception
- 69 per cent of men who had heard of long acting reversible contraception were correctly aware that they 'don't rely on you doing or taking something every day', while 30 per cent knew 'they are better at preventing pregnancy than other methods' and that 'they could prevent pregnancy for up to five years'

Emergency contraception (Chapter 3)

- As in previous years, almost all women (91 per cent) had heard of hormonal emergency contraception (the 'morning after pill')
- Fewer were aware of the emergency intrauterine device (IUD) (40 per cent) and this awareness has fallen from 49 per cent in 2000/01
- In 2008/09 just under half (48 per cent) of women who had heard of emergency contraception were correctly aware that the 'morning after pill' remains effective up to 72 hours after intercourse, while only 13 per cent knew that the emergency IUD was effective if inserted up to five days after sex
- Women who had heard of hormonal emergency contraception were asked which, if any, of seven statements about the 'morning after pill' were true. Only a quarter (24 per cent) identified six or seven of these statements correctly
- Only 4 per cent of women who had heard of emergency contraception incorrectly believed that the 'morning after pill' protected against pregnancy until the next period and less than 1 per cent believed that it protected against sexually transmitted infections
- Seven per cent of women had used hormonal emergency contraception and less than 0.5 per cent had used the emergency IUD in the year prior to interview. These percentages were similar to those observed in previous years

Sterilisations and vasectomies (Chapter 4)

- Six per cent of women under 50 had been sterilised and 16 per cent of men under 70 had undergone a vasectomy. The great majority of sterilisations (93 per cent) and vasectomies (73 per cent) had been performed by the NHS
- The percentage of vasectomies carried out by the NHS increased significantly from 66 per cent in 2000/01 to 73 per cent in 2008/09, having peaked in 2006/07 at 78 per cent

Sexual behaviour (Chapter 5)

- Most men (93 per cent) said that they had had sex only with women; 1 per cent said that they had had sex only with men and less than 1 per cent said that they had had sex with both men and women
- Fourteen per cent of men under 70 had had no sexual partners in the previous year, 74 per cent had had just one partner and 12 per cent had had more than one. For women under 50, these percentages were 10 per cent, 80 per cent and 10 per cent

Condom use (Chapter 5)

- The percentages of those men and women who were either currently in a sexual relationship or who had been in the past year who had used a condom in the previous year were similar to those recorded in previous years of the survey – 46 per cent of men and 51 per cent of women
- Prevention of pregnancy was cited as a reason for using a condom almost twice as often as prevention of infection

Knowledge of sexually transmitted infections (STIs) (Chapter 6)

- Over a half of men (59 per cent) and of women (52 per cent) who were not in a long-term exclusive relationship reported making no changes to their behaviour as a result of what they had heard about HIV/AIDS and other STIs. However, 34 per cent of men and 36 per cent of women said they had increased their use of condoms. Those who had had just one partner in the last 12 months were more likely than those who had had more than one partner to report STI publicity had not caused them to change their behaviour
- Television programmes were the most commonly mentioned source of information about STIs (31 per cent) followed by television advertisements (24 per cent) and newspapers, magazines or books (16 per cent). The Internet was rarely used as the main source of information about STIs, even by young people
- The percentage of people who recognised Chlamydia as an STI has increased sharply since the question was first asked in 2000/01 – from 35 per cent to 88 per cent for men in 2008/09, and from 65 per cent to 93 per cent for women
- Those who knew Chlamydia was an STI were asked about the symptoms. Women were more likely than men to give correct responses to all five statements (47 per cent compared with 27 per cent)
- Thirty per cent of women had undergone a test for Chlamydia at some point in the past, of whom 38 per cent had done so in the previous year. The test was most common among young women and those who had had more than one sexual partner in the past year

1: Introduction

This report presents the results for the module of questions on contraception and sexual health included on the National Statistics Opinions Survey during 2008/09. The module was sponsored by the NHS Information Centre for health and social care¹.

The Opinions Survey is a multipurpose survey developed to be a fast, cost-effective and reliable way of obtaining information on a variety of topics too brief to warrant a survey of their own. The sample is a stratified random sample of individuals rather than households². The Opinions Survey has been carrying questions on contraception on behalf of the Department of Health, and subsequently the NHS Information Centre, since it began in 1991. The contraception module includes questions on contraception use, sexual health, and knowledge of sexually transmitted infections (STIs).

During 2008/09, the contraception module was carried out in four months, July, September, December (2008) and March (2009), and in these months 4,366 adults were interviewed. Questions on contraceptive use, sexual health and STIs were asked of women aged 16–49 and men aged 16–69. The results presented in this report are based on the information provided by the 2,557 respondents (1,464 men and 1,093 women) who were eligible to participate and who responded.

Some of the questions in this module are of a sensitive nature and to avoid any potential embarrassment respondents are able to complete the module using a self-completion method: the majority of respondents opted for self-completion during 2008/09.

The questions are provided in Appendix B and details of all the reports in the contraception and sexual health series can be found in Appendix C.

¹ The NHS Information Centre for health and social care (IC) was created in April 2005 out of the former NHS Information Authority and the Department of Health Statistics Unit.

² Further details of the National Statistics Opinions Survey are given in Appendix A and are also available online at: www.statistics.gov.uk/about/services/omnibus/default.asp

2: Contraceptive use among women aged under 50

This chapter describes contraceptive use by women under 50 according to their demographic characteristics and educational background. It also looks at women's reasons for not using contraception.

Use of contraception

In 2008/09 the majority (75 per cent) of women under 50 were using at least one method of contraception. This percentage includes women who were using at least one non-surgical method (58 per cent) and women who were sterilised or whose partners had had a vasectomy (17 per cent). The contraceptive pill and the male condom were the most popular methods of contraception (25 per cent mentioned each of these methods). Partner sterilisation (11 per cent) and self-sterilisation (6 per cent) were the next most popular methods. Other methods of contraception used included the intrauterine device (IUD) (6 per cent), withdrawal (4 per cent), hormonal injection (3 per cent) and hormonal intrauterine system (IUS) (2 per cent). One in four women (25 per cent) were not currently using a method of contraception, of whom just over a half (13 per cent of all women) were not engaged in a sexual relationship with someone of the opposite sex.

The percentages using different forms of non-surgical contraception and the overall percentage using at least one method have shown little change over the last nine years. There has been a small decrease in the percentage of women relying on sterilisation from 10 per cent in the 2005/06 to 6 per cent on 2008/09.

Table 2.1

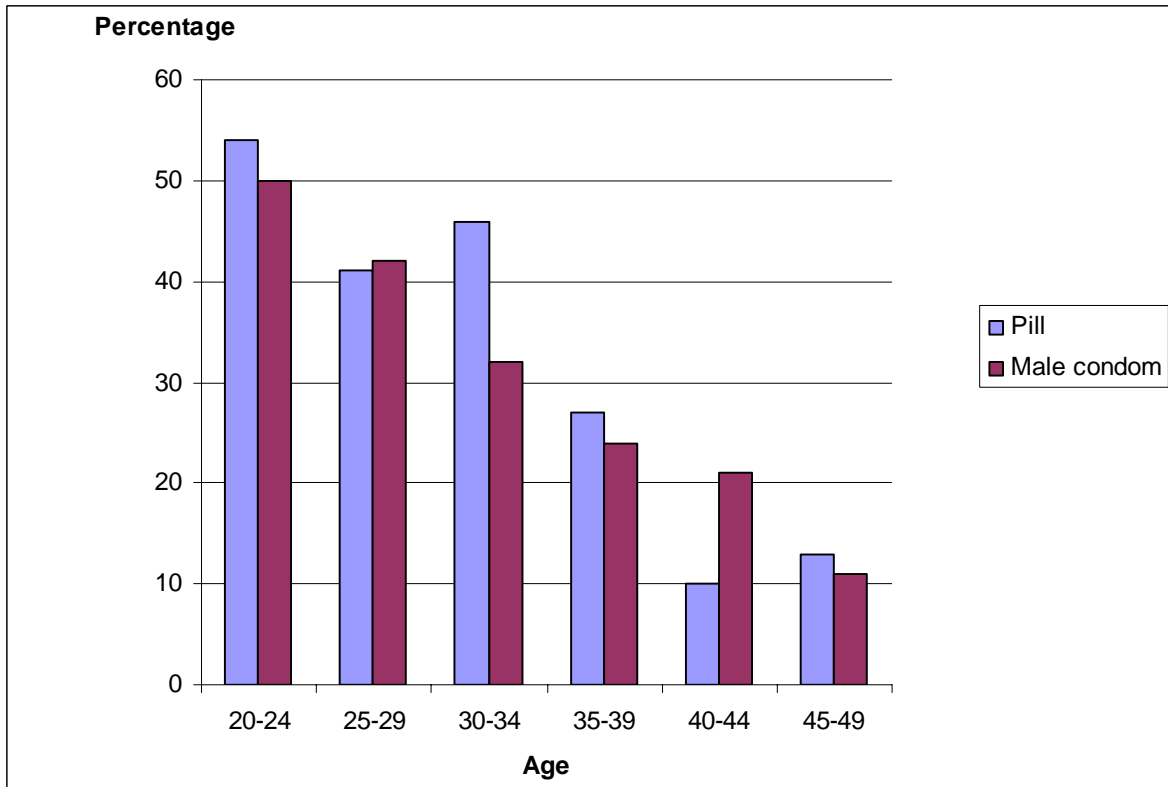
In 2008/09, women aged 16–19 were the least likely to be using contraception (57 per cent) followed by those aged 45–49 (72 per cent) and those aged 30–34 were the most likely (82 per cent were using at least one method of contraception). It should be noted that as the figures for those aged 16–19 are based on only 60 respondents, they should be treated with caution.

Among those who were using at least one form of surgical or non-surgical contraception, the percentage using the pill decreased steadily with age from 54 per cent among women aged 20–24 to around 1 in 10 of those aged 40–49. Use of the male condom was also more prevalent among younger women, decreasing from a half of 20–24 year olds to 11 per cent among 45–49 year olds.

Conversely, older women who were using contraception were more likely than younger women to rely on surgical methods. Nearly one in three (30 per cent) women aged 45–49 reported having a partner who had undergone a vasectomy compared with fewer than 2 per cent of women aged under 30. Female sterilisation was also more common among older women.

Tables 2.2 and 2.3 and Figure 2.1

Figure 2.1 Percentage of women using the contraceptive pill or the male condom: by age, 2008/09



Married or cohabiting women were more likely than their previously married counterparts to be using contraception: 84 per cent of married or cohabiting women did so, compared with 63 per cent of single and 66 per cent of widowed, divorced and separated women.

Among those using some form of contraception, there were differences between single women and women in other marital status groups in their choices of both surgical and non-surgical methods of contraception. Looking first at non-surgical methods, contraceptive users who were single were more likely to use the contraceptive pill (49 per cent) or the male condom (52 per cent) to prevent pregnancy than were married or cohabiting women (28 per cent and 27 per cent for these methods respectively). Widowed, divorced and separated women were more likely than single women and married or cohabiting women to use an IUD. For other forms of non-surgical contraception there were no statistically significant differences between the marital status groups.

Reliance on surgical methods of preventing pregnancy was least common among single women: 6 per cent of single women were either sterilised themselves or had a partner who had had a vasectomy, compared with 25 per cent of widowed, divorced and separated and 29 per cent of married or cohabiting women.

Tables 2.4 and 2.5

Looking at level of education, women with no qualifications were less likely than those with qualifications above GCSE level to be using at least one form of contraception.

Among those who were using at least one method of contraception, women with a degree or an equivalent qualification were the most likely to use the withdrawal method: 12 per cent of women with degree level qualifications used this method compared with 3–4 per cent of those with no or lower level qualifications.

Women with no qualifications were the most likely to have been sterilised: 19 per cent compared with fewer than 0.5 per cent of women with degree level qualifications. Although there was some statistically significant variation in partner sterilisation with educational level, there was no consistent pattern.

Tables 2.6 and 2.7

Use of emergency contraception is covered in Chapter 3.

Reasons for not using contraception

Women aged 16–49 who were currently in a heterosexual relationship and who were neither using contraception nor sterilised were asked their main reason for not using contraception. Over a half (54 per cent) of these women were not using non-surgical contraception because their partner had been sterilised. The next most common reason was pregnancy (11 per cent of these women were currently pregnant and 9 per cent wanted to become pregnant). Five per cent of women aged 16–49 in a heterosexual relationship who were not using non-surgical contraception thought they were possibly infertile.

Table 2.8

Women 'at risk' of pregnancy

For the purposes of this report women were defined as 'at risk' of pregnancy if they were in a heterosexual relationship and were neither pregnant nor reliant on surgical methods of contraception (self or partner sterilisation). During 2008/09, 67 per cent of women interviewed were 'at risk' of pregnancy. The percentage of women 'at risk' decreased from 82 per cent among women aged 20–24 to 60 per cent among those aged 35–39 and to 48 per cent among women aged 45–49.

Among women who were 'at risk' of becoming pregnant, 88 per cent used at least one method of contraception, a percentage that has shown little change since 2000/01. The pill and the condom were the most popular methods, each being used by over a third (38 per cent and 37 per cent respectively).

Seventy-eight per cent of women aged 16–29 used the pill (46 per cent) and/or the condom (47 per cent). The fact that these percentages sum to over 78 per cent indicates that a proportion of women used both methods. About a half of 'at risk' women aged 30–49 used the pill (31 per cent) and/or condom (29 per cent) with a few using both methods.

Tables 2.9 to 2.11

2: Contraceptive use among women aged under 50

Contraception and Sexual Health 2008/09

Table 2.1 Current use of contraception: 2000/01 to 2008/09

Women aged 16-49									Great Britain	
Current use of contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
Percentage who used:										
Non-surgical										
Pill*	25	28	25	25	25	24	27	27	28	25
Minipill	5	5	5	5	6	5	6	6	6	6
Combined pill	17	21	18	17	17	17	18	17	18	16
Male condom	21	21	20	23	22	21	22	24	24	25
Withdrawal	3	4	3	3	4	4	3	4	4	4
IUD	5	3	5	4	4	5	4	4	4	6
Injection ⁺	3	3	3	3	4	3	3	3	3	3
Implant ⁺	3	3	3	3	4	1	1	2	2	1
Patch	-	-	-	-	-	-	0	0	0	0
Safe period/ rhythm method/ Persona	1	2	1	1	2	1	3	1	2	2
Cap/ diaphragm	1	1	1	1	1	1	1	0	0	0
Foams/ gels	0	0	0	0	0	0	0	0	0	1
Hormonal IUS	1	1	1	1	1	1	2	3	3	2
Female condom	0	0	0	0	0	0	0	0	0	1
Emergency contraception**	1	1	1	1	1	1	1	1	1	1
Total at least one method non-surgical	51	53	51	52	53	53	56	56	58	58
Surgical										
Sterilised	11	10	11	11	10	10	9	7	7	6
Partner sterilised	11	12	12	12	12	11	11	11	10	11
Total at least one method	73	75	74	75	75	74	76	75	74	75
Not using a method										
No heterosexual relationship***	13	13	15	14	13	14	13	14	14	13
Sterile after another operation	4	3	3	3	3	3	2	2	2	2
Wants to get pregnant	3	2	2	2	3	3	4	3	3	2
Pregnant now	2	1	1	2	2	1	1	2	2	2
Going without sex to avoid pregnancy	1	0	1	1	1	0	1	1	1	1
Unlikely to conceive because of menopause	1	1	1	1	1	2	0	1	1	1
Possibly infertile	2	2	2	1	1	2	2	1	1	1
Doesn't like contraception	1	0	0	0	1	0	0	1	0	1
Other reason	2	2	1	1	2	1	2	1	1	3
Total not using a method	27	25	26	25	25	26	24	25	26	25
<i>Unweighted base</i>									1160	1090
<i>Weighted base (000s)²</i>									12,385	12,536
<i>Weighted base¹</i>	1967	2068	2190	2044	1994	1377	1252	1205		

* Includes women who did not know the type of pill used

** Category included for the first time in the 2000/01 questionnaire

*** In 2001/02 this category was changed to "No method used - no sexual relationship with someone of the opposite sex", prior to this the category was "No method used - no sexual relationship"

⁺ From 2005/06 injections and implants were asked about separately. Prior to this they were a combined category.

Percentages sum to more than 100 as respondents could give more than one answer.

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

2: Contraceptive use among women aged under 50

Contraception and Sexual Health 2008/09

Table 2.2 Current use of contraception: by age, 2008/09

<i>Women aged 16-49</i>								Great Britain
Current use of contraception	Age							Total
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	
	%	%	%	%	%	%	%	%
Uses at least one method	57	78	80	82	77	75	72	75
Does not use method	43	22	20	18	23	25	28	25
<i>Unweighted base</i>	60	120	160	180	190	200	180	1090
<i>Weighted base (000s) ¹</i>	1,227	1,979	1,716	1,799	1,745	2,162	1,882	12,385

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

Table 2.3 Current use of contraception by women using at least one method: by age, 2008/09

<i>Women aged 16-49 using contraception</i>								Great Britain
Current use of contraception	Age							Total
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	
Non-surgical	<i>Percentage who used:</i>							
Pill	54	54	41	46	27	10	13	34
Male condom	65	50	42	32	24	21	11	33
Withdrawal	3	7	5	8	5	6	4	6
IUD	-	4	7	6	12	9	11	7
Injection	4	6	9	3	2	2	4	4
Implant	3	5	2	1	0	0	1	2
Patch	-	0	2	1	1	1	-	1
Safe period/ rhythm method/ Persona	3	-	3	2	2	4	5	3
Cap/ diaphragm	-	-	1	1	-	0	1	1
Foams/ gels	4	0	2	-	0	0	0	1
Hormonal IUS	2	-	-	3	3	3	4	2
Female condom	5	2	1	-	1	2	-	1
Emergency contraception	7	1	1	1	0	0	-	1
Surgical								
Sterilised	-	3	2	2	10	18	19	8
Partner sterilised	-	1	2	10	22	28	30	14
<i>Unweighted base</i>	40	100	130	140	140	140	120	810
<i>Weighted base (000s) ¹</i>	700	1,545	1,370	1,471	1,350	1,625	1,358	9,419

Percentages sum to more than 100 as respondents could give more than one answer.

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

Table 2.4 Current use of contraception: by marital status, 2008/09

<i>Women aged 16-49</i>				Great Britain
Current use of contraception	Marital status			Total *
	Single	Married or cohabiting	Widowed, divorced or separated	
	%	%	%	%
Uses at least one method	63	84	66	75
Does not use method	37	16	34	25
<i>Unweighted base</i>	330	580	170	1090
<i>Weighted base (000s) ¹</i>	3,951	7,365	1,141	12,385

* includes women whose marital status is not known.

¹ weighted to population totals**Table 2.5 Current use of contraception by women using at least one method: by marital status, 2008/09**

<i>Women aged 16-49 using contraception</i>				Great Britain
Current use of contraception	Marital status			Total *
	Single	Married or cohabiting	Widowed, divorced or separated	
Non-surgical	<i>Percentage who used:</i>			
Pill	49	28	25	34
Male condom	52	27	19	33
Withdrawal	4	6	8	6
IUD	4	8	18	7
Injection	8	2	5	4
Implant	4	1	3	2
Patch	0	1	3	1
Safe period/ rhythm method/ Persona	3	2	2	3
Cap/ diaphragm	-	1	1	1
Foams/ gels	2	0	1	1
Hormonal IUS	2	2	4	2
Female condom	3	1	-	1
Emergency contraception	3	0	2	1
Surgical				
Sterilised	4	8	22	8
Partner sterilised	2	21	3	14
<i>Unweighted base</i>	210	480	110	810
<i>Weighted base (000s) ¹</i>	2,499	6,163	757	9,419

* includes women whose marital status is not known.

Percentages sum to more than 100 as respondents could give more than one answer.

¹ weighted to population totals

2: Contraceptive use among women aged under 50

Contraception and Sexual Health 2008/09

Table 2.6 Current use of contraception: by education, 2008/09

<i>Women aged 16-49</i>						Great Britain
Current use of contraception	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
	%	%	%	%	%	%
Uses at least one method	79	78	74	73	65	75
Does not use method	21	22	26	27	35	25
<i>Unweighted base</i>	270	290	230	180	100	1090
<i>Weighted base (000s) ¹</i>	3,192	3,333	2,744	2,149	1,094	12,385

¹ weighted to population totals

Table 2.7 Current use of contraception by women using at least one method: by education, 2008/09

<i>Women aged 16-49 using contraception</i>						Great Britain
Current use of contraception	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
<i>Percentage who used:</i>						
Non-surgical						
Pill	36	34	34	31	29	34
Male condom	35	38	28	33	22	33
Withdrawal	12	3	3	4	3	6
IUD	11	7	7	5	4	7
Injection	2	4	6	4	5	4
Implant	2	1	2	3	1	2
Patch	1	0	0	-	4	1
Safe period/ rhythm method/ Persona	5	1	1	1	5	3
Cap/ diaphragm	1	-	-	0	2	1
Foams/ gels	1	1	-	3	1	1
Hormonal IUS	2	2	3	2	2	2
Female condom	-	2	1	2	-	1
Emergency contraception	1	1	-	2	4	1
Surgical						
Sterilised	0	6	12	15	19	8
Partner sterilised	10	19	16	10	16	14
<i>Unweighted base</i>	200	220	170	140	70	810
<i>Weighted base (000s) ¹</i>	2,519	2,590	2,027	1,569	715	9,419

Percentages sum to more than 100 as respondents could give more than one answer

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

¹ weighted to population totals

2: Contraceptive use among women aged under 50

Contraception and Sexual Health 2008/09

Table 2.8 Main reason for not using a non-surgical method of contraception: 2000/01 to 2008/09

<i>Women aged 16-49 in a heterosexual relationship, not using contraception and not sterilised</i>									Great Britain	
Main reason for not using non-surgical contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
	%	%	%	%	%	%	%	%	%	%
Partner sterilised	52	59	61	61	59	55	57	54	53	54
Wants to become pregnant	12	10	12	12	13	15	18	14	15	9
Possibly infertile	10	9	9	6	6	8	10	7	8	5
Pregnant now	9	7	7	10	8	6	5	8	9	11
Doesn't like contraception	4	2	2	2	3	2	2	3	3	4
Menopause	3	5	5	4	4	8	2	6	6	4
Other reason	9	8	5	5	7	6	6	6	7	13
<i>Unweighted base</i>									210	210
<i>Weighted base (000s)²</i>									2,287	2,510
<i>Weighted base¹</i>	410	432	426	411	404	278	249	235		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 2.9 Whether 'at risk' of pregnancy: by age, 2008/09

<i>Women aged 16-49</i>								Great Britain
Whether 'at risk' of pregnancy	Age							Total
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	
	%	%	%	%	%	%	%	%
'At risk' *	64	82	83	77	60	53	48	67
'Not at risk'	36	18	17	23	40	47	52	33
<i>Unweighted base</i>	60	120	160	180	190	200	180	1090
<i>Weighted base (000s)¹</i>	1,227	1,979	1,716	1,799	1,750	2,173	1,893	12,536

* women aged 16-49 who were not pregnant, had a sexual relationship and were not protected by their own or their partner's sterilisation

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

2: Contraceptive use among women aged under 50

Contraception and Sexual Health 2008/09

Table 2.10 Current use of contraception by women 'at risk' of pregnancy: 2000/01 to 2008/09

Women aged 16-49 'at risk' of pregnancy *									Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
Current use of contraception										
	<i>Percentage who used:</i>									
Pill	42	47	44	43	42	38	42	41	42	38
Condom	36	35	34	40	36	34	35	36	37	37
IUD	8	6	8	7	7	8	6	7	6	8
Other methods	19	19	19	18	24	22	24	24	24	26
Not using contraception because of infertility, menopause or wants to become pregnant	9	8	9	7	8	10	10	8	8	6
Not using contraception because of other reasons	5	4	2	3	3	3	2	3	3	5
At least one method used	86	88	89	90	89	86	87	88	88	88
<i>Unweighted base</i>									740	700
<i>Weighted base (000s) ²</i>									8,149	8,338
<i>Weighted base ¹</i>	1169	1241	1273	1178	1203	845	800	783		

* women aged 16-49 who were not pregnant, had a sexual relationship and were not protected by their own or their partner's sterilisation.

Percentages sum to more than 100 as respondents could give more than one answer.

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 2.11 Use of contraceptive pill and condoms: by age, 2008/09

Women aged 16-49 'at risk' of pregnancy *	Age		Great Britain
	16-29	30-49	Total
	<i>Percentage who were:</i>		
Pill user**	46	31	38
Partner of condom user**	47	29	37
Neither pill user nor partner ***of condom user	22	44	34
<i>Unweighted base</i>	270	430	700
<i>Weighted base (000s) ¹</i>	3,846	4,492	8,338

* women aged 16-49 who were not pregnant, had a sexual relationship and were not protected by their own or their partner's sterilisation.

** women who used the pill and whose partner used the condom are included in both rows.

*** refers to the woman's partner whether in the household or not.

Percentages sum to more than 100 as respondents could give more than one answer.

¹ weighted to population totals

3: Knowledge of contraception

Knowledge of long acting reversible contraception

Men who hadn't been previously sterilised were asked if they had heard of long acting reversible contraception (LARC). These are IU (intra-uterine) devices/systems, injectable contraceptives and implants. Three-fifths of men who had not been sterilised (60 per cent) said they had heard of them, a percentage that varied with age, being highest among those aged 30–39 at around 70 per cent.

Although it appeared that married or cohabiting men who had not been sterilised were more likely than others to have heard of long acting contraception, the difference was not statistically significant. Men with degrees or equivalent were the most likely to have heard of long acting contraception: 76 per cent had heard of it compared with 59 per cent of men with qualifications above GCSE but below degree level and 41 per cent of those with no qualifications.

Tables 3.1 to 3.3

Men who had heard of LARC were asked which of the following five statements are true:

1. 'They don't rely on you doing or taking something every day'
2. 'They protect you against sexually transmitted diseases'
3. 'They have more side effects than the pill'
4. 'They are better at preventing pregnancy than other methods'
5. 'They could prevent pregnancy for up to five years'

(Answers 1, 4 and 5 are true and 2 and 3 are false)

Of the three statements that were true, the statement that long acting contraceptives 'don't rely on you doing or taking something every day' was the most likely to be recognised as accurate (69 per cent believed the statement to be true). Just under a third of men (30 per cent) believed long acting contraceptives 'are better at preventing pregnancy than other methods' and that 'they could prevent pregnancy for up to five years'.

Thirteen per cent of men incorrectly believed long acting contraception methods 'have more side effects than the pill' and 10 per cent of men believed they 'protect you against sexually transmitted diseases'.

There were no differences by age in the percentage of men who could identify which statements were true. Single men were less likely than other men to know that long acting contraception methods 'don't rely on you doing or taking something every day' (62 per cent compared with 72 per cent of married or cohabiting and 77 per cent of widowed, divorced or separated men). There were some differences in men's knowledge of long acting contraception methods by educational qualifications. For example, 36 per cent of men with qualifications above GCSE level knew long acting contraception methods could prevent pregnancy for up to five years, compared with only 19 per cent of men with GCSE grade D-G or equivalent.

Tables 3.4 to 3.6

Knowledge of emergency contraception

There are two forms of emergency contraception available for women to use after intercourse. These are hormonal emergency contraception (the 'morning after pill') which must be taken within 72 hours of intercourse, and the emergency IUD which must be inserted within five days if it is to be effective. Women who were not sterilised (or had been sterilised within the last two years) were asked if they had heard of these two methods.

In 2008/09, 91 per cent of these women said they had heard of the 'morning after pill', a percentage which has remained relatively stable since 2000/01. In contrast, awareness of the emergency IUD has fallen from 49 per cent in 2000/01 to 40 per cent in 2008/09.

There was no consistent variation in awareness of the 'morning after pill' or emergency IUD between women in different age groups. A greater percentage of women who had educational qualifications of GCSE A-C level or above knew about the 'morning after pill' (93 per cent or more) than women with lower or no qualifications (83 per cent or less).

Tables 3.7 to 3.9

Women who had heard of emergency contraception were asked how long after sexual intercourse they thought the 'morning after pill' and the emergency IUD could be used effectively. In 2008/09 just under half (48 per cent) of women were correctly aware that the 'morning after pill' remains effective up to 72 hours after intercourse, while only 13 per cent knew that the emergency IUD was effective if inserted up to five days after sex. Forty-five per cent of women underestimated the effective time period for the emergency pill and 42 per cent underestimated it for the emergency IUD. A much smaller percentage overestimated the effective time period (1 per cent for the emergency pill and 3 per cent for the emergency IUD). However, over two-fifths (43 per cent) of women said they did not know how long after intercourse the emergency IUD could be used. These percentages were similar to those recorded in previous years.

Table 3.10

Beliefs about emergency contraception

Women who had heard of hormonal emergency contraception were asked which, if any, of the following seven statements are true:

'The morning after pill...

1. ...has no identified harmful long-term side-effects
2. ...can sometimes cause nausea/make you feel sick
3. ...is more effective the sooner it is taken after intercourse
4. ...is safer and more effective than it has been in the past
5. ...can still be effective taken at any time up to 72 hours after intercourse
6. ...protects against sexually transmitted infections (STIs)
7. ...protects against pregnancy until the next period'

(Answers 1-5 are true and 6-7 are false)

Of the five statements that were true, the statement the 'morning after pill' '...is more effective the sooner it is taken after intercourse' was most likely to be recognised as accurate (66 per cent believed the statement to be true). Over half of women believed the 'morning after pill' '...can sometimes cause nausea/make you feel sick' (58 per cent) and '...can still be effective taken any time up to 72 hours after intercourse' (55 per cent). About a third believed it '...has no identified harmful long-term side-effects' (33 per cent) and it is '...safer and more effective than it has been in the past' (31 per cent).

Four per cent of women incorrectly believed the 'morning after pill' '...protects against pregnancy until the next period' and less than 1 per cent of women believed it '...protects against sexually transmitted infections'.

The percentage who thought the 'morning after pill' '...is more effective the sooner it is taken after intercourse' increased from 54 per cent in 2000/01 to 66 per cent in 2008/09. Although the percentage who believed the 'morning after pill' '...can still be effective taken any time up to 72 hours after intercourse' had increased from 42 per cent in 2000/01 to 55 per cent in 2001/02, the question was reworded in 2001/02 and the figures are stable after this. The percentage who thought the other statements were true has shown little change since 2000/01.

An overall score across all seven statements was computed for all women so that accuracy of knowledge about the 'morning after pill' could be assessed. Women were assigned one point for each statement they correctly identified as true or false. Only a quarter (24 per cent) identified six or seven of these statements correctly.

Although there were some differences in the percentage of women who could identify which statements were true by age, there was no clear pattern. Women aged 16–29 were more likely to know that the 'morning after pill' '...is more effective the sooner it is taken after intercourse' than older women (74 per cent compared with 61 per cent of women aged 30 and over).

There were some differences between women in different marital status groups, for example single women were more likely than married or cohabiting women to know the morning after pill is effective taken any time up to 72 hours after intercourse and it is more effective the sooner you take it after intercourse. The percentage identifying six or seven statements correctly was highest among those educated to degree level (34 per cent) decreasing steadily as educational level decreased to only 13 per cent among those women with no qualifications.

Tables 3.11 to 3.14

Use of emergency contraception

Seven per cent of women had used the 'morning after pill' at least once in the year prior to interview, a similar percentage to that observed in previous years. Of those women who had used the 'morning after pill', most had done so only once in the year prior to interview. Less than 0.5 per cent of women had used the emergency IUD during 2008/09, a percentage which has remained stable over the last eight years.

Use of the 'morning after pill' was more common in women aged under 30 than among older women. Single women were more likely than their married or previously married counterparts to have used the 'morning after pill'. There were no differences in the use of the 'morning after pill' between women with different educational qualifications. Eight per cent of women who were currently using a method of

contraception had used the 'morning after pill' in the past year, compared with only 3 per cent of women who were not currently using contraception.

Tables 3.15 to 3.19

In 2008/09, of those women who had used the 'morning after pill' in the year prior to interview, just over two-fifths (42 per cent) had obtained it directly from a chemist or pharmacy, a third (31 per cent) had obtained it directly from their own GP or practice nurse and a sixth (16 per cent) had obtained it from a Community Contraception Clinic. However, as these figures are based on around 70 women, they should be treated with caution.

Condom failure remained the most common reason why the 'morning after pill' was used, with 36 per cent of women citing this. The next most common reasons were not wanting to use a condom (20 per cent) and missing or forgetting to take the oral contraceptive pill (18 per cent). Again, these figures should be treated with caution due to low bases.

Tables 3.20 to 3.21

Family planning services

Over half of women aged 16–49 (55 per cent) had used one or more family planning services during the five years prior to interview. This percentage was similar to most previous years. Service use was greatest among 25–29 year olds (73 per cent) and lowest among those aged 45–49 (33 per cent). Within each age group, GPs/practice nurses were the most popular source of contraception, with the exception of 16–19 year olds who were as likely to use Community Contraceptive Clinics as they were to use their own GP/practice nurse (although as this is based on 60 women, the results should be treated with caution).

Tables 3.22 to 3.23

3: Knowledge of contraception

Contraception and Sexual Health 2008/09

Table 3.1 Knowledge of long acting contraception: by age, 2008/09

<i>Men aged 16-69 (excluded if sterilised)</i>								Great Britain
Has heard of ...	Age							Total
	16-24	25-29	30-34	35-39	40-44	45-49	50-69	
<i>Percentage who had heard of ...</i>								
Long-acting contraception	59	59	69	72	59	54	55	60
<i>Unweighted base</i>	130	120	140	150	130	110	430	1,200
<i>Weighted base (000s) ¹</i>	3,239	1,589	1,899	1,837	1,541	1,365	4,142	15,612

¹ weighted to population totals

Table 3.2 Knowledge of long acting contraception: by marital status, 2008/09

<i>Men aged 16-69 (excluded if sterilised)</i>				Great Britain
Has heard of ...	Marital status			Total
	Single	Married or cohabiting	Widowed, divorced or separated	
<i>Percentage who had heard of ...</i>				
Long-acting contraception	57	64	55	60
<i>Unweighted base</i>	360	660	180	1,200
<i>Weighted base (000s) ¹</i>	5,214	9,019	1,237	15,612

¹ weighted to population totals

3: Knowledge of contraception

Contraception and Sexual Health 2008/09

Table 3.3 Knowledge of long acting contraception: by education, 2008/09

Men aged 16-69 (excluded if sterilised) Has heard of ...	Educational qualifications					Great Britain
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	Total
	<i>Percentage who had heard of ...</i>					
Long-acting contraception	76	59	68	46	41	60
<i>Unweighted base</i>	290	260	240	200	210	1,200
<i>Weighted base (000s)</i> ¹	3,895	3,428	3,273	2,629	2,387	15,612

¹ weighted to population totals

Table 3.4 Whether men could identify which of the statements about long acting contraception were true: by age, 2008/09

Men aged 16-69 who had heard of long acting contraception Statements about long acting contraception	Age				Great Britain
	16-29	30-39	40-49	50 and over	Total
	<i>Percentage who thought statement was true ...</i>				
Correct statements					
... don't rely on you doing or taking something every day	63	73	66	74	69
... are better at preventing pregnancy than other methods	25	30	30	36	30
... could prevent pregnancy for up to five years	36	26	34	25	30
Incorrect statements					
... have more side effects than the pill	12	14	17	9	13
...protect you against sexually transmitted diseases	15	9	6	10	10
<i>Unweighted base</i>	140	200	140	210	680
<i>Weighted base (000s)</i> ¹	2,794	2,618	1,608	2,032	9,051

¹ weighted to population totals

Table 3.5 Whether men could identify which of the statements about long acting contraception were true: by marital status, 2008/09

Statements about long acting contraception	Marital status			Great Britain
	Single	Married or cohabiting	Widowed, divorced or separated	Total
<i>Men aged 16-69 who had heard of long acting contraception</i>				
<i>Percentage who thought statement was true ...</i>				
Correct statements				
... don't rely on you doing or taking something every day	62	72	77	69
... are better at preventing pregnancy than other methods	26	32	21	30
... could prevent pregnancy for up to five years	34	29	25	30
Incorrect statements				
... have more side effects than the pill	15	11	17	13
....protect you against sexually transmitted diseases	17	7	8	10
<i>Unweighted base</i>	190	400	90	680
<i>Weighted base (000s) [†]</i>	2,881	5,513	630	9,051

[†] weighted to population totals

3: Knowledge of contraception

Contraception and Sexual Health 2008/09

Table 3.6 Whether men could identify which of the statements about long acting contraception were true: by education, 2008/09

Statements about long acting contraception	Educational qualifications					Great Britain
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	Total
	<i>Percentage who thought statement was true ...</i>					
Correct statements						
... don't rely on you doing or taking something every day	75	76	66	54	61	69
... are better at preventing pregnancy than other methods	31	29	27	33	28	30
... could prevent pregnancy for up to five years	36	36	26	19	26	30
Incorrect statements						
... have more side effects than the pill	12	14	11	13	19	13
...protect you against sexually transmitted diseases	10	6	8	20	15	10
<i>Unweighted base</i>	210	150	160	90	70	680
<i>Weighted base (000s)¹</i>	2,931	1,922	2,188	1,138	871	9,051

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

3: Knowledge of contraception

Contraception and Sexual Health 2008/09

Table 3.7 Knowledge of emergency contraception: 2000/01 to 2008/09

Has heard of ...									Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentage who had heard of ...</i>										
Hormonal emergency contraception	92	94	93	94	93	93	92	92	91	91
Emergency IUD	49	46	45	43	41	42	46	37	37	40
<i>Unweighted base</i>									1,070	1,020
<i>Weighted base (000s)²</i>									11,571	11,754
<i>Weighted base¹</i>	1722	1839	1938	1779	1776	1228	1128	1120		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 3.8 Knowledge of emergency contraception: by age, 2008/09

Has heard of ...	Age							Total	
	16-19	20-24	25-29	30-34	35-39	40-44	45-49		
<i>Percentage who had heard of ...</i>									
Hormonal emergency contraception		88	95	89	91	90	89	93	91
Emergency IUD		55	32	38	30	47	42	40	40
<i>Unweighted base</i>		60	120	160	170	180	170	150	1,020
<i>Weighted base (000s)¹</i>		1,227	1,935	1,711	1,765	1,665	1,857	1,594	11,754

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

3: Knowledge of contraception

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Table 3.9 Knowledge of emergency contraception: by education, 2008/09

Has heard of ...	Educational qualifications					Great Britain
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	Total
	<i>Percentage who had heard of ...</i>					
Hormonal emergency contraception	95	93	93	83	80	91
Emergency IUD	41	39	45	34	35	40
<i>Unweighted base</i>	270	280	220	160	90	1,020
<i>Weighted base (000s)¹</i>	3,179	3,185	2,530	1,913	947	11,754

¹ weighted to population totals

3: Knowledge of contraception

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Table 3.10 Knowledge of how long after intercourse emergency contraception is effective: 2000/01 to 2008/09

<i>Women who had heard of emergency contraception</i>									Great Britain	
How long after intercourse respondent thought it is effective	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
Hormonal emergency contraception ("Morning after pill")										
	%	%	%	%	%	%	%	%	%	%
Up to 12 hours	14	15	14	15	15	12	13	15	15	17
Up to 24 hours	26	29	31	29	31	32	28	29	29	29
Up to 72 hours	52	49	49	50	48	47	53	49	49	48
Up to 5 days	1	1	0	0	1	1	1	0	0	1
Over 5 days	0	0	0	0	0	0	0	0	0	0
Don't know	7	5	6	6	5	7	5	7	7	5
<i>Unweighted base</i>									980	920
<i>Weighted base (000s)²</i>									10,570	10,672
<i>Weighted base¹</i>	1585	1720	1791	1668	1652	1134	1037	1027		
Emergency IUD										
	%	%	%	%	%	%	%	%	%	%
Up to 12 hours	13	13	12	13	13	12	14	13	13	14
Up to 24 hours	16	14	16	13	12	13	11	15	15	11
Up to 72 hours	15	11	13	12	16	14	13	13	13	17
Up to 5 days	11	12	10	10	11	9	12	8	8	13
Over 5 days	2	3	2	2	2	3	3	2	2	3
Don't know	43	47	47	49	47	49	48	48	49	43
<i>Unweighted base</i>									400	410
<i>Weighted base (000s)²</i>									4,226	4,657
<i>Weighted base¹</i>	839	847	862	764	733	514	518	415		

In 2001/02 "successfully" was removed from the question: "how long after sexual intercourse has taken place do you think the pill/IUD method of emergency contraception can successfully be used?"
 The correct responses were 'up to 72 hours' for hormonal emergency contraception and 'up to 5 days' for the emergency IUD
 2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals
 Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.
¹ weighted for unequal chance of selection
² weighted to population totals

3: Knowledge of contraception

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Table 3.11 Whether women could identify which of the statements about emergency contraception were true: 2000/01 to 2008/09

<i>Women aged 16-49 who had heard of the "morning after pill"</i>									Great Britain	
Statements about hormonal emergency contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
"The emergency pill	<i>Percentage who thought statement was true ...</i>									
Correct statements										
....can sometimes cause nausea/make you feel sick"	57	60	57	63	59	59	62	57	57	58
....is more effective the sooner it is taken after intercourse"	54	56	59	63	64	61	66	67	67	66
....can still be effective taken at any time up to 72 hours after intercourse**	42	55	54	56	52	54	58	53	54	55
....has no identified harmful long-term side-effects"	38	39	35	39	35	34	38	35	34	33
....is safer and more effective than it has been in the past"	29	33	31	32	35	31	34	27	27	31
Incorrect statements										
....protects against sexually transmitted infections (STIs)***	..	1	0	1	1	0	0	1	1	0
....protects against pregnancy until the next period***	..	9	8	8	8	7	7	6	6	4
None of these	4	4	3	3	3	3	2	2	2	6
<i>Unweighted base</i>									970	920
<i>Weighted base (000s)²</i>									10,451	10,632
<i>Weighted base¹</i>	1,486	1,634	1,768	1,650	1,631	1,127	750	1,015		

.. Data not available

* in 2000/01 this code read "...is equally effective taken at any time up to 72 hours after intercourse"

** this statement was included for the first time in 2001/02

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 3.12 Whether women could identify which of the statements about emergency contraception were true: by age, 2008/09

<i>Women aged 16-49 who had heard of the "morning after pill"</i>	Great Britain			Total
	Age			
Statements about hormonal emergency contraception	16-29	30-39	40-49	
"The emergency pill				
	<i>Percentage who thought statement was true ...</i>			
Correct statements				
...can sometimes cause nausea/make you feel sick"	60	58	56	58
...is more effective the sooner it is taken after intercourse"	74	61	61	66
...can still be effective taken at any time up to 72 hours after intercourse"	57	60	46	55
...has no identified harmful long-term side-effects"	26	37	38	33
...is safer and more effective than it has been in the past"	30	31	33	31
Incorrect statements				
...protects against sexually transmitted infections (STIs)"	0	-	1	0
...protects against pregnancy until the next period"	6	4	3	4
None of these	8	4	4	6
Identified 6 or 7 statements correctly	26	23	23	24
<i>Unweighted base</i>	300	320	300	920
<i>Weighted base (000s) ¹</i>	4,424	3,105	3,104	10,632

¹ weighted to population totals

Table 3.13 Whether women could identify which of the statements about emergency contraception were true: by marital status, 2008/09

Statements about hormonal emergency contraception	Marital status			Great Britain
	Single	Married or cohabiting	Widowed, divorced or separated	Total
"The emergency pill	<i>Percentage who thought statement was true ...</i>			
Correct statements				
....can sometimes cause nausea/make you feel sick"	60	58	58	58
....is more effective the sooner it is taken after intercourse"	74	63	64	66
....can still be effective taken at any time up to 72 hours after intercourse"	62	50	55	55
....has no identified harmful long-term side-effects"	27	36	37	33
....is safer and more effective than it has been in the past"	34	29	35	31
Incorrect statements				
....protects against sexually transmitted infections (STIs)"	0	0	1	0
....protects against pregnancy until the next period"	5	4	4	4
None of these	6	5	5	6
Identified 6 or 7 statements correctly	28	21	26	24
<i>Unweighted base</i>	290	490	130	920
<i>Weighted base (000s)</i> ¹	3,521	6,162	894	10,632

¹ weighted to population totals

3: Knowledge of contraception

Contraception and Sexual Health 2008/09

Table 3.14 Whether women could identify which of the statements about emergency contraception were true: by education, 2008/09

Statements about hormonal emergency contraception	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
	Percentage who thought statement was true ...					
<i>Women aged 16-49 who had heard of the "morning after pill"</i>						
Great Britain						
"The emergency pill						
Correct statements						
....can sometimes cause nausea/make you feel sick"	69	66	45	53	38	58
....is more effective the sooner it is taken after intercourse"	77	71	56	67	39	66
....can still be effective taken at any time up to 72 hours after intercourse"	56	66	50	46	40	55
....has no identified harmful long-term side-effects"	39	29	37	22	35	33
....is safer and more effective than it has been in the past"	38	32	29	28	12	31
Incorrect statements						
....protects against sexually transmitted infections (STIs)"	0	-	1	0	-	0
....protects against pregnancy until the next period"	3	4	4	5	14	4
None of these	3	3	6	10	19	6
Identified 6 or 7 statements correctly	34	25	20	15	13	24
<i>Unweighted base</i>	260	260	200	140	70	920
<i>Weighted base (000s)¹</i>	3,008	2,958	2,335	1,589	742	10,632

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

Table 3.15 Use of emergency contraception during the year prior to interview: 2000/01 to 2008/09

Use of emergency contraception	Great Britain									
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Women aged 16-49 (not sterilised or sterilised in last two years)</i>										
Hormonal emergency contraception ("Morning after pill")	%	%	%	%	%	%	%	%	%	%
Used once	6	6	5	4	6	4	4	4	4	6
Used twice	1	1	1	1	1	1	1	1	1	1
Used more than twice	1	0	1	0	0	1	0	0	0	1
Used at least once	8	7	7	6	7	5	6	5	6	7
Not used	92	93	93	94	93	95	94	95	94	93
Emergency IUD	%	%	%	%	%	%	%	%	%	%
Used	0	0	1	0	0	0	0	0	0	0
Not used	100	100	99	100	100	100	100	100	100	100
<i>Unweighted base</i>									1,060	1,020
<i>Weighted base (000s)²</i>									11,533	11,747
<i>Weighted base¹</i>	1,726	1,833	1,934	1,781	1,774	1,227	1,126	1,119		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 3.16 Use of emergency contraception during the year prior to interview: by age, 2008/09

<i>Women aged 16-49 (not sterilised or sterilised in last two years)</i>								Great Britain
Use of emergency contraception	Age							Total
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	
Hormonal emergency contraception								
("Morning after pill")	%	%	%	%	%	%	%	%
Used once	14	9	8	5	1	1	3	6
Used twice	-	2	3	-	1	1	-	1
Used more than twice	3	-	1	-	0	-	-	1
Used at least once	17	11	11	5	2	2	3	7
Not used	83	89	89	95	98	98	97	93
Emergency IUD								
Used	-	0	2	-	1	-	-	0
Not used	100	100	98	100	99	100	100	100
<i>Unweighted base</i>	60	120	160	170	180	170	150	1,020
<i>Weighted base (000s) ¹</i>	1,227	1,935	1,711	1,765	1,658	1,857	1,594	11,747

¹ weighted to population totals

Table 3.17 Use of emergency contraception during the year prior to interview: by marital status, 2008/09

<i>Women aged 16-49 (not sterilised or sterilised in last two years)</i>					Great Britain
Use of emergency contraception	Marital status				Total
	Single	Married	Co-habiting	Widowed, divorced or Separated	
Hormonal emergency contraception					
("Morning after pill")	%	%	%	%	%
Used once	10	3	3	6	6
Used twice	2	0	-	1	1
Used more than twice	1	-	-	1	1
Used at least once	13	4	3	7	7
Not used	87	96	97	93	93
Emergency IUD					
Used	1	0	-	1	0
Not used	99	100	100	99	100
<i>Unweighted base</i>	320	390	150	150	1,020
<i>Weighted base (000s)¹</i>	3,843	4,972	1,885	993	11,747

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Table 3.18 Use of emergency contraception during the year prior to interview: by education, 2008/09

<i>Women aged 16-49 (not sterilised or sterilised in last two years)</i>						Great Britain
Use of emergency contraception	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
Hormonal emergency contraception ("Morning after pill")	%	%	%	%	%	%
Used once	3	7	6	9	3	6
Used twice	1	1	-	1	-	1
Used more than twice	1	0	-	1	3	1
Used at least once	5	8	6	10	6	7
Not used	95	92	94	90	94	93
Emergency IUD	%	%	%	%	%	%
Used	0	1	-	1	1	0
Not used	100	99	100	99	99	100
<i>Unweighted base</i>	270	280	220	160	90	1,020
<i>Weighted base (000s)</i> ¹	3,172	3,185	2,530	1,913	947	11,747

¹ weighted to population totals

Table 3.19 Use of emergency contraception during the year prior to interview: by current use of contraception, 2008/09*Women aged 16-49 (not sterilised or sterilised in last two years) Great Britain*

Use of emergency contraception	Use of contraception		Total
	Currently using a method	Currently not using a method	
Hormonal emergency contraception ("Morning after pill")			
	%	%	%
Used once	7	3	6
Used twice	1	0	1
Used more than twice	1	-	1
Used at least once	8	3	7
Not used	92	97	93
Emergency IUD			
	%	%	%
Used	1	-	0
Not used	99	100	100
<i>Unweighted base</i>	740	260	1,020
<i>Weighted base (000s)</i> ¹	8,728	2,961	11,747

¹ weighted to population totals

3: Knowledge of contraception

Contraception and Sexual Health 2008/09

Table 3.20 Where hormonal emergency contraception (the 'morning after pill') was obtained: 2000/01 to 2008/09

Where obtained									Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentage who obtained from ...</i>										
Own GP or practice nurse*	59	43	44	41	33	30	31	22	20	31
Community contraception clinic	33	31	18	21	21	24	6	21	23	16
Other GP or practice nurse*	3	9	5	3	-	1	4	2	1	4
Hospital Accident and Emergency	3	2	5	5	2	1	2	-	-	1
Chemist or pharmacy**	..	20	33	27	50	45	55	50	51	42
A walk-in centre or minor injuries unit**	..	1	0	11	3	4	3	8	8	9
Other	5	2	4	1	2	1	3	-	-	4
<i>Unweighted base</i>									60	70
<i>Weighted base (000s)²</i>									659	821
<i>Weighted base¹</i>	134	135	129	105	123	67	54	61		

.. Data not available

* "practice nurse" added to code for the first time in 2001/02

** these codes included for the first time in 2001/02

Percentages sum to more than 100 as respondents could give more than one answer

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 3.21 Main reason for using hormonal emergency contraception (the 'morning after pill') on the most recent occasion it was used in the last year: 2002/03 to 2008/09

Main reason for using emergency contraception								Great Britain	
	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²	
	%	%	%	%	%	%	%	%	
Condom failure	42	49	46	45	45	33	34	36	
Missed pill/forgot to take the pill	23	23	17	22	21	29	29	18	
Condom not available	11	9	13	4	13	20	21	14	
Did not want to use a condom	9	2	6	9	6	6	5	20	
Other routine contraceptive failure	1	5	5	7	3	2	2	2	
Other reason	14	13	13	13	12	11	9	10	
<i>Unweighted base</i>							70	70	
<i>Weighted base (000s)²</i>							720	831	
<i>Weighted base¹</i>	136	110	128	69	67	67			

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

2002/03-2006/07 percentages and bases weighted for unequal chance of selection

The question was asked in 2001/02 but the results were not reported.

2002/03-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

3: Knowledge of contraception

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Table 3.22 Use of family planning services during the five years prior to interview: 2000/01 to 2008/09

<i>Women aged 16-49</i>									Great Britain	
Use of family planning services	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08¹	2007/08²	2008/09²
	<i>Percentage who had used ...</i>									
Own GP or practice nurse*	48	48	47	46	46	44	47	46	46	43
Community contraception clinic	20	22	19	18	19	18	20	16	16	18
Other GP or practice nurse*	2	2	2	2	1	1	1	2	2	2
Chemist or pharmacy**	..	4	5	5	5	5	4	6	6	7
Walk-in centre or minor injuries unit**	..	1	1	1	1	1	1	1	1	2
Somewhere else	2	1	1	2	1	2	1	2	2	1
Used at least one service	58	61	58	57	57	54	57	56	56	55
Did not use a service	42	39	42	43	43	46	43	44	44	45
<i>Unweighted base</i>									1,160	1,090
<i>Weighted base (000s)²</i>									12,510	12,527
<i>Weighted base¹</i>	1,975	2,074	2,197	2,052	2,003	1,378	918	1,216		

.. Data not available

* "practice nurse" added to code for the first time in 2001/02

** these categories included for the first time in 2001/02

Percentages sum to more than 100 as respondents could give more than one answer

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 3.23 Use of family planning services during the five years prior to interview: by age, 2008/09

<i>Women aged 16-49</i>								Great Britain
Use of family planning services	Age							Total
	16-19	20-24	25-29	30-34	35-39	40-44	45-49	
	<i>Percentage who had used ...</i>							
Own GP or practice nurse	25	49	58	62	46	31	25	43
Community contraception clinic	27	31	24	18	18	6	9	18
Other GP or practice nurse	1	4	4	2	1	1	2	2
Chemist or pharmacy	10	9	9	11	7	2	3	7
Walk-in centre or minor injuries unit	4	3	3	-	2	-	0	2
Somewhere else	3	2	-	2	1	2	-	1
Used at least one service	51	68	73	70	57	38	33	55
Did not use a service	49	32	27	30	43	62	67	45
<i>Unweighted base</i>	60	120	160	180	190	200	180	1,090
<i>Weighted base (000s)</i> ¹	1,227	1,961	1,716	1,799	1,764	2,178	1,881	12,527

Percentages sum to more than 100 as respondents could give more than one answer

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.

4: Sterilisations and vasectomies

This chapter describes age and educational variations in sterilisation among women aged under 50 and vasectomies among men aged under 70. It also details the percentages of men and women who had become sterile after an operation not intended for this purpose.

In 2008/09 six per cent of women under 50 had been sterilised and a further 2 per cent had had an operation for another purpose which had resulted in sterility. The majority (93 per cent) of women who had been sterilised reported their surgery had been carried out within the NHS. This figure should be treated with caution as it is based on around 70 women.

One in six (16 per cent) men under 70 had undergone a vasectomy, of whom 73 per cent stated their operation had been performed within the NHS. Fewer than a half a per cent of men had become sterile after an operation not intended to cause sterility.

There has been no statistically significant change in the last eight years in the percentages of men and women who have undergone sterilisation or who have become sterile as a result of an operation for another purpose. Although the percentage of female sterilisations carried out within the NHS rose from 91 per cent in 2000/01 to 97 per cent in 2005/06, the apparent decrease to 93 per cent in 2008/09 was not statistically significant due to low bases. The percentage of vasectomies carried out by the NHS increased significantly from 66 per cent in 2000/01 to 73 per cent in 2008/09, having peaked in 2006/07 at 78 per cent.

Table 4.1

The percentage of women who had been sterilised increased from 1 per cent among those aged 16–29 to 14 per cent of those aged 40–49. Becoming sterile after an operation not intended to cause sterility was also slightly more common among older women, increasing from less than half a per cent among 16–29 year olds to four per cent among 40–49 year olds.

The percentage of men who had undergone a vasectomy increased from only one per cent of those aged 16–29 to 29 per cent of those aged 50–54 and then remained relatively constant thereafter.

Table 4.2

Sterilisation was most common among women with no qualifications; the percentage of women who had been sterilised increased from less than half a per cent among those educated to degree level to 12 per cent among those with no qualifications.

Sterilisation among men also became less common with increased educational attainment: 21 per cent of those with no qualifications had had a vasectomy in comparison with 12 per cent of those with degree level qualifications.

Table 4.3

4: Sterilisations and vasectomies

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Table 4.1 Female sterilisation and male vasectomy: 2000/01 to 2008/09

<i>Women aged 16-49 and men aged 16-69</i>									Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentage who ...</i>										
Women										
had been sterilised	11	10	11	11	10	10	9	7	6	6
had had another operation causing sterility	4	3	3	3	3	3	2	2	2	2
<i>Unweighted base</i>									1160	1090
<i>Weighted base (000s)</i> ²									12,568	12,578
<i>Weighted base</i> ¹	1979	2079	2200	2047	2000	1378	1258	1221		
Men										
had had a vasectomy	17	15	18	17	18	18	17	18	16	16
had had another operation causing sterility	1	1	1	1	1	0	0	1	1	0
<i>Unweighted base</i>									1,540	1,460
<i>Weighted base (000s)</i> ²									18,404	18,642
<i>Weighted base</i> ¹	2,543	2,759	2,928	2,544	2,533	1,842	1,633	1,667		
Percentage who had their sterilisation/vasectomy carried out on the NHS										
Women	91	92	94	94	96	97	93	92	92	93
<i>Women who had been sterilised</i>										
<i>Unweighted base</i>									80	70
<i>Weighted base (000s)</i> ²									813	791
<i>Weighted base</i> ¹	220	212	236	226	195	134	114	80		
Men	66	66	69	71	72	73	78	74	75	73
<i>Men who had been sterilised</i>										
<i>Unweighted base</i>									260	250
<i>Weighted base (000s)</i> ²									2,934	2,965
<i>Weighted base</i> ¹	427	361	532	435	450	326	276	303		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

4: Sterilisations and vasectomies

Contraception and Sexual Health 2008/09

Table 4.2 Female sterilisation and male vasectomy: by age, 2008/09

	Age								Great Britain
	16-29	30-34	35-39	40-44	45-49	50-54	55-64	65-69	Total
<i>Percentage who ...</i>									
Women									
had been sterilised	1	2	7	14	14	nc	nc	nc	6
had had another operation causing sterility	0	1	1	4	4	nc	nc	nc	2
<i>Unweighted base</i>	340	180	190	200	190	nc	nc	nc	1,090
<i>Weighted base (000s)¹</i>	4,929	1,799	1,772	2,173	1,905	nc	nc	nc	12,578
Men									
had had a vasectomy	1	4	9	21	26	29	29	32	16
had had another operation causing sterility	-	-	-	0	0	-	0	1	0
<i>Unweighted base</i>	250	140	160	160	140	140	330	130	1,460
<i>Weighted base (000s)¹</i>	4,898	2,000	2,008	1,955	1,865	1,688	3,155	1,073	18,642

nc not collected

¹ weighted to population totals

Table 4.3 Female sterilisation and male vasectomy: by education, 2008/09

	Educational qualifications					Great Britain
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	Total
<i>Percentage who ...</i>						
Women						
had been sterilised	0	5	9	11	12	6
had had another operation causing sterility	1	2	1	2	3	2
<i>Unweighted base</i>	280	290	240	180	110	1,090
<i>Weighted base (000s)¹</i>	3,221	3,348	2,759	2,149	1,101	12,578
Men						
had had a vasectomy	12	18	12	19	21	16
had had another operation causing sterility	0	0	-	0	-	0
<i>Unweighted base</i>	340	320	270	260	270	1,460
<i>Weighted base (000s)¹</i>	4,450	4,179	3,719	3,262	3,032	18,642

¹ weighted to population totals

5: Sexual behaviour and condom use

The Opinions Survey includes questions about sexual health in relation to HIV/AIDS and other sexually transmitted infections (STIs). Although detailed questions on these topics are thought to be inappropriate for this type of survey, more general questions on sexual behaviour are included in the Opinions Survey to provide background information for the interpretation of the data on condom use. In particular, it is possible to estimate the percentage of men in this survey who reported having sex with other men and also the number of individuals with multiple partners. These two groups are most 'at risk' of transmitting the HIV virus through unprotected sex.

Sexual behaviour

Men aged 16–69 were asked which of the following statements best described their situation:

1. I have had sex only with women
2. I have had sex only with men
3. I have usually had sex only with women but have had sex at least once with a man
4. I have usually had sex only with men but have had sex at least once with a woman
5. I have not (yet) had a sexual relationship

The great majority of men (93 per cent) said they had only had sex with women; 1 per cent said they had only had sex with men. Five per cent of men said they had not yet had a sexual relationship. Less than 1 per cent fell into the two remaining categories – usually had sex with women but at least once with a man and usually had sex with men but at least once with a woman. The percentage of men who said they had not yet had a sexual relationship has fluctuated between 3 per cent and 6 per cent in the period since the question was first asked in 2000/01. The percentages of men in each of the other categories have shown little change over the last eight years. A quarter of 16 to 24 year-old men had not yet had a sexual relationship.

Tables 5.1 and 5.2

Sexual behaviour in the past year

Male respondents aged under 70 and female respondents aged under 50 were asked how many sexual partners they had had during the year prior to the interview. As the eligible age ranges for men and women differed, the overall distributions cannot be directly compared. In 2008/09, 14 per cent of men under 70 had had no sexual partners in the previous year, 74 per cent had had just one partner and 12 per cent had had more than one. For women under 50, these percentages were 10 per cent, 80 per cent and 10 per cent. The percentage of men and the percentage of women who had had no sexual partners in the previous year has remained at a similar level since 2000/01.

The percentages of both men and women who had not had a sexual partner in the previous year was generally highest among the oldest and the youngest age groups. Among both sexes, the percentages who had had multiple sexual partners tended to decline with age. Among age groups 25–29, 30–34 and 40–44, a higher percentage of men than women reported multiple sexual partners. In those under 35, more women than men reported having had just one partner.

Married or cohabiting women were the least likely to report having multiple sexual partners (1 per cent) than those in any other marital status group (26 per cent of single women, 12 per cent of widowed, divorced or separated women). Similarly, single men were more likely to have had multiple sexual partners (31 per cent) than those who were widowed, divorced or separated (21 per cent) or married or cohabiting (2 per cent). Respondents who were single or previously married were more likely to have had no sexual partners in the previous year than respondents who were married or cohabiting. About one-third of men (32 per cent) and one-quarter of women (23 per cent) who were single, or widowed, divorced or separated (33 and 23 per cent) had not had a sexual partner in the last year. Among those who were married or cohabiting, 4 per cent of men and 2 per cent of women had not had a sexual partner in the last year.

Tables 5.3 to 5.5

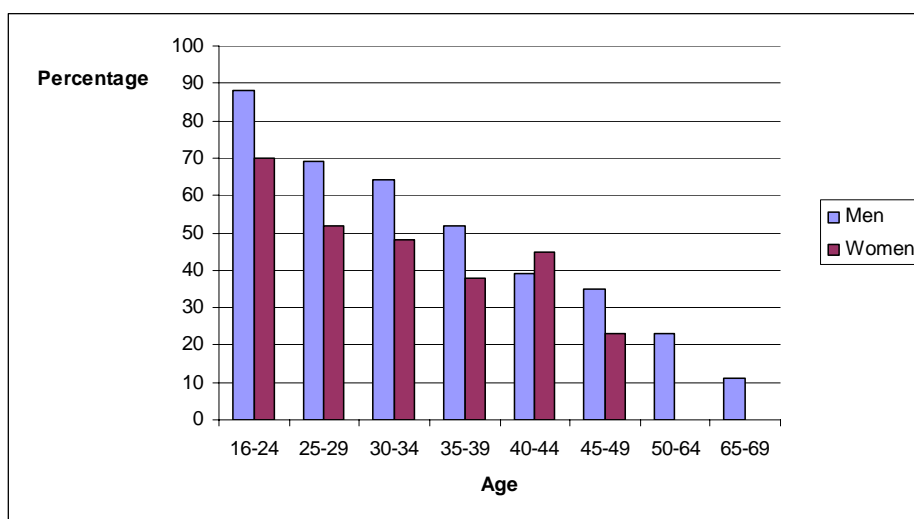
Condom use

Men aged 16–69 and women aged 16–49 who were either currently in a sexual relationship or had been in one during the last year were asked whether they had used a condom in the year prior to their interview: 46 per cent of men and 51 per cent of women had used a condom in the past year – similar to the percentages recorded in previous years of the survey.

Among both men and women the percentage using condoms was highest in the younger age groups and decreased with age. For example, 88 per cent of 16–24 year old men had used a condom in the last year compared with only 11 per cent of those aged 65–69. Similarly, 70 per cent of 16–24 year old women had used a condom in the last year compared with 23 per cent of those aged 40–49. Among those aged under 40, a higher percentage of men than women used condoms.

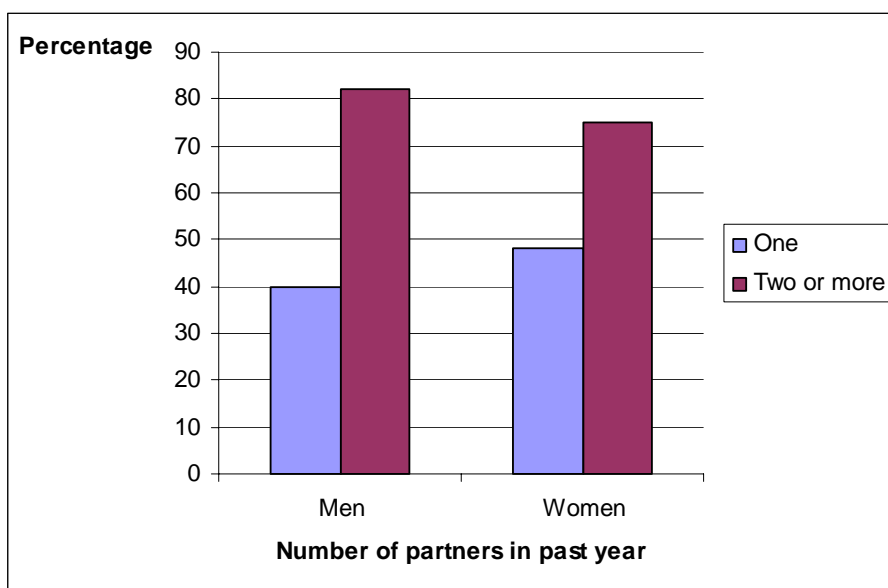
Tables 5.6 to 5.7 and Figure 5.1

Figure 5.1 Condom use in the previous year: by age and sex, 2008/09



Those who had had more than one sexual partner were more likely than those who had only had one partner to have used a condom in the past year. Among men aged 16–69, 82 per cent of those who had multiple partners had used a condom in the past year compared with 40 per cent of those who had a single partner. There was a similar variation for women – 75 per cent of those with multiple partners used a condom compared with 48 per cent of those with just one partner.

Figure 5.2

Figure 5.2 Condom use in the previous year: by number of partners, 2008/09

Use of condoms in the past year was also related to educational qualifications. Fifty-seven per cent of men who had a degree and about half of men who had below degree level, but above GCSE qualifications (51 per cent) had used a condom compared with 41 per cent of those with GCSE D-G or equivalent and 24 per cent of men who had no qualifications. Similarly, women who had a below degree level, but above GCSE qualification were more likely to have used a condom (60 per cent) than those whose highest qualification was the equivalent of a GCSE grade A-C (43 per cent) or had no qualifications (40 per cent, although as this is based on fewer than 100 women, it should be treated with caution).

Table 5.8

Reasons for using a condom

The most common reason cited for using a condom by both men and women was prevention of pregnancy (90 per cent of men and 89 per cent of women). Just under a half cited prevention of infection as a reason (45 per cent of both men and women) most of whom cited pregnancy prevention as well.

These figures have fluctuated slightly over the years but there is no clear pattern of changing behaviour. Again, it is not possible to make overall comparisons between men's and women's reasons for using condoms because of the different age ranges.

Table 5.9

Among both men and women, use of a condom to prevent pregnancy did not vary significantly with age. The percentage of men using a condom to prevent infection fell from 50 per cent among men aged 25–34 to 33 per cent among men aged 45 and over. Similarly, the percentage of women citing prevention of infection as a reason for using a condom fell from 61 per cent of those aged 16–24 to 28 per cent of those aged 35–44.

Table 5.10

Those who had had two or more sexual partners in the past year were nearly twice as likely as those who had only had one partner to cite prevention of infection as a reason for using a condom (75 per cent of men and 77 per cent of women compared with 34 per cent of men and 38 per cent of women).

Table 5.11

Regularity of condom use in high risk groups

Over half of those who had used a condom in the past year said they always used one when having intercourse: 57 per cent of men and 62 per cent of women who used a condom said they always did so. This percentage was similar for men and women and has hardly changed over the eight years that this question has been asked. There was also little difference in the percentage of men and women who said they sometimes used one (24 per cent and 22 per cent respectively).

Table 5.12

Use of condoms is of particular interest in the group who are at most risk of contracting STIs. Table 5.13 shows condom use only among those people who had had two or more sexual partners in the past year. Although about two-fifths of people with multiple sexual partners (43 per cent of men and 40 per cent of women) always used a condom, about a fifth (18 per cent) of men and a quarter (25 per cent) of women never did so.

Table 5.13

5: Sexual behaviour and condom use

Contraception and Sexual Health 2008/09

Table 5.1 Sexual partners of men: 2000/01 to 2008/09

<i>Men aged 16-69</i>									Great Britain	
Which of the following best describes your situation?	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
	%	%	%	%	%	%	%	%	%	%
I have had sex only with women	93	92	93	92	94	92	92	93	92	93
I have had sex only with men	2	2	1	2	1	1	1	1	1	1
I have usually had sex only with women but at least once with a man	1	1	1	1	1	0	1	1	1	0
I have usually had sex only with men but at least once with a woman	1	1	0	0	1	0	0	0	0	0
I have not (yet) had a sexual relationship	3	5	5	5	4	6	6	5	6	5
<i>Unweighted base</i>									1,540	1,460
<i>Weighted base (000s)²</i>									18,358	18,577
<i>Weighted base¹</i>	2,533	2,735	2,913	2,522	2,527	1,840	1,631	1,663		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals
Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 5.2 Sexual partners of men: by age, 2008/09

<i>Men aged 16-69</i>								Great Britain	
Which of the following best describes your situation?	Age							Total	
	16-24	25-29	30-34	35-39	40-44	45-49	50-69		
	%	%	%	%	%	%	%	%	
I have had sex only with women	74	96	97	96	94	98	98	93	
I have had sex only with men	1	-	3	3	4	-	1	1	
I have usually had sex only with women but at least once with a man	-	0	-	-	1	1	0	0	
I have usually had sex only with men but at least once with a woman	-	1	-	0	1	0	0	0	
I have not (yet) had a sexual relationship	25	3	0	1	-	1	1	5	
<i>Unweighted base</i>	130	120	140	160	160	140	600	1,460	
<i>Weighted base (000s)¹</i>	3,246	1,617	2,000	2,017	1,955	1,859	5,882	18,577	

¹ weighted to population totals

5: Sexual behaviour and condom use

Contraception and Sexual Health 2008/09

Table 5.3 Number of sexual partners in the previous year: by sex, 2000/01 to 2008/09

<i>Men aged 16-69 and women aged 16-49</i>									Great Britain	
Number of sexual partners	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
	%	%	%	%	%	%	%	%	%	%
Men										
None	12	13	15	13	13	16	13	14	14	14
One	75	74	74	74	74	73	74	76	75	74
Two or three	9	9	8	8	9	8	8	6	7	8
Four or more	4	4	4	4	4	4	4	3	4	4
<i>Unweighted base</i>									1,500	1,420
<i>Weighted base (000s)²</i>									17,997	18,196
<i>Weighted base¹</i>									2,415	2,737
Women										
None	11	11	12	13	10	12	12	12	13	10
One	79	81	80	78	80	81	78	79	78	80
Two or three	8	8	6	7	7	6	8	7	7	8
Four or more	2	1	1	1	2	1	2	2	2	2
<i>Unweighted base</i>									1,120	1,050
<i>Weighted base (000s)²</i>									12,078	12,127
<i>Weighted base¹</i>									1,803	2,057

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 5.4 Number of sexual partners in the previous year: by age and sex, 2008/09

<i>Men aged 16-69 and women aged 16-49</i>								Great Britain
Number of sexual partners	Age							Total
	16-24	25-29	30-34	35-39	40-44	45-49	50-69	
	%	%	%	%	%	%	%	%
Men								
None	31	7	4	10	5	7	16	14
One	44	71	80	79	82	89	81	74
Two or three	17	11	12	9	10	3	3	8
Four or more	8	10	4	2	3	1	1	4
<i>Unweighted base</i>								1,420
<i>Weighted base (000s)¹</i>								18,196
Women								
None	16	5	5	8	8	14	nc	10
One	60	86	89	86	89	84	nc	80
Two or three	19	7	6	5	3	2	nc	8
Four or more	5	2	1	1	0	0	nc	2
<i>Unweighted base</i>								1,050
<i>Weighted base (000s)¹</i>								12,127

nc not collected

¹ weighted to population totals

Table 5.5 Number of sexual partners in the previous year: by marital status and sex, 2008/09

<i>Men aged 16-69 and women aged 16-49</i>				Great Britain
Number of sexual partners	Marital status			Total
	Single	Married or cohabiting	Widowed, divorced or separated	
	%	%	%	%
Men				
None	32	4	33	14
One	37	94	46	74
Two or three	20	2	19	8
Four or more	11	1	2	4
<i>Unweighted base</i>	350	850	210	1,420
<i>Weighted base (000s)¹</i>	5,162	11,479	1,413	18,196
Women				
None	23	2	23	10
One	51	97	65	80
Two or three	21	1	11	8
Four or more	6	0	2	2
<i>Unweighted base</i>	310	580	160	1,050
<i>Weighted base (000s)¹</i>	3,676	7,312	1,084	12,127

¹ weighted to population totals**Table 5.6 Use of condoms in the previous year: by sex, 2000/01 to 2008/09**

<i>Men aged 16-69 and women aged 16-49 and currently in a sexual relationship or had been in one in the last 12 months</i>									Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentage who had used condoms in the previous year</i>										
Men	40	41	39	41	40	41	43	40	43	46
<i>Unweighted base</i>									1,320	1,240
<i>Weighted base (000s)²</i>									15,967	16,121
<i>Weighted base¹</i>	2,248	2,385	2,496	2,211	2,215	1,561	1,420	1,446		
Women	48	49	47	50	47	46	48	49	50	51
<i>Unweighted base</i>									830	780
<i>Weighted base (000s)²</i>									8,907	9,052
<i>Weighted base¹</i>	1,429	1,470	1,534	1,449	1,443	973	899	860		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection² weighted to population totals

Table 5.7 Use of condoms in the previous year: by age and sex, 2008/09

Men aged 16-69 and women aged 16-49 currently in a sexual relationship or had been in one in the last 12 months

Great Britain

Use of condoms in previous year	Age								Total
	16-24	25-29	30-34	35-39	40-44	45-49	50-64	65-69	
<i>Percentage who had used condoms in the previous year</i>									
Men	88	69	64	52	39	35	23	11	46
<i>Unweighted base</i>	100	110	140	140	160	130	250	210	1,240
<i>Weighted base (000s)</i> ¹	2,292	1,504	1,921	1,830	1,852	1,729	2,972	2,021	16,121
Women	70	52	48	38	46	23	nc	nc	51
<i>Unweighted base</i>	160	140	140	120	120	90	nc	nc	780
<i>Weighted base (000s)</i> ¹	2,561	1,514	1,500	1,173	1,330	972	nc	nc	9,052

nc not collected

¹ weighted to population totals

5: Sexual behaviour and condom use

Contraception and Sexual Health 2008/09

Table 5.8 Use of condoms in the previous year: by number of partners in the past year and sex, and by education and sex, 2008/09

<i>Men aged 16-69 and women aged 16-49 and currently in a sexual relationship or had been in one in the last 12 months</i>								Great Britain
Use of condoms in previous year	Number of partners in the past year		Educational qualifications					Total
	One	Two or more	Degree or equivalent	Below degree level, or above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
<i>Percentage who had used condoms in the previous year</i>								
Men	40	82	57	51	48	41	24	46
<i>Unweighted base</i>	1,030	170	310	280	230	220	200	1,240
<i>Weighted base (000s)</i> ¹	13,473	2,187	4,089	3,739	3,095	2,781	2,417	16,121
Women	48	75	52	60	43	46	40	51
<i>Unweighted base</i>	650	100	210	210	160	130	70	780
<i>Weighted base (000s)</i> ¹	7,548	1,165	2,537	2,421	1,923	1,463	708	9,052

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

Table 5.9 Reasons for using a condom: by sex, 2000/01 to 2008/09

Men aged 16-69 and women aged 16-49 currently in a sexual relationship or had one in the last 12 months and had used a male condom during the last year

Great Britain

Why do you use a condom?	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentage who used condoms to:</i>										
Men										
Prevent pregnancy	92	90	92	90	90	88	91	88	89	90
Prevent infection	43	38	40	41	46	47	47	45	44	45
Other reason	3	3	4	4	3	4	3	5	5	3
<i>Unweighted base</i>									540	530
<i>Weighted base (000s)</i> ²									6,632	7,391
<i>Weighted base</i> ¹	897	987	971	913	894	633	611	575		
Women										
Prevent pregnancy	92	91	91	91	91	90	88	92	91	89
Prevent infection	41	39	42	46	46	43	50	43	44	45
Other reason	5	6	4	3	2	6	4	3	3	4
<i>Unweighted base</i>									400	380
<i>Weighted base (000s)</i> ²									4,352	4,582
<i>Weighted base</i> ¹	682	728	720	720	687	451	435	420		

Percentages sum to more than 100 as respondents could cite more than one reason

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 5.10 Reasons for using a condom: by age and sex, 2008/09

Men aged 16-69 and women aged 16-49 currently in a sexual relationship or had one in the last 12 months and had used a male condom during the last year

Great Britain

Why do you use a condom?	Age				Total
	16-24	25-34	35-44	45-69*	
Men					
<i>Percentage who used condoms to:</i>					
Prevent pregnancy	92	92	89	87	90
Prevent infection	55	50	38	33	45
Other reason	2	2	2	7	3
<i>Unweighted base</i>	80	170	150	130	530
<i>Weighted base (000s)¹</i>	1,984	2,270	1,652	1,485	7,391
Women					
Prevent pregnancy	89	94	82	[20]	89
Prevent infection	61	41	28	[7]	45
Other reason	4	4	6	[1]	4
<i>Unweighted base</i>	110	140	110	23	380
<i>Weighted base (000s)¹</i>	1,785	1,513	1,060	224	4,582

¹ weighted to population totals

Percentages sum to more than 100 as respondents could cite more than one reason

* women 45-49

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

Table 5.11 Reasons for using a condom: by number of partners in the past year and sex, 2008/09

Men aged 16-69 and women aged 16-49 currently in a sexual relationship or had one in the last 12 months and had used a male condom during the last year

Why do you use a condom?	Number of partners in past year		Great Britain
	One	Two or more	Total
<i>Percentage who used condoms to:</i>			
Men			
Prevent pregnancy	92	85	90
Prevent infection	34	75	45
Other reason	3	1	3
<i>Unweighted base</i>	380	140	530
<i>Weighted base (000s) ¹</i>	5,427	1,797	7,391
Women			
Prevent pregnancy	91	82	89
Prevent infection	38	77	45
Other reason	4	4	4
<i>Unweighted base</i>	300	80	380
<i>Weighted base (000s) ¹</i>	3,645	869	4,582

Percentages sum to more than 100 as respondents could cite more than one reason

¹ weighted to population totals

5: Sexual behaviour and condom use

Contraception and Sexual Health 2008/09

Table 5.12 Regularity of condom use: by sex, 2000/01 to 2008/09

Men aged 16-69 and women aged 16-49 and currently in a sexual relationship or had one in the last 12 months, and uses a condom

How regularly do you use a condom?	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	Great Britain	
	%	%	%	%	%	%	%	%	2007/08 ²	2008/09 ²
Men										
Always	55	59	58	56	56	59	60	54	54	57
Usually	20	18	19	16	20	16	19	22	22	19
Sometimes	25	23	23	28	23	25	22	24	24	24
<i>Unweighted base</i>									530	530
<i>Weighted base (000s)²</i>									6,850	7,374
<i>Weighted base¹</i>	895	983	965	911	893	611	608	574		
Women										
Always	60	54	60	64	63	62	59	59	58	62
Usually	15	19	13	13	15	15	18	14	14	16
Sometimes	25	27	27	23	22	23	23	27	28	22
<i>Unweighted base</i>									400	380
<i>Weighted base (000s)²</i>									4,471	4,567
<i>Weighted base¹</i>	677	723	718	720	683	436	437	420		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 5.13 Regularity of condom use: by sex, 2008/09

*Men aged 16-69 and women aged 16-49
who had more than one sexual
relationship in last 12 months*

Great Britain

How regularly do you use a condom?	Men	Women
	%	%
Always	43	40
Usually	22	22
Sometimes	17	12
Never	18	25
<i>Unweighted base</i>	<i>170</i>	<i>100</i>
<i>Weighted base (000s) ¹</i>	<i>2,187</i>	<i>1,165</i>

¹ weighted to population totals

6: Knowledge of sexually transmitted infections

This chapter describes the impact which publicity about sexually transmitted infections has on the behaviour of men and women, their sources of information and their knowledge of such diseases.

Impact of information on behaviour

Men aged 16–69 and women aged 16–49 who were currently in a sexual relationship, or who had been in the last 12 months, were asked whether their behaviour had been influenced by what they had heard about HIV, AIDS and other sexually transmitted infections (STIs). They were shown a card listing the following response categories and asked to choose the answer(s) that applied:

1. When I have sexual intercourse I use a condom more often than I used to
2. I have fewer one-night stands
3. When I change partners I have a test for sexually transmitted infections
4. I do not change partners as I am in a long-term exclusive relationship
5. It has not influenced me at all

The fourth category was introduced in 2005/06 because respondents in previous surveys had felt the responses offered did not represent their situation adequately. The trend table therefore only shows results for 2005/06 onwards. Since the interest is in the behaviour of those who are most 'at risk' of contracting an STI, the analyses exclude responses to the fourth option.

Over a half of men who were not in a long-term exclusive relationship (59 per cent) said information on STIs had had no effect on their behaviour. The main effect of publicity was a reported increase in condom use, mentioned by about a third (34 per cent). Six per cent said they had fewer one-night stands and 6 per cent had a test for sexually transmitted infections when they changed partners. Among women the pattern was almost identical except that a higher percentage, 16 per cent, had an STI test when they changed partners.

There has been no statistically significant change over time.

Table 6.1

Men and women who had had one partner in the last 12 months were more than twice as likely as those who had had more than one partner to report that STI publicity had not caused them to change their behaviour, 69 per cent compared with 30 per cent for men and 60 per cent compared with 26 per cent for women. Over a quarter (28 per cent) of women who had had two or more partners said they had an STI test when they changed partners.

Table 6.2

Sources of information about HIV, AIDS and other sexually transmitted infections

All men aged 16–69 and women aged 16–49 were asked about their main source of information about HIV, AIDS and other STIs. In 2008/09 television programmes were the most commonly mentioned source (31 per cent) followed by television advertisements (24 per cent) and newspapers, magazines or books (16 per cent). Television programmes and advertisements have been the most popular

sources since the questions were introduced but the percentages mentioning them have fallen slightly from 37 per cent and 27 per cent respectively in 2000/01. Conversely, the percentage whose main source of information came from their school or college increased from 6 per cent in 2001/02 to 11 per cent in 2008/09.

Table 6.3

Men were more likely than women to find out about STIs from television advertisements (27 per cent compared with 20 per cent) although this could be due to the different age ranges covered. Television and newspapers were the predominant sources for older people whereas younger people mentioned a more diverse range of sources. Among those aged 16–24, over a third (37 per cent) had obtained information from their school or college and 7 per cent from friends and family. Even in this age group, however, very few (5 per cent) mentioned the Internet as their main source of information. Those in the 16–24 age group were less likely than other age groups to use TV programmes as a source of information (about a sixth compared with a third or more of older people).

Table 6.4

The percentage obtaining their information about STIs from television advertisements decreased with qualification level, falling from 34 per cent among those with no qualifications to 16 per cent among those with a degree or equivalent. The percentage using newspapers, magazines or books showed the opposite trend, rising from 13 per cent among those with no qualifications to 24 per cent among those with a degree-level qualification.

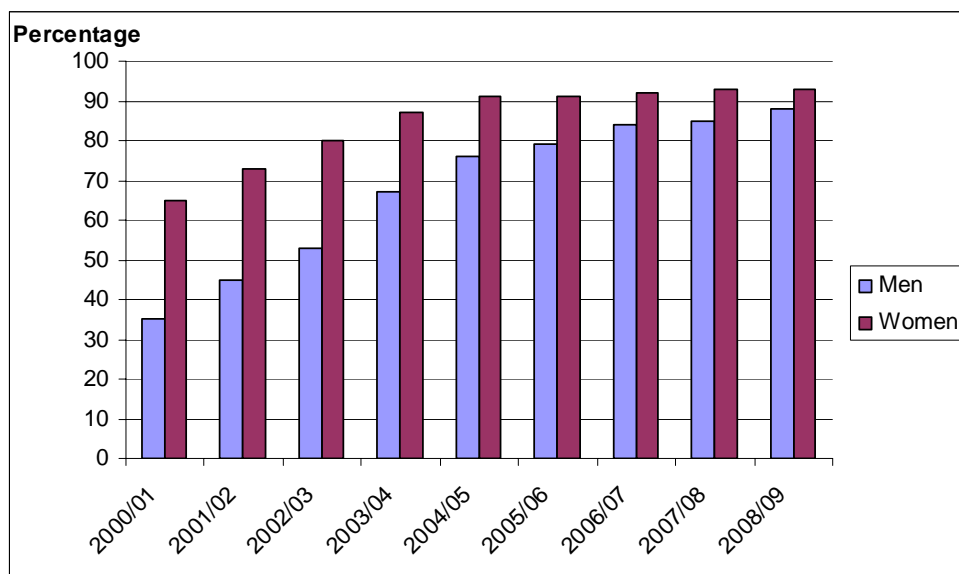
Table 6.5

Awareness of sexually transmitted infections

All respondents were asked whether they thought each of the following five conditions was a sexually transmitted infection: Gonorrhoea, Tuberculosis, Chlamydia, Listeria and Diabetes. In previous years, the form of this question has been slightly different with respondents being presented with a card listing five conditions and asked to say which were sexually transmitted infections. From 2005/06 respondents were asked about each condition as a separate question. This change may have affected responses although the trend data suggest that figures from the updated questions are in line with those for previous years.

Gonorrhoea was correctly identified as an STI by 93 per cent of men and 91 per cent of women, percentages which have shown little change over time. The percentages recognising Chlamydia as an STI, however, have shown a sharp increase over this period. Among men, this percentage more than doubled rising from 35 per cent in 2000/01 to 88 per cent in 2008/09. Recognition of Chlamydia among women has been greater than that among men throughout the period but women also have shown an increase in awareness of Chlamydia. The percentage of women correctly identifying Chlamydia as an STI rose from 65 per cent in 2000/01 to 93 per cent in 2008/09. Overall, 52 per cent of women and 44 per cent of men correctly classified all five conditions.

Table 6.6 and Figure 6.1

Figure 6.1 Percentage of respondents who thought Chlamydia was an STI: 2000/01 to 2008/09

Broadly speaking, recognition of Gonorrhoea increased with age among both men and women. Thus, 94 per cent of men and 96 per cent of women aged 45–49 correctly identified Gonorrhoea as an STI compared with 87 per cent of men and 86 per cent of women aged 25–29. There was no consistent age variation in awareness of Chlamydia, although, as in previous years, recognition was relatively low (83 per cent) among men aged 50–69. The gap between the percentages of men and women who correctly classified all five conditions tended to increase with age.

Table 6.7

High levels of awareness of Gonorrhoea were evident among men in all educational groups whereas recognition of Chlamydia tended to decrease at the lower level of qualifications. Thus, 93 per cent of men with qualifications above GCSE level correctly identified Chlamydia as an STI compared with 75 per cent of those with no qualifications. Likewise, the percentage of men who correctly identified all five conditions decreased from 57 per cent among those with a degree to 33 per cent among those with no qualifications. For women, levels of awareness of both Gonorrhoea and Chlamydia were higher among those with higher qualifications. The percentage of women who correctly identified all five conditions decreased from 62 per cent among those with a degree to 43 per cent among those with no qualifications.

Table 6.8

Awareness of Chlamydia symptoms

Men and women who knew Chlamydia was an STI were asked about the symptoms. As was the case with recognition of this condition as an STI, women were more knowledgeable than men about its symptoms. Nearly four-fifths of women correctly knew it could cause infertility and ectopic pregnancy (79 per cent) and that it did not always cause symptoms (79 per cent) while over three-fifths (62 per

cent) knew it could be easily treated by antibiotics. Among men the corresponding percentages were 65 per cent, 58 per cent and 49 per cent. A small percentage of both men and women incorrectly believed it had no serious side effects (4 per cent), that it only affected men (1 per cent) or that it had none of the symptoms listed (6 per cent of men and 2 per cent of women). Overall, women were more likely than men to give correct responses to all five statements (47 per cent compared with 27 per cent).

The percentages correctly identifying the symptoms of Chlamydia have fluctuated over the eight years in which this question has appeared in the Opinions Survey but there has been no consistent pattern.

Table 6.9

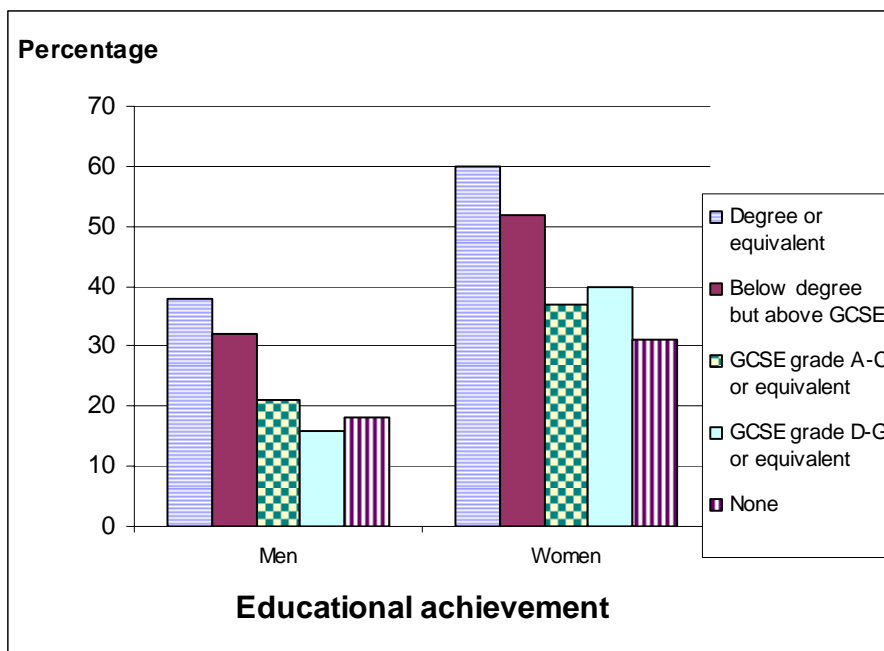
Among men, the percentages correctly identifying the symptoms varied by age but the pattern was different for each symptom. Overall, the percentage giving a correct response on all the symptoms decreased from 37 per cent among those aged 30–34 to 19 per cent of those aged 50–69. For women, there was no consistent pattern of age variation.

Table 6.10

Knowledge of the symptoms of Chlamydia tended to decrease with qualification level among both men and women. The percentage of men giving all correct responses decreased from 38 per cent among those with a degree to 18 per cent among those with no qualifications and 16 per cent among those with GCSE grade D-G or equivalent. For women, the difference was similar, 60 per cent decreasing to 31 per cent among those women with no qualifications.

Figure 6.2 and Table 6.11

Figure 6.2 Percentage of respondents who gave the correct responses to all five statements about Chlamydia: by education and sex, 2008/09



Women aged 16–49 were asked whether they had ever had a test for Chlamydia and, if so, whether this was in the past year. Overall, 30 per cent had undergone a test at some time in the past, of whom a third (38 per cent) had done so in the previous year (table not shown). The test was most common among younger women: 41 per cent of 16–29 year old women and 30 per cent of 30–39 year olds had been tested compared with 18 per cent of 40–49 year olds. Among women who had had more than one partner in the previous year, the percentages who had undergone a Chlamydia test at some point was nearly twice that of women who had had just one partner (56 per cent compared with 30 per cent).

Experience of the test was also related to knowledge about Chlamydia – 41 per cent of those who correctly answered all five statements about Chlamydia had undergone the test compared with 27 per cent of those who answered four correctly and 24 per cent of those with fewer correct answers.

Table 6.12

Table 6.1 Whether what the respondent has heard about HIV/AIDS and other sexually transmitted infections has influenced their behaviour: by sex, 2005/06 to 2008/09*Men aged 16-69 and women aged 16-49**who had had a sexual relationship in the last 12 months ***

	Great Britain				
	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentages who said ...</i>					
Men					
When I have sexual intercourse I use a condom more often than I used to	37	39	31	34	34
I have fewer one night stands	9	7	6	6	6
When I change partners I have a test for sexually transmitted infections	3	3	5	6	6
It has not influenced me at all	55	57	61	57	59
<i>Unweighted base</i>				610	610
<i>Weighted base (000s)²</i>				7,368	7,915
<i>Weighted base¹</i>	624	508	659		
Women					
When I have sexual intercourse I use a condom more often than I used to	38	36	36	37	36
I have fewer one night stands	6	6	6	6	7
When I change partners I have a test for sexually transmitted infections	11	11	16	17	16
It has not influenced me at all	53	54	51	50	52
<i>Unweighted base</i>				390	370
<i>Weighted base (000s)²</i>				4,124	4,292
<i>Weighted base¹</i>	365	320	395		

2001/05-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection² weighted to population totals

Percentages sum to more than 100 as respondents could give more than one answer

** In the interview there was an additional category 'I do not change partners as I am in a long-term exclusive relationship'. Responses to this option are not included here as the interest is in those who are at risk of contracting an STI.

Table 6.2 Whether what the respondent has heard about HIV/AIDS and other sexually transmitted infections has influenced their behaviour: by number of partners in the past year and sex, 2008/09*Men aged 16-69 and women aged 16-49**who had had a sexual relationship in the last 12 months***

Great Britain

	<u>Number of partners in past year</u>		<u>Total</u>
	<u>One</u>	<u>Two or more</u>	
<i>Percentages who said ...</i>			
Men			
When I have sexual intercourse I use a condom more often than I used to	26	58	34
I have fewer one night stands	6	5	6
When I change partners I have a test for sexually transmitted infections	4	12	6
It has not influenced me at all	69	30	59
<i>Unweighted base</i>	450	150	610
<i>Weighted base (000s) ¹</i>	5,923	1,992	7,915
Women			
When I have sexual intercourse I use a condom more often than I used to	29	58	36
I have fewer one night stands	5	15	7
When I change partners I have a test for sexually transmitted infections	13	28	16
It has not influenced me at all	60	26	52
<i>Unweighted base</i>	290	80	370
<i>Weighted base (000s) ¹</i>	3,332	960	4,292

¹ weighted to population totals

Percentages sum to more than 100 as respondents could give more than one answer

** In the interview there was an additional category 'I do not change partners as I am in a long-term exclusive relationship'. Responses to this option are not included here as the interest is in those who are at risk of contracting an STI.

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid.

Any use of these shaded figures must be accompanied by this disclaimer.

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.3 Main source of information from which respondent learned about HIV/AIDS and other sexually transmitted infections: 2000/01 to 2008/09

Main source of information about HIV/AIDS and other STIs	Men aged 16-69 and women aged 16-49									Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²	
	%	%	%	%	%	%	%	%	%	%	
TV programmes	37	36	35	33	33	32	29	32	31	31	
TV advertisements	27	23	23	24	23	21	24	22	22	24	
Newspapers, magazines, books	22	21	22	22	21	21	20	20	20	16	
Government information leaflet	2	3	2	2	2	3	2	2	2	3	
Friends or family	3	3	2	3	3	4	4	3	3	3	
GP	1	2	1	2	2	2	2	2	2	2	
Community contraception clinic	1	1	1	1	1	1	1	1	1	1	
GUM or sexual health clinic in hospital	1	1	1	1	1	1	1	1	1	1	
Internet*	..	0	1	1	0	2	2	3	4	4	
School or college*	..	6	6	8	8	9	9	8	9	11	
Somewhere else	7	5	5	5	5	5	5	5	5	4	
<i>Unweighted base</i>									2,700	2,540	
<i>Weighted base (000s)²</i>									30,920	31,103	
<i>Weighted base¹</i>	4,505	4,827	5,108	4,584	4,528	3,216	2,874	2,884			

* These categories were introduced in 2001/02

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

Table 6.4 Main source of information from which respondent learned about HIV/AIDS and other sexually transmitted infections: by sex and by age, 2008/09

Main source of information about HIV/AIDS and other STIs	Men aged 16-69 and women aged 16-49					Great Britain
	Sex		Age			Total
	Men	Women	16-24	25-49	50 and over ⁺	
	%	%	%	%	%	%
TV programmes	31	30	16	33	39	31
TV advertisements	27	20	18	26	27	24
Newspapers, magazines, books	16	16	5	18	23	16
Government information leaflet	2	3	3	2	3	3
Friends or family	2	4	7	2	1	3
GP	2	3	3	2	2	2
Community contraception clinic	0	2	2	1	-	1
GUM or sexual health clinic in hospital	0	1	1	1	-	1
Internet	5	3	5	4	1	4
School or college	10	12	37	5	0	11
Somewhere else	4	4	3	5	4	4
<i>Unweighted base</i>	<i>1,460</i>	<i>1,090</i>	<i>320</i>	<i>1630</i>	<i>600</i>	<i>2,540</i>
<i>Weighted base (000s)¹</i>	<i>18,585</i>	<i>12,518</i>	<i>6,469</i>	<i>18,765</i>	<i>5,869</i>	<i>31,103</i>

⁺ percentages in this age group are based on men only

¹ weighted to population totals

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.5 Main source of information from which respondent learned about HIV/AIDS and other sexually transmitted infections: by education, 2008/09

Men aged 16-69 and women aged 16-49

Great Britain

Main source of information about HIV/AIDS and other STIs	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
	%	%	%	%	%	%
TV programmes	29	34	29	31	31	31
TV advertisements	16	21	29	29	34	24
Newspapers, magazines, books	24	15	14	12	13	16
Government information leaflet	4	2	2	2	3	3
Friends or family	2	3	3	3	3	3
GP	1	2	3	2	3	2
Community contraception clinic	1	2	1	0	2	1
GUM or sexual health clinic in hospital	1	1	1	1	-	1
Internet	8	4	2	3	1	4
School or college	7	12	15	15	5	11
Somewhere else	6	4	3	2	5	4
<i>Unweighted base</i>	610	610	510	440	370	2,540
<i>Weighted base (000s) ¹</i>	7,634	7,518	6,469	5,397	4,085	31,103

¹ weighted to population totals

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.6 Conditions respondents thought were sexually transmitted infections: by sex, 2000/01 to 2008/09

Conditions	Men aged 16-69 and women aged 16-49								Great Britain	
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²
<i>Percentages saying condition was an STI</i>										
Men										
Sexually transmitted infections										
Gonorrhoea	87	86	89	90	91	89	92	92	91	93
Chlamydia	35	45	53	67	76	79	84	85	86	88
Not sexually transmitted infections										
Tuberculosis	2	2	2	3	2	4	3	4	4	4
Listeria	3	3	3	3	4	10	9	13	13	12
Diabetes	0	0	0	1	1	1	1	1	1	1
All conditions correctly classified	..	..	..	..	..	39	43	40	40	44
<i>Unweighted base</i>									1540	1460
<i>Weighted base (000s)²</i>									18,413	18,633
<i>Weighted base¹</i>	2494	2646	2827	2491	2496	1843	1630	1669		
Women										
Sexually transmitted infections										
Gonorrhoea	87	86	88	89	89	88	89	91	91	91
Chlamydia	65	73	80	87	91	91	92	93	93	93
Not sexually transmitted infections										
Tuberculosis	2	1	2	1	2	4	3	3	3	4
Listeria	2	2	3	3	2	7	8	9	10	9
Diabetes	0	0	1	0	0	1	1	0	0	1
All conditions correctly classified	..	..	..	..	..	55	56	54	52	52
<i>Unweighted base</i>									1,160	1,090
<i>Weighted base (000s)²</i>									12,542	12,560
<i>Weighted base¹</i>	1,922	2,020	2,139	2,028	1,968	1,382	1,256	1,219		

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

.. Data not presented

Table 6.7 Conditions respondents thought were sexually transmitted infections: by age and sex, 2008/09

Conditions	Age						Great Britain	
	16-24	25-29	30-34	35-39	40-44	45-49	50-69	Total
<i>Percentages saying condition was an STI</i>								
Men								
Sexually transmitted infections								
Gonorrhoea	89	87	90	94	94	94	95	93
Chlamydia	94	89	92	89	92	87	83	88
Not sexually transmitted infections								
Tuberculosis	4	7	3	2	6	2	4	4
Listeria	16	14	12	8	12	9	11	12
Diabetes	1	1	-	1	2	-	1	1
All conditions correctly classified	29	34	50	60	53	56	41	44
<i>Unweighted base</i>	130	120	140	160	160	140	600	1,460
<i>Weighted base (000s)</i> ¹	3,281	1,617	2,000	2,017	1,955	1,865	5,898	18,633
Women								
Sexually transmitted infections								
Gonorrhoea	88	86	93	94	93	96	nc	91
Chlamydia	92	87	92	92	95	96	nc	93
Not sexually transmitted infections								
Tuberculosis	5	6	4	3	5	2	nc	4
Listeria	13	9	11	7	7	7	nc	9
Diabetes	2	2	-	-	1	0	nc	1
All conditions correctly classified	26	39	58	65	67	75	nc	52
<i>Unweighted base</i>	180	160	170	190	200	190	nc	1,090
<i>Weighted base (000s)</i> ¹	3,188	1,723	1,794	1,772	2,179	1,905	nc	12,560

¹ weighted to population totals

nc not collected

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.8 Conditions respondents thought were sexually transmitted infections: by education and sex, 2008/09

<i>Men aged 16-69 and women aged 16-49</i>						Great Britain
Conditions	Educational qualifications					Total
	Degree or equivalent	Below degree level, or above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	
Men						
						<i>Percentages saying condition was an STI</i>
Sexually transmitted infections						
Gonorrhoea	96	97	93	89	85	93
Chlamydia	93	93	95	83	75	88
Not sexually transmitted infections						
Tuberculosis	2	3	4	3	8	4
Listeria	9	11	17	10	13	12
Diabetes	0	2	0	1	1	1
All conditions correctly classified	57	49	38	38	33	44
<i>Unweighted base</i>	340	320	270	260	270	1460
<i>Weighted base (000s)¹</i>	4,450	4,164	3,724	3,271	3,024	18,633
Women						
Sexually transmitted infections						
Gonorrhoea	91	96	91	88	83	91
Chlamydia	93	97	93	86	88	93
Not sexually transmitted infections						
Tuberculosis	3	3	5	5	7	4
Listeria	8	9	10	13	7	9
Diabetes	1	1	0	1	3	1
All conditions correctly classified	62	57	47	41	43	52
<i>Unweighted base</i>	280	290	240	180	110	1,090
<i>Weighted base (000s)¹</i>	3,203	3,354	2,759	2,149	1,095	12,560

¹ weighted to population totals

6: Knowledge of sexually transmitted infections

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Table 6.9 Knowledge of Chlamydia: by sex, 2000/01 to 2008/09

Men aged 16-69 and women aged 16-49 who recognised Chlamydia as a sexually transmitted infection	Great Britain										
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08 ¹	2007/08 ²	2008/09 ²	
Knowledge of Chlamydia											
Men	<i>Percentage who thought statement was true ...</i>										
Correct statements											
....Does not always cause symptoms	58	60	60	56	60	54	54	57	58	58	
....Is easily treated by antibiotics	56	58	58	52	52	47	49	45	45	49	
....Can cause infertility and ectopic pregnancy	75	74	78	80	81	68	70	66	67	65	
Incorrect statements											
....Has no serious side effects	5	7	5	4	4	4	4	3	3	4	
....Only affects men	3	3	2	2	2	2	1	1	1	1	
None of these	7	5	5	5	4	5	5	4	4	6	
All correct responses	..	..	..	..	..	..	25	24	24	27
<i>Unweighted base</i>										1,260	1,230
<i>Weighted base (000s)²</i>										15,305	15,975
<i>Weighted base¹</i>	804	1,033	1,335	1,485	1,894	1,402	1,356	1,372			
Women											
Correct statements											
....Does not always cause symptoms	71	75	73	76	78	74	76	74	74	79	
....Is easily treated by antibiotics	59	65	67	60	63	59	56	58	58	62	
....Can cause infertility and ectopic pregnancy	83	84	82	86	88	81	81	78	78	79	
Incorrect statements											
....Has no serious side effects	5	6	6	5	4	4	4	3	3	4	
....Only affects men	1	2	1	1	1	1	1	1	1	1	
None of these	4	1	3	2	1	2	2	2	2	2	
All correct responses	..	..	..	..	..	..	41	41	42	47
<i>Unweighted base</i>										1,060	1,010
<i>Weighted base (000s)²</i>										11,537	11,484
<i>Weighted base¹</i>	1,189	1,396	1,623	1,696	1,789	1,255	1,146	1,125			

2000/01-2006/07 data weighted for unequal chance of selection, from 2007/08 data also weighted to population totals

Trend tables show figures for 2007/08 weighted using both methods to give an indication of the effect of the weighting.

¹ weighted for unequal chance of selection

² weighted to population totals

.. Data not presented

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.10 Knowledge of Chlamydia: by age and sex, 2008/09

<i>Men aged 16-69 and women aged 16-49 who recognised Chlamydia as a sexually transmitted infection</i>							Great Britain	
Knowledge of Chlamydia	Age						Total	
	16-24	25-29	30-34	35-39	40-44	45-49		50-69
Men								
<i>Percentage who thought statement was true ...</i>								
Correct statements								
....Does not always cause symptoms	62	68	69	59	66	55	47	58
....Is easily treated by antibiotics	46	42	56	47	48	45	52	49
....Can cause infertility and ectopic pregnancy	63	67	70	77	60	70	60	65
Incorrect statements								
....Has no serious side effects	3	3	2	5	7	4	4	4
....Only affects men	-	1	-	-	1	1	2	1
None of these	6	6	-	5	7	4	8	6
All correct responses	28	32	37	33	25	26	19	27
<i>Unweighted base</i>	120	100	130	140	150	130	460	1,230
<i>Weighted base (000s)¹</i>	3,002	1,434	1,789	1,734	1,786	1,594	4,635	15,975
Women								
Correct statements								
....Does not always cause symptoms	83	82	82	76	79	71	nc	79
....Is easily treated by antibiotics	64	70	61	54	61	62	nc	62
....Can cause infertility and ectopic pregnancy	75	81	87	79	76	82	nc	79
Incorrect statements								
....Has no serious side effects	7	3	5	3	5	1	nc	4
....Only affects men	1	2	-	-	3	1	nc	1
None of these	1	1	1	2	2	3	nc	2
All correct responses	47	53	52	43	43	48	nc	47
<i>Unweighted base</i>	170	140	160	180	190	180	nc	1,010
<i>Weighted base (000s)¹</i>	2,940	1,479	1,637	1,596	2,037	1,795	nc	11,484

¹ weighted to population totals

nc not collected

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.11 Knowledge of Chlamydia: by education and sex, 2008/09

Knowledge of Chlamydia	Educational qualifications					Great Britain
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent	None	Total
Men						
<i>Percentage who thought statement was true ...</i>						
Correct statements						
....Does not always cause symptoms	70	63	54	47	49	58
....Is easily treated by antibiotics	55	52	43	49	39	49
....Can cause infertility and ectopic pregnancy	74	67	61	61	56	65
Incorrect statements						
....Has no serious side effects	4	3	5	4	6	4
....Only affects men	0	0	1	1	2	1
None of these	4	5	6	4	13	6
All correct responses	38	32	21	16	18	27
<i>Unweighted base</i>	310	290	250	200	180	1230
<i>Weighted base (000s)¹</i>	4,049	3,774	3,424	2,587	2,141	15,975
Women						
Correct statements						
....Does not always cause symptoms	84	84	75	74	68	79
....Is easily treated by antibiotics	70	66	58	56	48	62
....Can cause infertility and ectopic pregnancy	86	79	74	77	78	79
Incorrect statements						
....Has no serious side effects	3	4	6	5	2	4
....Only affects men	-	1	1	1	5	1
None of these	1	1	2	2	3	2
All correct responses	60	52	37	40	31	47
<i>Unweighted base</i>	260	280	220	160	90	1,010
<i>Weighted base (000s)¹</i>	2,983	3,209	2,536	1,820	934	11,484

¹ weighted to population totals

Shaded figures indicate the estimates are unreliable and any analysis using these figures may be invalid. Any use of these shaded figures must be accompanied by this disclaimer.

6: Knowledge of sexually transmitted infections

Contraception and Sexual Health 2008/09

Table 6.12 Whether women had ever had a screen or test for Chlamydia: by number of partners in the past year, and by knowledge of Chlamydia and by age, 2008/09

<i>Women aged 16-49</i>										Great Britain
Had a test or screen	Number of partners in past year			Correct answers to Chlamydia questions			Age			Total [†]
	none	one	two or more	0-3	4	5	16-29	30-39	40-49	
	%	%	%	%	%	%	%	%	%	%
Yes	9	30	56	24	27	41	41	30	18	30
No	89	67	43	74	71	56	56	67	78	66
Don't know	2	4	1	2	1	3	3	3	4	3
<i>Unweighted base</i>	110	840	100	300	220	490	340	370	380	1,090
<i>Weighted base (000s) [†]</i>	1,206	9,728	1,193	3,281	2,770	5,432	4,911	3,571	4,083	12,565

[†] weighted to population totals

* includes women who did not recognise chlamydia as an STI

Appendix A: The National Statistics Opinions Survey

The Opinions Survey is a multi-purpose survey carried out by the Office for National Statistics for use by government departments and other public or non-profit making bodies. Interviewing is carried out every month³ and each month's questionnaire covers a variety of topics, reflecting different users' requirements.

The sample

Interviews are conducted with approximately 1,200 adults (aged 16 or over) in private households in Great Britain each month. The Opinions Survey uses the Postcode Address File of small users as its sampling frame; all private household addresses in Great Britain are included in this frame. A new sample of 67 postal sectors is selected for each month and is stratified by: region; the proportion of households where the household reference person is in the National Statistics Socio-economic Classification (NS-SEC) categories 1 to 3 (that is, employers in large organisations; higher managerial occupations; and higher professional employees/self-employed); and the proportion of people who are aged over 65. The postal sectors are selected with probability proportionate to size and, within each sector, 30 addresses (delivery points) are selected randomly.

If an address contains more than one household, the interviewer uses a standard ONS procedure to randomly select where to interview – this may be at one or more households⁴. In households with more than one adult member, just one person aged 16 or over is selected for interview with the use of a Kish grid. Proxy interviews are not taken.

Weighting

Because only one household member is interviewed at each address, people in households containing few adults have a higher probability of selection than those in households with many. Where the unit of analysis is individual adults, as it is for this module, a weighting factor is applied to correct for this unequal probability of selection.

The weighting system used from 2007 also adjusts for some non-response bias by calibrating the Opinions sample to ONS population totals. Despite the considerable efforts made by interviewers to maximize response rates, approximately 30 per cent of selected individuals decline to take part or cannot be contacted. Differential non-response among key subgroups in the population is especially problematic because it can result in biased estimates being produced.

The weighting ensures that the weighted sample distribution across regions and across age-sex groups matches that in the population.

³ The Omnibus survey was previously conducted in eight months of the year, with a larger monthly set sample size of 3,000 addresses, and an achieved monthly sample of about 1,800 interviews.

⁴ The procedure for dealing with multi-household addresses was changed in 2005 to reduce bias caused by the under-representation of multi-household addresses and is now an ONS standard method.

Consequently, respondents belonging to subgroups that are prone to high levels of non-response are assigned higher weights. For example, young males living in London have a lower response rate and are therefore assigned higher weights than are males living in other regions.

Grossing up the data by age and sex and by region to ONS population totals will reduce the standard errors of survey estimates if the survey variable is correlated with age, sex and region.

Fieldwork

Interviews are carried out in people's homes using computer assisted interviewing by interviewers who have been trained to carry out a range of ONS surveys. Advance letters are sent to all addresses giving a brief account of the survey. Interviewers must make at least three calls at an address at different times of the day and week to establish contact.

As with all ONS surveys, a quality check on fieldwork is carried out by re-interviewing a proportion of respondents.

The contraception and sexual health module was included in the July, September, December 2008 and March 2009 Opinions months.

Questions

The module of questions (which are shown in Appendix B) was developed in conjunction with the Department of Health and the NHS Information Centre for health and social care.

Response rates

The small users' Postcode Address File includes some business addresses and other addresses, such as new and empty properties, at which no private households are living. The expected proportion of such addresses, which are classified as ineligible, is about 9–10 per cent. They are eliminated from the set sample before the response rate is calculated.

The response rate for the four months in which the contraception and sexual health module was included (July, September and December, 2008, and March, 2009) was 60 per cent, as shown in Table A.1. The number of respondents who completed the contraception and sexual health sections is shown in Table A.2.

Table A.1 and Table A.2

Table A.1 Household level response to the Opinions Survey for the months in which the contraception and sexual health questions were asked (July, September and December, 2008 and March, 2009)

Set sample of addresses	8040	100%
††Ineligible addresses	819	10%
Eligible addresses	7218	90%
Eligible households	7249	100%
No interview – refusal	2161	30%
†Unknown eligibility	40	1%
No interview – non-contact	682	9%
Interviews	4366	60%

† Unknown eligibility also includes a proportion of unallocated cases.

†† Ineligible addresses also include a proportion of unallocated cases

Table A.2 Response to the contraception and sexual health questions: 2008/09

	All		Men		Women	
Respondents who met the criteria	2724	100%	1564	100%	1160	100%
Respondents who refused the section	167	6%	100	6%	67	6%
Respondents to the section	2557	94%	1464	94%	1093	94%
Respondents to the section after weighting (,000s)	31,249		18,665		12,584	

Appendix B: The questions

NATIONAL STATISTICS OMNIBUS SURVEY - December 2008 Module 170 Contraception

ASK IF: Men aged 16-69 or women aged 16-49

IntIntro

The next set of questions are for you to fill in yourself on the computer.

This section is being asked on behalf of The Information Centre for Health and Social Care for the Department of Health and begins with ways of preventing pregnancy.

If resistance/distress about using the computer then you can suggest that you carry on asking the questions.

- (1) Self-completion accepted and completed
 - (2) Completed by interviewer
 - (3) Section refused
-

ASK IF: Men aged 16-69 or women aged 16-49

M170_1

Have you had a vasectomy/Have you ever been sterilised - I mean have you ever had an operation intended to prevent you getting pregnant?

- (1) Yes
- (2) No

ASK IF: Men aged 16-69 or women aged 16-49
AND: has had an operation to prevent pregnancy

M170_2

Was that operation carried out under the NHS?

- (1) Yes
 - (2) No
-

ASK IF: Men aged 16-69 or women aged 16-49
AND: has had an operation to prevent pregnancy

M170_3

Was the operation more or less than two years ago, that is before or after MTH/YEAR?

- (1) More than 2 years ago
 - (2) Less than 2 years ago
-

ASK IF: Men aged 16-69 or women aged 16-49
AND: NOT (has had an operation to prevent pregnancy)

M170_4

Have you had any other operation which prevents you getting someone pregnant/becoming pregnant?

- (1) Yes
 - (2) No
-

ASK IF: Men aged 16-69 or women aged 16-49
AND: NOT (has had an operation to prevent pregnancy)
AND: Had other operation preventing pregnancy

M170_5

Was the operation more or less than two years ago, that is before or after MTH/YEAR?

- (1) More than 2 years ago
- (2) Less than 2 years ago

ASK IF: Woman aged 16 to 49
AND: No operation

M170_6M

Here is a list of possible ways of preventing pregnancy. Which, if any, do you (and your partner) usually use at present?

SET [3] OF

- (1) No method used - no sexual relationship with someone of the opposite sex
- (2) No method used - partner sterilised / had a vasectomy
- (3) No method used - other reasons
- (4) Withdrawal
- (5) Natural Family Planning (safe period/rhythm method/Persona)
- (6) Male condom

- (7) Female condom
- (8) Cap/Diaphragm
- (9) Spermicides (foams/gels/sprays/pessaries)

- (10) Pill
- (11) Contraceptive patch
- (12) Injections
- (13) IUD/coil/intra-uterine device
- (14) IUD (intra-uterine device) originally inserted as emergency contraception
- (15) Hormonal IUS - MIRENA
- (16) Implants - IMPLANON
- (17) Morning after pill (emergency hormonal contraception)
- (18) Another method
- (19) Going without sexual intercourse to avoid pregnancy

ASK IF: Woman aged 16 to 49
AND: No operation
AND: Use another method

SPEC6

What other method is used?

STRING[200]

ASK IF: Woman aged 16 to 49
AND: No operation
AND: Uses the pill

M170_7

Is the pill you take one of the brands listed on this card ?
These are progestogen only pills (sometimes known as the mini- pill) as opposed to combined pills.

- (1) Yes
 - (2) No
 - (3) Not sure
-

ASK IF: Woman aged 16 to 49
AND: No operation
AND: More than one method used

M170_8

You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes the other?

- (1) In combination
 - (2) Sometimes one, sometimes other
-

ASK IF: Woman aged 16 to 49
AND: No operation
AND: More than one method used
AND: Sometimes one, sometimes other

M170_9

Which one do you use most often?

- (1) No method used - no sexual relationship with someone of the opposite sex
- (2) No method used - partner sterilised / had a vasectomy
- (3) No method used - other reasons
- (4) Withdrawal
- (5) Natural Family Planning (safe period/rhythm method/Persona)
- (6) Male condom

- (7) Female condom
- (8) Cap/Diaphragm
- (9) Spermicides (foams/gels/sprays/pessaries)

- (10) Pill
- (11) Contraceptive patch
- (12) Injections
- (13) IUD/coil/intra-uterine device
- (14) IUD (intra-uterine device) originally inserted as emergency contraception
- (15) Hormonal IUS - MIRENA
- (16) Implants - IMPLANON
- (17) Morning after pill (emergency hormonal contraception)
- (18) Another method
- (19) Going without sexual intercourse to avoid pregnancy

ASK IF: Woman aged 16 to 49
AND: No operation
AND: Have a heterosexual relationship

M170_10

How long have you not been using a method/ has this method been your usual one/have these methods been your usual ones?

- (1) Less than 3 months
- (2) At least 3 months, less than 6 months
- (3) At least 6 months, less than 1 year
- (4) At least 1 year, less than 2 years
- (5) At least 2 years, less than 5 years
- (6) 5 years or more

ASK IF: Woman aged 16 to 49
AND: No operation
AND: Have a heterosexual relationship
AND: No method used - other

M170_11

Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these reasons applies to you?

Code main reason only

- (1) I am pregnant
- (2) I want to become pregnant
- (3) Unlikely to conceive because of the menopause
- (4) Unlikely to conceive because possibly infertile
- (5) Don't like contraception/Find methods unsatisfactory
- (6) My partner doesn't like - or won't use - contraception
- (7) Don't know where to obtain contraceptives / advice
- (8) Find access to contraceptive services difficult
- (9) Some other reason

ASK IF: Woman aged 16 to 49
AND: No operation
AND: Have a heterosexual relationship
AND: No method used - other
AND: M170_11 = Q110th

SPEC11

RECORD OTHER REASON

STRING[200]

ASK IF: Woman aged 16 to 49

AND: No operation

AND: No method used, or no heterosexual relationship

M170_12

Have you used any method of contraception in the last 2 years?

- (1) Yes
 - (2) No
-

ASK IF: Woman aged 16 to 49

AND: No operation

AND: No method used, or no heterosexual relationship

AND: Has used methods in last 2 years

M170_13M

Which method(s) did you usually use?

SET [3] OF

- (1) No method used - no sexual relationship with someone of the opposite sex
- (2) No method used - partner sterilised / had a vasectomy
- (3) No method used - other reasons
- (4) Withdrawal
- (5) Natural Family Planning (safe period/rhythm method/Persona)
- (6) Male condom

- (7) Female condom
- (8) Cap/Diaphragm
- (9) Spermicides (foams/gels/sprays/pessaries)

- (10) Pill
- (11) Contraceptive patch
- (12) Injections
- (13) IUD/coil/intra-uterine device
- (14) IUD (intra-uterine device) originally inserted as emergency contraception
- (15) Hormonal IUS - MIRENA
- (16) Implants - IMPLANON
- (17) Morning after pill (emergency hormonal contraception)
- (18) Another method
- (19) Going without sexual intercourse to avoid pregnancy

ASK IF: Woman aged 16 to 49

AND: Operation less than 2 years ago or heterosexual relationship now and usual method less than 5 years

M170_14M

Which method(s) did you use immediately before that?

SET [3] OF

- (1) No method used - no sexual relationship with someone of the opposite sex
- (2) No method used - partner sterilised / had a vasectomy
- (3) No method used - other reasons
- (4) Withdrawal
- (5) Natural Family Planning (safe period/rhythm method/Persona)
- (6) Male condom

- (7) Female condom
- (8) Cap/Diaphragm
- (9) Spermicides (foams/gels/sprays/pessaries)

- (10) Pill
- (11) Contraceptive patch
- (12) Injections
- (13) IUD/coil/intra-uterine device
- (14) IUD (intra-uterine device) originally inserted as emergency contraception
- (15) Hormonal IUS - MIRENA
- (16) Implants - IMPLANON
- (17) Morning after pill (emergency hormonal contraception)
- (18) Another method
- (19) Going without sexual intercourse to avoid pregnancy

ASK IF: Woman aged 16 to 49

AND: Operation less than 2 years ago or heterosexual relationship now and usual method less than 5 years

AND: nomthoth IN M170_14M

M170_14a

Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these reasons applied to you at the time when you were not using contraception?

Code main reason only

- (1) I was pregnant
- (2) I wanted to become pregnant
- (3) Unlikely to conceive because of the menopause
- (4) Unlikely to conceive because possibly infertile
- (5) Didn't like contraception/ Found methods unsatisfactory
- (6) My partner didn't like - or wouldn't use - contraception
- (7) Didn't know where to obtain contraceptives / advice
- (8) Found access to contraceptive services difficult
- (9) Some other reason

ASK IF: Woman aged 16 to 49

AND: Operation less than 2 years ago or heterosexual relationship now and usual method less than 5 years

AND: Used the pill

M170_15

Is the pill you took one of the brands listed on this card? These are progestogen only pills (sometimes known as the mini- pill) as opposed to combined pills?

- (1) Yes
 - (2) No
 - (3) Not sure
-

ASK IF: Woman aged 16 to 49

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_16

Did the change in method happen because you began a relationship with a different partner?

- (1) Yes
 - (2) No
-

ASK IF: Woman aged 16 to 49

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_17

Compared with the method(s) you used before, do you think the method(s) you are using now are more reliable in preventing pregnancy?

- (1) Yes
 - (2) No
-

ASK IF: Woman aged 16 to 49

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_18

Compared with the method(s) you used before, do you think the method(s) you are using now are more convenient to use?

- (1) Yes
- (2) No

ASK IF: *Woman aged 16 to 49*

AND: *No operation and method used*

AND: *Method at 6 not the same as method at 14*

M170_19

Compared with the method(s) you used before, do you think the method(s) you are using now are better for your long-term health?

- (1) Yes
 - (2) No
-

ASK IF: *Woman aged 16 to 49*

AND: *No operation and method used*

AND: *Method at 6 not the same as method at 14*

M170_20

Compared with the method(s) you used before, do you think the method(s) you are using now are better for protecting against sexually transmitted infections (including HIV/AIDS)?

- (1) Yes
- (2) No

ASK IF: Woman aged 16 to 49

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_21

Which was the main reason for changing your method of contraception?

- (1) Different partner
- (2) More reliable in preventing pregnancy
- (3) More convenient to use
- (4) Better for long-term health
- (5) Better for protecting against infections
- (6) Some other reason

ASK IF: Woman aged 16 to 49

AND: No operation and method used

AND: Method at 6 not the same as method at 14

M170_22

Were you at all influenced to make the change by a health professional?

- (1) Yes
- (2) No

ASK IF: Interviewing

AND: Woman aged 16 to 49

AND: No operation and method used

AND: Method at 6 not the same as method at 14

AND: M170_22 = Yes

M170_22a

Was this health professional...

- (1) a GP?
- (2) someone at the Community Contraception Clinic (Family Planning Clinic)?
- (3) other?

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

M170_23

Some of the previous questions referred to emergency contraception after unprotected sex. There are two kinds of emergency contraception. One is a pill based method, sometimes known as the 'morning after' pill. The other is an IUD (intra-uterine device) method. Before I mentioned it/ you read about it here, had you heard of the pill method of emergency contraception after intercourse?

- (1) Yes
- (2) No
- (3) Don't know

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago
AND: Has heard of the morning after pill

M170_24

If no other method of contraception has been used, how long after sexual intercourse has taken place do you think that the pill method of emergency contraception can be used?

- (1) Up to 12 hours
- (2) Up to 24 hours
- (3) Up to 72 hours
- (4) Up to 5 days
- (5) Over 5 days
- (6) Don't know (spontaneous only)

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago
AND: Has heard of the morning after pill

M170_24M

Which of the following statements about emergency contraception do you think are true?

SET [7] OF

- (1) The morning after pill has no identified harmful long-term side-effects
- (2) The morning after pill can still be effective taken at any time up to 72 hours after intercourse
- (3) The morning after pill can sometimes cause nausea / make you feel sick
- (4) The morning after pill is more effective the sooner it is taken after intercourse
- (5) The morning after pill is safer and more effective than it has been in the past
- (6) The morning after pill protects against sexually transmitted infections (STIs)
- (7) The morning after pill protects against pregnancy until the next period
- (8) None of these (spontaneous only)

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of the morning after pill

M170_25

Have you used the emergency contraception pill in the last year?

- (1) Yes
- (2) No

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of the morning after pill

AND: Has used morning after pill

M170_26

On how many occasions in the last year have you used the emergency contraception pill?

1..50

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of the morning after pill

AND: Has used morning after pill

M170_27M

Where did you go for this?

SET [7] OF

- (1) Your own GP or practice nurse
- (2) Another GP or practice nurse
- (3) Community Contraception Clinic (Family Planning Clinic) including Brook Clinics
- (4) Hospital Accident & Emergency Department
- (5) Directly to a chemist or pharmacy
- (6) A walk-in centre or minor injuries unit
- (7) Somewhere else

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of the morning after pill

AND: Has used morning after pill

AND: Pharm IN M170_27M

M170_27B

Did you buy the morning after pill yourself or did the pharmacist supply it to you free of charge under NHS arrangements?

- (1) Bought morning after pill
- (2) Supplied free of charge under NHS arrangements

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of the morning after pill

AND: Has not used morning after pill

M170_28M

If someone were to need the emergency contraception pill where do you think they would be able to obtain it?

SET [7] OF

- (1) Your own GP or practice nurse
 - (2) Another GP or practice nurse
 - (3) Community Contraception Clinic (Family Planning Clinic) including Brook Clinics
 - (4) Hospital Accident & Emergency Department
 - (5) Directly from a chemist or pharmacy
 - (6) A walk-in centre or minor injuries unit
 - (7) Somewhere else
 - (8) Would not use
-

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

M170_29

Before I mentioned it/you read about it here, had you heard of the IUD method of emergency contraception after intercourse?

- (1) Yes
 - (2) No
-

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency IUD

M170_30

If no other method of contraception has been used, how long after sexual intercourse has taken place do you think that an IUD can be fitted as an emergency method of contraception?

- (1) Up to 12 hours
- (2) Up to 24 hours
- (3) Up to 72 hours
- (4) Up to 5 days
- (5) Over 5 days

- (6) Don't know (spontaneous only)

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency IUD

M170_31

Have you had an IUD fitted for emergency contraception in the last year?

- (1) Yes
- (2) No

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has heard of emergency IUD

M170_35M

If someone were to need to have an IUD fitted for emergency contraception, where do you think they would be able to go for this? OR

Where did you go for this?

SET [6] OF

- (1) Your own GP
- (2) Another GP
- (3) Community Contraception Clinic (Family Planning Clinic) including Brook Clinics
- (4) Hospital Accident & Emergency department
- (5) Somewhere else
- (6) Would not use

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has used the morning after pill or had emergency IUD fitted

M170_35B

On the most recent occasion, what was your main reason for using emergency contraception?

- (1) Condom failure
- (2) Missed pill/ forgot to take the pill
- (3) Other routine contraceptive failure
- (4) Condom not available
- (5) I or my partner did not want to use a condom
- (6) Other reason

ASK IF: Women aged 16 to 49 who have not had operation or had operation less than 2 years ago

AND: Has used the morning after pill or had emergency IUD fitted

AND: M170_35B = OthRe

SPEC35B

RECORD OTHER REASON

STRING[200]

ASK IF: Men aged 16 to 69

AND: Not had operation which prevents pregnancy

M170_36M

Here is a list of possible ways of preventing pregnancy. Which, if any, do you (and your partner) use at present?

SET [4] OF

- (1) The contraceptive pill
 - (2) Male condom
 - (3) Long Acting Reversible Contraception (IU Devices/Systems; Injectable contraceptive; Implant)
 - (4) The Female condom
 - (5) Emergency contraception (morning after pill)
 - (6) Another method of protection
 - (7) No method
 - (8) No sexual relations with a woman currently
-

ASK IF: Men aged 16 to 69

AND: Not had operation which prevents pregnancy

M170_36a

Have you ever heard of long acting contraception? These are : IU (intra-uterine) devices/systems, injectable contraceptives, implants?

- (1) Yes
 - (2) No
-

ASK IF: Men aged 16 to 69

AND: Not had operation which prevents pregnancy

AND: M170_36a = Yes

M170_36b

Which of the following statements about long acting reversible contraception are true?

SET [5] OF

- (1) They don't rely on you doing or taking something every day
 - (2) They protect you against sexually transmitted diseases
 - (3) They have more side effects than the pill
 - (4) They are better at preventing pregnancy than other methods
 - (5) They could prevent pregnancy for up to five years
-

ASK IF: Men aged 16 to 69

M170_37

Which of the following best describes your situation?

- (1) I have had sex only with women
 - (2) I have had sex only with men
 - (3) I have usually had sex only with women but have had sex at least once with a man
 - (4) I have usually had sex only with men but have had sex at least once with a woman
 - (5) I have not (yet) had a sexual relationship
-

ASK IF: Men aged 16-69 or women aged 16-49

AND: Interviewing

AND: M170_37 <> NotYet

M170_38M

Have you been to any of the following to obtain contraception, for advice on contraception or preventing pregnancy, or for family planning purposes within the last 5 years?

SET [6] OF

- (1) Community Contraception Clinic (Family Planning Clinic) including Brook Clinics
- (2) Your own GP or practice nurse
- (3) Another local GP or practice nurse
- (4) Directly to a chemist or pharmacy
- (5) A walk-in centre or minor injuries unit
- (6) Somewhere else
- (7) None of these

ASK IF: Men aged 16-69 or women aged 16-49

AND: Has been somewhere for family planning last 5 years

AND: NOT (Only one place visited)

M170_39

Which did you visit most recently for these purposes?

- (1) Community Contraception Clinic (Family Planning Clinic) including Brook Clinics
- (2) Your own GP or practice nurse
- (3) Another local GP or practice nurse
- (4) Went directly to a chemist or pharmacy
- (5) A walk-in centre or minor injuries unit
- (6) Somewhere else

ASK IF: Men aged 16-69 or women aged 16-49

AND: M170_39 = RESPONSE

M170_40

When did you last go there for these purposes?

- (1) Less than 3 months ago
- (2) at least 3 months but less than 6 months ago
- (3) at least 6 months but less than 1 year ago
- (4) or at least 1 year but less than 5 years ago

ASK IF: Men aged 16-69 or women aged 16-49

AND: Not currently in a sexual relationship or has had an operation

M170_50

Have you had any sexual partners in the last year?

- (1) Yes
- (2) No

ASK IF: Men aged 16-69 or women aged 16-49
AND: Sexual relationship
AND: Has not said uses condoms

M170_51

May I just check, do/did you (and/or your partner) use a condom in the last 12 months?

Please include either male or female condoms.

- (1) Yes
- (2) No

ASK IF: Men aged 16-69 or women aged 16-49
AND: Sexual relationship
AND: Uses a condom
AND: M170_37 <> NotYet

M170_52

Why do/did you use a condom?

- (1) To prevent pregnancy
- (2) To prevent infection
- (3) Both to prevent pregnancy and infection
- (4) Some other reason

ASK IF: Men aged 16-69 or women aged 16-49

AND: Sexual relationship

AND: Uses a condom

AND: M170_37 <> NotYet

M170_53

How regularly do/did you use a condom?

- (1) Whenever I have sexual intercourse
- (2) Usually when I have sexual intercourse
- (3) Sometimes when I have sexual intercourse

ASK IF: Men aged 16-69 or women aged 16-49

AND: Has had a sexual partner in the last year OR Woman - no op - not said no sex as reason for no contraception OR Man - no op -not said never had sexual relationship

AND: M170_37 <> NotYet

M170_54M

Has what you have heard about HIV and AIDS and other sexually transmitted infections influenced your behaviour?

SET [3] OF

- (1) When I have sexual intercourse I use a condom more often than I used to
- (2) I have fewer one-night stands
- (3) When I change partners I have a test for sexually transmitted infections
- (4) I do not change partners as I am in a long-term exclusive relationship, so it has not influenced me
- (5) It has not influenced me at all

ASK IF: Men aged 16-69 or women aged 16-49

AND: Has had a sexual partner in the last year OR Woman - no op - not said no sex as reason for no contraception OR Man - no op -not said never had sexual relationship

AND: M170_37 <> NotYet

M170_55

May I just check, How many sexual partners have you had in the last year?

- (1) 1
- (2) 2 or 3
- (4) 4 or more
- (5) I have not had any sexual partners in the last year

RECORD IF: Men aged 16-69 or women aged 16-49

AND: Has had a sexual partner in the last year OR Woman - no op - not said no sex as reason for no contraception OR Man - no op -not said never had sexual relationship

AND: Currently in a sexual relationship

AND: M170_55 = P1

M170_56

May I just check, How many sexual partners do you currently have?

- (1) 1
 - (2) 2
 - (3) 3
 - (4) 4 or more
 - (5) I do not have any sexual partners currently
-

ASK IF: Men aged 16-69 or women aged 16-49

AND: Has had a sexual partner in the last year OR Woman - no op - not said no sex as reason for no contraception OR Man - no op -not said never had sexual relationship

AND: Currently in a sexual relationship

AND: NOT (M170_55 = P1)

AND: M170_37 <> NotYet

M170_56

May I just check, How many sexual partners do you currently have?

- (1) 1
- (2) 2
- (3) 3
- (4) 4 or more
- (5) I do not have any sexual partners currently

ASK IF: Men aged 16-69 or women aged 16-49

AND: Has had a sexual partner in the last year OR Woman - no op - not said no sex as reason for no contraception OR Man - no op -not said never had sexual relationship

AND: More than one sexual partner in past 12 months and uses condom

M170_57

And may I just check, Do/did you use condoms with all your sexual partners, or with only one/some of them?

Please include either male or female condoms.

- (1) Used condoms with all partners
- (2) Used condoms with only one/some partners

ASK IF: Men aged 16-69 or women aged 16-49

M170_41

There has been a lot of information in recent years about HIV/AIDS and about other sexually transmitted infections. From which source would you say you have learnt most about these?

- (1) TV advertisements
- (2) TV programmes
- (3) Newspapers, magazines or books
- (4) Your GP
- (5) Community Contraception Clinic (Family Planning Clinic) including Brook Clinics
- (6) GUM or sexual health clinic in a hospital
- (7) Friends or family
- (8) Government information leaflet
- (9) Internet
- (10) School or college
- (11) Somewhere else

ASK ALL

M170_60a

(Now we have a couple of questions, for the Department of Health, on a completely different topic)

The next few questions are asking about whether you think various conditions are sexually transmitted. Please answer yes or no.

Is Tuberculosis a sexually transmitted infection?

- (1) Yes
- (2) No
- (3) Don't know (spontaneous only)

ASK ALL

M170_60b

Is Gonorrhoea a sexually transmitted infection?

- (1) Yes
 - (2) No
 - (3) Don't know (spontaneous only)
-

ASK ALL

M170_60c

Is Listeria a sexually transmitted infection?

- (1) Yes
 - (2) No
 - (3) Don't know (spontaneous only)
-

ASK ALL

M170_60d

Is Chlamydia a sexually transmitted infection?

- (1) Yes
 - (2) No
 - (3) Don't know (spontaneous only)
-

ASK ALL

M170_60e

Is Diabetes a sexually transmitted infection?

- (1) Yes
- (2) No
- (3) Don't know (spontaneous only)

ASK IF: Recognised Chlamydia as STI at M170_60d

M170_49M

Which of the following statements about Chlamydia do you think are true?

SET [5] OF

- (1) Chlamydia does not always cause symptoms
 - (2) Chlamydia is easily treated with antibiotics
 - (3) Chlamydia has no serious effects
 - (4) Chlamydia can cause infertility and ectopic pregnancy if untreated
 - (5) Chlamydia only affects men
 - (6) None of these
-

ASK IF: women aged 16-49

M170_61

Have you ever had a test or screen for Chlamydia?

- (1) Yes
 - (2) No
 - (3) Don't know
-

ASK IF: women aged 16-49

AND: M170_61 = Yes

M170_62

Have you had a test or screen for Chlamydia in the last year?

- (1) Yes
 - (2) No
 - (3) Don't know
-

ASK IF: Interviewing

M170_58

Please hand the computer back to the interviewer now.

Thank you for completing this module.

STRING[1]

Appendix C: Contraception and Sexual Health reports in the Opinions series

Contraception and Sexual Health, 1997. Tricia Dodd and Stephanie Freeth. Office for National Statistics (1999)

Contraception and Sexual Health, 1998. Laura Rainford and Howard Meltzer. Office for National Statistics (2000)

Contraception and Sexual Health, 1999. Fiona Dawe and Howard Meltzer. Office for National Statistics (2001)

Contraception and Sexual Health, 2000. Fiona Dawe and Howard Meltzer. Office for National Statistics (2002)

Contraception and Sexual Health, 2001. Fiona Dawe and Howard Meltzer. Office for National Statistics (2003)

Contraception and Sexual Health, 2002. Fiona Dawe and Howard Meltzer. Office for National Statistics (2003)

Contraception and Sexual Health, 2003. Fiona Dawe and Laura Rainford. Office for National Statistics (2004)

Contraception and Sexual Health, 2004/05. Ian O'Sullivan, Laura Keyse, Neil Park, Alison Diaper and Sandra Short. Office for National Statistics (2005)

Contraception and Sexual Health, 2005/06. Tamara Taylor, Laura Keyse and Aimee Bryant. Office for National Statistics (2006)

Contraception and Sexual Health, 2006/07. Deborah Lader. Office for National Statistics (2007)

Contraception and Sexual Health, 2007/08. Deborah Lader. Office for National Statistics (2008)

These reports are also available online at

www.statistics.gov.uk/STATBASE/Product.asp?vlnk=6988