27 October 2006

AMENDMENT

Contraception and Sexual Health 2005/06

Due to a production error data for 'Injection', 'Implant' and 'Safe period' within table 2.1 - 'Current use of contraception', were misaligned when published on 24 October 2006. The remainder of the table was unaffected. This error has now been corrected.

An amended version is attached.

ONS apologise for any inconvenience caused

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Contraception and Sexual Health, 2005/06

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The Office for National Statistics (ONS) is the government agency responsible for compiling, analysing and disseminating many of the United Kingdom's economic, social and demographic statistics, including the retail prices index, trade figures and labour market data, as well as the periodic census of the population and health statistics. It is also the agency that administers the statutory registration of births, marriages and deaths in England and Wales. The Director of ONS is also the National Statistician and the Registrar General for England and Wales.

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Notes to tables and text

1. 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 one percentage point from the sum of the percentages derived from the tables.
2. The row or column percentages may add to 99 per cent or 101 per cent because of rounding.
3. Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically significant at the 95 per cent confidence level.

Chapter 1

Introduction

This report presents the results of the module of questions, on contraception and sexual health included on the National Statistics Omnibus Survey during 2005/06. The module was sponsored by the Information Centre for health and social care.[1]

The Omnibus 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 households. The Omnibus Survey has been carrying questions on contraception on behalf of the Department of Health, and subsequently the Information Centre, since it began in 1991. Following the suspension in 1997 of the General Household Survey (GHS), the other main source of data on contraception and sexual health, the Omnibus was extended to collect data on a wider range of issues. Currently, the contraception module includes questions on contraception use, sexual health, and knowledge of sexually transmitted infections (STIs).

During 2005/06, the contraception module was carried in four months, June, September, December (2005) and March (2006), and in these months 4,896 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 3,025 respondents (1,696 men and 1,329 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 2005/06.

Further details of the National Statistics Omnibus Survey are given in Appendix A and are also available online at:

www.statistics.gov.uk/about/services/omnibus/default.asp

The Omnibus contraception questions are provided in Appendix B and details of all the reports in the Omnibus series can be found in Appendix D.

Note

1 The 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.

Contraceptive use among women aged under 50

Chapter 2

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 2005/06

In 2005/06 the majority (74 per cent) of women under 50 were using at least one method of contraception. This proportion includes women who were using at least one non-surgical method (53 per cent) and women who were sterilised or whose partners had had a vasectomy (21 per cent). As in previous years, the contraceptive pill was the most popular method of contraception (24 per cent) followed closely by the male condom (21 per cent). Partner sterilisation (11 per cent) and self sterilisation (10 per cent) were the next most popular methods. Other methods of contraception used included the IUD (5 per cent), withdrawal (4 per cent) and hormonal injection (3 per cent). Less than 1 per cent of women used the female condom. One in four women (26 per cent) were not currently using a method of contraception of whom just over a half (14 per cent of all women) were not engaged in a sexual relationship with someone of the opposite sex.

(Table 2.1)

Changes in use of contraception over time

The percentages using different forms of contraception and the overall proportion using at least one method have shown little change over the six years that the Omnibus survey has monitored usage. **(Table 2.1)**

Use of contraception by age

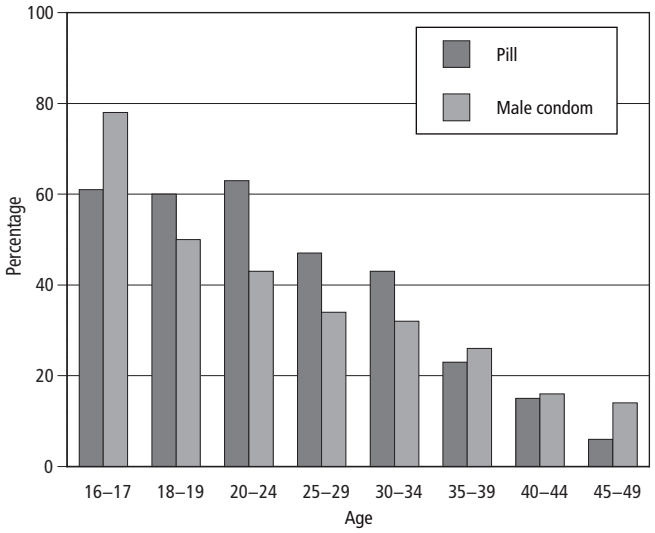
In 2005/06, the youngest women were the least likely to be using contraception; just a half (51 per cent) of women aged 16–17 were using at least one method of contraception compared with about three-quarters (70–82 per cent) of those aged 20–49.

Among those who were using at least one form of surgical or non-surgical contraception, the proportion using the pill decreased steadily with age from about 60 per cent among women aged 16–24 to 6 per cent of those aged 45–49. Use of the male condom was also more prevalent among younger women decreasing from over a half of 16- to 19-year-olds to 14 per cent among 45- to 49-year-olds. Reliance on hormonal injections or implants as a method of preventing pregnancy showed a similar pattern, with use of these methods being more common among younger women.

Conversely, older women who were using contraception were more likely than younger women to rely on surgical methods. One in three (34 per cent) women aged 40–44 reported having a partner who had undergone a vasectomy compared with one in a hundred (one per cent) women aged 20–24. Female sterilisation was also more common among older women. **(Table 2.2, Figure 2.1)**

Figure 2.1

Women aged 16–49 using the contraceptive pill, or the male condom: by age



Use of contraception by marital status

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 (54 per cent) or the male condom (45 per cent) to prevent pregnancy than were married or cohabiting women (26 per cent and 25 per cent) and women who were widowed, divorced or separated (22 per cent and 13 per cent). For most other forms of non-surgical contraception there were no differences between the three marital status groups. However, women who were widowed, divorced or separated were more likely to use the IUD (16 per cent) than single women (4 per cent) or married or cohabiting women (7 per cent).

Reliance on surgical methods of preventing pregnancy was most common among widowed, divorced or separated women and least common among single women; 45 per cent of widowed, divorced or separated women who were using contraception were either sterilised themselves or had a partner who had had a vasectomy, compared with 34 per cent of married or cohabiting women and six per cent of single women. **(Tables 2.3, Figure 2.2)**

Figure 2.2

Women aged 16–49 using the contraceptive pill, or the male condom: by marital status

Use of contraception by education

Women with no qualifications were the least likely to use contraception; 62 per cent of those with no qualifications used at least one method of contraception compared with 73–80 per cent of those with qualifications. There were no differences in the proportions using at least one form of contraception between the four groups of women with qualifications.

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 male condom and women with no qualifications were the least likely to do so: 40 per cent of women with degree level qualifications used this method compared with 24–29 per cent of those with lower level qualifications, and 15 per cent of those with no qualifications. The percentage of women using the condom was lower among those with no qualifications than among those with below degree level qualifications or those educated to degree level. Use of the pill also varied with qualification level but, as in 2004/05, the pattern was not consistent.

Sterilisation was most common among women with no qualifications; the proportion of contraceptive users who had been sterilised decreased from 29 per cent among women with no qualifications to seven per cent among those educated to degree level. Reliance on partner sterilisation, however, showed no consistent variation with educational level.

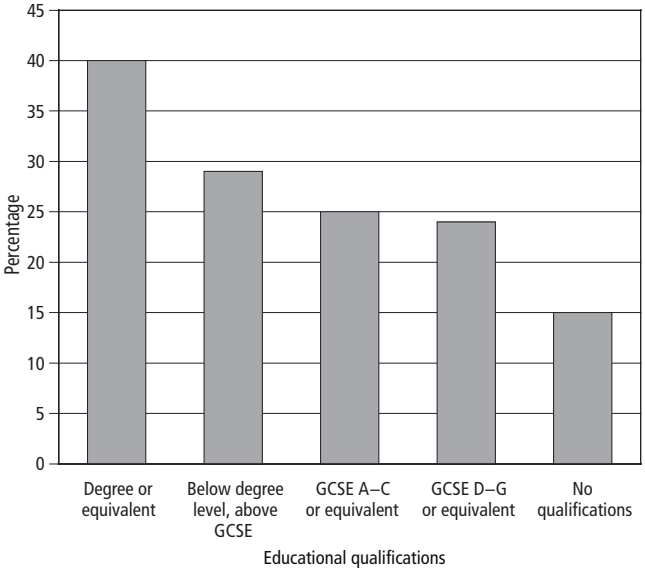
Use of contraception by age, marital status and education

The previous sections have shown variations in women's use of contraceptive methods according to age, marital status and education. These characteristics are themselves inter-related – for example, older women are more likely than those in the youngest age groups to be divorced or separated and to have obtained higher education qualifications as some of the younger women would not yet have completed their full time education. A statistical modelling procedure, logistic regression, allows the independent effects of predictor variables to be measured, that is, controlling for all other factors.

The modelling analysis showed that, among those using contraception, condom use was independently associated with age and education while pill use was related only to age. Results of the regression are shown Tables C2.1–C2.2 in Appendix C. **(Table 2.4, C2.1, C2.2, Figure 2.3)**

Figure 2.3

Women aged 16–49 using the male condom: by education



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. Just over a half (55 per cent) of these women were not using contraception because their partner had been sterilised. The next most common reason was actual or planned pregnancy (reported by 21 per cent of women). The proportion citing partner sterilisation increased with age while the proportion citing pregnancy related reasons showed the reverse pattern. There were also variations by educational level but no consistent pattern. **(Tables 2.5 and 2.6)**

Table 2.1

Current use of contraception

Women aged 16–49 Great Britain

Current use of contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
			*Percentages****			
Non-surgical						
Pill*	25	28	25	25	25	24
Minipill	*5*	*5*	*5*	*5*	*6*	*5*
Combined pill	*17*	*21*	*18*	*17*	*17*	*17*
Male condom	21	21	20	23	22	21
Withdrawal	3	4	3	3	4	4
IUD	5	3	5	4	4	5
Injection†	} 3	} 3	} 3	} 3	} 4	3
Implant†						1
Safe period/ rhythm method/ Persona	1	2	1	1	2	1
Cap/ diaphragm	1	1	1	1	1	1
Foams/ gels	0	0	0	0	0	0
Hormonal IUS	1	1	1	1	1	1
Female condom	0	0	0	0	0	0
Emergency Contraception**	1	1	1	1	1	1
Total at least one method non-surgical	**51**	**53**	**51**	**52**	**53**	**53**
Surgical						
Sterilised	11	10	11	11	10	10
Partner sterilised	11	12	12	12	12	11
Total at least one method	**73**	**75**	**74**	**75**	**75**	**74**
Not using a method						
No heterosexual relationship††	13	13	15	14	13	14
Sterile after another operation	4	3	3	3	3	3
Wants to get pregnant	3	2	2	2	3	3
Pregnant now	2	1	1	2	2	1
Going without sex to avoid pregnancy	1	0	1	1	1	0
Unlikely to conceive because of menopause	1	1	1	1	1	2
Possibly infertile	2	2	2	1	1	2
Doesn't like contraception	1	0	0	0	1	0
Other reason	2	2	1	1	2	1
Total not using a method	**27**	**25**	**26**	**25**	**25**	**26**
*Base****	*1967*	*2068*	*2190*	*2044*	*1994*	*1377*

* *Includes women who did not know the type of pill used.*
† *In 2005/06 injections and implants were asked about separately. Prior to this they were a combined category.*
** *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".*
*** *Percentages sum to more than 100 as respondents could give more than one answer.*

Table 2.2

Current use of contraception: by age

Women aged 16–49 Great Britain: 2005/06

Current use of contraception	Age								All
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	
	*Percentages**								
Non-surgical									
Pill	[61]	[60]	63	47	43	23	15	6	32
Male condom	[78]	[50]	43	34	32	26	16	14	28
Withdrawal	[6]	[-]	4	7	5	4	6	4	5
IUD	[-]	[2]	0	6	6	8	9	12	7
Injection	[4]	[17]	6	7	5	4	2	1	4
Implant	[8]	[4]	7	2	1	0	0	-	2
Safe period/ rhythm method/ Persona	[-]	[-]	-	3	3	2	2	-	2
Cap/ diaphragm	[-]	[-]	2	1	1	1	2	3	2
Foams/ gels	[4]	[-]	-	1	1	0	0	1	1
Hormonal IUS	[-]	[-]	-	-	4	2	1	3	2
Female condom	[-]	[6]	0	-	-	0	-	-	0
Emergency Contraception	[12]	[-]	1	1	2	1	-	-	1
Surgical									
Sterilised	[-]	[-]	1	2	9	18	17	29	13
Partner sterilised	[-]	[-]	1	4	5	15	34	29	15
*Base: Women using at least one surgical or non-surgical method of contraception**	*28*	*26*	*126*	*119*	*166*	*211*	*182*	*167*	*1024*
	*Percentages**								
Not using a method									
No heterosexual relationship	[88]	[100]	[87]	[65]	[40]	42	39	41	53
Sterile after another operation	[-]	[-]	[-]	[5]	[1]	11	23	15	10
Wants to get pregnant	[-]	[-]	[-]	[17]	[30]	21	7	4	12
Pregnant now	[4]	[-]	[8]	[6]	[16]	4	1	-	5
Going without sex to avoid pregnancy	[8]	[-]	[-]	[-]	[-]	3	3	1	2
Unlikely to conceive because of menopause	[-]	[-]	[-]	[-]	[2]	3	3	27	6
Possibly infertile	[-]	[-]	[4]	[4]	[4]	4	12	8	6
Doesn't like contraception	[-]	[-]	[-]	[-]	[2]	4	3	-	2
Other reason	[-]	[-]	[2]	[3]	[3]	9	8	5	5
Base: Women not using contraception	*27*	*13*	*28*	*42*	*48*	*59*	*79*	*57*	*353*
Percentage using at least one method	**51**	**67**	**82**	**74**	**78**	**78**	**70**	**75**	**74**
Percentage not using a method	**49**	**33**	**18**	**26**	**22**	**22**	**30**	**25**	**26**
*Base: All women**	*55*	*39*	*154*	*161*	*214*	*270*	*261*	*224*	*1377*

* *Percentages sum to more than 100 as respondents could give more than one answer.*
[] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 2.3

Current use of contraception: by marital status

Women aged 16–49 Great Britain: 2005/06

Current use of contraception	Marital status			All*
	Single	Married or cohabiting	Widowed, divorced or separated	
		Percentages†		
Non-surgical				
Pill	54	26	22	32
Male condom	45	25	13	28
Withdrawal	4	6	2	5
IUD	4	7	16	7
Injection	9	3	3	4
Implant	4	1	2	2
Safe period/ rhythm method/ Persona	1	2	-	2
Cap/ diaphragm	1	2	2	2
Foams/ gels	1	1	1	1
Hormonal IUS	0	2	2	2
Female condom	1	0	-	0
Emergency Contraception	3	1	1	1
Surgical				
Sterilised	4	14	35	13
Partner sterilised	2	20	10	15
Base: Women using at least one surgical or non-surgical method of contraception†	*228*	*705*	*92*	*1024*
		Percentages†		
Not using a method				
No heterosexual relationship	89	9	86	53
Sterile after another operation	2	20	5	10
Wants to get pregnant	1	25	2	12
Pregnant now	3	8	-	5
Going without sex to avoid pregnancy	3	1	1	2
Unlikely to conceive because of menopause	0	12	1	6
Possibly infertile	1	11	3	6
Doesn't like contraception	-	4	-	2
Other reason	2	9	2	5
Base: Women not using contraception	*138*	*157*	*54*	*349*
Percentage using at least one method	**38**	**18**	**37**	**25**
Percentage not using a method	**62**	**82**	**63**	**75**
Base: All women†	*366*	*862*	*146*	*1377*

* *Total column includes women whose marital status is not known.*

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

Table 2.4

Current use of contraception: by education

Women aged 16–49 Great Britain: 2005/06

Current use of contraception	Educational qualifications					All
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent/ other	No qualifications	
			*Percentages**			
Non-surgical						
Pill	36	33	30	33	22	32
Male condom	40	29	25	24	15	28
Withdrawal	6	6	4	0	9	5
IUD	4	12	7	4	5	7
Injection	2	4	7	2	6	4
Implant	0	4	1	2	1	2
Safe period/ rhythm method/ Persona	4	1	1	-	2	2
Cap/ diaphragm	2	2	2	1	-	1
Foams/ gels	-	1	2	-	0	1
Hormonal IUS	3	0	1	2	4	2
Female condom	0	0	1	-	-	0
Emergency Contraception	1	1	2	2	-	1
Surgical						
Sterilised	7	10	14	18	29	14
Partner sterilised	12	11	19	20	15	14
Base: Women using at least one surgical or non-surgical method of contraception	*231*	*267*	*280*	*140*	*106*	*1024*
			*Percentages**			
Not using a method						
No heterosexual relationship	49	50	57	[54]	58	53
Sterile after another operation	5	13	6	[9]	16	10
Wants to get pregnant	23	10	12	[8]	4	12
Pregnant now	4	6	2	[4]	6	5
Going without sex to avoid pregnancy	1	2	-	[4]	3	2
Unlikely to conceive because of menopause	1	5	11	[9]	5	6
Possibly infertile	6	5	8	[7]	5	6
Doesn't like contraception	6	-	-	[3]	-	2
Other reason	5	9	4	[3]	3	5
Base: Women not using contraception	*76*	*101*	*69*	*41*	*66*	*353*
Percentage using at least one method	**75**	**73**	**80**	**77**	**62**	**74**
Percentage not using a method	**25**	**27**	**20**	**23**	**38**	**26**
Base: All women	*307*	*368*	*348*	*181*	*172*	*1377*

* *Percentages sum to more than 100 as respondents could give more than one answer.*
[] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 2.5

Main reason for not using a non-surgical method of contraception

Women aged 16–49 in a heterosexual relationship, not using contraception and not sterilised Great Britain: 2005/06

Main reason for not using contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
			Percentages			
Partner sterilised	52	59	61	61	59	55
Wants to become pregnant	12	10	12	12	13	15
Pregnant now	9	7	7	10	8	6
Menopause	3	5	5	4	4	8
Possibly infertile	10	9	9	6	6	8
Doesn't like contraception	4	2	2	2	3	2
Other reason	9	8	5	5	7	6
Base	*410*	*432*	*426*	*411*	*404*	*278*

Table 2.6

Main reason for not using a non-surgical method of contraception: by age and education

Women aged 16–49 in a heterosexual relationship, not using contraception and not sterilised Great Britain: 2005/06

Main reason for not using contraception	Age			Educational qualifications					Total
	16–29	30–39	40–49	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent other	No qualifications	
					Percentages				
Partner sterilised	[22]	42	68	46	45	67	[67]	[52]	55
Wants to become pregnant	[30]	29	5	28	16	10	[7]	[10]	15
Pregnant now	[26]	11	1	5	11	3	[5]	[13]	6
Menopause	[-]	3	11	2	8	10	[10]	[10]	8
Possibly infertile	[13]	4	9	7	8	6	[7]	[10]	8
Doesn't like contraception	[-]	3	1	7	-	-	[2]	[-]	2
Other reason	[9]	8	6	7	12	4	[2]	[6]	6
Base	*23*	*93*	*162*	*61*	*64*	*79*	*42*	*31*	*278*

[] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Chapter 3

Pregnancy risk, emergency contraception and family planning

Women 'at risk' of pregnancy

For the purposes of this report women are defined as 'at risk' of pregnancy if they are in a heterosexual relationship and are neither pregnant nor rely on surgical methods of contraception (self or partner sterilisation). During 2005/06 62 per cent of women interviewed by the Omnibus survey were 'at risk' of pregnancy. The proportion of women 'at risk' decreased from 78 per cent among women aged 20–34 to 62 per cent among those aged 35–39 and to 44 per cent among older women.

Among women who were 'at risk' of becoming pregnant 86 per cent used at least one method of contraception, a proportion that has shown little change since 2000/01. The pill and the condom were the most popular methods, each being used by just over a third (38 per cent and 34 per cent respectively).

Seventy-nine per cent of women aged 16–29 used the pill (55 per cent) and/or the condom (43 per cent). The fact that these percentages sum to well over 79 per cent indicates that a high proportion, about 1 in 5, used both methods. Just over half of 'at risk' women aged 30–49 used the pill (28 per cent) and/or condom (29 per cent) with very few using both methods. **(Tables 3.1–3.3)**

Knowledge of emergency contraception

There are two forms of emergency contraception available for women to use after intercourse. These are the hormonal emergency pill (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 2005/06, 93 per cent of women said they had heard of the 'morning after pill', a proportion which has remained relatively stable since 2000/01. In contrast, awareness of the emergency IUD fell between 2000/01 and 2003/04 from 49 per cent to 43 per cent but has remained around this level up to 2005/06 (42 per cent).

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 some educational qualifications (of any level) knew about the 'morning after pill' (94 per cent) than women with no qualifications (82 per cent). **(Tables 3.4–3.6)**

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 2005/06 just under half (47 per cent) of women were correctly aware that the 'morning after pill' remains effective up to 72 hours after intercourse, while nine per cent knew that the emergency IUD was effective if inserted up to five days after sex. Forty-four per cent of women underestimated the effective time period for the emergency pill and 39 per cent underestimated it for the emergency IUD. A much smaller proportion overestimated the effective time period (one per cent for the emergency pill and three per cent for the emergency IUD). However, half of women said that they did not know how long after intercourse the emergency IUD could be used. These percentages are similar to those recorded in the previous five years. **(Table 3.7)**

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 emergency 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 statements that the 'morning after pill' '…is more effective the sooner it is taken after intercourse" and '…can sometimes cause nausea/make you feel sick' were most likely to be recognised as accurate (61 per cent and 59 per cent respectively believed the statements to be true). Over half of women (54 per cent) believed that the 'morning after pill' '…can still be effective taken any time up to 72 hours after intercourse'. Over a third (34 per cent) believed that it '…has no identified harmful long-term side-effects' and just under a third (31 per cent) believed that it is '…safer and more effective than it has been in the past'.

Less than one tenth of women (7 per cent) incorrectly believed that the 'morning after pill' '…protects against pregnancy until the next period" and less than one per cent of women believed that it '…protects against sexually transmitted infections'. These percentages have shown little change since 2001.

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.

There were some differences in the proportion of women who could identify which statements were true by age, marital status, educational qualifications and whether or not they had actually used the 'morning after pill'. The proportions identifying six or seven statements correctly were highest among young women, those educated to degree level and those who had actually used the 'morning after pill' in the past. There was no such differences between women in different marital status groups although single women were more likely to know that the morning after pill is effective taken any time up to 72 hours than those in other marital status groups. One in ten women aged 16–19 believed that the 'morning after pill' protects against pregnancy until the next period, and this was also the case for single women and women with no qualifications. **(Tables 3.8–3.12)**

A logistic regression was used in the analysis of the scores to identify the influences that are independently associated with accurate knowledge of the 'morning after pill'. It was found that, controlling for other factors, educational qualifications were independently associated with women's score on the statements. Women with a degree were twice as likely as those with lower level qualifications and three times as likely as women with no formal qualifications to identify at least six out of seven statements correctly. The model also confirmed the age variation with women aged 16–29 being one and a half times as likely as those aged 40–49 to achieve this score. **(Table C3.1 in Appendix C)**

Use of emergency contraception

Five per cent of women had used the 'morning after pill' at least once in the year prior to interview, a similar proportion 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 1 per cent of women had used the emergency IUD during 2005/06, a proportion which has remained stable over the last six years.

Use of the 'morning after pill' was more common in women aged under 35 than among older women. The proportion of 16 and 17-year-olds who had used the 'morning after pill' at least once appears particularly high (15 per cent). However, the percentages for 16- to 17-year-olds and 18- to 19-year-olds are based on small numbers and therefore subject to large sampling errors.

There were no differences in the use of the 'morning after pill' between women with different educational qualifications nor between women who were currently using a method of contraception and those who were not. **(Tables 3.13–3.17)**

Of those women who had used the 'morning after pill' in 2005/06, almost half (45 per cent) had obtained it directly from a chemist or pharmacy, just under a third (30 per cent) had obtained it directly from their own GP or practice nurse and about one-quarter (24 per cent) had obtained it from a family planning clinic.

The proportion of women who obtained the 'morning after pill' from their own GP or practice nurse has fallen sharply from 43 per cent in 2001/02 to 30 per cent in 2005/06, while the proportion obtaining it from a pharmacy has more than doubled from 20 per cent to 45 per cent. Seven per cent of women who had used the 'morning after pill' had experienced some difficulty obtaining it during 2005/06. **(Table 3.18, 3.19)**

Condom failure remained the most common reason why the 'morning after pill' was used, with 45 per cent of women citing this. The next most common reason was missing or forgetting to take the oral contraceptive pill (22 per cent). **(Table 3.20)**

Family planning services

Just over a half of women aged 16–49 (54 per cent) had used one or more family planning services during the five years prior to interview. This proportion was lower than in most previous years. Service use was greatest among 20 to 24 year olds (80 per cent) and lowest among those aged 45 to 49 (30 per cent). Within each age group, GPs/practice nurses were the most popular source of contraception, with the exception of 16- to 19-year-olds who were as likely to use family planning clinics as they were to use their own GP/practice nurse. **(Tables 3.21, 3.22)**

Figure 3.1

Use of family planning services in the past year: by age

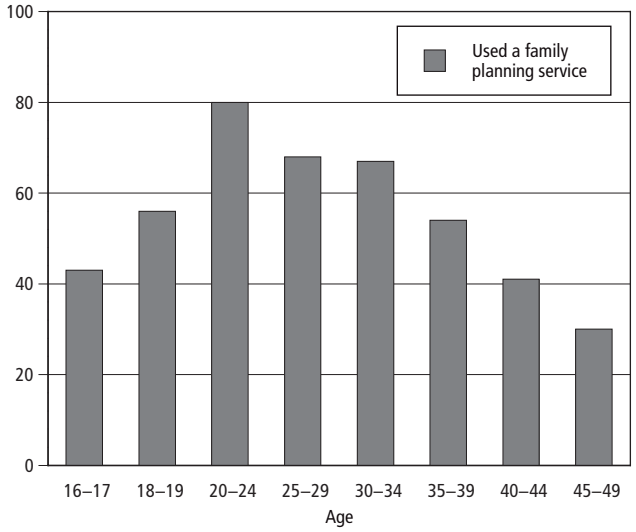


Table 3.1

Whether 'at risk' of pregnancy: by age

Women aged 16–49 Great Britain: 2005/06

Whether 'at risk'* of pregnancy	Age							All
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%
'At risk'	60	81	75	77	62	45	43	62
'Not at risk'	40	19	25	23	38	55	57	38
Base	*94*	*154*	*162*	*216*	*270*	*262*	*224*	*1,382*

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

Table 3.2

Current use of contraception: by women 'at risk' of pregnancy*

Women aged 16–49 'at risk' of pregnancy Great Britain

	At risk*					
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Current use of contraception†						
Pill	42	47	44	43	42	38
Condom	36	35	34	40	36	34
IUD	8	6	8	7	7	8
Other methods	19	19	19	18	24	22
Not using contraception because of infertility, menopause or wants to become pregnant	9	8	9	7	8	10
Not using contraception because of other reasons	5	4	2	3	3	3
At least one method used	86	88	89	90	89	86
Base	*1,169*	*1,241*	*1,273*	*1,178*	*1,203*	*845*

* *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.*

Table 3.3

Use of contraceptive pill and condoms: by age

Women aged 16–49(excluded if pregnant, self or partner* sterilised or no sexual relationship) Great Britain: 2005/06

	16–29	30–49
	Percentages	
Pill user†	55	28
Partner of condom user†	43	29
Neither pill user nor partner of condom user	21	46
Base	*303*	*548*

* *Refers to the woman's partner whether they live in the household or not.*
† *Women who used the pill and whose partner used the condom are included in both rows.*

Table 3.4

Knowledge of emergency contraception

Women aged 16–49 (excluded if sterilised at least two years ago) Great Britain: 2004/05

Emergency contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Hormonal emergency contraception	92	94	93	94	93	93
Emergency IUD	49	46	45	43	41	42
Base	*1,722*	*1,839*	*1,938*	*1,779*	*1,776*	*1,228*

Table 3.5

Knowledge of emergency contraception: by age

Women aged 16–49 (excluded if sterilised at least two years ago) Great Britain: 2005/06

Emergency contraception	Age								All
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%	%
Hormonal emergency contraception	91	[89]	92	91	95	92	94	92	93
Emergency IUD	33	[38]	43	37	36	42	47	49	42
Base	*55*	*37*	*153*	*160*	*202*	*232*	*218*	*171*	*1,228*

[ ] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 3.6

Knowledge of emergency contraception: by education

Women aged 16–49 (excluded if sterilised at least two years ago) Great Britain: 2005/06

Emergency contraception	Educational qualifications					All
	Degree or equivalent	Below degree level above GCSE	GCSE A–C or equivalent	GCSE D–G equivalent/ other	No qualifications	
	%	%	%	%	%	%
Hormonal emergency contraception	97	95	92	91	82	93
Emergency IUD	43	38	45	40	43	42
Base	*294*	*332*	*311*	*156*	*135*	*1,228*

Table 3.7

Knowledge of how long after intercourse emergency contraception is effective*

Women who had heard of emergency contraception Great Britain

How long after intercourse respondent thought it is effective*	Hormonal emergency contraception ('Morning after pill')						Emergency IUD					
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%	%	%	%	%	%	%
Up to 12 hours	14	15	14	15	15	12	13	13	12	13	13	12
Up to 24 hours	26	29	31	29	31	32	16	14	16	13	12	13
Up to 72 hours	52	49	49	50	48	47	15	11	13	12	16	14
Up to 5 days	1	1	0	0	1	1	11	12	10	10	11	9
Over 5 days	0	0	0	0	0	0	2	3	2	2	2	3
Don't know	7	5	6	6	5	7	43	47	47	49	47	49
Base	*1,585*	*1,720*	*1,791*	*1,668*	*1,652*	*1,134*	*839*	*847*	*862*	*764*	*733*	*514*

* *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 'upto 72 hours' for hormonal emergency contraception and 'upto 5 days' for the emergency IUD*

Table 3.8

Proportion of women who identified each of the statements about hormonal emergency contraception as true

Women aged 16–49 who had heard of the 'morning after pill' Great Britain

Statements about hormonal contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
'The emergency pill						
Correct statements						
....has no identified harmful long-term side-effects'	38	39	35	39	35	34
....can sometimes cause nausea/make you feel sick'	57	60	57	63	59	59
....is more effective the sooner it is taken after intercourse'	54	56	59	63	64	61
....is safer and more effective than it has been in the past'	29	33	31	32	35	31
....can still be effective taken at any time up to 72 hours after intercourse'*	42	55	54	56	52	54
Incorrect statements						
....protects against sexually transmitted infections (STIs)'†	..	1	0	1	1	0
....protects against pregnancy until the next period'†	..	9	8	8	8	7
None of these	4	4	3	3	3	3
Base**	1,486	1,634	1,768	1,650	1,631	1,127

* *In 2000/01 this code read '...is equally effective taken at any time up to 72 hours after intercourse'.*
† *This code included for the first time in 2001/02.*
** *Percentages sum to more than 100 as respondents could give more than one answer.*

Table 3.9

Proportion of women who identified each of the statements about hormonal emergency contraception as true: by age

Women aged 16–49 who had heard of the 'morning after pill' Great Britain: 2005/06

Statements about hormonal contraception	Age			All
	16–29	30–39	40–49	
	%	%	%	%
'The emergency pill …..'				
Correct statements				
….has no identified harmful long-term side-effects'	32	31	38	34
….can sometimes cause nausea/make you feel sick'	66	64	47	59
….is more effective the sooner it is taken after intercourse'	65	60	60	61
….is safer and more effective than it has been in the past'	32	31	32	31
….can still be effective taken at any time up to 72 hours after intercourse'	68	56	39	54
Incorrect statements				
….protects against sexually transmitted infections (STIs)'	0	0	1	0
….protects against pregnancy until the next period'	12	5	5	7
None of these	3	3	4	3
Identified 6 or 7 statements correctly	**24**	**21**	**16**	**21**
*Base**	*366*	*402*	*360*	*1,127*

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

Table 3.10

Proportion of women who identified each of the statements about hormonal emergency contraception as true: by marital status

Women aged 16–49 who had heard of the 'morning after pill' Great Britain: 2005/06

Statements about hormonal contraception	Marital status			All
	Single	Married or Cohabiting	Widowed, divorced or separated	
	%	%	%	%
'The emergency pill …..				
Correct statements				
….has no identified harmful long-term side-effects'	30	35	39	34
….can sometimes cause nausea/make you feel sick'	66	58	46	59
….is more effective the sooner it is taken after intercourse'	62	61	62	61
….is safer and more effective than it has been in the past'	33	31	29	31
….can still be effective taken at any time up to 72 hours after intercourse'	65	51	49	54
Incorrect statements				
….protects against sexually transmitted infections (STIs)'	1	1	0	0
….protects against pregnancy until the next period'	12	5	6	7
None of these	3	3	5	3
Identified 6 or 7 statements correctly	**22**	**20**	**19**	**21**
*Base**	*315*	*707*	*102*	*1,127*

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

Table 3.11

Proportion of women who identified each of the statements about hormonal emergency contraception as true: by education

Women aged 16–49 who had heard of the 'morning after pill' Great Britain: 2005/06

Statements about hormonal contraception	Educational qualifications					All
	Degree or equivalent	Below degree level, above GCSE	GCSE A–C or equivalent	GCSE D–G or equivalent/ other	No qualifications	
	%	%	%	%	%	%
'The emergency pill …..'						
Correct statements						
….has no identified harmful long-term side-effects'	37	30	31	38	41	34
….can sometimes cause nausea/make you feel sick'	70	57	58	53	49	59
….is more effective the sooner it is taken after intercourse'	68	62	59	60	52	61
….is safer and more effective than it has been in the past'	36	29	32	24	34	31
….can still be effective taken at any time up to 72 hours after intercourse'	59	56	51	54	45	54
Incorrect statements						
….protects against sexually transmitted infections (STIs)'	0	1	0	1	1	0
….protects against pregnancy until the next period'	7	6	8	5	13	7
None of these	3	2	2	4	10	3
Identified 6 or 7 statements correctly	**30**	**17**	**18**	**18**	**14**	**21**
*Base**	*283*	*314*	*283*	*138*	*108*	*1,127*

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

Table 3.12

Proportion of women who identified each of the statements about hormonal emergency contraception as true: by whether used hormonal emergency contraception during the last year

Women aged 16–49 who had heard of the 'morning after pill' Great Britain: 2005/06

Statements about hormonal contraception	Used 'Morning after pill' in past year		All
	16–29	30–39	
	%	%	%
'The emergency pill …..'			
Correct statements			
….has no identified harmful long-term side-effects'	49	33	34
….can sometimes cause nausea/make you feel sick'	83	58	59
….is more effective the sooner it is taken after intercourse'	74	61	61
….is safer and more effective than it has been in the past'	47	31	31
….can still be effective taken at any time up to 72 hours after intercourse'	80	53	54
Incorrect statements			
….protects against sexually transmitted infections (STIs)'	-	0	0
….protects against pregnancy until the next period'	8	7	7
None of these	1	3	3
Identified 6 or 7 statements correctly	**53**	**19**	**21**
*Base**	*66*	*1,061*	*1,127*

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

Table 3.13

Use of emergency contraception during the year prior to interview

Women aged 16–49 (excluded if sterilised at least two years ago)

Emergency contraception	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Hormonal emergency contraception						
used once	6	6	5	4	6	4
used twice	1	1	1	1	1	1
used more than twice	1	0	1	0	0	1
used at least once	8	7	7	6	7	5
not used	92	93	93	94	93	95
Emergency IUD						
used	0	0	1	0	0	0
not used	100	100	99	100	100	100
Base	*1,726*	*1,833*	*1,934*	*1,781*	*1,774*	*1,227*

Table 3.14

Use of emergency contraception during the year prior to interview: by age

Women aged 16–49 (excluded if sterilised at least two years ago) Great Britain: 2005/06

Emergency contraception	Age								All
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%	%
Hormonal emergency contraception									
used once	7	[0]	5	8	5	1	2	3	4
used twice	-	-	2	1	1	1	-	-	1
used more than twice	7	[5]	1	1	0	-	0	-	1
used at least once	15	[5]	7	9	7	2	3	3	5
not used	85	[95]	93	91	93	98	97	97	95
Emergency IUD									
used	-	-	-	-	1	1	-	1	0
not used	100	[100]	100	100	99	99	100	99	100
Base	*55*	*37*	*153*	*159*	*204*	*232*	*218*	*170*	*1,227*

[ ] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 3.15

Use of emergency contraception during the year prior to interview: by marital status

Women aged 16–49 (excluded if sterilised at least two years ago) Great Britain: 2005/06

Emergency contraception	Marital status				All
	Single	Married	Cohabiting	Widowed, divorced or separated	
	%	%	%	%	%
Hormonal emergency contraception					
used once	5	3	4	4	4
used twice	1	0	1	1	1
used more than twice	2	0	-	-	1
used at least once	9	3	5	5	5
not used	91	97	95	95	95
Emergency IUD					
used	-	0	1	2	0
not used	100	100	99	98	100
Base	*357*	*565*	*189*	*113*	*1,227*

Table 3.16

Use of emergency contraception during the year prior to interview: by education

Women aged 16–49 (excluded if sterilised at least two years ago) Great Britain: 2005/06

Statements about hormonal contraception	Educational qualifications					All
	Degree or equivalent	Below degree level, above GCSE	GCSE A–C or equivalent	GCSE D–G or equivalent/ other	No qualifications	
	%	%	%	%	%	%
Hormonal emergency contraception						
used once	5	3	3	4	5	4
used twice	1	1	0	1	0	1
used more than twice	0	0	2	1	0	1
used at least once	7	4	5	6	5	5
not used	93	96	95	94	95	95
Emergency IUD						
used	0	0	0	-	1	0
not used	100	100	100	100	99	100
Base	*293*	*331*	*310*	*156*	*136*	*1,227*

Table 3.17

Use of emergency contraception during the year prior to interview: by current use of contraception

Women aged 16–49(excluded if sterilised at least two years ago) Great Britain: 2005/06

Emergency contraception	Use of contraception		All
	Currently using a method	Currently not using a method	
	%	%	%
Hormonal emergency contraception			
used once	5	2	4
used twice	1	1	1
used more than twice	1	1	1
used at least once	6	3	5
not used	94	97	95
Emergency IUD			
used	0	0	0
not used	100	100	100
Base	*901*	*322*	*1,227*

Table 3.18

Where hormonal emergency contraception was obtained

Women aged 16–49 who had used the 'morning after pill' in the year prior to the interview Great Britain

Where obtained	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Own GP or practice nurse*	59	43	44	41	33	30
Family planning clinic	33	31	18	21	21	24
Other GP or practice nurse*	3	9	5	3	-	1
Hospital Accident and Emergency	3	2	5	5	2	1
Chemist or pharmacy†	..	20	33	27	50	45
A walk-in centre or minor injuries unit†	..	1	0	11	3	4
Other	5	2	4	1	2	1
*Base***	*134*	*135*	*129*	*105*	*123*	*67*

* *'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.*

Table 3.19

Percentage of respondents who had experienced difficulty in obtaining hormonal emergency contraception

Women aged 16–49 who had used the 'morning after pill' during the past year Great Britain

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Respondents who had experienced difficulty obtaining the 'morning after pill'	15	13	9	4	11	9
Base	*134*	*135*	*131*	*106*	*123*	*67*

Table 3.20

Main reason for using emergency contraception on the most recent occasion that the respondent had used emergency contraception in the last year

Women aged 16-49 who had used emergency contraception in the year prior to the interview Great Britain

Reasons for using emergency contraception	2002/03	2003/04	2004/05	2005/06
	%	%	%	%
Condom failure	42	49	46	45
Missed pill/forgot to take the pill	23	23	17	22
Condom not available	11	9	13	4
Did not want to use a condom	9	2	6	9
Other routine contraceptive failure	1	5	5	7
Other reason	14	13	13	13
Base	*136*	*110*	*128*	*69*

Table 3.21

Use of family planning services during the five years prior to interview

Women aged 16–49 Great Britain

Use of family planning services	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Own GP or practice nurse*	48	48	47	46	46	44
Family planning clinic	20	22	19	18	19	18
Other GP or practice nurse*	2	2	2	2	1	1
Chemist or pharmacy†	..	4	5	5	5	5
Walk-in centre or minor injuries unit†	..	1	1	1	1	1
Somewhere else	2	1	1	2	1	2
Used at least one service	**58**	**61**	**58**	**57**	**57**	**54**
Not visited anyone	42	39	42	43	43	46
*Base***	*1,975*	*2,074*	*2,197*	*2,052*	*2,003*	*1,378*

* *'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.*

Table 3.22

Use of family planning services during the five years prior to interview: by age

Women aged 16–49 Great Britain: 2005/06

Use of family planning services	Age								All
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	
	%	%	%	%	%	%	%	%	%
Own GP or practice nurse	24	[32]	68	57	53	47	35	21	44
Family planning clinic	23	[32]	36	21	24	13	9	11	18
Other GP or practice nurse	-	[2]	3	1	2	1	2	0	1
Chemist or pharmacy	10	[9]	9	8	7	4	2	0	5
Walk-in centre or minor injuries unit	-	-	5	2	2	-	1	0	1
Somewhere else	6	[0]	2	2	2	1	1	1	2
Used at least one service	**43**	**[59]**	**80**	**68**	**67**	**54**	**41**	**30**	**54**
Not visited anyone	57	[41]	20	32	33	46	59	70	46
*Base**	*55*	*37*	*154*	*161*	*216*	*269*	*262*	*224*	*1,378*

* *Percentages sum to more than 100 as respondents could give more than one answer.*
[ ] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Sterilisation and vasectomies

Chapter 4

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 proportions of men and women who had become sterile after an operation not intended for this purpose.

Sterilisation and vasectomy

Omnibus data for 2005/06 show that one in ten (10 per cent) women under 50 had been sterilised and a further three per cent had had an operation for another purpose which had resulted in sterility. The majority (97 per cent) of women who had been sterilised reported that their surgery had been carried out within the NHS.

One in five (18 per cent) men under 70 had undergone a vasectomy of whom 73 per cent stated that their operation had been performed within the NHS. Less than 1 per cent of men had become sterile after an operation not intended to cause sterility. **(Table 4.1)**

Trends in sterilisation and vasectomy

There has been little changes over the past six years in the proportions of men and women who have undergone sterilisation or who have become sterile as a result of an operation for another purpose. However, the proportion of female sterilisations carried out within the NHS rose from 91 per cent in 2000/01 to 97 per cent in 2005/06. The same pattern was true for vasectomies carried out by the NHS but the difference was not quite statistically significant.

(Table 4.1)

Sterilisation and vasectomies by age

In 2005/06, the proportions of men and women who had been sterilised increased with age. Looking first at female sterilisation, the proportion of women who had been sterilised increased steadily with age from 1 per cent among those aged 16–29 to 21 per cent of those aged 45–49. Becoming sterile after an operation not intended to cause sterility was also slightly more common among older women, increasing from less than 1 per cent among 16- to 29-year-olds to 7 per cent among 40- to 44-year-olds. **(Table 4.2)**

The percentage of men who had undergone a vasectomy increased up to age 4–44 and then remained relatively constant thereafter. Three per cent of men aged 16–29 had had a vasectomy compared with 23–29 per cent of those aged 40–69. **(Table 4.2)**

Sterilisation and vasectomies by educational qualifications

Sterilisation was most common among women with no qualifications; the proportion of women who had been sterilised increased from five per cent among those educated to degree level to 18 per cent among those with no qualifications. There was no consistent pattern of educational attainment in the proportions of men who had had a vasectomy.

(Table 4.3, Figure 4.1)

Figure 4.1

Percentage of women who had been sterilised: by education

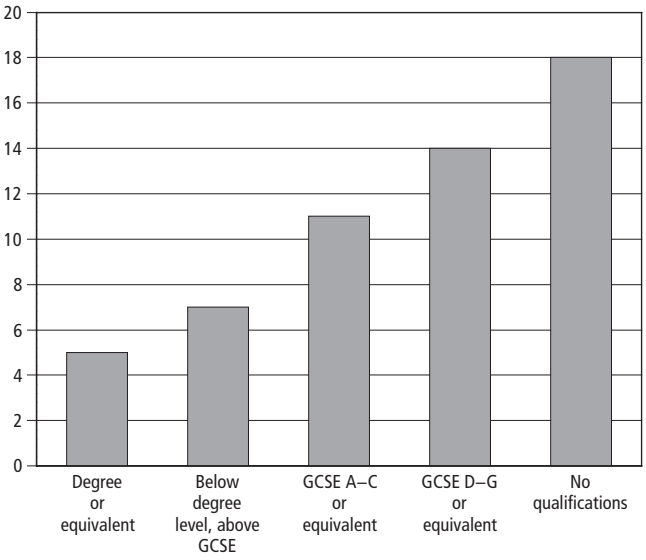


Table 4.1

Female sterilisation and male vasectomy

Women aged 16–49 and men aged 16–69 Great Britain

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
			Percentages			
Percentage of women who..						
had been sterilised	11	10	11	11	10	10
had had another operation causing sterility	4	3	3	3	3	3
Base: Women aged 16–49	*1979*	*2079*	*2200*	*2047*	*2000*	*1378*
Percentage of men who..	**%**	**%**	**%**	**%**	**%**	**%**
had had a vasectomy	17	15	18	17	18	18
had had another operation causing sterility	1	1	1	1	1	0
Base: Men aged 16–69	*2543*	*2759*	*2928*	*2544*	*2533*	*1842*
Percentage who had their sterilisation/vasectomy carried out on the NHS	%	%	%	%	%	%
Women	91	92	94	94	96	97
Men	66	66	69	71	72	73
Bases						
Women who had been sterilised	*220*	*212*	*236*	*226*	*195*	*134*
Men who had been sterilised	*427*	*361*	*532*	*435*	*450*	*326*

Table 4.2

Female sterilisation and male vasectomy: by age

Women aged 16–49 and men aged 16–69 Great Britain:2005/06

	Age								All
	16–29	30–34	35–39	40–44	45–49	50–54	55–64	65–69	
				Percentages					
Percentage of women who..									
had been sterilised	1	7	14	12	21	nc	nc	nc	10
had had another operation causing sterility	0	0	3	7	4	nc	nc	nc	3
Base: Women aged 16–49	*409*	*217*	*270*	*261*	*225*	*nc*	*nc*	*nc*	*1378*
Percentage of men who..									
had had a vasectomy	3	6	13	24	29	28	29	23	18
had had another operation causing sterility	-	0	-	-	-	3	0	2	0
Base: Men aged 16–69	*444*	*187*	*184*	*195*	*181*	*170*	*367*	*114*	*1842*

Table 4.3

Female sterilisation and male vasectomy: by education

Women aged 16–49 and men aged 16–69 Great Britain: 2005/06

	Educational qualifications					All
	Degree or equivalent	Below degree level, above GCSE	GCSE A–C or equivalent	GCSE D–G or equivalent/ other	No qualifications	
	Percentages					
Percentage of women who..						
had been sterilised	5	7	11	14	18	10
had had another operation causing sterility	1	4	1	2	6	3
Base: Women aged 16–49	*312*	*368*	*348*	*181*	*173*	*1378*
Percentage of men who..						
had had a vasectomy	13	21	15	17	21	18
had had another operation causing sterility	0	1	0	-	1	0
Base: men aged 16–69	*392*	*495*	*408*	*213*	*334*	*1842*

Chapter 5

Sexual behaviour and condom use

The Omnibus 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 Omnibus to provide background information for the interpretation of the data on condom use. In particular, it is possible to estimate the proportion 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 (92 per cent) said they had only had sex with women; one per cent said they had only had sex with men. Less than one per cent fell into the two remaining categories – usually with women but at least once with a man and usually with men but at least once with a woman. The proportion 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. In 2005/06, 6 per cent said they were in this position. The proportions of men in each of the other categories have shown little change over the last six years. The 2001 National Survey of Sexual Attitudes and Lifestyles[1] reported a much higher proportion of men who have had a same-sex relationship – 8 per cent had had a sexual experience with another man and 6 per cent had had same-sex genital contact – which suggests probable under-reporting in the Omnibus survey.

(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, we cannot directly compare the overall distributions. In 2005/06, 16 per cent of men under 70 had had no sexual partners in the previous year, 73 per cent had had just one partner and 12 per cent had had more than one. For women under 50, these proportions were 12 per cent, 81 per cent and seven per cent. The number of men who had had no sexual partners in the previous year has increased from 12 per cent in 2000/01, when the question was first asked, to 16 per cent in 2005/06. However, this proportion has fluctuated in the intervening period suggesting that the increase in 2005/06 may not represent a long-term trend.

The proportions of both men and women who had not had a sexual partner in the previous year was highest among those aged under 20 (38 per cent and 36 per cent). These proportions then decreased with age up to the age group 30–34 (7 per cent for men and 4 per cent for women) and then increased thereafter. Among both sexes too, the proportions who had had multiple sexual partners tended to decline with age while the proportions with just one partner increased up to age 30–34 and then remained stable up to age 50 for women and age 65 for men. Within all age groups under 50 a higher proportion of men than women reported multiple sexual partners while, in most age groups, proportionately more women than men reported having just one partner.

Single women were more likely to report having multiple sexual partners (22 per cent) than those in any other marital status group (one per cent of married or cohabiting women, 12 per cent of widowed, divorced or separated women). Single men were more likely to have had multiple sexual partners than those who were married or cohabiting (31 per cent compared with two per cent) but not significantly more than those who were widowed, divorced or separated (24 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. One-third (33 per cent) of men and about one quarter (27 per cent) of women who were single, and just over a third of widowed, divorced or separated men and women (37 and 36 per cent) had not had a sexual partner in the last year. Among those who were married or cohabiting, 6 per cent of men and 2 per cent of women had not had a sexual partner in the last year. **(Tables 5.3 – 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: 41 per cent of men and 46 per cent of women had used a condom in the past year – similar to the proportions recorded in previous years of the survey.

Figure 5.1

Condom use in the previous year: by age and sex

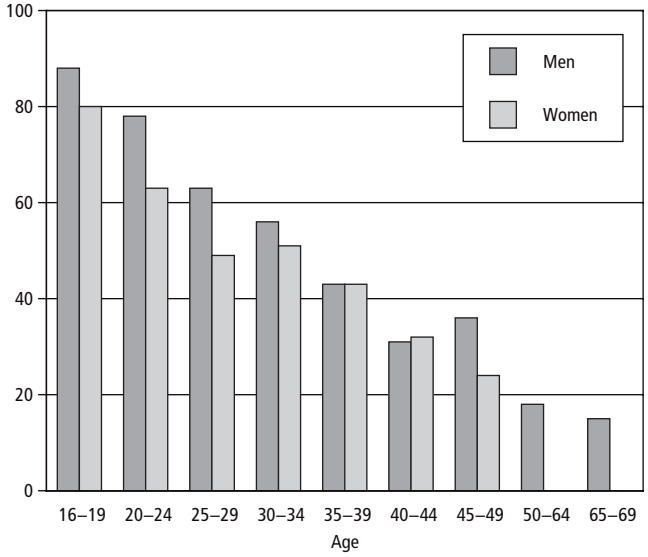
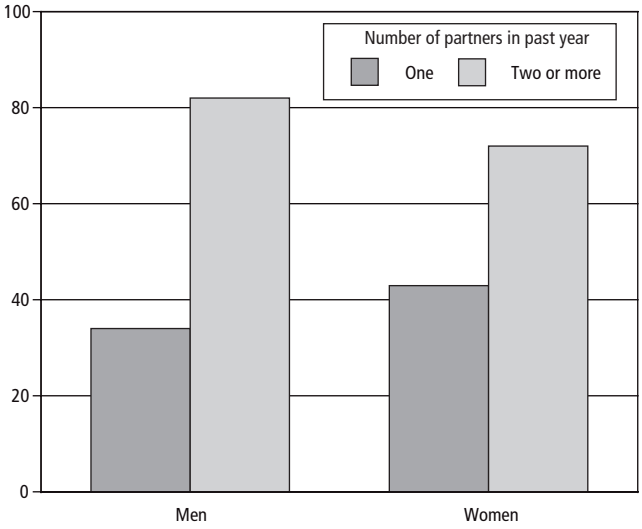


Figure 5.2

Condom use in the past year: by number of partners and sex



Among both men and women the proportion using condoms was highest in the younger age groups and decreased with age. For example, 88 per cent of 16- to 19-year-old men had used a condom in the last year compared with only 15 per cent of those aged 65–69. Similarly, 80 per cent of women aged 16–19 had used a condom in the last year compared with 24 per cent of those aged 45–49. A higher proportion of men than women used condoms in the 20–24 age group (78 per cent compared with 63 per cent) and in the 25–29 age group (63 per cent compared with 49 per cent). A similar pattern occurred in other age groups but the differences were not statistically significant. **(Tables 5.6, 5.7, Figure 5.1)**

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 34 per cent of those who had a single partner. There was a similar variation for women – 72 per cent of those with multiple partners used a condom compared with 43 per cent of those with just one partner.

Use of condoms in the past year was also related to educational qualifications. Men who had a degree were more likely to have used a condom (48 per cent) than men whose highest qualification was the equivalent of a GCSE grade D–G (34 per cent) or men who had no qualifications (26 per cent). Similarly, women who had a degree were more likely to have used a condom (54 per cent) than those whose highest qualification was the equivalent of a GCSE, or women who had no qualifications (ranging from 37 to 41 per cent).

(Table 5.8, Figure 5.2)

Reasons for using a condom

The most common reason cited for using a condom by both men and women was prevention of pregnancy (88 per cent of men and 90 per cent of women). Fewer than half cited prevention of infection as a reason (47 per cent of men and 43 per cent of women) most of whom (39 per cent overall) cited pregnancy prevention as well.

These figures have fluctuated slightly over the years but there is no clear pattern of changing attitudes. Again, it is impossible to make overall comparisons between men's and women's reasons for using condoms because of the different age ranges but comparisons within age groups showed no variations.

(Table 5.9)

Use of a condom to prevent pregnancy was not related to age with the exception of men in the oldest age group who were least likely to cite this as reason (76 per cent). The proportion citing prevention of infection as a reason for using a condom tended to decrease with age but then increased again in the oldest age groups, a pattern also observed in 2004/05.

(Table 5.10)

Those who had had two or more sexual partners in the past year were more than 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 85 per cent of women compared with 36 per cent of men and 34 per cent of women).

The proportions giving different reasons for using a condom fluctuated among men and women with different qualifications but there was not clear pattern of variation. **(Table 5.11)**

Regularity of condom use in high-risk groups

More than half of those who had used a condom in the past year said that they always used one when having intercourse. This proportion was similar for men and women and has hardly changed over the six years that this question has been asked. In 2005/06, 59 per cent of men and 62 per cent of women who used a condom said they always did so. There was also little difference in the proportion of men and women who said they usually used one (16 per cent and 15 per cent) or sometimes used one (25 per cent and 23 per cent). **(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. In this group, men were more likely than women to say that they always used a condom (47 per cent compared with 37 per cent) and correspondingly less likely to say that they never used one (18 per cent and 28 per cent).

Younger men (16- to 29-years-olds) were much more likely than those aged over 30 to say they always used condoms (55 per cent compared with 36 per cent), and much less likely to say they never used condoms (10 per cent compared with 30 per cent). The same pattern was true for women, although the sample bases were small and the differences not statistically significant.

The data suggest that men who had two or three partners in the past year may have been more likely to always use a condom than those who had four or more partners, but this difference was not quite statistically significant. **(Table 5.13)**

Notes

1 National Survey of Sexual Attitudes and Lifestyles II: Reference Tables and Summary Report. Bob Erens, Sally McManus, Alison Prescott, Julia Field. NatCen (2003).

Table 5.1

Sexual partners of men

Men aged 16–69 Great Britain

Which of the following best describes your situation?	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
I have had sex only with women	93	92	93	92	94	92
I have had sex only with men	2	2	1	2	1	1
I have usually had sex only with women but at least once with a man	1	1	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
No sexual relationship yet	3	5	5	5	4	6
Base	*2,533*	*2,735*	*2,913*	*2,522*	*2,527*	*1,840*

Table 5.2

Sexual partners of men: by age

Men aged 16–69 Great Britain: 2005/06

Which of the following best describes your situation?	Age								All
	16–19	20–24	25–29	30–34	35–39	40–49	45–49	50–69	
	%	%	%	%	%	%	%	%	%
I have had sex only with women	62	87	90	92	92	96	97	97	92
I have had sex only with men	-	2	3	4	2	1	-	1	1
I have usually had sex only with women but at least once with a man	-	-	1	-	2	1	1	0	0
I have usually had sex only with men but at least once with a woman	1	-	-	-	1	2	1	0	0
No sexual relationship yet	37	11	6	4	4	1	1	2	6
Base	*134*	*159*	*152*	*188*	*185*	*194*	*181*	*647*	*1,840*

Table 5.3

Number of sexual partners in the previous year: by sex

Men aged 16–69 and women aged 16–49 Great Britain

Number of sexual partners	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Men						
None	12	13	15	13	13	16
One	75	74	74	74	74	73
Two or three	9	9	8	8	9	8
Four or more	4	4	4	4	4	4
Base	*2,415*	*2,737*	*2,908*	*2,520*	*2,495*	*1,792*
Women						
None	11	11	12	13	10	12
One	79	81	80	78	80	81
Two or three	8	8	6	7	7	6
Four or more	2	1	1	1	2	1
Base	*1,803*	*2,057*	*2,182*	*2,022*	*1,965*	*1,333*

Table 5.4

Number of sexual partners in the previous year: by age and sex

Men aged 16–69 and women aged 16–49 Great Britain 2005/06

Number of sexual partners	Age									Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	65–69	
	%	%	%	%	%	%	%	%	%	%
Men										
None	38	21	13	7	10	9	11	15	29	16
One	26	54	63	80	81	82	82	82	69	73
Two or three	26	17	14	8	5	5	5	3	2	8
Four or more	10	9	9	5	4	4	2	0	1	4
Base	*131*	*157*	*150*	*179*	*181*	*193*	*179*	*517*	*105*	*1,792*
Women										
None	36	14	9	4	9	12	14	nc	nc	12
One	48	67	78	89	85	86	84	nc	nc	81
Two or three	12	16	9	6	5	2	2	nc	nc	6
Four or more	4	3	3	1	1	-	0	nc	nc	1
Base	*83*	*152*	*160*	*209*	*262*	*253*	*214*	*nc*	*nc*	*1,333*

nc not collected.

Table 5.5

Number of sexual partners in the previous year: by marital status and sex

Men aged 16–69 and women aged 16–49 Great Britain: 2005/06

Number of sexual partners	Marital status			Total
	Single	Married or cohabiting	Widowed, divorced or separated	
	%	%	%	%
Men				
None	33	6	37	16
One	36	93	39	73
Two or three	21	1	17	8
Four or more	10	0	8	4
Base	*480*	*1,155*	*145*	*1,792*
Women				
None	27	2	36	12
One	51	97	53	81
Two or three	18	1	10	6
Four or more	4	-	1	1
Base	*347*	*845*	*138*	*1,333*

Table 5.6

Use of condoms in the previous year: by sex

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 Great Britain

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Men	40	41	39	41	40	41
Women	48	49	47	50	47	46
Bases						
Men	*2,248*	*2,385*	*2,496*	*2,211*	*2,215*	*1,561*
Women	*1,429*	*1,470*	*1,534*	*1,449*	*1,443*	*973*

Table 5.7

Use of condoms in the previous year: by age and sex

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 2005/06

	Age									Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	65–69	
	%	%	%	%	%	%	%	%	%	%
Men	88	78	63	56	43	31	36	18	15	41
Women	80	63	49	51	43	32	24	nc	nc	46
Bases										
Men	*84*	*127*	*131*	*175*	*166*	*176*	*160*	*458*	*84*	*1,561*
Women	*60*	*130*	*138*	*181*	*190*	*155*	*119*	*nc*	*nc*	*973*

nc not collected.

Table 5.8

Use of condoms in the previous year: by number of partners and sex, and education and sex

Men aged 16–69 and women aged 16–49 currently in a sexual relationship or who had been in one in the past 12 months Great Britain: 2005/06

	Number of partners		Educational qualifications					Total
	One	Two or more	Degree or equivalent	Below degree level, above GCSE	GCSE A–C or equivalent	GCSE D–G or equivalent/ other	No qualifications	
	%	%	%	%	%	%	%	%
Men	34	82	48	41	47	34	26	53
Women	43	72	54	50	41	40	37	46
Bases								
Men	*1,303*	*206*	*334*	*423*	*357*	*189*	*253*	*1,561*
Women	*846*	*96*	*238*	*270*	*239*	*125*	*100*	*973*

Table 5.9

Reasons for using a condom: by sex

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
	%	%	%	%	%	%
Men						
Prevent pregnancy	92	90	92	90	90	88
Prevent infection	43	38	40	41	46	47
Other reason	3	3	4	4	3	4
*Base**	*897*	*987*	*971*	*913*	*894*	*633*
Women						
Prevent pregnancy	92	91	91	91	91	90
Prevent infection	41	39	42	46	46	43
Other reason	5	6	4	3	2	6
*Base**	*682*	*728*	*720*	*720*	*687*	*451*

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

Table 5.10

Reasons for using a condom: by age and sex

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: 2005/06

Why do you use a condom?	Age								Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	
	%	%	%	%	%	%	%	%	%
Men									
Prevent pregnancy	93	94	94	87	89	87	85	76	88
Prevent infection	77	63	57	42	31	27	32	40	47
Other reason	–	3	1	2	4	4	9	8	4
*Base**	*74*	*99*	*83*	*98*	*71*	*55*	*57*	*96*	*633*
Women									
Prevent pregnancy	[84]	90	92	95	88	94	[83]	nc	90
Prevent infection	[82]	67	42	33	20	32	[27]	nc	43
Other reason	[–]	8	6	4	7	2	[10]	nc	6
*Base**	*48*	*83*	*68*	*91*	*81*	*50*	*30*	*nc*	*451*

** Percentages sum to more than 100 as respondents could cite more than one reason.*
[ ] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 5.11

Reasons for using a condom: by number of partners in the past year and sex, and education and sex

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 2005/06

Why do you use a condom?	Number of partners in past year		Educational qualifications					Total
	One	Two or more	Degree or equivalent	Below degree level, above GCSE	GCSE A–C or equivalent	GCSE D–G or equivalent/ other	No qualifications	
	%	%	%	%	%	%	%	%
Men								
Prevent pregnancy	88	87	92	89	84	86	88	88
Prevent infection	36	75	37	52	50	55	49	47
Other reason	5	1	2	3	7	3	2	4
*Base**	*445*	*169*	*161*	*172*	*169*	*64*	*66*	*633*
Women								
Prevent pregnancy	91	91	96	85	91	92	[86]	90
Prevent infection	34	85	40	45	41	51	[37]	43
Other reason	6	1	4	9	4	4	[8]	6
*Base**	*366*	*69*	*129*	*135*	*99*	*51*	*37*	*451*

** Percentages sum to more than 100 as respondents could cite more than one reason.*
[ ] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Table 5.12

Regularity of condom use: by sex

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 Great Britain

How regularly do you use a condom?	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
Men						
Always	55	59	58	56	56	59
Usually	20	18	19	16	20	16
Sometimes	25	23	23	28	23	25
Base	*895*	*983*	*965*	*911*	*893*	*611*
Women						
Always	60	54	60	64	63	62
Usually	15	19	13	13	15	15
Sometimes	25	27	27	23	22	23
Base	*677*	*723*	*718*	*720*	*683*	*436*

Table 5.13

Regularity of condom use: by age and sex and number of partners and sex

Men aged 16–69 and women aged 16–49 and had more than one sexual relationship in the last 12 months Great Britain: 2005/06

How regularly do you use a condom?	Age		Number of partners in past year		Total
	16–29	30 and over	Two or three	Four or more	
	%	%	%	%	%
Men					
Always	55	36	52	37	47
Usually	20	17	16	24	18
Sometimes	16	18	17	16	17
Never	10	30	16	24	18
Base	*122*	*84*	*139*	*68*	*206*
Women					
Always	43	[26]	38	[31]	37
Usually	21	[6]	13	[31]	15
Sometimes	19	[21]	19	[19]	20
Never	17	[47]	30	[19]	28
Base	*63*	*34*	*79*	*16*	*97*

[ ] Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.

Chapter 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 some respondents in previous surveys had felt that the responses offered did not represent their situation adequately. This means that the responses are not comparable with previous years and therefore trend data have not been presented. 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 (55 per cent) said that information on STIs had had no effect on their behaviour. The main effect of publicity was a reported increase in condom use, mentioned by just over a third (37 per cent). About one in ten (9 per cent) said they had fewer one night stands and just three per cent had a test for sexually transmitted infections when they changed partners. Among women the pattern was almost identical except that a slightly higher proportion, 11 per cent, had an STI test when they changed partners.

Among both men and women, the proportions responding that information about STIs had had no effect on their behaviour tended to increase with age. For example, among men, the proportion rose from 22 per cent among 16- to 19-year-olds to 80 per cent among those aged 50–69. For both sexes, the age variation reflects a greater increase in condom use among younger people. For women, it also reflects the greater propensity for young women to have an STI test when they change partners. **(Table 6.1)**

Men and women who had had more than one partner in the last 12 months were at least twice as likely as those who had had just one partner to report that STI publicity had caused them to change their behaviour, 79 per cent compared with 30 per cent for men and 83 per cent compared with 40 per cent for women. A quarter (25 per cent) of women who had had two or more partners said that they had an STI test when they changed partners.

There was no relationship between educational qualifications and behaviour change. Although previous reports have noted such relationships, the results may have been confounded by the inclusion of responses from those who did not change their behaviour because they were in a long-term exclusive relationship; this group has been excluded from the analyses presented in this report. **(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 2005/06 television programs were the most commonly mentioned source (32 per cent) followed by television advertisements (21 per cent) and newspapers, magazines or books (21 per cent). Television programmes and advertisements have been the most popular sources since the questions were introduced but the proportions mentioning them have fallen slightly from 37 per cent and 27 per cent respectively in 2000/01. Conversely, the proportion whose main source of information came from their school or college increased from 6 per cent in 2001/02 to 9 per cent in 2005/06. **(Table 6.3)**

Men were a little more likely than women to find out about STIs from television programmes or advertisements (57 per cent compared with 48 per cent) while women were more likely than men to mention their GP or family planning clinic 5 per cent compared with 1 per cent). Television and newspapers were again the predominant sources for older people but younger people had a more diverse range. Among those aged 16–24, over a third (35 per cent) had obtained information from their school or college and 8 per cent from friends and family. Even in this age group, however, very few (3 per cent) mentioned the internet as their main source of information. **(Table 6.4)**

The proportion obtaining their information about STIs from television programmes or advertisements decreased with qualification level, falling from 67 per cent among those with no qualifications to 41 per cent among those with a degree or equivalent. The proportion using newspapers, magazines or books showed the opposite trend, rising from 13 per cent among those with no qualifications to 33 per cent among those with a degree. **(Table 6.5)**

Awareness of sexually transmitted infections

All respondents to the Omnibus were asked whether they thought each of the following five diseases 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. This change may have affected responses although the trend data suggest that the 2005/06 figures are in line with those for previous years.

Gonorrhoea was correctly identified as an STI by 89 per cent of men and 88 per cent of women, proportions which have shown little change over the previous five years. The proportions recognising Chlamydia as an STI, however, have shown a sharp increase over this period. Among men, this proportion more than doubled rising from 35 per cent in 2000/01 to 79 per cent in 2005/06. Recognition of Chlamydia among women has been greater than that among men throughout the period but they also have shown an increase in awareness. The proportion of women correctly identifying Chlamydia as an STI rose from 65 per cent in 2000/01 to 91 per cent in 2005/06. Overall, 55 per cent of women and 39 per cent of men correctly classified all five diseases.

(Table 6.6, Figure 6.1)

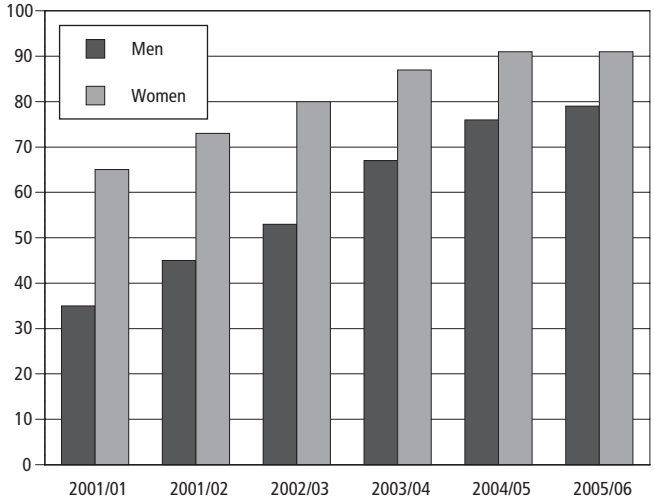
Recognition of Gonorrhoea increased with age among both men and women. Thus, about 95 per cent of men and women aged 40–49 correctly identified Gonorrhoea as an STI compared with 64 per cent of men and 76 per cent of women aged 16–19. There was no consistent age variation in awareness of Chlamydia although, as in 2004/05, recognition was relatively low (67 per cent) among men aged 50–69. The gap between the proportions of men and women who correctly classified all five diseases 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 was higher among those with higher qualifications.

Figure 6.1

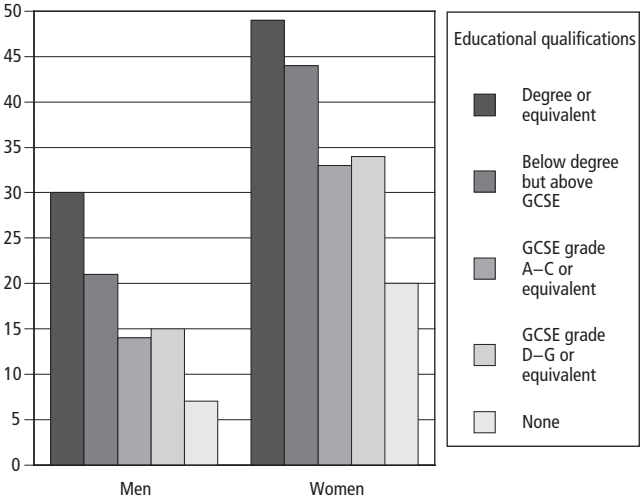
Proportion who thought that Chlamydia was an STI



Thus, about 85 per cent of men with qualifications above GCSE level correctly identified Chlamydia as an STI compared with 61 per cent of those with no qualifications. Likewise, the proportion of men who correctly identified all five diseases decreased from 55 per cent among those with a degree to 26 per cent among those with no qualifications. For women, levels of awareness of both diseases were higher among those with qualifications of any level compared with the unqualified. This was also the pattern for the proportions correctly identifying all five diseases, 52–64 per cent among those with qualifications compared with 27 per cent among those with no qualifications. **(Table 6.8, Figure 6.2)**

Figure 6.2

Proportion who gave the correct responses to all five statements about Chlamydia



Awareness of Chlamydia symptoms

Men and women who knew that Chlamydia was an STI were asked about the symptoms. As was the case with the recognition of this disease, women were also more knowledgeable about its symptoms than men. About three-quarters correctly knew that it could cause infertility and ectopic pregnancy (81 per cent) and that it did not always cause symptoms (74 per cent) while well over a half (59 per cent) knew that it could be easily treated by antibiotics. Among men the corresponding proportions were 68 per cent, 54 per cent and 47 per cent. Small proportions, no more than 5 per cent, incorrectly believed that it had no serious side effects, that it only affected men or that it had none of the symptoms listed. Overall, women were twice as likely as men to give correct responses to all five statements (38 per cent compared with 18 per cent).

The proportions correctly identifying the symptoms of Chlamydia have fluctuated over the five years in which this question has appeared in the Omnibus but there has been no consistent pattern. The proportions of men who knew that Chlamydia could cause infertility and that it does not always cause symptoms were a little lower in 2005/06 than in previous years but this is probably due to sampling variation. **(Table 6.9)**

Among men, the proportions correctly identifying the symptoms varied by age but the pattern was different for each symptom. Overall, the proportion giving a correct response on all the symptoms increased up to age 35–39 and then decreased thereafter. For women, there was no consistent pattern of variation by age. **(Table 6.10)**

Knowledge of the symptoms of Chlamydia tended to decrease with qualification level among both men and women. The proportion of men giving all correct responses decreased from 30 per cent among those with a degree to 7 per cent among those with no qualifications. For women, the difference was even greater, 49 per cent and 20 per cent. This pattern was observed for responses to the statements that Chlamydia does not always cause symptoms and that it can cause infertility. There was no discernible pattern of variation by educational qualifications in responses to the statement that it can be easily treated by antibiotics. **(Table 6.11)**

Uptake of screening for Chlamydia

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, 20 per cent had undergone a test at some time in the past, of whom just over a quarter (27 per cent) had done so in the previous year. The test was most common among younger women: 31 per cent of 16- to 29-year-olds had been tested compared with 20 per cent of 30- to 39-year-olds and 11 per cent of 40- to 49-year-olds. Among women who had had more than one partner in the previous year, the proportions who had undergone a Chlamydia test at some point was twice that of women who had had just one partner (43 per cent compared with 20 per cent). Experience of the test was also related to knowledge about Chlamydia – 29 per cent of those who correctly answered all five statements about Chlamydia had undergone the test compared with 20 per cent of those who answered four correctly and 11 per cent of those with fewer correct answers. **(Table 6.12)**

A logistic regression was carried out in order to establish whether the above variables (age, number of partners and knowledge of Chlamydia) independently predicted the likelihood of having had a Chlamydia test. The results of the regression showed that all of these variables were strong independent predictors. **(Table C6.1)**

Table 6.1

Effect of information about HIV/AIDS and other sexually transmitted infections on behaviour: by age and sex

Men aged 16–69 and women aged 16–49 who had had a sexual relationship in the last 12 months Great Britain 2005/06

	Age								Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	
				*Percentages**					
Men†									
When I have sexual intercourse I use a condom more often than I used to	**73**	**58**	**[52]**	**54**	**33**	**[37]**	**[33]**	**16**	**37**
I have fewer one night stands	5	20	[8]	18	13	[9]	[5]	3	9
When I change partners I have a test for sexually transmitted infections	2	5	[12]	2	5	[6]	[1]	0	3
It has not influenced me at all	22	29	[31]	35	54	[55]	[64]	80	55
Base	*61*	*70*	*46*	*64*	*56*	*47*	*46*	*234*	*624*
Women†									
When I have sexual intercourse I use a condom more often than I used to	[48]	[44]	53	53	35	15	22	nc	38
I have fewer one night stands	[3]	[12]	3	6	10	1	2	nc	6
When I change partners I have a test for sexually transmitted infections	[16]	[22]	17	13	8	1	0	nc	11
It has not influenced me at all	[41]	[34]	34	37	55	84	77	nc	53
Base	*37*	*49*	*50*	*57*	*64*	*56*	*51*	*nc*	*365*

nc: data not collected for this age group.
* *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.*
[] *Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.*

Table 6.2

Effect of information about HIV/AIDS and other sexually transmitted infections on behaviour: by number of partners in the past year and sex; and education and sex

Men aged 16–69 and women aged 16–49 who had had a sexual relationship in the last 12 months Great Britain 2005/06

	Number of partners in past year		Educational qualifications					Total
	One	Two or more	Degree or equivalent	Below degree but above GCSE	GCSE grade A-C or equiv	GCSE grade D-G or equiv/other	None	
					*Percentages**			
Men†								
When I have sexual intercourse I use a condom more often than I used to	25	65	30	36	50	36	30	37
I have fewer one night stands	5	18	6	13	13	5	3	9
When I change partners I have a test for sexually transmitted infections	2	6	5	4	3	2	0	3
It has not influenced me at all	70	21	62	53	41	59	66	55
Base	*417*	*170*	*117*	*154*	*154*	*80*	*119*	*624*
Women†								
When I have sexual intercourse I use a condom more often than I used to	32	67	36	37	42	[47]	28	38
I have fewer one night stands	4	11	7	5	6	[6]	4	6
When I change partners I have a test for sexually transmitted infections	8	25	14	7	14	[4]	12	11
It has not influenced me at all	60	17	55	55	45	[47]	63	53
Base	*272*	*68*	*80*	*92*	*94*	*49*	*50*	*365*

* *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.*
[] *Figures in parentheses indicate the estimates are unreliable and any analysis using these figures may be invalid.*

Table 6.3

Main source of information about HIV/AIDS and other sexually transmitted infections

Men aged 16–69 and women aged 16–49 Great Britain

Main source of information about HIV/AIDS and other STIs	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	%	%	%	%	%	%
TV programmes	37	36	35	33	33	32
TV advertisements	27	23	23	24	23	21
Newspapers, magazines, books	22	21	22	22	21	21
Government information leaflet	2	3	2	2	2	3
Friends or family	3	3	2	3	3	4
GP	1	2	1	2	2	2
Family planning clinic	1	1	1	1	1	1
GUM or sexual health clinic in hospital	1	1	1	1	1	1
Internet*	..	0	1	1	0	2
School or college*	..	6	6	8	8	9
Somewhere else	7	5	5	5	5	5
Base	*4,505*	*4,827*	*5,108*	*4,584*	*4,528*	*3,216*

* *These categories were introduced in 2001/02.*

Table 6.4

Main source of information about HIV/AIDS and other sexually transmitted infections: by sex and age

Men aged 16–69 and women aged 16–49 Great Britain 2005/06

Main source of information about HIV/AIDS and other STIs	Sex		Age			Total
	Men	Women	16–24	25–49	50 and over*	
	%	%	%	%	%	%
TV programmes	34	30	18	33	41	32
TV advertisements	23	18	13	23	22	21
Newspapers, magazines, books	20	22	11	22	27	21
Government information leaflet	2	3	2	3	2	3
Friends or family	3	4	8	3	2	4
GP	1	3	2	2	1	2
Family planning clinic	0	2	3	1	0	1
GUM or sexual health clinic in hospital	1	1	3	1	1	1
Internet	2	2	3	2	1	2
School or college	9	8	35	4	0	9
Somewhere else	5	6	4	6	3	5
Base	*1,837*	*1,383*	*541*	*2,031*	*649*	*3,216*

* *percentages in this age group are based on men only.*

Table 6.5

Main source of information about HIV/AIDS and other sexually transmitted infections: by educational qualifications

Men aged 16–69 and women aged 16–49 Great Britain 2005/06

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/ other	No qualifications	
	%	%	%	%	%	%
TV programmes	27	32	33	33	38	32
TV advertisements	14	18	22	26	29	21
Newspapers, magazines, books	33	20	20	17	13	21
Government information leaflet	2	3	2	2	2	3
Friends or family	4	3	3	5	4	4
GP	1	1	3	2	3	2
Family planning clinic	0	2	2	1	1	1
GUM or sexual health clinic in hospital	1	2	0	1	1	1
Internet	3	3	1	1	2	2
School or college	8	9	11	9	5	9
Somewhere else	8	7	3	4	3	5
Base	*701*	*863*	*753*	*394*	*506*	*3,216*

Table 6.6

Diseases respondents thought were sexually transmitted infections: by sex

Men aged 16–69 and women aged 16–49 Great Britain

Diseases	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
			*Percentages saying condition was an STI**			
Men						
Sexually transmitted infections						
Gonorrhoea	87	86	89	90	91	89
Chlamydia	35	45	53	67	76	79
Not sexually transmitted infections						
Tuberculosis	2	2	2	3	2	4
Listeria	3	3	3	3	4	10
Diabetes	0	0	0	1	1	1
All diseases correctly classified	..	..	..	..	..	39
Base	*2,494*	*2,646*	*2,827*	*2,491*	*2,496*	*1,843*
			*Percentages saying condition was an STI**			
Women						
Sexually transmitted infections						
Gonorrhoea	87	86	88	89	89	88
Chlamydia	65	73	80	87	91	91
Not sexually transmitted infections						
Tuberculosis	2	1	2	1	2	4
Listeria	2	2	3	3	2	7
Diabetes	0	0	1	0	0	1
All diseases correctly classified	..	..	..	..	..	55
Base	*1,922*	*2,020*	*2,139*	*2,028*	*1,968*	*1,382*

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

Table 6.7

Diseases respondents thought were sexually transmitted infections: by age and sex

Men aged 16–69 and women aged 16–49 Great Britain: 2005/06

Diseases	Age								Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	
	*Percentages saying condition was an STI**								
Men									
Sexually transmitted infections									
Gonorrhoea	64	80	89	85	88	95	96	94	89
Chlamydia	83	83	89	85	86	83	85	67	79
Not sexually transmitted infections									
Tuberculosis	7	3	6	2	4	4	4	3	4
Listeria	8	14	11	6	8	7	8	11	10
Diabetes	4	1	1	2	1	-	2	1	1
All diseases correctly classified	15	20	38	49	57	54	48	34	39
Base	*134*	*159*	*151*	*188*	*185*	*195*	*181*	*650*	*1,843*
	*Percentages saying condition was an STI**								
Women									
Sexually transmitted infections									
Gonorrhoea	76	78	83	85	92	95	95	nc	88
Chlamydia	85	90	91	88	92	96	93	nc	91
Not sexually transmitted infections									
Tuberculosis	12	6	3	2	2	2	5	nc	4
Listeria	17	11	7	6	5	4	9	nc	7
Diabetes	-	3	1	0	0	0	-	nc	1
All diseases correctly classified	17	26	49	58	67	68	62	nc	55
Base	*94*	*154*	*161*	*217*	*270*	*262*	*224*	*nc*	*1,382*

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

Table 6.8

Diseases respondents thought were sexually transmitted infections: by education and sex

Men aged 16–69 and women aged 16–49 Great Britain 2005/06

Diseases	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A–C or equivalent	GCSE D–G or equivalent/ other	No qualifications	
	*Percentages saying condition was an STI**					
Men						
Sexually transmitted infections						
Gonorrhoea	93	91	87	85	87	89
Chlamydia	84	85	83	73	61	79
Not sexually transmitted infections						
Tuberculosis	2	4	4	5	5	4
Listeria	7	10	12	13	7	10
Diabetes	0	1	1	2	2	1
All diseases correctly classified	55	45	33	30	26	39
Base	*393*	*495*	*409*	*212*	*334*	*1,843*
	*Percentages saying condition was an STI**					
Women						
Sexually transmitted infections						
Gonorrhoea	93	91	87	88	77	88
Chlamydia	93	94	91	93	83	91
Not sexually transmitted infections						
Tuberculosis	2	3	5	4	6	4
Listeria	4	5	9	8	12	7
Diabetes	1	1	0	1	1	1
All diseases correctly classified	64	61	54	52	27	55
Base	*311*	*369*	*348*	*182*	*172*	*1,382*

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

Table 6.9

Knowledge of Chlamydia: by sex

Men aged 16–69 and women aged 16–49 who recognised Chlamydia as a sexually transmitted infection Great Britain

Knowledge of Chlamydia	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
			*Percentages agreeing with the statement**			
Men						
Correct statements						
....Does not always cause symptoms	58	60	60	56	60	54
....Is easily treated by antibiotics	56	58	58	52	52	47
....Can cause infertility and ectopic pregnancy	75	74	78	80	81	68
Incorrect statements						
....Has no serious side effects	5	7	5	4	4	4
....Only affects men	3	3	2	2	2	2
None of these	7	5	5	5	4	5
All correct responses	..	..	..	..	..	18
Base	*804*	*1,033*	*1,335*	*1,485*	*1,894*	*1,402*
			*Percentages agreeing with the statement**			
Women						
Correct statements						
....Does not always cause symptoms	71	75	73	76	78	74
....Is easily treated by antibiotics	59	65	67	60	63	59
....Can cause infertility and ectopic pregnancy	83	84	82	86	88	81
Incorrect statements						
....Has no serious side effects	5	6	6	5	4	4
....Only affects men	1	2	1	1	1	1
None of these	4	1	3	2	1	2
All correct responses	..	..	..	..	..	38
Base	*1,189*	*1,396*	*1,623*	*1,696*	*1,789*	*1,255*

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

Table 6.10

Knowledge of Chlamydia: by age and sex

Men aged 16–69 and women aged 16–49 Great Britain: 2005/06

Knowledge of Chlamydia	Age								Total
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	
	*Percentages agreeing with the statement**								
Men									
Correct statements									
....Does not always cause symptoms	48	66	65	55	56	60	47	48	54
....Is easily treated by antibiotics	38	42	49	48	57	49	43	47	47
....Can cause infertility and ectopic pregnancy	50	78	74	79	80	63	65	63	68
Incorrect statements									
....Has no serious side effects	6	2	5	1	3	4	5	4	4
....Only affects men	2	0	2	0	3	1	0	3	2
None of these	11	5	4	4	2	3	4	6	5
All correct responses	13	21	27	26	29	21	15	12	18
Base	*111*	*132*	*135*	*159*	*159*	*162*	*153*	*437*	*1,402*
	*Percentages agreeing with the statement**								
Women									
Correct statements									
....Does not always cause symptoms	63	79	79	71	76	80	65	nc	74
....Is easily treated by antibiotics	57	69	58	60	59	60	54	nc	59
....Can cause infertility and ectopic pregnancy	80	80	88	82	82	79	77	nc	81
Incorrect statements									
....Has no serious side effects	3	1	2	4	4	2	6	nc	4
....Only affects men	-	-	0	0	1	1	2	nc	1
None of these	2	0	-	3	2	1	2	nc	2
All correct responses	27	45	43	36	40	43	30	nc	38
Base	*80*	*139*	*146*	*191*	*247*	*251*	*208*	*nc*	*1,255*

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

Table 6.11

Knowledge of Chlamydia: by education and sex

Men aged 16–69 and women aged 16–49 Great Britain 2005/06

Knowledge of Chlamydia	Educational qualifications					Total
	Degree or equivalent	Below degree level, above GCSE	GCSE A-C or equivalent	GCSE D-G or equivalent/ other	No qualifications	
	*Percentages agreeing with the statement**					
Men						
Correct statements						
....Does not always cause symptoms	69	58	51	43	37	54
....Is easily treated by antibiotics	56	49	38	49	42	47
....Can cause infertility and ectopic pregnancy	77	69	66	69	57	68
Incorrect statements						
....Has no serious side effects	2	4	4	2	4	4
....Only affects men	1	1	1	2	4	2
None of these	4	5	5	6	6	5
All correct responses	30	21	14	15	7	18
Base	*321*	*410*	*326*	*150*	*196*	*1,402*
	*Percentages agreeing with the statement**					
Women						
Correct statements						
....Does not always cause symptoms	85	76	71	73	54	74
....Is easily treated by antibiotics	66	61	51	62	55	59
....Can cause infertility and ectopic pregnancy	89	86	79	77	61	81
Incorrect statements						
....Has no serious side effects	3	2	2	6	7	4
....Only affects men	-	0	0	3	3	1
None of these	0	2	1	1	6	2
All correct responses	49	44	33	34	20	38
Base	*288*	*345*	*317*	*165*	*141*	*1,255*

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

Table 6.12

Proportion of women who had ever had a screen or test for Chlamydia

Women age 16–49 Great Britain: 2005/06

	Number of partners		Correct answers to chlamydia questions			Age			Total
	one	two or more	0–3	4	5	16–29	30–39	40–49	
	%	%	%	%	%	%	%	%	%
Whether had a test or screen									
Yes	20	43	11	20	29	31	20	11	20
No	77	54	84	79	69	67	75	87	77
Don't know	3	3	6	2	1	2	5	2	3
Base	*1,071*	*100*	*503*	*348*	*525*	*409*	*483*	*485*	*1,376*

Appendix A

The National Statistics Omnibus Survey

The NS Omnibus 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 month[1] and each month's questionnaire covers a variety of topics, reflecting different users' requirements.

The sample

Interviews are conducted with approximately 1,250 adults (aged 16 or over) in private households in Great Britain each month. The Omnibus 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 (i.e. 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 households[2]. In households with more than one adult member, just one person aged 16 or over is selected for interview with the use of random number tables. 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.

Fieldwork

Interviews are carried out in respondents' 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 explanation of the survey. Interviewers must make at least three calls at an address at different times of the day and week.

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

Questions

The module of questions (which are shown in Appendix B) was developed in conjunction with the Information Centre for health and social care.[3]

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 (June, September and November 2005, and March 2006) was 66 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)**

Notes

1. 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.
2. 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.
3. The 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.

Table A.1

Household level response to the Omnibus Survey for the months in which the contraception and sexual health questions were asked (June, September and December, 2005 and March 2006)

Set sample of addresses	**8040**	**100%**	
Ineligible addresses	740	9%	
Eligible addresses	7300	91%	
Eligible Households	**7341**		**100%**
No interview – refusal	1904		26%
No interview – non-contact	541		7%
Interviews	**4896**		**67%**

Table A.2

Response to the contraception and sexual health questions

	All		Men		Women	
Respondents who met the criteria	3199	100%	1805	100%	1394	100%
Respondents who refused the section	174	5%	109	6%	65	5%
Respondents to the section	3025	95%	1696	94%	1329	95%
Respondents to the section after weighting	3224		1842		1382	

Appendix B

The questions

ASK IF: Men under 70 OR women under 50
IntIntro

The next set of questions are for you to fill in yourself on the computer. I will show you how to answer the first two questions and then be here if you need any help.

This section is being asked on behalf of the Department of Health and begins with ways of preventing pregnancy.

EXPLAIN THAT INSTRUCTIONS WILL APPEAR ON THE SCREEN AND THEN WORK THROUGH THE FIRST 2 QUESTIONS WITH THE INFORMANT. IF THE INFORMANT MAKES A MISTAKE TAKE HIM/HER BACK TO THE QUESTION AND ALLOW HIM/HER TO KEY IN THE RIGHT ANSWER.
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 under 70 OR women under 50
AND: Elected self-completion
Pract1

This is the first time I have used a computer

(1) Yes
(2) No

ASK IF: Men under 70 OR women under 50
AND: Elected self-completion
Pract2

On which days of the week do you watch television?

SET [9] OF
(1) Monday
(2) Tuesday
(3) Wednesday
(4) Thursday
(5) Friday
(6) Saturday
(7) Sunday
(8) I do not have a television/Don't watch the television
(9) I mostly only listen to the radio

ASK IF: Men under 70 OR women under 50
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?
(DO NOT INCLUDE HYSTERECTOMIES)

(1) Yes
(2) No

ASK IF: Men under 70 OR women under 50
AND: Has had an operation to prevent pregnancy
M170_2

Was that operation carried out under the NHS or not?

(1) Yes
(2) No

ASK IF: Men under 70 OR women under 50
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 June 2003

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

ASK IF: Men under 70 OR women under 50
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 under 70 or women under 50
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 June 2003

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

ASK IF: Women under 50
AND: No operation
M170_6M
SHOWCARD
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) Male sheath/condom
(6) Safe period/rhythm method/Persona
(7) Cap/Diaphragm
(8) Pill
(9) IUD/coil/intra-uterine device
(10) Hormonal IUS – MIRENA
(11) Foams/gels/sprays/pessaries (spermicides)
(12) Going without sexual intercourse to avoid pregnancy
(13) Female condom
(14) Injections
(15) Implants
(16) Patch
(17) Emergency contraception (morning after pill)
(18) Another method

ASK IF: Women under 50
AND: No operation
AND: Used another method
SPEC6

What other method is used?

ASK IF: Women under 50
AND: No operation
AND: Used the pill
M170_7
SHOWCARD
Is the pill you take one of the brands listed here: (Micronor, Noriday, Femulem, Microval, Norgesten, Neogest?)
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: Women under 50
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: Women under 50
AND: No operation
AND: More than one method used
AND: Sometimes one, sometimes other
M170_9
SHOWCARD
Which one do you use most often?

(4) Withdrawal
(5) Male sheath/condom
(6) Safe period/rhythm method/Persona
(7) Cap/Diaphragm
(8) Pill
(9) IUD/coil/intra-uterine device
(10) Hormonal IUS – MIRENA
(11) Foams/gels/sprays/pessaries (spermicides)
(12) Going without sexual intercourse to avoid pregnancy
(13) Female condom
(14) Injections
(15) Implants
(16) Patch
(17) Emergency contraception (morning after pill)
(18) Another method

ASK IF: Women under 50
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: Women under 50
AND: No operation
AND: Have a heterosexual relationship
AND: No method used (Other reason)
M170_11
SHOWCARD
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: Women under 50
AND: No operation
AND: Have a heterosexual relationship
AND: No method used
AND: Some other reason in M170_11
SPEC11

RECORD OTHER REASON

ASK IF: Women under 50
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: Women under 50
AND: No operation
AND: No method used or no heterosexual relationship
AND: Has used methods in last 2 years
M170_13M
SHOWCARD
Which method(s) did you usually use?

SET [3] OF
(4) Withdrawal
(5) Male sheath/condom
(6) Safe period/rhythm method/Persona
(7) Cap/Diaphragm
(8) Pill
(9) IUD/coil/intra-uterine device
(10) Hormonal IUS – MIRENA

(11) Foams/gels/sprays/pessaries (spermicides)
(12) Going without sexual intercourse to avoid pregnancy
(13) Female condom
(14) Injections
(15) Implants
(16) Patch
(17) Emergency contraception (morning after pill)
(18) Another method

ASK IF: Women under 50
AND: Operation less than 2 years ago, or heterosexual relationship now and usual method less than 5 years

M170_14M
SHOWCARD
Which method(s) of contraception / if any 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) Male sheath/condom
(6) Safe period/rhythm method/Persona
(7) Cap/Diaphragm
(8) Pill
(9) IUD/coil/intra-uterine device
(10) Hormonal IUS – MIRENA
(11) Foams/gels/sprays/pessaries (spermicides)
(12) Going without sexual intercourse to avoid pregnancy
(13) Female condom
(14) Injections
(15) Implants
(16) Patch
(17) Emergency contraception (morning after pill)
(18) Another method

ASK IF: Women under 50
AND: Operation less than 2 years ago or heterosexual relationship now and usual method less than 5 years
AND: No method used – other reason (at 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: Women under 50
AND: Operation less than 2 years ago, or heterosexual relationship now and usual method less than 5 years
AND: Used the pill (at M170_14M)

M170_15
SHOWCARD
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: Women under 50
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: Women under 50
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 is/are:
...more reliable in preventing pregnancy?

(1) Yes
(2) No

ASK IF: Women under 50
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 is/are:)
...more convenient to use?

(1) Yes
(2) No

ASK IF: Women under 50
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 is/are:)
...better for your long-term health?

(1) Yes
(2) No

ASK IF: Women under 50
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 is/are:)
...better for protecting against sexually transmitted infections (including HIV/AIDS)?

(1) Yes
(2) No

ASK IF: Women under 50
AND: No operation and method used
AND: Method at 6 not the same as method at 14
M170_21
SHOWCARD
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: Women under 50
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 advice from a GP or Family Planning Clinic?

(1) Yes
(2) No

ASK IF: Women under 50 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 reading 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 under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
M170_24
SHOWCARD
[*] 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

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
M170_24M
SHOWCARD
[*] Which of the following statements about emergency contraception do you think is true?

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

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
M170_25
SHOWCARD
Have you used the emergency contraception pill in the last year?

(1) Yes
(2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
AND: Has used emergency pill
M170_26
SHOWCARD
On how many occasions in the last year have you used the emergency contraception pill?

1..50

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
AND: Has used emergency pill
M170_27M
SHOWCARD

Where did you go for this?

SET [7] OF
(1) Your own GP or practice nurse
(2) Another GP or practice nurse
(3) 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 under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
AND: Has used emergency pill
M170_27A

On the most recent occasion, did you have any difficulty in obtaining the emergency pill when you needed it?

(1) Yes
(2) No

ASK IF: Women under 50 who have not had operation or had less than 2 years ago
AND: Has heard of emergency pill
AND: has used emergency pill
AND: got emergency pill Directly to a chemist or pharmacy
M170_27B

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

(1) Bought Bought emergency pill
(2) NHSagr Supplied free of charge under NHS arrangements

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency pill
AND: Has not used emergency pill
M170_28M
SHOWCARD
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) 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 under 50 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 under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency IUD
M170_30
SHOWCARD
[*] 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

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency IUD
M170_31
SHOWCARD
Have you had an IUD fitted for emergency contraception in the last year?

(1) Yes
(2) No

ASK IF: Women under 50 who have not had operation or had operation less than 2 years ago
AND: Has heard of emergency IUD
M170_35M
SHOWCARD
Where did you go for this? / Where would someone go for this?

SET [6] OF
(1) Your own GP
(2) Another GP
(3) Family Planning Clinic (including Brook Clinics)
(4) Hospital Accident and 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 emergency pill or had emergency IUD fitted
M170_35B
SHOWCARD
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 emergency pill or had emergency IUD fitted
AND: M170_35B = OthReason
SPEC35B

RECORD OTHER REASON

ASK IF: Men under 70
AND: Not had operation which prevents pregnancy
M170_36M
SHOWCARD
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) The Female condom
(4) Emergency contraception (morning after pill)
(5) Another method of protection
(6) No method
(7) No sexual relations with a woman currently

ASK IF: Men under 70
M170_37
SHOWCARD
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 under 70 or women under 50
M170_38M
SHOWCARD
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) 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 under 70 or women under 50
AND: Has been somewhere for family planning last 5 years
AND: More than one place visited (If only one place visited then data is carried forward)
M170_39

Which did you visit most recently for these purposes?

(1) 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 under 70 or women under 50
AND: Has been somewhere for family planning last 5 years
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 under 70 or women under 50
AND: Not currently in a sexual relationship or has had an operation
M170_50
SHOWCARD
Have you had any sexual partners in the last year?

(1) Yes
(2) No

ASK IF: Men under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months
AND: Has not said uses condoms (Imputed if has used condoms)
M170_51
SHOWCARD
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 under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months
AND: Uses a condom
M170_52
SHOWCARD
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 under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months
AND: Uses a condom
M170_53
SHOWCARD
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 under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman – no operation and not said no sex as reason for contraception OR Man – no operation and not said never had a sexual relationship)
M170_54M
SHOWCARD
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 under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman - no operation and not said no sex as reason for contraception OR Man - no operation and not said never had a sexual relationship)
M170_55
SHOWCARD
(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

ASK IF: Men under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman - no operation and not said no sex as reason for contraception OR Man - no operation and not said never had a sexual relationship)
AND: Currently in a sexual relationship
AND: Not only one partner in M170_55 (In this case data for M170_56 are imputed)
M170_56
SHOWCARD
May I just check, How many sexual partners do you currently have?

(1) 1
(2) 2
(3) 3
(4) 4 or more

ASK IF: Men under 70 or women under 50
AND: Currently in a sexual relationship/ had a sexual relationship in last 12 months (Has had sexual partner in the last year OR Woman – no operation and not said no sex as reason for contraception OR Man – no operation and not said never had a sexual relationship)

AND: Has had 2 or more sexual partners in past 12 months and uses condom
M170_57
SHOWCARD
(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 under 70 or women under 50
M170_41
SHOWCARD
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) 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 IF: Men under 70 or women under 50
M170_58

Please hand the computer back to the interviewer now.

ASK IF: Men under 70 or women under 50
M170_59

INTERVIEWER: PRESS 1 TO CONTINUE

1.2

ASK ALWAYS:
M170_60a

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

ASK ALWAYS:
M170_60b

Is Gonorrhoea a sexually transmitted infection?

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

ASK ALWAYS:
M170_60c

Is Listeria a sexually transmitted infection?

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

ASK ALWAYS:
M170_60d

Is Chlamydia a sexually transmitted infection?

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

ASK ALWAYS:
M170_60e

Is Diabetes a sexually transmitted infection?

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

ASK IF: Recognised Chlamydia as STI at M170_60M

M170_49M

SHOWCARD

Which of the following statements about Chlamydia do you think are true?
CODE ALL THAT APPLY
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 under 50

M170_61

Have you ever had a test or screen for Chlamydia?

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

ASK IF: Women under 50 and have had a test or screen for Chlamydia

M170_62

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

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

Logistic regression

Appendix C

Logistic regression was used in the analysis to assess the influence of a number of variables (for example, age, marital status and education on people's contraceptive behaviour. The procedure took account of inter-relationships between the variables to:

- identify the variables that are independently associated with a particular behaviour
- quantify the influence of each of the independent variables.

The influence of an independent variable is expressed in terms of odds. The odds of holding a particular opinion are the ratio of the proportion of respondents having the opinion to the proportion not having it. Logistic regression estimates the influence of each category of an independent variable by producing a coefficient which represents the factors by which the odds of having a particular opinion differs from those of a reference group. The reference group has a coefficient of 1.0. The choice of the reference groups is arbitrary and varies from analysis to analysis.

The independent variables were identified by developing statistical models. The models were developed using a stepwise procedure starting with the variable that was the most strongly related to the behaviour being studied.

Tables C2.1–C6.1 present the results of the logistic regressions. The variables examined in the analysis are set out in the first column of each table and the factors that measure the relative influence of each category of the independent variables – the odds ratios - are shown in the columns headed 'odds ratios'.

The 95 per cent confidence intervals around the odds ratios are shown in the next column. Those variables not selected into the final model are marked as being not significant (NS). The usual conventions are used to show which odds ratios are significantly different from 1.0.

The second column in Table C2.1 shows that women aged 16–19 have a multiplying factor of 26.3 in using the contraceptive pill. This means that, controlling for the other variables in the model (marital status and education), the odds of a woman aged 16–19 using the contraceptive pill is more than 26 times those of someone aged 45–49 (the reference group in this case).

The commentary is based on the original (raw) data and relationships are illustrated using two-way tables. Very occasionally, the results of the logistic regression differ slightly from the associations revealed in the two-way tables. This is because two-way tables consider only the relationship between a behaviour and one fact or whereas logistic regression takes account of the effect of the other independent factors.

Table C2.1

Odds of using the contraceptive pill among women using contraception, 2006

Women aged 16–49 using at least one method of contraception

Variables in the model	Odds ratios for contraceptive pill use	95% confidence intervals
Educational qualifications	NS	
Age		
16–19	26.335**	11.133–62.297
20–24	29.060**	13.637–61.926
25–29	15.069**	7.079–32.079
30–34	12.814**	6.162–26.647
35–39	5.061**	2.420–10.587
40–44	3.074**	1.412–6.693
45–49 (reference group)	1	
Marital status	NS	

** p < 0.05, ** p < 0.01 NS = the variable did not enter the model*

Table C2.2

Odds of using condoms among women using contraception, 2006

Women aged 16–49 using at least one method of contraception

Variables in the model	Odds ratios for condom use	95% confidence intervals
Educational qualifications		
Degree or equivalent (reference group)	1	
Below degree level but above GCSE	0.566**	0.383–0.837
GCSE (A–C) or equivalent	0.406**	0.269–0.613
GCSE (D–G) / Other	0.420**	0.257–0.684
No formal qualifications	0.271**	0.144–0.509
Age		
16–19	13.995**	6.741–29.055
20–24	4.265**	2.399–7.583
25–29	2.731**	1.505–4.955
30–34	2.597**	1.484–4.547
35–39	2.263**	1.308–3.914
40–44	1.129	0.619–2.057
45–49 (reference group)	1	
Marital status	NS	

** p < 0.05, ** p < 0.01 NS = the variable did not enter the model*

Table C3.1

Odds of identifying at least six statements about the 'morning after pill' correctly as true or false, 2006

Women aged 16–49 who had heard of the 'morning after pill'

Variables in the model	Odds ratios for identifying at least 6 statements about the 'morning after pill' correctly	95% confidence intervals
Educational qualifications		
Degree or equivalent (reference group)	1	
Below degree level but above GCSE	0.457**	0.309–0.674
GCSE (A-C) or equivalent	0.509**	0.343–0.754
GCSE (D-G) / Other	0.496**	0.301–0.816
No formal qualifications	0.357**	0.196–0.649
Age		
16–29 (reference group)	1	
30–39	0.834	0.593–1.174
40–49	0.643*	0.444–0.931
Marital status	**NS**	

** p < 0.05, ** p < 0.01 NS = the variable did not enter the model*

Table C6.1

Odds of having had a test for Chlamydia, 2006

Women aged 16–49

Variables in the model	Odds ratios for having had a test for Chlamydia	95% confidence intervals
Age		
16–29 (reference group)	1	
30–39	2.013**	1.441–2.811
40–49	4.367**	2.925–6.519
Number of partners in past year		
One (reference group)	1	
More than one	0.555*	0.352–0.875
Chlamydia statements correctly answered		
0–3 (reference group)	1	
4	0.629*	0.413–0.958
5	0.344**	0.238–0.497

** p < 0.05, ** p < 0.01 NS = the variable did not enter the model*

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Smoking-related Behaviour and Attitudes, 2005. Tamara Taylor, Deborah Lader, Aimee Bryant, Laura Keyse and McDuff Theodore Joloza. Office for National Statistics (2006)