

Contraception and Sexual Health, 2001

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Notes to tables

1. Very small bases have been avoided wherever possible because of the relatively high sampling errors that attach to small numbers. In general, percentage distribution are shown if the base is 30 or more. Where the base is smaller than this, actual numbers are shown within square brackets.
2. 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.
3. The row or column percentages may add to 99% or 101% because of rounding.
4. Unless otherwise stated, changes and differences mentioned in the text have been found to be statistically significant.

Summary

This report presents the results of a survey on contraception and sexual health carried out in 2001/02. Reports were also published with the results of four earlier surveys conducted in 1997/98, 1998/99, 1999/2000 and 2000/01. This report includes an examination of any significant changes in the data between 2000/01 and 2001/02.

Contraceptive use among women aged under 50

In 2001/02 the most common forms of contraception used by women aged under 50 were:

- contraceptive pill (28%);
- male condom (21%); and
- sterilisation (10% of women had been sterilised and 12% had a partner who had had a vasectomy).

A quarter (25%) of women were not using any method of contraception and half of these women (13% of all women aged 16–49) were not currently in a heterosexual relationship.

The use of the contraceptive pill and male condom were associated with age:

- Women aged under 30 were more likely to use the contraceptive pill than older women.
- The use of both the contraceptive pill and the male condom fell as respondents' age increased.
- Women aged 18–34 were more likely to be using the contraceptive pill than the male condom. Among women aged 40 and over this pattern is reversed.

The likelihood of a woman having been sterilised or having a partner who had had a vasectomy rose with age.

Women 'at risk' of pregnancy

Three-fifths (60%) of women aged 16–49 were 'at risk' of pregnancy (i.e. they were in a heterosexual relationship but were neither pregnant nor protected by their own or their partner's

sterilisation). Eighty-eight per cent of women 'at risk' of pregnancy were currently using a method of contraception. Eight per cent were not using any method of contraception because of infertility, the menopause or they wanted to become pregnant and a further four per cent were not using contraception for other reasons. Almost half (47%) of women 'at risk' of pregnancy were currently using the contraceptive pill.

Emergency contraception

Over nine in ten (94%) women aged 16–49 had heard of hormonal emergency contraception (the 'morning after pill') and 46% had heard of the emergency inter-uterine device (IUD).

Half (49%) of women who had heard of the 'morning after pill' knew that it remains effective up to 72 hours after intercourse. Only 12% of women who had heard of the emergency IUD knew that it remains effective up to 5 days after intercourse.

Among women who had heard of the 'morning after pill':

- 60% knew that it can cause nausea/make you feel sick.
- 56% knew that it is more effective the sooner it is taken after intercourse.
- 39% knew that it has no identified harmful long-term side-effects.
- 33% knew that it is safer and more effective than it has been in the past.

Seven per cent of women aged 16–49 had used the 'morning after pill' at least once during the year prior to interview. Women aged under 20 were twice as likely as those aged 20 and over to have used the 'morning after pill' at least once in the past year (for example, 21% aged 18–19 compared with 9% aged 25–29).

The most popular source used by women to obtain the 'morning after pill' was their own GP or practice nurse (43%). A third (31%) had obtained the 'morning after pill' from a family planning clinic and 20% from a chemist or pharmacy. Between 2000/01 and 2001/02 there was a fall in the proportion of women who had obtained the 'morning after pill' from their own GP or practice nurse (59% compared with 43%); this may largely be explained by the ability, from January 2001, to obtain the 'morning after pill' from a chemist or pharmacy.

Family planning services

Three in five (60%) women aged 16–49 had received family planning advice in the five years prior to interview. The majority of these women had visited their own GP or practice nurse (79%) for this purpose and slightly more than a third (36%) had visited a family planning clinic.

Women in their twenties were those most likely to have used family planning services in the last five years (83% of women in both the 20–24 and 25–29 age groups).

Sterilisation and vasectomies

Ten per cent of women aged 16–49 and 15% of men aged 16–69 had had an operation to make them sterile.

Among women the likelihood of having had an operation to become sterile rose with age. Men on the other hand were most likely to have had a vasectomy if they were aged 45–64 (over a quarter of men in each of the age groups 45–49, 50–54 and 55–64).

Over nine in ten (92%) women who had been sterilised had had their operation carried out by the NHS compared with only two-thirds (66%) of men.

Sexual behaviour

Thirteen per cent of men aged 16–69 and nine per cent of women aged 16–49 had had more than one sexual partner in the year prior to interview. Men and women aged under 25 were those most likely to have had multiple sexual partners.

Condom use

Two-fifths (41%) of men aged 16–69 and just under half (48%) of women aged 16–49 who had had a sexual relationship in the last year said that they had used a male condom in the year prior to interview. When men and women of the same age are compared there is little difference between the sexes in their use of the male condom. The only statistically significant differences between men and women were found amongst those in their twenties: in this age group men were more likely than women to have used a male condom in the year prior to interview (for example, 83% of men aged 20–24 compared with 66% of women in the same age group).

Respondents most likely to have used a male condom in the last year were:

- young (the proportion of men and women who had used a condom in the last year fell as age increased); and
- had multiple sexual partners in the last year.

Of respondents who had used a male condom in the last year:

- Fifty eight per cent of men aged 16–69 and 55% of women aged 16–49 said they used a male condom to prevent pregnancy.
- A third of both men aged 16–69 and women aged 16–49 (32% and 36% respectively) said they used a male condom to prevent both pregnancy and infection.
- Over half of men aged 16–69 and women aged 16–49 (59% and 54% respectively) said that they always used a male condom.

Knowledge of sexually transmitted infections

Respondents were asked whether they felt that their behaviour had been influenced by their knowledge of HIV/AIDS and other sexually transmitted infections:

- Over three-fifths of men and women said that their behaviour had not been affected (65% of men aged 16–69 and 62% of women aged 16–49).
- Three in ten men aged 16–69 and women aged 16–49 said that they use a condom more often than they used to (29% and 30% respectively).
- Six per cent of men aged 16–69 and seven per cent of women aged 16–49 said that they have fewer one night stands.

Television programmes remained the main source of information about HIV/AIDS and other sexually transmitted infections (40%).

Respondents were asked to identify sexually transmitted infections from the following list: Tuberculosis, Gonorrhoea, Listeria, Chlamydia, and Diabetes. The same proportion (86%) of men aged 16–69 and women aged 16–49 correctly identified Gonorrhoea as a sexually transmitted infection. Just under three quarters (73%) of women aged 16–49 and less than half (45%)

of men aged 16–69 correctly identified Chlamydia as a sexually transmitted infection. Men aged 25–29 and women aged under 35 were those most likely to recognise Chlamydia as a sexually transmitted infection.

Since 2000/01 the proportion of men aged 16-69 and women aged 16-49 who correctly identified Chlamydia as a sexually transmitted infection increased from 35% to 45% among men and from 65% to 73% among women.

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1 Introduction

This report presents the results of the module on contraception and sexual health carried out on behalf of the Department of Health as part of the National Statistics Omnibus Survey.

The two main sources of information about contraceptive use and sexual health are the General Household Survey (GHS)¹ and the Omnibus Survey. The GHS has been collecting information about contraception and condom use since 1983. When the 1997 GHS was suspended the contraception module carried on the Omnibus Survey was extended to collect information previously gathered by the GHS. The Omnibus contraception module also includes questions on sexual health and condom use, which are not covered by the GHS. In addition to presenting the results of the 2001/02 Survey this report will also examine any changes in the Omnibus data between 2000/01 and 2001/02.

The Omnibus Survey is a multipurpose survey based on a representative sample of adults in Great Britain. The Omnibus Survey interviewed 7,211 adults during four months between June 2001 and March 2002. Questions on contraceptive use and sexual health were asked only of women aged under 50 and men aged under 70, so the results shown in this report are based on 4,836² adults who met this age criterion. Respondents were able to answer this module using a self-completion method: the majority of respondents chose to answer in this way. Self-completion was used to avoid potential embarrassment on the part of the respondents and to encourage honest answers. Details about the Omnibus Survey are given in Appendix A and the questionnaire is shown in Appendix B.

Notes and references

1. The latest GHS figures on contraceptive use are: Bridgwood A *et al* (2000) *Living in Britain: Results from the 1998 General Household Survey*, TSO: London.
2. This is the weighted total number of respondents who met the age criterion and answered the contraception and sexual health module of questions, the unweighted total was 4,533 (see Appendix A for information about weighting Omnibus survey data).

2 Contraceptive use among women aged under 50

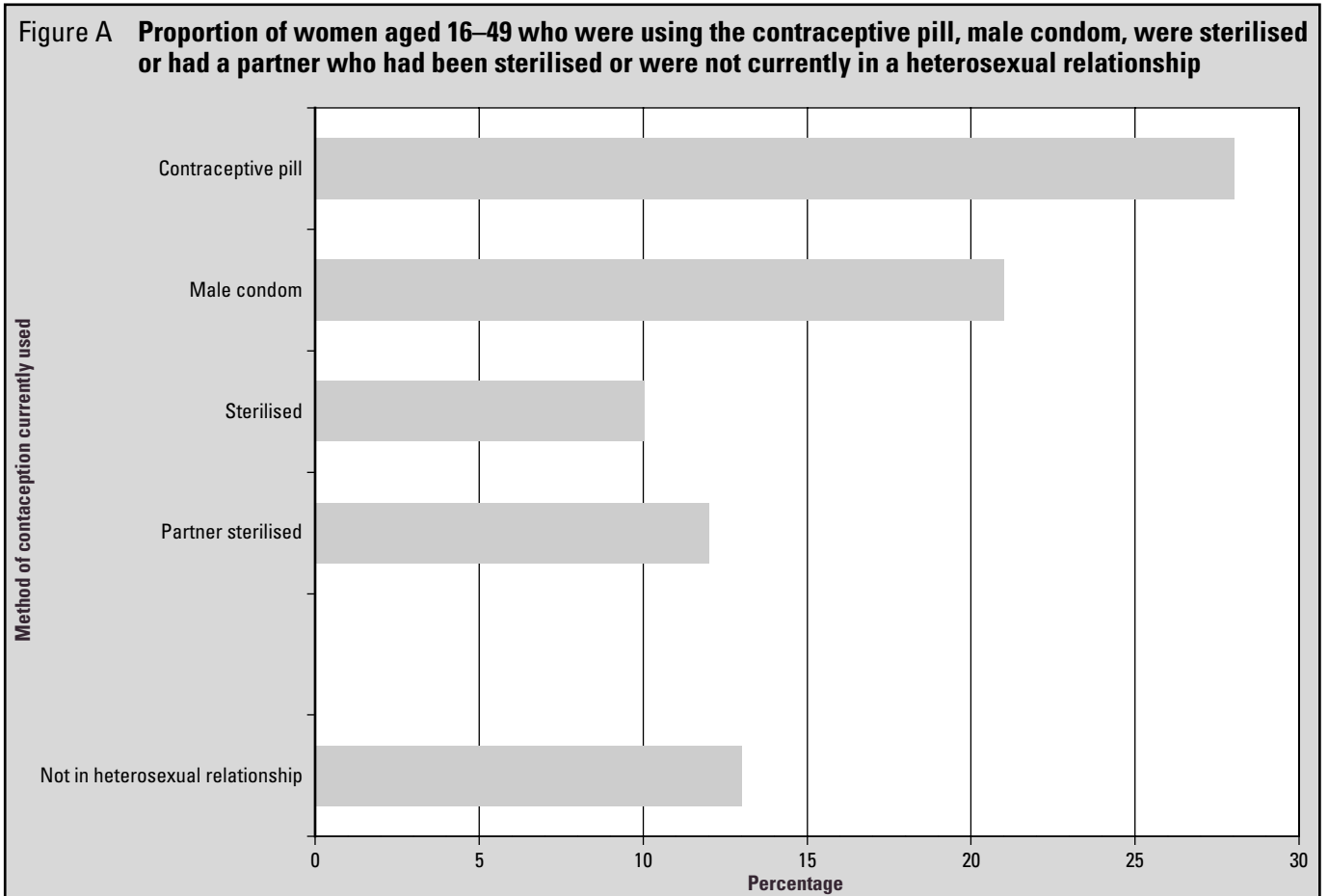
2.1 Use of contraception

The contraceptive pill was the most popular form of contraception used by women aged 16–49 in 2001/02: just over a quarter (28%) of women said that they were currently using the contraceptive pill. One-fifth (21%) of women were currently using the male condom and less than one twentieth said that they were using any of the other forms of non-surgical methods of contraception. A further tenth (10%) of women aged 16–49 had been sterilised and a similar proportion (12%) said that their partner had been sterilised. Only a quarter (25%) of women aged 16–49 were not using any method of contraception and half of these women were not currently in a heterosexual relationship (13% of all women aged 16–49).

Figure A

2.2 Use of contraception by age and marital status

Use of the contraceptive pill and the male condom fell with age. Women aged under 30 were those most likely to use the contraceptive pill: over half of women aged 18–19 (56%) and 20–24 (51%) and more than two-fifths of women aged 16–17 (42%) and 25–29 (44%) said that they used the contraceptive pill. The proportion of women aged 30 and over who used the contraceptive pill fell rapidly from 33% aged 30–34 to only 4% of those aged 45–49. Similarly, the proportion of women who used the male condom fell as age increased (although not all differences between age groups were statistically significant): the proportion using a male condom fell from 40% of women aged 16–17 to 22% aged 30–34 and then to 11% of women aged 45–49.



Furthermore, women aged 18–34 were more likely to use the contraceptive pill than the male condom: for example, among women aged 20–24, 51% used the contraceptive pill compared with only 29% who used the male condom. Among women aged 40 and over this pattern is reversed. Women aged 40 and over were more likely to use the male condom than the contraceptive pill: for example, among women aged 40–44, 17% used the male condom compared with only 11% who used the contraceptive pill.

Women aged under 35 were those most likely to be using at least one non-surgical method of contraception. The same proportion, 72%, of women aged 20–24 and 25–29 and over six in ten women aged 16–17 (61%), 18–19 (69%) and 30–34 (63%) were currently using at least one non-surgical method of contraception. Less than half of women aged 35 and over were currently using any non-surgical methods of contraception (47% aged 35–39, 38% aged 40–44 and 23% aged 45–49).

Women in the older age groups (35 and over) were those most likely to have been sterilised or to have a partner who had had a vasectomy. Furthermore, the proportion of women who had been sterilised rose with age: the proportion rose from only 1% of women aged 20–24 to 13% aged 35–39 and again to one in five women aged 40 and over (19% aged 40–44 and 20% aged 45–49). Similarly the proportion of women whose partner had had a vasectomy rose with age, from only 1% of women aged 20–24 to 19% aged 35–39 and then to a quarter of women aged 40 and over (25% aged 40–44 and 24% aged 45–49). In addition, women aged 35 and over were more likely to have a partner who had had a vasectomy than they were to have been sterilised themselves: the proportion of women whose partner had had a vasectomy was larger in each of the age groups 35–39, 40–44 and 45–49 than the proportion of women who had been sterilised.

Women aged under 25 were more likely not to be in a heterosexual relationship than women aged 25 and over: just under four in ten (39%) women aged 16–17 and 25% aged 18–19 and 20% aged 20–24 were not in a heterosexual relationship compared with one tenth or fewer women aged 25 and over. Table 1

Single women were more likely to be using the contraceptive pill than women who were married or cohabiting or those who were widowed, divorced or separated (42% compared with 24% and 14% respectively). Similarly, single women were also more likely than other women to be using the male condom: 29% of single women compared with 19% of women who were married or cohabiting and 9% of those who were widowed, divorced or separated said that they used the male condom. These findings are unsurprising given that marital status and the use of both the contraceptive pill and the male condom are age related. As a consequence of a larger proportion of single women, than

women in other marital status groups, being from the younger age groups they are also more likely to be using at least one of these methods of contraception than women in the other marital status groups. Women who were widowed, divorced or separated were more than twice as likely to use the inter-uterine device (IUD) as a method of contraception than single, or married or cohabiting women (8%, 2% and 3% respectively).

A larger proportion of women who were widowed, divorced and separated were from the older age groups and it is therefore unsurprising that they were more likely than married or cohabiting and single women to have been sterilised (21%, 12% and 3% respectively). However, women who were married or cohabiting were more likely to have a partner who had had a vasectomy than women in the other marital status groups: a fifth (19%) of married or cohabiting women had a partner who had had a vasectomy compared with five per cent of widowed, divorced and separated women and only one per cent of single women.

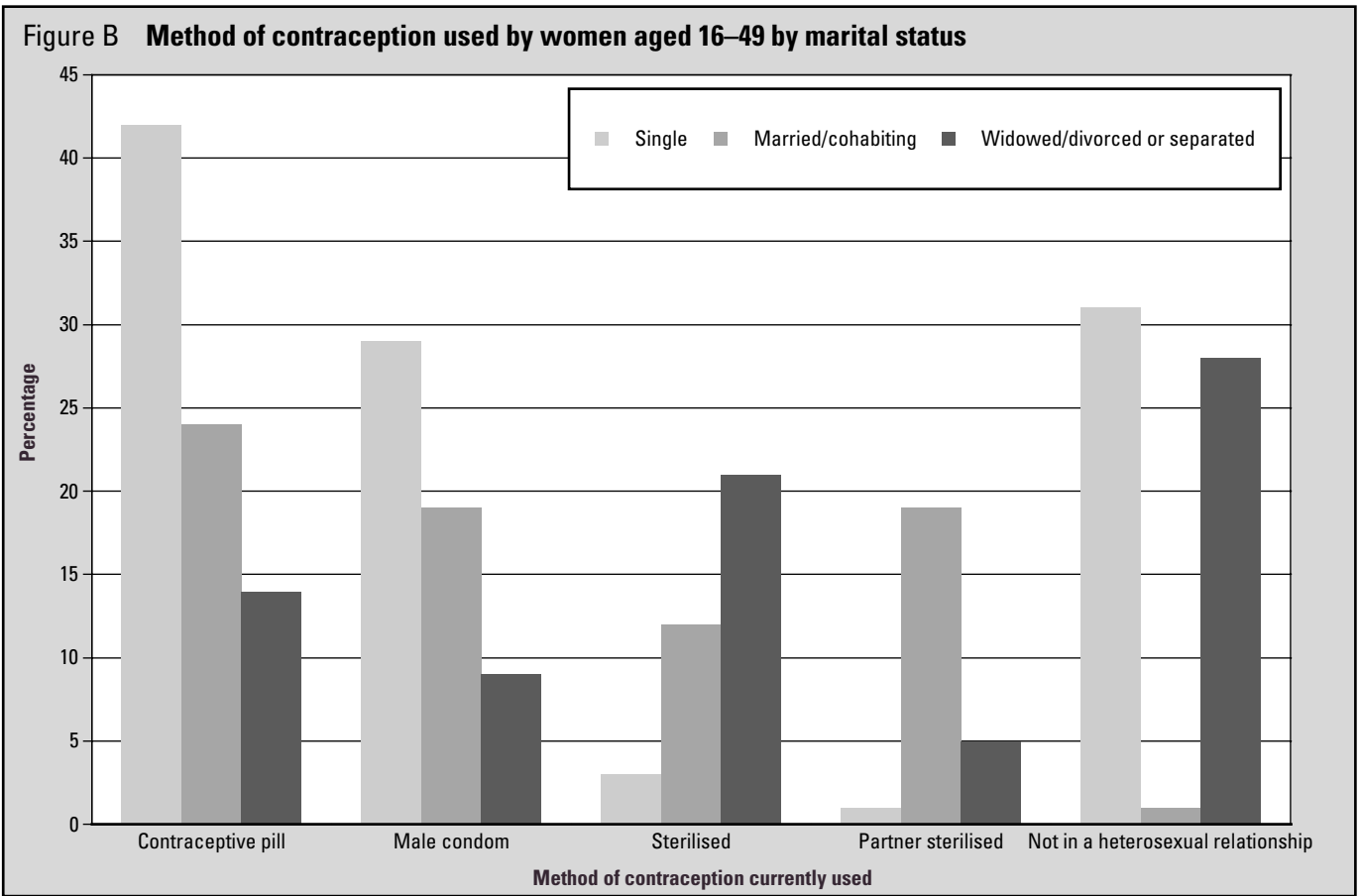
Single women and those who were widowed, divorced or separated were twice as likely not to be using a method of contraception than married or cohabiting women (35%, 38% and 17% respectively). Furthermore, around three in ten single women and widowed, divorced and separated women were not currently in a heterosexual relationship (31% and 28% respectively) compared with only one per cent of married and cohabiting women.

Table 2 and Figure B

2.3 Reasons for not using contraception

Women aged 16–49 who were currently in a sexual relationship and neither using contraception nor were sterilised were asked for the main reason why they were not using contraception. The most popular reason, given by six in ten (59%) women, was that they had a partner who had had a vasectomy. Similar proportions (around one in ten) of women said that the main reason that they did not use contraception was because they wanted to become pregnant (10%) or they were possibly infertile (9%). A further seven per cent said that they did not use contraception because they were pregnant, five per cent said that they had reached the menopause, and two per cent did not use contraception because they did not like it.

The likelihood of a woman, who was not using contraception and not sterilised, having a partner who had had a vasectomy rose with age: only 13% of respondents aged 16–29 had a partner who had had a vasectomy compared with 57% aged 30–39 and 72% aged 40–49. Women aged 16–29, on the other hand, were those most likely to be pregnant at the time of the interview (38% compared with 7% of women aged 30–39). A quarter (25%) of women aged 16–29 and just under one fifth (18%) aged 30–39 said that the main reason that they were not



using contraception was that they wanted to become pregnant: only one per cent of women aged 40–49 said that they were not using contraception because they hoped to become pregnant. In 2001/02 only women aged 40–49 said that they were not using contraception because they had reached the menopause (9%).

Table 3

2.4 Women ‘at risk’ of pregnancy

Women who are in a heterosexual relationship and who are neither pregnant nor sterilised and do not have a partner who has been sterilised are deemed to be ‘at risk’ of pregnancy. The proportion of women ‘at risk’ of pregnancy has remained the same since 1998/99: in 2001/02 three-fifths (60%) of women were ‘at risk’ of pregnancy.

Women ‘at risk’ of pregnancy were more likely to be younger than those ‘not at risk’: of women ‘at risk’ of pregnancy 80% were aged between 20–44 whilst two-thirds (66%) of women who were ‘not at risk’ were aged 35–49. Furthermore, among women ‘at risk’ of pregnancy one fifth (21%) were aged 30–34

and a similar proportion (one-tenth) were aged 16–19 (11%) and 45–49 (9%).

Slightly fewer than nine in ten (88%) women ‘at risk’ of pregnancy were currently using a method of contraception. Unsurprisingly, given that women who were ‘at risk’ of pregnancy tended to be from the younger age groups, the most popular form of contraception used by women ‘at risk’ of pregnancy was the contraceptive pill: just under half (47%) were currently using the contraceptive pill. Almost three-fifths (58%) of women who were ‘at risk’ and used the contraceptive pill were aged 16–29. A third (35%) of women ‘at risk’ of pregnancy were using the male condom. However, there was no association with age in the proportions of women ‘at risk’ of pregnancy who used the male condom: similar proportions of women ‘at risk’ of pregnancy and using the male condom were aged 16–29 (47%) and 30–49 (53%).

Eight per cent of women ‘at risk’ of pregnancy were not using any contraception because of infertility, the menopause, or they wanted to become pregnant and a further 4 per cent were not using contraception for other reasons

Tables 4 and 5

2.5 Emergency contraception

There are two kinds of emergency contraception available to women after intercourse: hormonal emergency contraception (the 'morning after pill') which must be taken within 72 hours of intercourse, and the emergency IUD which must be inserted within five days of intercourse.

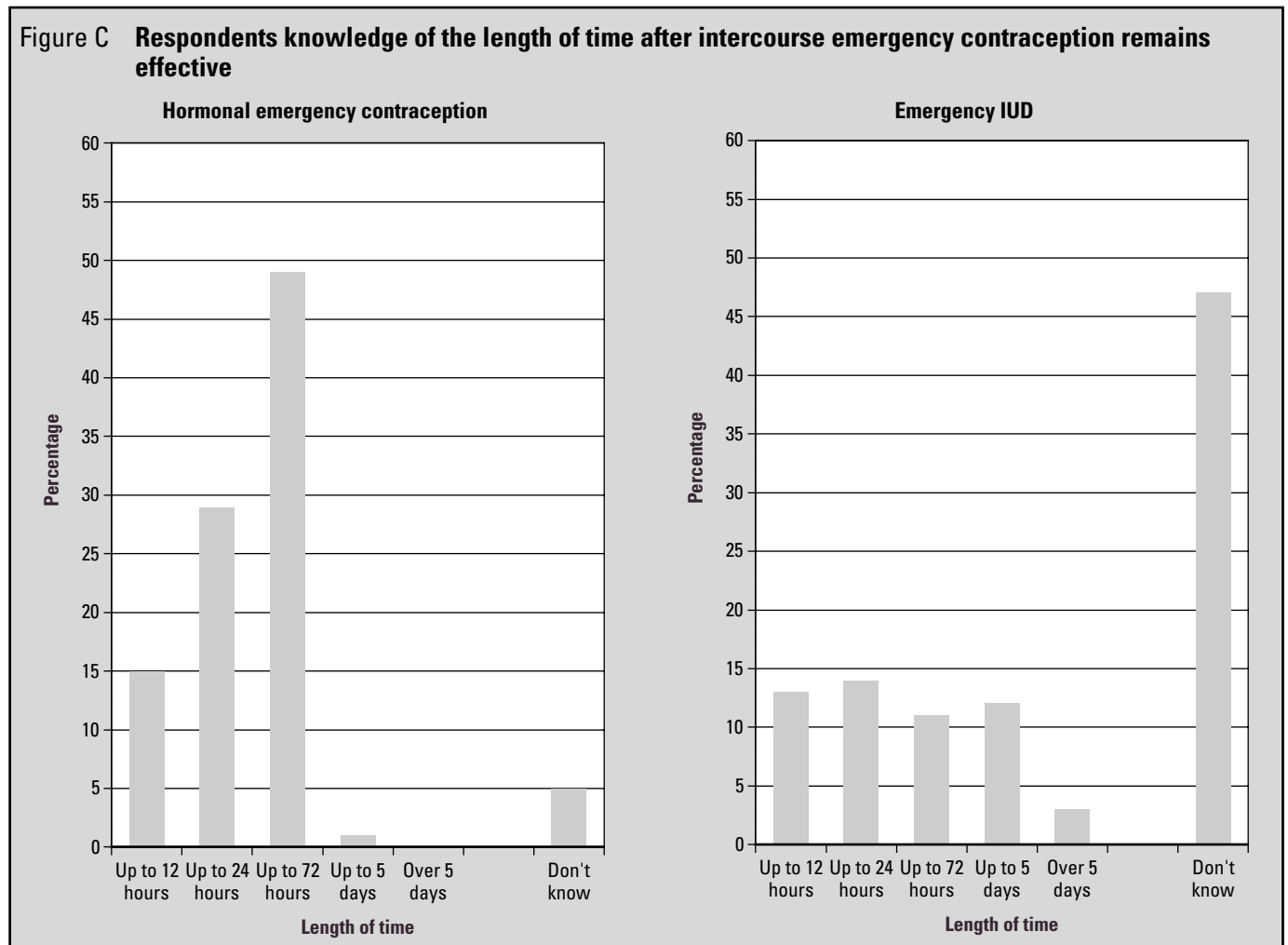
Women who were not sterilised (or who had been sterilised within the last two years) were asked whether they had heard of these two methods. On the whole the proportion of respondents who had heard of the 'morning after pill' and the emergency IUD have remained similar since 1997/98: in 2001/02 over nine in ten (94%) women had heard of the 'morning after pill' and just under a half (46%) had heard of the emergency IUD. However, there was a small rise between 2000/01 and 2001/02 in the proportion of respondents who had heard of the 'morning after pill' (92% compared with 94%).

The proportion of respondents who had heard of the 'morning after pill' was very similar in each of the age groups. However,

only a third (34%) of respondents aged 16–17¹ had heard of the emergency IUD compared with around a half of respondents in all other age groups. Table 6

Women who had heard of the two forms of emergency contraception were then asked how long after intercourse they thought that emergency contraception can be used. A half (49%) of women who had heard of the 'morning after pill' were able to correctly answer that it remains effective up to 72 hours after intercourse: this proportion has remained unchanged since the 2000/01 survey (52% in 2001/02). Respondents were much more likely to under estimate how long the 'morning after pill' remains effective after intercourse than over estimate: 45% of respondents under estimated the length of time compared with just one per cent who over estimated. Five per cent of women who had heard of the 'morning after pill' answered "don't know" to this question.

Almost a half (47%) of women who had heard of the emergency IUD answered "don't know" when asked how long it remains effective after intercourse. Only 12% of women who had heard



of the emergency IUD were able to correctly answer that it remains effective up to five days after intercourse. Once again women were more likely to under estimate than over estimate the length of time the emergency IUD remains effective after intercourse: almost two in five (38%) women under estimated the length of time the emergency IUD remains effective compared with only three per cent who over estimated.

Table 7 and Figure C

Women who had heard of the 'morning after pill' were shown the following set of statements and asked to identify which they felt were true:

- True "The emergency pill has no identified harmful long-term side-effects"
 "The emergency pill can sometimes cause nausea/make you feel sick"
 "The emergency pill is more effective the sooner it is taken after intercourse"
 "The emergency pill is safer and more effective than it has been in the past"
 "The emergency pill can still be effective taken at any time up to 72 hours after intercourse"
- False "The emergency pill protects against sexually transmitted infections (STIs)"
 "The emergency pill protects against pregnancy until the next period"

The two false statements, as shown above, were included for the first time in the 2001/02 survey.

Of the statements that were true over half of women, who had heard of the 'morning after pill', identified the following as being true: "the emergency pill can sometimes cause nausea/make you feel sick" (60%), "the emergency pill is more effective the sooner it is taken after intercourse" (56%), and "the emergency pill can still be effective taken at any time up to 72 hours after intercourse" (55%). Just under two-fifths (39%) correctly thought "the emergency pill has no identified harmful long-term side-effects" and a third (33%) correctly identified the statement "the emergency pill is safer and more effective than it has been in the past" as being true.

Fewer than one in ten (9%) thought that the incorrect statement "the emergency pill protects against pregnancy until the next period" was true and only one per cent incorrectly thought the statement "the emergency pill protects against sexually transmitted infections" was true.

Between 2000/01 and 2001/02 the proportions of women who thought the statement "the emergency pill can sometimes cause

nausea/make you feel sick" was true rose from 57% to 60%. Similarly the proportion who correctly felt that the statement "the emergency pill can still be effective taken at any time up to 72 hours after intercourse" was true rose from 42% in 2000/01 to 55% in 2001/02. However in 2001/02 the words "equally effective" were replaced by "effective" in this statement which may partly explain the increase between the years.

Women who were young, single or had used the 'morning after pill' at least once during the last year were those most likely to think that the statement "the emergency pill can sometimes cause nausea/make you feel sick" was true. Furthermore, the likelihood of a woman believing this statement to be true fell as women got older: seven in ten (70%) women aged 16-29 thought that "the emergency pill can sometimes cause nausea/make you feel sick" compared with 57% aged 30-39 and 50% aged 40-49. Similarly, seven in ten (69%) single women thought this statement to be true compared with just over a half of married or cohabiting women (55%) and women who were widowed, divorced or separated (56%). More than three-quarters (77%) of women who had used the 'morning after pill' during the last year said that the statement "the emergency pill can sometimes cause nausea/make you feel sick" was true compared with 58% of women who had not used the 'morning after pill'.

Similarly, women who thought that the statement "the emergency pill can still be effective taken at any time up to 72 hours after intercourse" was true were most likely to be young, single or have used the 'morning after pill' during the last year. Once again the proportion of women who thought this statement to be true fell as respondents got older from two-thirds (66%) of women aged 16-29 to 54% aged 30-39 and again to 40% aged 40-49. A similar proportion (63%) of single women thought the statement "the emergency pill can still be effective taken at any time up to 72 hours after intercourse" was true (only half of married or cohabiting women (51%) and widowed, divorced or separated women (50%) believed this statement to be true). Three-quarters (75%) of women who had used the 'morning after pill' in the last year said that this statement was true compared with only half (53%) of those who had not used the 'morning after pill'.

Women aged 30 and over were more likely to think the statement "the emergency pill has no identified harmful long-term side effects" was true than younger women: two-fifths of women aged 30 and over (41% aged 30-39 and 42% aged 40-49) thought this statement to be true compared with only a third (34%) of women aged 16-29. Conversely, women aged 16-29 were almost twice as likely as women aged 30-39 and three times as likely as those aged 40-49 to incorrectly think the statement "the emergency pill protects against pregnancy until the next period" was true (14% compared with 8% and 5% respectively).

Women who had used the 'morning after pill' at least once during the last year were more likely, than those who had not used it, to think that the following statements were true: "the emergency pill is more effective the sooner it is taken after intercourse" (66% compared with 56%), and "the emergency pill is safer and more effective than it has been in the past" (42% compared with 32%). **Table 8 and Figure D**

Over the last year seven per cent of women aged 16–49 had used the 'morning after pill' (6% had used it once, 1% had used it twice, and less than 1% had used it more than twice). The proportion of women using the 'morning after pill' has remained the same between 2000/01 and 2001/02.

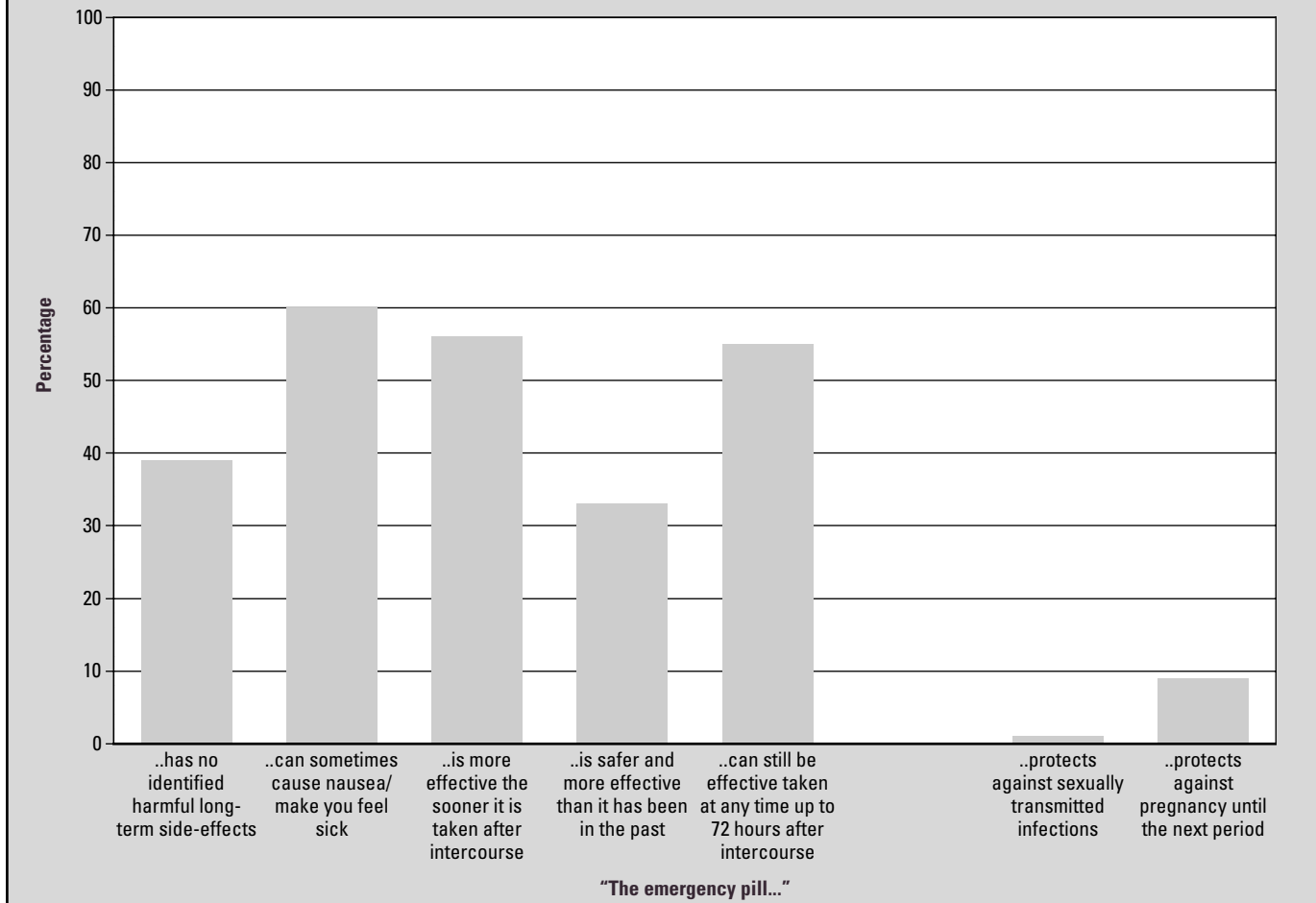
Women aged under 20² were twice as likely as those aged 20 and over to have used the 'morning after pill' at least once in the past year: one fifth of women aged 16–19 had used the 'morning after pill' (20% aged 16–17 and 21% aged 18–19) compared with around a tenth aged 20–24 (11%) and 25–29 (9%) and one-twentieth or fewer women aged 30 and over (for example 5% of

women aged 35–39). Only two per cent of married women had used the 'morning after pill' at least once in the last year compared with 14% of single women, 11% of women who were widowed, divorced or separated, and 8% of cohabiting women.

Unsurprisingly, given that a large proportion of women who are not currently using contraception either want to be or are pregnant or have a partner who has had a vasectomy, women who were currently using contraception were twice as likely to have used the 'morning after pill' during the last year than those not using contraception (8% compared with 4%). **Table 9**

All women who had used the 'morning after pill' during the year prior to interview were asked where they had obtained it. Prior to January 2001 the 'morning after pill' was available only from a GP, a family planning clinic, or a hospital accident and emergency department. However, from January 2001 women could also obtain the 'morning after pill' from a chemist or pharmacy. This product is now also more widely available from places such as walk in centres and minor injuries units.

Figure D The proportion of women aged 16–49 who thought that each statement about the 'morning after pill' was true



In 2001/02 the most popular source of the 'morning after pill', among women who had used it at least once during the last year, was from the woman's own GP or practice nurse (43%). A third (31%) of women had obtained the 'morning after pill' from a family planning clinic, a fifth (20%) from a chemist or pharmacy, and a tenth (9%) from a GP or practice nurse that was not their own. Only two per cent of women had obtained the 'morning after pill' from a hospital accident and emergency department and one per cent had obtained it from a walk-in centre or minor injuries unit.

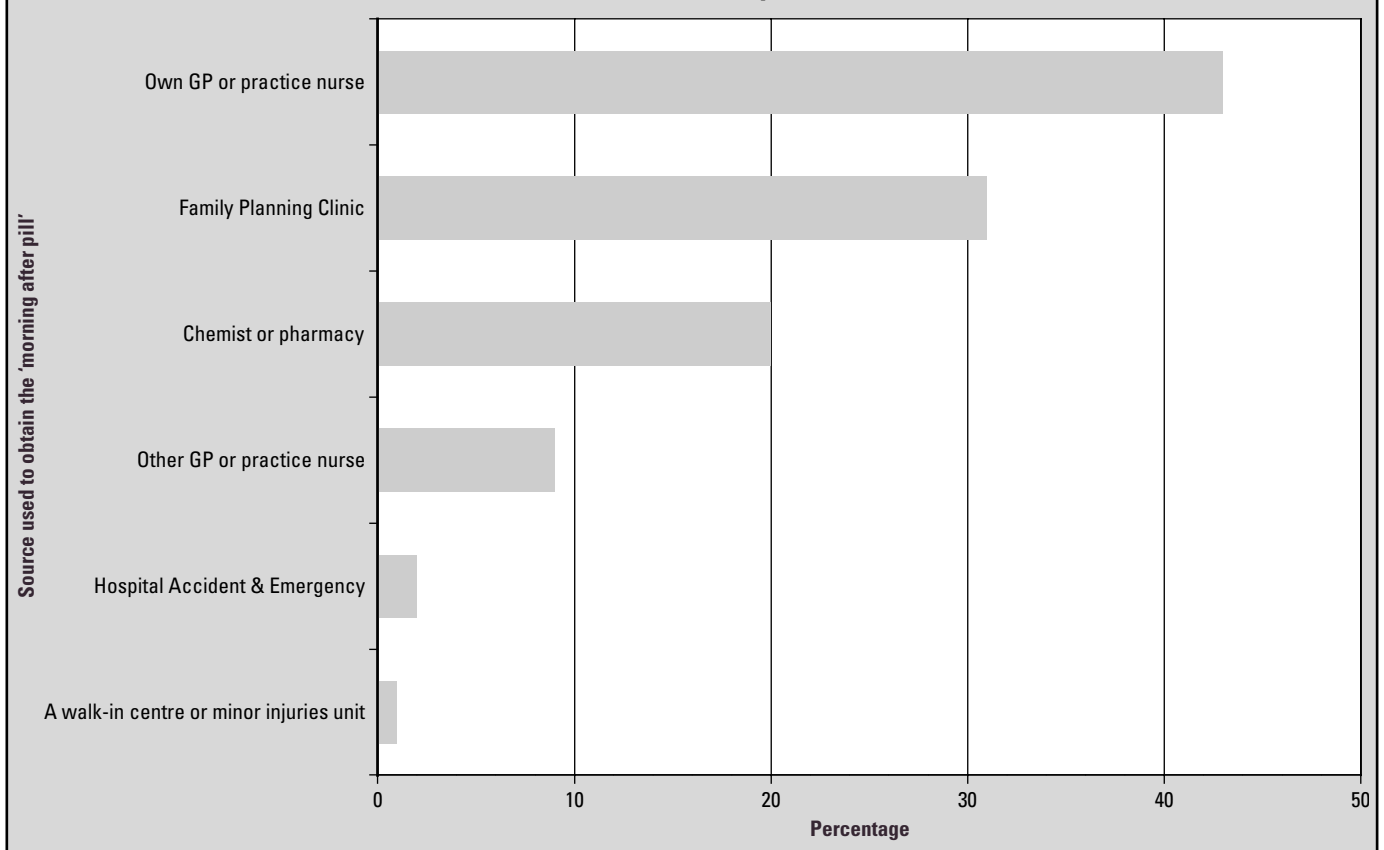
The proportion of women who had obtained the 'morning after pill' from their own GP or practice nurse fell between 2000/01 and 2001/02 from three in five (59%) to just over two in five (43%) women. The fall in the proportion of women obtaining the 'morning after pill' from their own GP or practice nurse may have been due to the ability, in 2001/02, to obtain the 'morning after pill' from chemists/pharmacies (the proportion of women who used this source accounted for slightly more than the difference in the proportions between 2000/01 and 2001/02). Additionally, the proportion of women who obtained the 'morning after pill' from a GP or practice nurse that was not their own increased from three per cent in 2000/01 to nine per cent in 2001/02.

Younger women (aged 16–29) were more likely to have obtained the 'morning after pill' from a family planning clinic than older women: 40% of women aged 16–29 compared with 13% aged 30–49. Women aged 16–29 were as likely to have obtained the 'morning after pill' from a family planning clinic as from their own GP or practice nurse (40% of women aged 16–29 said that they had used these sources). Women aged 30–49, on the other hand, were almost four times as likely to have obtained the 'morning after pill' from their GP or practice nurse than they were from a family planning clinic (50% compared with 13%). Whilst the differences between the marital status groups in terms of which source they had used to obtain the 'morning after pill' were not statistically significant the distribution within each group is clearly age related: for example the proportions of single women who had used each source to obtain the 'morning after pill' were very similar to those for women aged 16–29.

Table 10 and Figure E

Just over a tenth (13%) of women who had used the 'morning after pill' during the last year said that they had experienced difficulty in obtaining it. Single women were almost four times more likely to have experienced difficulty obtaining the 'morning after pill' than married or cohabiting women (19% compared

Figure E Proportion of women, aged 16–49 who had used the 'morning after pill' at least once during the last year, using each source to obtain the 'morning after pill'



with 5%). Again this difference between the marital status groups reflects the apparent difference between the age groups, however the difference between the proportion of women aged 16–29 that had difficulty obtaining the ‘morning after pill’ and those aged 30–49 was not statistically significant. Table 11

Women who had heard of the ‘morning after pill’ but had not used it during the last year were asked where it was available should someone need it. Of the two new sources available to women to obtain the ‘morning after pill’, women were more than four times as aware that it could be obtained directly from a chemist or pharmacist than they were that it was obtainable from a walk-in centre or minor injuries unit (44% compared with 9%). The majority of women knew that the ‘morning after pill’ could be obtained from their own GP or practice nurse (90%) and from family planning clinics (79%). Just under a third (28%) of women knew that the ‘morning after pill’ could be obtained from a GP or practice nurse other than the woman’s own and one fifth (21%) of women said that the ‘morning after pill’ could be obtained from a hospital accident and emergency department. Table 12

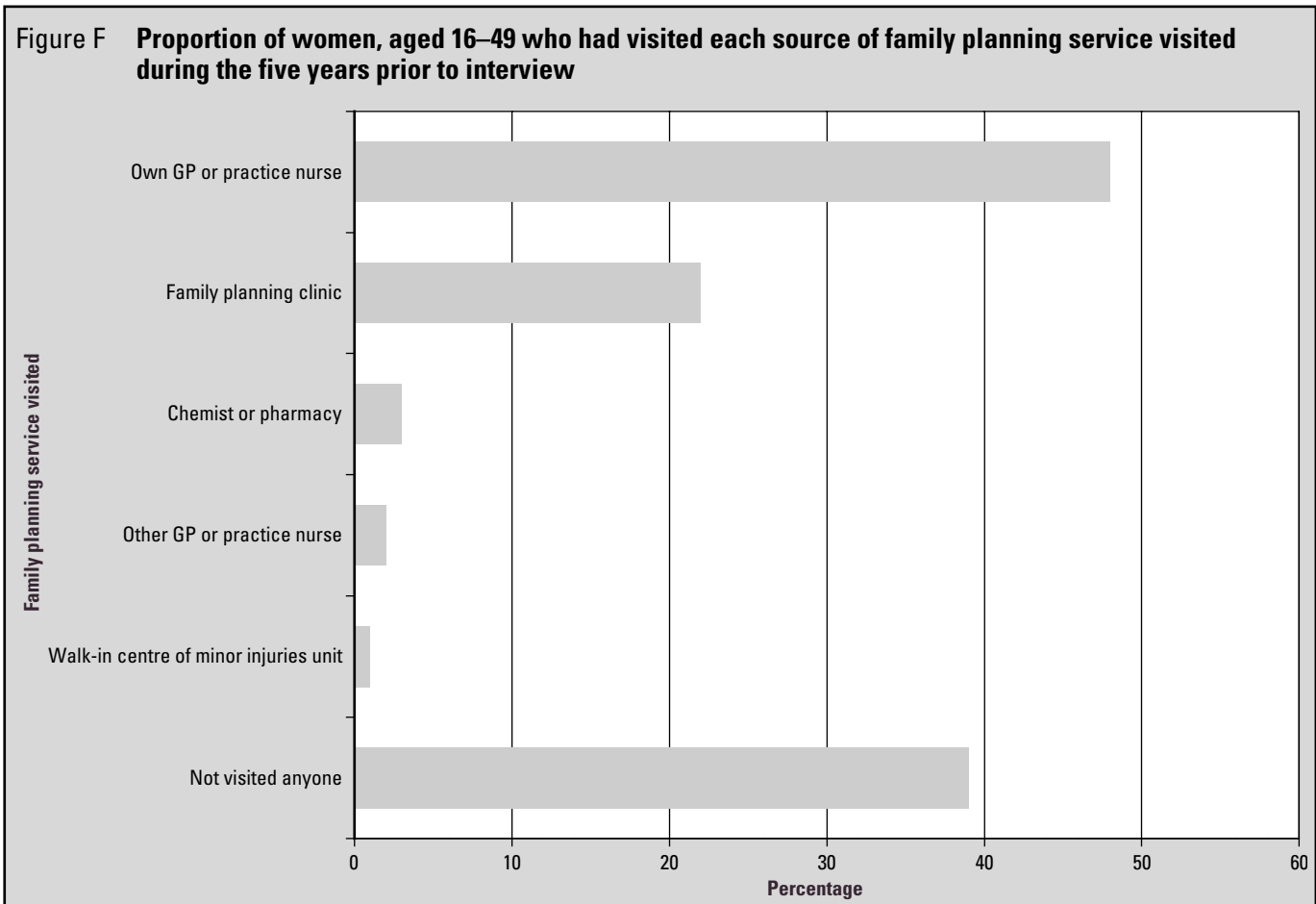
2.6 Family planning services

All women aged 16–49 were asked whether, if at all, they had visited any of the following for family planning advice in the five years before interview:

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

Since 1997/98 there has been an increase in the overall proportion of women visiting family planning services (56% of women in 1997/98 compared with 60% in 2001/02).³

In 2001/02 six in ten (60%) women had received family planning advice during the last five years. Of the women who had visited a family planning service the majority (79%) had been to



their own GP or practice nurse for this purpose and a third (36%) had visited a family planning clinic. Two new codes, 'Chemist or pharmacy' and 'Walk-in centre or minor injuries unit', were included for the first time in 2001/02. Seven per cent of women, who had used family planning services in the last five years, had visited a chemist or pharmacy for this purpose and one per cent had visited a walk-in centre or minor injuries unit.

Women in their twenties⁴ were those most likely to have used family planning services in the five years before interview: over eight in ten women aged 20–29 had used a family planning service in the last five years (83% in both the 20–24 and 25–29 age groups). Around three-quarters of women aged 18–19 (74%) and those aged 30–34 (73%) and just over a half (55%) of 16–17 year olds had visited family planning services. Only a quarter (26%) of women in the oldest age group (45–49) had used any family planning service in the last five years.

Women aged 20–34 were those most likely to have visited their own GP or practice nurse for family planning advice in the five years prior to the interview: three-fifths of women in these age groups had visited their own GP or practice nurse for family planning advice (63% aged 20–24, 66% aged 25–29 and 62% aged 30–34). Women aged 45–49 were those least likely to have visited their own GP or practice nurse for family planning advice (18%). Similarly, family planning clinics were most likely to have been visited, in the last five years, by women aged 18–29:⁵ between a third and over two-fifths of women in this age range had visited a family planning clinic (44% aged 18–19, 39% aged 20–24 and 33% aged 25–29).

Tables 13–14 and Figure F

Notes

- 1 The differences between the proportions of respondents aged 16–19 and those aged 20–24 and 25–29 who had heard of the emergency IUD was not statistically significant.
- 2 The difference between the proportions of respondents aged 16–17 and those aged 20–24 who had used the 'morning after pill' during the last year was not statistically significant.
- 3 The difference between the proportions of respondents in 2000/01 and 2001/02 who had visited family planning services during the five years before interview was not statistically significant.
- 4 The difference between the proportions of respondents aged 20–24 and those aged 18–19 who had visited family planning services during the five years before interview was not statistically significant.
- 5 The difference between the proportions of respondents aged 25–29 and those aged 16–17 who had visited a family planning clinic during the five years before interview was not statistically significant.

Table 1 Current use of contraception by age

Current use of contraception	Age								All				
	16-17	18-19	20-24	25-29	30-34	35-39	40-44	45-49	2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%
Non-surgical													
Pill*	42	56	51	44	33	19	11	4	28	25	26	26	26
Minipill	4	7	6	10	6	4	6	2	5	5	5	5	5
Combined pill	30	43	41	31	25	13	5	2	21	17	18	19	19
Male condom	40	35	29	23	22	17	17	11	21	21	23	21	21
Withdrawal	1	-	6	4	4	4	4	2	4	3	5	6	4
IUD	-	-	2	3	4	5	4	3	3	5	4	4	4
Injection/implant	-	8	7	7	4	1	1	1	3	3	3	2	2
Safe period/ rhythm method/ Persona	-	0	0	1	3	2	1	1	2	1	2	2	2
Cap/ diaphragm	-	-	-	0	1	1	1	1	1	1	1	1	2
Foams/ gels	-	-	-	-	-	0	-	-	0	0	0	1	0
Hormonal IUS	-	0	-	0	1	1	1	0	1	1	1	0	0
Female condom	-	-	0	-	0	-	-	-	0	0	0	0	0
Emergency Contraception†	-	-	3	1	1	1	-	0	1	1			
Total at least one method non-surgical	61	69	72	72	63	47	38	23	53	51	54	50	52
Surgical													
Sterilised	-	-	1	4	7	13	19	20	10	11	12	12	11
Partner sterilised	-	-	1	2	7	19	25	24	12	11	11	12	10
Total at least one method	61	69	73	79	77	79	82	67	75	73	76	75	74
Not using a method													
No heterosexual relationship**	39	25	20	10	10	10	6	11	13	13	15	13	14
Sterile after another operation	-	-	1	2	2	3	5	9	3	4	3	4	4
Wants to get pregnant	-	1	0	4	5	3	1	-	2	3	1	2	2
Pregnant now	-	5	3	3	3	1	-	-	1	2	1	1	2
Just doesn't use contraception††											0	1	2
Going without sex to avoid pregnancy	1	1	0	0	-	0	0	1	0	1	1	1	1
Unlikely to conceive because of menopause	-	-	-	-	-	-	-	6	1	1	1	1	1
Possibly infertile	-	-	1	0	1	2	3	3	2	2	1	1	1
Doesn't like contraception	-	-	0	1	1	0	1	0	0	1	1	0	0
Other reason	-	-	1	2	2	2	2	3	2	2	1	0	0
Total not using a method	39	31	27	21	23	21	18	33	25	27	24	25	26
<i>Base***</i>	<i>71</i>	<i>129</i>	<i>230</i>	<i>270</i>	<i>366</i>	<i>364</i>	<i>322</i>	<i>316</i>	<i>2068</i>	<i>1967</i>	<i>2179</i>	<i>1601</i>	<i>3357</i>

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

† Category included for the first time in the 2000/01 questionnaire.

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

†† Category not included in the 2001/02 and 2000/01 questionnaire.

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

Table 2 **Current use of contraception by marital status**

Women aged 16–49

Great Britain: 2001/02

Current use of contraception	Marital status			All*
	Single	Married or cohabiting	Widowed, divorced or separated	
	%	%	%	%
Non-surgical				
Pill	42	24	14	28
Male condom	29	19	9	21
Withdrawal	4	4	2	4
IUD	2	3	8	3
Injection/implant	5	3	5	3
Safe period/ rhythm method/ Persona	1	2	1	2
Cap/ diaphragm	0	1	1	1
Foams/ gels	-	0	-	0
Hormonal IUS	0	1	1	1
Female condom	0	-	-	0
Emergency Contraception	2	0	0	1
Surgical				
Sterilised	3	12	21	10
Partner sterilised	1	19	5	12
Total at least one method	65	83	62	75
Not using a method				
No heterosexual relationship	31	1	28	13
Sterile after another operation	1	5	2	3
Wants to get pregnant	0	3	2	2
Pregnant now	0	2	-	1
Going without sex to avoid pregnancy	1	0	0	0
Unlikely to conceive because of menopause	0	1	2	1
Possibly infertile	0	2	2	2
Doesn't like contraception	0	1	0	0
Other reason	1	2	2	2
Total not using a method	35	17	38	25
<i>Base†</i>	<i>596</i>	<i>1259</i>	<i>212</i>	<i>2068</i>

* 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 3 Main reason for not using contraception by age

Women aged 16–49 in a heterosexual relationship, not using contraception and not sterilised *Great Britain: 2001/02*

Main reason for not using contraception	Age			All 2001/02 Omnibus	2000/01 Omnibus	1999/00 Omnibus	1998/99 Omnibus	1997/98 Omnibus	1998 GHS
	16–29	30–39	40–49						
	%	%	%	%	%	%	%	%	%
Partner sterilised	13	57	72	59	52	69	67	58	49
Wants to become pregnant	25	18	1	10	12	9	10	10	10
Pregnant now	38	7	-	7	9	6	6	9	16
Menopause	-	-	9	5	3	3	6	4	6
Possibly infertile	4	8	10	9	10	7	4	5	6
Doesn't like contraception	6	2	1	2	4	4	2	2	6
Other reason	13	8	7	8	9	1	4	11	8
Total	100	100	100	100	100	100	100	100	100
<i>Base</i>	<i>52</i>	<i>165</i>	<i>215</i>	<i>432</i>	<i>410</i>	<i>338</i>	<i>291</i>	<i>576</i>	<i>1036</i>

Table 4 Selected characteristics of women 'at risk' and 'not at risk' of pregnancy

Women aged 16–49 *Great Britain: 2001/02*

	At risk*				Not at risk			
	2001/02	2000/01	1999/00	1998/99	2001/02	2000/01	1999/00	1998/99
	%	%	%	%	%	%	%	%
Age								
16–19	11	10	9	9	8	11	12	10
20–24	14	15	16	13	7	4	7	3
25–29	17	17	20	19	7	7	5	8
30–34	21	18	20	19	12	12	14	13
35–39	16	18	16	18	20	20	19	18
40–44	12	14	12	12	21	25	23	21
45–49	9	8	7	9	24	20	19	28
<i>Base</i>	<i>1241</i>	<i>1169</i>	<i>1275</i>	<i>923</i>	<i>826</i>	<i>798</i>	<i>907</i>	<i>683</i>
Current use of contraception								
Pill	47	42	44	46				
Condom	35	36	40	38				
IUD	6	8	6	8				
Other methods	19	19	20	20				
Not using contraception because of infertility, menopause or wants to become pregnant	8	9	5	7				
Not using contraception because of other reasons	4	5	4	4				
<i>Base†</i>	<i>1241</i>	<i>1169</i>	<i>1272</i>	<i>923</i>				

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

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

Table 5 Age of women 'at risk' of pregnancy by type of contraception

Women aged 16–49 (excluded if pregnant, self or partner* sterilised or no sexual relationship) Great Britain: 2001/02

	Pill user†	Partner of condom user†	Neither pill user nor partner of condom user
	%	%	%
Age			
16–29	58	47	23
30–49	42	53	77
<i>Base</i>	581	434	349

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

† Women who used the pill and whose partner used the condom are included in both columns.

Table 6 Knowledge of emergency contraception by age

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

Great Britain: 2001/02

Emergency contraception	Age								All				
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	2001/02	2000/01	1999/00	1998/99	1997/98
Percentage who had heard of emergency contraception													
Contraception	93	95	95	94	92	96	93	92	94	92	91	93	91
Emergency IUD	34	50	46	43	47	47	47	50	46	49	48	51	47
<i>Base</i>	72	129	229	261	343	319	256	230	1839	1722	1914	1396	2629

Table 7 Knowledge of how long after intercourse emergency contraception is effective*

Women who had heard of emergency contraception

Great Britain: 2001/02

How long after intercourse respondent thought it is effective†	Hormonal emergency contraception ('Morning after pill')				Emergency IUD			
	2001/02	2000/01	1999/00	1998/00	2001/02	2000/01	1999/00	1998/99
	%	%	%	%	%	%	%	%
Up to 12 hours	15	14	18	16	13	13	14	14
Up to 24 hours	29	26	27	26	14	16	17	20
Up to 72 hours	49	52	42	45	11	15	13	13
Up to 5 days	1	1	7	6	12	11	12	10
Over 5 days	0	0	0	0	3	2	3	4
Don't know	5	7	5	6	47	43	41	38
Total	100	100	100	100	100	100	100	100
<i>Base</i>	1720	1585	1733	1297	847	839	921	718

* 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?"

† Prior to 2000/01 the answer categories for this question read 1 "Up to 12 hours" 2 "Over 12 hours, up to 24 hours" 3 "Over 24 hours, up to 72 hours" 4 "Over 72 hours, up to 5 days" 5 "Over 5 days" 6 "Don't know".

Table 8 **Whether respondents could identify which of the statements about hormonal emergency contraception (the 'morning after pill') were true by (a) age, (b) marital status, and (c) whether used hormonal emergency contraception during the last year**

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

Great Britain: 2001/02

Statements about hormonal contraception	Age			Marital status			Used 'Morning after pill'		All 2001/02	2000/01
	16–29	30–39	40–49	Single	Married or Cohabiting	Widowed, divorced or separated	Yes	No	%	%
	%	%	%	%	%	%	%	%	%	%
"The emergency pill ...										
...has no identified harmful long-term side-effects"	34	41	42	37	40	38	46	38	39	38
...can sometimes cause nausea/make you feel sick"	70	57	50	69	55	56	77	58	60	57
...is more effective the sooner it is taken after intercourse"	52	59	58	56	57	57	66	56	56	54
...is safer and more effective than it has been in the past"	35	31	34	34	34	28	42	32	33	29
...can still be effective taken at any time up to 72 hours after intercourse"	66	54	40	63	51	50	75	53	55	42
...protects against sexually transmitted infections (STIs)"†	0	0	2	1	0	0	-	1	1	
...protects against pregnancy until the next period"†	14	8	5	12	8	9	10	9	9	
None of these	3	4	5	4	4	3	1	4	4	4
<i>Base**</i>	<i>553</i>	<i>672</i>	<i>409</i>	<i>537</i>	<i>864</i>	<i>232</i>	<i>129</i>	<i>1505</i>	<i>1634</i>	<i>1486</i>

* 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 9 **Use of emergency contraception during the year prior to interview, by (a) age, (b) marital status, and (c) whether currently using a method of contraception**

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

Great Britain: 2001/02

Emergency contraception	Age								Marital status				Use of contraception		All	
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	Single	Married	Co-habiting	Widowed, divorced or Separated	Currently using a method	Currently not using a method	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Hormonal emergency contraception ('Morning after pill')																
Used once	17	17	8	6	6	5	2	0	10	2	7	8	7	4	6	6
Used twice	3	4	3	2	0	-	0	-	3	0	1	1	1	0	1	1
Used more than twice	-	-	0	1	0	-	1	-	0	-	0	1	0	0	0	1
Not used	80	79	87	91	94	95	97	100	86	98	92	90	92	95	93	92
Emergency IUD																
Used	1	1	1	-	-	0	0	0	1	0	-	1	0	0	0	0
Not used	99	99	99	100	100	100	100	100	99	100	100	99	100	100	100	100
<i>Base</i>	<i>71</i>	<i>129</i>	<i>229</i>	<i>260</i>	<i>342</i>	<i>319</i>	<i>256</i>	<i>227</i>	<i>583</i>	<i>821</i>	<i>261</i>	<i>166</i>	<i>1367</i>	<i>460</i>	<i>1833</i>	<i>1726</i>

Table 10 Where hormonal emergency contraception (the 'morning after pill') obtained by (a) age and (b) marital status

Women aged 16–49 who had used the 'morning after pill' in the year prior to interview *Great Britain: 2001/02*

Where obtained	Age		Marital Status			All	
	16–29	30–49	Single	Married or Cohabiting	Widowed, divorced or separated	2001/02	2000/01
	%	%	%	%	%	%	%
Own GP or practice nurse*	40	50	39	53	[7]	43	59
Family planning clinic	40	13	39	22	[3]	31	33
Other GP or practice nurse*	11	5	11	6	[1]	9	3
Hospital Accident and Emergency	1	4	2	-	[1]	2	3
Chemist or pharmacy†	15	30	14	25	[6]	20	
A walk-in centre or minor injuries unit†	1	1	1	3	[-]	1	
Other	2	-	3	-	[-]	2	5
<i>Base**</i>	<i>90</i>	<i>45</i>	<i>79</i>	<i>38</i>	<i>18</i>	<i>135</i>	<i>134</i>

* '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 11 Percentage of respondents who had experienced difficulty in obtaining hormonal emergency contraception (the 'morning after pill') by (a) age, (b) marital status, and (c) number of times respondent had used hormonal emergency contraception during the last year

Women who had used the 'morning after pill' during the past year *Great Britain: 2001/02*

	Age		Marital status			Number of times respondent used the 'morning after pill'		All	
	16–29	30–49	Single	Married or Cohabiting	Widowed, divorced or separated	Once	Twice or more	2001/02	2000/01
	<i>Percentage</i>								
Respondents who had experienced difficulty obtaining the 'morning after pill'	17	7	19	5	[1]	11	[6]	13	15
<i>Base</i>	<i>90</i>	<i>45</i>	<i>79</i>	<i>38</i>	<i>18</i>	<i>109</i>	<i>26</i>	<i>135</i>	<i>134</i>

Table 12 Where women who had not used hormonal emergency contraception (the 'morning after pill') thought that it could be obtained by (a) age and (b) marital status

Women aged 16–49 who had heard of hormonal emergency contraception but not used it during the last year (excluded if sterilised at least two years ago)

Great Britain: 2001/02

Where respondent thought hormonal emergency contraception could be obtained	Age		Marital status			All
	16–29	30–49	Single	Married or Cohabiting	Widowed, divorced or separated	
	%	%	%	%	%	%
Own GP or practice nurse	89	90	87	91	88	90
Family planning clinic	80	79	79	80	73	79
Other GP or practice nurse	29	27	27	29	22	28
Hospital Accident and Emergency	23	20	24	20	15	21
Chemist or pharmacy	42	45	45	45	39	44
A walk-in centre or minor injuries unit	7	10	8	9	8	10
Other	2	2	2	2	1	2
<i>Base*</i>	<i>556</i>	<i>1004</i>	<i>464</i>	<i>957</i>	<i>138</i>	<i>1560</i>

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

Table 13 Use of family planning services during the five years prior to interview by age

Women aged 16–49

Great Britain: 2001/02

Use of family planning services	Age								All				
	16–17	18–19	20–24	25–29	30–34	35–39	40–44	45–49	2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%
Own GP or practice nurse*	34	43	63	66	62	50	38	18	48	48	45	45	45
Family planning clinic	23	44	39	33	22	16	11	9	22	20	18	18	16
Other GP or practice nurse*	1	4	8	2	2	1	2	0	2	2	2	2	1
Chemist or pharmacy†	7	2	12	5	4	4	2	2	4				
Walk-in centre or minor injuries unit†	3	-	1	2	-	0	0	-	1				
Somewhere else	4	1	3	0	2	0	2	-	1	2	2	1	2
Not visited anyone	45	26	18	17	27	43	56	74	39	42	44	45	44
<i>Base**</i>	<i>71</i>	<i>129</i>	<i>230</i>	<i>271</i>	<i>368</i>	<i>365</i>	<i>324</i>	<i>316</i>	<i>2074</i>	<i>1975</i>	<i>2189</i>	<i>1604</i>	<i>3355</i>

* '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 14 Family Planning Services used by women aged 16–49 in the last five years

Women aged 16–49 who had used family planning services in the last five years *Great Britain: 2001/02*

Family planning services	Respondents who had used Family Planning Services	
	2001/02	2000/01
	%	
Own GP or practice nurse*	79	82
Family planning clinic	36	35
Other GP or practice nurse*	4	4
Chemist or pharmacy†	7	
Walk-in centre or minor injuries unit†	1	
Somewhere else	2	4
Not visited anyone		
<i>Base**</i>	<i>1254</i>	<i>1146</i>

* '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.

3 Sterilisation and vasectomies

3.1 Women who had been sterilised

A similar proportion of women aged 16–49 had been sterilised in 2001/02 as in previous years: one in ten women (10%) had been sterilised and a further three per cent had become sterile as a result of another operation in 2001/02.

There was a clear association among women between the likelihood of having had an operation to make them sterile and age. The proportion of women who had been sterilised rose up to the age of 40 and then remained constant at about one-fifth (19% aged 40–44 and 20% aged 45–49). Only two per cent of women aged under 30 had been sterilised which rose to 13% of women aged 35–39 and then to 19% aged 40–44. Similarly, the proportion of women who became sterile as a result of another operation also rose with age. Two per cent and fewer women aged 34 and under said that they had become sterile as a result of another operation compared with five per cent of women aged 40–44 and nine per cent aged 45–49.

Over nine in ten (92%) women who had been sterilised had their operation carried out by the NHS. **Table 15**

3.2 Men who had had a vasectomy

The proportion of men who had had a vasectomy has also remained constant since 1997/8: in 2001/02 15% of men aged 16–69 had had a vasectomy and a further one per cent had become sterile as a result of another operation.

Men aged 45–64¹ were those most likely to have had a vasectomy: over a quarter of men in these age groups said that they had had a vasectomy (29% aged 45–49, 29% aged 50–54 and 26% aged 55–64). Furthermore, the proportion of men who had had a vasectomy rose up to the age of 45 and then fell from age 65: four per cent of men aged 30–34 had had a vasectomy, this proportion rose to 29% aged 45–49 and then fell to 15% among men aged 65–69. However, men in the oldest age group (65–69) were those most likely to have become sterile as a result of another operation (5% compared with 1% or fewer men in all other age groups).

Men were less likely than women to have had their sterilisation operation carried out by the NHS. Only two-thirds (66%) of men who had had a vasectomy had the operation performed by the NHS compared with over nine in ten women (92%). On the whole men aged 50 and over were more likely to have had their vasectomy performed outside the NHS than men aged under 50. Between a fifth and a quarter of men aged under 50 (20% aged 35–39, 23% aged 40–44 and 27% aged 45–49) had had their vasectomy performed in a non-NHS hospital compared with over two-fifths of men aged 50 and over (45% aged 50–54, 42% aged 55–64 and 43% aged 65–69). **Table 16**

Note

¹ The difference between the proportions of men aged 40–44 and those aged 55–64 who had had a vasectomy was not statistically significant.

Table 15 Female sterilisation by age

<i>Women aged 16–49</i>						<i>Great Britain: 2001/02</i>				
Use of family planning services	Age 16–29	30–34	35–39	40–44	45–49	All 2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%
Whether been sterilised	2	7	13	19	20	10	11	12	12	11
Organisation that carried out the sterilisation....*										
....NHS	[13]	80	98	93	91	92	91	96	92	91
....not NHS	[1]	20	2	7	9	8	9	4	8	9
Had another operation causing sterility	1	2	3	5	9	3	4	3	4	4
<i>Bases</i>										
<i>All women</i>	701	368	366	325	319	2079	1979	2194	1605	3357
<i>Women who had been sterilised</i>	14	30	50	60	58	212	220	262	193	369

* Percentages based on those respondents who had been sterilised.

Table 16 Male vasectomy by age

<i>Men aged 16–69</i>						<i>Great Britain: 2001/02</i>							
	Age 16–29	30–34	35–39	40–44	45–49	50–54	55–64	65–69	All 2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%
Whether had vasectomy	0	4	15	21	29	29	26	15	15	17	17	16	17
Organisation that carried out the vasectomy*....													
....NHS	[2]	[9]	80	77	73	55	58	57	66	66	68	59	63
....not NHS	[-]	[-]	20	23	27	45	42	43	34	34	32	41	37
Had another operation causing sterility	0	0	0	1	1	-	1	5	1	1	1	1	1
<i>Bases</i>													
<i>All men</i>	687	278	301	307	268	289	434	195	2759	2543	2740	2079	4027
<i>Men who had had a vasectomy</i>	2	9	41	52	60	67	100	30	361	427	469	333	715

* Percentage based on those respondents who had had a vasectomy.

4 Sexual health and condom use

4.1 Sexual behaviour

The 2001/02 Omnibus Survey, as in previous years, included questions about sexual health in relation to HIV/AIDS and other sexually transmitted infections. Although detailed questions were thought to be inappropriate to this type of survey, more general questions on sexual behaviour were included 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 men and also the number of individuals with multiple partners. These two groups are those most at risk of transmitting the HIV virus through unprotected sex.

All men aged 16–69 were asked whether they had had sex only or mainly with women or with men. As in previous years over nine in ten (92% in 2001/02) men had only had sex with women. Two per cent of men had only had sex with men. The same proportion (1%) said either that they usually have sex with women but have had sex at least once with a man or that they usually have sex with men but have had sex at least once with a woman. One in twenty (5%) men had not yet had a sexual relationship. Men aged under 25 were those most likely not to have had a sexual relationship: a third (32%) of men aged 16–19 and one tenth (11%) of men aged 20–24 said that they had not yet had a sexual relationship.

Table 17

Men aged 16–69 and women aged 16–49 were asked how many sexual partners they had in the last year. Three-quarters (74%) of men aged 16–69 had one partner in the last year and 13% had two or more partners. Amongst women aged 16–49 four-fifths (81%) had one partner and 9% had more than one partner in the last year.

Men and women aged under 25 were those most likely to have had multiple partners in the last year. Among men just under two-fifths aged 16–24 had more than one partner in the last year (39% of men aged 16–19 and 38% aged 20–24) and among women of the same age slightly more than a quarter (27%) aged 16–19 and 22% aged 20–24 had multiple partners. Additionally, among both men and women, the proportion who had more than one partner in the last year fell as respondents got older: for

example amongst men, this proportion fell from 39% of those aged 16–19 to 14% aged 30–34 and again to 2% aged 50–64. However, among women the proportion who had more than one partner fell to 5% among those aged 30–34 and then remained similar among older women. Furthermore, in each of the age groups the proportion of men who had more than one partner was much larger than the corresponding proportion of women: for example men aged 25–29 were twice as likely as women of the same age to have had more than one partner (21% compared with 10%).

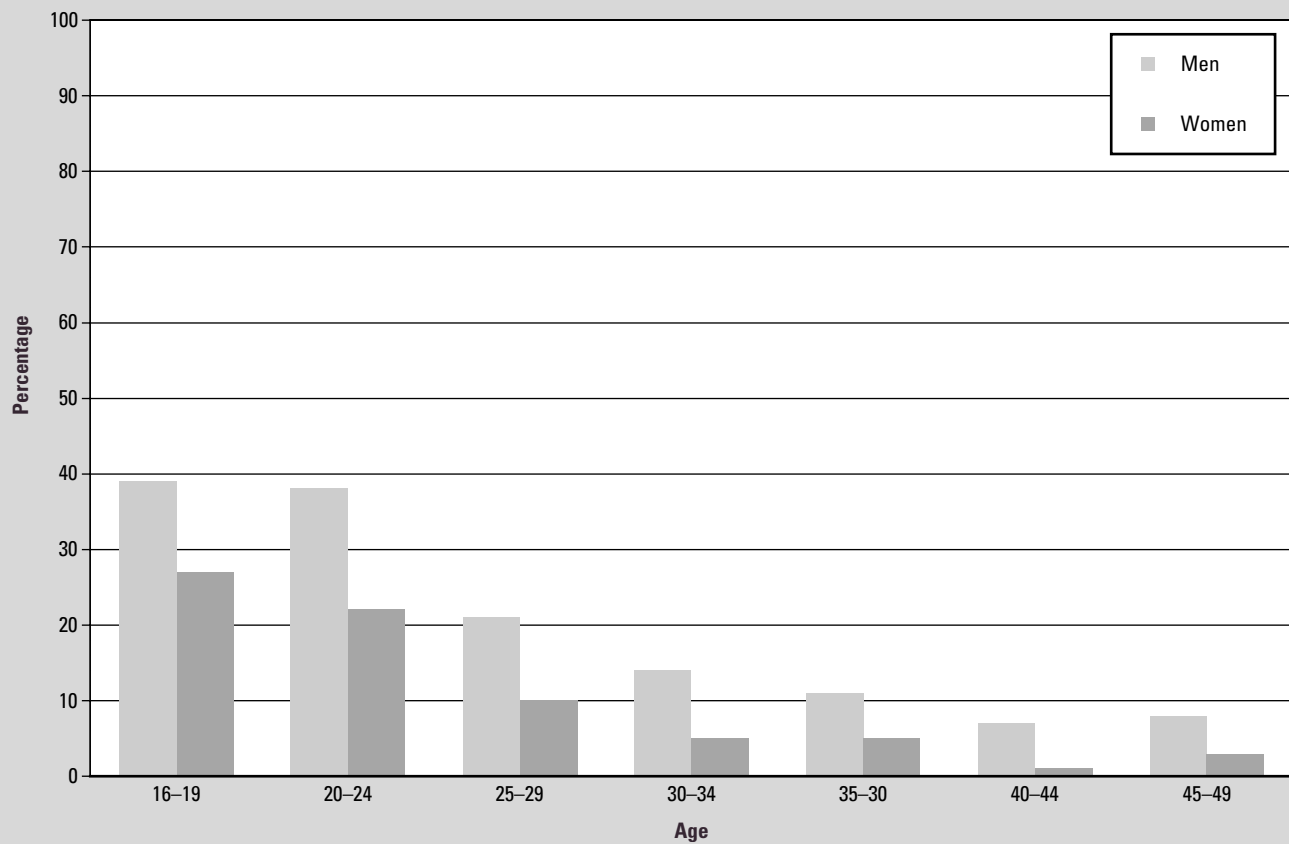
Of respondents who were married or cohabiting only 3% of men and 1% of women had more than one partner in the last year. This compares with 36% of single men and 23% of single women and 23% of men who were widowed, divorced or separated and 14% of women in the same marital status group. Again, in each of the marital status groups, men were more likely than women to have had multiple partners in the last year.

Among men, those in the youngest and oldest age groups (16–19 and 65–69) were those most likely not to have had a partner in the last year (34% aged 16–19 and 28% aged 65–69). The proportion of men who had not had a partner in the last year halved between those aged 16–19 and 20–24 (34% compared with 16%) and then halved again to seven per cent of those aged 25–29. The proportion of men who had not had a partner in the last year then remained constant at less than one tenth of men aged 25–44 before rising to 13% of those aged 45–49 and 50–64 and then again to 28% of 65- to 69-year-olds. Whilst this overall pattern was not evident among women, women aged 16–19 were more likely not to have had a partner in the last year (27%) than those in all other age groups.

Widowed, divorced or separated men were more likely than men in the other two marital status groups not to have had a partner in the last year (37% compared with 28% of single men and 5% of married or cohabiting men). Unsurprisingly, men and women who were either married or cohabiting were those least likely not to have had a partner in the last year: only 5% of married or cohabiting men and 2% of married or cohabiting women said that they did not have a partner in the last year.

Table 18 and Figure G

Figure G Men and women who had two or more sexual partners in the last year by age



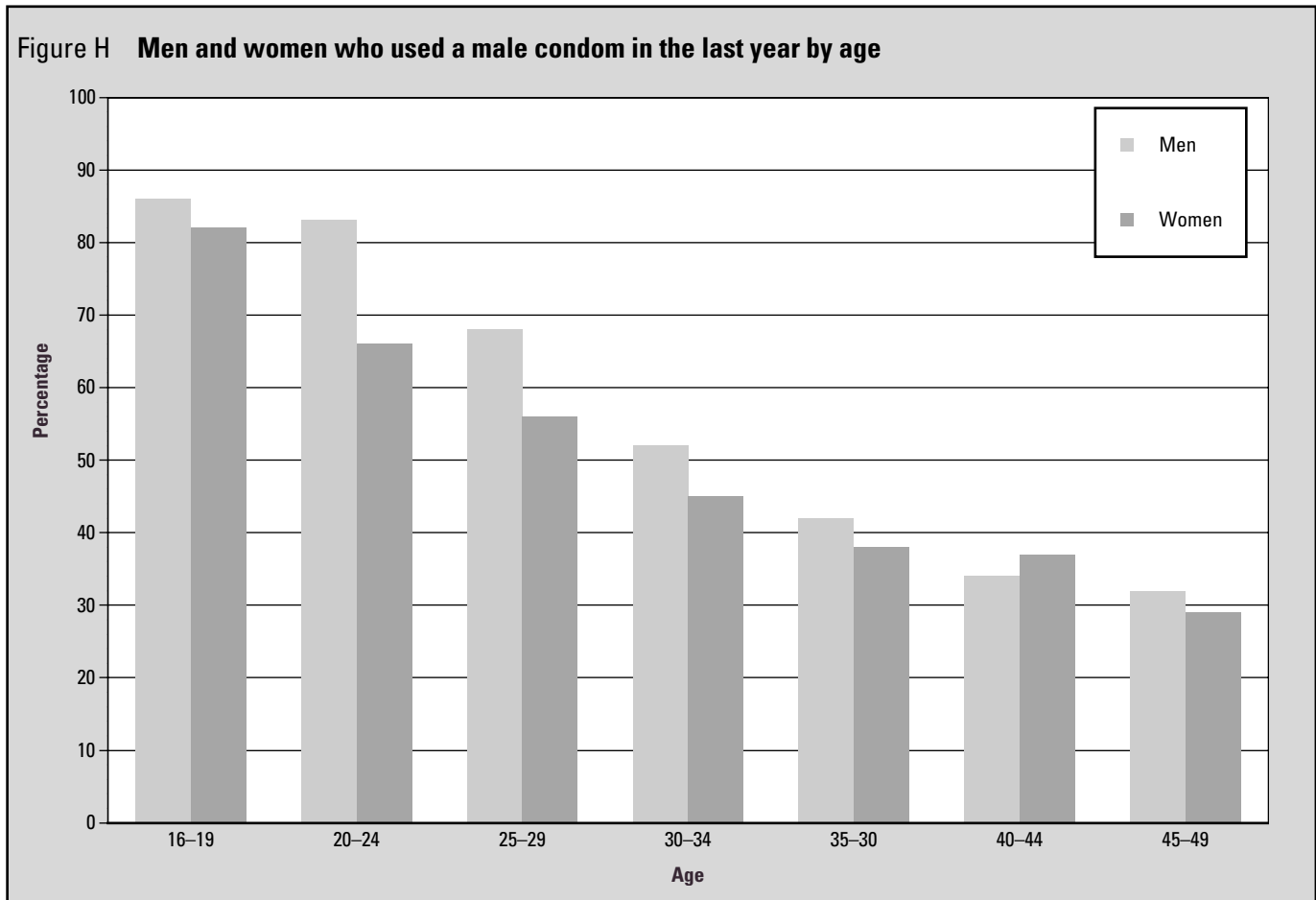
4.2 Condom use

Men aged 16–69 and women aged 16–49 who were either currently in a sexual relationship or had one in the last year were asked whether they had used a male condom during the previous year. The proportions of men and women who had used a male condom in the last year were very similar to those found in 2000/01: two-fifths (41%) of men aged 16–69 and just under a half (48%) of women aged 16–49 in 2001/02 had used a male condom.

When men and women of the same age are compared the proportion of men using a male condom is higher for all age groups than the corresponding proportion of women (apart from respondents aged 40–44 where the proportion of women using a male condom was slightly larger than that of men). However, the difference between the proportion of men and women using male condoms was only statistically significant for respondents in their twenties: among men and women aged 20–24 83% of men had used a male condom compared with 66% of women, and similarly among those aged 25–29 68% of men had used a male condom compared with 56% of women.

Furthermore, amongst both men and women there was a clear association between the use of the male condom and age: the proportion who had used a male condom fell as the respondents' age increased. Therefore among men, over eight in ten aged 16–24 had used a male condom, this then fell to just over a half (52%) aged 30–34 and then to a third (32%) aged 45–49, and finally fell to a tenth (11%) aged 65–69. Among women the proportion using a male condom fell from just over eight in ten (82%) aged 16–19 to two-thirds (66%) aged 20–24, and then to a half (56%) aged 25–29, and then remained constant at around two-fifths aged 30–44 before falling again to less than a third (29%) aged 45–49.

Respondents who had two or more partners during the last year were more likely to have used a male condom than those who had one partner (73% of men and 76% of women compared with 36% and 46% respectively of respondents who had one partner). Furthermore, among men those who had multiple partners were twice as likely to have used a male condom than those who had one partner (73% compared with 36%). Whilst it would appear that women who had one partner during the last year were more likely to have used a male condom than men who had one partner (46% compared with 36%), this difference



can be largely explained by the inclusion of men aged 50–69 who were less likely than men aged under 50 to have used a male condom in the last year: the proportion of men and women aged 16–49 who had one partner during the last year and had used a male condom was very similar (47% of men and 46% of women).

Table 19 and Figure H

Men and women who had used a male condom during the last year were asked which of the following reasons best described why they use a condom:

1. To prevent pregnancy
2. To prevent infection
3. Both to prevent pregnancy and infection
4. Other reason

The only difference in respondents' answers between 2000/01 and 2001/02 was a fall in the proportion of men who said that they used a male condom to prevent both pregnancy and infection (38% in 2000/01 compared with 32% in 2001/02).

Just under six in ten (58%) men aged 16–69 and a similar proportion of women aged 16–49 (55%) said that they used a

male condom to prevent pregnancy. Twice as many men aged 16–69 (6%) said that they used a male condom to prevent infection as women aged 16–49 (3%). Around a third of both men aged 16–69 (32%) and women aged 16–49 (36%) said that they used a male condom both to prevent pregnancy and infection.

Table 20

Of men aged 16–69 and women aged 16–49 who used a male condom in the last year over half said that they always used one (59% of men and 54% of women), just under a fifth usually used one (18% of men and 19% of women) and around a quarter only sometimes used a male condom (23% and 27% of men and women respectively). Between 2000/01 and 2001/02 there was a small decrease in the proportion of women who said that they always used a male condom (60% compared with 54%). Among men the proportion who said they always used a condom increased slightly between 2000/01 and 2001/02 from 55% to 59%, however this increase was not statistically significant.

Men aged 16–19 were more likely than men aged 20–39 to use a male condom (69% aged 16–19 compared with 56% aged 20–24 and 47% aged 30–34 for example). Whereas, women aged 16–19 were only more likely than women aged 20–34 to have used a male condom (66% aged 16–19 compared with 41% aged 20–24

and 50% aged 30–34 for example). Men aged 20–24 were more likely to always use a male condom than women of the same age (56% compared with 41%); in all other age groups the proportion of men and women who said that they always used a male condom were the same or the difference between the proportions was not statistically significant.

The proportion of men and women condom users who said that they usually used a male condom was very similar in each age group and any differences were not statistically significant.

Unsurprisingly, respondents aged 16–19 were less likely than respondents in their twenties and early thirties to say that they only sometimes used a male condom; this age group were more likely to say that they always used a male condom. **Table 21**

Table 17 Sexual partners of men by age

<i>Men aged 16–69</i>										<i>Great Britain: 2001/02</i>			
Which of the following best describes your situation?	Age								All				
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%
Sex only with women	66	84	95	95	94	95	95	97	92	93	93	91	92
Sex only with men	1	2	1	2	2	2	2	1	2	2	1	1	2
Usually with women but at least once with a man	–	1	1	0	1	1	1	0	1	1	1	1	1
Usually with men but at least once with a woman	–	2	–	0	0	0	0	1	1	1	0	1	1
No sexual relationship yet	32	11	4	2	2	1	1	1	5	3	5	6	5
Total	100	100	100	100	100	100	100	100	100	100	100	100	100
<i>Base</i>	<i>222</i>	<i>202</i>	<i>256</i>	<i>275</i>	<i>301</i>	<i>307</i>	<i>262</i>	<i>910</i>	<i>2735</i>	<i>2533</i>	<i>2732</i>	<i>2074</i>	<i>4192</i>

Table 18 Number of sexual partners in the previous year by (a) age and sex and (b) marital status and sex

Men aged 16–69 and women aged 16–49

Great Britain: 2001/02

Number of sexual partners	Age										Marital status			All				
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	65–69	Single	Married/ co-habiting	Widowed, divorced or separated	2001/02	2000/01	1999/00	1998/99	1997/98	
	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
Men																		
None	34	16	7	7	5	6	13	13	28	28	5	37	13	12	14	15	14	
One	26	46	72	79	84	87	80	85	70	36	92	40	74	75	74	73	75	
Two or three	25	21	15	11	9	5	7	2	2	23	2	16	9	9	9	9	8	
Four or more	14	17	6	3	2	2	1	1	1	13	0	7	4	4	3	4	3	
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	
Women																		
None	27	10	4	7	10	7	15	nc	nc	23	2	27	11	11	13	12	12	
One	46	69	86	88	85	92	81	nc	nc	54	97	59	81	79	78	80	80	
Two or three	23	18	10	4	4	1	3	nc	nc	19	1	12	8	8	7	7	6	
Four or more	4	4	0	1	1	0	0	nc	nc	4	–	1	1	2	2	2	1	
Total	100	100	100	100	100	100	100	nc	nc	100	100	100	100	100	100	100	100	
Bases																		
Men	224	203	257	276	300	307	263	716	191	719	1833	178	2737	2415	2731	2077	4205	
Women	200	230	270	362	362	321	312	nc	nc	592	1255	209	2057	1803	2181	1601	3357	

nc not collected.

Table 19 Use of condoms in the previous year by (a) age and sex and (b) number of partners and sex

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

Great Britain: 2001/02

	Age									Number of partners		All	
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–64	65–69	One	Two or more	2001/02	2000/01
<i>Percentage using a condom in the previous year</i>													
Men	86	83	68	52	42	34	32	19	11	36	73	41	40
Women	82	66	56	45	38	37	29	nc	nc	46	76	49	48
<i>Bases</i>													
Men	147	170	240	256	285	288	233	629	137	2025	349	2385	2248
Women	144	194	235	298	237	203	159	nc	nc	1286	171	1470	1429

nc not collected.

Table 20 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: 2001/02

Why do you use a condom?	Age									All	
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2001/02	2000/01	
	%	%	%	%	%	%	%	%	%	%	
Men											
Prevent pregnancy	38	52	55	61	64	72	73	64	58	54	
Prevent infection	5	6	2	4	5	8	8	11	6	5	
Both reasons	54	38	41	32	29	18	18	18	32	38	
Other reason	2	4	2	2	2	2	1	7	3	3	
Total	100	100	100	100	100	100	100	100	100	100	
Women											
Prevent pregnancy	25	36	53	73	71	79	70	nc	55	55	
Prevent infection	7	2	2	2	4	1	7	nc	3	4	
Both reasons	66	56	37	20	21	13	13	nc	36	37	
Other reason	3	6	8	5	3	7	11	nc	6	5	
Total	100	100	100	100	100	100	100	nc	100	100	
<i>Bases</i>											
Men	125	141	162	134	121	99	73	132	987	897	
Women	119	129	132	135	91	76	46	nc	728	682	

nc not collected.

Table 21 **Regularity of condom use 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 condom during the last year

Great Britain: 2001/02

How regularly do you use a condom?	Age 16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	All 2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%
Men										
Always	69	56	55	47	56	58	67	69	59	55
Usually	22	22	14	26	16	10	14	15	18	20
Sometimes	9	22	31	28	28	32	19	17	23	25
Total	100	100	100	100	100	100	100	100	100	100
Women										
Always	66	41	46	50	59	64	60	nc	54	60
Usually	20	28	18	16	16	9	23	nc	19	15
Sometimes	14	31	35	34	24	27	17	nc	27	25
Total	100	100	100	100	100	100	100	nc	100	100
<i>Bases</i>										
<i>Men</i>	126	141	161	133	120	98	73	131	983	895
<i>Women</i>	118	128	130	134	91	75	47	nc	723	677

nc not collected.

5 Knowledge of sexually transmitted infections

Men and women who were either currently in a sexual relationship or had been in the last year were asked whether they felt that their behaviour had been influenced by their knowledge of HIV and AIDS and other sexually transmitted infections (STIs). Respondents were asked to answer using the following categories:

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. *It has not affected me at all*

Respondents were most likely to feel that their behaviour had not been affected at all by their knowledge of HIV and AIDS and other STIs: slightly fewer than two-thirds of men aged 16–69 and women aged 16–49 said that their behaviour had not been affected at all (65% and 62% respectively). Three in ten men and women answered “when I have sexual intercourse I use a condom more often than I used to” (29% of men aged 16–69 and 30% of women aged 16–49). A further six per cent of men and seven per cent of women said that they now have fewer one night stands, and two per cent of men and five per cent of women said that they now have a test for STI when they change partners.

This question was first included in the 2000/01 Omnibus questionnaire and the results in both years are very similar. However the proportion of men who said that they now use a condom more often increased slightly from 26% in 2000/01 to 29% in 2001/02, furthermore this increase was more marked for men aged 25–49 and not apparent for men aged 16–24.¹

Amongst both men and women, the proportion who said that they now used a condom more often fell as respondents’ age increased. For example, amongst men, a half or more of respondents aged under 30 (54% aged 16–19, 59% aged 20–24 and 49% aged 25–29) said that they now used condoms more often. This proportion fell to only 29% aged 35–39 and continued to fall to 11% aged 50–69. Within all age groups the proportion of men who said that their behaviour had been affected in this way was larger than the corresponding proportion of women. However, the difference between the proportion of men and women in each age group giving this answer was statistically significant only among those aged 20–24

(59% of men compared with 45% of women) and 40–49 (22% of men aged 40–44 and 21% aged 45–49 compared with 15% and 14% of women in the same age groups).

On the whole younger men and women were more likely to say that they now have fewer one night stands than older men and women, however not all differences were statistically significant. Among men, for example, only 4% aged 45–49 gave this answer compared with 10% aged 16–19 and 13% aged 20–24.

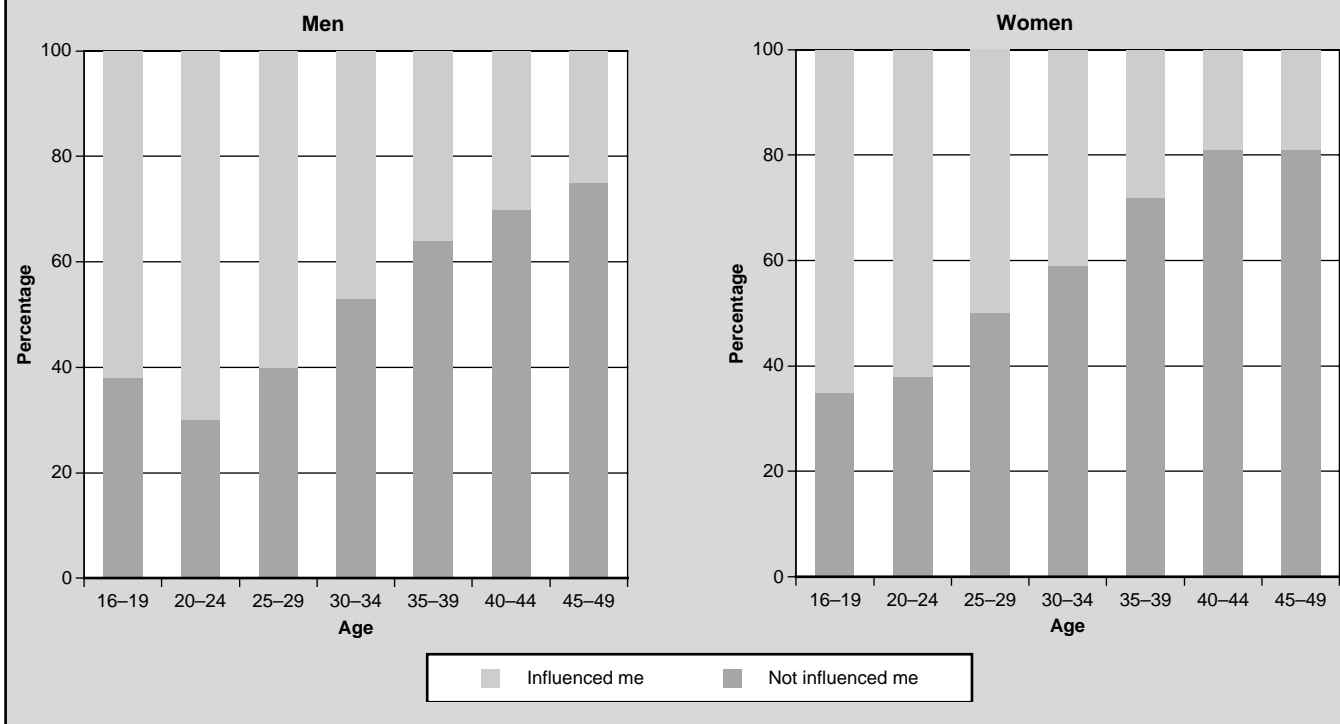
Similarly, younger men and women were more likely to say that they now have a test for STI when they change partners than older respondents. Among women, those aged under 30 were more likely than those aged 35 and over² to give this answer (11% aged 20–24 compared with 4% aged 35–39, for example). Men in their twenties were more likely than those aged over 40 to answer that they now have a test for STI when they change partners because of HIV and AIDS and STIs (5% aged 20–24 compared with 1% aged 45–49, for example). Furthermore, women aged 20–24 were more than twice as likely as men of the same age to say that they now have a test for STI when they change partners (11% of women compared with 5% of men aged 20–24).

Unsurprisingly, given that the likelihood of a respondent’s behaviour having been affected by their knowledge of HIV and AIDS and other STIs appears to be age related, the proportion of respondents who answered that their behaviour had not been influenced increased with age. Among both men and women the proportion of respondents who said that they had not been affected increased from slightly more than a third aged 16–19 (38% of men and 35% of women) to at least three-quarters aged 45–49 (75% of men and 81% of women). Whilst in general the proportions of men and women who gave this answer were similar in each age group women aged 25–29, 35–39 and 40–44 were more likely than men in the same age groups to answer that they were not affected (50% compared with 40%, 72% compared with 64%, and 81% compared with 70% respectively).

Table 22 and Figure I

Since 1997/98 the Omnibus Survey has asked men aged under 70 and women aged 16–49 from which source of information they have learnt most about HIV/AIDS and other STIs. Overall the proportions of respondents who mentioned each source has remained similar since 1997/98. However, the proportions who said that they had learnt most from television programmes or

Figure 1 Percentage of men and women who said that their behaviour had been influenced by what they had heard about HIV/AIDS and sexually transmitted infections by age



newspapers, magazines and books has fallen steadily over the four years of the Survey: the proportion who said their main source of information came from television programmes has fallen from 40% in 1997/98 to 36% in 2001/02 and similarly the proportion who answered newspapers, magazines and books has fallen from 24% to 21% over the same period.

Men aged 16–69 were more likely, than women aged 16–49, to say that their main source of information about AIDS/HIV and other STIs were television programmes (37% compared with 33%) and television advertisements (26% and 20% respectively). Women, on the other hand, were more likely than men to have learnt about HIV/AIDS and other STIs through newspapers, magazines and books (23% compared with 20%), a GP (4% compared with 1%), and a Family Planning Clinic (2% and less than 1% respectively).

Television programmes, television advertisements, and newspapers, magazines and books were sources more likely to be mentioned by respondents aged 25 and over than those aged 16–24: for example, respondents aged 16–24 were only half as likely as those aged 25–49 to say that their main source of information about HIV/AIDS and other STIs was television programmes (19% compared with 38%). The category 'school or college' was included as an answer code for the first time in 2001/02 and not surprisingly this code was most used among

respondents aged 16–24. A quarter (26%) of men and women aged 16–24 said that their main source of information about HIV/AIDS and other STIs was school or college. Additionally, younger respondents (those aged 16–24) were more likely to have used friends and family, a GP, or a Family planning Clinic as their main source of information about HIV/AIDS and other STIs than men and women aged 25 and over. **Table 23**

Respondents were shown the following list of infections and asked to identify which, if any, were STI:

1. Tuberculosis
2. Gonorrhoea
3. Listeria
4. Chlamydia
5. Diabetes

Of this list only Gonorrhoea and Chlamydia are STI.

The same proportion (86%) of men aged 16–69 and women aged 16–49 were able to correctly identify Gonorrhoea as a STI. Whilst just under three-quarters (73%) of women aged 16–49 were able to correctly identify Chlamydia as a STI fewer than half (45%) of men aged 16–69 thought Chlamydia was a STI. Three per cent or fewer men or women incorrectly thought that any of the other infections listed were STI.

The proportions of men and women who correctly identified Chlamydia as a STI has increased since 2000/01. Among men aged 16–69 the proportion who said that Chlamydia was a STI rose from 35% in 2000/01 to 45% in 2001/02. Similarly among women aged 16–49 the proportion rose from 65% in 2000/01 to 73% in 2001/02. The proportions of men and women who identified Gonorrhoea as a STI has remained the same between 2000/01 and 2001/02.

Among both men and women aged 16–49 the proportion recognising Gonorrhoea as a STI increased with age. The proportion of men who identified Gonorrhoea as a STI rose from half (49%) of those aged 16–19 to two-thirds (65%) aged 20–24 and then to over eight in ten aged 25–34 and then rose again to over nine in ten aged 35–49. Among women the increase was more rapid: slightly fewer than two-thirds (64%) of women aged 16–19 knew that Gonorrhoea was a STI, this rose to over three-quarters of women in their twenties, and then rose to nine in ten aged 30–44, and increased again to 97% of women aged 45–49.

Men most likely to correctly identify Chlamydia as a STI were aged 25–29 (68%) and those least likely to know that Chlamydia was a STI were aged 50–69 (31%). Among women aged 16–49 those aged under 35 were most likely to identify Chlamydia as a STI (over three-quarters in each age group 16–34) compared with two-thirds aged 35–49. Furthermore, in every age group women were more likely than men to know that Chlamydia was a STI.

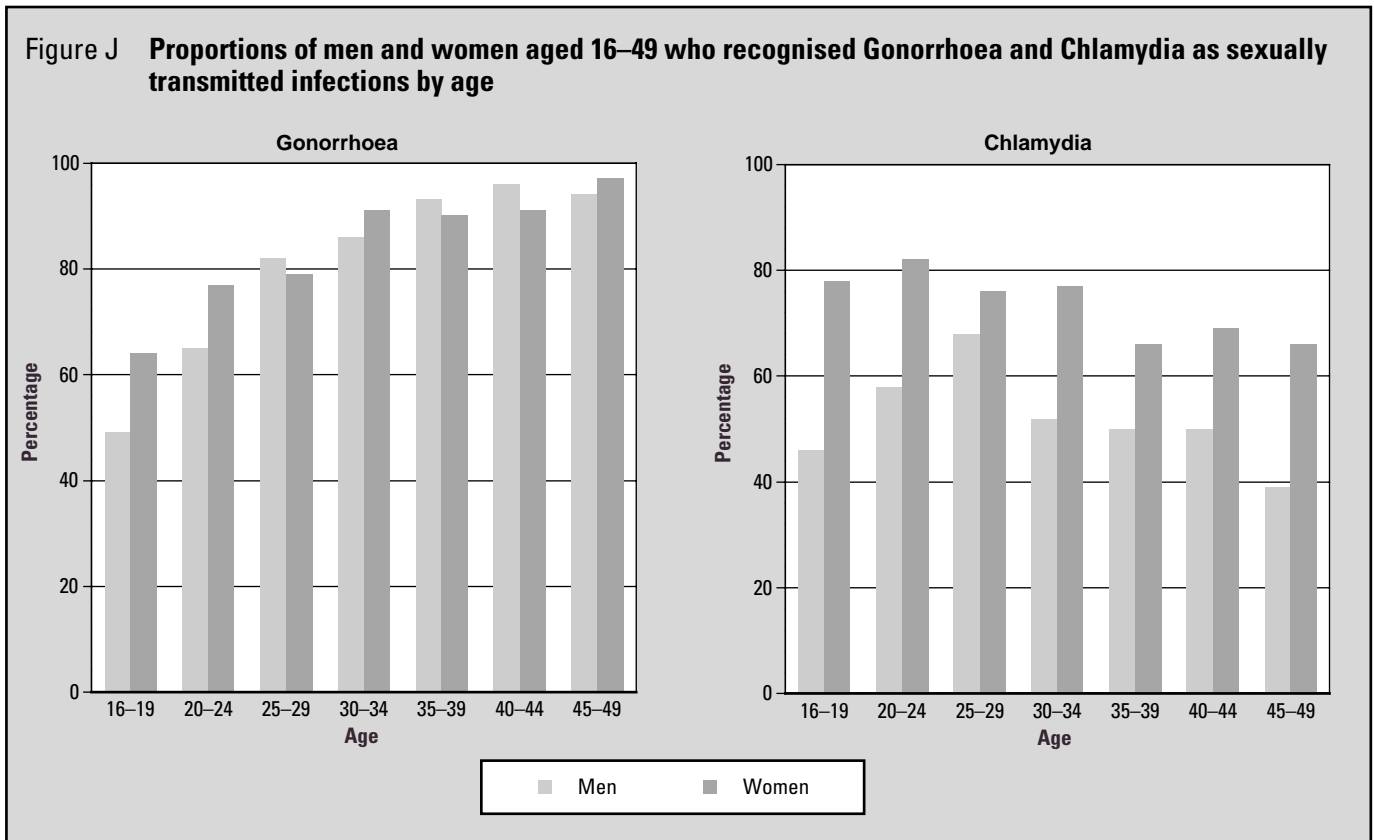
Overall one in ten (10%) men aged 16–69 and seven per cent of women aged 16–49 did not recognise any of the infections as STI. Among men, one third (34%) aged 16–19 answered “none of these” at this question compared with 17% aged 20–24 and 10% or fewer aged 25 and over. Furthermore, men aged 16–19 were more than twice as likely to answer “none of these” as women of the same age (34% compared with 13%). Similarly men aged 20–24 were also nearly twice as likely as women of the same age to answer “none of these” (17% compared with 9%).

Table 24 and Figure J

Respondents who had correctly identified Chlamydia as a STI were then asked which if any of the following statements about Chlamydia were true:

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

Three in five (60%) men aged 16–69 and three-quarters (75%) of women aged 16–49 correctly thought that the statement “Chlamydia does not always cause symptoms” was true. The



proportion of women who correctly identified this statement as being true was larger in each age group than the corresponding proportion of men: the only age groups where this difference was not statistically significant were 20–24 and 40–44.

A similar proportion of men (58%) correctly thought that “Chlamydia is easily treated with antibiotics”. However, women were more likely to identify the statement “Chlamydia does not always cause symptoms” as being correct (75%) than the statement “Chlamydia is easily treated with antibiotics” (65%). Among men those aged 25–29 and 35–39 were more likely than those in all other age groups³ to identify the statement that “Chlamydia is easily treated with antibiotics” as being true. Seven in ten men in these age groups (70% aged 25–29 and 69% aged 35–39) said that the statement was true compared with six in ten or fewer men in all other age groups. Amongst women only half (49%) of those aged 16–19 thought this statement to be true compared with between six in ten and seven in ten women in all other age groups.

Three quarters (74%) of men aged 16–69 and 84% of women aged 16–49 correctly identified the statement “Chlamydia can cause infertility and ectopic pregnancy” as being true. In every age group the proportion of women who correctly identified this statement as true was larger than the corresponding proportion of men, however the difference was statistically significant only amongst those aged 16–19 (77% compared with 60%), 30–34 (89% compared with 65%), and 40–44 (84% compared with 74%).

Very few respondents incorrectly thought the false statements were true. Seven per cent of men aged 16–69 and six per cent of women aged 16–49 thought the statement “Chlamydia has no serious side effects” was true and only three per cent of men and two per cent of women thought the statement “Chlamydia only affects men” was true.

One in twenty (5%) men aged 16–69 and only one per cent of women aged 16–49 thought that none of the statements about Chlamydia were true.

Table 25

Notes

1. The differences between the proportions of men who said that they now use a male condom more often in 2000/01 and 2001/02 for each age group were not statistically significant.
2. The difference between the proportions of women aged 16–19 and those aged 35–39 who said that they had a test for STI when they changed partners was not statistically significant.
3. The difference between the proportions of men aged 35–39 and those aged 50–69 who recognised the statement “Chlamydia is easily treated with antibiotics” as being true was not statistically significant.

Table 22 Whether what the respondent has heard about HIV/AIDS and other sexually transmitted infections influenced their behaviour by (a) age and sex, and (b) number of partners in the past year and sex

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

Great Britain: 2001/02

	Age								Number of partners		All	
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	One	Two or more	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%	%	%
Men												
When I have sexual intercourse I use a condom more often than I used to	54	59	49	41	29	22	21	11	23	61	29	26
I have fewer one night stands	10	13	8	6	8	8	4	3	5	14	6	7
When I change partners I have a test for sexually transmitted infections	4	5	5	3	2	1	1	1	2	4	2	3
It has not influenced me at all	38	30	40	53	64	70	75	85	72	26	65	67
Women												
When I have sexual intercourse I use a condom more often than I used to	53	45	40	33	23	15	14	nc	26	62	30	29
I have fewer one night stands	10	12	9	7	3	4	5	nc	6	17	7	7
When I change partners I have a test for sexually transmitted infections	7	11	9	5	4	1	1	nc	5	7	5	5
It has not influenced me at all	35	38	50	59	72	81	81	nc	67	23	62	63
<i>Bases*</i>												
<i>Men</i>	147	169	240	252	277	287	224	754	1998	349	2350	2217
<i>Women</i>	146	205	252	333	321	296	256	nc	1624	176	1809	1627

nc not collected.

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

Table 23 **Source of information respondent learnt most about HIV/AIDS and other sexually transmitted infections by (a) sex and (b) age**

Men aged 16–69 and women aged 16–49

Great Britain: 2001/02

Main source of information about HIV/AIDS and other STIs	Sex		Age			All				
	Men	Women	16–24	25–49	50 and over*	2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%
TV programmes	37	33	19	38	42	36	37	38	39	40
TV advertisements	26	20	19	24	23	23	27	22	23	22
Newspapers, magazines, books	20	23	15	21	26	21	22	23	22	24
Government information leaflet	3	3	2	3	2	3	2	4	4	4
Friends or family	2	3	7	2	1	3	3	3	3	2
GP	1	4	4	2	0	2	1	1	1	1
Family planning clinic	0	2	3	1	–	1	1	1	1	1
GUM or sexual health clinic in hospital	1	1	1	1	0	1	1	1	0	1
Internet†	0	0	–	0	0	0				
School or college†	6	6	26	2	0	6				
Somewhere else	4	5	3	5	4	5	7	8	7	7
Total	100	100	100	100	100	100	100	100	100	100
Base	2748	2076	857	3055	915	4827	4505	4913	3684	7552

* Data in this age group was collected for men only.

† This code included for the first time in 2001/02.

Table 24 Diseases respondents thought were sexually transmitted infections by age and sex

Men aged 16–69 and women aged 16–49

Great Britain: 2001/02

Diseases	Age								All	
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2001/02	2000/01
	%	%	%	%	%	%	%	%	%	%
Men										
Sexually transmitted infections										
Gonorrhoea	49	65	82	86	93	96	94	92	86	87
Chlamydia	46	58	68	52	50	50	39	31	45	35
Not sexually transmitted infections										
Tuberculosis	2	5	1	1	2	2	0	2	2	2
Listeria	6	5	3	4	1	1	2	2	3	3
Diabetes	1	1	–	0	0	–	–	0	0	0
None of these	34	17	10	10	6	3	5	7	10	8
Women										
Sexually transmitted infections										
Gonorrhoea	64	77	79	91	90	91	97	nc	86	87
Chlamydia	78	82	76	77	66	69	66	nc	73	65
Not sexually transmitted infections										
Tuberculosis	3	5	2	0	1	1	1	nc	1	2
Listeria	3	6	2	2	1	1	1	nc	2	2
Diabetes	–	–	–	–	0	–	–	nc	0	0
None of these	13	9	8	6	8	6	2	nc	7	8
Bases*										
<i>Men</i>	194	191	248	273	293	299	256	894	2646	2494
<i>Women</i>	185	219	262	361	359	322	312	nc	2020	1922

nc not collected.

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

Table 25 Knowledge of Chlamydia by age and sex

Knowledge of chlamydia	Age								All				
	16–19	20–24	25–29	30–34	35–39	40–44	45–49	50–69	2001/02	2000/01	1999/00	1998/99	1997/98
	%	%	%	%	%	%	%	%	%	%	%	%	%
Men													
Did not recognise Chlamydia as a Sexually Transmitted Infection*	54	42	32	48	50	50	61	69	55	65			
Men who knew Chlamydia was a Sexually Transmitted Infection and agreed that Chlamydia:**													
.....Does not always cause symptoms	51	65	60	56	63	69	62	53	60	58	62	69	46
.....Is easily treated by antibiotics	42	48	70	53	69	57	52	60	58	56	60	61	46
.....Can cause infertility and ectopic pregnancy	60	82	79	65	81	74	74	72	74	75	79	77	62
.....Has no serious side effects	8	4	3	9	6	9	10	8	7	5	5	8	8
.....Only affects men	3	3	1	2	4	4	–	4	3	3	0	0	0
None of these†	8	2	4	8	4	1	9	8	5	7			
Women													
Did not recognise Chlamydia as a Sexually Transmitted Infection*	22	18	24	23	34	31	34	nc	27	35			
Women who knew Chlamydia was a Sexually Transmitted Infection and agreed that Chlamydia:**													
.....Does not always cause symptoms	73	73	71	80	74	75	75	nc	75	71	75	71	56
.....Is easily treated by antibiotics	49	61	66	64	67	71	71	nc	65	59	68	74	62
.....Can cause infertility and ectopic pregnancy	77	90	82	89	84	84	81	nc	84	83	87	89	71
.....Has no serious side effects	6	8	3	5	6	7	9	nc	6	5	6	6	6
.....Only affects men	5	2	1	1	1	1	4	nc	2	1	1	0	6
None of these†	3	1	2	1	1	2	0	nc	1	4			
Bases													
All men aged 16–69	194	191	248	272	294	298	257	893	2647	2493			
All women aged 16–49	186	220	262	361	358	322	312	nc	2021	1922			
Respondents who knew Chlamydia was a Sexually Transmitted Infection:													
Men	77	103	145	124	131	129	91	234	1033	804	437	264	547
Women	135	168	189	264	224	213	203	nc	1396	1189	916	540	1141

nc not collected.

* This question, in 2000/01, was not comparable with previous years data.

† None of these code was not included prior to 2000/01.

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

Appendix A: The ONS Omnibus Survey

The 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 during eight months of the year (two months every quarter) and each month's questionnaire covers a variety of topics, reflecting different user's requirements.

The sample

A random probability sample of 3,000 private households in Great Britain is selected each month using the Postcode Address File as a sampling frame. One hundred new postal sectors are selected and are stratified by region, the proportion of households renting from the local authorities and the proportion in which the head of household is in Socio-Economic Groups 1–5 or 13 (that is professional employer or manager). The postal sectors are selected with probability proportional to size and within each sector 30 addresses are selected randomly.

Within households with more than one adult, one person aged 16 or over is randomly selected for interview. No proxy interviews are 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 face-to-face by interviewers trained to carry out a range of ONS surveys. The Omnibus Survey uses computer assisted interviewing which has well documented effects on the quality of the data.

Response Rates

The small users' Postal 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 11–12%. This figure is removed before the response rate is calculated.

The response rate for the Survey for the four months in which the contraception and sexual health questions were asked was 66% as shown in Table A.1.

Table A.1 **Household level response of the Omnibus Survey for the months in which the contraception and sexual health questions were asked**

Set sample	12,000	100%
Ineligible addresses	1,029	9%
Eligible addresses	10,971	100%
Refusals	2,830	26%
Non-contacts	930	8%
Respondents	7,211	66%

Questions on contraception and sexual health were only asked of women aged under 50 and men aged under 70. Table A.2 shows that 95% of eligible respondents answered these questions.

Table A.2 **Response to the contraception and sexual health questions**

	All		Men		Women	
Respondents who met the age criteria	4,777	100%	2,695	100%	2,082	100%
Respondents who refused the section	244	5%	161	6%	83	4%
Respondents to the section	4,533	95%	2,534	94%	1,999	96%
Respondents to the section after weighting	4,836		2,758		2,078	

Distribution of key respondent characteristics

Figure A.1 Age of respondent by sex

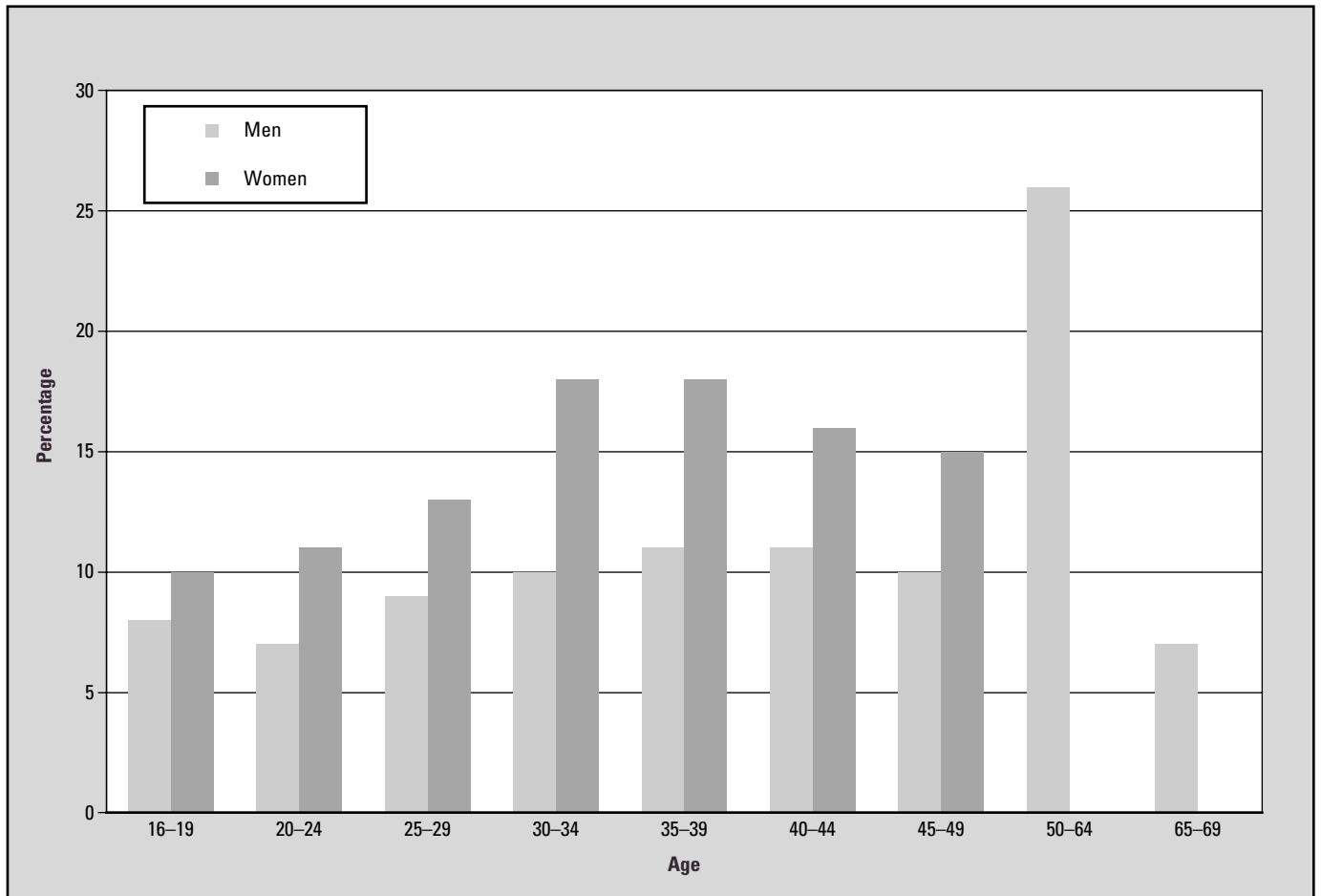
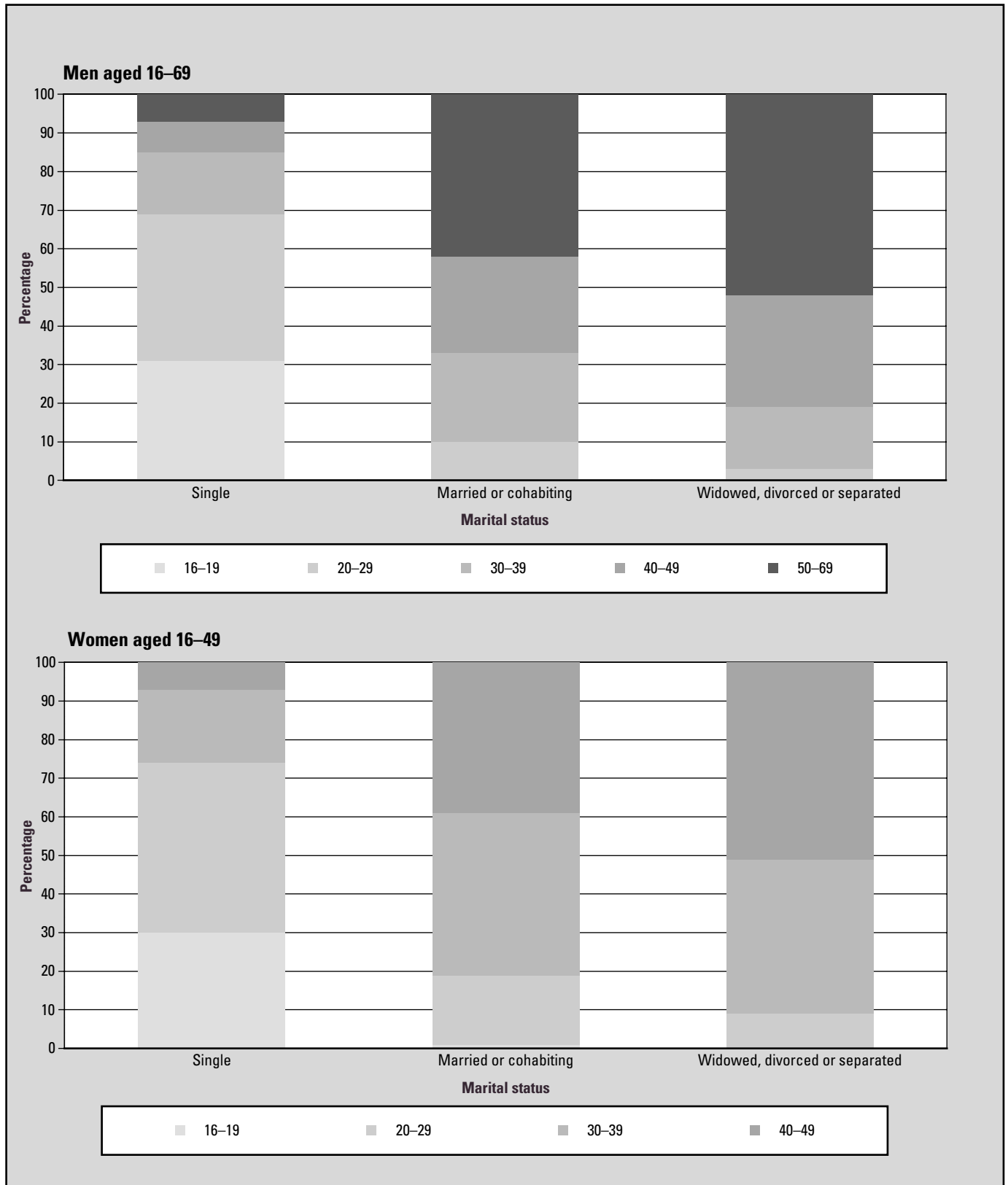


Figure A.2 Age distribution within marital status groups by sex



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 1999?

- (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 1999?

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

ASK IF: Women under 50

AND: No operation

M170_6M

SHOWCARD C170.6

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/implants
- (15) Emergency contraception (morning after pill)
- (16) 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 C170.7

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 C170.9

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/implants
- (15) Emergency contraception (morning after pill)
- (16) 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 C170.11

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

CODE MAIN REASON ONLY

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

ASK IF: 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 C170.13

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/implants
- (15) Emergency contraception (morning after pill)
- (16) 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 C170.14

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/implants
- (15) Emergency contraception (morning after pill)
- (16) 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: Used the pill (at M170_14M)

M170_15

SHOWCARD C170.15

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

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

ASK IF: 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 C170.21

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

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

ASK IF: 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 C170.24

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

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

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 C170.24M

[*] 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 C170.25

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 C170.26

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 C170.26

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 operation less than 2 years ago

AND: Has heard of emergency pill

AND: Has not used emergency pill

M170_28M

SHOWCARD C170.28

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 C170.24

[*] 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 C170.31

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 C170.35

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

AND: 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 C170_35B

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

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

AND: 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 C170.36

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 C170.36

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 C170.38

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 C170.50

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 C170.51

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

Please include either male or female condoms

- (1) Yes
- (2) No

ASK IF: Men 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 C170.52

Why do/did you use a condom?

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

ASK IF: Men 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 C170.53

How regularly do/did you use a condom?

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

ASK IF: Men 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 C170.54

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) 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 C170.55

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

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

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 C170.56

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 C170.57

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

Please include either male or female condoms.

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

ASK IF: Men under 70 or women under 50

M170_41

SHOWCARD C170.41

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

- (1) TV advertisements
(2) TV programmes
(3) Newspapers, magazines or books
(4) Your GP

- (5) 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 ALWAYS:

M170_60M

SHOWCARD C170.60

Which of the following are sexually transmitted infections?

CODE ALL THAT APPLY

SET [6] OF

- (1) Tuberculosis
(2) Gonorrhoea
(3) Listeria
(4) Chlamydia
(5) Diabetes
(6) None of these

ASK IF: Recognised Chlamydia as STI at M170_60M

M170_49M

SHOWCARD C170.49

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

CODE ALL THAT APPLY

SET [6] 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

Appendix C:

Reports in the Omnibus Series

The prevalence of back pain in Great Britain. Val Mason. HMSO (1994)

National fire safety week and domestic fire safety. Amanda Wilmot and Joy Dobbs. HMSO (1994)

Cooking: attitudes and behaviour. Gerry Nicolaas. HMSO (1995)

Food Safety in the Home. Alison Walker. HMSO (1996)

Residual Medicines. Myra Woolf. HMSO (1996)

Smoking-related behaviour and attitudes. Fiona Dawe and Eileen Goddard. TSO (1997)

Drinking: adults' behaviour and knowledge. Eileen Goddard. TSO (1997)

The prevalence of back pain in Great Britain, 1996. Tricia Dodd. TSO (1997)

Smoking-related behaviour and attitudes, 1997. Stephanie Freeth. Office for National Statistics (1998)

Drinking: adults' behaviour and knowledge in 1998. Eileen Goddard. Office for National Statistics (1998)

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

Food safety in the home, 1998. Deborah Lader. Office for National Statistics (1999)

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

Smoking Related Behaviour and Attitudes, 1999. Deborah Lader and Howard Meltzer. Office for National Statistics (2000)

Drinking: adults' behaviour and knowledge in 2000. Deborah Lader and Howard Meltzer. Office for National Statistics (2001)

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

Smoking Related Behaviour and Attitudes, 2000. Deborah Lader and Howard Meltzer. Office for National Statistics (2001)

Smoking Related Behaviour and Attitudes, 2001. Deborah Lader and Howard Meltzer. Office for National Statistics (2001)

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

Drinking: adults' behaviour and knowledge in 2002. Deborah Lader and Howard Meltzer. Office for National Statistics (2002)

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