



# Living in Lancashire Survey

**Sexual health**

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## 1. Executive summary

This wave of Living in Lancashire asked respondents about sexual health. The survey was sent by email or by post to all 2,503 members of the panel on 12 September. A reminder was sent on 1 October and the fieldwork ended on 17 October 2014. In total, 1,394 questionnaires were returned, giving an overall response rate of 56%.

### 1.1 Key findings

#### 1.1.1 Attitudes to contraception

- Around a fifth of respondents agree that using a condom would reduce sexual enjoyment (21%) and that using a condom would interrupt sexual fun (21%).
- Around one in seven respondents (14%) agree that sexual intercourse is the only way to be satisfied in a sexual relationship. Around one in twenty respondents (7%) agree that using a condom would be embarrassing.
- Around four-fifths of respondents strongly agree that when you have sex you should consider protection against sexually transmitted infections (79%) and that it's important to use a condom when you have sex with someone for the first time (78%). Around two-thirds of respondents strongly agree that condoms are very effective in preventing HIV/AIDS (66%).
- Around three in ten respondents (29%) agree that they are more worried about unwanted pregnancy than about catching a sexually transmitted infection.

#### 1.1.2 Sexual health services

- The most commonly visited service to get contraception, advice about trying for children and advice about pregnancy is the GP surgery.
- The most commonly visited service to get advice about sexually transmitted infections (STIs) is a sexual health clinic (GUM clinic).
- Three-fifths of respondents (60%) would go first to their GP surgery to seek diagnosis if they thought they might have an infection that is transmitted by sex and around a quarter of respondents (23%) would go to a sexual health clinic (GUM clinic).
- Around three-fifths of respondents (61%) would go first to their GP surgery to seek treatment if they thought they might have an infection that is transmitted by sex and around a quarter of respondents (26%) would go to a sexual health clinic (GUM clinic).

### 1.1.3 *HIV testing*

- Over four-fifths of respondents (86%) say that they haven't ever had a test for HIV. Around one in ten respondents (11%) say they have had a test for HIV.
- The most common reasons why respondents were tested for HIV are as part of a sexual health check and because they or their partner was pregnant.
- The most common responses when respondents were asked where they were last tested for HIV are at a sexual health clinic, at a GP surgery and at an NHS antenatal clinic/midwife.

## 1.2 Recommendations

While the majority of respondents have a positive attitude to the use of condoms and contraception, there is an indication that males are more likely to have a negative attitude. Further research could be done to look into this and determine how these attitudes could be changed.

The findings around attitude to contraception could be used to inform future communications campaigns.

The results on where people go for sexual health related issues show that GP surgeries are often people's first port of call. It would therefore be useful to further develop GP based sexual health provision.

When asked where they would go for diagnosis/treatment of a sexually transmitted infection, 7% of respondents said that they didn't know. This suggests that the marketing of services available could be improved so people are aware of the options.

## 2. Introduction

Lancashire County Council has used Living in Lancashire regularly since August 2001 (formerly known as Life in Lancashire). A panel of willing participants is recruited and is approached on a regular basis to seek their views on a range of topics and themes. Panel members are voluntary participants in the research and no incentives are given for completion.

The panel has been designed to be a representative cross-section of the county's population. The results for each survey are weighted in order to reflect the demographic profile of the county's population.

The panel provides access to a sufficiently large sample of the population so that reliable results can be reported at a countywide level. It also provides data at a number of sub-area and sub-group levels.

Each wave of Living in Lancashire is themed. Firstly, it enables sufficient coverage on a particular topic to be able to provide insight into that topic. Secondly, it comes across better to the residents completing the questionnaires if there is a clear theme (or 2-3 clear themes) within each survey.

The panel is refreshed periodically. New members are recruited to the panel and some current members are retired on a random basis. This means that the panel remains fresh and is not subject to conditioning ie the views of panel members become too informed with county council services to be representative of the views of the population as a whole.

## 3. Research objectives

The objective of this survey was to look at sexual health. Questions looked specifically at:

- attitudes to condom use and protection against sexually transmitted infections;
- use of sexual health services; and
- HIV testing.

## 4. Methodology

This wave of Living in Lancashire was sent to 2,503 members of the panel on 12 September. A reminder was sent on 1 October, with a final closing date of 17 October 2014.

The survey was conducted through a postal questionnaire and an online version of the same questionnaire. The postal questionnaire was sent to 1,634 members and the online questionnaire was emailed to 869 members.

In total, 1,394 questionnaires were returned, giving an overall response rate of 56%.

The data set is weighted by age, ethnicity and district to reflect the Lancashire overall population, and figures are based on all respondents unless otherwise stated. The weighted responses have been scaled to match the effective response of 897, which is the equivalent size of the data if it had not been weighted and was a perfect random sample.

Given the personal nature of some of the questions, respondents were given the option not to answer the sexual health section of the wave 46 questionnaire. 183 respondents chose not to answer the questions.

### 4.1 Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

Number of respondents	50/50 + / -	30/70 + / -	10/90 + / -
50	14%	13%	8%
100	10%	9%	6%
200	7%	6%	4%
500	4%	4%	3%
1,000	3%	3%	2%
1,500	3%	2%	2%

On a question where 50% of the people in a sample of 1,000 respond with a particular answer, the chances are 95 out of 100 that the answer would be between 47% and 53% (ie +/- 3%), versus a complete coverage of the entire Lancashire population using the same procedure.

The following table shows what the percentage differences between two samples on a statistic must be greater than, to be statistically significant.

Size of sample A	Size of sample B	50/50 + / -	30/70 + / -	10/90 + / -
100	100	14%	13%	8%
100	200	12%	11%	7%
500	1,000	5%	5%	3%
1,500	1,500	4%	3%	2%

(Confidence interval at 95% certainty for a comparison of two samples)

For example, where the size of sample A and sample B is 1,500 responses in each and the percentage result in each group you are comparing is around 50% in each category, the difference in the results needs to be more than 4% to be statistically significant. This is to say that the difference in the results of the two groups of people is not due to chance alone and is a statistically valid difference (eg of opinion, service usage).

For each question in the survey, comparisons have been made between different sub-groups of respondents (eg age, gender, disability, ethnicity, geographic area) to look for statistically significant differences in opinion. Statistically valid differences between sub-groups are described in the main body of the report.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.



## 5. Main research findings

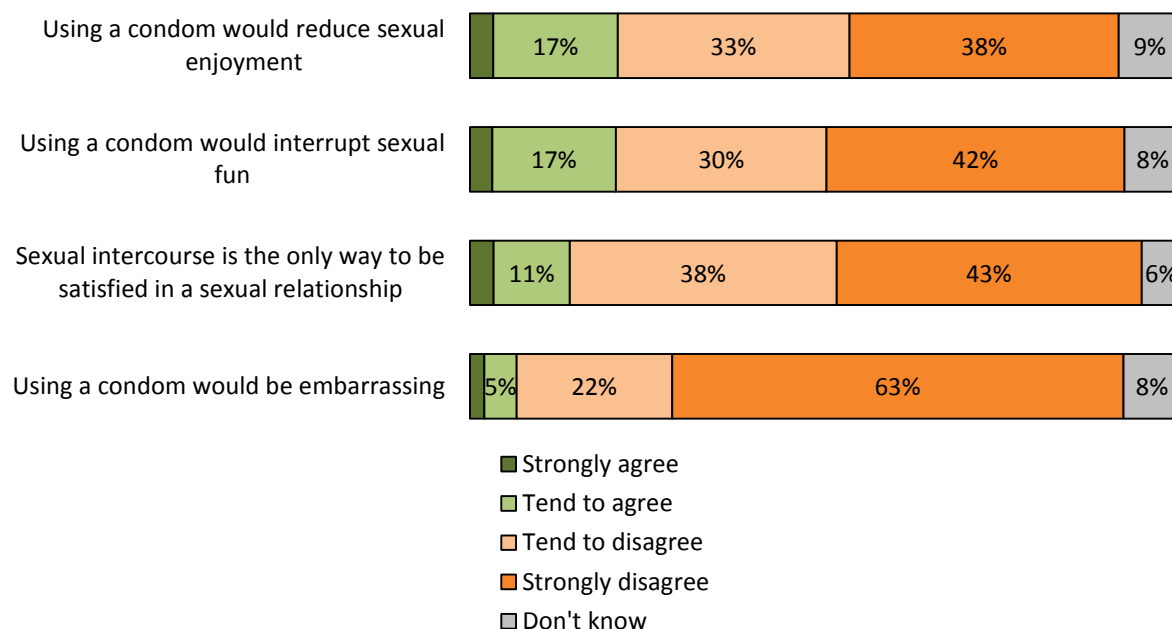
### 5.1 Attitudes to contraception

Panel members were given a series of statements about relationships and sex and were asked how strongly they agree or disagree with each one.

Around a fifth of respondents agree that using a condom would reduce sexual enjoyment (21%) and that using a condom would interrupt sexual fun (21%).

Around one in seven respondents (14%) agree that sexual intercourse is the only way to be satisfied in a sexual relationship. Around one in twenty respondents (7%) agree that using a condom would be embarrassing.

**Chart 1 - How strongly do you agree or disagree with each of the following statements?**



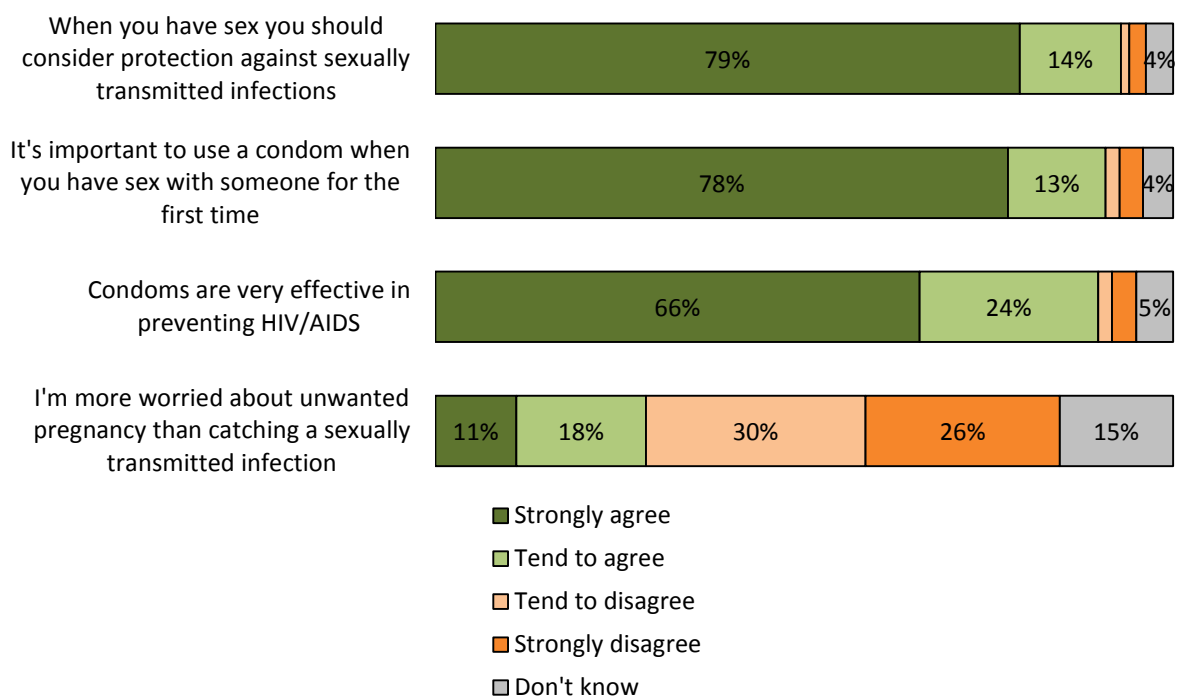
Base: all respondents (unweighted 1,075-1,099, weighted 774-792)

Male respondents are more likely than female respondents to agree that using a condom would reduce sexual enjoyment (28% of male respondents agree compared to 16% of female respondents), that using a condom would interrupt sexual fun (27% of male respondents agree compared to 16% of female respondents) and that using a condom would be embarrassing (10% of male respondents agree compared to 4% of female respondents). Male respondents are also more likely than female respondents to agree that sexual intercourse is the only way to be satisfied in a sexual relationship (20% of male respondents agree compared to 10% of female respondents).

Around four-fifths of respondents strongly agree that when you have sex you should consider protection against sexually transmitted infections (79%) and that it's important to use a condom when you have sex with someone for the first time (78%). Around two-thirds of respondents strongly agree that condoms are very effective in preventing HIV/AIDS (66%).

Around three in ten respondents (29%) agree that they are more worried about unwanted pregnancy than about catching a sexually transmitted infection.

**Chart 2 - How strongly do you agree or disagree with each of the following statements?**



Base: all respondents (unweighted 1,044-1,112, weighted 764-798)

## 5.2 Sexual health services

Panel members were given a list of health services and asked if they had used any of them in the past two years for a number of reasons. Many respondents haven't visited any of the services in the past two years for any of the given reasons. The most commonly visited service to get contraception, advice about trying for children and advice about pregnancy is the GP surgery. The most commonly visited service to get advice about sexually transmitted infections (STIs) is a sexual health clinic (GUM clinic).

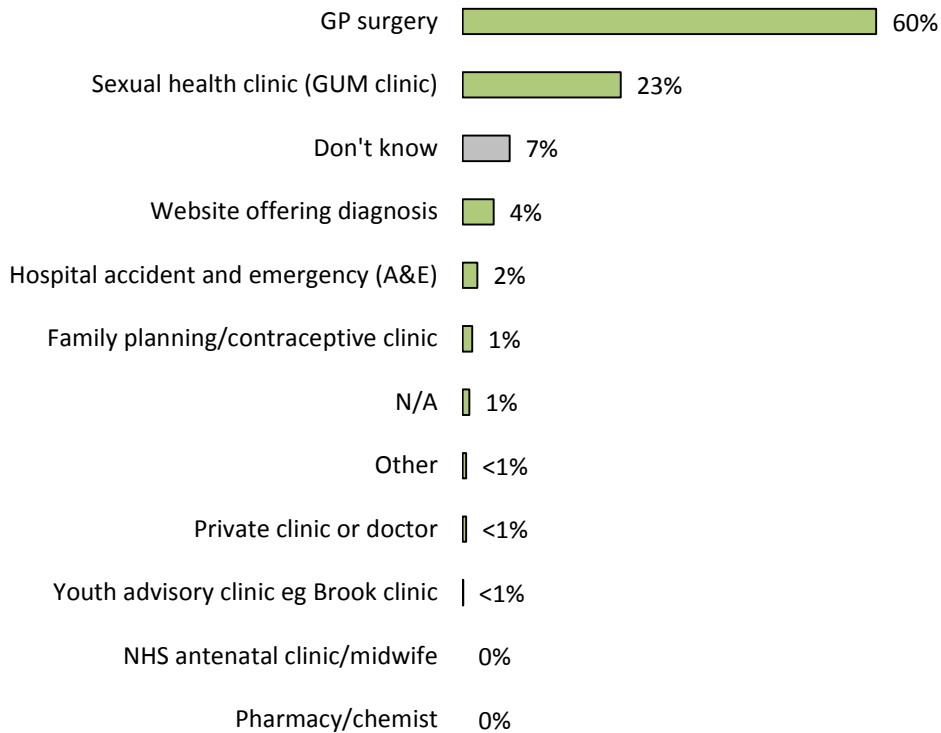
**In the last two years have you gone to any of the following services to get...**

	...contraception (including emergency contraception and condoms)	...advice about trying for children	...advice about your/your partner's pregnancy	...advice about sexually transmitted infections (STIs)
<b>No</b>	82%	96%	94%	97%
<b>GP surgery</b>	11%	3%	4%	1%
<b>Pharmacy/chemist</b>	5%	1%	1%	<1%
<b>Family planning/contraceptive clinic</b>	4%	<1%	<1%	<1%
<b>Hospital A&amp;E department</b>	2%	1%	1%	<1%
<b>Sexual health clinic (GUM clinic)</b>	1%	0%	1%	2%
<b>Private clinic or doctor</b>	1%	<1%	1%	0%
<b>NHS antenatal clinic/midwife</b>	1%	1%	4%	<1%
<b>Internet</b>	1%	1%	1%	<1%
<b>Youth advisory clinic eg Brook clinic</b>	0%	0%	0%	<1%
<b>Other</b>	2%	1%	<1%	<1%
Base (unweighted)	1,147	1,137	1,144	1,139
Base (weighted)	820	815	819	816

Female respondents are more likely to have visited their GP surgery to get contraception in the past two years (18%).

Respondents were asked where they would go first to seek diagnosis if they thought they might have an infection that is transmitted by sex. Three-fifths of respondents (60%) would go to their GP surgery and around a quarter of respondents (23%) would go to a sexual health clinic (GUM clinic).

**Chart 3 - If you thought that you might have an infection that is transmitted by sex, where would you first go to seek diagnosis?**

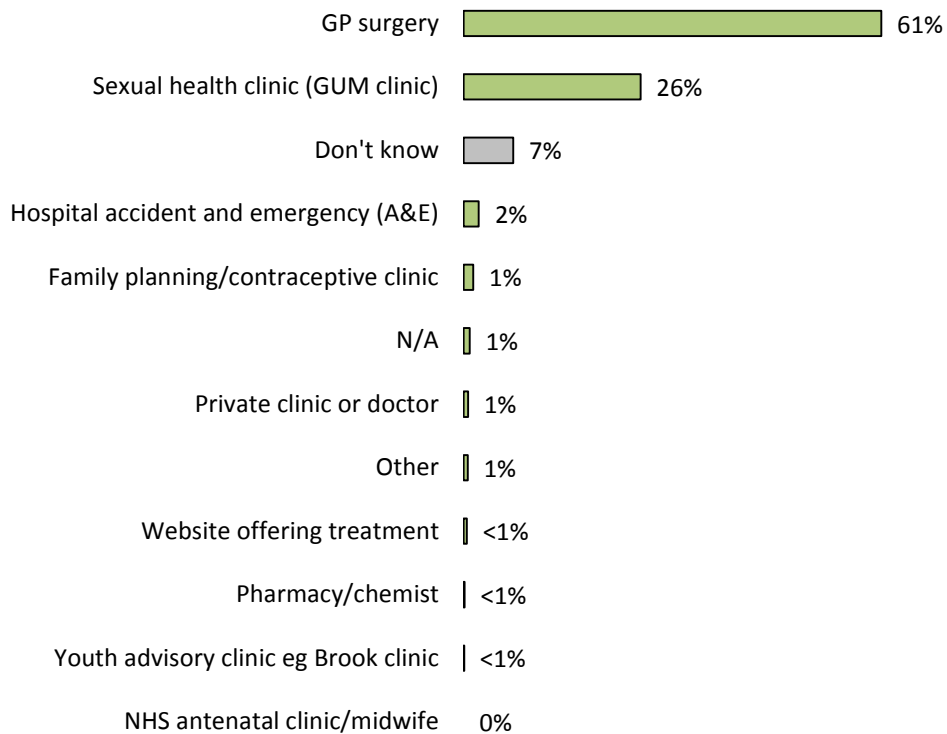


Base: all respondents (unweighted 1,108, weighted 803)

Respondents aged 25-44 are more likely to say they would go first to a website offering diagnosis if they thought they might have an infection that is transmitted by sex (8%).

Respondents were then asked where they would go first to seek treatment if they thought they might have an infection that is transmitted by sex. Around three-fifths of respondents (61%) would go to their GP surgery and around a quarter of respondents (26%) would go to a sexual health clinic (GUM clinic).

**Chart 4 - If you thought that you might have an infection that is transmitted by sex, where would you first go to seek treatment?**



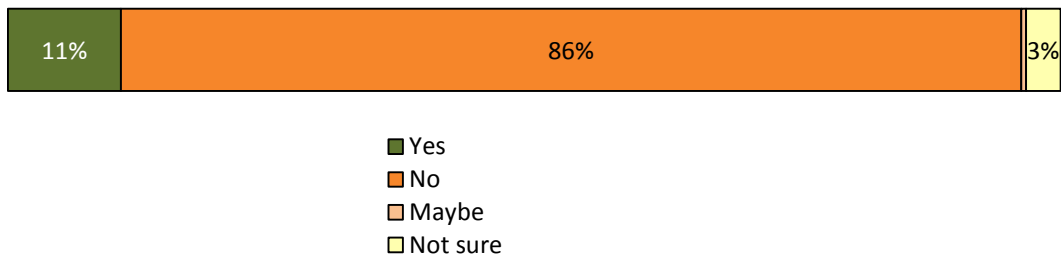
Base: all respondents (unweighted 1,086, weighted 790)

### 5.3 HIV testing

Panel members were asked if they had ever had a test for HIV, not including tests done when donating blood.

Over four-fifths of respondents (86%) say that they haven't ever had a test for HIV. Around one in ten respondents (11%) say they have had a test for HIV.

**Chart 5 - Have you ever had a test for HIV, the virus that causes AIDS (not including tests done when donating blood)?**



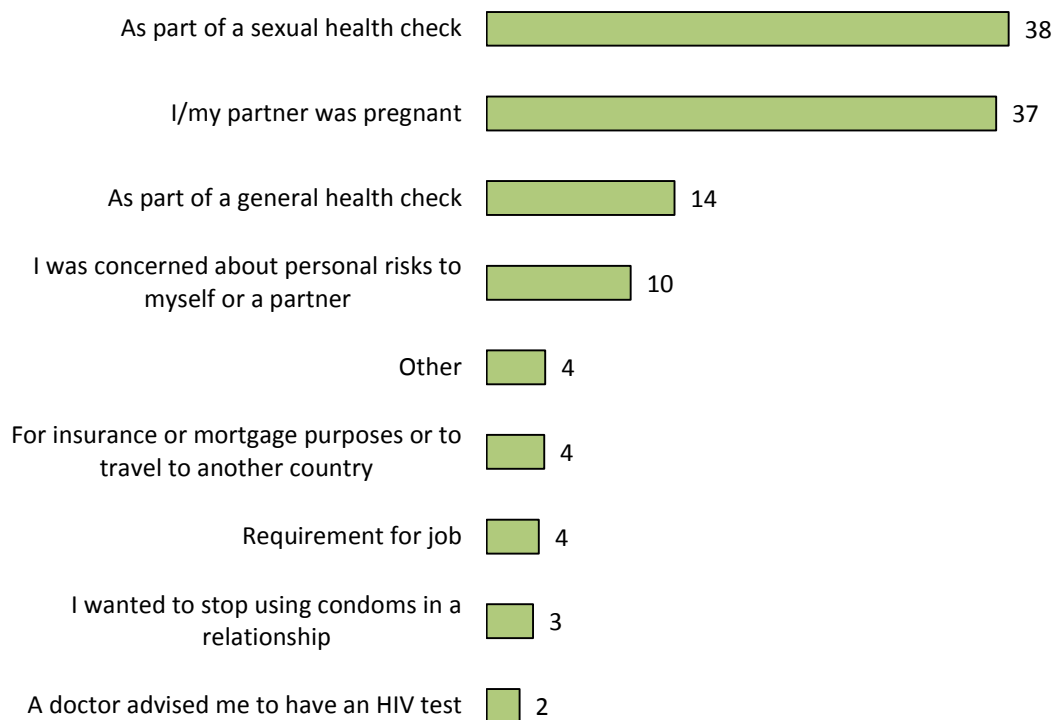
Base: all respondents (unweighted 1,144, weighted 812)

Respondents aged 25-44 are more likely to say that they have had a test for HIV (22%).

The following questions were asked to respondents who have had an HIV test. Due to the small number of respondents answering these questions, the values given on multi-response charts are numbers of respondents, not percentages and no sub-group analysis has been conducted.

The most common reasons why respondents were tested for HIV are as part of a sexual health check (38 respondents) and because either they or their partner was pregnant (37 respondents).

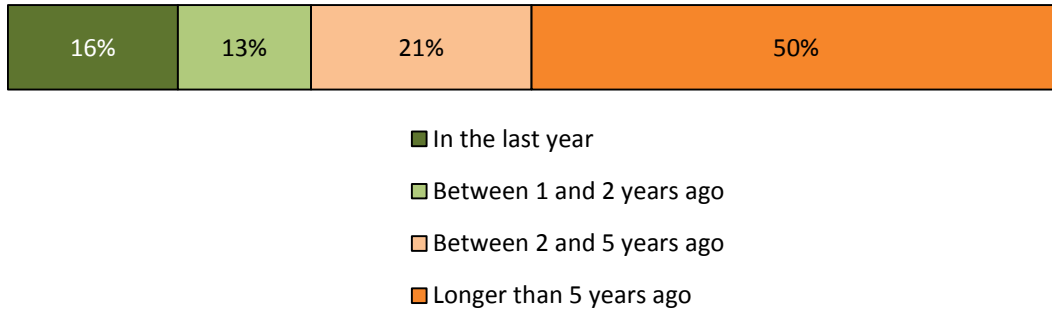
**Chart 6 - Why were you tested?**



Base: respondents who have had an HIV test (unweighted 79, weighted 94)

Half of respondents who have had an HIV test (50%) were tested for HIV longer than 5 years ago. Around one in six respondents who have had an HIV test (16%) were tested for HIV in the last year.

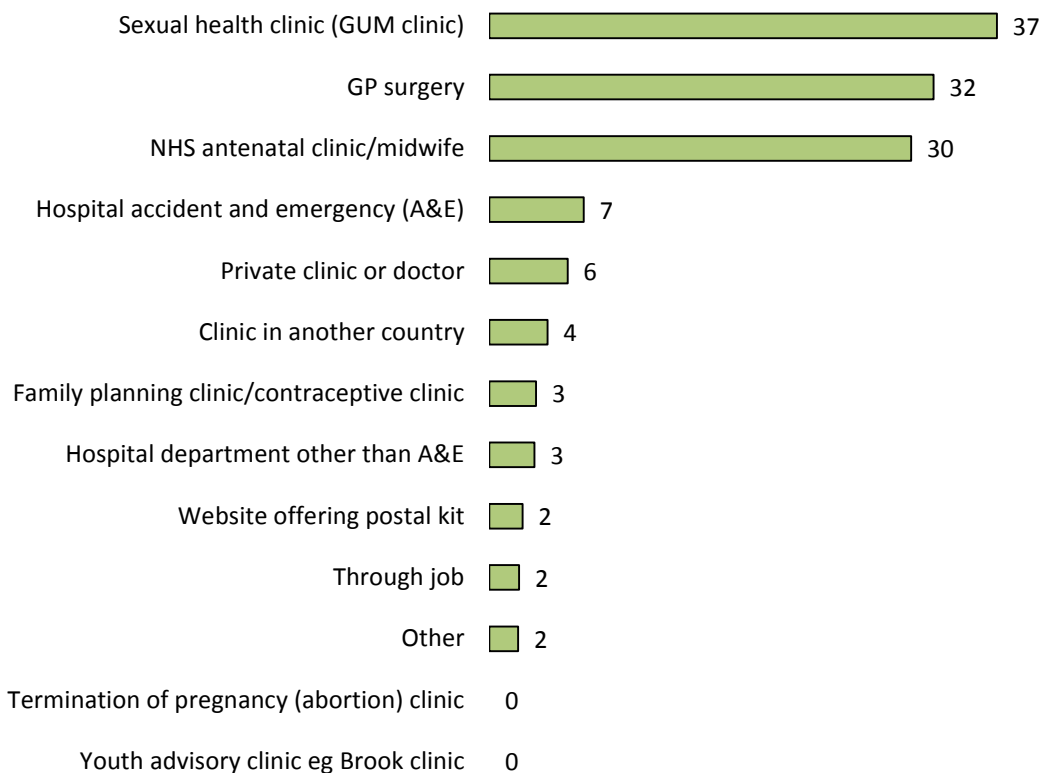
**Chart 7 - When were you last tested?**



Base: respondents who have had an HIV test (unweighted 85, weighted 102)

The most common responses when respondents were asked where they were last tested for HIV are at a sexual health clinic (37 respondents), at a GP surgery (32 respondents) and at an NHS antenatal clinic/midwife (30 respondents).

**Chart 8 - The last time you were tested, where were you tested?**



Base: respondents who have had an HIV test (unweighted 102, weighted 115)



## 6. Conclusions and recommendations

While the majority of respondents have a positive attitude to the use of condoms and contraception, there is an indication that males are more likely to have a negative attitude. Further research could be done to look into this and determine how these attitudes could be changed.

The findings around attitude to contraception could be used to inform future communications campaigns.

The results on where people go or would go for sexual health related issues show that GP surgeries are often people's first port of call. It would therefore be useful to further develop GP based sexual health provision.

When asked where they would go for diagnosis/treatment of a sexually transmitted infection, 7% of respondents said that they didn't know. This suggests that the marketing of services available could be improved so people are aware of the options.

## Appendix 1: socio-economic group definitions

These groups are based on Market Research Society definitions and on the respondent. They are graded as A, B, C1, C2, D and E. For analysis these are grouped as AB, C1, C2 and DE.

### Group A

- Professional people, very senior managers in business or commerce or top-level civil servants
- Retired people, previously grade A, and their widows

### Group B

- Middle management executives in large organisations, with appropriate qualifications
- Principle officers in local government and civil service
- Top management or owners of small business concerns, educational and service establishments
- Retired people, previously grade B, and their widows

### Group C1

- Junior management, owners of small establishments, and all others in non-manual positions
- Jobs in this group have very varied responsibilities and educational requirements
- Retired people, previously grade C1, and their widows

### Group C2

- All skilled manual workers, and those manual workers with responsibility for other people
- Retired people, previously grade C2, with pensions from their job
- Widows, if receiving pensions from their late partner's job

### Group D

- All semi-skilled and unskilled manual workers, and apprentices and trainees to skilled workers
- Retired people, previously grade D, with pensions from their late job
- Widows, if receiving pensions from their late partner's job

### Group E

- All those entirely dependent on the state long term, through sickness, unemployment, old age or other reasons
- Those unemployed for a period exceeding six months (otherwise classified on previous occupation)
- Casual workers and those without a regular income

## Appendix 2: demographic breakdown of respondents

		Weighted %	Weighted count	Unweighted count
Gender	Male	42%	393	639
	Female	58%	545	735
	Total		938	1,374
Ethnicity	White	91%	843	1,321
	Other	9%	82	34
	Total		925	1,355
Age	16 - 24	2%	15	5
	25 - 44	35%	318	193
	45 - 59	29%	265	388
	60 +	35%	322	773
	Total		920	1,359
Disability	Yes	30%	273	497
	No	70%	626	811
	Total		899	1,308

## Appendix 3: district breakdown of respondents

	Weighted count	Unweighted count
Burnley	64	64
Chorley	86	111
Fylde	61	106
Hyndburn	61	76
Lancaster	101	198
Pendle	86	121
Preston	124	124
Ribble Valley	47	93
Rosendale	55	76
South Ribble	85	154
West Lancashire	85	127
Wyre	90	134
Total	945	1,384