

**Adult Sexual Health  
Campaign Evaluation  
Research**

**Report of Findings at  
Wave 2**

**November 2003**

**Prepared for COI  
Communications on behalf of  
the Department of Health**

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# 1 INTRODUCTION

## 1.1 Background

The National Survey of Sexual Attitudes and Lifestyles (Natsal 2000) provided important insights into the extent of sexual ill health in the UK. It also linked its occurrence with social patterns and sexual behaviours, demonstrating that the wide variability in sexual lifestyles, by age, gender, relationship status and residence within and outside Greater London, are key determinants of the sexual health of individuals and communities in the UK.

Importantly, shifts between the results of the Natsal 1990 and Natsal 2000 surveys illuminated an increase in the incidence of STIs nationally. Crucially, they also reflected increased risky sexual behaviour, this being consistent with changing cohabitation patterns. Overall, there was an increase in the reported numbers of heterosexual partners, homosexual partnership, concurrent partnership, heterosexual anal sex and payment for sex, all behaviours associated with increased risk of HIV and STI transmission. Additionally, although the Natsal 2000 survey revealed a greater incidence of condom use, increases in the numbers of sexual partners meant that overall, the proportion of the population practising 'unsafe sex' had increased from 1990.

In light of these results the first National Strategy for Sexual Health and HIV was formulated by the Department of Health in July 2002. It is a strategy which "aims to modernise sexual health and HIV services in England" and to "address the rising prevalence of sexually transmitted infections (STIs) and of HIV, and to put these in a broader sexual health context"<sup>1</sup>. To spearhead this strategy, the Department of Health launched an advertising-led campaign in November 2002. Broadly, the goals of the campaign were:

- to **inform** the public about STIs/STDs and HIV – their symptoms, seriousness and possible long-term effects
- to highlight the **personal relevance** and danger of these sexually transmitted diseases

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<sup>1</sup> Source: COI Research Outline Brief on behalf of Department of Health "Quantitative research to evaluate a campaign on Adult Sexual Health" COI Ref 252379

- to encourage safe sex and **behaviours** like using condoms amongst the sexually active (de-stigmatise and normalise condom usage)
- ultimately, to **reduce the transmission** of STIs/STDs, HIV and the incidence of unwanted pregnancies.

The advertising campaign, launched in November 2002, included two radio advertisement sequences, an assortment of press executions, interactive banners and ambient media including “Hit Squads” equipped with scratchcards targeting universities, pubs and bars as well as washroom posters and beer mats. The target audience was heterosexuals aged between 18-30 years old.

In May 2002, TNS Consumer was commissioned by COI Communications, on behalf of the Department of Health, to conduct tracking research to monitor the effectiveness of the campaign in the long term. The research was also designed to explore the public’s attitudes towards lifestyle and sexual behaviour, personal sexual behaviour and history, as well as knowledge and understanding of Sexually Transmitted Infections/ Diseases.

A first “benchmark” wave of research was carried out in October/ November 2002, before the “Sex Lottery” campaign commenced, to provide a base line against which changes in attitudes to and understanding/ awareness of STIs/STDs and sexual behaviour could be measured. A second wave was carried out in June/ July 2003 to assess initial impact on these measures and also measured awareness and recognition of the campaign explicitly. This report details the key findings of the first two waves of the research.

## 1.2 Research Objectives

The key objective of the research was to monitor the effectiveness of the campaign. This broad aim encompasses the following specific goals:

- measure **awareness** and **recognition** of the communications
  
- investigate levels of **perceived relevance** of the messages
  
- track changes in broad **attitudes** to sexual behaviour and especially those relating to the specific campaign messages, such as attitudes to using condoms

With regard to the third objective it was acknowledged from the outset that attitudinal and behavioural change was likely to be a long-term rather than a short term achievement of the campaign. Hence, expectations of initial campaign impact focused primarily on the first two objectives.

## 1.3 Methodology

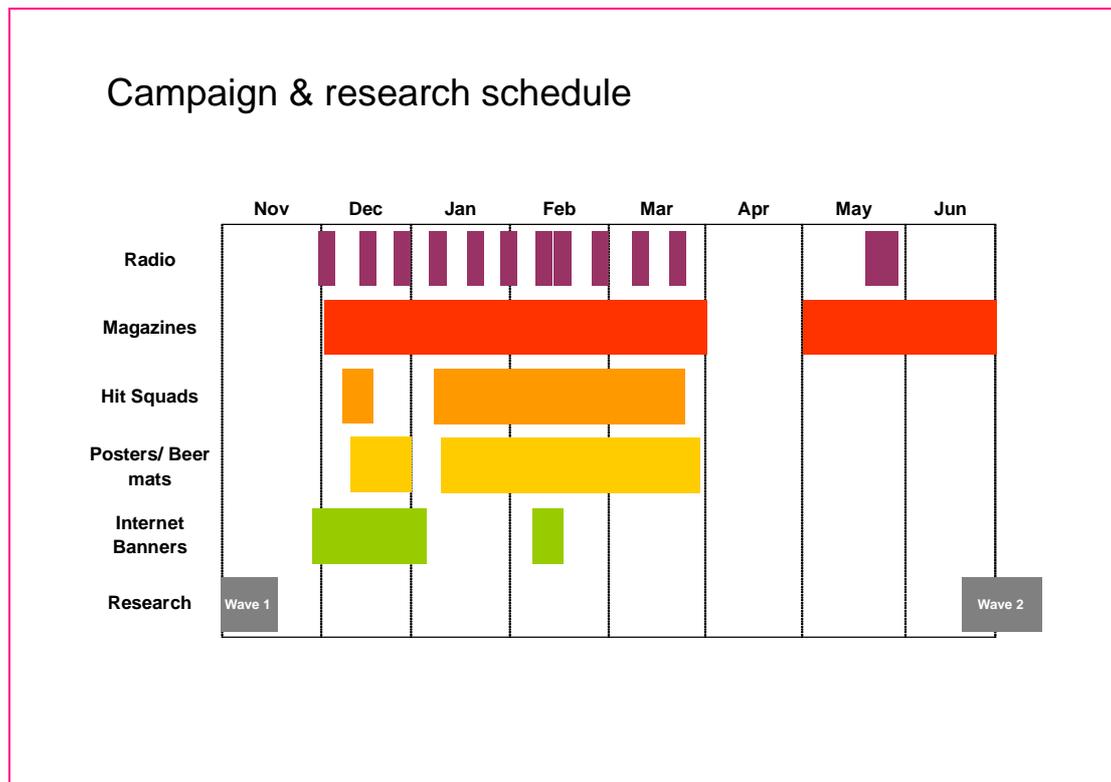
Interviews were conducted amongst 18-30 year olds across England. Interviewing was conducted using CASI (Computer Assisted Self Interviewing) face-to-face and in-home. Fieldwork was conducted by TNS Field Ltd, the dedicated fieldwork division of TNS, within the following fieldwork periods:

Baseline Wave 1: 17<sup>th</sup> October- 5<sup>th</sup> November 2002

Wave 2: 16<sup>th</sup> June- 20<sup>th</sup> July 2003

The positioning of these first two waves of fieldwork relative to the campaign schedule is shown in Chart 1.

Chart 1



Wave 1 fieldwork preceded all campaign activity. Wave 2 fieldwork followed substantial activity since late 2002 albeit somewhat distanced from the majority of activity, to March 2003. This is likely to have had some impact on top-of-mind awareness and attitudes, in effect providing a measure of longer term saliency when supported by lower weight 'reminder' activity as opposed to the immediate impact at higher weight activity.

## 1.4 Sample Structure

At both waves the sample consisted of a main sample, representative of the 18-30 year old population, and a separate “boost” sample of students living in university managed accommodation. This group make up an important part of the target audience and are not universally covered by traditional sampling techniques, which exclude individuals living in institutions of any sort.

At Wave 1 a total of 704 interviews were conducted: 595 with adults aged 18-30 in the main sample and a further 109 with students living in university-managed accommodation. At Wave 2 a total of 650 interviews were conducted: 608 with adults aged 18-30 in the main sample and a further 42 with students living in university managed accommodation. While a smaller number were interviewed in the student sample at Wave 2 this yields the true penetration of students in university-managed accommodation when combined with the main sample.

At both waves quotas were set to ensure a representative sample of 18-30 year olds. The regional breakdown of interviews was geographically representative.

## 1.5 Sampling

A random location sampling approach was used, to ensure that the sample achieved was representative of adults 18-30 years in England. This approach (combined with the fact that matched sample points were visited across waves) also ensured good sample matching was achieved between waves. A list of sample points at both waves is appended.

Sample points were selected from the TNS sampling frame. Utilising 1991 Census small area statistics and the Post Office Address File (PAF), TNS has divided the country into 600 areas of equal population. These areas have been built up from over 9,000 postcode sectors. Within each postcode sector, addresses have been combined into blocks of approximately 70 adjacent residential addresses by reference to the geographical centroids of each detailed postal code, and the residential classification on the PAF file.

Interviewers were issued with address blocks and instructed to contact addresses within it systematically to obtain their target of interviews. Each address contact was recorded. Within the fieldwork period, there was no limit to the number of times an address could be contacted for the study, but three doors were left between addresses where an interview had been achieved.

For the main sample, quotas were set by sex, age (18-21, 22-25, and 26-30) working status (full-time employment, full time education or other status) and presence of children under 16 in order to ensure it was representative of the 18-30 population.

For the sample of students living in university-managed accommodation, university campuses were chosen in order to spread sampling as evenly as possible across the country. A subset of the universities sampled at Wave 1 was sampled at Wave 2 to ensure sample matching.

## **1.6 Weighting**

To eliminate any bias resulting from extra interviews with students and to correct for minor demographic imbalances in the achieved sample, the data was weighted at analysis to known population statistics. Weighted and unweighted sample profiles for the total sample and for students are shown in Charts 2-3 over the page. The student group, here and in later sections of the report, includes both those from the main sample and those from the sample of students living in university accommodation.

The differences in the unweighted samples all reflect the decision to sample a reduced number of students living in university managed accommodation at Wave 2. This imbalance was corrected in the final weighted sample, making results from the two waves directly comparable.

**Chart 2**

### Sample Profile – total sample

	Unwtd		Wtd	
	W1 (704) %	W2 (650) %	W1 (704) %	W2 (650) %
<b>SEX:</b>				
Male	46	48	50	50
Female	54	52	50	50
<b>AGE:</b>				
18 - 21	41	33	30	30
22 - 25	28	35	27	27
26 - 30	31	32	43	43
<b>SOCIAL GRADE:</b>				
AB	10	10	18	18
C1	50	42	35	35
C2	11	18	21	21
DE	29	30	25	25
<b>WORKING STATUS:</b>				
Full-time	32	44	50	52
Part-time	9	10	14	12
In HE	37	24	19	19
Not working	21	22	17	17

Base: All respondents

**Chart 3**

### Sample Profile - students

	Unwtd		Wtd	
	W1 (261) %	W2 (157) %	W1 (136) %	W2 (125) %
<b>SEX:</b>				
Male	51	50	49	48
Female	49	50	51	52
<b>AGE:</b>				
18 - 21	71	54	71	71
22 - 25	21	32	20	20
26 - 30	7	15	8	8
<b>SOCIAL GRADE:</b>				
AB	2	6	25	24
C1	79	66	56	56
C2DE	19	27	19	20
<b>ACCOMMODATION:</b>				
University owned	50	31	34	34
Other student	40	50	45	41
With parents / family	10	19	21	25

Base: All students

## 1.7 Arrangement of this report

Following this section is a management summary which outlines the key findings of the report. The main report then begins by describing the context for the advertising campaign in terms of underlying sexual and social behaviours amongst the sample.

Subsequent sections then consider campaign impact in terms of advertising recognition and awareness, immediate message take-out and any wider impact on perceptions of STIs/STDs, condom use and sexual attitudes.

The appendices contain a copy of the questionnaires used at the baseline Wave 1 and at Wave 2 of research and examples of the stimulus materials shown to respondents.

## 2 MANAGEMENT SUMMARY

### 2.1 Underlying Sexual and Social Behaviours

Three-fifths of respondents at each wave claimed to have had one sexual partner in the last 12 months. Approximately one tenth claimed to have had two or three sexual partners in the last 12 months and a further tenth claimed to have had 4 or more. This largely reflects claimed “relationship status”; two-thirds of the sample at each wave were in an established relationship of some sort.

Around a quarter of respondents who had been sexually active in the last 12 months knew their most recent sexual partner for a week or less before having sex and at least one third of sexually active respondents (26% of the total population) had participated in at least one of a list of risky sexual behaviours presented to them. Having unprotected sex with a new partner was the most prevalent risky behaviour mentioned by 16% of sexually active respondents. A further 14% had had sex with a new partner under the influence of alcohol, while 11% had had sex with someone within a few hours of meeting them for the first time.

Statements relating to possible social behaviours were used to segment respondents into groups of relative “risk” from Quiet Lifers, the least outgoing and sociable segment, through Conservatives and Sociables to Experimentals, who were the most extreme in their social attitudes. The Sociable and Experimental groups were the most sexually promiscuous with 32% and 36% respectively having had casual sex in the last 12 months compared to 12% of Quiet Lifers and 13% of Conservatives. Experimentals were also most likely to have partaken in any risky sexual behaviour (49%) followed by Sociables (43%), Conservatives (25%) and Quiet Lifers (13%).

The segmentation confirmed that social attitudes and behaviours are good indicators of sexual attitudes/ behaviours and provided greater insight into the types of people affected by the campaign.

## 2.2 Advertising Recognition and Communication

At Wave 2 of the research respondents were prompted with a number of campaign executions: two radio advertisements, four press ads and a set of scratchcards. Just below one third of all respondents recognised any of the media that was shown to them. This level of recognition was lower than might have been expected given the amount of spend, the results of qualitative research which suggested the material had a high impact and comparison with other campaigns. Recognition of both radio (23%) and press/poster executions (12%) was relatively low.

It is possible that the time lapse between the majority of the activity (to April 2003) and the research caused recognition to be understated to some extent. However, previous experience suggests that recognition does not decay as quickly as top-of-mind awareness, particularly when the campaign is established through airing over a long period.

Encouragingly, however, recognition was highest amongst both males and females aged 18-21 at 41%. Recognition was also higher (41%) amongst those respondents who had had more than one partner in the past 12 months. Both of these groups are key target audiences for the advertising. Recognition was also higher amongst upper social grades; not a key target audience on the basis of their sexual behaviour. An action point for the future may be to increase targeting of more down-market groups.

Communication was broadly on target: the most prominent spontaneous take-out message was that of using a condom/ protection or practising “safe sex”, mentioned by around two-thirds (67%) of the sample. Over one third (35%) of respondents understood the message “use a condom” from the advertising, while a further 22% felt the adverts were trying to say “[always] use protection” or “protect yourself” and 16% of respondents used the specific phrase “safe sex”.

The perception that the adverts were emphasising the personal risk of catching STIs/STDs came through at a lower level: 16% of respondents made any specific mention of STIs or STDs, 15% reported that the advertising was telling them to “be careful”, 8% of respondents felt that the advertising was “Warning of the dangers of STDs” and a further 8% that there is a “High risk of STDs”.

At slightly lower levels of mention, only 10% of respondents overall felt the advertising was communicating the fact that STIs/STDs are “*very prevalent*”, “*common*”, “*widespread*”, that “*it could happen to you*” or they are “*easy to get*”. These messages may need further emphasis in future activity.

## 2.3 Awareness of Publicity for Sexual Health

At Wave 1 it was noted that general “noise” on this subject was high: 35% of respondents said they had seen or heard something about sexual health or STIs/STDs at that stage; this increased to 42% at Wave 2. However, the pattern of awareness across sex and age groups at Wave 2 did not parallel the pattern of recognition amongst these groups, suggesting that those aware of activity were not necessarily referring to the DH campaign.

In fact, of respondents aware of advertising or publicity for sexual health only 29% attributed their awareness to the DH “Sex Lottery” campaign, *equating to 12% of the sample in total*. Respondents attributing their spontaneous awareness to the campaign were typically younger (16% of the 18-21s were spontaneously aware) and in the C1 social grade (17%). Encouragingly, respondents with multiple partners in the last 12 months were significantly more likely to have remembered the advertising at a top-of-mind level, reflecting the target audience to a large extent.

Endorsement of the campaign material and its message was higher amongst this “cut-through” group than the rest of the sample. This highlights the potential that the campaign could have if cut-through to a larger proportion was achieved.

## 2.4 Knowledge and Perceptions of STIs/STDs

Claimed knowledge about STIs/STDs was high: 61% of respondents claimed to know a lot or a fair amount about STIs/STDs and 75% to know a lot or fair amount about how to protect oneself from STIs/STDs. At the total level perceptions of STIs/STDs typically did not change across waves. However, attitudinal and (subsequently) behavioural change is a long term objective of the campaign and would not be expected at this stage particularly given the low levels of cut-through and the sensitivity of the issues. The following describes the background against which the campaign is operating.

Respondents generally acknowledged the importance of the issue and the potential risk as agreement was high for the statements “The chances of catching an STI/STD are greater than you think” (75% both waves), “People in steady relationships can still catch STIs/STDs” (around 70%), “The risk of getting an STI/STD has increased compared to 5 years ago” (around 68%).

However, one third of respondents still felt that they “don’t need to worry about catching an STI” and the majority displayed high confidence in their ability to protect themselves: 85% of respondents at both waves agreed that “I am confident that I know how to protect myself from STIs/STDs”. Casual sex was perceived to be a key determinant of risk with 84% of respondents at Wave 1 agreeing that “People who have casual sex are putting themselves at risk of STIs/STDs”. This perception was not necessarily seen to be overcome through “being careful” as 40% of respondents disagreed that “It doesn’t matter how many partners someone has as long as they’re careful”. The role of condoms was acknowledged, however, with almost three quarters of respondents at both waves agreeing that “Using a condom is the only way to prevent sexually transmitted infections”.

Despite the fact that the importance of protection against STI/STDs was acknowledged at an impersonal level, only around a quarter of respondents at both waves felt that they themselves were even a little at risk. Although there was little change in attitudes from Wave 1 to 2 at the total level, there was some suggestion that more respondents agreed that the risk of STIs/STDs has increased: 70% agreed overall at Wave 2 compared to 66% at Wave 1.

Female respondents typically displayed higher confidence in their ability to protect themselves from STIs/STDs than males and acknowledged the risk (at an impersonal level) to a greater extent than males. Nevertheless females, perhaps due to their higher confidence, generally perceived a lower risk to themselves than males.

Despite the fact that respondents tended to acknowledge that there are many sources of information about STIs/STDs and that it is easily accessible, a relatively high proportion, 43% at each wave, felt that “there isn’t enough information available about STIs/STDs”. This sentiment was particularly strong amongst younger females 18-21, lower social grades and respondents who have had no sexual partners in the last 12 months. Encouragingly, respondents who were spontaneously aware of the advertising were more likely to agree that there are lots of sources of information and that finding information is easy.

There was also evidence for the “social stigma” of STIs/STDs as most respondents (65%) claimed to find the subject of STIs/STDs difficult to talk about, 55% felt that “nobody talks about STIs/STDs” and 53% believed “the subject of STIs/STDs is still taboo” at Wave 1. Tackling these ingrained perceptions is likely to be a major challenge for the publicity campaign.

## 2.5 Potential Impact of the Campaign

The potential for the campaign to influence perceptions can be seen by examining the reactions of the “**spontaneously aware group**”, who were aware of the “Sex Lottery” campaign at a “top-of-mind” level. They perceived a higher risk generally of STIs/STDs in recent times, a greater *personal risk to themselves* and displayed higher confidence in their ability to protect themselves. They were also less likely to agree that “it’s very difficult to talk about having an STD/STI” and “The subject of STIs/STDs is still taboo”. It will be necessary to follow these perceptions carefully in the future to demonstrate a clear and strong impact of the campaign.

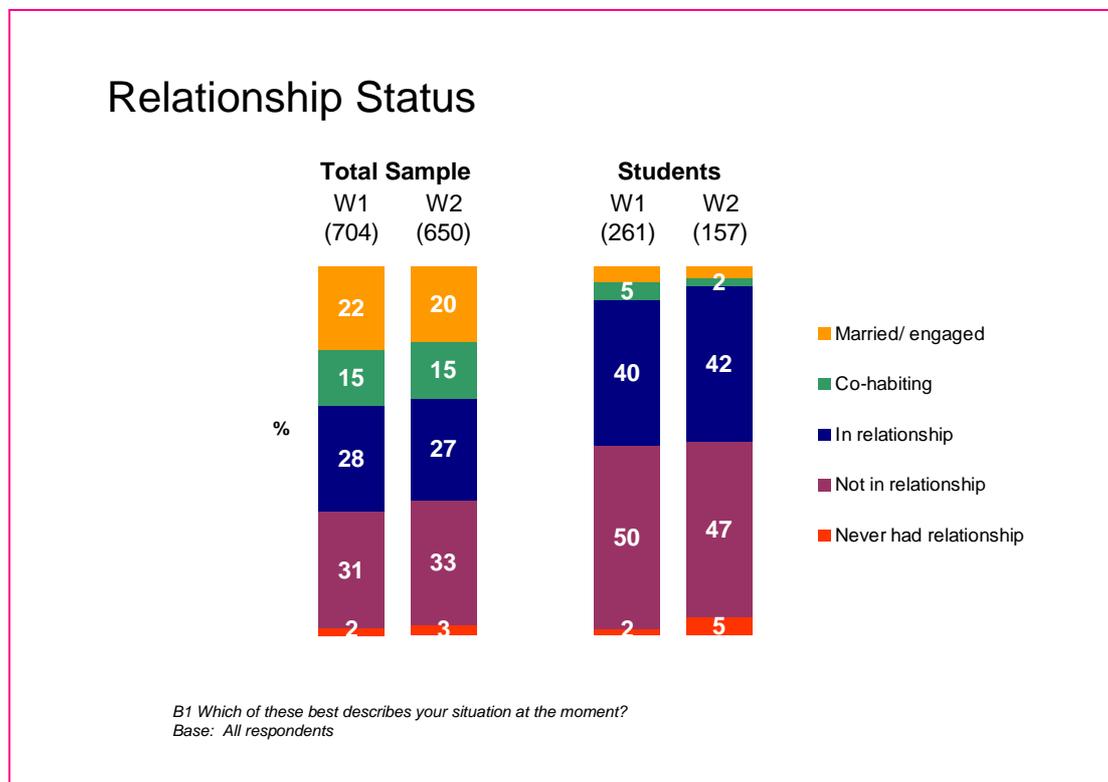
### 3 RELATIONSHIP STATUS AND SEXUAL BEHAVIOUR

This first section of research findings describes the sample, both in terms of relationship status and lifestage and in terms of sexual behaviour, to provide a context for the advertising. In terms of sexual behaviour key variables are compared across demographic groups in order to identify more at risk groups. Behaviours are typically compared across the baseline Wave 1 and Wave 2. However, as would be expected, few significant changes were noted between waves. Thus, results at Wave 1 are described in most detail as they provide a baseline against which long-term changes in behaviour may ultimately be measured.

#### 3.1 Relationship Status

Respondents were asked which statement, from a prompted list, best described their current situation. Chart 4 illustrates responses to this question amongst the sample as a whole and amongst students.

Chart 4



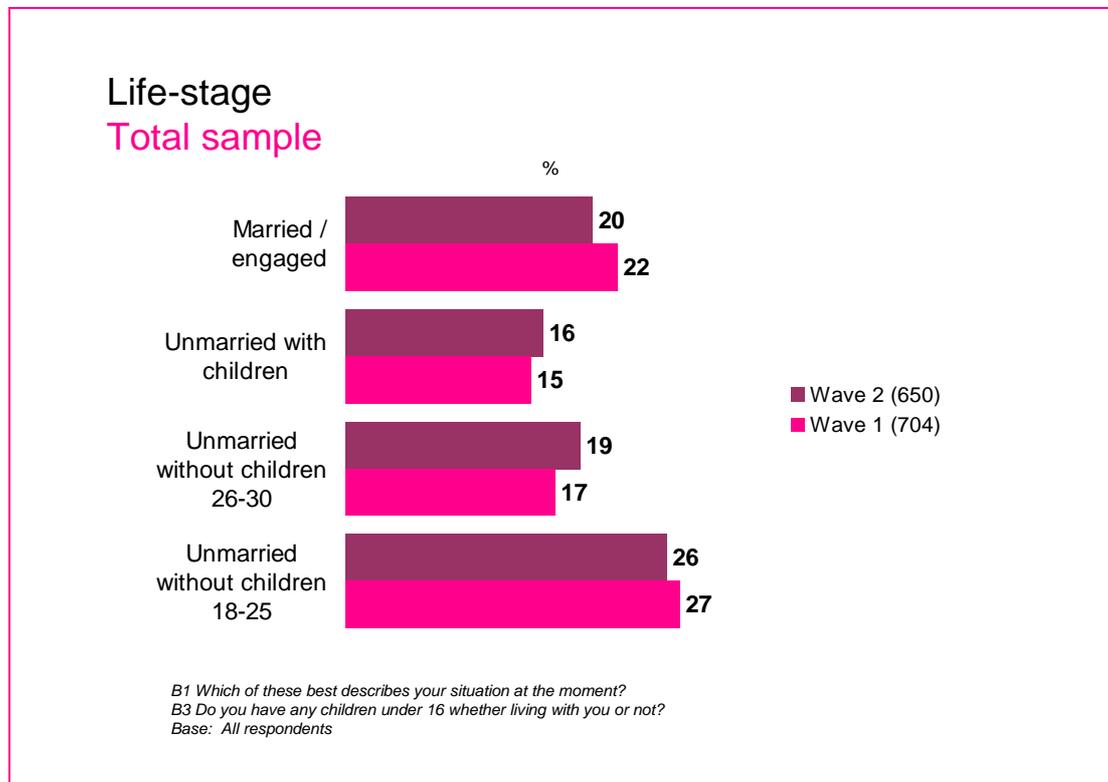
The sample composition in terms of relationship status was comparable across waves. Just over one third of the total sample were not currently in a relationship. A further 15% at both waves described themselves as living together or co-habiting while around a fifth were engaged or married. The remainder described themselves as single and in a relationship.

Not surprisingly, given their age profile and educational status, the pattern was very different amongst students. Around a half of students described themselves as not in a relationship and less than 5% as being married or engaged. Overall, almost half of students described themselves as being in a relationship of some kind compared to almost two thirds of the total sample.

### 3.2 Life-stage

Further important determinants of sexual behaviour are age and presence of children, which are combined to form a lifestage variable of four groups in Chart 5 below.

Chart 5

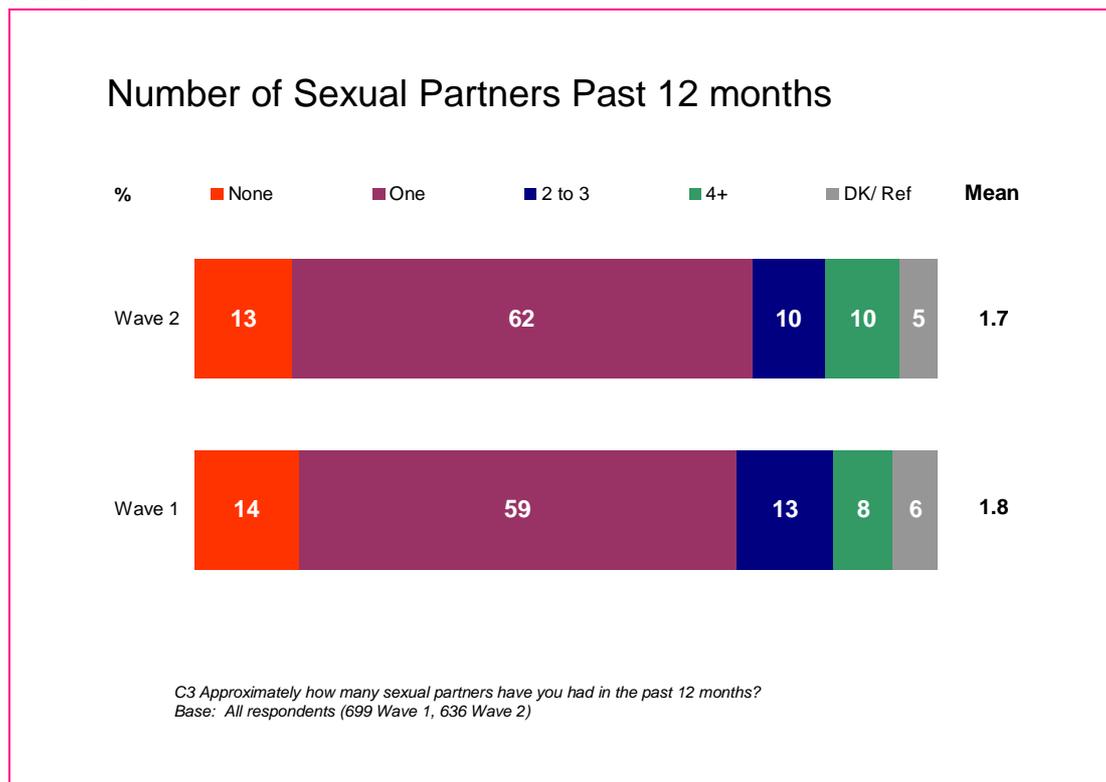


Further to the fifth of married or engaged respondents there were also around 15% of the sample who were unmarried with children under 16 in the household. Just over one quarter of respondents at both waves were 18-25, unmarried and without children and a further 17% at Wave 1 (19% at Wave 2) were 26-30, unmarried and without children. Importantly, the proportion of respondents within these life-stage groups was comparable at Waves 1 and 2.

### 3.3 Number of Partners in the Past 12 Months

As can be seen from Chart 6, around three-fifths of respondents at each wave claimed to have had one sexual partner in the last 12 months. Approximately one tenth claimed to have had two or three sexual partners and a further tenth to have had 4 or more.

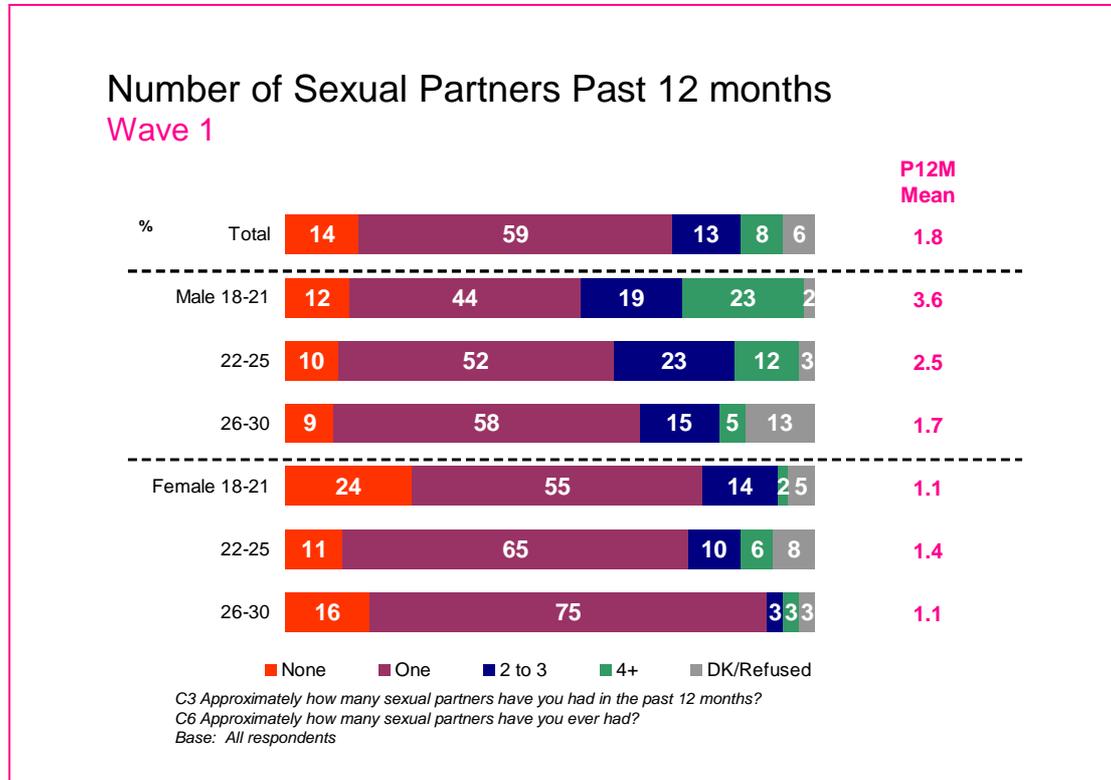
Chart 6



The average number of partners was comparable across waves at 1.8 for Wave 1 and 1.7 for Wave 2. Respondents were also asked how many sexual partners they had ever had. The average number of partners was 8.4 at Wave 1 and 9 at Wave 2.

Chart 7 shows the number of sexual partners over the past 12 months by age within sex at Wave 1.

**Chart 7**



Overall, males claimed to have had more sexual partners than females with a mean of 2.5 partners in the past 12 months compared to 1.2 for females. Significantly, 13% of males claimed to have had 4 or more partners in the past 12 months compared to 3% of females.

Amongst males, the youngest 18-21 age group had had the most partners, with an average of 3.6 partners in the last 12 months and 24% having had 4 or more partners in the last 12 months. Amongst females a more consistent pattern was evident although the number of partners peaked within the 22-25 age group. There is evidence, however, of increased numbers of partners amongst younger females once sexually active. The average number of partners amongst sexually active females 18-21 was 1.5 compared to 1.3 amongst those aged 22+.

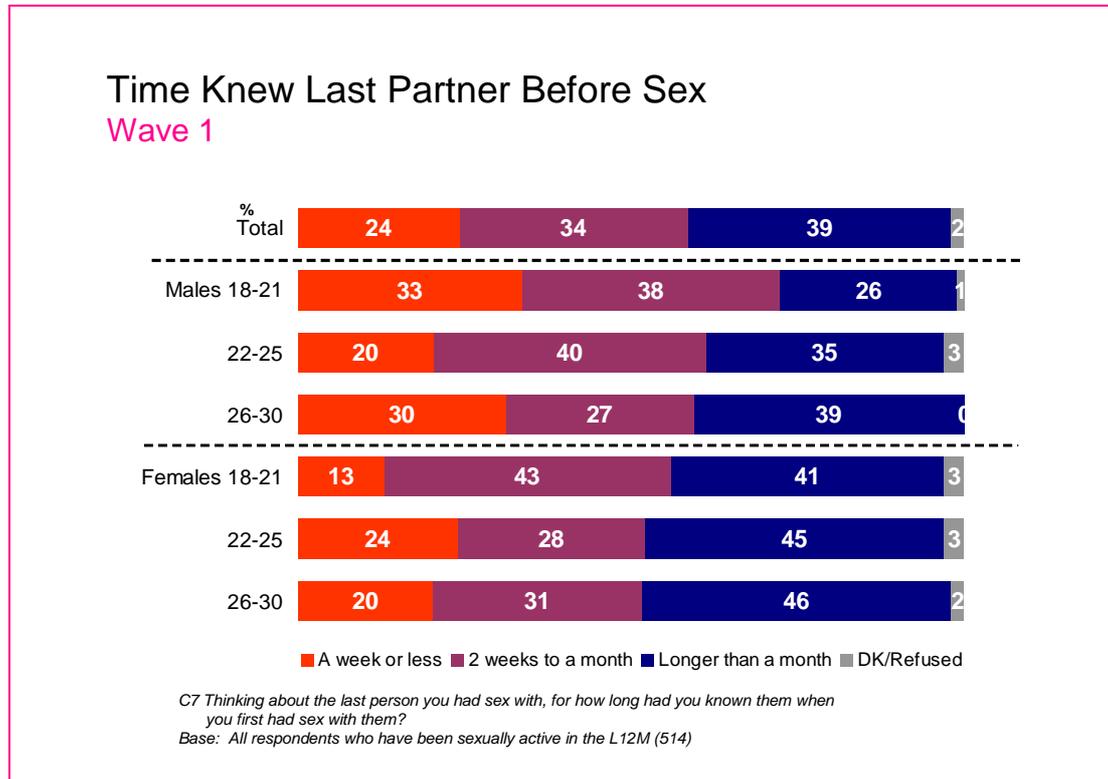
In terms of other demographics (not charted) it was noted that respondents who described themselves as “single” were more likely to have had multiple partners, with an average of 2.6 sexual partners in the past 12 months and 15% claiming to have had 4 or more sexual partners in the past 12 months. Unsurprisingly, respondents with children under 16 in the household were less likely to have had multiple partners recently than those without children: 3% of those with children claimed to have had 4 or more sexual partners in the last 12 months compared to 10% of those without children.

There was some evidence of slightly more sexual partners amongst lower social grades at both waves. The DE group at Wave 1 claimed an average of 2.6 partners in the last 12 months compared to an average of 1.7 partners among the ABC1 group. Moreover, 13% of DEs claimed to have had 4 or more partners compared to 8% of ABC1s.

### 3.4 Time Knew Last Partner Before Sex

Respondents were also asked how long they had known the last person they had sex with when they first had sex with them.

Chart 8



Around a quarter of respondents at Wave 1 who had been sexually active in the last 12 months knew their most recent sexual partner for a week or less before having sex. This equates to 20% of all respondents. Results were comparable at Wave 2.

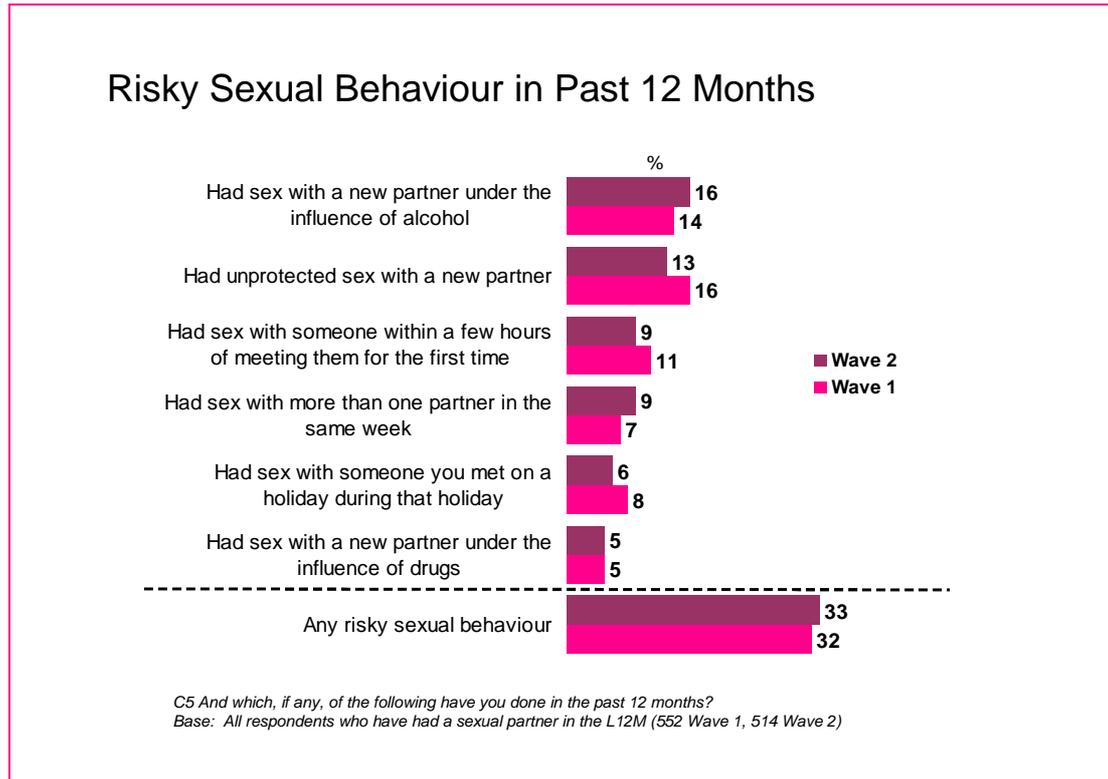
At both waves males were more likely to have known their most recent partner for a week or less compared to females, and younger males (aged 18-21) typically knew their partners for the least time: 33% knew their last partners for a week or less before having sex and only around a quarter knew them for longer than a month.

Whilst not charted, it was also apparent that lower social grade respondents typically knew their partners for less time with 28% of C2DEs knowing them for a week or less compared to 19% of ABC1s. The proportion of respondents who knew their partners for a week or less was also highest amongst unmarried respondents who had had more than one partner in the past 12 months at 42%.

### 3.5 Risky Sexual Behaviour

In order to investigate the prevalence of risky sexual behaviour respondents were shown a list of statements describing risky behaviour and asked which, if any, they had done in the past 12 months. Responses at each wave are shown in Chart 9.

Chart 9



As for other measures of sexual behaviour, the occurrence of risky sexual behaviour was largely comparable across the two waves. One third of sexually active respondents (26% of all respondents) had participated in at least one of the risky behaviours.

At Wave 1 having unprotected sex with a new partner was the most prevalent risky behaviour with 16% of sexually active respondents claiming to have done it. A further 14% of sexually active respondents had had sex with a new partner under the influence of alcohol, while 11% had had sex with someone within a few hours of meeting them for the first time. Furthermore, 7% had had sex with more than one partner in the same week, 8% had had sex with someone they met on a holiday during that holiday and 5% had had sex with a new partner under the influence of drugs.

Males were very much more likely than females to claim to have participated in any risky sexual behaviour in the past 12 months: 44% overall compared to 18% of females.

Sexually active males aged 18-21 years were most likely to have participated in risky behaviour with 60% having done so in the past 12 months. In particular, they were more likely to have: had sex with a new partner under the influence of alcohol (34% compared to 14% of all sexually active respondents); had sex with someone within the first few hours of meeting them (15% compared to 11%) and had sex on holiday with someone they met during that holiday (18% compared to 8%).

Other trends across demographics included higher occurrence of all risky behaviours (on the list shown to respondents at question C5) amongst respondents who had had more than one sexual partner in the last 12 months, with 75% having participated in at least one of the risky behaviours. Occurrence was also higher amongst respondents in higher education, with 39% of all sexually active students at Wave 1 having participated in at least one risky behaviour (75% amongst students with more than one partner in the past 12 months).

## 4 LIFESTYLE SEGMENTATION

A set of statements relating to social behaviour or “lifestyle” were included in the questionnaire at both waves. These statements were used to segment respondents into groups whose responses were most similar, on the basis that lifestyle choices and attitudes are likely to be important in determining sexual behaviour. Examining results of research across these groups may help to understand the type of people the publicity is reaching and affecting.

This section gives a broad description of the different groups and then examines key variables across these groups. Again, results from Wave 1 are considered in most detail since they provide a benchmark level against which any changes over time can be measured.

### 4.1 Classification of Segments

The segmentation analysis split respondents into four groups: Quiet Lifers, Conservatives, Sociables and Experimentals. In reality, a continuum of behaviours and attitudes is represented within the population; the analysis, however, draws lines within this continuum in order to define groups that are most similar in their social attitudes and can be used for analysis and comparison as illustrated below:

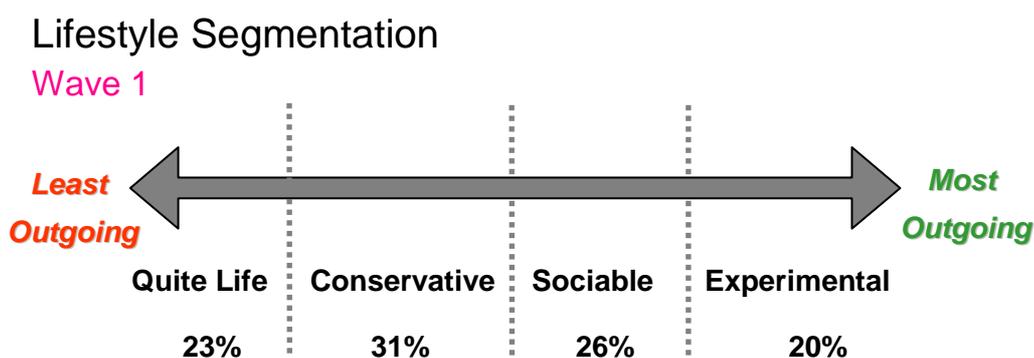
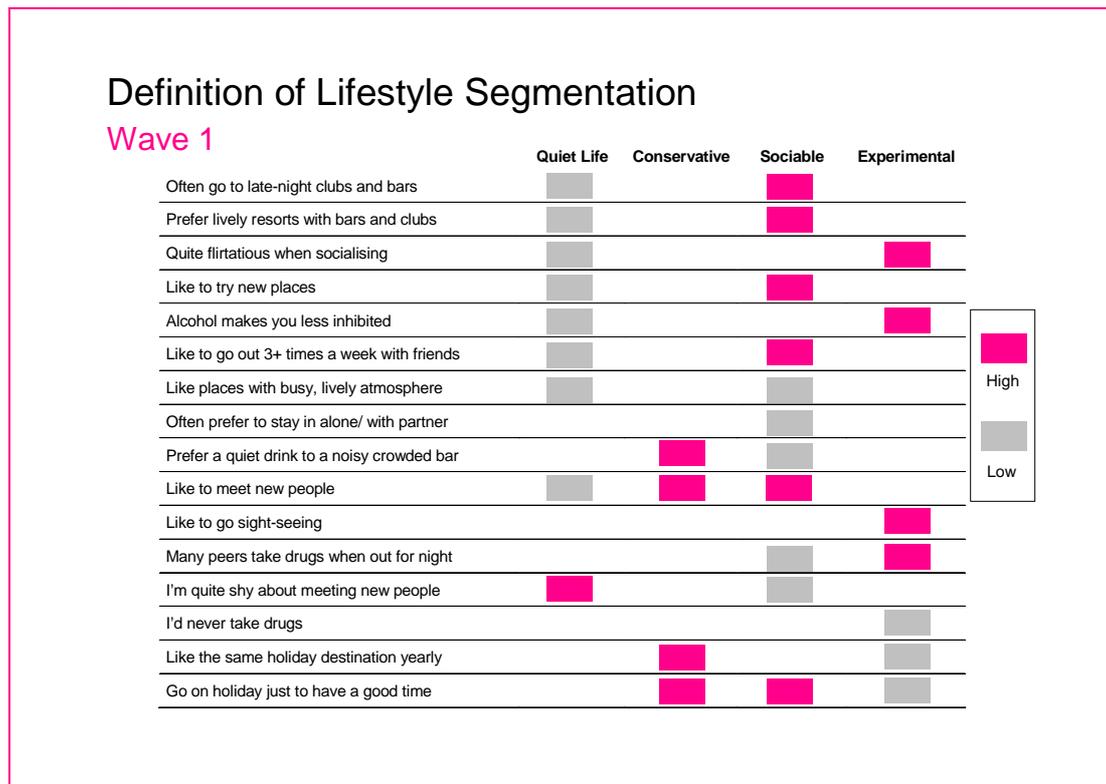


Chart 10 over the page shows whether agreement with each lifestyle statement was high or low amongst the four groups of respondents at Wave 1. The Quiet Life segment was the least outgoing segment, with low agreement for statements such as “I often go to late-night clubs and bars”, “I like to go to places with a busy, lively atmosphere” and “I like to meet new people” whereas there was high agreement for the statement “I am quite shy about meeting new people”.

Chart 10



The Conservative segment were slightly more sociable than Quiet Life segment with high agreement with the statements “I like to meet new people” and “I go on holiday just to have a good time”. However, respondents in this group were also more likely to agree with more “conservative” lifestyle statements such as “I like to go to the same holiday destination every year” and “I’d rather have a quiet drink than go to a noisy, crowded bar”.

Sociables were more out-going and gregarious than Conservatives or Quiet Lifers. Agreement was high amongst this group for “I often go to late-night clubs and bars”, “I like to go out at least 3 times a week with my friends”, “I like to meet new people”, “I prefer lively resorts with late night bars and clubs” and “I like to try out new places – pubs, clubs and restaurants”. In contrast to Conservatives and Quiet Lifers there was low agreement with more conservative statements such as: “I’d rather have a quiet drink than go to a noisy, crowded bar”, “I am quite shy about meeting new people” and “I often just want to stay in on my own or with my partner”.

Experimentals were the most outgoing and extreme in their attitudes: there appeared to be more involvement in the use of drugs, for example, with high agreement that “Many people my age take drugs when they’re out for the night” and low agreement that “I would never take drugs of any sort”. They also shared some of the outgoing characteristics of the Sociable group, where there was high agreement that they liked to “go to late night clubs and bars” and that they “like to meet new people”. Further characteristics of the Experimental group, differentiating them from Sociables, included high agreement that they are “quite flirtatious when socialising” and that “alcohol makes you less inhibited”.

The importance of the segmentation becomes apparent when the demographic characteristics and broad patterns of sexual behaviour within segments are considered. Chart 11 summarises this for the benchmark wave and illustrates how sexual behaviour varies with lifestyle.

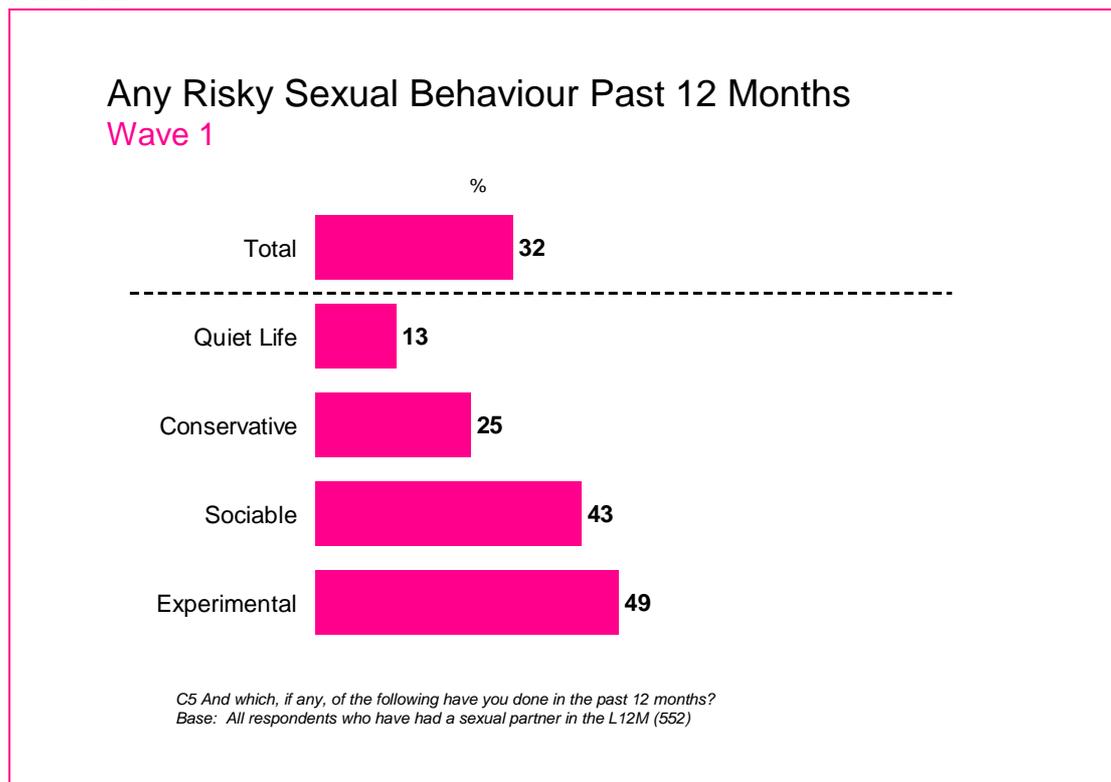
**Chart 11**

Segment Summary Wave 1	
<p><b>Quiet Life (23%)</b></p> <p>Typically female, 26-30 years, slight C2DE bias. Most likely to be married/engaged and/or have children.</p> <p>72% have had 1 sexual partner in the past 12 months</p> <p>12% have had 'casual sex' in the past 12 months</p>	<p><b>Conservative (31%)</b></p> <p>Broad age range, broad social grade. Most likely to be in long-term exclusive relationship.</p> <p>68% have had 1 sexual partner in the past 12 months</p> <p>13% have had 'casual sex' in the past 12 months</p>
<p><b>Sociable (26%)</b></p> <p>Youngest group (most likely to be 18-21), slight C2DE bias. Most likely to be single.</p> <p>43% have had 1 sexual partner in the past 12 months</p> <p>32% have had 'casual sex' in the past 12 months</p>	<p><b>Experimental (20%)</b></p> <p>Typically male, 26-30 years. Upmarket (64% ABC1). Most likely to be in a relationship, but more likely short-term and non-exclusive</p> <p>52% have had 1 sexual partner in the past 12 months</p> <p>36% have had 'casual sex' in the past 12 months</p>

The Sociable and Experimental groups were the most sexually promiscuous with 32% and 36% respectively having had casual sex in the last 12 months compared to 12% of Quiet Lifers and 13% of Conservatives. By contrast, 72% and 68% of Quiet Lifers and Conservatives respectively had had only one sexual partner in the past 12 months compared to 43% of Sociables and 52% of Experimentals. There was also a decrease in the time respondents knew their last partner before sex across segments: 31% of Experimentals knew them a week or less compared to 26% of Sociables and 20% of Conservatives and Quiet Lifers.

The importance of these lifestyle differences in terms of sexual health and STIs/STDs is further demonstrated by Chart 12 which illustrates the occurrence of risky sexual behaviour in the past 12 months across segments at the benchmark wave. Clearly, it is respondents in the Sociable and Experimental segments who are most at risk.

**Chart 12**



The groups were also differentiated in terms of demographics, though this is potentially less important in this context.

Sociables were the youngest group while Experimentals and particularly Quiet Lifers were more likely to be in the older 26-30 age group. There was a broad age range among Conservatives. Unsurprisingly, Quiet Lifers were the most likely to be married or engaged among the groups and Conservatives were more likely than other groups to be in exclusive long-term relationships. Sociables were most likely to be single whereas Experimentals were likely to be in a relationship but this was more likely to be short-term and non-exclusive. Across social grades there was a slight bias towards lower social grade respondents among Sociables and Quiet Lifers while Experimentals were more likely to be higher social grade ABC1 respondents.

## 5 ADVERTISING RECOGNITION AND COMMUNICATION

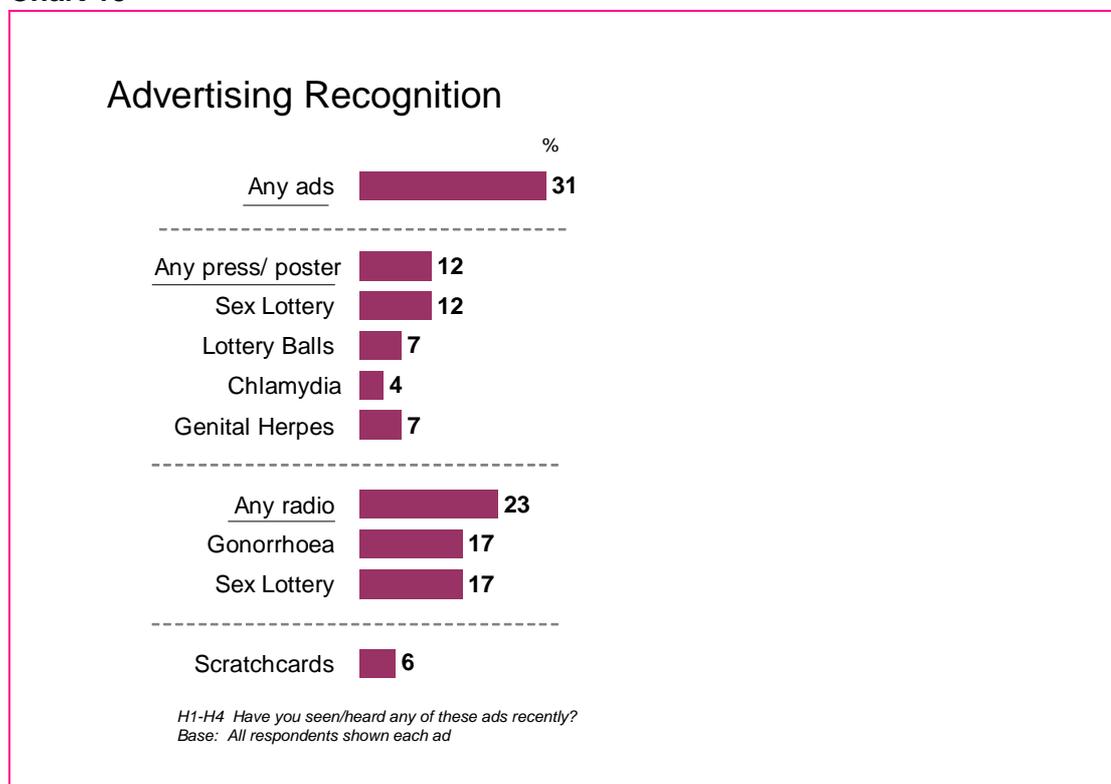
The previous sections considered the context for the advertising in terms of sexual and social behaviour. The rest of this report considers the advertising in more detail.

This section examines recognition of media shown to respondents during the course of the interview at Wave 2; specifically, two radio advertisements (played in full to respondents using multimedia CAPI), four press ads (shown on screen) and a set of scratchcards (shown in their original form). The recognition measure is typically used to consider full reach of the advertising as it decays less readily than top-of-mind awareness. The section then considers what the advertisements communicated to respondents and perceived personal relevance. All data discussed in this section is from Wave 2 as respondents were not shown any material at Wave 1.

### 5.1 Advertising Recognition

Chart 13 below summarises recognition across all media\* shown to respondents.

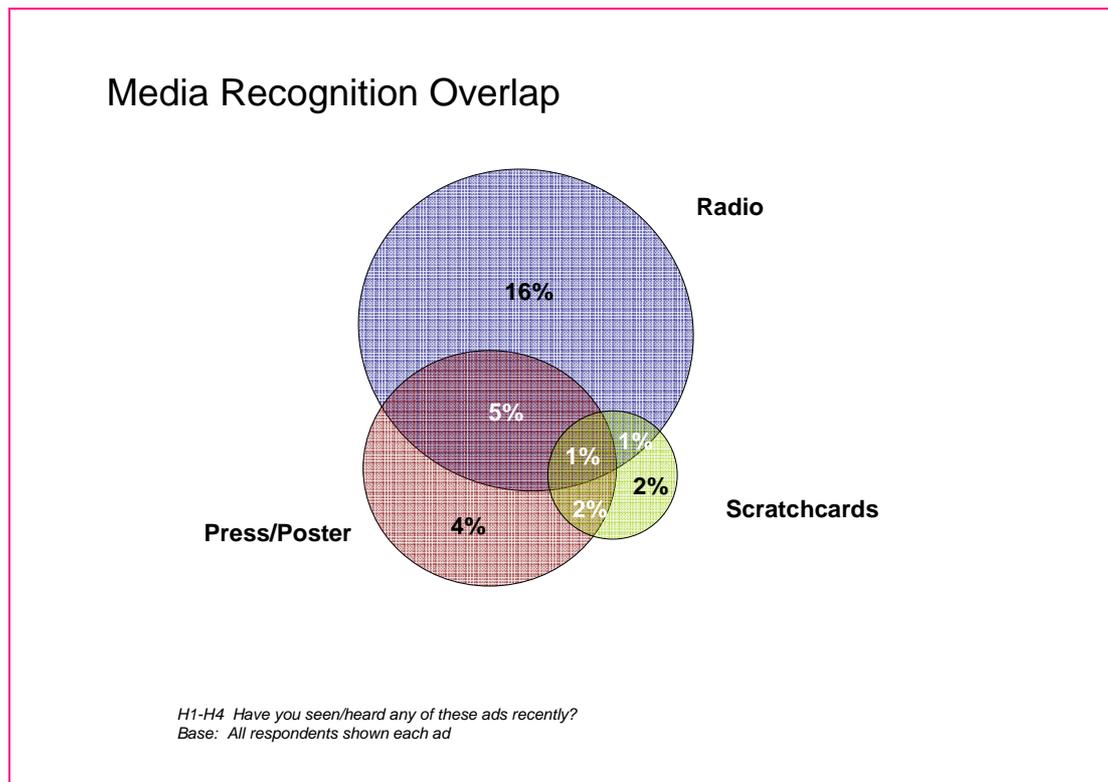
Chart 13



Just less than one third of all respondents recognised any of the media shown to them. This level of recognition is lower than might have been expected given the amount of spend and the results of qualitative research which suggested the material had a high impact. In particular, recognition of the radio executions was low, relative to spend, with only 23% recognising either execution.

Of the press executions “Sex lottery” was the most recognised, at 12% while only 7% of respondents shown “Lottery Balls” recognised it. Recognition for “Genital Herpes” amongst males (the advertisement was only shown to males) was 7% whereas only 4% of females recognised “Chlamydia” (which was shown only to females). Recognition of the scratchcards was 6%. Chart 14 illustrates the level of recognition of different combinations of media.

**Chart 14**

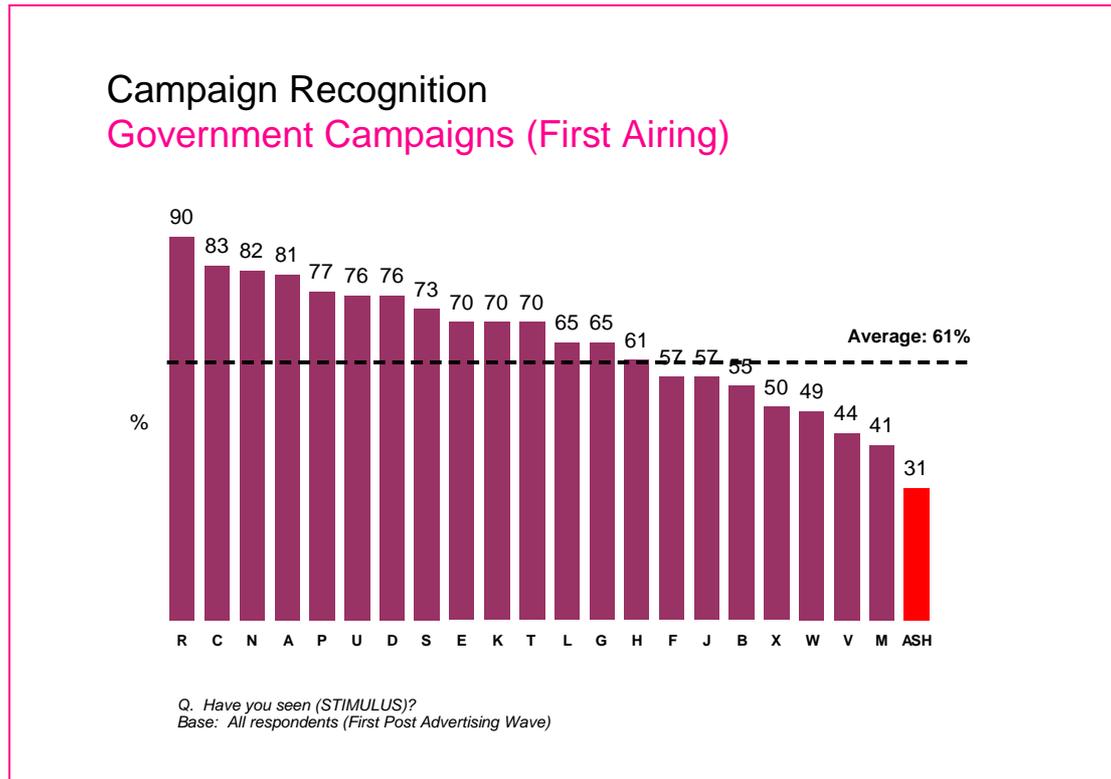


A relatively high proportion of respondents recognised only the radio advertisements with limited overlap between this and other media. In these terms the media may not have complemented each other as well as they might, contributing to the low campaign recognition.

## 5.2 Comparative Data

Chart 15 below compares total recognition of the Adult Sexual health campaign and recognition of media across other Government campaigns at the first post advertising wave (equivalent to Wave 2 of the Adult Sexual Health survey). This chart includes campaigns for which the lead medium was TV as opposed to radio.

**Chart 15**

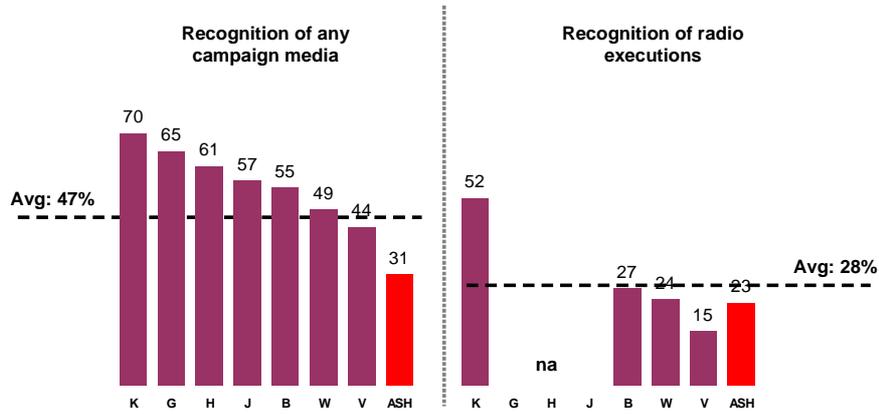


In this context overall recognition of the “Sex Lottery” campaign was low. Even in the context of non-TV campaigns illustrated in Chart 16 (some radio-led, other press/poster or cinema led), recognition of the “Sex Lottery” campaign was relatively low; over 10 percent lower than any other campaigns available for comparison.

In addition to the media used, the amount of spend on a particular campaign is like to impact on recognition. Chart 17 takes this into account by illustrating the amount of advertising spend per percentage point of recognition for all campaigns available for comparison. Although the “Sex Lottery” campaign had comparable levels of spend per % recognition to two other campaigns it was still significantly higher than the majority of campaigns available for comparison.

Chart 16

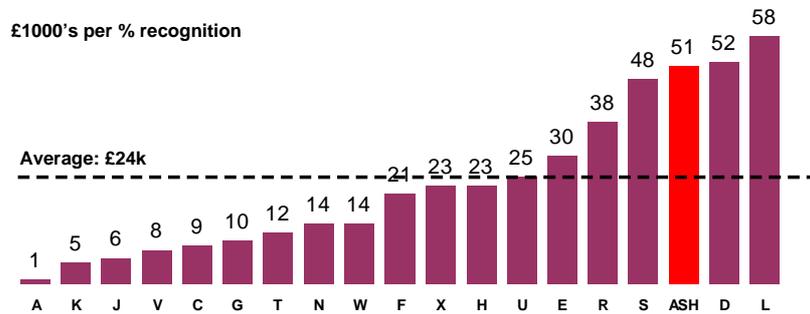
### Comparative Campaign Recognition Non-TV Government Campaigns (First Airing)



Q. Have you seen (STIMULUS)?  
Base: All respondents (First Post Advertising Wave)

Chart 17

### Advertising Spend per % Recognition Government Campaigns (First Airing)



Q. Have you seen (STIMULUS)?  
Base: All respondents (First Post Advertising Wave)

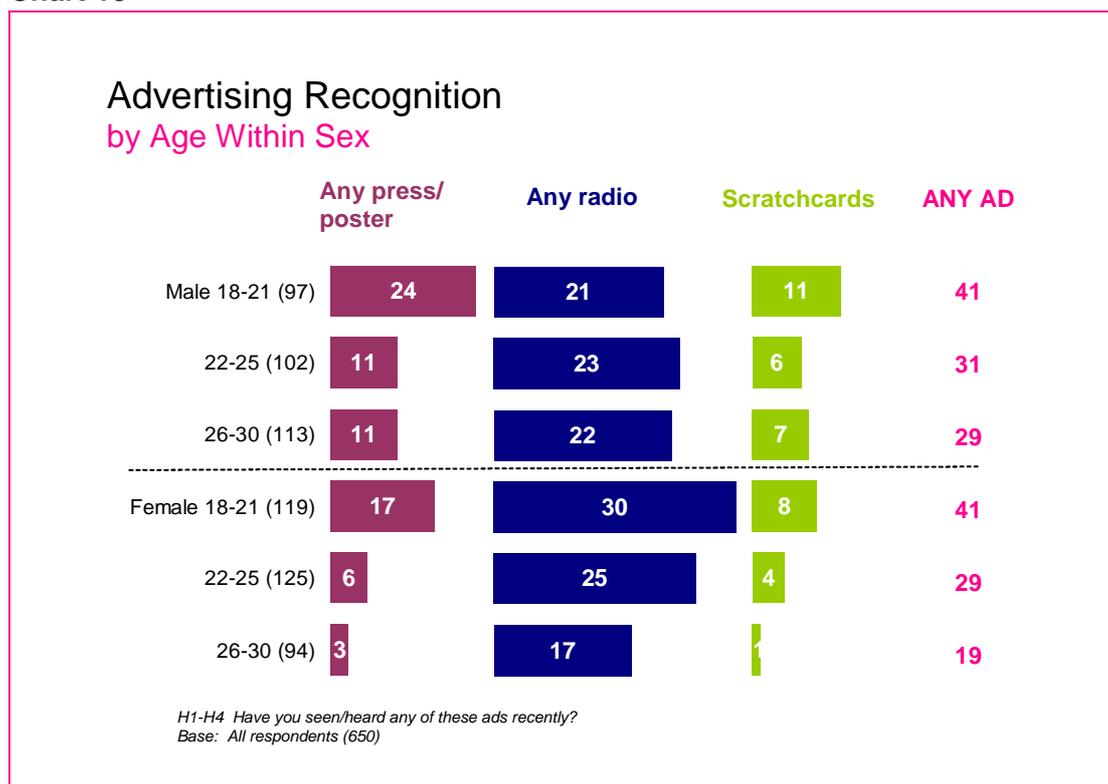
It is possible, in this instance, that the time lapse between the majority of campaign activity (to April 2003) and the Wave 2 research caused recognition to be understated to some extent. However, even taking that into account comparison with other campaigns does suggest recognition was low relative to spend, particularly as the campaign had been established through airing over a reasonable period.

Further detail on the other Non-TV campaigns, as well as key comparisons between these and the “Sex Lottery” campaign and key conclusions reached about the comparative data can be found in Appendix D.

### 5.3 Recognition amongst sub-groups

Chart 18 illustrates recognition of media within key sex and age sub groups.

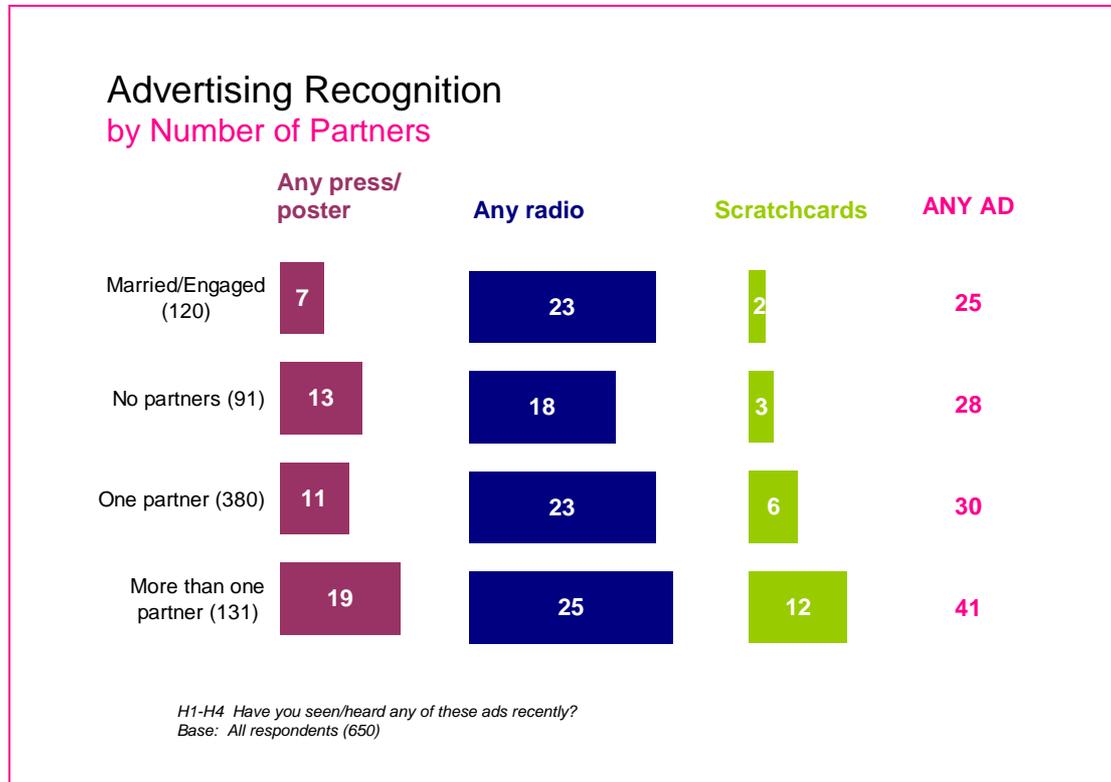
Chart 18



Encouragingly, recognition was higher (41%) amongst both males and females aged 18-21 driven primarily by press and scratchcards. Amongst the female 18-21 group recognition of radio was also relatively high at 30% compared to 23% in the sample overall. Recognition of all media was low amongst older females.

As can be seen from Chart 19 recognition was also considerably higher overall (41%) amongst those respondents who had had more than one partner in the past 12 months compared to those respondents who were married or engaged (25%).

**Chart 19**

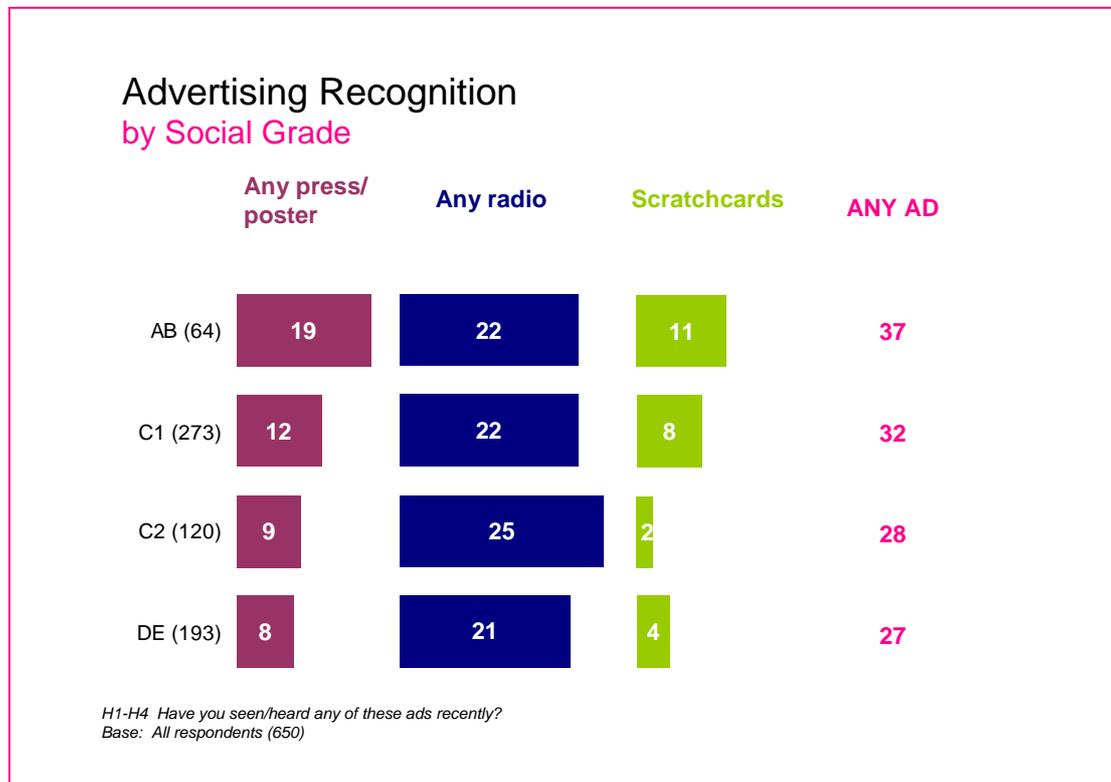


In terms of both younger age groups and number of partners, campaign recognition was thus “on-target” with better levels achieved amongst these key audiences.

Recognition of the campaign amongst respondents still in higher education was also considerably higher (at 44%) than for working respondents (29%). Again, this higher recognition was driven by press/poster, with 23% recognition amongst students and especially scratchcards with 18% recognition. This suggests that the press and scratchcard activity reached a slightly different audience to the radio executions.

Recognition was also elevated amongst the higher social grades (Chart 20) with 37% of AB respondents recognising any of the advertising material compared to 32% of C1 respondents, 28% of C2 respondents and 27% of DE respondents.

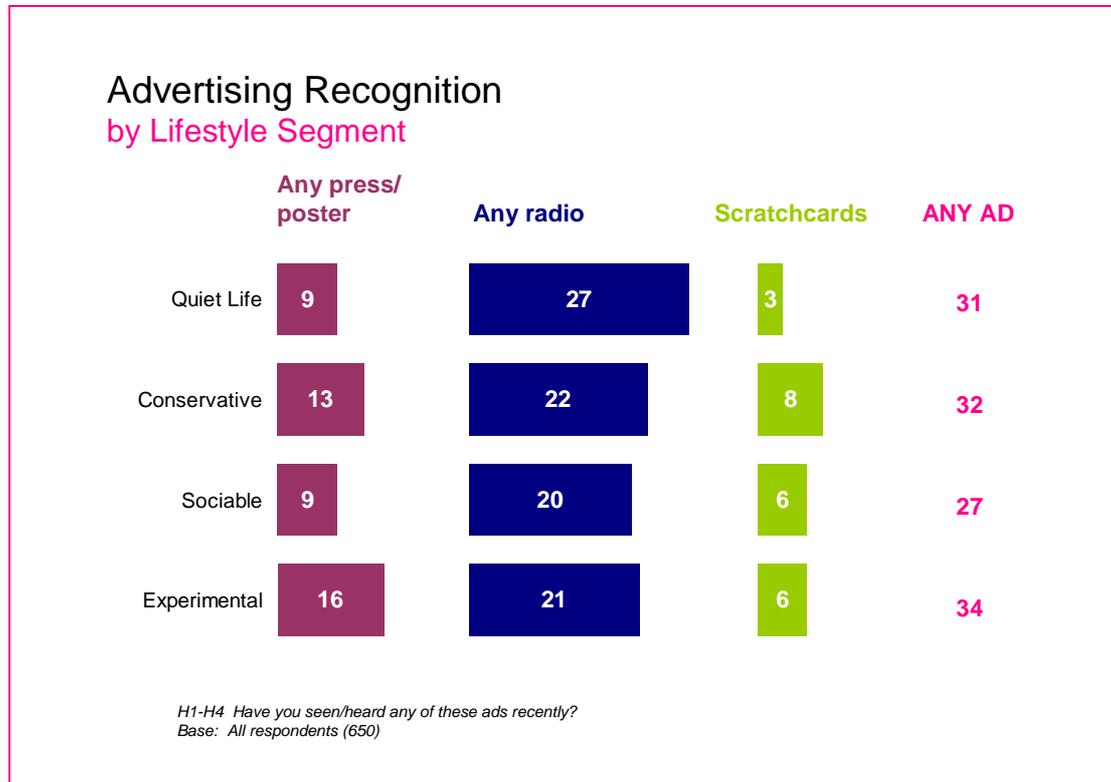
**Chart 20**



This higher recognition overall was due primarily to higher awareness of press and scratchcards: 19% of AB social grade recognised the press executions compared to 10% within the other grades. Moreover, 11% of AB's recognised the scratchcards compared to 5% among other grades. An action point for the future may be to increase targeting of more down-market groups as their sexual behaviour (Section 3) confirmed their status as a key audience.

Chart 21 summarises recognition of the various media by lifestyle segment.

**Chart 21**



It can be seen that recognition of any of the material was slightly higher amongst Experimentals at 34% (compared to 31% overall), which is encouraging given that this group demonstrates the highest levels of “risky behaviour”. Increased recognition amongst this group was driven by recognition of the press/poster advertisements rather than recognition of radio. Indeed, recognition of the radio executions was highest among the Quiet Life segment at 27% compared to 20% among Sociables and 21% among Experimentals. This again suggests that the radio executions are reaching a slightly different audience to the press and scratchcards. An action point for the future may be to review radio targeting so that it is noticed by the more at-risk “out-going” groups which would complement the other forms of media to a greater extent.

## 5.4 Spontaneous Perception of Advertising Message

Immediately after being shown the advertising, respondents were asked the question: “*What do you think these adverts were trying to say?*”. Responses were recorded verbatim and similar responses grouped together to produce the results shown in Table A.

**Table A**  
**MESSAGE OF ADVERTISING (SPONTANEOUS)**

	Total %
<b>Net: use condom/ any use protection/ safe sex advice*</b>	<b>67</b>
Use a condom	35
Use protection/ protect yourself/ always use protection	22
Have/ practise safe sex	16
Play safe	7
Don't play the sex lottery/ don't treat sex like a lottery	6
<b>Net: any mention of danger/ risk*</b>	<b>32</b>
Be careful	15
High risk of STIs/STDs	8
Warnings of the dangers of STIs/STDs	8
<b>Net: any mention of prevalence of disease*</b>	<b>10</b>
It can/ could happen to you/ anyone can get it	4
Very prevalent/ common/ widespread	3
<b>Net: any call to action*</b>	<b>3</b>
A number to find out more/ contact number	3
Raising awareness/ making people aware	16

Base: All respondents (650)

\*combined answers include some specific responses not shown in the table

The most prominent spontaneous take-out message was that of using a condom/ protection or practising “*safe sex*”. Over one third (35%) of respondents understood the message “*use a condom*” from the advertising, while a further 22% felt the adverts were trying to say “[*always*] *use protection*” or “*protect yourself*”. Moreover, 16% of respondents used the specific phrase “*safe sex*”. Overall, approximately two-thirds of respondents mentioned messages such as “*use a condom/ protection*” or mentioned the phrase “*safe sex*”.

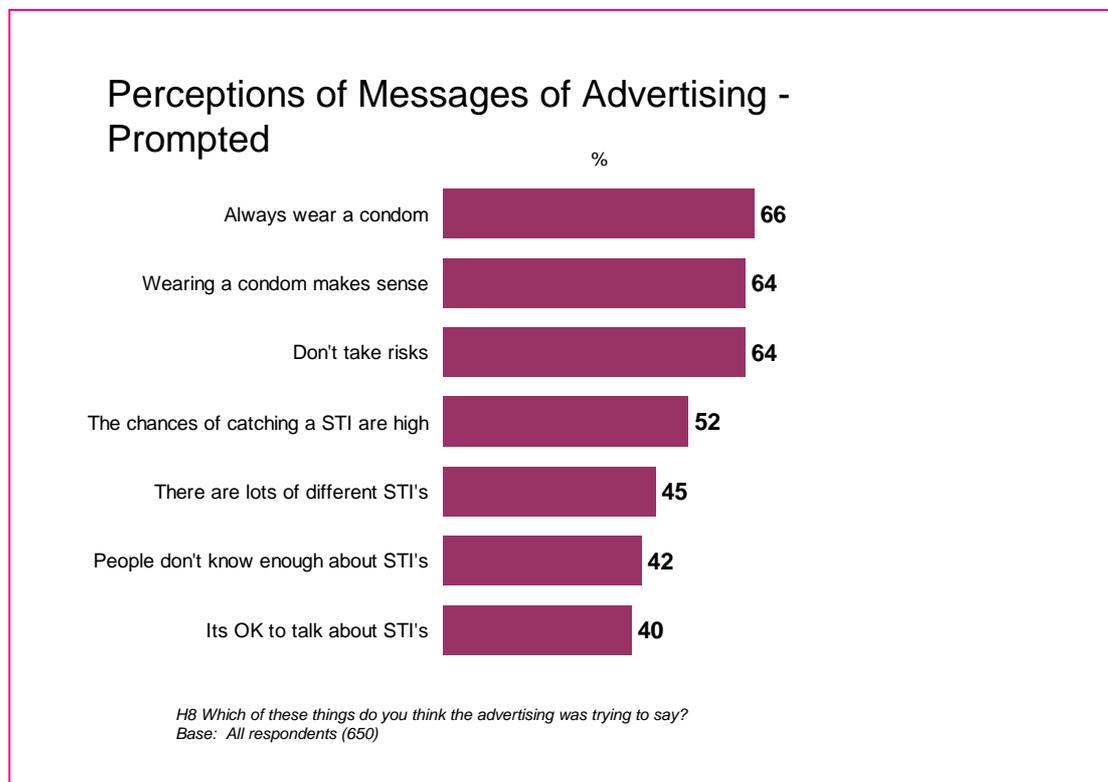
Furthermore, 15% of respondents reported that the advertising was telling them to “be careful”, 8% of respondents felt that the advertising was “Warning of the dangers of STDs” and a further 8% that there is a “High risk of STDs”. Overall 32% of respondents gave responses connected to the risk or danger of catching STIs/STDs.

Overlapping with these types of responses, 16% of respondents made specific mention of STIs or STDs. Only 10% of respondents overall felt the advertising was communicating the fact that STIs/STDs are “very prevalent”, “common”, “widespread”, that “it could happen to you” or they are “easy to get”. These messages may need further emphasis in future activity as it is coming through less strongly at a top-of-mind level than the “safe sex” or “use a condom” message.

## 5.5 Prompted Perceptions of Advertising Message

In order to investigate respondents perceptions of the message of the advertising further, respondents were shown the list of statements shown in Chart 22 and asked which of them they felt the advertising was trying to say.

**Chart 22**



As mentioned previously, the advertisements were perceived to communicate most strongly the “safe sex” message, with around two-thirds of respondents agreeing that the advert was trying to say “Always wear a condom”, “Wearing a condom makes sense” and “Don’t take risks”. By contrast, agreement was considerably lower with the statements “The chances of catching an STI/STD are high” (52%), “There are lots of different STIs/STDs” (45%) and “People don’t know enough about sexually transmitted diseases” (42%). This is further evidence that the prevalence and number of STIs/STDs is an aspect of the message that may require further emphasis.

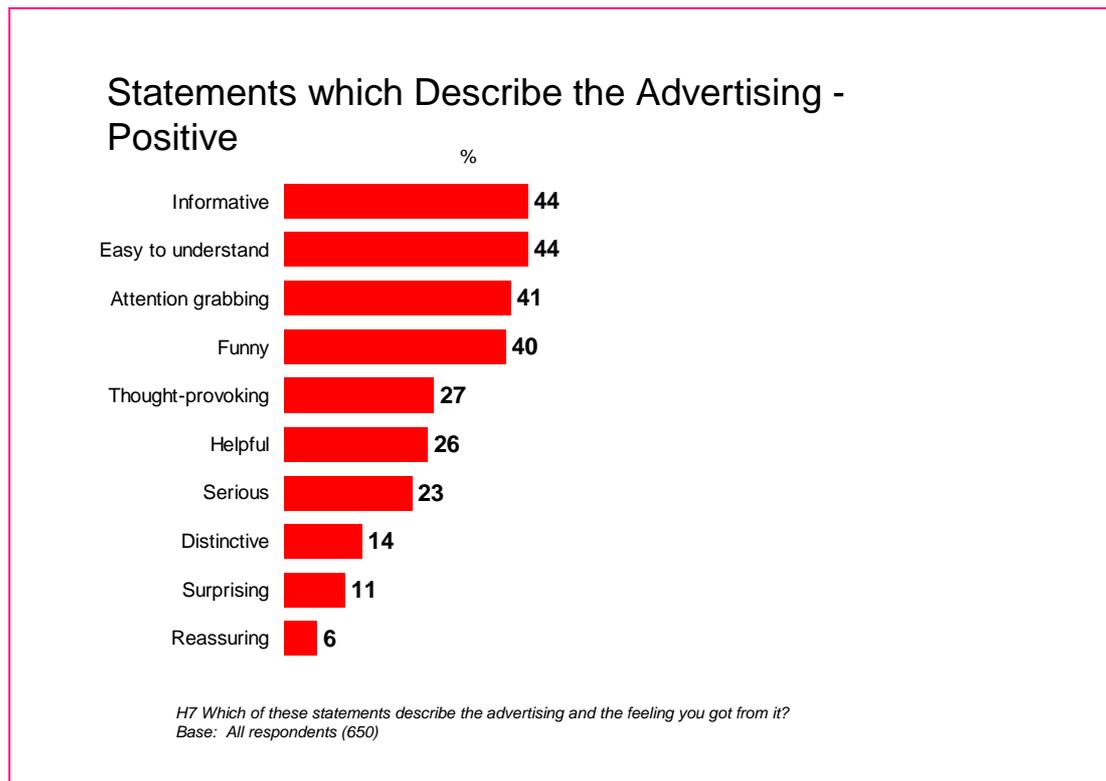
Across age groups older respondents (aged 26-30) were more likely to agree that the advertising was saying that “Wearing a condom makes sense” with 71% agreement compared to 59% for 18-25s. This message came through particularly strongly to older males 26-30 (73% agreement) and particularly weakly to younger females 18-21 (56% agreement). The younger female group (aged 18-21) did, however, pick up the message “Don’t take risks” more strongly than other groups with 70% agreement compared to 64% amongst the total sample.

Across social grades it was noticeable that respondents from the DE grade were less likely to take out the messages “There are lots of different STIs/STDs” (40% compared to 45% overall), and “The chances of catching an STI/STD are high” (46% compared to 52% overall). Conversely, respondents in C2 social grade were more likely to mention the safe sex advice aspect of the message (74% mentioning the statement “Always wear a condom” compared to 66% overall and 71% mentioning the statement “Don’t take risks” compared to 64% overall). These differences across social grade are likely to reflect the relatively greater exposure to press and scratchcard media, which emphasise the prevalence and number of STIs/STDs to a greater extent than the radio executions.

## **5.6 Prompted Description of Advertising**

Respondents were also shown a list of descriptive words and asked which they thought describe the advertising and the feeling they got from it. The statements have been split into “positive” statements, shown in Chart 23 and “negative” statements shown in Chart 24.

**Chart 23**

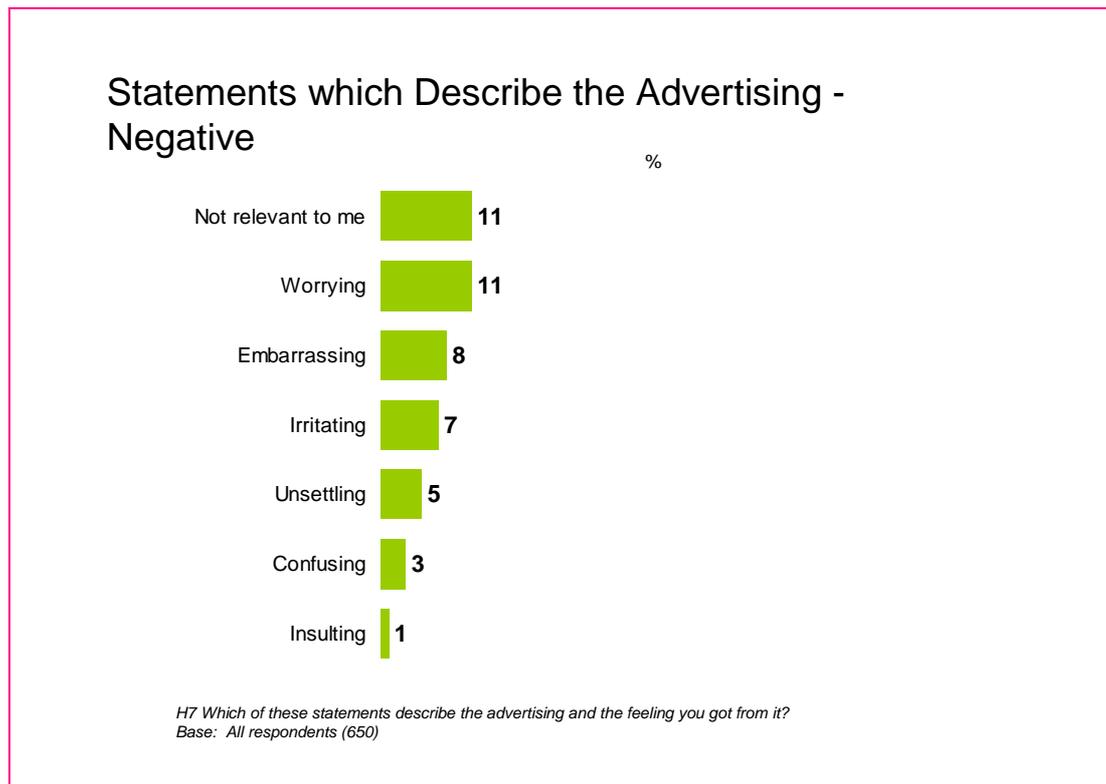


The dominant description of the advertising was that it was “Informative” , “Easy to understand”, “Attention grabbing” and “Funny”. This description confirms findings of qualitative research and is clearly an endorsement of the campaign material itself.

Higher social grade respondents were more likely to describe the advertising as “Informative” at 48% amongst ABC1 respondents compared to 39% among C2DE respondents. Furthermore, older respondents 26-30 were more likely to describe the advertising as “Funny” at 47% compared to 34% of respondents aged 18-25 yaers.

Around a quarter of all respondents also described the advertising as “thought-provoking”, “helpful” or “serious”. Younger women (aged 18-21) in particular felt the advertising was “helpful” with 32% mentions compared to 26% overall. Only 14% of respondents described the advertising as “distinctive” and only 11% as “surprising”. Low agreement with these descriptions, despite high mentions of “attention grabbing”, probably reflects the large amount of publicity on this subject in the public domain making it difficult for any advertising to stand out.

Chart 24



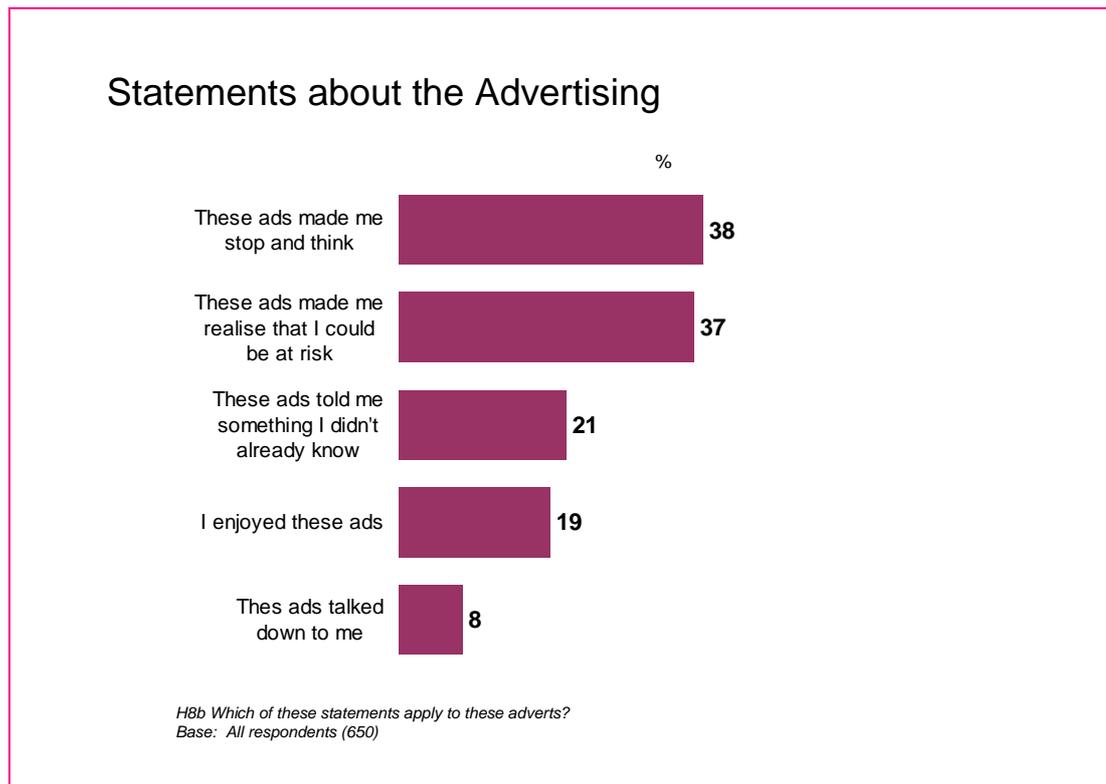
In terms of the “negative” statements it is encouraging that levels of mention for the descriptions “insulting” (1%), “confusing” (3%) and “irritating” (7%) in particular are relatively low. Respondents in the AB social grades, however, were more likely to find the advertisements “irritating” (14%).

Inevitably a proportion of respondents (11%) felt that the advertising was not relevant to them and this feeling was higher (20%) amongst those respondents who had had no sexual partners in the past 12 months. Some respondents described the advertising as “worrying” (11%), “embarrassing” (8%) or “unsettling” (5%) though these descriptions are not necessarily inconsistent with the goals of the campaign.

## 5.7 Statements Which Apply to the Advertising

In order to gauge further reactions to the advertisements, respondents were also shown a short list of more personal statements, shown in Chart 25, and asked which of the statements they thought applied.

**Chart 25**



Overall, 38% of respondents agreed that “the advertisements made me stop and think” and 37% of respondents reported that they “made me realise that I could be at risk”; both very encouraging reactions. Endorsement, in these terms, was even higher amongst respondents who had had more than one sexual partner in the past 12 months: 47% agreed that the advertisements made them realise they could be at risk at compared to 24% amongst respondents with no sexual partners in the last 12 months and 26% of married or engaged respondents.

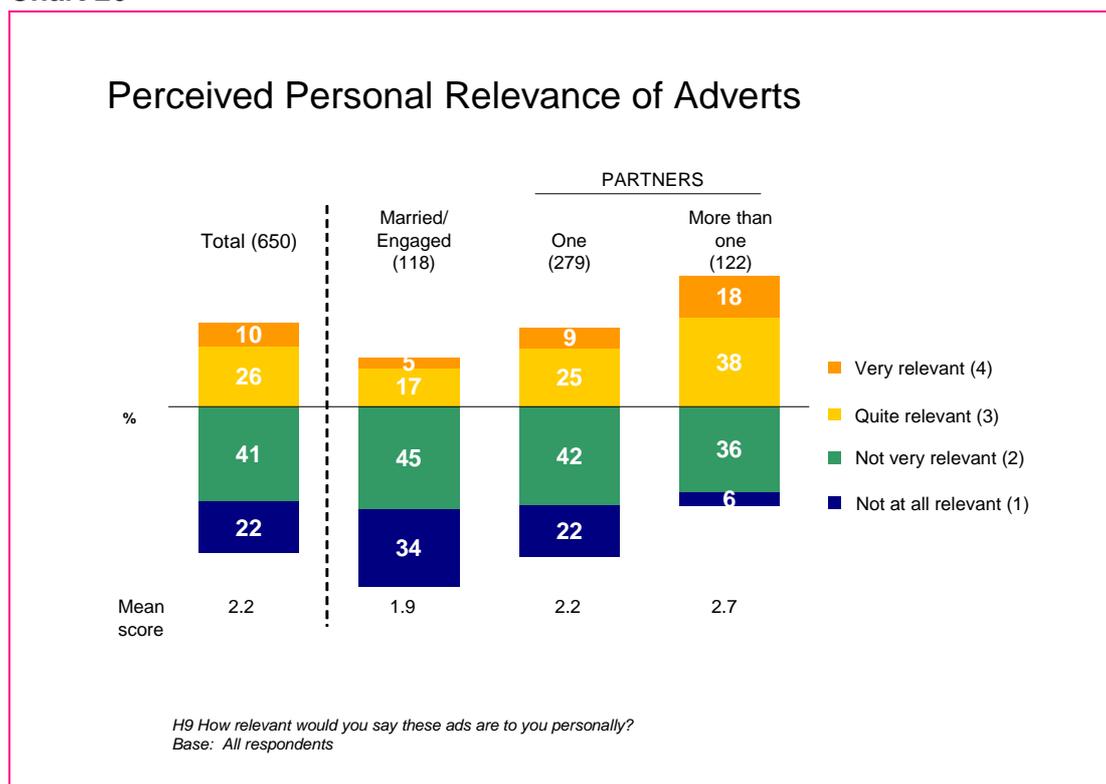
Less encouraging however, is the fact that only 21% of respondents agreed that the advertisements “told me something I didn’t already know”. Again it is likely that this is a consequence of a high level of background noise on the subject. However, once again agreement was higher amongst respondents with more than one sexual partner in the past 12 months at 25% compared to 17% of married or engaged respondents.

Married or engaged respondents and older female respondents (26-30 years) were more likely to agree that they “enjoyed these adverts” while a small proportion of respondents (8%) felt that the advertisements “talked down to me”. More negative feelings towards the adverts were again evident amongst respondents from the AB social grades as 14% of this group agreed with this statement. Agreement was also higher amongst younger men (18-21) at 12%.

## 5.8 Perceived Personal Relevance of the Adverts

After being shown the advertising material respondents were asked how relevant they thought the advertisements were to them personally. Chart 26 shows response to this question amongst the total sample and within relationship status/ number of partner groups.

Chart 26



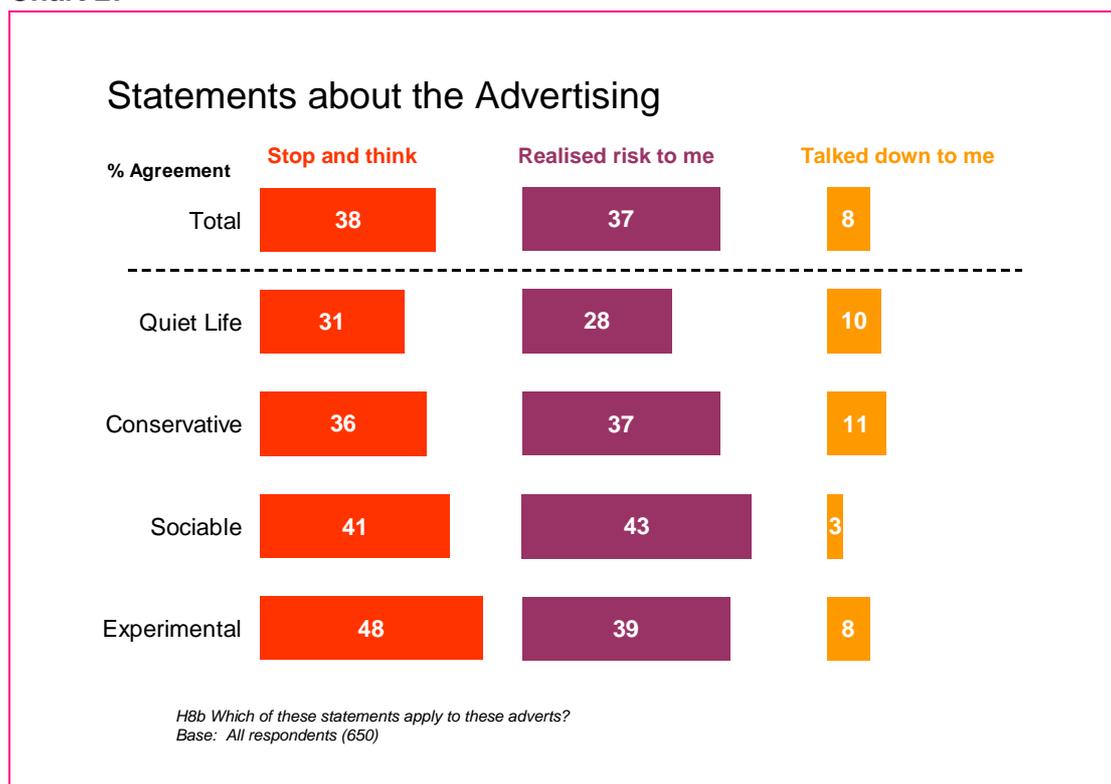
Almost two-thirds (63%) of respondents felt that the advertising was not very or not at all relevant to them, suggesting the perceived relevance may well be something of a barrier to cut-through. Only one in ten respondents felt that the advertisements were very relevant to them and only a quarter (26%) felt that the advertisements were quite relevant to them.

Encouragingly, however, perceived relevance was higher amongst respondents with multiple partners in the past 12 months. Over half (56%) of respondents who had had more than one sexual partner in the past 12 months felt that the advertising was very or quite relevant to them personally compared to 34% amongst respondents with only one partner in the past 12 months and 22% of married or engaged respondents.

## 5.9 Communication Within Lifestyle Segments

Chart 27 shows agreement with three key statements about the advertising across segments: “These adverts made me stop and think”, “These adverts made me realise that I could be at risk of catching an STI/STD” and “These adverts talked down to me”.

**Chart 27**



The message of the adverts was better received at a personal level amongst the Sociable and Experimental segments compared to Quiet Lifers and Conservatives. Agreement that the adverts made them stop and think was 48% amongst Experimentals and 41% amongst Sociables compared to 36% among Conservatives and 31% among Quiet Lifers. The advertisements were also particularly effective at making respondents in the Sociables segment realise the risk to themselves, with 43% agreeing compared to 37% of Conservatives and only 28% of Quiet Lifers.

It is also notable that only 3% of the Sociable group felt that the adverts were talking down to them compared to 8% of Experimentals, 10% of Quiet Lifers and 11% of Conservatives. These results suggest that Sociables are a group who are less knowledgeable about sexual health in general, and less aware they were putting themselves at risk, despite displaying high levels of risky sexual behaviour.

## **5.10 Advertising Recognition and Communication Summary**

In summary, whilst recognition of the material overall was relatively low, given relative spend and comparison with other campaigns (see Section 5.2) it is encouraging that, firstly, recognition tended to be higher amongst key target groups (younger respondents and those with more than one partner in the past 12 months) secondly, that communication was broadly on target and, thirdly, that the advertising message was even more well-received by respondents in more at risk lifestyle segments.

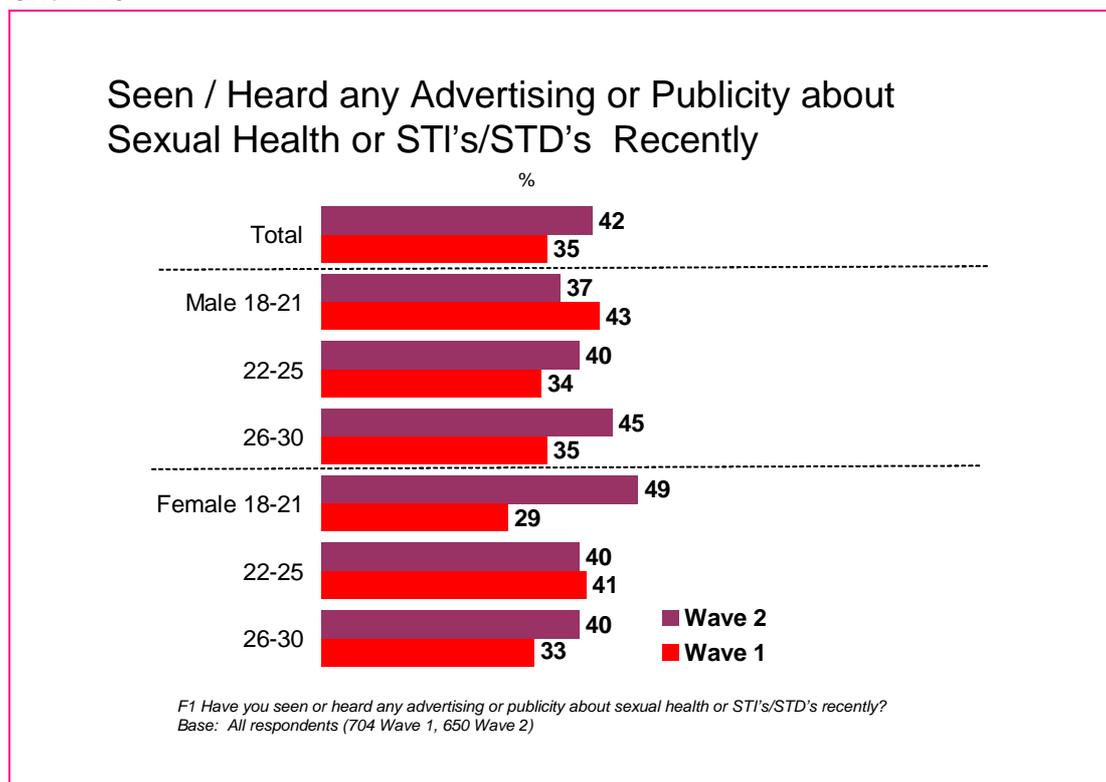
## 6 ADVERTISING AWARENESS AND RECALL

At both waves respondents were asked if they had seen or heard any advertising or publicity about sexual health or STIs/STDs recently. At Wave 2 this question was asked prior to being shown any advertising material and thus measures top-of-mind awareness of advertising for sexual health in general, which is examined in this section. It also considers to which sources respondents attributed their awareness.

### 6.1 Advertising Awareness

Chart 28 illustrates awareness of advertising/ publicity about sexual health STIs/STDs amongst the total sample and within key sex and age subgroups.

Chart 28



At Wave 1 it was noted that general “noise” on this subject was high: 35% of respondents said they had seen or heard something recently. This uplifted by only 7 percentage points to 42% at Wave 2, conducted after the advertising campaign commenced.

It is also notable that the pattern of awareness across sex and age groups at Wave 2 does not closely match the pattern of recognition of the “Sex Lottery” campaign (Table B).

**Table B**  
**ADVERTISING RECOGNITION AND AWARENESS WITHIN SUB-GROUPS**

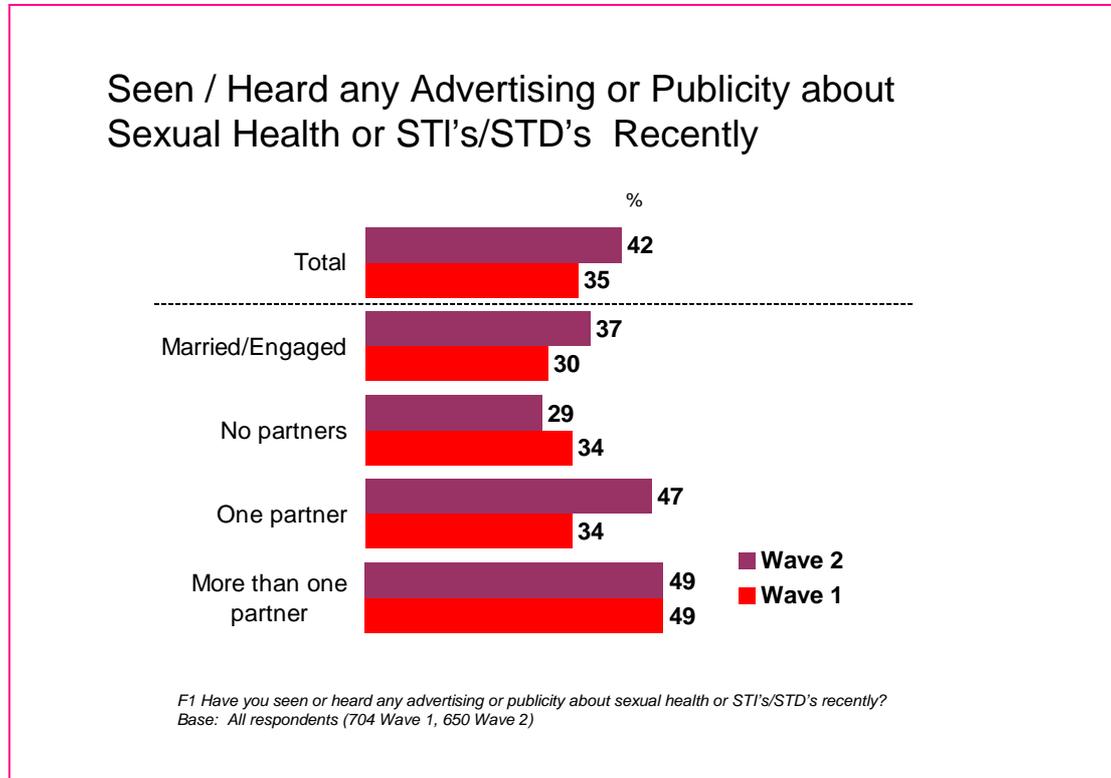
		Advertising Recognition (Any)	Awareness of publicity for sexual health	
		Wave 2	Wave 2	Wave 1
Males 18-21 (97)	%	41	37	43
Males 22-25 (86)	%	31	40	34
Males 26-30 (141)	%	29	45	35
Females 18-21 (98)	%	41	49	29
Females 22-25 (91)	%	29	40	41
Females 26-30 (137)	%	19	40	33

Source: H1-4 Advertising recognition, F1 Awareness of publicity for sexual health

Recognition was considerably higher amongst younger age groups (aged 18-21) and particularly low amongst older females (aged 26-30). It would be expected that the pattern of recognition and awareness within sub-groups would resemble each other to a greater extent if awareness was driven by the DH “Sex Lottery” campaign directly.

Chart 29 shows awareness of advertising publicity for sexual health across further key groups.

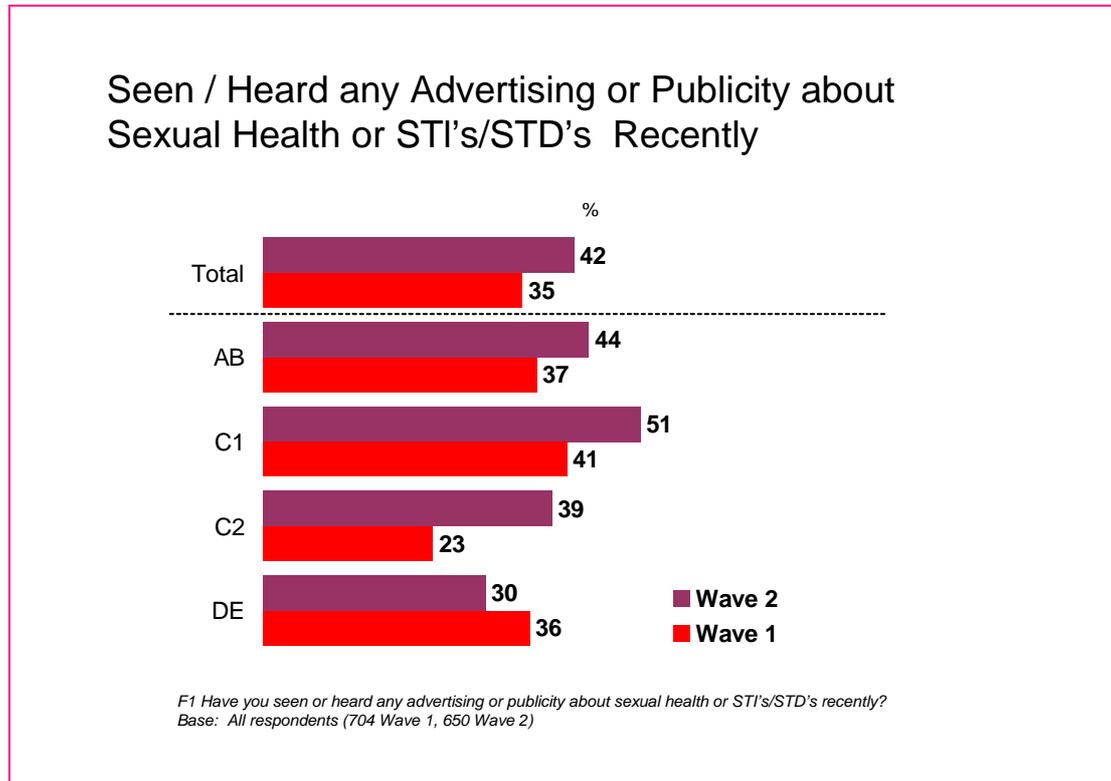
**Chart 29**



Although the overall pattern of awareness within the groups shown does in this case resemble the pattern of recognition to a greater extent, the highest uplifts between Wave 1 and 2 are not amongst the groups where the highest recognition was recorded. For instance, awareness of advertising or publicity increased by 13 percentage points amongst unmarried respondents with one sexual partner over the last 12 months, while there was no change amongst unmarried respondents with more than one partner. As described in Section 5 recognition of the advertising material was highest amongst this group, at 41%. If awareness was attributable to the “Sex Lottery” campaign, a more consistent pattern across sub-groups would be expected.

A similar observation can be made across social grades (Chart 30). The highest uplift in spontaneous awareness from Wave1 to Wave 2 was amongst C1 and C2 respondents with 10 and 16 percentage points increase respectively, despite the fact that campaign recognition was relatively low amongst these groups.

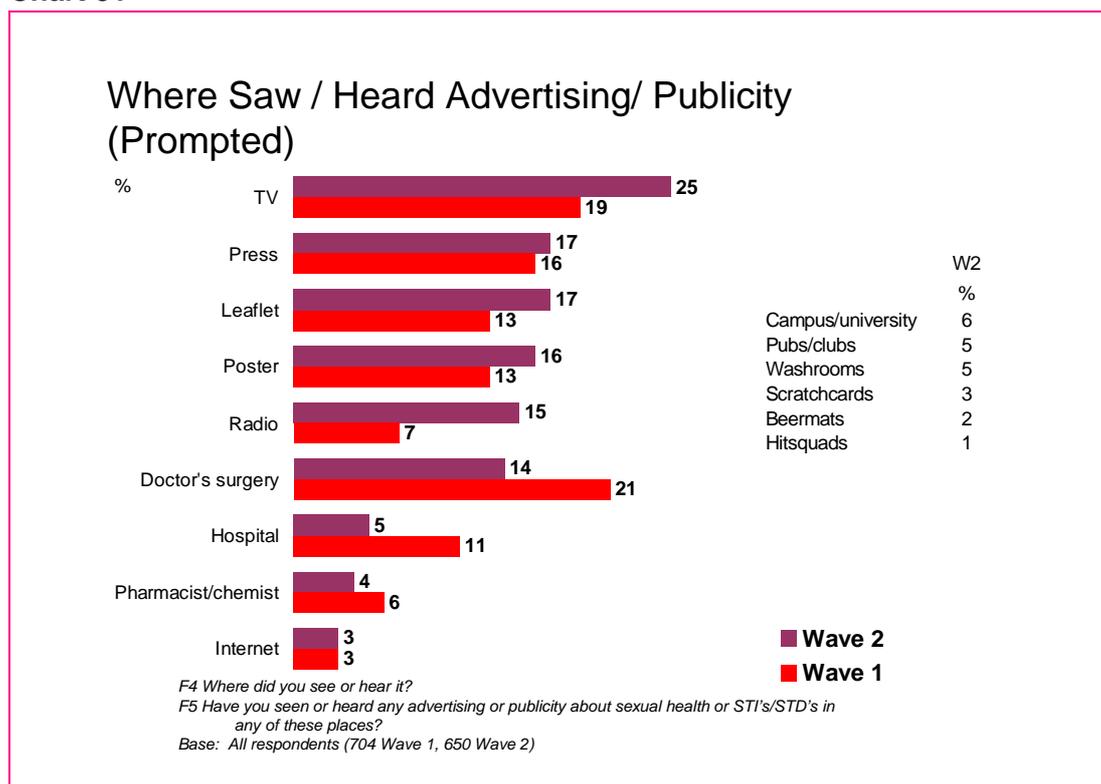
**Chart 30**



## 6.2 Where the Advertising Was Seen or Heard

Respondents aware of advertising or publicity for sexual health were asked where they had seen or heard it and shown a list of locations and media. Responses are shown in Chart 31.

Chart 31



TV was mentioned most frequently, particularly at Wave 2. This is a common “default” for respondents unsure of advertising source. Radio advertising, in particular, is frequently misattributed to TV as seems to have been the case here.

It is notable that mentions of media such as “radio”, “leaflet” and “poster”, which are more likely to be referring to the specific campaign, were higher at Wave 2 whereas mentions of locations which are less likely to be referring to the DH campaign, such as “doctors surgery” and “hospital”, were lower at Wave 2 than Wave 1. This would suggest at least some referral to the campaign among those aware but not at high levels.

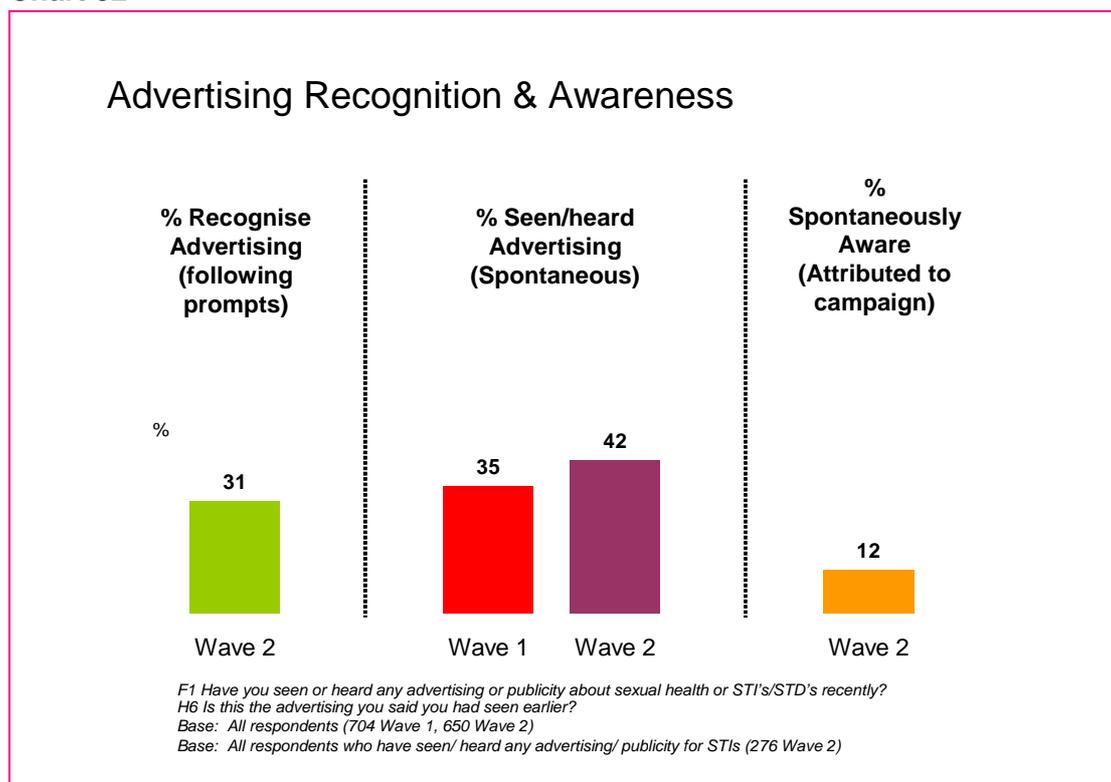
The overall conclusion is that those respondents aware of activity are not necessarily referring to the DH campaign. This is supported by the fact that 57% of respondents aware of advertising or publicity did not recognise any of the campaign material shown to them. Therefore, a measure of awareness of advertising/ publicity for sexual health, STIs or STDs does not reflect top-of-mind awareness of the DH's publicity campaign. This issue is considered further in Section 7.

## 7 AWARENESS ATTRIBUTABLE TO THE DH CAMPAIGN

In order to further investigate the issue of whether or not respondents were referring to the DH campaign or not, respondents aware of advertising or publicity for sexual health, STIs or STDs were asked, after being shown the campaign material, if that was the advertising they had said they had seen or heard earlier.

Chart 32 summarises advertising awareness and recognition amongst the total sample. As noted previously, 31% of respondents recognised material that was shown to them at Wave 2 and 42% of respondents were aware of advertising or publicity for sexual health. Of respondents aware of advertising or publicity for sexual health, however, only 29% attributed their awareness to the DH campaign, when asked if the show material was the advertising they had recalled earlier. *This equates to only 12% of the sample in total.*

**Chart 32**

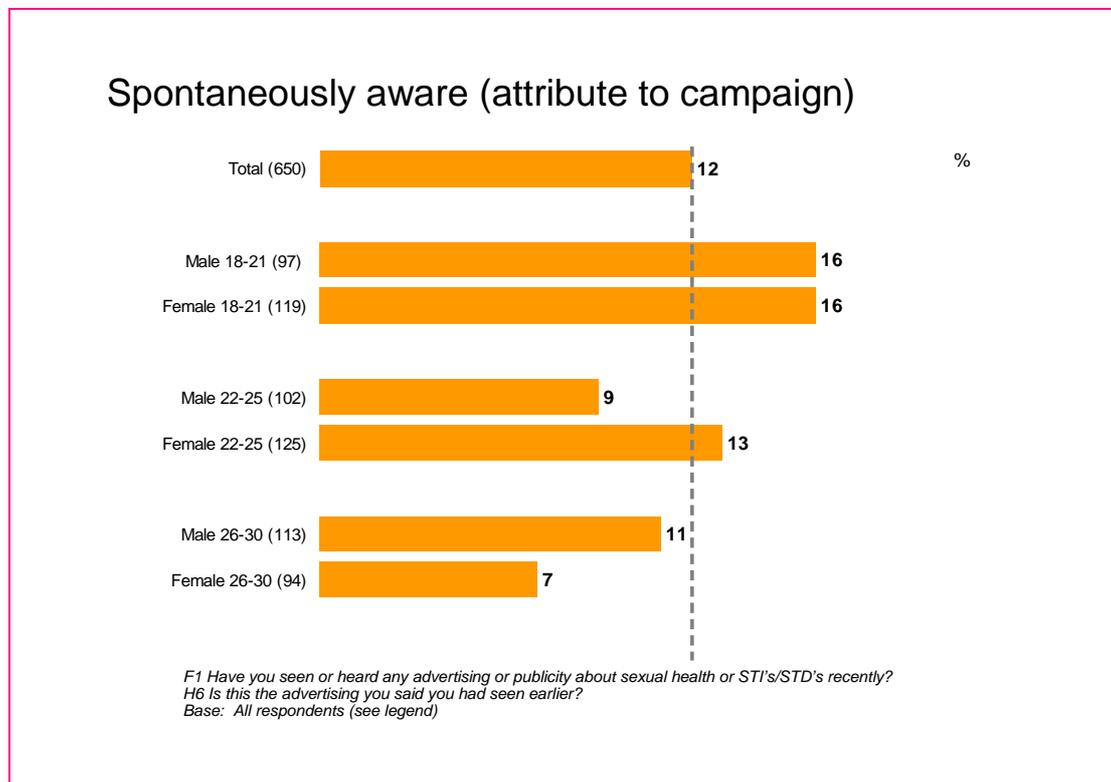


This “12%”, although a small proportion in absolute terms, are a key group for analysis: they are the only respondents who were aware of the DH campaign itself at a top-of-mind level. Throughout the remainder of this report they will be referred to as the “**spontaneously aware**” group and will be used to evaluate potential impact of the campaign on sexual behaviour and attitudes towards STIs/STDs.

## 7.1 Penetrations of Spontaneously Aware Group

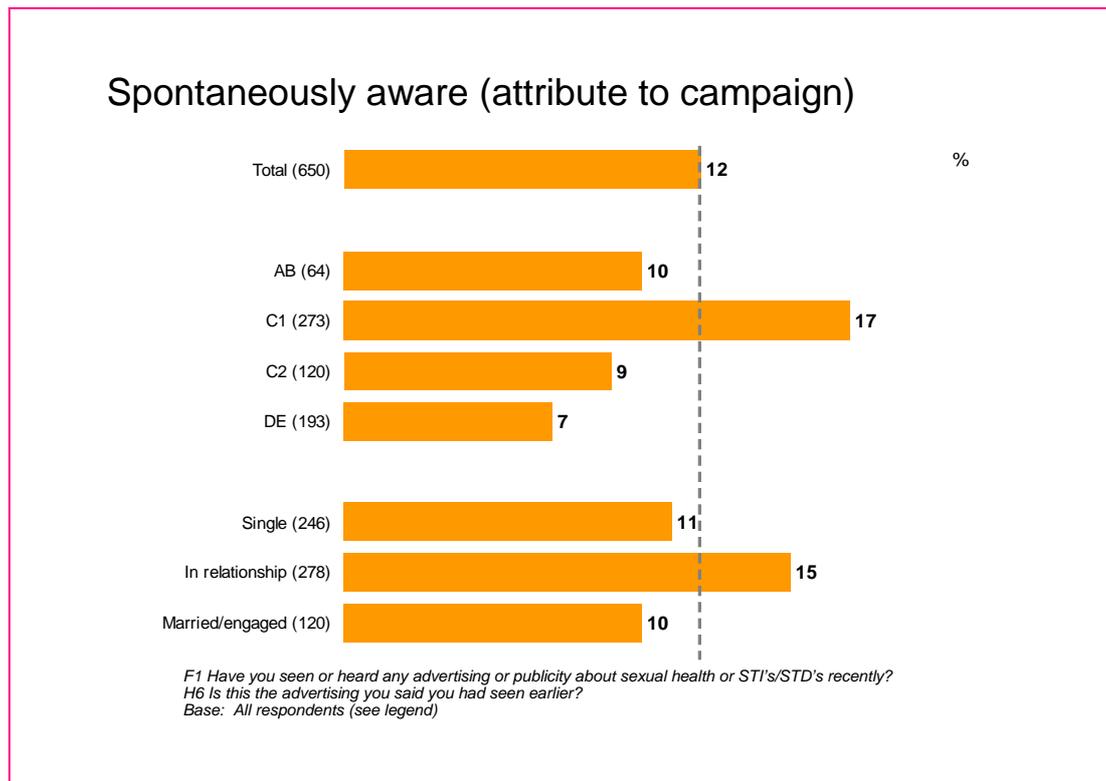
Charts 33 & 34 show the proportion of respondents within key demographic groups who attributed their awareness of sexual health publicity to the campaign.

**Chart 33**



The advertising was more likely to have cut through to younger respondents (aged 18-21) with 16% of this age group spontaneously aware of the campaign compared to 12% overall. There was less cut through to males 22-25 and females 26-30 in particular with 9% and 7% respectively spontaneously aware.

**Chart 34**

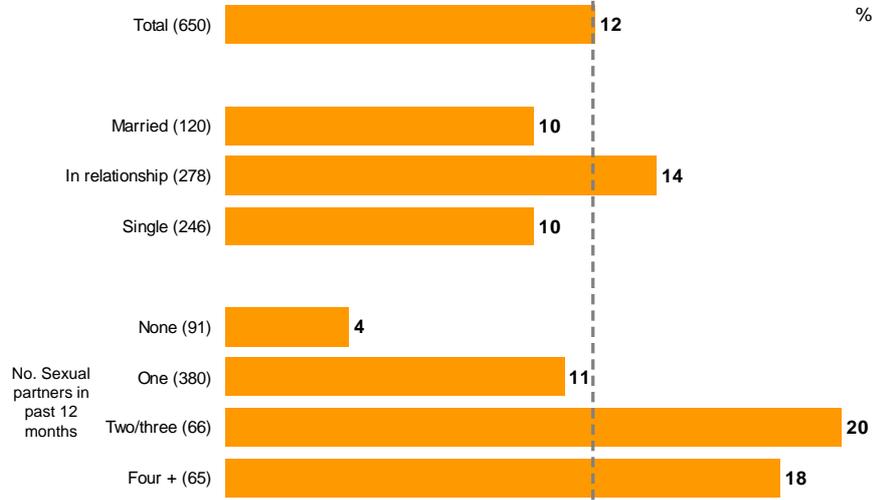


Cut through was relatively high amongst the C1 social grade, at 17%, and relatively low amongst the lower social grades: only 7% amongst DE respondents and 9% amongst C2 respondents, confirming the suggestion that increased targeting of the more down-market audience is required. Chart 35 over the page shows the proportion of respondents who attributed their awareness of sexual health publicity to the campaign within further relationship status groups and within groups of different number of partners in the last 12 months.

As can be seen from Chart 35 cut-through was also higher amongst respondents with multiple sexual partners in the last 12 months (20%) and particularly low amongst respondents who have had no sexual partners in the last 12 months (4%), reflecting the target audience to a large extent.

**Chart 35**

### Spontaneously aware (attribute to campaign)

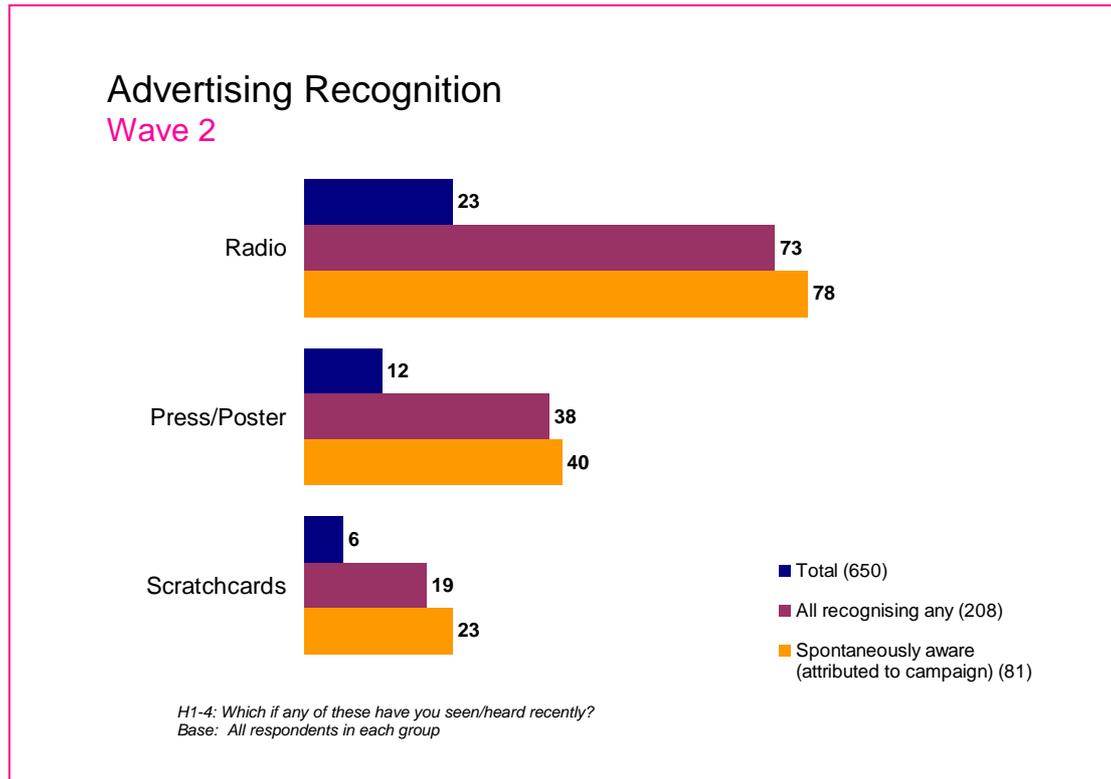


*F1 Have you seen or heard any advertising or publicity about sexual health or STI's/STD's recently?  
H6 Is this the advertising you said you had seen earlier?  
Base: All respondents (see legend)*

## 7.2 Advertising Recognition

Chart 36 looks at advertising recognition by three groups of respondents: those who were aware of publicity for sexual health and attributed their awareness to the “Sex Lottery” campaign material they were shown (i.e. the “spontaneously aware group”), those who recognised of any advertising (“all recognising any”) and the total sample.

**Chart 36**



While the pattern of media recognition is similar amongst those spontaneously aware of the campaign and those who recognised any of the executions, there was considerably more overlap between the recognition of different media within the spontaneously aware group. For example, 10% of this group recognised the executions of all three media types compared to only 4% of those who recognised any advertising and 1% of the total sample. Moreover, 21% recognised both a press advertisement and radio execution compared to 13% of those who recognised any advertising and only 5% of the total sample.

## 7.3 Where Respondents Saw or Heard the Advertising

Charts 37 and 38 illustrate where respondents spontaneously aware of the DH campaign claimed they had seen the advertising compared to all respondents aware of advertising or publicity for sexual health.

The largest differences between these two groups are for radio (49% of the spontaneously aware group compared to 35%) and scratchcards (16% compared to 6%). The impact of scratchcards is further emphasised by the high proportion of the spontaneously aware group mentioning campus/ university, pubs/clubs and washrooms. There were also differences in the proportion attributing their awareness to leaflets (45% compared to 40%) and posters (42% compared to 38%) while there was no difference for TV, which was not used in the campaign.

**Chart 37**

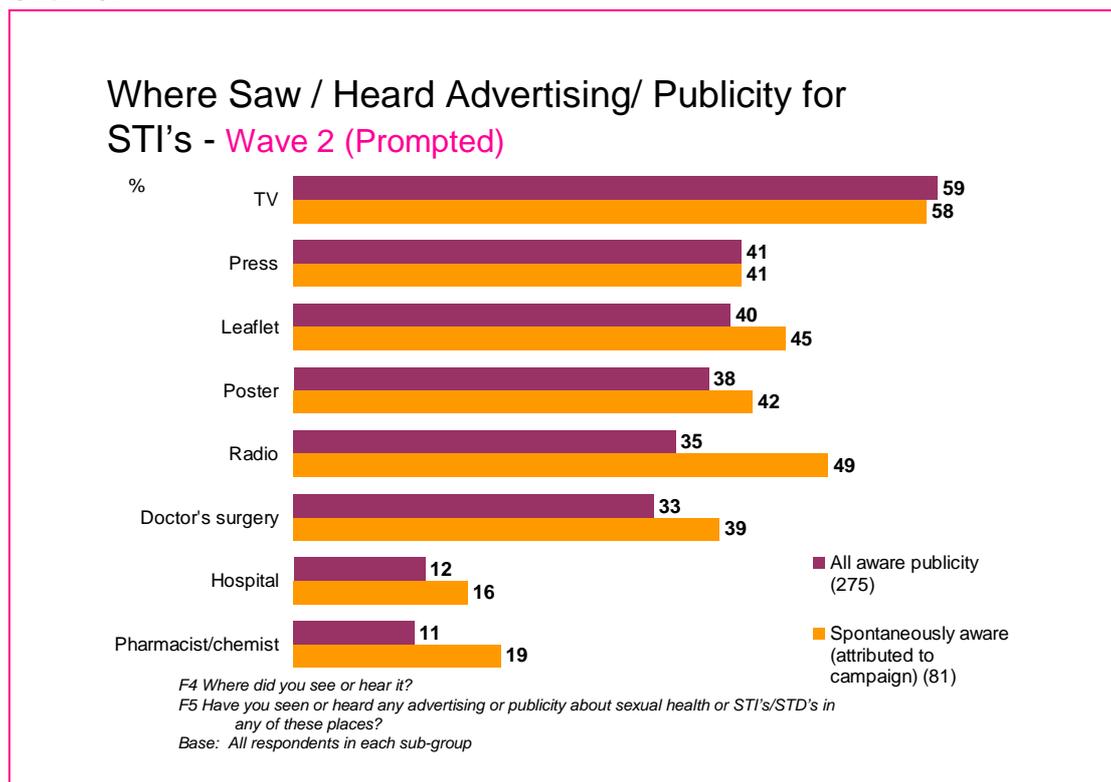
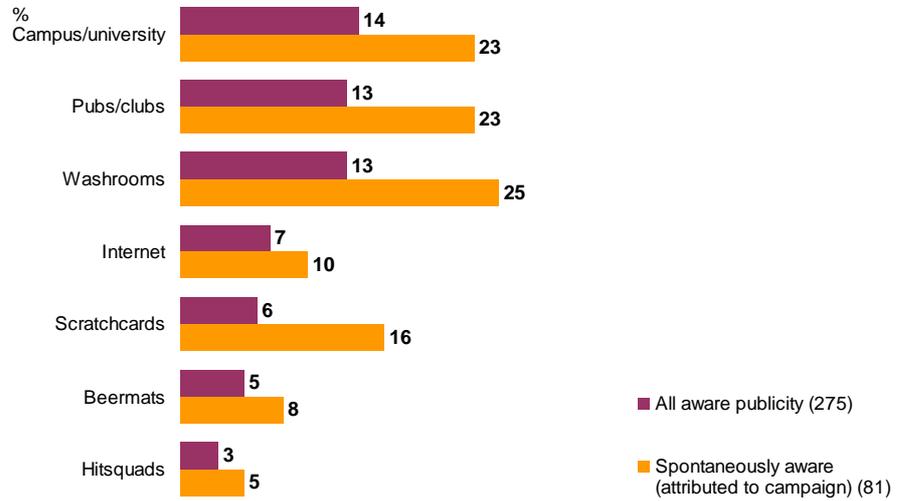


Chart 38

### Where Saw / Heard Advertising/ Publicity for STI's - Wave 2 (Prompted)



F4 Where did you see or hear it?

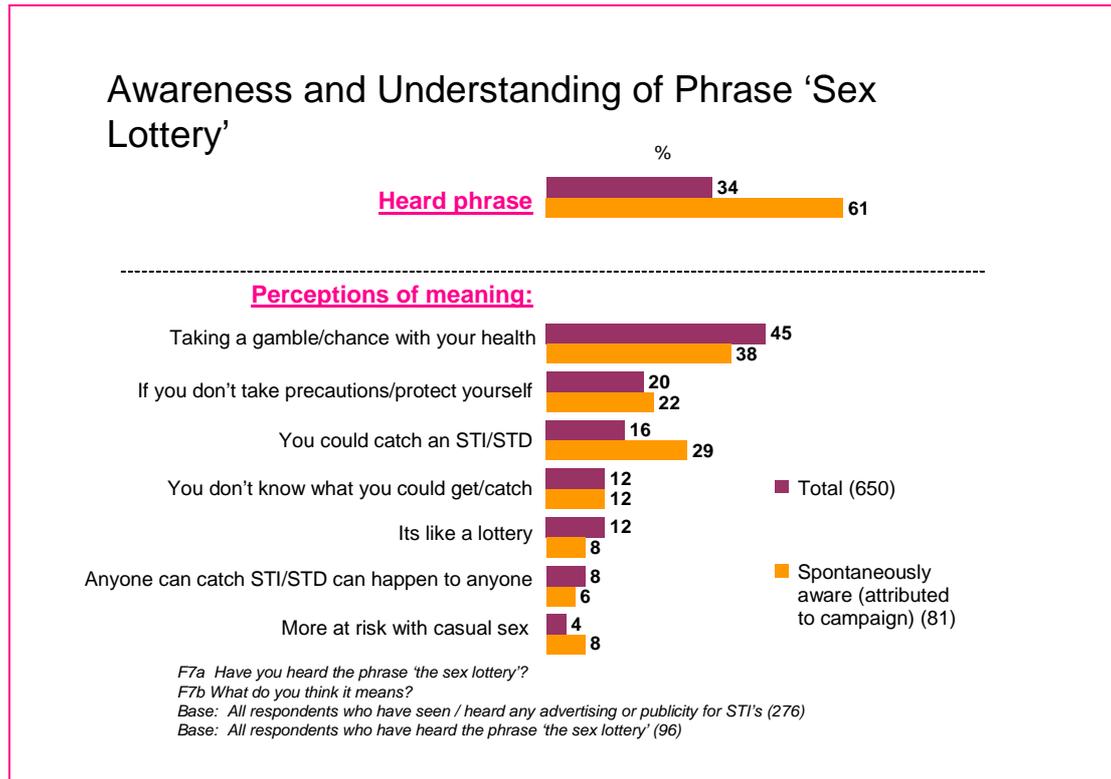
F5/F5b Have you seen or heard any advertising or publicity about sexual health or STI's/STD's in any of these places?

Base: All respondents in each sub-group

## 7.4 Awareness of the Phrase “Sex lottery”

Respondents were also asked, before they had been shown the advertising material, whether they had heard of the phrase “The Sex Lottery” and what they thought it meant. Chart 39 compares awareness and understanding of the phrase amongst the spontaneously aware group and the total sample.

Chart 39

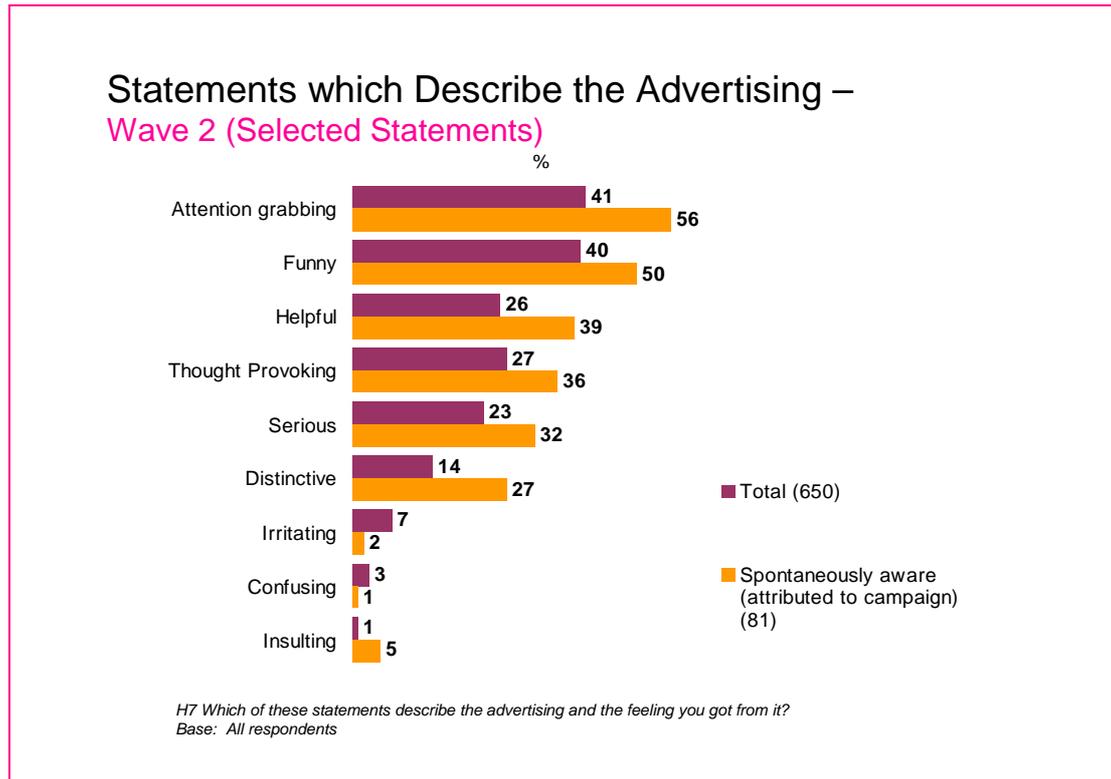


Not unexpectedly, the spontaneously aware respondents were more likely to recognise the phrase “The Sex Lottery” (61% recognition) compared to only 34% of the total sample. Understanding of the phrase amongst this group was very similar to that of the total sample, though it is encouraging that the spontaneously aware group picked up the risk aspect of the message to a greater extent than the total sample: 29% of spontaneously aware respondents who had heard of the phrase felt that it meant “you could catch an STI/STD” compared to 16% of the total and 8% felt that it meant that you are more at risk with casual sex compared to 4% of the total.

## 7.5 Reaction to the Advertisements

After being shown the “Sex Lottery” publicity material, respondents were asked which of a list of statements described the advertising and the feeling they got from it. In general, the spontaneously aware group reacted more positively to the advertisements than the total sample as can be seen in Chart 40.

**Chart 40**



In particular, 27% of spontaneously aware respondents described the advertising as “distinctive” compared to 14% of the total sample and 56% described it as “attention grabbing” compared to 41% of the total sample. A smaller proportion of this group described the advertisements as “irritating” or “confusing” although a slightly larger proportion described them as “insulting”.

In terms of agreement with statements about the advertising (Question H8b), half of the respondents to whom the advertising cut through felt that it “made me realise that I could be at risk of catching an STD/STI” compared to only 37% of the total sample. Almost as many of the spontaneously aware group (46%) agreed that the advertisements “made me stop and think” compared to 38% of the total sample.

Overall, it is clear that while the advertising material was not familiar to a large proportion of respondents at a top of mind level, the endorsement of the campaign material and its message was higher amongst those to whom the campaign *did* cut-through. It is worth noting that all advertising is likely to cut through to groups closer to the issues communicated. Thus the more positive attitude of the spontaneously aware respondents towards the “Sex Lottery” adverts of the DH campaign may reflect pre-existing attitudes of the group to some extent. However, in this instance, examining the reactions of the spontaneously aware group does suggest that the key campaign messages were received.

## 8 KNOWLEDGE AND PERCEPTION OF STIs

This section examines respondents' perceived knowledge of STIs/STDs, the diseases respondents had heard of and perceptions of the number of STIs/STDs. It then goes on to consider responses to specific statements about sexual health and STIs/STDs.

Throughout the section knowledge and perceptions are compared across Waves 1 and 2, however it should be noted upfront that very few significant changes were apparent between waves. As suggested earlier, attitudinal and behavioural change is a long term objective of the campaign. This, combined with the relatively low cut-through of the campaign, would make any change unlikely at this stage. For this reason perceptions among the spontaneously aware group are also considered in some detail to assess the potential impact of the campaign should greater cut-through be achieved in the future.

### 8.1 Knowledge of STIs/STDs

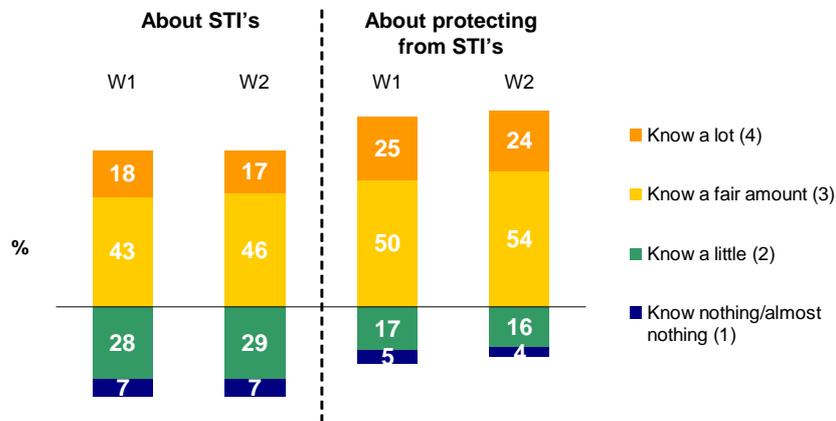
Respondents were asked how much they would say they knew about STIs/STDs in general and, at a later question, how much they thought they knew about how to protect themselves or their partners from STIs/STDs. Responses to both questions are shown in Chart 41.

Claimed knowledge about STIs/STDs and particularly protection from STIs/STDs was high with only 7% of respondents at both waves claiming to know nothing or almost nothing about STIs/STDs and only 5% of respondents at Wave 1 (4% at Wave 2) knowing nothing or almost nothing about protecting themselves from STIs/STDs.

Overall, at Wave 1, 61% of respondents claimed to know a lot or a fair amount about STIs/STDs and 75% to know a lot or fair amount about protecting themselves from STIs/STDs. Results at Wave 2 were comparable: 63% and 78% respectively. Perceived knowledge by exposure to the campaign is shown in Chart 42.

**Chart 41**

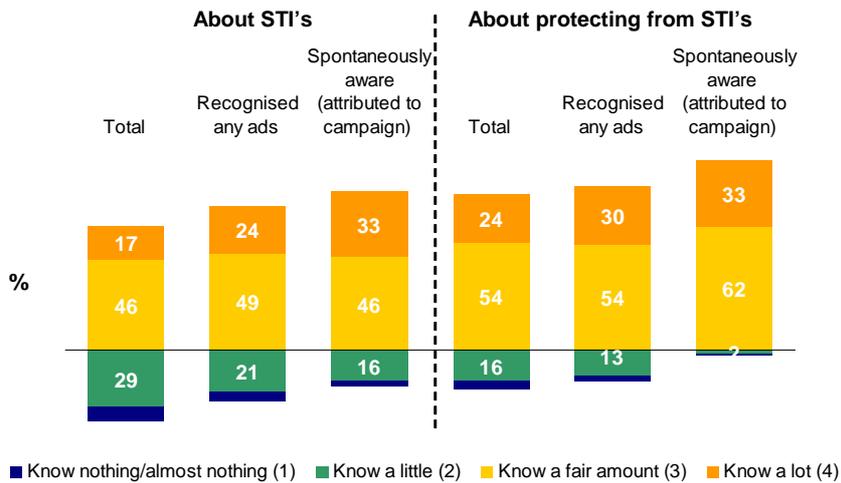
### Perceived Level of Knowledge about STI's



E1 How much would you say you know about sexually transmitted infections (STI's)/sexually transmitted diseases (STD's) in general?  
 E5 How much would you say you know about how to protect yourself or a partner from STI's/STD's?  
 Base: All respondents (704 Wave 1, 650 Wave 2)

**Chart 42**

### Perceived Level of Knowledge about STI's Wave 2

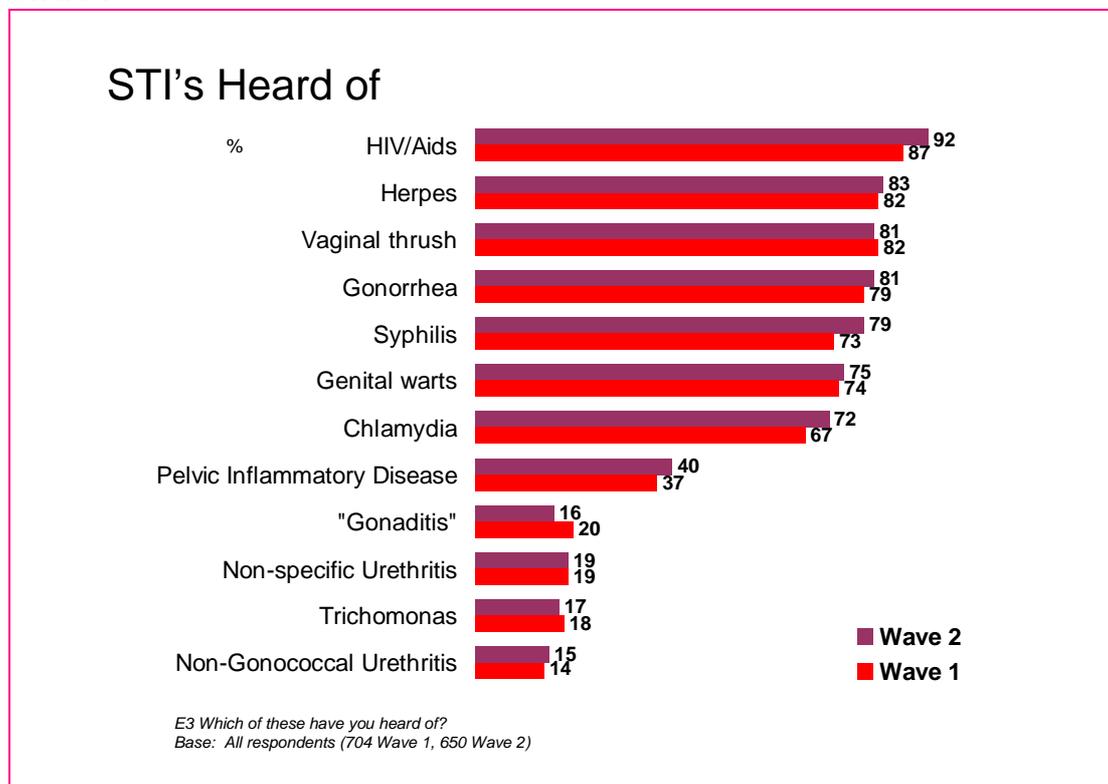


E1 How much would you say you know about sexually transmitted infections (STI's)/sexually transmitted diseases (STD's) in general?  
 E5 How much would you say you know about how to protect yourself or a partner from STI's/STD's?  
 Base: All respondents (650)

Exposure to the campaign, particularly when recalled at a top-of-mind level, enhanced perceived knowledge about STIs/STDs: it was higher amongst respondents who recognised any of the advertising with 24% claiming to know a lot about STIs/STDs and 30% claiming to know a lot about protecting themselves from STIs/STDs. Knowledge was even higher amongst the spontaneously aware group with 33% claiming to know a lot about STIs/STDs and 79% overall claiming to know a lot or a little. In terms of protecting themselves from STIs/STDs the vast majority of spontaneously aware respondents (95%) claimed to know a lot or a little.

As can be seen from Chart 43 below, prompted awareness of many specific diseases was also high.

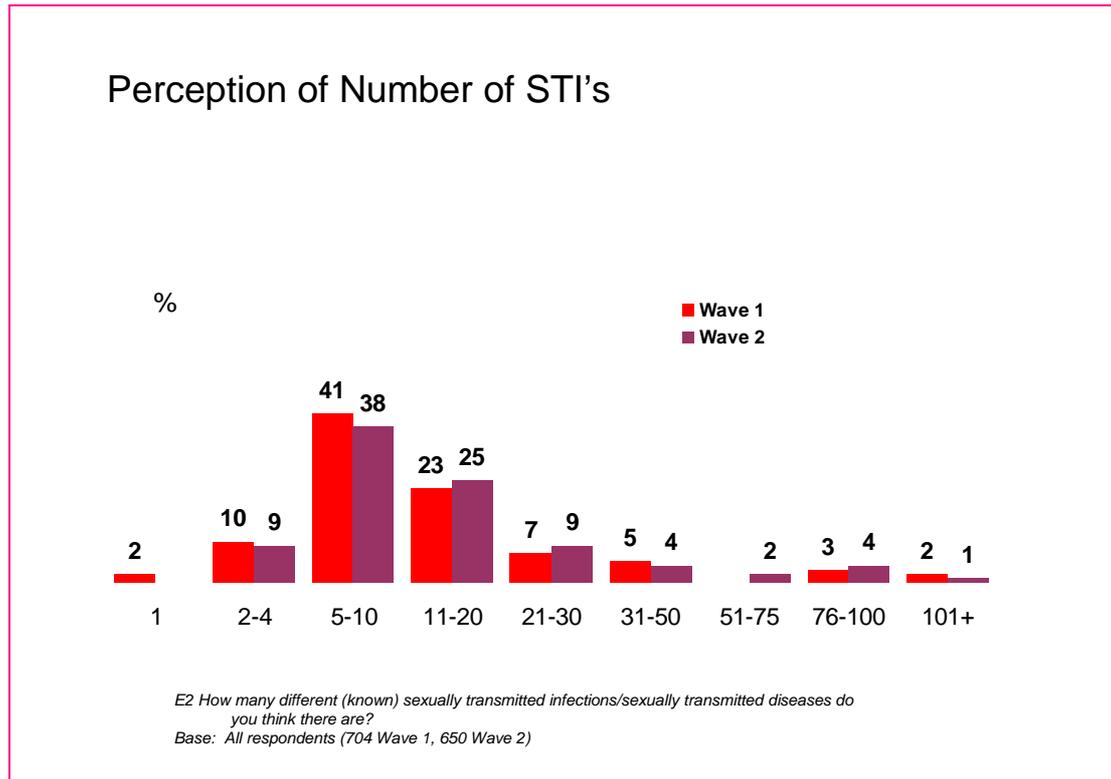
**Chart 43**



At Wave 1 there was 87% awareness of HIV/AIDS and awareness of around three-quarters of respondents or more for Herpes (82%), Vaginal thrush (82%), Gonorrhoea (79%), Syphilis (73%), Genital warts (74%) and Chlamydia (67%). Less well known were Pelvic Inflammatory disease (37%), non specific Urethritis (19%), Trichomonas (18%) and Non-Gonococcal Urethritis (14%). There was also overclaimed awareness of "Gonaditis" (a fictional disease) of 16% at Wave 1 which suggests that overclaim plays a role in the high awareness of some of the diseases.

Across waves, awareness of specific diseases was mostly comparable though it is notable that mentions of Syphilis increased from 73% to 79% and, of particular interest since it was emphasised in some of the press executions, mentions of Chlamydia increased from 67% to 72%. These results must be interpreted with caution, however, given that claimed awareness of “gonaditis” also increased to 20% at Wave 2.

**Chart 44**

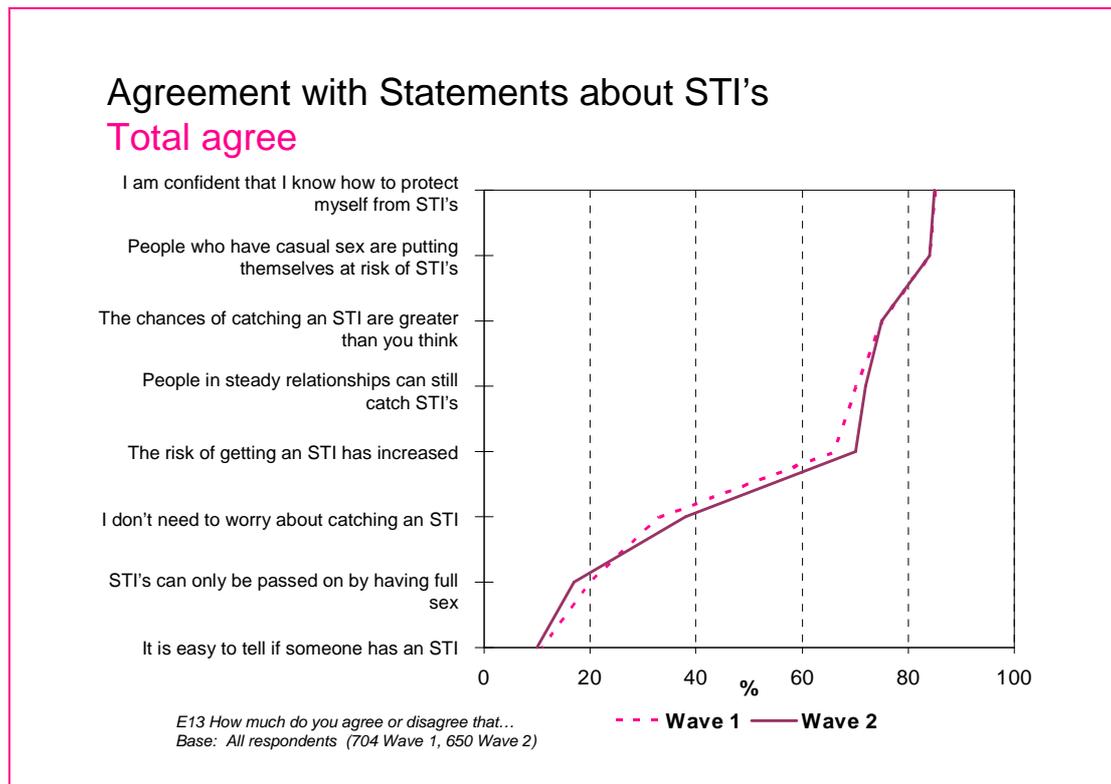


Despite high claimed levels of knowledge, respondents' perceptions of the numbers of existing STIs/STDs were relatively imprecise (Chart 44). At Wave 1 over half (53%) of respondents believed that there are 10 or less diseases and a further quarter believed there are between 11 and 20. At Wave 2, 2% of respondents stated the number 25, which was featured in the advertising, though mentions of both 20 and 30 were higher at 9% and 4% respectively.

## 8.2 Perceptions of STIs/STDs

In order to investigate perceptions of STIs/STDs, respondents were read specific statements that examine attitudes to sexual health and STIs/STDs and asked how much they agreed or disagreed with them on a five point scale of “agree a lot” to “disagree a lot”. The percentage of respondents agreeing (either “a lot” or “a little”) with each statement at both waves is shown in Chart 45.

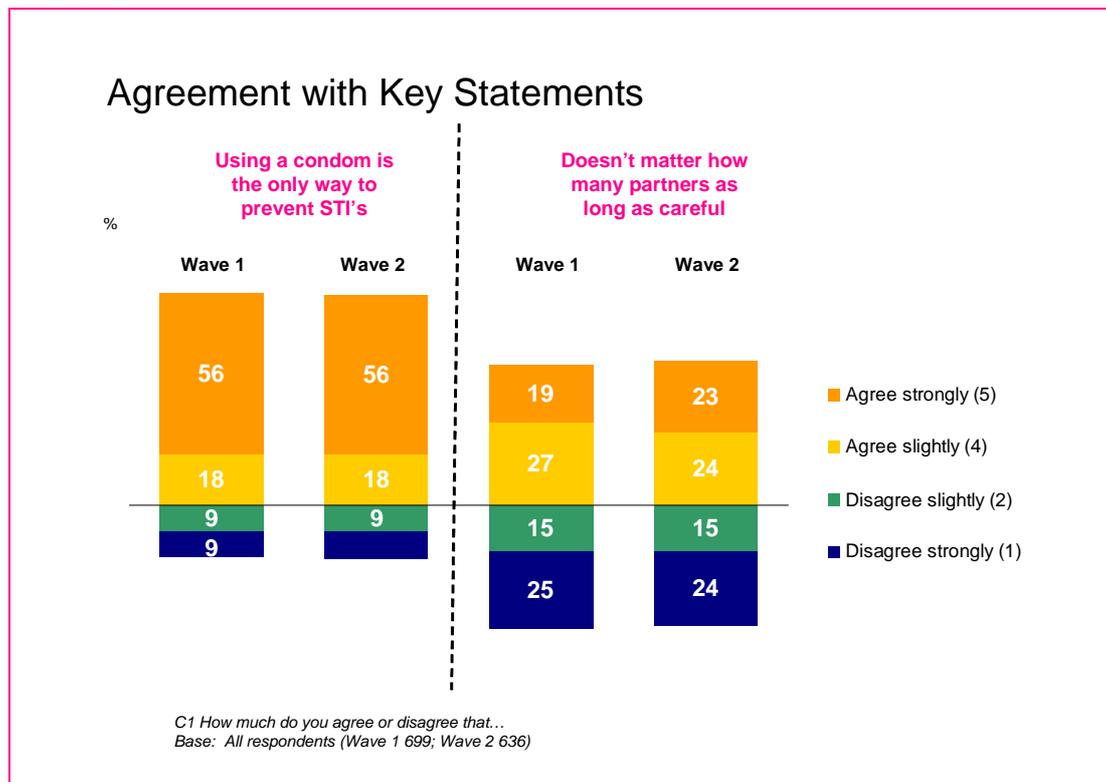
Chart 45



Across both waves, it can be seen that respondents acknowledged the importance of the issue and the potential risk as agreement was high for the statements “The chances of catching an STI/STD are greater than you think” (75% both waves), “People in steady relationships can still catch STIs/STDs” (70% Wave 1, 72% Wave 2), “The risk of getting an STI/STD has increased compared to 5 years ago” (66% Wave 1, 70% Wave 2). However, one third of respondents still felt that they “don’t need to worry about catching an STI” and the majority displayed high confidence in their ability to protect themselves: 85% of respondents at both waves agreed that “I am confident that I know how to protect myself from STIs/STDs”.

There was little change in attitudes from Wave 1 to 2 at the total level, although there is some suggestion that more respondents agreed that the risk of STIs/STDs has increased with 70% agreeing overall at Wave 2 compared to 66% at Wave 1. Chart 46 considers responses to two key statements in more detail.

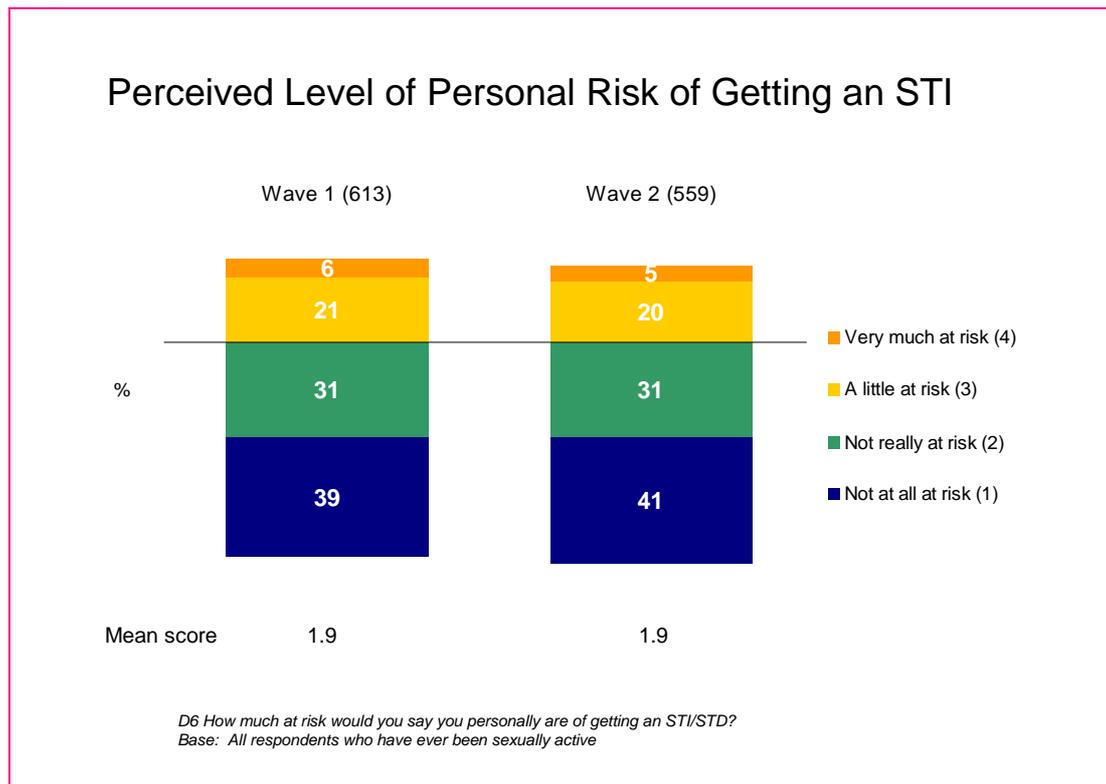
**Chart 46**



Casual sex was perceived to be a key determinant of risk with 84% of respondents at Wave 1 agreeing that “People who have casual sex are putting themselves at risk of STIs/STDs”. This perception was not necessarily seen to be overcome through “being careful” as 40% of respondents (at Wave 1) disagreed that “It doesn’t matter how many partners someone has as long as they’re careful”. The role of condoms was acknowledged, however, with almost three quarters of respondents at both waves agreeing that “Using a condom is the only way to prevent sexually transmitted infections”. Respondents were also asked how much at risk they would say they are personally of getting a STI/STD.

As can be seen from Chart 47, despite the fact that the importance of the issue was acknowledged at an impersonal level, only around a quarter of respondents at both waves felt that they themselves were even a little at risk.

**Chart 47**



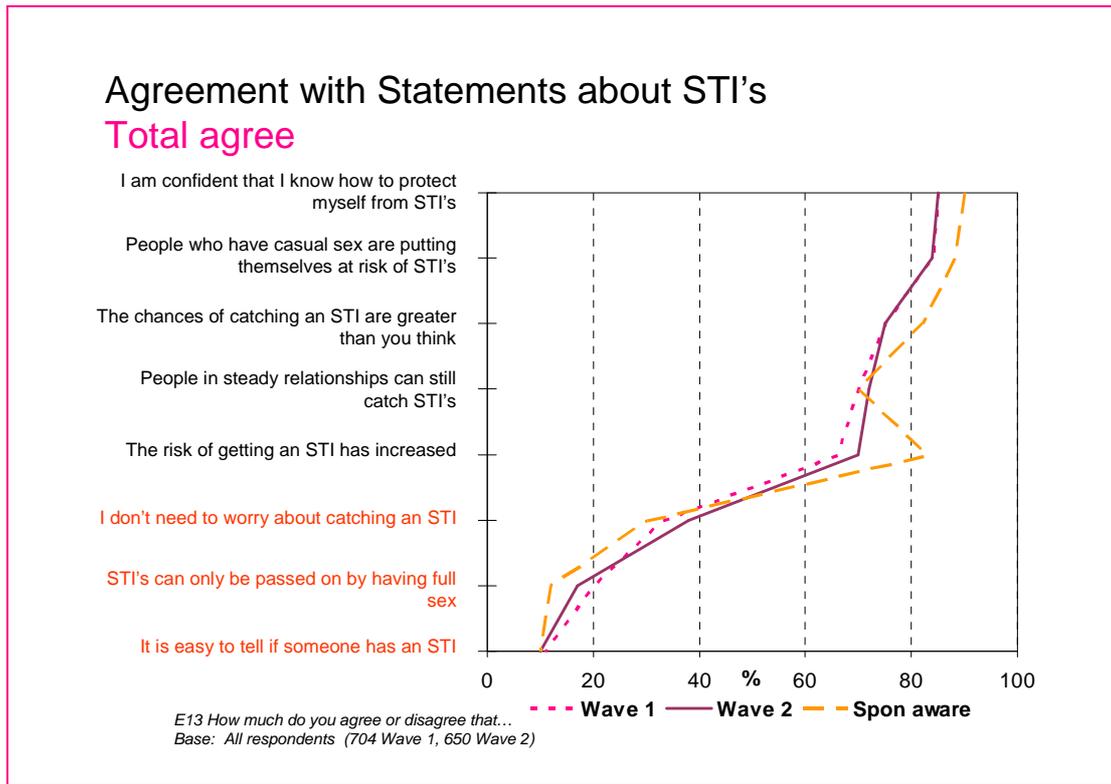
### 8.3 Impact of the Campaign on Perceptions

Chart 48 compares overall perceptions of STIs/STDs at Waves 1 and 2 to the perceptions of respondents to whom the campaign cut through at a top-of-mind level. The differences in perception may be considered to reflect, at least in part, the impact of the campaign.

The spontaneously aware group perceived a higher risk in recent times with 83% agreement that “The risk of getting an STI/STD has increased compared to 5 years ago” compared to 70% overall and 82% agreement with “The chances of catching an STI/STD are greater than you think” compared to 75% overall.

Casual sex was perceived to an even greater extent to be a key determinant of risk with 88% of respondents at Wave 1 agreeing that “People who have casual sex are putting themselves at risk of STIs/STDs” compared to 84% of the total. However, the majority (90%) still displayed high confidence in their ability to protect themselves.

Chart 48

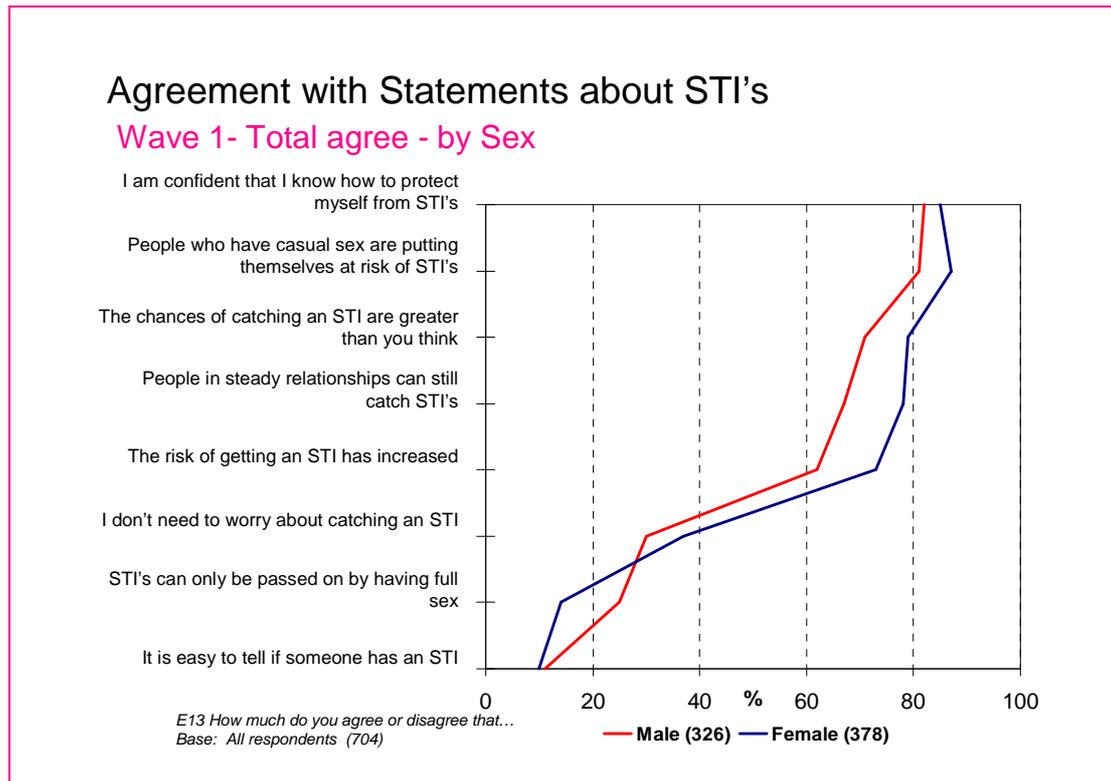


There is some suggestion that the spontaneously aware group perceive a more personal risk: fewer respondents (30% compared to 38% overall) agreed that “I don’t need to worry about catching an STI”. When asked directly how much they personally felt they were at risk, 28% of spontaneously aware respondents felt they were a little or a lot at risk compared to 25% overall.

## 8.4 Perceptions Across Demographic Groups

Chart 49 compares perceptions of STIs/STDs across males and females at Wave 1; illustrating overall agreement (“agree a lot” or “a little”) with statements about STIs/STDs.

Chart 49



At Wave 1 there was evidence of higher confidence in ability to protect against STIs/STDs amongst females with 88% agreeing “I am confident that I know how to protect myself from STIs/STDs” compared to 82% of males. This trend was driven primarily by females 22-25 (92% agreement) whilst confidence was relatively low amongst younger males 18-21 (77%).

Older respondents aged 26-30 were more likely to agree that “People who have casual sex are putting themselves at risk of STIs”: 87% agreement compared to 84% amongst 22-25’s and 80% amongst 18-21’s. Females were also more likely to agree with this statement in general (87% agreement compared to 81% amongst males), with agreement being highest amongst females aged 26-30, at 90%.

Female respondents typically acknowledged the general risk of catching STIs/STDs to a greater extent than males: 79% agreement that “The chances of catching an STI/STD are greater than you think” compared to 71% amongst males; and 70% agreement that “The risk of getting an STI/STD has increased compared to 5 years ago” compared to 62% amongst males.

Despite acknowledging the general risk of STIs/STDs to a greater extent, female respondents did not perceive a greater personal risk than males. There was 37% agreement amongst females that “I don’t need to worry about catching an STI” compared to 30% amongst male respondents. When asked directly how much they felt they *personally* were at risk of getting an STI/STD (Question D6) only 19% of females felt they were very much or a little at risk compared to 35% of males. A greater proportion of younger males (18-21’s especially) felt they were at risk (39% very much/ a little). By contrast, only 12% of older females 26-30 felt that they were at risk. This overall perception of less personal risk may be related to higher confidence in protecting themselves from STIs/STDs.

Interestingly 25% of males agreed that “STIs can only be passed on by having full sex, not through other contact” compared to 14% of females. Agreement with this statement was higher amongst the older age groups for both sexes: 33% amongst males 26-30 compared to 22% amongst 18-21s and 15% amongst 22-25s; 18% amongst females 26-30 compared to 11% amongst 18-25s.

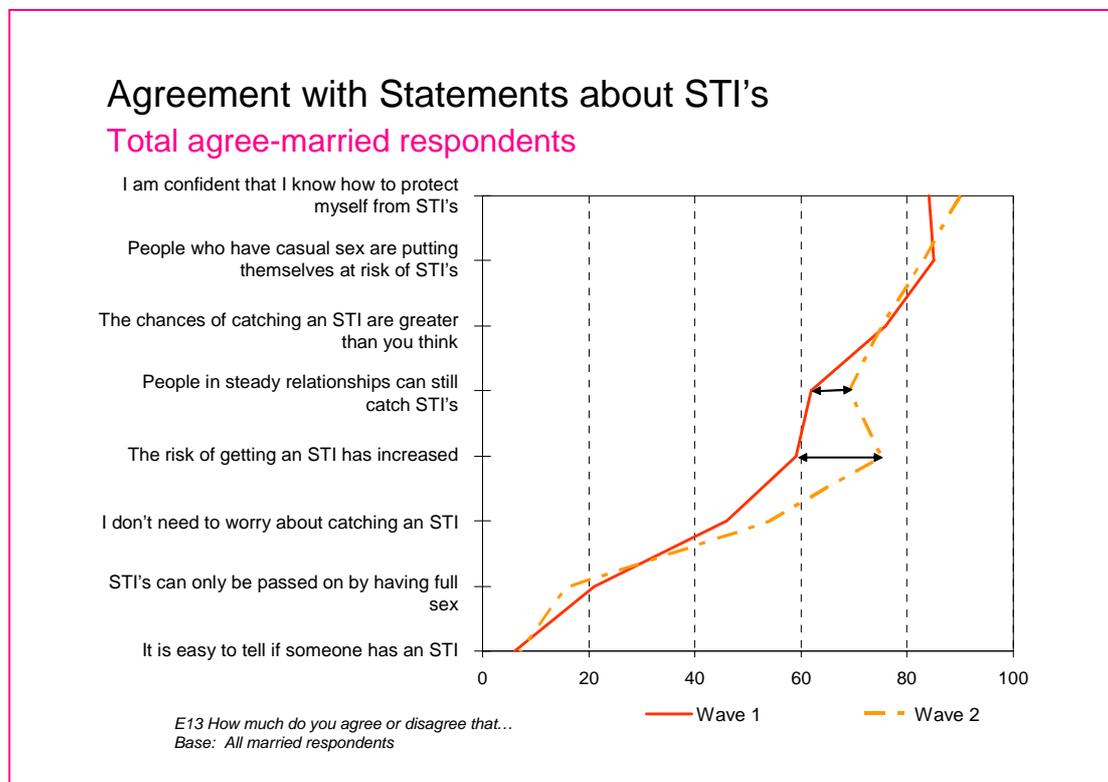
Female respondents were more likely to agree that “Using a condom is the only way to prevent STIs/STDs”: 79% overall compared to 70% amongst males. Agreement with this statement was particularly high amongst females aged 26-30 (81%). By contrast male respondents were more likely agree that “It doesn’t matter how many partners someone has as long as they are careful”: 51% overall compared to 41% of females.

Married respondents, although no less likely to acknowledge the importance of the issue in general, were less likely than the total sample to agree that people in steady relationships can still catch STIs/STDs (62% versus 70% of the total). Unmarried respondents who have had more than one partner in the past year, by contrast, were more likely to acknowledge the risk of STIs/STDs at a personal level: only 20% agreed that they didn't need to worry about catching STIs/STDs compared to 33% overall and 51% (compared to 9% of married respondents) defined themselves as very much or a little at risk suggesting some appreciation that an increased number of partners leads to increased risk.

Amongst C2DE respondents, there was slightly lower (83% versus 86% amongst ABC1s) confidence in ability to protect from STIs/STDs and less of an appreciation of the dangers of catching STIs/STDs: 72% agreement that "The chances of catching an STI/STD are greater than you think" compared to 78% amongst ABC1s.

Although there have been no significant changes in attitude at the total level since Wave 1, some further changes were noted amongst demographic groups.

**Chart 50**



For instance there was increased confidence in ability to protect amongst married respondents: 90% agreement at Wave 2 compared to 84% at Wave 1. Moreover, as can be seen in Chart 50 a greater proportion of married respondents believed the risk of getting an STI had increased in recent years at Wave 2 (75%) than Wave 1 (59%). There was also an increase amongst this group in the perception that “People in steady relationships can still catch STIs/STDs” from 63% to 69% from Wave 1 to 2. This increase in the perception of risk was at a general level however; there was no increase in perceived personal risk.

There was also an increased perception amongst C2DEs that “I don’t need to worry about catching an STI” from 32% at Wave 1 to 45% at Wave 2. It remains to be seen if these trends will continue into the future and reflect true shifts in opinion.

## 8.5 Perceptions Across Segments

Unsurprisingly, respondents in the Experimental segment acknowledged the risk of STIs/STDs to a greater extent than the other segments even at a personal level: when asked directly how much they personally felt they were at risk, 34% of Experimentals felt that they were very much or a little at risk compared to 17% of Quiet Lifers.

There was some evidence at Wave 1 that Sociables, despite having a relatively high number of partners on average in the past 12 months, were less knowledgeable and more naïve than Experimentals. Typically, respondents in this group agreed less (60% versus 83% of Experimentals) that “The risk of getting an STI/STD has increased compared to 5 years ago” whilst they agreed more (38% compared to 23%) that “I don’t need to worry about catching an STI/STD” and “STIs/STDs can only be passed on by having full sex, not through other sexual contact” (21% compared to 12%).

Encouragingly, at Wave 2, respondents in the Sociable group acknowledged the risk of STIs/STDs to a greater extent than they had done in Wave 1, both at an impersonal and a personal level. Agreement with “The chances of catching an STI/STD are greater than you think” increased from 60% at Wave 1 to 75% at Wave 2, while agreement with “People in steady relationships can still catch STIs/STDs” increased from 65% to 72% and agreement with “The risk of getting an STI/STD has increased compared to 5 years ago” increased from 55% to 68%.

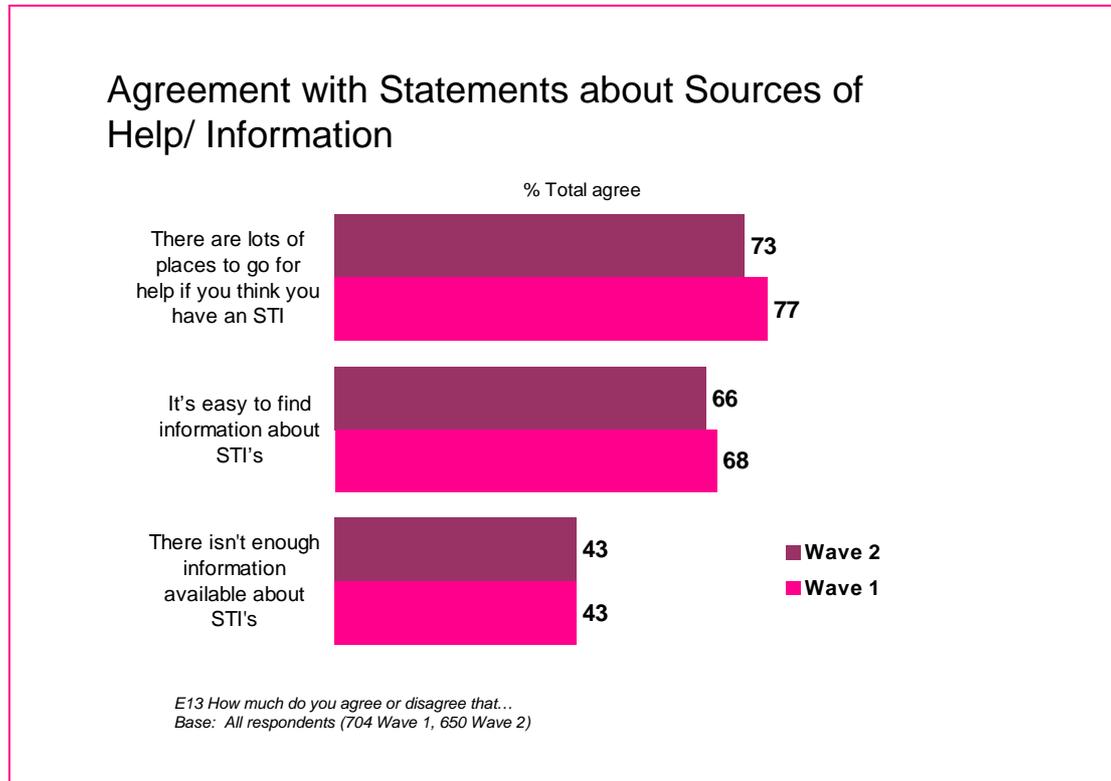
At a personal level, a smaller proportion (33% versus 38% at Wave 1) agreed that “I don’t need to worry about catching an STI/STD” and 35% at Wave 2 compared to 29% at Wave 1 felt they were very much or a little at risk personally from STIs/STDs. Again this shift in opinion will need to be monitored into the future in the light of possible “seasonality” and background noise in the media.

Conservatives, on the other hand, perceived a high risk of STIs/STDs generally, with 84% agreement at Wave 1 that “The chances of catching an STI/STD are greater than you think” but not to themselves: 41% of Conservatives compared to 23% of Experimentals agreed that “I don’t need to worry about catching an STI/STD”.

## 8.6 Information Sources

Respondents were also read statements concerning sources of information about STIs/STDs. Responses are shown in Chart 51 below.

**Chart 51**



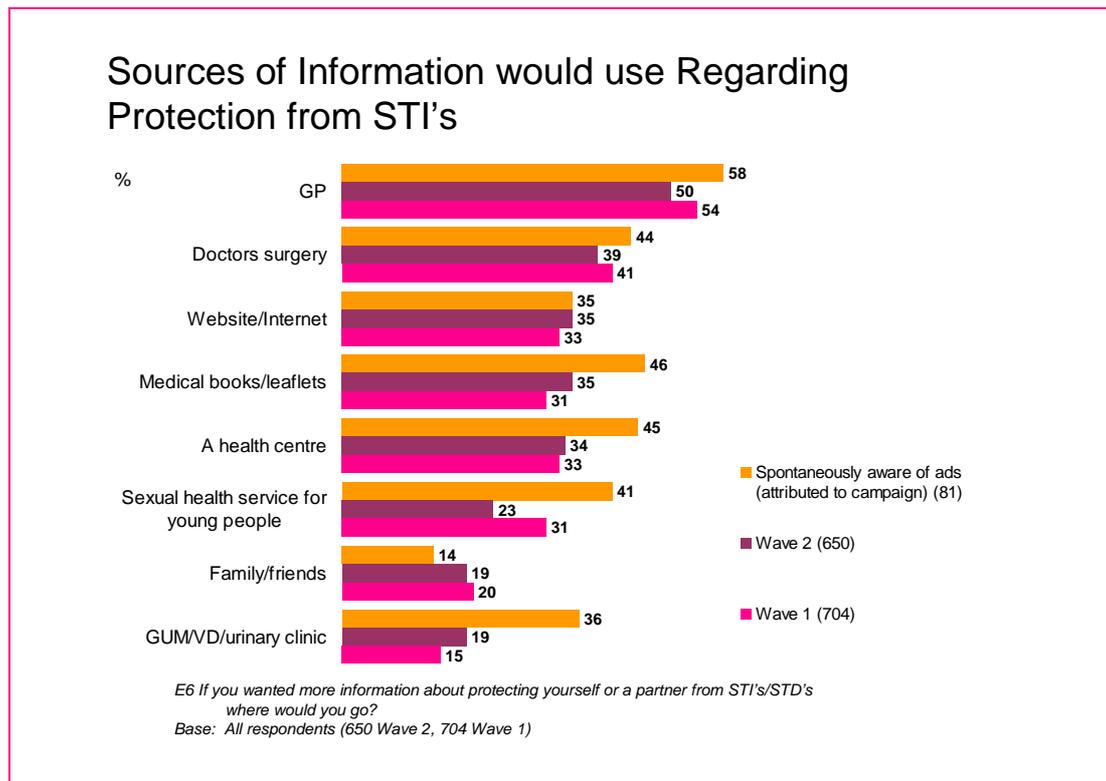
Around three quarters of respondents agreed that “There are lots of places to go for help if you think you have an STI” and around two-thirds agreed that “Its easy to find information about STIs/STDs”.

Despite the fact that respondents tended to acknowledge that there are many sources of information about STIs/STDs and that it is easily accessible, a relatively high 43% at each wave felt that “there isn’t enough information available about STIs/STDs”. This sentiment was particularly strong amongst younger females 18-21 with 52% agreement (at Wave 1), lower social grades (49% agreement amongst DE respondents) and respondents who have had no sexual partners in the last 12 months (52% agreement).

Encouragingly, respondents who were spontaneously aware of the advertising were more likely to agree that there are lots of sources of information (86% compared to 73% at Wave 2 overall) and that finding information is easy (77% compared to 66% overall).

Chart 52 shows where respondents claimed they would go to find out more information about protecting themselves from STIs/STDs.

**Chart 52**



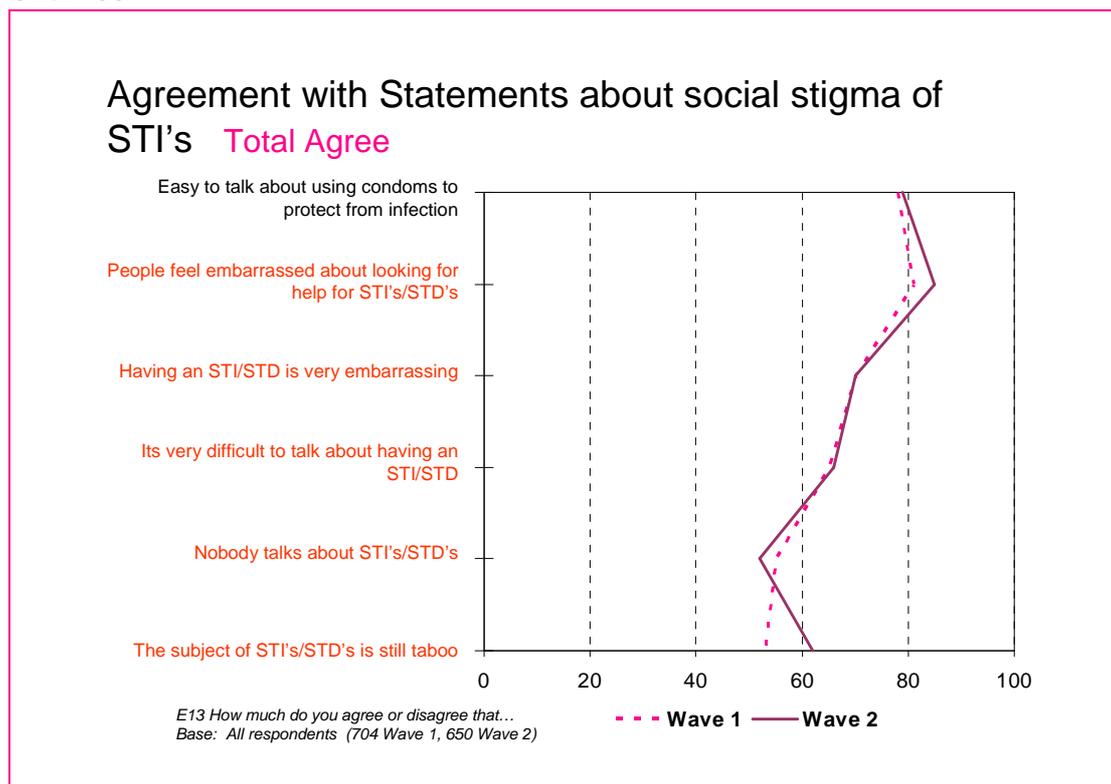
Going to their GP (54% Wave 1) or a doctors surgery (41% Wave 1) were the most popular responses. It is interesting to note, however, that mentions of alternative sources of information such as medical books and leaflets, health centres, sexual health services for young people and GUM clinics were much higher amongst the spontaneously aware group. This trend probably reflects the group's increased general involvement to some extent but may also reflect the fact that the advertising communicated the wide range of options to them.

## 8.7 Discussion of STIs/STDs

Whilst the majority of respondents (78% Wave 1) felt that it is easy to talk to a sexual partner about using a condom to protect against possible infections, there is still a strong perception that STIs/STDs are embarrassing with 70% at Wave 1 agreeing that “having an STI/STD is very embarrassing” and 81% agreeing that “people feel embarrassed about looking for help about STIs/STDs”.

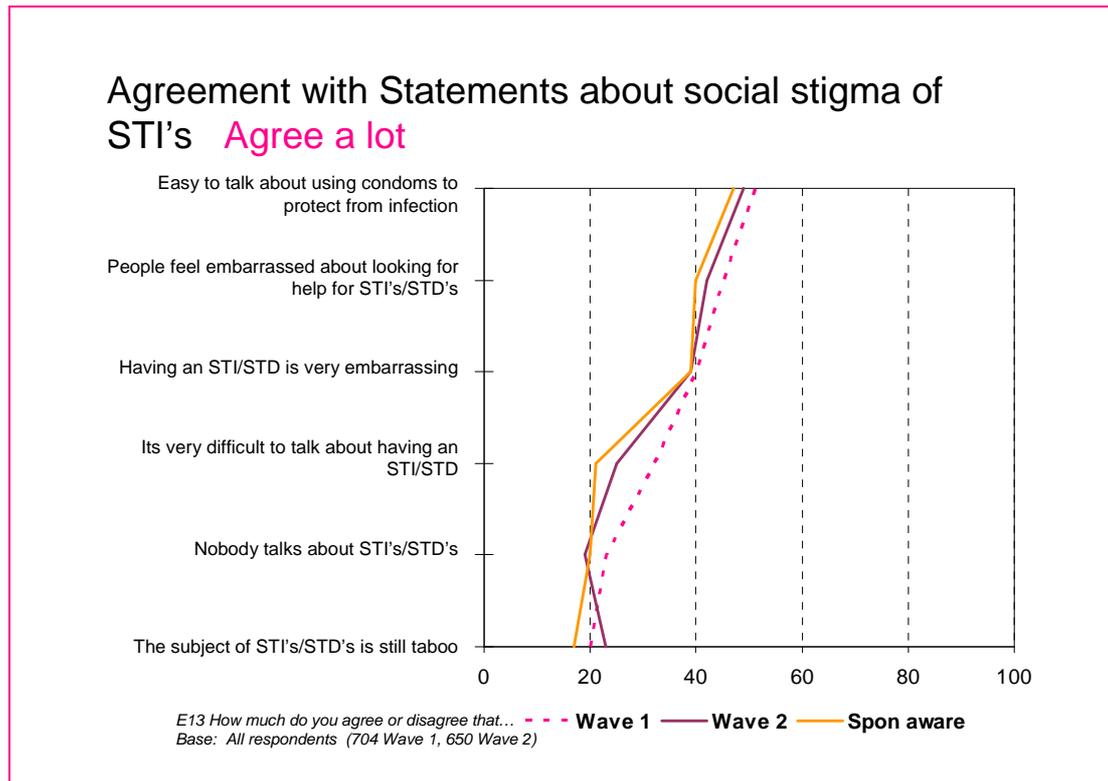
There was further evidence for the “social stigma” of STIs/STDs as most respondents (65%) also claimed to find the subject of STIs/STDs difficult to talk about, 55% felt that “nobody talks about STIs/STDs” and 53% believed “the subject of STIs/STDs is still taboo” at Wave 1. Tackling these ingrained perceptions is likely to be a major challenge for the publicity campaign.

Chart 53



As can be seen in Chart 53 there is no sign of improving perceptions from Wave 1 to Wave 2 at the total level though, as has already been noted, this would not be expected at such an early stage in the campaign. However, if the proportions of respondents who *agreed a lot* with each of the statements (Chart 54) is examined there was some evidence of the beginning of changing perceptions.

**Chart 54**

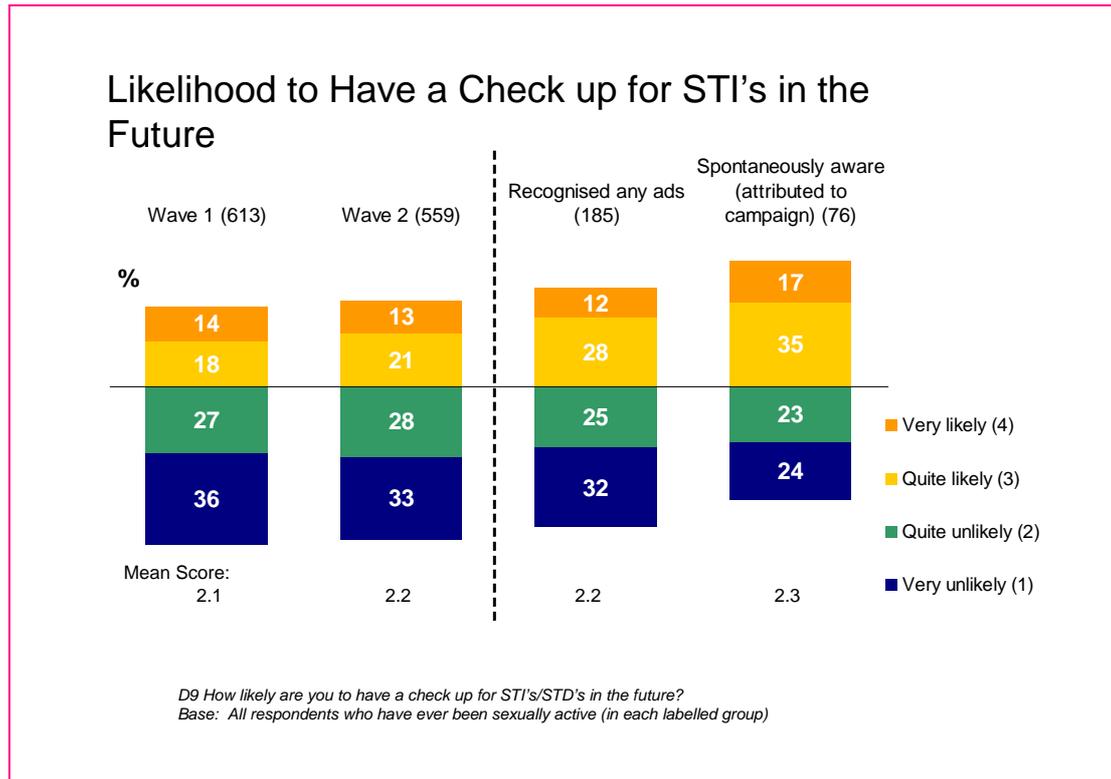


In particular, only 25% of respondents at Wave 2 “agreed a lot” that it’s very difficult to talk about having an STD/STI compared to 32% at Wave 1. A second example is that 19% of respondents at Wave 2 “agreed a lot” that nobody talks about STIs/STDs compared to 23% at Wave 1. Importantly, levels of agreement across most of the statements, particularly “It’s very difficult to talk about having an STI/STD” (21%) and “The subject of STIs/STDs is still taboo” (17%), was even lower amongst the spontaneously aware group suggesting that this improvement in perception was driven, at least to some extent, by respondents who were aware of the campaign at a top-of-mind level. It will be necessary to follow these perceptions carefully in the future to demonstrate a clear and strong impact of the campaign.

## 8.8 Likelihood to Have a Check Up

Respondents were also asked how likely they were to have a check up for STIs/STDs in the future. Responses across Wave 1 and 2 as well as among those respondents who recognised any of the advertisements and the spontaneously aware group are shown in Chart 55.

Chart 55



Only around a third of respondents claimed that they were quite likely or very likely to have a check up in the future, while the same proportion stated that they were very unlikely to have a check-up. This result emphasises the point that although the importance of the issues of STIs/STDs is generally acknowledged, this is done primarily at an impersonal level; typically respondents did not perceive a personal risk and were not keen to take any action.

However, if respondents who are in an exclusive relationship (one partner in the last 12 months) are excluded, the claimed likelihood to have a check up increases to 54% demonstrating that respondents who have had multiple partners in the past 12 months are currently more willing to consider action.

There were no significant changes in likelihood to have a check-up across waves. However, the potential of the campaign to influence behaviour can be seen: there was higher likelihood to have a check up amongst respondents who have seen the campaign (40%) and the spontaneously aware group (52%) (who were exposed to the campaign to the extent that they remembered it at a top-of-mind level) than the total sample.

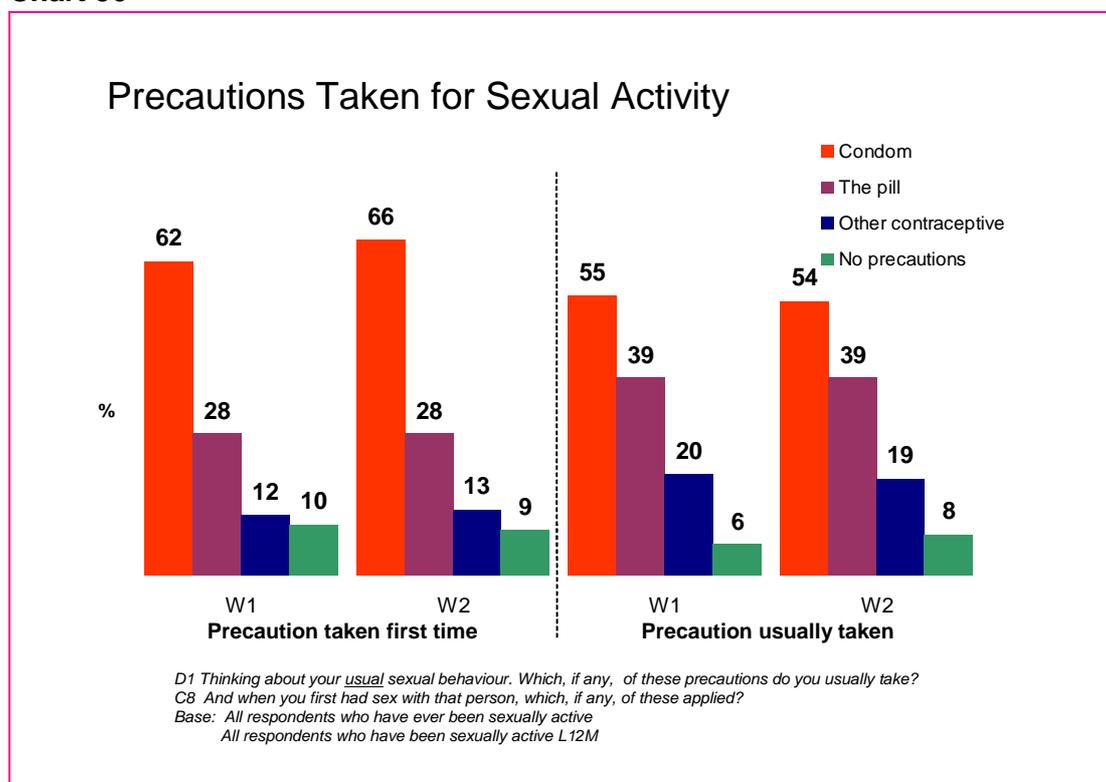
## 9 CONDOM USAGE

This section examines respondent's condom usage in detail including: usual behaviour, behaviour at the first time of sex with a new partner, reasons for using a condom, how the subject of condoms was introduced and ease of discussing condoms. Results from Wave 1 are considered in most detail as they provide a baseline against which any future changes can be measured. Where appropriate, Wave 2 results are also shown for comparison and notable differences highlighted.

### 9.1 Precautions Taken for Sexual Activity

To investigate condom usage respondents who had been sexually active in the past 12 months were asked to think about the last person they had sex with and decide which, from a list of prompted statements about precautions, applied the time they first had sex with them. Respondents were also then asked to think about their usual sexual behaviour and decide which of a list of precautions they usually take.

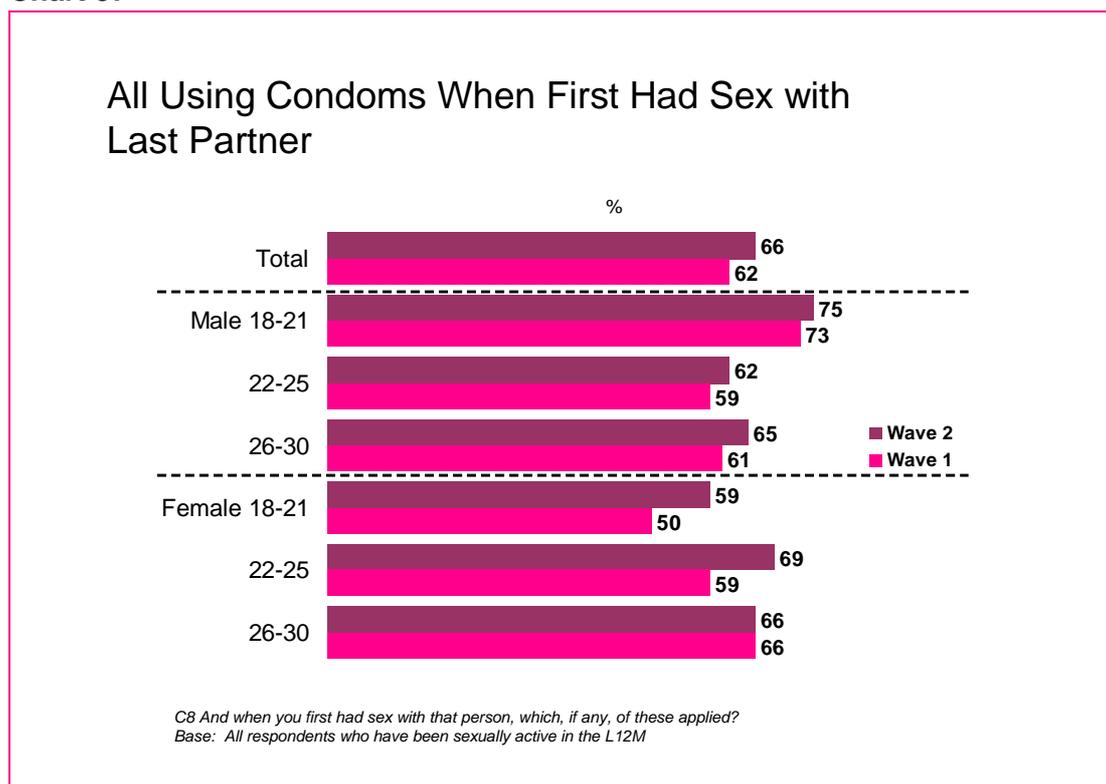
Chart 56



At Wave 1, almost two thirds (62%) of respondents who had been sexually active in the last year claimed to have used a condom the first time they had sex with a new partner. A further 28% claimed to have used the pill while a relatively high 10% took no precautions the first time they had sex with their last partner. Claimed use of precautions at Wave 2 was largely comparable to Wave 1, although the proportion who claimed they used a condom increased slightly to 66%.

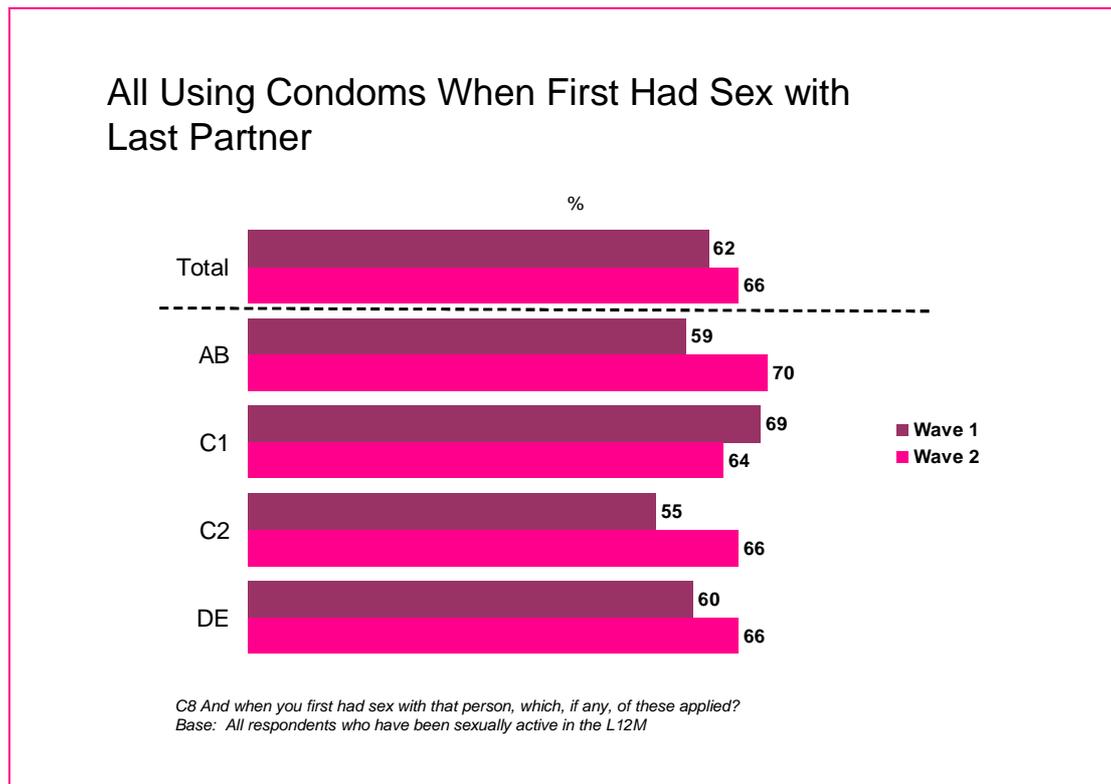
In terms of usual behaviour, at Wave 1 55% of sexually active respondents said that their usual sexual behaviour was to use a condom. There were differences amongst sub-groups, however, with 68% of respondents who have had more than one partner in the last 12 months stating that they usually use a condom, compared to 48% of respondents who have had one partner in the last 12 months and 42% of married or engaged respondents.

**Chart 57**



Across demographic groups, condom usage at the first time of sex was high at 73% amongst males 18-21 at Wave 1 but particularly low amongst females 18-21 at 50% (Chart 57); this increased to 59% at Wave 2, however. Claimed usage of condoms at the first time of sex also increased from 59% at Wave 1 to 69% at Wave 2 amongst females 22-25.

Chart 58



Usage also varied across social grade but not in a consistent manner. At Wave 1 respondents in the C1 social grade were most likely to claim to have used a condom the first time of sex with a new partner while C2 respondents were least likely to (55%). There were relatively large increases between waves, however, amongst AB respondents (70% Wave 2) and C2 respondents (66% Wave 2), resulting in a different pattern at Wave 2.

Claimed condom usage was also higher amongst the spontaneously aware group than the total sample at 75% compared to 66% of all respondents at Wave 2 (Chart 59). This is encouraging as it demonstrates the potential of the campaign to change behaviour if the size of this group, to whom the campaign cut-through, can be increased.

**Chart 59**

## All Using Condoms When First Had Sex with Last Partner



*C8 And when you first had sex with that person, which, if any, of these applied?  
Base: All respondents who have been sexually active in the L12M (552 Wave 1, 517 Wave 2)*

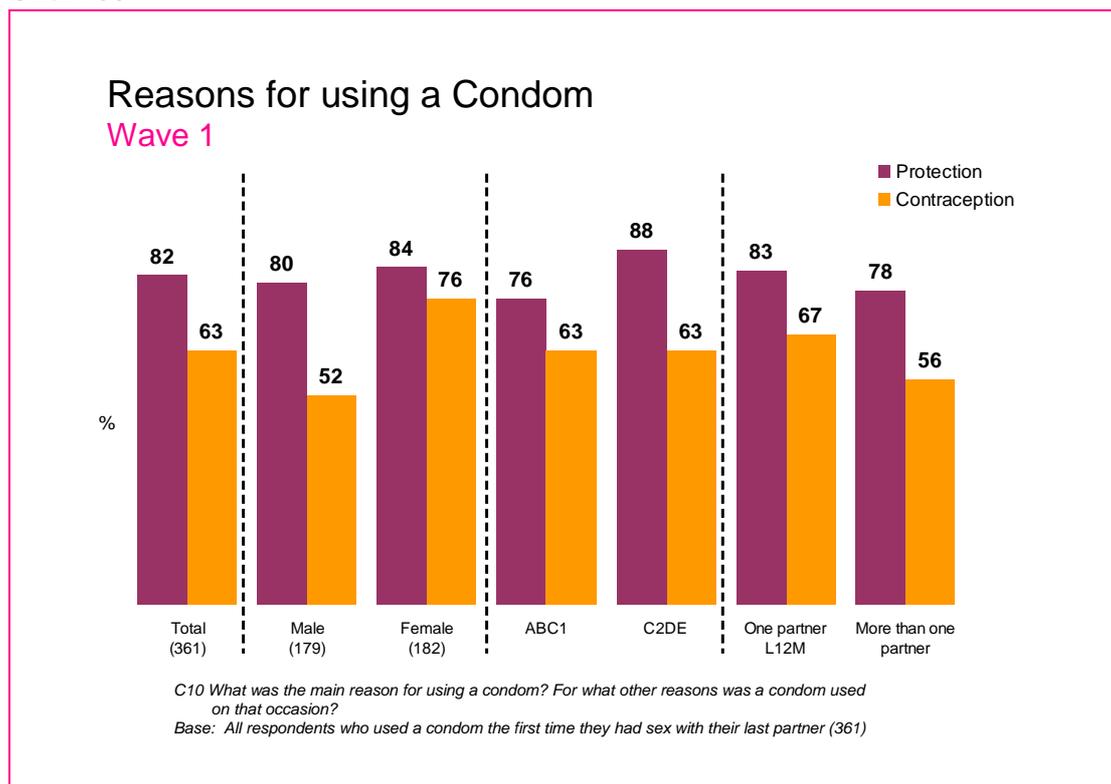
## 9.2 Reasons for Using a Condom

All respondents who claimed that they used a condom the first time they had sex with a new partner were asked what the main reason for using a condom was.

As can be seen from Chart 60, usage was primarily claimed to be for protection: at Wave 1 82% of respondents who used a condom gave answers relating to protection whereas 63% gave answers relating to contraception. In particular, 37% of respondents specifically mentioned STIs or STDs stating “*To be protected from STDs*” or “*not catch STDs*”.

The gap between mentions of protection and contraception was particularly evident amongst males with 80% protection and 52% contraception and lower social grades C2DE with 88% protection 63% contraception.

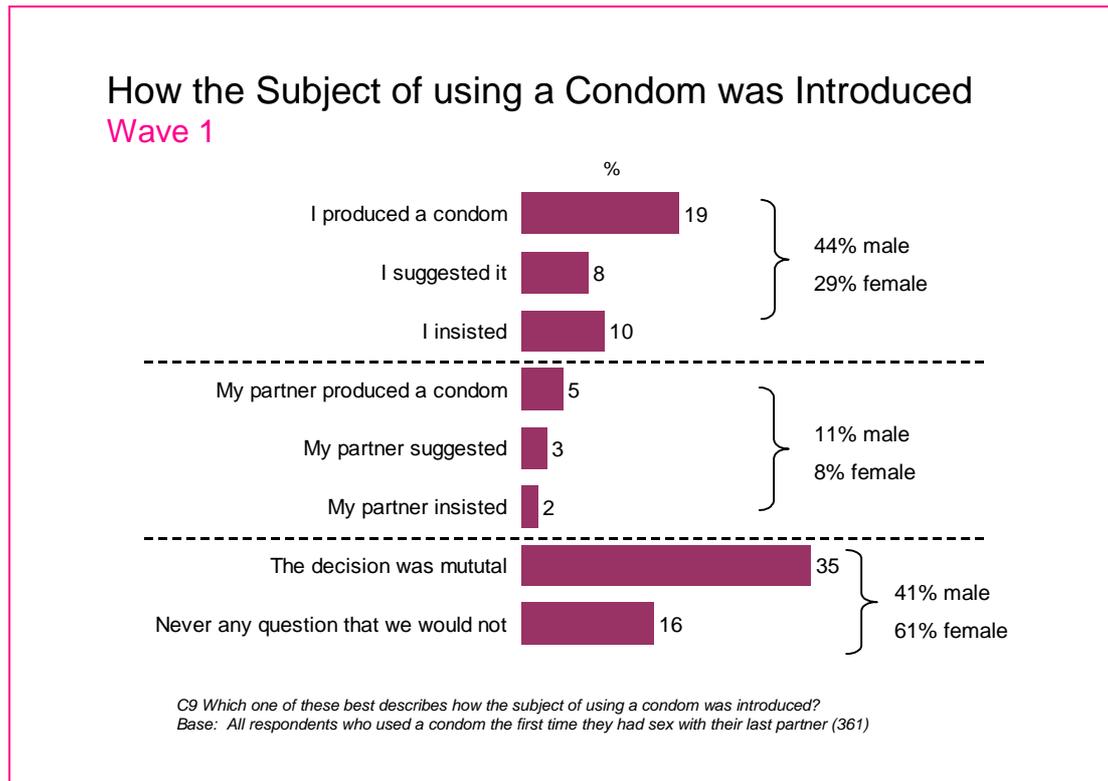
**Chart 60**



### 9.3 How the Subject of Condoms was Introduced

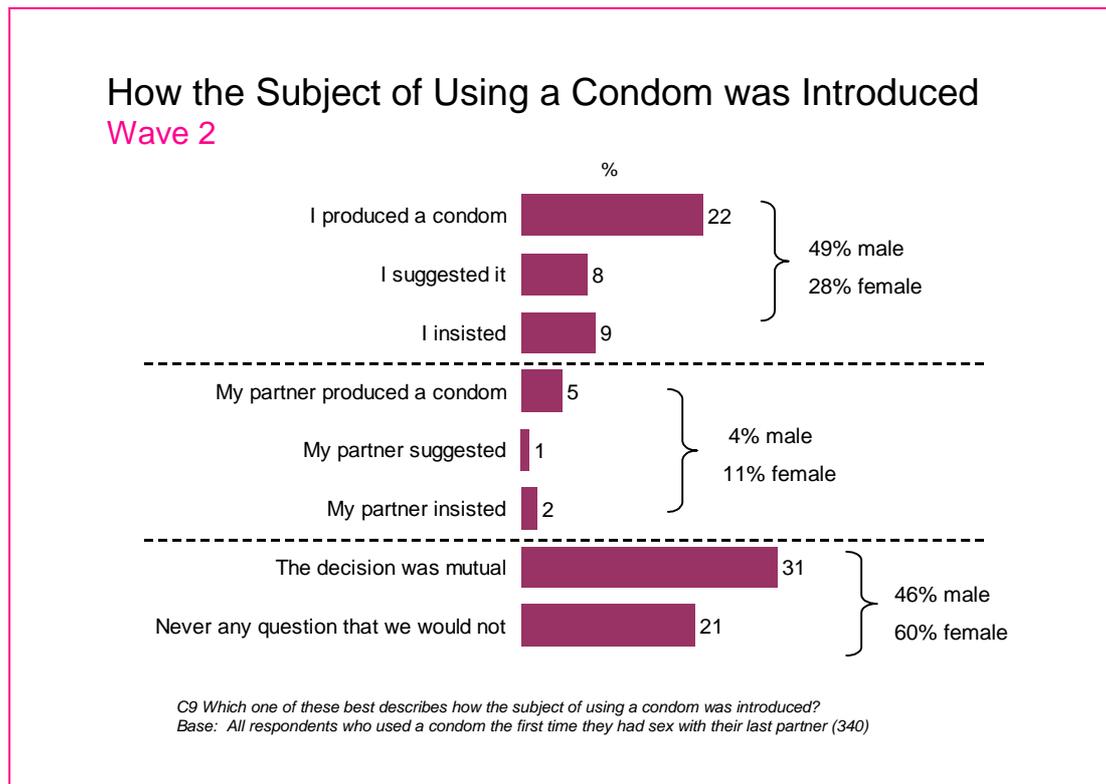
All respondents who claimed that they used a condom the first time they had sex with a new partner were shown the list of statements concerning how the subject of condoms was brought up and asked which of them best describes the situation.

Chart 61



At Wave 1, around one third (35%) of respondents claimed that the decision to use a condom was mutual. A further 16% felt that there was never any question that they would not use a condom. Overall, 41% of respondents claimed usage was automatic (“I produced it”/ “my partner produced it”/ “Never any question”). This was particularly the case amongst males (48%) and ABC1’s (46%). It is notable that at Wave 2 (Chart 62) automatic usage of condoms increased to 49%. It remains to be seen, however, if this increase in respondents claiming the decision was automatic was related to the campaign and if it will continue into the future.

Chart 62

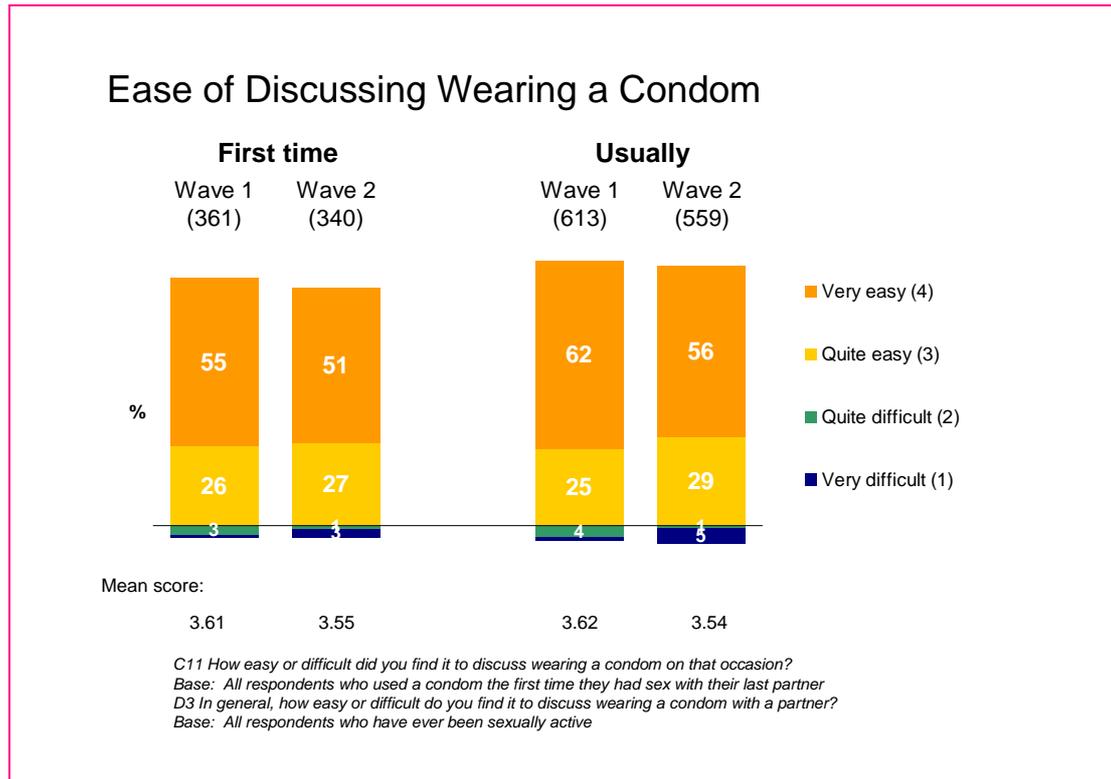


At both waves males were much more likely to claim that motivation to use was primarily theirs: 44% indicated that it was compared to 29% of females at Wave 1. Females, on the other hand, were much more likely to claim that motivation was mutual with 61% agreeing compared to 41% of males.

## 9.4 Ease of Discussing wearing a Condom

Respondents who claimed to use a condom were also asked how easy or difficult they found it to discuss wearing a condom on the first occasion they had sex with a new partner and also, later on in the questionnaire, how easy or difficult they found it to discuss wearing a condom in general. Responses are shown in Chart 63.

**Chart 63**



At both waves over half claimed the discussion to use condoms was “very easy” on that first occasion and only a very small minority (4%) felt that it was quite or very difficult to discuss. Very few respondents claimed to find discussing wearing a condom in general difficult at either Wave (5% Wave 1, 6% Wave 2). This proportion was slightly elevated (8% Wave 1, 10% Wave 2) amongst respondents who stated that they had not used a condom the first time they had sex with their most recent partner.

Respondents who were spontaneously aware of the campaign typically claimed that they found discussing wearing a condom easier, with 93% stating they usually found it fairly easy or very easy compared to 85% of all respondents at Wave 2 overall (Chart 64). Once again this is encouraging as it demonstrates the potential of the campaign to de-stigmatise discussion of condoms.

**Chart 64**

