North East Lincolnshire Contraception and Sexual Health Research

Submitted to
North East Lincolnshire Care Trust Plus

Submitted by
Social Research Associates
12 Princess Road West,
Leicester,
LE1 6TP
www.sraltd.co.uk

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Contents

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EXECUTIVE SUMMARY

Introduction

North East Lincolnshire Care Trust Plus (NEL CTP) area has a low level of knowledge about contraception and sexual health and a lower level of contraceptive uptake than nationally.

Social Research Associates (SRA) were commissioned to undertake research with the aims of identifying current levels of knowledge and understanding, reasons for not using contraception and attitudes to sexual health. In turn these results would be used to inform social marketing communications.

Methodology

A range of research methods were employed comprising, desk top research, a representative quantitative and qualitative survey of 600 local people, three discussion groups and interviews with health and educational professionals.

Results

The results of the market research were written up in detail (summarised as (a) below and from these a series of archetypes and interventions were developed to feed into practical work and social marketing by health service professionals (b) below.

(a) <u>Market research results</u>

Demographic factors

North East Lincolnshire (NEL) has a greater incidence of deprivation and lower rates of educational achievement than the national average. Thus to some extent the higher rates of unplanned pregnancy and sexually transmitted infections (STIs) are merely a reflection of the demographic profile of the area. The research shows that even within NEL, people in the more deprived wards (as measured by the index of multiple deprivation) make less use of contraception to prevent pregnancy and are less aware of sexually transmitted infections.

<u>Recommendations</u>

- To prioritise the most deprived areas and communities for campaigns about the use of contraception and knowledge of STIs.
- To make greater use of statistical analysis to inform such targeting.

Awareness

Around a third of all those interviewed could not name any STI at all. There is a lack of awareness of the full range of contraceptive methods beyond condoms and the combined pill. Chlamydia and HIV/AIDS were better known than others such as hepatitis B, genital herpes and trichomonas vaginalisis. Others were able to mention popular terms for STIs such as VD, clap or crabs, but did not recognise correct medical terminology.

In contrast there is good awareness about the sort of places to go to obtain advice on contraception and STIs especially GPs and Clinics, although less knowledge of the actual locations.

It is also gratifying that 16-17 year olds have higher rates of knowledge of other sources of advice, with two thirds of 16-17 year olds knowing about Choices and a third of the youth bus and MASH services.

However, good knowledge of where to go does not equate with satisfaction. In particular there are concerns about negative attitudes of some staff. In addition there is some concern by both professionals and the public that GP's do not see it as part of their remit to offer advice and information. There are also dilemmas for both staff and clients who have particular religious or ethical beliefs about sexual behaviour and acceptable methods of contraception.

<u>Recommendation</u>

- An area-wide campaign with comprehensive information about all methods of contraception, STIs and treatment.
- Provision of training to all health professionals about the wider range of STIs, treatment methods and patient counselling.
- Audit policies for gender and religious sensitivity.

Access and supply

A significant issue of concern by local people is opening hours with widespread demands for more access to advice and clinics out of normal working hours both in evenings and weekends.

In terms of condom provision, most people know where to obtain supplies but there is less knowledge about where to obtain free supplies. Condom cost is shown to be a deterrent to condom use by some interviewees who are unaware of free provision.

There were also suggestions for wider availability of condoms such as at clothes shops, travel nodes and at other community points. Young people in particular tended not to go to supermarkets or chemists and preferred more open access in public places, such as clothes shops at the checkout, at the ticket desk in cinemas and at stations.

Recommendations

- Open clinics outside ‘normal’ working hours.
- Encourage a wider spread of condom supply outlets.
- Publicise the availability of free condoms at places where people can access them.

Communication

One of the key findings from the research is the issue of embarrassment. For many people of all ages this outweighs all other issues in explaining the non use of contraception especially for STI protection.

Parents of teenagers are interested in co-operating and receiving more information from schools about sex education.

There are high rates of awareness of recent campaigns, especially ‘Want Respect’ with women even more aware then men. Awareness also varies by age with young people being more aware than older age groups.

In terms of the medium for information, radio, cinema and internet received higher levels of preference compared to the press or leaflets, especially on the part of young people. Nevertheless there was also support for the use of all media channels and many reported a lack of pamphlets at GP surgeries.

There is criticism about the content of much of the information with many finding the wording too dense and lacking explicit graphic diagrams especially about STIs.

The final issue from the research is the extent to which there are specific cultural attitudes to sexual behaviour centred on a partial acceptance of teenage pregnancy in some sections of the community. There does appear to be some support for this view on the part of both health service professionals and local people – the explanation focusing on the past history of the area with occupations leading to absent fathers.

Recommendations

- Rebalance the focus of professional work in favour of suggesting ways of overcoming embarrassment.
- Ensure that schools improve co-operation with parents about the content of sex education.
- Customise central NHS template materials for different sexes, ages and local circumstances.
- Simplify information with less words and more graphics
- Make greater use of visual media.

(b) Social marketing strategy

Ten social marketing 'types' have been identified from the research. These types are:

1. *Middle aged people (44-59)*
2. *Parents of children and young people (30-44)*
3. *Single people (30-44)*
4. *Twenty-something men (25-29)*
5. *Twenty-something women (25-29)*
6. *Young men (16-24)*
7. *Young women (16-24)*
8. *Young men from hot spot wards (16-24)*
9. *Young women from hot spot wards(16-24)*
10. *Single parents (16-24)*

Section B details the characteristics, media preferences and recommended interventions for each of these groups.

Conclusion

The low level of knowledge about contraception and sexual health and a lower level of contraceptive uptake in the NEL area is part of a wider problem of relative social deprivation and educational under achievement in the area.

There is general support from local people for more information on STIs and contraception. The research has produced a wide range of information and suggestions which can be used to develop services appropriately.

Section A: North East Lincolnshire Contraception and Sexual Health Research: Market Research

1. Introduction and Research Objectives

In 2008 North East Lincolnshire Care Trust Plus (NEL CTP) completed a Sexual Health Needs Assessment, in addition to a baseline report on local contraceptive uptake. These two pieces of work suggested a low level of knowledge about contraception and sexual health in the area, coupled with a lower level of contraceptive uptake than nationally.

Social Research Associates (SRA) were commissioned to undertake market research with the aims of identifying current levels of knowledge and understanding, reasons for not using contraception and attitudes to sexual health. This information was intended to feed into a social marketing strategy to target the most appropriate locations and messages for different social groups across the region.

2. Methodology

Initially SRA undertook a desktop research exercise to assess national data on sexual health and contraception in relation to the situation in North East Lincolnshire (NEL). The results of this exercise are shown in Sections 3, 4 and 5.

In addition to this research, interviews with professional NHS staff were conducted. The key aim of these interviews was to develop a view of issues with regard to the provision of contraception and sexual health advice in the area, as well as insights on public attitude from those in regular contact with service users. The key issues revealed through these interviews are provided in section 6.

The desktop research and stakeholder interview material was used to develop a draft questionnaire for public interviews, which was then finalised in consultation with NELCTP. This material was also used to finalise sampling quotas with NELCTP. The sampling quotas are discussed in section 7 and the sample demographics are shown in Appendix 1. The questionnaire (following a piloting exercise) is shown in Appendix 2. Overall 600 Interviews were conducted in a range of locations around NEL.

Following the completion of the fieldwork, headline results (section 8) were presented to NELCTP and key points were discussed. Full results are available electronically. These results were used to select three discussion groups with young people (18-24), older single people (30-59) and parents of teenagers in order to explore issues that emerged from the survey (section 9).

This, the final report is an amalgamation of all these research strands and incorporates recommendations stemming from the findings including the implications for future social marketing (section 10).

3. Conclusions from Desktop Research

Generally knowledge of contraception and sexual health is low. There is a fairly weak understanding of the treatments available for STIs and their likely success rate.

By the same token, knowledge of STIs showed some shortcomings and improvement over time might be said to be slow and patchy. School children in particular were ill-informed about almost any of the STIs apart from HIV/AIDS. There were also large gaps in their knowledge of potential treatments for STIs and their probability of being available and effective.

On cultural matters, use of condoms tended to be related in part to their perceived availability as much as to local sexual attitudes and practices. The latter comprised the usual folk lore about contraception and its link to promiscuity and the continuing distinction between male and female attitudes to sex and contraception. Increasingly, however, young people were accessing condoms from GPs and clinics. School nurses, significantly, were often mentioned as reliable and trustworthy sources of information about sexual health. The same could be said of Connexions, although many young people, males in particular, found their style a little intrusive illustrating the fine line in the area of sexual health between dispassionate advice and intrusion into private lives.

Many of these findings are linked with social deprivation, which is higher in NEL than regionally or nationally as summarised in table 7.

Table 1: Summary of NEL Demographics

	NEL	Yorkshire & Humber region	England
Age			
Under 30	37.9%	37.9%	37.6%
30-59	40.4%	41.0%	41.6%
60+	21.7%	21.1%	20.8%
Education			
NVQ Level 4 attainment	15.4%	23.8%	28.3%
Life Expectancy	75.9	76.6	77.3
Unemployment	7%	5.7%	5.4%
Benefit Claimants	4.2%	3.2%	2.8%
Annual income	£21,516	£23,355	£24,497

Source: *Govt Office for Yorkshire and the Humber Regional Intelligence* (Dec 2008)

3.1 Summary

NEL attitudes to sexual health and gaps in the consumption of available services might be caused by:

- Lack of relevant advice to adolescents in North East Lincolnshire
- Lack of knowledge about such advice

- Ignorance of STIs
- Mistrust of sources of advice
- Difficulty in marketing to hard to reach groups – BME groups, homeless people, asylum seekers, sex workers, substance users etc

4 Key Points from Stakeholder Interviews

A mixture of telephone and face-to-face interviews were conducted with the main stakeholders connected with sexual health provision in NEL. Below are the key issues that were highlighted.

4.1 Local Attitudes

Communities

Several stakeholders noted that in their experience sexual health problems were highest in the most deprived wards (mainly in Grimsby and Immingham). It was also noted that residents of these areas were often socially isolated.

Expectations

The impact of family and community expectations was felt to be important. Several stakeholders felt that in particular areas teenage pregnancy was not discouraged to the extent it is in other areas. It was also suggested that this, in part, related to the past history of fishing and shipping of the town whereby men were away working leaving most responsibility for child rearing to the women. Thus there was a tradition of women only households so single motherhood was common and accepted.

Myths

It was noted that myths play a large part in incidences of unwanted pregnancy or STI's. Examples of these were given, but chiefly it was noted that for some sections of the community myths perpetrated by close friends and family were likely to have a lasting impact, beyond the timescale where a traditional marketing message was effective.

4.2 Organisational Issues

Several interviewees noted that provision is variable across the region and clarity on the role of GPs compared to specialist services was needed. Many interviewees advocated the provision of dedicated family planning services at a permanent location.

Another issue was the need for more 'Out of Hours' services. The lack of provision at evenings and weekends was felt to be a problem.

On a broader basis the need for more 'Joined-up' Working was raised. It was felt that it was necessary to encourage a wide range of staff and stakeholder to take responsibility for the promotion of sexual health, particularly as many people, who should be targeted to receive sexual health advice and provision,

may also be using other services relating to drug misuse or domestic violence. It was also noted that the 'medical' and 'community' arms of sexual health provision needed to work closely together.

4.3 Staff Attitudes

It was noted that some general medical professionals were reluctant to become involved in sexual health issues, preferring to leave it to sexual health professionals. Equally it was noted that some social care professionals were unwilling to intervene to promote contraception and sexual health services for those under 16 for legal reasons.

Several stakeholders felt that there was a lack of awareness of sexual health issues amongst some staff. Equally, some staff were unaware of the need to provide and promote sexual health to older people, perhaps considering it was exclusively an issue for the young. It was also noted that certain staff were reluctant to give contraception advice or products as they felt it encouraged casual sex. This was sometimes related to general ethical views but for others to specific religious beliefs.

4.4 Education and marketing

Sex Education

Sex education was generally felt to be good for those at school, but not available to older people or those excluded from school.

Language and marketing

Several stakeholders noted the importance of using simple language wherever possible, but were unable to provide any particular local colloquialisms to be aware of during the research. It was also felt that much of the centrally provided NHS publicity and marketing material was inappropriate either because it was too complicated or insufficiently 'badged' for local needs.

5. The Questionnaire and Sample

The questionnaire schedule was developed in consultation between SRA and NELCTP and informed by the desktop research and stakeholder interviews. A key consideration was how to conduct interviews without causing offence or embarrassment. Consequently it was decided to ask the first questions in the third person and gradually introduce more personal elements as the respondent relaxed. A small financial incentive was offered to participants and interviews were a combination of quantitative and in depth qualitative questions often lasting over half an hour. The questionnaire schedule can be seen in Appendix 2.

The targets for the research were also fixed in consultation with NELCTP. It was decided that the interview sample should be broadly representative of the area, with the exception of the over 60s who were limited to 5% of the total.

The point of this broader selection was to look at the attitude and knowledge of all local residents, as well as younger groups who are usually the focus of such research. It was felt that older sections of the population were neglected in sexual health research and increasingly relevant due to the rise of divorced and single people in all age groups.

Quotas by age and area were therefore set and interviewees were approached in a variety of public locations. The aim was to ensure that the research included those who may not use NHS services regularly. Interview locations were planned to ensure that all wards in the district would be represented in the final sample.

Table 2: Sample Profile

Age	% of Sample
16-17	9.3%
18-24	20.6%
25-29	10.7%
30-44	32.5%
45-59	20.8%
60+	6.1%

Sex	% of Sample
Male	44.3%
Female	55.7%

NB. 'Hotspot' wards (where teenage pregnancy rates are higher than the national average) are shaded in gray.

Ward	% of Sample
East Marsh	7.3%
South	8.5%
Heneage	6.2%
Sidney Sussex	8.2%
Freshney	4.9%
West Marsh	8.7%
Immingham	13.1%
Yarborough	6.0%
Croft Baker	7.3%
Park	6.7%
Scartho	4.5%
Waltham	4.2%
Haverstoe	3.4%
Wolds	4.0%
Other	1.3%
Humberstone and New Waltham	5.8%

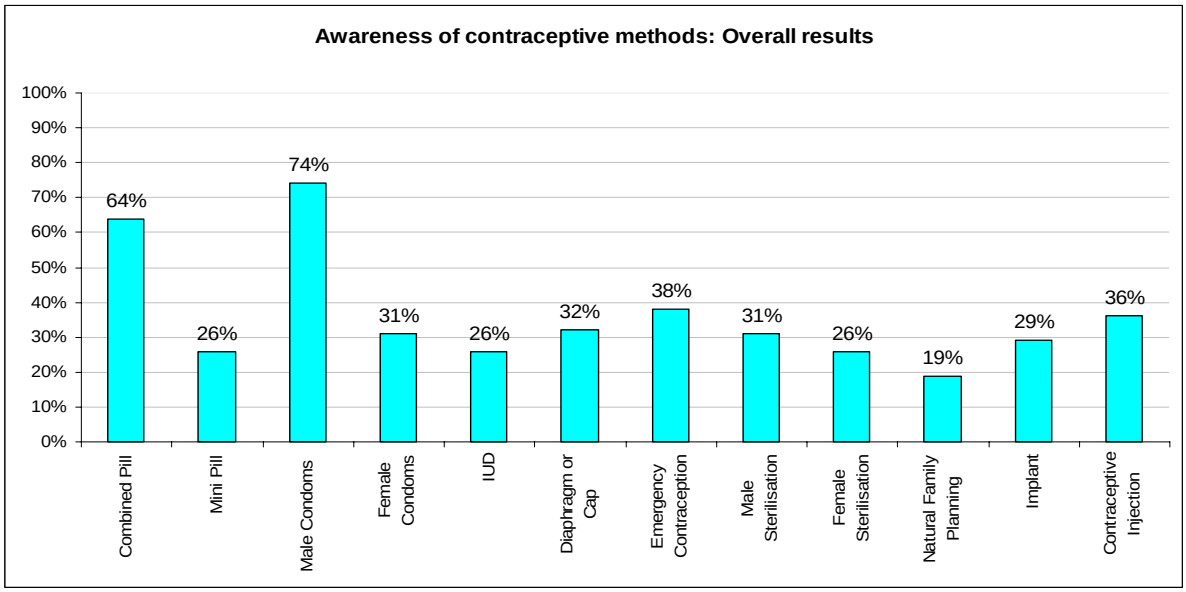
6. Survey Results

6.1 Contraception

6.1.1 Awareness of contraception

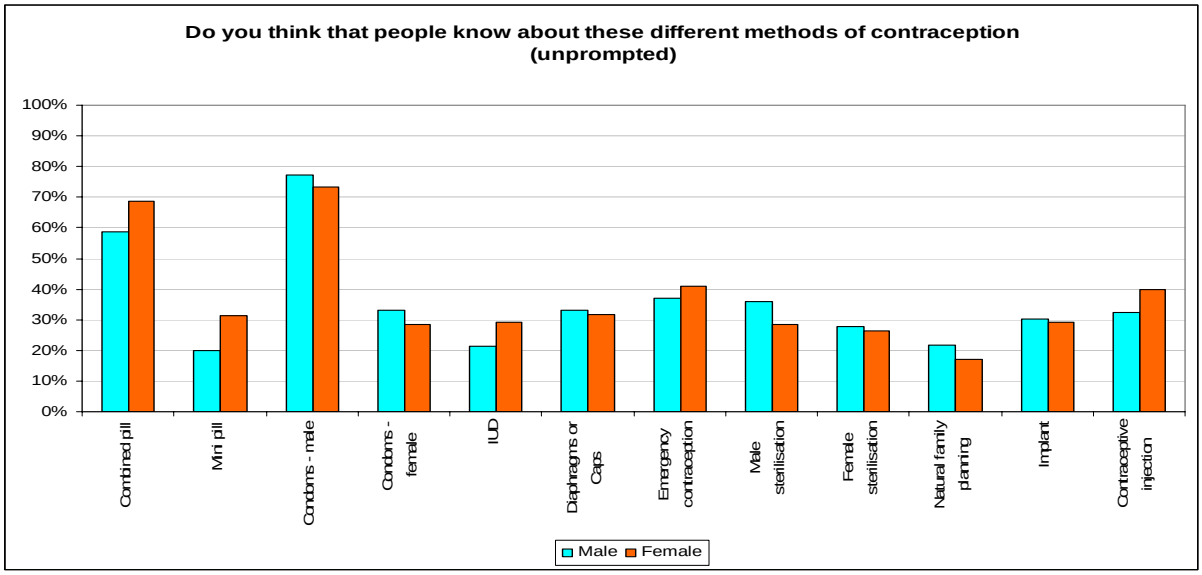
Respondents were asked to list forms of contraception unprompted. Results revealed the majority of respondents could name condoms (invariably male condoms) and the combined pill, but awareness of other methods was under 50%.

Table 3 Awareness of contraceptive methods – Overall



Levels of awareness of contraceptive methods were also analysed by sex. The results show a slightly higher level of knowledge amongst females than males.

Table 4 Awareness of contraceptive methods - By sex



There were also some small differences of awareness of different contraceptive methods by age and sex especially in relation to condoms where knowledge by women went up according to age.

Table 5 Awareness of contraceptive methods - Males – Age

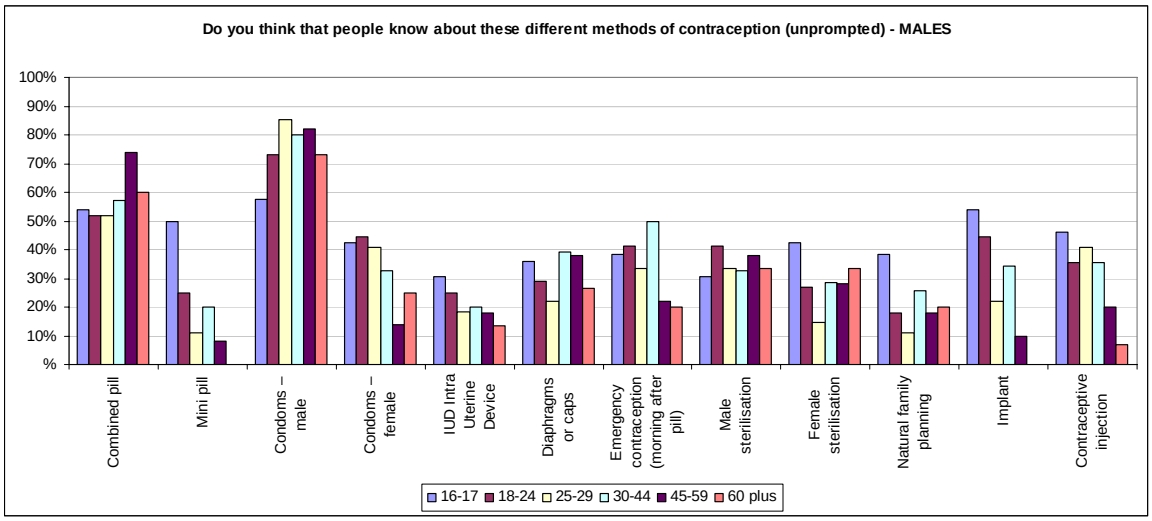
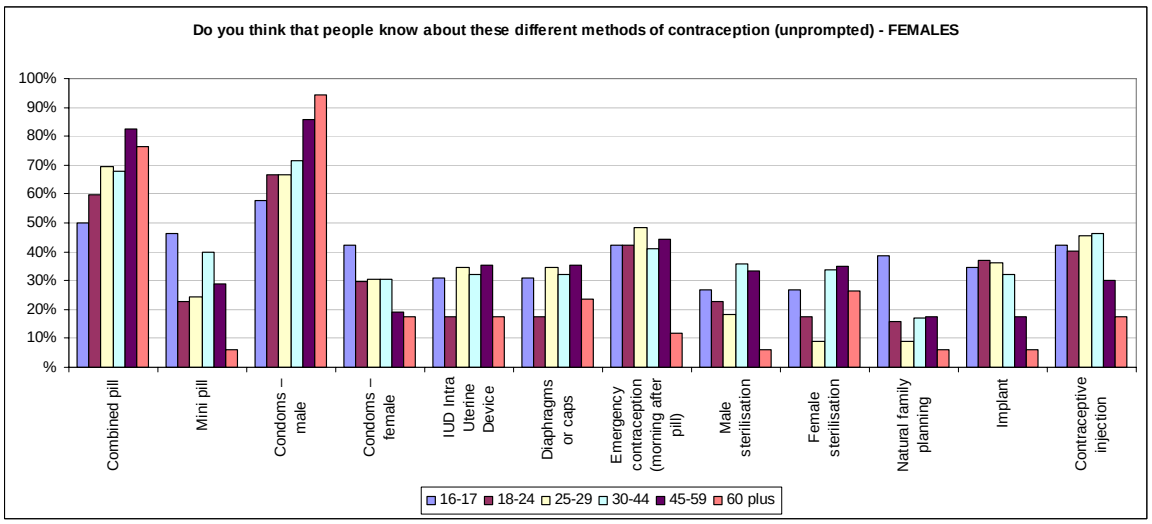
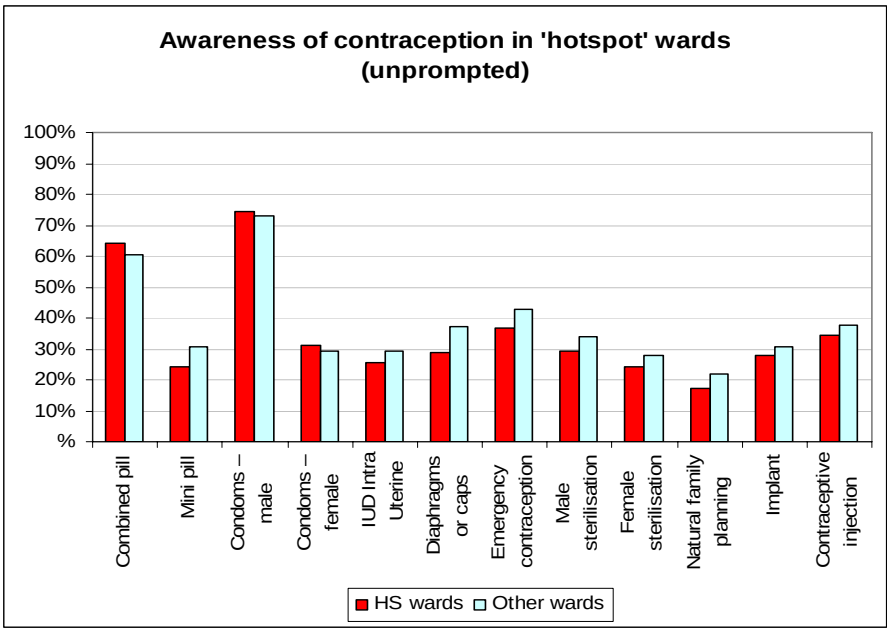


Table 6 Awareness of contraceptive methods - Females – Age



Awareness of contraception was also analysed according to responses in the 'hotspot' wards (wards with a higher rate of teenage pregnancy than the national average, which also represented the deprived wards in the district). Awareness did not differ significantly to those in other wards. However, there was a slightly higher awareness of condoms and the combined pill in the hotspot wards, coupled with a lower awareness of Long Acting Reversible Contraception (LARC) methods.

Table 7 Awareness of contraception in 'hotspot' wards (unprompted)



6.1.2 Access to services (contraception)

The majority respondents felt that the most people in the area would know what sort of places to go to for advice on contraception. Very few people felt there was a problem with access to these services either for people in general or for themselves.

Table 8 Do you think that people in this area know where to go to get contraceptive advice?

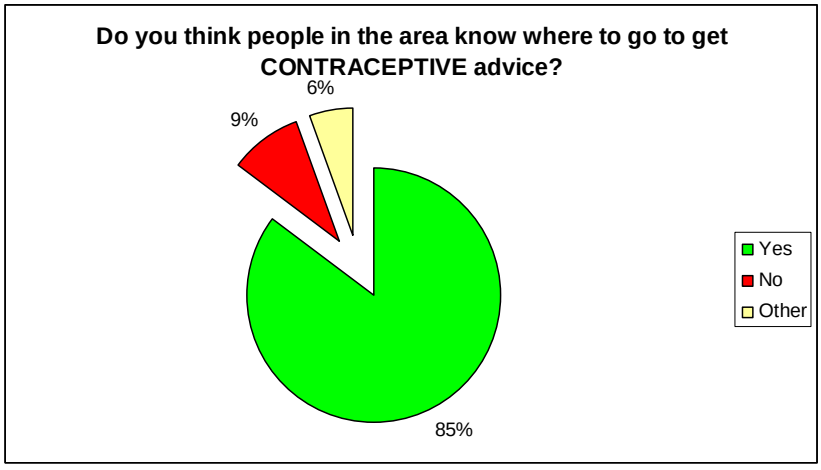


Table 9 Do you think there are any problems with access or using these services? (People in general)

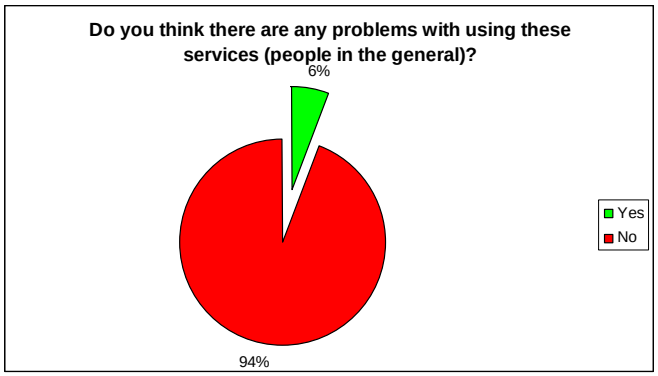
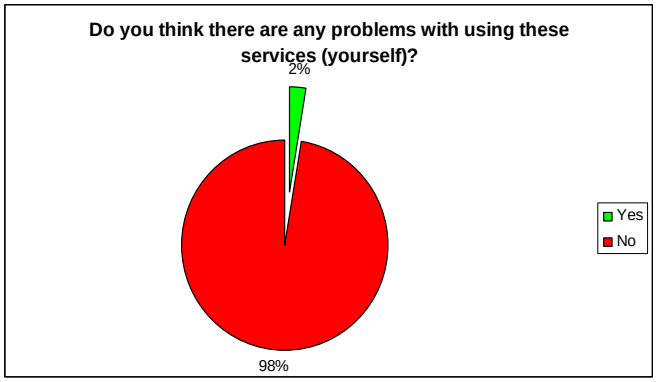


Table 10 Do you think there are any problems with access or using these services? (Yourself)



When asked where people would go to receive contraceptive advice, the majority of respondents felt a visit to the GP or clinic would be appropriate (see tables 17 and 18).

Women were more likely than men to suggest visiting the GP and more women than men were able to name outlets for contraceptive advice and provision in general. For example, young women were more likely than men name the clinic or the internet as a potential source of advice and information.

The likelihood of women choosing to visit their GP for advice increases with age, whilst for most other locations the reverse is true.

'Choices' was particularly well supported by 16-17 year olds. 80% of female respondents and over 60% of male respondents named this service as a source of contraceptive advice indicating widespread awareness and positive effects of the promotion of this service.

Table 11 Do you think that people in this area know where to go to get contraceptive advice? - Male

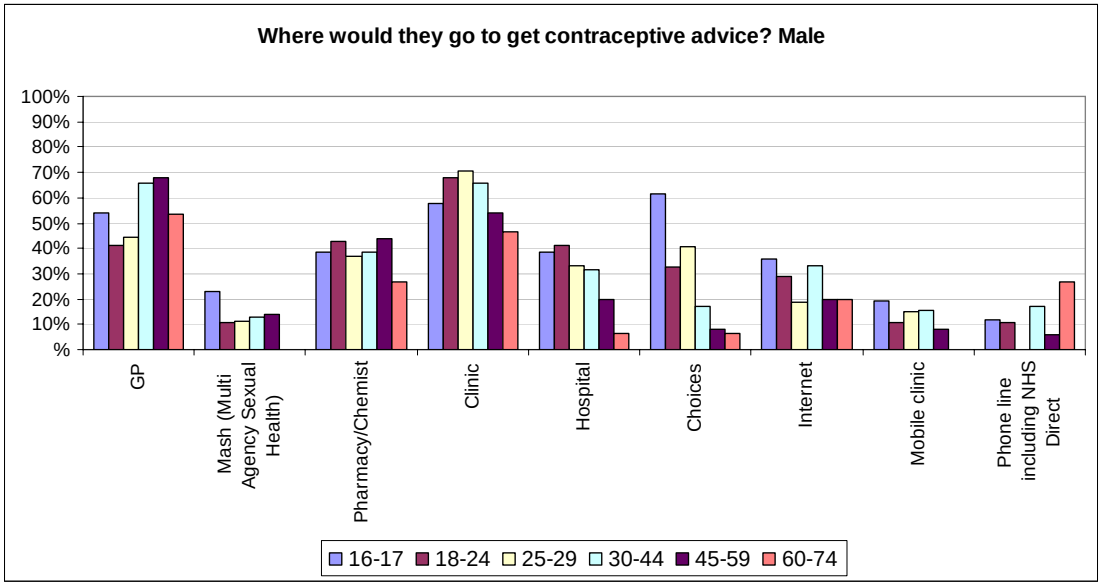
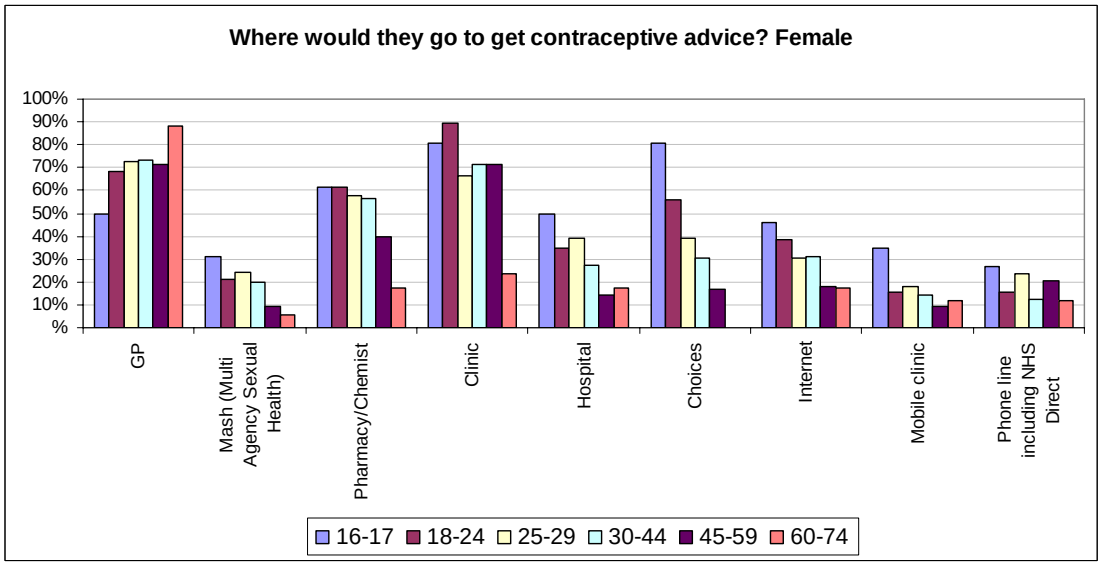


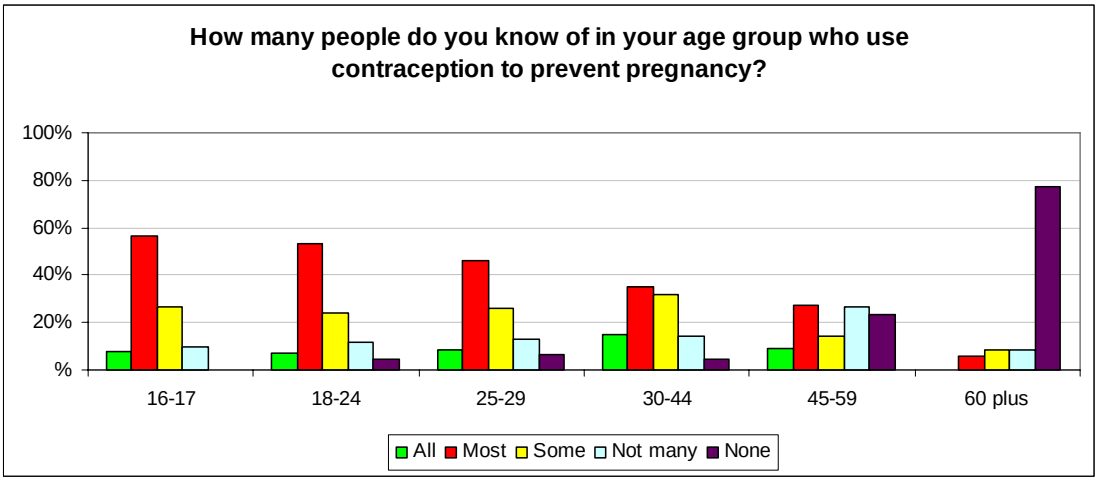
Table 12 Do you think that people in this area know where to go to get contraceptive advice? – Female



6.1.3 Use of contraception to prevent pregnancy

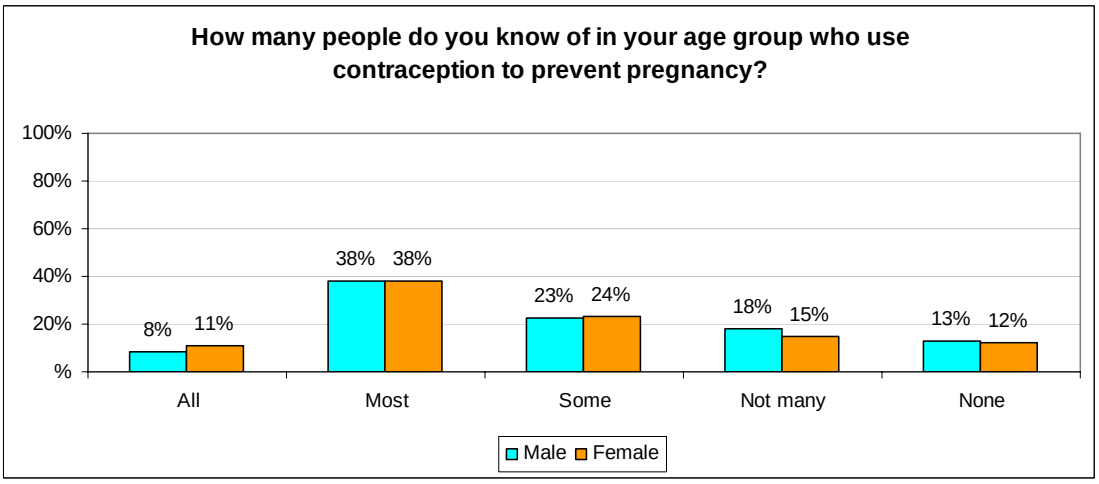
The majority of those not using contraception to prevent pregnancy were in the older age groups and this result clearly reflects their lack of need.

Table 13 How many people do you know of in your age group who use contraception to prevent pregnancy? – Age



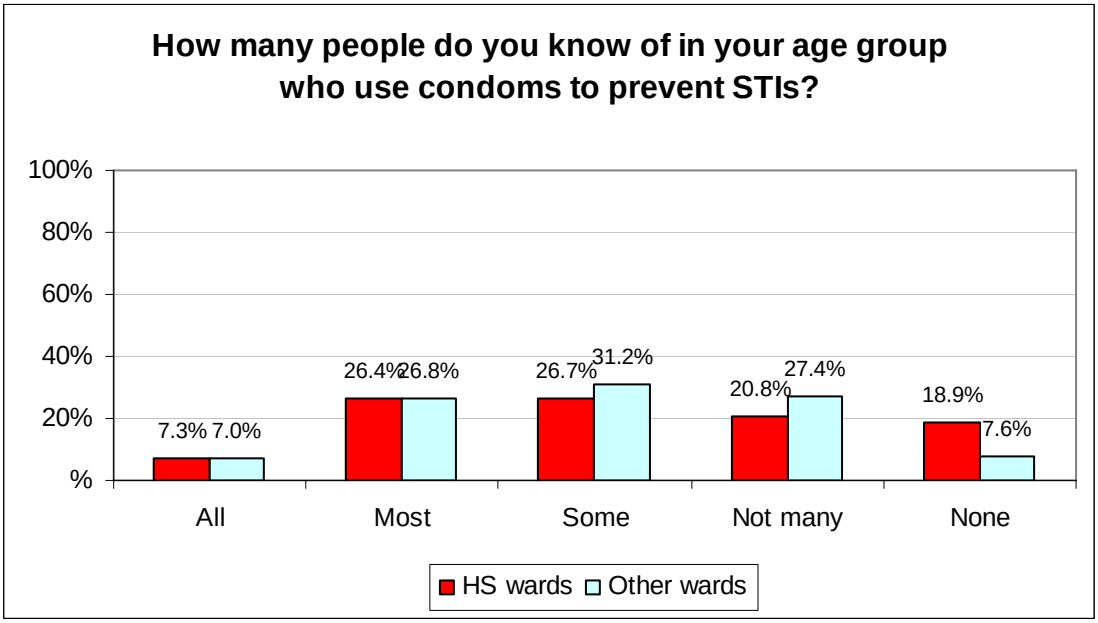
Use of contraception did not differ significantly by sex.

Table 14 How many people do you know of in your age group who use contraception to prevent pregnancy? – Sex



The same question was analysed by comparing results from 'hot spot' wards with other wards and the results show that the former are less likely to use contraception (see table 15).

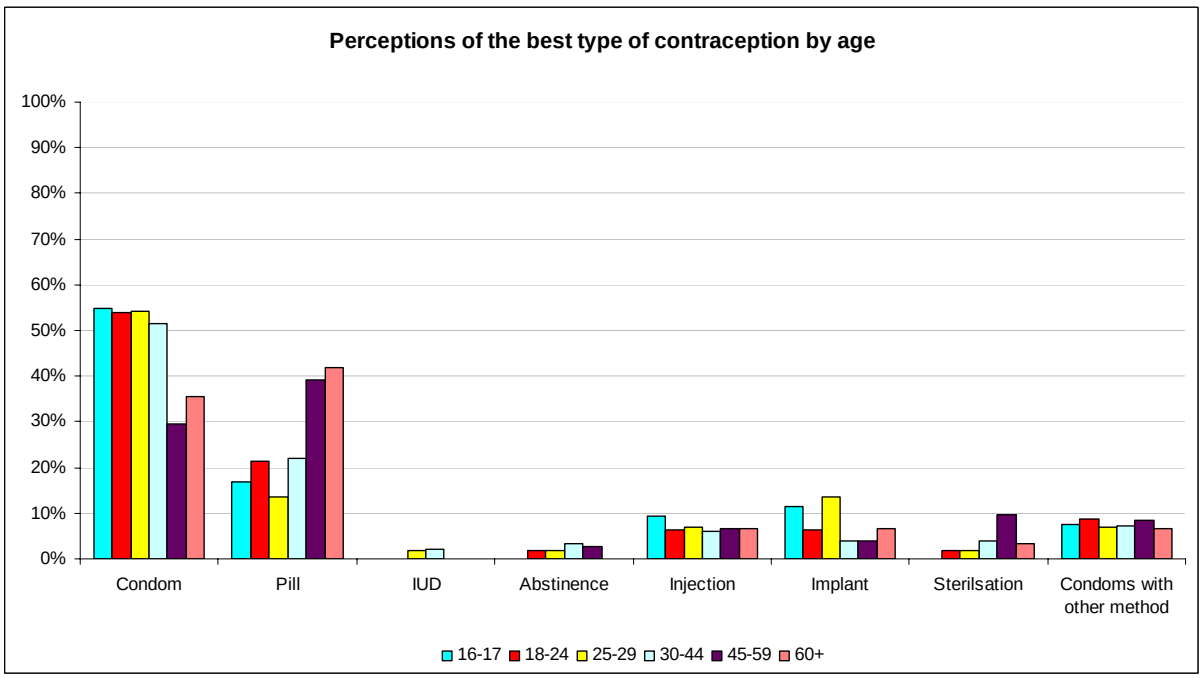
Table 15 How many people do you know of in your age group who use contraception to prevent pregnancy? – Ward



6.1.4 Perceptions of the best method of contraception

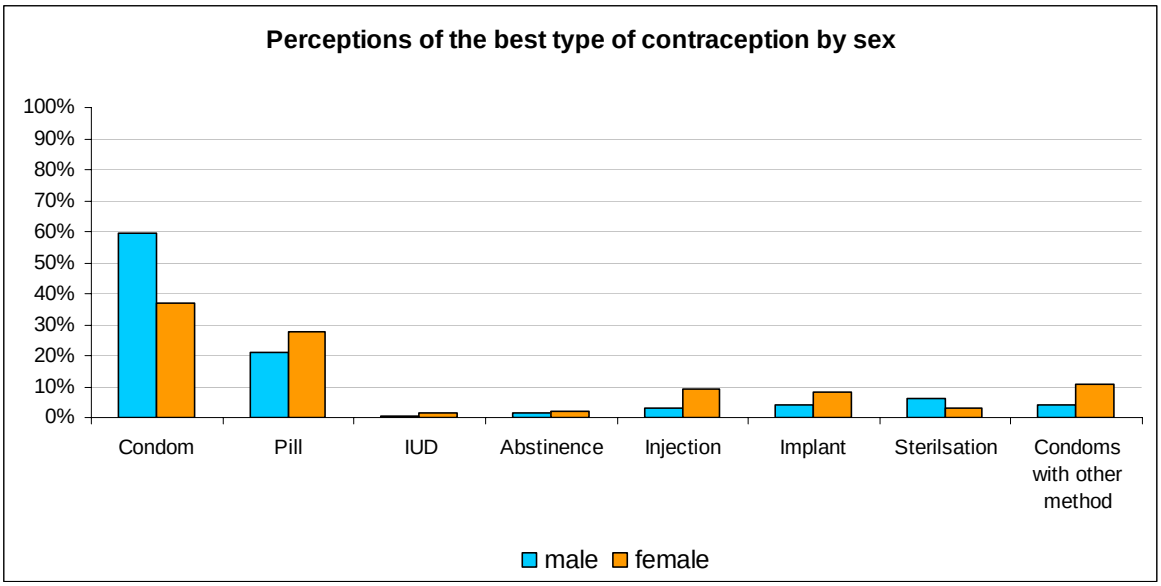
Condoms were felt to be the most effective method of contraception by over 50% of respondents, with younger age groups particularly likely to suggest this. Generally respondents noted protection against STIs as the main reason, with a small group also suggesting the use of a condom with another contraceptive method to guard against both pregnancy and sexually transmitted infection.

Table 16 Which method of contraception do you think is the best?- Age



Men were more likely than women to believe that condoms were the best form of contraception, whereas women were more likely than men to suggest the pill.

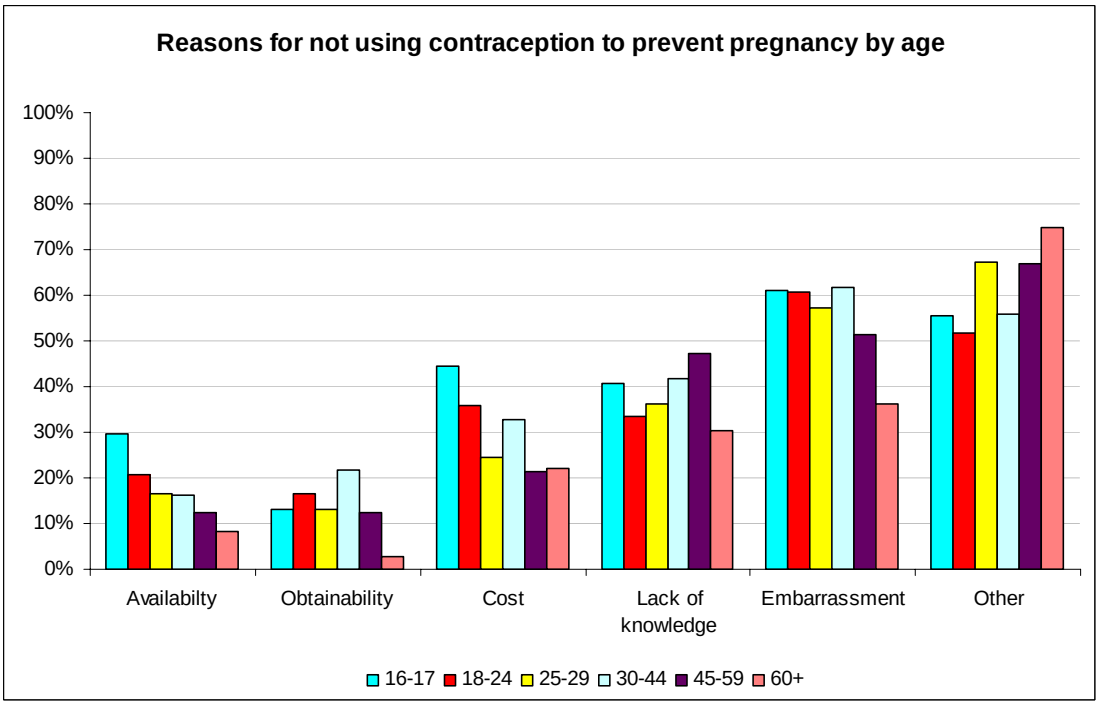
Table 17 Which method of contraception do you think is the best?- Sex



6.1.5 Reasons for not using contraception to prevent pregnancy

The main reason given for not using contraception was embarrassment. This was particularly the case for respondents in the younger age groups. Issues of cost were also important for younger groups.

Table 18 Reasons for not using contraception to prevent pregnancy – Age



Women were more likely than men to offer reasons for not using contraception in general and were particularly more likely to see embarrassment as key cause. Reasons enclosed in quotation marks were suggested by respondents as the most common 'other' reasons.

Table 19 Reasons for not using contraception to prevent pregnancy –Sex

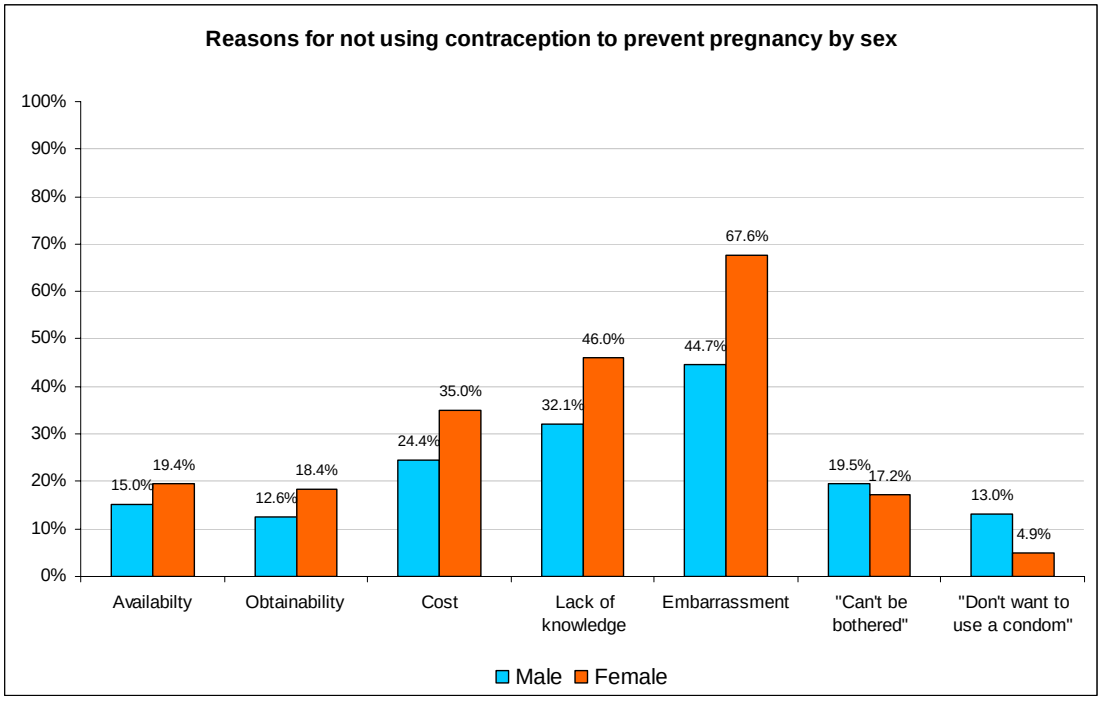
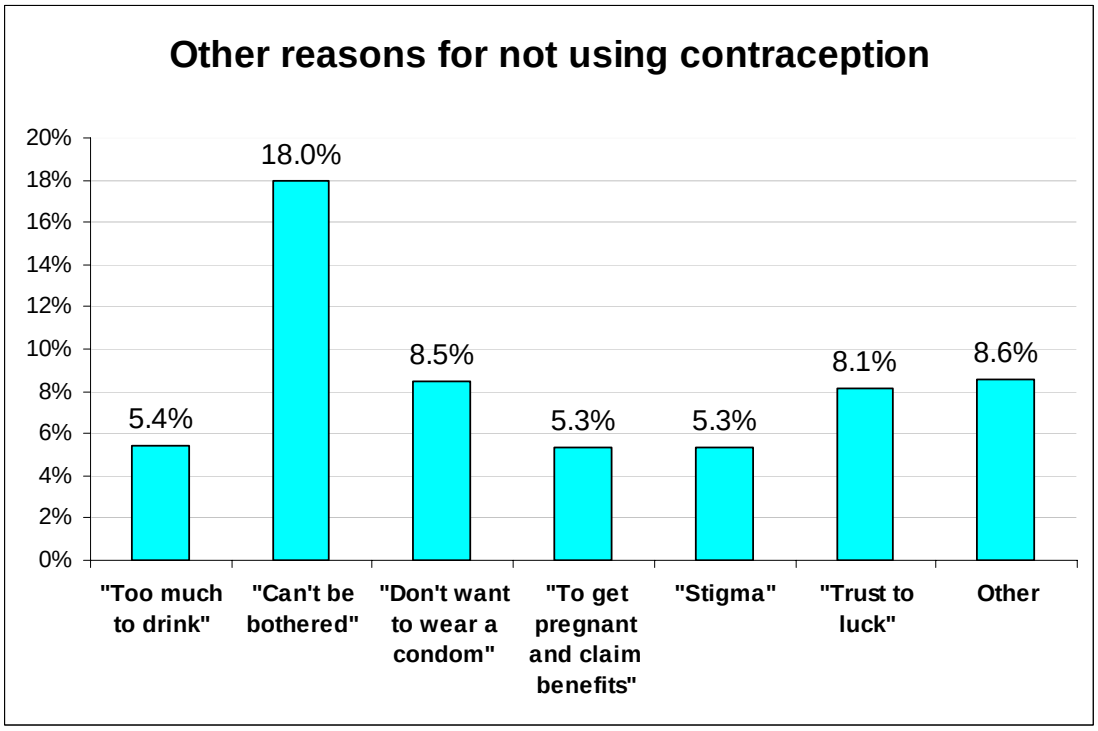


Table 20 contains a full breakdown of other reasons given by respondents, grouped into themes. Figures shown are percentages of the overall sample.

Table 20 Other reasons for not using contraception to prevent pregnancy



The question of reasons for not using contraception led to further discussion with the interviewees.

Apart from embarrassment, laziness, dislike of contraceptive methods (chiefly condoms) and a faith in luck were the most commonly cited. Comments included:

The difference between knowledge and action because of laziness, passion, alcohol, awkwardness or a combination of factors-

"laziness/ignorance – 'it won't happen to me'. It's NOT cost - you can walk in anywhere and get it for free." (25-29 year old woman)

"Not a lack of knowledge, but it is difficult to do the mechanics especially if it is casual sex" (45-59 year old man)

"(You get) carried away by passion- the last thing you want to think about is putting on a condom" (45-59 year old man)

"Having had a drink they don't think about it" (25-29 year old woman)

Not wanting to use condoms:

"More sensitivity without condom, it ruins the moment. Can also forget" (16-17 year old man)

"Men think it is not their problem- they can be bossy and persuade the ladies not to worry" (45-59 year old man)

"(It's a) macho male attitude, not to use a condom" (45-59 year old woman)

There was also felt to be a stigma attached to talking about condoms for fear that a new partner may judge them or take offence:

"*If you have contraceptives it makes you seem promiscuous"* (25-29 year old woman)

"It spoils the moment, also there's stigma if a girl shows up with condoms" (25-29 year old male)

"Middle aged people might forget especially when coming out of a relationship" (30-44 year old woman)

Finally a number of respondents felt that some young people may not worry about getting pregnant, due to housing priorities and extra benefits:

"No obstacle to getting pregnant in Grimsby- it's a career for some young men and women" (45-59 year old woman)

6.2 Sexual Health

6.2.1 Awareness of STIs

Syphilis, Gonorrhoea, HIV AIDS and Chlamydia were the most commonly cited STIs for both men and women. Older men particularly mentioned syphilis and Gonorrhoea (frequently referred to as 'the clap').

Table 21 Awareness of STIs - Males – Age

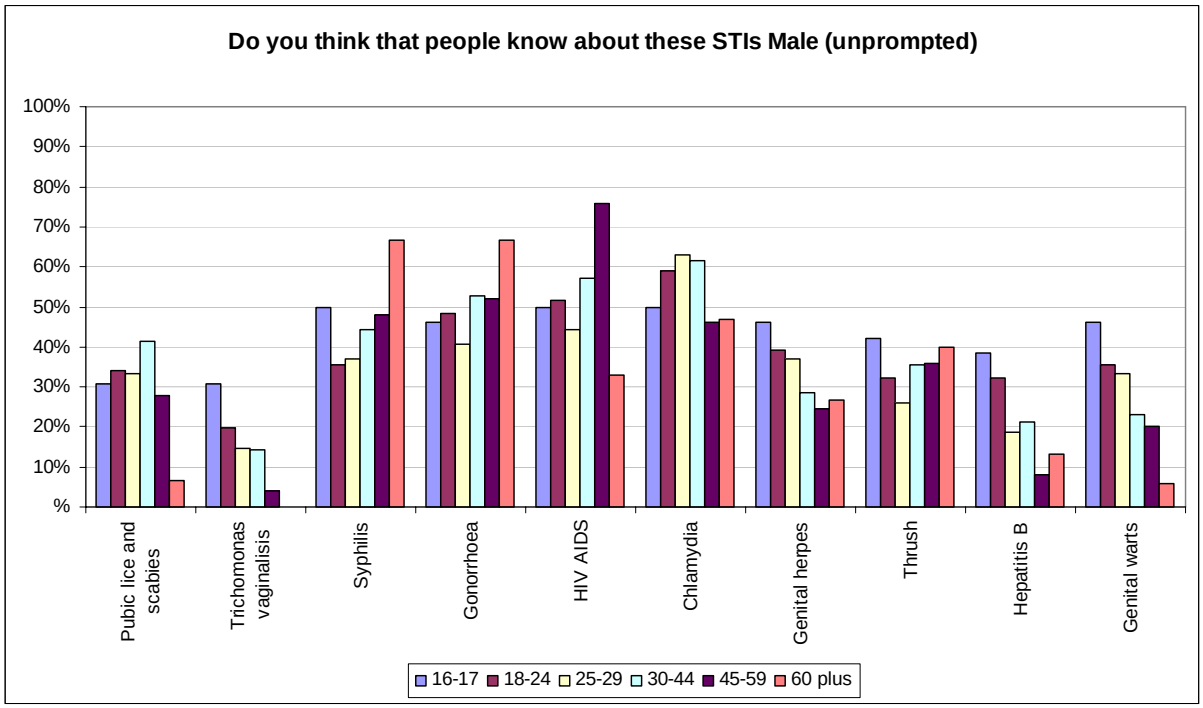
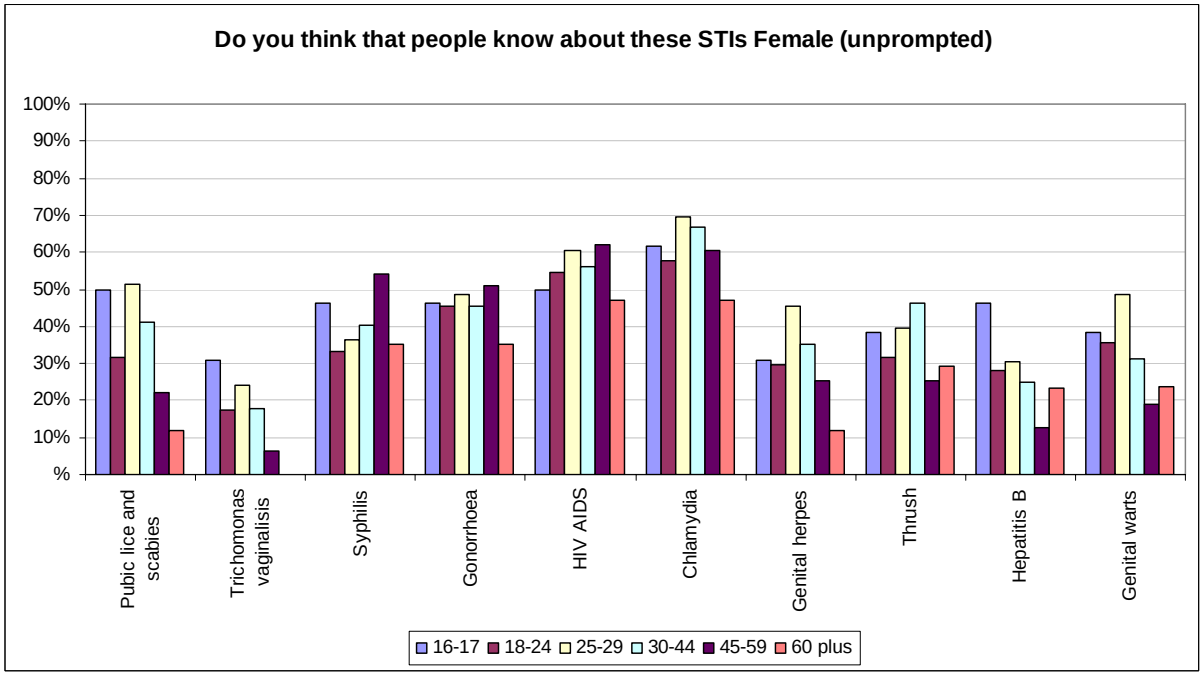
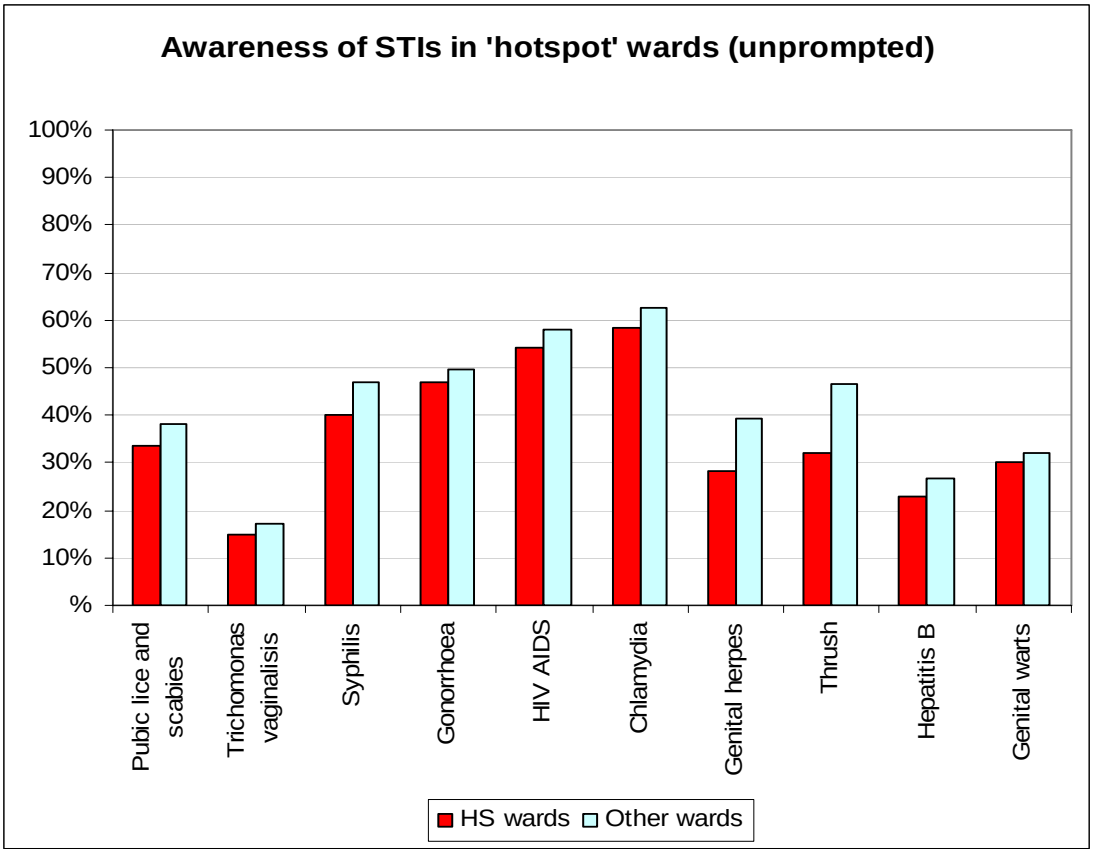


Table 22 Awareness of STIs - Females – Age



As with contraception, there were no significant differences between knowledge of STIs in the 'hotspot' wards. The exceptions were genital herpes and thrush where there was less awareness in the 'hotspot' wards.

Table 23 Awareness of STIs in 'Hotspot' wards



6.2.2 Access to services (STI)

Slightly fewer respondents felt that people would know what sort of places to go to for advice on STIs than contraception, although over 80% still felt that most people would know. Again, very few felt there was a problem with access to these to services.

Table 24 Do you think that people in this area know where to go to get advice on sexual health?

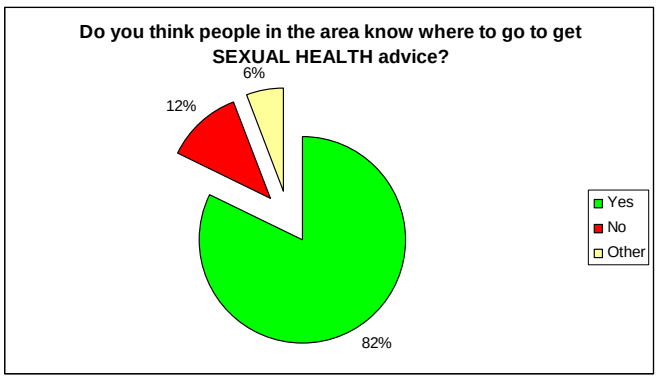


Table 25 Do you think there are any problems with access or using these services? (People in general)

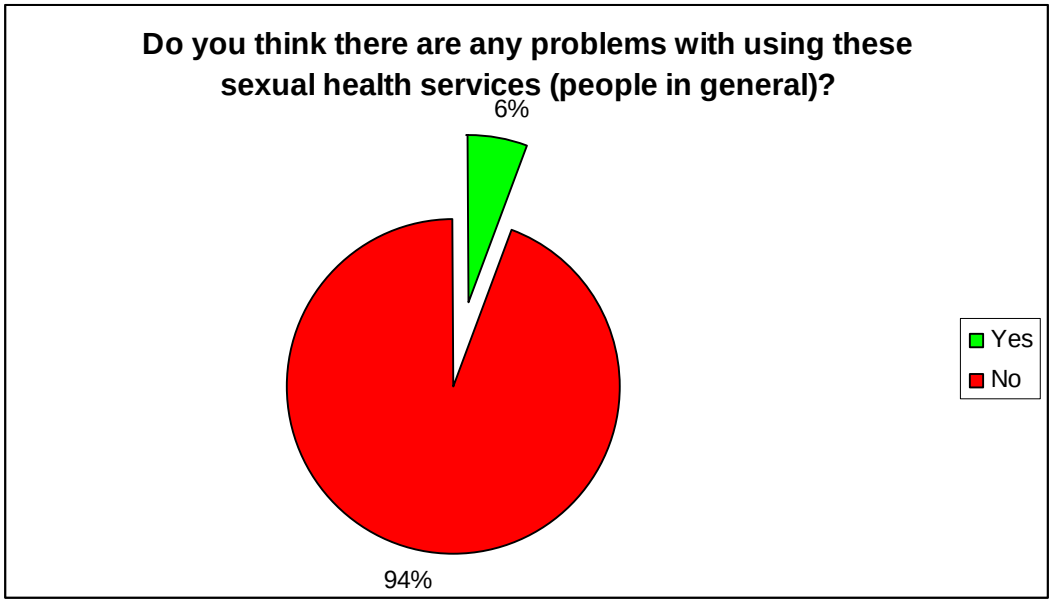
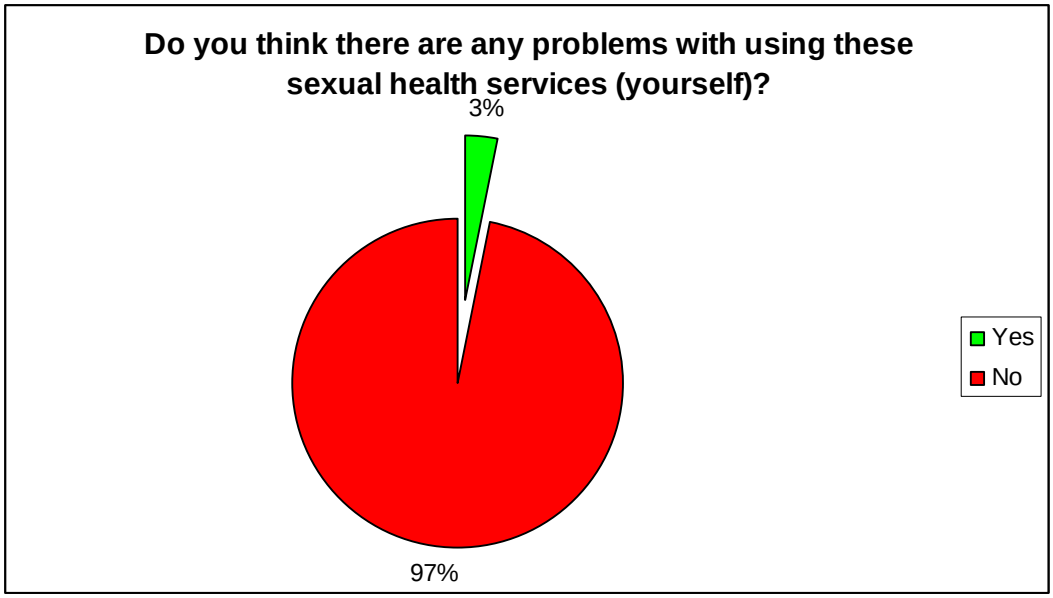


Table 26 Do you think there are any problems with access or using these services? (Yourself)



As with contraceptive advice, most respondents would look to get advice on STIs from their GP or the Clinic, whilst 16-17 year olds favoured visiting 'Choices'. There were also differences between the sexes especially with males more likely to use the internet.

Table 27 Where would they go to get STI advice – Male

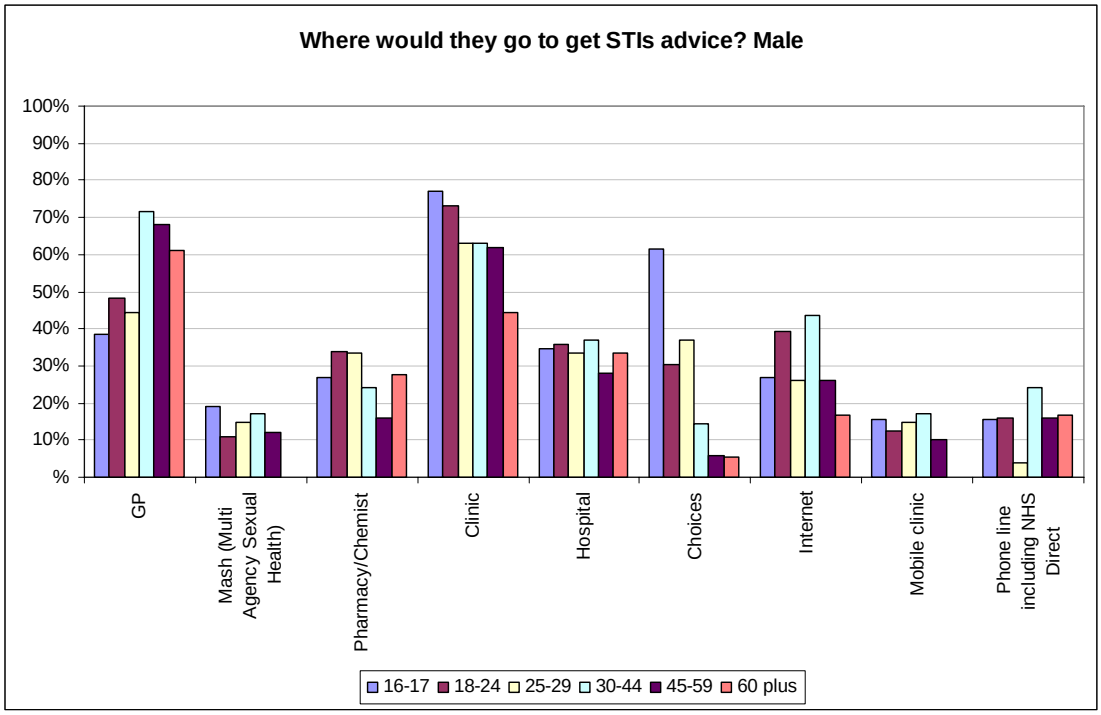
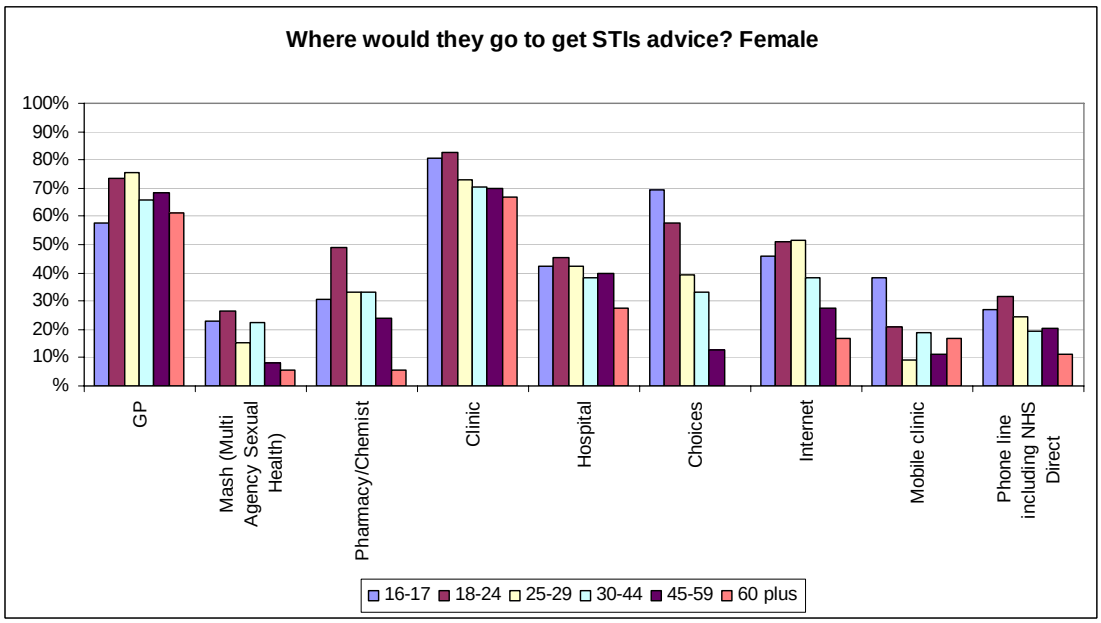


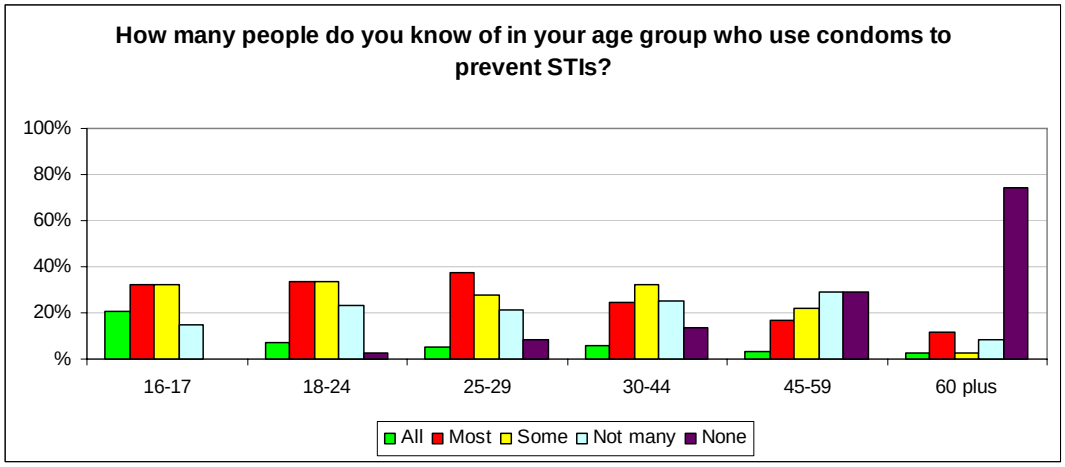
Table 28 Where would they go to get STI advice – Female



6.2.3 Use of contraceptives to prevent STIs

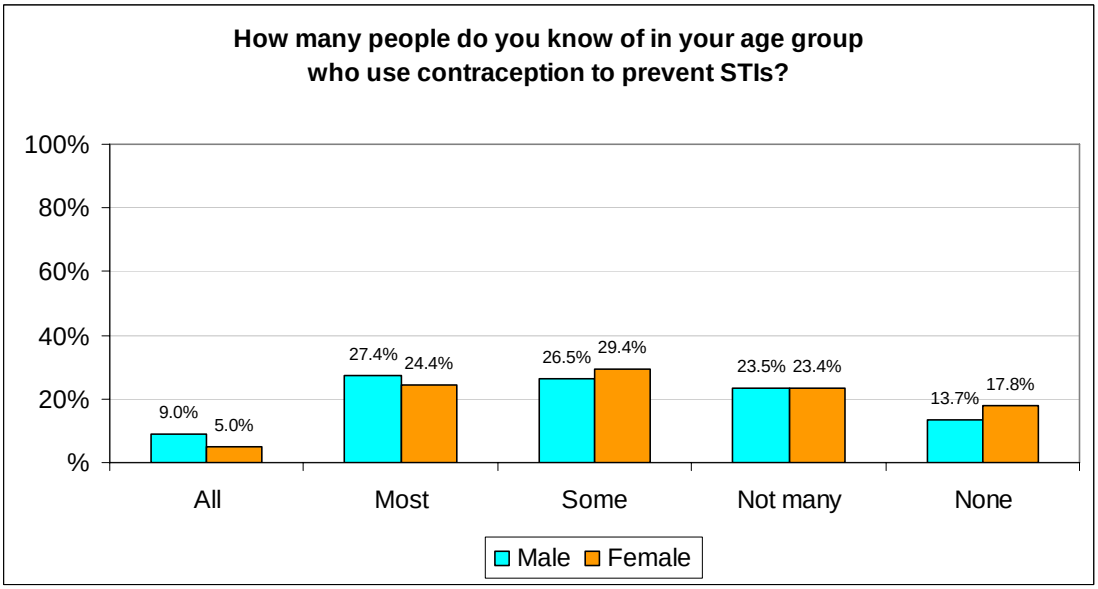
The number of people not using any form of protection against STIs rises steadily by age. Again, the highest percentage is in the 60+ age group reflecting the belief that this is less important for those in stable relationships.

Table 29 How many people do you know in your age group who use condoms to prevent STIs? – Age



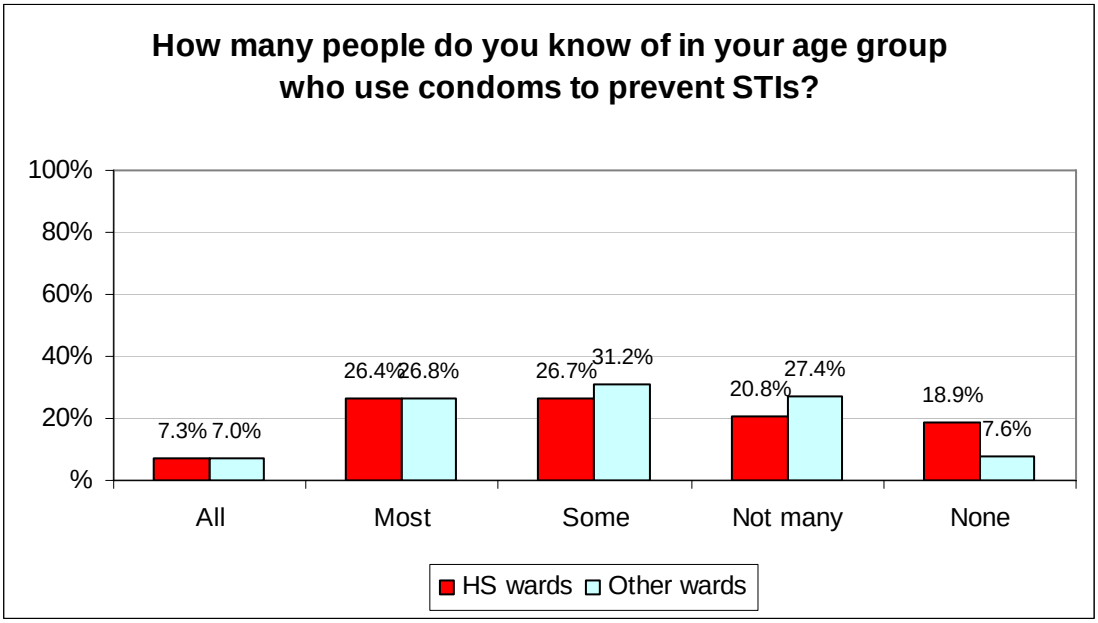
There was little difference between the sexes when considering whether their age group used condoms to prevent STIs.

Table 30 How many people do you know in your age group who use condoms to prevent STIs? – Sex



As with use of contraception to prevent pregnancy, a higher percentage of respondents from hotspot wards felt that their age group would not use contraception to prevent STIs than for the population of the area in general.

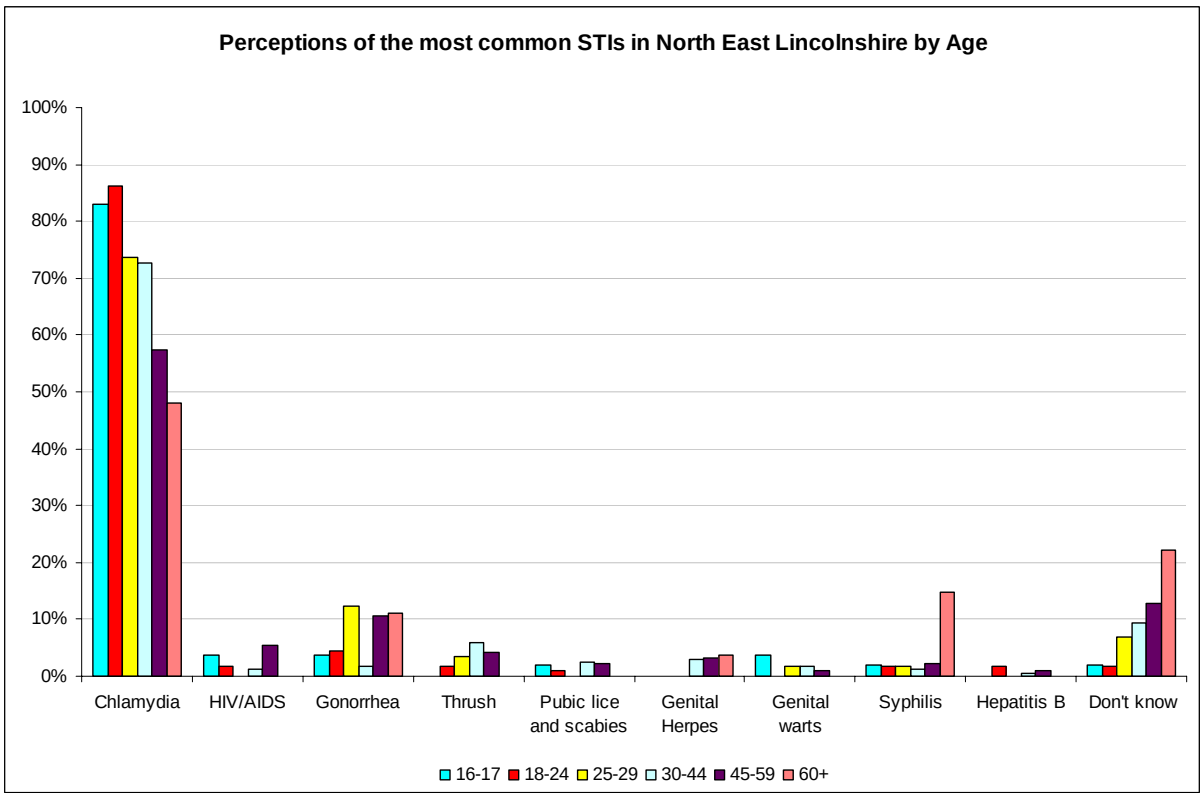
Table 31 How many people do you know in your age group who use condoms to prevent STIs? – Ward



6.2.4 Perceptions of common STIs

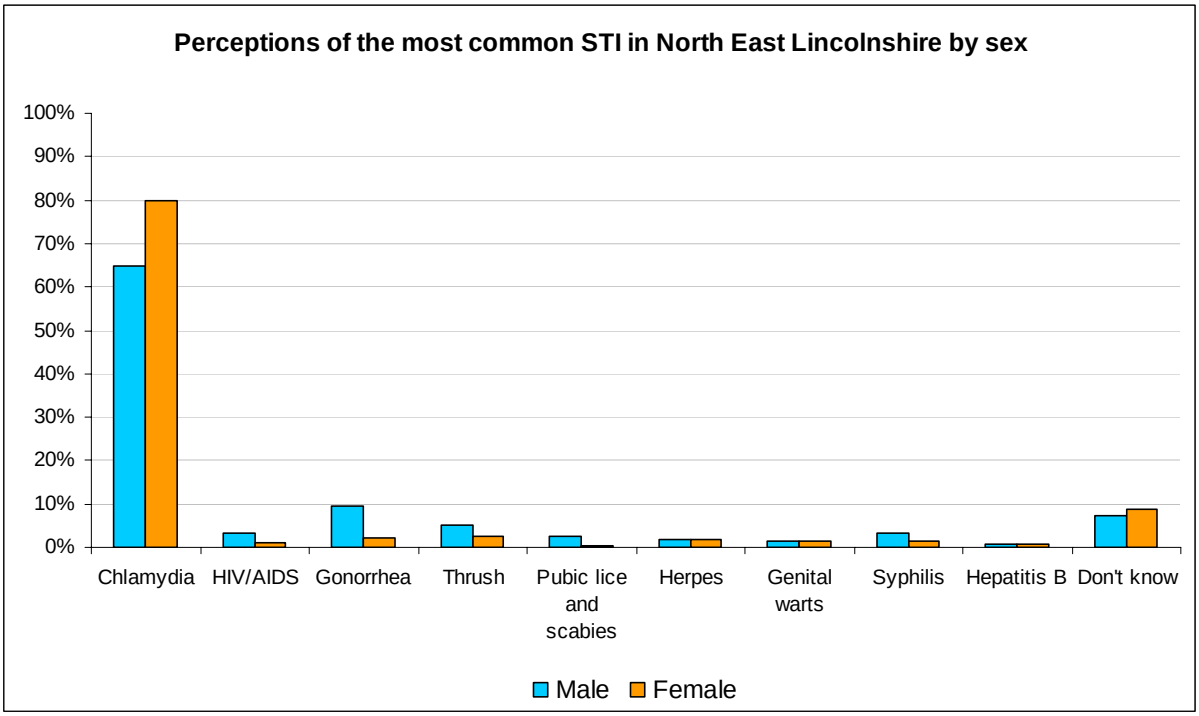
All age groups overwhelmingly felt that Chlamydia was the most common STI in NEL. There was far less awareness of other STIs especially by younger age groups.

Table 32 Which STIs do you think are the most common in this area?- Age



Women were more likely than men to believe that Chlamydia was the most common STI in NEL.

Table 33 Which STIs do you think are the most common in this area?- Sex



6.2.5 Reasons for not protecting against STIs

Lack of knowledge and embarrassment were the main reasons cited for failing to protect against STIs. This did not differ markedly by age (see table 34), but women were again more likely to suggest embarrassment as a reason for not using protection than men. The point was frequently made that there was an issue of trust and the stigma of discussing the use of protection was a barrier:

"Some people may trust the person that they are sleeping with, and they believe that they don't have any STI's" (male 16-17)

"(Discussing using protection) can be a barrier because it's questioning the honesty of partner" (male 18-24)

Table 34 Why do you think some people don't protect themselves against the possibility of STIs? – Age

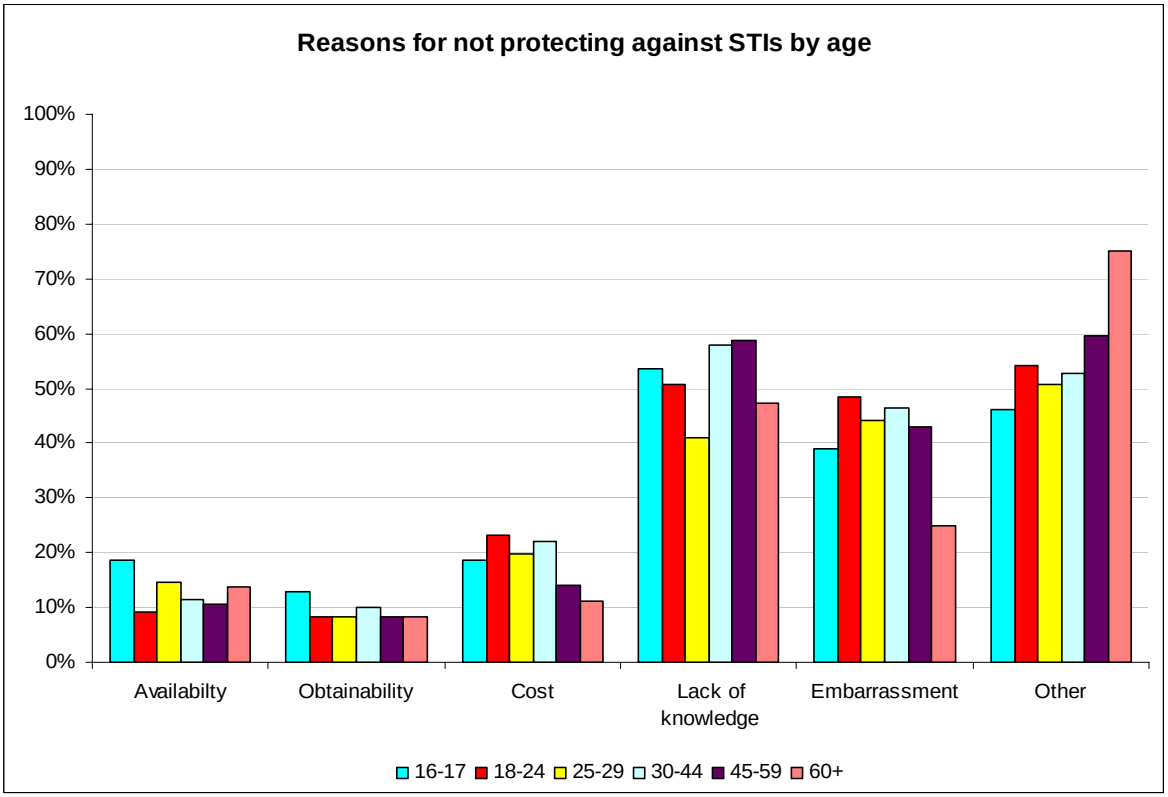


Table 35 Why do you think some people don't protect themselves against the possibility of STIs? – Sex

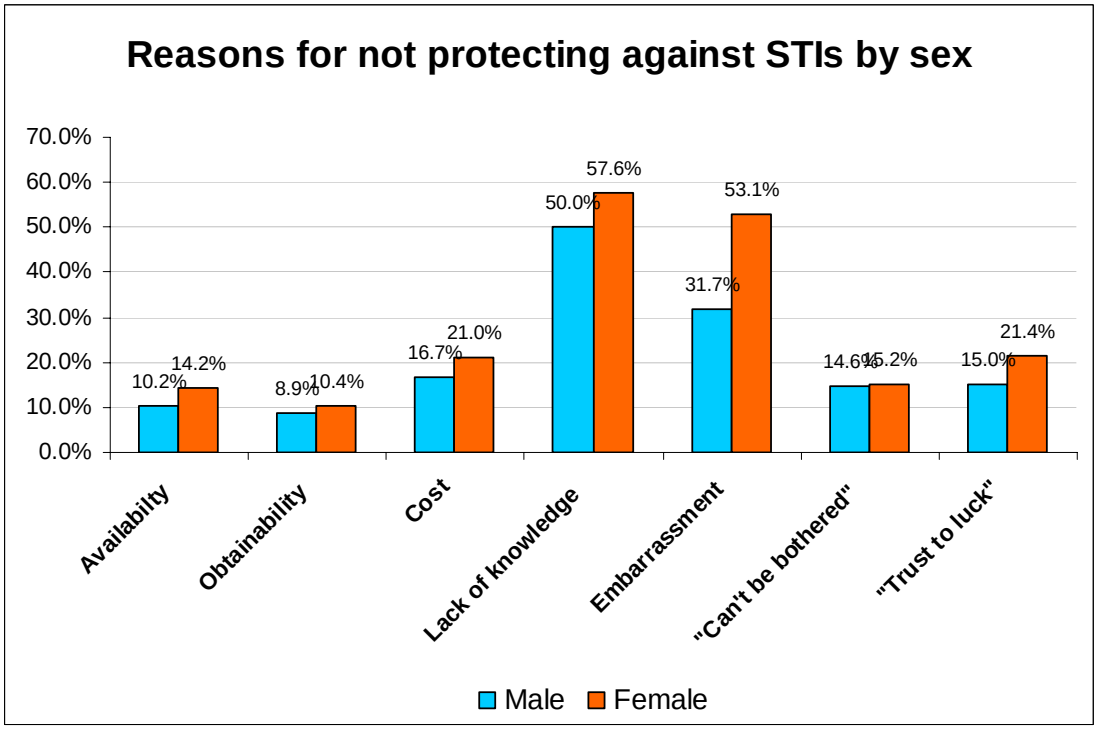
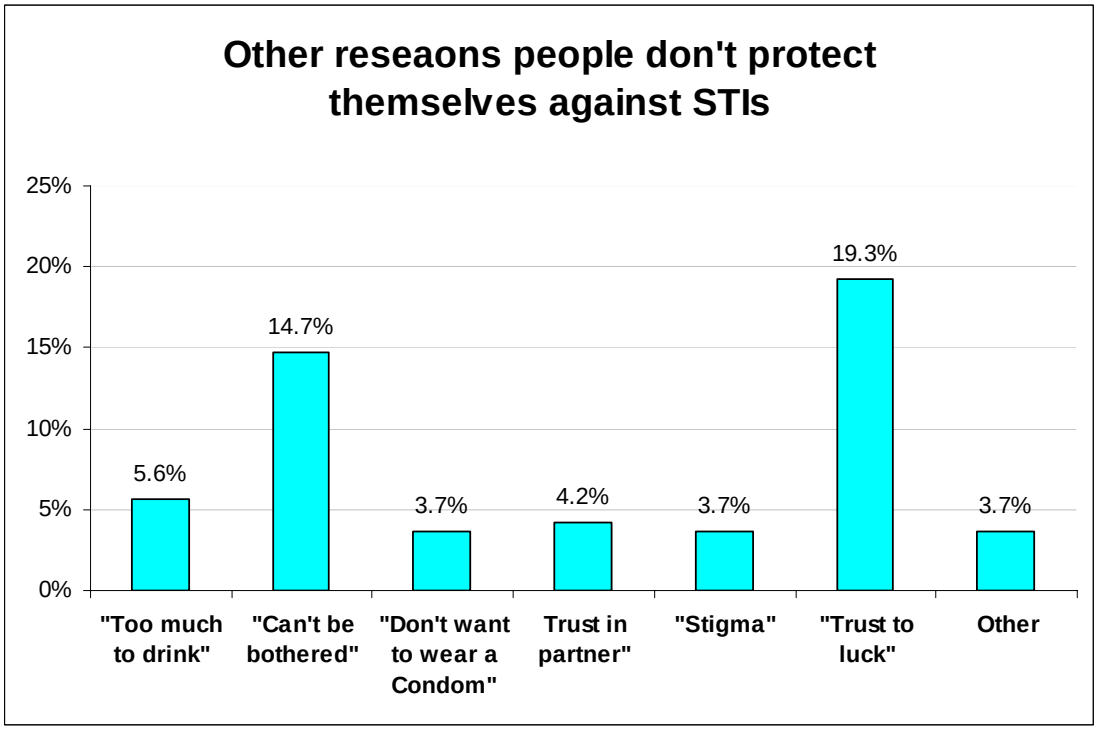


Table 36 Other reasons for not using condoms to prevent STIs



The chief other reason given for failing to protect against STIs was that people did not feel that 'it could happen to them'.

"*I'll be all right, won't happen to me, have a quick wash maybe*" (45-59 year old male)

"Don't think it'll happen to them, especially people who came out of a long-term relationship." (30-44 year old female)

"They don't think they can catch anything" (30-44 year old female)

"Take a risk think that nothing will happen or get caught against a STI" (30-44 year old female)

"Can't be bothered think it won't happen to them or throw caution to the wind in the heat of the moment" (30-44 year old male)

"Don't think it'll happen to them specially people who came out of a long-term relationship. Don't know who's having an affair" (30-44 year old female)

Such attitudes were further linked to a perception that STIs were only caught by people with many sexual partners.

"They think STIs are to do with prostitution and massage parlours" (30-44 year old female)

"You only think of STIs as something that promiscuous people get, like prostitutes and travellers" (45-59 year old female)

Finally there was a suggestion that people would trust their partner and any suggestion that they did not would result in embarrassment-

"I'm clear so there is an assumption the other person is too" (30-44 year old male)

"What will my partner think if I get a condom out?" (30-44 year old female)

A further finding was that many people believed that STIs are easy to cure:

"Chlamydia is drilled into people's heads and how easy it is to get rid of it. People are not as worried." (30-44 year old female)

6.3 Communication

6.3.1 Awareness of current marketing campaigns

Awareness of the 'Want respect?' and 'r u thinking' campaigns generally declines with age amongst men (see table 38), whilst knowledge of the 'Condom Essential Wear' campaign was more varied.

Table 37 Are you aware of the following campaigns? – Sex

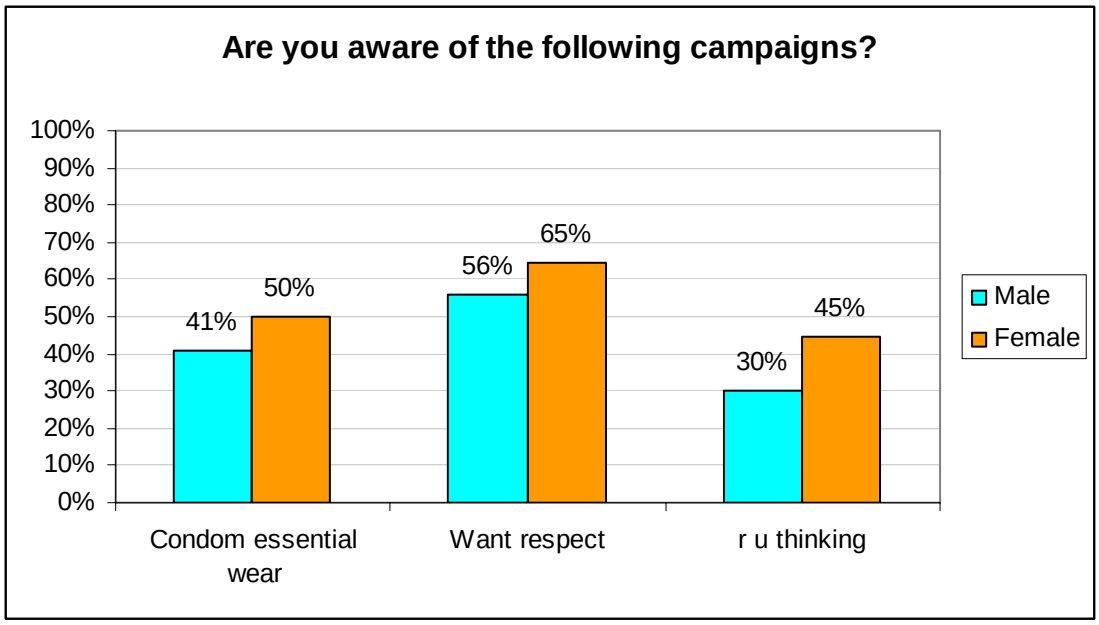
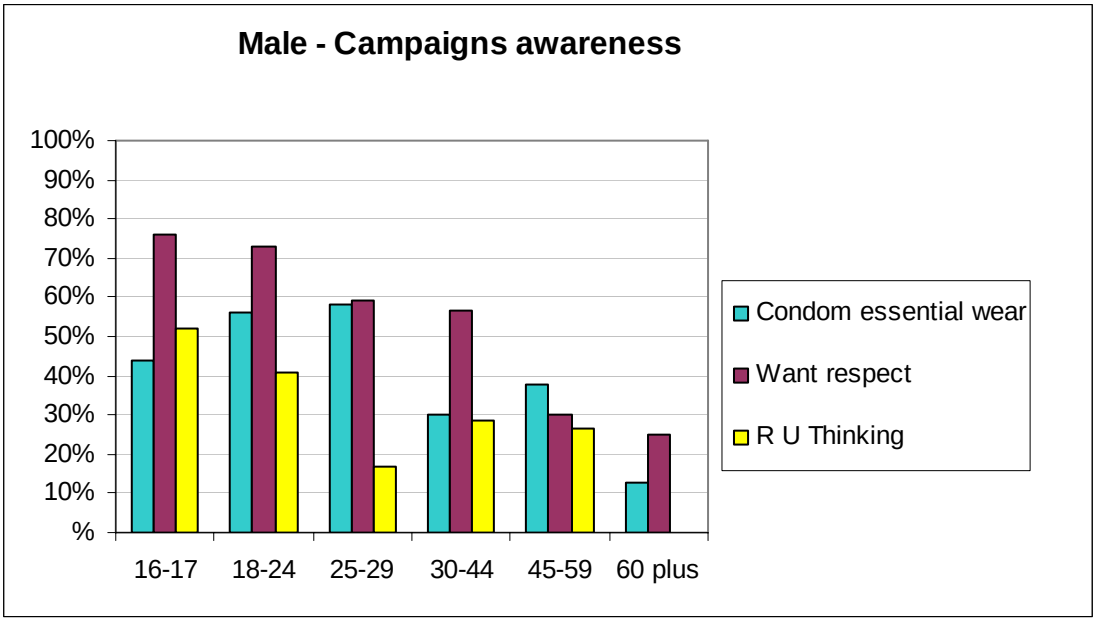
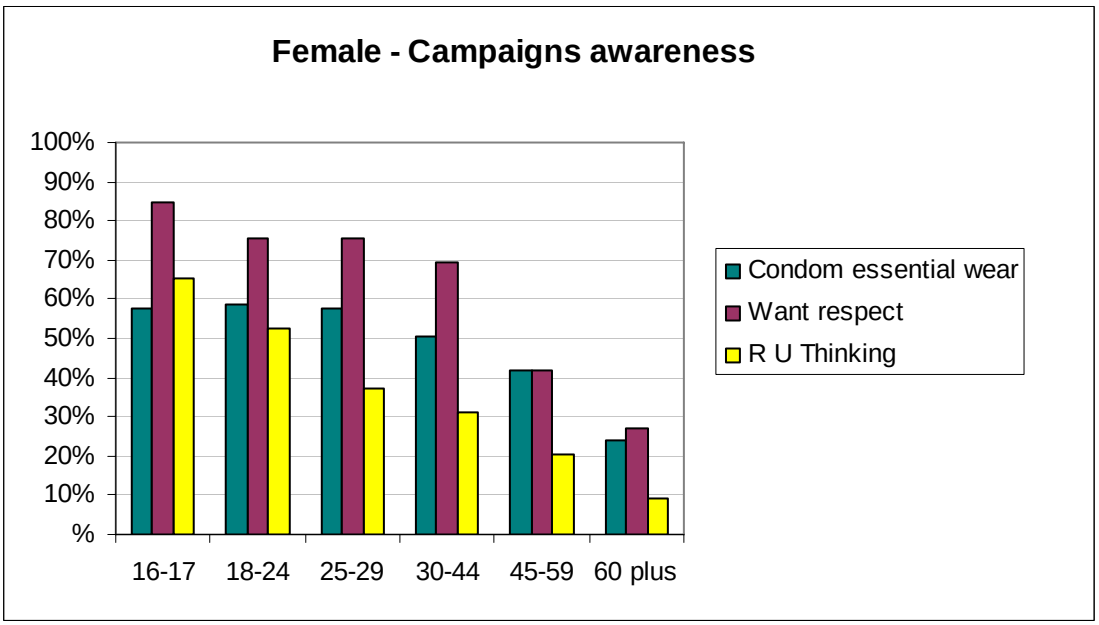


Table 38 Are you aware of the following campaigns? - Male – Age



Female awareness of all three campaigns was higher than men's and in all cases declined with age.

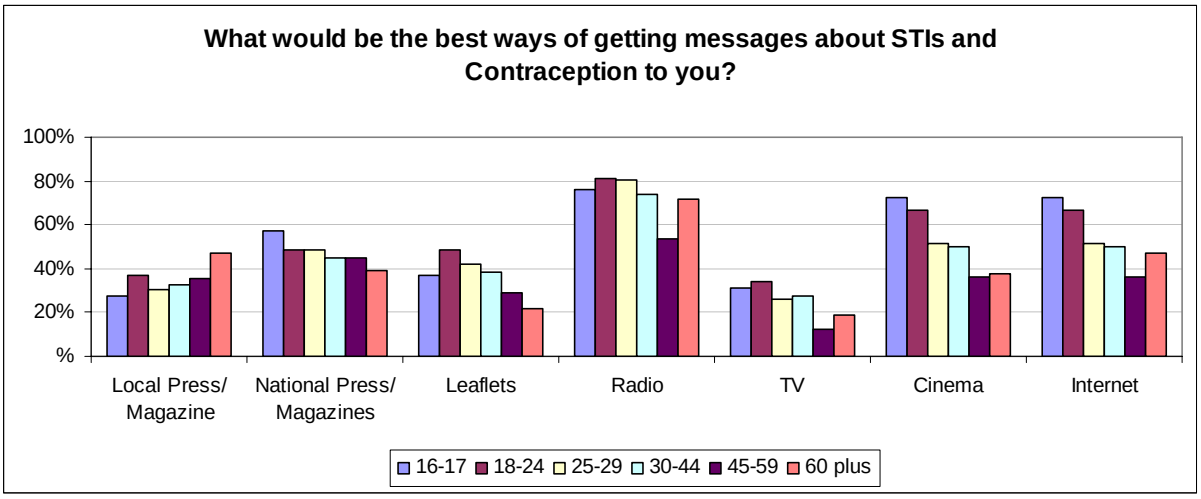
Table 39 Are you aware of the following campaigns? - Female – Age



6.3.2 Delivering the Messages

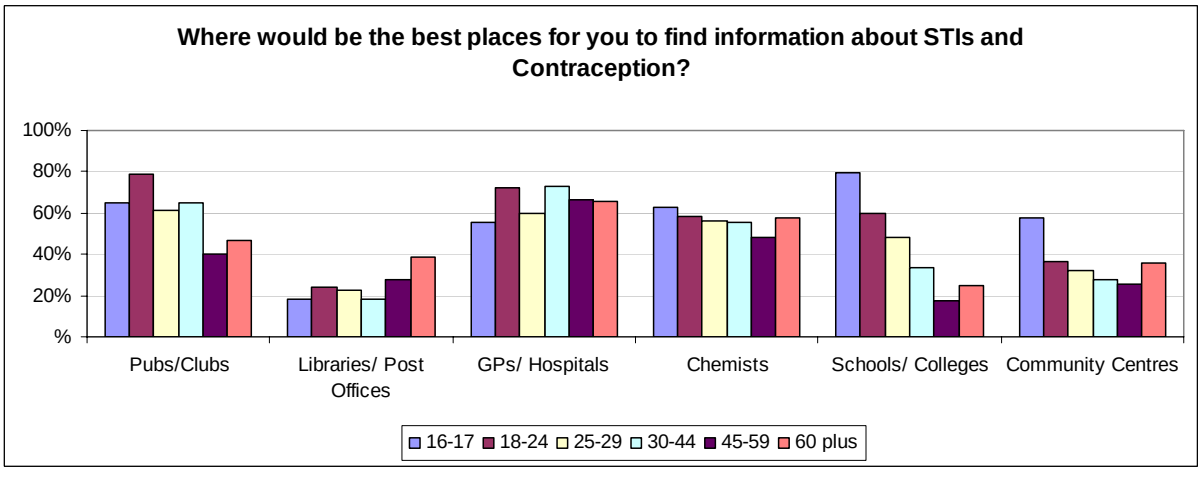
Younger age groups (up to the age of 24) were particularly likely to favour messages through radio, cinema and internet channels. Older respondents were more likely to favour print, although many also suggested radio.

Table 40 What would be the best ways of getting messages about STIs and Contraception to you?



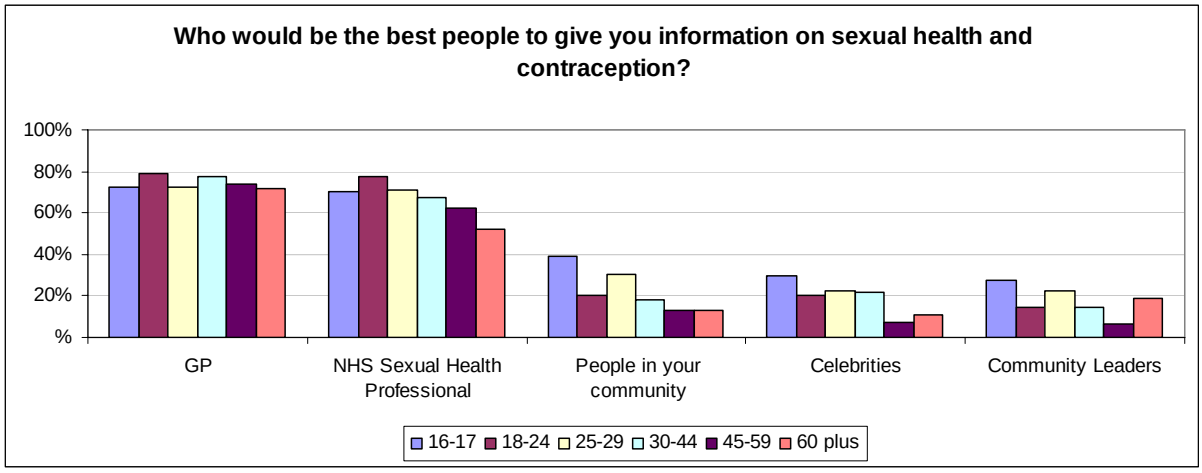
In some respects preferences for location of information reveals an expected distribution, as younger people suggested schools and colleges, pubs and clubs. However most respondents were also keen to see information in chemists or GP's. Surprisingly, 16-17 year olds were the most likely to want information in community centres.

Table 41 Where would be the best places to put information about STIs and Contraception for you?



In terms of voice (see table 42) the majority of respondent's favoured information through medical professionals, either GP's or sexual health professionals. This was consistent across the different age groups.

Table 42 Who would be the best people to give information on sexual health and contraception to you?



6.3.3 Suggestions for Improving Information Provision

A final section on the questionnaire gave respondents a chance to suggest one way in which the knowledge and uptake of contraception could be improved in the area. These suggestions were wide ranging, a selection is shown below.

Promotional Events

"A road show with people handing out information a booth where people could talk privately & discreetly to a knowledgeable professional." (45-59 female)

"Advertise choices, more ads on TV and in schools. Have leaflets around school and colleges. Should do more frequently in school sex education only happens twice a year from 14." (25-29 female)

"Hold a big 'exciting' market fair in centre of towns to try to get the embarrassment factor out the way. Embarrassment is a big problem with young lads." (30-44 female)

Accessible Provision

"Advertise and explain to people about different aspects of sexual health. More places/ clinics open longer and for more days as some people find it difficult to make it on a specific day. Younger people especially need to be made aware of risks & issues surrounding sexual health." (18-24 female)

"Bring back central family planning centre plus send staff into schools, colleges and community centres to give talks. Set up forums of differing ages so people get more familiar with contraception" (45-59 female)

"Contraceptives should be free and easily available. Clinic is good but not everyone knows about it." (18-25 female)

Information at GP's

"Information should be given out more from Doctors and GPs" (30-44 male)

Mobile Clinics

"Mobile units travelling through towns regularly dispensing advice, free condoms, tests on site, home testing kits." (45-59 female)

Mandatory Check Ups

"I would say that one way to improve sexual health could be for compulsory check ups at local GP centres to ensure people are protected and healthy" (18-24 female)

"Awareness campaigns and mandatory check-ups. Improve the culture of openness amongst people." (30-44 male)

Media Representation

"Better role models in the media- less James bond and more depiction of actually putting on a condom before sex. I've never seen it in a film." (45-59 male)

Shock Tactics

"Big billboard/TV showing pictures of consequences sufferers asking do you want this?" (18-24 male)

"Free condoms and leaflets showing what can happen to people that don't use contraception- pictures of STIs because then people would see how awful they actually are, so are more aware of them." (16-17 female)

Free contraception for the over 25's

"Free condoms easily available in colleges, workplaces, clubs, toilets. Then there's no excuse." (30-44 male)

"Free contraception around major clubs/pubs at weekends and main night out for students. Should be discrete for shy people" (25-29 male)

Moral Education

"Get back to teaching youngsters about morals & respect & self worth. Use citizenship lesson in schools to teach those values" (30-44 female)

Public Discussion

"Going up & talking to groups of teenagers not just with leaflets but telling what can happen to them or even have a victim of an STD so they can tell their story" (25-29 female)

Help for People with Disabilities

"I know it's a minority issue, but more help for disabled people. They support me with potency problems due to diabetes, why not others?" (30-44 male)

6.4 Summary of Survey Results

Awareness and Knowledge

- When asked to name methods of contraception 74% could name condoms and 64% the combined pill. All other methods, including LARC methods, were named by less than 50%.
- There was a higher awareness of contraceptive methods by women than men.
- Over half were able to name HIV/AIDS and Chlamydia as sexual illnesses but awareness of other STIs was low.
- There is less awareness of STIs in 'hotspot' wards than in other wards.

Access

- Most respondents (80+%) felt that people would know where to go to get contraceptive and sexual health advice and that there was no problem in using these services.
- The majority of respondents suggested going their GP or a family planning clinic for contraceptive and sexual health advice. Chemists were also popular (40+%)
- 'Choices' was named as a destination for advice by 70% of 16-17 year olds, especially young women. The internet was also popular with young people.
- Very few in any age group used NHS Direct.
- Over 90% of respondents did not feel there was problem using these services.

Use of Contraception to prevent pregnancy and STIs

- The majority of people under 44 years felt contraception was used all or most of the time by their age group to prevent pregnancy. In contrast the use of condoms to prevent STIs was lower in all groups.
- Residents of hotspot ward were less likely than residents of other wards to use either contraception of to prevent STIs.
- Over half of respondents thought that the condom was the best method of contraception, most noting that this was also because of the protection it provided against STIs.
- The overwhelming majority of respondents felt that Chlamydia was the most prevalent STI in NEL. Other STIs were mentioned by less than 10%.

Reasons for not using Contraception

- The most common reason for not using contraception to prevent pregnancy was embarrassment, especially for young women.
- Lack of knowledge and embarrassment were the main reason given for not protecting against STIs.

Awareness of Campaigns

- For men, awareness of condom the ‘Want respect’ and ‘r u thinking’ campaigns generally declined with age whereas knowledge of condom essential wear increased with age up until 29. Female awareness of all three campaigns was higher than men’s but similarly declined with age.

7. Group discussions

Following the initial analysis of the survey results, three focus groups were held to explore some of the issues in more depth.

Target Group	Issues for discussion
Group One Single people between the ages of 30-59	To explore views about contraception and STIs especially in the context of divorce and new relationships and including the issue of embarrassment.
Group Two parents of teenagers	To explore views about the appropriate ways and means of educating and talking to teenagers about contraception and STIs.
Group Three 18-24 year olds – including some with children	To explore issues of embarrassment and knowledge paths.

7.1 Embarrassment and Discretion

A key reason why people did not use contraception was embarrassment, particularly for younger people. Consequently the discussion group for 18-24 year olds focused on ways of reducing potential uneasiness at obtaining contraception. The main suggestions were:

More discrete purchasing options (e.g. in Top Shop as an accessory): the young people in particular felt that embarrassment at buying contraception was a key reason that many did not use it. Providing purchasing points where the customer could get in and out of the shop quickly was felt to be a good idea, as was the idea of providing condoms close to the counter (but not behind it) at clothes shops.

Providing advice and contraception for young people in locations where they are less likely to feel watched by their peers or community- several young people felt that they were likely to be stigmatised by a visit to sexual health professionals, particularly if this was in the school or college environment.

"There's Choices but I don't like going - you feel stupid" (18-24 female)

Fewer administrative hurdles for young people to go through to get contraception - this applied to the C Card in particular which requires young people to complete a registration process which some found intrusive. It should also be noted that there was a relatively poor awareness of the free contraception available to the under 25's in the 18-24 discussion group.

Another aspect of embarrassment was asking or explaining to a sexual partner that the preference was to use a condom. There was concern that the partner would take this as an insult and also that it was awkward to stop to put one on.

7.2 Access to information and services.

Although there was good awareness of the type of places to go, such as GP surgeries and clinics, there less knowledge of the exact location, especially of clinics. There were many suggestions about how the system could be improved.

Suggestions

Provision of sexual health information in GP surgeries where there is often none presently. This should be displayed rather than relying on people asking to see it. It was noted in the parents' discussion group that this material used to be available, but was not currently. Equally, a spot check of GP surgeries in Grimsby found that most did not display this information.

Promotion of locations other than GPs where advice and contraception is available. This is particularly important for those who do not want to see the family doctor or access provision in a location where they will feel under scrutiny from their peers. Equally it was important for older people who had split up with a long-term partner:

"If you are coming out of a long term relationship it can be difficult to sort out contraception. They all know me at the surgery and I'd prefer to go some place where they didn't know me but I wouldn't want to go to the sexual problem clinic". (30-44 female)

Promotion of the family planning clinic/centre for sexual health and locations. The majority of participants in discussion groups felt that whilst they were aware of the existence of specific family planning services, most didn't actually know where they were based.

"The Family Planning Clinic is just like this invisible building" (30-44 female)

7.3 Logistics

Apart from product and place, there was also felt to be a need for speedier services and provision outside normal working hours and at weekends. In addition there was a view that it should be easier to pick up condoms in the course of normal activities, such shopping, sport and travel.

Suggestions

One stop shops - having made the (sometimes considerable) effort to attend a service provider, or ask someone a delicate question on sexual health, participants did not want to be referred to another location or person if at all possible.

Out of hours provision would be welcomed particularly by working people, both in the form of advice and especially availability of condoms (for example in vending machines outside pharmacies, taxi ranks and public transport).

7.4 Education:

Both the young person and parents group felt that the standard of sex education received in school was not sufficient. Beyond giving their initial consent for sex education in schools, parents were uniformed about content and young people felt that their classes were often overcrowded and impersonal. The main suggestions were:

Suggestions

Smaller group sizes- some of the young people reported that they had received sex education with over 30 other pupils, so there was no chance for intimate discussion or questions.

More opportunities for questions and interaction - 18-24 year olds noted that their groups for sex education lessons were too large for them to be able to comfortably interact:

"We had about 60 people in there" (18-24 male)

"For our sex education they split my year into boys and girls, we went into the hall and watched a film" (18-24 female)

Obvious and confidential points of contact for one on one advice - There was also a slight conflict between the role of the teacher as someone who would control a large group of teenagers, and that of a confidante who they could discuss delicate matters:

"In our school they used out of date condoms so that we wouldn't rob them." (18-24 male)

Equally young people generally remembered the sessions for being "*a laugh*" rather than learning much.

Possible split sex groups - members of the 18-24 year old group felt that split sex classes may help pupils learn more in sex education lessons.

7.5 Information and support for parents

Clear information on school curriculum provided to parents so they know what is going on and can fill the gaps accordingly - parents generally felt that their own children were receiving a more comprehensive education than they had, but none had any real idea what their children were being taught:

"We got asked to school to see a film and we didn't mind our kids seeing it, but nothing since then" (30-44 female)

Members of the teenage parents group felt it would helpful if the school could give information about the content of what their children were being taught since the teenagers themselves were often reluctant to give details. Equally, several members felt that such knowledge would help them discuss such matters with their children.

Advice on the best ways to approach the subject with their children **-** in particular parents wanted to know ways in which they could approach their children for this kind of talk. Suggestions included a short day course for parents on contraception and sexual health. In addition parents felt it would be useful to have some support, either appropriate people to contact or access to suitable written or internet material which they could use to raise these matters with their children. There was also an issue with parents discussing sexual health with children of the opposite sex:

"I don't find it easy to talk to my son about this." (25-29 female)

7.6 Marketing

The groups all agreed that there were three key areas that needed increased promotion in NEL as below:

Awareness of locations

1. The promotion of current locations of sexual health provision to ensure everyone knows where to go.

Availability

1. Free condoms for those over 25, as there was agreement that some people may not use condoms due to the cost.
2. Ensure that condoms are available in local communities at a wider range of non-medical locations including those open out of office hours (shops, vending machines, garages, railway station).

Targeting responsibility

1. General support for material showing the consequences of actions. For example, testimonials from those who have contracted STIs and clear information on the dangers of STIs were suggested.
2. A focus on responsibility, particularly for men. Suggestions include material detailing the financial cost of supporting a child. The context of this point was that women felt that existing campaigns were frequently aimed at them rather than men. (This was supported by a higher awareness by women of current promotions in the main survey.)
3. Dispel the myth that it is easy to have a child and claim and live on benefits. This could include testimonials from teenage mothers.
4. Some support for shock tactics in the prevention of STIs (e.g. photographs similar to those shown on cigarette packets) and graphic pictures of sexual illnesses.

SECTION B: COMMUNICATIONS AND SOCIAL MARKETING STRATEGY

8.1 Introduction

Social marketing draws heavily on general marketing expertise. The five Ps of marketing (product, price, place, promotion, and people) apply just as much to health outcomes, say, as to soap powder. However, there are differences of emphasis:

The ***produc*t** is often more intangible and refers social goods. The purpose of a health programme may range from improving general health to that of a segment of the population. In the case of sexual health and contraception some goals are likely to universal, whilst others apply to specific market segments. These are addressed in the recommendations and interventions section.

Price is a useful and flexible rationing device. Even a small charge discourages frivolous use of products. Even if prices are not a direct charge on the public they play an important role in determining priorities in social policy. Those who are currently unaware of free provision may find the cost of contraception competing with other more mundane concerns such as household bills. Interpreting price more widely as any cost to the consumer of a product, it can include time and effort, gathering information, stigmatisation and so on.

Place describes the way in which the product reaches the customer and like price helps determine the value of the product to that customer. For health services there can be many relevant locations – GP surgeries, hospitals, pharmacies, clinics, children's centres among others. Where the service is available is crucial to the customer experience. The following sections detail particular locations that are the most popular within particular market segments.

Promotion – advertising, exhibitions, role playing, role models and 'ambassadors' and posters – is often felt to be the heart of marketing. In fact, one-off campaigns may be much less effective than continuing programmes, although they are valuable in addressing specific circumstances. Different health products will be consumed with varying motivation by different social groups- for example for some groups direct advertising may be less effective than word of mouth, lateral campaigns, stories in the 'free' press, or methods which follow public thinking rather than attempting to change it. Promotion should also be targeted in different areas for different market segments. For example young people may have reasonable awareness of issues around contraception and sexual health, but not act on them for particular social reasons. In this case promotions focusing on attitudes and behaviour are clearly more appropriate. These approaches are categorised in the recommendations and interventions section.

Understanding ***people*** is critical in all types of marketing and there is a need to appreciate the various market segments in particular. Sometimes the target

audience is not the individual but the group or type of behaviour. Campaigns against smoking, for instance, may work best by changing the context of choice – including price, place and promotion – rather than by direct approaches. It may also be the case that 'internal' staff and stakeholder – those responsible for delivering the programme or product – are every bit as important to internalise the message as the external, target audiences. These stakeholders – such as health visitors, receptionists, volunteers – can be crucial in delivering the product to the appropriate people.

8.2 Summary of Survey Results

Awareness and Knowledge

- When asked to name methods of contraception 74% could name condoms and 64% the combined pill. All other methods, including LARC methods, were named by less than 50%.
- There was a higher awareness of contraceptive methods by women than men.
- Over half were able to name HIV/AIDS and Chlamydia as sexual illnesses but awareness of other STIs was low.
- There is less awareness of STIs in 'hotspot' wards than in other wards.

Access

- Most respondents (80+%) felt that people would know where to go to get contraceptive and sexual health advice and that there was no problem in using these services.
- The majority of respondents suggested going their GP or a family planning clinic for contraceptive and sexual health advice. Chemists were also popular (40+%)
- 'Choices' was named as a destination for advice by 70% of 16-17 year olds, especially young women. The internet was also popular with young people.
- Very few in any age group used NHS Direct.
- Over 90% of respondents did not feel there was problem using these services.

Use of Contraception to prevent pregnancy and STIs

- The majority of people under 44 years felt contraception was used all or most of the time by their age group to prevent pregnancy. In contrast the use of condoms to prevent STIs was lower in all groups.
- Residents of hotspot ward were less likely than residents of other wards to use either contraception of to prevent STIs.
- Over half of respondents thought that the condom was the best method of contraception, most noting that this was also because of the protection it provided against STIs.
- The overwhelming majority of respondents felt that Chlamydia was the most prevalent STI in NEL. Other STIs were mentioned by less than 10%.

Reasons for not using Contraception

- The most common reason for not using contraception to prevent pregnancy was embarrassment, especially for young women.
- Lack of knowledge and embarrassment were the main reason given for not protecting against STIs.

Awareness of Campaigns

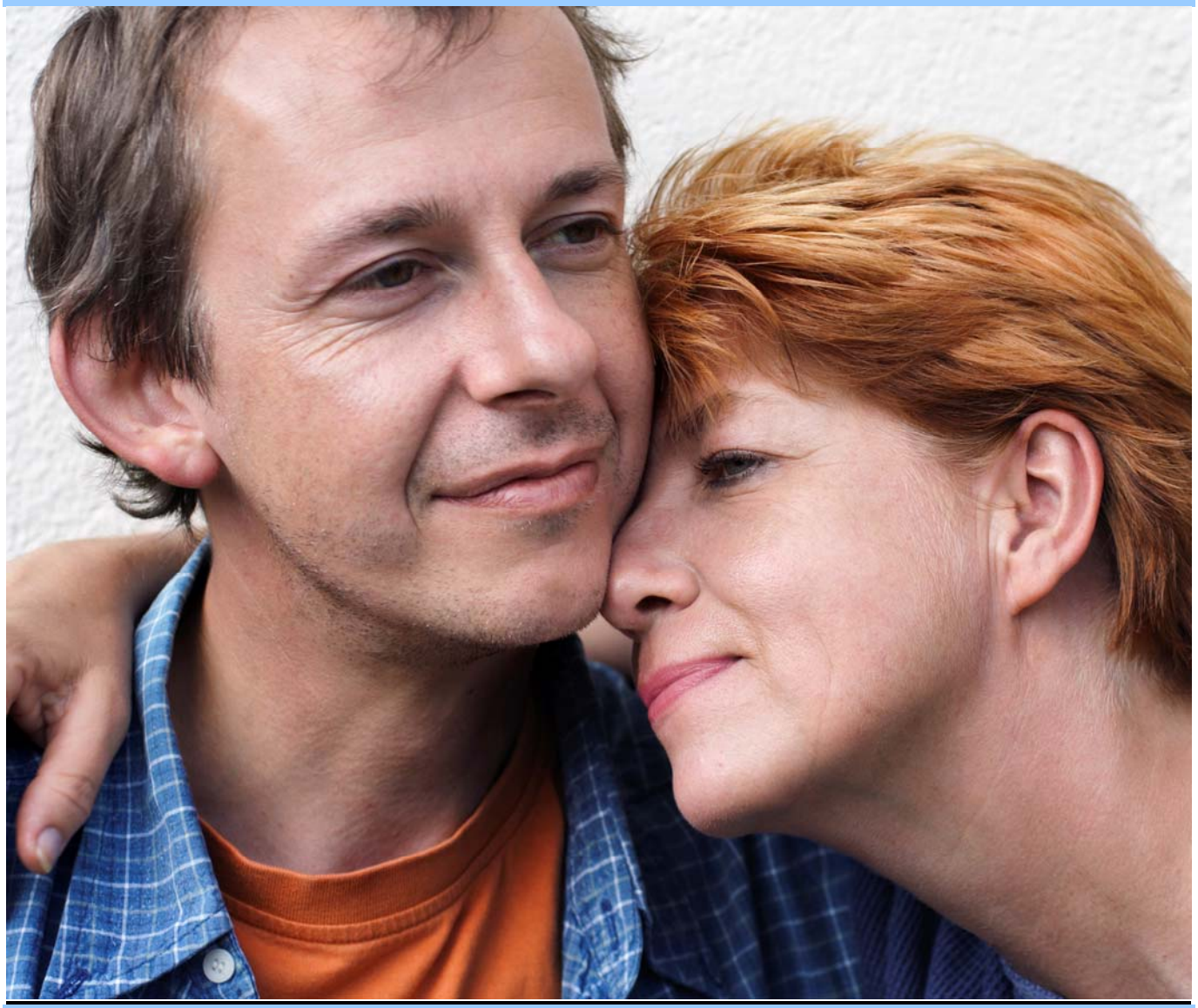
For men, awareness of condom the 'Want respect' and 'r u thinking' campaigns generally declined with age whereas knowledge of condom essential wear increased with age up until 29. Female awareness of all three campaigns was higher than men's but similarly declined with age.

8.3 Market Segments

The following section addresses the key findings of the market research in terms of the needs and attitudes of different target groups within the context of marketing interventions. The groups are listed below:

1. *Middle aged people (44-59)*
2. *Parents of children and young people (30-44)*
3. *Single people (30-44)*
4. *Twenty-something men (25-29)*
5. *Twenty-something women (25-29)*
6. *Young men (16-24)*
7. *Young women (16-24)*
8. *Young men from hot spot wards (16-24)*
9. *Young women from hot spot wards(16-24)*
10. *Single parents (16-24)*

Middle Aged People (45-59)



Middle Aged People 45-59

Key Characteristics

People in this age group have low levels of interest and knowledge about the full range of current contraceptive methods.

In terms of STIs men in particular have more awareness of gonorrhoea and syphilis- often reflecting education received in the armed forces or passed on from parents.

This group prefer the Pill, perhaps reflecting the way it changed their own lives when freely available in the 1960s.

Most likely to access advice and provision through their GP, although some women also visit clinics which they know about accessing contraceptive services earlier in their lives.

Jane is in her late fifties, married with children and grandchildren. She has little interest in contraception and STIs, being in a stable relationship and not concerned with pregnancy. She worries for her younger family and is particularly mindful to stop her granddaughters getting pregnant, even taking one to the doctors to get the pill.

Attitudes

As parents and grandparents, especially in local extended families, they may be influential in giving advice to the younger generation.

"All the health people are women, but men are too shy to talk to them. We need more older men to talk to younger men" (Male 45-59)

Many have a long term spouse or partner, but age related sexual problems such as impotence or prolapse can be embarrassing to talk about.

A significant minority of this group are likely to be experiencing break up of relationships and new partners together with changing patterns of leisure and lifestyle including increased consumption of alcohol which can discourage good sexual health practice.

Interventions

This group prefers messages through TV and local press, national audience figures suggest that this group is also the most likely to listen BBC Local Radio.

Preferred locations for advice are GPs and hospitals - this generation includes those who were the early patrons of the NHS and generally remain supportive.

This group would prefer messages through medical professionals- either through GPs or Sexual Health Professionals.

Advice and support for those who may wish to assist younger relatives on sexual health matters, including a clear information pack available from the local GP.

Many of those older people looking for new relationships turn to online dating. A number of these sites have advertising space available and therefore is a way to capture the audience before a relationship has developed.

Parents of Children and Young People (30-44)

Parents of children and young people (30-44)

Key characteristics

Parents of children and young people are themselves sexually active. Suddenly they find themselves in a different role of responsibility for their children's sexual behaviour.

Most are also aware that they have a role to play as educators, particularly with regard to emotional and moral dilemmas that their children may encounter rather than just the simple biological facts.

Sue is in her forties and the mother of two teenagers in secondary school, and one in the further education college. She has grown up and raised her children in the area and has lots of friends in her neighbourhood. Her knowledge of contraceptive methods and STIs is limited and she feels that her children may learn more than she knows at school, but she is keen to find out what her children are learning in school in order to support and reinforce these messages.

Attitudes

There was agreement in the discussion group that 10 is about the right age for children to begin sex and relationships education.

When children receive sex education at school parents feel uncertain about their own role and knowledge, especially as there is little interaction or exchange of information between schools and parents.

"We got asked to school to see a film and asked if we didn't mind our kids seeing it, but I don't know what has happened since then" (Female 30-44)

Many parents also feel embarrassment in teaching teenagers about contraception and STIs especially as they themselves may lack up to date knowledge. Equally they may lack confidence in their new role.

For single parents discussions with their children about contraception and sexual health can be particularly difficult if their child is the opposite sex.

Other parents are interested in advocating abstention and complain that there is far too much emphasis on the assumption that young people will have sex and thus encourage it.

Interventions

A Parent Pack focusing on the children's needs, but also incorporating their own concerns. The Parent Pack would contain a DVD, as well as leaflets and support materials, and could be used by schools, but distributed to parents well in advance of the school-based sex and relationships education sessions. Invitations from the school to see what is being taught and back up support should also be provided to parents. This material could also have wider applications, as parts of the pack and DVD would be suitable for use with other groups with a relatively low awareness of sexual health issues.

Some parents will not want to approach this subject and will 'leave it to the school'. Many of them would be parents of high risk groups. Engaging with the local media to open up the subject and air debate in a chat show to break down embarrassment across generations will start to make it easier for communications within families in this subject.

Single People (30-44)

Single People (30-44)

Key Characteristics

This group had an average awareness of STIs and some contraceptive methods, although a better than average knowledge of condoms, the pill and diaphragm. In comparison their knowledge of the LARC methods was lower.

In terms of accessing advice on contraception or STIs this group were generally likely to go to a GP or a clinic, although they were more likely than average to favour non personal contact through phone lines or the internet.

A significant minority of this group are likely to be moving from early childcare and marriage to divorce and new partners, together with changing patterns of leisure and life style including increased consumption of alcohol which can discourage good sexual health practice.

Chris is in his late 30's and recently divorced. He has a good knowledge of the main methods of contraception and issues around STIs, but thinks things may have changed since he was younger. He finds the subject difficult to approach, as he does not want to cause offence to his partner. Cost would also be an issue if he was using condoms regularly, as he is unaware how to get free ones. He would use internet services for information if curious about a specific issue, or visit the GP if he had a problem.

Attitudes

Embarrassment is a key reason for not using contraception for single people aged 30-44, particularly at the beginning of a relationship. Many also noted that they could forget especially if they had previously been in a long term relationship.

Cost was also an issue for this group and many were unaware that the over 25's could obtain free contraception.

It is also important to note that many single people have children from previous relationships and therefore have to deal with parenting issues whilst themselves sexually active.

"If you are coming out of a long term relationship it can be difficult to sort out contraception" (Female 30-44)

Interventions

Over 25s are often unaware that they are entitled to free contraception especially condoms. This service should be widely publicised, particularly to older single people.

They would prefer messages through TV or reading leaflets.

They favour the GP surgery or the chemist as a location for information, together with promotional material in pubs and clubs.

They are most likely to want information from GPs and Sexual Health Professionals.

Out of hours services and mail supplies would be welcomed.

Many in this group use online dating sites on which advertising messages can be placed.

Twenty-something Men (25-29)

Twenty-something men (25-29)

Key Characteristics

This group are relatively unlikely to visit their GP for sexual health and contraceptive advice, but are the most likely to visit a clinic.

They have an above average use of contraception and condoms to prevent STIs

They have a better than average awareness of condoms, but average or lower awareness of most other contraceptive methods.

Awareness of STIs is average or less than average, with the exception of Chlamydia which is above the mean.

Daniel is in his late twenties and single. He is employed and has a reasonable education; equally he knows that the risks associated with unprotected sex and has generally used a condom when having sex with a new partner. However, he isn't always prepared when going on a night out and has occasionally ended up having unprotected sex after pub closing time, due to not being able to obtain condoms. He is unaware he would be entitled to free condoms and whilst he does not generally use NHS services unless he has a problem and is therefore relatively unaware of outlets, he feels it would helpful to have a 'back up' supply in case he is unable to get condoms any other way.

Attitudes

This group is less likely than other to suggest that embarrassment is a reason for not using contraception.

However they are more likely than average to believe that availability may be a problem, particularly after drinking.

"Loads of one night stands happen these days- once you have had a few drinks you just forget about prevention" (male 25-29)

Although relatively unlikely to use GP services themselves, they feel NHS outlets such as GP surgeries and clinics would be the best place for information. This coupled with qualitative comments suggests a reactive approach to sexual health.

Interventions

Over 25's are frequently unaware that they are entitled to free contraception. Thus greater publicity is required.

Men in this age group are likely to favour TV and radio promotions.

A lack of preparation is a key reason for this group not using condoms and therefore forms of information with graphics and emphasis on male responsibility would be appropriate.

In addition to GP and hospital services, their second suggested locations for promotion and supply of contraception are pubs and clubs.

Other suggested locations suggested for marketing materials include the local football ground and leisure facilities such as cinemas and bowling alleys.

Twenty-something Women (25-29)

Twenty-something Women (25-29)

Key Characteristics

More likely than average to go to their GP or the clinic for sexual health or contraceptive advice and supply.

Better than average awareness of contraceptive methods with the exception of male and female sterilisation and natural family planning.

Equally, this group have better than average awareness of all STIs with the exception of syphilis.

Attitudes

Embarrassment is a major reason suggested by this group for not using contraception. In particular there were comments to effect that they were aware that they should ask their partner to use a condom, but this doesn't always happen.

"The info is already out there - people need to be encouraged to use it" (Female 25-29)

Equally, members of this group can feel displaced through using services that are intended for younger people.

"*Make the GUM clinic more secluded- I'm 25 and I hate having to sit in a room full of teenagers"* (Female 25-29)

Sarah is in her late twenties and single. She has been in two steady relationships through her twenties, takes the contraceptive pill and discusses contraception with her GP. However, she is currently dating and finds the issue of condoms awkward to approach, particularly as both her and her potential partner are not comfortable talking about such matters yet. Equally she worries that her potential partner may be put off by a request to use a condom. She feels that responsibility for contraception is placed more on women than men and would therefore welcome promotions targeting male responsibility.

Interventions

This group are likely to favour messages on TV, through leafleting and in the local press.

Pubs and clubs are the preferred location for promotional material, ahead of more medical locations in chemists and GPs. This group felt that leaflets should be prominent in more public places.

Other locations suggested included a focus on leafleting in public places such as clothes shops and leisure facilities such as cinemas and bowling alleys.

This group also suggested more mobile services, where people could get screening and contraception advice and supply.

Young Men (16-24)

Young Men (16-24)

Key Characteristics

The most knowledgeable age group about different forms of contraception, although men are slightly less aware than women of the same age.

The 16-17 year old age group are the most likely to use contraception, with 64% believing all or most of their age group used contraception to prevent pregnancy.

Most likely to use Choices, the clinic and the internet for advice and supply of contraception, and also more aware than older people of the number of different outlets available.

The highest awareness of natural family planning, chiefly the withdrawal method, indicating that although they are aware, this group may not always be prepared.

Men in this age group are the least likely to think that the pill is the best form of contraception and generally more likely to favour condoms.

Gavin is in his late teens and has received a relatively comprehensive sex education, although he mainly remembers the jokes and embarrassment of his teachers. He knows that he should wear a condom, but often hears his friends boasting that they haven't. Equally whilst he is aware of the effects of STIs he doesn't always think of them happening to him. He finds buying condoms embarrassing and feels that registering for a C Card would be the same. He would welcome more outlets where he can get condoms quickly and leave. Other options would be the ability to order condoms to be delivered by post, either by SMS messages or online.

Attitudes

Embarrassment is a key issue for young men, particularly when obtaining contraception. In discussion young men noted that they disliked purchasing condoms as they felt it was a 'sleazy type of transaction'.

"Sometimes it's too embarrassing to buy condoms, especially if you have to ask a woman behind the counter" (Male 18-24)

Equally young men were generally unaware of free contraception or the C Card schemes and did not welcome the prospect of having to negotiate bureaucratic hurdles to get them.

Young men were also more likely than average to say that they didn't want to wear a condom. Reasons given were mainly the alleged reduction in sensitivity and this was often linked to a view that it was the woman's responsibility to provide protection.

Interventions

More likely to support a broad range of messages and locations but prioritise messages in pubs and clubs. Particularly favoured media such as radio, TV and the internet including via specialist sports avenues. Other suitable media are information websites and social networking sites.

Often feel embarrassment obtaining contraception- mail supplies ordered through text messaging or online would be appropriate

Single sex role playing and more attention in sex education programmes to male responsibility initially in schools. Discussion with young people indicated that they preferred single sex sessions and that women feel men frequently avoid their own responsibilities. A well designed role play session would help some young men consider their responses to a situation where they may be tempted not use condoms and 'practice' ways to explain themselves without losing face.

Young Women (16-24)

Young Women (16-24)

Key Characteristics

Most knowledgeable about different forms of contraception and the most likely to use contraception. The 16-17 year old age group are the most likely to use contraception, with 64% believing all or most of their age group used contraception to prevent pregnancy. The18-24 age group showed slightly lower levels of contraceptive use, although still well above average.

Least likely to think that the pill is the best form of contraception and generally more likely to favour condoms.

Most likely to use Choices, clinics and GPs for advice and supply, although also generally more aware than older people of the number of different outlets available.

The highest awareness of natural family planning, chiefly the withdrawal method, indicating that although they are aware, this group may not always be prepared.

Julie is in her late teens and is generally aware of methods of contraception and issues around STIs. She has received sex education at school, but finds it difficult to associate these lessons with 'real world' situations, and now she has left school she is less sure of where to get advice and supply. Equally some of her friends have experienced unplanned pregnancies or contracted STIs. She sometimes feels pressure to comply with the wishes of partners, fearing rejection or unpopularity. She would welcome more obvious outlets for support and information, advertised in a wider variety of locations.

Attitudes

Embarrassment is the key issue for young women particularly in terms of discussing contraception or STI testing with their partner.

"People find it a very embarrassing subject, so they would rather not talk about it or go and get contraception" (Female 16-17)

Interventions

More likely to support a broad range of messages and locations.

Particularly favour media such as TV and the internet. Other suitable media are information websites and social networking sites.

Advocate a wide range of venues for messages including GPs and chemists, as well as continued provision in schools and colleges.

Generally this group were most likely to trust information from medical professionals, such as GPs or sexual health specialists.

Separate sex role playing exercises in schools with more emphasis on empowerment and discussion/negotiation with men. Discussion with young people indicated young women are often too intimidated to insist their partner uses a condom. Discussion also highlighted that young women preferred single sex lessons in this context. A well designed role play session would help some young 'practice' ways to explain their wishes.

More emphasis on the educational, social and economic disadvantages of early pregnancy compared to the 'biological facts'.

This group had a higher than average knowledge of the contraceptive implant so a discussion of LARC methods including the implant, should be a key focus by Healthcare professionals when young women first present for contraception supply

Young Men from Hot Spot Wards (16-24)

Young Men from Hot Spot Wards (16-24)

Key Characteristics

Awareness of contraceptive methods for young men in hotspot wards is broadly similar to young men in other areas, although they are more aware than average of emergency contraception.

Young men in hot spot wards are slightly less likely than young men in other wards to use contraception to prevent pregnancy or protect against STIs.

They have an above average knowledge of Chlamydia, Gonorrhoea and Genital Warts, but lower than average awareness of other STIs.

They are less likely to know where to go for advice about contraception and sexual health advice than women of the same age in the same areas.

Focus group discussions revealed cost is often a factor in not using contraception and men in this group are frequently unaware that condoms are freely available or where to go. Even those who do know may see the cost of travel as an impediment.

"Connexions give out condoms for free, but if you don't know about that they cost £6, which is too much for me" (Male 18-24)

David is 19 years old and is currently living with his parents in one of hotspot wards in Grimsby. He is aware of the issues surrounding contraception and STIs and that he is entitled to free condoms. However he has been put off getting a C Card due to the registration process, although he feels it may be less embarrassing if was going with a group of his peers. Discussions with partners about contraception are also difficult as he doesn't want to appear uninformed in front of women.

Attitudes

Embarrassment is a key factor in not using contraception and focus group discussions revealed that young men felt particularly intimidated by the prospect of buying or obtaining condoms.

Another major reason for not using contraception or protection is a belief in 'trusting to luck' or 'couldn't be bothered' reflecting a general sense of lack of control of life in general.

Young men were also more likely than average to say that they didn't want to wear a condom. Reasons given were mainly the alleged reduction in sensitivity and this was often linked to a view that it was the woman's responsibility to provide protection.

Interventions

This group are more likely to hear messages through TV and internet although they are likely to trust messages from GPs and Sexual Health Professionals.

Role playing schemes (art based) to supply a 'script' for negotiation with partners in 'embarrassing' situations.

Simple forms of information with graphics and emphasis on male responsibility.

Those from hot spot wards often live in tight clusters and are therefore easy to target through door drops or direct mail with messages dealing with issues such as free condoms or STI's.

Often feel embarrassment obtaining contraception- mail supplies ordered through text messaging or online would be appropriate.

Young Women from Hot Spot Wards (16-24)

Young Women from Hot Spot Wards (16-24)

Key Characteristics

Awareness is average for the 16-24 age group for both STIs and contraceptive methods.

However, young women from hot spot wards are less likely than 16-24 year old women from other areas to use contraception to either prevent pregnancy or STIs.

They would mainly access advice and contraceptive supply through a clinic and are the group most likely to use Choices.

Cost and embarrassment were key reasons that women from these areas did not contraception or protect against STIs.

Claire is in her early twenties and lives in Grimsby, in one of the eight hot spot wards of North East Lincolnshire. She is aware of the basic issues involved in contraception and sexual health. However, she hasn't always used contraception due to the embarrassment of raising the subject with a new partner and sometimes having too much to drink. She generally prefers to deal with sexual health issues at the clinic, but would support more general awareness campaigns through TV and specific information in doctor's surgeries.

Attitudes

Young women in hot spot wards often do not use protective contraception or discuss STIs due to the embarrassment of raising the subject with a partner. This was particularly highlighted by focus group discussions:

(In reference to suggesting testing) "I wouldn't dare do that- I'm serious, I wouldn't"

As with young men from hot spot wards, the women are more likely than average to 'trust to luck'.

Interventions

This group prioritise information through TV, internet and leaflets.

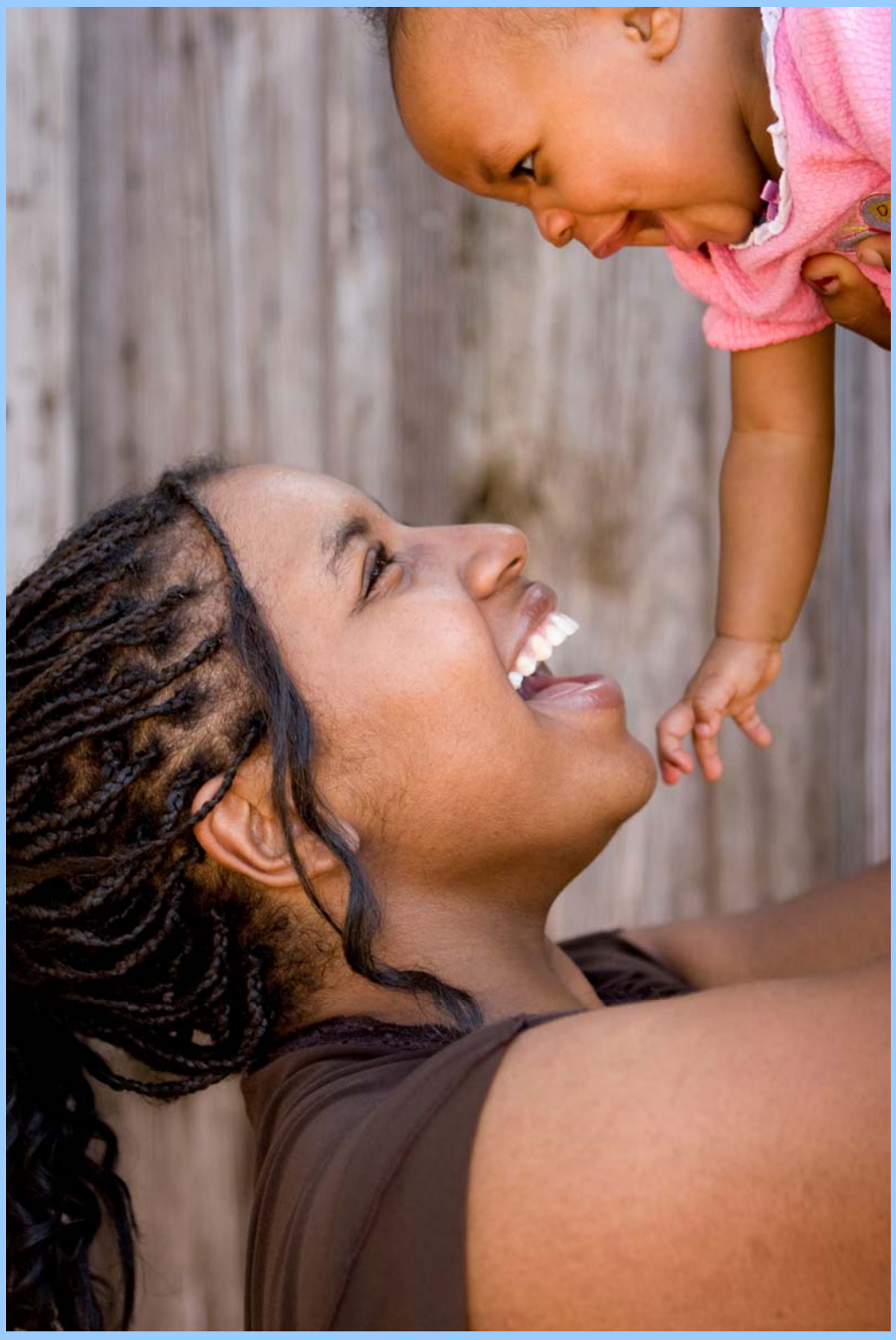
They preferred to see detailed information in GP surgeries and chemists.

They were most likely to want advice from GPs and Sexual Health Professionals preferably on a one to one basis.

Those from hot-spot wards often live in tight clusters and are therefore easy to target through door drops or direct mail with messages dealing with issues such as free condoms or STI's.

On a broader basis there is a strong case for linking contraception and sexual health messages with general life improvement programmes to increase self confidence especially via educational achievement.

Single Parents (16-24)



Single parents (16-24)

Key Characteristics

Single parents of children and young people are themselves sexually active. Suddenly they find themselves in a different role of responsibility for their children's sexual behaviour.

They have an average knowledge and use of contraception. Knowledge of STIs is fragmented – lower than average for gonorrhoea and HIV/AIDS, but higher than average for pubic lice, genital herpes and Hepatitis B.

They are more likely to visit a clinic or Choices for advice on contraception and STIs.

Attitudes

More likely than average to cite reasons of cost and embarrassment as a reason for not using contraception to prevent pregnancy.

"Not want people to know is a big reason (for not obtaining contraception)"- (Female 18-24)

However, lack of knowledge was the key reason for not protecting against STIs and members of this group are likely to support awareness campaigns on STIs.

Helen didn't like school and was absent a lot of the time. She had some sex education, but it was a film with little opportunity to discuss the issues afterwards, and anyway she felt too intimidated to do so in a big group. She had a baby at 17 and found it difficult, but with help from her parents she has been able to take some part-time work. Her experience has led her to find out more about contraception from her GP, and be extremely careful, particularly as some of her friends had second babies quite soon after the first. She is favour of a better standard of sex education in schools with smaller groups and more chance for questions, as well as providing testimonials on the difficulties of bringing up a child at young age and on a limited income.

Interventions

Likely to favour the TV and internet for information on contraception and STIs.

Would prefer information and promotional materials in pubs and clubs, as well as GP surgeries.

Separate sex role playing exercises with more emphasis on empowerment and discussion/negotiation with men.

Would generally trust messages from GPs and sexual health professionals.

Target young mums immediately after child birth for this message with testimonials from other mums.

8.5 Media and Marketing Preferences by Segment

All respondents to the research were asked to specify their preferred media for receiving promotional messages and awareness campaigns, location for receiving information on contraception and STIs, and their preferred ‘voice’ in terms of who they would listen to and trust to provide accurate information.

All groups felt that television advertisements would be the most effective in reaching their peers. Older groups were more likely to favour printed media, whilst younger groups preferred electronic methods.

Leaflets were particularly favoured by women, whilst men were more likely to prefer radio.
GP surgeries and hospitals were in the top three locations for information and promotion for all groups, but were particularly favoured by the older group, and some younger women.

Pubs and clubs were considered to be a good location for promotional material and the distribution of condoms by younger groups and single people.

Schools and colleges were favoured by younger groups
.
All groups favoured messages from GPs and Sexual Health Practitioners. It was felt that these figures would command the necessary trust and respect in order to reinforce the importance of the messages.

Most groups opted for people in the community as a third option, primarily as suitable distributors of condoms and related sexual health information.

The table that follows shows the most popular choices of media and marketing by social group. Recommended ‘routes’ have been shown for each group. These have been chosen to provide a realistic and coordinated strategy. Therefore, although television was the most favoured media by all groups, this has not been included in the recommended routes due to the high cost of advertising. However, any exposure on television will clearly have a beneficial effect on levels of awareness across all groups and this should be pursued should the opportunity arise.

Additionally, it is important to note that further more specific interventions are contained in section 8.6

Media and Marketing Preferences by Segment

	Media		Location		Voice	
Market segment	**Most Popular**	**Recommended**	**Most Popular**	**Recommended**	**Most Popular**	**Recommended**
Middle aged people (44-59)	1.TV 2. Local Press 3. Leaflets	Local Press, Leaflets	1. GP/Hospital 2. Chemists 3. Pubs/Clubs	Leaflets in GP/Hospitals and Chemists , Articles in Local Press	1. GP 2. Sexual Health Professional 3. People in the Community	Medical Professional Voice
Parents of children and young people (30-44)	1. TV 2. Local Press 3. Internet	Local Press	1. GP/Hospital 2. Pubs/Clubs, 3. Chemists	Leaflets in GP/Hospitals and Leaflets/Posters in Pubs and Clubs	1. GP 2. Sexual Health Professional 3. Celebrities	Medical Professional Voice, Celebrity Endorsements
Single people (30-44)	1. TV 2. Leaflets 3. Local Press	Local Press, Leaflets	1. GP/Hospital 1. Pubs/Clubs 3. Chemists	Leaflets in GP/Hospitals and Leaflets/Posters in Pubs and Clubs	1. GP 2. Sexual Health Professional 3. People in the Community	Medical Professional Voice
Twenty-something men (25-29)	1. TV 2. Radio 2. National Press	Local Radio	1. GP/Hospital 1. Schools/Colleges 3. Pubs/Clubs	Leaflets in GP/Hospitals and Leaflets/Posters in Pubs and Clubs	1. GP 1. Sexual Health Professional 3. People in the Community	Medical Professional Voice
Twenty-something women (25-29)	1. TV 2. Leaflets 3. Local Press	Local Press, Leaflets	1. Pub/Clubs 1.Chemists 3. GP/Hospitals	Leaflets in GP/Hospitals, Chemists, Leaflets/Posters in Pubs and Clubs	1. GP 2. Sexual Health Professional 3. People in the Community	Medical Professional Voice

	Media		Location		Voice	
Market segment	**Most Popular**	**Recommended**	**Most Popular**	**Recommended**	**Most Popular**	**Recommended**
Young men (16-24)	1. TV 2. Internet 3. Radio	Internet, Local Radio	1.Pubs/Clubs 2. Schools/Colleges 3. GP/Hospitals	Leaflet/Cards/Posters in Pubs/Clubs including links to dedicated web site	1. GP 1. Sexual Health Professional 3. People in the Community	Medical Professional Voice
Young women (16-24)	1. TV 2. Internet 3. Leaflets	Internet, Leaflets	1. GP/Hospitals 2. Schools/ Colleges 3. Chemists	Leaflets in GP/Hospitals and Chemists, including links to dedicated web site	1. GP 2. Sexual Health Professional 3. People in the Community	Medical Professional Voice
Young men from hot spot wards (16-24)	1 TV 2. Internet 3. Radio	Internet and Local Radio	1. Pubs/Clubs 2. GP/Hospitals 2. Schools and Colleges	Leaflet/Cards/Posters in Pubs/Clubs including links to dedicated web site	1. Sexual Health Professional 2. GP 3. People in the Community	Medical Professional Voice
Young women from hot spot wards (16-24)	1. TV 2. Internet 3. Leaflets	Internet, Leaflets	1. GP/Hospital 2. Pubs/Clubs 3. Chemists	Leaflets in GP/Hospitals and Chemists, including links to dedicated web site	1. GP 2. Sexual Health Professional 3. Celebrities	Medical Professional Voice, Celebrity Endorsements
Single parents (16-24)	1. TV 2. Internet 3. Cinema	Internet, Leaflets	1. Pubs/Clubs 2. Schools and Colleges 3. GP/Hospitals	Leaflets in GP/Hospitals and Chemists, including links to dedicated web site	1. Sexual Health Professional 2. GP 3. People in the Community	Medical Professional Voice

8.6 Recommendations and Interventions

Although the market research highlights specific issues in relation to particular groups it is also important to the common issues highlighted by the majority of respondents in relation to sexual health. These are considered below in the general recommendations.

Following this specific recommendations and interventions relating to specific social groups are considered in order of priority.

General Recommendations	
Subject	**Recommendation**
Sexual Attitudes	• Rebalance the focus of professional work in favour of suggesting ways of overcoming embarrassment. • To use media promotion to overcome embarrassment.
Targeting	• To prioritise the most deprived areas and communities for campaigns about the use of contraception and knowledge of STIs. • To make greater use of statistical analysis to inform such targeting. • Most target groups, particularly younger people, will use the internet to find information, so this media should be used for all groups.
Communication and marketing	• Ensure that schools improve co-operation more with parents about the content of sex and relationship education. • Customise central NHS template materials for different sexes, ages and local circumstances. • Simplify information with fewer words and more graphics, and provide explanations using both medical and colloquial words. • Make greater use of visual media according to segment preferences. • Use the Health TV service in GP waiting areas for promotion. • Ensure GPs and clinics have display of literature on contraception and STIs, which can be easily and discretely accessed by patients.
Awareness	• An area-wide campaign with comprehensive information about all methods of contraception, STIs and treatment. • Provision of training to all health professionals about the wider range of STIs, treatment methods and patient counselling.
Access and supply	• Open clinics outside ‘normal’ working hours. • Encourage a wider spread of condom supply outlets, including community centres. • Publicise the availability of free condoms at places where young people can access them

High Priority Recommendations		
Recommendation	**Target Groups**	**Interventions**
1. Rebalance the focus of professional work in favour of suggesting ways of overcoming embarrassment.	• Young men (16-24) • Young women (16-24) • Young men in hot spot wards (16-24) • Young women in hot spot wards (16-24)	• Key channels for the16-24 age group are TV and Internet. • Soap operas are an entertainment medium favoured by young people and there were frequently as a possible vehicle for promoting awareness of sexual health, as well as 'naturalising' discussion on contraception for younger age groups. Although influencing storylines may be unrealistic, any episodes should be promoted and used as examples • Social networking sites such myspace, facebook and bebo are ideal media through which to target these groups. Advertising space on sites such as Facebook can be targeted to postcode and age group and therefore is ideal for 'hotspot' targets. See http://www.facebook.com/advertising/ for details. • Young men often feel embarrassment obtaining contraception- mail supplies ordered through text messaging or online would be appropriate. • Young women often feel embarrassment at insisting their partner wears a condom. Separate sex role playing exercises in schools and colleges with more emphasis on empowerment and discussion/negotiation with men for young women may help in this respect. • Single sex role playing and more attention in sex education programmes to male responsibility in schools and colleges for young men. • Some young people will miss school sessions and not be members of clubs or groups. These people should be offered the option of one-to-one sessions with sexual health professionals, targeted through leaflets in benefit letters, targeted mail-out to hot-spot wards and text messaging.
2. Rebalance the focus of professional work in favour of suggesting ways of overcoming embarrassment.	• Single people (30-44) • Twenty-something women (25-29)	• Key channels for these two groups are TV, leaflets and local press. Both groups also favour information in social settings such as pubs and clubs, as well as through GPs and clinics. • Scripted lines to broach the subject of contraception with their partner may help some in these age groups, but these should be well researched and sound natural. • Comedy can be an effective tool to combat embarrassment and live comedy audiences are often made up of these groups.

High Priority Recommendations (continued)		
Recommendation	**Target Groups**	**Interventions**
3. Publicise the availability of free condoms at places where young people can access them	• Young men (16-24) • Young women (16-24) • Young men in hot spot wards (16-24) • Young women in hot spot wards (16-24) • Single Parents (16-24)	• The majority of young people favoured campaigns in pubs and clubs, including free supply at these locations if possible. Publicity should be linked to resources available through the internet- teenagers and the 18-24 age group spend more time on the PC than any other media and so social networking sites play an important part in their social life. Advertising space on sites such as Facebook can be targeted to postcode and age group and therefore is ideal for 'hotspot' targets. See http://www.facebook.com/advertising/ for details. • Young people were also keen to make condoms more available in shops and other non-medical locations. Retailers should be encouraged to display them in locations that can be accessed quickly by customers (i.e. not behind the counter). Pubs, clubs, retail outlets and stations etc all need to have condoms available, preferably free of charge. This would also be supported with an STI advisory leaflet. • Alternative locations suggested for the sale of condoms included off licences, as well as the provision of twenty-four hour on street vending machines. For example see http://www.medivend.co.uk/ for details. • Text alerting could also be used with details of where to get condoms.
4. To prioritise the most deprived areas and communities for campaigns about the use of contraception and knowledge of STIs.	• Middle aged people (45-59) • Single people (30-44) • Young women (16-24) • Young women in hot spot wards (16-24) • Single parents (16-24)	• Leaflet drops in tight postcode areas in hot spot wards detailing the availability of free contraception • See general recommendations for detail of leaflet messages • Advertising space on sites such as Facebook can be targeted to postcode and age group and therefore is ideal for 'hotspot' targets. • Text advertising can also be targeted to postcodes and age groups. The message would need to be carefully constructed so as not offend. This route is also an ideal way to reach 'hotspots', particularly for younger age groups.
5. Over 25s are often unaware that they are entitled to free contraception especially condoms. This service should be widely publicised, particularly to older single people.	• Single people (30-44) • Twenty-something men (25-29) • Twenty-something women (25-29)	• Single people aged 30-44 and women aged 25-29 display the same market preferences, both wanting information through television, leaflets and local press. • Men aged 25-29 also prefer television, but could also be targeted through radio and national press. Encouraging debate, chat shows and informed help on the local radio station would also promote the advice centres and website. • Other locations suggested (especially for men aged 25-29) include the local football ground and leisure facilities such as cinemas and bowling alleys.

Medium Term Recommendations		
Recommendation	**Target Groups**	**Interventions**
6. Ensure that schools improve co-operation more with parents about the content of sex and relationship education. *Advice and support for those who may wish to assist younger relatives on sexual health matters, including a clear information pack available from the local GP.*	• Middle aged people (45-59) • Parents of children and young people (30-44) • Single people (30-44) • Single parents (16-24)	• A Parent Pack focusing on the children's needs, but also incorporating their own concerns. The Parent Pack would contain leaflets, a DVD and support materials that could be used by schools, but also distributed to parents and guardians well in advance of the school-based sex and relationship education sessions. Invitations from the school to see what is being taught and back up support should also be provided to parents. This material could also have wider applications, as parts of the pack and DVD would be suitable for use with other groups with a relatively low awareness of sexual health issues. • Some parents will not want to approach this subject and will 'leave it to the school'. Many of them would be parents of high risk groups. Engaging with the local media to open up the subject and air debate in a chat show to break down embarrassment will start to make it easier for communications within families on this subject.
7. GPs and other NHS locations should be encouraged to display information on contraception and STIs	• Middle aged people (45-59) • Parents of children and young people (30-44) • Single people (30-44) • Twenty-something men (25-29)	• All groups favour messages from GP's and NHS professionals, but messages in these locations are particularly important for people over 30. As this location is generally favoured by older people, this would suggest that concerns over causing offence to patients in waiting areas are unfounded.
8. Provide easily accessible online advice	• Young men (16-24) • Young women (16-24) • Young men in hot spot wards (16-24) • Young women in hot spot wards (16-24) • Single Parents (16-24)	• While remaining anonymous, concerned individuals should be able to get professional advice on STI's or contraception. This needs to then link to a dedicated website.

Appendix 1 - Demographics

Age

16-17	9.3%
18-24	20.6%
25-29	10.7%
30-44	32.5%
45-59	20.8%
60+	6.1%

Sex

Male	44.3%
Female	55.7%

Ward

East Marsh	7.3%
South	8.5%
Heneage	6.2%
Sidney Sussex	8.2%
Freshney	4.9%
West Marsh	8.7%
Immingham	13.1%
Yarborough	6.0%
Croft Baker	7.3%
Park	6.7%
Scartho	4.5%
Waltham	4.2%
Haverstoe	3.4%
Wolds	4.0%
Ferry	1.3%
Humberstone And New Waltham	5.8%

Tenure

Owner Occupier	48.4%
Council Rented	14.2%
Housing Association	3.5%
Private Rented Other	33.9%

Education

Completed At 16	50.5%
Completed At 18	23.3%
Higher Education	26.2%

Employment

Full Time	42.0%
Part Time	26.1%
Retired	4.6%
Unwaged/Not Looking	2.3%
Student	11.0%
Unemployed	14.0%

Household Status

One Person	16.4%
Married Couple	43.0%
Cohabiting	19.0%
Lone Parent With Children	8.2%
Lone Parent With Non-Dependent Children	3.1%
All Other Households	10.3%

Religion

Christian	53.8%
Hindu	0.2%
Muslim	0.5%
Jewish	1.0%
Other	1.9%
None	36.5%

Ethnicity

White British	92.8%
White Irish	1.7%
Other White	1.5%
Other Black	0.2%
Indian	0.3%
Pakistani	0.3%
Other Asain	0.3%
White And Black Carribean	0.3%
White And Black African	0.3%
White And Asian	0.2%
Other Mixed Background	0.5%
Other	0.5%
Preferred Not To Say	1.0%

Disability

Yes	5.2%
No	94.8%

Sexuality

Hetrosexual	90.7%
Bisexual	1.4%
Transgender	0.2%
Gay	0.7%
Lesbian	0.7%
Preferred Not To Say	6.3%

Appendix 2 – Questionnaire

Interviewer.	Date	Location

The NHS locally would like to know more about what local people think about sexual health. Would you have time to discuss your views about these issues?

(Explain confidential, takes 10-20 minutes and honoraria available to cover time/costs.)

Screening question

Do you live in North East Lincolnshire?

If YES:

1a**.** Do you think that people in this area know where to go to get contraceptive advice?	Yes	No	Other

1b. Where would they go?

	GP	1	**Other health professional (specify)**
	Mash (Multi Agency Sexual Health)	2	
	Pharmacy/Chemist	3	**Printed material (specify)**
	Clinic	4	
	Hospital	5	**ask others (who)**
	Choices	6	
	Internet	7	**other (specify)**
	Mobile clinic	8	
	Phone line including NHS Direct	9	

1c. Do you think there are any problems with access or using these services?

People in general	**No**	**Yourself**	**No**
Yes (specify)		**Yes (Specify)**	

2a. Do you think that people in this area know where to go to get advice on sexual health?	**Yes**	**No**	**Other**

2b. Where would they go?

	GP	**1**	**Other health professional (specify)**
	Mash (Multi Agency Sexual Health)	**2**	
	Pharmacy/Chemist	**3**	**Printed material (specify)**
	Clinic	**4**	
	Hospital	**5**	**ask others (who)**
	Choices	**6**	
	Internet	**7**	**other (specify)**
	Mobile clinic	**8**	
	Phone line including NHS Direct	**9**	

2c. Do you think there are any problems with access or using these services?

People in general	**No**	**Yourself**	**No**
Yes (specify)		**Yes (Specify)**	

3a. How many people do you know of in your age group who use contraception to prevent pregnancy?

All	Most	Some	Not many	None
1	2	3	4	5

3b. How many people do you know in your age group who use condoms to prevent STIs?

All	Most	Some	Not many	None
1	2	3	4	5

4a. Do you think people know about these different methods of contraception? (unprompted and then show card). What about yourself (prompted)?

Contraception	People in general		Yourself
	Unprompted	Prompted	Prompted
Combined pill	1	1	1
Mini pill	2	2	2
Condoms – male	3	3	3
Condoms – female	4	4	4
IUD Intra Uterine Device	5	5	5
Diaphragms or caps	6	6	6
Emergency contraception (morning after pill)	7	7	7
Male sterilisation	8	8	8
Female sterilisation	9	9	9
Natural family planning	10	10	10
Implant	11	11	11
Contraceptive injection	12	12	12

Interviewer to probe where it seems people are simply 'ticking boxes'.
Comments

4b. Which method of contraception do you think is the best and why?

4c. Which STIs do you think are the most common in this area (North East Lincolnshire)?

4d. Do you think people know about these STIs? (unprompted first and then show card). What about yourself (prompted)?

STI	People in general		Yourself
	Unprompted	Prompted	Prompted
Pubic lice and scabies	1	1	1
Trichomonas vaginalisis	2	2	2
Syphilis	3	3	3
Gonorrhoea	4	4	4
HIV AIDS	5	5	5
Chlamydia	6	6	6
Genital herpes	7	7	7
Thrush	8	8	8
Hepatitis B	9	9	9
Genital warts	10	10	10

Interviewer to probe where it seems people are simply 'ticking boxes'.
Comments

5a. Why do you think some people don't use contraception (prompt if necessary)?

availability		1
obtainability		2
cost		3
lack of knowledge		4
embarrassment		5
Other and comments		**6**

5b. Why do you think some people don't protect themselves against the possibility of STIs (prompt if necessary)?

availability		1
obtainability		2
cost		3
lack of knowledge		4
embarrassment		5
Other and comments		**6**

6a. What would be the best ways of getting messages about STIs and contraception to local people?

	Local Press/ Magazine	National Press/ Magazines	Leaflets	Radio	TV	Cinema	Internet	Other (please specify)
For me								
For younger people								
For older people								

6b. Where would be the best places to put information about STIs and contraception?

	Pubs/Clubs	Libraries/ Post Offices	GPs/ Hospitals	Chemists	Schools/ Colleges	Community Centres	Other (please specify)
For me							
For younger people							
For older people							

6c. Who would be the best people to give information on sexual health and contraception?

	GP	NHS Sexual Health Professional	People in your community	Celebrities	Community Leaders	Other (please specify)
For me						
For younger people						
For older people						

7. If there were one thing you would suggest that could be done locally to improve sexual health amongst local people what would you say?

8. Anything else? Probe about anything interviewee would like to add especially in relation to personal experience.

9a. Are you aware of the following campaigns?		
Condom Essentialwear?	Yes	No
Want Respect?	Yes	No
R U Thinking?	Yes	No

9b. Do you know what they are about?		
Condom Essentialwear?	Yes	No
Want Respect?	Yes	No
R U Thinking?	Yes	No

Please tick

10. Age	**16-17**	**18-24**	**25-29**	**30-44**	**45-59**	**60-74**	**75+**
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
11. Sex	**Male** 1			**Female** 2			

12. Housing Tenure	**Owner occupier**	1
	Council rented	2
	Housing Association	3
	Private rented/other	4

13. Education level	
Full time education completed at 16	1
Full time education completed at 18	2
Higher Education, Diploma, Degree, etc	3

14. Employment status				**Full time**	**1**	**Part time**	**2**
Retired	**3**	**Unwaged/not looking**	**4**	**Student**	**5**	**Unemployed**	**6**
15. Occupation **(write in)**							

16. Family structure (as census)	
One person households	**1**
Married couple households	**2**
Cohabiting couple households	**3**
Lone parent households: with dependent children	**4**
Lone parent households: with non-dependent children only	**5**
All other households	**6**

17. Religion		**Jewish**	**5**
Christian	**1**	**Sikh**	**6**
Hindu	**2**	**Other**	**7**
Muslim	**3**	**No religion**	**8**
Buddhist	**4**	**Religion not stated**	**9**

18. Which ethnic group would you place yourself in?			
White British	**1**	**Other Asian**	**10**
White Irish	**2**	**White and black Caribbean**	**11**
Other white	**3**	**White and black African**	**12**
Caribbean	**4**	**White and Asian**	**16**
African	**5**	**Other mixed background**	**14**
Other black	**6**	**Chinese**	**15**
Indian	**7**	**Any other ethnic background**	**16**
Pakistani	**8**	**Don't know**	**17**
Bangladeshi	**9**	**Preferred not to say**	**18**

19. Do you consider yourself disabled	**Yes** **1**	**NO** **2**	20. Postcode:

21. Sexuality			
Heterosexual	**1**	**Gay**	**4**
Bisexual	**2**	**Lesbian**	**5**
Transgender	**3**	**Preferred not to say**	**6**